



Submission



**Alcohol, Tobacco & other
Drugs Council Tas Inc.**

**Joint Select Committee on
Preventative Health**

**Alcohol, Tobacco and Other Drugs Council
Submission
February 2015**

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2015, Hobart, Tasmania.

ATDC Role and Function

The Alcohol, Tobacco and other Drugs Council Tas Inc. (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership based, independent, not-for-profit and incorporated organisation.

The ATDC is the key body advocating for adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives. We support workforce development through training, policy and development projects with, and on behalf of, the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

The ATDC is committed to the following eight broad principles:

- Harm minimisation
- A population health approach
- A continuum of service types
- Consumer participation
- Consumer self determination
- Evidence based practice and policy
- Partnership and collaboration
- Recognition of Aboriginal and Torres Strait Islander Australians.

Scope of this submission

The ATDC welcomes the opportunity to provide a submission to the Joint Select Committee on Preventative Health. It is encouraging to see that the Tasmanian Parliament has once again convened a cross party, joint chamber committee has been established to consider this significant health and social issue which impacts on the lives of many Tasmanians.

Tasmania scores poorly on many health and social indicators, with some of the nation's highest rates of smoking, heart disease and other chronic illness, as well as low literacy rates and socio-economic status. It is encouraging that the Tasmanian Parliament is taking note of the social determinants of health and the factors which affect them.

Governments across Australia and around the world are beginning to respond to these issues. It is becoming more widely understood that population health is inevitably influenced by multiple factors, many of which do not sit neatly within the 'Health' portfolio. However this knowledge is not 'new'. In 2008, the World Health Organisation Commission on the Social Determinants of Health released the *Closing the Gap within a Generation* report,¹ which put forward many recommendations and strategies for governments to act in this vital policy area.

This submission does not seek to explain in detail the general theory around the social determinants of health and a health in all policies approach as we understand other submissions will be doing this in detail. Rather this submission will address issues specific to the experience of people who use alcohol, tobacco and other drugs as well as issues faced by the alcohol, tobacco and other drugs community sector.

The ATDC has also had input into the submission to this inquiry prepared by the Tasmanian Social Determinants of Health Advocacy Network and supports the content and recommendations of those submissions made in both 2013 and 2015.

¹ *Closing the gap in a generation: Health equity through action on the social determinants of health*. World Health Organisation, Commission on the Social Determinants of Health, 2008.

Introduction

The social determinants of health, which include factors such as secure housing, employment, education, family support and access to the resources necessary for effective social inclusion together determine individual and thereby community health.

They must be front of mind for policy makers across all areas of government, if we are to work towards the most productive, healthy and cohesive society we can achieve.

It is impossible to deal with one aspect of a person's life without addressing others. For example, it's difficult to deal with an individual's chronic illness, substance dependence or long term unemployment if they are concurrently homeless.

If policy makers and governments inform themselves of the effect on population health of decisions made outside of the health portfolio, for example agriculture, education, the environment, finance, housing and transport, population health will inevitably be improved, the burden of chronic disease will decrease and this will in turn lead to significant and undeniable savings to Government.

The National Centre for Social and Economic Modelling (NATSEM) in their 2012 report *The Cost of Inaction on the Social Determinants of Health* calculated that if governments act on the social determinants of health:

- Half a million Australians would be freed from chronic illness;
- \$2.3 billion would be saved in hospital spending, with 60,000 fewer admissions annually;
- \$4 billion would be saved in welfare payments annually;
- 5.5 million fewer Medicare services would be needed, leading to annual savings of \$273 million; and
- 5.3 million fewer PBS scripts would be filled each year, leading to annual savings of \$184.5 million.²

Pincus *et al* conducted research which showed interesting results in how social determinants can have an effect on physical health outcomes. Firstly, they found that amongst a group of UK public servants, job classification showed itself to be a 'better predictor of cardiovascular death than cholesterol level, blood pressure, and smoking combined'.

Similarly, 'in the United States, non-completion of high school is a greater risk factor than biological factors for the development of many diseases'.³

This research gives us a stark demonstration of how social factors such as access to education and employment have a direct effect on physical health. It shows us that the factors impacting physical health are broader than issues which fit within the Health portfolio of governments.

Preventative Health is about *more* than health alone. Without recognition of this fact, improvements will not be made. The ATDC encourages this Joint Select Committee to remember that the social determinants of health go well beyond the portfolio of 'health' and in order to have an impact on the social determinants, action is needed across government.

² Brown, L. Thurecht, L. & Nepal, B. *The Cost of Inaction on the Social Determinants of Health*. National Centre for Social and Economic Modelling (NATSEM), University of Canberra. Prepared for Catholic Health Australia, June 2012

³ Pincus, T., Esther, R. DeWalt, D. and Callahan, L. *Social conditions and self-management are more powerful determinants of health than access to care*. *Annals of Internal Medicine*, Volume 129(5) at pages 406-411. 1998.

TOR 1: Social determinants and ATOD use

1.0 The current impact of inequalities in the major social determinants of health

Use of alcohol, tobacco and other drugs is a part of life and a part of our society. While some may advocate for a 'drug-free' society, this is not realistically achievable. Use of both legal and illegal drugs is common amongst many socio-economic groups in Australia and throughout the world. This includes use of legal drugs including alcohol and tobacco, illicit drugs and the complex issue of prescription drugs. In this context, our health system must appropriately, satisfactorily and respectfully assist and support people who use alcohol, tobacco and other drugs.

The health implications faced by people who use alcohol, tobacco and other drugs are always compounded by other social determinants in their lives. What this means for the alcohol, tobacco and other drug sector is that the people who are most severely affected by the harmful use of alcohol, tobacco and other drugs are also those who are most likely to concurrently experience other severe forms of social disadvantage.

In their 2002 study published in the Public Health Reports, Galea and Vlahov looked at the social determinants and health of people who use drugs in the United States.⁴ They observed that social and economic factors 'affect health indirectly by shaping individual drug-use behaviour... and directly by affecting the availability of resources, access to social welfare systems, marginalization, and compliance with medication.'⁵

Their research looked at how social determinants such as socioeconomic status, homelessness and incarceration are experienced by people who use drugs. They identify that although illicit drugs are used by people in all socio-economic status groups, 'drug-related morbidity and mortality are disproportionately higher among lower socio-economic status groups' and they see a direct association between poor socioeconomic conditions, multiple health risks and greater morbidity and mortality among drug users.⁶

They observe that homelessness limited drug users' access to appropriate treatment for drug addiction and the experience of homelessness itself was associated with higher rates of illnesses such as HIV and other infectious diseases.

They observe that 'although homelessness and incarceration are frequently referred to as consequences of drug use, we consider them as social circumstances that are responsible for shaping health differentials amongst drug users'.⁷

What Galea and Vlahov's work demonstrates is that people who use drugs are more likely than the general population to experience other severe forms of disadvantage including poverty, homelessness and disease. Their work also shows us that the experience of other social determinants such as socio economic status and homelessness amongst people who use drugs also results in them having more limited access to health care

⁴ Galea, S. & Vlahov, D. *Social Determinants and the Health of Drug Users: Socioeconomic Status, Homelessness, and Incarceration*. Public Health Reports 2002, Volume 117, Supplement 1, pp 135-415

⁵ Galea & Vlahov, *ibid* at 135

⁶ Galea & Vlahov, *ibid* at 138

⁷ Galea & Vlahov, *ibid* at 137

and treatment not only for drug and alcohol use, but for other health related issues as well. This leads to poorer general health amongst this cohort.

Their study concludes that public health interventions aimed at improving the health of drug users must address the social factors that accompany and exacerbate the health consequences of illicit drug use.⁸

1.1 The capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health

While there is significant capacity and skill available in the ATOD community sector, limited funding inevitably leads to a gap in service availability and limitations on program capacity. In particular, there is significant capacity and good will for services to work more collaboratively across various social determinants which are concurrently affecting the lives of individuals such as mental health, ATOD misuse, homelessness and poverty for example.

Despite a desire to coordinate or integrate services for clients, there are often structural and systemic barriers in place which prevent cohesive client focussed service delivery. These barriers include competitive tendering processes as well as the 'siloed' funding arrangements affecting many community service providers which see them funded to deliver only in specific discreet areas.

In their report *Breaking Cycles of Disadvantage*, the Australian Social Inclusion Board identified three major barriers to effective collaboration between organisations. They were:

- Competitive funding;
- The lack of discretionary funds; and
- Difficulty in referring people to services which are overstretched and have strict eligibility criteria.⁹

Allowing for flexible and collaborative funding agreements where several government departments might fund one community sector organisation using one joint service agreement would allow for more holistic and client focussed service delivery.

Organisational performance is often assessed against client throughput and service levels instead of genuine client outcomes or health and wellbeing outcomes that are achieved. Results such as these are often harder to measure but they tell the true story of the impact and success that services have when working with clients with multiple and complex issues. The measurement of preventive health initiatives is also complex as results are not always immediate and as consequence these activities can be easy targets for budget savings.

⁸ Galea & Vlahov, *ibid* at 135

⁹ *Breaking Cycles of Disadvantage*. Australian Social Inclusion Board. Department of Prime Minister And Cabinet, Australian Government, 2011, at 45

TOR 2: Preventative health and ATOD use

The importance of preventative health measures, including their undeniable economic benefits must not be ignored.

It is well understood that the financial burden of government spending on acute medical care would be significantly decreased if more acute and chronic illness could be prevented. Preventative health measures and programs are by and large significantly less expensive for government to provide than acute care services. Therefore, by investing in preventative programs, not only would less people in the community experience chronic or acute illness, but the overall economic burden of the health system would decrease.

Clearly the benefits of investing in preventative health measures are far more than economic ones. A preventative health approach also means fewer people experience chronic or acute illness who are therefore able to enjoy healthier more productive lives, leading to greater population health.

The economic benefits of a preventative health approach – a case study*

The provision of needle and syringe programs around the world has been one of the most significant public health ever embarked upon. Rates of HIV, Hepatitis C and other blood borne viruses are significantly reduced in jurisdictions which offer needle and syringe programs compared to those that do not.

In the decade 1991-2000, Australian governments spent a total of \$130 million on needle and syringe programs. It is estimated that by 2000, this investment prevented 25,000 cases of HIV and 21,000 cases of Hepatitis C. This led to a long term saving to the health system of \$7.8 billion, due to avoided treatment costs.

In more simplified terms, needle and syringe programs return \$4 for every \$1 invested.

This one example displays in very stark terms not just the economic savings to government of a preventative health approach in this area, but also the undeniable population health success in the prevention of more than 45,000 cases of blood borne viruses and chronic illness.

* More detail is provided in the Commonwealth Department of Health and Ageing's *Return on Investment in Needle & Syringe Programs in Australia Summary Report*, 2002.

The ATDC was involved in the development of the DHHS Strategy: *Everybody's Business – Tasmanian alcohol tobacco and other drugs promotion, prevention and early intervention strategic framework* (PPEI). During 2014-15 the ATDC has received time-limited funding to develop an implementation plan for *Everybody's Business*. Whilst these resources have been welcomed by the sector any ongoing activities and initiatives will need to be undertaken in a cost neutral way.

The PPEI framework along with other health Department strategies including *A Healthy Tasmania: Setting new directions for health and wellbeing*, take a preventative approach and look at the combined social factors which can lead to a spiralling effect of poor health outcomes for individual, and in particular to vulnerable Tasmanians at risk.

A PPEI approach recognises that it is inevitably a combination of issues and factors which lead to an individual having substance misuse issues. By ensuring government policies holistically address the complex array of factors influencing health, health inequalities and social exclusion, better health outcomes will eventually be arrived at.

TOR 3: Structural and economic reform

Structural reform within government including the current model of community sector funding must be reformed if a truly preventative approach to health is to be achieved.

Under term of reference 1 this submission addressed the current barriers to service providers providing holistic treatment services to clients experiencing multiple social issues. While government and the sector have for a long time spoken about breaking down the 'silos' clients experience in seeing services and support, our current funding structure perpetuates and entrenches silos further.

Government departments should be enabled to collaboratively fund community sector organisations to provide broad ranging holistic support and treatment to individuals. This would lead to better population health outcomes, putting individual client outcomes at the focus of funding decisions.

Current models of 'siloed' funding on an issue by issue basis are counterproductive to holistic service provision and health outcomes.

The Australian Social Inclusion Board has pointed out that the 'greatest success stories are to be found where a holistic, family-centred, long term approach is taken.' The Board identified that 'interventions which address one issue in isolation are unlikely to succeed'.¹⁰

One of the biggest barriers faced by the community sector is short term non recurrent project funding. Funding projects which impact service delivery and capacity on a temporary or pilot basis always leads to a difficult reduction in services on completion of the funding cycle. It makes long term budgeting and project planning difficult for organisations, but also has a significant impact on consumers of services who often find a vital service they access and require is suddenly stopped or drastically altered when funding is stopped.

The Australian Social Inclusion Board noted service providers feeling under pressure to 'move clients off the books in order to meet the immediate needs of new clients, only to see the same clients they had helped earlier return in a new crisis situation.'¹¹ They identified that if service providers were able to deliver longer term holistic support across many social issues, future incidences of need for crisis support may be averted.

The Board noted that 'short term funding cycles can undermine the effectiveness of an investment.'¹² They also pointed to the fact that many welfare services have become specialised in recent years, having the result that 'when families arrive with multiple complex needs, there is a mismatch between the service providers' narrow service provision and the families' broad needs.'¹³

¹⁰ *Breaking Cycles of Disadvantage*, ibid at 16

¹¹ *Breaking Cycles of Disadvantage*, ibid at 17

¹² *Breaking Cycles of Disadvantage*, ibid at 44

¹³ *Breaking Cycles of Disadvantage*, ibid at 49

Nobody argues that finding the money for a preventative health approach is easy. The sector understands that acute care spending needs to be protected to ensure those in need of emergency or acute health care receive the services they require. However it is also well understood that in the long term, by funding preventative health programs, acute health spending will decrease. This is true for alcohol, tobacco and other drug treatment programs, as much as it is for other areas of health prevention such as obesity, diabetes or heart health.

By shifting the focus of the health system from one which treats preventable conditions to one that prevents them occurring in the first place, greater population health gains will be made.

These changes will be long term and beyond the timeframes of regular political cycles. Shifting the policy focus of whole of government to ensure all government departments consider the health impacts of their policies and practices will need support not only from all government agencies, but also from both chambers of the Tasmanian parliament as well as cross party support. For this reason, the ATDC is encouraged by the establishment of this cross party, cross chamber committee and hopes to see positive outcomes from your work.

TOR 4: Experience and expertise on whole of government committees

In the ATDC's experience there is generally some knowledge and experience in the understanding of the social determinants of health within government, but that this knowledge and experience is limited (in the most part) to certain areas of the Department of Health and Human Services alone.

There are representatives within the Population Health Division of the DHHS who understand the theory well. In addition many of the policy committees hosted by Population Health have community sector representatives who also have an excellent understanding of the theories of social determinants of health and health in all policies.

However it is imperative that this knowledge and experience is extended across all other departments, agencies and levels of government.

To achieve this will mean a fundamental shift in approach to policy across all government agencies. It is not reasonable to expect one division of one Department (Population Health for example) to be responsible for providing their expertise in this area to other agencies alone. Rather, it will be necessary to provide training and access to expertise to policy staff across government to foster a focus on the social determinants in their policy work.

It is relevant in this context to make mention of the former position of Social Inclusion Commissioner for Tasmania and the Social Inclusion Unit. The ATDC was supportive of the establishment of the Unit and the position of Commissioner. We were encouraged by the work undertaken by the Unit and Commissioner David Adams. In particular the focus on implementation of measures increasing social inclusion across all government agencies was very important. It is disappointing that the position of Social Inclusion Commissioner is no longer to be filled. By losing this position, Government loses a valuable resource, but also loses the philosophy behind a commitment to a whole of government approach.

TOR 5: Funding provided for research

The ATDC would like to see Tasmania adequately and appropriately represented on national bodies influencing future health policy including a health in all policies approach.

Tasmania scores poorly on many health indicators including high rates of heart disease, smoking, obesity and chronic disease. It is vital that Tasmania is able to bring its stories, data and experience in this area to the table.

Since the compilation of the original submission in 2013 the ATDC is unaware of any change where funding has been made available for research into the social determinants of health by the Tasmanian State Government.