

3 June 2022

Submission to the Inquiry into the Esther Foundation and unregulated private health facilities.

Background

Thank you for the invitation to make a submission to the Inquiry into the Esther Foundation and unregulated private health facilities. This is an important review that is urgently needed, and I appreciate the opportunity to share my thoughts with the Inquiry.

The many allegations made specifically about the Esther Foundation are difficult to fathom in a modern treatment service, however, these types of complaints are not isolated to this organisation and I am pleased that the Inquiry is investigating the unregulated private rehabilitation sector more broadly.

The lack of regulation of private alcohol and other drug treatment services is one of the biggest problems currently facing the sector. It is a long-standing issue that the sector has raised concerns about for several decades but is yet to be resolved. There is currently no way of knowing how many private services are operating, and no systematic monitoring of what they do or their outcomes.

With a severely underfunded public and non government sector, an unregulated private system leaves an opening for unscrupulous operators to prey on vulnerable people who feel desperate for help but who are unable to access the overstretched public system in a timely way. One report found that public alcohol and other drug sector only has enough funding to meet half the demand.¹

Without regulation, including the requirement to provide best practice methods, many of these unscrupulous providers have developed their own idiosyncratic intervention strategies, often derived from religious teachings or old fashioned treatment ideas, rather than contemporary evidence-based alcohol and other drug treatment. Confrontational "bootcamp" style rehabilitation or hours of prayer which are, anecdotally, both common among unregulated providers are ineffective at best and at worst can cause harm to already vulnerable people.

Proper regulation of this industry is urgently needed to ensure people with alcohol or other drug problems can access the treatment they need safely.

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¹ Ritter et al, *New Horizons: review of alcohol and other drug treatment services* (2014) NDARC
<https://ndarc.med.unsw.edu.au/resource/new-horizons-review-alcohol-and-other-drug-treatment-services-australia>



Professor Nicole Lee

Nicole is an international leader in alcohol and other drug responses, with 30 years' experience in policy and practice implementation.

She is CEO at 360Edge, which is a leading alcohol and other drugs consultancy with bases in Australia and New Zealand, and working internationally across Asia and the Pacific. 360Edge provides a full suite of advisory services to support improvements in policy and practice responses to alcohol and other drug and mental health issues. The organisation's four main programs are Workforce Development, Service Improvement, Evaluation and Systems Modelling. 360Edge also supports the development and implementation of workplace alcohol and other drug policy through its Workwell Program.

Nicole is also Adjunct Professor at the National Drug Research Institute Curtin University, Board Member and Chair of the Clinical Governance Committee of Hello Sunday Morning and member of the board of The Loop Australia. She is a member of the Australian National Council on Alcohol and other Drugs (ANACAD) - Australia's key expert advisory council to the Australian Government on alcohol and other drugs, providing advice directly to the Health Minister.

She has provided advice to Australian, State and Territory governments as well as international governments across Southeast Asia, New Zealand and the Pacific Islands. She has worked on alcohol and other drug policy with major international organisations such as the World Health Organization and the United Nations Office on Drugs and Crime.

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What is residential rehabilitation?

Residential rehabilitation is one of many options available for people seeking support for alcohol and other drug related problems. It is a treatment setting, rather than a specific treatment type or intervention, in which a range of specific treatments and services can occur.² It is provided through Government services, non-government services and the private sector.

The defining feature of residential rehabilitation is the requirement that the person receiving care stays onsite for the duration of treatment. Along with providing accommodation, residential rehabilitation typically offers a structured planned program of therapeutic and related activities.

These programs usually require clients to remain abstinent from all alcohol, tobacco and other drugs for the duration of treatment, and most expect that this is maintained beyond the residential stay.

Most people who need alcohol or other drug treatment do not require residential rehabilitation. Residential services tend to be for those with severe symptoms who have been unsuccessful in other treatment types, or whose life circumstances or health needs are complex. Residential rehabilitation services, therefore, need to be of a high standard to effectively respond to people with complex health issues.

In Australia, residential rehabilitation providers are highly diverse with respect to treatment approaches, models of care, service-level factors, type of client and length of stay.

An evidence check, published in 2021,³ highlighted the absence of clear frameworks for, and evaluation of, residential rehabilitation practice principles and essential elements. 360Edge also recently undertook a systematic review of evidence related to residential rehabilitation. The results are documented in our soon to be released report "What Works In Residential Rehabilitation for Alcohol and Other Drug Treatment".

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² Reif, S., et al., *Residential treatment for individuals with substance use disorders: assessing the evidence*. Psychiatr Serv, 2014. 65(3): p. 301-12.

³ Madden, E., et al., *"Best practice approaches for alcohol and other drug treatment in residential settings"*. Evidence check prepared for the Network of Alcohol and other Drugs Agencies (NADA), commissioned and managed by NADA. 2021.

Quality service provision

There are three essential ingredients for all health services to maintain quality services:

1. **Quality standards:** This is an organisational standard that sets benchmarks for governance; clinical governance; privacy and security of systems and private information; compliance with laws, codes of practice, workforce development and organisational policies relating to the health and safety of staff and clients.
2. **Use of best practice:** This is a commitment to a treatment standard that uses evidence based technologies across all aspects of service provision to ensure that the interventions provided are of high quality and are known to be effective.
3. **Outcome monitoring:** This is a continuous quality improvement measure to ensure that the application of the model of care and specific interventions is effective.

Quality standards

Practitioner regulation

Some private practitioners who provide alcohol and other drug services are already regulated, including services provided by professionals registered through the Australian Health Practitioner Regulation Agency, such as medical doctors, psychologists, nurses and pharmacists. These practitioners are required to meet and maintain specific qualifications and professional development activities to continue their registration each year.

Other health practitioners, such as social workers and counsellors, do not have a regulatory body beyond their respective industry associations, but these industry associations typically set expected ethical standards and standards of practice.

Alcohol and other drug workers do not currently have a professional body that sets standards for individual practitioners, unless they fall into one of the above categories. There is also no nationally recognised minimum qualification for alcohol and other drug workers, although some states have attempted to set their own, typically at Certificate IV level.

The high degree of autonomy of service provision within alcohol and other drug services makes it even more important to focus regulation at an organisational level to protect consumers of these services and ensure good health outcomes.

Organisational regulation

Government-funded alcohol or drug treatment services, including those within public hospitals, are required to maintain quality standards established through a

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health accreditation processes. The National Quality Framework for Drug and Alcohol Treatment Services,⁴ will be fully realised by 28 November 2022, after a three year transition period. By this date, publicly funded services must meet the quality standard and quality improvement requirements to continue to receive funding.

These public services are regulated at the state level with direct government involvement through statutory frameworks that govern health services. Alcohol and other drug services fall within the definition of health services. Likewise, private hospitals operating residential services are required to be registered in the state they operate and meet specific standards of operation.

Beyond this, anyone can set up a private rehabilitation service, residential or non-residential, without the knowledge, skills or qualifications to do so, and without any oversight of a regulating body. These private services are not required to meet the National Quality Framework for Drug and Alcohol Treatment Services and there is no accreditation process in place to monitor and manage risk. There is also no oversight of quality or effectiveness.

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Despite this, people have been referred to these services through government agencies, such as the Department of Veterans Affairs and Australian justice agencies. The Department of Veterans Affairs now requires services to meet National Quality Framework.

Another consequence of lack of regulation is that clients of these services often have no real complaints mechanism if their private service sits outside existing regulation mechanisms. Some states have broadened the responsibility of the Health Complaints Commissioner or the Health Ombudsman to be able to hear complaints, but these bodies tend to focus on mediating complaints between clients and services.

Best practice residential rehabilitation

Effectiveness of residential rehabilitation

Our review of the evidence has found that residential treatment appears effective in reducing alcohol and other drug use, symptoms of mental ill-health, criminal activity, and other psychosocial outcomes, but the evidence is of poor quality.⁵

⁴ National Quality Framework for Drug and Alcohol Treatment Services, Commonwealth Government, 2018
https://www.health.gov.au/sites/default/files/documents/2019/12/national-quality-framework-for-drug-and-alcohol-treatment-services_0.pdf

⁵ Lee et al, *What Works: Residential Rehabilitation For Alcohol and Other Drug Services* (forthcoming 2022) 360Edge

The Therapeutic Community model, a particular type of residential rehabilitation, is probably less effective than other types of intervention.⁶

Although the evidence to guide best practice residential rehabilitation is limited, we can supplement these findings with what we know about best practice alcohol and other drug treatment generally. This evidence base is better developed and of higher quality.

The two main effective alcohol and other drug interventions are motivational interviewing, which is designed to facilitate motivation in clients, and cognitive behaviour therapy, which is designed to identify and modify thinking and behaviour that is counterproductive to recovery. Cognitive behaviour therapy is a broad church including behaviour therapy, cognitive therapy and newer approaches like mindfulness-based relapse prevention.^{7 8 9}

For some clients, family therapy can supplement treatment by reducing the ill-health of family and friends, whilst supporting clients seeking alcohol and other drug services may also be appropriate. Family therapy has been shown to engage and retain people in treatment, reduce alcohol and other drug use and decrease harms associated with alcohol and other drug use for both clients and significant others.¹⁰

A harm reduction approach is commonly integrated into alcohol and other drug treatment, even those services which are abstinence-focused.¹¹ Harm reduction aims to reduce the negative impacts of alcohol and other drug use on physical health, mental health, and social factors. It recognises that people enter treatment with varying levels of readiness and existing skills, and that people progress at different rates.

Relapse is the most common outcome from treatment, so preparing those who leave residential rehabilitation to manage temptations and stressors in the general community is good practice.

There is little evidence to inform treatment adjuncts within a residential rehabilitation setting, but vocational training, employment placement, and

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⁶ Madden, E., et al., "Best practice approaches for alcohol and other drug treatment in residential settings". Evidence check prepared for the Network of Alcohol and other Drugs Agencies (NADA), commissioned and managed by NADA. 2021.

⁷ Minozzi S, Saule R, De Crescenzo F, Amato L. Psychosocial interventions for psychostimulant misuse. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD011866.

⁸ Gates PJ, Sabioni P, Copeland J, Le Foll B, Gowing L. Psychosocial interventions for cannabis use disorder. Cochrane Database of Systematic Reviews 2016, Issue 5. Art. No.: CD005336.

⁹ Darker CD, Sweeney BP, Barry JM, Farrell MF, Donnelly-Swift E. Psychosocial interventions for benzodiazepine harmful use, abuse or dependence. Cochrane Database of Systematic Reviews 2015, Issue 5. Art. No.: CD009652.

¹⁰ Diamond G, Josephson A. Family-based treatment research: a 10-year update. *J Am Acad Child Adolesc Psychiatry*. 2005 Sep;44(9):872-87. doi: 10.1097/01.chi.0000169010.96783.4e. PMID: 16113616.

¹¹ Vanderplasschen, Wouter et al. "Therapeutic communities for addictions: a review of their effectiveness from a recovery-oriented perspective." *TheScientificWorldJournal* vol. 2013 (2013): 427817. doi:10.1155/2013/427817

development of general life skills, like financial, social and health literacy skills, are often components of residential rehabilitation.

Although, they do not directly impact upon alcohol and other drug use problems in the absence of specific alcohol and other drug therapeutic interventions.¹² Primary health care, oral hygiene and mental health care are important for people in residential rehabilitation, as they are for those in the general community.

Measuring outcomes in treatment

Measuring the effectiveness of alcohol and other drug services can encompass a variety of outcomes, including rates of treatment completion, reduction or abstinence from alcohol and other drug use, reductions in harms or feedback from clients following completion.

Public alcohol and other drug services must regularly report on outcomes to ensure their service is meeting its aims.

Private alcohol and other drug services frequently rely on anecdotal evidence as a measure of success, or provide statistics that are unable to be verified. For example, Shalom House, a private alcohol and other drug rehab operating in Perth, has frequently touted a 50-70% success rate, despite little evidence to substantiate such claims.¹³

The making of unsubstantiated claims of success would not be allowed in other health services. For example, a psychologist, bound by a professional code of conduct is unable to advertise with testimonials.

There is a need for people seeking alcohol and other drug services to be able to verify the claims made by services, this should involve bringing reporting obligations for private providers in line with public services.

As there is no obligation to evaluate and report program outcomes, the private rehabilitation sector is able to apply whatever methodology provides the most favourable results. This means that private rehabilitation providers, such as the Esther Foundation, can operate a health service with little to no external scrutiny.

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¹² Madden, E., et al., "Best practice approaches for alcohol and other drug treatment in residential settings". Evidence check prepared for the Network of Alcohol and other Drugs Agencies (NADA), commissioned and managed by NADA. 2021.

¹³ Bright S and Lee N, *What is 'success' in drug rehab? Programs need more than just anecdotes to prove they work* (2017) The Conversation <https://theconversation.com/what-is-success-in-drug-rehab-programs-need-more-than-just-anecdotes-to-prove-they-work-76081>

There are major issues with the unregulated private rehabilitation sector in Australia. The allegations surrounding the Ester Foundation are simply a symptom of a much wider problem.

An agreed standard should apply equally to both privately and publicly funded services and should be regularly reviewed and improved over time. There should be continuous monitoring of outcomes applying a recognised methodology benchmarked against best-practice in the sector.

What is required is to bring private alcohol and other drug providers within a regulatory framework that is similar to that for hospitals. This includes:

- Registration or licencing of services, similar to that required for hospitals with minimum standards for licencing
- Requirement ensure quality standards and to come into line with the National Quality Framework for Drug and Alcohol Treatment Services.
- Minimum requirements of standards of practice and codes of conduct.
- Ensuring a complaints process similar to hospitals and other health services. Victoria established a Health Complaints Commissioner in 2018,¹⁴ specifically to address regulatory gaps for health providers which may provide a model.
- A system of monitoring and reporting on outcomes
- Regulation of advertising and restrictions on use of anecdotal and false evidence in support of success rates. Some health registration boards of AHPRA have requirements that could be used as a model.

Finally, it is crucial that there is adequate and consistent funding for the public alcohol and other drug sector in Western Australia, to reduce demand for private providers.

Thank you for the opportunity to provide feedback on this Inquiry.

360Edge are specialists in evaluating alcohol and other drug service outcomes and can be called upon to provide further advice if required.

Yours sincerely,



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¹⁴ Health Complaints Commissioner <https://hcc.vic.gov.au/about>