State and Territory Alcohol and Other Drugs Peaks Network

Impact of the Covid-19 Pandemic on alcohol and other drug service delivery

July 2020

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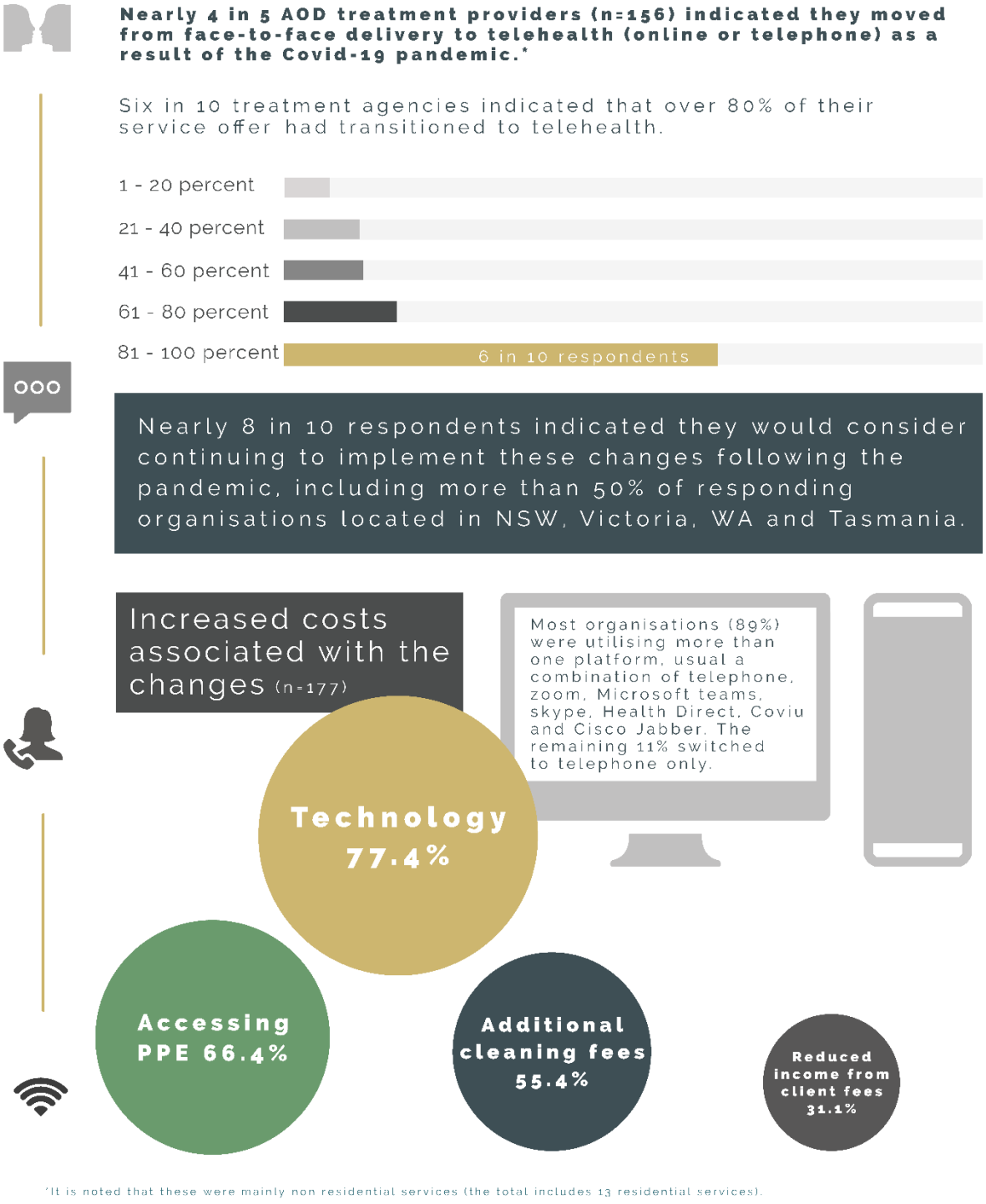
1. Executive Summary

The State and Territory Alcohol and Other Drugs Peaks Network undertook a survey of alcohol and other drug treatment services in all States and Territories between 21 May and 5 June 2020 on the impact of the Covid-19 pandemic. Responses were received from 210 organisations across Australia, including organisations operating in metropolitan, regional, rural and remote areas.

The figures below summarise the survey findings in relation to impact on service delivery (figure 1), impacts on service capacity and presentations (figure 2) and impacts on service demand (figure 3). Detailed findings can be found in section 3.

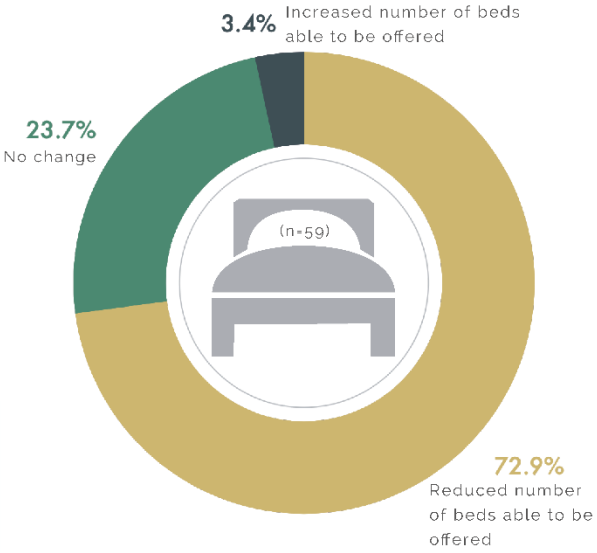


*It is noted that these were mainly non residential services (the total includes 13 residential services).

% of respondents reporting an increase in co-occurring issues

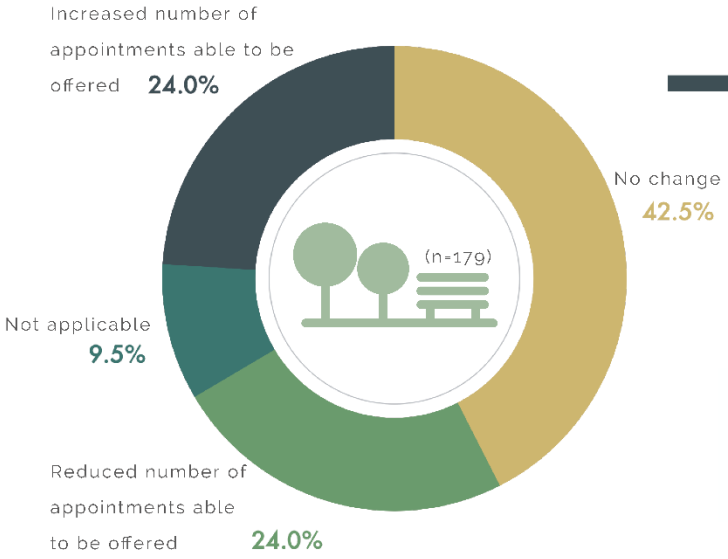
Respondents from all jurisdictions reported increases in co-occurring issues amongst their clients. Supporting comments identified stress and anxiety, child safety issues, social isolation and suicidality.

Residential bed capacity



Of residential services who reported reduced capacity, nearly 8 in 10 where required to reduce their capacity by between 21 and 60 percent due to Covid-19.

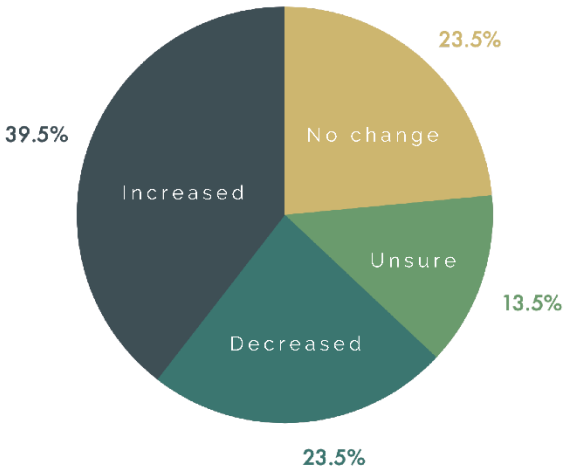
Non-residential capacity



Of non-residential services who reported reduced appointments, just over half reduced by between 21 and 60 percent.

Of non-residential services who reported increased appointments, around half increased by between 21 and 60 percent.

Respondent reported change in demand

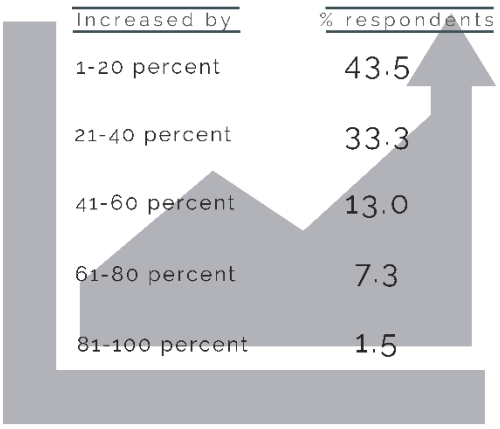


*There was no observable trend in changes in demand by jurisdiction or service delivery setting.

There was no observable trend in levels of client engagement with services. Similar numbers of respondents indicated:

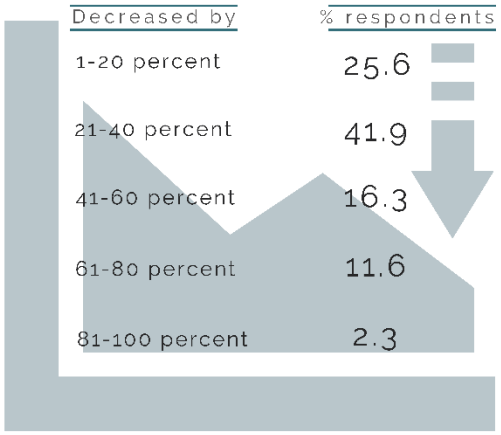
- fewer missed appointments (34.6%)
- more missed appointments (24.8%)
- more enquiries (26%)
- fewer enquiries (22.5%).

Of those who said demand increased:



Increased by	% respondents
1-20 percent	43.5
21-40 percent	33.3
41-60 percent	13.0
61-80 percent	7.3
81-100 percent	1.5

Of those who said demand decreased:



Decreased by	% respondents
1-20 percent	25.6
21-40 percent	41.9
41-60 percent	16.3
61-80 percent	11.6
81-100 percent	2.3

2. Introduction

The State and Territory AOD Network collaborated to develop an online survey to attempt to understand the impact of the Covid-19 pandemic on alcohol and other drugs treatment and support services.

The survey was promoted to AOD Peak Network members in each state and territory across the country. Each peak was responsible for promoting the survey in their jurisdiction. The survey opened on Thursday 21 May 2020 and closed on Friday 5 June 2020.

Multisite services could choose to do the survey once, or separately for different sites.

3. Results

Responses were received from 210 organisations. Table 1 shows the number of responses per jurisdiction.

ANSWER CHOICES	RESPONSES	
Australian Capital Territory	2.86%	6
New South Wales	14.29%	30
Victoria	44.29%	93
South Australia	9.52%	20
Queensland	11.90%	25
Western Australia	11.43%	24
Tasmania	4.76%	10
Northern Territory	0.95%	2
TOTAL		210

Just over half of respondents were located in metropolitan areas (53%), followed by regional areas (37%), rural (21%) and remote (2.8%). The majority of respondents were from organisations providing non residential services (67%), with 16.5% indicating their organisation provided residential services, or both residential and non residential services. This is consistent with the 2018 – 2019 Alcohol and Other Drugs Treatment Services National Minimum Data Set (AODTS-NMDS), where 67% of closed treatment episodes were offered in non residential settings[1].

[1] https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-aus/contents/key-findings/treatment. Accessed 24/7/2020.

3.1 Impact on Alcohol and Other Drug Treatment and Support Service Delivery

The majority of respondents (74.5%) indicated that Covid had impacted their service 'much' or 'a great deal', with only 1% of respondents identifying no impact to services.

117 respondents provided further information on the impact to their service. Comments were grouped into the following themes:

1. Changes to service delivery (64%):
   - *Cancellation of face to face appointments and group work. Transfer of staff to working from home with telephone based services offered. Introduction of video conference sessions. No courts sitting, so drop in forensic referrals.*
   - *Residential withdrawal service has continued, but with block admissions. Counselling, CRC, outreach withdrawal and non resi rehab have all transitioned to distanced based engagement and support.*
   - *Modified residential services and reduced resident numbers. Modified community services to deliver most, but not all, via phone, online and telehealth. Less outreach and in home family support being delivered.*
2. Reductions in service capacity (10%):
   - *Reduced bed numbers, major changes to the way the service was delivered in many aspects. Elongated waiting times for the people wanting to enter the service. Increased costs related to PPE and also increased cleaning supplies etc.*
   - *Decrease numbers of youth accessing our services. Reduced the number of beds available in our residence due to social distancing. Significant drop in referrals coming in.*
3. Service closure (8.5%):
   - *Ceased outreach counselling (home visiting) and offering instead telephone counselling. Our women's recovery group was also suspended.*
   - *Postponing of therapeutic day rehabilitation program.*
   - *Our service is basically running as usual with extra safety precautions in place. We did have to shut the service for two weeks when there were confirmed cases in our town.*
4. Restricted intake and/or access to residential service (8.5%):
   - *Ceased intake until recently. Ceased non essential outings. No visitors to the facility, including other services, family etc. Cost of additional hygiene resources. More time in hygiene practices.*
   - *Slowed down intake.*

Graph 1: Organisational impacts of Covid-19

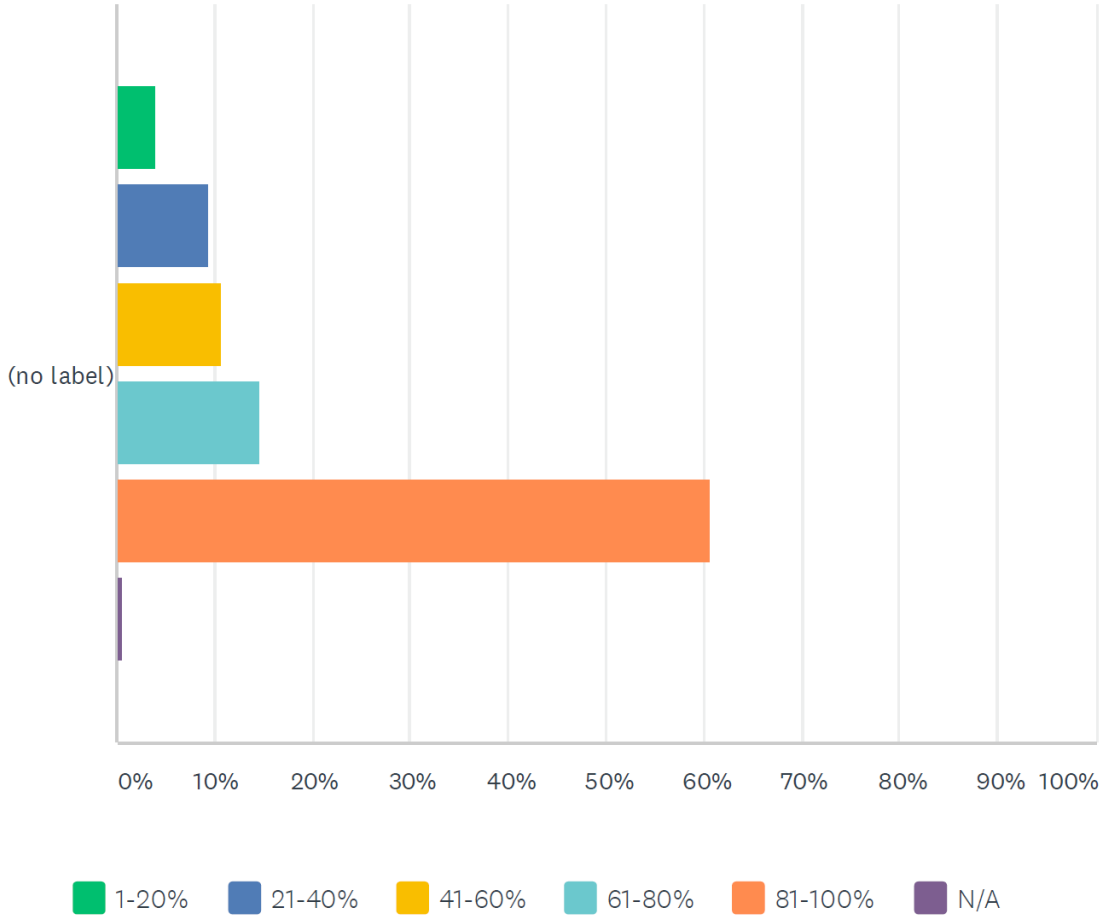
Graph 1 shows the most common operational impact of Covid-19 was redeploying staff to other roles to protect their health (77 respondents), followed by accessing Jobkeeper (55 respondents).

74% of respondents indicated no changes to staff numbers as a direct result of the pandemic. Slightly more respondents added staff (5.7%) than reduced staff (4.1%), though for the most part these changes were less than 2 full time equivalent positions. 13% of respondents identified other issues with staffing, such as increased use of sick leave, standing down staff with health vulnerabilities and working from home arrangements.

3.2 Changes to service delivery

Nearly 80% of respondents (n=156) indicated they had moved from face-to-face delivery to telehealth (online or telephone) as a result of the Covid-19 pandemic. It is noted that these were mainly non residential services (the total includes 13 residential services).

Graph 2: Approximate proportion of service delivery that has moved from face to face to telehealth.



Where services indicated they had moved to telehealth service delivery, 60% of respondents estimated 81-100% of service delivery had transitioned.

Most organisations (89%) were utilising more than one platform, usual a combination of telephone, zoom, Microsoft teams, Skype, Health Direct, Coviu and Cisco Jabber. The remaining 11% switched to telephone only.

The majority of respondents (77.3%) indicated they would consider continuing to implement these changes following the pandemic, including more than 50% of responding organisations located in NSW, Victoria, WA and Tasmania.

114 respondents provided commentary related to their response. Amongst those organisations who provided comment they would consider keeping the changes (n=81), the following themes were identified:

1. Supports client choice/flexibility (40%):
    - *Yes, with the inclusion of video services, because it gives the consumer more options. We also initially saw a reduction in failure to attend when people didn't have to attend in person.*
    - *We will continue to offer telehealth to clients post Covid however, most clients prefer face to face and we expect the majority of our service would return to face to face supplemented by telephone, with occasional use of video.*
2. Some clients prefer telehealth/telehealth is an effective intervention (29%):
    - *Feedback from clients has been positive, efficient as space to host groups is challenging.*
    - *The clients have found this very beneficial. Decreased stigma at attending community health centre, as well as ease for clients.*
    - *Can reach some individuals who may struggle to attend face to face appointments.*

Amongst those organisations who provided comment they would not be keeping the changes (n=12), the following themes were identified:

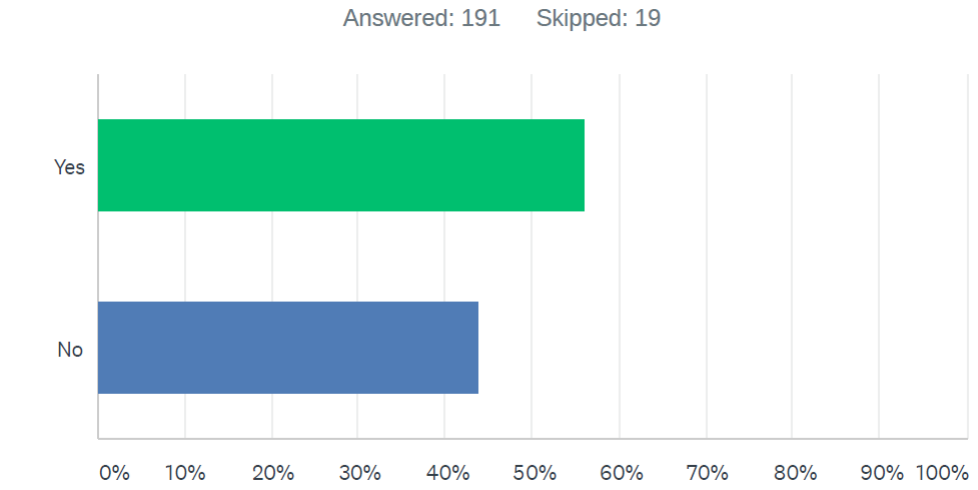
1. A belief that face to face delivery is better (92%):
    - *Building relationships and rapport via face to face is much easier. Continuing relationships on an online platform is easier once there is an established relationship.*
    - *We will deliver better outcomes face to face.*
2. Resource constraints (8%):
    - *We don't have staff to take off the floor to run this when we are delivering a residential service. It would be an additional service we could offer but we would need funding to employ more staff to support this new option. Would love to support more people but not on existing budget.*

Amongst those organisations who commented they were unsure whether they would keep the changes (n=13), the following themes were identified:

1. Considering a complement of face to face and telehealth (54):
    - *Maybe incorporate use of phone/zoom additionally to previous face to face.*
    - *It may be useful to offer clients the option of face to face or telephone counselling to improve workplace flexibility and client engagement.*
2. Need to undertake further consultation (23%):
    - *Need further consultation with practitioners and clients.*
    - *Some difficulties for clients with technology and some clients report feeling uncomfortable with phone counselling.*

3.3 Risk Mitigation

Graph 3: Has your service implemented risk mitigation measures (eg physical distancing) as a result of the Covid pandemic?

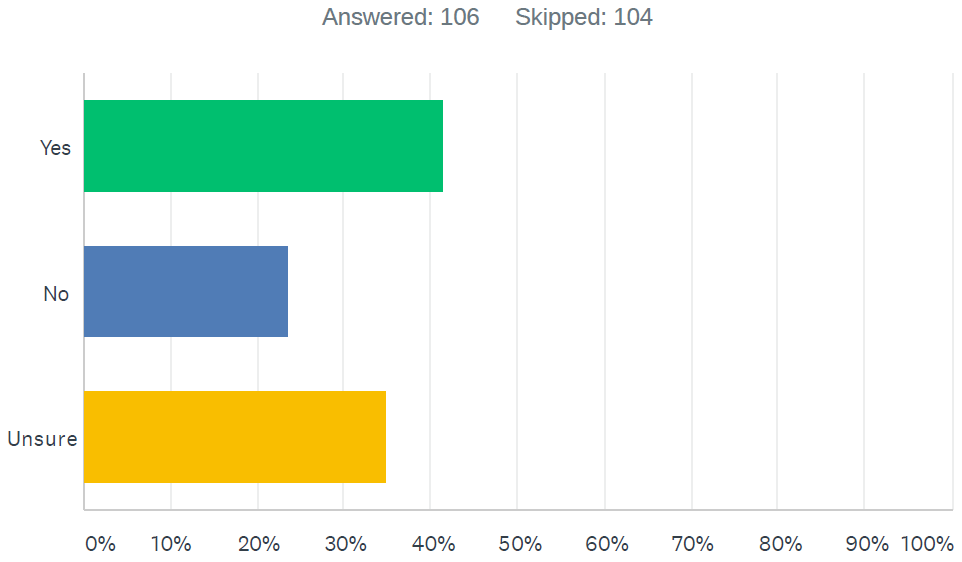


It is noted that all of the respondents who answered 'no' indicated they had moved the bulk of their service delivery online.

Of the 100 respondents who provided comment to support their response, 65% had implemented numerous risk mitigation measures, with the most common being:

- Physical distancing (63%)
- Increased infection control practices/cleaning more frequently (37%)
- Increased screening for clients and staff onsite (26%)
- Reduced residential bed capacity (25%)

Graph 4: Would you consider continuing to implement these changes following the Covid pandemic?



69 respondents provided commentary related to their response. Amongst those organisations who provided comment they would consider keeping the changes (n=29), the following themes were identified:

1. Enhanced infection control (n=11)
    - *Any measure that is deemed to impact the reduction of infectious disease will be sustained.*
    - *Checking client's health upon presentation will continue.*
2. Will retain where it is effective and contracts allow flexibility (n=7):
    - *The changes ensure ongoing safety for clients, but also for clinicians. These also adhere to good clinical practice guidelines.*
    - *Some changes yes, particularly in relation to participant free time.*
3. Will offer ongoing mix of telehealth and face to face (n=5):
    - *We are constantly interested in what our consumers want and need. We believe that the experience of using these different ways of working has ironically created a breakthrough that has value to organisations and consumers.*
    - *Changes have allowed different forms of service delivery/access which should continue, providing safety for staff and clients. Will also assist in reducing yearly flu infections.*

Amongst those organisations who provided comment they would not consider keeping the changes (n=20), the following themes were identified:

1. Preference for face to face delivery:
    - *Client treatment has been challenging at times as some treatment is more personable and completed better face to face.*
    - *The whole point of the recovery program is to reconnect people with the community and their supports. This is difficult if it is at a distance or only by electronic systems.*
2. Unsustainable reduction in service capacity:
    - *Not practical for areas such as transport – 4 passengers in a 12 seater bus.*
    - *Other than the hygiene measures it is not possible to meet our funding agreement with only one client per room.*

Amongst those organisations who provided comment they were unsure whether they would keep the changes (n=20), the following theme was identified:

1. May keep some changes:
    - *We would continue with some of the changes, however, not all the changes are practical and sustainable.*
    - *Infection control will remain enhanced, as will some precautions and distancing, but other changes in residential services will need to return to maintain engaging and interactive programs. Some groups and telehealth will definitely be offered online or remote in future as an option.*
    - *All clients were initially happy to engage in phone appointments; however we are now identifying since normality has worn off, the clients are now requestion [sic] previous face to face service [to] resume.*

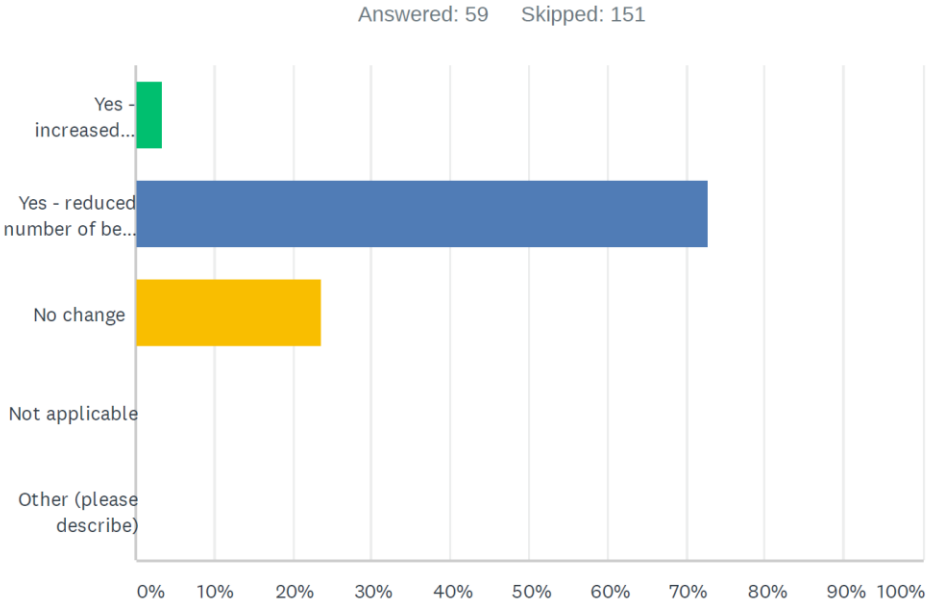
3.4 Barriers associated with implementing changes to service delivery

126 respondents identified barriers associated with implementing changes to service delivery, with the following themes identified.

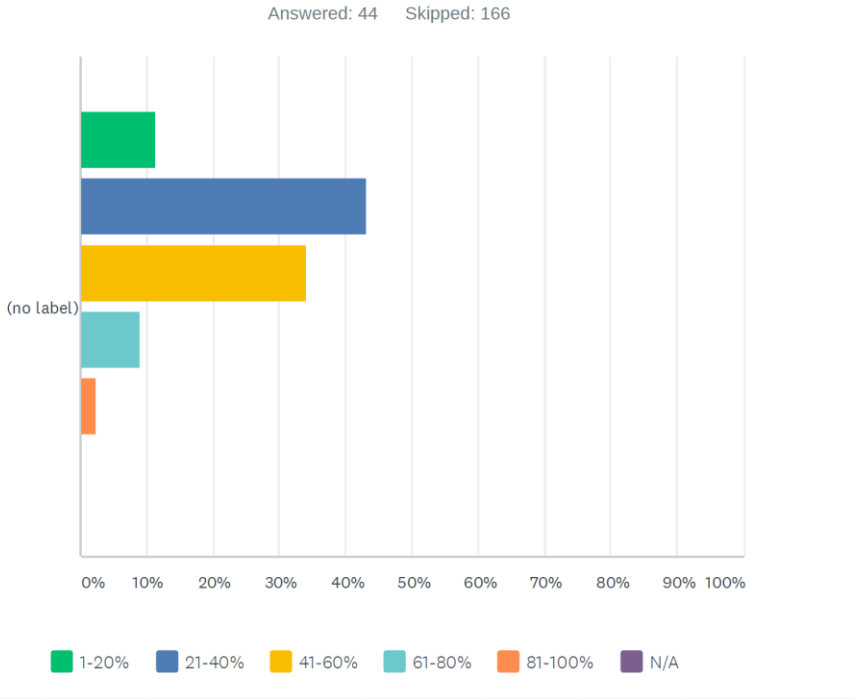
1. Technology Issues (n=37)
    - *Our work platform does not support any of the meeting/virtual platforms we need to use, therefore all staff need to use other IT systems to access the meetings and telehealth. Many staff had to increase their internet plans to be able to work from home and to buy more equipment. Health Direct requires data use from the receiving end, this is a barrier to clients accessing this format. Some staff residences have poor internet/poor telephone coverage. Our work platform is under resourced normally, with more people working from home, this seems to have been exacerbated.*
    - *Initial IT challenges which were resolved in two weeks.*
2. Cost (n=13)
    - *Given we are a small service there has been limited training and support for staff to move to telehealth services. We needed to limit IT expenditure as we could not afford to provide laptops to all staff.*
    - *Costs of teleconferencing that we previously did not have.*
3. Access to PPE (n=12)
    - *Initially the availability of PPE was very limited, but this was managed by the organisation effectively.*
    - *Getting supplies of PPE, but also containers for take away food etc. Many other services closed – harder to refer clients for supports they need. Challenges getting the right information regarding safety from health for example are showers safe to offer, how do we ensure safety.*
4. Client access to technology/internet (n=12):
    - *Some clients have difficulty with technology or phones don't have enough data to be able to conduct a video session. Other clients of transient nature may be hard to reach or may not prefer phone/video delivery.*
    - *Client's unfamiliarity and lack of access to technology, as well as clinician anxiety/fear about delivering services. Difficulties for clients to safely use telehealth/telephone consults from home (eg in family violence situations).*
5. Staff wellbeing (n=12):
    - *We have been unable to do isolation due to space restrictions, this has been stressful for staff and people already in the service and because of this we have had a slow intake process.*
    - *Some staff found working from home challenging. Reduced contact with team members.*

3.5 Residential bed capacity

Graph 5: have any changes resulting from the Covid-19 pandemic impacted on the number of available beds that are able to be offered?



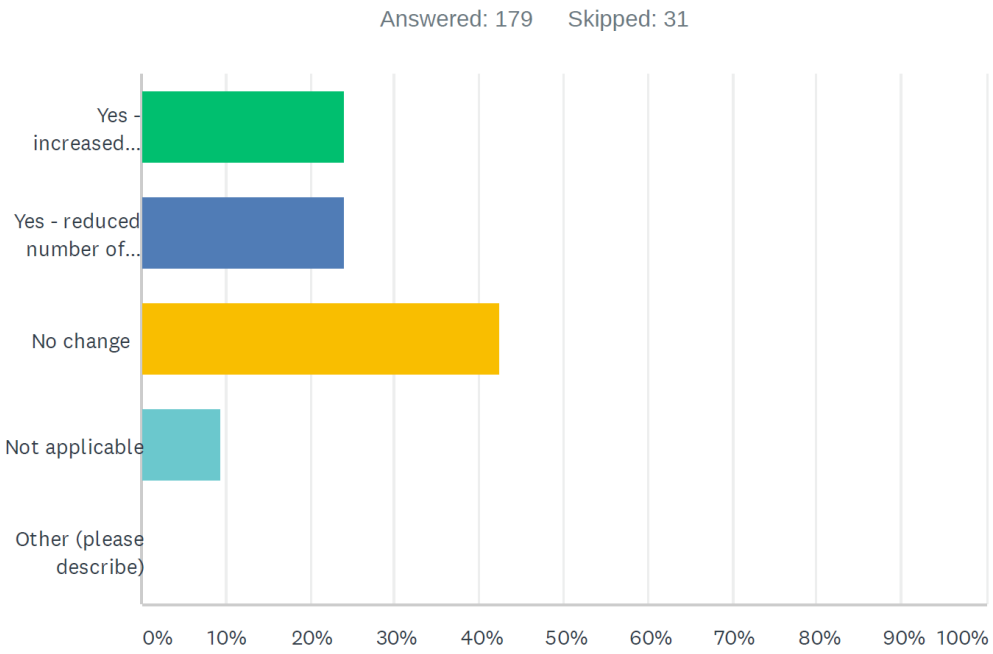
Only two services indicated they had increased bed capacity. Those who indicated reduced capacity were asked to estimate how much, which is reflected in the **graph 6** below:



Capacity reductions were undertaken to support physical distancing, with many services switching from offering shared rooms to single occupancy rooms only, as well as reducing capacity out of concern around sharing bathrooms.

3.6 Non residential service capacity

Graph 7: Changes in appointment capacity



Those who indicated they had increased appointment capacity were asked to estimate how much, with most respondents (84%) indicating capacity increases of up to 40%. 16 respondents provided further commentary to support their estimation and identified the ease of rescheduling virtual appointments, time saved travelling between appointments and a decrease in missed appointments.

The majority (85%) of those who indicated they had decreased appointment capacity estimated the reduction was up to 60%. 16 respondents provided further commentary to support their estimation and identified reductions in groups, biosecurity restrictions and the reduction in access to clients in detention due to the lock down of correctional facilities.

Graph 8: additional costs associated with implementing service delivery changes.

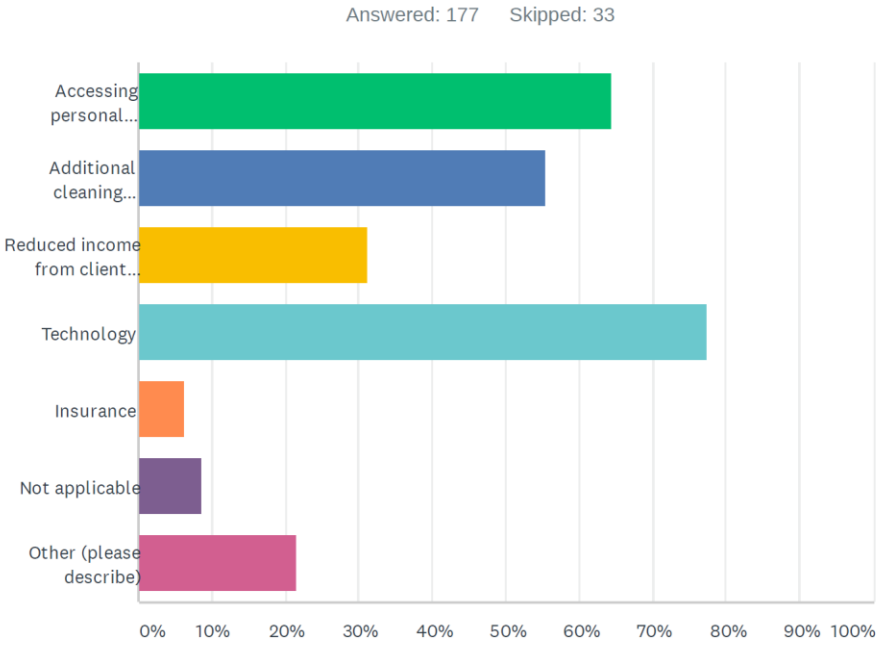


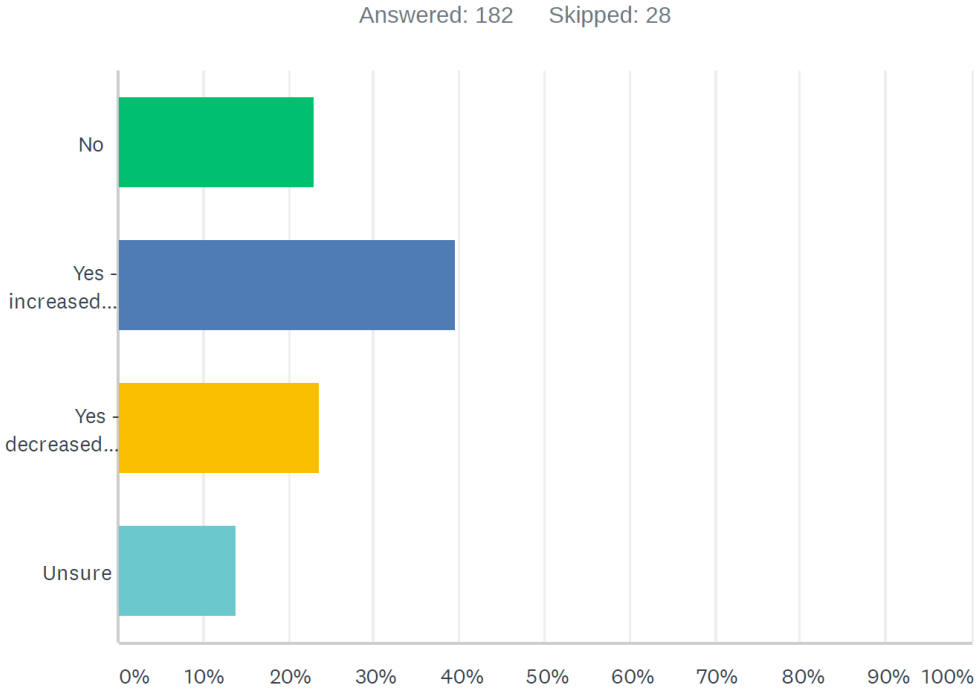
Table 2: additional costs associated with implementing service delivery changes

ANSWER CHOICES	RESPONSES	
Accessing personal protective equipment (PPE)	64.41%	114
Additional cleaning fees-of-service	55.37%	98
Reduced income from client fees	31.07%	55
Technology	77.40%	137
Insurance	6.21%	11
Not applicable	8.47%	15
Other (please describe)	21.47%	38
Total Respondents: 177		

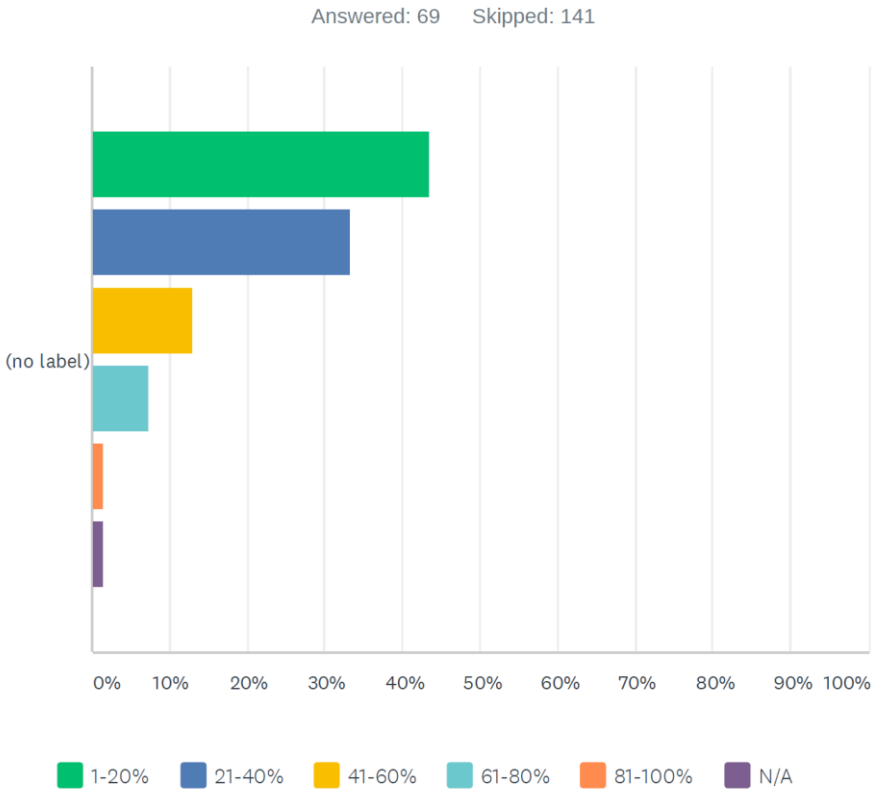
Respondents who selected 'other' cited costs related to increased management/labour costs (n=15), transportation costs (n=2), brokerage costs (n=2) and resource development (n=1).

3.7 Demand for services

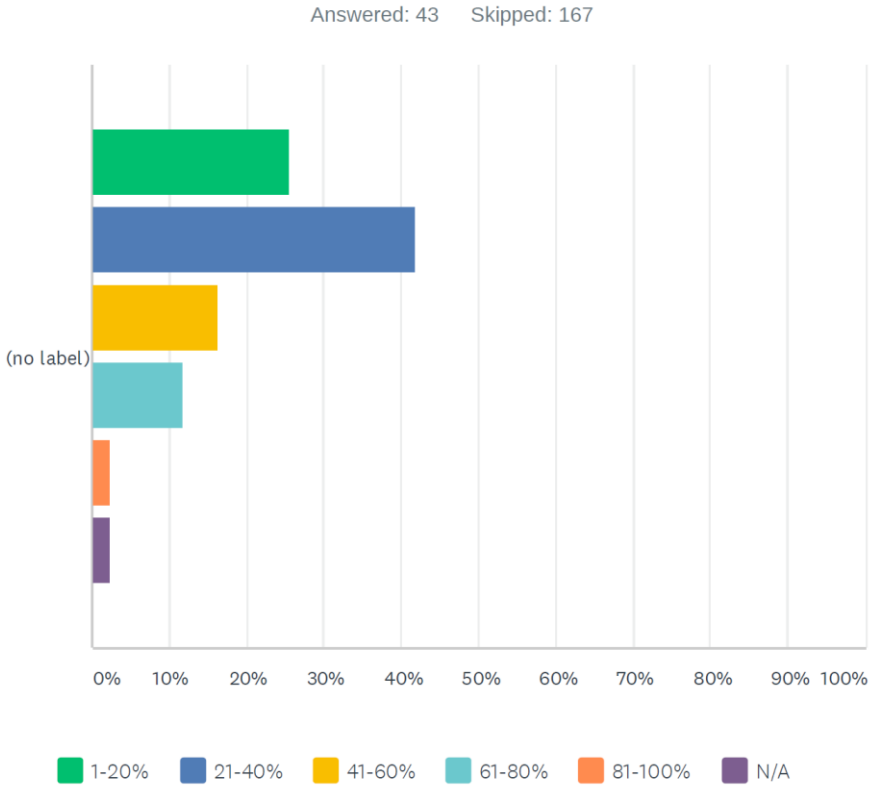
Graph 9: Have there been changes in the demand for your service since the beginning of March?



Where respondents identified that demand had increased, they were asked to estimate by how much, with most respondents (77%) identifying demand had increased by up to 40%, as shown in **Graph 10** below:



Where respondents identified that demand had decreased, they were asked to estimate by how much, with most respondents (67%) identifying demand had decreased by up to 40%, as shown in **Graph 11** below:



There was no observable trend in changes in demand by jurisdiction or service delivery setting. The comments provided to support both increased and decreased demand reflect the uncertainty of the early pandemic:

- *Demand increased, however we also noted that due to the media attention and community measures, some clients self-discharged to return to their usual residence prior to borders closing.*
- *As always the demand increases when others close their service and refuse to take on referrals. Our service does not close and continues to manage a waitlist and is forced to manage demand beyond our capacity to ensure our already marginalised clients are not again marginalised.*
- *There was an initial decline in new clients, but this has now increased and we are having more new referrals than pre-March.*
- *There was an initial drop in attendance from existing clients but the majority reengaged and continued to seek support. There has been a steady (normal) stream of new clients.*
- *Initial significant decrease in demand has now been replaced with a significant increase in demand with particularly complex cases (eg FDV).*
- *Reduced numbers presenting for all service areas including NSP and NSP Outreach.*

Similarly, there was no observable trend in levels of client engagement with services, with similar numbers of respondents indicated fewer missed appointments (34.6%) and more missed appointments (24.8%), as well as similar numbers of respondents indicating more enquiries (26%) and fewer enquiries (22.5%).

Table 3: Have you identified any changes to the enquiries your organisation has received?

ANSWER CHOICES	RESPONSES	
Different profile of clients' primary substance of concern	16.76%	29
Changes to the demography of clients (eg. age, gender)	9.25%	16
Risk profile (eg. overdose, injecting behaviours)	17.34%	30
No changes have been identified	36.99%	64
Unsure	24.28%	42
Other (please describe)	21.39%	37
Total Respondents: 173		

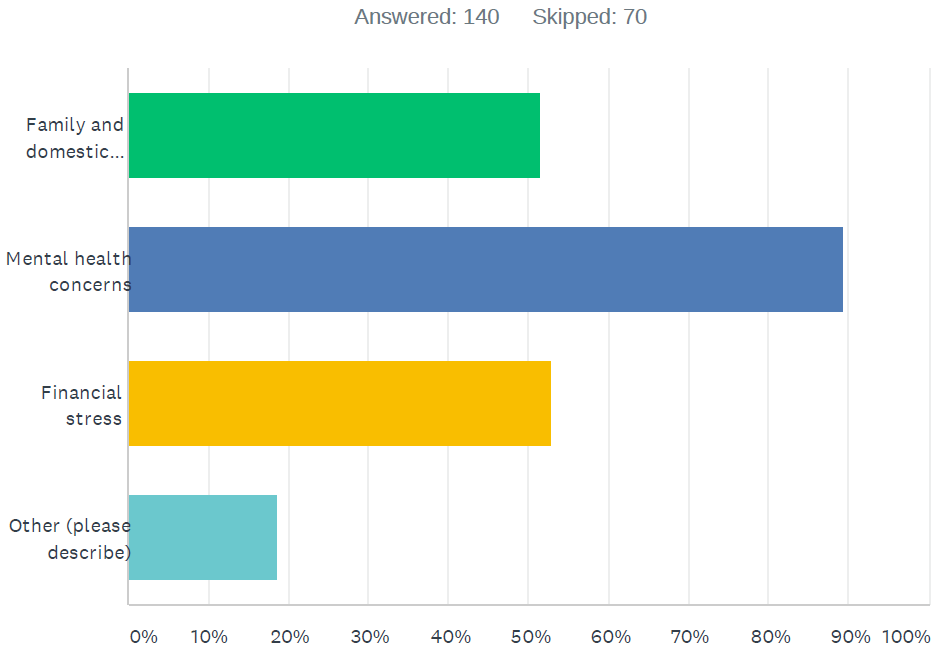
The majority of respondents were either unsure or did not observe changes to enquiries (62%), followed by 'other' (21%). Comments provided in support of 'other' responses included:

- *More referrals from family members/parents.*
- *There has been a change in substance use as some drugs become less available and more expensive. A rise in pharmaceuticals to supplement use. Benzos have increased, along with cannabis and alcohol.*
- *A lot of profiles identifying alcohol, mental health deterioration, poly drug and use of AOD other than preferred substance, suicidal ideation, FDV and social disconnection as problems of concern.*

Respondents who identified changes to risk profile provided the following comments:

- *Risk of overdose or death has increased.*
- *Young people putting themselves at risk to score substances - increased reporting of stronger substances or changes in patterns of substance use due to changes in supply.*
- *Incidental withdrawal due to disruption in supply of methamphetamines. Increase in alcohol consumption and more risk behaviours with using alone.*

Graph 12: Observed increases in co-occurring issues.



Respondents from all jurisdictions noted increases in co-occurring issues amongst their clients. Supporting comments identified stress and anxiety, family and domestic violence/child safety issues, social isolation and suicidality.