



A Health-Driven Response to Alcohol and Other Drug Issues

Sector Priorities 2020

WANADA Submission

Introduction

Over the past 24 months, Western Australia has maintained a focus on addressing the harms associated with alcohol and other drugs. Initiatives such as the Methamphetamine Action Plan Taskforce and the Sustainable Health Review have highlighted the importance of co-ordinated and evidenced responses across the whole population. These reviews have recommended a raft of practical evidence-informed measures to improve the effectiveness of the State's approach to date.

It is WANADA's view that positive change will be achieved through a systemic approach that seeks to both expand and optimise a specialist sector and whole-of-government approach. In this regard, the State Government's commitment to implementing the recommendations of its recent reviews, and the balanced approach to investment in 2019-20 is to be commended. This balanced approach to systems and service funding provides a useful template for future years.

There remain challenges over the next five years, however, that must be overcome if Western Australia is to realise its requirements of meeting specialist alcohol and other drug service demand by 2025.

- The mid-term review of the Mental Health, Alcohol and Other Drug Services Plan 2015-2025 is scheduled to commence in 2020. This review will determine how the Plan remains relevant through its final five-year phase of implementation. Ensuring the Plan's continued relevance will require significant sector consultation to ensure revised population modelling (and initiatives such as crisis intervention) reflects contemporary, placed based, practice-informed evidence.
- Systems development addressing cultural security, stigma, harm reduction and effective integration must be prioritised and implemented in parallel with service expansion to optimise outcomes for the Western Australian community.

WANADA has been approached by the State Government to build on its initial response to the Methamphetamine Action Plan Taskforce Final Report, and provide comment on the prioritisation of the recommendations and implementation considerations. In developing this Priorities Paper, WANADA has identified key initiatives in need of immediate action. The sector's prioritisation is validated by multiple State Government reviews and strategies.

The recommendations in this Priorities Paper do not supplant the need for significant investment in service expansion. WANADA strongly encourages the State Government to continue investment across all service types, in line with the Plan.

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Priorities at a glance

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- Priority 2: Invest in systemic supports for cross-sector coordination and collaboration to better meet the needs of people experiencing harms associated with alcohol and other drug use.
- Priority 3: Embed self-determination in government policy, planning and procurement processes to achieve improved outcomes for Aboriginal communities in Western Australia.
- Priority 4: Support the development and implementation of a sector-led harm reduction blueprint for Western Australia.
- Priority 5: Resource a comprehensive and systemic response that addresses alcohol and other drug related stigma in collaboration with the sector.
- Priority 6: Evaluate Western Australia's diversion programs, and resource the implementation of its recommendations to improve program performance, accessibility and reach.

Integration

In relation to alcohol and other drugs and mental health the State Government has, since 2015, applied a vertical integration¹ approach. This has resulted in efforts to combine policy and planning, procurement practices and service model development, consumer engagement, and capacity building.

WANADA is concerned that attempting to combine two disparate specialist sectors through this top-down integration approach is based on inaccurate assumptions of: the extent to which there is overlap between each sectors' consumer cohort; and that the required approaches to holistic care for these consumers is uniform. WANADA believes the vertical integration efforts have undermined the appreciation and understanding of alcohol and other drug specific issues, narrowed policy considerations, hampered service level cross sector collaborative initiatives, and not resulted in improved outcomes.

There is limited evidence for the effectiveness of vertical integration on alcohol and other drug consumer outcomes.^{2 3}

Related Government initiatives (including the WA Drug and Alcohol Interagency Strategy, Our Priorities, and the Sustainable Health Review) recognise the specialist nature of different sectors, and focus on opportunities to improve coordination and collaboration across services (i.e. horizontal integration). The Methamphetamine Action Plan Taskforce Final Report's recommendations also provide direction regarding integration opportunities (more akin to horizontal integration approaches) through governance, cross-sector capacity building and partnerships⁴.

With the reinvigoration of whole-of-government responses it is timely to consider integration approaches that focus on effectively addressing the complexity of issues associated with alcohol and other drug use. The Taskforce has recommended an evaluation of Machinery of Government arrangements⁵. Similar amalgamation review processes have occurred in other Australian state and territory jurisdictions over the past decade, driven by the need to optimise alcohol and other drug policy, planning and service development and effectiveness.

Addressing this priority will enhance or directly contribute to:

- ✓ WA Government Our Priorities
- ✓ Methamphetamine Action Plan Taskforce
- ✓ Mental Health Alcohol and Other Drug Services Plan 2015-2025
- ✓ WA Alcohol and Drug Interagency Strategy
- ✓ Sustainable Health Review
- ✓ Service Priority Review

Priority 1: As directed by the Methamphetamine Action Plan Taskforce, urgently undertake an independent evaluation of Machinery of Government arrangements pertaining to alcohol and other drugs.

Alcohol and other drug dependence is a health issue, requiring a comprehensive and coordinated response that is reflective of its significant intersectionality with a range of other health and social concerns.

Approximately 30-50% of people accessing mental health services have co-occurring issues with alcohol and other drug use.⁶ Intersectionality is a significant consideration for a range of sectors.

- Homelessness - 94% of people accessing alcohol and other drug services have reported lifetime exposure to homelessness⁷

¹ Lubman, D., Manning V., Cheetham A. (2018) Informing alcohol and other drug service planning in Victoria: Final Report.
² Savic, M., Best, D., Manning, V., Lubman, D. (2017) Strategies to facilitate integrated care for people with alcohol and other drug problems: a systemic review. Substance abuse treatment, prevention and policy. 2017;12(1)19.
³ Lee, N. (2019) Royal Commission into Victoria's Mental Health System. 360 Edge Submission.
⁴ For example, see Recommendations 11, 12, 14, 38, 57, Methamphetamine Action Plan Taskforce Final Report
⁵ See Recommendation 50, Methamphetamine Action Plan Taskforce Final Report.
⁶ Mental Health Commission, WA Alcohol and Drug Interagency Strategy, p.4.
⁷ AHURI, (2013) *How Integrated are homelessness, mental health and drug and alcohol services in Australia*, p 31

- Blood-borne viruses - 90% of hep C transmissions are as a result of injecting drug use⁸
- Physical health – 76% of people with alcohol and other drug dependence accessing health inpatient and outpatient settings experienced one other physical health condition, and 51% experienced two or more physical health conditions⁹
- Domestic and family violence – it is estimated that alcohol is involved in up to 65% of family violence incidences reported to police¹⁰
- Engagement with the criminal justice system - more than 80% of prisoners and offenders appearing before the courts in WA were identified as having problems associated with substance use¹¹
- Engagement in the child protection system – a sample taken of families who come into contact with the child protection system in WA indicated that 57% identified problems associated with substance use¹²

Horizontal integration recognises that alcohol and other drug issues are best addressed through equal and effective cross-sector partnerships across all human and health services. A horizontally integrated approach to care places alcohol and other drugs within the broader context of health and wellbeing, and recognises the need to fully address the social determinants of health.

Horizontal integration seeks to address the complexity of peoples' needs by placing emphasis on specialist service coordination, capacity building and collaboration. Successfully building cross-sector linkages requires professionals of all sectors to understand the scope of their capacity to respond to people presenting with alcohol and other drug use. Establishing referral pathways to specialist alcohol and other drug services is essential.

The Methamphetamine Action Plan Taskforce provided a range of recommendations to support improved cross-sector capacity for collaboration and coordination of care.¹³

Priority 2: Invest in systemic supports for cross-sector coordination and collaboration to better meet the needs of people experiencing harms associated with alcohol and other drug use.

Appropriate integration founded on coordination and collaboration provides the foundation for all subsequent priorities outlined in this document.

⁸ National Centre in HIV Epidemiology and Clinical Research, 2002. HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2002, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Sydney.

⁹Keaney, F., Gossop, M., Dimech, A., Guerrini, I., Butterworth, M., Al-Hassani, H., & Morinan, A. (2011) Physical health problems among patients seeking treatment for substance use disorders: A comparison of drug dependent and alcohol dependent patients, *Journal of Substance Use*, 16:1, 27-37

¹⁰ Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Foundation for Alcohol Research and Education, Cited in FARE (2019) *Family Violence*, <http://fare.org.au/policy/family-violence/>

¹¹ Forensicare (2008) Western Australian State Forensic Mental Health Services Review 2008, p 9

¹² Gadson, M (2016) *Complex Connections: Family Violence, Alcohol and other Drugs, and Child Protection*. Presentation to WA Aboriginal Alcohol and other Drug Workers Forum, 28 April 2016
http://www.wanada.org.au/index.php?option=com_docman&view=download&alias=16-complex-connections-family-violence-alcohol-and-other-drugs-and-child-protection-mandy-gadson-executiv-director-aboriginal-engagement-and-coordination-department-for-child-protection-and-family-support&category_slug=2016-aboriginal-alcohol-and-other-drug-worker-forum-presentations&Itemid=265

¹³ For example, see Recommendations 11, 12, 14, 38, 57, Methamphetamine Action Plan Taskforce Final Report

Self-determination

WANADA welcomed the Methamphetamine Action Plan Taskforce Final Report's recommendations¹⁴ to help develop capability to meet the alcohol and other drug treatment and service needs of Aboriginal people. There was evident recognition of the need for consultation and community engagement.

Western Australian specialist alcohol and other drug services are undoubtedly contributing to the improvement of health and wellbeing of Aboriginal peoples, as demonstrated by 22.4% service access in 2017-18.¹⁵ Alcohol and other drug related issues, however, remain a significant concern within the Aboriginal community.

The Western Australian specialist alcohol and other drug sector strongly believes self-determination to be a key sector development priority, indelibly linked to improved health and wellbeing outcomes. Feedback from Aboriginal workers in the alcohol and other drug service sector reinforces the need for a systemic and culturally responsive approach in order to achieve effective and sustainable outcomes

Aboriginal peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them, and, as far as possible, to administer such programmes through their own institutions.¹⁶

Service expansion will remain inadequate without a comprehensive approach to supporting self-determination. In relation to alcohol and other drugs, putting self-determination into practice requires commitment by all stakeholders (government and service providers). Self-determination must be comprehensively supported and reflected throughout the service system, with clear implications for:

- government policy, planning and procurement – supporting self-determination in service design and delivery, and respecting organisation's application of self-determination;
- organisation governance, policies, service design and workforce practices – supporting the self-determination of the community and workforce; and
- service delivery- supporting self-determination of individuals' needs, and reflecting these in the design and delivery of services within the community.

It is essential that Aboriginal worldviews are fully embedded within system structures, reflecting the complexity of culture, alcohol and other drug use and related issues, and health and wellbeing.

Priority 3: Embed self-determination in government policy, planning and procurement processes to achieve improved outcomes for Aboriginal communities in Western Australia.

Addressing this priority will enhance or directly contribute to:

- ✓ WA Government Our Priorities
- ✓ Methamphetamine Action Plan Taskforce
- ✓ Mental Health Alcohol and Other Drug Services Plan 2015-2025
- ✓ WA Alcohol and Drug Interagency Strategy
- ✓ Sustainable Health Review
- ✓ Service Priority Review
- ✓ Recent Coronial Inquiries, such as Kimberley Suicides
- ✓ National Aboriginal and Torres Strait Islander Alcohol and other Drug Strategy 2014-19

¹⁴ See Recommendations 27; 33; 35 & 36 in the Methamphetamine Action Plan Taskforce Final Report.

¹⁵ Australian Institute of Health and Welfare (2019) Alcohol and other drug treatment services in Australia 2017-18: Key Findings <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2017-18-key-findings/contents/data-visualisations>

¹⁶ United Nations, Declaration on the Rights of Indigenous Peoples, Article 23 p.18

https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

Harm Reduction

Harm reduction is an established key pillar to an evidenced response to alcohol and other drug issues. Despite its importance, and equal weighting alongside demand and supply reduction in the National Drug Strategy, harm reduction is often overlooked for investment. Prevailing stigmatising perceptions also inhibit considered public discussion and the timely implementation of evidenced harm reduction initiatives. Barriers such as these result in costs to the economy, and the perpetuation of avoidable health and wellbeing harms.

There have been a number of recent, and welcomed, developments supporting harm reduction, including:

- Methamphetamine Action Plan Taskforce Final Report recommendations 26, 27, 28 & 41 seeking to improve community awareness, cultural security, regional availability, service model flexibility and prison access for harm reduction services.
- The 2019-20 WA State Budget included funding to maintain and expand harm reduction services.
- Australia’s commitment to, and philanthropic funding to achieve, hepatitis C elimination by 2030.
- A Federal Government Naloxone trial, including a trial in Western Australia.

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- ✓ Mental Health Alcohol and Other Drug Services Plan 2015-2025
- ✓ WA Alcohol and Drug Interagency Strategy
- ✓ Sustainable Health Review
- ✓ National Inquiries such as the Crystal Methamphetamine (Ice) Inquiry.

Investment in harm reduction is an urgent priority. This is clearly demonstrated in the Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025: Plan Update 2018.¹⁷

Service Type	Metric	State Total			
		2013	2017	2020 Optimal	2025 Optimal
Harm Reduction and Personal Support	Hours ('000)	5	6	209	232

To inform an evidence-informed, sustainable approach to harm reduction service expansion, there is a need for a harm reduction blueprint for Western Australia. The blueprint will provide clear direction regarding the:

- systemic considerations related to service planning, design, implementation, and evaluation;
- stakeholder buy-in and community awareness required to support this scale of service expansion;
- need to ensure system sustainability and cost-effectiveness, including administration and evaluation; and
- need to account for emerging and evidenced initiatives, such as substance analysis, and broader access to naloxone.

Developing a blueprint for harm reduction in Western Australia will require significant coordination across health, alcohol and other drug and associated services. WANADA has consulted with state harm reduction services, and has received their support for a sector driven and coordinated process.

The blueprint will be an opportunity for Western Australia to lead the nation in the systemic implementation of harm reduction services. It will complement existing service strategies, and provide clear direction to all stakeholders responsible for meeting Western Australia’s harm reduction service needs by 2025.

Priority 4: Support the development and implementation of a sector-led harm reduction blueprint for Western Australia.

¹⁷ Mental Health Commission (2019). Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 – Plan Update 2018, p.33.

Stigma

Illicit drug dependence is the most stigmatised social health condition in the world; alcohol dependence is rated fourth.¹⁸ Stigma impedes help seeking behaviour, influences funding decisions, and results in discriminatory practices that inhibit access to health and human services.¹⁹

There has been a notable shift in community perceptions regarding alcohol and other drugs over the past decade, with a majority of people now supporting education and treatment (as opposed to law enforcement) responses to alcohol and other drug use issues.²⁰ This positive shift in popular sentiment has been reflected in multiple inquiries and research.²¹ All current Government strategies²² recognise the importance of addressing stigma. This increased recognition of the need to address stigma is yet to translate into substantive, systemic action. Limited investment in addressing stigma belies the structural significance of the issue, and presents a lost opportunity to improve service access and reduce harm.

The Federal Government recently initiated the development of specific media guidelines. While there is a need to shape language and media reporting, this focus offers only a single aspect of a comprehensive approach that must also include:

- building cross-sector confidence to provide early and brief intervention and appropriate referral;
- awareness raising within the community to highlight alcohol and other drug use as a health issue;
- consideration of how policy, regulation and practice can contribute to reducing stigma and improve service access and outcomes; and
- the application of evidence-informed initiatives that address alcohol and other drug use as a population health issue, rather than focussing solely on individual criminogenic behaviour.

The State Government and the specialist alcohol and other drug service sector had previously partnered to commission research and plan coordinated action to address stigma in Western Australia. This Social Inclusion Action Research Group was disbanded following the amalgamation of DAO and the MHC. There are currently no resources allocated to support a systemic approach to addressing stigma.

Addressing this priority will enhance or directly contribute to:

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- ✓ WA Alcohol and Drug Interagency Strategy
- ✓ Sustainable Health Review
- ✓ National Inquiries such as the Crystal Methamphetamine (Ice) Inquiry.

Priority 5: Resource a comprehensive and systemic response that addresses alcohol and other drug related stigma in collaboration with the sector.

¹⁸ Kelly, J F & Westerhoff, C M (2010) Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms, *International Journal of Drug Policy*, vol. 21, no. 3, pp. 202–207.

¹⁹ Global Commission on Drug Policy (2017) *The World Drug Perception Problem, Countering Prejudices about people who use drugs*, p.28. <http://www.globalcommissionondrugs.org/reports/changing-perceptions/> Accessed 17/12/18

²⁰ Australian Institute of Health and Welfare (2017) *National Drug Strategy Household Survey 2016: Detailed Findings*, p. 118.

²¹ See WA Methamphetamine Action Plan Taskforce (2018) *Final Report*, Chapters 5.1-5.2 and Recommendations 7-9, 18, 51; Parliament of Victoria *Inquiry into Drug Law Reform* (2018), pp.97-113; Joint Committee on Law Enforcement *Inquiry into Crystal Methamphetamine (ice)* (2018), pp.80-85.

²² For example, the WA Interagency Strategy, the WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025.

Justice

Alcohol and other drug diversion is an essential component of Western Australia's justice system. Diversion initiatives (both police and court) have achieved a range of positive outcomes. For example, a national evaluation of police diversion released in 2007 demonstrated significant reductions in recidivism.²³

Despite the clear benefits of diversion, Western Australia's program utilisation has shown a concerning downward trend. A recent report undertaken by the Drug Policy Monitoring Program indicated that between 2010-11 and 2014-15, only 32.4% of Western Australian offenders with a principal offence of use/possession were offered a police drug diversion.²⁴ Western Australia's rate of police diversion was the lowest of any Australian state or territory, despite having a broad range of diversion initiatives.

The low utilisation of diversion is believed to be due to a range of factors, including restrictive eligibility criteria, implementation issues, and the limited availability of alcohol and other drug services in regional rural and remote areas.²⁵

Diversion initiatives were configured to minimise costs to the justice system while addressing underlying factors that contribute to offending behaviour. While alcohol and other drug use is a key contributing factor for offenders (including recidivism), it is ultimately a health and wellbeing issue.

WANADA believes that alcohol and other drug diversion has been the catalyst for a shift in both police and justice's attitudes towards this health condition. We all agree that we can't arrest our way out of alcohol and other drug problems in the community.

Western Australia's diversion participation numbers have been reducing, despite increasing demand. An independent evaluation of Western Australia's diversion programs is urgently required to assess how to:

- increase police engagement and confidence in diversion;
- ensure alcohol and other drug service expansion investment results in justice cost efficiencies;
- maximise diversion program accessibility and design, particularly for at-risk population groups; and
- identify and address any gaps in the current suite of diversion initiatives.

Priority 6: Evaluate Western Australia's diversion programs, and resource the implementation of its recommendations to improve program performance, accessibility and reach.

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- ✓ WA Alcohol and Drug Interagency Strategy
- ✓ Sustainable Health Review
- ✓ Recent Coronial Inquiries, such as Kimberley Suicides
- ✓ National Inquiries such as the Crystal Methamphetamine (Ice) Inquiry.
- ✓ WA Police Submission to the WA Parliamentary Inquiry on Alternative Approaches to Reducing Illicit Drug Use

²³ Payne, J., Kwiatkowski, M., and Wunderstiz, J., (2007) Police Drug Diversion: A study of Criminal Offending Outcomes. Australian Institute of Criminology Research and Public Policy Series 97, p.iii.

²⁴ Hughes, C., Seear, K., Ritter, A., and Mazerolle L. (2019). Criminal Justice Responses Relating to Personal Use and Possession of Illicit Drugs: The Reach of Australian Drug Diversion Programs and Barriers and Facilitators to Expansion, p.5

²⁵ Ibid, p.6