



A Health-Driven Response to Alcohol and Other Drug Issues

Supplemental Paper - Sector Pre-Budget Submission 2020-21

WANADA Submission

Introduction

The 2020/21 State Budget will be significant for Western Australian communities. The State Budget will mark:

- the commencement of the final stage of the *Mental Health Alcohol and Other Drug Services Plan 2015-2025*, starting with the mid-term review to ensure the Services Plan remains relevant through to 2025; and
- the announcement of the State Government's second tranche of initiatives in response to the *Methamphetamine Action Plan Taskforce Final Report*.

Given the importance of next year's State Budget, and the nature of the State Government's approach to alcohol and other drug issues to date, WANADA's Pre-Budget Submission has been separated into two documents:

- A Sector Priorities Paper, to inform the prioritisation and implementation of the Methamphetamine Action Plan Taskforce recommendations over the next twelve months; and
- A Pre-Budget Supplemental Paper, to outline key funding priorities that have been identified by the sector as essential to the service system, that lay outside both the Taskforce Final Report and the Services Plan.

The recommendations in these papers do not supplant the need for significant investment in service expansion. Rather, the recommendations outlined in both the Sector Priorities Paper and the Pre-Budget Supplemental Paper are intended to support efficient and effective service expansion. WANADA strongly encourages the State Government to continue, and to sustain, investment across all service types, in line with the Plan. Within this, however, there is an understanding that service expansion requires a fundamental commitment to, and investment in, workforce development and sector quality standards for effective service provision. Funding security and sustainability contribute to the attraction and retention of a quality sector workforce as well as capacity to continuously improve.

As stated in the Sector Priorities Paper, 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.

Contents

Priorities at a glance	4
Comprehensive response to address Fetal Alcohol Spectrum Disorder	5
Population based approaches to address alcohol related harms.....	6
Invest in crisis responses for alcohol	8

Priorities at a glance

WANADA Sector Priorities Paper 2020-21

- 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.
- 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.

WANADA Sector Priorities – Supplement Paper - Pre-Budget Submission

- Priority 7:** Establish and invest in a comprehensive State-wide response to FASD, including addressing alcohol availability and resourcing for the specialist alcohol and other drug service sector to expand its capacity to support people with FASD.
- Priority 8:** Provide State support for the introduction of population-based health measures, such as region-wide alcohol restrictions, and implement the minimum floor price as an urgent priority by 2021.
- Priority 9:** Invest in services that respond to crisis, such as sobering up centre services, with priority given to Geraldton. Cost - \$500,000 per annum (+ capital works).

Comprehensive response to address Fetal Alcohol Spectrum Disorder (FASD)

In Western Australia, the prevalence of FASD is estimated to be 0.3 per 1000 births, however it is acknowledged that this figure is probably an underestimate and there is significant variation in different locations; in one location, 19% of 7-8-year-old children were found to have FASD.¹ In Banksia Juvenile Detention Centre, a Telethon Kids research project found that 36% of young people have FASD and 89% have at least one severe neurodevelopment impairment.²

FASD has lifelong implications and may lead to a range of significant secondary issues, such as education concerns, alcohol and other drug use problems, mental ill-health, contact with the justice system, difficulties living independently, and difficulties maintaining employment.³ Successful prevention and intervention has the capacity to address the obvious human costs and the high economic costs and impact in the justice system.

Australia has an established national framework to guide a coordinated response to FASD: the *National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028*. It is now the responsibility of the national, state and territory jurisdictions to implement initiatives in line with the Strategic Action Plan.

The specialist alcohol and other drug sector is a critical component in a systemic response to reducing the prevalence and impact of FASD, and improving quality of life for individuals, families and communities. The specialist alcohol and other drug sector provides a range of services that contribute to addressing FASD:

- the design and implementation of prevention and community development initiatives, particularly amongst high risk population groups, that reduces alcohol consumption and builds community understanding and resilience;
- the provision of alcohol and other drug treatment and support services for high risk population groups including women of a child bearing age; and
- the provision of alcohol and other drug treatment and support services for people with FASD.

Given the significant impact of FASD, and its prevalence in Western Australia, it is essential that the State Government resources a comprehensive and coordinated cross-sector response. An effective approach will recognise and support the specialist alcohol and other drug service sector's role in preventing and addressing FASD, in particular:

1. Expand community led alcohol and other drug prevention initiatives such as education and support for community development;
2. Acknowledge and address the role community level consumption has on exposure to and experience of FASD – alcohol availability is a critical component of any prevention effort;
3. Acknowledge and further invest in alcohol and other drug treatment approaches, which are in themselves FASD prevention initiatives;
4. Develop a tailored FASD screening tool for specialist alcohol and other drug services, to inform an adapted model of service that supports improved outcomes for people with FASD; and
5. Invest in the specialist alcohol and other drug sector to contribute to the capacity building of human services sectors, to enable improved early and brief intervention and referral practices.

Addressing this priority will enhance or directly contribute to:

- ✓ National FASD Strategic Action Plan
- ✓ Previous National FASD Inquiries
- ✓ WA Government Our Priorities
- ✓ Mental Health Alcohol and Other Drug Services Plan 2015-2025
- ✓ WA Alcohol and Drug Interagency Strategy
- ✓ Sustainable Health Review
- ✓ Recent Coronial Inquiries, such as Kimberley Suicides
- ✓ Sustainable Health Review

Priority – Establish and invest in a comprehensive State-wide response to FASD, including addressing alcohol availability and resourcing for the specialist alcohol and other drug service sector to expand its capacity to support people with FASD.

¹ Telethon Kids (2019), Fetal Alcohol Spectrum Disorder, <https://www.telethonkids.org.au/our-research/research-topics/fetal-alcohol-spectrum-disorder-fasd/> Accessed 11 November 2019.

² Ibid.

³ Elliott E (2015) Fetal alcohol spectrum disorders in Australia – the future is prevention. *Public Health Res Pract*;25(2):e2521516.

Population based approaches to address alcohol related harms

Many regions in Australia experience high levels of alcohol consumption. For example, per capita consumption of alcohol in the Pilbara region in Western Australia is almost double that of the State (21.1 litres in the Pilbara compared with 11.4 litres in WA).⁴

Research has drawn a close link between alcohol availability, consumption and harm.⁵⁻¹² From a public health perspective, intoxication may result in physical injuries, and heavy episodic drinking is associated with chronic health problems and psychological harm.¹²

The World Health Organisation (WHO) has recognised that alcohol availability is an important consideration in reducing harm. The WHO has outlined ten key policy options and interventions appropriate for nations to apply, one of which is to regulate the production, wholesaling and serving of alcoholic beverages.¹³

Research has demonstrated that restricting the availability of alcohol through population-level responses is one of the most effective strategies to reduce alcohol-associated harms.⁵⁻¹² These approaches recognise the need to provide an equitable policy response that addresses whole-of-community and environmental factors, rather than just focussing on an individual's behaviour.

There is compelling evidence from Australia and Western Australia that regulating alcohol availability is an effective intervention. After mandatory restrictions were introduced in the Pilbara, Port Hedland and South Hedland there was a significantly reduced number of disturbances attended by the police.⁵ Newman also saw declines in assaults (32.5%), domestic violence (22%), overall numbers of alcohol-related incidents (27%) and accident and emergency admissions (27%) following the introduction of liquor restrictions.⁵

Addressing this priority will enhance or directly contribute to:

- ✓ WA Government Our Priorities
- ✓ Mental Health Alcohol and Other Drug Services Plan 2015-2025
- ✓ WA Alcohol and Drug Interagency Strategy
- ✓ Sustainable Health Review
- ✓ Recent Coronial Inquiries, such as Kimberley Suicides

⁴ Department of Racing, Gaming and Liquor WA. (2019 January 11). Pilbara Inquiry: Imposition Of Conditions Pursuant To S64.

⁵ National Drug Research Institute. (2007). Restrictions on the Sale and Supply of alcohol: Evidence and Outcomes. Perth: National Drug Research Institute, Curtin University of Technology.

⁶ Taylor N., Miller P., Coomber K., Mayshak R., Zahnnow R., Patafio B., Burn M., Ferris J. (2018 September 4). A mapping review of evaluations of alcohol policy restrictions targeting alcohol-related harm in night-time entertainment precincts. *International Journal of Drug Policy*; 62: 1-13. doi: <https://doi.org/10.1016/j.drugpo.2018.09.012>

⁷ Babor T. (2010 April 8). Alcohol: no ordinary commodity--a summary of the second edition. *Addiction*; 105:769-79. doi: <https://doi.org/10.1111/j.1360-0443.2010.02945.x>

⁸ Sanchez-Ramirez DC., Voaklander D. (2017 June 24). The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review. *Injury Prevention*; 24(1):94-100.

⁹ Wilkinson C., Livingston M., Room R. (2016 September 30). Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005-2015. *Public Health Research & Practice*; 26(4):e2641644.

¹⁰ Middleton, J., Hahn, R., Kuzara, J.L., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., Naimi, T.S., Toomey, T., et al. (2010 December). Effectiveness of Policies Maintaining or Restricting Days of Alcohol Sales on Excessive Alcohol Consumption and Related Harms. *Am J Prev Med*; 39(6):575-589. doi: [10.1016/j.amepre.2010.09.015](https://doi.org/10.1016/j.amepre.2010.09.015)

¹¹ Gilmore W., Chikritzhs T., Stockwell T., Jernigan D., Naimi T., Gilmore I. (2016 May 16). Alcohol: taking a population perspective. *Nature Reviews Gastroenterology & Hepatology*; 13:426-34.

¹² Anderson P., Chisolm D., Fuhr D.C. (2009 June 27). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *The Lancet*; 73(9682):2234-46. doi: [10.1016/S0140-6736\(09\)60744-3](https://doi.org/10.1016/S0140-6736(09)60744-3)

¹³ World Health Organisation. (2019 July 10). 10 areas governments could work with to reduce the harmful use of alcohol. Retrieved from <https://www.who.int/news-room/feature-stories/detail/10-areas-for-national-action-on-alcohol>

Minimum Floor Price for Alcohol

Minimum pricing establishes a price per standard drink, below which alcohol cannot be sold. A minimum price would reduce retailers' ability to heavily discount and sell alcohol at very cheap prices. It is targeted towards reducing drinking among the heaviest drinkers, while having minimal impact on moderate drinkers.¹⁴

Minimum floor pricing will greatly contribute to preventing harm, as part of a comprehensive approach. Minimum floor pricing is currently in place within the Northern Territory, and a number of countries internationally. In Western Australia, the Sustainable Health Review recommended the introduction of a minimum floor price for alcohol with regular adjustments for inflation. It also has the potential to contribute to the preventing and reducing the human and economic costs of FASD.

Priority – Provide State support for the introduction of population-based health measures, such as region-wide alcohol restrictions, and implement the minimum floor price as an urgent priority by 2021.

¹⁴ National Preventative Health Taskforce (2019). Australia: The Healthiest Country by 2020 –National Preventative Health Strategy –the roadmap for action. Canberra: Commonwealth of Australia. C Cited within McCusker Action on Alcohol and Youth Action Coalition, The Case for a Minimum (Floor) Price for Alcohol in WA

Invest in crisis responses for alcohol

Alcohol, along with tobacco, remain the largest contributors to community drug related harms and costs. These costs are not just experienced by drinkers but by the whole community through impact on productivity, safety, and health.

- It is estimated that the total cost of harm of alcohol nationally is \$36 billion;¹⁵ and
- In Western Australia, every 18 minutes on average a person presents to an Emergency Department with alcohol-related harm.¹⁶
- In 2015, alcohol was the sixth leading risk factor contributing to disease burden. Alcohol use contributed to the burden of 30 diseases and injuries including alcohol use disorders, eight types of cancer, chronic liver disease and 12 types of injury.¹⁷
- On average, nine ambulances a week were called to treat West Australians aged 18 years or younger for the primary reason of alcohol intoxication in 2016 (465 ambulance call-outs), an increase of 16% from the previous year.¹⁸

A comprehensive response to alcohol associated harms must ensure that there are appropriate service options to address crises such as acute alcohol intoxication. Sobering up centres, operated by Non-Government Organisations, divert people experiencing acute alcohol intoxication from more expensive and unsuitable services, such as Emergency Departments. These centres reduce harm by providing a safe place, respite, essential amenities and an opportunity for brief intervention and service engagement. They also help prevent intoxicated persons being taken to their homes where their intoxication may contribute to the risk of injury and/or domestic violence.

Western Australia does not have a complete network of sobering up centre services. For example, the Geraldton sobering up centre was closed in 2017.

The closure of the sobering up centre in Geraldton highlights the essential role of the service in the community. Since its closure, local services have reported that:

- Many regular users of the sobering up centre service had complex social/emotional and physical issues which make them more vulnerable to homelessness, assault and further ill-health. The service had provided these people with connection, with staff able to monitor wellbeing and ensure service users accessed medical care as needed. For many, the service was their mailing address and somewhere they could collect Webster packs. This support is not available elsewhere;
- People who would have normally accessed the sobering up centre are now forced to stay at houses of friends and relatives. This causes overcrowding and harms such as violence, and places pressure on other services such as Department of Communities - Housing and the Police;
- Police resources are reported to have been stretched, as there are limited places to take someone who is acutely intoxicated. As a last resort, the police lock-up has reportedly been used;
- People no longer have access to services and support that met basic needs such as clean clothes, showers, meals and a safe place; and

Addressing this priority will enhance or directly contribute to:

- ✓ WA Government Our Priorities
- ✓ Mental Health Alcohol and Other Drug Services Plan 2015-2025
- ✓ WA Alcohol and Drug Interagency Strategy
- ✓ Sustainable Health Review
- ✓ Recent Coronial Inquiries, such as Kimberley Suicides

¹⁵ Foundation for Alcohol Research & Education <http://fare.org.au/wp-content/uploads/36-Billion.pdf> Accessed 12 November 2019.

¹⁶ Marney, Mr. T.M., Assembly Estimates Committee B, Western Australian Government. Hansard Extract, 19 September 2017, pg.5.

¹⁷ Australian Institute of Health and Welfare (2019). Australian Burden of Disease Study: Interactive Data on Risk Factor Burden <https://www.aihw.gov.au/reports/burden-of-disease/interactive-data-risk-factor-burden/contents/alcohol-use> Accessed 20 November 2019.

¹⁸ St John Ambulance WA (2017). Ambulance call-outs for the primary reason of alcohol intoxication in 2016 [unpublished data]. Referenced in McCusker Centre for Action on Alcohol and Youth (2017). Alcohol and Young People: Drinking patterns and harms.

- In hot seasons there is ongoing concern for the wellbeing of many regular users of the sobering up centre service.

WANADA has contributed to the Mental Health Commission's review of the sobering up centre model of service. It is WANADA's position that there is an opportunity to support an expansion of the model to provide further support, including service and community connections. Informed by the outcomes of the review, it is essential that there is investment to expand sobering up centre services across the State. Urgent priority must be given to reinstating a sobering up centre service in Geraldton, given the known impact of the service's closure in 2017. There is also the opportunity to consider strategies to provide assertive outreach to people who are affected by other drugs whereby a safe place can be found, and linked to transition into treatment and accommodation services. WANADA is keen to link with government services in any development of a strategy to ensure pathways from intoxication, to services and from police custody and emergency department admission into effective treatment.

Priority – Invest in services that respond to crisis, such as sobering up centre services, with priority given to Geraldton. Cost - \$500,000 per annum (+ capital works).