

# Submission to the Sustainable Health Review

## About WANADA

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug education, prevention, treatment and support sector in Western Australia. WANADA is an independent, membership-driven not-for-profit association.

WANADA is driven by the passion and hard work of its member agencies, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management and harm reduction services; peer based; prevention; and community development services.

Alcohol and other drugs are a health and social issue that impacts the whole community. The alcohol and other drug sector provides specialist services to meet the diverse needs of people in Western Australia. WANADA aspires to drive across sector solutions that focus on a whole of community approach to addressing health and wellbeing issues associated with the use of alcohol and other drugs. WANADA is uniquely placed to coordinate sector and non-government service user engagement.

The specialist alcohol and other drug service sector is uniquely placed to address alcohol and drug related harms. The service sector understands better than most the cross-sector complexities needing to be addressed. As a result it is well placed to provide coordination and capacity building support to other sectors, including health and human services, providing services to people with alcohol and other drug related problems.

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# Table of Contents

<b>Recommendations</b> .....	4
<b>Foreword to WANADA’s Response</b> .....	5
Broader Reform Agenda .....	5
<b>Health Outcomes and Service Access</b> .....	7
Impact of Alcohol and Other Drug Associated Harms .....	7
<b>Consumer Experience</b> .....	7
Stigma and Discrimination .....	7
Co-Design .....	8
<b>Pathways and Continuum of Care</b> .....	8
Service Transitions .....	8
Partnerships and Cross-Sector Coordination .....	9
Detoxification and Medically Assisted Withdrawal.....	10
Alcohol and Other Drug Services in the Corrections Setting .....	10
Hepatitis C.....	11
In the Community.....	11
In Corrections .....	12
<b>Service Value, Quality and Mix</b> .....	12
Timing of System Improvements.....	12
Service Quality and Community Confidence .....	13
Commissioning .....	13
<b>Innovation and Technological Advances in Healthcare</b> .....	14
Data System.....	14

# Recommendations

## WANADA recommends:

1. **The Sustainable Health Review Panel separately consider the system impacts of alcohol and other drug associated harms.**
2. **The transition of corrections health services to Department of Health portfolios is prioritised.**

## Foreword to WANADA's Response

The Sustainable Health Review is a timely opportunity to identify service system reforms that can deliver improved health outcomes to the community.

All sectors within Western Australia are impacted by alcohol and other drug associated harms. This is particularly the case in the health service system.

To support improved person-centred and continuous care across the health system will require the consideration of current systems barriers that affect service access, and impact treatment and support pathways for those experiencing alcohol and other drug associated harms.

Addressing the systemic barriers impacting the provision of care to people with alcohol and other drug associated harms across both health and specialist alcohol and other drug services will:

- Reduce harm and improve health outcomes
- Reduce presentations at secondary and tertiary health services
- Result in significant cost savings across the health system.

The Sustainable Health Review will have implications for the delivery of services to those experiencing alcohol and other drug associated harm across multiple sectors. WANADA's submission provides analysis and recommendations within this context.

## Broader Reform Agenda

The Sustainable Health Review is being undertaken alongside multiple government reviews and Machinery of Government changes. While this environment of change provides opportunity to progress substantial reform, the breadth of concurrent activities also risks reducing strategic clarity, or complicating responses to entrenched community issues. This is particularly the case for critical, cross-sector concerns such as alcohol and other drug associated harms.

Noting the systems focus of the Sustainable Health Review, the Panel's recommendations will impact on the demand for, and provision of, specialist services addressing critical issues such as alcohol and other drug treatment and support. Alcohol and other drug associated harms have been a particular focus of government activities and reform. WANADA believes that the following initiatives must also inform the Sustainable Health Review beyond those identified in the Terms of Reference:

- **Draft Western Australian Alcohol and Drug Interagency Strategy 2017-2021** - The intent of the document is to outline a cross-agency approach to addressing alcohol and other drug associated harms in the community. WANADA considers the Department of Health's involvement in the Interagency Strategy as a necessary contributor to a strategic, systems level approach to addressing alcohol and other drug associated harms.
- **Methamphetamine Action Plan 2017** – The intent of the Plan is to provide an improved cross-portfolio response to methamphetamine-related harms. The actions outlined in the Methamphetamine Action Plan 2017 will have systems implications for the broader health, corrections, justice systems, and the specialist alcohol and other drug service sector.

- **Supporting Communities Policy** – The intent of the Policy is to support the State Government to work with the community services sector to ensure that opportunities to deliver quality services to the community are maximised. This policy will have implications for support service sustainability, and outcomes measurement in particular.
- **The Mental Health, Alcohol and Other Drug Services Plan 2015-2025** – The Plan outlines an approach to better meet the increasing community demand for specialist alcohol and other drug services, and to ensure there is an appropriate mix of services in the system to support a continuity of care. The Plan is currently under a modelling review, to ensure its continued currency.

# Health Outcomes and Service Access

## Impact of Alcohol and Other Drug Associated Harms

Alcohol and other drug associated harms significantly impact health service provision in Western Australia. For example:

- Currently in Western Australia, every 18 minutes on average a person presents to an Emergency Department with alcohol-related harm.<sup>1</sup>
- Those with alcohol and drug disorders have a life expectancy gap in excess of twenty years, and substance misuse is an established risk factor for cardiovascular disease and many cancers.<sup>2</sup>
- In 2016 there were 5,063 calls for urgent medical assistance as a result of alcohol – an average of 12 ambulances per day, which resulted in 3,239 people being taken to hospital.<sup>3</sup>

Addressing alarming statistics such as those above requires a response that addresses the numerous systems barriers that inhibit the achievement of long term outcomes for people experiencing harms related to their use of alcohol and other drugs.

The application of a systemic response to alcohol and other drug associated harms will:

- improve person-centred service delivery
- support a continuity of care across all tiers of the health service system, the specialist alcohol and other drug service sector, and the broader human services system.
- realise substantial cost savings through process and resource efficiencies
- reduce presentations at secondary and tertiary health services

**WANADA recommendation: The Sustainable Health Review Panel separately consider the system impacts of alcohol and other drug associated harms.**

## Consumer Experience

### Stigma and Discrimination

WANADA considers it a fundamental right of all Western Australians to have access to services that meet their health and wellbeing needs. The World Health Organisation states that illicit drug dependence is the most stigmatised health condition and dependence on alcohol is ranked as fourth.<sup>4</sup>

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<sup>1</sup> Marney, Mr. T.M., Assembly Estimates Committee B, Western Australian Government. Hansard Extract, 19 September 2017, pg.5.

<sup>2</sup> Lawrence D, Hancock KJ, Kisely, SK. The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers. *BMJ*. 22 May 2013; 346:f2539: 4.

<sup>3</sup> Curtin University, New Figures Show 14 Ambulances a Day Called For Excess Alcohol. Media Release, Thursday 22 June 2017. <http://news.curtin.edu.au/media-releases/new-figures-show-14-ambulances-day-called-excess-alcohol/> Accessed 27/09/2017.

<sup>4</sup> Kelly JF, Westerhoff, CM. 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*. 2010; 21(3): 202–207.

Stigma and discrimination can severely impact on a person's quality of life. At a systems level, stigma and discrimination presents a barrier to service access, as well as negatively impacting the quality and continuity of care received.

Addressing alcohol and other drug stigma and discrimination is acknowledged as a priority in State and Federal strategies. A planned, resourced approach to addressing stigma and discrimination across the health and services systems will result in substantial cost savings, result in improved service user pathways, and contribute to long term outcomes.

## Co-Design

Rigorous co-design must underpin the development and implementation of all government initiatives.

To inform person-centered service delivery, improved pathways and a continuity of care, co-design processes must ensure alcohol and other drug consumers, service users, and specialist service providers are engaged as equal partners with primary, secondary, tertiary and other health services and State Government agencies.

WANADA notes that the National Safety and Quality Health Service (NSQHS) Standards (second edition) have been endorsed by Health Ministers and will be launched in November 2017. These Standards include provisions that aim to ensure that consumers are partners in the design, delivery and evaluation of healthcare systems and services; and that service users are given the opportunity to be partners in their own care.

With a large proportion of people presenting to health services experiencing alcohol and other drug associated harms, it is imperative that alcohol and other drug consumers, including family members, are supported to input into co-design.

The alcohol and other drug policy and planning system is not currently supported by an independent advisory body that can effectively and efficiently deliver consumer input into co-design. The need for an alcohol and other drug consumer body was identified by research and consumer and service worker forums commissioned by the Drug and Alcohol Office in 2014/15.

As is demonstrated in other sectors, a consumer systemic advocacy body contributes to: enhancing individual consumer capacity to meaningfully participate; supporting services in their co-designed practices; and ensuring consumer input into policy, planning and decision making. Such bodies present an efficient single point of contact for all government departments and services seeking consumer input in co-design.

## Pathways and Continuum of Care

### Service Transitions

Depending upon the complexity of their individual needs, people experiencing alcohol and other drug associated harms will often require the support of multiple services. Meeting all of a person's needs and providing a continuity of care is greatly predicated on the effectiveness of care pathways and service transitions.

A salient example are those experiencing complex or acute issues as a result of alcohol and drug dependence. These persons may present at Emergency Departments or Mental Health Units and may require urgent care to address health issues, injury or acute mental



conditions. At point of discharge, the continuity of these person's care is reliant upon their transition to specialist services that can meet their specific needs. In many cases, ongoing support and treatment can be required of a range of different specialist health and human services to address, concerns such as alcohol and other drug dependence, homelessness, blood borne viruses, or domestic violence.

The efficacy of the transition between health and specialist or human services require:

- non-judgement of health conditions such as alcohol and other drug dependence
- discharge planning and referrals to appropriate services
- health service staff awareness of specialist services to meet the persons specific needs
- service navigation or case management support for people being referred to multiple services

Failing to support a continuity of care will result in people in need falling through the gaps, increase their risk of further complications or harm, and increase the likelihood of future presentations at secondary or tertiary health services. These systems failures increase costs to the health system and reduce consumer outcomes.

There are resourcing and cost implications for ensuring health service staff responsible for discharge planning and referrals have sufficient awareness and resources to support the transition between services without impacting on continuity of care. There are, however, systems solutions that can deliver cost savings through realising efficiencies, and achieving economies of scale.

The establishment of an alcohol and other drug service centre of excellence, run by a sector-wide consortium, would deliver a single discharge and referral destination for Emergency Departments or Mental Health Units. A centre of excellence would support improved continuity of care and person-centred service delivery through improved medical and specialist alcohol and other drug service integration across the entire health system. In doing so, substantial resources can be saved through simplified health service discharge and referral practices, particularly for those people with complex needs.

A centre of excellence would also address other systems gaps. For example, the centre would disseminate best practice methodologies and improve workforce confidence to undertake tasks that are outside their usual remit and to best refer into the service system for sustainable outcomes. In particular, with guidance from a centre of excellence's medical specialists and regional hospital staff could be assisted to deliver withdrawal services and ensure continuity of care.

There are currently opportunities to establish a centre of excellence within existing funding arrangements. If the Panel seeks additional information regarding this systems initiative and how it could be established, WANADA would be pleased to provide an additional briefing.

## Partnerships and Cross-Sector Coordination

Improved relationships between the specialist alcohol and other drug service sector and primary, secondary and tertiary tiers of the health system can support better systems coordination. In addition, stronger relationships have the potential to support building the capacity of services to deliver improved person centred care and sustainable outcomes for those experiencing alcohol and other drug associated harms.

To be effective, partnerships with the specialist alcohol and other drug service sector need to be identified and fostered at all levels within the health system, from strategic systems policy and executive management through to frontline workforce networks.

The benefits of improved partnerships between health services and the specialist alcohol and other drug service sector include:

- **Increased organisation capacity to identify and appropriately respond to complex alcohol and other drug use associated harms within a health setting** – the specialist alcohol and other drug service sector can provide capacity building to other service sectors and support organisations' capacity to deliver improved early and brief intervention and referral practices.
- **Enhanced service delivery across the continuum of care** – Improved partnerships at the strategic, organisational and staff level can establish or reinforce referral pathways to appropriate treatment, harm reduction or support services.
- **Improved system efficiencies and cost savings** – Coordinated service responses to alcohol and other drug associated harms will reduce the burden on secondary and tertiary health services, by ensuring timely access to specialist treatment and support. This will particularly assist those with complex or co-occurring needs and ensure care is delivered in the most appropriate setting and health outcomes are maximised.

## Detoxification and Medically Assisted Withdrawal

Detoxification and medically assisted withdrawal is the first step for many people seeking treatment and support for alcohol and other drug dependence, and is often a requirement before entry into specialist alcohol and other drug rehabilitation services for long term treatment. There remains a gap in the availability of detoxification and medically assisted withdrawal services in Western Australia.

The complexity of providing detoxification and medically assisted withdrawal requires coordination between health services, hospitals and specialist alcohol and other drug services. Currently, not all hospitals (particularly those in regional areas) have the requisite capacity to deliver these services, or the flexibility to provide either hospital-based or home-assisted detoxification.

WANADA considers the Department of Health's Alcohol and Other Drug Withdrawal Management Policy (Effective from 10 August 2017) as a promising step. The policy aims to ensure appropriate clinical care, referral pathways, improved service access and continuity of care. The policy, however, is not accompanied by additional resources to support its implementation.

## Alcohol and Other Drug Services in the Corrections Setting

WANADA believes the provision of health services in corrections settings should be considered as part of the Sustainable Health Review. The provision of services in this setting has significant implications for the continuity of care for people in corrections, and their re-entry to the broader community.

Unlike other Australian jurisdictions, corrections health professionals are employees of the Department of Justice, rather than the Department of Health. WANADA notes the State

Government's continuing work to transition the delivery of corrections health services to the Department of Health, to take advantage of economies of scale and assist in service provision.<sup>5</sup>

WANADA strongly supports the transition of corrections health services to the Department of Health, and believes that this transition should be fast-tracked. WANADA is of the position that the responsibility for alcohol and other drug related services in a corrections setting should also be transferred to the Department of Health, with commissioning conducted by the Mental Health Commission or relevant health portfolios. This transfer will improve:

- re-entry integration
- efforts to eradicate hepatitis C from the corrections population
- referral pathways to specialist community services
- best practice dissemination and application
- continuity of care
- treatment outcomes

**WANADA recommendation: The transition of corrections health services to Department of Health portfolios is prioritised.**

## Hepatitis C

### In the Community

Reducing the prevalence of blood borne viruses such as hepatitis C must be seen as an urgent priority by the State Government. Injecting drug users are at significant risk of increased harm from blood borne viruses such as hepatitis C. The Federal Government's Fourth National Hepatitis C Strategy 2014-2017 notes that in Australia, most new hepatitis C infections are related to the sharing of injecting equipment.<sup>6</sup> The Strategy considers people who inject drugs as a priority population group for targeted responses.

The Commonwealth Government listed a new generation of direct-acting antiviral medications on the Pharmaceutical Benefits Scheme from March 2016 at the cost of \$1 billion over five years. As a result, by making these new generation drugs available to all people without exception, Australia has the potential to lead the world in its efforts to eliminate hepatitis C.

To contribute to the elimination of blood borne viruses such as hepatitis C, it is important that primary, secondary and tertiary health services work in close partnership with specialist alcohol and other drug services to facilitate consumers' holistic care.

With the current funding provided by the Commonwealth Government, it is a timely opportunity to address the high rate of hepatitis C infections in high risk population groups

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<sup>5</sup> The Hon. Stephen Dawson (Mining and Pastoral – Minister for Environment) – Western Australian Legislative Council Hansard, 10:44am 15 June 2017, p. 947. Accessed 24 October 2017  
[http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/3D745D91A837ED9B482581B8001156F8/\\$File/C40%20S1%2020170615%20All.pdf](http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/3D745D91A837ED9B482581B8001156F8/$File/C40%20S1%2020170615%20All.pdf)

<sup>6</sup> Department of Health, Fourth National Hepatitis C Strategy 2014-2017, Australian Government, 2014. Accessed 25 October 2017:  
[http://www.health.gov.au/internet/main/publishing.nsf/content/A68444CDED77B3A9CA257BF0001CFD80/\\$file/Hep-C-Strategy2014-v3.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/A68444CDED77B3A9CA257BF0001CFD80/$file/Hep-C-Strategy2014-v3.pdf)

and avoid long term costs to the Western Australian health system. It will also ensure Western Australia can contribute to the World Health Organisation's goal to eliminate hepatitis B and C by 2030.

### In Corrections

A number of studies conservatively estimate the prevalence of hepatitis C infection amongst prison inmates in Australia to be around 34 to 47 percent.<sup>7</sup>

There are, however, a number of barriers that have limited the provision of hepatitis C screening and treatment within the Western Australian corrections system to date. These include the inability to access Medicare and the scheduling the treatments medication as S100; restrictions on writing scripts and dispensing hepatitis C medication, as well as broader service capacity concerns.

In the current fiscally-constrained reform environment, it is imperative the government explore new opportunities to deliver improved individual, community and systems outcomes.

A range of initiatives will assist in addressing the barriers reducing access to hepatitis C treatments in corrections. These include improved cross-sector partnerships to identify and address barriers to access and the transition of corrections health services to the Department of Health.

One cost-effective solution is to establish an externally-managed pilot, comprising a small team of medical personnel to conduct intensive screening and treatment across all metropolitan corrections sites. An external pilot would avoid the established barriers, deliver timely access to screening and treatment, and provide community service connections to support continuity of care.

In addition to saving significant money through systems and future health service costs by reducing transmissions, such a pilot would be a demonstration of the State Government's commitment to person-focused care and breaking down the government silos that inhibit service access. An extensive evaluation and review of this pilot would establish proof of concept to contribute to the eradication of hepatitis C statewide.

## Service Value, Quality and Mix

### Timing of System Improvements

The implementation of recommendations arising from the Sustainable Health Review must take into account potential cross-sector environmental impacts. These may include changing service demand through increased referral rates.

To best take into account the environmental impact of implementing recommendations, and to determine the schedule of implementation, it is important that the Sustainable Health Review Panel take into account other State Government reforms and service plans.

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<sup>7</sup> Department of Health, Background to Hepatitis C in Custodial Settings in Australia, Australian Government, July 2008. Accessed 24 October 2017

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/phd-hepc-guidelines-custodial-evidence-l~phd-hepc-guidelines-custodial-evidence-l-ch2#a>

With alcohol and other drug associated harms being a significant driver of health service demand, efforts to improve person centred care and the continuity of care across the health system will have a flow-on effect on the specialist alcohol and other drug service sector.

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (The Plan) provides an approach to better meet the increasing community demand for alcohol and other drug treatment and support services. The Plan is currently undergoing a modelling review to ensure its currency.

WANADA recommends that the Service Priority Review Panel take into account trajectory and actions outlined in The Plan, when determining the schedule of recommendation implementation, to avoid negative systems impacts.

## Service Quality and Community Confidence

It is important that communities and funding bodies have confidence in the quality of service provision, and the application of evidence-based practice.

The majority of organisations providing alcohol and other drug services are certified under a recognised accreditation standard, typically a management systems standard and/or industry specific standard. The choice of standard(s) used by an organisation is informed by multiple factors including government contract stipulations, the size of the organisation, and the organisation's service scope and focus. For example some organisations are required to meet multiple standards due to their diverse cross-sector funding and focus.

WANADA's Standard on Culturally Secure Practice is available to human services throughout Australia and New Zealand. The Standard is the first to focus on cultural security and has been developed with support from the Western Australian Mental Health Commission (formerly the Drug and Alcohol Office) and the Australian Government's Office for Aboriginal and Torres Strait Islander Health. In Western Australia, the Standard supersedes the WA Alcohol and Other Drug Sector Quality Framework.

WANADA believes that existing accredited standards should be supported, and agencies retain the flexibility to adopt the standards that best meet the needs of the organisation's continuous quality improvement.

There are a range of organisations not in receipt of government funding that provide alcohol and other drug services in Western Australia. It is important that measures are undertaken to ensure that referring health services and communities can be confident in an organisation's service quality and its application of evidence based practice. As part of the Sustainable Health Review, WANADA recommends consideration of what role the Licensing and Accreditation Regulatory Unit may have in supporting health service and community confidence in service providers that are not in receipt of government funding.

## Commissioning

WANADA recognises an increased focus on the application of local (sometimes referred to as 'regional') service commissioning. Most recently, Commonwealth funding from the National Ice Taskforce has been commissioned through the Primary Health Networks.

WANADA has previously expressed concerns regarding the application of local service commissioning, particularly where the commissioning of specialist alcohol and other drug services was not in the original remit of the local commissioning body.

WANADA considers that any local commissioning system must:

- respond to local community service needs
- reflect State and Federal funding priorities, service planning and population modelling
- avoid duplication of service commissioning with clear delineations
- have transparent commissioning processes
- recognise, and have a sound knowledge of, specialist services provision

## **Innovation and Technological Advances in Healthcare**

### **Data System**

WANADA supports the Service Priority Review's Interim Report's recommendation for a clearer legislative framework for data sharing and information privacy. Addressing this legislative gap will support the delivery of improved health and human services. Establishing a legislative framework will also address privacy concerns, particularly where data analysis and reporting on complex issues such as alcohol and other drug use and harms has the potential to contribute to stigma and discrimination, and reduce consumer confidence in service provision.

WANADA considers data to be central to improving service delivery, measuring outcomes and legitimising policy and procurement decisions. In an environment where the measurement of outcomes is attached to service delivery, government reform and outcome payment models, it is important that health and human services have data systems that meets all stakeholders' needs, as well as supports the capture of cross-sector impacts.

Any data system and supporting legislation must be subject to thorough co-design process, to ensure that it meets the needs of service users, government procurement and non-government services for informed improvements and planning. Of particular importance is clarity of data ownership and data custodian rights and responsibilities.

The role of data linkage and the capturing of data across a service user's journey must also take into account the limitations of existing data systems for some service sectors.

The current data collection and analysis system for specialist alcohol and other drug services, warehoused through the Mental Health Commission's Service Information Management System, fails to support current government, service provider or community requirements. The current data does not put consumer at the core. It cannot be adapted and, therefore, will increasingly be a barrier to systems progress and relevancy into the future. This includes the capture and measurement of cross-sector, systems reform.

Urgent investment in alcohol and other drug service data and outcomes measurement is of critical importance in the current service delivery, policy and reform environment.

The return on investment is significant and far reaching. A cost efficient and effective shared data and outcomes system is integral for:

- capturing and demonstrating the impact of service procurement decisions and reforms across multiple services, portfolios and government agencies

- planning to inform the identification of service gaps, and collaboration priorities for targeted cost effective responses to complex and critical issues
- building community confidence in both service delivery and government policy
- service improvements, continuous quality, and building an evidence base.

