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# Pre-Budget Submission

## 2018/19

## About WANADA

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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 a membership-driven not-for-profit association.

Alcohol and other drugs are a health and social issue that impact 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 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.

WANADA is the independent voice on alcohol and other drug sector issues throughout WA.

Western Australian Network of Alcohol and other Drug Agencies

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## Foreword

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Alcohol and drug use is one of the most critical and complex issues facing Western Australia. A systemic approach for addressing alcohol and other drug associated harms is the foundation of WANADA's Pre-Budget Submission.

WANADA's Pre-Budget Submission recommendations align with, and complement, the State Government's agenda. These recommendations are made in the context of an expectation that the State Government's commitments will be delivered.

**A systemic approach** is needed to best address the complexity of alcohol and other drug associated harms. A systemic approach would deliver consistent purpose, cross portfolio/sector coordination, and cost savings.

There are a range of harms associated with alcohol and other drug use. While alcohol and other drug dependence is a chronic and often relapsing health condition it typically co-occurs with a range of other issues. All sectors within Western Australia's economy are impacted by alcohol and other drug associated harms, including health, human services, corrections, justice, industry and commerce.

Isolated approaches to addressing alcohol and other drug use risks broader systems failure and/or increased harm to individuals and the community.

*Reducing the level of methamphetamine use in the community will be one of the key performance indicators by which this government will be measured. A McGowan Labor Government will break down the silos across government and ensure that there is a coordinated plan to tackle the methamphetamine crisis facing our community.<sup>1</sup>*

The Service Priority Review Interim Report reinforces the need to improve outcomes through structural, cultural and policy change:

*Western Australia's economic circumstances, a new State Government and the recent machinery of government changes create the opportunity and imperative to rethink the State's public sector design, practices and service delivery to achieve better outcomes<sup>2</sup>*

The current reform environment provides an opportunity to systemically address complex and critical issues. Prioritising alcohol and other drugs as a key focus issue for systemic action will capitalise on the reform agenda and deliver on government commitments.



Jill Rundle  
Chief Executive Officer

30 October 2017

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<sup>1</sup> WA Labor, Methamphetamine Action Plan. WA Labor, 2017, Pg.3

<sup>2</sup> Service Priority Review Interim Report to the Western Australian Government. State of Western Australia, 2017, pg. 3.

# Delivering on Existing Commitments – Sector Expectations

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The State Government made a range of pre-election commitments across many portfolios that will impact on the specialist alcohol and other drug service sector. The State Budget 2017/18 demonstrated how a number of these commitments will be funded across the forward estimates.

The end of 2017 marks the first ‘time horizon’ date for the Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (The Plan). While a number of actions in The Plan have been completed or commenced, The Plan is currently under review to maintain currency and to take into consideration the Government’s commitments. While service expansion clearly needs resourcing if service demand is to be met, systems development within The Plan requires considerable strengthening to align with the State Government’s reform agenda.<sup>3</sup>

In delivering both the pre-election commitments and The Plan, the specialist alcohol and other drug service sector’s expectation of the State Government is that it will:

- continue to progress its commitments over the next State Budget cycle
- ensure that the design and development of all initiatives are grounded in evidence-based practice
- conduct genuine co-design with services and consumers on all initiatives
- deliver on the promise of systemic approaches by resourcing the specialist alcohol and other drug sector that will be required to contribute to cross-sector initiatives for sustainable outcomes

## Priority Budget Investment Recommendations

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On behalf of the specialist alcohol and other drug services sector in Western Australia, WANADA submits three key initiatives for priority investment.

Each initiative:

- has been identified as contributing to an improved alcohol and other drug service system
- reflects the current reform environment and supports the State Government’s agenda
- will contribute to a more cost effective net of support that ensures any person, regardless of their circumstances or needs, can readily access appropriate treatment and support services

**WANADA’s State Budget 2018/19 Investment Priorities:**

- **Prioritise the delivery of an Aboriginal alcohol and other drug residential service in the south of the State**
- **Deliver an Improved Shared Outcomes, Data and Policy System**
- **Programs to prevent and reduce alcohol and other drug related stigma and discrimination**
- **Establish a 12 month pilot to screen and treat hepatitis C in corrections facilities**

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<sup>3</sup> Some specific systems initiatives that WANADA will be promoting in the review of The Plan include:

- establishing a Centre of Excellence to extend alcohol and other drug medical and health service support across the State
- improving systems navigation to support a continuity of care across multiple service sectors
- strengthening place based engagement through community resource centres
- adopting a service model for the planned alcohol and other drug rehabilitation prisons that is evidence-based (i.e. the Therapeutic Community Treatment Model) and incorporates broader service linkages for continuity and re-entry care
- strengthen the Community Alcohol Drug Services to better meet service demand and support cross-sector capacity building

## **Prioritise the Delivery of an Aboriginal Alcohol and Other Drug Residential Service in the South of the State**

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For over 20 years WANADA has supported calls from the Aboriginal communities in the south of the State for a specific Aboriginal residential service.

Over recent years the State Government has invested significant resources into community consultation and planning for this purpose. The Plan lists the development and implementation of a 30 bed Aboriginal residential service in the south of the State by the end of 2017. There is community expectation for this service.

*“The development of an Aboriginal alcohol and other drug residential service in the south of the State is long overdue.”*

Aboriginal communities are significantly impacted by alcohol and other drug related issues, contributing to the over-representation of Aboriginal people in corrections and child protection services. The addition of an Aboriginal specific residential service will add a culturally secure choice and service option that would support better retention and outcomes. Uniquely an Aboriginal specific residential service would support post-treatment family and community connection, where these may have broken down as a result of alcohol and other drug related issues.

Delivering a dedicated Aboriginal alcohol and other drug residential service has significant systems implications.

WANADA notes that the Mental Health Commission is undertaking a Registration of Interest (ROI) process to assist with the planning of alcohol and other drug residential rehabilitation services in the South West. While it is encouraging to see the ROI requiring cultural security, however, WANADA sees this process as addressing a separate action from The Plan – specifically a 36 bed residential service in the South West.

***The Service Priority Review Interim Report*** identified the need to recognise community needs in designing and delivering services. In particular, consultation had identified the need for:

*“better co-design and coordination of government services; improved access to key services; and greater employment and economic opportunities.”*

The State Government must respond to both of these residential service needs, recognising their different purposes and intent.

The specific service location for the Aboriginal residential service must be informed by consultation with the Noongar community.

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### **Cost based on similar 2017/18 budget appropriations:**

- **\$16M establishment**
- **\$1.8M annual running costs**

# Deliver an Improved Shared Outcomes, Data and Policy System

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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.

Data and outcomes is an integral component in supporting sector sustainability and delivering the State Government's agenda. It is central to:

- maintaining community confidence in service provision and government initiatives
- underpinning transparent procurement processes and decisions
- informing policy and planning
- measuring the outcomes of government initiatives
- informing service organisation continuous quality improvements
- building on evidence based practice
- informing targeted service design reflective of changing community needs
- giving consumers better information upon which to make choices.

*“There is pressure for non-government service providers and government to demonstrate value for money and deliver outcomes.”*

The current data collection and analysis system, warehoused through the Service Information Management System, fails to support current government, service provider or community requirements. The current outcomes do not put consumers at the core. It cannot be adapted and, therefore, will increasingly be a barrier to systems progress and relevancy into the future. This includes a barrier to: Western Australia meeting its requirement to report on the soon to be revised National Minimum Data Set; and alcohol and other drug sector data being included in any cross-sector data linkage.

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.

*“Consultation with the public sector has revealed a strong and common desire for data to be shared among agencies and used to make informed decisions about service delivery and contract management. The data should also be publicly available wherever possible to enable communities to identify and advocate for their needs.”*

Service Priority Review Interim Report

*“The State Government improve its engagement with the not-for-profit sector to enable the sector to participate better in data linkage and analysis”.*

*Recommendation 13. Developing a whole-of-Government data linkage model.*

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## Cost

- **New infrastructure is needed**
- **The cost of designing and implementing an improved shared outcomes, data and policy system will be contingent on a codesign process that meets the needs and expectations of all stakeholders**

# Programs to prevent and reduce alcohol and other drug related stigma and discrimination

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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.

*“Stigma and discrimination is one of the most significant barriers to service access and can severely impact on a person’s quality of life.”*

Cross-sector service access is essential for sustainable outcomes. People affected by problematic alcohol and other drug use typically have complex needs requiring support from a number of health and human services.

A key outcome of the **Western Australian Alcohol and Drug Interagency Strategy 2017-2021 Consultation Draft** is:

*“capacity building of the workforce to decrease the stigma associated with problematic alcohol and other drug use.”*

A specific action of the draft Interagency Strategy is to *“develop policy based on research to reduce stigma experienced by consumers and their families when they seek support for problems associated with alcohol and other drug use.”*

Stigma and discrimination is one of the most significant barriers to service access and can severely impact on a person’s quality of life. As such, alcohol and other drug stigma and discrimination jeopardises the State Government’s agenda to apply a whole-of Government response to this critical and complex issue.

Addressing alcohol and other drug stigma and discrimination is acknowledged as a priority in State and Federal strategies. Resources are needed for a planned approach to reducing the barrier to service access created by stigma and discrimination. A planned approach will result in substantial cost savings.

To support a coordinated response to stigma and discrimination, WANADA is establishing a reference group with representatives from State Government and specialist alcohol and other drug services. WANADA will support the reference group to inform the design of evidence-informed initiatives to address alcohol and other drug related stigma and discrimination.

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## Cost

- **\$500,000 to support the design and delivery of pilot programs to raise awareness, addressing stigma and discrimination.**

## **Establish a 12 month pilot to screen and treat hepatitis C in corrections facilities**

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The Australian 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.

*“It’s... important we tackle this disease head on, and that includes providing these medicines to all Australians, particularly vulnerable populations where rates of infection are high”*

*The Hon. Sussan Ley MP, then Minister for Health and Aged Care<sup>4</sup>*

Injecting drug users are at significant risk of increased harm from blood borne viruses such as hepatitis C. 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>5</sup>

Reducing the prevalence of blood borne viruses such as hepatitis C must be seen as an urgent priority by the State Government. With the current funding provided by the Commonwealth Australian Government, it is a timely opportunity to address the high rate of hepatitis C infections in the vulnerable corrections population 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.

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.

One cost-effective solution is to establish an externally-managed pilot, comprising a small team of clinical personnel (including registered professionals such as Doctors, Nurse Practitioners and Pharmacists) 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 client-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.

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### **Cost:**

- **\$750,000 for a one year trial of a hepatitis C corrections screening and treatment team, comprising 5 x FTE, and trial evaluation.**

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<sup>4</sup> The Hon Sussan Ley MP, Turnbull Government Invests over \$1 billion to Cure HEP C. Australian Government Media Release, 22 December 2015. Accessed 25 October 2017, <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-ley154.htm>

<sup>5</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>