

# Submission to Mental Health Commission:

Western Australian Alcohol and Drug  
Interagency Strategy 2017-2021

Consultation Draft

## 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.

## Consultation

To ensure a holistic response, WANADA's submission has been informed by input from members, consumer representatives and various relevant cross-sector stakeholders that recognise WANADA's role in responding to this specific policy.

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# List of Recommendations

## WANADA recommends that:

1. The draft Interagency Strategy is delayed and revised to ensure new developments are purposefully incorporated
2. The Interagency Strategy clearly provides State direction and policy context, driving collective rather than individual agency/portfolio responses.
3. The Interagency Strategy includes a purpose that:
  - provides a strategy framework to address identified State alcohol and other drug priorities
  - guides system-level cost efficient and sustainable interagency partnerships that take into consideration alcohol and other drug related health, social, cultural and economic harms experienced by individuals, families and the community
  - incorporates an expectation of co-design with service providers, service users and the community
  - incorporates a “commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies” as endorsed through the National Drug Strategy
4. The Interagency Strategy’s Goal is amended to state:
  - Prevent and reduce harms associated with alcohol and other drugs for a healthier and safer Western Australian community
5. The principles are amended to include:
  - Interagency partnership and collective collaboration for all actions, including state-wide and place based responses
  - Engagement with specialist services, communities and people that will be impacted by this strategy
  - Access and equity
  - Evidence-informed, responsive and sustainable practice
  - Cultural security
  - State direction, agency implementation
6. The list of priority drugs is stated as:
  - Alcohol
  - Cannabis
  - Amphetamine type stimulants including methamphetamines
  - Heroin and other opioids
  - New psychoactive substances
  - Volatile substances/inhalants
  - Pharmaceuticals
  - Tobacco
7. The priority population groups in the Interagency Strategy include:
  - Aboriginal people and communities
  - Children and young people
  - People with complex and co-occurring needs

- Families, including alcohol and other drug using parents, and significant others
  - Older adults
  - Regional rural and remote
  - People who inject drugs
  - Those interacting with the justice and corrections systems
  - Culturally and linguistically diverse communities
8. Data used to support the Interagency Strategy must provide sufficient context and reasoning to justify the need for a systems-level strategic response. Data gaps need to be acknowledged and addressed as part of the Interagency Strategy.
  9. The Interagency Strategy contains the following Priority Actions:
    - Enhance access to evidence-informed, effective and affordable treatment
    - Develop and share data and research, measure performance and outcomes
    - Develop new and innovative responses to prevent uptake, delay first use and reduce alcohol, tobacco and other drug harms
    - Increase participatory processes
    - Reduce adverse consequences
    - Restrict and/or regulate availability
    - Improve agency coordination
  10. Agency work programs replace the proposed Priority Initiatives, to better integrate initiatives into the Interagency Strategy.
  11. Outcome and Key Performance Indicators are revised to be more specific and clearly support the demonstration of systems-level progress towards achieving the Goal of the Interagency Strategy.
  12. Key Performance Indicators are revised to include additional metrics, benchmarks and targets to clearly demonstrate performance and intended rate of change.
  13. Portfolio areas, rather than agencies, are represented on DASSOG.
  14. The number of State Government Agencies participating in the Interagency Strategy is broadened to include other portfolios, including Department of Premier and Cabinet, Tourism, Commerce and Industry.
  15. DASSOG has a mechanism to enable it to be actively informed by the specialist non-government alcohol and other drug service sector.
  16. The Interagency Strategy's governance structure and outcomes are revised in conjunction with other relevant government initiatives, to avoid duplication, improve cross-agency involvement and define linkages with both departmental and cabinet processes.
  17. The governance structure is outlined as a diagram within the Interagency Strategy, to support stakeholder awareness.
  18. An external review is conducted in the final year of the Interagency Strategy's operation.

## Foreword to WANADA's Response

WANADA and the alcohol and other drug service sector commends the Western Australian Government in continuing to seek a systemic cross-agency approach to address alcohol and other drug related harms.

Since WANADA's engagement in the February 2017 consultation on the Draft Western Australian Alcohol and Drug Interagency Strategy 2017-2021 (draft Interagency Strategy), there have been the following developments:

- a change of State Government
- new commitments to address alcohol and other drug issues, as evidenced through the Methamphetamine Action Plan 2017
- State Public Sector reviews, reform and Machinery of Government changes intended to increase collaboration, performance and community outcomes
- the release of the National Drug Strategy 2017-2026 (endorsed by all Australian jurisdictions on 29 May 2017) that strongly reinforces the focus on the three pillars of demand, supply and harm reduction.

The shift from an interagency framework to a strategy will have significant implications. The change demonstrates that a systemic, strategic and coordinated response is required if meaningful change is to be effected.

WANADA considers that the Interagency Strategy must:

- function as a foundation document for Western Australian alcohol and other drug policy, planning and implementation
- demonstrate consistency with both the National Drug Strategy and the WA Service Priority Review
- guide government, the service sector and the community.

It is WANADA's view that the draft Interagency Strategy must capitalise on the opportunities and imperative to realise a systems-level strategy that can best achieves outcomes.

**Recommendation:**

**The draft Interagency Strategy is delayed and revised to ensure new developments are purposefully incorporated**

# Strategy Drivers

## Capitalising on Opportunities

The change of State Government in March 2017 has had significant implications for how State Government agencies approach and address complex cross-portfolio issues.

Policy direction from the new State Government outlines the need for strategic, coordinated responses that deliver better outcomes for the community:

*“Complex social issues require government departments to work together much more effectively. For example, because homelessness does not correspond to a single portfolio, a meaning response must involve coordinated action from several government departments”<sup>1</sup>*

*“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>2</sup>*

Recent departmental amalgamations as part of Machinery of Government changes are a further example of the intention to realise more connected, cross-portfolio solutions.

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>3</sup>*

*“The WA public sector has an opportunity now to capitalise on its strengths to achieve purposeful reform. There is widespread agreement...about what needs to change and there is already good practice that can be more effectively harnessed.”<sup>4</sup>*

WANADA considers the Interagency Strategy as an example of existing practice that is well placed to realise the State Government’s intent, and changing administrative environment.

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<sup>1</sup> WA Labor, Supporting Communities Policy. WA Labor, 2016, Pg.4.

<sup>2</sup> WA Labor, Methamphetamine Action Plan. WA Labor, 2017, Pg.3

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

<sup>4</sup> Ibid.

## Linking Key Policies and Strategies

Realising the State Government's intent to apply strategic, collaborative approaches to improve community outcomes will require a clearer policy environment.

There are a number of existing state and national government documents with the intent of addressing alcohol and other drug associated harms.

Australian Government policies and strategies of relevance to alcohol and other drugs include, but are not limited to:

- National Drug Strategy 2017-2026, informed by sub-strategies:
  - National Ice Action Strategy
  - National ATSI People's Drug Strategy 2014 – 2019
  - National AOD Workforce Development Strategy 2015 – 2018
  - National Tobacco Strategy 2012 – 2018.
- Fourth National Hepatitis C Strategy 2014 – 2017
- National FASD Strategy 2018-2028 (Pending)

The National Drug Strategy was endorsed by all state and territory governments on 29 May 2017. The Strategy states an underpinning strategic principle of "National direction, jurisdiction implementation".

Western Australian State Government policies and strategies of relevance to alcohol and other drugs include, but are not limited to:

- Western Australian Alcohol and Drug Interagency Framework
- Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Better Choices Better Lives), and supporting strategies.
- Methamphetamine Action Plan 2017
- WA Police Methamphetamine Enforcement Action Plan

WANADA and the alcohol and other drug service sector demand more consistency and clarity. The strategic environment in Western Australia must be improved, so that all policies and strategies are interlinked and complementary at a state level, and Western Australia can demonstrate its contribution to implementing the National Drug Strategy.

While Better Choices Better Lives provides a pathway to ensure service delivery better meets community needs, it does not establish a strategic policy environment similar to that of the National Drug Strategy. The Interagency Strategy is optimally placed to address this gap.

### **Recommendation:**

**The Interagency Strategy clearly provides State direction and policy context, driving collective rather than individual agency/portfolio responses.**

## Building on Achievements

WANADA acknowledges past achievements in addressing alcohol and other drug associated harms. It is important that the Interagency Strategy provides examples of cross-agency actions that have been driven by the Interagency Framework and demonstrates how it is building on these achievements.



The example achievements provided in the draft Interagency Strategy do not demonstrate systems-level activities, or how the service sector or communities contributed to its success.

The focus on legislation and law enforcement achievements do not support improved awareness of the need to address alcohol and other drug use primarily as a health concern. With most (six of the eight) examples highlighting legislation and law enforcement activities, there is a risk of narrowing the focus of the future Strategy.

To further demonstrate their importance, example achievements need to be accompanied by analysis of any learnings, and how these have informed the new Interagency Strategy.

## Strategy Purpose and Goal

The Interagency Strategy requires a purpose to provide clarity of its intent and an appreciation of its goal.

In championing leadership on addressing alcohol and other drug associated harms, both the purpose and goal of the Interagency Strategy must reflect the State and National strategic environment, emerging policy directions and existing best practice.

### **Recommendation:**

**The Interagency Strategy includes a purpose that:**

- **provides a strategy framework to address identified State alcohol and other drug priorities**
- **guides system-level cost efficient and sustainable interagency partnerships that take into consideration alcohol and other drug related health, social, cultural and economic harms experienced by individuals, families and the community**
- **incorporates an expectation of co-design with service providers, service users and the community**
- **incorporates a “commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies” as endorsed through the National Drug Strategy**

**The Interagency Strategy’s Goal is amended to state:**

- **Prevent and reduce harms associated with alcohol and other drugs for a healthier and safer Western Australian community**

## Strategy Core Elements

The draft Interagency Strategy core elements are overly substance-specific, and do not fully reflect the scope of an interagency strategy. The recent release of the National Drug Strategy provides the opportunity to refine the Interagency Strategy’s Core Elements, to deliver policy continuity and clarity. A clear purpose and refined goal would eliminate the need for these core elements.

## Strategy Principles

The Interagency Strategy's principles need to acknowledge high community expectation and establish a standard to strive for.

The principles need to be strength-based and support an assertive, leadership role in addressing alcohol and other drug related harms. Modifiers such as "applying", "promoting", "supporting" and "maintaining" should be removed.

Consistency with related state and national strategies and policies must be demonstrated. This is of particular importance, noting:

- the National Drug Strategy has been endorsed by all state and territories, and will require all jurisdictions to report on how their actions progress the strategy
- the operational reality in Western Australia, where both State and National Governments conduct a range of activities including prevention initiatives, service planning and commissioning.

The National Drug Strategy contains a principle of "National direction, jurisdictional implementation". To establish a clear link to the national strategy and reflect the unique Western Australian context, the Interagency Strategy requires a strategic principle of "State direction, agency implementation".

### **Recommendation:**

#### **The principles are amended to include:**

- **Interagency partnership and collective collaboration for all actions, including state-wide and place based responses**
- **Engagement with specialist services, communities and people that will be impacted by this strategy**
- **Access and equity**
- **Evidence-informed, responsive and sustainable practice**
- **Cultural security**
- **State direction, agency implementation**

Any descriptive expansion of the Interagency Strategy principles needs to incorporate nuances specific to alcohol and other drug policy responses. For example:

#### **Engagement including with people that will be impacted by this strategy:**

- Rigorous Co-design must underpin the development and implementation of all actions covered by the Interagency Strategy
- Effective processes will ensure that all priority groups and people with an experience of problems associated with all of the priority substances are engaged

WANADA is optimally placed to coordinate independent co-design in support of the Interagency Strategy.

#### **Interagency partnership and collective collaboration**

- The complexity of alcohol and other drug related harms requires a cross agency response

- Actions undertaken by one agency are not isolated and will impact across-government. Cross-government support and dedicated actions are required to maximise and sustain community outcomes.

## Strategic Focus

The strategic focus of the Interagency Strategy must balance jurisdictional specific issues, and contribute to progressing national priorities.

### Priority Drugs

A systems-level, strategic response to alcohol and other drugs associated harms must focus on those substances of most concern in Western Australia and reflect those identified in the National Drug Strategy.

Establishing a single list of priority drugs will provide strategic clarity, and avoid potential confusion regarding how other tiers of substances (currently classified as “other drugs of concern”) are addressed. Actions can then be developed that respond the commensurate harm associated with each substance.

To support the efficacy of the Interagency Strategy, tobacco must be included to the proposed list of priority drugs. This reflects the need to address high rates of tobacco use among some population groups, and its inclusion in the National Drug Strategy.

#### Recommendation:

##### The list of priority drugs is stated as:

- **Alcohol**
- **Cannabis**
- **Amphetamine type stimulants including methamphetamines**
- **Heroin and other opioids**
- **New psychoactive substances**
- **Volatile substances/inhalants**
- **Pharmaceuticals**
- **Tobacco**

### Priority Groups

A systems-level, strategic response to harms associated with alcohol and other drugs must focus on those population groups most at risk in Western Australia and those identified in the National Drug Strategy.

Establishing a single list of priority population groups will provide strategic clarity, and avoid potential confusion regarding how other identified population groups (currently classified as “other target population groups of concern”) are addressed.

To reflect alcohol and other drug related harms specific to Western Australia, the following additions and amendments must be reflected in the Priority Groups:

- **People with Complex and Co-Occurring Needs** – People experiencing alcohol and other drug associated harms often present with a range of complex and co-occurring

needs. A systems-approach must address all of a person's needs, rather than focus only on a single specific co-occurring issue.

- **People in Rural and Remote Areas** – the harms associated with alcohol and other drug use in regional, rural and remote communities supports the population's inclusion in the Interagency Strategy. While Fly-In-Fly-Out and Drive-In-Drive-Out workers have specific issues associated with alcohol and other drugs, these are distinct and if they are to be included as a priority population group, should be addressed separately.
- **People who Inject Drugs** – Injecting drug users are at significant risk of increased harm. Their inclusion as a priority group in documents such as the Fourth National Hepatitis C Strategy needs to be reflected in the Interagency Framework.

**Recommendation:**

**The priority population groups in the Interagency Strategy include:**

- **Aboriginal people and communities**
- **Children and young people**
- **People with complex and co-occurring needs**
- **Families, including alcohol and other drug using parents, and significant others**
- **Older adults**
- **Regional rural and remote**
- **People who inject drugs**
- **Those interacting with the justice and corrections systems**
- **Culturally and linguistically diverse communities**

## Data and Infographics

It is important that data provided throughout the Interagency Strategy supplies sufficient context and reasoning to justify the need for a strategic systems-level response. This can be achieved by demonstrating or inferring system failures, evidencing the inclusion of drug types and population groups, and identifying where Western Australia does not align with national trends.

Data in the draft Interagency Strategy is often limited to service access and substance consumption metrics. The information, while important, does not provide systems-level reasoning for strategic action.

Data examples (in particular infographics) must be sufficiently robust and inclusive to ensure all priorities are outlined. Where insufficient data sources are available, this must be acknowledged and addressed within the Interagency Strategy.

**Recommendations:**

**Data used to support the Interagency Strategy must provide sufficient context and reasoning to justify the need for a systems-level strategic response. Data gaps need to be acknowledged and addressed as part of the Interagency Strategy.**

## Priority Actions

The Priority Actions of the National Drug Strategy provide a suitable foundation for the Interagency Strategy's Key Strategic Areas. Adopting the National Drug Strategy Priority

Actions will support policy continuity and the ability to more readily demonstrate the State's contribution to progressing the National Drug Strategy.

**Recommendation:**

**The Interagency Strategy contains the following Priority Actions:**

- **Enhance access to evidence-informed, effective and affordable treatment**
- **Develop and share data and research, measure performance and outcomes**
- **Develop new and innovative responses to prevent uptake, delay first use and reduce alcohol, tobacco and other drug harms**
- **Increase participatory processes**
- **Reduce adverse consequences**
- **Restrict and/or regulate availability**
- **Improve agency coordination**

To support strategic clarity across all levels of the Interagency Strategy, each Priority Action will require a goal, purpose, key performance indicators and outcome/s.

A revised set of Priority Actions will require the draft Interagency Strategy's proposed Priority Initiatives to be revisited and replaced with agency work programs that outline:

- how each agency will contribute to the Priority Actions
- the purpose, goal, key performance indicators and outcomes of agency initiatives, and how these link to respective sections in the Priority Actions, and the broader Interagency Strategy
- how each agency initiative addresses the Principles and Priority Groups.

A focus on agency work programs will:

- provide clarity of strategic purpose
- improve links between agency initiatives, the Interagency Strategy's broader remit, and the National Drug Strategy
- establish connections between the Interagency Strategy and the other State alcohol and other drug plans, policies, strategies and actions
- improve coordination, governance, and role delineation.

**Recommendation:**

**Agency work programs replace the proposed Priority Initiatives, to better integrate initiatives into the Interagency Strategy.**

## Outcomes and Key Performance Indicators

There is pressure for service providers to increase their rigour in demonstrating value for money and delivering outcomes. There must be a commensurate expectation of government agencies to role model a commitment to continuously improving efforts to capture and demonstrate effectiveness.

The Interagency Strategy outcomes and key performance indicators require revision to reflect the change from the Framework to the Strategy, and the State Government's clear directive to improve community outcomes.

As an example, outcomes such as "early assessment and brief intervention measures to reduce problems resulting from alcohol and other drug use" are broad statements that will

make it difficult to support effective monitoring and review of achievements against the Interagency Strategy. Key performance indicators are often presented as single or comparative measures, for example: “number of eligible cannabis offenders diverted by police to a cannabis intervention session and rate of successful completion”.

**Recommendations:**

**Outcome and Key Performance Indicators are revised to be more specific and clearly support the demonstration of systems-level progress towards achieving the Goal of the Interagency Strategy.**

**Key Performance Indicators are revised to include additional metrics, benchmarks and targets to clearly demonstrate performance and intended rate of change.**

## Delivering the Strategy

### WA Drug and Alcohol Strategic Senior Officers' Group

State Government policy and administrative changes and continuing reform processes have significant implications for the governance of the Interagency Strategy.

The Western Australian Drug and Alcohol Strategic Senior Officers' Group (DASSOG) has historically been comprised of representatives from participating State Government agencies. The number of agencies has reduced as a result of Machinery of Government changes. There is a risk that this will reduce DASSOG membership and constrain deliberations.

The State Government has provided clear policy direction on the need for cross-government and cross-sector collaboration. Harms associated with alcohol and other drug use span all portfolios within all agencies. To ensure the Interagency Strategy has the scope and support to deliver improved community outcomes, government agency and portfolio participation must be broadened.

**Recommendations:**

**Portfolio areas, rather than agencies, are represented on DASSOG.**

**The number of State Government Agencies participating in the Interagency Strategy is broadened to include other portfolios, including Department of Premier and Cabinet, Tourism, Commerce and Industry.**

DASSOG needs to be informed by the predominantly non-government specialist alcohol and other drug service sector to:

- enhance situational awareness
- reinforce the need for a health focus
- improve DASSOG's ability to deliver cross-sector solutions
- align the group with the State Government's intent to establish close relationships with the non-government services sector.

**Recommendation:**

**DASSOG has a mechanism to enable it to be actively informed by the specialist non-government alcohol and other drug service sector.**

## Governance Structure

A number of State Government initiatives and associated governance processes are currently being established. These include the Methamphetamine Action Plan 2017 (and Taskforce) and the Supporting Communities Forum. Each initiative will have different outcomes, reporting lines, participating agencies and stakeholder engagement processes.

Outcomes are currently being developed for State Government agencies, and broader cross-government outcomes have been proposed in the Service Priority Review Interim Report.

WANADA is concerned that this environment presents risks to the Interagency Strategy's governance structure. To avoid confusion or duplication, and to ensure the Interagency Strategy can function effectively, governance structures must be rationalised with synergies identified.

**Recommendation:**

**The Interagency Strategy's governance structure and outcomes are revised in conjunction with other relevant government initiatives, to avoid duplication, improve cross-agency involvement and define linkages with both departmental and cabinet processes.**

**The governance structure is outlined as a diagram within the Interagency Strategy, to support stakeholder awareness.**

## Monitoring, Evaluation and Review

Monitoring, evaluation and review functions of the Interagency Strategy must be revised to reflect the recommendations provided in previous sections of this submission.

Monitoring, evaluation and review has a fundamental role in supporting the effective management of the Interagency Strategy and informing future iterations.

It is in the interest of the State Government, communities and service providers that a mid-term review and a final year external review are commissioned. This will provide the opportunity to assess performance and evaluate options to further improve future versions of the Strategy.

With recommended revision the Interagency Strategy will be the first of its kind in Western Australia. The Interagency Strategy will also operate in an environment of significant policy and administrative support like never before.

**Recommendation:**

**An external review is conducted in the final year of the Interagency Strategy's operation.**

