



WANADA Submission to Alcohol and Other Drug Services in the Kimberley Consultation Discussion Paper

About WANADA

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; harm reduction; peer based; prevention; and community development services.

Response Overview

WANADA welcomes the opportunity to contribute to the Alcohol and Other Drug Services in the Kimberley Consultation Discussion Paper (Discussion Paper). WANADA commends the Mental Health Commission for conducting this thorough consultation process prior to making service planning decisions in the region.

WANADA has consulted with a number of Kimberley service members to inform this systems-focussed submission. The submission is designed to complement:

- individual service feedback to the consultation process;
- WANADA's recent interview with the Nous Group consultants who have been contracted to undertake the review; and
- the Kimberley Aboriginal Health Plan.

WANADA considers there to be specific systems gaps both within the Kimberley and Western Australia that influence service demand and delivery in the region. To ensure equitable service access and sustainable outcomes for all population groups (in particular Aboriginal people), these systems and regional-specific issues must be addressed.

Sector capacity

Balanced investment

Improving the social determinants of health in the Kimberley requires a holistic approach to service planning across a number of sectors. In particular, alcohol and other drug services have an important and unique role in contributing to improving determinants in the region. Fully realising the potential of this role requires investment across several alcohol and other drug service types to better meet existing needs, rebalance the service system in the Kimberley, and build community wellbeing and resilience.

In addition to maintaining the footprint of existing services, additional investment must support increased prevention, early intervention and referral, and community development (including harm reduction). Building capacity across this spectrum of services will:

- increase community awareness of and trust in services;
- enhance inclusiveness, advocacy, health and wellbeing;
- reduce the harms experienced by people and communities as a result of alcohol and other drugs;
- build harm reduction initiatives at all levels of service delivery;
- increase access to appropriate services;
- reduce reliance on emergency and tertiary health services; and
- support improved shared care across the alcohol and other drug and other human service systems.

Increasing capacity across the spectrum of services has implications for workforce planning and development in particular. Building a qualified and experienced workforce in the region to deliver these services must be a central consideration. There is an identified need in the Kimberley region to design training and resources to meet the specific workforce needs: for example, to support the growth of a local Aboriginal workforce within front line clinical service roles; and to address significant staff turnover.

Recommendation: Conduct alcohol and other drug service planning within the broader context of improving the social determinants of people in the Kimberley.

Recommendation: Balance the alcohol and other drug service system in the Kimberley by prioritising investment in prevention, early intervention, and community development (including harm reduction).

Recommendation: Invest in workforce development initiatives to meet the specific needs of the Kimberley region.

Detoxification and withdrawal

Detoxification, withdrawal and stabilisation services may be a necessary precursor to other forms of alcohol and other drug treatment. There are insufficient detoxification and withdrawal services in the Kimberley to meet existing demand, resulting in potential bottlenecks. Addressing this issue requires support for a range of options including high and low-med detoxification and withdrawal as well as home based primary health supported withdrawal.

All of these options will require resources to improve coordination and referral, as well as building the specialist, qualified workforce required.

Recommendation: Expand and support the provision of detoxification and withdrawal services in the Kimberley.

Evidence-informed practice

Alcohol and other drug services in the Kimberley place considerable emphasis on their efforts to ensure application of evidence-based practice. In circumstances where the available evidence is considered to be less robust, or unavailable, organisations seek to address the issue through supporting or promoting the need for specific research, including service evaluations.

There remain broader systemic barriers, however, to the translation of research into the service environment. It is well established that, on average, research takes 17 years to effectively translate into practice.¹ Targeted investment to support the translation of research into practice will reduce the delays in applying relevant contemporary research, and further improve individual, service and system outcomes.

The presence of a number of Aboriginal-specific services in the Kimberley present unique challenges and opportunities regarding research and evidence-informed practice. A portion of the existing evidence base is not culturally informed. Aboriginal-specific services in the Kimberley are well placed to contribute to remediating this issue. Support for culturally specific service evaluations, and/or validation of culturally secure programs, will benefit the sector as a whole and contribute practice informed research.

Recommendation: Support initiatives that reduce the delay in translating research into practice.

Recommendation: Support Aboriginal-specific services to build practice informed research.

Day Programs

WANADA received mixed responses to the suggestion of Day Program options. These services may provide additional, flexible service engagement options that may meet the needs of some individuals and function as “step-up and step-down” services for residential treatment. WANADA notes, however, that there

¹ Morris, Z., Wooding, S., Grant, J., (2011). The answer is 17 years, what is the question: understanding time lags in translational research. *JRSM*, 104(12), 510-520. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3241518/> Accessed on 17 April 2018.

must be consideration as to whether this service model will meet the specific needs of a highly transient, dispersed population.

Recommendation: Conduct additional consultation with Kimberley services regarding the applicability of day programs within the region.

Population groups

WANADA strongly advocates for a service system that provides equitable access to all people, and which can meet the individual needs of any person, regardless of the complexity of their presenting issues. Concerning the Kimberley, WANADA wishes to highlight three particular population groups: youth; people in corrections; and people with co-occurring issues.

Youth

The Discussion Paper identifies youth as a potential target for service investment. This focus is supported. WANADA considers there to be significant benefit in providing a systemic response to addressing the specific needs of youth with concerns related to alcohol and other drugs use. A holistic approach is needed to ensure:

- cost effectiveness;
- enhanced services' capacity to best respond to the needs of youth, including: funding youth workers within alcohol and other drug services; and improving coordination and referral pathways between alcohol and other drug, and youth specific services;
- parental support and engagement, including family centred approaches;
- availability of youth-specific services in the region, across multiple sectors; and
- programs specifically address the unique needs of youth population groups;

Recommendation: Invest in holistic, sector-wide initiatives to improve services' responsiveness and ability to address youth needs.

Corrections

WANADA strongly supports people within (or exiting) the corrections system having equitable access to treatment and support services that meet their specific needs. To optimise the outcomes for people within corrections, it is important that referral processes and relevant services are supported. In particular support is needed for:

- reintegration (particularly in the initial three months following release);
- improved through-care, and ensuring individuals' readiness to engage in alcohol and other drug services; and
- improved collaborations, with an awareness for the need to have balanced and harmonised residential communities for optimal therapeutic outcomes for those needing intensive support.

Recommendation: Invest in cross sector (corrections) capacity building to ensure appropriate referral, service engagement readiness, and optimal outcomes.

Co-occurring issues

People presenting to alcohol and other drug services may have a range of co-occurring issues that must also be addressed to improve their physical, social and emotional wellbeing. While the Discussion Paper identifies mental health as a significant co-occurring issue, WANADA wishes to highlight that other co-occurring issues must also be recognised and addressed. These include, but are not limited to: domestic violence, other physical and chronic health, housing and homelessness, suicide prevention, financial concerns, disabilities, and child protection.

It is imperative that service planning for the Kimberley holistically consider the need to address all issues that co-occur with alcohol and other drug use, and the need to improve all social determinants of health.

Alcohol and other drug services have improved their capacity and cross-sector coordination to support people with complex and co-occurring needs. This particularly includes alcohol and other drug services' capacity to address high prevalence mental health issues. These efforts must be supported and complemented through resourcing existing coordination mechanisms and relationship building activities between services.

Capacity building resources are needed to:

- maintain workforce and professional training;
- build and maintain organisations' sustainable inter-service relationships and referral pathways;
- ensure long term specific initiatives that support those with FASD;
- enhance cross-sector engagement in early and brief intervention, and referral pathways into the alcohol and other drug service system; and
- address systemic barriers to service access such as stigma and discrimination.

Recommendation: Resource capacity building to addressing the complexity of individuals' physical, social and emotional needs.

Rural and remote people

There must be a renewed focus on developing outreach services that can meet the needs of those remote populations not readily able to access the main treatment hubs in the Kimberley.

Delivering alcohol and other drug services to remote people in the Kimberly comes with unique challenges. Service planning must support:

- revised and expanded transport options (such as the Patient Access Transfer Scheme) to improve peoples' access to alcohol and other drug services;
- flexible funding that allows for adaptation and innovation in service models, to ensure responsiveness to client and family needs are accessible; and
- sustainable service delivery, so that services can build long term, strong relationships with remote communities and deliver lasting outcomes.

Recommendation: Invest in responsive outreach service models that can address the unique needs of remote people, and build long-term sustainable relationships

Stigma and discrimination

The World Health Organisation states that illicit drug dependence is the most stigmatised social and health condition.² Stigma and discrimination is one of the most significant barriers to service access and can severely impact on a person's willingness to engage in treatment and consequently their quality of life. As such, alcohol and other drug stigma and discrimination must be actively considered and addressed through service planning for both the Kimberley and the State.

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. 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 barriers to service access. A planned approach will result in substantial long-term cost savings.

² Kelly, J F & Westerhoff, C M 2010, 'Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms', *International Journal of Drug Policy*, vol. 21, no. 3, pp. 202–207.

Recommendation: Alcohol and other drug related stigma is identified as a significant barrier to service access, and resources are allocated to address the issue.

State-wide issues of relevance

There are a number of State-wide issues that will have a significant impact on the delivery of services within the Kimberley region. These broader issues must be considered within the context of the review.

Alcohol and other drug services meet the needs of both their immediate communities and those from other regions. For a multitude of reasons, including stigma and discrimination concerns, people will often seek access to services outside of their immediate community. This is particularly the case for services that specialise in particular minority population groups.

It is important that the review of services in the Kimberley takes into account these broader, state-level systems factors and consider issues that may impact on the maintenance of an accessible, interconnected, state-wide service system.

Recommendation: The review takes into account and directly addresses broader state-wide issues such as service access and demand factors that will influence regional service needs.

In an environment typified by complex changing needs together with variable distribution of services and capacity, services across all regions would benefit from coordinated systemic support to enhance sector-wide change management responses and application of strategies. An effective systems approach would increase cost-efficiency, reduce barriers to service access, support the development and application of practice research, and support overall sector development to best meet the needs of the entire WA community.

An effective centre of excellence is needed to provide support for the enhancement of the whole sector. This would be realised through access to research and clinical specialists that can build the capability, cooperation and information sharing amongst services. It needs to strive to achieve improved:

- equitable access to quality services, regardless of service type and location;
- workforce capabilities and confidence;
- referral within the alcohol and other drugs sector and across other health and wellbeing service systems;
- translation and therefore application of research and evidence in practice;
- participation in practice informed research;
- change management responses to trends as well as reform and policy shifts;
- sector-wide capacity and sustainable outcomes;
- sector driven planning and co-production; and
- sector-standing and community awareness of the importance of a health response primacy for addressing alcohol and other drugs issues.

The establishment of a centre of excellence will require State Government leadership and resourcing.

Recommendation: Establish a centre of excellence developed through sector-wide collaboration, including consumer and family engagement.