

Pre-Budget Submission

2017/18

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.

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 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

Western Australia has a history of underfunding the critical alcohol and other drug service sector, spanning several State Government terms. As a result, community demand for alcohol and other drug services far exceeds supply.

An inability to meet the existing demand for alcohol and other drug services has placed significant pressure upon communities, government, private industry and not-for-profit sectors.

The social cost Australia wide of alcohol and other drug use has been estimated at \$55.2 billion through crime and health care costs, and productivity losses.¹ While this estimate is based on 2004/05 figures it continues to be cited in Government health and crime publications as a foundation statistic demonstrating significant impact. This overall figure has clearly increased, as demonstrated by research on the social costs of alcohol, which sees an increase in this area alone of \$3.41 billion between 2004/05 and 2010.²

An example of what this may look like in one human service, approximately 75 percent of all police responses in Western Australia are connected to alcohol (only) related issues.³

WANADA recognises the role of the WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025 and the recent Methamphetamine Strategy in raising the profile of the alcohol and other drug issues and providing a pathway to better meet community demand for services. WANADA also welcomes the progress which has been achieved against both the Plan and the Strategy to date.

Funding certainty is required to ensure the sustainability of a specialist sector which is delivering reduced social costs across Western Australia. As such, WANADA remains of the position that it is critical to ensure an appropriate level of investment is committed to align with the priorities identified in the Plan going forward. WANADA also acknowledges that the current economic and fiscal outlook for Western Australia has placed pressure on the State Government to prioritise spending.

Noting the economic and fiscal realities which the State faces, WANADA submits for your consideration a group of cost-effective and interrelated initiatives which will optimise the existing system and improve sector outcomes. A focus on systems optimisation will deliver a substantial cost-benefit, and support the implementation of the Plan and Strategy within the existing timeframes.



Jill Rundle
Chief Executive Officer

8 November 2016

¹ Collins, David and Lapsley, Helen, *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05*. Commonwealth of Australia, 2008.

² Manning, Matthew; Smith, Christine and Mazerolle, Paul, *The societal costs of alcohol misuse in Australia: Trends & issues in crime and criminal justice no. 45*. Australian Institute of Criminology, April 2013.

³ Dr O'Callaghan, Transcript of Evidence Taken at Perth, 26 May 2010. Inquiry into the adequacy and appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia. Perth: Education and Health Standing Committee; 2010. Western Australian Police. Submission to the Review of the Liquor Control Act 2013.

Budget Investment Recommendations

On behalf of the Western Australian alcohol and other drug services sector, WANADA submits the below recommendations for priority investment.

Priority Investments
Prioritise the delivery of an Aboriginal alcohol and other drug residential service in the State's south, identified in the WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025.
Revise and implement an improved shared data and outcomes management system.
Provide \$750,000 over three years to establish and support an alcohol and other drug consumer systems co-design advisory body.
Provide \$250,000 over two years for a program to address the barriers to treatment and support due to entrenched stigma and discrimination.
Trial alternative funding models that ensure the delivery of the WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025.

Aboriginal Alcohol and other Drug Residential Service

Recommendation

Prioritise the delivery of an Aboriginal alcohol and other drug residential service in the State's south, identified in the WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025.

Overview

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

For over 15 years, WANADA has supported calls from the Aboriginal communities in the State's south for a specific Aboriginal residential service. The Noongar community represents over 30,000 people⁴, approximately 30% of the Aboriginal population of Western Australia. There is no dedicated Aboriginal alcohol and other drug residential service in Noongar country.

Currently, Aboriginal people in the South and South West who require residential treatment must travel and seek support from services in other catchment areas, including mainstream services. The addition of an Aboriginal specific service will add a culturally secure choice and service option that would support better retention and outcomes. Uniquely an Aboriginal specific 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.

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.

WANADA and the alcohol and other drug services sector believes an Aboriginal residential service will result in stronger communities, increased wellbeing, and contribute to cost savings at high end services such as prisons. The planning and implementation of this service needs to be prioritised and fast-tracked.

WANADA recognises the Mental Health Commission's efforts to date in planning for additional residential services. However, noting existing community need and service gaps, WANADA considers the Aboriginal residential service initiative to be a high priority, and all options to facilitate a fast-tracked implementation must be considered in consultation with the Noongar community.

Outcome

- Long identified community needs in the state's South addressed
- Stronger Noongar community
- Improved outcomes for Aboriginal alcohol and other drug consumers
- Reduce systems costs
- Delivery of significant Plan milestone

⁴ South West Native Title Settlement Factsheet, 5 July 2016

Outcomes, Data and Policy Development

Recommendation:

Revise and implement an improved shared data and outcomes management system.

Overview

Investment in data collection and outcomes measurement is of critical importance in the current policy and funding environment.

Currently in Western Australia, the alcohol and other drug sector data is collected by organisations funded by the Mental Health Commission and warehoused by the government through the Service Information Management System. The data collected includes requirements from the Australian Institute of Health and Wellbeing National Minimum Data Set as well as key performance indicators based on government audit requirements. It is not, however, useful for: informing service practice improvements for better outcomes; demonstrating sector efficiency and effectiveness; informing sector planning and service models; and contributing to evidence based policy.

All government funded alcohol and other drug initiatives, including the WA Methamphetamine Strategy initiatives with funding for two years, are reliant on evaluation to demonstrate how these initiatives are meeting community expectations and to justify further funding decisions.

WANADA acknowledges the intent of the Mental Health Commission to improve data collection and outcomes measurement over the coming three to five years. A data management system that has the capacity and flexibility to meet current and future needs will require considerable collaboration with WANADA and the alcohol and other drug services sector.

WANADA and the sector believe this is of urgent priority.

Outcome

State government investment will achieve improved capacity for:

- informed service and sector planning
- demonstration of sector impact and efficiencies
- informed practice improvements for better and more sustainable outcomes
- enhanced research and evidence base
- attracting adequate resources to meet community need

Consumer Systems Co-design

Recommendation

Provide \$750,000 over three years to establish and support an alcohol and other drug consumer systems co-design advisory body.

Overview

Co-design is recognised by government and human services as essential for: effective planning, development and implementation of programs; needs based sector planning and navigation; and to ensure policies achieve intended outcomes.

The alcohol and other drug policy and planning system is not currently supported by an autonomous advisory body that can effectively and efficiently deliver consumer, including family members, 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 systems advisory 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. These bodies present an efficient single point of contact for all government departments and services seeking consumer input in co-design.

\$750,000 over three years will: see an alcohol and other drug co-design body established; cover wages and on-costs for a full time coordinator; centralise targeted consumer participation and representation for cost efficiency; and see relevant consumer input across all relevant sectors to maximise collaborations. This will result in Government savings and confidence that policy and practice is purposefully informed for intended outcomes.

Outcome

- Enhanced meaningful co-design
- Support of needs based planning and cross-sector navigation
- Cost effective, systemic approach to soliciting input and advice
- Minimised risk of inadvertent consequences resulting from policy that is not informed by consumers

Stigma and Discrimination

Recommendation

Provide \$250,000 over two years for a program to address the barriers to treatment and support due to entrenched stigma and discrimination.

Overview

It is well documented that individuals and family members affected by alcohol and other drug use experience considerable levels of stigma.⁵⁶ The World Health Organisation states that illicit drug dependence is the most stigmatised health condition and dependence on alcohol is ranked as the fourth.⁷

People with alcohol and other drug use issues typically have complex needs requiring support from a number of health and human services. Stigma, however, discourages access and service retention, and presents a significant barrier to the achievement of effective outcomes that can be achieved.

Past and current National Drug Strategies have identified the need to address stigma and discrimination.

WANADA has undertaken research to identify and prioritise a way forward to address stigma and discrimination. The research involved significant cross-sector, consumer and family member input. It identified the need for a planned approach with government backing and support to achieve cross-sector change. To prevent duplicated effort, minimal funding is required to leverage this evidence base while it remains current.

Outcome

Reducing stigma and discrimination will:

- Increase alcohol and other drug consumer access to health and human services
- Improve the health and well-being of alcohol and other drug consumers and thus reduce long term health system and social costs
- Improve cross-sector coproduction and collaboration
- Grow community understanding

⁵Adlaf EM, Hamilton HA, Wu F, Noh, S. Adolescent stigma towards drug addiction: Effects of age and drug use behaviour. *Addictive Behaviors*. 2009; 34(4): 360–4.

⁶Corrigan PW, Kuwabara SA, O'Shaughnessy J. The public stigma of mental illness and drug addiction: Findings from a stratified random sample. *Journal of Social Work*. 2009; 9(2):139–47.

⁷Kelly 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.

Alternative Funding Models

Recommendation

Trial alternative funding models that ensure the delivery of the WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025.

Overview

WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025 (the Plan) was developed through substantial community and sector consultation. As such WANADA supports the Plan's implementation of alcohol and other drug specific actions.

If the Plan were to be fully implemented it would save the community \$504 million over 12 years.⁸

WANADA recognises the impact of the current fiscal and economic environment, and is concerned that this will impact on the realisation of the Plan, including the cost savings. WANADA believes it is a priority that the State Government investigate alternative funding models to achieve the Plan's milestones.

WANADA and the alcohol and other drug services sector believe it is in the State Government's interest to support the establishment of alternative funding. A range of funding models that enhance corporate, philanthropic and community confidence to contribute to the alcohol and other drug sector development, aligned with the Government's endorsed Plan, needs to be investigated and trialled.

Systems support, including sound data and outcomes development (see above) are essential to securing alternative funding opportunities.

Outcome

- Delivery of the WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025
- Increased alcohol and other drug services to meet community need
- Significant social cost savings

⁸ Western Australian Mental Health Commission, *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Better Choices. Better Lives)*. State of Western Australia, 2015, p. 23.