

Submission to Compulsory Alcohol and Other Drug Treatment in Western Australia: Discussion Paper

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.

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.

Sector Representation

One aspect of WANADA's sector consultation in support of this submission was an alcohol and other drug service worker and consumer survey on compulsory treatment.

Of the 211 responses included in the data set, 48 per cent identified as service workers, 45 per cent identified as consumers and three per cent identified as family/significant others.

Data and quotes have been included throughout the submission, to communicate sector worker and consumer sentiment regarding compulsory treatment.

Western Australian Network of Alcohol and other Drug Agencies

WANADA
PO Box 8048
Perth
WA 6849

P: 08 6557 9400 W: www.wanada.org.au [@WANADAFYI](https://www.instagram.com/WANADAFYI)

Table of Contents

Submission Overview	4
WANADA Position.....	4
Timeframes	5
Response to Discussion Paper	7
1. What Factors do you believe should be considered in developing a model of service and associated legislation?.....	7
2. Keeping in mind the broad purpose of the legislation, what objects and/or principles do you think should be considered for inclusion?	9
3. What prerequisites should be considered in determining if a person can be admitted, detained and treated? That is, who should the legislation apply to?.....	10
4. What kinds of issues should be considered in determining the most appropriate referral pathway(s) to compulsory AOD treatment?	11
5. What factors should be considered in determining the period of compulsory AOD treatment? How long should the compulsory treatment period be for? Should there be a component of compulsory treatment in the community?	13
6. What factors should be considered in relation to the physical location or environment of any compulsory AOD treatment facility(ies)?	14
7. What additional treatment options and/or ongoing support are required to help individuals transition back to the community?	14
8. What processes and safeguards should be in place for an individual who is subject to compulsory treatment?.....	15
9. What safeguards should be in place to protect the rights of a person who is within the scope of the legislation? Are there any limitations that should be in place?.....	15
10. Are there any specific issues which need to be taken into consideration for those with severe methamphetamine dependence, in developing the model of service and legislation? Are there any additional issues relating to people who have poly-substance use issues?	16
11. What factors should be considered for the development of an evaluation, monitoring and review framework for compulsory AOD treatment?	16
12. Are there any additional issues relating to compulsory AOD treatment which need to be addressed?	17

.

Submission Overview

WANADA Position

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation.

WANADA survey results indicated significant levels of concern and uncertainty amongst alcohol and other drug sector workers and consumers regarding support for compulsory treatment:

- 20 per cent of service workers and 28 per cent of consumers participating in WANADA's survey supported the implementation of Compulsory Treatment.
- 18 per cent of service workers and 28 per cent of consumers participating in WANADA's survey indicated that they didn't know. This is a significant number of people who feel they are not adequately informed to have a view.

As a result the majority of respondents that had a view were not supportive of compulsory treatment.

Western Australia requires a systems approach to alcohol and other drug care, to ensure no one falls through the gaps. Such a system must address the existing need for:

- additional alcohol and other drug services to meet existing demand for voluntary services within the community. The need for more services is clearly identified in the WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025, including population specific services such as the Aboriginal residential service in the State's south which has been identified as needed for many years;
- comprehensive support for family members and significant others;
- a balance of alcohol and other drug service models that best support through care in order to maximise sustainable outcomes;
- effective cross-sector shared care, to address homelessness, health, mental health, financial, child protection, corrections, domestic violence, vocational issues; and
- resources to address the current barriers, such as stigma and discrimination, inadequate system navigation, and human services capacity building.

WANADA does not consider compulsory treatment to be a priority response to address existing community needs. People with complex needs and severe substance dependency require a broad net of assistance to ensure they receive effective support. This can be, and is currently, provided through voluntary services. While there are not enough resources to meet current service demand it is impossible to determine the need for any service gap requiring compulsory treatment.

Many/most people self-medicate for pain or psychiatric issues. They need medical, social, psychological support not institutionalisation (WANADA survey respondent – identifying as a consumer).

Choice and motivation have a fundamental role in treatment.

It is important that clients be allowed to make informed choices about treatment from a range of plausible alternatives, as this is associated with enhanced treatment outcomes.¹

By compelling people to undertake treatment, the effectiveness of treatment is potentially reduced.

You can't force a person to change. It won't work unless the person wants to change (WANADA survey respondent – identifying as a service worker)

I believe that people have to want to change (WANADA survey respondent – identifying as a consumer)

Any “compulsory” program will be more expensive and less effective (Respondent – identifying as a service worker)

There may also be risks of inadvertent consequences for consumers and their families, as a result of compelling people to undertake treatment.

I can't see forcing someone who hasn't broken the law into treatment will work. The resentment will override any thoughts of wanting to get help (WANADA survey respondent – identifying as a consumer)

Based on my experience, I would have hidden/run away, resulting in consequence and further worsening my condition (WANADA survey respondent – identifying as a consumer)

WANADA recommends that compulsory treatment is not prioritised ahead of meeting existing community demand for voluntary services.

Timeframes

There has been less than 3 months of public consultation on the Discussion Paper, which closes on 1 December 2016. The draft exposure bill and model of service is intended to be released before the end of the December 2016. With a state election in March 2017 WANADA believes this timing has resulted in cynicism that this is a political agenda rather than a meaningful solution to meet community needs.

Non-users/public/government thinking it is a quick fix (WANADA survey respondent – identifying as a consumer)

There is a clear need for an increased length of time to enable consumers, family members and services to provide informed co-design and co-production input. WANADA's survey results saw a significant percentage of responses indicating “do not know” and/or commenting that they were unsure about aspects of what would be required for effective compulsory treatment.

This is a very complex issue. I would generalise no I don't believe in punishment or punitive or force. May have results in short term, not sure

¹ Adams, J. R., & Drake, R. E. (2006). Shared decision-making and evidence-based practice. *Community Mental Health Journal*, 42, 87–105. Cited in: March, Ali; O'Toole, Stephanie; Dale, Ali; Willis, Laura and Helfgott, Sue, *Counselling Guidelines Alcohol and Other Drug Issues 3rd Edition*. Government of Western Australia Drug and Alcohol Office, 2013. Pg.18.

*about long term. All of that said it may work for some individuals
(WANADA survey respondent – identifying as a service worker)*

*I find it very difficult to comment on compulsory treatment when there is no
description of how people will be compelled, and what consequences there
will be if they do not comply (Respondent – identifying as a service worker)*

Extending the period of consultation, with adequate information support for consultation participants, will reduce the risk of inadvertent consequences and an inflexible, ineffective system.

WANADA recommends there is an extended consultation period with all significant groups potentially affected by compulsory treatment, following the release of the draft exposure bill and draft summary model of service. Extensive and broad consultation is required to enable meaningful community contribution, co-design and co-production.

Response to Discussion Paper

WANADA has structured its submission to reflect the questions outlined in the Mental Health Commission's Compulsory Alcohol and Other Drug Treatment in Western Australia: Discussion Paper.

1. What Factors do you believe should be considered in developing a model of service and associated legislation?

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation. Were a trial to go ahead, WANADA supports the following factors raised in the Discussion Paper:

- **Consistency with, and safeguards for, human rights**
- **Minimisation of net widening**
- **Efficient and effective model of service**

WANADA considers a number of identified factors must be broadened:

- ***Non- displacement of voluntary clients.***
Consideration must be given to how compulsory treatment will interface with, and impact upon voluntary treatment services. Issues that must be addressed include ensuring:
 - clear delineation of eligibility and exclusion, i.e. are the consumer's needs best met by compulsory as opposed to voluntary treatment;
 - there is adequate capacity of a range of services likely to receive referrals from compulsory treatment;
 - inadvertent consequences for staff and consumers (including consequences from the necessary prioritisation of consumers participating in compulsory treatment) are monitored and managed for continuous improvement.
- ***Equity of access.***
Consideration must be given to the location of the trial site that best supports equitable access by: Aboriginal and Torres Strait Islanders, people in regional, rural and remote areas; people from Culturally and Linguistically Diverse communities; those who identify as LGBTIQ; young and ageing persons.
- ***Building the evidence base.***
There is currently insufficient evidence to support the implementation of a compulsory treatment trial. There is limited evidence from other jurisdictions to date; The National Drug and Alcohol Research Centre's evaluation of the New South Wales Involuntary Drug and Alcohol Treatment Program is not expected to be completed until November 2018. It is WANADA's view that compulsory treatment should not be implemented in Western Australia prior to the outcomes of the New South Wales review being made public.

If an evidence informed trial is to be implemented in Western Australia adequate resources are needed for evaluation and monitoring, in order to build on the evidence base.

WANADA has identified the following additional factors that must be addressed:

- **Cultural Security.**
Any program must ensure it is culturally secure and meets the needs of any Aboriginal people who may access treatment.
- **Support for family members and significant others**
Irrespective of the implementation of compulsory treatment, substantial resources must be made available to support the family members and significant others impacted by the alcohol and other drug use of another, whether or not their loved one is accessing treatment or not.
- **Awareness and transparency.**
Significant awareness raising and education is needed for the community and all services and persons likely to be impacted by compulsory treatment. There is currently minimal understanding of what compulsory treatment is and how it will function. This limits peoples' ability to meaningfully contribute.

All consumers and services potentially impacted by compulsory treatment must be meaningfully involved in the design, implementation and review of the compulsory treatment trial. As stated in the Partnership Forum Principles and Behaviors, engagement must be consistent with "A commitment to creating the conditions for individuals, families and communities to empower themselves in the design, planning and delivery of community services."²

- **Stigma and discrimination.**
Alcohol and other drug dependence is a chronic relapsing health condition often requiring years of treatment, psychosocial support and persistent motivation to achieve improved wellbeing and quality of life. This together with existing barriers such as systems failures and inadequate services to meet demand will result in individuals not achieving their goals or those expected of them by the broader community. Blaming individuals or services for these "failures" instead of identifying potential improvements for an inadequate system will result in increased stigma and discrimination.

Compulsory treatment has the potential to further disempower individuals and increase the stigma experienced by consumers and service workers. Any compulsory treatment program must be complemented by broader initiatives to reduce stigma and discrimination.

- **Individualised approaches.**
Those likely to be eligible for compulsory treatment will present with complex health and wellbeing issues. Individuals currently accessing voluntary treatment also present with complex health and wellbeing issues. Any systems approach to treatment must be flexible and address the specific needs of each individual.

² Government of Western Australia Partnership Forum.
<https://partnershipforum.dpc.wa.gov.au/Pages/Partnership-Principles-and-Behaviours.aspx>. Accessed 21 November 2016.

- **Choice and motivation.**
Data and comments from WANADA's survey results highlights the important role of choice and motivation in delivering effective treatment outcomes. Opportunities for consent or choice must be maximised.
- **Timeliness.**
Processes must be developed so as to ensure timeliness and avoid unnecessary delays. Other jurisdictions have reported delays in some processes associated with compulsory or diversionary programs.
- **Safeguards.**
Any program must include sufficient safeguards to promote and support consumers' safety and wellbeing, and limit any infringement of their rights.

2. Keeping in mind the broad purpose of the legislation, what objects and/or principles do you think should be considered for inclusion?

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation. Were a trial to go ahead, existing legislation in New South Wales and Victoria provide a suitable foundation for drafting legislative objects and principles, however amendments will be required to reflect the Western Australian context.

WANADA considers that the below topics must be reflected in the proposed legislation's objects:

- **Provision for treatment and detention.**
WANADA supports existing Victorian legislation which is "to provide for the detention and treatment of persons with a severe substance dependence where this is necessary as a matter of urgency to save the person's life or prevent serious damage to the person's health".³
- **Assessment.**
WANADA supports existing New South Wales legislation, which is "to facilitate a comprehensive assessment of those persons in relation to their dependency,"⁴ with amendments required to reflect complex needs.
- **Treatment process.**
WANADA supports using existing New South Wales legislation as a drafting foundation, which is "to facilitate the stabilisation of those persons through...treatment including, for example, medically assisted withdrawal."⁵ Amendments are required to reflect the broader nature of treatment beyond medically assisted methods. Before specific wording can be supported, clarification is needed from the Mental Health Commission regarding what specific treatments will be made compulsory. For increased efficacy, this must be broader than a purely medical approach.

³ Victoria Severe Substance Dependence Treatment Act 2010 No.43 of 2010

⁴ New South Wales Drug and Alcohol Treatment Act 2007 No.7

⁵ New South Wales Drug and Alcohol Treatment Act 2007 No.7

- **Capacity, welfare and opportunity.**

WANADA supports existing New South Wales legislation, which is “to give those persons the opportunity to engage in voluntary treatment and restore their capacity to make decisions about their substance use and personal welfare”⁶.

WANADA believes that the following principles must be included to guide the interpretation of the proposed legislation:

- **Scope of interpretation.**

WANADA does not support the inclusion of caveats such as: “as far as practicable”.

- **Option of last resort.**

WANADA believes that compulsory treatment should be considered as an option of last resort, where no other less restrictive treatment option is appropriate and available.

- **Client interests.**

WANADA supports existing New South Wales legislation’s approach to client interests where “the interests of those persons is paramount in decisions made under this Act.”⁷

- **Treatment.**

WANADA supports New South Wales legislation where “those persons will receive the best possible treatment in the least restrictive environment that will enable treatment to be effectively given”⁸.

- **Human rights.**

WANADA supports Victorian legislation where “any limitations on the human rights and any interference with the dignity and self-respect of a person who is the subject of any actions authorised under this Act are kept to the minimum necessary to achieve the objectives specified”⁹.

3. What prerequisites should be considered in determining if a person can be admitted, detained and treated? That is, who should the legislation apply to?

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation.

WANADA’s survey respondents expressed concern about the potential for subjective prerequisite criteria, and that there needed to be sufficient reason to compel someone to undertake compulsory treatment. Clear definitions will be required to ensure clarity on these issues.

⁶ New South Wales Drug and Alcohol Treatment Act 2007 No.7

⁷ New South Wales Drug and Alcohol Treatment Act 2007 No.7

⁸ New South Wales Drug and Alcohol Treatment Act 2007 No.7

⁹ Victoria Severe Substance Dependence Treatment Act 2010 No.43 of 2010

Of those listed by the Mental Health Commission in the Discussion Paper, Respondents to the WANADA survey supported most of the prerequisites outlined, with the exception of:

- the person does not have capacity to make informed choices about ongoing AOD use. WANADA agrees with respondents in their concerns that this prerequisite is open to interpretation:
- a mixed response to the prerequisite for being 18 years or over. WANADA believes compulsory treatment for young people under the age of 18 would require significant additional considerations. These include a consideration of a young person's maturity, and the avoidance of co-locating young people with adults in a compulsory treatment facility.

Respondents explicitly stated the need for multiple and all-inclusive well defined criteria.

If a person meets ALL of the strict criteria. All criteria should be rated and consideration given to significant others & family as part of the process
(WANADA survey respondent – identifying as a service worker)

WANADA supports this approach, and believes that all criteria prescribed under the proposed legislation should be met for a person to be considered as eligible for compulsory treatment.

There should also be consideration of pregnant consumers to whom the legislation may apply. WANADA believes that consumers who are pregnant and are assessed as eligible for compulsory treatment should be fast tracked.

There is a risk that some people may be at an increased risk of harm were they to undertake compulsory treatment. Also, due to the existing gap between the demand and supply of voluntary treatment services, there are risks of people seeing this as a means to fast-tracking service access.

To avoid such inadvertent consequences, WANADA believes that a list of criteria must also be created that define what would exclude a person from being eligible for Compulsory Treatment.

4. What kinds of issues should be considered in determining the most appropriate referral pathway(s) to compulsory AOD treatment?

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation. Were a trial to go ahead, referral pathways for compulsory treatment must be timely, accountable and provide avenues for appeal.

In responding to WANADA's survey, sector workers and consumers provided a range of different, and at times opposing, opinions regarding the referral pathways to compulsory treatment. The broad range of issues raised demonstrates the need for further awareness raising and extended consultation regarding what compulsory treatment is, how referrals will work, and how it may interact with other systems such as diversion.

Despite the general variance in responses, the majority of survey respondents indicated their support for health professionals to refer people for assessment.

Survey respondents raised through comments a number of concerns regarding the referral process. Based on these comments WANADA believes there is clearly a need for consideration for:

- confidentiality – to avoid any negative impact on the relationship between the consumer and the person/professional that is referring,
- trust - to avoid any further isolating barriers to service access and disempowerment through perceived or real experience of stigma and discrimination
- the person able to refer having appropriate knowledge of alcohol and other drugs, related issues, and the existing voluntary sector – to avoid inappropriate referrals that require unnecessary resources
- ensuring the referral is in the best interest of the consumers, and there is no conflict of interest or misuse of power

[They need to] understand what we are going through; doctors don't always know. (WANADA survey respondent – identifying as a consumer)

[They need to] be qualified and not abuse their powers. (WANADA survey respondent – identifying as a consumer)

[Need to] have sufficient drug education to know if compulsory treatment is necessary. (WANADA survey respondent – identifying as a service worker)

[Needs to be] able to assess risk, psychological/physical health and appropriateness of referral to compulsory treatment. (WANADA survey respondent – identifying as a service worker)

[They need to] understand the clinical/physical effects of the particular substance abuse. (WANADA survey respondent – identifying as a service worker)

WANADA has taken into account the concerns and views of sector workers and consumers, and believes that any legislation must specifically prescribe any right to refer, including specific qualifications and knowledge.

WANADA believes that an effective screening and assessment process should be prescribed in legislation. The screening and assessment process should be undertaken by two professionals, and include an option to source a second opinion. WANADA considers it appropriate that the legislation prescribes the professionals as: an addictions specialist who can also assess general health; and an assessor for psychosocial and complex needs.

All referral and assessment pathways must be sufficiently streamlined and robust so as to avoid delays and potential net widening.

Any referral or assessment process will place significant strain on the health and wellbeing of the consumer and their personal relationships. There must be additional resources to support their family/significant other where appropriate.

Substantial resources are also required for those who are assessed as ineligible for compulsory treatment. This must include referrals to appropriate and accessible services, and support for both the person and their family/significant other.

5. What factors should be considered in determining the period of compulsory AOD treatment? How long should the compulsory treatment period be for? Should there be a component of compulsory treatment in the community?

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation. Were a trial to go ahead, the period of compulsory treatment must be flexible to meet individual needs and have clear and transparent delineations of when compulsory treatment starts and finishes.

The length of compulsory treatment should be based upon a person's: individual circumstances; complexity and breadth of related issues. This is supported by WANADA's survey results, where the most consistent response endorsed the length of compulsory treatment being individually determined.

It is important that any treatment plan is developed in close consultation with consumers.

As in Victoria, any proposed legislation must also prescribe the ability for anyone undergoing compulsory treatment to apply for a leave of absence.

Based on survey respondent comments, if people undertaking compulsory or voluntary treatment are co-located, there is potential for disruption and reduced treatment outcomes.

I don't like division but if you are forced, [your] attitude maybe a lot more negative.
(WANADA survey respondent – identifying as a service worker)

Forced [treatment would be] disruptive to voluntary clients who are serious. (WANADA survey respondent – identifying as a service worker)

[The] numbers of types of clients [compulsory or voluntary] needs to be regulated (WANADA survey respondent – identifying as a consumer)

Detox and stabilisation on their own are inadequate to achieve sustainable positive outcomes. Streamlined referral pathways to voluntary services, post compulsory treatment, must be available and accessible. For this approach to be effective, resources must be made available to service agencies to ensure that they have sufficient capacity.

The impact on sector workers must also be considered. Providing treatment to a person who is non-compliant can be challenging. To build an effective therapeutic relationship, there needs to be an alliance between the consumer and the counsellor. As stated in the Counselling Guidelines Alcohol and Other Drug Issues, "A sound therapeutic relationship is collaborative, with both counsellor and client working as partners to help the client achieve his or her goals."¹⁰ If a person is forced into treatment, this can create barriers to developing such a relationship. To ensure there is no negative impact on sector workers' health and wellbeing, compulsory client load must be managed.

¹⁰ March, Ali; O'Toole, Stephanie; Dale, Ali; Willis, Laura and Helfgott, Sue, Counselling Guidelines Alcohol and Other Drug Issues 3rd Edition. Government of Western Australia Drug and Alcohol Office, 2013. Pg 4.

Not-for-profit agencies providing voluntary alcohol and other drug services in Western Australia have substantial knowledge, experience, and tried and tested policies and procedures in:

- assessing, admitting and discharging consumers
- managing the conduct of those accessing services; and
- appropriate approaches to admitting and treating those who have complex issues such as a criminal record and history of severe offences.

WANADA believes that voluntary service agencies should be included in co-production of the development of operational policies for any compulsory treatment trial. Were a trial to go ahead, all organisation policies should be clear, transparent and incorporate best practice knowledge.

6. What factors should be considered in relation to the physical location or environment of any compulsory AOD treatment facility(ies)?

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation. Were a trial to go ahead, a compulsory treatment facility must be prescribed in legislation to ensure it is: accessible to anyone eligible in Western Australia; linked to related health services for shared care during compulsory treatment; and collaborating with services in the consumer's place of residence for voluntary referral for further treatment and psychosocial support, including cultural wellbeing.

7. What additional treatment options and/or ongoing support are required to help individuals transition back to the community?

Irrespective of whether compulsory treatment is implemented in Western Australia, there must be increased services that address the treatment and holistic needs of consumers and support their families/significant others as appropriate.

Data from WANADA's survey indicates that a system of services are required for best outcomes. Of those responding to a question on required services to support best outcomes following withdrawal and stabilisation, an average of 98 per cent supported the need for all of the following services:

- Residential
- Non-residential/community based
- Aftercare
- Family engagement/support
- Accommodation support
- Welfare support
- Mental and physical health support

Other services for specific individuals identified by respondents as required included:

- Work/study opportunities
- Parenting skills support
- Support groups and mentoring programs
- Youth services
- Aged services

A system of services within the alcohol and other drug sector are needed, based on individual need. Cross-sector collaboration is also needed to ensure the complex needs of individuals is met for sustainable outcomes.

8. What processes and safeguards should be in place for an individual who is subject to compulsory treatment?

9. What safeguards should be in place to protect the rights of a person who is within the scope of the legislation? Are there any limitations that should be in place?

WANADA has provided a compiled response, noting the overlap of Questions 8 and 9.

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation. Were a trial to go ahead, it is imperative that there are multiple robust safeguards in place to protect a person's rights.

Not all those undertaking compulsory treatment will find it a positive experience. It is important that sufficient safeguards are in place to promote and support their safety and wellbeing, and limit any infringement of their rights.

Based on existing legislation from other jurisdictions, WANADA believes the following safeguards are essential but not exhaustive.

- At least two qualified and prescribed professionals agree that the individual meets the prerequisites for compulsory treatment
- Right to access a second opinion
- Voluntary treatment is promoted in preference to compulsory treatment.
- Provision of, and supported to understand processes, rights, entitlements and responsibilities prior to any action being taken.
- Informed consent, that they have understood their rights and responsibilities is to be obtained wherever possible.
- The role of families and significant others must be considered and respected
- The age-related, gender-related, religious, cultural, language and other special needs of the person must be taken into consideration
- Access to an advocacy service must be made available.
- Opportunity to nominate a representative
- Clear and accessible appeals process

- Client records are maintained as per relevant additional legislation.
- Right to have, and participate in the development of, clear care and discharge plans
- Prescribed maximum timeframes for all processes associated with referral, assessment and treatment
- Clear complaints process
- Cancellation of treatment orders if any of the safeguards are transgressed
- Onus of proof resides with the compulsory treatment, referral or assessment body.

The rights of an individual are paramount. All safeguards must be constantly monitored, so that there are no infringements or inadvertent consequences.

10. Are there any specific issues which need to be taken into consideration for those with severe methamphetamine dependence, in developing the model of service and legislation? Are there any additional issues relating to people who have poly-substance use issues?

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation. Were a trial to go ahead, compulsory treatment must be best practice and tailored to the consumer's complex health and wellbeing needs. Principles and safeguards must be irrespective of principal drug of concern.

11. What factors should be considered for the development of an evaluation, monitoring and review framework for compulsory AOD treatment?

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation.

It is important that consumers and partner services are part of the design and implementation process from the beginning, including informing data collection that will evaluate effective and meaningful outcomes.

A compulsory treatment trial must capture sufficient data to ensure the meaningful evaluation of the trial's outcomes and impact on the system. These include:

- Outcomes for consumers (e.g. retention, achieving goals meaningful to the consumer, achieving intended goals of wellbeing)
- Outcomes of process efficiency and effectiveness (e.g. appropriate referral, access support, transparency and participation, through care and shared care)
- System outcomes (e.g. workforce retention and organisation impacts)

Comparisons with other jurisdictions' compulsory treatment programs must also take place, where relevant.

WANADA supports the review of a compulsory treatment trial being prescribed in legislation. However, the drafting of the legislation must take into account risks that may impact the

efficacy of the review. These may include: the timeframe for commencing a review; the type of review to be conducted; and the number of persons who have been treated. It is important for Western Australia to avoid the evaluation shortfalls that have occurred in other jurisdictions, for example, the limited numbers of participants constrained the evaluation of the diversionary NSW Compulsory Drug Treatment Program.¹¹

Ongoing monitoring is essential, including monitoring of the application of principles and safeguards as stated above.

12. Are there any additional issues relating to compulsory AOD treatment which need to be addressed?

WANADA does not support the prioritisation of compulsory treatment in Western Australia, with a timeframe that does not allow for genuine transparency and consultation.

There are a range of sensitivities and complexities surrounding the development and implementation of a compulsory treatment trial. It is imperative that alcohol and other drug consumers, particularly those that may be compelled to compulsory treatment, are not further stigmatised as a result of government policy or community misunderstanding.

It's purely punitive and would contribute to stigma. (WANADA survey respondent – identifying as a service worker)

The general population in Western Australia have limited understanding of alcohol and other drug issues. This is further complicated by political and media commentary that is often polarising, moralising and misleading. There needs to be awareness raising that alcohol and other drug issues need to be treated as a health concern, and that punitive approaches are not effective for improving health outcomes.

WANADA believes a compulsory treatment trial must be preceded and complemented by well-resourced community awareness, and stigma and discrimination reduction programs.

¹¹ Dekka, Joula; O'Brien, Kate; and Smith, Nadine. An Evaluation of the Compulsory Drug Treatment Program (CDTP). NSW Bureau of Crime Statistics and Research, 2010. p.vii.

