

***Make a Difference: Support Resourcing
Specialist Alcohol and Other Drug Services***

**Western Australian State Election 2017
WANADA Position Statement**

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.

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Call for Commitments

Alcohol and other drugs are a health issue that requires urgent attention. Western Australia's alcohol and other drug use statistics are significantly above the national average.

Political leadership is needed to deliver a proactive and evidenced approach to address the complexity of alcohol and other drug issues in our communities.

WANADA calls on all political parties to demonstrate leadership, and urgently support the alcohol and other drug sector to deliver services that address community need and deliver long term budget savings.

WANADA calls for a commitment from State Leadership to:

- 1. Improve the funding balance across alcohol and other drug law enforcement, treatment and harm reduction to deliver sustainable and cost effective outcomes. This includes a need to:**
 - *quarantine alcohol and other drug treatment and harm reduction resources from funding cuts until state statistics demonstrate we have addressed the issue and significantly reduced community concern*

- 2. Maintain a comprehensive long term plan that is fully resourced to address alcohol and other drug education, prevention, treatment and support in Western Australia. This approach must:**
 - *be driven by the needs of local communities and the sector*
 - *fast track the long overdue Aboriginal-specific alcohol and other drug residential service in the south of the State*
 - *ensure all Western Australian communities can access the alcohol and other drug services they need, particularly at-risk and marginalised population groups*
 - *develop centres of excellence offering state-wide systems of support for consistent best practice and maximised cost efficiency*
 - *guarantee prevention initiatives are founded on community engagement to maximise relevance and facilitate better, more informed choices*
 - *support the demonstration of outcomes and value for money through an improved data system that will also enable informed policy, planning and practice.*

- 3. Implement the well-evidenced intensive therapeutic community treatment model within Western Australian prisons to reduce recidivism and future crime.**

- 4. Lead initiatives that increase access to treatment and support, particularly by supporting cross-sector early intervention and addressing entrenched stigma and discrimination.**

- 5. Recognise community concern, and clearly demonstrate government commitment, by having the titles of the relevant minister's portfolio and government department specifically reference alcohol and other drugs.**

Statement Overview

Across Western Australia people, families and communities are experiencing harm related to alcohol and other drugs.

More needs to be done in Western Australia to address these alarming statistics.

Despite clear social and fiscal benefit, the alcohol and other drug sector is not resourced to meet existing community demand for services. This places significant pressure upon communities, government, private industry and not-for-profit sectors.

Western Australia has a professional, specialised and effective alcohol and other drug sector. The services this sector provides are proven to make a difference.

Around 1 in 5 people over the age of 14 are drinking at risk of lifetime harm.¹

Of all Australian states and territories, Western Australia maintains the highest levels of methamphetamine use, with 2013 figures showing 3.8 per cent of the Western Australian population over the age of 14 reporting as having used the drug compared to 2.1 per cent nationally.²

Approximately 75 percent of all police responses in Western Australia are connected to alcohol (only) related issues.³

WANADA calls on all political parties to demonstrate leadership, and urgently support the alcohol and other drug sector to deliver services that address community need and deliver long term budget savings.

¹ 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. 18.

² Western Australian Government, *Western Australian Meth Strategy 2016*, p. 7.

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.

Balance Funding

Alcohol and other drug issues are complex and varied, and impact on the operations of a number of sectors and services.

There is no simple solution; rather a balanced and coordinated approach will best address the myriad of factors that influence alcohol and other drug issues.

Internationally, it is recognised that the strongest outcomes are from addressing demand, harm and supply reduction.

Each approach has its benefits. But only when demand, harm and supply reduction are addressed together, and their resourcing is balanced, do you have a strong and effective solution.

Existing funding arrangements in Western Australia favour supply reduction. However, focussing resources in this area does not address the issue. Instead, the costs are born by health, justice and community services. This is further exacerbated by the complex needs of individuals with co-occurring issues.

A balanced approach to alcohol and other drug issues can result in cost savings. For example, for every dollar invested in:

- **Treatment services – more than \$7 is returned to the community through health and social benefits⁴**
- **Harm reduction services – For every \$1 spent on needle and syringe exchange programs, the community saves \$27 in future cost⁵**

For cost benefits and results to be realised, a balanced approach which addresses the complexity of alcohol and other drug issues is required.

A balanced approach also requires long term certainty, to ensure the needs and concerns of the community are fully addressed. Funding to address alcohol and other drug issues must be long-term, guaranteed, and quarantined from future funding cuts. By providing this long term certainty, services can effectively plan

and deliver the range of services community needs. This will support services to achieve the long term outcomes required to address alcohol and other drug issues, and deliver substantial cost savings back to the community.

WANADA calls for a commitment from State Leadership to improve the funding balance across alcohol and other drug law enforcement, treatment and harm reduction to deliver sustainable and cost effective outcomes.

This includes a need to quarantine alcohol and other drug treatment and harm reduction resources from funding cuts until state statistics demonstrate we have addressed the issue and significantly reduced community concern

⁴ Ritter, Alison et al., *New Horizons: The review of alcohol and other drug treatment services in Australia*. National Drug and Alcohol Research Centre, 2014, p. 13

⁵ National Centre in HIV Epidemiology and Clinical Research, *Return on Investment 2: Evaluating the Cost-Effectiveness of Needle and Syringe Programs in Australia 2009*. Australian Government Department of Health and Ageing, 2009 <http://www.health.gov.au/internet/main/publishing.nsf/Content/needle-return-2>, p.8.

Long Term Planning and Support

With State finances under significant pressure, there is an ongoing drive by political parties to identify potential savings or reduce expenditure.

Parties must take responsible action to address State finances, whilst also demonstrating leadership by supporting comprehensive initiatives that will provide greater financial benefit in the long term.

For example, progressing the existing Western Australian Mental Health, Alcohol and other Drug Services Plan 2015-2025 is expected to save half a billion dollars over 12 years.⁶

A comprehensive, long term plan to address alcohol and other drug education, prevention, treatment and support in Western Australia ensures the State has the mixture of services required to meet a growing and diverse community need. When developed in consultation with the sector, long term plans deliver certainty for the sector, as well as rationalise costs by delivering efficiencies, promoting best practice, and ensuring the commissioning and service delivery system is optimised.

In tight economic times, it is a social and fiscal imperative that a responsible, cost effective approach is taken to meet community need.

WANADA calls for a commitment from State Leadership to maintain a comprehensive long term plan that is fully resourced to address alcohol and other drug education, prevention, treatment and support in Western Australia.

A long term plan must be driven by the needs of local communities and the sector

All planned approaches must be driven by the needs of local communities and the services which operate in those areas.

Western Australia is home to a diverse range of communities that are spread across metropolitan, regional, rural and remote locations. All these communities have specific local needs and concerns about alcohol and other drug issues. Any long term plan must acknowledge this, and ensure it is sufficiently flexible and detailed to address both state-wide, and local issues.

It is important that any long term plan is also driven by, and supports, an effective sector. There are a range of local, state and systems factors that can influence the delivery of services. These must be addressed to ensure that any plan is achievable and delivers sustainable, long term outcomes. A systems approach must support agencies to address co-occurring issues and complexity, and provide appropriate linkages to facilitate cross-sector shared care.

By identifying and responding to the specific needs of the community a long term plan can also realise substantial cost efficiencies. These can be as a result of supporting effective service planning, avoiding service duplication or overlap, and ensuring an appropriate mix of services.

⁶ 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.

A long term plan must fast track the long overdue Aboriginal-specific alcohol and other drug residential service in the south of the State

For over 15 years, WANADA has supported calls from the Aboriginal communities in the State's south for a specific Aboriginal residential service.

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 residential service will enhance service options and support better retention and outcomes.

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 and hospitals.

The Noongar community represents over 30,000 people⁷, approximately 30 per cent of the Aboriginal population of Western Australia.

There is no dedicated Aboriginal alcohol and other drug residential service in Noongar country.

A long term plan must ensure all WA communities can access the alcohol and other drug services they need, particularly at-risk and marginalised population groups

In the next eight years, alcohol and other drug services must more than double to meet demand

Western Australia's alarming alcohol and other drug statistics will not improve unless there are sufficient services to meet the needs of all those in the community seeking assistance.

Currently, Western Australia does not have sufficient services to meet demand. For some at risk or marginalised population groups, there are limited services available that are tailored to meet their specific needs. In many cases, to access services, people will travel across the state.

Failure to effectively support these population groups through cross-sector shared and specialist care, before problems become entrenched, will result in the heightened and disproportionate demand for high end and high cost human service such as prisons and child protection.

A long term plan must develop centres of excellence offering state-wide systems of support for consistent best practice and maximised cost efficiency

A diverse range of specialist alcohol and other drug services operate in Western Australia. These services have developed best practice methods to successfully treat and support alcohol and other drug issues for different population groups with complex and varied needs. As a complex and chronic health issue, alcohol and other drug use problems are driven by a range of social determinants that bring people into contact with a range of health and human services. All of these services need to be appropriately equipped to ask the right questions, offer brief or early intervention, de-escalate the behaviour of intoxicated people, and make appropriate referrals to specialist alcohol and other drug services as needed.

⁷ South West Native Title Settlement Factsheet, 5 July 2016

There are unrealised opportunities for specialist alcohol and other drug organisations to function as centres of excellence and support cross-sector capacity building. Capacity building will see a more comprehensive approach to addressing this wide spread issue. Coordination of capacity building, through the centres of excellence, will enhance communications and information sharing, building on examples of effectiveness through a continuous improvement systems approach.

Fundamental to the effectiveness of centres of excellence is the establishment of state-wide systems that supports the development and delivery of best practice methodologies. Centres of excellence would drive innovation, improvement and integrated services, cementing Western Australia as a leader in the field of treatment and support.

Government needs to support the specialist alcohol and other drug organisations to develop their centre of excellence role within the health and community services system.

A long term plan must guarantee prevention initiatives are founded on community engagement to maximise relevance and facilitate better, more informed choices

Prevention initiatives are a key component in ensuring the community has access to appropriate information and guidance about alcohol and other drug use.

To be effective prevention initiatives must be relevant to local communities and the issues they are experiencing. Community engagement is essential to change behaviour, and informs what support is needed by communities to ensure ownership.

A long term plan must support the demonstration of outcomes and value for money through an improved data system that will also enable informed policy, planning and practice.

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

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

Investing in data systems will achieve improved capacity for:

- informed service and sector planning, including integrated service arrangements
- 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

Evidence-Based Models for Treatment in Prison

A large proportion of the WA prison population has substance abuse problems.⁸

The Western Australian Department of Corrections will spend in excess of \$5.6 million this financial year on alcohol and other drug intervention and treatment services.⁹

While prisons are an essential part of the justice system, they should only be used as a last resort, and should provide services that address prisoner health issues and reduce the risk of recidivism.

With substantial funding being directed to address alcohol and other drug issues in the prison population, it is imperative proven treatment models are adopted for best outcomes.

The intensive therapeutic community model has substantial evidentiary backing, and has been proven to deliver effective outcomes. While it has been adopted in jurisdictions across Australia and New Zealand, it is not used in Western Australia's prisons.

The National Drug and Alcohol Research Centre (NDARC) reviewed the available research to consider the effect of therapeutic community treatment on criminal recidivism following release from prison:

An evaluation of a TC for incarcerated women found that while 30 per cent of women in a non-treated control group were convicted of another offence following release, only 13 per cent of those who completed the treatment program were reconvicted. (Mosher & Phillips, 2006).¹⁰

The introduction of therapeutic communities in prisons will deliver long term budget and social savings to Western Australia, by reducing the number of people reoffending.

To further support outcomes, WANADA believes that responsibility for corrections alcohol and other drug related services should be transferred to the appropriate health commission. This arrangement would deliver improved: service and re-entry integration; best practice application; and treatment outcomes.

WANADA calls for a commitment from State Leadership to implement the well-evidenced intensive therapeutic community treatment model within WA prisons to reduce recidivism and future crime.

⁸ Western Australian Government, Western Australian Meth Strategy 2016, p. 10.

⁹ Ibid.

¹⁰ Larney, S., Mathers, B. and Dolan, K. (2007), *Illicit drug treatment in prison: Detoxification, drug-free units, therapeutic communities and opioid substitution treatment*, Sydney: National Drug and Alcohol Research Centre. p.16

Stigma and Discrimination

It is well documented that individuals and family members affected by alcohol and other drug use experience considerable levels of stigma.^{11,12}

People with alcohol and other drug use issues typically have complex needs requiring support from a number of health and human services. Stigma, however, creates barriers to service access and retention, reducing effective outcomes.

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

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 co-production and collaboration
- Grow community understanding

Alcohol and other drug early and brief intervention from cross-sector service engagement will result in earlier access to alcohol and other drug treatment and support, reduced harm and cost efficiencies.

WANADA calls for a commitment from State Leadership to lead initiatives that increase access to treatment and support, particularly by supporting cross-sector early intervention and addressing entrenched stigma and discrimination.

The World Health Organisation states that illicit drug dependence is the most stigmatised health condition.¹³ Dependence on alcohol is ranked fourth.¹⁴

¹¹Adlaf 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.

¹²Corrigan 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.

¹³Kelly 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.

¹⁴Ibid.

Demonstrate Commitment

Western Australian communities continue to express clear concern regarding alcohol and other drugs. It is important that the Government continue to publically acknowledge the magnitude of the issue.

In 2016-17, the Western Australian Government is expected to spend around \$62.2 million on alcohol and other drug initiatives and services.¹⁵

In Western Australia alcohol and other drugs policy is guided by two dedicated policy documents, the National Drug Strategy and an Interagency Framework guiding cross-government strategies. These strategies reflect the importance of addressing the social and economic harms of alcohol and other drug issues in the community.

All alcohol and other drug policy and funding is currently managed by the Mental Health Commission, and is overseen by the Minister for Mental Health.

Community views on alcohol and other drug issues is polarised, is often moralised, and therefore politicised. Government needs to demonstrate their responsibility and show informed leadership on alcohol and other drug issues. Commensurate with the community concern and government investment, WANADA calls on parties to publically demonstrate their commitment to addressing alcohol and other drug issues.

WANADA calls for a commitment from State Leadership to recognise community concern, and clearly demonstrate government commitment, by having the titles of the relevant minister's portfolio and government department specifically reference alcohol and other drugs.

¹⁵ Western Australian Government, Mental Health Commission Budget Bulletin 2016/17, p.1.