



Western Australian Network of  
Alcohol & other Drug Agencies

## Alcohol and Other Drug Sector Support Needs to Respond to COVID-19

Version 2, 13 April 2020

WANADA has confidence that the Western Australian alcohol and other drug service sector has sound and rational COVID19 response plans for infection control and to address possible infection introduction.

The alcohol and other drug services are working from the position that they provide “critical” services and are working to ensure continuity wherever possible.

WANADA has developed and will maintain currency of information on alcohol and other drug service availability.

Community Service type	Without these services
<p><b>Withdrawal</b> service are mostly continuing, with “remote” home detox offering increased capacity.</p>	<p>Throughcare to residential will be reduced.</p>
<p>Depending on the specific facilities some <b>residential</b> services have isolation capacity, and quarantine capacity with primary and/or tertiary health support. As a result, residential services are limiting the number of consumers who do not have self-isolation capacity. This includes <b>THASP</b> facilities.</p> <p><b>Prison residential</b> treatment continuity is dependent on Department of Justice infection control measures. There is a need for clarity.</p>	<p>There will be an increased reliance on non-residential services to reduce capacity bottlenecks</p>
<p>With remote work options being applied at <b>non-residential</b> services there need not be significant reductions in capacity, and if there are disruptions to residential, there are staff re-deployment options to add capacity.</p> <p>Continuity of <b>prison in-reach and re-entry</b> services are dependent on Department of Justice infection control measures. There is a need for clarity.</p> <p><b>Court diversion</b> continuity is dependent on capacity of courts to offer social distancing and other infection control.</p>	<p>Significantly increased demand on AODSS; increased harms experienced by people due to systems failure.</p>
<p><b>Harm reduction</b> services are ensuring postal options enable ongoing access to injecting equipment, and dissemination of harm reduction information as the COVID-19 situation changes.</p> <p><b>OST guidelines</b> are needed ASAP, particularly as illicit substance supply may be disrupted and social distancing needs to be supported through guideline flexibility.</p>	<p>Significantly increased harms experienced as a result of systems failure.</p>
<p><b>Sobering-up</b> services are continuing for as long as possible, or repurposing to contribute meaningfully to COVID-19 responses for their communities.</p> <p>Ambulance cover waivers need to be progressed to support critical transport.</p>	<p>Alcohol management options, as a part of for homeless “solutions”, will need to be in place.</p>
<p><b>Patrols</b> are continuing for as long as possible or repurposing functions/facilities to contribute meaningfully to COVID-19 responses for their communities.</p> <p>Transport (mini-bus) infection control measures need to be clarified.</p>	<p>Environmental checks will need to be undertaken by health services.</p>

## Infection Control

- Government agreed guidelines on the use of Personal Protective Equipment (PPE) in a community services setting will support the identification of service needs, although I have confidence many services are being pragmatic about their PPE requirements, and do not expect priority above medical services. Data provided by WANADA previously is a general indicator of PPE requirements.
- Dissemination and centralised line-agency cost coverage of PPEs will be important.
- Access to appropriate staff training and support is needed in:
  - o appropriate use and disposal of PPE
  - o infection control and supporting unwell people onsite, including site management needs and decontamination guidance in the event of a forced building closure. WANADA has circulated existing online training and guidance, including protocols for aged care residential services, however more targeted assistance is required.

## Service Provision considerations and increased expenses

- The sector services have been made aware of funding access options if needed (LotteryWest and line agency)
- Organisations contacted so far by WANADA (on this topic) have indicated insurance cover has been discussed with brokers and have received advice that current premiums are adequate in COVID-19 scenarios (workers compensation and liability).
- Organisations contacted so far by WANADA (on this topic) are aware of communicable disease notification requirements (already in place for other relevant conditions).
- Increased provision of naloxone (to sites already registered to provide) and overdose cards is required, noting increased risk to people self-isolating or homeless.
- Facilities (both service-owned and infrastructure identified by the government) need to be assessed to determine any suitability for repurposing. Assessments of available public infrastructure must include consumer and service representatives.

## Staffing and workforce development

- Staff re-deployment options will need to be considered as the COVID-19 infection phases develop.
- Funding flexibility or additional funding (on an as needs basis) available to support:
  - o staff back-fill to cover additional leave for people related to COVID-19 and any government working requirements (e.g. at-risk staff encouraged or mandated to self-isolate)
  - o additional staff wellbeing training and resources.
- WANADA has consulted with several services regarding the efficacy of a sector 'workforce pool' arrangement to support rapid upscaling of capacity. This was considered impractical given qualification, risk management, supervision and support needs. WANADA has scoped a potential pool arrangement to assist specifically in re-deployment scenarios. This model will be further considered as the situation develops.
- Access to training, guidance and resources, such as:
  - o sector guidelines for use of telephone and video counselling (to standard of 2019 Counselling Guidelines) including resources on building/sustaining the therapeutic alliance remotely; and
  - o development of new/additional resources, such group materials, suitable for phone or online treatment.

## System support issues

- **Communication to services** needs to be coordinated and streamlined to reduce duplication, anxiety and misunderstanding. The WANADA Board support communications to services by MHC to go through WANADA.
- Increased **volatile substance use** has been observed, possibly as a result of reduced access to other illicit substances. A government-service partnership is required to address the issue with local supermarkets, mining companies and related industries.

- **Alcohol campaigns** need to be ramped up and tailored to the current context, as well as for different population groups, to reduce harm.
- **Opioid substitution therapy** guidelines are needed ASAP, with communication to participants developed in partnership with PBHRWA.
- **Supply chains** need to be secured ASAP for:
  - injecting equipment
  - replacement therapies and other relevant medicines (some services report they are limited to purchasing a one-month supply of general medicines)
  - Naloxone
- **Free ambulance cover**
- **Alcohol management** (GP and community awareness and practice at accommodation solutions and for those self-isolating in the community)
- **Health service in-reach** into those services that may be required to isolate or quarantine consumers on site, or which have an increased likelihood of contact with COVID-19 positive people (e.g. sobering up services).
- Increase capacity of the Alcohol and other Drug Support Service (**ADSS**) and the Clinical Advisory Service (**CAS**).
- **Data monitoring** on issues such as use, overdoses, hospital presentations, and police and ambulance call-outs related to substance use.
- Improve **connectivity and bandwidth** in regional Western Australia (a key barrier to the provision of tele-health options).
- Post COVID assessment is needed to determine effectiveness and ongoing relevance of activities implemented during the crisis, e.g. OST and “remote” home detox.