Western Australian Legislative Council: Inquiry into Alternative Approaches to Reducing Illicit Drug Use and its Effects on the Community

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Submission by the Western Australian Network of Alcohol and other Drug Agencies

Leadership drives change

In 1974 Western Australia uniquely established an independent statutory authority (ADA) solely focused on alcohol and other drug policy and planning, and coordinating relevant cross-sector initiatives. This resulted in a central government body that enabled continuous development of specialist knowledge, skills and experience within policy, decision making and service provision.

The National Illicit Drug Strategy (now National Drug Strategy) was first introduced in 1985. The illicit drug policy timeline 1985 – 2016 provides evidence of ongoing reform[1] since the Strategy's introduction. Early years saw major reform implementation, including those that emphasised illicit drug harm reduction as a HIV/AIDS strategy and supported the establishment of drug user organisations. As an example, the needle and syringe exchange program in WA was established in 1987. These early initiatives have resulted in significant cost savings to the community, with some harm reduction services estimated to conservatively save the community $27 in future cost for every dollar spent[2].

Three national research centres were also supported to be established (NDRI established in 1986 and based in WA; NDARC established in 1986 and based in NSW; and NCETA established in 1992 and based in SA). These research centres collectively continue to provide a substantial foundation to inform evidenced policy and effective reform.

34 years since the introduction of the National Drug Strategy there is clear consensus that we, as a nation, are not maintaining momentum towards the goal of harm minimisation[3] – at a time where the community are feeling the impact of drug use more acutely than ever.

Over the years there have been multiple inquiries to provide national, state and territory jurisdictions guidance on implementing improved drug policy, planning and initiatives. In general many of the recommendations, despite repetitive consensus on what is needed, have not been implemented or generated needed change. While many inquiries have been substance-specific (e.g. methamphetamine), WANADA considers the inquiry recommendations and observations to have relevance to all illicit and licit substances.

Stigma associated with drug use impacts on policy, planning and funding decisions. The development and implementation of evidenced based recommendations continue to be subjected to moralised and politicised debate. This often inhibits effective and nationally consistent reform, or has resulted in inaction.

Addressing barriers to reform implementation needs to be central to the Western Australian Legislative Council: Inquiry into Alternative Approaches to Reducing Illicit Drug Use and its Effects on the Community. WANADA believes there is a need for non-partisan political leadership that champions evidenced policy.

There is evidence that community attitudes to drug use issues has shifted – significantly away from a law enforcement response to more treatment.[4] Political leaders need to capitalise on these positive community attitudinal changes.

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[1] Hughes, Caitlin. (2016). The Australian (illicit) drug policy timeline: 1985-2016 Drug Policy Modelling Program. Last updated 15 December 2016. Retrieved from: http://dpmp.unsw.edu.au/reource/drug-policy-timeline

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

[3] Network of State and Territory Alcohol and other Drug Peaks (2015). Submission Response to the Draft National Drug Strategy 2016-2025, p.2

[4] Australian Institute of Health and Welfare (2017) *National Drug Strategy Household Survey 2016: Detailed Findings*, p. 118.

Is this the window for change?

RECENT INQUIRIES AND STRATEGIC DEVELOPMENTS

Over the last few years WANADA has been responding to over 30 relevant WA and national policy and strategic reform processes per year. In the last financial year alone, reports of relevance to the specialist alcohol and other drug service sector that WANADA participated in or supported, generated over 172 recommendations and directions.

Common themes from these reports and recommendations include:

➢ Drug dependence is a health issue

Quotes/recommendations from inquiry or reform documents:

The evidence before the committee reveals a consistent message articulated by alcohol and other drug experts, governments, the [National Ice Taskforce] and law enforcement agencies, that is: a person's drug use is a health issue and for this reason, Australian governments and law enforcement agencies cannot arrest their way out of it.[5]

The Taskforce believes the impact [methamphetamine] has on individuals and families across every part of our society dictates these problems must be approached and managed primarily as health and community issues. The links between disadvantage, ill-health and problematic drug use are beyond dispute.[6]

Recommendation 1: The Victorian Government's approach to drug policy be based on effective and humane responses that prioritise health and safety outcomes…[7]

Supportive quotes from consumers and service provider representatives:

The term "alcohol or drug problem" is too narrow. It's a health problem, but it is associated with a range of complex health and social issues that require careful planning and treatment - Consumer

At a public forum I compared alcohol and drug dependence to diabetes, because both are chronic conditions with acute episodes and high prevalence of relapse. The backlash from making that comment was astounding: the general community just don't understand this, and it is just so discriminating against drug users – Alcohol and other drug service provider representative

For WANADA's position on this issue see **Attachment 1**.

➢ Law reform

Quotes/recommendations from inquiry or reform documents:

[Methamphetamine] use is not a problem we can solve overnight, and not something we can simply arrest our way of.'[8]

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[5] Parliamentary Joint Committee on Law Enforcement (2018). Inquiry into crystal methamphetamine (ice): Final Report, p.3.

[6] Methamphetamine Action Plan Taskforce (2017). Final Report. Government of Western Australia, p.12

[7] Parliament of Victoria Law Reform, Road and Community Safety Committee (2018). Inquiry into drug law reform, p.xx.

[8] National Ice Taskforce (2015). Final Report, p. ii.

While decriminalised drug policies are demonstrated to have a positive impact on health outcomes for drug users, decriminalisation is not a "silver bullet". Reform to decriminalise drug use must occur in conjunction with investment in treatment services to ensure drug users are able to transition into treatment services without delay.[9]

There is a need to treat the offences of drug use and possession of illicit drugs for personal use as a health issue rather than a criminal justice issue, to ensure the timely referral of people apprehended for these offences to treatment and/or other social services as required by their personal circumstances.[10]

The Department is missing opportunities to intervene in prisoner addictions which can lead to further offences.[11]

Supportive quotes from consumers and service provider representatives:

Without addressing this issue nothing is going to change. Legalise drugs, tax them and put the money into preventative measures e.g. more effective parenting, mentoring of our young people and those not so young. – Consumer

There are unrealised opportunities in justice. If we truly want to have a health-focussed approach, then we need to make sure there is a complete suite of diversion, harm reduction and treatment options. Every chance to support someone to access treatment and assistance must be maximised. – Alcohol and other drug service provider representative

For WANADA's position regarding law reform, particularly decriminalisation, justice reinvestment and therapeutic jurisprudence, see **Attachment 2**.

Stigma and community awareness

Quotes/recommendations from inquiry or reform documents:

The use of stigmatising language, especially if it is sensationalised, marginalises drug user by reinforcing negative stereotypes. The result is discouragement of drug users seeking assistance for their alcohol and other drug issues, to their detriment.[12]

Recommendation 8: The Mental Health Commission should work to reduce the stigma associated with methamphetamine use, including:

- *developing specific guidelines on the use of appropriate objective and non-judgemental language regarding substance use disorders, addictions and those who use drugs for health care professionals, law enforcement agencies and public policy makers;*
- *consulting with appropriate agencies to ensure the guidelines are implemented throughout the working practices of these identified groups;*
- *conveying these guidelines to the media; and*
- *involving people who have or have had lived experience of methamphetamine and their families in frontline workforce education and training.*[13]

The Taskforce agrees it is essential that individuals seeking treatment for methamphetamine use and their families can be confident the services they access meet appropriate industry agreed and verified

[9] Parliamentary Joint Committee on Law Enforcement (2018). Inquiry into crystal methamphetamine (ice): Final Report, p.170.
[10] Parliament of Victoria Law Reform, Road and Community Safety Committee (2018). Inquiry into drug law reform, p.xxiv
[11] Western Australian Auditor General (2017) Minimising Drugs and Alcohol in Prisons, p.8
[12] Parliamentary Joint Committee on Law Enforcement (2018). Inquiry into crystal methamphetamine (ice): Final Report, p.58
[13] Methamphetamine Action Plan Taskforce (2018). Final Report, p. 18

quality standards. Such standards are in place in Western Australia for government-funded services, however, are not applicable to those organisations which don't receive government funding.[14]

Supportive quotes from consumers and service provider representatives:

We're not a joke. No-one else with a health condition would accept being treated so poorly when they try to access a GP, pharmacy or other community service, and yet it's somehow justified to vilify and exclude users. - Consumer

We were already addressing comorbidity, and still find it difficult to get the appropriate level of assistance [from mental health services] due to the negative perception of alcohol and other drug use. – Alcohol and other drug service provider representative

We need to include more literacy, social inclusion, societal, stigma/discrimination and behaviour awareness education programs. It's not just about meeting alcohol and other drug treatment needs." - Consumer

People need to know where to go to access quality non-stigmatising services as well as treatment services. – Alcohol and other drug service provider representative

Unless we build community understanding, we face hurdles at every step: people won't agree with a health-focussed approach, they won't support treatment services being built in their area, and people experiencing harms will continue to be isolated. – Alcohol and other drug service provider representative

The best way to address the "not in my backyard" folk is to help them understand the value and quality of what we do, and the benefits we bring to the community. But we can't do it alone – we need governments to step up their efforts to educate. – Alcohol and other drug service provider representative

Community education including a broader, more accessible community conversation around AOD issues is main preventative strategy. – Consumer

It seems anyone can hang up a shingle and call themselves a drug treatment service – and they get media coverage because they use the popular discriminating language. Where are the checks and balances for these services? – Consumer (family member)

For WANADA's position regarding addressing stigma, see **Attachment 3**.

For WANADA's position regarding community awareness and confidence in service delivery, see **Attachment 4.**

- **Meet service demand and balance funding across the three pillars of harm minimisation (demand, harm and supply reduction)**

Quotes/recommendations from inquiry or reform documents:

Evidence in this report demonstrates the benefits of prioritising demand and harm reduction policies over law enforcement policies when it comes to assisting people to reduce of cease their illicit drug use.[15]

Allocating funding in a way that prioritises law enforcement strategies above demand and harm reduction policies runs the risk of undermining the success of Australia's National Drug Strategy. Therefore, the Committee is of the view that the Commonwealth, state and territory governments must

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[14] Methamphetamine Action Plan Taskforce (2018). Final Report, p. 281.

[15] Parliamentary Joint Committee on Law Enforcement (2018). Inquiry into crystal methamphetamine (ice): Final Report, p.119.

continue to re-balance funding across all three pillars of the National Drug Strategy. The AIHW's household survey indicates a high level of public support for such a proposal.[16]

Humanism, pragmatism and the right of people who have problems with their drug use to receive treatment was central to policy and program development.[17]

Despite substantial investments by the federal, state and territory governments, high demand and long waiting lists for accessing alcohol and other drug services remain.[18]

Supportive quotes from consumers and service provider representatives:

It has been several years since the government acknowledged that law enforcement isn't the solution. However the alcohol and other drug service sector remains chronically underfunded. We've had some significant investment – which we welcomed – but there is so far to go if we want to truly meet demand. – Alcohol and other drug service provider representative

Harm reduction, despite clear evidence as to its benefits, remains the poor cousin of harm minimisation. We hear again and again in inquiries and research about the outcomes harm reduction initiatives can deliver, and yet the investment is minimal and the political debate dismisses it out of hand. Stigma is clearly evident in funding decisions, or we would already have enough harm reduction programs including needle and syringe programs in prisons. – Alcohol and other drug service provider representative

Meet the demand for treatment now. Eliminate the wait period when someone finally fronts up for help. - Consumer

We are a specialist service providing evidence-based psychosocial treatments and supports. What we do delivers lasting outcomes. And yet over 60% of government funding goes to law enforcement where time and again it is acknowledged that it is not cost efficient and does not deliver the necessary solution. – Alcohol and other drug service provider representative

The alcohol and other drug treatment system needs a boost of at least $1 billion per year if it is to address unmet demand – Collective national community services campaign

For WANADA's position regarding re-balancing the funding across the three pillars of harm minimisation, and meeting service demand see **Attachment 5**.

- **Review existing strategies and governance arrangements to ensure they align with evidence, support specialist sector development, and offer value for money**

Quotes/recommendations from inquiry or reform documents:

Recommendation 14: The committee recommends that the Commonwealth government refers to the Productivity Commission an inquiry into the costs and benefits of the National Drug Strategy as it is currently implemented.[19]

Recommendation 2: In recognition of the imbalanced investment in drug-related expenditure under the three pillars of demand reduction, supply reduction and harm reduction, the Victorian Government develop a new drug strategy…[20]

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[16] Ibid.

[17] Stevens, A and Hughes, C. (2012) *A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs.* Drug and Alcohol Review, 31 (1). pp. 111.

[18] Parliamentary Joint Committee on Law Enforcement (2018). Inquiry into crystal methamphetamine (ice): Final Report, p.119.

[19] Ibid.

[20] Parliament of Victoria Law Reform, Road and Community Safety Committee (2018). Inquiry into drug law reform, p.xx.

Supportive quotes from consumers and service provider representatives:

> *We've had numerous strategies and sub-strategies from both the Commonwealth and State Governments. It would be useful to see whether these have translated into the desired change.* – Alcohol and other drug service provider representative
>
> *For whatever reason governments repeatedly put initiatives or "reform" in place that short cut the evidence base. These always result in perpetuating the status-quo or at worst result in inadvertent consequences and end up costing more money.* – Alcohol and other drug service provider representative
>
> *Governments are more willing to discuss reform and whole-of-government responses. If we're going to improve how we do things, now is always the window of opportunity*. – Alcohol and other drug service provider representative
>
> *Stigma of drug users translates into stigma of the sector. We are a specialist sector and yet government doesn't take advantage of, or trust our specialist knowledge.* – Alcohol and other drug service provider representative

➢ Improve cross-government and cross-sector policy linkages

Quotes/recommendations from inquiry or reform documents:

> *A lack of effective coordination and integration between State and Commonwealth Governments, local government and non-government organisations is a key factor contributing to poor outcomes. A focus on funding and investment, to the exclusion of effective engagement, has evidently not led to better outcomes.*[21]
>
> *What the Taskforce heard from stakeholders and the findings of several recent, significant government inquiries and reports, confirms the need to collaborate and coordinate in order to more effectively deliver services and better meet the needs of users.*[22]

Supportive quotes from consumers and service provider representatives:

> *Stop telling me I have complex issues. It's the system of services that are complex. Whatever is needed - policies, more flexible contracts – surely in this day and age they can work it out.* – Consumer
>
> *Everyone says alcohol and other drugs are everyone's business. Every government body talks about alcohol and other drugs differently – there is no cohesion.* – Alcohol and other drug service provider representative
>
> *Alcohol and other drugs co-occurs with such a wide range of health and social issues, but its role isn't always recognised. Look at the Close the Gap Strategy – where is there recognition of the need to address the harmful impact of alcohol and drug use? The lack of a comprehensive approach in some government strategies is inexcusable.* – Alcohol and other drug service provider representative

For WANADA's position regarding cross-sector policy linkages, see **Attachment 6**.

[21] Government of Western Australia (2017) Department of Premier and Cabinet. Working Together. One public sector delivering for WA. Service Priority Review Final Report, p 55.

[22] Methamphetamine Action Plan Taskforce (2018). Final Report, p. 252.

➢ Peer based and led initiatives, co-design and co-production

Quotes/recommendations from inquiry or reform documents:

The reason consumer participation is not only encouraged but in many instances mandated, is because evidence shows that engagement with consumers produces better quality health services, greater accountability and opportunities for continuous improvement.[23]

The Taskforce has formed the view that peer-based approaches to reducing harm for people who use methamphetamine represents an under-utilised opportunity to improve health and well-being, avoid the acute tertiary health care impacts of methamphetamine use, and support longer-term help seeking behaviour.[24]

It was suggested that while other services may speak the language of peer-based intervention, from the drug user organisations' perspective the key is that peer education and treatment support is "done with, not done to" their communities.[25]

When implemented alongside other harm reduction initiatives, such as needle and syringe programs and opioid substitution therapy, peer-based responses of the community of people who use drugs in Australia has achieved some globally significant results…[26]

There is an opportunity to use community-based initiatives to empower local residents to become active players in the process of community change.[27]

Supportive quotes from consumers and service provider representatives:

If you want to make sure an initiative is going to deliver what is intended, you need to plan and deliver it with the experts: those who have done the research; those who will deliver the program; those who will access the program; and the community in which the program is to take place. – Alcohol and other drug service provider representative

Consumers must be central to the design and delivery of all projects that affect them. Otherwise you risk poorer outcomes and unintended consequences. – Consumer

Without peer-driven initiatives, there is no ownership, and wasted opportunities to support empowerment. – Alcohol and other drug service provider representative

For WANADA's position regarding co-design and co-production, see **Attachment 7**.

➢ Support trials of evidence informed initiatives, including trend watch

Quotes/recommendations from inquiry or reform documents:

Five recommendations from the Victorian Inquiry into Drug Law Reform seek the commencement of trials on topics as broad a drug checking, promoting best practice, opioid substitution therapy and medicinal cannabis.

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[23] New Horizon, p.350.

[24] Methamphetamine Action Plan Taskforce (2018). Final Report, p. 166.

[25] Ritter, Alison et al. (2014) New Horizons: The review of alcohol and other drug treatment services in Australia. National Drug and Alcohol Research Centre, p.353

[26] Ms Annie Madden, Executive Officer, AVIL, *Committee Hansard*, 25 November 2015, pp 6–7. Cited in Parliamentary Joint Committee on Law Enforcement (2018). Inquiry into crystal methamphetamine (ice): Final Report, p.86

[27] National Ice Taskforce (2015) Final Report, p. 105

The Taskforce considers that Western Australian Government support for alcohol and other drug research should be a priority for improving clinical care. This should be viewed as an innovation and could be managed within existing Department of Health governance structures.[28]

Recommendation 41: The Department of Health and the Department of Justice introduce needle syringe exchange programs in Western Australian prisons, as part of the response to the Auditor General recommendation that "The Department of Justice review current treatment approaches to demand and harm reduction, to ensure they are up-to-date and able to meet the diverse needs of prisoners.[29]

Supportive quotes from consumers and service provider representatives:

WA and Australia, are far too slow in adopting best practice overseas projects, we are always seen as bringing up the rear. We need affirmative action. There is no easy fix. We should put trial projects in place then move on if it doesn't work. – Consumer

Why wouldn't there be support for pill testing at festivals. What they are currently doing [law enforcement approach] clearly isn't preventing deaths. – Consumer

It is topical at the moment and Pill Testing Australia has a charter, with a growing number of signatories from the sector. I don't care about the front and back of house argy bargy – a harm reduction focus is needed full stop. - Alcohol and other drug service provider representative

Today it is methamphetamine tomorrow it is likely to be another drug. Information about these drugs as soon as possible prevents deaths and harms as well as enables the sector to remain relevant and agile. - Alcohol and other drug service provider representative

- **Culturally secure policy and services**

Quotes/recommendations from inquiry or reform documents:

The Taskforce believes that more Aboriginal-specific and culturally competent mainstream alcohol and other drug services are required to enable Aboriginal people to both access and successfully undertake treatment for alcohol and other drug use, including methamphetamine dependency.[30]

Recommendation 22: The Commonwealth, state and territory governments, in close consultation with Aboriginal Community Controlled Organisations and communities, should take steps to improve access to integrated, evidence-based, culturally appropriate services for Indigenous Australians.[31]

All alcohol and other drug and mental health services should be LGBT[QI] sensitive with 'an adequately trained workforce, culturally appropriate services and a non-judgmental attitude by all staff across a service'.[32]

Recommendation 43: The Mental Health Commission in consultation with the Office of Multicultural Interests and CaLD communities, within 12 months, undertake and report on further research and

[28] Methamphetamine Action Plan Taskforce Final Report, p. 267
[29] Methamphetamine Action Plan Taskforce Final Report, p. 216
[30] Methamphetamine Action Plan Taskforce Final Report, p.196.
[31] National Ice Taskforce Final Report, p.136.
[32] Ritter A., et al, (2012) National Drug and Alcohol Research Centre Monograph No. 23: Prevalence of and interventions for mental health and alcohol and other drug problems amongst the gay, lesbian, bisexual and transgender community: A review of the literature, p. 130. Cited in Methamphetamine Action Plan Taskforce Final Report, p. 220.

consultation on drug use, its impact on CaLD communities and approaches to address issues identified.[33]

Supportive quotes from consumers and service provider representatives:

We have supported community calls for an Aboriginal-specific residential service in the South of the State for more than 15 years. – Alcohol and other drug service provider representative

The evidence base is culturally blind. We need to build a culturally secure evidence base that informs Aboriginal-specific service delivery. This could include topics like the therapeutic benefits of connections with land, culture and community. – Alcohol and other drug service provider representative

WANADA is currently undertaking a range of activities regarding culturally secure service delivery, which it would be happy to detail with the Inquiry Committee.

➢ Data and outcomes

Quotes/recommendations from inquiry or reform documents:

The impetus for an increasing focus on outcomes measurement at a service level comes from both service providers and funders. Service providers are seeking to deliver the best service to their clients, as well as better understand and communicate their effectiveness more broadly, and funders of services (governments and philanthropists) are looking to measure the impact of their funding or investment.[34]

Supportive quotes from consumers and service provider representatives:

We understand the value of data. Good data and outcomes would help our service to be more agile and responsive to trends and community needs, and would enhance our contribution to local decision making. – Alcohol and other drug service provider representative

I want the forms and surveys I fill in to contribute to improving my care, and for others who access the service. - Consumer

There's a recognition in management of the critical need for relevant data. Some organisations may have the capacity to develop it, but not all. For us, it would mean taking someone away from the front line. – Alcohol and other drug service provider representative

For WANADA's position regarding data and outcomes, see **Attachment 8**.

COMPREHENSIVE SYSTEM OF SERVICES

WANADA supports the intent of most inquiry recommendations within the above themes. WANADA advocates, however, that delivering on such recommendations, or to ensure effectiveness and efficiency, requires a comprehensive systemic approach to sector development.

For more detail on WANADA's position see **Attachment 9.**

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[33] Methamphetamine Action Plan Taskforce Final Report, p.225.

[34] Methamphetamine Action Plan Taskforce Final Report, p.276.

SERVICE PLANNING

WA is one of only two Australian jurisdictions to conduct a service expansion planning based on the Commonwealth's population planning model (the DASPM). The subsequent Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 highlights significant gaps in services to meet community demand.

The strength of the ten year plan, from WANADA's perspective, is that it challenges the influence of stigma in funding decisions. For example stigma is most acutely evident in inadequate funding for harm reduction services - with less than 2% of needed services in place to meet demand[35] despite evidenced health and social benefits and cost savings.

As a result of the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 some needed service expansion has been realised and welcomed, by the community and the sector. WANADA has welcomed tri-partisan support for the ten year plan, and the continuation of commitment for the plan beyond an election cycle.

The WAPHA, however, generated a separate duplicative service planning model and process. These were developed with inadequate sector and community consultation, and at considerable cost. There is a need for a coordinated approach to service planning within Western Australia.

[35] Mental Health Commission (2015) Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, p.105

About WANADA

WANADA welcomes the opportunity to provide a submission to the Inquiry into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community (the Inquiry).

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.

WANADA's vision is for a human services sector that significantly improves the health and wellbeing of individuals, families and communities by addressing issues associated with alcohol and other drug use. WANADA leads a shared voice within the specialist alcohol and other drug sector that drives positive change.

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.

This submission has been informed by consultation with:

- the Western Australian specialist alcohol and other drug service sector;
- the Alcohol and other Drug Consumer and Community Coalition; and
- alcohol and other drug service consumers.

A Health Focused Approach – WANADA's position

Population Health

Harmful drug use is often a result of, and contributor to, social issues and adverse life experiences that are included within the social determinants of health.

It is important that a population-level approach to drugs is undertaken to build resilience, maximise protective factors, minimise risk factors and provide support to individuals, families and communities impacted by illicit drugs.[36]

Central to effective population approaches is supporting social connectedness, rather than targeting or isolating individuals. To facilitate connection and best address issues in the community, initiatives must be locally led and co-designed. This supports community pride, social inclusion and collective ownership of positive change.

> **Recommendation: Effective community driven, evidence-based population health initiatives that build inclusive, healthy and resilient communities need to be supported and resourced.**

Primary Health

Drug dependence often co-occurs with other chronic and acute and health issues.

While alcohol and tobacco contributes significantly to the burden of disease and injury, other drug use were responsible for 1.8% of the total burden in 2011. Drug use accounted for 55% of the liver cancer burden, 52% of the chronic liver disease burden, 44.6% of the Hepatitis B (acute) burden, and 82% of the Hepatitis C (acute) burden.[37]

Hepatitis C in particular is a major public health challenge to the health system. At least half of those infected with hepatitis C will go on to experience liver disease, with 20 percent developing cirrhosis after 40 years of infection.[38] Injecting drug users are at extremely high risk of hepatitis C infection. Approximately 90 percent of transmissions are attributable to drug injection.[39] WANADA has developed a position paper on hepatitis C.[40]

Improved relationships between the specialist alcohol and other drug service sector and the primary health system can support improved capacity of services to deliver improved person centred care for service users[41] and sustainable outcomes for those experiencing primary health related harms associated with drug use.

> **Recommendation: Strategies for improved partnership building and care coordination between primary health services and specialist alcohol and other drug services need to be identified and implemented.**

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[36] Public Health Association of Australia (2017) Policy-at-a-glance – Illicit Drug Policy. https://www.phaa.net.au/documents/item/2553

[37] Australian Institute of Health and Welfare (2016) Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011, p. 177-8.

[38] Dore, G. J., Freeman, A. J., Law, M. & Kaldor, J. M., (2002). Is severe liver disease a common outcome for people with chronic hepatitis C?, Journal of Gastroenterology and Hepatology, 17, 423-430.

[39] National Centre in HIV Epidemiology and Clinical Research, (2002). HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2002, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Sydney.

[40] WANADA (2018). *Hepatitis C Position Paper*

[41] By service user, WANADA refers to people who are accessing services for their own or another's drug use concerns.

Tertiary Health

Harms associated with alcohol, tobacco and other drug use are a leading cause of illness and hospital admissions. Emergency departments in particular are significantly impacted by the harms associated with drug use. Approximately 13.1% of all health care costs related to methamphetamine occurred in the Emergency Department. [42]

It is well recognised that there is an opportunity to provide more effective responses to alcohol and other drug associated harms within hospitals and emergency departments, including screening, brief intervention, harm reduction, and referral to specialist services.[43]

There would be significant cost savings if practices were systemically adopted and resourced. For example, in one study, adolescents with an alcohol and other drug related presentation to emergency departments who received a brief intervention and referral had lower costs ($22 vs. $227) and lower rates of emergency department mental health and alcohol and other drug presentations.[44]

Detoxification and medically assisted withdrawal is the first step for many people seeking treatment and support for alcohol and other drug dependence. These services are often required before entry into specialist alcohol and other drug residential rehabilitation services for long term intensive psychosocial treatment. There remains a gap in the availability of detoxification and medically assisted withdrawal services, particularly in regional Western Australia.

The complexity of providing detoxification and medically assisted withdrawal requires coordination between health services, hospitals and specialist alcohol and other drug services. Currently, not all hospitals (particularly those in regional areas) have the willingness, confidence or capacity to deliver these services.

WANADA considers the Department of Health's Alcohol and Other Drug Withdrawal Management Policy (Effective from 10 August 2017) as a promising first step. The policy aims to ensure appropriate clinical care, referral pathways, improved service access and continuity of care. The absence of support for implementation impacts on the ability of the policy to effect positive change.

> **Recommendation: Identify and resource effective alcohol and other drug screening, intervention, referral and service navigation that is relevant to tertiary health providers.**

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[42] Nicosia, N., Pacula, R.L., Kilmer, B., Lundberg, R., Chiesa, J., (2009) *The economic cost of methamphetamine use in the United States*, 2005, Monogra ph 829. Santa Monica, CA, RAND Corporation. Cited in NDRI, 2016. *The Social Costs of Methamphetamine in Australia* 2013/14.

[43] Ezard, N., (2015). *Effective Strategies to address methamphetamine problems in primary care, emergency departments and hospital settings*, Paper presented at The NCETA National Methamphetamine Symposium, 12 May, Melbourne

[44] Tait, R.J., Teoh, L., Kelty, E., Geelhoed, E., Mountain, D. and Hulse, G.K., (2016). *Emergency department based intervention with adolescent substance users: 10 year economic and health outcomes*. Drug and Alcohol Dependence, 165, pp. 168-174.

Law Reform – WANADA's Position

Given the current criminal penalties attached to illicit drug possession and use, the justice system has a significant and resource-intensive role in contributing to the State's current approach to harm minimisation.

Imprisonments of adults on illicit drug offences in WA increased almost 70% between 2012 and 2017.[45]

A 2008 review found that more than 80% of prisoners and offenders appearing before the courts in WA had substance use problems.[46]

Recidivism rates in WA have averaged 40 to 45% in the past decade, with problematic substance use identified as one of three factors most strongly linked to recidivism.[47]

It costs $307 a day to imprison an adult, and $991 to imprison a child.[48]

Western Australia has one of the most punitive approaches to sentencing policy and practice. This approach is not as a result of public attitude, rather it is a function of political will.[49] This underlines the importance of leadership from all sides of politics in refining the current sentencing arrangements to better reflect community attitudes to addressing drug use,[50] acknowledge that drug dependence is a health issue, and to optimise access to alternatives to criminal penalties.

Barriers to service access

There is further opportunity to optimise the justice system's contribution to a cost-effective, health-focused policy direction. There is a need to ensure that the legal system does not inadvertently risk increasing harm and complicating a person's access to harm reduction initiatives. All relevant legislation requires review.

For example, amendments in 1994 to the Poisons Act 1964 provided a legal defence for persons participating in approved needle and syringe programs.[51] This legal defence, however, does not extend to users transporting used needles to programs, creating a technical barrier to service access.

Recommendation: Undertake a systemic review of all relevant legislation to ensure that stigma and other barriers to service access are identified and addressed.

Diversion

WANADA believes decriminalisation appropriately reflect drug use as being a complex health and social issue.

Western Australia's approach to decriminalisation remains important, but modest. There are a number of "by practice" (de facto) decriminalisation reforms currently operating in the State, in the form of police and court diversion, where criminal penalties can be either avoided or lessened in practice. Western Australia

[45] Western Australian Department of Justice (2017), *Adult Prisoners in Custody Quarterly Statistics: March Quarter 2017,* p.12.

[46] Forensicare (2008) Western Australian State Forensic Mental Health Services Review 2008, p 9.

[47] Officer of the Inspector of Custodial Services (2014), *Recidivism Rates and the Impact of Treatment Programs*, p.i.

[48] Social Reinvestment Western Australia (2017), *Social Reinvestment WA Snapshot Data: The Issue*, https://www.socialreinvestmentwa.org.au/the-issue/ Accessed 7/12/2018.

[49] Roberts, L., Spiranovic, C., and Indermaur, D. (2001), 'A country not divided: a comparison of public punitiveness and confidence in sentencing across Australia', *Australian & New Zealand Journal of Criminology*, vol. 44(3), pp.370-386.

[50] Australian Institute of Health and Welfare (2017) *National Drug Strategy Household Survey 2016: Detailed Findings*, p. 118.

[51] Department of Health, Return on Investment in Needle and Syringe Programs in Australia Report: Western Australia http://www.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-return-1-rep-toc~illicit-pubs-needle-return-1-rep-app~illicit-pubs-needle-return-1-rep-app-a~illicit-pubs-needle-return-1-rep-app-a-wa Accessed 21/12/18

does not currently have decriminalisation reform categorised as "by law" (de jure), where criminal penalties are removed, replaced with civil penalties, or replaced with administrative penalties, which have been assessed as having a number of positive outcomes. [52]

A number of evaluations of diversion (both police and court types) have identified a range of positive outcomes. Previous national evaluation and jurisdictional comparison identified that police drug diversion resulted in 70-86% of first time offenders not returning to the justice system within 18 months, and 53-66% of prior offenders committed fewer offences after diversion than in the period before.[53] Further research has been identified as required to determine the longevity of these outcomes and the need to combine both criminal justice and health outcomes to ensure a comprehensive evaluation.[54]

Evaluations also suggest that Aboriginal people are less likely than non-Aboriginal people to be referred to diversion programs and may be less likely to complete them.[55] This raises questions regarding access barriers to diversion and the absence of specific programs that are designed exclusively to meet the needs of Aboriginal offenders

It is important that the justice system is configured in such a manner that costs are minimised, and outcomes are sustained. Central to this is ensuring that there are sufficient diversion initiatives, and pre-and post-sentencing options to reduce alcohol and other drug harms. It is important to review current diversion and decriminalisation initiatives to ensure that:

- accessibility, specifically for at-risk population groups, is maximised;
- diversion programs are designed to optimise engagement and outcomes;
- any gaps in the current suite of diversion and decriminalisation initiatives are identified and addressed; and
- relevant initiatives from other jurisdictions, such as Work Development Orders and Community Justice Centres, are considered for local implementation.

Recommendation: Evaluate current decriminalisation activities, particularly diversion programs, with a focus on identifying barriers to access and improved health and wellbeing outcomes.

In-Prison Harm Reduction, Treatment and Support

Current justice system arrangements regarding illicit drug use, and the number of imprisonments on illicit drug offences, result in increased pressure on the availability and accessibility of services within the corrections systems.

WANADA notes the State Government had undertaken activity in 2016-17 to assess corrections health service governance arrangements through the Justice Health Project. It is imperative that this assessment is made public (considering community sector input) and considered alongside other government reform activities, to ensure a system-wide health focus. There are variations in governance models for corrections health services across state and territory jurisdictions, providing an opportunity to evaluate the benefits and risks of different models. The provision of health services in corrections has significant implications for the continuity of care for individuals transitioning between community/ corrections settings.

Recent reports have identified significant barriers to accessing harm reduction, education, treatment and support for alcohol and other drug use within the correction system. The Office of the Auditor General's Report Minimising Drugs and Alcohol in Prisons (November 2017) found that "more needs to be done to reduce drug and alcohol demand and the harmful effects"[56], and noted the limited access to assessments and programs. For harm reduction and treatment programs in prisons, the Auditor General found the current

[52] Hughes, C., Ritter, A., Chalmers, J., Lancaster, K., Barratt, M. & Moxham-Hall, V. (2016). Decriminalisation of drug use and possession in Australia – A briefing note, p.3
[53] Payne, J., Kwiatkowski, M., and Wunderstiz, J., (2007) *Police Drug Diversion: A study of Criminal Offending Outcomes.* Australian Institute of Criminology Research and Public Policy Series 97, p.iii.
[54] Ibid.
[55] Joudo, J., (2008) *Responding to substance abuse and offending in Indigenous communities: review of diversion programs*. Australian Institute of Criminology Research and Public Policy Series NO.88. p. iii.
[56] Office of the Auditor General WA (2017) Report 22: Minimising Drugs and Alcohol in Prison, Key Findings. Accessed 19 December 2018 at https://audit.wa.gov.au/reports-and-publications/reports/minimising-drugs-alcohol-prisons/key-findings/

performance to be a “missed opportunity to educate prisoners about safer practices that can lead to better health outcomes”.[57]

WANADA recognises that there has been progress since the release of the Auditor General’s Report. WANADA has welcomed the investment in alcohol and other drug treatment in Wandoo, and supports consideration of treatment within a dedicated unit at Casuarina.

There remains opportunity to further complement this funding with other initiatives that will deliver improved health and wellbeing outcomes. In particular, these include improved harm reduction programs to support safer practices, and the introduction of needle and syringe programs within correction facilities. Both these issues formed a recommendation in the Methamphetamine Action Plan Taskforce Final Report.[58] It is important that evidence, and the principle of equitable access, as stated in the *WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025*[59] guides any drug program development within the justice system.

Recommendation: Examine harm reduction, treatment and support program availability within corrections systems, and prioritise investment to address identified service gaps.

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[57] Office of the Auditor General WA (2017) Report 22: Minimising Drugs and Alcohol in Prison, Key Findings. Accessed 19 December 2018 at https://audit.wa.gov.au/reports-and-publications/reports/minimising-drugs-alcohol-prisons/key-findings/

[58] Methamphetamine Action Plan Taskforce (2018) Final Report, pp.23-24

[59] Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025.Perth, Western Australian Mental Health Commission. Page 11

Addressing Stigma and Discrimination – WANADA's Position

The World Health Organisation states that illicit drug dependence is the most stigmatised social and health condition.[60] The stigma of drug use is pervasive, significantly impacting individuals, families, communities and minority population groups.

People affected by problematic drug use typically have complex needs requiring support from a number of health and human services. Stigma reduces opportunities for treatment and support, impedes help seeking behaviour, and results in discriminatory practices that inhibit access to services.[61]

People who experience stigma are less willing to engage in government policy and program development. The absence or limitation of this voice means that an important perspective is not considered.

Stigma impacts on funding to the sector and therefore enough services to meet demand. There is a lost opportunity to optimise service access, prevent and reduce harm, and deliver services to people before issues become more acute, complex and costly.

There has been a notable shift in community perceptions regarding alcohol and other drugs over the past decade, with a majority of people now supporting education and treatment (as opposed to law enforcement) responses to alcohol and other drug use issues.[62]

This positive shift in popular sentiment has been mirrored by multiple inquiries and research[63] that also recognise the importance of addressing stigma. Unfortunately, this is yet to translate into substantive, systemic action.

The stigma and discrimination associated with drug use is acknowledged as a priority in a number of State and Federal strategies and inquiry reports. Resources are needed to translate this position into a planned approach to addressing stigma and enhancing service access across all sectors.

Recommendation: Deliver comprehensive and systemic responses that address drug related stigma across government policy, service delivery, and the community.

[60] 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.

[61] Global Commission on Drug Policy (2017) The World Drug Perception Problem, Countering Prejudices about people who use drugs, p.28. http://www.globalcommissionondrugs.org/reports/changing-perceptions/ Accessed 17/12/18

[62] Australian Institute of Health and Welfare (2017) *National Drug Strategy Household Survey 2016: Detailed Findings*, p. 118.

[63] See WA Methamphetamine Action Plan Taskforce (2018) Final Report, Chapters 5.1-5.2; Parliament of Victoria Inquiry into Drug Law Reform (2018), pp.97-113; Joint Committee on Law Enforcement Inquiry into Crystal Methamphetamine (ice) (2018), pp.80-85.

Community Awareness and Confidence in Service Delivery – WANADA's Position

Community awareness

Currently, WANADA operates the Green Book Service Directory (both online and in print), the purpose of which is to build cross-sector awareness of specialist alcohol and other drug services and support improved referral practices. WANADA is currently reviewing the Green Book, to determine improvements that best support service awareness by cross sector services and professionals, and appropriate referral.

WANADA is aware the MHC is developing a separate online service directory, to support community awareness.

Comprehensive awareness initiatives

It is WANADA's position that broad community awareness of quality services requires a comprehensive approach. This includes resources to support service sector promotion and education.

The community also need to be made aware of barriers to service access, including inadequate services to meet community needs, and what they can expect from different service types to support an awareness of what services would best meet their needs.

> **Recommendation: Identify effective sector promotion initiatives that would assist community awareness and understanding of the predominantly not-for-profit, diverse specialist alcohol and other drug services.**

Building community confidence in quality, accountable services

It is important that communities, funding bodies and referring services have confidence in the quality of alcohol and other drug service provision.

Government funded alcohol and other drug services are required to be certified under a recognised accreditation standard, typically a management systems standard and/or industry specific standard. This support community confidence in the service's quality, accountability and application of evidence based practice.

There are a number of alcohol and other drug services not in receipt of government funding in Western Australia, that are not subject to the requirements to be certified under a relevant accreditation standard.

Current legislative arrangements for the Licencing and Accreditation Regulatory Unit (*Private Hospitals and Health Services Act 1927; Hospitals (Licensing and Conduct of Private Hospitals) Regulations 1987*; and *Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997*); or the Mental Health Commission (*Alcohol and Other Drugs Act 1974*) do not include a legislative basis to ensure the quality of alcohol and other drug services that are not funded by government.

WANADA recognises that efforts are currently underway at a National and State level to establish a National Quality Framework. WANADA believes that these activities are essential.

> **Recommendation: Introduce effective regulation of services that are not funded by government to ensure quality, accountability and the application of evidence-based practice.**

Balanced investment to meet service demand – WANADA's Position

There are insufficient alcohol and other drug services to meet demand. Nationally, it is conservatively estimated that 200,000 to 500,000 people are unable to access alcohol and other drug treatment services.[64] Within Western Australia, meeting projected demand in 2025 will require significant investment across all service types:[65]

Service Type	Measure	2015[66]	2025
Prevention	Hours ('000)	66	208
Harm Reduction and personal support	Hours ('000)	5	258
Community/Diversion Forensic Services	Hours ('000)	50	163
Non-residential community treatment	Hours ('000)	565	2,060
Low Medical Withdrawal	Beds	14	52
High/complex medical withdrawal	Beds	22	98
Residential Rehabilitation	Beds	344	772
Post residential rehabilitation	Hours ('000)	12	57

A balanced approach is required

Historically, funding to address drug use has prioritised law enforcement. Multiple inquiries have identified the need for a more balanced approach, to deliver improved health and wellbeing outcomes. For example, The National Ice Taskforce Final Report identifies this by stating that the government must "balance our efforts in law enforcement with action to curtail the demand for ice".[67]

Alcohol and other drug services have an important and unique role in contributing to improving social and health determinants. 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, and build community wellbeing and resilience.

Benefits of more balanced investment

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

- increase community awareness of and confidence 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.

Recommendation: Improve levels of investment across prevention, treatment and harm reduction initiatives to deliver increased social and economic returns to the community.

[64] : Ritter et.al. (2014) New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia, 2014, p.13.
[65] Mental Health Commission (2015) Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, p.105
[66] Achievements by 2017 against the WA Mental Health, Alcohol and other Drug Services Plan 2015 – 2025 are yet to be reported on.
[67] National Ice Taskforce (2015) Final Report of the National Ice Taskforce. Commonwealth of Australia, 2015. P.iv

Cross-Sector Policy Linkages – WANADA's Position

An interagency approach to planning, policy and co-ordination

Western Australia is one of the few jurisdictions to have a long-term, established interagency mechanism focused specifically on alcohol and other drug issues. The Interagency Strategy is intended to facilitate cross-government approaches to address the complexities of drug use, across multiple portfolios.[68]

The Western Australian Alcohol and Other Drug Interagency Strategy has the potential to be a prominent demonstration of the State Government's commitment to delivering connected, evidenced, cost efficient initiatives in an environment of cross-sector reform.

The State Government's intent to continue this systemic approach is to be commended. Effective utilisation of an interagency approach to alcohol and other drug issues has the potential to realise significant cost savings. Inadvertent consequences of cross-sector policy decisions could also be avoided by effective coordination across multiple government agencies.

A new interagency approach is required

While coordination and collaboration are essential, existing structures impede their realisation, and result in fragmentation and barriers to outcomes.[69]

The latest Interagency Strategy is yet to be formally released. Its launch would provide a timely opportunity to highlight the importance of maintaining an interagency approach to address complex health and social issue. The release of the Interagency Strategy must be accompanied with additional investment to support an expansion of the Drug and Alcohol Senior Officers Group's (DASOG) activities, support the engagement of additional relevant government agencies in DASOG, and facilitate increased sector involvement.

Targeted investment will clearly demonstrate a partnership approach across all government agencies and the non-government service sector to address alcohol and other drug related harms.

> **Recommendation: Strengthen, extend and resource the Western Australian Alcohol and Other Drug Interagency Strategy to address all government planning and activities where alcohol and other drug use is a factor.**

[68] Mental Health Commission (2017) The Western Australian Alcohol and Drug Interagency Strategy 2017-2021 Consultation Draft, p.6.
[69] Methamphetamine Action Plan Taskforce (2018) Final Report, p.246.

Co-Design and Co-Production – WANADA's Position

Benefits of co-design

Rigorous co-design must underpin the development and implementation of all initiatives.

Any health and social focused system must ensure alcohol and other drug consumers, service users and specialist service providers are engaged as equal partners with State Government agencies. Effective co-design will deliver improved:

- person-centered service delivery;
- pathways and a continuity of care;
- consumer and service user outcomes; and
- value for money, through efficient service design that reflects needs and expectations.

WANADA notes that the National Safety and Quality Health Service (NSQHS) Standards (second edition) were endorsed by Health Ministers and launched in 2017. These Standards include provisions that aim to ensure that consumers are partners in the design, delivery and evaluation of healthcare systems and services; and that service users are given the opportunity to be partners in their own care.

This sentiment is evident in:

- WANADA's Standard on Culturally Secure Practice released in 2012 (under review and 2nd edition due for release July 2019); and
- the Mental Health Commission's *Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025 and Toolkit*.

Systemic support for co-design and co-production

A large proportion of people presenting to other sectors, such as health, law enforcement and other human services, experience alcohol and other drug associated harms. It is imperative that alcohol and other drug consumers, including family members, are supported to meaningfully participate in co-design processes to ensure these services meet their needs and do not inadvertently increase harm or establish barriers to service access or sustainable outcomes.

Peer-lead initiatives require an enhanced emphasis to demonstrate a true commitment to co-design.

Consumer systems advocacy and advisory bodies ensure people are valued for their experiential knowledge and contribution to policy, planning and service design and delivery. These organisations: enhance individual consumer capacity to participate; support service capacity to co-design practices; ensure consumer input into policy, planning and decision making; and provide a consumer-led community platform for greater systems advocacy.

In June 2018 the Alcohol and Other Drug Consumer and Community Coalition (AODCCC) was successfully incorporated. The AODCCC's purpose is to promote the interests, education and welfare of those affected by alcohol and other drug use. The organisation has been widely supported by individuals across multiple communities and sectors in WA.

> **Recommendation: Identify appropriate resourcing for effective systemic consumer advocacy, including engagement in peer-led co-design, planning and policy.**

Data and Outcomes – WANADA's Position

The importance of data and outcomes

Urgent investment in alcohol and other drug service data and outcomes measurement is of critical importance in the current service delivery, policy and reform environment. Data and outcomes is central to:

- maintaining community confidence in service provision and government initiatives;
- underpinning transparent procurement processes and decisions;
- demonstrating social return on investment;
- informing policy and planning, including collaboration priorities;
- measuring the outcomes of government initiatives;
- informing service organisation continuous quality improvements;
- building on evidence-based practice;
- informing targeted service design reflective of changing community needs; and
- giving people better information upon which to make service choices.

There are significant challenges in the capacity of the current data collection and analysis system, warehoused through the Service Information Management System. The current data management system ensures a collective approach, however it is outdated and inflexible. Consequently it is inadequate to meet current government, service provider or community requirements. Addressing these challenges is critical to effective service planning and delivery.

The Methamphetamine Action Plan Taskforce Inquiry considered the importance of data and outcomes to government, service providers, and consumers.[70] Actioning its recommendation[71] to review the current system to identify and implement improvements is an essential first step in improving the system so as to support sustainable outcomes.

Sector priority

From the sector's perspective, it is important that the development of improved data infrastructure is prioritised, along with the creation of an outcomes framework specifically tailored to provide a range of validated measures to support the sector's evaluation of outcomes for individuals, organisations and systems/ collaborations.

> **Recommendation: Resource the development and implementation of both an effective alcohol and other drug data and outcomes framework and infrastructure.**

[70] Methamphetamine Action Plan Taskforce (2018) Final Report, pp.273-277

[71] Methamphetamine Action Plan Taskforce (2018) Final Report: Recommendation 55 – "The Mental Health Commission works with the Western Australian Network of Alcohol and other Drug Agencies and other drug agencies to review the current data collection and analysis system, warehoused through the Service Information Management System, to identify and implement improvements that enable the capture and demonstration of outcomes and support improved quality of specialist alcohol and other drug services."

A Systemic Approach to Sector Development – WANADA's Position

Centre of Sector Capacity Building and Coordination

The Western Australian alcohol and other drug service sector comprises a variety of services of varying capacity that provide a wide range of specialist services to communities throughout the State. The environment in which these services operate is complex, and requires across-sector inter-connectedness and continual adaptation.

The system of services would benefit from a Centre of Sector Capacity Building and Coordination. This Centre would support the continued advancement of the alcohol and other drug service sector's quality and capacity, as well as systematically supporting the capacity of all relevant human services to address alcohol and other drug related issues. The Centre would also complement systemic reform and the current State and Federal Governments' focus on quality, evidence-informed service delivery.

A Centre of Sector Capacity Building and Coordination would facilitate equitable access to quality services, regardless of service type and location. This would include:

- improved workforce capabilities and confidence – including cultural competencies;
- increased referral within the alcohol and other drug sector and across other health and human 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; and
- sector driven planning and co-production.

Minimal investment is required to establish this initiative. It would be achieved through leveraging existing sector representation and support funding to enhance collaboration and capacity building, together with additional targeted seed funding that strengthens specialist research and clinical input.

Supporting the development of this Centre will ensure increased effectiveness and efficiency of any investment in the alcohol and other drug sector.

> **Recommendation: Resource the implementation of a Centre of Sector Capacity Building and Coordination.**

Research engagement and translation into practice

While data collection can be of significant value, it is only so to the extent that it can be accessed, analysed and interpreted. There is increasing focus within government to ensure data is "useful, linked and made available to providers and researchers."[72] In WA, the linking of health data attracted in excess of $136 million in research and related funding into the State from external sources, and supported over 400 studies, leading to calls to broaden data linkage to other data sets.[73]

This raises many issues for consideration by the sector, including data ownership and privacy that takes into consideration stigma. It also presents an opportunity for the sector to direct and contribute to research that better captures the impact of alcohol and other drug treatment and support across multiple sectors. It is imperative that the specialist alcohol and other drug sector is engaged as a key stakeholder in this environment.

It is well established that, on average, research takes 17 years to effectively translate into practice.[74]

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[72] Productivity Commission, 5 Year Productivity Review Supporting Paper No.5, p.99

[73] Data Linkage Expert Advisory Group (2016) A Review of Western Australia's Data Linkage Capabilities, p.15.

[74] 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.

The specialist alcohol and other drug sector places considerable emphasis on their efforts to ensure application of evidence-based practice. Many WANADA members stated that internal processes have been established to support the integration of evidence into service delivery. These methods included training, supervision, and internal file audits.

The alcohol and other drug sector has established relationships with a range of research organisations.[75]

Barriers remain to participation in research, in particular limitations of the current data and outcomes system and capacity of services to engage with activities outside the remit of their contractual obligations.

> **Recommendation: Direct commissioning bodies to support research participation and translation initiatives within service and grant agreements.**

Building cross-sector health and human service capacity

Many people experiencing harms associated with illicit drugs access multiple human services, as a result of having a range of co-occurring issues. These can include family and domestic violence, financial concerns, engagement with the child protection system, poverty, involvement with the justice system, and mental health issues. The need for collaboration to address the range of common co-occurring issues, and to realise potential cost savings to cross-sector systems, is evident.

Homelessness is a key issue associated with alcohol and other drug use:

- 65.2% of homeless people reported an alcohol or other drug use problem;[76] and
- 94% of people accessing alcohol and other drug services reported lifetime exposure to homelessness.[77]

In relation to health:

- the mean per person/year health expenditure for 15–24 year olds on hospital in-patient, out-patient medical services and prescription pharmaceuticals (adjusted to 2015) is $1,532.60, whereas expenditure of $6,200 per person/year was recorded for adolescents with an alcohol and other drug-related presentation.[78]

Those with stimulant use disorders are often untreated, with delays of up to 10 years from first use to accessing treatment.[79] Central to reducing both the duration and complexity of harm associated with any drug use is early intervention by cross-sector services and appropriate referral to specialist alcohol and other drug services when needed.

Effective systems coordination is needed to improve relationships between the specialist alcohol and other drug service sector and other sectors. Stronger relationships will result in the capacity building of all services to deliver improved person centred and coordinated care, resulting in improved cross-sector navigation and more sustainable outcomes.

The benefits of improved partnerships with the specialist alcohol and other drug service sector include improved system efficiencies and cost savings. Coordinated service responses to the harms associated with drug use will reduce the burden on cross-sector services.

> **Recommendation: Design and implement appropriate models of capacity building that enable cross sector health and human services to support early intervention, service networking and referral and pathways navigation.**

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[75] Western Australian Network of Alcohol and other Drug Agencies (2018) State of the Alcohol and Other Drug Sector 2017, p.15.

[76] Centre for Social Impact (2018) *The State of Homelessness in Australia's Cities A Health and Social Cost too High,* p.31.

[77] Australian Housing and Urban Research Institute (2013), *How Integrated are homelessness , mental health and drug and alcohol services in Australia,* p.31.

[78] Tait, R.J., Teoh, L., Kelty, E., Geelhoed, E., Mountain, D. and Hulse, G.K. (2016) *Emergency department based intervention with adolescent substance users: 10 year economic and health outcomes*. Drug and Alcohol Dependence, 165, pp. 168-174.

[79] Ezard, N., *Effective Strategies to address methamphetamine problems in primary care, emergency departments and hospital settings*, (2015) Paper presented at The NCETA National Methamphetamine Symposium, 12 May, Melbourne