

WANADA Submission to South Metropolitan Health Service Alcohol Strategy Consultation

25 January 2019

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) welcomes the opportunity to provide a response to the South Metropolitan Health Service Alcohol Strategy consultation. WANADA has structured its response based on the key questions provided. We hope you find this submission of use.

1. What do you consider the top three priorities in terms of preventing and reducing alcohol-related harm?

WANADA welcomes the consultation paper's intention to identify "blue sky" solutions, and our response takes this into consideration. With this in mind we are suggesting priorities that we consider essential to establish an inclusive approach as the foundation to innovation.

- **Realising reduced stigma** – Stigma remains a well-recognised barrier to addressing alcohol-related harm. Stigma: contributes to social isolation; inhibits service access; impacts on cross-sector collaborations; and impacts on funding allocation by decision makers.

Despite multiple government inquiries and reviews highlighting the need to address stigma, responses to stigma have not been adequately formulated or developed let alone resourced. Unless stigma is addressed systemically it will remain a significant barrier to realising "blue sky" solutions. The SMHS is optimally placed to proactively lead a response to reduce stigma. WANADA is willing to collaborate on any approach.

- **Community and consumer engagement** – Informed community engagement is an essential ingredient for the adoption of health promotion information and fast-tracking any help seeking. This is particularly the case given the evident lack of awareness regarding alcohol-related harms and its burden on the health and human services system.

Engaging consumers in planning, development, delivery and evaluation of initiatives, is essential. This acknowledges the value of their experiential knowledge and will result in more effective: targeted messages for health promotion, referral pathways, access and service retention; reduced harm and better outcomes; and cost savings to the health and human services systems.

For note: a consumer systemic advocacy body, the Alcohol and other Drug Consumer and Community Coalition (AODCCC), has recently been established (however receives no core funding).

- **Supporting navigation of the system** – The "care continuum" in the supporting SMHS Alcohol Strategy document is presented as linear and staged. It is of particular concern that the care continuum suggests a single direct transition from healthy living

and prevention to acute care - when healthy living is the goal that all of the initiatives would be aiming to achieve.

This priority offered by WANADA is for the establishment of systems navigation and care coordination that supports each individual's pathway to most effectively realise a healthier lifestyle. To achieve this, all health services need to be clear in regard to their role to deliver, or to refer and support access to, appropriate services. This requires an investment in systemic cross-sector capacity building and centralised coordination.

These priorities are relevant across the State and every area health service. WANADA would be very happy to collaborate with SMHS to support trials or pilot approaches to these three priorities.

2. How could SMHS work more strategically with representative bodies such as WANADA to create positive change in the alcohol space?

As a peak representative body, WANADA is well placed to support alcohol and other drug sector engagement and collaborate with other sectors to support systemic improvements. WANADA's vision is for a human services sector that significantly improves the health and wellbeing of individuals, families and community by addressing alcohol and other drugs.

There are a range of opportunities for WANADA and the SMHS to collaborate strategically and deliver positive change. WANADA is well placed to support SMHS progress the above mentioned priorities.

WANADA draws on the Ottawa Charter to inform its priorities. With this in mind further collaborative opportunities are listed below.

Policy and planning

Collaborative policy and planning activities may include:

- Identify shared issues
- Share data and information relevant to the service catchment
- Develop joint policy positions and recommendations

Cross-sector capacity building

SMHS and WANADA are ideally placed to jointly recognise the specialist expertise of both sectors, and identify opportunities to enhance service outcomes through capacity building. The objective of this capacity building would be to:

- Improve equitable access to quality services, regardless of service type and location
- Improve workforce capabilities and confidence – including cultural competencies
- Contribute to future workforce planning
- Enable translation and therefore application of research and evidence in practice, as well as supporting participation in practice informed research
- Support change management responses to trends as well as reform and policy shifts
- Enable strategic cross-service engagement for awareness raising, and best practice information sharing
- Improve referral and care coordination processes
- Support service and consumer driven planning and co-production
- Inform continuous improvement

In many policy and inquiry responses WANADA has called for the establishment of a centralised capacity building and coordination body for alcohol and other drugs. This body would contribute to the alcohol and other drug service sector's quality and capacity, as well as systematically support the capacity of all relevant health and human services to address alcohol and other drug related issues.

WANADA would welcome SMHS's support, as a cross-sector collaboration, for the planning and establishment of this initiative.

3. In your experience, are there issues for patients accessing appropriate alcohol treatment services?

- Which group/s of patients are impacted?
- How might the systems work together to improve access and provide more timely care for these patients?
- For anyone waiting to access care, how might we work together to better support them while waiting?

Access to appropriate treatment and support services remains a key issue. On average it takes a person 18 years of problematic alcohol use to access a treatment service.¹ This evidence highlights the importance of early and brief intervention in order to support earlier access to treatment, reducing any accumulative harms.

Priority population groups that need to be considered in the SMHS Alcohol Strategy should be identified by demographic and service data. These are likely to include:

- Aboriginal
- Culturally and linguistically Diverse
- LGBTQI+
- Youth
- Women, particularly those of a child bearing age
- Older adults
- People with co-occurring issues, such as alcohol and other drug issues as well as general health, homelessness, domestic violence, poverty or mental health
- Poly-drug users. WANADA notes that while the SMHS Alcohol Strategy is substance specific, it must also recognise that most people using other drugs also use alcohol.

Barriers to accessing appropriate alcohol treatment services, for those experiencing or impacted by (i.e. family and significant others) alcohol-related harms, include:

- stigma
- inadequate routine screening and early and brief intervention. WANADA notes the positive outcomes achieved through the recent pilot at Fiona Stanley Hospital
- inadequate service and referral information
- insufficient specialist alcohol and other drug treatment and harm reduction services to meet demand. The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 indicates that the alcohol and other drug sector must approximately triple in capacity to meet demand.² For some service types,

¹ Chapman, C., Slade, T., Hunt, C., & Teesson, M., 2015. *Delay to first treatment contact for alcohol use disorder*. *Drug and Alcohol Dependence*, 147, 116-121. doi:10.1016/j.drugalcdep.2014.11.029

² Mental Health Commission (2015) Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, p.20.

investment is urgently needed. For example there are less than 2% of needed harm reduction services in place to meet demand³ despite evidenced health and social benefits and cost savings.

- lack of knowledge of entry processes and waitlist strategies applied at quality not-for-profit alcohol and other drug services. Most services have strategies to hold and support people on waitlists.
- community confidence in the predominantly not-for-profit alcohol and other drug sector while there is no regulation of services that are not funded by government. Government funded services are required to have, or be working towards, accreditation against relevant management system quality standards. WANADA supports accreditation readiness against its Standard on Culturally Secure Practice (currently being reviewed, with release of the second edition anticipated in mid-2019).

WANADA provides a range of cost efficient collective initiatives for its member services that support consumer access, including:

- Childcare Access – covering the costs of childcare for under school aged children while parents and caregivers.
- Interpreter Access – covering the costs of translation and interpreter services

Any cross-sector capacity building would enhance awareness of existing strategies, and inform any new initiatives for improved **access and care coordination**.

4. In general, how could we work together to increase patient engagement in AOD services, throughout all stages of the care continuum?

WANADA is in a good position to support SMHS consultation with specialist alcohol and other drug services in the South Metropolitan region to identify specific initiatives that would enhance patient engagement and service matching. This approach will ensure co-production for enhance collaborative engagement.

5. Is there any other wisdom you wish to contribute that you think will be useful in our efforts to reduce alcohol-related harm within the SMHS community?

WANADA notes that from a policy perspective, a number of relevant developments and reforms to both health and specialist alcohol and other drug service sectors are currently underway. These include:

- implementation of the Department of Health's Alcohol and Other Drug Withdrawal Management Policy (effective from 10 August 2017)
- Sustainable Health Review - which highlights the importance of alcohol prevention initiatives
- Methamphetamine Action Plan Taskforce Final Report (released in November 2018). The Final Report provides 57 recommendations for action. WANADA generally supports these recommendations, and is in the process of formulating a formal

³ Mental Health Commission (2015) Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, p.105

response. While notionally substance-specific, the observations and recommendations of the Final Report are highly relevant to all alcohol and other drug treatment and support.

About WANADA

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 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.

Alcohol and other drugs, including tobacco, 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.