

WANADA Response to the Methamphetamine Action Plan Taskforce: Final Report

About WANADA

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug education, prevention, treatment and support sector in Western Australia. WANADA is a membership-driven not-for-profit association.

Alcohol and other drugs are a health and social issue that impact the whole community. The alcohol and other drug sector provides specialist services to meet the diverse needs of people in Western Australia. WANADA aspires to drive across-sector solutions that focus on a whole of community approach to addressing health and wellbeing issues associated with the use of alcohol and other drugs.

WANADA is driven by the passion and hard work of its member agencies, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management and harm reduction services; peer based; prevention; and community development services.

WANADA is the independent voice on alcohol and other drug sector issues throughout WA.

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Introduction

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) welcomed the release of the Methamphetamine Action Plan Taskforce's Final Report on 26 November 2018.

Following its establishment, the Taskforce had substantial engagement with WANADA and the sector. We have appreciated the extent to which the sector's input has been considered and reflected in the Final Report.

WANADA acknowledges the breadth of the Final Report and supports its 57 recommendations and advice. The Final Report provides positive direction that can guide future State Government action to improve the outcomes for individuals, families and communities experiencing harms associated with alcohol and other drug use, including methamphetamine.

We note that the recommendations have implications for multiple State Government portfolios. The majority of the recommendations will impact the specialist alcohol and other drug service sector, and several recommendations specifically reference a role for WANADA and/or the sector. Many of these recommendations will provide sector development opportunities that are complementary to the sector expansion required to meet community demand, as outlined in the *Mental Health, Alcohol and Other Drug Services Plan 2015-2025*.

WANADA's submission is intended to assist State Government deliberations, by providing the sector's views regarding the implementation of the Final Report's recommendations.

WANADA has structured its response to the Final Report into three sections:

Immediate priority recommendations – actions that:

- o are required to provide certainty in the policy and service delivery environment;
- o have sector-wide implications; and
- o are a pre-requisite to the progress other recommendations.

High priority recommendations – actions requiring the following activities to ensure effective implementation:

- coordinated sector co-design;
- o sector development; and/or
- o cross-sector capacity building.

Sector supported Priorities – actions supported by the sector, requiring sector consultation and stakeholder engagement to enhance their effectiveness.

WANADA would welcome the opportunity to submit business cases for many of the identified 'high priority recommendations' where engagement of the peak body and co-design with the sector is essential. We would welcome discussion with the State Government regarding opportunities for partnerships and collaborations that would support the strategic implementation of the Final Report's recommendations.

O Immediate Priority Recommendations

Recommendation: No. 50

The Western Australian Government, as part of the Machinery of Government changes, consider how the State's alcohol and other drug response can be given greater priority across all portfolios and how it can be most effectively positioned within the public sector to maximise efficiency, effectiveness and engagement with the community. In particular, the Government should commission an independent body/investigator to determine the extent to which the objectives of the amalgamation of the Mental Health Commission and the Drug and Alcohol Office in 2015 have been achieved with the view to improving accountability and transparency of service delivery.

WANADA's position

WANADA welcomes the Taskforce's consideration of the Machinery of Government arrangements and how alcohol and other drugs can be most effectively prioritised within government. Given the implications this recommendation has for State Government agency responsibilities in delivering on the Taskforce's Final Report¹, this recommendation must be an immediate priority.

WANADA's 2017 State of the Sector Report (<u>available from WANADA's website</u>) identified varied views regarding the impact of the amalgamation of the Drug and Alcohol Office and the Mental Health Commission. An independent review is a timely opportunity to conduct further comprehensive consultation with key stakeholders, particularly the specialist alcohol and other drug service sector and consumers, on the effectiveness of the Machinery of Government arrangements and the achievement of intended outcomes.

WANADA agrees with the Taskforce recommendation 50, that state public sector arrangements must support efficient and effective action, and community engagement. While improved accountability and transparency of service delivery is important, assessing efficiency and effectiveness must also identify how the Machinery of Government processes:

- address alcohol and other drugs as a health issue for individuals;
- recognise that alcohol and other drugs require consideration of a population-based response;
- recognise the importance of data and outcomes to demonstrate achievements and inform community confidence;
- reflect cross-sector implications of alcohol and other drug use, and ensures coordinated planning, policy and evidence-informed responses by all relevant government agencies;
- support the capacity of the predominantly not-for-profit specialist service sector and their role in enhancing the capacity of other sectors; and
- support not-for-profit participation in strategic planning and governance, in order to ensure policy can be translated effectively and efficiently into practice.

¹ In the Methamphetamine Action Plan Taskforce's Final Report, approximately 36 recommendations will require action by the Mental Health Commission.

Recommendation: No. 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.

WANADA's position

WANADA welcomes the Taskforce's recommendation to review the current data collection and analysis system. Data and outcomes has been a long term priority of WANADA's Board, and was included as a key priority in the WANADA Pre-Budget Submission 2019-20.

WANADA hosted a data and outcomes sector forum in November 2018, where service and consumer representatives received an update regarding the Service Information Management System (SIMS), and a briefing on Queensland's development of an alcohol and other drug services outcomes framework. From this forum WANADA obtained a clear mandate from members to advocate for the continuation of a collective data system and improved infrastructure to enable flexibility and responsiveness.

It is WANADA's position that a review of SIMS and the sector's data and outcomes is needed, and must:

- build on the most recent review of SIMS in 2015;
- determine the sector and government's data and outcome needs into the future;
- review of data ownership and usage policies; and
- provide a roadmap and resourcing to support implementation of any recommended changes.

WANADA recognises recent budgetary constraints, and the prioritising of both service expansion and State Government commitments. There must be, however, recognition that data and outcomes is a fundamental component to support and demonstrate cost savings through efficient and effective service delivery and sector planning.

Data and outcomes are essential elements of contemporary service delivery, and are key drivers for informing individual, service, organisation and systems improvements. For example, data and outcome indicators may include:

- **individuals** quality of consumer relationship and the treatment/service provided;
- organisations maintenance of accreditation in relevant standard(s), and treatment matching and staff development/capability;
- **systems** quality of cross-service partnerships/collaborations to enable holistic service provision.

WANADA is well placed to coordinate consultation to identify the breadth of data and outcomes requirements by services to inform practice and enable meaningful continuous quality improvement.

Recommendation: No. 56

The Mental Health Commission and the Department of Health consult with relevant stakeholders to identify the appropriate mechanism for regulating alcohol and other drug specialist service providers, particularly those that are not government funded, to ensure that the community, vulnerable individuals, and potentially referring services can be confident in the quality of these services.

WANADA's position

WANADA welcomes the Taskforce's direction on ensuring confidence in the quality of alcohol and other drug services delivered in Western Australia.

The community expect organisations funded by government to be accountable and have, or be working towards, certification against a sector-relevant systems management standard. For organisations that do not receive government funding there is currently no regulatory mechanism to ensure accountability.

WANADA, along with other State and Territory alcohol and other drug peak bodies, has been engaged in the development of the National Quality Framework, which provides jurisdictions' guidance on how to regulate for quality service delivery by all alcohol and other drug services.

Any state based regulatory process/system must undertake independent audits (for ongoing licence and service operation) to ensure:

- certification against an approved management system standard;
- police clearance and where relevant Working with Children Check for all staff and volunteers including Board/Governance committee;
- compliance with National Code of Conduct for Health Care Workers or equivalent jurisdiction code that requires the Code of Conduct to be displayed in a way that is easily visible to or accessible to consumers;
- compliance with National Code of Conduct for General Health Services or relevant jurisdiction code which, amongst other requirements specifically refers to financial exploitation as a breach;
- compliance with the Australian Charter of Healthcare Rights to be displayed in a way that is easily visible or accessible to consumers;
- evident implementation of evidence-based practice; and
- demonstrated and verifiable monitoring and measurement of outcomes/key performance indicators including those that are consistent with government funded service requirements.

The implementation of the National Quality Framework must be sufficiently robust to deliver community confidence in alcohol and other drug sector quality, without duplicating existing accountability requirements of government funded services.

WANADA recognises that implementing this recommendation will require legislative change and regulatory impact assessment.

Stakeholder consultation and co-design is essential to ensure the proposed regulatory system is effective and appropriate. WANADA is uniquely placed, and would welcome opportunities to support the development and implementation of this recommendation.

Recommendation: No. 57

The Community Safety and Family Support Cabinet Sub Committee establishes a Methamphetamine Action Plan Senior Officer Working Group reporting to the Directors General Implementation Group. The purpose of which will include to:

- develop a plan to implement recommendations of this report supported by government;
- develop and finalise an accountability framework for measuring whole-of-government performance, including development of performance indicators (wherever possible drawing on existing preferably national data sets) and targets.

WANADA's position

WANADA strongly supports the establishment of a governance structure through the Community Safety and Family Support Cabinet Sub-Committee, and the Taskforce's direction on implementation, monitoring and accountability planning. This structure could provide the necessary authority and linkages to government processes and other reform implementation initiatives (such as the Service Priority Review) to deliver on all recommendations.

Consideration must be given to how this governance process aligns with other governance processes, for example those associated with the *Mental Health, Alcohol and Other Drug Services Plan 2015-2025*; the *WA Alcohol and other Drug Interagency Strategy*, and the *Premier's Priorities*.

It is WANADA's view that the not-for-profit specialist alcohol and other drug sector should be represented within the governance arrangements, as it is in other jurisdictions. This co-design has proven to have contributed to a range of positive benefits for government investment, including:

- ensuring practice wisdom of service delivery informs planning and implementation;
- reducing the risk of inadvertent outcomes;
- identifying sector development or capacity building needs; and
- identifying where a place-based approaches are required.

It is important that specialist sector engagement in governance processes to inform alcohol and other drug initiatives occurs at both the national and state level. State and territory alcohol and other drug sector peak bodies approached federal, and state and territory governments in early 2019, seeking the support of the Ministerial Drug and Alcohol Forum (MDAF) to include sector representation in governance arrangements. WANADA and peak bodies from other jurisdictions received positive feedback from this request.

In Western Australia, this may take the form of representation on the Drug and Alcohol Senior Officer's Group, or through a dedicated advisory board with a terms of reference and reporting arrangement that directly reports into an overall governance structure. The Alcohol and other Drug Advisory Board has not met for over 18 months due to insufficient membership to make a quorum. While membership requires Cabinet approval, it is disappointing that this has not been seen as a priority given the extent of relevant reform impacting on alcohol and other drug responses and level of community concern.

WANADA is uniquely placed, and would welcome opportunities, to support the implementation of this recommendation.

2 High Priority Recommendations

The implementation of several recommendations would benefit from WANADA's leadership and/or contribution in the following areas:



sector co-design – supporting participation of services and consumers (including in the planning process) to ensure effective translation of initiatives into effective practice and identifying the appropriate role of the specialist sector;



sector-wide development – to ensure effective, efficient and equitable access across the diversity of services that will result in improved outcomes; and



cross-sector capacity building – to advance care coordination and support pathways navigation.

All of these systemic requirements rely on sound sector-driven coordination and leadership.

WANADA has the sector mandate (from members and as stated by government representatives) to progress initiatives that enhance systemic development, and as such is well placed to lead and/or contribute to the achievement of the relevant recommendations from the Report.

An analysis of the benefits that WANADA can provide to high priority recommendations (excluding the recommendations identified as needing immediate responses) is outlined below:

Report chapter	High Priority Recommendations	Sector (services and consumers) co-design	Sector-wide development	Cross-sector capacity building
Chapter 4	7	✓		√
Chapter 5	8	✓	✓	✓
	9	✓	✓	✓
	10	√		✓
	11	✓	✓	✓
	12**	\checkmark	√	✓
	13	✓	✓	✓
Chapter 6	14	✓		\checkmark
	15	✓		
	16**	✓	✓	
	17**	✓	✓	✓
	18**	✓	✓	✓
	19**	✓	✓	
	20**	✓	✓	
	21	✓	✓	
	22*	✓	✓	✓
	23*	✓	✓	✓
	24	\checkmark	✓	
	25	\checkmark	\checkmark	
Chapter 7	26	\checkmark		✓
	27	\checkmark	\checkmark	✓
	28	\checkmark	\checkmark	✓
	29	\checkmark	\checkmark	\checkmark
Chapter 8	30	\checkmark	\checkmark	\checkmark
Chapter 9	33	\checkmark	\checkmark	\checkmark
	34*	✓	✓	✓
	35*	\checkmark	\checkmark	\checkmark
	36**	✓	✓	\checkmark
	37	\checkmark	\checkmark	\checkmark
	38	✓	✓	\checkmark
	39	✓	✓	\checkmark

Report chapter	High Priority Recommendations	Sector (services and consumers) co-design	Sector-wide development	Cross-sector capacity building
Chapter 9	40	✓	✓	✓
	41	\checkmark	\checkmark	✓
	42	\checkmark	✓	✓
	43	\checkmark		✓
Chapter 10	44	✓	\checkmark	✓
	45*	✓	✓	✓
	46*	✓	\checkmark	✓
	47	✓	✓	✓
Chapter 11	49**	✓	\checkmark	✓
	51*	✓	\checkmark	\checkmark
	52	✓	\checkmark	
	54	✓	\checkmark	

* WANADA specifically identified within the recommendation as key stakeholder.

** The alcohol and other drug sector specifically identified within the recommendation as key stakeholder.

Engaging WANADA to support the implementation of the above recommendations acknowledges the peak body's existing role in representing the specialist alcohol and other drug sector and coordinating inclusive engagement. A sector-led response will also optimise cost efficiencies and support equitable capacity building that best meets the needs of a diverse range of alcohol and other drug services across the state.

For WANADA to contribute to these recommendations in a way that would support the effective planning, delivery and sustainability of any activity would, however, require specific resourcing.

Examples of Implementing High Priority Recommendations

Recommendation 33: culturally appropriate models of residential rehabilitation 👥 🏠

The WANADA Board strongly believes it is essential to redouble efforts to improve the health and wellbeing outcomes for Aboriginal people by addressing harms associated with alcohol and other drugs. It is of concern to the WANADA Board, however, that extensive past consultation with Aboriginal communities and services has not translated into co-designed solutions.

Across all health regions in Western Australia the WANADA Board believes that Aboriginal communities must have access to appropriate services across the range of service types, including those beyond residential. There is a clear need for choice in alcohol and other drug service provision to meet the needs of Aboriginal individuals, families, communities. That choice needs to incorporate an appreciation of the need for self-determination:

- **Aboriginal-specific services** services subject to Aboriginal community control that are appropriate to local Aboriginal cultures.
- **Aboriginal-dedicated services** services that prioritise access by Aboriginal people and are tailored specifically for Aboriginal people and communities.
- **Culturally secure mainstream services** services that develop and maintain a minimum of culturally safe practices, including staff cultural competencies and awareness.

The Board, on behalf of the alcohol and other drug sector would like priority given to investment in services to meet Aboriginal community needs.

This prioritisation would demonstrate the State Government's commitment to:

- addressing alcohol and other drug related harms affecting Aboriginal communities;

- drawing on the extensive consultation that has already been undertaken to date to inform Aboriginal service models and needs; and
- progressing recommendations of multiple past inquiries.

Recommendation 8: reducing stigma

There are a number of existing de-stigmatising language guides, and a national media guideline on alcohol and other drugs under development. Reducing stigma will, however, require a range of activities beyond guidance on language. Consumers and the alcohol and other drug service providers can contribute their knowledge and experience of how stigma and discrimination impact on individual well-being, and inform considerations and nuances needed for effective solutions.

Broadly, the sector has already identified the need:

- to ensure contemporary research on alcohol and other drug stigma informs all activities;
- to identify and respond to stigmatising policies that result in discriminatory systemic barriers to help-seeking and service access;
- to improve cross-sector awareness of the specialist role of the alcohol and other drug sector, enabling improved cross-sector partnerships/collaborations; and
- for community awareness raising that alcohol and other drug dependence is a health issue and social inclusion is essential for best outcomes.

Recommendation 52: support for specific alcohol and other drug research

There is a clear need for more alcohol and other drug research. WANADA and the service sector have long called for a stronger connection between research and services working towards meeting community needs. To achieve this, all research needs to incorporate translation into practice and policy, and equitable priority needs to be given to research driven by service/practice needs.

There is a lag time, estimated at 17 years in health services generally², for the translation of research into practice. More needs to be done to reduce the gap between research and practice in alcohol and other drug treatment to ensure maximum effectiveness and efficiency.

Practice-informed research establishes and builds an evidence base for:

- service models that best meet consumer, cultural and community needs, informing future sector planning;
- more immediate responses to emerging and existing trends; and
- supporting organisations' staff development and continuous quality improvement for best outcomes.

WANADA is ideally positioned to lead a service sector co-designed approach engaging key stakeholders to effect improved research translation and a planned approach to research relevance.

² 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 25 March 2019.

WANADA supports all other recommendations* made in the Final Report. To further progress many of the recommendations, it is important that effective sector, consumer and stakeholder consultation is undertaken where required.

Effective consultation enables:

- improved relationships and cross-sector partnerships;
- opportunities to improve stakeholder and community awareness;
- practise wisdom to be incorporated to meet local service and population needs;
- the risk of inadvertent consequences to be minimised;
- efficient use of limited resources;
- the identification of learnings and best practice that could be applied sector-wide; and
- effective and sustained outcomes.

* Each recommendation in the Final Report is categorised according to WANADA's response in the Appendix below.

Appendix

Summary of Recommendations



Chapter 4 – Helping people stay away from methamphetamine in the first place

Recommendation 1:

The Department of Education and the Mental Health Commission liaise with the School Curriculum and Standards Authority to mandate a minimum level of alcohol and other drug education in all schools.

Recommendation 2:



The Department of Education gives greater prominence to alcohol and other drug education in schools by including statements in future strategic documents and directions to schools that:

- positions the issue in the context of student health and well-being;
- addresses the impacts of not just students' own use, but also use of alcohol and other drugs • by others;
- requires alcohol and other drug education programs to be based on best practice;
- takes a whole-of-school approach; and •
- provides for both universal and targeted programs to meet the needs of individuals and/or groups of students at greater risk.



Recognising that schools are required to comply with a large number of policies, the Department of Education should highlight alcohol and other drug education as a priority through existing systems and communications that set directions and expectations for schools and school services (such as through the Director General's Focus document).

Recommendation 4:

The Department of Education monitor and publicly report alcohol and other drug program delivery in public schools to ensure alignment with best practice and effective targeting of individuals and/or groups of students at greater risk.

Recommendation 5:

The Department of Education undertake and publicly report on an independent evaluation of the effectiveness of its current school-based alcohol and other drug education programs and resources. The results of the evaluation will be used to inform improvements to alcohol and other drug education programs and resources.

Recommendation 6:

In order to strengthen community level protective factors aimed at young people and their families, the Department of Communities ensures existing evidence-based, best practice models for adolescent leisure or extracurricular activities are implemented more broadly in Western Australia.

Recommendation 7:

(1) 2

The Mental Health Commission working with the Department of the Premier and Cabinet, liaise with other governments to ensure any future public information and education campaigns run in Western Australia are targeted to meet the needs of specific audiences, at risk groups, and/or local needs, and that campaigns focus on:

- seeing methamphetamine use as a health issue first and foremost;
- including the objective to encourage help seeking behaviour and support for those directly • affected:
- supporting the de-stigmatisation of methamphetamine use; and
- ensuring all future public information campaigns are evaluated for their effectiveness against their objectives.

Chapter 5 –Intervening early to prevent entrenched use

()) (ii 🖉 **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-judgmental • 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.

🕗 🚯 🚮 Recommendation 9:

The Mental Health Commission promotes positive personal stories of successful treatment to the general public and to those experiencing problematic or dependent use of methamphetamine to address both social and self-stigma and promote help seeking behaviour.

Recommendation 10: 🛃

The Mental Health Commission to work with the Department of Health, the Western Australian Primary Health Alliance and the Australian Medical Association (Council of General Practitioners) Western Australia to better promote the use of the Next Steps Clinical Advisory Service to primary health and allied health care professionals.

Recommendation 11: 👩 👲 🎲 🔗

The Mental Health Commission to work with other relevant agencies to promote increased screening for alcohol and other drug conditions for people presenting to primary health care professionals and workers in child protection and community health; including increasing awareness and use of alcohol and other drug screening tools and referrals to appropriate services.

Recommendation 12: 🛃

The Department of the Premier and Cabinet and the Mental Health Commission, with the Western Australian Primary Health Alliance and alcohol and other drug sector, to consult with the Commonwealth Government on measures to improve referral to alcohol and other drug specialist treatment services by GPs.

Recommendation 13: 🔁 👥 🕋 🔗

Worksafe in collaboration with the Mental Health Commission to work with employer and employee peak bodies to develop a strategy to build the capacity of (particularly small business) employers to better manage and support employees with drug and alcohol conditions including the management of occupational health and safety risks.

Chapter 6 – Providing treatment and support services for those seeking help

Recommendation 14: 🔁 👥 🔗

The Department of Health and WA Country Health Service ensure that its agreed State-wide detox policy, the 'Alcohol and other Drug Withdrawal Policy', is implemented by its health services as a priority.

Recommendation 15: 🔁 🖳

Once the outcome of the Office of the Auditor General audit on The Availability, Accessibility and Effectiveness of Treatment for Methamphetamine is available, the Mental Health Commission work with the Department of Treasury and the Department of the Premier and the Cabinet to develop recommendations for the Western Australian Government to prioritise funding of alcohol and other drug treatment services to address immediate and unmet demand.

Recommendation 16: 🍘 📢 🧹

The Mental Health Commission works with alcohol and other drug service providers to establish a centralised waitlist database in order to better identify and utilise existing treatment capacity.

Recommendation 17: 🛃 🤀 🏠 🖉

The Mental Health Commission, in consultation with service providers, prioritise additional strategies to further improve the responsiveness to users who wish to prepare for and undertake treatment, including:

- increasing the use of peer workers to 'bridge the gap' between when users decide to seek treatment and then commence treatment:
- introducing walk-in or no-wait services, based on models in other jurisdictions, for incorporation into existing services; and
- use of e-Health and other strategies that enable an immediate response to users during the small window in which users decide they want to change.

Recommendation 18: 🔁 🐏 🎬 🔗

The Mental Health Commission works with the alcohol and other drug sector to improve consumers' (including users and families) understanding of what the rehabilitation process involves, and rehabilitation options available for consumers and families beyond residential rehabilitation, including clarifying what is involved in planned detox, residential services, and community based services.

Recommendation 19: 🛃

The Mental Health Commission works with alcohol and other drug service providers to ensure that service users, families and significant others are involved in the design and delivery of services, including training and professional development of service staff.

Recommendation 20: 🛃

The Mental Health Commission works with alcohol and other drug service providers to ensure the outcomes of services referred to in Recommendation 19 specifically support and assist families and others who support methamphetamine users.

Recommendation 21: 7

The Mental Health Commission expands the Parent Peer Support volunteer service beyond the current level of service provision to provide more assertive outreach into, and presence in, the community, and provide greater support for families of methamphetamine users.

Recommendation 22: 🛃

'The Mental Health Commission collaborates with the peak bodies in mental health and alcohol and other drug sectors to ensure co-morbidity guidelines (set out in the Co-morbidity of mental disorders and substance use: A brief guide for the primary care clinicians and Guidelines on the management of co-occurring alcohol and other drug and mental health conditions) are implemented, monitored and reported on in Western Australia.

Recommendation 23: 🔁 👥 🎬 🔗

The Mental Health Commission works with the Department of Health and other key stakeholders to ensure a 'no wrong door' approach by making sure that service providers are applying the nationally developed and validated tools to assess and evaluate service capability to deliver integrated services (as set out in Dual Diagnosis Capability in Addiction Treatment Toolkit, Dual Diagnosis Capability in Mental Health Treatment Toolkit, and Integrated Treatment for Co-occurring Disorders Evidence-based Practices Kit.)

Recommendation 24: 🛃 👯 🎬



The Mental Health Commission ensures that its commissioning polices, process and practices support and reinforce the application of the guidelines and tools referred to at Recommendations 22 and 23.

Recommendation 25:

The Mental Health Commission should promote the application of evidence based e-Health treatment programs or integrate e-Health treatment programs into established face-to-face models of care as a solution that may assist in: improving access to treatment for more people in general; the lack of available services in regional and rural Western Australia; and concerns about privacy in smaller communities.

Chapter 7 – Reducing the harm associated with methamphetamine use

Recommendation 26: 🤛

The Department of Health promotes greater awareness of needle syringe programs and needle syringe exchange programs in Western Australia to people who need these services.

Recommendation 27: 🔁 🤐 🎲 🔗

The Department of Health in consultation with Aboriginal Community Controlled Health Services and the WA Country Health Service to implement strategies to:

- provide a more culturally appropriate service for Aboriginal people delivered by Aboriginal people; and
- improve access to and the availability of needle syringe exchange programs particularly in regional areas.

Recommendation 28: 🔁 戅 🎲 🔗

The Department of Health to examine opportunities for needle syringe program providers to expand their role beyond supplying clean needles and syringes to consumers of their services to include other harm reduction strategies including brief interventions.

Recommendation 29: 🙆 👥 🕋 🔗

Within 12 months, the Mental Health Commission, Western Australia Police Force and Department of Health establish an appropriate alternative crisis intervention response that would provide a short-term place for methamphetamine users when they are in crisis that will keep them, their families and the community safe, including in the regions.

Chapter 8 – Regional communities

Recommendation 30: 😢 👥 😭 🔗

In order to better meet regional needs, within 12 months the Mental Health Commission develops regional alcohol and other drug plans in consultation with the community and other key stakeholders to promulgate a place-based approach to planning, investment, delivery and evaluation of services.

Recommendation 31:

The Mental Health Commission works with the Department of the Premier and Cabinet to propose to the Ministerial Forum on Alcohol and Drugs that future Commonwealth Government resources allocated to address methamphetamine use should be apportioned based on the most recent census data and the relative 'need' or magnitude of the problem in each state, to enable appropriate levels of funding support to be provided to address use in regional Western Australia.

Recommendation 32:

The Minister for Mental Health, through the Ministerial Drug and Alcohol Forum, proposes that a place-based planning and investment program be piloted in Western Australia within 12 months, supported by the Integrated Atlas of Mental Health, Alcohol and Other Drugs –Western Australia, when finalised.

Chapter 9 – Helping groups vulnerable to high rates of methamphetamine use Recommendation 33: 🕗 🤐 🎬 🔗

The Mental Health Commission works with the Aboriginal Community Controlled Health Services and Organisations to develop and deliver culturally appropriate models of residential rehabilitation.

Recommendation 34: 🔁 👥 🎢 🔗

The Mental Health Commission works with Aboriginal community leaders, peak bodies and Aboriginal Community Controlled Health Services to incorporate the alcohol and other drug treatment needs of Aboriginal people in the regional alcohol and other drug plans in Recommendation 30.

Recommendation 35: 🙆 🗟 🎲 🔗

The Mental Health Commission to work closely with the Western Australian Network of Alcohol and other Drug Agencies to establish regular opportunities for both mainstream alcohol and other drug service providers and Aboriginal Community Controlled Health Services to share information and lessons learned about how best to meet the needs of Aboriginal people. This could include enabling inter-organisational staff mobility and training opportunities.

Recommendation 36: 🙆 戅 🕋 🔗

The Mental Health Commission to work with Aboriginal community leaders, and peak bodies for Aboriginal health services and the alcohol and other drug sector to develop and implement a strategy to recruit, train and retain Aboriginal staff in both mainstream and Aboriginal-specific alcohol and other drug services.

Recommendation 37: 🙆 戅 ᡝ 🔗

The Department of Justice and other relevant agencies introduce integrated approaches to the assessment and treatment of alleged offenders that provide a holistic, case-managed approach to treatment and support.

Recommendation 38: 🙆 戅 😭 🔗

The Department of Justice expands drug and alcohol through-care services to ensure that prisoners on remand who are released from custody are effectively connected to support and treatment services in the community.

Recommendation 39: 🙆 戅 😭 🔗

The Department of Justice ensures that all persons in custody, including remanded and sentenced offenders, are assessed for alcohol and other drug use, including methamphetamine, and are provided with intervention and treatment to meet the needs identified.

Recommendation 40: 🔁 戅 🎢 🔗

The Department of Justice expands drug and alcohol through-care services to sentenced prisoners in regional prisons.

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".

Recommendation 42: 🔁 👥 🕋 🔗

The Department of Health, in consultation with the Mental Health Commission and representatives from the LGBTIQ community, include in the development of the Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Health Strategy–the impact of illicit drug use on the LGBTI community (including methamphetamine); relevant approaches to addressing illicit drug use, and consideration of the Rainbow Tick Accreditation Program.

Recommendation 43: 🙆 🖳 🔗

The Mental Health Commission in consultation with the Office of Multicultural Interests and Culturally and Linguistically Diverse (CaLD) communities, within 12 months, undertake and report on further research and consultation on drug use, its impact on CaLD communities and approaches to address issues identified.

Chapter 10 –Helping to rebuild a person's life after methamphetamine Recommendation 44: 😢 🐏 🎬 🔗

The Mental Health Commission, working with the Department of Communities, continues to be funded for transitional housing and support for people exiting treatment for alcohol and other drug dependency, including treatment in prisons.

Recommendation 45: 🔁 👥

The Mental Health Commission in consultation with Western Australian Network of Alcohol and other Drug Agencies and peak employer bodies broker a partnership between a willing and capable treatment provider and employer to establish a suitable pilot structured return to employment program in Western Australia.

Recommendation 46: 🙆 🗟 🎲 🔗

The Mental Health Commission to work with the Western Australian Network of Alcohol and other Drug Agencies and consumer groups to introduce a system and practices that support post-treatment transition planning and after care interventions for people exiting treatment, particularly for those in outpatient treatment.



The Mental Health Commission to specifically fund specialist alcohol and other drug services to develop and promote interventions and pathways to aftercare for clients.

Chapter 11 – Cross-sector collaboration and coordination

Recommendation 48:

A Parliamentary Committee inquire into and report on alternative models for drug regulation, regulatory systems and controls in other jurisdictions, including both prohibition and non-prohibition models, their effectiveness in addressing the costs and harms to individuals, families and the community, and their suitability for introduction into Western Australia. This inquiry should:

- be bipartisan in structure and composition;
- be subject to specific reporting time-frames;
- involve consultation across the alcohol and other drug sector;
- be open to and engage with the public; and
- be required to report to the Parliament of Western Australia on the outcomes of the inquiry.

Recommendation 49: 🙆 🚇 鎆 🔗

The Mental Health Commission works with other government agencies and the alcohol and other drug sector to integrate a case-management approach, which meets the multiple and complex needs of individuals and families, into its service delivery model.

Recommendation 50:

The Western Australian Government, as part of the Machinery of Government changes, consider how the State's alcohol and other drug response can be given greater priority across all portfolios and how it can be most effectively positioned within the public sector to maximise efficiency, effectiveness and engagement with the community. In particular, the Government should commission an independent body/investigator to determine the extent to which the objectives of the amalgamation of the Mental Health Commission and the Drug and Alcohol Office in 2015 have been achieved with the view to improving accountability and transparency of service delivery.

Recommendation 51: 🔁 👥 🎢 🔗

The Mental Health Commission, in consultation with the Western Australian Network of Alcohol and other Drug Agencies, target service consumers and evaluate the effectiveness of information services, including: awareness of services; reach of services, including to regional areas; suitability of current delivery modes; and optimal levels and mix of service provision, within 12 months.

Recommendation 52: 🔁 👥 🎢

The Department of Health works with key stakeholders to identify sources of support for specific alcohol and other drug research to make this a stated research priority.

Recommendation 53:

The Department of Health continues the Western Australia Illicit Substance Evaluation Study as an ongoing valuable early warning system for rapid identification and reporting of conventional and novel psychoactive drugs causing toxicity in patients.

Recommendation 54: 🙆 🕀 🎢

The Department of Treasury and the Mental Health Commission establish a working group to define a strategy for the adoption of a social impact investment approach, including identifying potential areas in which a social impact bond could be created, for the Western Australian Government's consideration.

Chapter 12 – Measuring performance

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.

Recommendation 56:

The Mental Health Commission and the Department of Health consult with relevant stakeholders to identify the appropriate mechanism for regulating alcohol and other drug specialist service providers, particularly those that are not government funded, to ensure that the community, vulnerable individuals, and potentially referring services can be confident in the quality of these services.

Recommendation 57:

The Community Safety and Family Support Cabinet Sub Committee establishes a Methamphetamine Action Plan Senior Officer Working Group reporting to the Directors General Implementation Group. The purpose of which will include to:

- develop a plan to implement recommendations of this report supported by government;
- develop and finalise an accountability framework for measuring whole-of-government performance, including development of performance indicators (wherever possible drawing on existing preferably national data sets) and targets.