



## WANADA Submission to National Treatment Framework Consultation

10 July 2019

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) welcomes the opportunity to provide feedback on the draft National Treatment Framework, and congratulates the project team on the development and consultation process undertaken to date.

### WANADA Feedback

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WANADA is supportive of the draft Framework. We believe that it captures the Western Australian understanding of the specialist alcohol and other drug treatment system, and believe it will contribute to improved service purchasing and community awareness.

WANADA suggests the following minor vocabulary changes, to further refine the document and to support consistency with the Western Australian alcohol and other drug sector's established advocacy terminology (as opposed to practice terminology). We understand our suggestions may not be taken up given diversity of views:

- 'AOD' and alcohol and other drugs is used interchangeably within the draft Framework. WANADA recommends not using the acronym, particularly to support community awareness.
- 'Client' is used throughout the draft Framework. We suggest it is replaced with 'consumer' or 'service user'. The term 'client' suggests more of a power relationship.
- The draft Framework uses the term 'evidence-based'. We suggest the use of 'evidence-informed', as it better reflects the diversity of service approaches, including where there is limited researched evidence, and where evaluations (and practice wisdom) seek to continually improve practice.
- The draft Framework uses the term 'social welfare services'. We suggest the term human or community services. The term 'social welfare services' is not a term used in Western Australia. Across jurisdictions responsible government departments use different terms, and incorporate different service types. Justice/law enforcement services typically do not fall under the understanding of 'welfare' or 'social' services.
- The draft Framework uses the term 'co-morbidity'. We suggest the term 'co-occurring'. 'Morbidity' infers a diseased condition, which does not help reduce community attitudes of stigma and discrimination.

WANADA suggests the following minor content changes:

- The Preamble (p.3) should include reference to licit substances beyond alcohol and tobacco.
- Reference to co-occurring medical and health needs (p3) uses an example of co-occurring mental health conditions. It would be great to see an example of a medical or health condition other than mental health – e.g. hepatitis C.
- WANADA agrees with the identification on page 5 of the significance of harm reduction, that it 'is incorporated across all aspects of treatment and interventions'.  
Figure 1: The Australian AOD service system (p10) would be strengthened by

amending Risk management with “Risk management/Harm reduction” (or replacing Risk management with Harm reduction) as a process of care. This would better demonstrate harm reduction’s relevance.

- WANADA suggests an inclusion of a harm reduction example under 4.1 Interventions (p11) for the same reasons above.
- Psycho-social counselling (p.12) refers to reducing ‘alcohol and other drug consumption’. We suggest adding ‘and/or harms’, as a reduction in use may not align with the service user’s goals.
- The graphic of treatment settings (p.14) should be amended to reflect:
  - o ‘At home’ setting can be referred to as in-reach
  - o Residential settings should include withdrawal
  - o Western Australian’s service taxonomy includes home based withdrawal as a ‘bed-based’ service (i.e. residential, consistent with the concept of ‘hospital at home’)
- Assessment (p.15) should also include engagement and entry to be consistent with information provided on p.11.
- The key principles of Planning interventions and treatment 5.1 (p16) are all passive, and there are no principles supporting systemic prioritisation between planning and purchasing. It is not enough to just identify gaps, etc.
- Planning interventions and treatment 5.1 (p16) should be strengthened to recognise, not just the need to take into consideration other cross-sector services, but also take into consideration the impact on the alcohol and other drug treatment system of changes to those other cross-sector services. We have seen multiple impacts, e.g. following the welfare reform; following police road testing practices; etc.
- Purchasing interventions and treatment 5.2 (p.17) should also refer to contract renewals and extensions, which should be timely to reduce unnecessary loss of staff knowledge and skills that may interrupt service continuity and quality. This aligns with procurement documents such as Western Australia’s Delivering Community Services in Partnership Policy.
- Resourcing interventions and treatment 5.3 (p.17) should also include the importance of funding taking into consideration the costs associated with evaluation that informs continuous service delivery improvements.
- Best data practices (p.19) should also include informed consent and established privacy policies.
- We note the indicators of success have been removed (from draft 2) and reframed in this draft (p.19). We consider the indicators as beneficial in supporting the measurement of the Framework, and would suggest reinstatement – even if there is a time lapse on the expectation of achieving the measures. This would contribute to the longevity of the Framework, and provide community confidence.

## About WANADA

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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.