



Western Australian Network of  
Alcohol & other Drug Agencies

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

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WANADA has collated feedback from the Western Australian alcohol and other drug service sector on service and system support needs to respond to COVID-19. We will revise this document as additional information becomes available or circumstances change.

Organisations have identified support needs as part of individual service continuity planning and risk management practices. These plans are informed by factors unique to each service, such as facilities, staff, capacity and location. Common issues have been listed below (e.g. access to PPE and staff training in its use), as well as supports that specific services may need to access on an as-needs basis.

The supports listed below have been determined prior to any localised outbreaks of infection within services. Continuity plans are subject to regular revision, which may identify other specific needs.

### **Infection Control**

- Access to Personal Protective Equipment (PPE), cleaning and hygiene supplies (e.g. gloves, eye protection, masks, gowns, alcohol and non-alcohol-based sanitiser, disinfectant wipes, disposal receptacles etc.).
- Access to staff training in:
  - o appropriate use and disposal of PPE;
  - o infection control and supporting unwell people onsite, including site management needs and decontamination guidance in the event of a forced building closure.
- A consistent approach to infection control and distancing at integrated service sites; adult diversion courts; etc.
- Access to funding or funding flexibility to support:
  - o additional cleaning practices, and regular deep cleans;
  - o accommodating service users in alternative locations (e.g. hotels) where they can safely self-isolate.

### **Changes to Service Provision**

- Access to funding (on an as needs basis) for:
  - o additional information technology to enable remote working practices, increase service capacity and support consumer access (e.g. laptops; phones; tablets; web cams; speakers/mic; wifi routers; software subscriptions; phone and internet plan increases or upgrades; revision of IT support contracts);
  - o software and hardware upgrades and relevant training at fixed sites to address online system limitations (e.g. at integrated sites);
  - o meeting increased demand for continuing/aftercare services, given a reluctance of consumers to leave services during these uncertain times; and
  - o emergency relief and resources to support consumers to self-isolate safely.
- Access to training, guidance and resources, such as:
  - o sector guidelines for use of telephone and video counselling (to standard of 2019 Counselling Guidelines) including resources on building/sustaining the therapeutic alliance remotely; and
  - o development of new/additional resources, such group materials, suitable for phone or online treatment.
- Increased provision of naloxone (to sites already registered to provide) and overdose cards, noting increased risk to people self-isolating or homeless.

## Staffing

- Funding flexibility or additional funding (on an as needs basis) available to support:
  - o staff back-fill to cover additional leave for people related to COVID-19 and any government working requirements (e.g. at-risk staff encouraged or mandated to self-isolate);
  - o additional staff wellbeing training and resources; and
  - o COVID-19 specific education and resources, particularly for frontline staff.

## System support

- Reduce risk of harm for people on opioid substitution therapies. This includes:
  - o providing increased access to takeaways, home deliveries, family/significant other pick-up, to minimise pharmacy and doctor visits, or when the person is required to self-isolate;
  - o increased depot, and depot injection flexibility; and
  - o identification of opioid substitution therapy needs for people requiring hospitalisation.
- Strengthen supply chains, to ensure confidence in sustained availability of:
  - o injecting equipment;
  - o replacement therapies; and
  - o medicines (some services report they are limited to purchasing a one-month supply of general medicines).
- Free ambulance cover – noting many consumers will refuse an ambulance due to existing debt (we have heard reports of debts in excess of \$17 000), this of particular concern in a pandemic scenario.
- Support to reduce harms to those self-isolating. In particular, AOD consumers who are also homeless or rough sleepers, who would not be admitted or would refuse to access homeless services. Supports must include:
  - o access to accommodation options where intoxication is not an exclusion criteria;
  - o health and alcohol and other drug service outreach (on street) and in-reach (in accommodation), noting not all consumers will seek accommodation assistance;
  - o information and education distributed in public; and
  - o access to alcohol maintenance therapy, to avoid risk of significant harm and death due to alcohol withdrawal in isolation/quarantine.
- Health service in-reach into those services that may be required to isolate or quarantine consumers on site, or respond to potential cases of COVID-19 (i.e. harm reduction, outreach, residential, patrols/connectors, and sobering up centre services).
- Prioritisation of support for services whose: workforce and consumer groups are most at risk, or for whom there are no alternative service options, or which reduce the burden on the health system (particularly sobering up centres and patrols/connectors).
- Provision of information and support for organisations to implement alternative activities in cases where the service is no longer able to continue. This may include supporting the identification of options to repurpose facilities.
- Increase service confidence through concrete assurance that:
  - o funding is available to support service sustainability where funding structures for organisations have been impacted;
  - o contracts are negotiable to support service sustainability, particularly given contract extensions being offered;
  - o budgets can be used flexibly and can potentially be drawn across programs; and
  - o the availability of a funding pool to draw on to meet changing or increased needs.
- Options to invest in addressing system gaps that either currently exist or emerge as a result of a reduction in service capacity.
- Establishment of a justice taskforce, and justice representation on other relevant taskforces, to address COVID-19 related concerns through police, courts and prisons. This includes consideration of issues impacting organisations that provide diversion, court-based, prison or reintegration services.

- Information on service availability within the AOD sector (WANADA is developing resources to address this) and cross-sector.
- Increase capacity of the Alcohol and other Drug Support Service (ADSS); and the Clinical Advisory Service (CAS).
- Data monitoring on issues such as use, overdoses, hospital presentations, and police and ambulance call-outs related to substance use.
- Improve connectivity and bandwidth in regional Western Australia (a key barrier to the provision of tele-health options).