

WANADA is supportive of the **Purpose** and **Aspirations** within the *Mental Health and Alcohol and Other Drugs Strategy – 2025-2030: Proposed Strategic Directions* (Strategic Direction).

The **Strategic Pillars** provide an appropriate delineation of needed development. WANADA notes supply reduction (as per the National Drug Strategy) is not a dedicated Strategic Pillar within the Strategic Direction, WANADA sees opportunities in Focus Area 20 for a safety, wellbeing and human rights lens to be applied to minimising harm.

Strategic Pillar 1: Approaches the promote wellbeing for everyone

There is a good mix of Focus Areas within this Strategic Pillar 1. While the alcohol and other drug relevant Focus Areas each present specific five-year future focus points, WANADA assumes opportunities for a more comprehensive diversity of responses can be captured in the Implementation Plan and Alcohol and other Drug Framework.

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| Focus Area 1: | Preventing and reducing alcohol and other drug use and related harms |
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WANADA recommends “and other harms” be removed from the Focus Area 1 title. Preventing and reducing use are consistent with the first two elements of Demand Reduction as per the National Drug Strategy (i.e. not including treatment). Preventing ‘related harms’ is potentially blurring the boundary with Harm Reduction.

This is also a consideration in the text box “What is health promotion and prevention?” which references minimising harm. WANADA is keen to strengthen the clarity and consistency of terminology used in State and National strategies.

There are errors in the text box “What is harm minimisation?”. The National Drug Strategy definitions of their three pillars are not reflected, WANADA does, however, support the more contemporary wording that has been applied (i.e. misuse replaced by use; user replaced by person who uses). We would also welcome harm reduction reflecting relevance to alcohol.

- **Demand reduction:** Preventing the uptake and/or delaying the onset of alcohol, **tobacco** and other drug use, reducing the use of alcohol, **tobacco** and other drugs, and supporting people to recover **from dependence through evidence-informed treatment**.
- **Supply reduction:** Preventing, stopping, disrupting or otherwise reducing the production and supply of ~~illicit~~ **illegal** drugs, and controlling, managing and/or regulating the availability of ~~illicit~~ **legal** drugs.¹
- **Harm reduction:** Reducing the adverse health, social and economic consequences of the use of **alcohol and other** drugs, for the person who uses, their families and the wider community.

Generally, to contribute to strengthening and clarifying terminology drawn from the National Drug Strategy, WANADA suggests ordering the five-year future focus points in this Focus Area 1 into:

- a) Those that are predominantly focused on preventing the uptake and/or delaying the onset of use, or

¹ Illicit drugs include illegal and legal drugs such as prescription medications that are used in a way that is not intended by the prescriber. Legal drugs are regulated.

b) Those that are primarily focused on reducing use.

The five-year future focus points provide many opportunities for realisation in the Implementation Plan.

General comments on the five-year future focus points listed include:

- WANADA welcomes reference to reducing stigma and discrimination. Stigma and discrimination is not just impacting the effectiveness of prevention and health promotion. As such, its inclusion across all Pillars is welcomed to highlight the significant barrier created by stigma and discrimination.
- To ensure inclusiveness, WANADA recommends reference to diverse population groups is maintained broadly in the Strategic Directions, with the Implementation Plan identifying the target populations for any initiative.
- Regional alcohol and other drug prevention services may provide the opportunity to enable/enhance community led solutions, informed by increased awareness.
- A focus on Fetal Alcohol Spectrum Disorder (FASD) prevention is welcomed. Children and adults with FASD (and cognitive impairment generally) are also at higher risk of early onset of use and are in need of support to reduce use (as well as treatment supports with data suggesting 40% of people accessing treatment are potentially impacted by FASD). This Pillar and Focus Area provide the only reference to FASD.
- The Australian Secondary School Students Alcohol and Drug Survey is a good source of data to inform this Focus Area. There are other data sources, including the Household Survey that would also be of use. WANADA assumes that all relevant data sources will contribute to planning and implementation prioritisation.
- Given the trends that WANADA has heard from services and communities, the future focus on protecting children and young people inadequately responds to alcohol and other drug availability. WANADA does, however, appreciate the benefits of regulatory controls that are able to be applied to legal drugs, informed by community to ensure they do not cause inadvertent harms.
- WANADA welcomes the intent of sharing data.

The Implementation Plan may benefit from enhancing the collaboration and coordination between community prevention services and the school drug education program (referenced in Focus Area 2) and demonstrating a needs-based approach to addressing disadvantage as it intersects with alcohol and other drug concerns.

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| Focus Area 3: | Preventing and reducing suicide and reducing suicidal distress |
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The alcohol and other drug sector play a significant role in the provision of suicide prevention, postvention and after-care through a capable workforce requiring considerable well-being and cross-sector collaboration support.

- With recent data indicating a high percentage of suicide deaths following alcohol and other drug treatment, WANADA is hopeful that the Implementation Plan can support targeted responses to people accessing and exiting treatment.
- WANADA welcomes the comprehensive data collection and monitoring system including real-time data around suicide prevention as a guide for decision making and supported cross sector collaboration.

- WANADA welcomes the intention for data sharing with the alcohol and other drug non-government sector to inform development of initiatives, programs and services responsive to suicide prevention and postvention.
- WANADA strongly supports the Mental Health Commission's efforts in adopting a trauma-informed approach across government. Actively addressing and reducing stigma around suicide, mental health, and alcohol and other drug use will improve access to services and encourage help-seeking behaviours. Peer support by people with lived and living experience is acknowledged as a key enabler of sustained engagement.

| Focus Area 4: | Enhancing community-led initiatives that support social and emotional wellbeing |
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| <p>WANADA initially had concerns that community-led initiatives were restricted only to Focus Area 4, and applicable only in relation to the Social and Emotional Wellbeing (SEWB) model and only applicable to Aboriginal communities. Through conversations with Mental Health Commission staff, we understand that the principles of community-led solutions are to be applied more broadly across the Focus Areas of the Strategic Directions. Based on the conversations we have had, WANADA is confident that community engagement and co-design will be clearly demonstrated in the Strategic Direction as well as the Implementation Plan and Alcohol and Other Drug Framework.</p> <p>A further related concern by WANADA was that the Focus Area on the SEWB model discounted the need for identifying Aboriginal peoples as a priority population group (e.g. Focus Area 1 which only identified LGBTQIA+SB and CaLD communities for consideration to meet diversity). While there are many priority population groups that would benefit from targeted initiatives, WANADA trusts these will be highlighted where most appropriate within the Implementation Plan and Alcohol and Other Drug Framework.</p> | |

WANADA welcomes the focus on empowering Aboriginal peoples and communities. In partnership with the Aboriginal Health Council of Western Australia, WANADA led an initiative to support the responsiveness to alcohol and other drugs. WANADA understands that it is not a necessary requirement for the SEWB pilot model to incorporate alcohol and other drug responses. Support to do so as per the above-mentioned initiative, has proven to be effective. Sustainability of any responsiveness is contingent on services applying the SEWB model (and ACCOs applying a range of validated healing models) receiving dedicated alcohol and other drug funding for support and/or treatment.

WANADA is concerned that one of the five-year future focus points suggests the *SEWB model could be integrated into mental health and alcohol and other drug services*. While mainstream services are undoubtedly continually improving culturally safe and secure service provision, integration that maximises partnerships and referral pathways between ACCOs/ACCHSs and mainstream services may be more appropriate considering existing resources of both sectors and the varied place-based contexts requiring adaptation.

Strategic Pillar 2: Supporting people in the community to achieve their own wellbeing goals

WANADA welcomed the alcohol and other drug focus within this Strategic Pillar – i.e. *harm reduction and support services distinct from clinical treatment*. The vast difference between the mental health support

initiatives and alcohol and other drug harm reduction, however, are not an easy blend to fit within a single Strategic Pillar.

It is well recognised that alcohol and other drug treatment services necessarily offer a range of psychosocial support services, including system navigation and warm referrals to intersecting service sectors to support the person-centred approach. While supports are necessarily integrated within treatment, and may include referral to harm reduction programs, harm reduction services (including sobering up services) also provide opportunities for referral to clinical treatment. Alcohol and other drug support services alongside harm reduction services are a slice of the intra-systemic pathway.

The goal of wellbeing aligns with one of the eight nationally accepted harm reduction principles², i.e. principle 3 that requires harm reduction practice to establish *quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies*. A predominant feature of many of the other principles of harm reduction focus on individual agency. This may be seen as contrasting with the description of this Strategic Pillar – which has a “doing to and doing for” focus.

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| Focus Area 5: | Strengthening individual and group psychosocial supports to those in need |
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WANADA recognises that focus area 5 is relevant to the Mental Health system only, however we welcome reference to the fact that individual and group psychosocial supports are provided within the alcohol and other drug system as well. We have confidence that supports within the alcohol and other drug system are considered and acknowledged in the Implementation Plan.

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| Focus Area 6: | Enhancing access to mental health and alcohol and other drug supports in community residential accommodation settings |
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WANADA recommends that the terminology of ‘residential’ in Focus Area 6 be modified to accommodation to make the distinction from residential treatment services as per Focus Area 13.

Post treatment “transitional housing” is also appropriately included in Focus Area 13, ensuring balanced pathways across services are efficient and contribute to maximising service capacity. Clearer/more distinction in the language is needed.

Dedicated alcohol and other drug initiatives are not evidently represented within the five-year future focus points for this Focus Area. Reference to alcohol and other drugs is only where it co-occurs with mental health as the primary concern. There is, however, a need for enhancing existing initiatives that address accommodation challenges for people with alcohol and other drug concerns as the primary concern, including for people transitioning from prison, and for young people engaged in the child protection system. This would need to be planned in consultation with alcohol and other drug and housing/accommodation sectors, potentially including capability building for housing sector responsiveness to alcohol and other drugs and in-reach support from the specialist alcohol and other drug sector.

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| Focus Area 7: | Reducing the harms associated with alcohol and other drug use |
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WANADA welcomes harm reduction being recognised as a dedicated Focus Area.

² [Harm Reduction Principles | National Harm Reduction Coalition](#)

There is a strong existing and growing evidence-base for harm reduction initiatives, with the barriers more often experienced in policy than in evidence, practice, or community acceptability. WANADA sees opportunity for the Implementation Plan to consider system-wide, cross-government, harm reduction measures across the state with consideration of priority groups.

In response to the five-year future focus points:

- Harm reduction is an area that can contribute significantly to any systemic evidence-based approach to address stigma and discrimination, taking advantage of the leadership of the predominant peer workforce.
- Monitoring systems, such as EDNA, are useful for informing needed harm reduction initiatives, however, are not in and of themselves harm reduction.
- WANADA and the alcohol and other drug sector view peer-led services as "safe and legitimate." This terminology is divisive, and we suggest the terminology could reference "relevant" in recognition of the diversity of harms associated with various drug types and modes of use.
- Peer-led partnerships with cross-agency approaches to reduce harm in the context of any event, including music festivals, is welcomed. It would be of benefit if the strategy enabled responsiveness to a range of events that may be associated with planned substance use. Peer education is essential as an evidenced approach to reducing harm.

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| Focus Area 8: | Providing contemporary models for safe places in the community |
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WANADA welcomes and supports the focus on safe places and sobering up services.

The introduction of treatment within this Focus Area is confusing as it is not consistent with the Strategic Pillar introduction which specifically identified the need for distinction with clinical treatment. The confusion may be related to an expectation of expanding the purpose of the safe-place facility. Any additional expanded purpose would need to be planned within the appropriate Strategic Pillar (e.g. for treatment responses Pillar 3).

In response to the five-year future focus points:

- WANADA welcomes safe place service models that are tailored to local needs, to meet demand. We presume relevant actions and activities in the Implementation Plan and/or the Alcohol and Other Drug Framework will recognise the relatively recent service model evaluation of sobering-up centres in Western Australia³ and work in partnership with these service providers to continue to meet community need and demand.
- We also welcome safe places for children and young people impacted by their own and/or others' alcohol and other drug use.
- We also welcome safe place models for people who use drugs other than alcohol. The National Drug Strategy lists safe places such as safe injecting rooms. WANADA would welcome broad consideration.

³Mental Health Commission (2019). [HYPERLINK "https://www.mhc.wa.gov.au/awcontent/Web/Documents/2015-2024/independent-review-of-sobering-up-centres-service-model-review.pdf"](https://www.mhc.wa.gov.au/awcontent/Web/Documents/2015-2024/independent-review-of-sobering-up-centres-service-model-review.pdf) [Independent Review of Sobering-Up Centres in Western Australia](https://www.mhc.wa.gov.au/awcontent/Web/Documents/2015-2024/independent-review-of-sobering-up-centres-service-model-review.pdf).

While not funded by the Mental Health Commission, pathways and partnerships with community connector services that support safe transportation to safe places (for adults and children/young people) needs to be factored in to support safe place access.

Strategic Pillar 3: Equitable access to services in the community

The “definition” of Strategic Pillar 3, which incorporates *bridging the gap between supports in the community and hospital-based care* is not a relevant description of alcohol and other drug services in this scope. Similarly, it describes the focus of Strategic Pillar 3 being *specialist treatment and support services delivered in the community*, when “support” services were the focus of Strategic Pillar 2.

WANADA has no issue with the relevance of treatment services for this Strategic Pillar, as per Focus Areas 9, 11 and 13, however the introductory language is not a good fit with how the alcohol and other drug sector describes itself in relation to treatment service provision. This distinction needs to be clear.

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| Focus Area 9: | Improving immediate access and response to people in crisis |
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WANADA recognises the pending operation of the Immediate Drug Assistance Coordination Centre (IDACC) as being relevant to this Focus Area. There is clearly a need for crisis responses for people impacted by alcohol and other drug use to alleviate pressures on emergency departments, and police and ambulance call outs. There is an expectation that further developments that are responsive to alcohol and other drug related crises would be advanced through engagement, consultation and co-design with the alcohol and other drug sector across the state.

Whilst recognising a crisis service may offer a short-term response, prioritising pathways to medium or longer term supports (including harm reduction) and treatment options (including increased time for withdrawal management) are essential. This will ensure person-centred, intersecting concerns can be meaningfully enabled.

WANADA acknowledges that providing access to crisis support will be beneficial in health regions across Western Australia, with regional contexts informing any adaptation of a crisis response model. Data sharing and evaluation of these services is essential to inform appropriate responses (and pathways/system-wide response) as well as equitable access.

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| Focus Area 11: | Supporting alcohol and other drug treatment in the community to continue to grow and diversify |
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WANADA welcomes the recognition of the importance of growing and diversifying alcohol and other drug treatment in the community to meet growing demands and complexity, and support people and communities in settings outside of acute care. Regional needs-based assessments/modelling would be beneficial to ensure adequate services are funded to meet place-informed demand.

Community treatment (and residential rehabilitation) services employ people with a diverse range of qualifications and experience. As discussed in Strategic Pillar 2, treatment services also offer support including system navigation, and may engage, as appropriate, peer workers in this role. The treatment component of these services, however, must be provided by appropriately qualified staff, ensuring the

application of evidence informed practice. If there are workforce barriers in relation to qualifications, alternative service models must be explored.

In response to the five-year future focus points:

- The wording of this first focus point needs to be adjusted. There are some treatment service users who do not identify as having co-occurring mental health concerns. There is a significant proportion of people accessing alcohol and other drug services who present with co-occurring/intersecting alcohol and other drug, mental health, and social and physical health concerns. Most alcohol and other drug services have developed their capability to be responsive to co-occurring mental health. The first focus point does not recognise that the primary concern for people accessing alcohol and other drug treatment services is to address their alcohol and other drug concerns - in an environment that treats them with dignity, respect and without judgement.

Alcohol and other drug services are also reporting to WANADA that mental health services are referring people whose primary concern is mental health where they have co-occurring alcohol and other drugs concerns, on the basis that mental health services are not responding appropriately to alcohol and other drug use (i.e. alcohol and other drug use is a significant barrier to mental health treatment).

- WANADA welcomes the focus on enhancing ACCO partnerships to further strengthen cultural security. This also provides an opportunity for building the alcohol and other drug responsiveness of ACCO services.
- Service integration and system navigation would benefit from recognising that alcohol and other drug intersectionality and partnerships need to occur beyond the health system, with different entry points for people requiring supports (such as family, domestic and sexual violence, homelessness, etc).
- WANADA identifies there are many opportunities for a mature commissioning approach to maximise efficiencies and outcomes possible within this Focus Area.

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| Focus Area 13: | Balancing access to alcohol and other drug withdrawal, residential rehabilitation treatment and post residential treatment and supports in the community |
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WANADA welcomes this Focus Area, enabling pathway efficiencies that maximise capacity of residential rehabilitation services in Western Australia.

It needs to be noted that access to residential services typically commences through assessment and "readiness"/holding potential residents within non-residential treatment services. Residential rehabilitation services are not crisis services as such, and service users need to be supported to ensure best outcomes/avoid inadvertent consequences. Readiness may include: ensuring children or pets are able to be looked after for the length of their residential engagement; stability on any medications; there is no risk of jeopardising current housing arrangements (if they have any); financial management is coordinated; etc. This may take a considerable amount of time, depending on the individual and the varied barriers to engage in system requirements - before someone can be considered for residential care and before they are officially registered on the waitlist for streamlined supervised withdrawal (if needed) and a residential bed. Psychosocial treatment (provided individually and/or in group sessions) is also typically provided during this lead-in period. This component of the individual's journey is a significant contributor to

streamlined balanced access to intensive treatment. There have been examples where residential bed expansions have resulted in delays to reach capacity due to inadequate resources for assessment and readiness. There is potential for many bottlenecks in this service stream system.

There are many opportunities for the Implementation Plan resulting from this Focus Area, and WANADA recommends engagement with the sector is undertaken to ensure efficiencies and balance is appropriate.

In response to the five-year future focus points:

- It must be noted that medically supported withdrawal services are not just used as a step towards residential rehabilitation. Many individuals may seek supervised withdrawal support to help with their own processes of reducing use – i.e. they do not wish to or have capacity to engage in long term residential care or are assessed as not requiring residential rehabilitation. Many people combine withdrawal with non-residential counselling/treatment. Seeking supervised withdrawal support should in these cases be promoted given the risk of unsupervised withdrawal. Determining withdrawal beds just on residential capacity alone is inadequate to meet the diversity of needs.
- In relation to addressing co-occurring mental health concerns, the majority of residential rehabilitation services in Western Australia have been developing and enhancing their capability for many years commencing with the Commonwealth Government Improved Services Initiative in 2007. In 2021 WANADA in partnership with WAAMH developed a co-occurring capability review tool trialled as suitable to services in both sectors. WANADA recommends resources be made available to enable this tool to be applied across both sectors to enhance co-occurring capability.
- It would be remiss if this Focus Area did not result in the identification of initiatives to reduce post treatment overdose/poisoning deaths, particularly as it relates to withdrawal services in isolation.
- WANADA welcomes a focus on regulating private alcohol and other drug residential treatment facilities, recognising that some of these facilities also require licencing and regulation for other activities provided (e.g. labour hire).

Strategic Pillar 4: Specialised and acute services for those that need them

WANADA welcomes the strategic focus on improved responsiveness within acute settings. Pathways across the specialist alcohol and other drug system are needed to achieve sustainable and self-determined outcomes.

The alcohol and other drug related Focus Areas in this Strategic Pillar are responding to potential acuity of two areas of complexity - as they relate to tertiary health and engagement in the justice system (not just hospital-based care as per the description of this Strategic Pillar). WANADA recognises stigma and discrimination present a significant barrier within these two systems, impacting appropriate responsiveness, including referral.

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| Focus Area 14: | Integrating and building alcohol and other drug services within hospitals |
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Engagement in a hospital setting is necessary short term. This raises the need for sound post hospital release strategies, including relapse prevention/overdose risk following withdrawal, and appropriate

pathways to community alcohol and other drug support, harm reduction, and treatment services. These pathways are required to also address the varied person-centred needs of individuals.

The Western Australian sector is aware of some effective examples in other jurisdictions of hospitals that demonstrate a responsiveness to alcohol and other drug concerns and appropriate referral. WANADA recommends the development of these initiatives are informed through engagement with the alcohol and other drug sector across the health regions to ensure consideration of the different regional contexts.

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| Focus Area 16: | Providing mental health and alcohol and other drug support for people at risk of entering or engaged in the justice system |
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The Drug Court, alcohol and other drug police and court diversion, alcohol and other drug information and education and modified therapeutic communities in prisons, post release community service referral and transition services provide a mix of alcohol and other drug services to people at risk of or engaged in the justice system. Commissioning for these services is variously managed by different government agencies. Cross-government collaboration is essential to ensure the overall alcohol and other drug system is appropriately resourced to support system viability that contributes to best outcomes.

WANADA welcomes the cross-government collaboration and strong partnership of the alcohol and other drug sector with department of justice and other government agencies in delivering coordinated effective diversion and support to those engaged in the justice system. Sustaining this coordination requires access to data to inform service planning, design and effective system navigation.

WANADA recognises that people who are engaged in the justice system experience significant stigma and discrimination and face more barriers to maintaining their health and social and emotional wellbeing while incarcerated and post release. WANADA is looking forward to being part of robust cross-agency discussions and cross sector engagement to implement improvements to forensic services (that are consistent with the intent of the national alcohol and other drug strategies) and coordinated supports that span the full continuum—from prevention and early intervention to custodial care and post-release support.

Strategic Pillar 5: Foundations for contemporary person-centred systems

WANADA welcomes the systemic approach of Pillar 5, which lays the foundations and priority enablers for an effective system.

It is difficult to envisage how these foundations will be translated into an Implementation Plan. It would be beneficial to more transparently demonstrate how the Focus Areas within this Strategic Pillar will be progressed, monitored and evaluated. Within support documents, this may include:

- Clear roles and responsibilities of the Mental Health Commission, cross-government agencies, alcohol and other drug system support services (peaks), and services for driving coordinated action.
- A commitment to data sharing across the wider social system to inform collaboration and development aimed at better meeting community need.
- A commitment to consultation and engagement with the alcohol and other drug sector to ensure feasibility and consistent messaging to the community.

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| Focus Area 18: | Culture that values lived and living experience, diversity and equity |
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WANADA welcomes the Mental Health Commission's commitment to driving this cultural change. We are confident that the alcohol and other drug sector is committed to valuing lived and living experience, diversity and equity. The not-for-profit alcohol and other drug sector was founded on this premise. While the sector is also comfortable with the principles of continuous quality improvement, there are many opportunities that can support sector-wide developments to achieve against the expectations of this Focus Area.

WANADA and the sector look forward to meaningful engagement (including supporting the engagement of the diverse range of service users) to inform service-level person centred outcomes.

WANADA will welcome the opportunity to contribute to the development of a systemic approach to reducing stigma and discrimination as it applies to alcohol and other drug use.

These are all areas that WANADA has long advocated for.

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| Focus Area 19: | Robust and accountable leadership governance, partnerships and collaboration |
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WANADA is committed to supporting the Office of Alcohol and Other Drugs in its role in strengthening the alcohol and other drug system with accountable and transparent leadership. The sector has expectations that the Mental Health Commission, and the Office support and drive enhanced cross-government collaboration and engage with/draw on the expertise of the alcohol and other drug sector and lived and living experience to ensure policy, systems and service planning is practice and evidence-informed.

WANADA is calling for a community alcohol and other drug summit to endorse, or otherwise, progressive evidence-based reform that may require a demonstration of community acceptability.

WANADA is aware of the expectations of peak bodies to contribute to achieving against the state commissioning strategy. We are willing to build our understanding of how our roles and responsibilities will complement the roles and responsibilities of the Mental Health Commission, relevant government agencies, and services.

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| Focus Area 20: | Complementary and coordinated state and national strategy |
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WANADA welcomes the focus on ensuring alignment with other national and state strategies. The National Drug Strategy, and the many sub-strategies, are however not well reflected in this Strategic Direction or this Focus Area. Supply reduction, as an example is inadequately explored - this may, however, be presented within the pending Alcohol and Other Drug Framework, together with other inter-agency engagement.

WANADA recognises the importance of having consistent language across state and national strategies and would welcome supporting and promoting shared understanding.

WANADA supports the whole-of-government approaches to, for example, the National Agreement on Closing the Gap, and equity and freedom from discrimination for LGBTIQ+SB communities. WANADA and the sector will undoubtedly welcome opportunities to identify our role in contributing to these important reforms.

WANADA looks forward to contributing to the statutory review of the *Alcohol and Other Drugs Act 1974*.

We also welcome the focus on regulation of alcohol and other drug services – as contributing to the achievement of regulation for all community services. The Western Australian alcohol and other drug sector is rightfully proud of its achievements to ensure all government funded alcohol and other drug treatment services (and other service types) are certified against at least one of the recognised required standards identified in the National Quality Framework.

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| Focus Area 21: | Infrastructure, technology and initiatives that promote system performance and access to information, supports and services |
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WANADA is very willing to support the sector engagement to identify efficiencies for all elements of this Focus Area, ensuring best fit-for-purpose that enhances access and quality service delivery.

Infrastructure to support workforce accommodation has been identified by many regional services as a barrier to service delivery. Many services have explored alternatives. The power of sector information sharing on applied strategies would contribute to efficiency.

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| Focus Area 22: | Skilled, diverse and supported workforces |
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WANADA welcomes the Mental Health Commission focus on supporting appropriately skilled, diverse and supported workforces. We look forward to contributing to workforce data and analysis, and identifying priority opportunities for workforce planning and development.

There is a long history of alcohol and other drug workforce development research (driven by the National Centre for Education and Training in Addiction) recognising that education and training of individuals is inadequate in and of itself without organisational and systems development supporting the application of individual learning. Given the significant differences between the alcohol and other drug system and the mental health system, a single combined systems Workforce Strategic Action Plan will be limited in its ability to maximise reform that is desperately needed (as repeatedly reported particularly by the regional rural and remote alcohol and other drug sector).

For effective workforce development there is a need to support alcohol and other drug content is incorporated into all relevant tertiary courses. There is a need to ensure capability building and systems change management for reciprocal responsiveness to address intersectionality (inclusive of the priorities listed and others that the sector have identified such as FASD/cognitive impairment), and strategies for place-based career development to address workforce shortages and local skills/qualification development. Etc.

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| Focus Area 23: | Strengthened data, monitoring and evaluation to improve system and service performance |
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Our above response has relevance to this Focus Area. As above, WANADA is more than happy to support engagement with the alcohol and other drug sector to inform the development of meaningful and relevant data systems and service-level person centred outcome measures. WANADA expects transparency and data sharing to support alcohol and other drug services to be aligned with, and responsive to identified needs.

WANADA and alcohol and other drug services frequently engage in partnerships with research bodies to ensure contemporary evidence is translatable into practice. Where appropriate, we trust that relevant research findings inform government policy and system development.

Through our partnership with the Kimberley Aboriginal Regional Governance Group and Milliya Rumurra to identify Kimberley service requirements for young people, WANADA has gained many insights into effective processes for community engagement and empowering community-led solutions. We would happily share these insights and partner appropriately to contribute to future systems development initiatives.