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Western Australian Network of Alcohol & other Drug Agencies

Response to Independent Review of WA Health System Governance Report

December 2022

Contents

Acknowledgement of Country

WANADA acknowledge the traditional custodians of the Country on which WANADA's office is located, the Whadjuk people of the Noongar Nation. We acknowledge their continuing and unbroken connection to land and sea, which was never ceded. We pay our respect to their Culture and their Elders past and present, and acknowledge their significant ongoing contribution to WA society and the community.

About WANADA

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the specialist alcohol and other drug education, prevention, treatment, harm reduction and support sector in Western Australia.

WANADA is an independent, membership-driven, not-for-profit association. Our purpose is to lead a shared voice within the specialist alcohol and other drug service sector that drives positive change needed to achieve best community outcomes.

Our membership comprises 96 services and additional individual members, from across all regions of WA.[1] WANADA is driven by the passion and hard work of its member organisations, which deliver a range of alcohol and other drug services and system supports.

The development of this submission is informed by extensive sector and stakeholder consultation and feedback. This has included input from specialist alcohol and other drug service provider representatives, people with relevant personal experience and system stakeholders. Organisation representatives were also provided an opportunity to formally indicate support wherever possible given the time constraints.

WANADA thanks all contributors and supporters to this response.

[1] A full member list is available at: https://wanada.org.au/about-wanada/wanada-members/.

Executive Summary

WANADA welcomes the opportunity to provide feedback on the *Independent Review of WA Health System Governance* (Independent Review).

Alcohol and other drug related harms significantly impact the WA health, human services, social and justice systems as well as the community. The predominantly not-for-profit alcohol and other drug sector has developed over many years to provide a diverse and evidence-informed response to the health and wellbeing needs of individuals, families and communities.

WANADA broadly supports the direction and reform intent of the Independent Review. Our response to the Independent Review recommendations is contingent on the health system having an enhanced alcohol and other drug leadership voice to contribute to all governance reform areas. We see this would more likely be achieved through a structural and governance model that builds on the current alcohol and other drug system strengths and opportunities.

We believe it is important to ensure system leadership with increased clarity of responsibilities, with alcohol and other drug subject-matter expertise informing planning, accountability, resourcing, and risk considerations. This leadership will enhance co-ordinated activity to address intersecting harms, and support system development needed to contribute to Aboriginal self-determination.

Following extensive sector consultation, and consideration of the factors highlighted within this submission, WANADA proposes the sector's preferred structural and governance model, for consideration:

1) The establishment of a specific alcohol and other drug directorate within the Public and Aboriginal Health Division of the WA Department of Health.

   This directorate would coordinate alcohol and other drug system activity, with responsibility for:
   - alcohol and other drug policy, planning and commissioning oversight
   - alcohol and other drug primary prevention and community development
   - engagement with people with relevant personal experience of alcohol and other drugs
   - relevant system supports, including workforce development, the Strong Spirit Strong Mind Aboriginal Program, the Alcohol and Other Drug Support Service, and Next Step
   - informing quality regulation of treatment services not funded by government
   - contributing to the implementation of Aboriginal self-determination principles in alignment with Closing the Gap targets[2,3]
   - ensuring broader system responsiveness to alcohol and other drugs, where they intersect and cooccur with other health, social, and justice concerns
   - providing state leadership in the implementation of federal strategies and governance.

2) Sector representation on the implementation committee, to support appropriate consideration of alcohol and other drugs within the machinery of government changes.

If other arrangements are seen as more appropriate, WANADA is happy to work with the Department, supporting sector engagement to collaboratively ensure effective outcomes for both the sector and the broader system.

[2] WA Department of the Premier and Cabinet (2021). *Closing the Gap Jurisdictional Implementation Plan Western Australia*. p. 7-8
[3] Commonwealth Government of Australia (2020). *Closing the Gap Targets and Outcomes*

Alcohol and other drug impact on the broader system

Alcohol and other drugs significantly impact the **WA** health, social and justice systems, as well as the community.

11,278 ED presentations related to alcohol and other drugs (in 2020-21) [4]

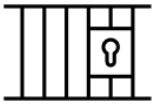
6,389 hospitalisations related to drugs (in 2019-20)[5]

20,917 hospitalisations related to alcohol (in 2019)[6]

5914 ambulance call outs related to alcohol intoxication (in 2021)[7]

Over 345,000 people identified as being a victim of a drug-related incident (in the 12 months to 2019)[8]

9,382 alcohol-related family assaults occurred in (2021)[9]

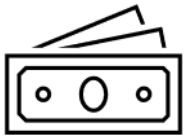


36% young people in Banksia Hill Detention Centre diagnosed with FASD (in 2015-16)[10]

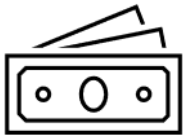
26.6% of country WA adult population exceeding the alcohol lifetime risk guidelines (in 2020)[11]

The **national** impact of alcohol and other drugs include:

16.1% of the national burden of disease is attributable to tobacco, alcohol and/or other drugs[12]



$66.8B per year is the estimated cost of alcohol to Australia[13]



$5B per year is the estimated cost of methamphetamine to Australia[14]

[4] Australian Institute of Health and Welfare (2022) *Emergency Department Care*.
[5] Chrzanowska A, Man N, Sutherland R, Degenhardt L and Peacock A (2021) *Trends in drug-related hospitalisations in Australia, 1999-2020*, National Drug and Alcohol Research Centre, UNSW.
[6] Alcohol. Think Again (2021) *Alcohol Harm Statistics*.
[7] St John WA (2022) *Surge in alcohol-related ambulance cases prompts warning for revellers.*
[8] Australian Institute of Health and Welfare (2019) *National Drug Strategy Household Survey* (Table S.50).
Note: Incidents refer to verbal and/or physical abuse or being put in fear by someone they suspect is under the influence of illicit drugs.
[9] Cancer Council Western Australia, WA Network of Alcohol and other Drug Agencies, Alcohol and Drug Foundation and Telethon Kids Institute (2022) WA's Hidden Crisis: Harm from Alcohol.
[10] Bower C, Watkins RE, Mutch RC, et al. (2018) *Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia*, doi: 10.1136/bmjopen-2017-019605.
[11] Epidemiology Directorate, WA Department of Health (2021) *Health and Wellbeing of Adults in Western Australia 2020, Overview and Trends.*
[12] Australian Institute of Health and Welfare (2022) *Alcohol, tobacco & other drugs in Australia.*
[13] Whetton S, Tait RJ, Gilmore W, Dey T, Agramunt S, Abdul Halim S, McEntee A, Mukhtar A, Roche A, Allsop S & Chikritzhs T (2021) *Examining the Social and Economic Costs of Alcohol Use in Australia: 2017/18*, National Drug Research Institute, Curtin University.
[14] Whetton S, Shanahan M, Cartwright K, Duraisingam V, Ferrante A, Gray D, Kaye S, Kostadinov V, McKetin R, Pidd K, Roche A, Tait RJ & Allsop S (2016) *The Social Costs of Methamphetamine in Australia 2013/14*, National Drug Research Institute, Curtin University.

About the alcohol and other drug sector

The current alcohol and other drug system is guided by the *National Drug Strategy 2017-2026*, that is inclusive of demand, supply and harm reduction measures that serves to emphasise the need for linkages between the health, justice and other social systems.[15,16]

The WA alcohol and other drug sector is made up of multiple service types within all levels of preventive health.[17] These include: prevention and community development;[18] education and information; harm reduction;[19] clinical and psychosocial counselling, treatment and withdrawal; residential rehabilitation and therapeutic communities; justice programs including police and court diversion, prison treatment and reintegration; pharmacotherapy; intoxication management; and various support services. As a result of insufficient sector capacity to meet community demand, the range of services includes those that offer more immediate access and support for many people on specific service waitlists.

The alcohol and other drug sector provide accountable and evidence-based practice. [20] 98.7% of services commissioned by the MHC were accredited against a relevant quality standard in 2022.[21] These services work collaboratively with other specialist health and social services to address a range of intersecting and co-occurring harms and concerns.

Alcohol and other drug services respond to the health and wellbeing needs of individuals, families and communities contributing to addressing a range of social determinants of health.

The WA alcohol and other drug sector is predominantly not-for-profit

Of the 109 publicly funded WA alcohol and other drug treatment services reporting to the Australian Institute of Health and Wellbeing in 2020-21, 99 were non-government-organisations, with a significant proportion delivered outside of metropolitan Perth.[22] These services provided treatment and support to 17,195 people in WA, of which: 22% identified as Aboriginal and/or Torres Strait Islander; 54% were aged 20-39 years; and 40.3% presented with alcohol as their principal drug of concern, followed by 27.2% for amphetamine-type substances.

Needle and syringe exchange programs (NSEPs) in WA are substantially provided by non-government services. In 2020-21, there were 5,624,781 injecting equipment distributions across WA, with 4,005,421 provided through NSEPs.[23,24]

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[15] Lee, N. and Allsop, S. (2020) *Exploring the place of AOD services in a successful mental health system*, 360Edge, p.7.

[16] Commonwealth Department of Health (2017) *National Drug Strategy 2017-2026*.

[17] Wilcox S (2015) *Chronic diseases in Australia: Blueprint for preventive action, Australian Health Policy Collaboration Policy paper* No. 2015-01, Australian Health Policy Collaboration.

[18] **Regional prevention initiatives,** predominantly provided by not-for-profit services, include local coordination of responses to volatile substance use, community engagement and education, and local prevention planning and partnerships.

[19] **Harm reduction** services across the WA alcohol and other drug sector are mostly commissioned through Communicable Diseases Branch of the WA Dept. Health. The aim of harm reduction services is decreased health, social and legal impacts resulting from alcohol and other drug laws, policies and use. This approach complements treatment and abstinence models focussed on reducing individual drug use and impact on families. Harm reduction services include sobering up centres, night patrols and drop-in centres, which ensure people are safe and have access to amenities, transport, and information that meets their immediate needs. The sector also provides peer models of harm reduction to deliver: needle and syringe (exchange) programs; outreach; naloxone training and distribution; peer education; Hepatitis C testing, education and treatment; and associated activities that act as tertiary prevention and contribute to significant savings across the health system, estimated in the hundreds of millions of dollars. For example, return on investment of needle and syringe programs is evidence-informed and evaluated. See for example: National Centre in HIV Epidemiology and Clinical Research, UNSW (2009) *Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009*.

[20] Stone, J, Marsh, A, Dale, A, Willis, L, O'Toole, S, Helfgott, S, Bennetts, A, Cleary, L, Ditchburn, S, Jacobson, H, Rea, R, Aitken, D, Lowery, M, Oh, G, Stark, R, & Stevens, C (2019) *Counselling Guidelines: Alcohol and other drug issues (4th ed.)*. WA Mental Health Commission, p. 55.

[21] WA Government (2022) *State Budget Papers*, p. 342.

[22] Australian Institute of Health and Welfare (2022) *Alcohol and other drug treatment services in Australia annual report.*
Note: this figure does not include those alcohol and other drug services commissioned by the National Indigenous Australians Agency (13 contracts in 2022-23).

[23] WA Department of Health (2021) *Needle and Syringe Program Annual Report 2020-21*, p. 12.

[24] Of note - Distribution figures do not include data from twelve organisations that provide NSP/NSEP including Peer Based Harm Reduction WA (recording 1,900,750 distributions and over 16,600 consumer health interactions in 2020-21 as the largest fixed site provider in WA, as per their Annual Report), WA AIDS Council, Palmerston Mandurah, HepatitisWA, Goldfields, Pilbara, and Great Southern Population Health Units, Magenta/Sex Worker Outreach Project WA, and the Midwest Community Alcohol Drug Service.

It is important to recognise the benefits of the alcohol and other drug sector being predominantly not-for-profit and non-government. Research has identified these benefits as:[25]

- having strong connections to communities
- providing community building capacities
- providing system diversity and access to on-the-ground local networks
- reaching diverse populations
- supporting the application of holistic responses
- giving identity and voice to marginalised peoples.

An additional strength identified through WANADA's consultation is the not-for-profit organisations' capacity to be responsive to changing local trends and diverse community needs. In WA the not-for-profit alcohol and other drug sector offers transitional pathways across a diverse range of services.

There are systemic differences between specialist alcohol and other drug not-for-profit and government providers.[26] Not-for-profit services are typically more vulnerable than government providers regarding contract length and continuity. This obviously contributes to staff insecurity, impacting their financial and mental health wellbeing, and risks services and the broader sector losing valued and experienced employees. Like many community services, alcohol and other drug not-for-profit organisations actively seek and attract funding from a range of local, state and federal government and philanthropic sources. Additional funding enables services to build on the value of core funding to improve service delivery outcomes. This is a further strength of the not-for-profit sector, dependent on effective commissioning processes. The sector sees the implementation of commission reform as offering a planned approach and process to ensuring sector sustainability, as well as expansion needed to meet community demand.

Both not-for-profit and government providers are integral parts of the specialist and comprehensive response to alcohol and other drug related harms in WA.

Preventive health elements inform the WA alcohol and other drug system

As a result of WA's geography and the predominant not-for-profit composition of alcohol and other drug services, the sector's system has developed in a unique way to operate across the spectrum of preventive health (primordial, primary, secondary, tertiary, and quaternary prevention).[27] This has proven to be effective and efficient. Many regional alcohol and other drug clinical treatment services that fall within secondary and tertiary prevention also deliver community development focussed on primordial and primary prevention. The benefits of the preventive health approach include reducing higher end service demand pressures and supporting the sustainability of the health and social systems.[28]

Collaboration between alcohol and other drug services and local communities is foundational to ensure:

- the identification of, and tailored initiatives that address, local social determinants of health
- activities are responsive to local alcohol and other drug risk factors and trends
- appropriate information and education enhance community awareness and engagement
- equitable access pathways to the range of treatment services meet local needs
- the sector represents local needs and issues in system planning and commissioning activities.

Collaborations between alcohol and other drug and cross-sector services are essential

Cross-sector relationships reported by alcohol and other drug services include (but are not limited to):

- community services: family and domestic violence, homelessness, women's health and family services, Aboriginal community-controlled organisations, welfare, and children and youth services
- health: hospitals, outpatient, mental health, primary care, GPs and Aboriginal community-controlled health organisations

[25] Van de Ven et al. (2020) *How vulnerable is the alcohol and other drug (AOD) treatment service sector: a comparison between public (government-run) and not-for- profit (non-government) providers*.
[26] Van de Ven et al. (2020) *How vulnerable is the alcohol and other drug (AOD) treatment service sector: a comparison between public (government-run) and not-for- profit (non-government) providers*.
[27] Commonwealth Department of Health (2021) *National Preventive Health Strategy 2021-30*, p. 23.
[28] Commonwealth Department of Health (2021) *National Preventive Health Strategy 2021-2030*, p. 24.

- justice: police, courts, prisons and parole, licencing and fines enforcement – noting the capacity of alcohol and other drug services to contribute to reduced recidivism
- education: TAFE, universities, training providers, school counselling and drug education.

Partnerships with cross-sector services contribute to enhanced outcomes for individuals, families and communities experiencing alcohol and other drug and intersecting harms by reducing stigma, prejudice and discrimination, and supporting efficient and effective referrals including shared care and case management. Alcohol and other drug services report that cross-sector partnerships enable capability building so that services can safely and appropriately respond to intersecting issues within each services' capacity, capability and specialisation.

Improved outcomes through an enhanced alcohol and other drug system

WANADA supports the intent of the *Independent Review of WA Health System Governance* (Independent Review) recommendations to improve collective leadership, consumer engagement, cross-service and sector partnerships, system alignment and accountability.

We recognise that the scope of the Independent Review has extended beyond the *Health Services Act 2016,* to areas which connect to, and overlap with, alcohol and other drugs. This scope enables consideration of system management responsibility to deliver improved outcomes. WANADA recognises, and has considered in this submission, the interconnectedness of all of the Independent Review recommendations.

Based on extensive sector consultation and feedback, WANADA proposes, for consideration, a sector preferred structural and governance model that builds on the current alcohol and other drug system strengths and opportunities as well as delivering on the Independent Review's reform direction. WANADA's preferred model would ensure system leadership with increased clarity of responsibilities, and subject-matter expertise that informs planning, accountability, resourcing and risk considerations.

WANADA proposes:

The establishment of a specific alcohol and other drug directorate within the Public and Aboriginal Health Division of the WA Department of Health.

This directorate would coordinate alcohol and other drug system activity, with responsibility for:

- alcohol and other drug policy, planning and commissioning oversight
- alcohol and other drug primary prevention and community development
- engagement with people with relevant personal experience of alcohol and other drugs
- relevant system supports, including workforce development, the Strong Spirit Strong Mind Aboriginal Program, the Alcohol and Other Drug Support Service, and Next Step
- informing quality regulation of treatment services not funded by government
- contributing to the implementation of Aboriginal self-determination principles in alignment with Closing the Gap targets[29,30]
- ensuring broader system responsiveness to alcohol and other drugs, where they intersect and cooccur with other health, social, and justice concerns
- providing state leadership in the implementation of federal strategies and governance.

We believe the proposed model is an appropriate response to address the significant impact of alcohol and other drugs at a population level, as well as relieving pressure on the tertiary health, social and justice systems. The model also recognises the important role of the not-for-profit specialist alcohol and other drug service sector in achieving best outcomes for individuals, families, and communities. A strong relationship between the system manager for alcohol and other drugs and the sector is required, so that collaborative partnerships inform and drive an appropriate planned approach.

[29] WA Department of the Premier and Cabinet (2021). *Closing the Gap Jurisdictional Implementation Plan Western Australia.* p. 7-8
[30] Commonwealth Government of Australia (2020). *Closing the Gap Targets and Outcomes*

The proposed model takes into consideration the following system and sector considerations.

Primary prevention within the proposed model

The integrity of the alcohol and other drug system across the preventive health spectrum must remain a priority. The preventive health approach is underpinned by partnerships and collaborations. There is significant risk in the Independent Review's recommendation (Rec. 14b) to the system management responsibility regarding "primary" prevention for alcohol and other drugs. The sector believes this approach would fragment and undermine the current strengths of the system and introduce contracting pressures for services funded to deliver both treatment and prevention. Feedback to WANADA indicates that system management capability to develop state-wide prevention campaigns and support planned local prevention initiatives should remain connected to the alcohol and other drug system.

Relevant personal experience of alcohol and other drugs within the proposed model

Many people in the community may identify as having a "lived or living" experience of alcohol and other drugs. Some, including family members are, or have accessed alcohol and other drug services for treatment and/or support. Some people who may identify as consumers, continue to be impacted by their own or another's alcohol and other drug use. "Peers" are typically those that are identified within their peer community.

Relevant personal experience enables individuals to draw on their experience in their work, or their contribution to policy and strategy. Relevant personal experience takes into consideration the currency of their experience as well as the substance they use, or have used, as well as the ways they have used their substance of choice (e.g. injecting). Alcohol and other drug relevant personal experience is an essential contributor to informing effective services and systems.

The alcohol and other drug sector has for decades, and continues to be, developed with input from relevant personal experience. The service sector values the contribution of both lived and learned experience:

- 62% of the WA alcohol and other drug service sector workforce identify as having, or having had, a relevant personal experience of alcohol and other drugs, with approximately 29% of these employed in roles where such experience is a criterion in their job role.[31]
- 68% of WA alcohol and other drug sector workers hold a relevant university qualification, with only 3% having no formal qualifications.[32]

There have been significant barriers and challenges to the incorporation of alcohol and other drug relevant personal experience in system development (informing state policy, planning and strategies). Real or perceived alcohol and other drug stigma, prejudice and discrimination has impacted "safe" engagement:

> Illicit drug dependence is the most stigmatised health condition, and alcohol dependence is the fourth most stigmatised condition.[33]

The sector acknowledges the prevalence of co-occurring alcohol and other drug and mental health issues. This, however, is often not the only intersecting concern that needs to be considered in alcohol and other drug system development. Alcohol and other drug system representation is less considered in an environment where the narrative of other lived experiences take priority, particularly for those with negative experiences within medical service settings where lived experience engagement is an emerging paradigm. As a result, terminology, engagement practices, and system representation are frequently not considerate of the views and needs of people impacted by alcohol and other drug use.

There is a need to establish appropriate and safe methods of engagement that specifically meets the needs of those with alcohol and other drug relevant personal experience. This is particularly essential to ensure compliance with the principles and priorities of both the Delivering Community in Partnership Policy and the Sustainable Health Review.[34]

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[31] WANADA & AODCCC (2022) *Western Australian Alcohol and Other Drug Sector Peer Workforce and Consumer Survey*, p. 13-14.
[32] WANADA (2017) *Comprehensive Alcohol and other Drug Workforce Development in Western Australia*, p. 11.
[33] Room, Robin & Rehm, Jürgen & Trotter II, Robert & Paglia, A & Üstün, T.B (2001). *Cross-cultural views on stigma, valuation, parity and societal values towards disability.* Disability and Culture: Universalism and Diversity. 247-291.
[34] WA Department of Health (2019) *Sustainable Health Review*, p.11.

Aboriginal Self-Determination strengthened through the proposed model

In WA 23.5% of those accessing alcohol and other drug services for their own use identify as Aboriginal. 21% of people impacted by another's alcohol and other drug use who are accessing alcohol and other drug services identify as Aboriginal.[35] These figures are above the national average.

Approximately 20% of the WA alcohol and other drug sector workforce identify as Aboriginal.[36] This is well above the Public Sector Commission goal of 3.7%, as recommended within the *Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020–2025*.[37]

The most recent WA Aboriginal Alcohol and Other Drug Workers Forum in 2019, coordinated by WANADA, called for the translation of the principles of Aboriginal peoples' self-determination into meaningful action. This was voiced by all levels of the sector including Aboriginal CEOs, alcohol and other drug workers, organisational board members and community members who participated in the Forum.

With this mandate, WANADA initiated the Aboriginal Alcohol and Other Drug Sector Leadership project (funded by the Mental Health Commission) to contribute to the achievement of the *Mental Health, Alcohol and other Drug Workforce Strategic Framework*. The project determined through extensive consultation that the foundational principles within the *National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019*[38] continue to be relevant in WA:

- Aboriginal and Torres Strait Islander ownership of solutions
- holistic approaches that are culturally safe, competent and respectful
- whole-of-government effort and partnerships
- resourcing on the basis of need.

Consistent with research on effective engagement,[39,40] Aboriginal leadership is essential beyond organisational development and service delivery. Aboriginal leadership is necessary for the development and implementation of systemic strategy and policy, planning, and commissioning. The Aboriginal Alcohol and Other Drug Sector Leadership project identified that, to translate the national strategy principles into practice, there is a need for:

- system policy, planning and procurement practices that are informed by Aboriginal leadership
- system partnerships that inform culturally safe and responsive service model designs
- services to be transparently responsive to local Aboriginal Community needs, requiring ongoing community engagement
- workforce strategies focused on enhancing Aboriginal recruitment, retention, career pathways and leadership development.

With multiple engagements by Aboriginal peoples, including sector workers, in alcohol and other drug state and national policy and planning 'co-design', there is a need for systemic leadership that delivers long called for action repeatedly identified as needed.

> *Many people are tired of the shallow talkfest. We've already said what is needed. Where is the connection to community? We need to build a whole sector and build equity across the State. (Sector CEO)*
>
> *An Aboriginal Empowerment Strategy is necessary because the current system is not working as effectively for – or with – Aboriginal people as it should. Evidence for this can be found in a range of indicators… This unacceptable situation shows the enormous impacts that Western Australia's past continues to have on its present and future.*[41]

[35] Australian Institute of Health and Welfare (2022) *Alcohol and other drug treatment services in Australia: early insights*, AIHW, Australian Government, accessed 21 May 2022. (Table SC WA 3)
[36] WANADA (2022) Proportion of survey respondents, *Aboriginal Alcohol and other Drug Sector Leadership Report* (unpublished).
[37] WA Mental Health Commission (2020) *Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020–2025*.
[38] Inter-governmental Committee on Drugs (IGCD) (2017) *National Aboriginal Torres Strait Islander Peoples Drug Strategy 2014–2019.*
[39] Hunt J (2013) *Engaging with Indigenous Australia – Exploring the Conditions for Effective Relationships with Aboriginal and Torres Strait Islander Communities*, Australian Institute of Health and Welfare.
[40] Thorpe A, Arabena K, Sullivan K and Rowley K (2016) *Engaging First Peoples: A Review of Government Engagement Methods for Developing Health Policy*, The Lowitja Institute.
[41] WA Department of the Premier and Cabinet (2021). *The Aboriginal Empowerment Strategy Western Australia 2021-2029: Policy Guide*, p.9

It is incumbent on the alcohol and other drug sector to work in partnership with government to realise self-determination at all levels. A different approach is needed.

- Implementation of the Independent Review needs to prioritise Aboriginal leadership input.
- Policy, planning and commissioning need to be founded on principles of social emotional wellbeing, supporting holistic responses across the life course.

A health focussed approach to alcohol and other drugs

The Independent Review's reform provides an opportunity for a health focussed approach to alcohol and other drugs. This opportunity extends to recognising how a population health approach to alcohol and other drugs can significantly contribute to reducing the burden on the health and social system. This is particularly important given alcohol and other drug investment equates to 1.2% of the health service system budget. [42]

The *Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community* called for a health focussed approach to illicit drugs. The Select Committee recognised how issues, such as interactions with the justice system, compound social disadvantage and stigma,[43] which in turn further impact determinants of health.

> *The Western Australian Government commits to defining and treating drug use as a health and social issue rather than a criminal justice issue.*[44]

The Sustainable Health Review recognised the impact of alcohol on the health system and community.

> *A bold, generational focus on lowering levels of … harmful alcohol use will be led through partnership with local communities, local government, not-for-profit organisations, industry, schools and the Commonwealth.*[45]

Research commissioned by the National Mental Health Commission to inform improved co-occurring alcohol and other drug and mental health responses, highlighted key elements required, including:[46]

- maintaining specialisation across both sectors
- improving internal capability of, and collaboration across, services in both sectors to respond to the co-occurring and intersecting needs of service users
- providing adequate funding and accountability to achieve appropriate responsiveness.

Feedback from other Australian jurisdictions has indicated systems integration responding to co-occurring/intersecting alcohol and other drug and mental health issues are more effectively achieved when the two sectors have equal leadership responsibilities, reinforced within the structure of the health system.

The current arrangements in the Australian Government see alcohol and other drug responsibility sitting within the Departments of Health, as a separate branch alongside preventive and population health. This arrangement ensures the necessary balance identified in the National Drug Strategy.[47]

Achieving a health-focused approach to alcohol and other drugs requires a coordinated approach across government agencies, the alcohol and other drug sector and with people with relevant personal experience.[48]

The placement of the alcohol and other drug system within the Department of Health is an essential consideration in supporting collaboration. There are also evident synergies between alcohol and other drugs and the Public and Aboriginal Health Division that could be enhanced. Example opportunities that would benefit from improved linkages, included with:

[42] WA Government (2022) *State Budget Papers*, p. 307.
[43] The Select Committee into Alternate Approaches to Reducing Illicit Drug use and its Effects on the Community (2019) *Help Not Handcuffs*, p.27-28.
[44] The Select Committee into Alternate Approaches to Reducing Illicit Drug use and its Effects on the Community (2019) *Help Not Handcuffs*, p.11.
[45] WA Department of Health (2019) *Sustainable Health Review*, p. 6.
[46] Lee, N. and Allsop, S. (2020) *Exploring the place of alcohol and other drug services in a successful mental health system*, 360Edge, p. 10-11.
[47] Commonwealth Department of Health (2017) *National Drug Strategy 2017-2026*.
[48] The Select Committee into Alternate Approaches to Reducing Illicit Drug use and its Effects on the Community (2019) *Help Not Handcuffs*, p. 171.

- Aboriginal Health Policy Directorate, including Aboriginal Health and Wellbeing Framework implementation
- Officer of Chief Health Officer, including informing liquor licence application responses
- Communicable Disease Directorate, including its role in addressing sexual health and blood-borne viruses, and oversight of harm reduction and peer-based initiatives
- Chronic Disease Directorate, including community development and health promotion
- Environmental Health Policy Directorate, including public health planning
- Epidemiology Directorate, including systemwide population health data collection and analysis.

System support

Many system supports for alcohol and other drugs are currently delivered by the Mental Health Commission. To ensure effective and efficient service delivery and impact, these supports need to remain connected to the alcohol and other drug system.

Evidence based practice and workforce development

The Mental Health Commission is a key alcohol and other drug workforce development provider. This service primarily supports cross-government services to respond to alcohol and other drug concerns as well as providing foundational training and work readiness for people entering the not-for-profit alcohol and other drug workforce. Alcohol and other drug service workers are routinely supported to access a range of additional professional development opportunities to address the breadth of intersecting needs that service users are presenting with. The Mental Health Commission's workforce development branch has also had responsibility for maintaining currency of evidence-based practice guidelines.[49]

Alcohol and other drug sector workforce planning (for the future workforce) and development have been identified as critical elements for sector sustainability.[50] These are long standing issues, further exacerbated by the pandemic.[51]

The absence of addiction medicine specialist courses, and a reduction in addiction studies within many WA universities, has resulted in reduced awareness of the alcohol and other drug sector as a career option. WANADA has long advocated for systems leadership support for the inclusion of alcohol and other drug content in a number of relevant tertiary courses.

Strong Spirit Strong Mind Aboriginal Programs (SSSMAP)

SSSMAP is a Registered Training Organisation (RTO) currently within the Mental Health Commission, providing training and culturally secure resources and information. SSSMAP originated within the alcohol and other drug field and have since expanded to incorporate mental health content. It is important that the RTO status of SSSMAP is maintained, contributing to career development opportunities for Aboriginal people. SSSMAP also has a significant role in providing culturally secure guidance and consultancy.

It is important that the alcohol and other drug sector, and broader service system, progress to delivering culturally safe service delivery, aimed at empowering Aboriginal people (workers and Community).

System navigation and telephone support services

Access to information, telephone counselling, matched pathways and system navigation are key alcohol and other drug system components.[52] The services provided by the Alcohol and other Drug Support Services (ADSS) require strong connections with the alcohol and other drug sector to facilitate service access and information for people experiencing alcohol and other drug related harm.

[49] Stone, J, Marsh, A, Dale, A, Willis, L, O'Toole, S, Helfgott, S, Bennetts, A, Cleary, L, Ditchburn, S, Jacobson, H, Rea, R, Aitken, D, Lowery, M, Oh, G, Stark, R, & Stevens, C (2019) *Counselling Guidelines: Alcohol and other drug issues (4th ed.)*. WA Mental Health Commission

[50] WA Mental Health Commission (2020) *Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025*, p. 36.

[51] WANADA (2020) *Western Australian Alcohol and Other Drug Service Sector: Impact of the Pandemic and Sector Response*.

[52] WA Mental Health Commission (2019) *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, p. 156.

Next Step Drug and Alcohol Services

Next Step is closely connected to the alcohol and other drug service system. It provides inpatient withdrawal services, pharmacotherapy coordination, Clinical Advisory Service, and works in partnership with a number of metropolitan not-for-profit alcohol and other drug lead organisations in the delivery of integrated services.

As one of the few government alcohol and other drug services in WA, Next Step can provide a centre of excellence role for the alcohol and other drug service sector and the broader system.

Sector quality

The not-for-profit alcohol and other drug sector has worked to ensure continual quality improvement, accountability and the application of evidence-based practice within treatment and support services. The sector has been well prepared for meeting the requirements of the *National Quality Framework for Drug and Alcohol Treatment Services*.[53] As highlighted by the recent Inquiry into the Esther Foundation and Unregulated Health Services, there is a need for the Department of Health to work in close partnership with the alcohol and other drug sector to develop appropriate licencing and regulation to ensure that services not receiving government funding are accountable and apply evidence-based practice.[54]

A partnership approach will ensure community confidence in the broader alcohol and other drug service sector, and a licencing and regulatory body that is fit for purpose.[55]

Research and evaluation

The *Mental Health, Alcohol and Other Drug Services Plan 2015-2025* highlights the role of research in sector planning, including innovation, sector development and identifying workforce needs.[56] There needs to be stronger research connections with the alcohol and other drug system to realise this intent. The sector is unanimous in its support for research informed alcohol and other drug policy, planning, commissioning, outcomes and service reviews, the translation of research and policy into practice consistent with the wants and needs of people affected by alcohol and other drug related harms, and contributing to practice-informed research.

Alcohol and other drug policy

WA has a long history of interagency strategic direction and collaboration. Systems leadership is essential to retain and enhance a coordinated state-wide approach, which recognises and responds to state priorities and related strategies, as well as guiding the state implementation of the demand, supply and harm reduction pillars of the National Drug Strategy.[57]

An immediate priority for consideration is the *WA Alcohol and Drug Interagency Strategy (WAADIS),* which will complete its current term in 2022. WAADIS recognises the breadth and complexity of alcohol and other drug related harms, and the need for a coordinated approach.[58]

Alcohol and other drug service planning

The *WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025* clearly identifies there are not enough alcohol and other drug services, across all service types, to meet community demand. The Services Plan, while needing review, was intended to provide a single approach necessary to guide all state and federal commissioning body funding decisions.

WANADA believes a revised and refreshed WA population-based services plan, that incorporates the determination of Aboriginal-specific alcohol and other drug service needs, should be prioritised. A single planned approach to guide all state and federal commissioning activities requires state leadership.

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[53] Commonwealth Department of Health (2018) National Quality Framework for Drug and Alcohol Treatment Services.
[54] Education and Health Standing Committee (2022) *Report of the Inquiry into the Esther Foundation and unregulated private health facilities*, p. xxi.
[55] WANADA & WAAMH (2022) *Submission to the Education and Health Standing Committee: Inquiry into the Esther Foundation and unregulated health facilities*, p. 7.
[56] WA Mental Health Commission (2019) *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, p. 160.
[57] Commonwealth Department of Health (2017) *National Drug Strategy*, p.1.
[58] WA Mental Health Commission (2018) *Western Australian Alcohol and Drug Interagency Strategy 2018-2022*.

Alcohol and other drug service commissioning

The Mental Health Commission alcohol and other drug budget for 2022-23 is $133.912 million.[59] This funding is equivalent to 11% of the mental health services budget, and 1.2% of the health services budget.[60]

The service sector receives funding from a range of state and national government agencies, with services typically holding contracts across multiple funding providers, such as:

- WA Departments of Health, Justice, and Communities
- Australian Government Department of Health, WA Primary Health Alliance, and National Indigenous Australians Agency

The State Commissioning Strategy highlights the need for a holistic and sustainable community service system that meets the needs of service users, is evidenced-based and of high quality, and is culturally safe and tailored to local community needs.[61] Delivering on the intent of the State Commissioning Strategy, alongside the *Delivering Community Services in Partnership Policy*, will require a partnership approach with the alcohol and other drug service sector. WANADA supports a relationship-based approach to sector commissioning.

Response to Independent Review recommendations

WANADA's response to the Independent Review recommendations is contingent on the health system having an enhanced alcohol and other drug leadership voice to contribute to all governance reform areas. We see this would more likely be achieved through WANADA's proposed alcohol and other drug directorate within the Public and Aboriginal Health Division. If other arrangements are seen as more appropriate, WANADA is happy to work with the Department, supporting sector engagement to collaboratively ensure effective outcomes for both the sector and the broader system.

WANADA proposes:

Sector representation on the implementation committee, to support appropriate consideration of alcohol and other drugs within the machinery of government changes.

Engaged system leadership

WANADA **supports** recommendations 1-5.

Alcohol and other drugs are high impact issues for the health system, requiring focussed planning and execution that aligns HSP responses and improves monitoring and measurement. To achieve this, system capability for the consolidation and oversight of risk management, must recognise and respond to the burden of alcohol and other drugs on the entire health system.

Stronger collective responsibility for outcomes

WANADA **supports** recommendations 6-7 and **supports, in principle,** recommendation 8.

Achieving collective outcomes requires a strengthened alcohol and other drug interagency strategy, and the redevelopment (rather than maintenance) of alcohol and other drug leadership, advisory and governance arrangements. The development of these mechanisms in partnership with the sector, will increase transparency and accountability, clarify roles and inform capability building.

[59] WA Mental Health Commission (2022) *Budget Breakdown 2022-23*.
[60] WA Government (2022) *State Budget Papers*, p. 307.
[61] WA Government (2022) *State Commissioning Strategy for Community Services 2022*.

Clearer expectations and support for HSP board accountabilities

WANADA **supports** the recommendations 9, 11 and 12, and **supports, in principle,** recommendation 10.

Alcohol and other drugs impact all areas of health system, with implications for HSPs' strategic direction, quality, clinical governance, accountability, and partnerships. HSPs need to consider more inclusive governance engagement and representation processes that are appropriate, safe and effective for alcohol and other drug consumers and service representatives on HSP boards and committees.

Realigning responsibilities for state-wide policy and services

WANADA **supports** recommendation 13.

Alcohol and other drugs harms significantly impact a broad range of vulnerable groups and intersects with child safety and family and domestic violence. The capability to appropriately identify and respond to alcohol and other drugs as an intersecting concern needs to be incorporated into systems management, role responsibilities and accountabilities, risk assessment, interagency coordination and information sharing, mandatory policies and service partnerships.

Mental health commissioning and oversight

WANADA **proposes an alternative enhanced model** for the alcohol and other drug sector regarding recommendations 14-16 and **supports, in principle,** recommendation 17.

As outlined throughout this submission, WANADA believes that a specific alcohol and other drug directorate within the Public and Aboriginal Health Division would elevate system leadership, strategic direction, accountability, quality, cultural responsiveness, service delivery and whole of government co-ordination. This includes considering alcohol and other drug representation within, or informing, HSP senior executive (as an addition to recommendation 17).

Establishing clear guardrails for the WA public health system

WANADA **supports** recommendations 18-21.

There are key alcohol and other drug considerations that will contribute to improved clarification of roles, responsibilities, boundaries and discretion within the system manager and HSP. These considerations need to be incorporated across all nine mandatory policy frameworks.

Simpler and more strategic service agreements

WANADA **supports** recommendations 22-24.

HSP Service Agreements need to align to system-wide alcohol and other drug goals and priorities and be resourced and performance managed accordingly to ensure consistent, quality, safe and equitable health service delivery.

Joint stewardship and performance management

WANADA **supports** recommendations 25-26.

Effectively preventing and reducing alcohol and other drug related harms requires the prioritisation of, and accountability to, performance domains that seek to: reduce health system demand, enhance quality of care, and ensure culturally responsive practices across workforce, organisation and system operations.

More support for innovation and improvement

WANADA **supports** recommendations 27-28.

Given the burden of alcohol and other drugs on the health system, related responses need to be classified as high value care, with hospital avoidance service models included within the incentive funding pool. A critical support for this prioritisation is increased investment in clinical leadership and engagement that ensures the knowledge, experience and wisdom of alcohol and other drug clinicians/psychosocial counsellors is shared and contributes to system-wide continual quality improvement.

Local collaborative commissioning

WANADA **reserves decision** regarding recommendations 29-31.

Through sector consultation to inform this submission, WANADA has heard from the alcohol and other drug service providers that there is strong support for an increased focus on regional investment to inform service commissioning that is responsive to local community needs and conditions. Service providers also supported an increased focus on preventive health models and initiatives that support care continuity and shared care arrangements that enhance service access.

Service representatives have, however, raised concerns as to whether it is appropriate for alcohol and other drugs to be in scope for these recommendations, given:

- a number of services offer state-wide access and have existing place-based referral pathways for pre- or aftercare
- the need to coordinate across multiple existing state and federal commissioning bodies, to ensure a single system-wide service plan is implemented, with consideration for the impact of investment in other parts of the service system (resulting in pathway bottlenecks and access barriers)
- the risk of duplication and fragmentation when establishing another layer of service commissioning into a system already populated by multiple uncoordinated commissioning bodies.

Further sector consultation on these recommendations is needed to determine if/or when these arrangements are most appropriate.

Data access and information flows

WANADA **supports** recommendations 32-35.

Access to system-wide data is essential to identify alcohol and other drug and service access trends, inform system responses, and guide partnerships. Alcohol and other drug services provide extensive data sets as part of service agreements. Issues of data ownership/custodianship, sovereignty, consent and stigma will require further sector and consumer consultation.

Real time data to optimise system capacity and flow

WANADA **supports** recommendations 36-37.

Real time data related to alcohol and other drugs would enable monitoring and load-reducing responses, as well as inform preventive health-focussed investment decisions.

A system approach to workforce strategy development and management

WANADA **supports the intent** of recommendation 38 and **supports** recommendations 39-43.

An alcohol and other drug directorate would ideally maintain and enhance specific workforce planning and development capability. This needs to be informed by routine sector workforce data monitoring. This system support needs to be considerate of the predominantly not-for-profit service provision in the alcohol and other drug sector.

WANADA recognises the need for any sector specific system approach to work alongside a health workforce unit to deliver HSP and cross-government alcohol and other drug specific workforce development, including intersecting capabilities and referral pathways.

Central major projects capability

WANADA **supports** recommendation 44.

Capital works and ICT need to incorporate alcohol and other drug functional requirements and interdependencies that allow for therapeutic, effective and efficient alcohol and other drug service delivery. These could include, for example, high/complex withdrawal within hospital settings across the state.

A stronger mandate for HSS in procurement and digital enablement

WANADA **supports the intent** of recommendations 45-54.

WANADA seeks confirmation that the proposed arrangements (recommendations 45-50, 52-54) will apply to the WA health system and HSPs and exclude commissioned not-for-profit alcohol and other drug services. Clarity in regard to data custodianship and sovereignty need to be agreed in partnership with the alcohol and other drug service sector and service users.

Preparedness for future emergencies

WANADA **supports** recommendation 55.

Opportunities for improvement, identified through a whole of government review, can inform improved partnerships between not-for-profit organisations and government agencies, for coordinated and timely responses to local and sector needs.

Formal support for WANADA's response

The support demonstrated below has been formally approved for inclusion. Many more organisations and stakeholders contributed through consultation and feedback, however many were not able to secure formal use of logos to meet this response deadline.

WANADA thanks all contributors and supporters to this response.

Jill Rundle
Chief Executive Officer
WA Network of Alcohol and other Drug Agencies

22 December 2022

Dear Jill,

WANADA response to Independent Review of WA Health System Governance Report

We write in relation to the Independent Review of WA Health System Governance Report, and in particular in support of the WA Network of Alcohol and other Drug Agencies (WANADA) response to the review report.

Cancer Council WA is Australia's leading charity working across every aspect of every cancer, from advocacy, prevention, and research to patient and carer support. We have a specific interest in preventing and reducing harm from alcohol. Our Alcohol Programs Team works to inform community discussion about alcohol issues, with the aim of reducing the impact of alcohol on the WA community, including as a cause of at least seven types of cancer.

Cancer Council WA is funded by the Mental Health Commission to support delivery of a suite of public education campaigns, including the Alcohol. Think Again program, and to deliver alcohol prevention services by raising awareness of harms from alcohol and building community support for evidence-based alcohol policies to reduce the harm. We enjoy a productive and close working relationship with the Mental Health Commission, in particular its prevention division.

In addition, Cancer Council WA, through delivery of other service agreements, has significant experience in working with the Public and Aboriginal Health Division of the Department of Health, including the Chronic Disease Directorate and the Environmental Health Policy Directorate, and the Clinical Cancer Network.

Based on our experience with different divisions of the Department of Health and the Mental Health Commission, we agree with WANADA's assessment and response to the report. We are strongly supportive of the alternative model proposed by WANADA for the alcohol and other drug sector. In particular, we support the establishment of a specific alcohol and other drug directorate within the Public and Aboriginal Health Division of the Department of Health to coordinate alcohol and other drug system activity. We are also supportive of WANADA's proposal for sector representation on the implementation committee.

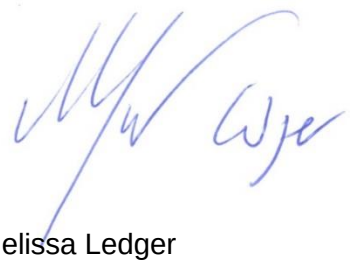
Alcohol and other drug related harms significantly impact the WA health, social and justice systems and the community and primary prevention warrants a dedicated directorate within WA Health's Public and Aboriginal Health Division to ensure AOD prevention remains a priority and has visibility within health, as well as ensuring a population approach to alcohol

Cancer Council Western Australia
ABN: 15 190 821 561
420 Bagot Road
Subiaco WA 6008
T: +61 8 9212 4333
F: +61 8 9212 4334
Cancer Council 13 11 20
www.cancerwa.asn.au
facebook.com/CancerCouncilWestAus
twitter.com/cancercouncilwa
instagram.com/cancercouncilwa

harm prevention. Importantly the structure proposed by WANADA would replicate the form and function of other population health directorates providing further rationale for the proposal.

As member of WANADA, Cancer Council WA has been consulted in the development of WANADA's response. We have no hesitation in providing a letter of support for WANADA's response.

Yours sincerely,



Melissa Ledger
Cancer Prevention & Research Director
Cancer Council WA

National Drug Research Institute

Preventing harmful drug use in Australia

Curtin University
GPO Box U1987
Perth Western Australia 6845

Telephone +61 8 9266 1600
Facsimile +61 8 9266 1611
Email ndri@curtin.edu.au
Web ndri.curtin.edu.au

21 December 2022

Ms Megan Inglis, Executive Director Governance and System Support, Directorate Department of Health
Mr Lyndsay Hale, Acting Commissioner, Mental Health Commission

SUPPORT FOR WANADA'S RESPONSE TO INDEPENDENT REVIEW OF THE WA HEALTH SYSTEM GOVERNANCE

Dear Ms Inglis and Mr Hayle,

As background, the National Drug Research Institute (NDRI), of which I am Director, is based at Curtin University. We have over 30yrs history in conducting research which informs policy and practice in the alcohol and other drug field in this country and internationally.

Personally, I have worked in the Alcohol and Other Drug Sector in WA since 1986, for the first 7 years of my career I worked as what was then The WA Alcohol and Drug Authority, and since 1993 I have been a researcher at NDRI where I have worked closely with both the Government and Not-for-profit Sectors and have participated in numerous government inquiries and reviews over that time. Most recently I was a member of the *WA Premier's Methamphetamine Task Force*.

Overall I strongly support the submission to the Independent Review made by the WA Network of Alcohol and other Drug Agencies (WANADA).

Specifically, I strongly endorse the proposal to: Establish a specific alcohol and other drug directorate within the Public and Aboriginal Health Division of the WA Department of Health.

It is crucial in my view that all the alcohol and other drug policy, practice and workforce elements which have recently been under the Mental Health Commission, are kept as a cohesive unit to ensure the critical mass and effective response of this sector which is responsible for addressing what is a significant burden of disease to the State.

Placing them within the Public and Aboriginal Health Division would make them ideally placed to address the population level impacts of harmful alcohol and other drug use and to contribute to leadership, strategic direction, cultural responsiveness, service delivery and whole of government co-ordination.

Should you want to clarify any of the above or if there is any other way I can support the review process, please do not hesitate to contact me directly.

Regards,

Professor Simon Lenton PhD MPsych(clin)
Director