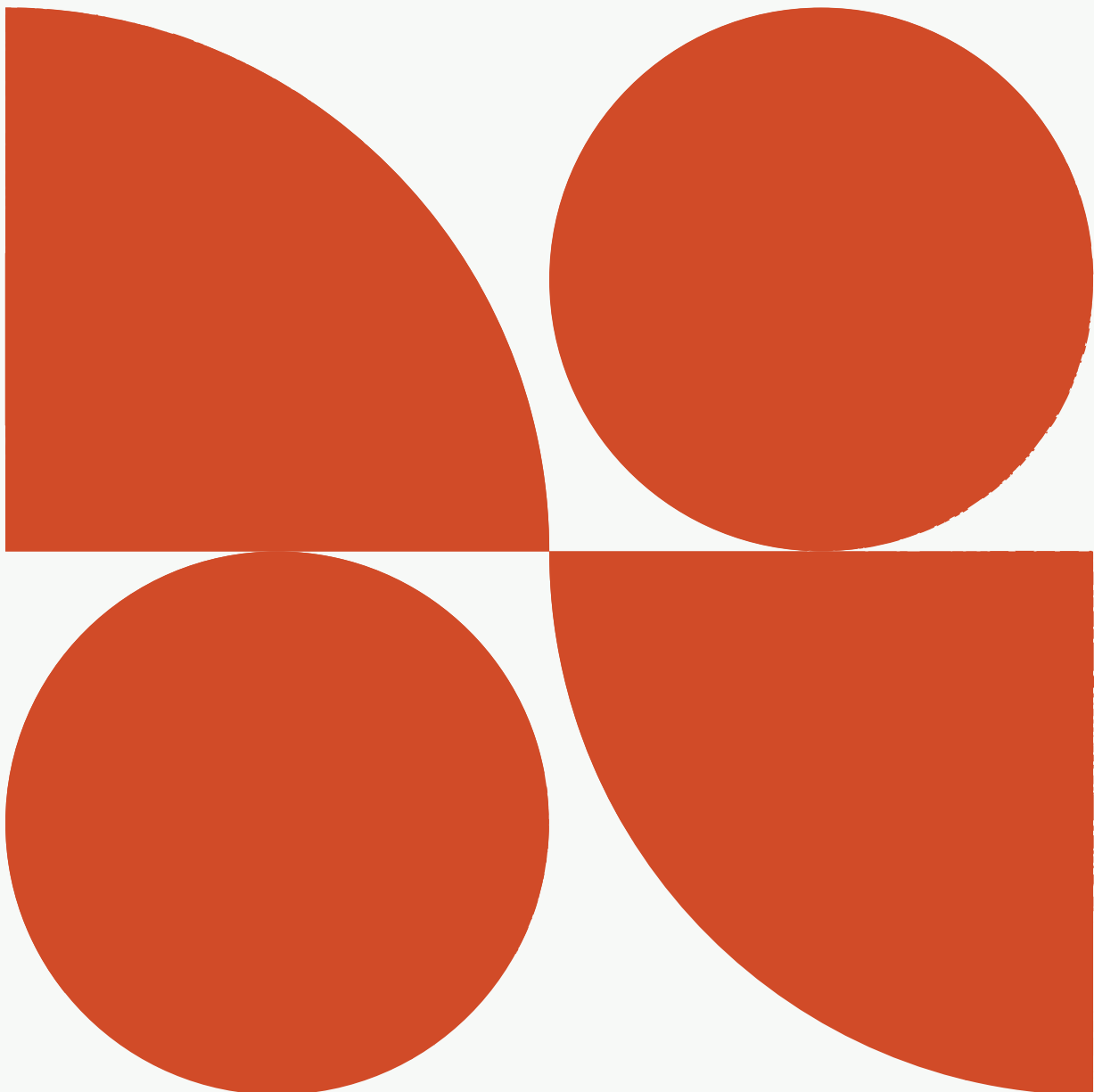


# To Inform Alcohol and Other Drug Leadership:



Enabling a sustainable,  
effective, and efficient sector

State Budget Submission 2024-25





## Acknowledgement of Country

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WANADA acknowledge the traditional custodians of Country on which this submission was developed, the Whadjuk people of the Noongar Nation. We acknowledge their continuing and unbroken connection to land, sea and community. We pay our respect to their culture and Elders, past and present and acknowledge their ongoing contribution to WA society and the community.

## About WANADA

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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 and support sector in Western Australia. WANADA is an independent, membership-driven, not-for-profit association, currently representing approximately [65 member organisations](#) (over 100 alcohol and other drug specific services across the state).

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

## Foreword

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WA's alcohol and other drug services represent a specialist, quality, diverse sector, serving over 15,000 service users per year across Western Australian communities.<sup>1</sup> Beyond service use, alcohol and other drugs have a wide breadth of impact in WA, including 345,000 people identifying as being a victim of a drug-related incident, over 11,000 alcohol and other drug-related emergency department presentations, and almost 6000 alcohol-related ambulance callouts a year.<sup>2</sup>

Fundamental to the recommendations below, a partnership approach to alcohol and other drug policy, planning, and commissioning is needed to improve outcomes for individuals, families, and communities. While it is generally recognised that there are not enough alcohol and other drug services to meet demand, a planned approach to meeting this demand gap and maximising the efficiency and effectiveness of the system is essential.

Dedicated resources are needed to enable the alcohol and other drug service sector to participate meaningfully in partnership with government. The alcohol and other drug service sector:

- is 90% not-for-profit, delivering a full continuum of treatment and care to the community
- has an acute awareness of community and service users' alcohol and other drug needs
- brings knowledge of effective systems leadership
- has capacity to coordinate and collaborate within the alcohol and other drug system and across other service sectors to address intersectionality
- champions the importance of lived experience with 62% of sector workers identifying as having relevant personal experience (including experiencing the impact of stigma and discrimination at a systems level as a result of their own or a family members' substance use)
- has over 20% Aboriginal people in the workforce across mainstream and Aboriginal-specific services, and effectively meets the needs of Aboriginal service users (representing 23.5% of total service users)






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<sup>1</sup> Australian Institute of Health and Welfare (2023) [Alcohol and other drug treatment services in Australia annual report](#).

<sup>2</sup> WANADA (2022) [Response to Independent Review of WA Health System Governance Report](#), p. 5.

WANADA's recent '*Nothing about us without us*' Aboriginal alcohol and other drug leadership project report provides guidance for the alcohol and other drug sector to implement practical approaches to self-determination.<sup>3</sup> The project reference group has provided WANADA with a mandate to work in partnership with government to implement the recommendations. To enable this, there is a need for a dedicated Aboriginal alcohol and other drug strategy and planning to inform commissioning of effective cultural models of service.

WANADA's recommendations are:

-  **Resource the Establishment of an Aboriginal Community Controlled Residential Treatment Service on Noongar Country**
-  **Increase State-Wide Access to Medical Withdrawal Services**
-  **Resource Alcohol and other Drug Workforce Planning, Development and Sustainability**
-  **Build the Capability of the Alcohol and other Drug and Domestic and Family Violence Sectors to be Responsive to Intersectionality**
-  **Build the Capability of the Alcohol and other Drug and Mental Health Sectors to be Responsive to Co-occurrence**

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<sup>3</sup> WANADA (2023) '[Nothing about us without us](#)' Aboriginal alcohol and other drug sector leadership project report.

## Resource the Establishment of an Aboriginal Community Controlled Residential Treatment Service on Noongar Country

The Aboriginal community has been involved in multiple consultations over many decades to identify the need for and inform cultural models of alcohol and other drug services. The *Western Australian Mental Health, Alcohol and other Drug Services Plan 2015-2025* identified the need for “the development and implementation of a residential alcohol and other drug treatment and rehabilitation service (30 beds) for Aboriginal people and their families in the south of the State” by 2017 (i.e., Noongar Country).<sup>4</sup> This is yet to be realised, however is evidently still needed. As a contemporary consideration, any new residential service is enhanced by a dedicated on-site low-medical withdrawal service.

*At the Aboriginal Alcohol and other Drug Worker Forum coordinated by WANADA in May 2023, attended by a range of Aboriginal alcohol and other drug workers from across the state, there was a clear call for the delivery of a range of community co-designed service options on Country.*

Delivering this service aligns with several WA Government strategies and plans, such as:

- *Closing the Gap Jurisdictional Implementation Plan*<sup>5</sup>
- *Aboriginal Community Controlled Organisation (ACCO) Strategy 2022 to 2032*<sup>6</sup>
- *Aboriginal Empowerment Strategy*<sup>7</sup>
- *Sustainable Health Review*<sup>8</sup>

**Recommendation 1:** Provide funding to support the establishment of an Aboriginal Community Controlled Residential Treatment Service on Noongar Country for Aboriginal people and their families.

**Approximate Cost:** \$30M for capital cost of establishment, with dedicated funding to support ongoing service delivery of \$11M per year (based on financial modelling from a business case undertaken by Paxon Group (2015),<sup>9</sup> and considering inflation and additional requirements for low-medical withdrawal).

<sup>4</sup> WA Mental Health Commission (2015) [Better Choices. Better Lives. Western Australian Mental Health, Alcohol and other Drug Services Plan 2015-2025](#).

<sup>5</sup> WA Department of Premier and Cabinet (2021) [Closing the Gap Jurisdictional Implementation Plan](#).

<sup>6</sup> WA Department of Communities (2022) [Aboriginal Community Controlled Organisation \(ACCO\) Strategy 2022-2032](#).

<sup>7</sup> WA Department of Premier and Cabinet (2021) [The Aboriginal Empowerment Strategy Western Australia 2021-2029](#).

<sup>8</sup> WA Department of Health (2019) [Sustainable Health Review](#).

<sup>9</sup> Paxon Group (2013-14) *Alcohol and other Drugs Treatment and Support Service for Aboriginal Clients: Business Case*. Commissioned by the Drug and Alcohol Office.

## Increase State-Wide Access to Medical Withdrawal Services

Access to withdrawal services is typically an essential pathway to intensive alcohol and other drug treatment that is needed by many service users across WA. This access is coordinated, for example, by residential services prior to entry to ensure people are safe during their participation. Withdrawal without medical supervision may result in harm, including death. Inadequate withdrawal service access creates inefficiencies and bottlenecks within the alcohol and other drug service system. While there are not enough alcohol and other drug treatment services to meet demand, and demand is increasing, optimising existing service and system capacity needs to be the focus of the current service system.

*Many alcohol and other drug residential services are indicating inefficiencies due to inadequate low-, high-, and complex-medical withdrawal services. There is a need to double the current withdrawal capacity, distributed across the state.*

Currently, the Kimberley,<sup>10</sup> Midwest, Wheatbelt and Great Southern regions do not have access to any local dedicated withdrawal services. As per the *Alcohol and other Drug Withdrawal Policy*,<sup>11</sup> the public hospital system holds the responsibility to provide complex-medical withdrawal services. Concerns have been raised about the limited and inconsistent implementation of this policy, however it is unclear if this relates to bed shortages and prioritisation, under-resourcing, lack of confidence in alcohol and other drug service pathways, and/or the impact of stigma. This is particularly of concern in the regions, where service users may have no choice but to travel long distances and off Country to access a withdrawal service.<sup>12</sup> The provision of specialist low- and high-medical withdrawal services is likely to reduce requests for support from, and ease pressure on, regional hospitals. It is worth noting that approximately one in three regional Western Australians drink to high-risk levels of long-term harm.<sup>13</sup>

Delivery of additional withdrawal services has been recommended in multiple state government and commissioned reports. While there have been some increases in withdrawal services in WA since these reports, the alcohol and other drug service sector continues to report inadequate withdrawal services to support efficiency.

Delivering this initiative aligns with several WA Government strategies and plans, such as:

- *WA State Priorities Mental Health, Alcohol and Other Drugs 2020–2024*<sup>14</sup>
- *Sustainable Health Review*
- *Alcohol and other Drug Withdrawal Policy*<sup>15</sup>
- *Methamphetamine Action Plan Taskforce Final Report*<sup>16</sup>
- *Review of Community Alcohol and Drug Services*<sup>17</sup>

**Recommendation 2:** Deliver an additional 35 low-medical and 17 high-medical withdrawal beds, ensuring there are specialist withdrawal services in each health region based on need.

**Approximate Cost:** For low-medical withdrawal services, typically provided by the not-for-profit alcohol and other drug sector, this equates to an additional \$5M in annual costs. High-medical withdrawal costing is as per the Mental Health Commission's Next Step Inpatient Withdrawal Unit (cost not included).

<sup>10</sup> We acknowledge that funding has previously been allocated for a low medical withdrawal service in the Kimberley, however the service has not yet opened.

<sup>11</sup> WA Department of Health (2021) [Alcohol and other Drug Withdrawal Management Policy](#).

<sup>12</sup> For Aboriginal service users, the requirement to leave Country to access inpatient detoxification has been identified as a significant barrier, for example.

<sup>13</sup> Epidemiology Directorate, WA Department of Health (2021) [Health and Wellbeing of Adults in Western Australia 2021, Overview and Trends](#), p. 62.

<sup>14</sup> WA Mental Health Commission (2020) [WA State Priorities – Mental Health, Alcohol and other Drugs 2020–2024](#).

<sup>15</sup> WA Department of Health (2021) [Alcohol and other Drug Withdrawal Management Policy](#).

<sup>16</sup> WA Government (2018) [Methamphetamine Action Plan Taskforce Final Report](#).

<sup>17</sup> Nous Group (2021) [Review of Community Alcohol and Drug Services](#). Commissioned by the WA Mental Health Commission.

## Resource Alcohol and other Drug Workforce Planning, Development and Sustainability

WANADA acknowledges that workforce challenges exist across multiple sectors. Alcohol and other drugs pose a significant cost burden across the health, justice, and social systems. The national impact of alcohol alone was estimated in 2017/18 at \$66.8B per year in tangible and intangible costs,<sup>18</sup> and the impact of methamphetamine was estimated in 2013/14 at \$5B.<sup>19</sup> Meeting alcohol and other drug service demand with a specialist workforce will contribute to reducing this burden.

WANADA was commissioned in 2017 to provide a report with 21 recommendations<sup>20</sup> to support workforce development (including individual, organisation, and structural factors) to inform the *Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020-2025 (The Framework)*.<sup>21</sup>

The Community Mental Health and Alcohol and other Drug Council workforce subcommittee identified three priority areas relevant to alcohol and other drug workforce development. These include:

- A. Community sector workforce needs analysis** - to develop a data tool, that can be routinely applied, to enable an evidenced approach to developing the alcohol and other drug sector workforce. Data identifying individual, organisational, and systems development needs will enable an effective alcohol and other drug response, including the specialist sector supporting improved capability across all relevant human service systems. This data will also inform specific population responses.
- B. Workforce wellbeing framework** – to ensure recruitment and retention processes are robust and support the sustainability of sector staff. Working in the alcohol and other drug sector has potential impacts on worker wellbeing, such as the risk of stigma and discrimination and vicarious trauma. Sector services need to consider the Workplace Health and Safety legislation requirements to manage the risk of psychosocial health hazards.<sup>22</sup> Community and government confidence in service sustainability will be enhanced by a collective approach to sector workforce wellbeing, guided by a framework.
- C. Workforce planning** – to ensure suitably qualified staff contribute to the long-term sustainability and expansion of the service sector into the future. A significant proportion of alcohol and other drug service workers are tertiary qualified. It is essential that current and appropriate alcohol and other drug content is integrated into higher education courses relevant to the sector. University-based workforce planning is needed for the future workforce of the alcohol and other drug sector and other human service systems. Enhancing student placement opportunities and experiences in the alcohol and other drug sector will improve graduate work readiness and increase recruitment and retention in the sector.

WANADA has successfully implemented a pilot workforce planning initiative with the Curtin University enAble Institute, supporting relevant content inclusion into Psychology, Social Work, and Health Promotion

<sup>18</sup> 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.

<sup>19</sup> 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.

<sup>20</sup> WANADA (2017) [Comprehensive Alcohol and other Drug Workforce Development in Western Australia: Full Report](#).

<sup>21</sup> WA Mental Health Commission (2020) [Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025](#).

<sup>22</sup> Safe Work Australia (2022) [Managing psychosocial hazards at work](#).

courses.<sup>23</sup> A number of recommendations have come from this pilot and can inform an approach to expand the initiative across all WA higher education institutions.

Delivering this initiative aligns with several WA Government strategies and plans, such as:

- *Mental Health, Alcohol and other Drug Workforce Strategic Framework: 2020-2025 (Priority Areas 1, 2, 4 and 5)*<sup>24</sup>
- *Sustainable Health Review (Strategy 7)*
- *WA State Priorities Mental Health, Alcohol and Other Drugs 2020–2024*

<b>Recommendation 3:</b>	<b>Approximate Cost:</b>
A. Develop a tool to collect and analyse alcohol and other drug workforce data.	\$180,000
B. Develop an alcohol and other drug sector workforce wellbeing framework.	\$130,000
C. Fund a sector-led workforce planning initiative, engaging higher education institutions, to embed a sustainable approach.	\$240,000 per year for four years

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<sup>23</sup> Curtin University enAble Institute (2023) [Strengthening Alcohol and Other Drug Education in Western Australia](#).

<sup>24</sup> WA Mental Health Commission (2020) [Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025](#).



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## Build the Capability of the Alcohol and other Drug and Family and Domestic Violence Sectors to be Responsive to Intersectionality

The Centre for Women's Safety and Wellbeing, Stopping Family Violence, and WANADA have developed and successfully piloted a capability building tool, the *Intersecting Alcohol and other Drugs and Family and Domestic Violence Capability Review Tool* (ICRT), to support service's intersecting capabilities. This followed an extensive literature review and survey across the sectors exploring integrated responses to the complex interplay of domestic and family violence, alcohol and other drug use, and mental health in WA.<sup>25</sup> The alcohol and other drug sector is recognised as a significant allied domestic and family violence sector.

*Analysis by the ABC (2018) of statistics from WA Police reveals domestic and family violence offences in WA, including assault and threatening behaviour, have surged more than 100% in the past decade.<sup>26</sup>*

- Alcohol use is linked with the perpetration of violence against women.
- Alcohol use is linked with women's victimisation by violence.
- Alcohol is used as a coping strategy by women who have experienced violence.<sup>27</sup>

*Alcohol and other drug use is not the driver of domestic and family violence, however can be a factor in the severity and frequency of violence... The efficacy of client and service outcomes depends on working effectively with the interplay of domestic and family violence and alcohol and other drug use.<sup>28</sup>*

This will be a partnership, however the Centre for Women's Safety and Wellbeing are best placed to lead an initiative to support the rollout of the ICRT across the sectors to ensure alignment with the domestic and family violence taskforce approaches. The rollout would first involve alcohol and other drug training at domestic and family violence services (including perpetrator and victim-survivor services), and domestic and family violence training for alcohol and other drug service providers. Following this, services in both sectors would be supported to identify opportunities for improvement in their capability to address the intersecting issues, including identifying collective enablers and barriers to improved responsiveness.

Delivering this initiative aligns with several WA Government priorities and strategies, such as:

- Family and Domestic Violence Taskforce
- Sustainable Health Review

**Recommendation 4:** roll out the implementation of the ICRT across the alcohol and other drug, and domestic and family violence community sectors.

**Approximate cost:** \$500K per year, for four years - this would support approximately 200 services across the domestic and family violence and alcohol and other drug sectors.

<sup>25</sup> Centre for Women's Safety and Wellbeing, Stopping Family Violence, Women's Health and Family Services & WANADA (2020) [Towards an integrated response to the complex interplay of domestic and family violence, alcohol and other drug use and mental health in Western Australia.](#)

<sup>26</sup> Ibid.

<sup>27</sup> Noonan P, Taylor A and Burke J (2017) [Links between alcohol consumption and domestic and sexual violence against women: Key findings and future directions](#), ANROWS Compass.

<sup>28</sup> Centre for Women's Safety and Wellbeing, Stopping Family Violence, Women's Health and Family Services & WANADA (2020) [Towards an integrated response to the complex interplay of domestic and family violence, alcohol and other drug use and mental health in Western Australia.](#)



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## Build the Capability of the Alcohol and other Drug and Mental Health Sectors to be Responsive to Co-occurrence

WANADA and the WA Association for Mental Health (WAAMH) have developed and successfully piloted a capability building tool, *the Co-occurring Capability Review Tool (CCRT)*.

*There is a high co-occurrence of alcohol and other drug use and mental health problems in the Australian community, which is amplified in both treatment sectors<sup>29</sup>*

*Holistic treatment means identifying and understanding the service user's needs and wants and offering responses that address all of those needs and wants. It means working collaboratively in partnership with other agencies. It means building capacity and capability within all of our health and social services to respond in this way, and if needed, provide coordinated care across the health and social services system.<sup>30</sup>*

*The CCRT is designed to assist specialist alcohol and other drug organisations, mental health organisations and other human service providers to review their capability to identify and provide care to people with co-occurring conditions. Co-occurring care includes screening, treatment, support, and provision of information and education.<sup>31</sup>*

This will be a partnership, and WAAMH supports WANADA being the lead organisation in this initiative. The initiative involves co-occurring training across the two sectors, drawing on evidence-informed guidelines for addressing the co-occurrence of alcohol and other drugs and mental health. Following this, services in both sectors would be supported to identify opportunities for improvement in their capability to effectively and appropriately respond to the co-occurring concern, including identifying collective enablers and barriers to improved responsiveness.

Delivering this initiative aligns with several WA Government strategies and plans, such as:

- *Mental Health, Alcohol and other Drug Workforce Strategic Framework: 2020-2025*
- *Sustainable Health Review*

**Recommendation 5:** roll out the implementation of the CCRT across the alcohol and other drug, and not-for-profit mental health sectors.

**Approximate cost:** \$300K per year, for four years - this would support approximately 200 services across the alcohol and other drug and not-for-profit mental health sectors. (Please note, many alcohol and other drug services already have improved capability, and their engagement would focus on informing sustainability, and collective enablers and barriers as a priority).

<sup>29</sup> Lee, N. and Allsop, S. (2020) [Exploring the place of alcohol and other drug services in a successful mental health system](#), 360Edge, p. 7.

<sup>30</sup> Ibid, p.44.

<sup>31</sup> WANADA and WAAMH (2021) *Co-occurring Capability Review Tool*.