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Western Australian Network of Alcohol & other Drug Agencies

Response to the Inquiry into the Health Impact of Alcohol and Other Drugs in Australia

September 2024

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 Aboriginal Culture and Elders past and present, acknowledging 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 reflects the quality and diversity of the alcohol and other drug sector in WA, comprising 96 services and additional individual members from across all regions of the state. 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.

WANADA thanks all contributors and supporters to this response.

Executive Summary

WANADA congratulates the House Standing Committee on Health, Aged Care and Sport on commencing the *Inquiry on the health impact of alcohol and other drugs in Australia.* We would welcome an opportunity to present to the Committee and expand on the key issues and service practice examples outlined in this submission.

There is clear evidence that the alcohol and other drug sector delivers accessible, effective and valuable services. These services provide significant and lasting outcomes for people, their families and the broader community. In addition, the sector in Western Australia:

- is predominantly comprised of for purpose, not-for-profit, community-based organisations, delivering a diversity of services commissioned by government
- has a long history of embracing and applying best practice and quality standards, underpinned by a commitment to human rights, dignity, equity and evidence-informed service delivery
- seeks to continually enhance the capability of services and workers to respond to the intersectional needs of their local communities
- recognises its role within a broader system of services and operates in close partnership with other local services and sectors.

There remains, however, entrenched issues that inhibit the ability of the broader system to meet community needs. These issues are becoming increasingly critical. The Western Australian community continues to experience concerning rates of alcohol and other drug related harms, there are longer wait times to access services, gaps in service availability, limited intergovernmental coordination, and increasing concern regarding unethical service providers that purport to deliver alcohol and other drug services to vulnerable people.

It is WANADA's position that there is a need for urgent and renewed effort in whole-of-systems reform. WANADA strongly recommends the Standing Committee investigate these critical issues, rather than focussing on individual programs or initiatives.

WANADA Recommendations

1. **A meaningful review of the National Drug Strategy including identification of whole of government responsibilities for minimising alcohol and drug related harms. The strategy must:**
    a. **Ensure appropriate focus on specific population groups experiencing higher rates of harm**
    b. **Address the imbalance and siloing across a harm minimisation framework**
    c. **Renew national population modelling to inform the resources needed across the service system. This would support an efficient, consistent approach for each state/territory to determine capacity needs and gaps**
    d. **Establish a national strategy and commitment to address the pervasive impacts of alcohol and other drug stigma and discrimination which is impacting health and wellbeing.**
2. **The re-establishment of a national governance framework (that is sector inclusive), overseeing the implementation of a new national strategy.**
3. **Establish national oversight to ensure services that are not funded by government are monitored and regulated to guard against harmful, dehumanising and exploitative practices.**
4. **Support capability building across all relevant human service sectors to be responsive to people with alcohol and other drug concerns.**

WANADA Response

Assess whether current services across the alcohol and other drug sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society

The alcohol and other drug sector in Western Australia is predominantly composed of community-based, not-for-profit organisations. These organisations are commissioned by (and accountable to) government agencies to deliver quality and evidence-informed services.

The services delivered by the alcohol and other drug sector in Western Australia span a spectrum of types and models, including:

- community development (this includes enhancing community agency through the provision of information, evidence and coordination assistance that enables locally determined and led solutions tailored to address local needs)
- prevention (community and whole of population)
- awareness and education
- harm reduction (addressing harms from a range of drugs)
- support and early intervention
- community-based treatment/counselling
- medically supervised withdrawal
- residential/bed-based services
- post-treatment supports including transitional housing
- justice programs including police and court diversion, prison treatment and reintegration
- pharmacotherapy
- intoxication management and various support services.

There is a range of evidence demonstrating the effectiveness of these services, the benefits of not-for-profit organisations, the prioritisation of equity of access, value for money, and the delivery of best outcomes for individuals, their families and society. Examples of this evidence is included at **Attachment A.**

Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services

WANADA believes there is an urgent need for reform of the alcohol and other drug system. The current system of strategy, governance, planning, coordination and oversight is not configured to achieve outcomes needed in community, or sustainable support for the delivery of effective alcohol and other drug services.

It is WANADA's position that these systemic issues are of a higher priority than an assessment of individual programs or initiatives in isolation. Without a system that is fit for purpose, program and initiative effectiveness will not be fully realised.

National Drug Strategy

System failures in Western Australia are largely due to the imbalance that prioritises resourcing for law enforcement above resourcing for a health response to the impacts of alcohol and other drugs.

The National Drug Strategy (Strategy) has seen few changes over the past 20 years. The Strategy's pillars of harm minimisation include supply reduction, demand reduction and harm reduction, with supply reduction focused on law enforcement. Demand and harm reduction are important pillars needing adequate resources to enable equitable service access and best outcomes.

The imbalance across the Strategy's three pillars is evident in the investment/resource allocation, with supply reduction receiving 64%, demand reduction receiving 34%, and harm reduction receiving less than 2% of alcohol and other drug resources.[1]

The preferential funding of law enforcement initiatives has been repeatedly challenged:

- The *National Ice Taskforce* (2015) made it clear that '*we cannot arrest our way out of the ice problem – we must also work to reduce the demand for this drug*'.[2] This sentiment continues to be repeated in relation to alcohol and other drugs broadly.
- Recommendation three of the *Joint Committee into Law Enforcement - Australia's illicit drug problem: Challenges and opportunities for law enforcement*, emphasises the need for substantial consideration of additional funding across demand and harm reduction to rebalance funding.[3]

Some jurisdictions have progressed on the need to reform the legal environment, with decriminalisation/ depenalisation of personal drug use. These efforts have contributed to reducing the harms to individuals, families and society. Without an effective contemporary National Strategy and sector-inclusive governance structure, these evidenced initiatives are not uniform across Australia.

Supply reduction initiatives in Western Australia include a range of alcohol restrictions and a banned drinkers register in some regional locations. Health impacts amongst population groups experiencing higher rates of harm are frequently exacerbated by these isolated supply reduction initiatives. Additional resources to counterbalance the health impacts (for example through community development, support and treatment service access, and harm reduction) are typically not allocated when supply reduction initiatives are introduced.

The Strategy's pillars are interdependent but currently lack the committed planning and coordination needed to achieve best outcomes. Past national alcohol and other drug governance arrangements designed to support the implementation of the National Drug Strategy have focused on health and law enforcement. The impact of alcohol and other drugs is felt across the human service systems. There are ample examples of an abdication of

[1] UNSW. Drug Policy Monitoring Program. (2024). *The Australian 'drug budget': Government drug policy expenditure 2021/22 report*
[2] Commonwealth of Australia. (2015). *Final Report of the National Ice Taskforce*
[3] Parliament of Australia. Joint Committee on Law Enforcement. (2024). *Australia's illicit drug problem: Challenges and opportunities for law enforcement*

responsibilities from across many related government departments, resulting in increased pressure on already overwhelmed treatment, support and harm reduction services.

A comprehensive review of the National Drug Strategy is required to ensure there is a contemporary, evidenced approach to guide activity across all jurisdictions and departments. To be effective, this strategic approach must ensure appropriate focus on those population groups experiencing higher rates of harm, address priority system reform areas and barriers, support coordinated planning and investment, and establish effective coordination mechanisms.

Recommendations:

1. **A meaningful review of the National Drug Strategy including identification of whole of government responsibilities for minimising alcohol and drug related harms. The strategy must:**
    a. **Ensure appropriate focus on specific population groups experiencing higher rates of harm.**
    b. **Address the imbalance and siloing across a harm minimisation framework**
    c. **Renew national population modelling to inform the resources needed across the service system. This would support an efficient, consistent approach for each state/territory to determine capacity needs and gaps.**
    d. **Establish a national strategy and commitment to address the pervasive impacts of alcohol and other drug stigma and discrimination which is impacting health and wellbeing.**
2. **The re-establishment of a national governance framework (that is sector inclusive), overseeing the implementation of a new national strategy.**

Sector Priority Issues

Over the past 12 months, WANADA conducted a comprehensive state-wide consultation exercise, spanning 32 site-visits of alcohol and other drug services, 20 of which were in regional Western Australia. The information shared with WANADA provides a snapshot of the current challenges faced by the Western Australian sector. A summary of these issues is outlined below and highlights the importance of the recommended systems reform.

Inadequate service and system capacity to meet demand

Alcohol and other drug services across the State consistently identified inadequate capacity to meet community demand as a critical concern. Capacity constraints are impacting community confidence in the sector, increasing wait times and contributing to bottlenecks across the system.

In addition to the capacity of existing services, local alcohol and other drug services (particularly in regional, rural and remote areas) reported system imbalances including critical service gaps.

Identified gaps in the alcohol and other drug service system across the regions focused on reduced capacity to meet the needs of, and respond to, specific population groups including (but not limited to) children, young people, older people, Aboriginal peoples, people from regional and remote communities, people in the prison system, and people on opioid pharmacotherapy. These population groups included those impacted by their own, or another's alcohol and other drug use.

Alarmingly, WANADA has heard that limited access to medically supervised withdrawal services has resulted in many people withdrawing without support. It was reported that people are putting themselves at risk because

they see unsupported withdrawal as a solution to fast-track or enable their access to residential treatment, or access to other cross-sector services which exclude people presenting with alcohol and other drug concerns.

A balance of services with sufficient capacity is needed to meet existing and projected demand, support pathways between services within the system, and reduce demand for the more acute services. Improving the balance of services within the system requires all government commissioning agencies to have a shared understanding of:

- system and service investment needs in all regions
- how investment in particular service types impacts service pathways and capacity across the system.

Case Study: Alcohol and Other Drug Service Planning

Western Australia was an early adopter of the Drug and Alcohol Service Planning Model (DASPM), which was released to jurisdictions for the purposes of planning and analysis in 2013.

The DASPM was commissioned in early 2010 by the Ministerial Council on Drug Strategy through the Intergovernmental Committee on Drugs (IGCD). DASPM aimed to establish a nationally agreed, population-based planning model which could be used to inform need and demand for alcohol and other drug services across Australia, and workforce requirements.

It was accepted that the DASPM did not adequately consider the weighting for a population percentage of marginalised or disadvantaged population groups, including First Nations peoples, or geographic remoteness.

Western Australia's application of the DASPM was complemented by:

- an informed approach to identifying and estimating prevention and forensic service needs; and
- the consideration of practice and expertise experience to test the modelling estimates.

The alcohol and other drug modelling results were reflected in the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan).* The Plan was aspirational, funder neutral, service model neutral and provider neutral.

The Plan identified there were not enough alcohol and other drug services to meet community demand. In 2015:

- Prevention response capacity (including community development) was at 31.7% of need
- Harm reduction and support service capacity was only meeting 1.9% of demand
- Post residential support capacity was only meeting 29.2% of demand
- Safe responses for intoxicated people capacity met 82% of demand
- Non-residential alcohol and other drug treatment capacity was only meeting 27% of demand
- Low medical withdrawal service capacity was meeting 27% of demand
- Residential rehabilitations capacity met 44.5% of demand
- High/complex medical withdrawal capacity was at 22% of demand
- Alcohol and other drug community diversion capacity was only meeting 30.6% of demand[4]
- In-prison alcohol and other drug services were negligible in meeting demand.

These figures are Statewide, and it must be noted that some regions offered no or even less capacity to meet demand for some service types.

Since 2015, the Western Australian government has increased funding to some service types, and therefore system capacity, in areas including: in-prison services; harm reduction, residential rehabilitation, and low-

[4] Western Australian Mental Health Commission. (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*

medical withdrawal. Increased national funding resulting from the *National Ice Action Strategy,* via the Primary Health Networks, has also contributed resources to the service system, albeit not as evidently aligned to the Plan.

As of 2024, the targets of service capacity have not been realised. Community demand for services has also changed significantly, notably as a result of the impact of COVID-19 pandemic, population growth, the increasing complexity of intersecting issues, and the inadequacy of existing system initiatives to prevent and reduce alcohol and other drug related harms.

Increasing complexity and cross-government responsibilities and opportunities

Western Australian alcohol and other drug services consistently identified the need to improve cross-government responsibilities and realise existing opportunities.

Addressing complex needs has always been an integral part of the treatment and support provided in alcohol and other drug services. Western Australian alcohol and other drug services reported to WANADA an increased volume of service users presenting with complex needs. The sector's experience is that relevant services from other sectors are not working with people who use or have an alcohol and other drug concern (e.g. mental health, health, homelessness, family and domestic violence, etc.). Consequently, many cross-sector services divert people to alcohol and other drug services prior to meeting the prioritised needs that people present with.

Participants in WANADA's consultation regularly posed the impact of stigma, discrimination and prejudice in the context of access barriers to cross-sector services, contributing to the de-prioritisation of people who are impacted by alcohol and other drugs.

Some alcohol and other drug services have the capacity to mitigate risks and contribute to sustainable outcomes by actively broadening their capability to meet complex co-occurring/intersecting needs. Not all services have the resources or capacity to respond in this way. Key cross-sector partnerships and collaboration are pivotal to responding to intersecting concerns and building cross-sector capabilities. This is particularly important in regional, rural and remote areas, where alcohol and other drug services are additionally challenged by limited service availability across all sectors.

Alcohol and other drug service models are not typically designed or resourced to respond to crisis. Many report, however, becoming the 'safety net' or 'hub' for people presenting with complexity. The complexity of issues that individuals are presenting with, and the general unwillingness of cross-sector services to address co-occurring needs, is increasing the volume of people presenting in crisis. This creates further risk to services and the effectiveness of the system.

Addressing cross-sector capability, responsibilities, stigma and discrimination are priority systemic issues, requiring coordinated and comprehensive activity across all tiers of government and multiple portfolios.

Workforce recruitment and retention

The passionate and dedicated alcohol and other drug sector workforce has consistently shared the impact of demand pressures. It is evident that many sector workers are contributing to community development 'above and beyond' their work commitments. This is not sustainable or feasible, with demand pressures impacting on staff retention and wellbeing.

A primary challenge for most regional, rural and remote services is workforce recruitment and retention. Some services report, for example, being unable to recruit suitably qualified people locally or employing people to come from outside of the region due to unavailable/unaffordable housing. Recruitment in this predominant not-for-profit sector is impacted by the current cost of living and housing crisis.

WANADA heard that some regional staff positions have taken up to a year to fill. The associated administration burden is obviously high. Many regional services reported they are expending significant resources to onboard under-qualified staff, who require development of work readiness as well as core alcohol and other drug skills and knowledge.

At a state/territory level, a coordinated and comprehensive approach to workforce planning must occur alongside service demand modelling and system capacity growth. Workforce planning strategies need to ensure alcohol and other drug content is incorporated into relevant higher education courses, and considers the skills, knowledge and expertise development of local people as a priority. This will contribute to staff retention, reduce burnout, and build community trust and engagement with the service. As the *National Alcohol and other Drug Workforce Development Strategy 2015-2018*[5] has lapsed, there is limited capacity for national oversight or cross-jurisdiction workforce development collaboration.

Service Accountability and Vulnerable People

Western Australians must have confidence in the quality of the treatment and support services being delivered across the State, irrespective of whether these services are funded privately or via state or federal government commissioning.

Organisations that operate alcohol and other drug services commissioned by government are required to maintain quality accreditation and remain accountable via tender assessment and contractual requirements.

WANADA is very concerned about services that are not funded by government, are not accountable or regulated, do not deliver evidence-based practices, impinge upon human rights and exploit vulnerable people. These services, which have undertaken significant self-promotion and maintained substantial public profiles, pose an unacceptable risk to the public.

The accountability of unregulated services was recently publicly explored in *The Inquiry into the Esther Foundation and unregulated private health facilities*. The Inquiry found a range of significantly harmful practices were occurring, including (but not limited to): [6]

- Emotional and psychological abuse
- LGBTQIA+ suppression and conversion practices
- Culturally harmful practices inflicted upon First Nations women
- Lack of a structured program
- Alienation from family and loved ones
- Physical restraints being used, and assaults being perpetrated.

There are further public examples of unacceptable harm conducted by unregulated services, including financial exploitation, coercion and control.

The majority of the Western Australian sector is fundamentally underpinned by quality and accountability via the *National Quality Framework for Alcohol and Drug Treatment Service*s (NQF). Foundationally, the NQF includes the following requirements: [7]

- organisational governance – establishment of a systematic approach to organisational governance
- clinical governance – establishment of accountability of individuals for the delivery of safe and effective quality care
- planning and engagement – planning and engagement to meet and be adaptable to client (service user) and community needs

[5] Intergovernmental Committee on Drugs. (2015). National Alcohol and Other Drug Workforce Development Strategy 2015-2018
[6] Education and Health Standing Committee. (2022). Report of the Inquiry into the Esther Foundation and unregulated private health facilities
[7] Commonwealth of Australia. Department of Health. (2018). *National Quality Framework for Drug and Alcohol Treatment Services*

- collaboration and partnerships – partnerships are established to improve and focus on client centred care
- workforce, development and clinical practice – organisations engage and maintain a workforce that has appropriate qualifications, skills, knowledge and supervision
- information systems – secure and effective information systems to meet organisational objectives and inform decision making
- compliance – protect clients by meeting legislative, regulatory and professional obligations
- continuous improvement – continuous improvement is a systematic ongoing effort
- health and safety – provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements.

There is a need for all jurisdictional government departments to work in close partnership with the alcohol and other drug sector to develop a fit for purpose licencing and regulation environment that ensures the fundamental human rights of service users are upheld, organisations are accountable, and services apply health-focussed and evidence-informed practice.[8]

Recommendation:

3. **Establish national oversight to ensure services that are not funded by government are monitored and regulated to guard against harmful, dehumanising and exploitative practices.**

[8] Tallentire, C. J. et al (2022) Education and Health Standing Committee. *Report of the Inquiry into the Esther Foundation and unregulated private health facilities*

Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia

WANADA strongly supports the Inquiry also examining the broader health sector (beyond the specialist area of alcohol and other drugs).

Consumers and service users frequently share their experiences of stigma and discrimination when accessing other health services – with significant discriminatory experiences reported when accessing primary health, mental health and emergency health services. Stigma and discrimination are also experienced by people impacted by their alcohol and other drug use in education, employment, justice, social services and housing.

The results of stigma and discrimination include:

- Avoidance of help-seeking when help and support is needed
- Exclusion from services – resulting in continued cycles of homelessness and other complexities
- Increased harms, including continued alcohol and other drug dependence
- Increased risk of exclusion from family and community.

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

11,278 ED presentations related to alcohol and other drugs (in 2020-21)[9]

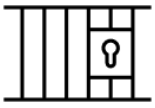
6,389 hospitalisations related to drugs (in 2019-20)[10]

20,917 hospitalisations related to alcohol (in 2019)[11]

5,914 ambulance call outs related to alcohol intoxication (in 2021)[12]

Over 345,000 people identified as being a victim of a drug-related incident (in the 12 months to 2019)[13]

9,382 alcohol-related family assaults occurred in (2021)[14]



36% young people in Banksia Hill Detention Centre diagnosed with FASD (in 2015-16)[15]

26.6% of country WA adult population exceeding the alcohol lifetime risk guidelines (in 2020)[16]

To address these impacts, the WA alcohol and other drug sector has a long history of engaging with cross-sector services. Such partnerships support the development and implementation of professional development

[9] Australian Institute of Health and Welfare (2022) *Emergency Department Care*

[10] 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.

[11] Alcohol. Think Again (2021) *Alcohol Harm Statistics*

[12] St John WA (2022*) Surge in alcohol-related ambulance cases prompts warning for revellers.*

[13] 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.

[14] 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.*

[15] 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.

[16] Epidemiology Directorate, WA Department of Health (2021) *Health and Wellbeing of Adults in Western Australia 2020, Overview and Trends.*

via cross-sector training and development initiatives. As an example, a past Commonwealth Government funded initiative, the *Improved Services Initiative,* aimed at enhancing the not-for-profit alcohol and other drug sector to be responsive to meeting the needs of people with co-occurring mental health concerns. It remains the experience of the alcohol and other drug sector that addressing co-occurring concerns is, more often than not, driven by the alcohol and other drug sector, and not reciprocated.

As described earlier in this submission, people impacted by alcohol and other drug use are often de-prioritised in intersecting health and community service sectors, which affect the outcomes of individuals, families and communities.

There is a fundamental requirement for all health and human service areas to be *responsive* to alcohol and other drugs. This responsiveness is needed to enable the broader alcohol and other drug service system to be effective and efficient.

> *Responsiveness* means asking the questions about alcohol and other drug use in a respectful, non-judgmental manner and knowing what to do when the response is received. The response may include undertaking an appropriate assessment, providing accurate information, and knowing how to refer to a specialist alcohol and other drug service that would best meet the needs of the individual.

Supporting health and human services to be responsive requires tailored capability building. Capability building involves training and support in a range of areas, including but not limited to:

- education and awareness related to the impacts of alcohol and other drugs on the community and experienced by the individual contributes to reduced stigma and discrimination
- ensuring accurate alcohol and other drug information can be disseminated
- establishing an understanding of intersectionality i.e., how addressing an issue alongside alcohol and other drug use will result in best outcomes for both issues
- developing partnerships and referral pathways to specialist alcohol and other drug services where needed
- the importance of data and evaluation to achieve improved outcomes and inform continuous quality improvement - if we do not understand the extent of intersectionality, it will not be addressed or prioritised.

The upskilling of health and human services through capability building will increase cross-sectors' ability to meaningfully contribute to reducing the impact of alcohol and other drugs.

Some examples of cross sector collaboration that WANADA has engaged in include:

- Supporting capability building across alcohol and other drug and other community service sectors, to address co-occurring or intersectional issues. WANADA has undertaken two distinct collaborative projects:
    - Building the intersecting capability and responsiveness in alcohol and other drug, and family and domestic violence services
    - Building the co-occurring capability and responsiveness of alcohol and other drug, and mental health services.
- Increasing the alcohol and other drug responsiveness of Aboriginal Community Controlled Health Services and Aboriginal Community Controlled Organisations (see below).

WANADA has an established sector mandate to support cross-systems developments, which can result in understanding, and support in identifying collective enablers and barriers to address intersecting concerns. The specialist services from the different sectors have a role in developing and maintaining shared care that supports an evidence-informed approach relevant to different complexities.

Coordination and collaboration are strategic principles of the *National Drug Strategy 2017-2026*[17] and the *National Alcohol Strategy 2019–2026*.[18] In addition to strategic prioritisation, cross-sector collaborations also require investment (both time and money) as well as a maturity and service driven commitment to meet service users' needs through informed non-stigmatising practice.

Recommendation

4. **Support capability building across all relevant human service sectors to be responsive to people with alcohol and other drug concerns.**

Draw on domestic and international policy experiences and best practice, where appropriate.

The Western Australian alcohol and other drug sector has a range of examples of best practice that clearly demonstrate equity of access, value for money, effectiveness and best outcomes.

- A WA Primary Health Network initiative has enabled development of Aboriginal Community Controlled Health Services and Aboriginal Community Controlled Organisations to enhance their alcohol and other drug responsiveness to better meet the needs of their local communities. This initiative was led by WANADA in partnership with the Aboriginal Health Council of WA. The initiative has exposed a significant gap, with little to no effective prevention or community development activity targeted to Aboriginal peoples. The initiative has enabled local Aboriginal community organisations (predominantly primary health services) to develop their capability to deliver effective, evidence-informed alcohol and other drug support and treatment through primary health providers. These organisations are well placed to contribute to the service system, ensuring equity of access and culturally appropriate practice.
- Whole of government coordination strategy – The Western Australian Alcohol and Drug Interagency Strategy 2018-2022, while lapsed, was a driver for a cross-government planned approach to respond to alcohol and other drug concerns across Western Australia.
- Service co-location and integration in Western Australia. Examples include the Community Alcohol and Other Drug Integrated Services Model applied across metropolitan Perth, with not-for-profit service leadership; and modified therapeutic communities in custodial settings, cofacilitated by justice and not-for-profit alcohol and other drug services.
- Examples of service capability building and partnerships at the service level cover areas such as mental health, family and domestic violence, cognitive impairment, LGBTQI+ inclusive practice, financial counselling, dentistry, and culturally secure practice.

WANADA would welcome the opportunity to expand on these examples in discussion with the Standing Committee.

[17] Commonwealth of Australia, Department of Health. (2017). *National Drug Strategy 2017–2026*
[18] Commonwealth of Australia, Department of Health. (2019). *National Alcohol Strategy 2019–2026*

There are specific benefits of the Western Australian alcohol and other drug sector being predominantly not-for-profit. Research has identified these benefits as: [19]

- 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.

Additional strength of not-for-profit services identified through WANADA's consultation with services include not-for-profit organisations' capacity to:

- be responsive to changing local trends and diverse community needs
- offer transitional pathways across a diverse range of services
- actively seek and attract funding from a range of local, state and federal government and philanthropic sources, building on the value of core funding to improve service delivery outcomes. These efforts do not ameliorate the need for increased core funding.

Prioritising equity of access, particularly for marginalised and disadvantaged population groups, is embedded within the Western Australian alcohol and other drug service system. Data and examples that demonstrate the delivering equity include:

- In 2022-23, government funded alcohol and other drug service providers delivered 19,671 closed treatment episodes and 14,947 service users received treatment.
- 21% of treatment service participants were First Nations, demonstrating a strong commitment to supporting equity and enhancing the social and emotional wellbeing for this cohort of the community, which comprises approximately 3.3% of the population.[20]
- Interpreter/translation services are provided as needed for people who do not identify English as their preferred language.
- Service access by parents with under school aged children are supported by an umbrella child-care access program if needed.
- Of the 124 treatment agencies contributing to the National Minimum Data Set in 2022/23 - 14 were operating in 'very remote'; 15 in 'remote'; 17 in 'outer regional', and 8 in 'inner regional' locations.[21] While a good demonstration of delivering equity of access across Western Australia, this does not discount the need for more services to meet harms experienced by the communities across the State.
- A postal service for safe injecting equipment is one approach to supporting more equitable access to this harm reduction strategy.

Examples demonstrating the **delivering value for money** include:

- The Western Australian alcohol and other drug sector provides accountable and evidence-based practice, with clear and current guidelines for a range of different service types.[22]

[19] 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.*

[20] Australian Institute of Health and Welfare. (2024) *Alcohol and other drug treatment services in Australia annual report, Western Australia*

[21] Ibid

[22] 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.

- As at 2024, the Mental Health Commission as responsible government agency in Western Australia, removed the Key Effectiveness Indicator *Percentage of contracted non-government mental health or alcohol and other drug services that met an approved standard* as the indicator "was no longer valuable since all services had met an approved standard and predetermined schedules to maintain their re-accreditation"[23] as determined as required by the *National Quality Framework for Drug and Alcohol Treatment Services*. A number of support services in Western Australia are also certified against a recognised standard.
- Approximately 90% of the Western Australian government funded alcohol and other drug treatment services are non-government not-for-profit.[24] An identified challenge for not-for-profit alcohol and other drug services, when compared to government services, is that whilst they demonstrate value for money, not-for-profit providers are more vulnerable to contract length and continuity pressures. Not-for-profit providers are also vulnerable to staff remuneration pressures when compared with government rates. This vulnerability contributes to staff insecurity and wellbeing.
- Needle and syringe exchange programs and other support services 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.[25,26]

The Western Australian alcohol and other drug sector is committed to **delivering best outcomes for individuals, their families, and society.** The sector's dedication to applying evidence-informed approaches, and continuous quality improvement are focused on achieving best outcomes. Examples include:

- State government funded treatment services are required to gather pre-and post-evaluations from all participating service users, with set targets as key performance indicators (KPI). The indicators relate to drug use; emotional well-being; relationships with other people; confidence in reducing substance use/harms; and satisfaction with the service received. These KPIs are routinely met.
- There is currently no service outcomes measurement framework for Western Australian alcohol and other drug services funded by government. This is currently being considered in Western Australia.
- Independent of contractual requirements and where possible, many treatment services also utilise validated assessment tools (e.g. AUDIT-C and DUDIT-C, SDS, DASS21, K10) to inform the service user's treatment plan and changes/outcomes achieved through the program. Outcomes are predominantly used by treatment services to inform their continuous quality improvements.
- Western Australian alcohol and other drug services routinely work collaboratively with other specialist intersecting health and social service sectors to address a range of intersecting harms and concerns. Research clearly indicates the outcome benefits of responding to related complexities. This approach requires a person-centred approach that is committed and responsive to service user needs.
- Where possible, alcohol and other drug service providers employ staff from multi-disciplinary backgrounds to support a response to intersectional needs.
- Where possible services have established consumer participation structures (e.g. consumer and family advisory groups) to inform service delivery and planning. These groups contribute many benefits to both services and consumers, including:
    - refining of service policies to best meet the needs of consumers
    - leadership development and career pathways
    - capacity to engage in system advocacy influencing sector policy, planning and development that will have positive impacts on outcomes for future service users.

[23] WA Mental Health Commission (2024) Annual Report 2023-24, p. 111.

[24] Australian Institute of Health and Welfare. (2024) *Alcohol and other drug treatment services in Australia annual report, Western Australia*

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

[26] 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.