

2023-24 ANNUAL REPORT

40TH
ANNIVERSARY



Western Australian Network of
Alcohol & other Drug Agencies

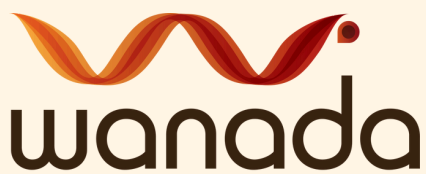


RELATIONAL
ENGAGEMENT

ACCOUNTABILITY

RESPECT

EQUITY



Western Australian Network of
Alcohol & other Drug Agencies

CONTACT US

Post

PO Box 8048 Perth WA 6849

Telephone

08 6557 9400

Website

www.wanada.org.au

Email

drugpeak@wanada.org.au

Facebook

www.facebook.com/WANADAFYI

Twitter

[@WANADAFYI](https://twitter.com/WANADAFYI)

Visit

1 Nash Street, Perth WA 6000

WANADA is a not-for-profit organisation
incorporated under the *Associations
Incorporation Act 2015 (WA)*.
ABN 22 106 585 976

Annual Report
Published in November 2024

TABLE OF CONTENTS

Acknowledgement of Country and About WANADA.....4

Celebrating 40 Years..... 5

Board of Directors.....7

Chairperson & CEO Statement.....8

Treasurer’s Statement.....10

Diverse Membership.....11

Strategic Priority One: Provide an Informed Voice to Influence Effective Alcohol and other Drug Service Planning.....10

Member and Stakeholder Engagement.....13

Advocacy: Policy, Strategy and Reform.....16

Communications.....18

Strategic Priority Two: Promote Effective Evidence-Informed Systemic Approaches That Work to Address Alcohol and Other Drug of Stigma and Discrimination.....19

Challenging Stigma Through Common Cause Training.....20

Alcohol and Other Drug Lived Experience Leadership Project.....21

Strategic Priority Three: Drive Sector Implementation of, and Policy Support for, the Principles of Self-Determination.....22

Alcohol and Other Drug Certification and Readiness Project.....23

Continued Engagement with Elders.....24

Strategic Priority Four: Lead a Coordinated Approach to Sector-Wide Development that Enhances Quality Evidence-Informed Practice.....25

Sector Capability Building.....26

WANADA’s Certification and Quality and Workplace Award..... 29

Membership List.....30

Membership Benefits..... 31

WANADA Staff.....32

Appreciation and Acknowledgement to Funders and Supporters.....33

WANADA Annual Financial Report.....34

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional custodians of the land on which we live and work, and recognise their strength in connection to the land, sea, and community. WANADA's office is based on Whadjuk Noongar Country. We pay our respect to Elders past and present and extend that respect to Aboriginal peoples from across the State. Following the referendum, WANADA commits to continuing the work of listening, learning and reconciliation. We stand in solidarity with Aboriginal and Torres Strait Islander peoples.

ABOUT WANADA

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

WANADA is a proudly independent not-for-profit organisation, driven by the passion and hard work of its member services.

WANADA's **aim** is to enable a specialist-sector led approach to achieve reduced harms associated with alcohol and other drugs for all Western Australians.

Our **purpose** is to lead a shared voice within the specialist alcohol and other drug service sector that drives and influences systemic change needed to achieve best community outcomes.

WANADA continues to meet the requirements for certification against the ISO 9001:2015 (Quality Management Systems) Standard.

CELEBRATING 40 YEARS

WANADA is proud to be celebrating its 40th Anniversary in 2024.

Western Australia's alcohol and other drug agencies wanted a united voice and improved services when they established WANADA in 1984. A commitment to support the health and wellbeing of people impacted by alcohol and other drugs brought them together despite their different approaches and philosophies.

WANADA began in an environment of little or no government funding or planning, and limited community understanding of alcohol and other drug issues. Australia did not have a national strategy to address alcohol and other drug issues at the time, or any dedicated research institutions.

WANADA – along with the Western Australian alcohol and other drug sector – has:

- Advocated for government funding of alcohol and other drug services, for an effective service system, and for policies that support the improved health and wellbeing of people impacted by alcohol and other drug issues
- Prioritised quality improvement, developing the Alcohol and other Drug and Human Services Standard
- Recognised the value of programs and services that are evidence-based and culturally responsive
- Worked to address related issues such as mental health, and family and domestic violence, forming partnerships and building the capability of workers and services
- Connected the alcohol and other drug sector workforce through events such as the WA Alcohol and other Drug Sector Conference and the Aboriginal Alcohol and other Drug Worker Forum
- Promoted access to alcohol and other drug services
- Shared information and resources

Many of the challenges that faced our members in 1984 still exist. We know that there are not enough services to meet demand. Community awareness has grown but stigma and discrimination can still create barriers for people who want to access services.

In 2024, we reflect on 40 years of positive change and create a vision of what we can achieve together in the years ahead.

RECOGNITION- 40 YEARS OF LEADERSHIP

CHAIRPERSON

1985/86 - 1986/87: **Dr Hank Andrews**
1987/88: **Ross Lonnie**
1988/89 - 1991/1992: **Bill Meeke**
1992/93: **Rev Ian Macdonald**
1993/94 - 1996/97: **Arthur Toon**
1997/98 - 1998/99: **David Ryder**
1999/00: **Dr Stephen Proud**
2000/01 - 2001/02: **Pam McKenna**
2002/03: **Lorraine Smith**
2003/04: **Jan Battley**
2004/05: **Ann Deanus & Tony Walley**
2005/06 - 2007/08: **Ann Deanus**
2008/09: **Denzil McCotter**
2009/10 - 2010/11: **Dr Cheryl Davenport**
2011/12 - 2013/14: **Professor Mike Daube**
2014/15 - 2016/17 : **Terry Murphy**
2017/18 - 2020/21 : **Steve Allsop**
2021/22- 2023/24 : **Neil Guard**
Present: **Karl O'Callaghan**

EO/CEO

1987 - 1988: **Mary-Anne Paino**
1988 - 1993: **Andrea Nixon**
1993 - 2000: **Chris McDonald**
2003: **Arthur Toon (Acting)**
2009: **Mike Seward**
2000 - Present: **Jill Rundle**



40 YEARS STRONG

BOARD OF DIRECTORS



Neil Guard
*Chairperson (until
July 2024)*



Emma Jarvis
Vice Chairperson



Lorraine Keane
Treasurer



Merinda March
Secretary



Michael Coleman



Andrew Amor



Paul Dessauer



Alex Arpino



Carol Daws



Laurel Sellers



Dr Greg Dear

We wish to acknowledge and extend our gratitude to valued Board members who resigned in this report period: **Kim Gates** for their significant contribution to the sector

CHAIRPERSON & CEO STATEMENT

Welcome to WANADA's 40th Anniversary Annual Report. WANADA was warmly welcomed by our member services during our site visits in 2023-24. We visited over 30 services, including at least one in every regional health area. It was a great privilege to meet many of the compassionate and dedicated sector leaders and workers. Our visits provided the WANADA team with a better understanding of the diversity of the sector and the context in which the services operate.

Our service visits are ongoing, and we look forward to more conversations about what is important to service leaders, staff and the community. This information will significantly inform WANADA's representation and advocacy into the future. This 2023-24 report describes shared themes expressed during our site visits.

The October 2023 Sector Forum provided an opportunity for the Parliamentary Secretary, Simon Millman MLA, to hear from the sector what principles we collectively believe are needed for effective alcohol and other drug governance. As many of you know, these principles were all considered suitable by government, and implementation has progressed. As an example, the sector called for an "independent domain for the alcohol and other drug system with accountable and transparent leadership".

This has been realised through the establishment of the Office of Alcohol and Other Drugs. Naomi Henrickson has been appointed the Director of the Office, bringing extensive knowledge of alcohol and other drugs from a population health lens.

We all know that alcohol and other drugs has a significant impact on Western Australia's health, social, and justice systems, as well as the community. We also know that there are not enough alcohol and other drug services to meet community need. There remains a lot to be achieved. With the Office of Alcohol and Other Drugs in place WANADA has confidence we can better achieve needed change to reduced harms.

As examples:

- **Advocating for a dedicated Aboriginal alcohol and other drug strategy and services plan remains a priority for WANADA.** WANADA has, for several years now, been calling for a dedicated Aboriginal alcohol and other drug strategy and services plan. These were two of the recommendations highlighted through WANADA's Western Australian Aboriginal alcohol and other drug sector leadership project, resulting in the 'Nothing about us without us' report (Feb 2023). Aboriginal sector workers supported these recommendations during our Aboriginal Worker Forum (May 2023). The Minister for Health; Mental Health, the Hon Amber-Jade Sanderson MLA, also indicated support for these recommendations.
- **Advocating for reforms, aimed at reducing alcohol and other drug related harms, is also a priority for WANADA.** Western Australia is behind other jurisdictions in terms of harm reduction initiatives, for example, the adoption of alcohol minimum unit price, drug checking, and decriminalisation. Evidence from other jurisdictions demonstrates the effectiveness of such initiatives. Western Australian community awareness needs to be raised to understand and support the potential benefits of such reforms.

CHAIRPERSON & CEO STATEMENT

In addition, there is little doubt that stigma and discrimination contribute to harms experienced by individuals, families and communities. WANADA sees a systemic approach to reducing stigma and discrimination is needed, and any approach will require the sector to be united in a shared voice.

WANADA will be advocating for sector engagement in the development of needed service regulation. Following the Inquiry into the Esther Foundation and unregulated private health facilities, and the exposure of various forms of abuse experienced by service users of this facility, WANADA recognises there is still a way to go to ensure safety and accountability of services that are not funded by government. The alcohol and other drug sector wants to ensure the community has confidence in the quality of services available.

In this report period WANADA engaged significantly on 85 state and federal advocacy issues related to alcohol and other drugs. We constantly advocate for an accessible system of services to respond to alcohol and other drug harms and a planned collaborative approach across human services.

WANADA also led 12 projects aimed at supporting sector-wide capability building and development. Examples of these include: supporting the Western Australian alcohol and other drug sector to contribute to the global goal of eliminating hepatitis C by 2030; and initiating research to better understand alcohol and other drug lived and living experience leadership. Input from our member services is recognised as invaluable, enabling WANADA to meaningfully represent the sector and contribute to developments for better community outcomes.

100% of members and stakeholders that responded to our annual survey in 2023-24 rated WANADA as very effective or effective in: its advocacy and representation - influencing policy, planning and implementation relevant to the sector; and enhancing sector continuous quality improvement and capability building.

We thank the WANADA team for their professionalism and dedication to delivering the range of activities that contribute to a sustainable and viable alcohol and other drug sector in Western Australia. We also thank the Board for their significant contribution over the past year, including their strategic guidance and governance expertise. On behalf of the Board, we would like to acknowledge Neil Guard for his leadership as chairperson until April 2024. Emma Jarvis held the position as acting chairperson until July 2024, and we sincerely thank her for her commitment to WANADA.

Karl O'Callaghan, Chairperson

Jill Rundle, CEO

TREASURERS STATEMENT

I am pleased to present WANADA's finances for the year ending 30 June 2024. A copy of the full independent auditor's report is available upon request or directly accessible on the WANADA website.

I would like to acknowledge the support and contribution of WANADA's funding bodies in the 2023-2024 financial year, including:

- Western Australian Mental Health Commission (MHC)
- Australian Government Department of Health (DoH)
- Western Australian Department of Health (WA DoH)
- Western Australian Primary Health Alliance (WAPHA)
- Lotterywest

WANADA's income for the year was \$1,681,486 and total expenditure was \$1,613,567 - resulting in an operating surplus of \$67,919.

In summary:

- Service agreement funding from MHC and DoH made up approximately 58% of WANADA's total income.
- One-off grant funding from MHC, WAPHA, WA DoH and Lotterywest contributed approximately 32% of WANADA's income.
- Membership fees and member contributions for direct support services, donations, interest and other independent funding made up approximately 10% of WANADA's income.

WANADA has again achieved an unqualified audit opinion for the 2023-2024 financial year. I am confident that the organisation's financial planning and financial controls continue to be sound, and the organisation is in a position where it can deliver on its objectives.

WANADA's Finance and Operations Manager, Stefanie Palmer has continued to provide clear and concise financial statements and reports to the Board. I would like to extend my thanks to Stefanie for her ongoing professionalism and integrity.

Armada Audit and Assurance Pty Ltd carried out WANADA's financial audit for 2023-2024. On behalf of the Board, I propose a resolution at the 2024 Annual General Meeting for their re-appointment as WANADA's financial auditors.



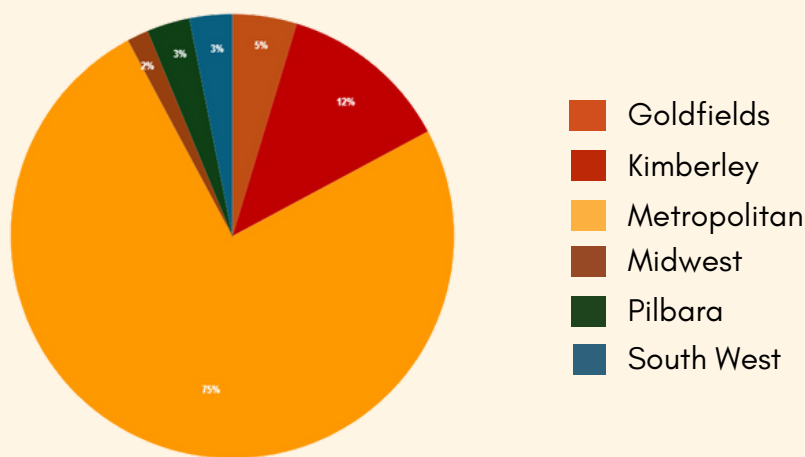
Lorraine Keane
Treasurer

DIVERSE MEMBERSHIP

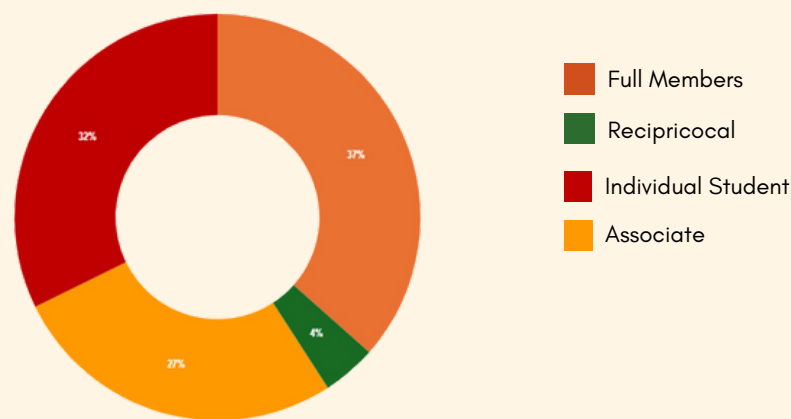
WANADA is proud to represent the specialist alcohol and other drug service sector. We recognise the ongoing support, commitment, and expertise of this sector and remain dedicated to amplifying its collective voice in our engagement with the community and key decision-makers. The sector’s passion and dedication drive positive change in the health and wellbeing of all Western Australians, helping to reduce the harms associated with alcohol and other drug use.

In 2023-24, WANADA's diverse membership included 64 organisational members (providing 97 services), encompassing community-based non-residential services, therapeutic communities, residential rehabilitation, intoxication management, withdrawal management, harm reduction, outreach, patrols, prevention, and community development services. Over one-third of our member services were located in regional, rural, or remote areas. Additionally, we had 30 valued individual members.

HEALTH REGIONS



MEMBERSHIP TYPE



WANADA conducts an annual survey to evaluate its relevance to the sector and to provide members and stakeholders with an opportunity to share feedback on the effectiveness of its activities.

The 2023-24 Annual Member and Stakeholder Survey revealed:

- An overall satisfaction score of 4.4 out of 5, with 100% of member respondents indicating they were either very satisfied or satisfied with WANADA’s performance over the past year.
- 100% of member respondents believe that WANADA’s initiatives and activities have positively benefitted Western Australia’s not-for-profit alcohol and other drug sector.

STRATEGIC PRIORITY ONE:

PROVIDE AN INFORMED VOICE TO INFLUENCE EFFECTIVE ALCOHOL AND OTHER DRUG SERVICE PLANNING

GUIDING PRINCIPLES:

Influencing policy, planning, development and implementation requires strong and respectful relationships with decision makers.

WANADA's authority to provide an independent representative voice is based on awareness of relevant evidence that is grounded in sector expertise.

100% of respondents to WANADA's annual survey identified WANADA was very effective or effective in providing advocacy and representation, influencing policy, planning and implementation relevant to the sector - evaluated at 4.43 on a 5-point rating scale.

MEMBER AND STAKEHOLDER ENGAGEMENT

WANADA will continue to undertake site visits to build WANADA's authority to provide an independent representative voice for the WA alcohol and other drug sector. The WANADA Board identified this activity as important following the coronavirus restrictions and a period of resourcing constraints. The Board identified the need to prioritise regional, rural and remote service visits. In 2024 WANADA has travelled to all regions in WA to consult face-to-face with a range of members. What we consistently heard from member services included:

- **There are not enough alcohol and other drug services or capacity to meet demand.** This concern was presented as a point of crisis by a number of alcohol and other drug services across WA. Inappropriate referrals due to limited knowledge of the alcohol and other drug service system was also mentioned as a factor contributing to demand. The passionate and dedicated sector workers report contributing to community development 'above and beyond' their work commitments. This is not sustainable, and demand pressures will likely impact on staff retention and wellbeing
- **There is a need for a balanced and adequate service system to support equitable access.** The alcohol and other drug service system, particularly in regional, rural and remote, is reported as imbalanced and insufficient, with many regions highlighting critical service gaps and pathway limitations. The alcohol and other drug service system has been collectively described as including community development (encompassing supporting community-led solutions); prevention, awareness and education; harm reduction (addressing harms from a range of drugs); support and early intervention; community-based treatment/counselling; supervised withdrawal; residential/bed-based services; and community re-entry and continuing care. Efficiencies need to be considered to support pathways within this service system. While there is insufficient funding across the system, an imbalance has been created through inadequate investment in systemic and place-based community development and prevention approaches that would contribute to reducing demand for the more acute services.
- **Increasing complexity.** Many of the alcohol and other drug services reported experiencing increasing complexity in service user presentations. Other services noted that the level of complexity has always been an integral part of the treatment and support that they provide. What was, however, more consistently shared is that relevant services from other sectors (e.g. mental health, health, homelessness, family and domestic violence, etc.) are not working with people who use or have an alcohol and other drug concern. As a consequence, many cross-sector services are diverting people to alcohol and other drug services prior to meeting individuals' related needs. Stigma, discrimination and prejudice was a frequently discussed topic in our consultations, particularly as the possible reason for access barriers to cross-sector services. Improvements cross-government and cross-sector responses was consistently identified as needed.

MEMBER AND STAKEHOLDER ENGAGEMENT

- **A primary challenge for most regional rural and remote services is workforce recruitment and retention.** Some services reported they were not able to recruit suitably qualified local people, and that recruiting people coming from outside of the region was limited due to inadequate/affordable 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. Workforce planning strategies need to consider the skills, knowledge and expertise development of local people as a priority. This will address staff transience and contribute to improved retention as well as community trust and engagement with the service.

The information provided by our members will contribute to our capacity to respond to submissions on policy, planning and development. Current examples of how WANADA will use the collective/collated information received from the sector consultations include our responses to:

- MHC's Western Australian mental health and alcohol and other drug strategy 2025-2030, and the pending WA alcohol and other drug framework that falls under this strategy
- The review of the National Drug Strategy
- Pre-budget submissions and WA sector planning generally.



The Pinnacles Desert in Nambung.

Who has been engaged during 2023-24 (noting a number services were unable to meet at the time of the scheduled site visit)

REGIONAL

- **Kimberley** - WA Country Health Service – Kimberley CADS, Cyrenian House Milliya Rumurra (CHMR), Milliya Rumurra, Ngnowar Aerwah Aboriginal Corporation
- **Pilbara** - HOPE - Pilbara CADS, Yaandina Drug and Alcohol Service, Turner River Rehabilitation Centre, Pilbara Integrated Drug and Alcohol Service incl. Sobering up Centre, Low Medical Withdrawal
- **Midwest** - HOPE - Hope Springs, WA Country Health Service - Midwest CADS
- **Goldfields** - HOPE - Goldfields CADS, Goldfields Rehabilitation Service Inc., Bega Garnbirringu Health Service - Sobering Up Centre
- **Wheatbelt** - Holyoake - Wheatbelt CADS
- **Southwest** - Palmerston Beela Valley TC, St John of God Health Centre - South West CADS, Peer Based Harm Reduction, Breakaway Aboriginal Corporation
- **Great Southern** - Palmerston - Great Southern CADS

METRO

- **Metro** - Alcohol and Other Drug Consumer and Community Coalition, Hepatitis WA, Next Step, Peer Based Harm Reduction, Cyrenian House, Central Wungening Aboriginal Corporation
- **North Metro** - Cyrenian House - North Metro CADS
- **Northeast Metro** - Holyoake - Northeast Metro CADS, Cyrenian House - Midland Withdrawal & Intervention Centre (MWIC), Cyrenian House – Rick Hammersley Centre and Saranna Women and Children's Program
- St Pat's Community Support Centre - Crossroads
- Swan City Youth Service (Midland)
- **South Metro** - St Pat's Community Support Centre - Crossroads
- **East Metro** - Swan City Youth Service (Midland)



Christel Barthelemy at the Red Dog Statue during a visit to Dampier.

ADVOCACY: POLICY, STRATEGY AND REFORM

Systemic policy, strategy and reform, more often than not, require long term, consistent advocacy. As an example, WANADA advocated for the regulation of alcohol and other drug services that are not funded by government to be incorporated into the National Quality Framework for Drug and Alcohol Treatment Services (2018). Pleasingly, regulation requirements were incorporated into the Framework, however, to date no state or territory government has achieved the implementation of required regulation. WANADA also contributed to the Western Australian Education and Health Standing Committee Inquiry into the Esther Foundation and unregulated private health facilities (2022-23). The Inquiry highlighted the importance of regulation to protect against abuse and harm. The Western Australian Government supported all of the recommendations from the Inquiry, and the implementation of these is ongoing. Regulation remains a priority for WANADA, and we continue to advocate for safe, accountable and quality alcohol and other drug services, and promote the need for our members to be engaged.

Alcohol and Other Drug Governance:

The principles for an effective alcohol and other drug governance, presented to the Western Australian Government by WANADA on behalf of the sector, are:

- An independent domain for the alcohol and other drug system with accountable and transparent leadership
- Coordination of the broad range of alcohol and other drug treatment and care within the system
- 'Alcohol and other drugs' being in the title of the government body responsible for alcohol and other drug governance
- Alcohol and other drug expertise, and capability to translate evidence into policy and systems and services planning
- Capacity to engage/partner with the sector and consumers to achieve best system and service outcomes for the community

Office of Alcohol and Other Drugs:

In May 2024, the Minister for Health; Mental Health, the Hon Amber-Jade Sanderson announced the Office of Alcohol and Other Drugs as a part of the Mental Health Commission to 'improve leadership, accountability and coordination'. The Minister has stated (May 2024)

"The Office is responsible for influencing future policy and strategy to strengthen action on alcohol and other drug issues across Western Australia. The Office will work towards ensuring alcohol and other drugs are appropriately represented where it matters, and where decisions are made across sectors and across governments..."

"The Government's decision brings with it a mandate for the Commission to elevate the focus on alcohol and other drug issues. I am committed to delivering internal, sector and system-wide reforms to progress meaningful action to prevent and reduce harms from alcohol and other drug use in Western Australia, and I'm excited by the prospect of what we can achieve by working together with a common goal".

Western Australia's alcohol and other drug sector has been heard. This is not to discount, however, the need for ongoing monitoring.

Planning Reforms:

In June 2024, WANADA welcomed the Western Australian Planning Commission's decision to maintain the definition of rehabilitation services, in relation to land use, as 'community purpose' facilities. This means that new and existing alcohol and other drug residential rehabilitation services can continue to use land within the planning schemes regulations, without significant hurdles. The proposed planning reforms had placed the future development of these facilities in jeopardy. The decision came after strong representation from alcohol and other drug treatment services, with support from WANADA.

Ministerial Advisory Panel:

The Mental Health, Wellbeing, Alcohol and Other Drugs Ministerial Advisory Panel (MAP) is an expert advisory and consultative body that provides direct feedback to the Minister for Health; Mental Health about system performance and reform. The MAP, announced in May 2024, is independent of the Mental Health Commission and the Department of Health. Sector members of the MAP include WANADA CEO Jill Rundle, Alcohol and Other Drug Consumers and Community Coalition CEO Alex Arpino, St John of God Social Outreach CEO Sue Cantwell, and Alcohol and Other Drug Advisory Board Deputy Chair, and Alcohol Program Manager Cancer Council Western Australia Julia Stafford.

National Drug Strategy:

The National Drug Strategy (2017-2026) is currently under review. WANADA is working collaboratively with other jurisdiction's alcohol and other drug peaks to ensure the Strategy is robust and progressive, informed by evidence and practice. We are also calling for aligned and lapsed strategies, including the National Aboriginal and Torres Strait Islander Peoples Drug Strategy (2014–2019) and the National Alcohol and Other Drug Workforce Development Strategy (2015–2018), are revised and implemented. The strength of these strategies relies on a national governance framework, which was dissolved in May 2020. The network of alcohol and other drug peaks, including the Australian Alcohol and other Drug Council, identify the national governance framework as a foundational priority for effective responses to alcohol and other drugs in Australia.

Alcohol Minimum Unit Price:

Cancer Council WA leads a coalition of health and community services, including WANADA, that is working to raise awareness of the extent of harm from alcohol. A primary focus for this coalition is the introduction of alcohol minimum unit price in Western Australia, as an evidenced approach to reducing harms from alcohol. The coalition is united in advocating for whole-of population initiatives.

WANADA continues to apply a relationship-focused approach to its advocacy. We have experienced a collaborative and respectful engagement with Ministers, Members of Parliament, and Government during this report period. We thank them for their support and evident appreciation for the work of WANADA and the sector.

COMMUNICATIONS

WANADA's communications promote a shared understanding of Western Australia's alcohol and other drug sector and the challenges we face in reducing harm from alcohol and other drugs. Our efforts support advocacy, workforce development, quality improvement, and community engagement. We utilise several communication channels, including:

- FYI: A monthly e-newsletter that provides updates for the alcohol and other drug sector and related fields.
- Member Update: An e-bulletin delivering timely news and updates exclusively for member organisations.
- The WANADA Hub (website): A resource for the sector and the broader community to access information on treatment options, the Standard, WANADA's projects, policy updates, submissions, and more.
- Social Media: We engage on platforms such as Facebook, X and LinkedIn.
- The GreenBook Directory of Alcohol and other Drug Services in Western Australia - available to the community through WANADA's website, the directory is regularly reviewed and updated.

Website views: 47,111
Member Update: 51 issues to approximately 130 recipients.
FYI and FYI Extra: 16 issues to approximately 760 recipients.



Great Northern Highway in the Pilbara.

WANADA supports information exchange and dissemination to members and additional interested stakeholders through our communications.

The 2023-2024 Annual Member Survey indicated 100% of members believe the way WANADA communicates with its members is reliable and accurate, evaluated at 4.43 on a 5-point rating scale.

Thank you to members and other stakeholders who continue to share news and updates with WANADA and the WA alcohol and other drug sector.

STRATEGIC PRIORITY TWO:

PROMOTE EFFECTIVE EVIDENCE-INFORMED SYSTEMIC APPROACHES THAT WORK TO ADDRESS ALCOHOL AND OTHER DRUG STIGMA AND DISCRIMINATION

GUIDING PRINCIPLES:

WANADA's mandate is to affect positive systemic change. Stigma is a fundamental barrier to positive outcomes for individuals, families and communities as well as sector development. Stigma is evident in alcohol and other drug and intersecting sectors' policy, planning and decision making. Decision making frequently reflects community sentiment.

Evidenced-informed approaches that address stigma and discrimination include consideration of language and human rights equity. Systemic change is needed to impact policy, planning and decision making as well as raising community awareness. Growing a shared voice that includes language and equity considerations with stakeholders (including members) can affect broader literacy on solutions to alcohol and other drug related harms.

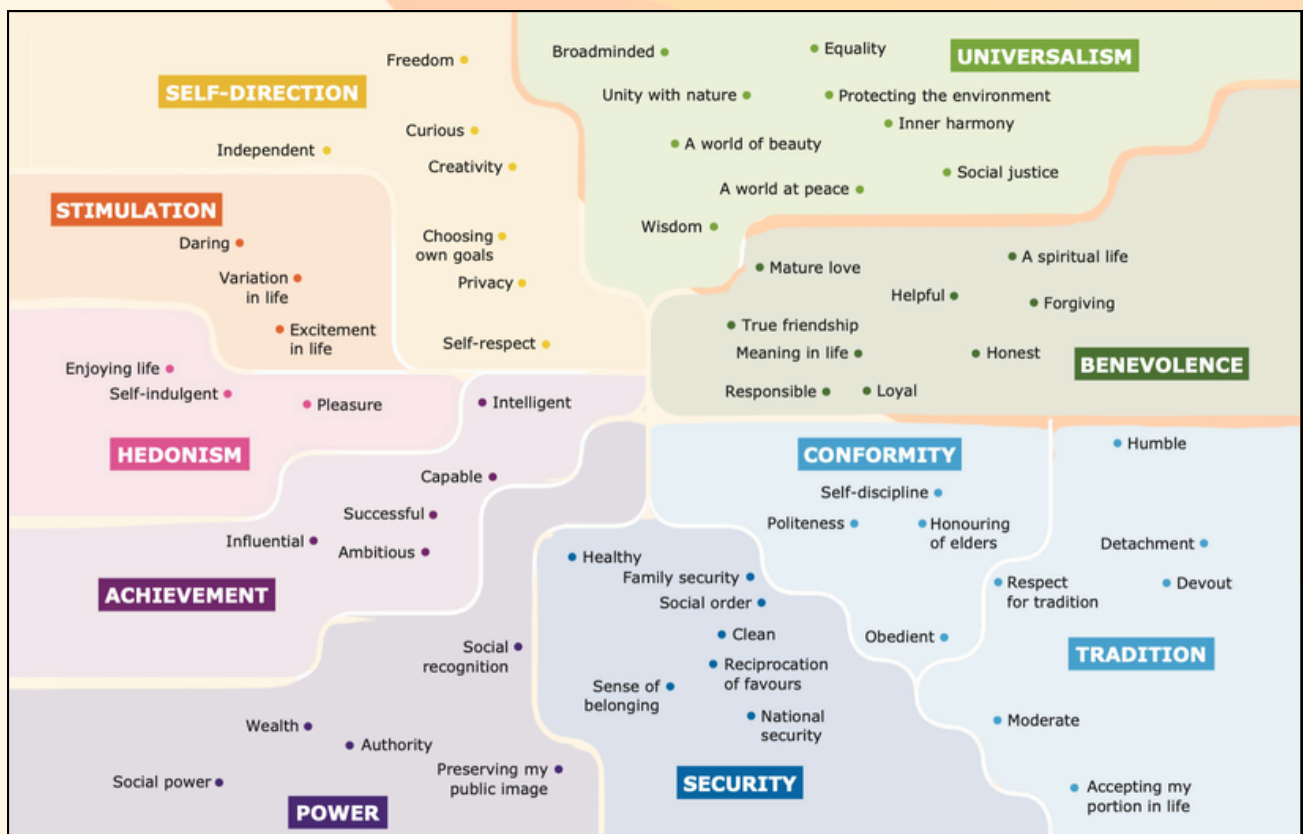
ADDRESSING STIGMA ON A SYSTEMS LEVEL:

CHALLENGING STIGMA THROUGH COMMON CAUSE TRAINING

Addressing stigma is a long-held priority for WANADA. We invited a key-note presentation from Mark Chenery from Common Cause Australia for the 2021 Western Australian Alcohol and Other Drug Conference, on an evidenced way of addressing stigma. This was universally well received.

On February 2024 WANADA was invited to give a presentation on stigma and discrimination to the Alcohol and other Drug Advisory Board. Systemic implementation of the Common Cause Values Based Messaging approach was discussed as a possible way forward. WANADA has since engaged Common Cause Australia to facilitate training on effectively advocating for change in society.

WANADA's request for the training was to focus on reducing alcohol and other drug stigma. WANADA staff and a number of key representatives participated as a trial. Participants determined that this is a sound research-based approach to addressing alcohol and other drug stigma. We hope to facilitate an expansion of this experience, supporting a systemic solution.



Common Cause Values Map (Common Cause Australia)

ALCOHOL AND OTHER DRUG LIVED EXPERIENCE LEADERSHIP PROJECT

WANADA undertook a project to support better understanding of alcohol and other drug lived and living experience leadership. We engaged a research assistant (with senior researcher oversight) to undertake a literature review, and facilitate focus group discussions.

A broad literature review was conducted using key search terms like peer worker, co-design, and lived experience, with additional focus on other sectors (e.g., cancer, cystic fibrosis) to explore broader lived experience applications. Grey literature from alcohol and other drug conferences and other jurisdiction peak bodies was reviewed, and conversations with representatives from other states and territories provided interjurisdictional insights.

Three stakeholder focus groups, involving peer workers, consumer advisors, and sector leaders with lived and living experience, highlighted key themes and gaps. The report outlines a comprehensive approach to defining alcohol and other drug lived and living experience roles in the sector.

The resultant report differentiates alcohol and other drug lived and living experience from mental health, while also addressing co-occurring challenges. This report provides the foundation for integrating lived and living experience across alcohol and other drug services, ensuring inclusive, meaningful contributions from diverse voices within the sector. This initiative was funded by the Mental Health Commission.



The sun sets near a remote community in East Kimberley.

STRATEGIC PRIORITY THREE:

DRIVE SECTOR IMPLEMENTATION OF, AND POLICY SUPPORT FOR, THE PRINCIPLES OF SELF-DETERMINATION

GUIDING PRINCIPLES:

A systems-based approach to self-determination will contribute to improved health and social wellbeing outcomes for Aboriginal peoples.

Translating the principles of self-determination into meaningful action, to achieve better outcomes, requires a sector-wide commitment supported by genuine partnerships and shared accountabilities.

DEVELOPING CULTURALLY SECURE ALCOHOL AND OTHER DRUG RESPONSIVENESS:

ALCOHOL AND OTHER DRUG CERTIFICATION AND READINESS PROJECT

WANADA and the Aboriginal Health Council of WA (AHCWA) have been working closely with Aboriginal Community Controlled Health Services and Aboriginal Community-Controlled Organisations to support development of their alcohol and other drug response activities. WANADA and AHCWA are helping to enhance systems, knowledge, and skills to ensure Aboriginal people and families have a safe place to seek help for alcohol and other drug concerns in response to, and in partnership with, the local community.

These Aboriginal health and healing services are vital in supporting local communities to improve overall health and reduce harms, including harms caused by alcohol and drug use. Aboriginal people trust and engage with these services, recognising them as safe environments where health and wellbeing concerns, including alcohol and other drug challenges, can be openly addressed.

A key focus of this initiative is to build alcohol and other drug responsiveness in Aboriginal primary health and healing services by strengthening relationships and referral pathways with specialist alcohol and other drug services.

WANADA and AHCWA continue to provide individual support to services in remote locations such as Balgo, Halls Creek, Derby, Roebourne, and the Central Desert Lands, as well as metropolitan areas. With the guidance from this project the individual services are working towards certification under The Alcohol and other Drug and Human Services Standard. The project is funded by the WA Primary Health Alliance.



Desert plains and hills under a deep blue sky, the Kimberley.

CONTINUED ENGAGEMENT WITH ELDERS

WANADA benefits from continued engagement with Aboriginal Elders and leaders as part of our ongoing commitment to improving alcohol and other drug outcomes for Aboriginal people, families, and communities. We deeply treasure the insights and guidance of Elders, including Aunty Oriel Green (OAM) and Aunty Moya Newman, who are highly respected in their communities.

We also value the guidance and continuing support of Professor Stanley Nangala who has had a significant career influencing Aboriginal Health across Australia, and as the past chair of WANADA's Aboriginal reference group. Their contributions are essential to shaping effective strategies and promoting meaningful dialogue around key alcohol and other drug issues.

Recent discussions emphasised the importance of collective efforts to amplify Aboriginal voices, inspire younger generations to preserve cultural traditions, the need for cultural models of service and engagement, and continue supporting the recommendations from the Aboriginal Alcohol and Other Drug Sector Leadership Project report.

WANADA's 'Nothing About Us Without Us' report and the Time for Action Statement have informed—and will continue to inform—WANADA's policy, planning, and advocacy efforts. Minister for Mental Health Amber-Jade Sanderson and representatives from alcohol and other drug services from each of the regions met in July 2023 to discuss the Time for Action Statement arising from the Aboriginal Alcohol and other Drug Worker Forum.

With the endorsement of Aboriginal Elders, leaders, and sector workers, WANADA will continue to advance Aboriginal engagement initiatives, upholding the principles of self-determination.



WANADA Staff Christel, Rochelle and Jill with Professor Stanley Nangala and Aunty Oriel Green.

STRATEGIC PRIORITY FOUR:

LEAD A COORDINATED APPROACH TO SECTOR-WIDE DEVELOPMENT THAT ENHANCES QUALITY AND EVIDENCE- INFORMED PRACTICE

GUIDING PRINCIPLES:

An evidence-informed approach to sector development (e.g., workforce development/capacity building) requires an appropriate focus on the individual, organisation, and system.

WANADA's Alcohol and other Drug and Human Service Standard is a member driven resource aimed at supporting the application of continuous quality improvement and enhancing the quality maturity of the sector.

*WANADA's annual survey (June 2024) indicates:
- 100% of survey respondents identified WANADA
was very effective or effective in enhancing sector
continuous quality improvement and capacity
building - evaluated at 4.29 on a 5-point rating
scale.*

SECTOR CAPABILITY BUILDING:

HEPATITIS C VIRUS (HCV) CARE CAPABILITY IN ALCOHOL AND OTHER DRUG TREATMENT TOOL

WANADA's Hepatitis C Virus (HCV) Care Capability in Alcohol and other Drug Treatment Tool (HCVCAT) aims to enhance service confidence and capability to support people in accessing HCV information, education, testing, treatment, and ongoing support.

Originally developed in 2020 as part of the WANADA Hepatitis C Virus Treatment Project funded by the Paul Ramsay Foundation through the Eliminate Hepatitis C Australia Partnership, the tool has since been refined with valuable input from specialist alcohol and other drug services. This refinement process, undertaken in 2023-24 with support from the WA Health Department, included simplifying the language and providing clearer guidance to facilitate independent self-reviews by services.

The HCVCAT enables organisations that are uniquely positioned to support the health and wellbeing needs of people at risk to assess their current service capabilities and identify opportunities for further improvement, contributing to improved outcomes for consumers, families, and communities, as well as the broader goal of Hepatitis C elimination.

As part of the HCVCAT's continuous improvement, WANADA has developed various resources in 2023-24, including an updated Hepatitis C Resource Guide for alcohol and other drug services, promotional materials, an infographic, and a guide to potential opportunities for improvement (OFIs) for self-review processes.



EMPLOYEE ASSISTANCE PROGRAM

An Employee Assistance Program (EAP) promotes workplace wellbeing by providing confidential counselling to staff and their families. WANADA's Umbrella EAP, delivered by Relationships Australia WA, supported 31 organisations and 2,224 staff and volunteers in 2023-24. A total of 899 counselling sessions were provided during this period, reflecting a 40% increase since 2020-21.

Face-to-face sessions remained the most popular format, accounting for 85% of all counselling, followed by telephone sessions at 11%. Online counselling, which tripled from 1% to 3% compared to the previous year, also gained traction. However, 99 sessions were not attended or were cancelled with less than 24 hours' notice.

On average, individuals attended three sessions, consistent with the previous year's figures.

Most referrals were self-initiated, making up 80% of cases, while 20% came from managers or Human Resources.

Among new referrals, 54% were full-time employees, 34% were part-time employees, 6% were casual employees, 4% were family members, and 2% were volunteers. Women represented the majority of new referrals at 73%, with men making up the remaining 27%.

WANADA is proud to offer the Umbrella EAP, benefiting the alcohol and other drug sector workforce.

If you'd like more information, contact Project Officer Helin Cimen at (08) 6557 9400 or projects@wanada.org.au.



Project Officer Helin Cimen preparing to send out Employee Assistance Program packs to participating WANADA member organisations.

CHILDCARE ACCESS PROGRAM

WANADA's Childcare Access Program (CAP) supports parents and carers with pre-primary and primary-aged children in accessing alcohol and other drug counselling and support, particularly when childcare costs may otherwise be a barrier.

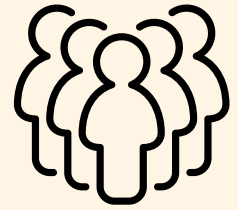
It continues to be used, primarily by parents who are not able to access other government subsidies for childcare.

Established around 20 years ago, this initiative provides vouchers to cover childcare costs under a centralised WANADA umbrella scheme, allowing parents to focus on strengthening their health and wellbeing with peace of mind that their children are safe. Feedback from service providers continues to highlight the significant benefits of this program.



PHAROS DATA COLLECTION AND MANAGEMENT

This initiative emerged following the decommissioning of the government-owned Service Information Management System (SIMS), previously used by alcohol and other drug treatment services data system. In 2019-2020, with strong support from the sector, WANADA facilitated the adoption of a new data management system, tailored to meet the specific needs of treatment services and named Pharos by representatives of the participating organisations in the scoping project. WANADA supported 11 organisations in transitioning to Pharos and becoming independent in managing the system. As part of ongoing support Since the transition, WANADA has continued to support services by coordinating quarterly meetings, representatives share insights, and address challenges. While organisations have grown more self-sufficient in managing and advancing Pharos, they continue to value WANADA's facilitation of these forums, fostering collaboration and continuous improvement.



INTERPRETER ACCESS PROGRAM

This initiative aims to assist alcohol and other drug agencies in supporting service participants, including family members, from culturally and linguistically diverse backgrounds, as well as individuals who are Deaf or have hearing impairments, when interpreting services are needed to engage effectively with alcohol and other drug treatment, prevention, and harm reduction.



Launched 20 years ago, the IAP continues to promote equitable access to support, enhancing agencies' efforts to provide professional, confidential, and culturally competent services across Western Australia. Interpreter costs are covered through a centralised funding scheme. In 2023-24, 104 interpreter sessions were provided in over 15 languages. All aspects of the initiative are reviewed through WANADA's continuous improvement framework, and feedback from service users has highlighted the positive impact of this support.

In early 2024, the IAP supported the facilitation of a productive meeting for a service user who came from a non-English speaking background and who also had a hearing impairment and was non-verbal. By providing a specialised interpreter with whom the resident had already built a trusted rapport, the meeting exceeded expectations, enabling effective communication on complex topics such as NDIS planning, harm reduction, housing stability, and tenancy matters. This case highlights the program's positive impact, empowering service providers to deliver tailored, culturally sensitive support that significantly improves client outcomes.

WANADA'S CERTIFICATION AND QUALITY

WANADA underwent its surveillance audit against the ISO 9001:2015 Quality Management Systems Standard on Thursday, 10 October 2024.

The auditor found that WANADA's Quality Management Systems remain consistent with the requirements of the ISO 9001:2015 Standard.

No nonconformities were identified at this assessment.



WORKPLACE AWARD

WANADA was a winner in the Xref Engage's Best Workplace Awards for 2024. This prestigious award recognises best workplaces who have excellent management practices and a highly engaged workforce.

WANADA employees reported exceptional levels of engagement and satisfaction.

In WANADA's most recent employee survey, WANADA met the criteria of 80% or above staff satisfaction or 10% above industry average.

WANADA's average satisfaction score was 87%, outperforming the Peak Body average by 14%.

Only Xref clients with exemplary scores meet these criteria and Xref therefore identified WANADA as an exceptional place to work.



MEMBERSHIP LIST (AS OF NOVEMBER 2024)

FULL MEMBERS

- 55 Central
- Adult & Teen Challenge WA
- Alcohol and Other Drug Consumer and Community Coalition
- Bega Garberringu Health Services
- Bloodwood Tree Association Inc.
- Breakaway Aboriginal Corporation
- Cyrenian House
- Doors Wide Open
- Fresh Start Recovery Programme
- Garl Garl Walbu Alcohol Association Aboriginal Corporation
- Goldfields Rehabilitation Services Inc (GRSI)
- HepatitisWA Inc.
- Holyoake
- Hope Community Services
- Kimberley Mental Health and Drug Service - Kimberley CADS
- Kununurra Waringarri Aboriginal Corporation (KWAC)
- LUMA For her Health and Wellbeing, prev. Womens Health and Family Services
- Milliya Rumurra Aboriginal Corporation
- Mission Australia WA
- National Drug Research Institute (NDRI)
- Next Step Drug and Alcohol Services
- Ngnowar Aerwah Aboriginal Corporation
- Outcare (under the parent company PeopleKind Group, prev. Nulsen Group, since 2019)
- Palmerston Association Inc.
- Peer Based Harm Reduction WA (formerly WA Substance Users Association)
- Salvation Army WA
- St John of God Social Outreach (Drug and Alcohol Withdrawal Network (DAWN) and South West CADS)
- St. Patrick's Community Support Centre
- Swan City Youth Service Inc.
- Tenacious House
- Uniting WA (formerly UnitingCare West Attach)
- WA Country Health Service (WACHS) - Midwest CADS
- Wunan Health
- Wungening Aboriginal Corporation (formerly Aboriginal Alcohol and Drug Service)
- Yaandina Community Services

ASSOCIATE MEMBERS

- Armadale Youth Accommodation Service (AYAS)
- Cancer Council WA
- Centre for Women's Safety and Wellbeing Inc (formerly Women's Council)
- Consumers of Mental Health WA (CoMHWA)
- Esperance Crisis Accommodation Service Inc.
- Fremantle Women's Health Centre
- Health Consumers' Council (WA) Inc.
- HelpingMinds Limited
- Indigo Junction (formerly Swan Emergency Accommodation)
- Jungarni-Jutiya Indigenous Corporation
- Langford Aboriginal Association Inc
- Mental Illness Fellowship of WA (MIFWA)
- MercyCare
- Multicultural Futures (formerly Fremantle Multicultural Centre)
- Nindilingarri Cultural Health Services
- North Metropolitan TAFE
- Nyoongar Outreach Services Inc (formerly Nyoongar Patrol)
- Orana House
- OVIS Community Services
- Perth Inner City Youth Service (PICYS)
- Ruah Community Services
- South Coastal Health and Community Services
- St Bartholomew's House
- Wanslea Ltd
- WA AIDS Council (WAAC)
- Yorgum Healing Services
- Youth Affairs Council of Western Australia (YACWA)
- Youth Futures Ltd
- Zonta House Refuge Association Inc.

INDIVIDUAL MEMBERS (ASSOCIATE)

- | | |
|---------------------------|-----------------------|
| • Rev George Davies | • Carol Wakely |
| • Sheila McHale | • Courtney Green |
| • Kayla Palmer | • Zackery Lee |
| • Ashleigh Stewart | • Leningela Villafane |
| • Kimberley Morey | • Steve McKinney |
| • Brent Dalgleish | • Maxine Kent |
| • Constance Yih-Lih Green | • Amanda Kendal |
| • Grace Elizabeth Kay | • Luke O'Malley |
| • James Paxman | • Priscilla Daniels |
| • Darrylin Brain | • Gursirjina Sekhon |
| • Kimberley Farukayi | • Emma McCallum |
| • Tyson Jones | • Lisa Norrie |
| • Demi Stanford | • Lyddia Van Eyk |
| • Jasmin Chin | • Angela Seymour-Boss |
| • Tasabeeh El Hassan | |
| • Sarah Louise Ai-Ling Ho | |

MEMBERSHIP BENEFITS

Benefits	Full Organisation Members	Associate Organisation Members	Associate Individual
Stay informed			
E-newsletters	✓	✓	✓
E-bulletins (Member Update)	✓	✓	
Policy and advocacy			
Opportunities to contribute to sector development and policy planning through WANADA led consultations	✓	✓	✓
Sector, organisation and workforce development			
Job listings on the WANADA website	✓	✓	✓
Alcohol and other drug sector specific management development training opportunities	✓	✓	
Quality and certification readiness support	✓		
Supported student placements	✓	✓	
Participation in the WANADA Regional, Rural and Remote Managers Forum	✓		
Participation in the WANADA Residential Services Forum	✓		
Member programs			
Employee Assistance Program (at discounted rates)	✓	✓	
Childcare Access Program	✓		
Interpreter Access Program	✓		
Member contribution			
Eligibility for nomination to WANADA Board	✓		
Voting rights at Board elections and general meetings for appointed delegate	✓		
Networking			
Conferences and events (member discount where available)	✓	✓	✓
Invitations to member and sector forums	✓	✓	

WANADA STAFF



Jill Rundle
Chief Executive Officer



Rochelle McIntosh
Senior Projects and
Engagement Manager



Stefanie Palmer
Finance and
Operations Manager



Deanne Ferris
Strategic Communications
Coordinator



Matt Ryan
Research and Advocacy Officer



Paola Bohorquez
Quality Systems
Officer



Christel Barthelemy
Research, Advocacy and
Governance Officer



Helin Cimen
Project Officer



Calvin Sims
Communications
Support Officer

We wish to acknowledge and extend our gratitude to valued staff members leaving in this report period: **Susan Holt**, **Charli Peasley**, **Frank Councillor-Campbell** and **Shar Sumner** for their significant contribution to the sector.

APPRECIATION AND ACKNOWLEDGEMENT TO FUNDERS AND SUPPORTERS

WANADA extends our gratitude to our 2023-2024 funders for their valuable support: the WA Mental Health Commission, Australian Government Department of Health, WA Primary Health Alliance, WA Department of Health, and Lotterywest.

We also thank our members for their active engagement and contributions, which empower us to represent and support the sector and community.

Lastly, we are grateful to our partners and collaborators for generously sharing their expertise in advancing the alcohol and other drug sector.



Government of **Western Australia**
Mental Health Commission



Government of **Western Australia**
Department of **Health**



Australian Government
Department of **Health**



EXTRACT OF WANADA ANNUAL FINANCIAL REPORT

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2024

	2024	2023
	\$	\$
Revenue		
Grant revenue		
Unearned revenue carried forward	265,908	72,070
Grant funding – current year	1,534,541	2,054,193
Conference fees	38,806	124,209
	1,839,255	2,250,472
Transfer to unearned revenue	(16,431)	(19,335)
Grant balance transferred to unearned grant revenue	(277,699)	(765,908)
Repayment of Grant Funds	(28,617)	(792)
Total grant revenue	1,516,508	1,464,437
Other income	164,978	159,559
Total revenue and other income	1,681,486	1,623,996
Expenditure		
Salaries, benefits and associated expenses	(1,103,034)	(1,132,221)
Amortisation of right-of-use assets	(67,884)	(67,884)
Depreciation	(2,502)	-
Computer	(33,773)	(34,053)
Consultancy	(114,555)	(180,533)
Employee assistance program	(99,885)	(99,750)
Interest expense	(3,733)	(3,733)
Other expenses	(188,201)	(204,632)
Total expenditure	(1,613,567)	(1,722,806)
Profit/ (Loss) for the year	67,919	(98,810)
Other Comprehensive Income		
Other comprehensive income for the year	-	-
Total comprehensive income/ (loss) for the year	67,919	(98,810)

A copy of the full independent audit report by Armada Audit & Assurance Pty Ltd, 26 September 2024 will be available upon request or directly accessible on our website at www.wanada.org.au.

EXTRACT OF WANADA ANNUAL FINANCIAL REPORT

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2024

	2024 \$	2023 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	2,164,402	2,588,097
Trade and other receivables	10,725	56,419
Other current assets	10,612	9,608
TOTAL CURRENT ASSETS	2,185,739	2,654,124
NON-CURRENT ASSETS		
Property, plant & equipment	11 8,586	-
Right-of-use asset	137,224	67,682
TOTAL NON-CURRENT ASSETS	145,810	67,682
TOTAL ASSETS	2,331,549	2,721,806
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	169,225	67,378
Amounts due to ATO	32,804	68,132
Provisions	114,782	124,008
Contract liabilities	402,780	1883,568
Lease liabilities	70,033	67,682
TOTAL CURRENT LIABILITIES	689,624	1,210,768
NON-CURRENT LIABILITIES		
Provisions	4,548	8,771
Lease liabilities	67,191	-
TOTAL NON-CURRENT LIABILITIES	71,739	8,771
TOTAL LIABILITIES	761,363	1,219,539
NET ASSETS	1,570,186	1,502,267
EQUITY		
Reserves	176,182	46,256
Retained earnings	1,394,004	1,456,011
TOTAL EQUITY	1,570,186	1,502,267

A copy of the full independent audit report by Armada Audit & Assurance Pty Ltd, 26 September 2024 will be available upon request or directly accessible on our website at www.wanada.org.au.

Thank you from the team at **WANADA**



Western Australian Network of
Alcohol & other Drug Agencies