WANADA:

40 Years Of Driving Positive Change 2008

sychiatric Issues, or Dual agnosis" became an issue fo 'ANADA. A number of ember agencies during this ne recognised a need for rvices to address both syhiatric and alcohol and her drug problems

The

WANADA is established with 13 member organisations and 28 individual members. Quality and efficiency of services is seen as a key



Beginning



vernment sector has

often been heralded as

ooth (the sectors) majo

Greg Dear, Executive

1991

Enhance the stability and

coordination of AOD NGOS

Maximise the cooperation and

Represent to the government

the views and concerns of AOD

ecurity of AOD NGOS

1ember, 1989)

s objectives to:

"A mature attitude of commitment to he very real need of the community for ffective treatment services, useful ucation and helpful research which anscends personal or organisational undaries, has been more evident in ne field in recent years". As the years went on, WANADA gradually got its finger on the pulse at National level. In 1995/96 there was a ignificant increase in the level of awareness about what was happening in he AOD sector nationally.

1997

Funding Cut

Regrettably, WANADA continues into the new year with an uncertain financial future. Once again, we will be reliant on the support of core agencies for the lion's share of the (Arthur Toon, Chairperson 1997)



2003

WANADA consulted in WA and NT to contribute to a national project on Workforce Development with funding from Alcohol Education and Rehabilitation Foundation.

As we work with increased demand and nore complex situations, the skills, experience and wellbeing of front line workers is paramount" (Lorraine Smith, President 2003)

2001

Community Drug Summit

The Community Summit recommended a new governance structure, ncreased early intervention and more treatment, particularly detoxification.



2006

han ever before: DAO,

DATSIH, OAH, Criminal

Confiscations and Perth

Central Coastal Division

'This is clear evidence

of increasing confidenc

from funding bodies

uilding potential of

WANADA as the AOD

fficient and effective"

(Jill Rundle, ED 2006)

hat the capacity

of General Practice.

AAERF, Lotterywest,

2005′

VANADA supported the COAG Comorbidity

prove responses for people with problems

mproved Services Initiative Tendering

rocess - a capacity building initiative to

elated to their AOD and mental health.

"Initially 11 submissions across WA, many

unding to the sector but also in opening up

partnerships" (Ann Deanus, President 2008)

opportunities for future collaboration and

consortia involving several AOD services,

were successful, attracting significant

2011

'ANADA and the AOD sector Western Australia has long cognised that culturally cure services are essentia ensuring that Aboriginal ople and communities hav Sheila McHale, Board lember 2011) WANADA developed its Reconciliation Action Plan and oublished the Culturally Secure Recruitment and

etention Guide

ISO

2016 WANADA signed a data-

Green Book

a website, mobile app

cluding mental health

rvices as well as alcohol

d booklets now

2012

Accreditation

2011. It was the first AOD peak

WANADA attained ISO

ccreditation in November

ody nationally to achieve

aunched the Standard on

Culturally Secure Practice.

elevant Standard for both

systems management and

ndustry specific practice '.

(Professor Mike Daube,

Chairperson 2012)

Again, this is a national first,

upporting AOD services with a

ccreditation. WANADA also

Lamch

sharing Memorandum o **Inderstanding** with the Mental Health Commission, enabling access to existing SIMS data. This access enhances WANADA's nsight into client and service trends, supporting informed advocacy for mproved data and outcomes management.

2018

While progress in

funding and activity

encouraging, there

still a significant gap

in service provision

against need.

has been

The increased recognition of alcohol and other drug harms across multiple sectors has been a positive development. These initiatives do, however, highlight the importance of systems reform to support specialist service pathways and cross-sector co-occuring capability building.

2021

Office of Alcohol and other Drugs

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.

2024

40 Years Strong

WANADA celebrates its 40th

significant milestone in the

organisations history of driving

change in the Alcohol and Other

anniversary, marking a

2023

Time for Action

The Time for Action statement stressed the need for genuine co-design and engagement with local Aboriginal communities to ensure effective policy, planning and procurement.

ser Group Formed - Western Australia IV

WANADA is becoming a real negotiating dy on behalf of its members, and pefully the future will bring benefits to

pulations with limited staff and only 20%

of the alcohol and drug dollar.

WANADA Chair 1986)

The backbone of WANADA's advocacy was sector treated 80% of the client

1986 'We have become a

najor voice in the dru and alcohol field and are increasingly being consulted on relevant natters by a number of influential bodies". (Dr Hank Andrews,

ANEW WANADA

1990

ong field, wé can conti

ognised for the high

cohol and other drug

trinsically know ourselves

New premises, new furniture, new computers, new director. It was to be a year of significant change for WANADA. However, there was little State support for the sector and the amount of funding services had to work

1998

tional Illicit Drug Strategy rovides funds to allow for the evelopment of a range of ervices in WA.

'We should remember that mos lrug related harm arises from two legal drugs, alcohol and obacco".

(David Ryder, Chairperson 1998)

1999-2000

WANADA launches several projects and a brand new website. Childcare Access Project starts covering the cost of childcare while parents and carers access AOD

treatment services.

WANADA elicited feedback on all spects in the lead up to the ummit, supporting WANADA participants throughout the

2001, the first version of the Green Book was produced, nown as the Directory of Community Alcohol and Other Drug Agencies in WA. 2500 ppies were printed and distributed to GPs, nurses, mental health services, teachers and the general community.

2004

2003-04 saw the development and start of the implementation of the Quality Framework.

"The Independence of WANADA is critical in being able to support services to stablish continuous quality nprovement processes, and potentially rdinate reviews of services to enable a ector support and needs". (Jan Battley, A/President 2004)

2007

n the past twelve months include ommencing the Aboriginal Network, Diversion policy and support, GP Access Pilot, development of resources to nhance the Quality Framework and the stablishment of an online search lirectory of services". (Jill Rundle, ED

he health of AOD service users by ssisting them to regularly visit a GP.

2009

WANADA initiated new

lacements - "Identifying the

pportunity for students,

onsidered the AOD sector

for a placement. Significant

resources, information and

provided with input from

onsumers, workers and

udents to a number of

gencies" (Annual Report,

education have been

2010)

vho previously had not

upport for student

.Change of State Propert saw esponsibility for AOD olicy matters being llocated to the Minister for Mental Health and ooth State and Federal Governments exploring olicy developments that may have a significant impact on **40D** service delivery in *future years".* (Denzil McCotter, Chairperson 2009)

Major new projects and developments

The GP Access Project aimed to improve

2014

expect that /ANADA's role and rofile in the State as he peak AOD ganisation will be ven more important he coming years".

(Terry Murphy, Chairperson 2014)

2013

year WANADA has

hosted two very well received sector forums. The State pre-election forum had presentations from the Liberal Party WA, WA Labor Party and WA Greens and attracted some positive media attention for WANADA and the sector. A similar forum in advance of the Federal election was the only event of its kind in NA, positioning the AOD sector well in a complex political environment". (Professor Mike Daube, Chairperson 2013)

2015 On 1 July 2015, the Mental Drug and Alcohol Office

2017 Government introduced new State Government in March, the launched.

ealth Commission and the nalgamated, establishing n integrated approach to ental health and AOD service delivery for Western

The previous State initatives under its Methamphetamine Strategy. Following the election of a Methamphetamine Action Plan was

2020

COVID-19 COVID-19 came with

the need to focus on ilding sustainability of he sector and the irgent requirements of diverse vulnerable communities that the sector serves across the State. Throughout these challenging times, it was heartening to see the sector's unwavering commitment to service ontinuity and quality.

2019

trengthened its

constitution to

consideration of

applications is based

ensure board

nembership

on quality and

accountability

standards.

2022

WANADA continued to lead a range of sector-driven orojects, including workforce planning, Aboriginal Leadership, and the development of cross-sector intersecting capability tools.

Drug Sector.

