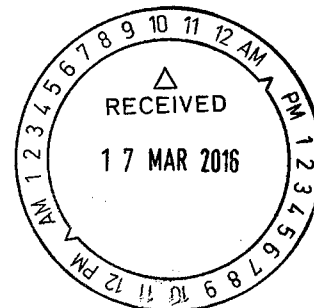




Minister for Mental Health; Disability Services; Child Protection

Our ref: 43-19188
Your ref: Petition 105



Hon Simon O'Brien MLC
Standing Committee on Environment and Public Affairs
Parliament House Perth
PERTH WESTERN AUSTRALIA 6000

Dear Mr O'Brien

Thank you for your letter dated 18 February 2016 regarding Petition No.105 (Esperance Hospital Support Services) which was tabled by the Hon Dave Grills MLC in the Legislative Council on 1 December 2015. I am also aware of the previous petition tabled in the Legislative Assembly by Dr Graham Jacobs MLA in November 2015 regarding the same issue.

The growing concerns in the Esperance community regarding methamphetamine use have been previously brought to my attention by Ms Congreve. The State Government remains committed to providing a comprehensive range of prevention, treatment and support services in Western Australia for individuals, families and communities affected by mental health issues and/or alcohol and other drug use.

As the Minister for Mental Health with responsibility for mental health, alcohol and other drugs in Western Australia, I share the community's concern regarding the increasing harms associated with methamphetamine use. From 2010 to 2013, while the percentage of Australians using methamphetamines has remained relatively stable, there has been an increase in the use of the crystalline form of methamphetamine also known as ice. Furthermore, for those people using the crystal/ice form of methamphetamine, national data shows that the proportion of people using daily/weekly more than doubled in 2013 when compared to 2010. The increased frequency in use of this more potent form of methamphetamine has contributed to an increase in health and social harms.

The National Ice Action Strategy (the Strategy), released in December 2015 outlines the need for action across a range of areas that will help governments, service providers and the community to work together to reduce the supply and use of ice in Australia and the harm it causes to the community. The Strategy has committed an additional \$241.5 million nationally for additional alcohol and other drug treatment services. The Mental Health Commission (MHC) will work with the WA Primary Health Alliance to commission appropriate services to meet local need.

Furthermore, amphetamines and amphetamine type substances remain a priority drug of concern for the Western Australian community as outlined in the Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015.

Ms Congreve and Mr Grills' call for increased services to address the problems associated with methamphetamine use within the Esperance community recognises the need for service provision close to where people live. The tabled petition includes community support for: a dedicated alcohol and other drug detoxification (withdrawal) unit at the Esperance Hospital; and increased on-call acute mental health services and community alcohol and other drug treatment services.

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives (Plan) outlines the optimal mix and level of mental health, alcohol and other drug services required to meet the needs of Western Australians over the next ten years. The Plan recognises the complexities associated with providing services in regional areas and the need to increase service provision in regions and locations where they are most required. Where possible, these services should be developed closer to where people live.

The need to identify opportunities to improve alcohol and other drug withdrawal within regional areas is also recognised in the Plan. The Department of Health (through the Office of Mental Health) and the MHC are currently progressing work on the development of a statewide alcohol and other drug withdrawal management policy for all Western Australian hospitals. It is recognised that the implementation of the policy will require a process to identify suitable hospital facilities to be used for this purpose. I have also been advised that staff of the Esperance office of the Goldfields Community Alcohol and Drug Service (GCADS) have previously met with Dr Jacobs to discuss options for withdrawal in Esperance.

While I am aware that there are options that exist for some people in Esperance requiring withdrawal services including outpatient withdrawal, home-based withdrawal and referral to the Norseman Hospital, there is also the need to support more complex cases. Services currently providing this level of care includes the MHC's statewide Next Step Drug and Alcohol Inpatient Withdrawal Unit (IPWU) which provides supervised medical treatment, staffed by specialist alcohol and other drug doctors and nurses. While the service is located in East Perth, the IPWU is accessible to people living throughout Western Australia. People who are living in regional areas are able to access the IPWU through the Patient Assisted Travel Scheme. Support to access longer term residential rehabilitation may also be facilitated post withdrawal.

I also understand that some people undergoing complex withdrawal may require dedicated mental health support and I acknowledge Ms Congreve's call for on-call acute mental health services at the Esperance Hospital to better support people who may be undergoing withdrawal and experiencing co-occurring mental health, alcohol and other drug problems.

As raised by Ms Congreve in her letter, withdrawal itself is not seen as treatment of dependence per se and it is important to ensure that people are adequately supported into ongoing treatment. This may include transition into residential rehabilitation or community mental health, alcohol and other drug services.

Through the MHC, the State Government provides funding for two specialist alcohol and other drug workers within the Esperance region. I am aware of the ongoing demand for services at the Esperance office of the GCADS, which also provides outreach to a number of surrounding communities. I have been advised of the increases in people seeking treatment from this service and I have also been advised that many of the clients at this service report mental health concerns. I have requested that as part of ongoing contract management arrangements, that the MHC continue discussion with the Esperance office of the GCADS regarding this issue.

I commend the work of Ms Congreve in raising awareness of the issues that are being experienced in Esperance in relation to methamphetamine use. I am also aware of the ongoing efforts by members of the Esperance community and local stakeholders to respond to the current AOD issues including through local initiatives. Thank you for writing to me about this issue.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Helen Morton', written in a cursive style.

Helen Morton MLC
MINISTER FOR MENTAL HEALTH

15 MAR 2016