



Western Australian Network of  
Alcohol & other Drug Agencies

The Hon. Alanna Clohesy MLC  
Parliamentary Secretary to the Deputy Premier; Health; Mental Health

[Alanna.Clohesy@dpc.wa.gov.au](mailto:Alanna.Clohesy@dpc.wa.gov.au)

Cc. – Jennifer McGrath, Acting Commission, Mental Health Commission

Dear Alanna

The Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community presented a unique opportunity to guide evidence-informed reforms that would reduce the harms associated with illicit drug use. It is important to note that the evidence consistently indicates that a health approach, as opposed to criminal sanction, is the most effective strategy. Such an approach is central to the Government's intention to prevent and reduce incarceration, especially amongst Aboriginal people.

WANADA welcomed the release of the Select Committee's Final Report: *Help, Not Handcuffs: Evidence-Based Approaches to Reducing Harm from Illicit Drug Use*. The Final Report needs to be acknowledged for recommending systems reform to address complexities surrounding illicit drug use.

The Final Report presented a rare consensus position, an impressive result considering inquiry members represented five parties from across the political spectrum. WANADA had hoped the Final Report would establish a shared foundation for evidenced reform and build on the only other cross-party supported alcohol and other drug initiative in Western Australia: the Mental Health, Alcohol and Other Drug Services Plan 2015-2020.

WANADA believes the State Government's response to the Final Report presents a missed opportunity to build upon the essential reform agenda that commenced with the Services Plan, and which has been further bolstered through the Methamphetamine Action Plan and associated Taskforce. The Final Report's recommendations are founded on clear evidence that can lead to improved outcomes for all West Australians.

WANADA members have expressed disappointment with the State Government's response to the Final Report, especially in relation to the recommendations below.

**Drug use is defined and treated as a health and social issue rather than a criminal justice issue (recommendation 17)**

A balanced range of initiatives with the intent to address the harms associated with drug use are required, however these all must be founded on the position that drug use is primarily a health and social issue. The failure to accept this position is in opposition to:

- established policy and research best-practice in both Australia and internationally;
- principles of justice reinvestment, and broad recognition of the overrepresentation of Aboriginal peoples in the Western Australian justice system;
- trauma-informed practice;
- therapeutic jurisprudence; and
- the State Government's Methamphetamine Action Plan Taskforce report, in which the Chair states "Drug dependence is not a crime, it is a treatable health problem often underpinned by social disadvantage".<sup>1</sup>

The response states the Mental Health Commission is progressing the development of materials which promote positive stories and successful experiences with treatment and support, with the intention of reducing stigma. Such approaches can help, but it is important to avoid them inadvertently contributing to entrenched

<sup>1</sup> State Government of Western Australia (2018), Methamphetamine Action Plan Taskforce Final Report August 2018, p.9.

perceptions and reinforcing/individualising stigma (i.e. blaming individuals who do not achieve publicly approved outcomes). It is also critical to note that by failing to treat alcohol and other drug harms primarily as social and health issues, we defeat effective strategies to address stigma. We welcome the opportunity to contribute to an effective strategy to address stigma and discrimination, but we wish to bring to your attention that the current response, of noting this recommendation, is a critical lost opportunity.

### **Harm reduction and drug checking (recommendations 23; 24; 28; 30; 32; 33)**

The need for rebalancing the system is frequently referred to in the Government's response. The "balance" long recognised as needed in alcohol and other drug initiatives is across the three pillars of harm minimisation – demand, harm and supply reduction.

Harm reduction has been recognised as an equally essential pillar of national drug policies since 1985. The evidence in support of harm reduction is long standing and incontrovertible,<sup>2</sup> and yet Western Australia currently meets approximately 3% of the demand for harm reduction services.<sup>3</sup> WANADA welcomed recent funding increases for harm reduction, however we remain concerned that harm reduction service expansion needed to address harm across the community remains largely unrealised. WANADA suggests the need for a tailored harm reduction strategy, led by peers and the harm reduction specialist service sector.

Western Australia would benefit from more contextualised information on possible harm reduction initiatives. For example, numerous national and international reports demonstrate positive outcomes of drug checking.<sup>4</sup> Rather than relying on a debate based on opinions, WANADA believes that we should be looking at innovations, assessing the evidence, and trialling new approaches. Analysis of drug content, and using this as an opportunity to inform the community and offer targeted brief interventions, should not be dismissed. Failing to undertake analysis and provide evidence-based advice is a lost opportunity to reduce harm. We cannot keep doing the same and expect a different result.

### **Addiction medicine specialists and workforce (recommendations 14, 15 & 34)**

WANADA considers the current and projected shortfall in addiction medicine specialists to be a key workforce and systems support concern. In 2015 the Department of Health's Specialist Workforce Capacity Program found that the shortfall of addiction medicine specialists would be a critical risk (i.e. supply meets less than 70% of demand) by 2021.<sup>5</sup>

In relation to the draft Mental Health, Alcohol and Other Drug Workforce Strategic Framework, WANADA provided significant input and critical recommendations following extensive sector and cross-sector consultation in 2017. The Framework remains in draft, despite the risks of professional workforce shortfalls through lack of forward planning. This presents critical barriers to the sector's viability and sustainability, let alone the identified need for sector expansion. This workforce capacity barrier has been highlighted during COVID-19, where "surge responses" were shown to be dangerously limited to meet the specific and complex needs of alcohol and other drug cohorts.

Given the lead time needed to increase the number of required trained professionals - including addiction medicine specialists - WANADA is concerned that the response to these recommendations does not indicate the urgency of this critical reform.

### **Ensuring the quality of private alcohol and other drug services (recommendation 45)**

Insufficient Government investment in alcohol and other drug services has enabled an increase in services that are not government funded and do not have accountability requirements. They often do not deliver evidence-based quality practice (including consumer rights).

Western Australia has a long history of establishing the quality of government funded alcohol and other drug services, driven by the sector since 1984. It is WANADA's understanding that the National Quality Framework, as a COAG initiative, was motivated by the need to ensure service quality, irrespective of whether the service was funded by government or not. The National Quality Framework states "drug and alcohol

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<sup>2</sup> For example, see: Australia Commonwealth Department on Health and Ageing (2002) Return on investment on needle and syringe exchange programs in Australia. Canberra: Commonwealth of Australia

<sup>3</sup> WA Mental Health Commission (2019), Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 Plan Update 2018, p.33

<sup>4</sup> For example, see: Olsen A, Wong G, McDonald D. (2019). *ACT Pill Testing Trial 2019: Program evaluation*, Australian National University: Canberra ACT

<sup>5</sup> Medical Workforce Branch, Office of the Chief Medical Officer, WA Department of Health (2017) Medical Workforce Report 2015/16, p.iii.

treatment regulation is primarily the responsibility of state and territory governments".<sup>6</sup> WANADA believes regulation of alcohol and other drug treatment services that are not funded by government would enhance safety and community confidence in the sector as a whole.

### **Current environment**

The State Government has demonstrated strong leadership during its term in office. The response to the COVID-19 pandemic has been decisive, considered and informed by evidence and expert advice. Similarly, in 2017 the State Government demonstrated significant leadership in driving the implementation of therapeutic communities in Wandoo and Casuarina prisons and commissioning the Methamphetamine Action Plan Taskforce – the recommendations of which are largely being implemented.

With less than five years until the end of the Mental Health, Alcohol and Other Drug Services Plan 2015-2025, the system's capacity to meet projected demand for specialist alcohol and other drug services does not look promising. Of particular note, alcohol and other drug harm reduction and personal support services in 2017 represented only 2.5% of the 2025 optimal service levels. The achievement of optimal service capacity is further hindered by operative funding cuts resulting from inadequate ERO and indexation from the State and Commonwealth funders.

Without evidenced reforms, service demands and negative impacts across the health and human service system are only likely to increase. While the service sector predominantly provides a treatment focus, it is strongly supportive of practical and evidenced reform that prevents and reduces population level harms. WANADA acknowledges the complexity of alcohol and other drug issues, especially as they intersect with population health including: 'closing the gap' considerations; blood-borne viruses; sexual health and gender equity; alcohol supply restriction initiatives preventing future service demands; general social disadvantage; and the need for community development.

The breadth of the complexities associated with alcohol and other drug use provides a challenge to the policy and service sector. WANADA believes the Inquiry Report provides an alternative lens to address such complexities and achieve better outcomes for the Western Australian community.

I look forward to discussing WANADA's position with you and drawing on the combined expertise of the sector to continue to build more effective responses to alcohol and other drug problems.

Yours sincerely



Jill Rundle  
CEO  
WANADA

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[Jill.Rundle@wanada.org.au](mailto:Jill.Rundle@wanada.org.au)  
08 6557 9400

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<sup>6</sup> COAG (2019), National Quality Framework, p. 6.

