Sustainable Health Review

Interim Report: Feedback

Following the Sustainable Health Review Interim Report feedback was sought. Open feedback provided by the organisation or individual is detailed below.

Your Personal Details	
1. **Title**	Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr ☐ Other ☐
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	Western Australian Network of Alcohol & other Drug Agencies (WANADA)
6. Location	☐ Metropolitan ☐ Regional WA ☐ Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? **(Required)**	☒ Group/organisation ☐ Individual ☐ Other, please specify________________________________

Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)
☒ I consent to my feedback being published ☐ I consent to my feedback being published anonymously ☐ I do not consent to my feedback being published

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 an independent, membership-driven not-for-profit association.

WANADA is driven by the passion and hard work of its member agencies, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management and harm reduction services; peer based; prevention; and community development services.

Alcohol and other drugs are a health and social issue that impacts the whole community. The alcohol and other drug sector provides specialist services to meet the diverse needs of people in Western Australia. WANADA aspires to drive across sector solutions that focus on a whole of community approach to addressing health and wellbeing issues associated with the use of alcohol and other drugs. WANADA is uniquely place to coordinate sector and non-government service user engagement.

The specialist alcohol and other drug service sector is uniquely placed to address alcohol and drug related harms. The service sector understands better than most the cross-sector complexities needing to be addressed. As a result it is well placed to provide coordination and capacity building support to other sectors, including health and human services, providing services to people with alcohol and other drug related problems.

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Summary of Recommendations

WANADA recommends that the Sustainable Health Review Panel:

1. **Incorporate alcohol, tobacco and other drug responses throughout the Directions, recognising the impact this will have in contributing sustainability of the WA health system.**
2. **Acknowledge that in addition to tobacco and alcohol, there is a need for preventative action to address other drug use.**
3. **Acknowledge the health and fiscal impact of alcohol and other drug related presentations at hospitals and emergency departments, and recommend the development and implementation of improved screening, intervention, referral and service navigation.**
4. **Acknowledge the systemic impact of stigma and discrimination, and provide direction to address the issue in partnership with the Mental Health Commission to be addressed within the Western Australian Alcohol and Drug Interagency Strategy 2017-2021.**
5. **Ensures the health system offers equitable access for individuals with issues associated with alcohol and other drug use, for improved streamlined through-care.**
6. **Provide direction on expanding harm reduction services in line with the Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015 - 2025.**
7. **Provide direction on the regulation of all health services that are not funded by government, potentially through the Licensing and Accreditation Regulatory Unit, to enhance community confidence in service provision and application of evidence-based practice.**
8. **Include consideration of the Justice Health Project and its implications within the Final Report of the Sustainable Health Review.**

Overview of WANADA's Response

WANADA welcomes the opportunity to provide comment on the Sustainable Health Review Interim Report (the Interim Report), and supports the decision by the State Government and the Review Panel to extend the review to support further community consultation.

WANADA considers the Interim Report to be a positive first step in identifying and responding to the key issues impacting the sustainability of the WA health system. In particular, WANADA commends the Review Panel for identifying the need to "develop and sustain enhanced and new strategies to avoid health impacts associated with smoking and alcohol."[1]

WANADA is disappointed, however, in the Interim Report's limitations in acknowledging the need for a systemic approach that addresses across-health service access, and specialist treatment and support, for those impacted by alcohol and other drugs. Drugs, including alcohol and tobacco, contribute significantly to the burden of disease, and consequently contribute to health system costs. The lack of detailed systemic considerations throughout the Interim Report's guidance in relation to alcohol, tobacco and other drugs will see these issues have an ongoing impact on the sustainability of the WA health system.

Alcohol, tobacco and other drug use is a priority issue in Western Australia, with Western Australia demonstrating a higher than national use of most drugs.[2]

- Recent National Waste Water Drug Monitoring Program results indicate that Western Australia has the second highest capital city consumption levels of methylamphetmaine, and the highest regional levels of methylamphetamine consumption in Australia.[3]
- In 2015-16 in Western Australia, amphetamines were the most common principal drug of concern, accounting for 35.9 per cent of closed treatment episodes. Alcohol accounted for just under one third of treatment episodes (29.4 per cent), followed by cannabis (22.8 per cent), and heroin (6.2 per cent).[4]
- In Western Australia in 2015-16, 79 publically funded alcohol and other drug treatment agencies provided 24,206 treatment episodes to an estimated 17,847 people. 91 per cent of these people received treatment for their own drug use.[5] The *Western Australian Mental Health, Alcohol and other Drug Services Plan 2015 – 2015*[6] clearly indicates there are nowhere near enough support and treatment services to meet current, let alone projected, demand. People accessing/needing to access alcohol and other drug services have complex health and social issues requiring a multi-disciplinary response.

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[1] Sustainable Health Review, 2018. *Interim Report to the Western Australian Government*, p.6

[2] Australian Institute of Health and Welfare, 2017. N*ational Drug Strategy Household Survey 2016: Detailed Findings*, September 2017. pp.84-94.

[3] Australian Criminal Intelligence Commission, 2018. *National Wastewater Drug Monitoring Program. Report 4*, March 2018 https://www.acic.gov.au/sites/g/files/net3726/f/nwdmp4.pdf?v=1522809564. Accessed 9 April 2018.

[4] AIHW, 2018. AODTS 2016-17 Data Visualisations, April 2018. https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2016-17-data-visualisations/contents/principal-drug-of-concern Accessed 26 April 2018.

[5] Australian Institute of Health and Welfare, 2017. *Alcohol and other drug treatment services in Australia: state and territory summaries 2015-16*, p.21. (Statistics based on client records with valid SLK).

[6] Western Australian Government, 2015. *Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025*, December 2015. p.20.

1. WANADA recommends that the Review Panel incorporate alcohol, tobacco and other drug responses throughout the Directions, recognising the impact this will have in contributing sustainability of the WA health system.

Alcohol and Other Drug Prevention

WANADA strongly supports the Interim Report's assertions that:

> *a sustainable health system is one that keeps people out of hospitals and supports them to maintain good physical and mental health in their community*[7]

The health, and fiscal benefits of prevention activities are well evidenced. In the context of the Sustainable Health Review, these prevention activities must extend beyond those targeting tobacco and alcohol use, to include other drugs.

Excluding alcohol and tobacco, other drug use was responsible for 1.8% of the total burden of disease and injury in 2011, it accounted for 55% of the liver cancer burden, 52% of the chronic liver disease burden, 44.6% of the Hepatitis B (acute) burden, and 82% of the Hepatitis C (acute) burden.[8]

2. WANADA recommends that the Review Panel acknowledge that in addition to tobacco and alcohol, there is a need for preventative action to address other drug use.

Building a stronger health system – the impact of alcohol and other drugs

To deliver a sustainable health system, the Review Panel must balance actions that will reduce future health system burdens through prevention, while also addressing the existing harm reduction and treatment needs of the thousands of individuals currently experiencing alcohol and other drug associated harms. Alcohol and other drug dependence is a primary chronic health condition, often involving cycles of relapse.

There is a significant delay in people with problematic substance use making contact with health professionals to address their concerns. For those with alcohol use disorders in Australia, the average time to access treatment was 18 years.[9] Those with stimulant use

[7] SHR Interim Report p. 23

[8] Australian Institute of Health and Welfare, 2016. *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011*, p. 177-8.

[9] Chapman, C., Slade, T., Hunt, C., & Teesson, M., 2015. *Delay to first treatment contact for alcohol use disorder. Drug and Alcohol Dependence*, 147, 116-121. doi:10.1016/j.drugalcdep.2014.11.029

disorders are often untreated, with delays of up to 10 years from first use to accessing treatment.[10]

To reduce the delays in people accessing treatment for alcohol and other drug associated harms, it is imperative that the health system has effective processes in place and is appropriately resourced to support access, screening, intervention, referrals and service navigation. This investment will deliver long term outcomes to individuals, families and communities, as well as contribute to a more efficient and sustainable health system.

The role of hospitals and emergency departments

Harms associated with alcohol, tobacco and other drug use are a leading cause of illness and hospital admissions.

- In 2012/13 a total of 16,387 people over the age of 15 were hospitalised for alcohol attributable reasons.[11]
- Nationally, alcohol dependence was the leading cause of alcohol attributable hospitalisations in 2012/13 (Male 17%; Female 26%)[12]
- The mean per person/year health expenditure for 15–24 year olds on hospital in-patient, out-patient medical services and prescription pharmaceuticals (adjusted to 2015) is $1,532.60, whereas expenditure of $6,200 per person/year was recorded for adolescents with an alcohol and other drug-related presentation.[13]

Emergency departments are significantly impacted by the harms associated with alcohol and other drugs:

- Figures from released by St John Ambulance WA and the McCusker Centre for Action of Alcohol and Youth show that in 2016, 5,063 ambulance requests were related to alcohol, resulting in 3,239 people being taken to hospital. This is an increase of 11 per cent from 2014 data.[14]
- Approximately 13.1% of all health care costs related to methamphetamine occurred in the Emergency Department.[15]

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[10] Ezard, N., *Effective Strategies to address methamphetamine problems in primary care, emergency departments and hospital settings*, 2015. Paper presented at The NCETA National Methamphetamine Symposium, 12 May, Melbourne

[11] National Drug Research Institute, 2018. *Bulletin 16: Estimated alcohol attributable deaths and hospitalisations in Australia, 2004 to 2015, Supplementary table 3: Estimated counts of alcohol-attributable hospitalisations people aged 15+ years*. http://ndri.curtin.edu.au/NDRI/media/documents/naip/naip016-hospitalisations.pdf. Accessed 13 April 2018

[12] National Drug Research Institute, 2018. *Bulletin 16: Estimated alcohol attributable deaths and hospitalisations in Australia, 2004 to 2015*.
http://ndri.curtin.edu.au/NDRI/media/documents/naip/naip016.pdf. Accessed 13 April 2018.

[13] Tait, R.J., Teoh, L., Kelty, E., Geelhoed, E., Mountain, D. and Hulse, G.K., 2016. *Emergency department based intervention with adolescent substance users: 10 year economic and health outcomes*. Drug and Alcohol Dependence, 165, pp. 168-174.

[14] Curtin University, 2017. *New figures show 14 ambulances a day called for excess alcohol*. Media Release, 22 June 2017, http://news.curtin.edu.au/media-releases/new-figures-show-14-ambulances-day-called-excess-alcohol/.

[15] Nicosia, N., Pacula, R.L., Kilmer, B., Lundberg, R., Chiesa, J., 2009. *The economic cost of methamphetamine use in the United States*, 2005, Monogra ph 829. Santa Monica, CA, RAND Corporation. Cited in NDRI, 2016. *The Social Costs of Methamphetamine in Australia* 2013/14.

- Nearly one third of patients with an acute mental illness (including those with alcohol and other drug concerns) wait more than eight hours in Australian emergency departments, likely leading to serious deterioration in patient wellbeing.[16]

It is well recognised that there is an under-exploited opportunity to provide more effective responses to alcohol and other drug associated harms within hospitals and emergency departments, including screening, brief intervention, harm reduction, and referral to specialist services.[17] There are significant cost savings if practices are systemically adopted and resourced. For example, in one study, adolescents with an alcohol and other drug related presentation to emergency departments who received a brief intervention and referral had lower costs ($22 vs. $227) and lower rates of emergency department mental health and alcohol and other drug presentations.[18]

More appropriate, targeted and efficient hospital and emergency department responses are needed to better support those presenting with alcohol and other drug concerns. It is imperative that emergency departments routinely screen individuals presenting with alcohol and other drug associated harms, conduct brief intervention and support the person to access specialist services.

3. **WANADA recommends the Review Panel acknowledge the health and fiscal impact of alcohol and other drug related presentations at hospitals and emergency departments, and recommend the development and implementation of improved screening, intervention, referral and service navigation.**

Stigma and discrimination

The World Health Organisation states that illicit drug dependence is the most stigmatised health condition in the world; dependence on alcohol is ranked as the fourth most stigmatised health condition.[19] Stigma (both real and perceived) negatively impacts a person's wellbeing, and can discourage access to needed services, with labelled groups seeking to distance themselves from the "label" through forgoing or delaying treatment.[20] This can further complicate and entrench the issue, causing increased harm, cost and complexity.

Within the Interim Report there is no recognition of the impact of alcohol and other drug stigma and discrimination. People with issues associated with alcohol and other drug use typically have complex needs requiring support from a number of health and human services.

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[16] Australasian College for Emergency Medicine, 2018. *Waiting times in the Emergency department for people with acute mental and behavioural conditions*, February 2018.

[17] Ezard, N., 2015. *Effective Strategies to address methamphetamine problems in primary care, emergency departments and hospital settings*, Paper presented at The NCETA National Methamphetamine Symposium, 12 May, Melbourne

[18] Tait, R.J., Teoh, L., Kelty, E., Geelhoed, E., Mountain, D. and Hulse, G.K., 2016. *Emergency department based intervention with adolescent substance users: 10 year economic and health outcomes*. Drug and Alcohol Dependence, 165, pp. 168-174.

[19] Kelly, J F & Westerhoff, C.M., 2010, *Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms*, International Journal of Drug Policy, vol. 21, no. 3, pp. 202–207.

[20] Hopwood, M., 2007. *Stigma and health*, Paper presented at NCHSR Consortium workshop, 19 May, Sydney, p.1.

Addressing alcohol and other drug stigma and discrimination is acknowledged as a priority in State and Federal strategies[21]. In addition the recent Inquiry into Crystal Methamphetamine (Ice) Final Report recommended that "future awareness campaigns engender compassion towards drug users, and are targeted at and inform those people with the objective of encouraging them to seek treatment and support".[22]

A planned, resourced approach to addressing stigma and discrimination across the health and community services systems will result in substantial cost savings, improved service user pathways, and contribute to long term outcomes. To be successful, this approach must be systemic, and address community attitudes, workplace practices, health staff training, policies and procedures.

4. **WANADA recommends the Review Panel acknowledge the systemic impact of stigma and discrimination, and provide direction to address the issue in partnership with the Mental Health Commission to be addressed within the Western Australian Alcohol and Drug Interagency Strategy 2017-2021.**

Supporting pathways to specialist services

As identified by the Parliamentary Joint Committee on Law Enforcement:

> *although effective, treatment in residential rehabilitation facilities cannot be a stand-alone treatment option. This form of treatment must be provided in conjunction with sufficient pre- and post-care services*[23]

The Committee recommended that Commonwealth, state and territory health departments ensure adequate pre- and post-care services are provided in partnership with residential treatment programs.[24]

Detoxification and medically assisted withdrawal is the first step for many people seeking treatment and support for alcohol and other drug dependence. These services are often required before entry into specialist alcohol and other drug residential rehabilitation services for long term intensive psychosocial treatment. There remains a gap in the availability of detoxification and medically assisted withdrawal services, particularly in regional Western Australia.

The complexity of providing detoxification and medically assisted withdrawal requires coordination between health services, hospitals and specialist alcohol and other drug services. Currently, not all hospitals (particularly those in regional areas) have the willingness, confidence or capacity to deliver these services.

WANADA considers the Department of Health's Alcohol and Other Drug Withdrawal Management Policy (Effective from 10 August 2017) as a promising first step. The policy aims

[21] Australian Government, 2017. *National Drug Strategy 2017-2026*; Western Australian Government, 2017. *Western Australian Alcohol and Drug Interagency Strategy 2017-2021 Consultation Draft*.
[22] Parliamentary Joint Committee on Law Enforcement, 2018. *Inquiry into Crystal Methamphetamine (Ice) Final Report*, p. xii
[23] Parliamentary Joint Committee on Law Enforcement, 2018. *Inquiry into Crystal Methamphetamine (Ice) Final Report*, p.144
[24] Ibid.

to ensure appropriate clinical care, referral pathways, improved service access and continuity of care. The absence of implementation support will impact on the ability of the policy to effect positive change.

5. WANADA recommends the Review Panel ensures the health system offers equitable access for individuals with issues associated with alcohol and other drug use, for improved streamlined through-care.

Reducing harm

Harm reduction services, including needle and syringe programs and sobering-up services, have a significant role in delivering a balanced and holistic response to the harms associated with alcohol and other drug use. In Western Australia these services are funded through the Department of Health and the Mental Health Commission.

People who inject drugs have an increased risk of harms, such as blood borne viruses. The cost benefits of harm reduction services are well established, for example for every $1 spent on needle and syringe exchange programs, the community saves $27 in future cost.[25]

The *Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015 - 2025* Action #98 states the need to significantly increase the number of harm reduction and support service hours from 5,000 hours in 2017 to 225,000. While the Plan is funder neutral, delivering on this Action will contribute significantly to future cost savings and the sustainability of the health system.

6. WANADA recommends that the Review Panel provide direction on expanding harm reduction services in line with the Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015 - 2025.

Community Confidence

It is important that communities and funding bodies have confidence in the quality of service provision, and the application of evidence-based practice.

Government funded alcohol and other drug services are required to be certified under a recognised accreditation standard, typically a management systems standard and/or industry specific standard.

There are a number of alcohol and other drug services not in receipt of government funding in Western Australia. It is important that measures are undertaken to ensure that referring health services and communities can be confident in an organisation's service quality and its application of evidence based practice.

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[25] National Centre in HIV Epidemiology and Clinical Research, 2009. *Return on Investment 2: Evaluating the Cost-Effectiveness of Needle and Syringe Programs in Australia 2009*. Australian Government Department of Health and Ageing, http://www.health.gov.au/internet/main/publishing.nsf/Content/needle-return-2, p.8.

7. WANADA recommends the Review Panel provide direction on the regulation of all health services that are not funded by government, potentially through the Licensing and Accreditation Regulatory Unit, to enhance community confidence in service provision and application of evidence-based practice.

Corrections Health

WANADA believes the provision of health services in corrections settings should be considered as part of the Sustainable Health Review. The provision of services in this setting has significant implications for the continuity of care for individuals transitioning between community and corrections settings.

WANADA notes the State Government is currently assessing corrections health service governance arrangements through the Justice Health Project. It is imperative that this activity is considered within the Final Report of the Sustainable Health Review, to ensure a system-wide focus.

8. WANADA recommends the Review Panel include consideration of the Justice Health Project and its implications within the Final Report of the Sustainable Health Review.

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