MHC MHAOD STRATEGY DISCUSSION PAPER

CONSULTATION REPORT

DECEMBER 10TH 2024

The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) was incorporated in June 2018. Our purpose is to promote the interests, education, and welfare of those affected by alcohol and other drug use. Membership is open to current and past users of alcohol and other drugs, their family members, significant others, and supporters. We are unique in this regard and by doing this we hope to strengthen the understanding that drug related harm does not occur in isolation and that healing involves the whole of our community.

Acknowledgment of Country

The Alcohol and other Drug Consumer & Community Coalition acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of this country and its waters. We pay our respect to elders past and present and extend this to all Aboriginal and Torres Strait Islander peoples.

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AODCCC MISSION, VISION AND VALUES

MISSION

To promote the interests, education, and welfare of those affected by alcohol and other drug use.

VISION

Community understanding shaped by the voice of people and families with lived experience of Alcohol and Other Drugs.

VALUES

The following set of values were developed utilising consultation inputs from the consumer and community think tank held in 2018:

- **INCLUSIVE**
  We acknowledge the legitimacy of everyone's experience and provide a safe space for diverse views to be shared.
- **COLLABORATION**
  We look for opportunities to bring consumers, family, community, policy makers and providers together for real change.
- **ACCOUNTABILILTY**
  We consult broadly and are open about our intent, activities, and outcomes.
- **LEADERSHIP**
  We share bold visions and take courageous steps towards what is needed in the community.
- **INTEGRITY**
  We respect and value the different perspectives and experiences of alcohol and other drug use.

Acknowledgement of Lived and Living Experience

We recognise the individual and collective expertise of those with a lived or living experience of alcohol and other drugs. We appreciate and respect the emotional labour and vulnerability that is present in this space. We recognise the work of those who came before us to build the foundations to enable this work to take place.

INTRODUCTION:

In 2024, the Alcohol and Other Drug Consumer and Community Coalition received a grant from the Mental Health Commission (Commission) to conduct targeted consultations with our community. These consultations were undertaken to inform the development of the Western Australian Mental Health and Alcohol and Other Drugs Strategy 2025—2030 (Strategy). This consultation report presents the feedback gathered during those consultations. The views and recommendations expressed herein are those of the participants and Alcohol and Other Drug Consumer and Community Coalition and have not been endorsed by the Commission or the State Government. For more information on the Strategy, please visit mhc.wa.gov.au.

The **Alcohol and Other Drug Consumer & Community Coalition** (AODCCC) is the state peak body for alcohol and other drug consumer-driven systemic advocacy in Western Australia. With more than **775** members onboard (as of 5th Dec 2024), the AODCCC is a conduit for individuals and families with living & lived experience of alcohol and other drugs to have their voice heard. Our aim is to empower the voices of consumers, their families and supports, ensuring the health and wellbeing of our community. The knowledge, insights and expertise of lived & living experience is integral not only to the work of the AODCCC but also plays a vital role for communities all over Western Australia.

The proposed new Mental Health Commission (MHC), *Mental Health & Alcohol and Other Drug Strategy 2025-2030* (MHAODS), aims to transform the West Australian mental health and alcohol and other drugs systems over the next five years. It will focus on community-based services, early intervention, and prevention, reducing reliance on acute, hospital-based services. The strategy aims to adopt a person-centred approach, ensuring smooth transitions within and across systems so people can access the services they need when they need them.

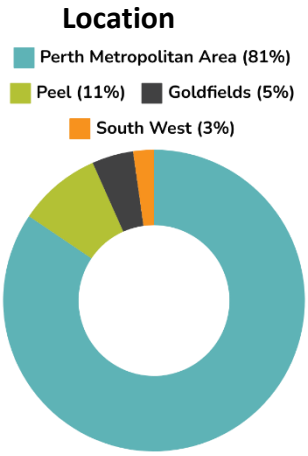
To assist the MHC in obtaining essential community feedback about the proposed new strategy, the AODCCC has facilitated three, member-exclusive face-to-face consultations and created an alcohol and other drug focused public facing survey in response to the MHC Discussion Paper.

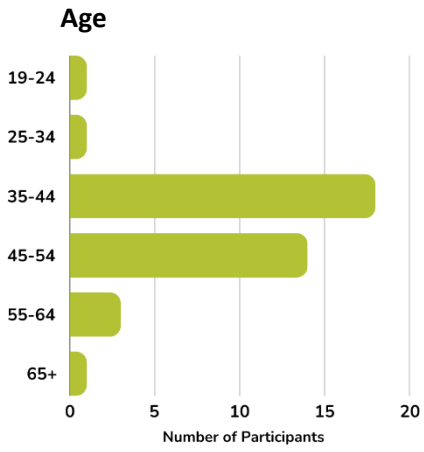
We would like to thank the MHC for the opportunity to ensure that lived and living experience voices are considered and utilised within the final development of the strategy.

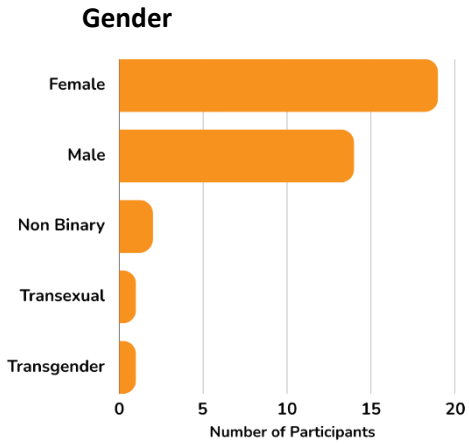
The AODCCC acknowledges the individual and collective expertise of those with a lived and or living experience of Alcohol and Other Drugs who participated in our consultations and survey. We appreciate and respect the emotional labour and vulnerability in this report.

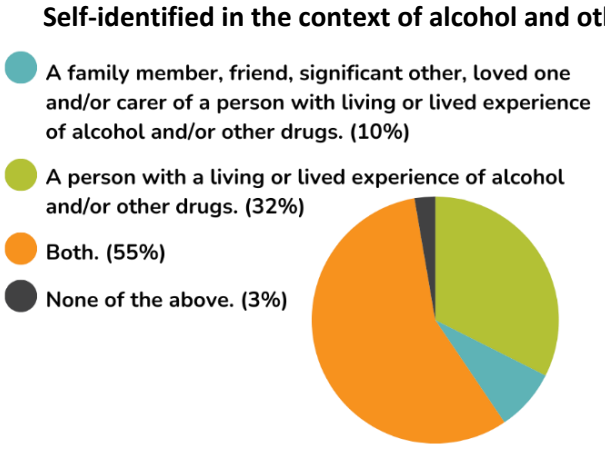
PARTICIPANTS:

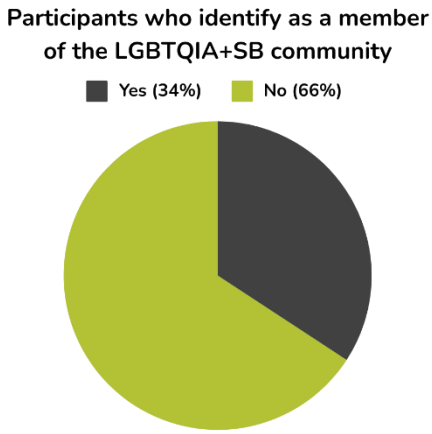
Expressions of interests to participate in our face-to-face consultations went out to the AODCCC membership on 31st of October with consultations taking place on the 19th , 26th and 27th of November. A public survey was released on the 13th and closed on the 27th of November. The total amount of people that took up the opportunity for consultation across these 4 engagement opportunities was 38. None of the participants identified as Aboriginal or Torres Strait Islander. Below is a breakdown of demographics of all the participants consulted.

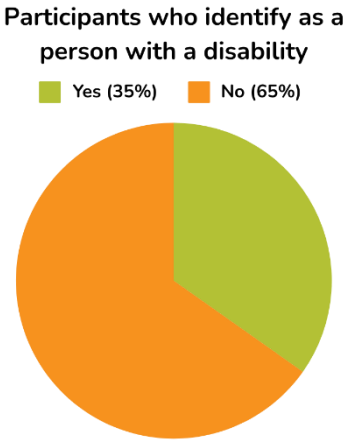


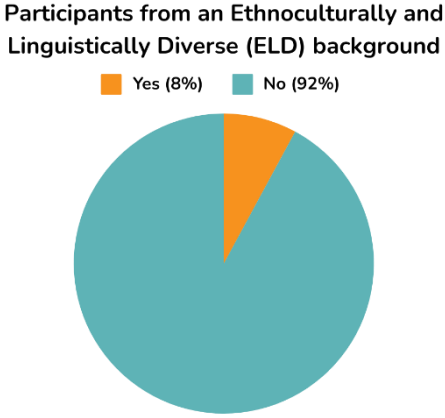








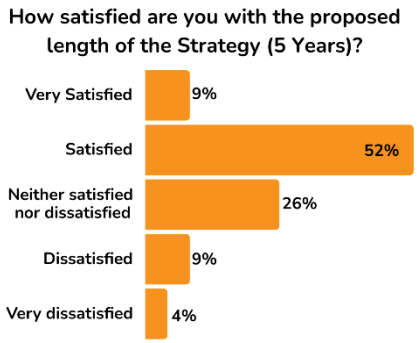




ENGAGEMENT: INTITIAL RESPONSE TO THE DISCUSSION PAPER

Robust discourse resulted in several systemic themes emerging in relation to **p1- 23** of the Discussion Paper. Initial reactions and responses:

Participants provided a generally positive initial response to the Discussion Paper. Many participants found the paper well-written and relatable. There was a sense of hope and positivity about the direction of the strategies outlined in the paper. Calls for clearer articulation of HOW the strategy will be implemented, delivered and reviewed were threaded throughout all the consultations and was a consistent dominant feature of the survey responses.



Participants had a predominantly positive reception to prevention and early intervention direction of the discussion paper. Many participants appreciated the focus on prevention and early intervention, hoping it will eventually reduce the need for crisis hospital admissions. There was a consensus that more service provider alignment with supports and a bigger financial scope for preventive services is a good direction for the government to take. Participants provided a critique of statistical relevance in relation to the chosen statistics used within the discussion paper. Some participants felt that the statistics used lack 'real-world context and relevance'. There is a call for more acknowledgement of the under-reporting that is prevalent within the AOD sector, and the data collection methods used.

Participants vigorously discussed funding allocations. There was significant contention over the disparity in funding between Mental Health and Alcohol and Other Drugs services and the chosen language in the discussion paper to describe it. With participants stating misleading presentations of funding allocations undermine trust.

> "Mental health funding recorded as $1,127.1 million. CALL IT WHAT IT IS – OVER A BILLION DOLLARS compared to 1/10 of that for AOD"
>
> **- AODCCC Member**

Participants expressed their concern over the complexity and inclusivity of language used within the Discussion Paper. Some found the language used in the paper to be triggering, complex and not inclusive, which was "off-putting". Many participants suggested that there is a need for more inclusive and simpler accessible language to engage a broader audience. The proposed person-centered approach alongside an elevated Lived Experience focus were positively received. The appreciation and the acknowledgment of peers and their role in the sector was warmly welcomed.

> "The use of the word enablers – that seems like an odd choice being that enabling has such a negative connotation"
>
> **- AODCCC Member**

> "There was a lot of jargon, it could have been more plain English to be easier for us to understand"
>
> **- AODCCC Member**

There was an acknowledgment of existing systemic issues that could impede the

delivery of the strategy and participants recognised the interdependence of various systems, such as health, education, justice, and the need for improvement in these areas. There is a sense that the current siloed government system is not adequately addressing the needs of those with AOD issues. Bold whole government action is needed to drive change, ensuring an inclusive, supportive, and effective AOD system for all community members.

The persistence of stigma around AOD issues was highlighted continuously as the main barrier that needs to be addressed in relation to the whole community moving towards viewing AOD as a health concern. Participants showed appreciation for recognising the "missing middle" within the Discussion Paper and the need for improved transitions between intersectional sectors. The importance of addressing social determinants of health and removing judgment and stigma from all systems and government were strongly and passionately advocated for throughout the consultation and survey processes.

> "There is a lot in the document, the one thing I like is the focus to begin tackling stigma."
>
> **- AODCCC Member**

VISION, AIMS AND PRINCIPLES

Question-

From your lens of lived/living experience of alcohol and other drugs, what is your vision for the Western Australian alcohol and other drug system by 2030 and what does this 'system transformation' look like to you?

The participants suggested that these following concerns or matters need to be considered to ensure effective *transformation*:

- Reviewing legislation and policies to eliminate outdated unregulated practices.
- Reduce AOD stigma.
- Comprehensive transformation should prioritise prevention, education, and decriminalisation.
- Addressing the funding disparity between AOD and MH and creating systems that ensure funding and data transparency.
- Emphasis on consumer-led public health campaigns, shifting AOD public health campaigns from fearmongering to a space of promoting acceptance and understanding and growing empathy and compassion.
- Enforcing the "no wrong door" policy to ensure individuals seeking help are not turned away because of their AOD use.
- Strong advocacy for legal reforms and harm minimisation strategies such as drug checking to be implemented immediately to reduce deaths.
- Ensuring easy and timely access to AOD healthcare and aftercare.

System transformation should include compliance and governance measures to prevent the refusal of service for individuals with complex needs. Improved integration and communication between services, along with a quality accreditation system, are essential for accountability and effective

service delivery. Training and education for both professionals and the public are necessary to build knowledge, reduce stigma, and foster empathy. Finally, lived experience representatives should be included in all levels of strategy oversight to ensure that the system is responsive to the needs of those it serves.

The respondent's vision for the Western Australian AOD System by 2030:

"For me it means my loved one won't be left unwell"

"I hope that there is a move away from enforcement and a move towards restorative justice where people can get help to deal with trauma and addiction"

"Keeping mothers and children together while mother heals"

"Realistic school-based education underpinned with open and honest conversations"

"Good and safe accessible services for all community members and support for their families"

GUIDING PRINCIPLES

Question-

Nine guiding principles have been suggested on p21 and further explained on p22-23. From your perspective are there any other principles that have not been included, any draft principles that require amendment or removal, or any principles that should apply only to alcohol and other drugs systems?

The nine guiding principles suggested for the Western Australian AOD system transformation by 2030 are comprehensive, but there are additional principles and amendments that could enhance their effectiveness.

Many participants believed the principles were a step in the right direction, provided they can be implemented effectively. Some feel that the principles, as written, cover everything needed to help individuals with AOD issues. The need for respectful, authentic and vetted living experience advocates was highlighted, emphasising the importance of current, lived experience in guiding both consumers and healthcare providers. Ensuring that services are accessible to all was a recurring theme within the consultations. There was significant debate around the "Recovery Oriented" principle, with some arguing it is more suited to the MH sector and may not be appropriate for a comprehensive AOD strategy. The participants suggest focusing on reducing the incidence and

severity of drug-related harm rather than framing all AOD use as something that requires recovery. The principles of being person-centred, trauma-informed, and valuing carer and family practice are seen as crucial for providing effective support.

Some suggested additional guiding principles or re- wording possibilities from our participants include:

Respect, ***Accessibility***, ***Choice***, ***Safety***, ***Connection & Empathy***

PRIORITY POLULATIONS AND THEIR PRIORITIES

Participants acknowledged that the proposed priority population list was a great starting point to address the diverse needs of the community. Based on the responses and outlined below is a consolidated list of possible further population groups that need/should be prioritised in the strategy:

- **Homeless individuals**: Homelessness is closely linked with AOD issues. Providing targeted support would address both housing instability and substance use. Comprehensive support for the homeless population is needed, including access to stable housing, AOD treatment, MH services, and employment support. Addressing homelessness is critical to breaking the cycle of addiction and improving overall well-being.
- **People living with disabilities:** Individuals with disabilities may have additional barriers to accessing AOD services. Tailored services that accommodate physical, intellectual, and sensory disabilities are essential. Tailored support ensures they receive appropriate care. People with learning difficulties need access to simplified information to better understand and navigate AOD services. Using simplified language and accessible communication methods would ensure that those with learning difficulties or low literacy skills can understand and navigate AOD services. This includes ensuring accessibility in all treatment facilities and providing specialised support for those with co-occurring AOD and disability needs.
- **Individuals in the justice system:** Those involved with the justice system often have higher rates of AOD issues and need targeted interventions. Targeted support for prisoners, ex-prisoners and those recently released, focusing on rehabilitation and reintegration into society, including access to AOD services, mental health support, and employment opportunities is essential.
- **Isolation & loneliness**: Addressing systemic issues contributing to isolation and loneliness need to be addressed. Creating community connection opportunities and support networks. to reduce harm and promote health is vital to role model in the community.
- **People with co-occurring complex needs**: Integrated services that address both AOD and MH concerns simultaneously are crucial. This includes ensuring that individuals with complex needs are not turned away from services due to their identified complex needs.

To better meet the diverse needs of various population groups, ensuring that support is comprehensive, inclusive, and effective participants highlighted a broad spectrum of possible top priorities:

- **Easy access to services**: Ensuring that services are easily accessible to all, including those in regional, rural, and remote areas, is a top priority. This includes reducing waiting lists and providing flexible approaches to service delivery. Making services visible and accessible to all, ensuring that people know where and how to get help.
- **Harm reduction focus**: Increasing focus on harm reduction strategies, which are currently under-funded and under-resourced. This includes providing low-threshold support services and culturally competent treatment options.
- **Equality in treatment**: Providing equal treatment and support regardless of background, ensuring that everyone receives the same level of care and respect.
- **Financial assistance**: Offering help with immediate financial matters to alleviate stress and support recovery.
- **Intense post/follow-up support**: Providing sustained and intense follow-up support to ensure long-term wellbeing.
- **Cultural competence & representation**: Employing staff who share the cultural background of the people accessing help, this will help to improve understanding and trust. This includes training staff in cultural competence and ensuring services are culturally secure.
- **Lived and Living Experience consultation & gathering of anecdotal evidence**: Consulting with people from identified priority population groups to gather anecdotal evidence and understand their specific struggles. This helps tailor services to their actual needs.
- **Real-time guidance & communication**: Providing real-time guidance and support to help individuals navigate services and convey their needs effectively. Strengthening connections between government and community to provide a cohesive support system.
- **Community-controlled services**: Funding community-controlled services to deliver tailored support and make decisions about service delivery within their communities. Promoting open communication and inclusion, ensuring that everyone feels heard and understood.
- **Listening & understanding needs**: Creating environments where people feel safe to share their experiences and needs. This involves building connections, understanding community dynamics, and listening to the voices of those affected.
- **Trauma informed practices**: Training all staff in trauma-informed principles to ensure they see individuals for who they are, not just their diagnosis or substance use.
- **Lived Experience workers**: Employing workers with lived experience from the specific population groups to provide relatable and effective support.
- **Support for carers**: Acknowledging and supporting carers, especially during crises, and ensuring their input is valued and their burdens are not too great.

By addressing these priorities, the strategy can implement a holistic approach that will help create a more effective and compassionate AOD system by 2030.

SYSTEM WIDE ENABLERS

Question-

What additional system-wide enablers should be considered or removed in the Strategy, what challenges exist in their development and implementation, and what are the top priorities for improving efficiency and effectiveness in the alcohol and other drug system? P29-32.

Participants praised and enthusiastically welcomed the idea of a contemporary AOD system and a strategy that would drive much needed change within the sector, however the use of the word "enabler" was heavily contested due to its connotations in relation to AOD. The list of suggested system wide enablers was considered comprehensive but the lack of details on HOW each enabler would be successfully achieved was a concern for many of the participants. The lack of information around the required whole government partnerships that are required for the strategy's success were also extensively discussed, particularly the legislation and criminalisation aspects of AOD.

- **Funding & resource allocation**: Securing adequate funding and resources to support the expansion of AOD specific services and the implementation of new initiatives adequately. Addressing the shortage of AOD trained workforce ensuring that existing staff are adequately supported and ensuring ongoing best practice training.
- **Stigma & discrimination**: Reducing stigma and promoting the voices of people with lived and living experience is key to moving beyond AOD stigma. Reducing stigma and discrimination within the healthcare system and the broader community is viewed as essential for the success of the Strategy. Establishing comprehensive training programs for professionals across all sectors to improve understanding and reduce AOD stigma is vital. Co-creating ongoing public awareness campaigns to educate the whole community about AOD to reduce stigma was strongly advocated for by participants with lived experience. Implementing measures to hold media outlets accountable for sensationalising AOD issues was robustly discussed. Encouraging responsible reporting that reduces fear, and stigma is viewed as necessary to allow public education campaigns that educate the public about AOD issues to focusing on raising empathy and understanding rather than misinformation.
- **Trust & transparency**: Building trust and transparency with people who have lived or living experience of AOD by valuing and acknowledging their experiences could be challenging. Trusting and empowering individuals to make decisions about their own care and wellbeing is crucial for the strategy. Recognising that social and emotional wellbeing is unique to each person and requires personalised approaches will help improve trust.
- **Community engagement & cultural competency**: Participants expressed their desire for regular consultations with community members to be conducted, especially in rural and remote areas, to tailor services to their needs. Building relationships with Aboriginal Corporations and other community organisations to determine best practices and provide culturally competent responsive care.
- **Flexibility in treatment options**: Acknowledging that not everyone wants to go into long-term rehabilitation after detoxing and providing flexible treatment options. Building more rehabilitation centres and specialised services to meet the demand for treatment. Consulting consumer groups to understand what people need to get well. Timely implementation of new methods, reducing the time lag between the development of new methods and their implementation. Implementing new methods and practices quickly to benefit patients as soon as possible
- **Monitoring, data & evaluation**: Implementing robust monitoring and evaluation frameworks to assess the effectiveness of new strategies and make necessary adjustments. Ensuring that data is continuously updated to reflect current trends and needs.
- **Miscommunication & coordination issues**: Overcoming miscommunication and lack of coordination between different intersectional services and departments. Enhancing communication and coordination to ensure efficient collaboration.

To improve efficiency and effectiveness of the system, participants suggested that focus in these priorities is required: Advocate, trial and implement modern legislation that moves AOD away from justice, into health. Ensuring the system can adapt to everchanging governments. Ensure the ongoing enhancement of service quality, ensuring client safety, building community trust and reducing AOD stigma. Extensively investing in evidenced based workforce training. Improving communication and coordination across a well-run integrated system including government and non-government providers. Empowering individuals and their families with person-centered care. Prioritising and enforcing regulation of all AOD services. Promote inclusive LE executive leadership and update and modernise education on AOD in primary, secondary and tertiary education institutions focussing on prevention.

PREVENTION AND PROMOTION

Question-

What are the key challenges, gaps, and opportunities in preventing and reducing alcohol and other drug harms, and what should be the top three priorities over the next five years? Why are these priorities important, and can you provide examples of impactful initiatives?

Participants in the consultation and survey highlighted concerns about funding allocation and emphasised the need for immediate and adequate funding for AOD prevention and promotion. Education, stigma, service access and integration were dominant themes in the discussions. Addressing the challenges and gaps in preventing and reducing AOD harms requires a multifaceted approach. Key systemic themes highlighted by the participants include the need for integrated and accessible services, comprehensive education and prevention programs, and broader community engagement.

> "Underfunding and under resourcing of harm reduction and overwhelming emphasis on policing as a response just increases the risks of harm to people who use drugs. WA was a national leader in harm reduction strategies under the ADA and DAO, in terms of innovative evidence-based harm reduction provision, WA has lagged behind other states for years." - **AODCCC Member**

Key Challenges:

Limited access to integrated services: There is a significant lack of free MH services that collaborate with AOD services. Youth often need to actively seek AOD services, rather than having integrated support within MH services.

Stigma and public awareness*:* AOD stigma within health industries and the broader community remains a significant barrier. This stigma can prevent individuals from seeking help and can lead to judgmental attitudes from healthcare providers and community members.

> "The narrative is drugs are bad, you are bad, this reinforces and promotes self-stigma, it's all just maladaptive coping strategies, people need to share their stories" - **AODCCC Member**

Youth engagement and education: There is insufficient prevention and education targeting youth. Many young people are unaware of the risks associated with AOD use, and there are limited activities and events that promote drug and alcohol awareness. Majority of the participants expressed a strong desire for an extensive modernisation of the education provided in schools and advocate for the introduction to AOD education to start in primary school.

> "AOD education needs to start in primary school. MH is touched on, but realistic AOD is not. It should include self-care, setting barriers, drug education & overall knowledge as this may be happening in the home" - **AODCCC Member**

Gaps:

- ***Service availability and accessibility*****:** Many regions lack adequate AOD services, leading to individuals being lost within the system. This is particularly problematic in rural and regional areas.
- ***Early intervention and support:*** There is a need for more intensive support at the first signs of AOD use, including wraparound services and education for parents.
- ***Holistic approaches:*** Current services often fail to address the broader social determinants of health, such as housing, cost of living, and community support.
- ***Enhanced education and prevention programs*****:** Implementing comprehensive and modern education programs in schools and communities can raise awareness and prevent AOD use.
- ***Integrated service models:*** Developing integrated mental health and AOD services can provide more holistic support for individuals, particularly youth and people in prison.
- ***Community engagement and support:*** Increasing community-based initiatives, such as free family events and peer support programs, can promote well-being and reduce AOD harms.

Participants believe that early intervention can prevent the escalation of AOD use and related harms, with intensive support at the first signs of AOD use, wraparound services for families, and initiatives to reduce stigma early on. Initiatives aimed at preventing or delaying the onset of alcohol and other drug (AOD) use, reducing consumption, and minimising related harms are crucial. Investment in prevention and harm reduction has been evidenced as highly cost-effective. Participants shared their wisdom and lived experience to highlight that addressing stigma and discrimination remains a key issue in the AOD system, as does tackling the social determinants of health. They suggested that strengthening public health policies and modernising legislation would have a significant impact. Participants believe that by prioritising education, service accessibility, and early intervention, a supportive environment that reduces AOD harms and promotes overall well-being could be established. Initiatives that focus on reducing stigma, enhancing public awareness, and providing holistic support are crucial for long-term success of the strategy.

PSYCHOSOCIAL

Question-

What are the main challenges, gaps, and opportunities in providing responsive drug and alcohol individual and group psychosocial supports, and what should be the top three priorities over the next five years to improve these supports? Can you give examples of initiatives that could significantly impact these supports?

Participants fervidly agreed that providing AOD psychosocial supports in WA requires a dexterous approach. The benefit of being able to access responsive immediate support was highly desired. A stream of experience, insights and wisdom was captured in relation to the possibility of adequately funded psychosocial supports in the community.

Snapshots of discussion:

Participants stated that group support for the "missing middle" people who are too well for hospital but too sick to live independently, is crucial. This could be key to a more positive way of life for people who use drugs by offering spaces for meetups, which can be low-cost but yield high rewards for both consumers and the community.

The "No Wrong Door" concept was widely advocated for. Participants believe that emphasis on the importance of volunteering, contributing, and feeling valued in paramount for psychosocial wellbeing.

Peer mentors can provide life skills to help individuals stay focused and healthy outside their social circles, offering a solid foundation to handle new situations. However, this is often hindered by the National Police Clearance process, which requires a panel review and clear boundaries and vetting. Working with non-violent prisoners to complete certification in peer support could help them transition into permanent employment. Growing and strengthening the peer-based workforce for AOD and increasing access to community-based services for co-occurring MH and AOD issues are also important.

Addressing drugs of concern with targeted harm reduction initiatives tailored to each region is crucial to ensure responsive psychosocial wellbeing.

Facilities like Cloud 9 and Telegram, where people go for drug testing, face stigma but fulfill a vital need for people wanting to know what's in their drugs. Implementing statewide drug checking would create a safer community for all and reduce unnecessary deaths.

Public health campaigns need to consider that people now stream content rather than watch TV. There needs to be media accountability to ensure that AOD is reported and represents a safe and considered manner. More community awareness is needed to de-stigmatise AOD issues.

Services should be available 24/7, not just during business hours. MH and AOD services need to always be accessible, and waitlists should be adequately funded. Outreach funding is inadequate, with most services operating on a 9-5 schedule. From the participants perspective, all support is required literally minutes after a Friday office closure, leaving the police as the only option for support, which is not appropriate.

Issues like the inability of a male child over 14 to enter a refuge due to perceived threats, and the lack of support for male primary caregivers, need addressing. There are not enough community support services for single parents or families, nor enough supported housing for transitioning from rehabilitation. Adult services have a low ability to help with housing. More funding to support families dealing with AOD or MH issues is essential. Parents should have more power to temporarily commit young people in crisis to hospital for observation and diagnosis.

Snapshots of discussion, continued:

"Going to rehabilitation can feel like jail, with the risk of losing everything."
- **AODCCC Member**

"The government must recognise that AOD can be a trusted friend until it becomes problematic." - **AODCCC Member**

- Increasing in-home support models, not limited to NDIS, and bringing back crisis urgent care and PET teams are essential.

"A loved one ended up homeless and relapsed into psychosis with schizophrenia, leading to increased AOD use and a rapid decline in MH. Despite being part of adult community MH services, they were stigmatised as seeking relief from drug withdrawal instead of needing intervention for mental distress and potential suicide ideation." - **AODCCC Member**

- Better training for community service personnel is crucial, as is better support outside the NDIS system. Many people with AOD issues are told what to do but are not capable of carrying it out, so better-trained carers and service personnel would improve outcomes.
- The main challenges include people falling through the cracks, not knowing whether to treat patients as MH or AOD patients, and limited treatment places, often resulting in patients being placed in hospital emergency departments. There are not enough places for medium to long-term treatment or outpatient facilities.
- Priorities over the next five years should include more follow-up care after discharge, specific places for initial treatment instead of emergency departments, and more community programs. Initiatives could include group therapies, trauma-informed care, cognitive behavioural therapies, and counselling.
- Greater connection with DES and Workforce Australia providers is needed to support those with mutual obligation requirements and reduce psychosocial stress.
- Housing and unemployment need attention, with training through TAFE and skills development being beneficial.

Stigma remains the significant issue.

Providing responsive drug and alcohol individual and group psychosocial supports is crucial for several reasons: Psychosocial supports, such as counselling and peer support groups, significantly improve recovery outcomes by addressing the emotional and psychological aspects of addiction. This holistic approach helps individuals develop coping strategies, manage triggers, and prevent relapse. Group supports create a sense of community and belonging, which is vital for individuals AOD journey. These connections reduce feelings of isolation and provide a network of encouragement and accountability Individual supports allow for personalised treatment plans that cater to the unique needs of each person. This tailored approach ensures that specific issues, such as trauma or co-occurring mental health conditions, are effectively addressed. Both individual and group supports help individuals develop essential life skills, such as communication, problem-

solving, and stress management. These skills are crucial for maintaining long-term wellbeing and improving overall quality of life. Consistent psychosocial support has been shown to reduce relapse rates by providing ongoing motivation and reinforcing positive behaviours. This continuous support helps individuals stay committed to their wellbeing journey. Overall, our participants believe responsive psychosocial supports are a key component of effective addiction treatment, offering comprehensive care that addresses both the physical and psychological aspects of AOD use should be extensively funded and supported in Western Australia.

HARM REDUCTION

Question-

What are the main challenges, gaps, and opportunities in delivering harm reduction initiatives, and what should be the top three priorities over the next five years? Can you provide examples of impactful harm reduction initiatives?

Participants wholly support the idea of responsive and evidenced based harm reduction strategies and services in the Western Australian community. Participants overwhelmingly believe that harm reduction provides positive outcomes for both service users and their communities. In addition to improving the health and wellbeing of people using drugs, evidence also suggests that those accessing harm reduction services are more likely to seek treatment and pursue wellbeing. Participants are convinced that effective harm reduction can lead to fewer health complications and better overall well-being. Participants see the logic in that preventing overdoses and other drug-related harms, hospital admissions can be reduced. Participants expressed their support that harm reduction can contribute to safer communities by reducing drug-related incidents resulting in less strain on police and ambulance services, allowing these resources to be used more effectively elsewhere.

Main challenges to consider as suggested by our participants:

Availability and access of services, limited access to harm reduction services can hinder their effectiveness. Evidence of program effectiveness, demonstrating the success of harm reduction programs is crucial for continued support and funding. Securing sufficient funding to sustain and expand harm reduction initiatives is a persistent challenge. Community support, gaining and maintaining community support is essential but can be challenging due to stigma. Stigma associated with AOD use can prevent individuals from seeking help.

Top three priorities as suggested by our participants:

- **Education:** Enhance education for both individuals and the community about harm reduction and its benefits.
- **Integrated support systems:** Focus on increasing support from families, peer groups, and communities to create a robust support network for individuals.
- **Accessibility of services:** Improve the availability and accessibility of harm reduction services to ensure they are within reach for those in need.

Examples of impactful harm reduction initiatives as suggested by our participants:

- ***Take-home drug overdose kits****:* Providing these kits can save lives by enabling immediate response to overdoses.
- ***Peer support groups****:* These groups offer emotional and practical support from individuals with similar experiences.
- ***Stigma reduction training and policy development:*** Training for frontline workers and government departments to reduce stigma and improve interactions with AOD individuals.
- ***Ambulance fee assistance programs:*** Programs that reduce or waive ambulance fees for overdose calls can encourage individuals to seek emergency help without fear of financial burden.
- ***Safe injection rooms:*** Providing safe spaces for drug use can reduce the risk of overdose and the spread of infectious diseases.
- ***Drug checking services:*** These services allow users to test their substances for harmful contaminants, reducing the risk of adverse reactions and death.

By addressing these challenges and leveraging these opportunities, harm reduction initiatives would significantly improve outcomes for individuals and WA communities affected by AOD use.

INTOXICATED PEOPLE

Question-

What are the key challenges, gaps, and opportunities in providing safe places for intoxicated people, and what should be the top three priorities over the next five years? Can you provide examples of impactful safe places for intoxicated people?

Participants agreed that providing safe places for intoxicated people in the community is crucial for both individual well-being and public safety.

Key challenges include:

- Limited availability of dedicated safe places, leading to intoxicated individuals often being taken to hospital emergency departments by police or ambulance services.
- Lack of follow-up treatment, resulting in repeated incidents; and stigma and judgment from emergency services and the community, which can deter individuals from seeking help.

Gaps identified:

- Insufficient funding for establishing and maintaining safe places, especially in remote areas.
- Lack of accessibility in remote and regional areas.
- Lack of integrated services that provide both immediate care and long-term support.

Opportunities include creating safer communities by reducing the burden on emergency services and providing a secure environment for intoxicated individuals, improving health outcomes through follow-up treatment and support, and educating individuals about the dangers of substance abuse and providing resources for recovery.

The top three priorities over the next five years are:

- Increase the number of safe places for intoxicated individuals to reduce the burden on emergency departments and provide immediate care.
- Enhance follow-up support to help individuals recover and prevent repeated incidents.
- Educate emergency department staff and first responders on how to handle intoxicated individuals with dignity and respect while providing resources for ongoing support.

Examples of impactful safe places include sobering up centres, which provide a safe environment for intoxicated individuals to sober up under supervision with access to medical care if needed. Services which offer a supportive environment for individuals recovering from substance abuse, providing both immediate care and long-term support; and drop-in centres, especially for Indigenous people coming from remote areas, which offer a safe place to stay and access to healthcare and other support services. Participants believe creating a network of safe places that are accessible, well-funded, and integrated with follow-up support can significantly improve outcomes for intoxicated individuals and the community.

PEOPLE EXPERIENCING CRISIS

Question-

From your lived/living experience what are the key challenges, gaps, and opportunities in improving access, assessment, and response for those in crisis, and what should be the top three priorities over the next five years? Can you provide examples of impactful initiatives that you would like to see implemented or trailed?

It's clear that there are significant challenges and gaps in the current system, but also opportunities for meaningful improvements. By addressing these challenges and leveraging the opportunities, participants could envision a more responsive and compassionate system for those in crisis. Here are some key points based on the participants lived expertise:

Key challenges and gaps:

Limited availability & accessibility

- Services are often unavailable during critical times, especially outside of regular office hours.
- Long waiting times for accessing services, which can be detrimental during a crisis.
- Lack of awareness about available services among both the public and healthcare providers.

Inadequate crisis response

- Police intervention often exacerbates trauma due to insufficient MH and AOD training.
- Crisis support is frequently denied to individuals who have used substances, especially during weekends when services are understaffed.

Stigma & lack of empathy

- Stigma associated with MH and AOD use issues can hinder effective treatment.
- Lack of trauma-informed care and empathy from service providers.

Opportunities for improvement:

Enhanced public & industry awareness

- Increase advertising and public awareness campaigns about available services.
- Educate healthcare providers about referral pathways and available resources.

Integrated & holistic care

- Develop centres that offer multiple services under one roof, allowing for comprehensive treatment.
- Ensure programs work together seamlessly to provide better patient outcomes.

Improved crisis response

- Establish more walk-in crisis centres that are accessible 24/7.
- Implement peer-based workforce and specialised AOD staff in emergency departments.

Top three priorities:

1. *24/7 crisis support*

Ensure that crisis support services are available around the clock, including weekends and holidays.
Develop outreach teams with nurse practitioners, psychosocial support, and peer workers to provide immediate assistance.

2. *Integrated service centres*

Create centres that offer a range of services, including mental health, AOD support, and general healthcare, to provide holistic care.
Facilitate smoother collaboration between different programs and services.

3. *Stigma reduction & training*

Provide training for healthcare providers to reduce stigma and humanize those in crisis.
Promote trauma-informed care practices to ensure that individuals are treated with dignity and empathy.

Examples of impactful initiatives:

Peer support programs

- Implement peer support programs where individuals with lived experience provide support and guidance to those in crisis.

Mobile crisis units

- Develop mobile crisis units that can respond to emergencies in the community, reducing the need for police intervention.

Public awareness campaigns

- Launch campaigns to increase public awareness about available services and encourage individuals to seek help without fear of stigma.

COMMUNITY TREATMENT

Support alcohol and other drug treatment in the community to continue to grow and diversify **p55 – 56**.

Question-

What are the key challenges, gaps, and opportunities in community alcohol and drug treatment, and what should be the top three priorities over the next five years? Can you provide examples of impactful initiatives?

Participants agreed that community-led AOD services in WA offer numerous benefits, including enhanced patient wellbeing, stronger community cohesion, and safer neighbourhoods. However, these services face significant challenges such as apprehension from consumers to access services due to feelings of shame, historic stigma and discrimination in relation to public perceptions and negative biases towards alcohol and other drug use, high demand exceeding available resources, and a lack of facilities, especially in rural and remote areas.

Community resistance, unstable home environments, and homelessness further complicate treatment efforts. Participants identified current service gaps to include the need for specialised services for diverse populations, address long waiting times, and difficulties in navigating a fragmented system. Opportunities for improvement involve enhancing patient wellbeing through comprehensive care, involving local stakeholders to strengthen community ties, and reducing substance abuse to lower crime rates.

Participants stated that priorities for the next five years should include:

- Expanding specialised services.
- Reducing waiting times.
- Increase resources for Improving home environments through education and in-reach supports.

Additional recommendations include incentivising general practitioners, improving system integration, growing a peer-based workforce, offering diverse treatment options, and implementing trauma-informed care models. By addressing these challenges and leveraging opportunities, the community can create a more effective and compassionate AOD treatment system.

COMMUNITY BASED BEDS

Balancing access to alcohol and other drug withdrawal, residential rehabilitation and post residential beds in the community **p60 – 61**.

Question-

What are the key challenges, opportunities, and gaps in community-based alcohol and other drug beds? Over the next five years, what should be the top three priorities for these beds, and why? How can these priorities be best achieved? Can you provide examples of impactful initiatives for alcohol and other drug withdrawal, residential rehabilitation, and post-rehabilitation beds?

"Getting the correct care whilst inside the facility instead of just getting a person to a base line level and then discharging them." - **AODCCC Member**

Participants articulated their empathy towards the specialist non-government services who dominate the AOD sector and expressed their desire for more models of care to be funded and available in the community. Participants expressed their concerns about numerous unregulated AOD services and the dangers they pose to the community. Participants called for the implementation of open crisis centers for people in acute states. Increased education for the public on AOD realities and open community centers offering comprehensive wraparound support for individuals and their families with AOD concerns.

"Stop the stigma of someone who may need a number of entries into detox."
- **AODCCC Member**

"A safe place for people who have a want or need to get clean – non detox, facility to have support right away while waiting for detox."
- **AODCCC Member**

Key challenges:

- Insufficient beds available.
- Limited transitional and long-term housing.
- Undertrained staff.
- Long waiting times.
- Eligibility barriers.
- Lack of proper support during withdrawal.
- Inflexible care plans.

Gaps:

- Nowhere to go post-discharge.
- Insufficient outpatient facilities.
- Lack of options for smokers and those with stable homes needing minimal support.
- Cruel and unsupportive staff in some services.

Opportunities:

- Addressing specific needs.
- Reducing strain on hospitals, police, and ambulances.
- Shorter waiting times for treatment and people receiving necessary help as needed.

Top 3 priorities

1. Build more facilities to reduce waiting times and increase treatment access.
2. Increase outpatient services to improve patient health and wellbeing.
3. Focus on housing the homeless to provide stability during recovery.

Examples of impactful initiatives

- Drug & Alcohol Youth Service.

- THASP – supporting family reunification.
- Culturally acknowledged services for First Nations people.
- City beds designated for country people.
- Trauma-informed care and flexible rehab options with support for multiple detox entries.

HOSPITAL BASED BEDS

Integrating and building alcohol and other drug services in hospitals **p65 -67**.

Question-

What are the key challenges, opportunities, and gaps in alcohol and other drug hospital-based services? Over the next five years, what are three key priorities to enhance alcohol and other drug hospital-based care, and what specific initiatives could significantly impact this care?

"Emergency departments are not conducive for AOD, they see us as criminals wasting time not wanting to deal with problems – there is a need for rapid follow-up detox"- **AODCCC Member**

"No one at hospital has ever helped, encourages or let me know of any services that I could utilise in order to get the help I need"- **AODCCC Member**

"Usually, can't attend hospital if the substance use has been a part of the escalation in mental health crisis" - **AODCCC Member**

"Sometimes it is hard to access the right place because you are too sick for one place but not sick enough for another."- **AODCCC Member**

Key challenges as suggested by the participants:

1. Availability and accessibility: Limited availability of beds and specialist services.
2. Lack of funding: Insufficient resources to support comprehensive AOD services.
3. Stigma and discrimination: Patients often face stigma from healthcare providers, impacting their care.
4. Inadequate training: Healthcare staff may lack proper training in handling AOD issues.
5. Emergency department limitations: EDs are not always equipped to provide appropriate care for AOD patients.
6. Inconsistent care: Variability in care and communication between different services and teams.
7. Pharmacotherapy issues: Challenges with the availability and administration of medications like Buvidal or Suboxone.

Gaps highlighted by the participants:

1. Identification and diagnosis: Difficulty in correctly identifying and diagnosing substance use disorders.
2. Discharge planning: Inadequate discharge summaries leading to poor follow-up care.

3. Communication: Poor communication between different healthcare providers and services.
4. Follow-up care: Limited follow-up and support for patient's post-discharge.

Opportunities suggested by the participants:

1. Improved patient care: Faster and more effective patient care through better training and resources.
2. Workforce development: Training healthcare providers and government staff to reduce stigma and improve empathy.
3. Peer support: Increased involvement of peer support workers with lived experience.
4. Better integration: Enhanced integration of AOD services within the hospital system.

Key Priorities:

1. Increase bed availability: Expand the number of beds dedicated to AOD patients.
2. Enhance specialist services: Develop and fund more specialised AOD services within hospitals.
3. Improve accessibility: Make AOD services more accessible to patients in need.

Specific Initiatives:

1. Training programs: Implement comprehensive training programs for healthcare providers on AOD issues, focusing on empathy, stigma reduction, and proper care techniques.
2. Peer support integration: Incorporate peer support workers into hospital teams to provide guidance and support to patients.
3. Enhanced discharge planning: Develop standardised discharge planning protocols to ensure continuity of care and proper follow-up.
4. Dedicated AOD units: Establish dedicated AOD units within hospitals to provide specialised care and support.
5. Community partnerships: Strengthen partnerships with community organizations to provide ongoing support and resources for patient's post-discharge.

Participants believe addressing these challenges and implementing these initiatives could significantly improve the quality of care for individuals with AOD issues in hospital settings in WA.

FORENSIC SERVICES

Providing appropriate, quality treatment and support for people at risk of entering or engaged in the criminal justice system **p 68 – 70**.

Question-

What are the key challenges, opportunities, and gaps in forensic alcohol and other drug treatment, support, and services? Over the next five years, what are three key priorities to improve forensic alcohol and other drug services, and what specific initiatives could significantly impact these services?

Most participants passionately advocated for urgent and immediate reforms within the West Australian justice system. The participants queried why people in prison were not acknowledged as a priority population in the Discussion Paper, especially in relation to AOD and associated stigmas. The participants strongly believe the current system is not working and discussed and questioned extensively, HOW the new strategy could work or succeed alongside the existing punitive and failing justice system. The participants are acutely aware of the ever-increasing Australian prison population and encourage the government to explore demonstrated and evidenced alternatives to incarceration, especially in relation to AOD. Participants expressed their desire for the implementation of common sense meaningful cross government reforms immediately. To break the cycle of incarceration the participants believe that individuals need access to comprehensive support services that address the underlying causes of their interactions with the criminal justice system. This includes post-release support, assistance with homelessness, access to education, treatment for alcohol and other drug dependencies, and genuine employment opportunities. Unfortunately, these essential community and support programs are severely underfunded. To effectively rehabilitate individuals and prevent reoffending Western Australia communities must fund and provide access to support services that address the root causes of criminal behaviour. This includes education and treatment for people who use drugs.

"Justice system pushes people back into cycle of crime – they do things to you, not for you – should feel like with you."- **AODCCC Member**

"Ongoing care for young people and better education for their families for an improved home life which may lead to a lower chance of reoffending." - **AODCCC Member**

"Continuing medication from the outside – abrupt stopping is so damaging – help is needed with withdrawal as a priority when entering prison especially with psychotic medications and CPOP"
- **AODCCC Member**

"Power dynamics within the systems needs to be looked at – respect and authority is everyone's civil responsibility."- **AODCCC Member**

Snapshot of systemic concerns captured through the survey and consultations:

Limited access to services: Many prisons, like Acacia and Hakea, lack adequate AOD rehabilitation avenues and MH support. Participants expressed their concerns that police and prison staff often lack sufficient MH and AOD training. Enhancing MH and AOD training for all justice related employees is perceived as crucial as is implementing integrated care models that can support complex needs in every prison.

Cultural sensitivity: Participants stated that there is a need for culturally appropriate treatments, especially for First Nation individuals. First Nations people make up 3.3% of the general population but **33% of people in prison are First Nations people.**

Support for women and children: Participants acknowledged that providing adequate support for women in the justice system is a significant challenge. They explained that for many women, incarceration involves separation from children for extended periods, sometimes permanently. This

has devasting impacts for both women and children. Improving facilities for children and families of incarcerated individuals to maintain and strengthen family bonds should be a priority. One of the most prominent issues is the **punitive and fear-based power dynamics** within the Department for Child Protection and Family Support (DCPFS). Participants highlighted that there is little incentive for honesty due to the threat of noncompliance and unwarranted drug tests, which can be particularly detrimental for parents struggling with addiction. This approach fosters a climate of fear rather than support, making it difficult for individuals to seek help without fear of losing their children.

Continuity of care: Ensuring continuity of safe support once individuals enter prison and are released from prison. Ensure that medications and AOD support continue seamlessly from pre-sentencing through incarceration and post-release. This would prevent the abrupt cessation of treatment, reducing the risk of relapse and improving health outcomes.

Lived experience engagement: Involving people with lived experiences in support roles would be highly beneficial in the justice sector. The implementation of comprehensive rehabilitation programs, including mental health support, holistic therapies, and AOD peer mentoring would help reduce recidivism and improve overall inmate well-being. Training inmates in peer support roles to assist new arrivals and provide ongoing support would also be beneficial. National Police Clearance requirements must be reviewed and considered in the space.

Support for Youth: Develop specialised facilities and programs for young offenders, focusing on education, mental health, and skill development. Providing tailored support would help young people reintegrate into society and reduce the likelihood of reoffending. Expanding educational and vocational training programs within prisons and schools to enhance skills and employability is vital.

> "Young people – form habits as teenagers –AOD education needs to happen in schools! form class, tutor group, home room or whatever it is called now – they should reintroduce vertical homerooms so older peer mentors are present for younger more impressionable kids this is empowering and two-way."- **AODCCC Member**

SPECIALISED SERVICES

Expanding access to safe, accessible and specialised treatment for complex issues, across the continuum of care **p71 – 75**.

Question-

Can you identify any additional key specialised alcohol and other drug treatment, support, and services that should be included? Over the next five years, what are three key priorities to improve specialised alcohol and other drug services, and what specific initiatives could significantly impact these services?

Participants advocated strongly throughout the process that the Western Australian government should harness a whole government approach to ensuring strong and effective collaboration between interrelated services, resulting in improved health and wellbeing for those whose lives are affected by AOD co-occurring complexities. Participants stated that implementing trauma-informed care across all AOD services would ensure that the care provided is sensitive to the needs of individuals who have experienced trauma. Enhancing services for co-occurring disorders addresses

both mental health and substance use simultaneously would ensure a holistic approach to treatment. Expanding telehealth options could provide remote access to specialised AOD treatment, especially for individuals in rural or underserved areas. Developing comprehensive training programs for healthcare providers on neurodivergence and its intersection with substance use cold improves understanding and treatment outcomes for neurodivergent individuals. Establishing more and varied specialised treatment facilities catering to specific populations, such as those with disabilities, domestic violence survivors, and individuals with complex mental health conditions should be a focus. Creating a network of community-based support services, including 24-hour peer support, specialised housing with extensive supports, and a free app hub for referrals, could enhance community support, better resource allocation, and improved continuity of care for individuals with complex AOD needs. Reintroducing Psychiatric Emergency Teams (PETs) would provide immediate, specialised psychiatric care in emergency situations, reducing the burden on emergency departments and improving crisis response. Developing holistic, multi-disciplinary treatment centres that offer a range of services under one roof streamlines care, reduces duplication of services, and improves patient satisfaction and outcomes. Finally, implementing comprehensive data collection and sharing systems through a centralised database for tracking medication, side effects, and treatment outcomes ensures better-informed treatment decisions, improved patient safety, and enhanced ability to monitor and respond to treatment efficacy should be prioritised.

"Trauma informed care in relation to AOD currency, I think people should be able to choose when to reveal their AOD and trauma history, use or concerns, if it is relevant. I like the cover letter idea – to start the file where the client needs to, at a fresh point and not carry the historical unhelpful stuff that is not relevance to current situation. The system as it is just re traumatising me and my complexities"- **AODCCC Member**

COUNTRY WA

Question-

If you have experience living or working in a regional or rural area- What additional gaps exist in regional alcohol/drug treatment and support services? How do these gaps affect individuals access to timely and appropriate treatment and support? What regional initiatives could significantly improve service delivery over the next five years?

"In my experience working and living up north, the AOD and mental health services availability was woeful. A lot of people leave the cities and move to rural area because they can't fit into normal society. This means rural areas are jam packed with people who have unresolved MH and AOD issues"- **AODCCC Member**

"This section of the Strategy Discussion Paper looked like an add on, the words improving access – what does that even mean in regional rural and remote? So generic, almost insulting – no explanation as to HOW it will be done. Non accountable wording, cut and paste repetition that does not respect or consider the nuances and differences within the identified regions, was a chat bot used to create this section?"- **AODCCC Member**

The participants with experience of country WA or who currently live/work in the regions stated that the availability of AOD services in rural, regional and remote areas is often inadequate. This is compounded by a shortage of specialised AOD services tailored to specific populations, such as First Nation communities, people with disabilities, and those with co-occurring complexities. Additionally, many individuals in rural areas face transportation barriers, making it difficult to attend treatment appointments regularly. Stigma around AOD use and MH issues can be more pronounced in smaller communities, discouraging individuals from seeking help. There is also a significant shortage of trained AOD professionals in rural areas, leading to long wait times and limited-service availability. These gaps in service delivery result in delayed treatment, exacerbating health issues, and inappropriate treatment, as individuals may not receive the care suited to their specific needs. Transportation barriers and stigma can lead to feelings of isolation and disconnection from support services, reducing the likelihood of engaging in treatment.

To address these challenges, several regional initiatives have been shared and suggested by participants. Expanding and or developing outreach and mobile services by increasing the number of mobile clinics and outreach programs that travel to remote communities would improve access to AOD treatment and support. Enhancing telehealth services by developing robust telehealth infrastructure would provide remote consultations, therapy, and support groups, reducing wait times and travel barriers. Building community partnerships with local organizations, such as pharmacies, schools, post offices and community centres, would create a network of support and referral pathways, increasing community involvement and reducing stigma. Training and incentivising AOD professionals through scholarships and loan forgiveness would attract and retain professionals in rural areas, improving the quality and availability of services. Developing culturally appropriate services tailored to First Nations communities and other specific populations, involving community leaders and elders in the design and delivery of services, would increase trust and engagement, leading to better treatment outcomes. Finally, improving transportation solutions by establishing services such as shuttle buses or ride-sharing programs reducing transportation barriers, ensuring individuals can attend appointments regularly. These targeted initiatives highlight the critical need for tailored, accessible, and community-based solutions to improve AOD services in regional, rural and remote areas.

Final reflections:

Participants were asked if they had any final reflections that they would like to convey to the Mental Health Commission. Here is a snapshot summary of participants final reflections:

Family support: Emphasise the need for better family support across all services. Families often lack adequate support, especially in AOD services when consent is not given by the loved one. Highlight the importance of a holistic approach that supports both the individual and their family to ensure sustainable change and improved community wellbeing.

Public education: Advocate for expanded public education programs to reduce stigma and discrimination. Many challenges faced by individuals are due to societal attitudes rather than the AOD issues themselves.

> "The need for empowerment – when consumers are heard and included throughout the systems that are there to support them, empowerment happens & this is powerful for wellbeing and overall health outcomes."- **AODCCC Member**

Employment barriers: Address the difficulties faced by individuals with criminal records in obtaining work. Emphasise the value of lived experience and peer roles, and how these roles can be beneficial for both the individual and the community.

Flexibility in treatment: Critique the rigidity of current treatment protocols. A one-size-fits-all approach is impractical and often ineffective. Advocate for more flexible, individualised treatment options.

> "Services need to be a warehouse not a silo." - **AODCCC Member**

Harm reduction: Argue for a more prominent placement of harm reduction strategies within the AOD strategy. These strategies should be a major component, reflecting their importance in reducing drug-related harm.

Implementation and accountability: Participants requested clearer implementation plans, outcome frameworks, and timelines for government accountability. Emphasise the need for measurable, people-cantered outcomes rather than just statistics.

Empowerment and inclusion: Highlight the importance of consumer empowerment and inclusion throughout the support systems. When consumers are heard and included, it leads to better wellbeing and health outcomes for the whole community.

Safe spaces: Advocate for the creation of safe spaces at any point in an individual's journey. These spaces are crucial for providing support whenever it is needed.

Terminology: participants expressed a strong dislike for the term's "cohort", enabler" and "recovery" in relation to AOD and the overuse of "prevention" in conjunction with treatment options. Suggest more precise and varied language to better reflect the diverse needs and approaches in AOD.

Question-

Do you think the Mental Health Commission's 6-week timeline for gathering community responses to the Strategy has been suitable? (written and verbal responses open from 28 October 2024 to 2nd December 2024 and targeted and statewide face to face and online workshops running from mid-October until 11 December 2024).

17% said Yes, 61% said No, 22% were Unsure.

IN CONCLUSION

As demonstrated through the survey and consultation process it is evident that drug use spans all socio-cultural groups, and the community requires it to have a comprehensive evidence-based response. Harmful drug use and dependence significantly contribute to health risks and mortality rates. The right to health for people who use drugs encompasses several critical elements. Access to appropriate, high-quality, and affordable healthcare is essential, but it must be accompanied by the right to conditions that promote health, including social, economic, legal, commercial, and cultural determinants. Additionally, individuals should have the right to meaningful participation in healthcare decisions and health policy.

To create a more effective and compassionate AOD system in Western Australia, and to "enable" the proposed strategy to succeed, reduce long-term harm, and alleviate the strain on health and social systems, ultimately leading to better health outcomes for individuals and communities in Western Australia. It's essential for the MHC to consider and reflect on the concerns, feedback and reflections provided by people in the community with lived and or living AOD experience as outlined below:

The MHC needs to adopt and lead a whole government approach to:

Ensure sustainable and adequate funding for high-quality AOD treatment, support, early intervention, prevention, and harm reduction services. Empower the AOD workforce through adequate funding and integrated governance structures that recognise the sector's unique values and skills.

Ensure that individuals who experience drug-related harms have access to appropriate education, health, or social services and enhance the ease with which individuals can navigate and access AOD services.

Engage with individuals with lived and living experience, their families, and key stakeholders to develop an inclusive and impactful AOD strategy. Highlight community-led initiatives to address the root causes of harmful drug use locally. Build partnerships within communities to create tailored action plans for local AOD issues.

Acknowledge the impact of social determinants of health on the harm experienced by substance users and the necessity for the AOD sector to collaborate with intersecting care systems. Partner with various agencies to enhance referral pathways addressing social determinants that influence AOD use and recovery. Promote coordinated responses across housing, mental health, family violence, and primary health services to meet the needs of substance users. Strengthen collaboration between sectors to develop a more integrated and effective AOD system.

- Redirect resources from the criminal justice system to health and harm reduction programs to address the underlying causes of drug dependence and associated social problems.
- Shift the policy focus from criminal law enforcement to health, support, treatment, and harm reduction initiatives.
- Address gaps in the forensic system to improve outcomes for individuals who use substances, including gender-specific services, after-hours access, and post-release

pathways. Invest in harm reduction, health, and social support for drug dependence to save costs in the criminal justice system and enhance health and wellbeing.

- Expand existing effective models of care and adopt future-focused models that adapt to changes in science and technology. Support informal models of care delivered by family, carers, and friends.
- Enhance data collection methods and update funding models to better support the AOD sector. Implement the strategy using targeted resources and collaborations with key partners, such as local health districts, specialty health networks, government bodies, non-government organizations, and community representatives. Provide annual progress reports summarising indicators related to the strategy's goals. Review and update the strategy annually to ensure it remains responsive and current.
- Focus on reducing stigma associated with drug use to improve the overall wellbeing of individuals and communities.

The AODCCC would like to thank the MHC for the opportunity to contribute and everyone who chose to actively participate in this consultation. We look forward to the MHC's response and further explanation of HOW they will deliver a well-resourced and responsive strategy for Western Australia.