Government of **Western Australia**
Department of **Health**

Alcohol and Other Drugs

Partnerships and Pathways

Version 1.0
January 2021

health.wa.gov.au

Contents

Preface

The *Alcohol and Other Drugs Partnerships and Pathways* document is a product of the **Walk With Me Project**: Pathways to alcohol and other drug early intervention and withdrawal management.

The Walk With Me Project was commissioned in response to several key findings and recommendations in the *WA Methamphetamine Action Plan Taskforce Final Report*, in particular:

- The challenges people face with accessing drug and alcohol services when, where and how they are needed without help to do so, juxtaposed against the relative ease of access to substances: *"Take a walk with me" meth users have said to me. "I'll find you three shots in 15 minutes."*
- The need to improve access to alcohol and other drug services, including withdrawal management care.
- The need to intervene early to reduce drug-related harm and prevent entrenched use, promoting the use of screening tools and establishing targeted early intervention pathways.

The Walk With Me Project (the Project) is a Health Service Provider (HSP) collaborative involving the East Metropolitan Health Service (EMHS), North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS) and WA Country Health Services (WACHS). The Project also incorporates relevant areas/directorates within the WA Department of Health.

Why partnerships and pathways?

Alcohol and other drug (AOD) use is prevalent

According to the 2019 National Drug Strategy Household Survey [1]:

Nearly **1 in 4** Western Australians aged 14 years and older consume 5 or more drinks at least monthly

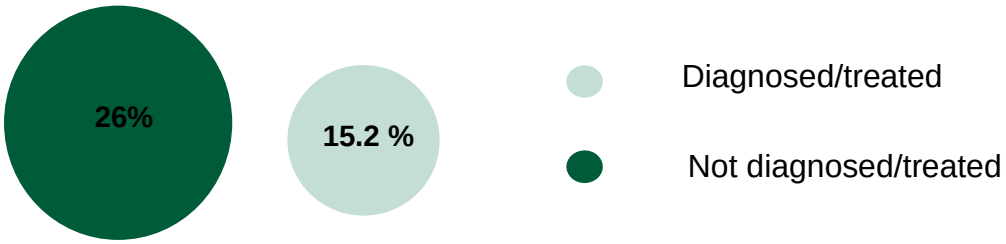
1 in 6 Western Australians aged 14 years and older used illicit drugs in the previous 12 months.
In Western Australia meth/amphetamines use was higher than the national average.

1 in 10 recent drinkers (9.9%) in Australia are likely to meet criteria for alcohol dependence

People living in remote and very remote areas were 1.6 times more likely than those in major cities to consume alcohol at levels exceeding both the lifetime risk and single occasion risk guidelines. Country Western Australia had one of the highest proportions of lifetime risk drinkers (24%).

Substance use is higher among people with mental health conditions

In 2019 people aged 18 and over who had been diagnosed with, or treated for, a mental health condition in the last 12 months were 1.7 times as likely to have used an illicit drug.



A mental illness can make some people more likely to use substances which may be for short term relief of their symptoms. For other people, substance use may trigger the first symptoms of mental illness.

The adverse impacts of AOD use are extensive

Significant adverse health, social and economic impacts are associated with AOD use [2]:

Health	Social	$ Economic
• burden of disease • injury & hospitalisation • drug-induced deaths • mental health • pregnancy complications • injection-related harms	• risky behaviour & criminal activity • victimisation & trauma • family & domestic violence • contact with the criminal justice system	• financial cost • household expenditure • lost productivity *AOD use costs the Australian community an estimated $55.2 billion per year.*

Nearly 1 in 5 (19.07%) [3] presentations to Emergency Departments in Western Australia may be directly related to alcohol consumption, with **more than 50%** [4] of these due to injury.

Canadian cohort studies document one-year all-cause mortality 5.3%, and opioid-related mortality 1.9% after presentation to ED with non-fatal opioid overdose [5]. Similarly, one-year all-cause mortality for patients with 2 or more alcohol-related ED visits was 4.7%, rising to 8.8% among those with 5 or more visits [6].

Addiction is a complex condition

Addiction is a complex condition requiring flexible, patient-centred and carer-centred management options to meet patients wherever they are in their AOD journey. Planning for supportive care and ongoing treatment for alcohol and other drug dependence is essential and can be effective in improving long term health. Although dependence can be a chronically relapsing condition, individuals can be assisted to avoid or reduce a range of physical, psychological and social harms with early detection and use of harm reduction initiatives.

Each person's AOD journey is unique and involves multiple, different service providers

Each person's interaction with AOD services varies depending on their individual needs, goals and circumstances; and different service providers will be part of a person's AOD journey at any given point in time. Therefore, gaining an awareness of the AOD treatment services offered by each service provider and establishing collaborative partnerships between services providers, are fundamental to supporting integrated consumer-centred care and ensuring the best possible care and treatment outcomes are achieved.

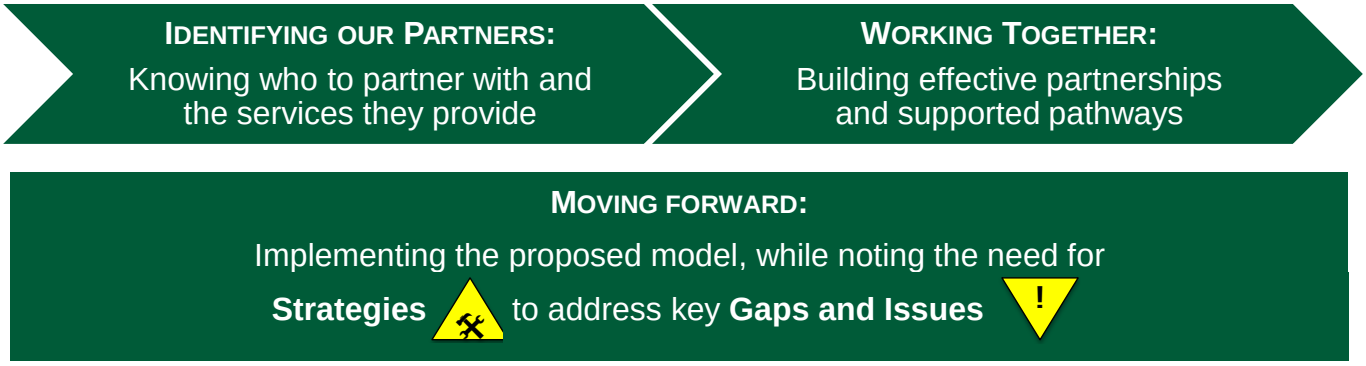
This document…

The purpose of this document is to present a framework of AOD partnerships and pathways that support access to community-based AOD treatment services for people who encounter public emergency, inpatient or outpatient (clinic and community) healthcare services delivered by EMHS, NMHS, SMHS and WACHS. This framework provides guidance for HSPs and their AOD service provider partners in forging effective partnerships that support consumers on their AOD journey.

As depicted in Figure 1, this framework of AOD partnerships and pathways is comprised of:

- **Chapter 1: Identifying our partners** – Knowing who provides AOD treatment services locally, backed by an understanding of AOD treatment services and AOD service provision in WA.
- **Chapter 2: Working together** – Establishing and building effective working relationships with partners to collaboratively support the consumer on their journey.
- **Chapter 3: Moving forward** – Considerations for implementing this framework, while recognising that key gaps and issues preventing or challenging implementation exist and strategies are required to address them (further explored in the *Walk With Me Project: Recommendations Report)*.

Figure 1: AOD Partnerships and Pathways



This document **does not** intend to replace existing agreements (e.g. Memorandums of Understanding), initiatives and programs between HSPs and their community-based partners providing AOD treatment services, however can be used as reference material for strengthening existing and establishing new partnerships.

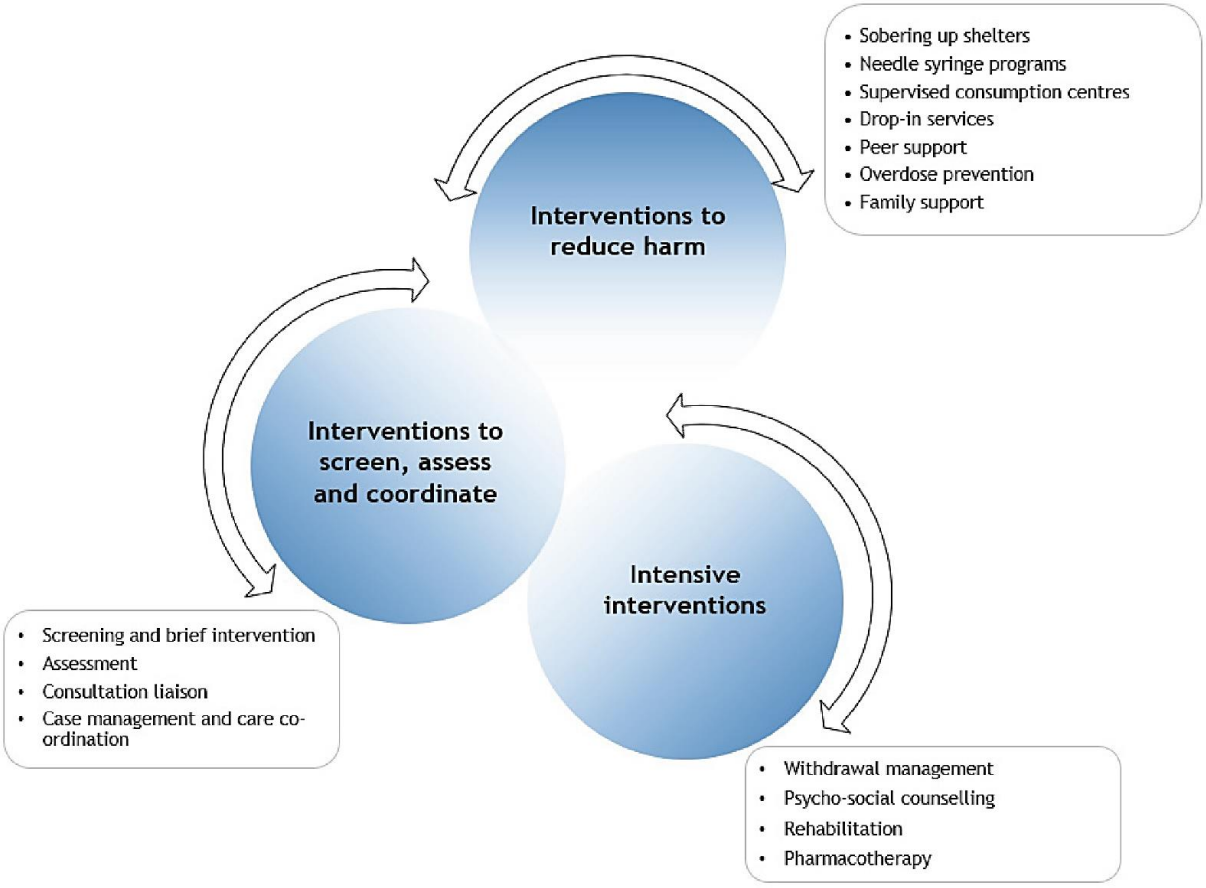
Chapter 1: Identifying our partners

Knowing who our partners are in providing care to consumers using alcohol and other drugs is a critical first step to effective partnerships and pathways. This involves gaining an understanding of AOD treatment[a] services and current AOD service provision in WA.

1.1 Alcohol and other drugs treatment services

The *National Framework for Alcohol, Tobacco and Other Drug Treatment (2019-2029)* provides a framework for understanding the Australian AOD treatment service system (Figure 2).

Figure 2: The AOD Treatment Service System – Framework



Source: *National Framework for Alcohol, Tobacco and Other Drug Treatment (2019-2029)*

It is noted that AOD treatment services are not mutually exclusive – for example, a consumer may receive harm reduction interventions alongside coordinated care and more intensive interventions. Table 1 (page 7) describes the key elements and example treatment services in more detail.

[a] Treatment is defined as: Structured health interventions delivered to individuals (by themselves, with their families and/or in groups) to reduce the harms from alcohol, tobacco, prescribed medications or other drugs and improve health, social and emotional wellbeing, based on individual needs and goals. This definition does not include primary prevention which focuses on preventing the commencement and delaying the uptake of alcohol and/or other drugs.

Table 1: AOD Treatment Service System

Key Elements	Example Treatment Services
Interventions to reduce harm These interventions are an opportunity to engage with healthcare. They provide a way for someone to find out more about alcohol and other drug-related harm, receive information, access peer-based support and receive further information about (and where appropriate referral to) treatment and support services. ***Aims:*** • Reduce immediate or short-term harms related to alcohol and other drug use. • Engage and support people. • Provide opportunities for improved physical and mental health, and social and emotional wellbeing. • Refer people into further treatment and support services, where appropriate.	• *Drop-in services* – providing immediate access to harm reduction information, support and referral on a drop-in basis. • *Sobering up shelters* – providing safe places when someone is severely intoxicated. • *Needle and Syringe Programs* – providing sterile injecting equipment to injecting drug users; and may also provide health and safer injecting information, referrals to drug treatment, blood-borne virus testing and treatment and referrals to legal and social services. • *Peer support* – providing peer-based support services. • *Family support* – providing information and support to family members. • *Overdose prevention* – where available includes take-home Naloxone provision. • *Supervised consumption centres* – providing places where people can use drugs under the supervision of medical staff, with access to clean equipment and emergency care, if required. This service is not presently available in WA.
Interventions to screen, assess and coordinate These interventions may take place over several contacts or occur on a single occasion and should seek to reduce any real or perceived barriers to accessing further alcohol and other drug treatment. ***Aims:*** • Identify and assess harmful consumption patterns. • Facilitate referral to more intensive interventions when required. • Match the person's needs with the interventions being offered. • Provide coordinated care and case management services.	• *Screening and brief intervention* – providing people who may be experiencing harm related to alcohol and other drug use with information, support and the opportunity to seek further assistance, if appropriate. • *Assessment* – providing the opportunity for an assessment of needs and matching of needs to AOD services. • *Consultation liaison* – providing patients who encounter hospital-based healthcare services with an opportunity to be assessed and referred to community-based AOD services, while supporting patient-centred care planning. • *Case Management and care coordination* – providing ongoing treatment planning, goal setting, review and facilitation, including supported referral and system navigation support to other services (across care settings and systems) as required; and may include shared care.

Key Elements	Example Treatment Services
Intensive Interventions These interventions are the concentrated part of what will be a continuing relationship with the individual, ensuring ongoing support and regular communication; and should be therapeutic and evidence-informed. ***Aims:*** • Support personal recovery goals and behaviour changes. • Enhancing physical and mental health, and social and emotional wellbeing.	• *Withdrawal management* – providing services that support the safe discontinuation of the use of a substance of dependence, aiding the short-term cessation or reduction of heavy and/or prolonged alcohol and other drug use in a safe, supportive environment. • *Psychosocial counselling* – using a person-centred approach to provide evidence-informed therapies, aimed at supporting the development of skills (whether that be psychological skills and/or practical skills) to reduce alcohol and other drug use and/or harms, in line with the person's own goals. • *Rehabilitation* – providing an intensive treatment program that integrates a range of services and therapeutic activities, including counselling, behavioural treatment approaches, social and community living skills, relapse prevention and recreational activities. • *Pharmacotherapy* – providing medications used to treat problems with alcohol and other drug use.

Based on: *National Framework for Alcohol, Tobacco and Other Drug Treatment (2019-2029)*

In WA, **AOD withdrawal management services** are further classified into low, high and complex medical withdrawal services with the following definitions[7]:

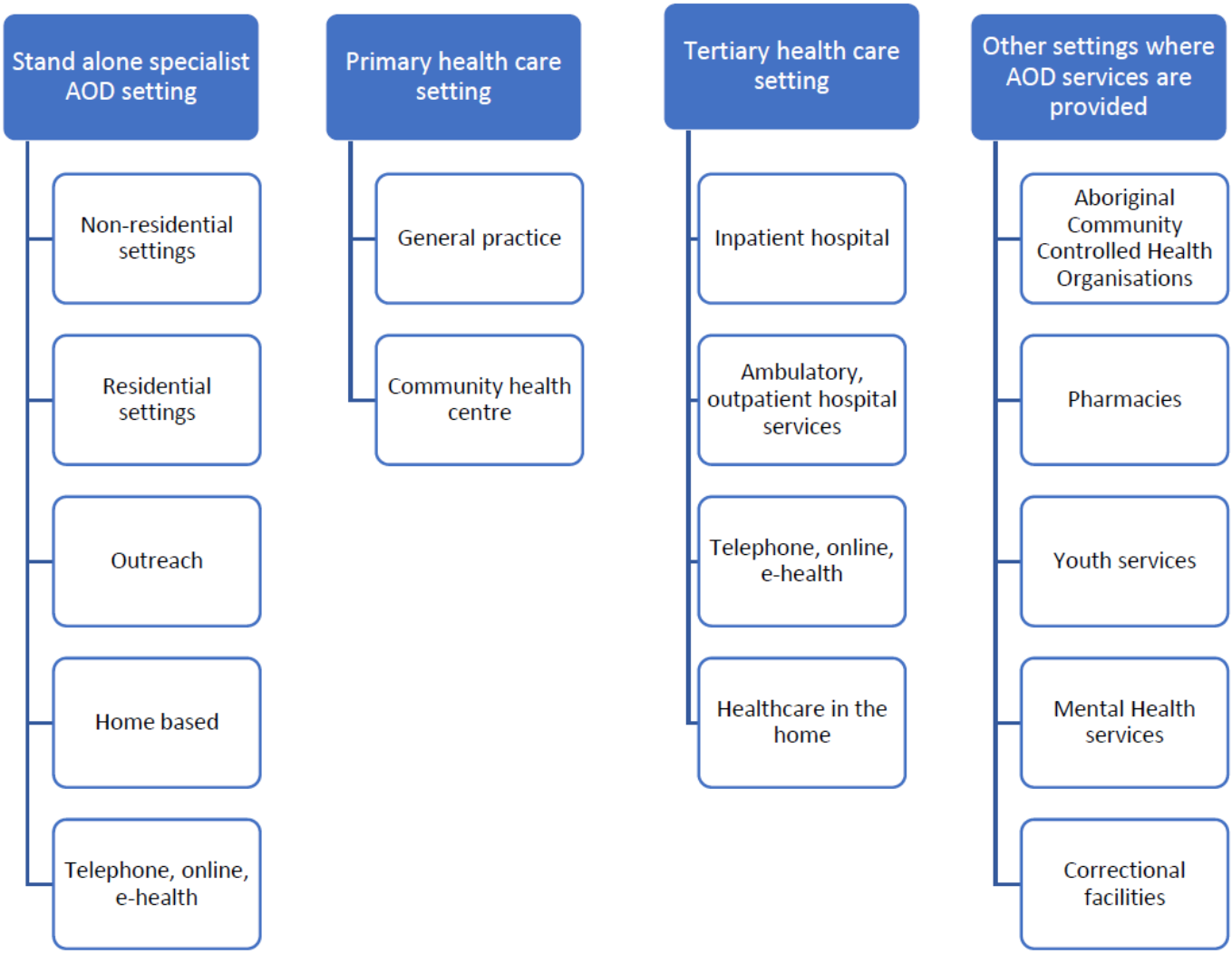
Low medical withdrawal: The average length of stay is five to seven days and is most appropriate when symptoms are likely to be low to moderate. This type of service provides supervised alcohol and other drug withdrawal programs from a psychoactive drug of dependence. Where appropriate, low medical withdrawal services can also be provided in the home by registered nurses and General Practitioners (GPs).

High medical withdrawal: Inpatient services that provide medically supervised alcohol and other drug withdrawal and are staffed 24-hours a day by a combination of specialist alcohol and other drug doctors, GPs, nurses and allied health workers. Generally withdrawal takes place over a short-term inpatient admission period (e.g. seven days). High medical inpatient withdrawal is for clients with moderate withdrawal symptoms or where ambulatory withdrawal care has previously failed.

Complex medical withdrawal: Complex medical inpatient withdrawal is similar in all aspects to the high medical withdrawal service, except it provides a greater level of service with regards to complicating medical issues, mental health issues, and those with a history of complicated or severe withdrawal symptoms. Currently there are no services in WA which provide this level of care electively.

AOD treatment services are delivered across a variety of treatment settings (Figure 3) and the appropriate treatment setting is dependent on the person and their needs. Like many other health conditions, the severity of a person's substance-related condition should be matched with the level of care that can be offered in a particular treatment setting (e.g. treatment of lower severity conditions in primary health care settings and higher severity conditions in tertiary facilities). There are exceptions, including the provision of pharmacotherapy maintenance that is reserved for high severity dependencies and is often best delivered in a primary care setting.

Figure 3: AOD Treatment Settings



Source: *National Framework for Alcohol, Tobacco and Other Drug Treatment (2019-2029)*

1.2 Alcohol and other drugs service provision in WA

The majority of the Western Australian AOD sector is comprised of non-government service providers who may receive State or Commonwealth funding, however it is noted that most people with alcohol and other drug problems are seen in public services.

The *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan) Update 2018 (Plan Update 2018)* is the Mental Health Commission's key planning tool for the mental health, alcohol and other drug sector. The Plan Update 2018 guides the Commission in its activities of providing and purchasing AOD treatment services and programs for the State.

Appendix 1 is an extract of actual (2017) and optimal (2020 and 2025) levels of AOD services as described in the Plan Update 2018 Matrix. It indicates the significant transformation and ongoing investment required to meet the optimal levels of AOD service. It also provides a snapshot of the **current (2017) levels of AOD services** as hours of service[b] or beds[c] within the following *service streams*:

In 2017…

Prevention and Promotion – A state total of 107,000 hours of service, with nearly 80% dedicated to statewide initiatives and the remaining 20% targeting regional populations.

Community Support Services

- Harm reduction and personal support – A state total of 6,000 hours of service, with one third dedicated to statewide service provision and two thirds to the metropolitan area.
- Post-residential rehabilitation – A state total of 74 beds comprised of 33 beds in metropolitan areas and 41 beds in regional areas.
- Safe places for intoxicated people (i.e. sobering up shelters) – A state total of 182 beds comprised of 14 beds in the metropolitan area and 168 beds in regional areas.

Community Treatment Services *(all non-residential AOD treatment)* – A state total of 611,000 hours of service with 73% provided in metropolitan areas and 27% provided in regional areas.

Community Bed-Based Services

- Low medical withdrawal – A state total of 30 beds comprised of 26 beds in metropolitan areas and 4 beds in regional areas.
- Residential rehabilitation – A state total of 439 beds comprised of 305 beds in metropolitan areas and 134 beds in regional areas.

Community Inpatient Services

- State-wide there are 17 public metropolitan high medical withdrawal beds provided by the Next Step Inpatient Withdrawal Unit and 22 beds in private hospitals.

Hospital-based AOD Services

- Mental Health/AOD consultation liaison[d] – A state total of 265,000 hours of service with 14% delivered statewide, 74% provided in metropolitan areas and 12% in regional areas. At present, funding is non-recurrent.

Forensic Services

- Court-Based Alcohol and Other Drug Diversion Program – A pre-sentencing service for adults who are appearing in court and are motivated to address their AOD issues by engaging in community AOD treatment.

[b] Hours of service definition: includes face-to-face time between consumers/carers and staff, travel, administrative requirements, training and research.
[c] Beds determined as an actual count of beds where possible (via master bed list maintained by the Commission).
[d] Mental health and AOD consultation liaison, which may or may not be provided in combination.

1.3 Identifying local alcohol and other drugs service providers

Identifying and accessing reliable, up-to-date information on local AOD service providers and the services they offer is a key step in supporting consumers on their AOD journey. Online directories can identify local AOD service providers across metropolitan and regional WA:

http://greenbook.org.au/	https://mappa.org.au/	https://myservices.org.au/
Provided by WANADA	Provided by Aboriginal Health Council WA	Provided by Mental Health Commission

The WA Network of Alcohol and other Drug Agencies (WANADA) is currently working with the WA specialist AOD sector to provide the **GreenBook AOD Services Directory**. This applies the framework of AOD treatment services outlined in the *National Framework for Alcohol, Tobacco and other Drug Treatment (2019-2029)* as a common way of describing the AOD treatment services offered by each provider.

The Aboriginal Health Council of WA's (AHCWA) **Mappa** online directory, which is a free-to-use online mapping tool aimed at helping all consumers, health care professionals and the WA public to better access health services closer to home. In addition to drug and alcohol services, Mappa also includes information on metropolitan and country healthcare services, including but not limited to, public hospitals, general practitioners, and Aboriginal Community Controlled Health Services (ACCHS).

Alcohol and Drug Support Service (ADSS)

The Alcohol and Drug Support Service (ADSS) provides referral support and advice through the Alcohol and other Drug Support Line (ADSL), which is a 24-hour, confidential telephone service for anyone concerned about their own or another person's alcohol or other drug use.

Phone: 9442 5000; Country Toll Free: 1800 198 024

Parents and significant others can be supported via the Parent and Family Drug Support Line (PFDSL) – Phone: 9442 5050; Country Toll Free: 1800 653 203.

Building community confidence in quality AOD service delivery

It is essential that consumers have access to safe, quality, evidence-informed and culturally responsive AOD treatment services. AOD service providers who have achieved an industry-identified standard of accreditation, which indicates that they meet quality requirements, are identifiable through the GreenBook and Mappa.

The *National Quality Framework for Drug and Alcohol Treatment Services* provides a national agreement on a quality benchmark for the delivery of AOD treatment services. It does this by identifying a list of acceptable accreditation standards that meet the minimum level of quality as stated in the framework's Guiding Principles. The National Quality Framework is currently being rolled out across Australia. From 29 November 2022 onwards, providers will be required to have accreditation with at least one of the listed acceptable accreditation standards.

1.3.1 Community-based specialist AOD service providers

Table 2 provides a snapshot of community-based specialist AOD service providers that are region or state wide, receive State or Commonwealth funding and/or are certified by an industry recognised standard.

Table 2: Community-based Specialist AOD Service Providers

<table>
<tr><th colspan="2">Mental Health Commission Services</th></tr>
<tr><td colspan="2">• Alcohol and Drug Support Service (ADSS):
Alcohol & Drug Support Line (ADSL) and Parent & Family Drug Support Line (PFDSL)
• Next Step Drug and Alcohol Services</td></tr>
<tr><th colspan="2">Community Alcohol and Drug Services (CADS)</th></tr>
<tr><td>• North East Metro CADS
(Holyoake and Next Step)
• North Metro CADS
(Cyrenian House and Next Step)
• South East Metro CADS
(Palmerston and Next Step)
• South Metro CADS
(Palmerston and Next Step)
• Drug and Alcohol Youth Service (DAYS)
(Next Step and Mission Australia)</td><td>Regional Services:
• Goldfields CADS (Hope Community Services)
• Great Southern CADS (Palmerston)
• Kimberley CADS (WACHS)
• Midwest CADS (WACHS)
• Pilbara CADS (Mission Australia)
• Southwest CADS (St John of God)
• Wheatbelt CADS (Holyoake)</td></tr>
<tr><th colspan="2">Population Specific Non-Residential Specialist AOD Services</th></tr>
<tr><td colspan="2">• Drug and Alcohol Withdrawal Network (DAWN), St John of God Hospital
• Women’s Health and Family Services: Counselling and Nurturing Families outreach service
• Wungening Aboriginal Corporation
• Women and Newborn Drug and Alcohol Service (WANDAS), Kind Edward Memorial Hospital
• Uniting Care West: ATTACH program; Parenting Under Pressure (PUP)
• Cyrenian House: Saranna Women and Children’s Program</td></tr>
<tr><th colspan="2">Residential Specialist AOD Services</th></tr>
<tr><td>• Cyrenian House Residentials / Therapeutic Communities (TCs)
• Drug and Alcohol Youth Service (DAYS)
• Fresh Start
• Goldfields Rehabilitation Services
• Hope Springs</td><td>• Milliya Rumurra
• Ngnowar Aerwah Aboriginal Corp
• Palmerston Residentials/TCs
• Salvation Army Residentials/TCs
• Tenacious House
• Turner River</td></tr>
<tr><th colspan="2">Community Harm Reduction Services</th></tr>
<tr><td colspan="2">• Peer Based Harm Reduction WA
• WA AIDS Council
• Hepatitis WA</td></tr>
</table>

Through WANADA’s work on the GreenBook and Mappa directories, a snapshot of the AOD treatment services provided by service providers (community, withdrawal and residential) is provided in Appendix 2.

1.3.2 Other community-based service providers

General practice and ACCHS have a role in providing AOD services in the community and encourage clinicians to contact them about specific patients to discuss their needs and what the practice can assist with, noting there is significant variation between GP expertise, experience and capacity.

1.3.3 Health Service Providers

EMHS, NMHS, SMHS and WACHS[e] provide a selection of AOD treatment services within a defined scope of service provision. Table 3 summarises the AOD treatment services currently provided.

Table 3: AOD treatment services provided by Health Service Providers

	Health Service Providers
Intervention to reduce harm	
Needle and Syringe Programs (NSPs)	All regional hospitals and health services that offer emergency after-hours services must distribute needles and syringes outside of the opening hours of the local pharmacy (at a minimum). Some of these sites provide needles and syringes via vending or dispensing machines. NSPs are also provided by several regional public/population health units and the Midwest Community Alcohol and Drug Service.
Interventions to screen, assess and coordinate	
AOD Clinicians Screening and Brief Intervention Assessment Case Management and Care Coordination	AOD Clinicians include Consultation Liaison (CL) and Dual Diagnosis staff in the following hospitals and health services: • EMHS – Armadale Health Service, Royal Perth Bentley Group and St John of God Midland Public Hospital • NMHS – Graylands Hospital, Joondalup Health Campus, King Edward Memorial Hospital and Sir Charles Gairdner and Osborne Park Health Care Group • SMHS – Fiona Stanley and Fremantle Hospital Group, Rockingham Peel Group Community Mental Health and Rockingham General Hospital • WACHS – Bunbury Regional Hospital. Within the hospital and health service setting, AOD clinicians provide: • Early engagement and service provision (including screening and intervention), comprehensive AOD assessment and appropriate management of drug and alcohol related conditions during hospital presentations and/or during care. • Consultation – advice regarding the management of alcohol and other drug-related issues for referred patients. • Liaison – supporting patients with AOD presentations to access appropriate referral and care pathways by providing specialist and expert navigation through the health system, including into community-based AOD treatment services. • Education and mentorship (formal and informal) – enhancing the capacity of generalist health providers to address alcohol and other drug-related issues in their routine clinical work.

[e] As noted in Table 2, WACHS has been engaged by the Mental Health Commission to provide community alcohol and drug services in the Kimberley and Midwest, which are integrated with community mental health services. AOD treatment service provided by the Kimberley and Midwest is reflected in Appendix 2 and excluded from descriptions in Table 3 above.

Table 3 (cont): AOD treatment services provided by Health Service Providers

	Health Service Providers
Intensive interventions	
Withdrawal Management	Hospitals and health services provide withdrawal management services for: • Patients presenting to Emergency Departments in acute withdrawal – short-term medical management of withdrawal is provided and referral to specialist community-based withdrawal management services is arranged, where required. • Patients in withdrawal while receiving inpatient care for other medical and mental health reasons – withdrawal management is provided during the patient's admission, and referral to specialist community-based withdrawal management services is arranged, where required. As identified in the Mental Health Commission's Plan Update 2018, bed-based withdrawal management services are currently provided as: • low medical withdrawal services in community-based beds • community inpatient withdrawal services: Next Step Inpatient Withdrawal Unit and withdrawal beds in private hospitals (private health insurance is required to access private beds).
Psychosocial Counselling	Psychosocial counselling is provided by AOD CL staff for referred patients during their hospital presentation/admission. Mental health support is provided to patients with a co-occurring mental health problem and alcohol and other drug use.
Pharmacotherapy	Pharmacotherapy to treat and prevent complications of alcohol and other drug use, and to minimise harm is provided to patients as part of their hospital-based care, where required.

Women and Newborn Drug and Alcohol Service (WANDAS) is a tertiary service providing specialist clinical services and professional support to care for pregnant women with alcohol and drug dependence. WANDAS is a midwifery-led team based at King Edward Memorial Hospital which accepts self-referrals in addition to referrals from GPs, hospitals, community AOD services, Next Step and Department of Child Protection.

WANDAS can provide telehealth services to rural and remote communities to enable women to remain in their communities until 34 weeks gestation depending on conditions.

WANDAS also provides education and training and can develop and deliver custom designed workshops on alcohol and other drug use during pregnancy, labour and post-partum.

https://www.wnhs.health.wa.gov.au/Our-services/Service-directory/WANDAS

1.3.4 Holistic care

Supporting a consumer on their AOD journey recognises that alcohol and other drug treatment is only part of what a consumer may need. The consumer may identify and prioritise other social, psychological and physical healthcare needs, which may influence and interact with their AOD treatment needs and goals. Taking a holistic, integrated approach to addressing an individual's overall health, wellbeing, cultural, social and spiritual needs enables AOD treatment to be most effective. This predicates the need to work with the consumer and service providers in other systems of care (e.g. social services) who form a key part of a consumer's journey. Community-based alcohol and other drug services provide care coordination within and across different systems of care as a routine part of their service provision.

Serving the vulnerable and socially disadvantaged…

Consumers using alcohol and other drugs who are vulnerable and socially disadvantaged face significant barriers to accessing services. Connecting with service providers specialised and dedicated to supporting consumers with complex needs provides opportunities to overcome these barriers. These service providers include but are not limited to, RUAH Community Services, Homeless Healthcare and St Patrick's Community Support Centre. As part of the services provided by community-based alcohol and other drug service providers, care coordination across these additional supports and services is provided.

Chapter 2: Working together

Further to identifying key partners, the framework requires HSPs and their community-based AOD service providers to work together to establish and build effective partnerships that support the consumer's journey between service providers and towards their particular goals. Key elements that contribute to effective partnerships include:

- a shared vision
- sharing information and consumer consent
- referral protocols and pathways
- staff development across partners
- early detection communications
- managing clinical incidents and conflict between partners.

2.1 A shared vision

A clearly defined purpose centred on a commitment to the consumer is foundational to effective partnerships that support consumers on their AOD journey. This can be achieved between partnering service providers by collaboratively creating a shared vision[8] to assist with:

- communicating the goals of the partnership, which may include the change to the consumer's experience of care that service providers aim to achieve through their partnership
- guiding partners in prioritising and making decisions about how they will work together and with consumers (in alignment with the treatment plan negotiated with each consumer)
- building commitment and buy-in from staff at all levels in each partner agency.

The process of creating a shared vision can provide partners with the opportunity to share their needs/constraints and priorities with each other. This provides a space to identify issues affecting the consumer's journey across service providers and explore how the partnership can address those issues.

"Communicating the goals of the partnership is important to not only the consumer but the service providers and their staff. A key task will be developing those goals between service providers (NGO and Government) that is grounded in a practical, common-sense approach that has attached to it a way of measuring whether the goals of the partnership are being met and what those barriers are. A shared vision will need to be underpinned by real time or current service mechanisms and constraints. The needs and constraints of service providers will differ from region to region and from metro to country regions".

Eric Nordberg, Cyrenian House

An example of a shared vision developed by AOD service providers for consumers in Victoria's eastern metropolitan region is outlined in Appendix 3.

2.2 Sharing information and consumer consent

Sharing a consumer's personal (including health) information between partner service providers facilitates the principle of shared care and care that is responsive to the consumer's present needs and circumstances. This can be facilitated by establishing streamlined processes to seek consumer informed consent to share their information between partner service providers, including recording of consent obtained in appropriate consent forms.

Where informed consent is provided, effective information sharing between partners can be facilitated by following a mutually agreed process, for example, when and how information is transferred. This may also involve identifying key positions within each service provider that are responsible for the transfer and receipt of information. Communicating mutually agreed processes and associated roles and responsibilities to all staff involved is critical to managing expectations and maintaining good working relationships between partner service providers.

The **Privacy Act 1988** sets out privacy principles relating to the collection, use and disclosure of personal information. Each service provider is to uphold consumer confidentiality and privacy rights during the collection, use and disclosure of personal information. There are situations where information may be shared between agencies without the consumer's consent as part of the service provider's duty of care (e.g. safety of the consumer or the wider public).

2.3 Referral protocols and pathways

Access to clear protocols that guide referral is essential to facilitating effective interactions between partners and supporting consumer access to the services they need. This includes modes of referral and content of referral (e.g. phone call to the service provider followed by email/fax of required documentation or electronic referral systems), and noting any differences in process for referrals made outside of a service provider's operating hours. Access to up-to-date referral information is supported by the online directories outlined in Chapter 1, and through direct, proactive communication between partners of any changes to referral protocols.

A feedback loop…

A two-way referral relationship often exists between partner service providers. For example, a Health Service Provider (HSP) clinician[f] referring a patient for community-based specialist AOD services; and a community-based specialist AOD service provider referring a client for public healthcare services provided by an HSP. Establishing a feedback loop that involves acknowledgement of referral and referral outcome (e.g. acceptance and timeframes), and notification/communications on discharge enables continuity of care and supported follow-up of the consumer.

It is important that service providers communicate, and referrers are aware of, service eligibility criteria and/or requirements/terms of treatment provision, for example, requirements before accessing and entering residential withdrawal services, rehabilitation and therapeutic communities, which is outlined in Appendix 4. Additionally, communicating the procedures used to triage/prioritise referrals is beneficial to managing referrer and consumer expectations.

Systemic service gaps…

As highlighted in the Mental Health Commission's *Plan Update 2018*, significant transformation and ongoing investment are required to meet the optimal levels of AOD services in WA. The gap between current and optimal service levels contributes to the challenges faced by service providers and referrers in supporting consumer access to the services they need. Notwithstanding, there are opportunities to optimise referral processes into current AOD services through service redesign and innovation initiatives, in collaboration with key partners.

[f] The term "HSP clinician" is used in this document to collectively describe health care professionals of EMHS, NMHS, SMHS and WACHS.

Figure 4 (page 21) outlines a basic pathway from the point of referral by an HSP clinician to community-based AOD service providers. The pathway incorporates the AOD treatment services as described in Chapter 1 provided by community-based AOD service providers.

Key considerations regarding the pathway are:

- consumers may access more than one treatment service at a given time (i.e. services are not mutually exclusive)
- specific treatment services accessed within "Interventions to screen, assess and coordinate", "Interventions to reduce harm" and "Intensive interventions" will look different for each consumer according to their individual needs, goals and circumstances
- consumers may not access all treatment services and solely engage with certain interventions (e.g. harm-reduction interventions)
- retention in treatment/continued access to services can fluctuate and influence a consumer's progression through the pathway.

2.4 Staff development across partners

Training programs and other staff development initiatives between partners can contribute to skill development and an enhanced alcohol and other drug knowledge base among staff of partner service providers. These opportunities can be incorporated into each service provider's induction/orientation program for new employees, as well as ongoing professional development.

Staff placements across partner service providers can help facilitate a greater understanding of the processes, relationships and operational dynamics of service provision faced by each service provider. This can help foster effective working relationships between frontline staff as they support their patients/clients with accessing the services they need.

2.5 Early detection communications

HSPs (particularly Emergency Departments) and community-based AOD service providers are able to identify emerging clusters or patterns of illicit drug use in the community. Establishing processes for communicating emerging trends between partner service providers can help partners prepare their response to emerging needs.

The *Emerging Drug Network of Australia (EDNA) Project* is a national database of illicit drugs causing harm in the community. It informs an early warning system (currently in development) that detects cluster presentations, rapidly detects and identifies novel and emerging recreational drugs and shows a pattern of poisoning around Australia to help direct harm reduction efforts.

2.6 Managing clinical incidents

Recognising that clinical incidents can and do occur, it is important to consider how clinical incidents that involve consumers who are known to the partner service providers will be managed. This may involve establishing an agreement to undertake joint investigations of major clinical incidents (e.g. Severity Assessment Code (SAC) 1[g] clinical incidents).

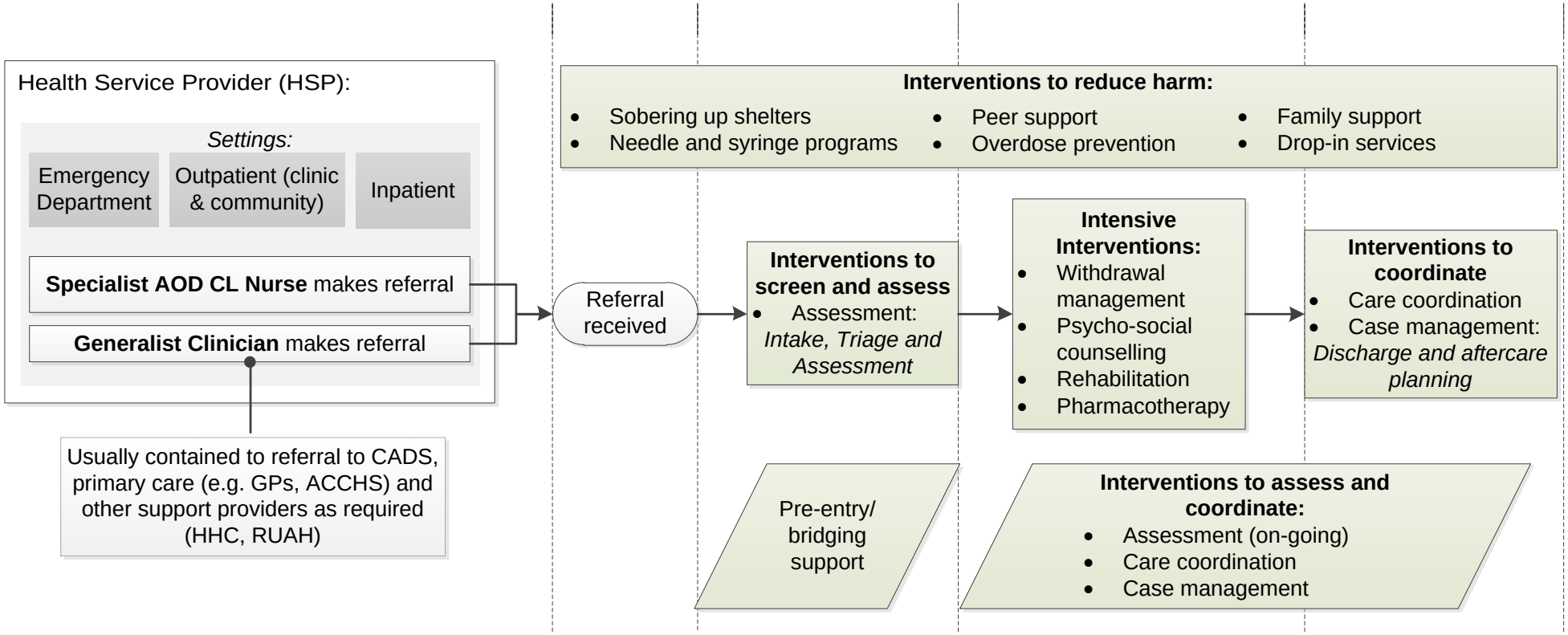
[g] A clinical incident that has or could have (near miss), caused serious harm or death; and which is attributed to health care provision (or lack thereof) rather than the patient's underlying condition or illness.

2.7 Conflict between partners

There is also a need to manage any potential conflict between staff across partner service providers. Conflict resolution processes should consider appropriate escalation pathways, as well as the roles and responsibility of staff directly involved, management and Human Resources staff at each escalation point, across partner service providers.

HSPs and their partners providing community-based AOD services are encouraged to articulate the operational application of elements proposed in this chapter through a **formalised partnership agreement**. A Memorandum of Understanding (MOU) is one vehicle that may be used to establish a formal agreement between partner service providers. It should be noted that an MOU is a voluntary agreement with the aim of guiding partners in how they work together to support consumers and is not a legally binding document.

Figure 4: Referral from HSPs to Community-based AOD Service Provider Care Pathway



Contact Alcohol and Drug Support Line (ADSL) for support and advice where needed.

Examples of pre-entry and bridging support includes ‘While You Wait’ group/packs and ADSL support.

Contact WANDAS for support and advice for women who are pregnant and have alcohol or other drug dependence.

Chapter 3: Moving forward

This framework of AOD partnerships and pathways provides guidance for HSPs and their AOD service provider partners in forging effective partnerships that support consumers on their AOD journey.

Each HSP is at a different stage in establishing and building effective partnerships and pathways with community-based AOD service providers. Therefore, implementing this framework should take into consideration:

- Existing agreements, initiatives and programs that support the principles of effective AOD partnerships and pathways and how elements of the proposed model can complement or add value to them.
- Current organisational and staffing culture and attitudes towards AOD use and working collaboratively with community-based AOD service providers.
- Benefits of taking a phased approach to applying the framework to practice, commensurate to each HSPs current stage of development.
- Current expectations consumers have of HSPs and how they can be assisted to have a clear understanding of the services provided.

It is acknowledged that implementing certain elements of the framework is prevented or challenged by existing gaps and issues. Examples of key gaps and issues related to the model of AOD partnerships and pathways include:

- capacity constraints of AOD treatment services limiting ability to meet demand
- challenges faced by vulnerable and socially disadvantaged consumers in accessing AOD treatment services
- attitudes and underlying beliefs regarding AOD use, and people who use alcohol and other drugs, that compromise effective and consumer-centred partnerships and service provision
- administrative burdens and privacy concerns with sharing the consumer's information with another organisation
- challenges developing sustained partnerships with non-government AOD service providers due to non-recurrent funding arrangements.

Through the Project's stakeholder engagement process, strategies to address identified key gaps and issues have been explored and put forward through the *Walk With Me Project: Recommendations Report.*

Appendix 1: Plan Update 2018 Matrix – Extract of AOD-related services

Service Type		State Total			Statewide Services			Metropolitan*			Regional**		
		2017 Actual	2020 Optimal	2025 Optimal	2017 Actual	2020 Optimal	2025 Optimal	2017 Actual	2020 Optimal	2025 Optimal	2017 Actual	2020 Optimal	2025 Optimal
Prevention and Promotion													
AOD	Hours ('000)	107	192	208	85	112	122	-	11	11	22	69	75
Community Support Services													
AOD harm reduction and personal support	Hours ('000)	6	209	232	2	49	54	3	121	135	-	39	43
AOD post residential rehabilitation	Beds	74	107	133	-	-	-	33	74	100	41	32	32
AOD safe places for intoxicated people	Beds	182	205	205	-	-	-	14	29	29	168	176	176
Community Treatment Services													
AOD – All (non-residential treatment)	Hours ('000)	611	1020	1700	-	-	-	447	767	1280	164	252	420
Community Bed-Based Services													
AOD low medical withdrawal	Beds	27	32	46	-	-	-	23	25	34	4	7	11
AOD residential rehab	Beds	439	598	786	-	-	-	305	438	592	134	160	193
Community-inpatient and Hospital-based Services													
Community AOD medical withdrawal, incl private	Beds	39	96	103	22	22	22	17	55	61	-	18	20
MH/AOD consultation liaison	Hours ('000)	265	479	525	38	61	61	197	315	349	31	104	115
Forensic Services													
AOD community (diversion)	Hours ('000)	54	100	163	-	-	-	33	43	68	21	57	95
In-prison MH/AOD	Beds	-	70	70	-	70	70	-	-	-	-	-	-

Extracted from: *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan) Update 2018, Mental Health Commission, Government of Western Australia.*
*Comprising East Metropolitan, North Metropolitan and South Metropolitan areas.
**Comprising of the Northern and Remote (Goldfields, Kimberley, Pilbara and Midwest), and Southern Country (Great Southern, South West and Wheatbelt).

Notes: Some total columns may not add, due to rounding; Hours of Service definition: includes face-to-face time between consumers/carers and staff, travel time, and time for other duties such as administrative requirements, training and research; Beds determined as an actual count of beds where possible (via master bed list maintained by the Commission).

Appendix 2: AOD treatment services provided by community-based specialist AOD service providers – A snapshot

Community-based Specialist AOD Service Providers		AOD Treatment Services												
		Interventions to reduce harm						*Interventions to screen, assess and coordinate*			*Intensive interventions*			
		Sobering up shelters	Needle and Syringe Programs	Peer support	Overdose prevention	Family support	Drop-in services	Screening and brief intervention	Assessment	Case management and care coordination	Withdrawal management	Psychosocial counselling	Rehabilitation	Pharmaco-therapy
Mental Health Commission Services:														
Alcohol and Drug Support Service *(incl. Alcohol and Drug Support Line, Parent and Family Drug Support Line, Meth Helpline, National AOD Hotline)*		N	N	Y	Y	Y	N	Y	Y	N	N	Y	N	N
Next Step		N	N	N	Y	Y	N	Y	Y	Y	Y	Y	N	Y
Community Alcohol and Drug Service (CADS):														
Metropolitan	North East Metro CADS	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y
	North Metro CADS	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y
	South East Metro CADS	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y
	South Metro CADS	N	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y
Regional	Goldfields CADS	N	N	N	N	Y	Y	Y	Y	Y	N	Y	N	N
	Great Southern CADS	N	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	N
	Kimberley CADS	N	N	N	N	Y	Y	Y	Y	Y	N	Y	N	N
	Midwest CADS	N	Y	N	Y	Y	Y	Y	Y	Y	N	Y	N	Y
	Pilbara CADS	N	N	N	N	Y	Y	Y	Y	Y	N	Y	N	N
	Southwest CADS	N	*TBA*	*TBA*	*TBA*	Y	*TBA*	Y	Y	Y	N	Y	N	*TBA*
	Wheatbelt CADS	N	N	Y	N	Y	N	Y	Y	Y	N	Y	N	Y
Population Specific and other Non-Residential Specialist AOD Services:														
Drug and Alcohol Withdrawal Network (DAWN)			N	N	Y	Y	N	Y	Y	Y	Y	Y	N	N
Youth AOD Outreach and Outreach Hub – Mission Australia		N	N	N	N	Y	Y	Y	Y	Y	N	Y	N	N
Holyoake		N	N	N	N	Y	N	Y	Y	Y	N	Y	N	N
Peer Based Harm Reduction WA		N	Y	Y	Y	N	N	Y	Y – Health Clinic only	Y – Health Clinic only	N	N	N	N
Womens Health and Family Services		N	N	Y	N	Y	Y	Y	Y	Y	N	Y	N	N
Wungening		N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N
Residential Specialist AOD Services:														
Cyrenian House Residentials/Therapeutic Communities (TCs)		N	N	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N
Drug and Alcohol Youth Service (DAYS) - withdrawal		N	N	N	N	N	N	Y	Y	Y	Y	N	N	N
Drug and Alcohol Youth Service (DAYS)		N	N	N	N	Y	N	Y	Y	Y	Y	Y	Y	N
Fresh Start		*To Be Advised*												
Goldfields Rehabilitation Services		N	N	Y	N	Y	N	Y	Y	Y	Y	Y	Y	N
Hope Springs		N	N	N	N	Y	N	N	Y	Y	N	Y	Y	N
Milliya Rumurra		Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y

Ngnowar Aerwah Aboriginal Corp	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	Y	N
Palmerston Residentials/TCs	N	N	Y	Y	Y	N	N	Y	Y	N	Y	Y	N
Salvation Army Residential	Y – separate service	N	Y	N	Y	N	Y	Y	Y	Y	Y	Y	N
Tenacious House	N	N	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y
Turner River	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N

Appendix 3: Example of a shared vision

Our vision for the Drug and Alcohol Sector[8]

Staff working across Victoria's Eastern Region's Drug and Alcohol sector, have agreed upon the following principles as defining the way we seek to provide services for our community stakeholders.

Our clients will feel:

- Heard
- Supported
- Empowered
- Valued and respected
- Included
- Validated
- Encouraged
- Informed

Our services will be:

- **Appropriate** *(models of care, language, cultural)*
- **Accessible** *(waiting times, hours of operation, geographically, financially)*
- **Inclusive** *(of clients, carers, families and children)*
- **Relevant** *(to clients individual needs and circumstances)*
- **Ethical** *(risk identification and management)*
- **Addressing a range of holistic and practical needs**
- **Effective**
- **Responsive and timely**
- **Evidence-based**
- **Providing a clear plan / pathway**
- **Honest and open**
- **Well resourced**
- **Staffed appropriately** *(capable, supportive and informed teams)*
- **Comfortable, safe and welcoming**
- **Open to feedback**

Our service system will be:

- Person-centred
- Flexible and responsive
- Connected and coordinated *(with other services / sectors)*
- Seamless
- Easy to navigate
- Committed to improvement
- Integrated
- Collaborative
- Equitable
- Human rights based
- Promoting consistent standards
- Strategic

Appendix 4: Residential Rehabilitation and Therapeutic Communities

Alcohol and other drug residential services are **for people requiring more intensive support** and/or where community, family and social situations provide significant barriers for change.

Residential services are not crisis services. Individuals need to be prepared to enter a residential service.

The pre-entry process will support people to identify what needs to be done before entering residential care and will support people to be ready.

This might include, for example, making sure children and/or pets are looked after and safe whilst the individual is in residential care; ensuring people are stabilised on any medications including coordinating withdrawal services if necessary; and/or that welfare benefits are organised.

The pre-entry service is an important start to any residential care. It provides a period of time for the individual to determine that this is what they want and need. It also enables the service to determine that the residential service option is in the best interest of both the individual and the community of people already in the residential. The residential service needs to ensure this is a safe place for all residents.

What are the differences between residential services?

Residential services in Western Australia all offer alcohol and illicit drug free environments. If low or high medically supported withdrawal is needed, the residential service will coordinate this prior to the individual entering the service.

Most residential services are for adults (typically over 18 years) from any population group. There are however, some residential services dedicated to specific population groups, including:

- women with their children
- Aboriginal peoples (with dedicated beds at mainstream services or at Aboriginal-specific services in some regions)
- young people
- Drug Court participants (there are dedicated Court Assessment and Treatment Service beds at some residential services).

Typical access pathway

Entering residential services requires time and personal commitment. This commitment needs to be established along with the suitability and preparedness of an individual for the residential experience. The assessment process for residential service entry aims to ensure people are suitable, well informed, committed and prepared to participate in a long-term residential treatment program. To ensure this, residential services typically require individuals to:

- attend information sessions about the assessment processes, the residential service and experience, so people are making informed choices to enter residential treatment including what they can realistically expect, their rights and their responsibilities
- participate in a comprehensive assessment to ensure their suitability for residential treatment at the current time and determine individual requirements if they are suitable
- access support to ensure circumstances are managed based on individual needs, such as care for children, housing maintenance, Centrelink support, etc.
- be stabilised for any physical or mental health condition prior to entry

- participate in an induction process which at some services may include visits to the residential service
- participate in drug withdrawal (medical or otherwise) if required – residential services are alcohol and other drug free.

The first step is for the individual to ring one of the organisations that offer residential services and have a talk with someone. They will organise a time to assess individual needs and determine the best treatment path that meet those needs.

How long might it take to enter a residential service?

- To meet the above access requirements, entry into a residential service may take up to four months following assessment. Some services provide pre-entry support groups once the assessment process is undertaken and whilst waiting for a bed to be available.
- Individuals will need to stay engaged with an alcohol and other drug counselling service in the lead up to residential service entry. This supports an individual's preparedness for the residential experience and in some cases, people attending regular counselling services decide that they do not need residential services.
- Entry times may also be determined on fit with the existing residential service population. This is to ensure the safety and well-being of all residents to achieve best outcomes for all. For example, some residential services ensure a balance between:
    - male and female residents
    - mandated and voluntary residents
    - people with severe complex needs who may require additional staff support.
- Couples in relationship are often not supported at the same residential service at the same time.

What does a residential service offer?

The service provided is typically a set program for three to twelve months depending on individual need at the residential facility. The set program will typically include:

- one-on-one counselling and welfare support
- group education and therapy sessions
- support with behaviour management
- culturally specific interventions.

Some residential services are smoke free, with smoking cessation support and/or nicotine replacement offered where necessary.

Therapeutic communities will have additional expectations of residents in relation to participation as a therapeutic community member, for example providing support to other residents or designated chores or activities.

Counsellors and support worker practice is informed by evidence-based practice, such as motivational interviewing, cognitive behavioural therapy, family systems etc. Alcohol and other drug use issues are the focus, however related welfare, wellbeing, health and mental health concerns related or resulting from alcohol and other drug use will either be addressed or supported through coordination with partner specialist services.

Aftercare support, such as housing, education and vocation, social networking, social wellbeing management and relapse prevention strategies are important components of the program in order to achieve sustainable outcomes.

References

[1] Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019 [Internet]. Canberra: Australian Institute of Health and Welfare; 2020 [cited 2021 Jan 25]. Available from https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/contents/table-of-contents. doi:10.25816/e42p-a447

[2] Australian Institute of Health and Welfare. Alcohol, tobacco & other drugs in Australia [Internet]. Canberra: Australian Institute of Health and Welfare, 2020 [cited 2021 Jan 18]. Available from: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia doi: 10.25816/c9x6

[3] Egerton-Warburton D, Gosbell A, Wadsworth A, Richardson D, Fatovich DM. A point-prevalence survey of alcohol-related presentations to Australasian emergency departments [Letter]. *ANZJPH* [Internet] 2018 [cited 2021 Jan 25]; 42(2): 218. Available from: https://onlinelibrary.wiley.com/ doi: 10.1111/1753-6405.12770.

[4] Egerton-Warburton D, Gosbell A, Moore K, Wadsworth A, Richardson D, Fatovich D. Alcohol related harm in emergency departments: a prospective, multi-centre study. *Addiction* [Internet] 2017 [cited 2021 Jan 25]; 113: 623-632. Available from: https://onlinelibrary.wiley.com/ doi:10.1111/add.14109

[5] Leece P, Chen C, Manson H, Orkin AM, Schwartz B, Juurlink DN, Gomes T. One-year mortality after emergency department visit for non-fatal opioid poisoning: A population- based analysis. *Ann Emerg Med* [Internet] 2020 [cited 2021 Jan 25]; 75(1): 20-28. Available from https://www.sciencedirect.com/journal/annals-of-emergency-medicine doi: 10.1016/j.annemergmed.2019.07.021

[6] Hulme J, Sheikh H, Xie E, Gatov E, Nagamuthu C, Kurdyak P. Mortality among patients with frequent emergency department use for alcohol-related reasons in Ontario: A population-based cohort study. CMAJ [Internet]. 2020 Nov 23 [cited 2021 Jan 18]; 192: E1522-31. Available from: https://www.cmaj.ca/ doi: 10.1503/cmaj.191730.

[7] Government of Western Australia, Mental Health Commission. Better choices. Better lives. Western Australian mental health, alcohol and other drug services plan 2015–2025 [Internet]. Perth (AU): Western Australian Mental Health Commission; 2015 [cited 2021 Jan 25]. Available from: https://www.mhc.wa.gov.au/media/1834/0581-mental-health-planprintv16acc-updated20170316.pdf

[8] State of Victoria, Department of Health. Eastern Metropolitan Region Alcohol and Other Drug Sector: Service Coordination Toolkit [Internet]. Melbourne (AU): Victorian Government Department of Health; 2013 [cited 2021 Jan 25] Available from: http://www.easternhealth.org.au/images/services/emhsca/Eastern_Metropolitan_Region_Alcohol_and_Other_Drug_Sector_Service_Coordination_Toolkit.pdf