

January 2019

Western Australian Alcohol and Drug Interagency Strategy 2018-2022

The Mental Health Commission (MHC) acknowledges all stakeholders, including consumers, families and carers for their contribution and time spent providing feedback during the consultation process for the development and finalisation of the Western Australian Alcohol and Drug Interagency Strategy 2018-2022 (the Strategy).

Consultation Summary

Led by the MHC and overseen by the Drug and Alcohol Strategic Senior Officers' Group (DASSOG), the Strategy provides a guide for government (local and state), non-government and community in addressing the adverse impacts of alcohol and other drug (AOD) related problems in Western Australia. The Strategy provides strategic framework for across government responses to address the complexities of harms relating to AOD use.

From September 2015 to November 2015 agencies DASSOG reviewed past achievements. the current strategic context, and AOD issues and trends, to inform the development of draft strategic initiatives for inclusion in the Strategy. Further review and refinement of content occurred from March 2016 to May 2016. DASSOG agencies continued to provide advice throughout and development and consultation processes.

Drug and Alcohol Strategic Senior Officers' Group

The purpose of DASSOG is to provide a whole-of-government approach to addressing AOD issues within Western Australia.

Membership consists of government representatives with responsibility for a range of portfolio areas as follows:

- Department of Communities (child protection and family services; housing; local governments and communities including youth)
- Department of Education (education; School Drug Education and Road Aware)
- Department of Health
- Department of Justice (Attorney General, corrections)
- Department of Local Government, Sport and Cultural Industries (including multi-cultural interests; racing, gaming and liquor)
- Mental Health Commission (mental health and alcohol and other drugs).
- Western Australian Police Force (police; road safety)

From December 2016 to February 2017, identified key stakeholders and peak bodies provided comment on the consultation draft in order to address any identified gaps, and prior to broader community and stakeholder consultation.

A state wide consultation process was conducted in August 2017 to further inform the development and finalisation of the Strategy. The community and key stakeholders were directed to the MHC website where they could download a copy of the Strategy and complete a short survey. Alternatively, written submissions were accepted via email or post. The consultation process consisted of a range of community engagement approaches including newspaper advertising, social media, articles in targeted e-newsletters, direct emails to key stakeholders and contact with community organisations and members via DASSOG key stakeholders.

Key stakeholders included: population and community health units across the state; non-government AOD agencies; community groups; local government; and other groups and agencies with an interest in AOD related issues.

The Online Survey

An online survey was developed and accessible via the MHC website from the 1 August 2017 to 31 August 2017.

The survey contained 15 questions that asked respondents to rate the extent that they agreed and disagreed with sections of the Strategy. There was opportunity to provide further comment if necessary.

A total of 28 online survey responses were received. Of the 28 responses received:

- seven identified as being an employee within the AOD sector;
- five identified as being an employee within the mental health sector;
- one identified as being a volunteer/ advocate within the mental health sector;
- one identified as being a carer; and
- 14 identified as other which included as being employed in related sectors (e.g. health, injury prevention, disability sector, not-for profit organisations); local government, lawyer and family members of people experiencing AOD problems.

Overall there was strong support for the Strategy. A snapshot of the results included:

- 88% of respondents strongly agreed and agreed that the goal of the Strategy was appropriate;
- 88% of respondents strongly agreed and agreed that the core elements of the Strategy clearly describe the intended outcomes of the Strategy;
- 88% of respondents strongly agreed and agreed that the identified priority drugs were focussing on appropriate issues and supported by current evidence;
- 84% of respondents strongly agreed and agreed that the identified priority groups were focussing on appropriate groups, and 76% strongly agreed and agreed they were supported by current evidence;
- 87% of respondents strongly agreed and agreed that the key strategic areas and initiatives reflect current evidence based approaches to reducing AOD related harm;
- 86% of respondents strongly agreed and agreed that the key strategic areas and initiatives identified actions that can be feasibly implemented; and

 81% of respondents strongly agreed and agreed that the key strategic areas and initiatives adequately describe the intended outcomes.

The Written Submissions

Written submissions were received from key stakeholders and the community from 1 August to 25 October 2017 with 25 written submissions received.

Of the 25 written submissions received:

- nine were from State Government agencies;
- six were from peak bodies;
- four were from non-government agencies with portfolio representation across Aboriginal health, youth and disability.
- two were from local government agencies;
- two were personal comments from community members;
- one was from a Commonwealth agency; and
- one was from a tertiary institution.

The written submissions were assessed and common themes identified. As a result of the feedback, key amendments made in the final Strategy include, but are not limited to:

- The recent Machinery of Government changes and the impact on portfolio responsibilities;
- The stronger emphasis on the harm minimisation framework;
- Providing additional context in the strategic focus and defining social determinants and their impact on AOD use;
- The addition of a new 'other target population of concern', in particular lesbian, gay, bisexual, transgender or intersex;
- Broadening the descriptions for the National and State governance arrangements and supporting documents section; and
- Including examples of performance measures that may assist in monitoring the implementation of initiatives.

The Strategy

The Strategy is necessarily broad and identifies new and developing initiatives for action. It aims to incorporate the outcomes of the consultation processes as best as possible while recognising the diverse range of responses received. Further updates include changes in AOD issues and trends, addressing identified gaps in program and service provision, and including new and emerging evidence.

With the ultimate aim of preventing and reducing the adverse impacts of AOD use in the Western Australian community, the identified key strategic areas and initiatives will be implemented, subject to Government fiscal capacity and regular budgetary processes, as part of an across-government approach.

Agencies represented on DASSOG will outline key planned initiatives over the life of the Strategy, with annual reporting on milestones and achievements and, where relevant, against key performance measures. These reports will be available to download from the MHC website.