INTRODUCTION

Compulsory alcohol and other drug (AOD) treatment involves the legally sanctioned, involuntary commitment of individuals, and the provision of AOD treatment. Western Australia does not currently have compulsory treatment legislation for people with AOD problems.

In July 2016, the Liberal National Government announced its intention to develop legislation that would enable the provision of compulsory AOD treatment in Western Australia. This initiative is consistent with the Mental Health Commission’s (MHC) strategic directions outlined in the Mental Health AOD Services Plan 2015-2025: Better Choices. Better Lives¹ and the State Government’s Western Australian Meth Strategy 2016².

Compulsory AOD treatment programs are generally considered an option of last resort for people with a severe alcohol or other drug problem. Often those eligible for compulsory AOD treatment programs have tried voluntary treatment services but have been unable to engage with the treatment they need. These people are some of the most vulnerable in our community and often have chronic and complex problems including co-occurring mental health illness, cognitive impairment and other health, social and welfare issues such as homelessness.

Voluntary treatment services provide appropriate treatment opportunities for the vast majority of people with an AOD problem, and the development of voluntary services continues to be a high priority for State Government. In addition to current investment, the State Government has recently allocated an additional $14.9 million over the next two years as part of the Western Australian Meth Strategy 2016 to expand voluntary prevention, treatment and support services to prevent and reduce methamphetamine harm. This includes an additional 52 residential rehabilitation beds and eight low medical withdrawal beds, additional community AOD service provision and clinical in-reach into hospitals.

A compulsory treatment program will build on the current range of service options available in Western Australia.


THE PROPOSED WESTERN AUSTRALIAN COMPULSORY TREATMENT PROGRAM

In December 2016, the Liberal National Government released an Exposure Draft Bill to facilitate the discussion on compulsory AOD treatment in Western Australia. The Exposure Draft Compulsory Treatment (Alcohol and Other Drugs) Bill 2016 (Exposure Draft Bill) was released for public comment on 9 December 2016.

The Exposure Draft Bill has been prepared by professional legislative drafters; however, it does not reflect Government’s settled position, and is intended for public comment. The Exposure Draft Bill is designed to facilitate constructive discussions around what should be included in the final Bill.

The Exposure Draft Bill does not reflect the full proposed Compulsory AOD Treatment Program in Western Australia. Rather, it provides the legislative basis for the implementation of the compulsory treatment components only. The Western Australian program proposes a phased approach to treatment and support, including a compulsory phase as outlined in the Exposure Draft Bill, and also the provision of voluntary treatment and support.

This Summary Model of Service aims to provide an overview of some of the key service delivery issues in support of the proposed Western Australian Compulsory AOD Treatment Program including the Exposure Draft Bill. The Exposure Draft Bill, Frequently Asked Questions and additional background information are available on the MHC’s website: www.mhc.wa.gov.au.

The release of the Exposure Draft Bill and this Summary Model of Service is a critical step in informing the development of compulsory AOD treatment legislation in Western Australia.

Compulsory alcohol and/or other drug treatment legislation currently operates in New South Wales, Victoria, the Northern Territory and Tasmania. The Exposure Draft Bill in Western Australia most resembles the New South Wales legislation and the Western Australian Mental Health Act 2014 (MHA 2014).

The proposed legislation in Western Australia has also been informed by the Substance Addiction (Compulsory Assessment and Treatment) Bill currently being considered in New Zealand.

CONSULTATION

Who has been consulted so far?

To provide input into the proposed legislation, the MHC has undertaken targeted consultation and established a Compulsory AOD Treatment Steering Committee, and Community Advisory Group (CAG) to consider key issues and make recommendations for consideration by the MHC in the development of the Exposure Draft Bill and the Summary Model of Service.

In addition, a Discussion Paper and Background Paper were released by the MHC in September 2016 to inform public consultations. By the close of the consultation period at 1 December 2016 a total of 53 submissions were received including from those identifying as having with a lived experience, family/carers, non-government organisation service providers, private health professionals including General Practitioners, government health services, and other government agencies.

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4 Severe Substance Dependence Treatment Act 2010.
5 Alcohol Mandatory Treatment Act 2013.
6 Alcohol and Drug Dependency Act 1968.
7 To replace the Alcohol and Drug Addiction Act 1966.
As part of this feedback, a total of nine submissions were received from member or peak body organisations such as Western Australia Network of Alcohol and Drug Agencies (WANADA), which incorporates 211 responses to their member survey.

In addition, the Alcohol and Other Drug Advisory Board and the Mental Health Advisory Council held a forum to provide information and promote discussion around compulsory AOD treatment in Western Australia, at which a number of service providers, consumers, carers and family members attended.

While there has been a range of views expressed regarding the introduction of compulsory AOD treatment in Western Australia, the submissions have provided valuable and constructive input into the development of an appropriate program for Western Australia.

Recommendations from the Steering Committee and CAG, along with feedback received through public submissions, have been considered by the MHC in the development of the draft legislation and Summary Model of Service.

Key themes from the feedback highlight the complex needs of people experiencing severe substance dependence including co-occurring severe mental illness. Compulsory AOD treatment was generally viewed as a potentially lifesaving measure as well as an opportunity to make a positive and lasting difference to an individual’s psychosocial health and circumstances. Recognising the needs and rights of participating individuals, as well as those of family and carers, were also consistent themes.

How do I provide feedback now?
The MHC is seeking stakeholder and community feedback on the Exposure Draft Bill. Written feedback can be provided in any of the following ways:


**email:** Compulsory.Treatment@mhc.wa.gov.au

**Post:**
Compulsory AOD Treatment Team  
Planning, Policy and Strategy  
Mental Health Commission  
Reply Paid  
GPO Box X2299  
Perth Business Centre  WA  6487

**Telephone:** If you would like to provide your feedback as a voice message, up to a maximum of five minutes, or to request a copy of the Exposure Draft Bill and associated documents be sent to you, telephone (08) 6553 0561.

Based on the feedback and input received, the Exposure Draft Bill will be refined (as much or as little as needed) before it is provided to Government for further consideration. The timeframes for introduction of a final Bill will depend on the extent and nature of feedback received during the consultation period, and a range of other factors, including Parliamentary processes.

At this stage, feedback is being sought on the Exposure Draft Bill up until 31 January 2017. The MHC will observe routine conventions which preclude active community consultation by Government agencies in Caretaker mode ahead of the scheduled Western Australian state election on 11 March 2017.
THE EXPOSURE DRAFT COMPULSORY TREATMENT (AOD) BILL 2016

The Western Australian Compulsory AOD Treatment Program aims to provide for the compulsory treatment, care, support and stabilisation of people with a severe substance use disorder who meet clearly defined eligibility criteria, whilst protecting the rights of these people. Specific objectives of the proposed legislation include to:

- provide for the assessment, detention, treatment, care and support to protect life or prevent serious harm;
- restore ability to make informed decisions and stabilise health through treatment;
- ensure any intervention is carried out in a manner that provides individuals with the best possible treatment and care, and imposes the least possible restriction on their rights and freedom; and
- facilitate the individual’s participation in longer term voluntary treatment.

What are the principles that underpin the Bill?

The Exposure Draft Bill includes a number of overarching principles that guide how the legislation is applied and how the Model of Service should operate. A person or agency performing a function under the proposed compulsory AOD treatment legislation must:

- promote voluntary treatment in preference to compulsory treatment, wherever possible;
- provide the best possible treatment based on evidence-based practice;
- provide treatment in a way that would involve the least restriction on the individual’s freedom of choice and movement;
- involve the individual in decision making to the greatest extent possible, and provide sufficient information (including information regarding alternatives, risks and potential side effects), advice and support to enable this to occur;
- recognise the diversity of individual circumstances, including those relating to gender, sexuality, age, family, lifestyle choices, and cultural and spiritual beliefs, backgrounds and practices, and be sensitive and responsive to individual needs;
- if the individual has co-occurring medical conditions or mental illness, ensure that he or she is comprehensively assessed and referred to relevant health, mental health, welfare, disability, and other relevant services, and coordinate provision of treatment with these services;
- recognise, consider and respect the important roles of families and other support persons (defined in the glossary); and
- acknowledge the person’s responsibilities and commitments (in particular in relation to the needs of their children and other dependents).
What are the criteria for issuing a compulsory AOD treatment order?
The legislation will require a compulsory AOD treatment order (CO) to be issued to an individual in order for them to participate in the program. A CO allows for the short-term compulsory detention and treatment of a person who meets specific criteria for severe substance dependence. It is proposed that a person may be subject to a compulsory AOD treatment order in Western Australia only if the person:
- has a severe substance use disorder (defined in the glossary); and
- is at significant risk of causing serious harm to their own or any other person’s life or health; and
- is in need of treatment; and
- is likely to benefit from treatment; and
- there is no less restrictive means reasonably available.

Current laws in Western Australia do not recognise an unborn child as a separate legal entity and therefore the legal definition of ‘other’ in the criteria does not extend to the unborn child of a pregnant woman who is being considered for compulsory AOD treatment. To include consideration of harm to an unborn child, a specific reference would need to be included in the legislation.

While it is not intended that all people who have criminal offences will be excluded from the program, it is proposed that people who have been charged or convicted of a serious and/or violent offence, including offences relating to the Dangerous Sexual Offenders Act 2006 and the Community Protection (Offender Reporting) Act 2004 will be considered ineligible for compulsory AOD treatment. This is to protect the safety of others in compulsory treatment centres.

Are children included in the proposed legislation?
Young people are a particularly vulnerable group and require different and specialised treatment and care. It is proposed that young people will be included within the scope of the legislation, however only with additional safeguards and requirements. To be eligible, young people will still need to meet all the criteria above, however in addition, a CO will only be made if:
- the young person can be provided with appropriate treatment, care and support, having regard to the person’s age, maturity gender and cultural or spiritual beliefs; and
- treatment, care and support can be provided in a place that is separate from an area where adults are provided with treatment.

THE PARTICIPANT PATHWAY
The Western Australian program proposes a phased approach to treatment and support services. This includes a compulsory phase as outlined in the Exposure Draft Bill, and also the provision of voluntary treatment and support services. In summary, Figure 1 outlines the proposed participant pathway that involves:
1. application, screening and information gathering to inform decision-making around the appropriateness of a specialist assessment by an Approved Specialist against the criteria outlined in the Exposure Draft Bill;
2. initial compulsory treatment component of up to eight weeks;\(^8\)
3. facilitated voluntary treatment\(^9\) to provide an opportunity for longer term treatment and support services within community-based services; and
4. community-based supportive aftercare\(^10\) to provide coordinated care within the community

\(^8\) This may be extended up to a maximum total of 12 weeks in certain circumstances.
\(^9\) The participant will no longer be subject to a CO at this stage.
\(^10\) This may occur concurrently with Step 3, or without Step 3 occurring. The participant will no longer be subject to a CO at this stage.
and to support management of ongoing health, social and welfare issues.

**Figure 1: The Participant Pathway**

**What is the application and assessment process for a compulsory treatment order?**
The proposed application and assessment process requires a number of steps including screening and information gathering, specialist assessment and issuing of a CO (refer to Figure 2).

This process requires two separate and suitably qualified practitioners review the application as a safeguard to ensure appropriate protection of the rights of a person subject to an application for a CO.

Under the Exposure Draft Bill, it is proposed that a concerned individual, a police officer or a health professional can make an application to have a person assessed for a CO.

**Figure 2: Application and assessment process for making a compulsory AOD treatment order**
Who is a ‘concerned individual’?
The Exposure Draft Bill defines a concerned individual as an adult who maintains a personal interest in the person’s welfare either because of a close personal relationship with the person or because of frequent personal contact with the person. This may include the person’s spouse, de facto partner, relative or close friend. It also includes someone who acquires a professional interest in the person’s welfare as a result of any interaction with the person within a health or social welfare service context.

A telephone helpline and website based resources will be available to assist applicants to consider whether someone may be eligible for the program, and to provide referral to other treatment and support services if appropriate. These referrals may be for the applicant themselves or for the person they are concerned about.

What is an AOD Liaison Officer?
An AOD Liaison Officer (AODLO) will be a suitably qualified health or community service practitioner with at least three years’ experience in the provision of treatment to persons with a severe substance use disorder.

AODLOs will be positioned throughout the State and will play a key role in screening and reviewing whether the application for a CO is appropriate, and whether a person meets the criteria for compulsory AOD treatment. In addition, if a person does not meet the criteria for compulsory AOD treatment, the AODLO will advise the individual and the applicant of appropriate services available.

Once an application for assessment is made, an AODLO will undertake screening and information gathering to determine if the person reasonably meets the program’s inclusion criteria. If the application does not include a medical certificate, the AODLO must make reasonable attempts to have the individual examined by a medical practitioner.

If the AODLO reasonably believes that the individual meets the criteria, they will refer the person for a specialist assessment by an Approved Specialist.

If a person is found not to meet the criteria, the AODLO will make reasonable efforts to refer the person to other services that may be appropriate. This includes voluntary treatment, or other health, social and welfare services.

In the majority of cases it is expected that family members or carers will transport a person to an assessment. However, an AODLO may seek the assistance of a transport officer, and in some circumstances police officers, to enable specialist assessment.

What is an Approved Specialist?
The Exposure Draft Bill defines Approved Specialists as suitably qualified and trained medical practitioners with significant experience in the treatment of persons with a severe substance use disorder. This may be for example, an addiction medicine specialist or a psychiatrist with training or experience in addiction medicine.

What is a specialist assessment?
A specialist assessment is undertaken by an Approved Specialist and will include a full AOD, mental health and physical assessment. The participant and their family/carers (and Guardians and Enduring Guardians) will be consulted as much as possible.
In accordance with the Exposure Draft Bill, an Approved Specialist must conduct a specialist assessment and make a decision about issuing a CO within 48 hours of the referral from the AODLO. If the Approved Specialist finds that the individual meets the criteria, and appropriate treatment is available, he or she will make a CO.

If a CO is not made, the Approved Specialist will request the AODLO to provide advice regarding appropriate alternative services. Individuals who are assessed, and those who have applied for the assessment, must be notified of the decision to issue a CO, or not, within 24 hours of the decision being made.

A specialist assessment may be conducted in person or via audio-visual communication. The CO will be reviewed by an independent tribunal within 10 days (seven days for children). For adults, a review of the order must be completed every 21 days and every 14 days if the person is under 18 years of age. In addition, an advocacy service will be required to contact the person within seven days (24 hours for children) of a CO being made.

A key treatment principle for the service is the involvement and engagement of the participant (and their support person, if appropriate) in all aspects of their care planning and review. For Aboriginal people, this should include the involvement of Elders and traditional healers in specialist assessment and the making of treatment decisions, at the participant’s request, where possible and appropriate.

During orientation, it will be a requirement to provide the participant with the following:

- information about the aims and objectives of the program and an explanation of their legal status; and
- information about how the program operates, including expectations regarding behaviour and the treatment centre’s daily schedule.

Information regarding the CO, planned treatment approaches and rights, including the right to appeal, will be provided to nominated support person(s) and Guardians or Enduring Guardians where relevant.

The treating practitioner will have a number of responsibilities that are identified within the Exposure Draft Bill. These include, but are not limited to: admitting the participant; physically examining the participant; and the development of a care plan and discharge plan (see Glossary for definitions of care and discharge plans).

The treating practitioner will have responsibility for scheduling a review of the CO by the Mental Health Tribunal and advising the Mental Health Advocacy Service in accordance with the legislation.

The purpose of the physical examination conducted by the treating practitioner is to assess the person’s medical status in relation to supervised withdrawal and treatment options related to their drug use, and their overall physical health.
condition and identify other general health issues for inclusion in a person’s care plan. The care plan will be developed in consultation with the participant, their Care Coordinator and their nominated support person (and Guardian or Enduring Guardian) as much as possible. The Care Coordinator will work with the rest of the participant’s multidisciplinary care team to manage other issues that may impact on a person’s wellbeing including other health, social and welfare supports.

What is a Care Coordinator?
A Care Coordinator acts as a liaison between an individual, the individual’s care team and health and community services ensuring that people receive the care and support required, and ensures that an individual understands the services that are available to them.

What does compulsory AOD treatment involve?
Compulsory AOD treatment generally includes medical withdrawal, and then a period of stabilisation for further assessment and longer term care planning.

Medically supervised withdrawal will be required for many participants before further medical and psychosocial interventions can be provided to address other aspects and consequences of their AOD use.

The type of drug(s) being used, the harms associated with use, the causes of the AOD problem, and other underlying problems will be taken into consideration in the development of a care plan. For participants with particularly complex needs, the initial phase of compulsory treatment including withdrawal treatment may be required in a hospital setting, after which the participant may be referred to another designated treatment centre when they have stabilised.

Treatment may include a range of supports and interventions to address a person’s substance use, including life skill development and recreational activities delivered through a multidisciplinary team. This includes treatment for ongoing medical conditions and addressing co-occurring mental health problems. Interventions may include pharmacotherapy, harm reduction, relapse prevention, individual therapy, group therapy, and access to neuropsychology, psychology, social work and welfare services.

How long will the compulsory treatment order be for?
It is proposed that an initial CO cannot exceed 56 days (eight weeks). An Approved Specialist may, following consultation with the individual’s treating practitioner, extend the CO by 28 days (four weeks) for up to a total maximum of 12 weeks, if satisfied that the individual still meets the criteria and that additional time is needed to carry out the care plan, including preparation for discharge.

The CO may be revoked earlier where the individual no longer meets the criteria, including because the person is no longer benefitting from treatment.

What do compulsory AOD treatment centres look like and where will they be located?
Similar to other jurisdictions, it is intended that designated treatment centre(s) will be determined using specific criteria. This will include security measures and supporting infrastructure.

In Australia, some centres include voluntary clients as well as involuntary clients, while others only include involuntary clients. Centres are often located close to, or in, a hospital, particularly in the initial stages when medical treatment is likely to be required.
Western Australia intends to adopt a therapeutic approach to the implementation of the legislation and as such, the physical environment of services will aim to support this as best as possible.

Possible settings for treatment centres in Western Australia are the subject of further consultation and Government approval.

**What if the person leaves the treatment centre without approval?**
A participant may be granted leave from a treatment centre if the treating practitioner determines that it is likely to benefit their recovery, or on compassionate or medical grounds; and if they are satisfied there are adequate measures in place to prevent harm to the participant or others.

If a participant is absent without leave, an Approved Specialist or a treating practitioner may make an apprehension and return order. Any of the following persons may respond to an apprehension and return order:
- a staff member of the treatment centre;
- a transport officer; or
- a police officer.

The order enables the apprehension of the individual and the use of reasonable force to return them to the treatment centre. The person in charge of the treatment centre is responsible for ensuring that reasonable steps are taken to notify the individual’s support person (and Guardian or Enduring Guardian where appropriate) when an apprehension and return order is made.

**What happens immediately after a person has completed the compulsory treatment period?**
On completion of the compulsory treatment period people will be encouraged to access voluntary treatment services where appropriate. This may include residential rehabilitation services or community based treatment to continue to support an individual to achieve the outcomes identified in their care plan.

While not specified in the draft legislation, the Western Australian Compulsory AOD Treatment Program intends to provide for up to nine months of voluntary residential rehabilitation, transitional housing and aftercare support aimed at responding to an individual’s longer term holistic needs and supporting sustained behavioural change.

**How is a person supported to transition back into the community?**
It is intended that the Compulsory AOD Treatment Program will support the transition into the community through individualised funding packages, administered by a community based care coordinator. Funding may be used to provide for services such as:
- ongoing AOD treatment;
- vocational or educational programs;
- medication (not covered by PBS\(^\text{11}\));
- recreational or social activities for social and emotional wellbeing; and
- assistance with accommodation including the establishment of a new home environment.

\(^{11}\) Pharmaceutical Benefits Scheme
SAFEGUARDING & PROTECTING PEOPLE’S RIGHTS

What rights and safeguards are included in the proposed legislation?
The proposed legislation includes a number of rights and safeguards for individuals subject to a CO including:

• a clear referral process that must be followed before a CO can be made;
• a right to the review of a CO by a Statutory Tribunal consisting of at least three persons who are independent and suitably qualified;
• automatic access to individual advocacy support;
• requirements for people who are within the scope of the legislation, family members, Guardians and other supports, to be informed and involved in assessment and treatment;
• access to an interpreter if required;
• a right to a copy of the CO;
• a right to an explanation of legal rights;
• a right to legal representation;
• a right to a physical (medical) examination upon admission;
• a right to a care plan and a discharge plan;
• freedom of lawful communication, subject to exceptions;
• a right to lodge a complaint about the treatment centre to the Health and Disability Services Complaints Office (HaDSCO); and
• a right to confidentiality, subject to exceptions.

What specific provisions are included within the Exposure Draft Bill?

Whilst there will be program approaches that apply to all participants, the Western Australian Compulsory AOD Treatment Program aims to provide individualised care to address the unique circumstances of participants.

Specific provisions are included within the Exposure Draft Bill as follows:

• for Aboriginal and/or Torres Strait Islander participants - the involvement of Elders and traditional healers in specialist assessment and the making of treatment decisions;
• accessing culturally appropriate supports and advocacy services, including access to interpreter services and trauma informed treatment and care; and
• consideration of all cultural and spiritual beliefs in determining if an order for compulsory treatment is likely to be of benefit to the person.

Specific provisions are also made for young people, as outlined previously.

OTHER RELATED LEGISLATION & PROGRAMS

How does the Mental Health Act 2014 relate to the Compulsory Treatment (AOD) Bill?

Existing compulsory AOD treatment legislation in Australia is separate to mental health legislation. This is due to the complexity of mental health legislation and the different needs and treatment for those with mental health compared to people with AOD problems. It is important to tailor any legislation to the specific needs of the individuals it is intended to protect.

An involuntary treatment order under the MHA 2014 is unlikely to be compatible with a CO made under compulsory AOD treatment legislation. The MHA 2014 will prevail, to enable the person to receive mental health treatment as required. In practice, this means that a CO may be suspended to enable individuals to receive treatment for mental illness, and conversely, a person who is being discharged from a mental health service may be made subject to a CO.
The MHA 2014 provides for:
- the treatment, care, support and protection of people who have a mental illness; and
- the protection of the rights of people who have a mental illness; and
- the recognition of the role of carers and families in providing care and support to people who have a mental illness.

How do other Acts relate to the Compulsory Treatment (AOD) Bill?
The proposed legislation will not affect the operation of other key legislation for persons under a CO. This includes the Criminal Law (Mentally Impaired Accused) Act 1996 (CLMIA), which deals with accused who have been found by a court to be mentally unfit to stand trial or have been found not guilty on account of unsoundness of mind.

Where relevant, Guardianship or Enduring Guardianship Orders under The Guardianship and Administration Act 1990 (GAA) for any person participating in a compulsory AOD treatment program, will still apply with respect to receiving advice, notification and collaboration regarding relevant decision-making in relation to a person’s detention and treatment. However, Guardianship or Enduring Guardianship Orders will not override a CO or a decision by a treating practitioner.

The GAA provides for the appointment of guardians to safeguard the best interests of adults with decision-making disabilities. These disabilities may be as a result of either intellectual disability, mental illness, acquired brain injury or dementia.

Information Sharing, Privacy & Confidentiality
The proposed legislation enables AODLOs to access specified information required to complete screening and assessment of a person’s eligibility and suitability for the program.

The draft legislation also intends to require anyone working in or with the program to maintain a person’s privacy and confidentiality with respect to an application or participation in the program or any other personal information to which they have access. Significant penalties will apply for unauthorised disclosure.

Clinical Governance
A range of clinical governance arrangements will be required to deliver a quality program that supports quality assessment and care. This includes but is not limited to:
- implementation of evidence-based treatment tools and regimes;
- care and aftercare planning that includes the participant and, where appropriate, the support person(s);
- clinical reviews to monitor participant progress;
- clinical supervision;
- accurate recording keeping;
- effective clinical risk management;
- supportive culture to manage risk and deliver quality health care; and
- regular case conferencing and reviews.

Workforce Planning & Development
It is important that all staff employed in the delivery of the program have the appropriate knowledge, skills and experience in order to adequately and appropriately fulfill their roles and responsibilities. As such, workforce development will be required to support the implementation of the proposed legislation, as well as to provide ongoing professional development and training activities for key stakeholders in the delivery of the program.

Particular consideration will also be given to the cultural competency of staff and services, as well as competency in working with coerced clients, including de-escalation skills. Methods used for workforce development may include face-to-face presentations and workshops, and e-Learning.
MONITORING & EVALUATION
Following three years of operation, it is proposed that an evaluation be undertaken to review the effectiveness of the legislation and the Compulsory AOD Treatment Program in Western Australia.

CONCLUSION
In December 2016, the Liberal-National Government released an Exposure Draft Bill to facilitate the discussion on compulsory AOD treatment in Western Australia.

Compulsory AOD treatment is a legally sanctioned, short-term protective measure for a small number of individuals with a diagnosed severe substance disorder, and multiple complex needs, for whom there are no less restrictive options to prevent further significant harm to themselves or others. The focus is on restoring health, improving decision making and facilitating access to individualised voluntary treatment and support services as soon as possible.

The release of the Exposure Draft Bill and Summary Model of Service is a critical step in informing the development of a compulsory AOD program in Western Australia.
It is proposed that an AODLO will be a suitably qualified health or community service practitioner with at least three years’ experience in the provision of treatment to persons with a severe substance use disorder.

The AODLOs will be positioned throughout the State and will play a key role in screening and reviewing whether the application for a CO is appropriate, and whether a person meets the criteria for compulsory AOD treatment. In addition, if a person does not meet the criteria for compulsory AOD treatment, the AODLO will advise the individual and the applicant of appropriate services available.

Approved Specialists
The Exposure Draft Bill defines Approved Specialists as suitably qualified and trained medical practitioners with significant experience in the treatment of persons with a severe substance use disorder. This may be for example an addiction medicine specialist or a psychiatrist with training or experience in addiction medicine.

Approved Specialists will assess the person against the criteria, and if appropriate, make a compulsory treatment order.

Care Coordinator
A Care Coordinator may be an AOD worker, nurse or a social worker and acts as a liaison between an individual and the healthcare system. Care Coordinators ensure that people receive the care and services required and that an individual understands their care services including diagnoses, conditions and medication management.

In practice, this role may be undertaken by an Inpatient Care Coordinator and Community Care Coordinator, so that all aspects of care planning in medical treatment plans, discharge plans and recovery focused plans are coordinated.

Care Plan
A care plan must be prepared in collaboration with the treating doctor, care coordinators, the participant, their support person (and Guardian or Enduring Guardian). Key elements of the care plan may include:

- a medical management plan (if required);
- a risk management plan;
- an individual treatment plan;
- identification of goals, based on assessed needs and risks, relating to substance use, physical and mental health functioning;
- identification of the treatment that will be provided to enable achievement of the goals, such as therapeutic community group work, cognitive behavioural therapy, and medication to stabilise illness;
- time-specific and clearly identified roles and responsibilities for treatment team members, other professionals and the participant;
- identification of strategies and interventions to support the client to work towards achieving these;
- a program structure such as meals, exercise, visits and other activities; and
- when appropriate, discharge and aftercare planning arrangements.

The key treatment principles in the Exposure Draft Bill should be considered in developing the individual’s care plan.

Concerned Individual
The Exposure Draft Bill defines a concerned individual as an adult who maintains a personal interest in the person’s welfare either because of a close personal relationship with the person or because of frequent personal contact with the person. This may include the person’s spouse,
de facto partner, relative or close friend. It can also include someone who acquires a professional interest in the person’s welfare as a result of any interaction with the person within a health or social welfare service context.

Discharge Plan
A discharge plan must be prepared by the treating practitioner before discharge from the treatment centre and in collaboration with the participant and support person. The discharge plan must have regard to the following:
• the views, wishes and preferences of the participant;
• the views of the compulsory patient’s support person;
• the medical, psychiatric, psychological and physiological needs of the participant including their needs for welfare, accommodation and disability and support; and
• copies are provided to the participant and their support person.

Mental Health Advocacy Service
The Mental Health Advocacy Service provides advocacy support to inpatients and other persons. With further training and development in issues related to treatment of AOD dependence, advocates will be well positioned to advocate for persons subject to a CO.

It is proposed that the advocacy service will be responsible for:
• visiting or contacting individuals;
• inquiring into or investigating any matter relating to the conditions of a treatment centre that is adversely affecting, or is likely to adversely affect, the health, safety or wellbeing of individuals;
• investigating the extent to which identified persons have been informed by treatment centres of their rights, and the extent to which those rights have been observed;
• seeking to resolve complaints made about the detention of individuals at, or treatment and care that is being provided by, treatment centres;
• referring any issues arising out of the performance of functions above to the appropriate persons or bodies to deal with those issues;
• assisting individuals to protect and enforce their rights;
• assisting access to legal services; and
• advocating for, and facilitating access by, compulsory patients to other services.

Mental Health Tribunal
The Tribunal is a quasi-judicial body12 established under the Mental Health Act 2014. With additional appointments (including suitably qualified members who are medical practitioners with significant experience and competencies in the treatment of persons with severe substance use disorder) and development of the competencies of existing members, the role of the Tribunal will be to review the CO within 10 days of it being made, every 21 days thereafter, and on request. For children, a review will be required within seven days, and thereafter, every 14 days.

It is proposed that the members of the Tribunal be made up of:
• a member who is a lawyer;
• a member who is an Approved Specialist;
• a community member; and
• if the compulsory patient is a child, an additional member who has qualifications, training or experience relevant to children with a severe substance use disorder.

12 A quasi-judicial body has powers and procedure resembling those of a court of law or Judge.
Severe Substance Use Disorder
Severe substance use disorder is a continuous or intermittent condition of a person that manifests itself in the compulsive use of a substance(s) and is of such severity that it poses a serious danger to the health or safety of the person or other, and seriously diminishes the person’s ability to care for himself or herself. It is also characterised by at least two of the following features:
- neuro-adaption to the substance;
- craving for the substance;
- unsuccessful efforts to control the use of the substance; and
- use of the substance despite suffering harmful consequences.

Support Person
Upon admission to a treatment centre, a person must be asked whether they have a support person who they would like to be notified, informed and involved in their treatment and care.

Support persons will be required to be notified of the making of a CO, when a CO expires or is revoked, and if the individual is absent without leave. In addition, support persons will need to be involved in the development of the care plan and discharge plan.

A support person may be a family member, friend or a professional who is known by the participant. A person in the program may vary or revoke their support person(s) at any time.

A Guardian or Enduring Guardian will be notified and involved when support persons are involved as applicable.

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