



ALCOHOL AND OTHER DRUG CRISIS INTERVENTION WESTERN AUSTRALIAN COMMUNITY ADVISORY GROUP

BACKGROUND PAPER

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INTRODUCTION

This background paper provides the context to the Alcohol and Other Drug (AOD) Crisis Intervention project, whose primary purpose is to develop a system service model for AOD Crisis Intervention in Western Australia (WA). It outlines the scope and approach to be taken in developing the model, including an overview of the consultation activity that will be conducted to inform and test it.

Key drivers for this project include Full Government Response to the [Methamphetamine Action Plan \(MAP\) Taskforce final report](#) published in August 2018, as well as extensive work across Government on options for [compulsory AOD treatment in WA](#). This briefing paper introduces key findings and recommendations from publications that inform and/or impact the development of an AOD Crisis Intervention System Service Model. This includes [a background paper](#) issued by the Mental Health Commission (MHC) in December 2016 on Compulsory Alcohol and Other Drug Treatment in Western Australia, and the [Select Committee into alternate approaches to reducing illicit drug use and its effects on the community final report \(Select Committee\)](#) published in November 2019.

In relation to AOD services, crisis can be defined as an unstable period, decisive moment or turning point related to an individual's AOD use. If supported appropriately, an AOD related crisis can be an opportunity for growth through which great change may be possible. Psychosocial and co-occurring issues, which often accompany AOD use, may result in the precipitation of a crisis situation.

The MHC has appointed an independent third-party, Tuna Blue Facilitation, to lead a process of consultation with the community regarding AOD Crisis Intervention in Western Australia. Their primary task is to develop a system service model to address gaps in the provision of **short-term AOD crisis intervention**. The model will not be limited to individuals who have used a specific type of drug or alcohol, however it will give specific consideration to ensuring the model is able to appropriately respond to individuals using methamphetamine in crisis.

The MAP Taskforce heard from families and other support people that in some circumstances Police Orders (which are used in certain family and domestic violence incidents to provide for temporary [up to 72 hours] protection, care and safety for victims), are being used to respond to people who use methamphetamine and are in crisis. Families with experience of the use of Police Orders in these circumstances explained that without a safe place for their family member or loved one to be removed to, this was not necessarily a helpful response. Police Orders are designed and used to protect families as victims in the context of family and domestic violence incidents rather than, in this instance, make users of methamphetamine safe. This often puts the person affected by methamphetamine in a position of being unable to return home for up to 72 hours, causing significant distress for families who fear for the well-being of a loved one in crisis.

The MAP Taskforce heard from families who felt that compulsory treatment should be available as a solution for methamphetamine dependent users in crisis, particularly as an alternative to incarceration. The MAP Taskforce Report did not support the implementation of compulsory treatment arguing a lack of evidence to support the approach, and the need to fulfil demand for voluntary treatment first. This is consistent with the findings of the Select Committee; however, the Select Committee did support a trial of compulsory detoxification (detox).

There is currently no legislation in Western Australia which enables the provision of compulsory crisis intervention and treatment to individuals with severe AOD issues, including for methamphetamine users.

This project will include consideration of both compulsory and non-compulsory detox/treatment. Additionally, it will include a review of the Midland Intervention Centre model of service, which was funded as part of [the Full Government Response to the](#)

[Methamphetamine Action Plan \(MAP\) Taskforce final report](#) to address crisis and will form part of the AOD crisis intervention system service model.

This is a **co-design** project, meaning that the model for addressing these gaps will be designed *with* people who have experienced AOD use, their families and carers. **Community engagement** is the key feature of the approach, with a **Community Advisory Group (CAG)** being the primary mechanism for discussing current services, issues and opportunities, and making recommendations for potential solutions. The main outcome from the community engagement activity will be a **cost-effective, community-informed system service model** for AOD crisis intervention in Western Australia.

Key definitions referred to throughout this document are provided in [Appendix 1](#). A number of additional references can be found in [Appendix 2](#).

PROJECT OVERVIEW

- Tuna Blue was appointed as the external consultant to lead the development of a co-designed system service model to outline current and optimal pathways for individuals in AOD crisis.
- As part of this process Tuna Blue will:
 - Coordinate and facilitate the [Community Advisory Group \(CAG\)](#); and
 - Coordinate and facilitate an extensive community engagement process between February and June 2020 to identify gaps in the current system, consider the role of compulsory detox/treatment, and make recommendations on how existing services could be expanded or new components added to efficiently fill identified gaps.
- The AOD Crisis Intervention System Service Model is scheduled to be completed by the end of August 2020.
- In order to achieve this, the CAG will have a key set of agreed outcomes to achieve during their meetings occurring from February to June 2020.

Involving people in the decisions that impact them is essential. Genuine and effective engagement results in services being developed and delivered in a way that meets the needs of consumers, their carers and support persons and the broader community. The System Service Model will be co-designed¹ to ensure what is developed appropriately addresses the needs of people experiencing AOD crisis in the Western Australian community.

KEY PROJECT OUTCOMES

The primary outcome of this project is a cost-effective, community-informed, and co-designed model for AOD Crisis Intervention for Western Australia. Specifically, this will include:

- Optimal and current pathways have been outlined for people experiencing crisis through problematic AOD use;
- Opportunities where existing effective and efficient services might be expanded and/or refined, and where gaps exist, have been identified;
- Effective and value for money recommendations have been developed to assist the Government in meeting identified gaps in AOD Crisis Intervention services in WA;
- Draft model/s of service have been developed for services identified through the co-design that do not currently exist;

¹ Co-design is an approach used to identify and create a successful, sustainable and cost-effective service that reflects the needs, expectations and requirements of all those who may use and/or be affected by it.

- Recommendations on whether a compulsory component should be implemented within the AOD Crisis Intervention System Service Model in WA, and if so key considerations for the future development of a model of service and associated legislation; and
- Additionally, the draft Midland model of service has been reviewed and recommendations for amendments captured if/where required.

DEVELOPMENT OF THE SYSTEM SERVICE MODEL

The development of the AOD Crisis Intervention System Service Model will be developed by addressing the following areas:

The Context:

In developing the AOD Crisis Intervention System Service Model it will be important to develop a shared understanding of the context in which it will operate. This will need to include consideration of political, economic, social, technological and environmental factors that may impact it (for example, links with mental health, homelessness, and justice). It will also need to address interfaces and dependencies with other systems, programs and initiatives.

The Need:

In order to design an optimal service model, there needs to be an understanding of who will be using it, what their needs are, and how they will interact with the system. This will enable a suite of services to be designed, that can best meet identified needs. Where appropriate, services can be prioritised to reach a common understanding with stakeholders of the importance they place on the delivery of each. This will enable a focussed effort to design a model that can be delivered and managed effectively and efficiently through time.

The Current System:

Having understood what “good” looks like, current AOD Crisis Intervention services available will be considered, including what they are able to do, and how well they are meeting consumer needs. This will also include discussion on locations, service outcomes, pathways and options available for people experiencing AOD crisis in WA. This will address what is working well, and what exists but requires some improvement or adjustment.

An indicative outline of current AOD services is provided at [Appendix 3](#), noting this will be iterative based on engagement with the CAG and community consultation processes.

The Gaps:

This activity will identify opportunities where existing services that are effective and efficient might be expanded and/or refined; where there are shortfalls in service provision that need to be addressed; and where gaps still exist that will need to be filled with a new service. This ensures there is an understanding of what is currently being done well, what could be done better, and what is currently not being done at all.

The Options:

Options for a suite of services that will address the gaps and shortfalls identified above, will then be identified. A conscious balance of effort will occur in describing multiple options to make sure that enough detail is captured to inform decision-making, whilst ensuring time and effort isn't wasted developing options in detail that will not be taken forward.

The Recommendations:

Informed by the well-structured design process outlined above, effective and value for money recommendations will be developed to assist the Government in meeting the identified gap in AOD Crisis Intervention services. This will also include a model(s) of service

where they do not currently exist to meet the need, in addition to recommendations on whether compulsory detox/treatment should be implemented in WA.²

COMMUNITY ENGAGEMENT

All stakeholder engagement will be aligned to the [MHC's Engagement Framework](#), incorporating the principles it contains throughout: safety, authenticity, humanity, equity and diversity.

Community Advisory Group

The MHC highly values the contribution that consumers, families, carers and community members make to the planning, implementation, delivery and evaluation of mental health, and AOD programs and services. The CAG is the primary mechanism for achieving this community interaction.

Role of the CAG

The CAG is a time-limited group that brings together consumer, carer and community members to provide advice to the AOD Crisis Intervention project. The CAG is responsible for providing advice in relation to the delivery of the key outcomes listed above. This may include contribution to stakeholder engagement processes and materials, and input into the system service model itself.

Community Forums (Metropolitan and Regional)

Community forums will be held to inform the development of an appropriate AOD crisis response. A number of community forums will be held in the Perth metropolitan area.

The AOD System Service Model also needs to address issues, concerns and potential solutions throughout Western Australia. Therefore, in order to ensure that we capture the specific requirements and nuances of regional and remote AOD Crisis Intervention service delivery, there will also be forums in the South West, Wheatbelt, Great Southern, Goldfields, Midwest, Pilbara, and Kimberley.

Online Survey

An online consultation survey will be developed to ensure as wide a scope of input as possible can be captured. The online approach enables engagement with remote communities, as well as people who are unable to attend organised events. It also provides an option for people to provide feedback anonymously.

Individual Stakeholder Engagement

Where required, we will conduct individual meetings with key people who are unable to engage in another way, on a case-by-case basis when a critical need is identified.

Sector Forums

Sector forums will be held in the Perth metropolitan area and will include representatives from relevant Government departments; Peak Bodies; first-line responders, including the emergency services; AOD and co-occurring Mental Health community support services; medical experts, practitioners and academic research institutions.

² Note that while this project will consider and provide recommendations on whether compulsory detox and treatment should be implemented as one element of a broader system of AOD Crisis Intervention services, the development of a compulsory model of service is out of scope.

KEY STRATEGIC LINKS

Methamphetamine Action Plan Taskforce Report

Dependence on methamphetamine is now a major contributor to the burden of disease, and it is a priority substance listed in the [National Drug Strategy 2017-2026](#). The purity of methamphetamine has recently increased, being approximately 10% more pure in 2018 than in 2014³ and individuals using methamphetamine tend to be more likely to be dependent on the substance and experiencing significant problems.^{4, 5}

The key recommendation from the Methamphetamine Action Plan Taskforce Report related to this project is identified below.

- In order to address methamphetamine use, the development of the Methamphetamine Action Plan (MAP) Taskforce was a key election commitment of the McGowan Government. The [MAP Taskforce Report](#) was released in November 2018, providing 57 recommendations, including Recommendation 29, which states:

Within 12 months, the Mental Health Commission, Western Australia Police Force and Department of Health establish an appropriate alternative crisis intervention response that would provide a short-term place for methamphetamine users when they are in crisis that will keep them, their families and the community safe, including in the regions.

- As part of the [Full Government response to the MAP Taskforce Report](#), the MHC is progressing the below initiatives in response to Recommendation 29:
 - An allocation of \$200,000 for the development of a co-designed system service model for AOD crisis intervention, to include co design, analysis and modelling to address the gaps in AOD community based short term critical intervention services. This will give consideration will be given to both compulsory and non-compulsory options (the current co-design process);
 - An allocation of \$4.8 million for the establishment of a crisis intervention centre in Midland which will include the expansion of medical withdrawal services in the community to provide community based short term critical intervention for those experiencing an AOD related crisis;
 - Planning for the expansion of Mental Health Police Co-response to appropriately respond to AOD issues and expand into the regions; and
 - Planning for the development of Stabilisation, Assessment and Referral Areas.
- In its [immediate response to the MAP Taskforce Report](#), the McGowan Government stated that it would look at options to establish compulsory crisis intervention in Western Australia. This will be considered as part of the co-designed system service model outlined above.

Select Committee into alternate approaches to reducing illicit drug use and its effects on the community

- In Australia, Select Committees are appointed by the Government to meet a particular and perhaps short-term need to assist Parliament in its scrutiny and law-making functions by holding inquiries into complex issues.
- In November 2019, the Western Australian [Select Committee into alternate approaches to reducing illicit drug use and its effects on the community](#) published its Final Report:

³ Methamphetamine Action Plan Taskforce, Final Report, Perth, November 2018, p 50.

⁴ Australian Institute of Health and Welfare, National Drug Strategy Household Survey 2016: detailed findings, Canberra, 28 September 2017.

⁵ Help, Not Handcuffs: Evidence Based Approaches to Reducing Harm from Illicit Drug Use - Final Report of the Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community (2019).

[Help, Not Handcuffs: Evidence-Based Approaches to Reducing Harm from Illicit Drug Use.](#)

- The Select Committee's Final Report made a number of recommendations that are particularly relevant to the work the Mental Health Commission is currently undertaking on AOD Crisis Intervention in WA. Recommendations and findings relevant to this project broadly indicate compulsory detox should be trialled; however voluntary treatment needs and demands should be met before considering compulsory treatment.

COMPULSORY OPTIONS

As part of this process, compulsory options will be considered. The below is a summary of the current context of compulsory AOD detox and treatment. Further resources will be made available regarding compulsory options and the work previously completed.

Defining compulsory services

- Compulsory AOD detox is the legally sanctioned, short-term (from a few days up to a couple of weeks depending on the substance) involuntary detention of a person with a severe AOD problem, who is at risk of harm to themselves or others, to provide supervised, medically assisted withdrawal. Compulsory AOD detox is considered an option of last resort.
- Compulsory AOD treatment is the legally sanctioned, longer term involuntary detention of a person with a severe AOD problem, who is at risk of harm to themselves or others, to provide supervised, medically assisted withdrawal followed by treatment, stabilisation and support. Compulsory AOD treatment is considered an option of last resort.
- Compulsory treatment programs are different to court diversion programs, which are only accessible to people who are in the criminal justice system. Compulsory AOD treatment programs provide a health focussed approach rather than a justice based approach.
- Different definitions and models exist around the world – approximately 28 European countries, and 33 states in the USA have compulsory AOD treatment legislation of some kind.

Snapshot of Western Australia

- Western Australia does not currently have legislation which allows for the compulsory treatment or detox of people with severe AOD addiction.
- Prior to the MAP Taskforce, in 2016 and 2017 the MHC undertook consultation regarding a proposed compulsory AOD treatment program in Western Australia.
- This resulted in the [Exposure Draft Compulsory Treatment \(Alcohol and Other Drugs\) Bill 2016](#) and Summary Model of Service that were developed and released for public comment.
- Whilst the MAP Taskforce had an emphasis on methamphetamine, the consultation, Summary Model of Service and [Exposure Draft Compulsory Treatment \(Alcohol and Other Drugs\) Bill 2016](#) undertaken by the MHC in 2016 and 2017 had a primary focus on alcohol.
- Mixed responses were received from stakeholders in the community regarding the proposed legislation and summary model of service. Some were supportive, while others raised concerns about the lack of evidence of the effectiveness of compulsory AOD treatment and its impact on human rights, as well as the need for legislation.

Snapshot of other jurisdictions in Australia and New Zealand

- Compulsory AOD treatment programs operate in New South Wales, Victoria and New Zealand. The Involuntary Drug and Alcohol Treatment (IDAT) program in New South Wales has been evaluated, including a process evaluation, cost evaluation and outcome evaluation. Although other components of the evaluation were completed by July 2019, the data linkage component was anticipated to be completed by end 2019. The evaluation has not yet been publically released, however progress updates are

provided on [the National Drug and Alcohol Research Centre website](#). The Controlled Substance (Youth Treatment Orders) Amendment Bill 2018 in South Australia also facilitates mandatory treatment for children and young people experiencing drug dependency.

Effectiveness

- The lack of evidence confirming positive or negative outcomes of compulsory AOD treatment is largely due to the differing programs across the world and the small number of participants.
- Finding 92 of [The Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community](#) states that: “There is insufficient evidence to support introducing compulsory drug treatment in Western Australia.”

Considerations

- Recommendation 42 of [The Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community](#) does not recommend compulsory treatment, but does recommend that government proceeds with its plans to trial compulsory detox for people addicted to methamphetamine or other drugs.
- Additionally, Recommendation 40 highlights the need to meet voluntary treatment needs and demands before considering compulsory treatment.
- There is a deficit of addiction specialists in Western Australia, with limited addiction specialists in the public health system.

APPENDIX 1: KEY DEFINITIONS

TERM	DEFINITION
AOD Consumer	A person with lived experience of AOD use, who may or may not access mental health and/or AOD services and supports.
Crisis	An unstable period, decisive moment or turning point-related to an individual's AOD use. If supported appropriately, an AOD related crisis can be an opportunity for growth through which great change may be possible.
Co-design	An approach used for identifying and creating an entirely new plan, initiative or service that is successful, sustainable and cost effective, and reflects the needs, expectations and requirements of all of those who participated in and will be affected by it. For this project, that means we will be designing the system service model <i>with</i> people who have experienced AOD use, their families and carers. Community engagement is the key feature of the approach.
Community Member	A person who does not identify as an AOD consumer, family member or carer but has an interest in contributing to discussions about the AOD sector.
Compulsory Detoxification	Compulsory AOD detox is the legally sanctioned, short-term (from a few days up to a couple of weeks depending on the substance) involuntary detention of a person with a severe AOD problem, who is at risk of harm to themselves or others, to provide supervised, medically assisted withdrawal. Compulsory AOD detox is considered an option of last resort.
Compulsory Treatment	Compulsory AOD treatment is the legally sanctioned, longer term involuntary detention of a person with a severe AOD problem, who is at risk of harm to themselves or others, to provide supervised, medically assisted withdrawal followed by treatment, stabilisation and support. Compulsory AOD treatment is considered an option of last resort.
Crisis	An unstable period, decisive moment or turning point-related to an individual's AOD use. If supported appropriately, an AOD related crisis can be an opportunity for growth through which great change may be possible.
Crisis Intervention	Broadly, crisis intervention includes medical, psychological and sociological processes or actions used to assist those who are going through physical, emotional, mental or behavioural distress. In the context of this project, intervention refers to an immediate (and likely short-term) support or service aimed at assisting individuals and families in an AOD crisis to achieve stability, minimise the impact of their crisis situation, and provide planning to minimise the likelihood of future crisis.
Family Member or Carer	A person who has experience of providing care and support to someone experiencing AOD use and may or may not be related to a consumer.
System Service Model	A model that identifies all parts of a particular system and how they interrelate to meet a common objective or purpose. In the context of this project, it refers to current and optimal pathways for individuals in AOD crisis.
Treatment	Planned medical and/or non-medical care given to an individual suffering the physical and mental effects of problematic AOD use.

APPENDIX 2: REFERENCES

MHC documentation available online

Compulsory Alcohol and Other Drug Treatment in Western Australia Background Paper.
<https://www.mhc.wa.gov.au/media/1708/compulsory-aod-treatment-background-paper-updated.pdf>

Exposure Draft Compulsory Treatment (Alcohol and Other Drugs) Bill 2016.
<https://www.mhc.wa.gov.au/media/1709/exposedraftbill2.pdf>

Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025.
<https://www.mhc.wa.gov.au/media/2532/170876-menheac-engagement-framework-web.pdf>

Useful external resources

The Methamphetamine Action Plan Taskforce Final Report.
<https://www.wa.gov.au/sites/default/files/2019-05/MAPTTaskforceFinalReport.pdf>

Full Government Response to the Western Australian Methamphetamine Taskforce Report
<https://www.wa.gov.au/sites/default/files/2019-05/Full%20Government%20Response%20to%20the%20Methamphetamine%20Action%20Plan%20Taskforce%20Report.pdf>

Select Committee into alternate approaches to reducing illicit drug use and its effects on the community Final Report: *Help, Not Handcuffs: Evidence-Based Approaches to Reducing Harm from Illicit Drug Use.*
[https://www.parliament.wa.gov.au/Parliament/commit.nsf/\(Report+Lookup+by+Com+ID\)/76DC63572B331E7F482584BE00219B5F/\\$file/id.alt.191111.rpf.final.xx%20web.pdf](https://www.parliament.wa.gov.au/Parliament/commit.nsf/(Report+Lookup+by+Com+ID)/76DC63572B331E7F482584BE00219B5F/$file/id.alt.191111.rpf.final.xx%20web.pdf)

Australian Government Department of Health, *A study of Patient Pathways in Alcohol and Other Drug Treatment*, June 2014.
<https://www.health.gov.au/resources/publications/study-of-patient-pathways-in-alcohol-and-other-drug-treatment>

This study analyses how patients journey through drug and alcohol treatment services.

APPENDIX 3: CURRENT AOD CRISIS SERVICES

(Draft Only – Noting this will be further developed through the Consultation process)

