



ALCOHOL AND OTHER DRUGS ADVISORY BOARD MINUTES

Date:	Monday, 29 March 2021	Time:	09:00am – 12:00pm
Venue:	Mental Health Commission, Level 1, 1 Nash Street, Perth, WA 6004 Metropolitan Meeting Room **Microsoft Teams link available in meeting invite**		
Attendees:	Chair: Professor Colleen Hayward Deputy Chair: Dr Mark Montebello Member: Miriam Rudd Member: Jill Rundle Member: Julia Stafford Member: Commander Lawrence Panaia Member: Keisha Calyun	Honorary Professor, Edith Cowan University Clinical Director, Northern Sydney Local Health District Drug and Alcohol Service Parent Representative Chief Executive Officer, WANADA Alcohol Program Manager, Cancer Council WA Crime Portfolio, Western Australian Police Force Aboriginal Youth Program Coordinator, Aboriginal Health Council of Western Australia	
Guests:	Gary Kirby, Head of Prevention Services Management, MHC Lauren Atkinson, Senior Project Officer, MHC Ebony Schroeder, Senior Policy Officer, MHC John Brearley, Assistant Director System Development, MHC		
Apologies:			
Executive Support:	Caitlin Parry - A/Project Officer, Matthew McColough-Fry - Administration Support (MHC)		

WELCOME

1.	Welcome and Acknowledgement of Country The meeting was opened by the Chair with an Acknowledgement of Country.
2.	Acknowledging people of lived-experience The Board acknowledged the lived-experience of people with alcohol and other drug issues and expressed a hope for real change.
3.	Introductions and apologies Introductions were made by all attendees and there were no apologies.



4.	Declarations of conflicts of interest Colleen Hayward declared that she is a member of the Liquor Commission.
5.	Acceptance of previous meeting minutes The minutes of the previous meeting were endorsed.
6.	Action log The July 2020 minutes had action items against Naomi Henrickson, Gary Kirby, and Julia Stafford. These have now been completed and information has been circulated to the relevant parties.
ITEMS FOR DISCUSSION / DECISION	
7.  Presentation to AODAB - NITROUS C	Nitrous Oxide Update Gary Kirby delivered an update on the Nitrous Oxide (N ₂ O) situation in Western Australia (WA). The Board discussed N ₂ O use for the purpose of intoxication and acknowledged that it has become an increasing issue nationally. How information is being reported, the scheduling of medical use, and regulation regarding the sale and distribution were all considered. The change in Minister has meant that a new briefing process has begun. Demographics of use, the dissemination of information, and changes to the way people shop were discussed. Consumer protection is working with the Early Warning System Working Group (EWSWG) to identify and map retailers who sell N ₂ O. It was noted that there are different levels of distribution within WA, with some dedicated resellers being able to sell the individual canisters for almost half of the price (48-50c rather than approx. \$1 in stores). Members queried whether product substitution could be employed to limit the access, and it was confirmed that this had been investigated with industry who have indicated that this does not seem to be an option regarding the use in food. The introduction in 2005 in NSW of a widespread approach to restricting the volume of sales to individuals was discussed and it was advised that similar methods introduced in SA were unsuccessful.
ITEMS FOR NOTING	
8.  Presentation to AODAB - EWS.pdf	Early Warning System Development Gary Kirby provided information on the development of the Early Warning System (EWS) and establishment of an Early Warning System Working Group (EWSWG). This system came out of work that was being done at Royal Perth Hospital (RPH) and it has been discussed that if the Emergency Health Services were aware of current increases in use, they may be able to respond more effectively.



	<p>The benefits of the Emerging Drugs Network of Australia (EDNA), the impact COVID-19 has had on substance abuse presentations to emergency departments, and the identification and modelling of N-BOMe (a synthetic hallucinogen) through the EWS, were all considered.</p> <p>Board members were made aware that the EWS process includes RPH, WA Police, Chief Health Officer, Peer Based Harm Reduction, Mental Health Commission (MHC), and the AOD National Research Institute. Harm reduction services and AOD clinicians are also being made aware of the situation in order to improve their readiness to assist when an increase in substance use is identified.</p> <p>Board members noted that alcohol presentations at emergency departments are tenfold those of other substances, so it is disappointing that something similar has not been implemented to address this.</p> <p>Gary advised that the National Centre for Clinical Research on Emerging Drugs (NCCRED) are trying to set up a national project that is using systems developed in EDNA. NSW has assisted in putting this together with information sharing through a community of practice. Two instances of similar issues in NSW were discussed and it was acknowledged that networks and links with harm reduction groups and clinicians is essential in minimising the impact new problems can have.</p>	
<p>9.</p>  <p>MH Act Stat Review - Project Overview N</p>	<p>Mental Health Act 2014 Statutory Review – Project Overview</p> <p>Lauren Atkinson presented an overview of the Mental Health Act (2014) statutory review process.</p> <p>COVID-19 has pushed back the review process. This review is also taking into account information from the Post-implementation review which was conducted in 2016.</p> <p>The structure has been modified to be usable by a broader range of users. The first meeting of the steering group, led by Deborah Colvin, is scheduled for next week (beginning 5 April 2021).</p> <p>Engagement process is being conducted to provide more people with an opportunity to provide feedback on the review, including Aboriginal, CaLD, young people, older adults, rural and remote. Different mechanisms are being introduced to allow people to provide feedback in a way that suits them.</p> <p>Members queried how much of the review of the Mental Health Act is actually seen as relevant to the AOD sector. Even the naming of the act is exclusionary of AOD and has been an issue over time. It was suggested a second session may be required for the Board to provide feedback on the review itself.</p> <p>The Board discussed how the mandatory AOD treatment process fits in with the MH Review. The model in WA was mildly coercive as there is no legislation to force people to participate.</p>	<p>Action: Lauren Atkinson to advise when the Mental Health Act 2014 Statutory Review discussion paper and engagement framework can be released.</p>



	<p>In NSW there are two involuntary treatment centres, where patients have a right of appeal. The NSW Drug and Alcohol Treatment Act allows involuntary admission for up to 3 months. Referrals are led by clinicians and suitability for the program is assessed against 4 key criteria including the likely benefit of involuntary treatment.</p>	<p>Action: Caitlin Parry to circulate presentation slides.</p>
<p>10.</p>  <p>YPPA - Implementation - PR</p>	<p>Young People’s Priorities for Action Update and Next Steps</p> <p>Ebony Schroeder provided an update on the Young People’s Priority for Action (YPPA), advising that the implementation plan has commenced, and the MHC is updating key groups on what is currently in the works.</p> <p>The top priorities (of which there are 78) are those that still require additional funding sources, it was acknowledged that there needs to be an emphasis on continued engagement with young people during the implementation process, with the goal to release with Mental Health Week in October 2021.</p> <p>Board members queried the work done last year on the One-Stop-Shop and if this is something that young people will be able to benefit from. The YPPA team is to follow up on these queries out of session and provide information back to Board members.</p> <p>Meeting attendees discussed how we make sure that Aboriginal and young people are involved in the planning and implementation process. It was suggested that engagement was said to be done with Aboriginal Health Council of Western Australia (AHCWA), but no one actually spoke with anyone there, and the engagement was limited to reading an outdated document. It was confirmed that the MHC are aiming to meet with Youth Affairs Council of Western Australia (YACWA) to discuss how best to engage with both metro and regional young people. Board members suggested that the MHC approach Aboriginal community-controlled organisations to best hear the voices of those in the regions. The Aboriginal Advisory Group at MHC have also suggested some groups to contact.</p>	<p>Action: Ebony Schroeder to provide One Stop Shop within YPPA update to CP for circulating to members.</p> <p>Action: Caitlin Parry to circulate link to members for the YPPA e-document.</p>
<p>11.</p>	<p>WA State Priorities and Quarterly Update</p> <p>John Brearley updated members on the WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024.</p> <p>Board members were advised that the WA Auditor General released a report in 2019 indicating that further clarity was required on the commitments within the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. The result is the WA Mental Health and Alcohol and Other Drugs State Priorities Plan which outlines 29 priorities that the MHC are committed to over the next four years.</p>	<p>Action: Caitlin Parry to provide link to members for the communiques from the CMC.</p> <p>Action: MHC to advise on</p>



	<p>New governance arrangements have made possible the creation of the Mental Health Executive Committee (MHEC) and the Community Mental Health, Alcohol and Other Drug Council (CMC) to oversee and ensure that commitments are being delivered upon. As such the AODAB is an important independent partner that can provide useful advice to the MHEC and the CMC.</p> <p>Members queried whether the priorities are likely to change with a change in Minister. It was advised that this has not been the indication thus far and it would be unlikely. There has been an increase in demand on acute services which is an issue that will require response.</p> <p>Board members were advised that key outcomes from the MHEC and CMC meetings are publicly available on the MHC website via communique. Members briefly discussed the Cardiff Model and what is being done within WA to address similar issues. It was agreed that this topic would be put forward as an agenda item at a future meeting.</p>	<p>who would be suitable to present on what has been committed to in WA that is similar to the Cardiff Model.</p>
OTHER BUSINESS		
	<p>Priorities of the AODAB</p> <p>The following points were raised regarding the priorities of the AODAB:</p> <ul style="list-style-type: none">• The Chair advised that Steve Allsop had confirmed that minimum floor price is top of the list for WANADAs priorities, noting it will also be a high priority for the AODAB. There may be other overlapping priorities with WANADA and it was agreed that a joint meeting between the AODAB and the WANADA board be arranged to discuss priorities.• There is a need to invest in addiction medicine specialists, in metro areas and the regions. Board members noted the number of trainees in WA as a big issue, given the ageing AOD workforce, with nursing and allied health workforce likely facing similar issues. It was noted that there were missed opportunities in WA, where funding often went into general psychiatry and not addiction. It was agreed that with work, WA can turn this around and engage more trainees, but it would require investment and planning. Steve Allsop has also indicated that advice he was seeking could only be given by someone who had been retired for two years as there is a gap in WA. This indicates that sector connections must be maintained and reinforced over time.• It was discussed that AOD issues in emergency departments are being given less attention, and we need to be more assertive in advocating for an increased workforce.• Prevention: 5% is the target across the board regarding strategies, however it is only allocated 1% of the budget. Board members agreed we need to be pushing for 5% of the budget allocation, knowing that each dollar spent on prevention saves much greater amounts when it comes to treatment, so an argument can be made for an increase.	<p>Action: Colleen Hayward to provide dot points to members on the suggested Priorities for the AODAB.</p>



- Board members noted that the Minimum Unit Pricing was a priority for Minister Cook and wondered if there is a role for the AODAB in bringing the new Minister up to speed on this. The change of portfolio for the Minister also includes Aboriginal Affairs, which may allow for some overlap when matters intersect. It was also noted that the change in Minister for Tourism, to David Templeman, is another point of contact.
- The Department responsible for Racing and Gaming is currently developing regulations for the home delivery of alcohol. Board members discussed the timing of the liquor control Act and whether the Board could seek clarification of the timing for the next review of the Liquor Control Act. [NB – the Chair declared that she is a Member of the Liquor Commission noting this is not actually the body that approves licensing applications]
- Board members agreed on harm reduction as a priority in the ten-year plan and requires better understanding.
- Sustainable Health Review – Particularly recommendation regarding minimum unit price.
- It was noted that when the phrase “balance is needed” is being used, it should be noted that this is not community services versus medical services, rather that balance is needed across all the three pillars.
- Board members questioned what engagement will happen to realise the pre-election promises of the Labour party regarding the State Priorities.

MEETING CLOSE: Next Meeting – Monday, 21 June 2021 9am – 12pm