

06 September 2017

Julia Knapton
Acting Assistant Commissioner
Planning, Policy and Strategy
Western Australian Alcohol and Drug Interagency Strategy 2017–2021
Mental Health Commission
GPO Box X2299
Perth Business Centre WA 6847

By email to: mhc.consultation@mhc.wa.gov.au

Dear Ms Knapton

Re: Western Australian Alcohol and Drug Interagency Strategy 2017–2021

The Western Australian Branch of the Royal Australian and New Zealand College of Psychiatrists (WA Branch) welcomes the opportunity to provide feedback on the Western Australian Alcohol and Drug Interagency Strategy 2017–2021 (the Strategy).

Overview

The WA Branch strongly supports the core elements and principles of the Strategy to prevent and reduce the adverse impacts of alcohol and other drugs in the Western Australian community.

The WA Branch considers that transparency regarding the key agencies and stakeholders engaged in the development and implementation of the Strategy is critical. The Strategy refers to a 'Drug and Alcohol Strategic Senior Officers Group'; however, the specific expertise available to the Mental Health Commission through this group is not clear at this time. The outgoing Framework includes a list of agencies involved, and given the recent changes to the machinery of government it would be useful to include the agencies represented in the new Strategy. Consideration should be given as to the inclusion of all the portfolios previously represented by discrete agencies.

The WA Branch would recommend the inclusion in any alcohol and other drugs Strategic Group of a clinician with expertise in the treatment of addiction (including co-morbid mental health and health conditions). The WA Branch considers that a clinician – in addition to senior officers from health or mental health system management or service provision – is essential to include given their expertise in diagnosis, treatment and identifying contributing factors influencing treatment outcomes.

Specific feedback

Priority drugs

The WA Branch urges the Mental Health Commission to consider pharmaceutical drugs as 'priority drugs' and not just 'other drugs of concern'. The latest data from the National Drug and Alcohol Research Centre shows that in 2013, 70% (n = 668) of accidental opioid deaths were due to pharmaceutical opioids (Roxburgh and Burns, 2017). Use of opioids and sedatives/hypnotics is most prevalent amongst older adults and the needs of this increasing population group should be considered in initiatives that address pharmaceutical misuse.

Priority groups and population groups of concern

Noting the emerging alcohol and other drugs issues arising in the growing older adult population, the WA Branch would recommend the inclusion of older adults as a 'priority group' rather than a 'group of concern'. Interagency strategies are of particular relevance for this group given the prevalence of complex comorbidities and service settings.

The WA Branch notes the variations in the Strategy from the *National Drug Strategy 2017–2026* regarding priority populations and applauds the inclusion of fly-in fly-out workforce, people in regional and remote areas, families and people experiencing homelessness as populations of concern. The National Drug Strategy also includes LGBTIQ people as a priority group and the WA Branch recommends the consideration of research that supports the inclusion of this cohort as a group of concern (Department of Health, 2017).

Additionally, the WA Branch suggests that considering women who are pregnant as a priority group or group of concern would be of benefit in reducing drug and alcohol related harms such as Foetal Alcohol Spectrum Disorder (FASD).

Strategic Area 2: Intervening before problems become entrenched

Real-time monitoring of prescriptions would enable identification and timely intervention for people with pharmaceutical drug addictions. Real-time prescription monitoring is being developed in other jurisdictions in Australia and is recommended in the *Western Australian Mental Health Alcohol and Other Drugs Services Plan 2015–2025* (Western Australian Mental Health Commission, 2015). The WA Branch would be supportive of an interagency approach to developing systems such as real-time monitoring to support early intervention.

Strategic Area 4: Effective treatment and support services

The WA Branch suggests that the Mental Health Commission, in collaboration with relevant agencies, map the current treatment and support services available. Mapping will enable service gaps and overlaps to be identified to inform development of necessary services.

As medical experts in the treatment of mental health conditions, including addiction, psychiatrists play a key role in the development of effective treatment and support services. The WA Branch recommends collaboration with psychiatrists, in particular psychiatrists who are specialists in addiction and consultation–liaison psychiatry, in the development of treatment and support services. Including clinical expertise in planning and delivering services is critical in ensuring effective treatment and support services.

Strategic Area 5: Strategic coordination and capacity building

The WA Branch suggests that the Strategy include reference to key national bodies relating to alcohol and other drug research and workforce development such as the National Drug and Research Institute and the National Centre for Education and Training on Addiction.

The WA Branch supports the development of an integrated state-wide alcohol and other drugs/mental health workforce strategy aligned to the Mental Health Alcohol and Other Drugs Services Plan as recommended in the Strategy (p41). In relation to the psychiatric workforce, the WA Branch recommends the Commission work with the RANZCP and the Department of Health to ensure that the number of psychiatrists and specialist training positions in psychiatry is adequate to meet the needs of the Western Australian population. Specialist positions in addiction and consultation–liaison psychiatry are of particular relevance in workforce planning in this sector.

If you would like to discuss any of the issues raised in the submission, please do not hesitate to contact me via Zoe Carter, WA Branch Policy Officer via zoe.carter@ranzcp.org or by phone on (08) 9347 6429.

Yours sincerely



Dr Elizabeth Moore
Chair, RANZCP Western Australia Branch

References

Department of Health (2017). *National Drug Strategy 2017–2026*. Canberra, Australia: Department of Health.

Roxburgh A, Burns L (2017) *Accidental drug-induced deaths due to opioids in Australia, 2013*. Sydney: National Drug and Alcohol Research Centre.

Western Australian Mental Health Commission (2015). *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025: Better Choices. Better Lives*. Perth, Australia: Western Australian Mental Health Commission.