

The Principal Research Officer
Education and Health Standing Committee
Legislative Assembly
Parliament House
PERTH WA 6000



21 August 2009

Dear Mr Worth,

RE: Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in WA

Western Australian
Council of Social Service Inc.
ABN 32 201 266 289

The Western Australian Council of Social Service Incorporated (WACOSS) is the peak body of the community service sector across Western Australia. Since 1956, WACOSS has been developing and strengthening the non-government community services sector's capacity to assist all Western Australians. With over 270 members, WACOSS has strong relationships with organisations across the sector and seeks to represent their interests, and those of the disadvantaged individuals and families they assist at a service level.

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WACOSS supports the position taken by the West Australian Network of Alcohol and Other Drug Agencies (WANADA) in their submission to the inquiry. As the peak body of the alcohol and drug sector in WA they are in a unique position to comment on the issues specific to the terms of reference. In particular, WACOSS supports the premise that constraints on the drug and alcohol sector are leading to a reduction in availability of services to those in need.

Much of this is occurring due to the nature of funding for all community services, including alcohol and other drugs. Short term funding and excessive red tape restrict the ability of services to act proactively, retain staff and appoint resources where they are needed most. WACOSS supports WANADA's recommendations to increase the length of funding periods and reduce the red tape burden for all community services.

The inadequacy of the broad range of services for treatment and support of people with alcohol and drug problems is increasing the pressure placed on community services outside of the alcohol and other drug specific sector. This is creating increased complexity for workers and adding to the burden of a sector already experiencing significant constraints to service delivery.

Organisations when working with alcohol and other drug affected clients must address the additional burden of occupational health and safety issues. Safety practices for staff become paramount and extra resources must be put toward risk assessment and management. These requirements mean that two workers are needed when previously one would be sufficient, thus adding to organisational costs.

The complexities surrounding drug and alcohol misuse lead in many cases to the affected needing other services in addition to those drug and alcohol specific. For example:

- Family Services: 57% of DCP protection orders cite drug and alcohol issues as a contributing factor¹
- Mental Health: 30% - 50% of mental health clients experience problems with alcohol and other drugs²

¹ Leek et al, 2004, Cited in WANADA Submission to the Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia

- Homelessness Services: A Sydney study has found that 41% of homeless experience a alcohol use disorder and 36% a drug use disorder³
- Youth Services: 'Youth emergency accommodation workers report that the majority work with problematic substance use issues'⁴

Anecdotal evidence suggests that clients with multiple requirements are more difficult to effectively assist. Their needs are complex, requiring a significant investment of time and resources on the part of the service provider. To add to these difficulties alcohol and other drug misuse often limits the existing capacities of affected clients to maintain positive change.

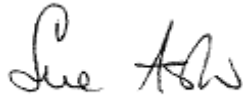
The situation is exacerbated by the lack of adequate referral pathways between services. Broad consultations conducted for the National Drug Strategy confirmed that 'poor links with other services...create barriers to effective engagement and treatment'⁵.

These issues place significant additional demands on staff which are often not qualified to manage clients with alcohol and other drug problems. Training and quality controls are not widely provided outside the AOD sector and when they are, the ability to utilize them is severely curtailed by excess workload and staff shortages.

WACOSS recommends the government invest in ensuring 'alcohol and drug education is integrated into pre-service training'⁶ for all community service employees. We recommend increasing integration between services in both the planning and service delivery stages in order to better respond to the complex needs of clients.

WACOSS appreciates the opportunity to provide input to this inquiry and looks forward to continuing to work with government to ensure best outcomes for community service organisations and their clients.

Yours sincerely,



Sue Ash
CEO
WACOSS

² WADS, 2009, Cited in WANADA Submission to the Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia

³ Australian National Council on Drugs, Factsheet: Alcohol and Other Drug Use Among Those who are Homeless

⁴ Ibid

⁵ Australian Government, National Drug Strategy, accessed at <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/ats-strategy-08-l-ats-strategy-08-l-3-ats-strategy-08-l-3.5> 19.08.09

⁶ Ibid