From: mgbs
To: Committee, Education & Health Standing;
Subject: Re: Inquiry into adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia
Date: Friday, 31 July 2009 9:14:35 AM

Dear Dr Woolard

I wish to make a submission to the inquiry into adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia. Professor Gary Hulse, with whom I work in research projects has invited me to do so in view of my background in the drug and alcohol sector.

I am a GP and a specialist drug and alcohol physician, holding Fellowships of both the Royal Australian College of General Practitioners and the Royal Australian College of Physicians (Chapter of Addiction Medicine). I am also Associate Professor and Coordinator of Postgraduate Medicine at Edith Cowan University and Clinical Associate Professor at the University of Western Australia. Since I graduated in 1986 I have worked in public and private sector, hospitals and the community, the drug and alcohol sector, the mental health sector and in general practice. I have been a Staff Specialist in the Drug and Alcohol Office in Western Australia and continue to be invited as a guest speaker for their education calendar. I have also had lead roles in general practice organisations (Divisions of General Practice and Colleges) at local, state and national level, and currently have active roles within the Health Networks in Western Australia.

I do not believe that the current isolation of alcohol and drug prevention and treatment services serves the community well. In my clinical role in the community as well as in my previous role in the state's Drug and Alcohol Office I have seen this silo approach result in barriers to services. The majority of people with drug and alcohol issues also have a mental health issue. The majority of those with a mental health issue also have a drug and alcohol issue. People with mental health and drug and alcohol issues have poor access to the right treatment for the physical issues. The funding of sectors separately continues to exacerbate this problem as each sector sees the co-existence of the other problems as a reason for responsibility of service provision to lie with another agency. In Western Australia the majority of alcohol and drug withdrawals take place outside of drug and alcohol facilities and the majority of treatment occurs in the community by general practitioners and the non-Government sector. Hospitals and the mental health sector provide the majority of treatment in secondary and tertiary care. Drug and alcohol services would benefit from exchange of information and peer review that improves quality, which occurs in mainstream services both in general health and mental health services. I believe that integration of these services into the mainstream will serve the community better and increase the capacity of the health system to provide services.

Prevention needs to focus on the whole person and the whole community. Work on developing community capacity and individual resilience is preferable to a narrow focus on drug use which is simply a behaviour, a response to various stimuli under certain conditions. In addition to this education programs in the drug and alcohol sector should highlight continuity of care and the journey of individuals through the health system, rather than treating people's drug and alcohol issue in isolation. The stigma associated with mental health disorders has been reduced considerably by the campaigns of Beyond Blue and other mental health programs which aim to bring the issues into the mainstream. I believe there is a lesson to be learned for the drug and alcohol sector and inclusion in the mainstream has long term advantages.

The journey for people at risk of or already with a developed alcohol and drug issue is unnecessarily complex because of the structure of the systems we have built. Each person has their own combination of mental health, physical and alcohol and drug issues which often do not 'fit the box' that each service has established as criteria for entry. For this reason people fall through the many gaps. It's time to move from the view of individual organisations protecting their turf to that of ensuring that the journey is smoother for the individual that we serve. It's time to ensure that the whole health system connects instead of putting up barriers to services.

I thank you for this opportunity

Yours sincerely

Associate Professor Moira Sim