

WA Primary Health Alliance Alcohol and other Drugs Strategy 2023-2026

About the Alcohol and other Drugs Strategy

The WA Primary Health Alliance (WAPHA) Alcohol and other Drug (AOD) Strategy has been developed to complement our Strategic Plan 2023-2026. The Strategy provides an overview of WAPHA's priorities and strategic directions for AOD, and the principles that underpin our approaches.

The AOD Strategy aligns with WAPHA's vision of Better Health, Together and our mission: To shape, strengthen and sustain primary health care in Western Australia through partnerships and strategies that demonstrate a one health system philosophy and improve people's access and health outcomes. The Strategy is supported by an implementation plan.



AOD guiding principles

The following guiding principles describe WAPHA's intentions for our AOD program. They are to be read in conjunction with the guiding principles contained within [WAPHA's Strategic Plan 2023-2026](#).

WAPHA will:

1. Focus on person centred primary health care that improves consumer experience and outcomes.
2. Embed lived experience engagement across the commissioning cycle.
3. Promote care that is free from stigma, discrimination or judgement.
4. Commission treatment interventions that are evidence informed, have known effectiveness and are based on individual needs and goals.

AOD priorities

WAPHA has identified four overarching AOD priorities for 2023-2026:

1. Increase the skills and capacity of primary health care and specialist AOD workforce to respond effectively to current and emerging alcohol and other drug related harms.
 2. Increase timely access to specialist AOD treatment and support for people in under-served groups and/or experiencing locational disadvantage.
 3. Continuously improve the safety and quality of AOD treatment and support services.
 4. Enhance efficiency and improve the experience and outcomes of people accessing services, by working with partners to reduce fragmentation between general practices and other services.
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AOD strategic directions

The strategic directions outline how we propose to achieve our AOD priorities. A series of tangible implementation actions will facilitate each strategic direction.

1. Upskill and support the primary health care and specialist workforce to respond to alcohol and other drug related harm.

- 1.1. Promote the routine use of evidence based AOD screening and assessment tools into WAPHA services targeting priority population groups such as older adults, and people with mental health or chronic health conditions.
- 1.2. Facilitate access for commissioned service providers and general practice to education, training, clinical advice, quality improvement practice, and peer support to improve the management of AOD issues in a primary care setting.
- 1.3. Support harm reduction campaigns within primary health care settings through the use, promotion and application of existing evidence-based harm reduction resources.
- 1.4. Promote, design and commission models of practice that include peer workers in designated roles and as members of multidisciplinary teams.
- 1.5. Develop workforce capability to meet the AOD treatment needs of Aboriginal people including supporting Aboriginal organisations to achieve appropriate accreditation.

2. Increase timely access to alcohol and other drug treatment interventions for people in under-serviced groups and/or experiencing locational disadvantage.

- 2.1. Establish AOD program groups* with standardised contract schedules for priority target cohorts to enable program improvement activities with commissioned services.
- 2.2. Incorporate the use of digital health technology in service models to improve service reach, offer convenience to service users and reduce wait times.
- 2.3. Increase provision of treatment and support for people experiencing co-occurring mental health and AOD related harm through commissioning new models of care, increasing workforce capability and improving referral pathways.
- 2.4. Increase access to brief and early AOD treatment interventions for people with or at risk of mild to moderate harm from AOD use to prevent escalating acuity.
- 2.5. Commission models of care that are inclusive of families and significant others and positively impact on intergenerational patterns of AOD use.
- 2.6. Utilise the network of Head to Health and headspace services, uplifting their role in the treatment of AOD and improving pathways and connection between commissioned services.

3. Continuously improve the safety and quality of AOD treatment and support services.

- 3.1. Facilitate the development of cultural competence, diversity, equity and inclusion within commissioned services and primary care (whole of practice) in line with WAPHA Cultural Competency Frameworks.
- 3.2. Embed quality improvement activities to enhance provision of AOD treatment and support in primary care settings and commissioned services.
- 3.3. Promote use of validated screening and brief intervention tools in primary health care services within the context of health and wellbeing.
- 3.4. Contribute to the elimination of hepatitis C and reduction of other blood borne viruses through increased screening and treatment in primary care settings.
- 3.5. Promote safe prescribing practices and support initiatives to prevent and reduce harm from medication use.
- 3.6. Encourage shared care approaches between primary care providers and AOD specialists to improve access to medication assisted treatment of AOD dependence.
- 3.7. Ensure contracted providers are appropriately accredited and underpinned by sound clinical governance.

4. Enhance efficiency and improve the experience and outcomes of people accessing services, by working with partners to reduce fragmentation between general practices and other services.

- 4.1. Collaborate with the WA Mental Health Commission, peak bodies and other stakeholders in the planning, design, procurement and monitoring of AOD services to reduce duplication and maximise investment.
- 4.2. Work with stakeholders and commissioned services to improve shared care, referrals and feedback between primary care practitioners and AOD specialists and increase use of multidisciplinary teams in a primary care setting.
- 4.3. Implement approaches to support increase of GP referrals to WAPHA commissioned services, including through secure messaging and other secure approaches.



AOD treatment and support priority target groups

Individuals/groups at increased risk of exposure to, and harm from their own or someone else's AOD use:

- Aboriginal people (all ages)
- People with mental health conditions
- Children, parents and families (including significant others)
- Young people (between the ages of 10-24 years)
- Older people (defined as Aboriginal people over 50 years of age and non-Aboriginal people over 65 years of age)
- Culturally and linguistically diverse populations
- People identifying as lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse

AOD program groups (by contract category)

- Continuing Care (relapse prevention)
- GP In-reach (primary care support)
- Outreach
- Youth at Risk
- Family and Parenting
- Community Treatment and Support
- Peer Support and Mutual Aid
- Aboriginal Treatment Support.



Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

Disclaimer

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