



**Aboriginal  
Health Council  
of Western Australia**

**Enhancing alcohol and other drug  
responsiveness in Aboriginal Community  
Controlled Health and Healing Organisations:  
Barriers and Solutions**

## Disclosure of Interest

WANADA and partners received funding from the Western Australian Primary Health Alliance (WAPHA) for this work.

# AOD Certification Support Project

## A brief Overview

### CORE PRINCIPLES AND PURPOSE OF THE PROJECT

- Reduce AOD-related harms in community
- Enhance self-determination
- **Supporting a sustainable systems approach**

### PROJECT GOAL

- Increase ACCHS/ACCO's AOD responsiveness
- Enhance ACCHS/ACCO likelihood to be successful in accessing AOD-related funding through certification to the AODHSS

### AREAS OF FOCUS

- Workforce development
- Continuous Quality Improvement
- AOD response planning

# The AOD & Human Service Standard

## Alcohol and other Drug and Human Services Standard

Evidence Informed | Culturally Responsive

June 2019

The WANADA office is based on Whadjuk Noongar land. WANADA acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of this country and its waters. We pay our respect to Elders past and present, and extend this to all Aboriginal and Torres Strait Islander peoples.



Strong focus on culturally responsive and evidence informed ways of working

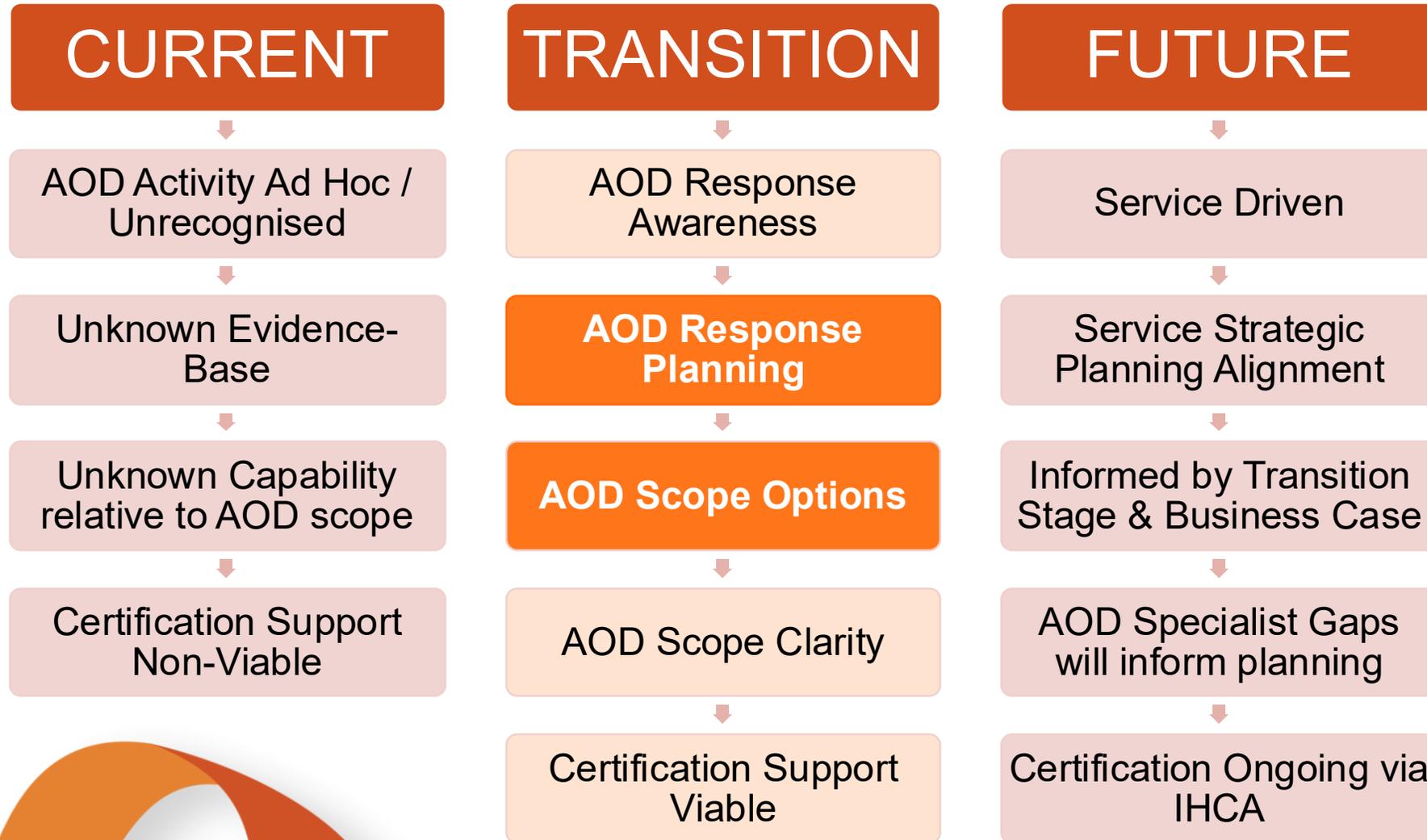


20+ Year history with Aboriginal people from across Australia as key contributors to its development

**National Quality Framework for  
Drug and Alcohol Treatment  
Services - Recognised**

# AOD Response Planning

A supported approach to move through the three phases

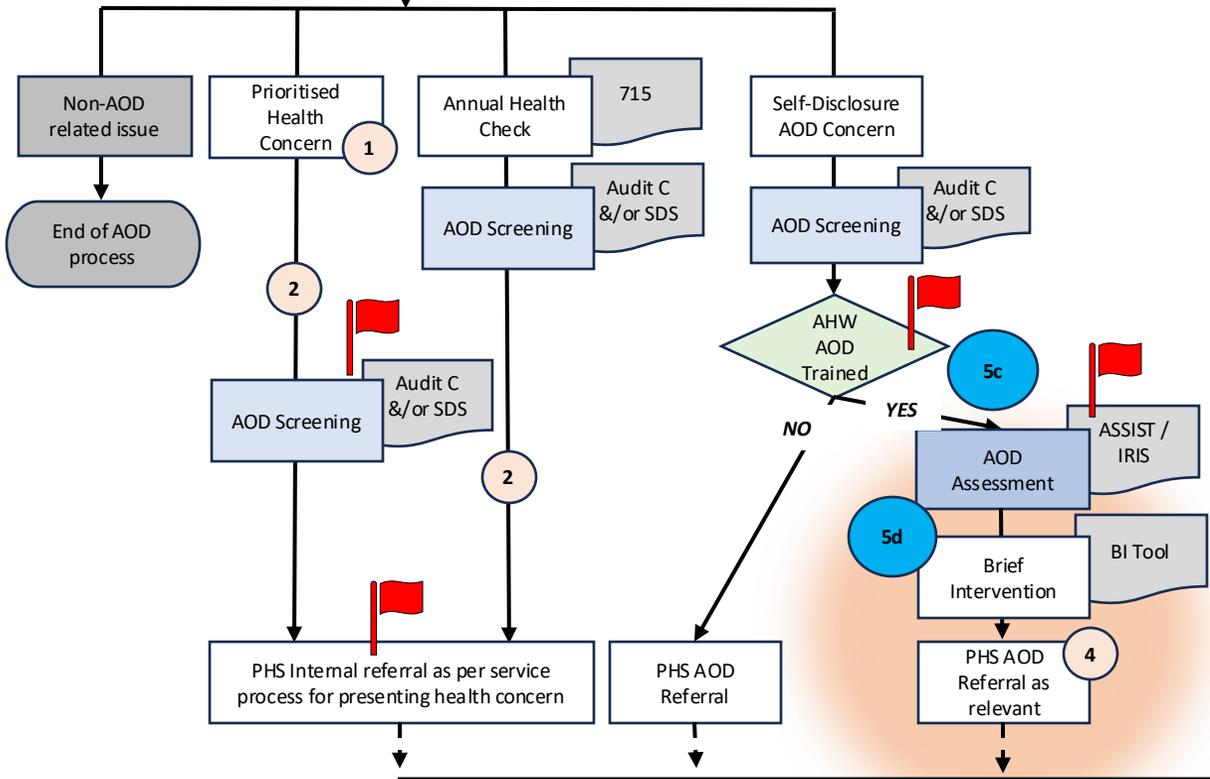
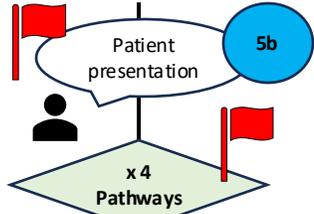


# Aboriginal Community Controlled Health Service Alcohol and Other Drug Response

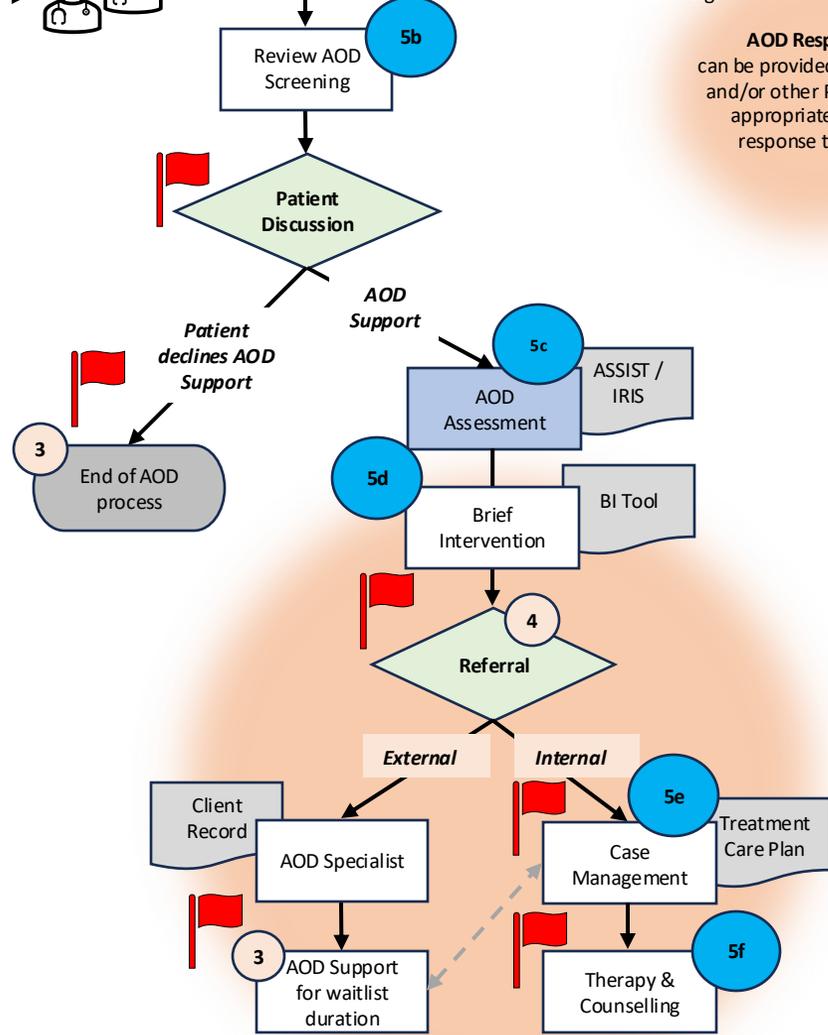
## Tier 2: PHS AODHSS Evidencing – Key Areas of Focus



PHS  
Aboriginal Health  
Worker (AHW)

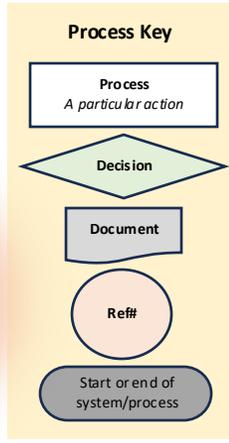


PHS  
Nurse / Allied Health / Doctor



Actions & decisions are critical areas of focus for evidencing.

**AOD Response** can be provided by AHW's and/or other PHS staff if appropriately AOD response trained



- 5
- All staff AOD awareness, AOD stigma & discrimination
  - AOD Screening
  - AOD Assessment & Harm Reduction
  - Brief Intervention training
  - Case Management
  - Stages of Change, Motivational Interviewing, Trauma Informed Care, etc

- Prioritised Target Group / Presenting Issue: e.g. Injury / Chronic Health Issue / Pregnancy / Youth
- Opportunistic AOD Response
- Opportunity to provide harm reduction information
- AHW Response can extend to process detailed in PHS Nurse/Allied health / Doctor process – relative to AOD training



# Key activities to support success

## RACGP and AODHSS Map and Gap

**How to use the mapping**  
The mapping is structured against the AODHSS criteria and indicates which of the RACGP indicators may include relevant evidence. The traffic light code indicates how close a match the AODHSS criterion and RACGP indicator are. Here's an example from PE4.

Green	The RACGP indicator is a strong match to the AODHSS criteria
Yellow	The RACGP indicator has some similarities to the AODHSS criteria
Red	There is no RACGP indicator similar to the AODHSS criteria

**RACGP Map & Gap Analysis**

Each sheet covers each Performance Expectation in the AODHSS. Columns A-D are labels and column E is where the services to add to their own comments regarding potential evidence or how to close.

**Performance Expectation 4: Human Resource Management**

Performance Objective 4.1 Workforce	Evidence to exist to address this AODHSS criteria may be found in evidence used to address the following indicators of RACGP Standards (or general practice) 5th edition	Traffic Light Code	Comments
To recruit a workforce that is appropriately sized and skilled to deliver a quality service	12.1.1 All members of the practice team understand their role in the practice. 12.2.1a The practice has performance objectives with each team member	Yellow	
The organisation/service clearly communicated human resource policies and procedures that support a safe and healthy working culture	12.2.1a Our non-clinical staff complete training appropriate to their role and our patient population	Yellow	
The organisation/service has a transparent and accountable recruitment and retention process that demonstrates commitment to equal opportunity and building and maintaining a culturally diverse workforce		Red	

The final column is for your use to record what evidence you have for the RACGP indicator and its relevance demonstrating that you have met the AODHSS criteria. Is it a direct match? Does it need development? What needs to be done?

Where there is no supporting evidence for the AODHSS criterion to be found in the RACGP evidence, how will you evidence it?

Once you've worked your way through the tool, the notes in this column can be used to put together an action plan for meeting the AODHSS criteria. Remember to include in your action plan deadlines for completion and who is accountable.

For any queries or support, contact the Project Team and/or your coach once the certification support has been initiated.

**Pilbara Regional Profile**

**Boorloo (Perth) Metro North Regional Profile**

**Performance Expectations - AODHSS**

The profile has been developed to provide a point in time snapshot of regional alcohol and other drug (AOD) response and AODHSS related services, as well as links to the National and State AOD Strategy policy context. The purpose of developing the profile is to assist services in their planning and consideration of the AODHSS response and future reflection of need and gaps to regional AODHSS services. This profile also supports the evidence requirements of the AODHSS by presenting an 'Understanding and Responding to Community Needs and Expectations' (Performance Expectation 1), and could be developed further with local knowledge and assistance to an ongoing AOD planning and information resource.

**State and National Frameworks or Strategies for Alcohol and Other Drugs**

There is a national gap in Alcohol NDR Strategic Plans of the state and national level. Collaborative work has been required to develop and integrate the various national planning for the AOD response. In particular, the 2022 National Alcohol and Other Drug Strategy (NADS) - 2025 identifies the gaps in current evidence delivery and identifies optimal levels of work as a response to 2025. Additionally, the report 'Partnership action on alcohol: A blueprint for alcohol and other drug action leadership' provides strategies and actions to better meet the alcohol and other drug service needs of the Aboriginal community, and to build data and research that may inform regional and/or planning.

**Other Frameworks and Strategies with potential relevance to:**

- National Health Protection, Mental Health, Alcohol and Other Drug Prevention Plan 2020 - 2025
- Aboriginal Health and Wellbeing Strategy 2020 - 2024
- National Framework for Alcohol, Tobacco and Other Drug Treatment 2021 - 2029
- National Drug Strategy 2021 - 2026
- National Alcohol Strategy 2019 - 2024

**Responding to and addressing your service focus, and population groups - Performance Expectation 2**

- In Perth North 20.3% of the population ranks at risk of long term harm from their alcohol consumption, similar to the state rate (20.3%). Residents to knowledge (20.9%) and Perth City (20.7%) have a greater risk of long term harm from alcohol consumption (21)
- From 2017 - 2021, the rate of unmet need for alcohol treatment in Perth has increased from 4.3% (2017) to 5.1% (2021), Perth City and Eastern Suburbs
- In 2021, 10.1% of the population aged 15 and over in Perth reported drinking alcohol, having the highest rates in Perth North (12)
- Between 2018 and 2021, a total of 1.6M of emergency department (ED) presentations across Perth North were primarily related to alcohol and other drug-related harm (10% of ED presentations (10M) were made after hours, Perth City had the highest rate of AOD presentations (20% per ED presentation per year), which was above the state rate (16% per ED presentation per year). Some ED presentations may be related to alcohol and other drug but not recorded as emergency or other conditions, so the data are likely to underestimate the rate of AOD-related ED presentation (10)
- From April 2022 - March 2023, Perth Metro reported 128 Hospital ED presentations, with a crude rate of 29.2 per 100,000 population, which is just below the state crude rate of 31 per 100,000 population for this period (10)
- Over the period of 2022 - 23, the most common most treatment for all AOD related ED was counselling at 28%, 10)
- 10,000 people in Western Australia were aged 15 from as being in the care of an alcohol related incident as an ED drug related incident (2023 estimate with 10,000 (10)

**Digital and Phone AOD Support**

Service	Phone number	Service details
<b>131111</b>	1311 1111	24/7 support for alcohol and other drug issues
<b>Alcohol and Other Drug Support Line</b>	Phone line - 0800 288 024 (24hrs) Text line - 0800 288 024	Specialist support regarding any concerns about your own alcohol and other drug use
<b>Parents and Family Drug Support Line</b>	0800 013 203 (24hrs)	Confidential, non-judgemental phone counselling, information and referral services for anyone concerned about a friend who is using or taking drugs
<b>1800 Meth-Positive - NRC</b>	1800 014 024 (24hrs)	Confidential, non-judgemental phone counselling, information and referral services for anyone seeking help for their own or another person's meth use
<b>Online Health &amp; Support Services</b>	www.healthdirect.gov.au	24/7 free online services and programs for self care for your health
<b>Drug and Alcohol Clinical Advisory Service (DACAS)</b>	0800 013 203 (24hrs) - Mon - Fri	Specialist phone consultancy service that provides direct advice to health professionals on all issues relating to patient management of alcohol and other drug use

**KEY**

- Aboriginal designed
- Health focus
- Residential
- Support for phone-based
- Support for service users

**The following table is a point in time guide to find appropriate services, whether by service type or location. It helps health workers, and/or clients find a suitable service for their needs in this metro region.**

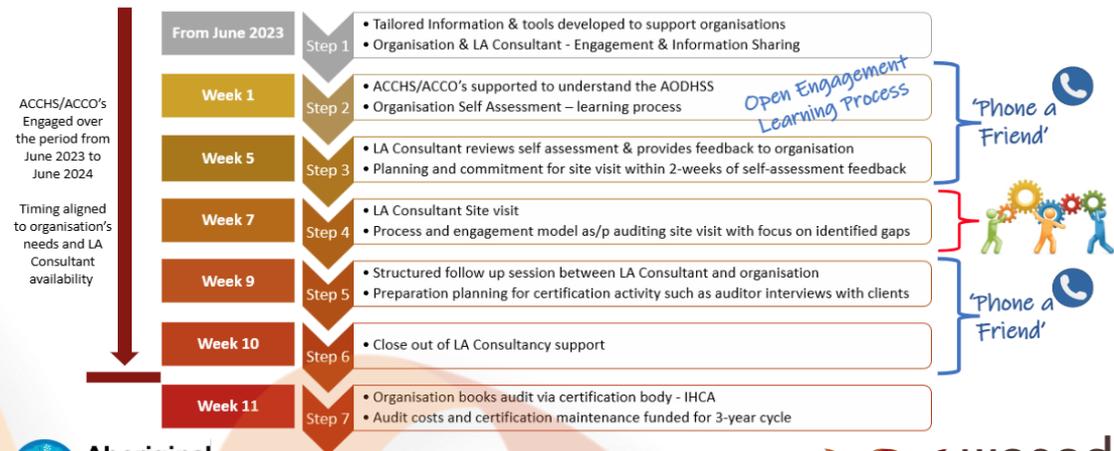
**Please note:** This profile is a snapshot in time that is up for continual change. Use your data or further details about each region, such as residential tenancy, see our [Data Hub](#) website for emergency services.

**Boorloo North Metro AOD Services**

Service	Program Details	Service Type	Comments (Details to add to)	Location
Management	Counselling and education for individuals and families	Counselling		East Perth (not listed)
		Advocacy		

## Certification Support Model

**AOD Certification – Readiness Support Model**  
Process & Timing for ACCHS/ACCO's to be supported & considered ready for certification by independent auditors



## AOD Training & WF Development

**Key for Training Topics and Relevancy Across Service**  
Cross-referenced with training recommendations provided in the Change Implementation guide provided to most services as displayed to the right.

**AOD Is Everyone's Business**

- AOD Foundational Knowledge: All staff across the service - particularly those who are client facing
- Stigma and discrimination: All staff across the service - particularly those who are client facing
- Harm reduction: All staff across the service - particularly those who are client facing

**Beyond Foundations**

- AOD Foundational Skills: All champions and interested staff
- Screening Tools: AHP's and key positions across AOD response areas
- Brief intervention: identified AOD response and key positions

**Individual Specialisation**

- Case Management skills: identified AOD response positions & key ACCHS support positions
- Trauma Informed Care: Identified AOD response positions & support positions (SEWB Team)
- Motivational Interviewing: Identified AOD response positions
- Problem Solving and Goal setting: Identified AOD response Positions
- Withdrawal Management: Doctors and nurses

# Project Outcomes

- ✓ **Certifications to the AODHSS – Ongoing**
- ✓ Enhanced partnership between WANADA & AHCWA
- ✓ Improved understanding of CQI & Management Systems
- ✓ Commitment to enhancing AOD responsiveness
- ✓ **Increased awareness of AOD across services**
- ✓ Service and sector AOD policy shift
- ✓ WANADA and ACCHS connection
- ✓ **Endorsement of AODHSS Cultural Security**

*This project has provided us with a fresh perspective on service delivery. It has prompted the management to critically assess whether we are equipping our staff with the necessary tools and resources to achieve service targets.*

(Participant feedback from project evaluation, 2025)

*As an ACCHO often cultural security can be taken for granted but PE 1 (of the AODHSS) specifically has enabled us to be more mindful of our practices and how we are demonstrating cultural security in practice.*

(Participant feedback from project evaluation, 2025)

*I admire the approach of starting with Quality Auditing training then understanding the standards, then diving into the specific site analysis. I could not think of a better way.*

(Participant feedback from project evaluation, 2025)

# Barriers

- **Limited AOD knowledge in primary health workforce – AOD isn't included (at all, or with enough depth) in the curriculum of the majority of primary health disciplines**
- Every health service required to train staff to develop knowledge and responsiveness skills – staff turnover makes this costly and non-sustainable
- Many regional and remote ACCHO's rely heavily on agency staff
  - All requiring training / re-training with every agency cycle
- AOD Stigma and discrimination
  - Allied health
  - In community (shame, confidentiality concerns, limited understanding of HR)
- **Limited awareness of allied health and Aboriginal community of harm reduction strategies** – underlying assumptions influencing an 'abstinence' lens and response

# Solutions

- **Systems Approach**
- AOD content embedded in all health and allied health course curriculum
- Mandatory AOD training required for all ACCHO agency staff
- **Enhanced harm reduction awareness and understanding of HR responsiveness**
  - Inclusive of prevention and community activity
  - SEWB Teams (re above)
- **ACCHO's/ACCO's well placed in community to extend responsiveness beyond the medical model to include community-led Harm Reduction activities**
  - Community led - Wreath Making
- **AOD is a health issue and everyone's business**
  - Speaks to systems approach
  - Simple screening as part of every engagement (&/or targeted relative to the priority area of focus determined by the ACCHO/ACCO and by extension their community
- Don't need to recreate the wheel. Existing systems and models can be used to inform AOD responsiveness.
- Partnership and pathways to specialist AOD
- **Change requires time and sustained support. Single services shouldn't need to carry the burden of systems change**



# Thanks

WANADA

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