



### What is the Project about?

How we, as clinicians, walk with our patients on their drug and alcohol journey. It's about walking with patients in the spaces of drug and alcohol **early intervention**, including screening, and **withdrawal management**.

We will look at:

#### Clinical practice

How we engage in early intervention and provide withdrawal management using evidence-based practice.

#### Partnerships & Pathways

How we connect with drug and alcohol support and services in the community, including withdrawal management services, to foster continuity of care.

### Early Intervention

Engaging with a person to help them reduce harm related to their use, encourage help-seeking behaviour, and reduce or change their alcohol and/or drug use. Includes screening as part of these early conversations, as well as brief interventions.

*"Engage with me, and help me on my journey"*

#### Clinical practice

- Clinician-initiated early conversations with patients about their alcohol and/or drug use, informed by screening tools and aimed at reducing harm and motivating change.
- Self-initiated screening and access to information on harm reduction, and changing drug and alcohol use.

#### Partnerships & Pathways

- Clinician-supported referral to community-based providers of drug and alcohol services and support (e.g. CADS, General Practitioners).
- Self-navigation of information on community-based drug and alcohol support and services.

### Withdrawal Management

Providing a person with clinical support and supervision of withdrawal from a drug of dependence so that serious medical complications and withdrawal symptoms are reduced to a minimum, and planning post-withdrawal care.

*"Support me in my withdrawal, and help me move forward"*

#### Clinical practice

- Withdrawal management care<sup>1</sup> provided to patients who are in unplanned withdrawal while in our care.

#### Partnerships & Pathways

- Clinician-supported referral to Mental Health Commission-funded withdrawal management services for planned withdrawal (e.g. Next Step and Non-Government Organisations)

<sup>1</sup>Withdrawal management care (assessment tools, clinical monitoring, care ranging from counselling and support to the use of specific medications), with substance-specific guidelines.

### How will the Project be carried out?

**Look at the evidence**  
What does the evidence say should be happening?

**Look at the current situation**  
What is currently happening at our sites?

#### Identify the gaps and issues

How does the current situation compare with the evidence, and what are the gaps and issues?

#### Make recommendations and plan change<sup>2</sup>

How can we address these gaps/issues to support optimised clinical practice, partnerships and pathways?

<sup>2</sup>including revision of the *WA Health Alcohol and other Drug Withdrawal Management Policy*; strategies that address these gaps and issues will involve harnessing and maximising existing resourcing, as well as strategically seeking additional funding, where required.

#### ...and consider the needs of key groups like:

- Patients with a dual diagnosis of mental health illness and substance use
- Aboriginal patients
- Homeless/significantly socially disadvantaged
- Remote country populations
- Higher functioning patients who are using but not declaring having a problem
- Families/significant others

#### Stakeholder Engagement

Consultation with our consumer representatives, clinicians and community-based drug and alcohol service providers

**Project Timeline** OCT 2019 ----- 12mo ----- OCT 2020

### Project Team & Governance

WA Drug and Alcohol Strategic Senior Officers Group (DASSOG)

Strategic oversight



WA Health Methamphetamine Action Plan (MAP) Committee

Project approvals & endorsements

**Chair & Exec Sponsor:** Liz MacLeod (Chief Executive, EMHS)  
**EMHS:** Dr Alex Jaworska & Dr David McCoubrie  
**NMHS:** Dr Peter Allely & Dr Viki Pasco  
**SMHS:** Dr Gordon Shymko & Dr Ian Dey  
**WACHS:** Paula Chatfield & Dr Roland Main  
**WA Department of Health:** Lisa Bastian



Walk with me Project Team

Medical Lead – Dr Kerry Hoggett  
Senior Project Officer - TBA

### Background

- The **Walk with me Project: Pathways to early intervention and withdrawal management** responds to several findings and recommendations in the [WA Methamphetamine Action Plan Taskforce Final Report](#):
  - The challenges people face with accessing drug and alcohol services when, where and how they are needed; and without help to do so – juxtaposed against the relative ease of access to substances: **"Take a walk with me" meth users have said to me. "I'll find you three shots in 15 minutes."**
  - The need to improve access to alcohol and drug services, including withdrawal management care.
  - The need to intervene early to prevent entrenched use and reduce drug-related harm, promoting the use of screening tools and establishing targeted early intervention pathways.
- The [WA Alcohol and Drug Interagency Strategy 2018-2022](#) highlights the significant health, social and economic impact of alcohol and other drug problems in WA; and identifies Alcohol, Stimulants (including Methamphetamines), Cannabis and Opiates as priority drugs of concern in WA.

### Who does the Project apply to?

#### Health Service Providers (HSPs):

##### • East Metro Health Service (EMHS)

Armadale Kalamunda Group, Royal Perth Bentley Group, St John of God Midland Public Hospital

##### • North Metro Health Service (NMHS)

Mental Health Graylands, Joondalup Health Campus, King Edward Memorial Hospital, Sir Charles Gairdner Osborne Park Health Care Group

##### • South Metro Health Service (SMHS)

Fiona Stanley Fremantle Hospitals Group, Rockingham Peel Group

##### • WA Country Health Service (WACHS)

Goldfields, Kimberley, Pilbara, Midwest, South West, Great Southern, Wheatbelt

**Pathways to:** Community-based providers of drug and alcohol services and support, e.g. *Community Alcohol and Drug Services (CADS), Mental Health Commission-funded withdrawal management services (e.g. Next Step and Non-Government Organisations), General Practice etc.*

People who come into contact with public emergency, inpatient or outpatient (clinic and community) services provided by the HSPs above.



### In Scope, Out of Scope

Priority drugs of concern in WA, e.g. Alcohol, Stimulants (including Methamphetamines), Cannabis and Opiates (*lesser focus on nicotine, which is being addressed through the state-wide Smoke Free WA Health initiative*)

Drug and alcohol interventions and pathways that are:

- Voluntary (*compulsory crisis intervention, which is being trialled separate from this project*)
- Related to early intervention, including screening, and withdrawal management (*other components of care e.g. crisis management, provision of rehabilitation services; are being considered under other initiatives<sup>3</sup>*)

Patients who access services provided by HSPs outlined on p.1:

- Adults (16yrs+) (*paediatrics; learnings from this project will be shared with the Child and Adolescent Health Service, particular those relating to the 17-24 yr age group*)
- Their pathways to early intervention and withdrawal management services from point of access to a HSP (*pathways/referral from entities like General Practice, Justice etc. are being considered under other initiatives<sup>3,4</sup>*)

Development of recommended drug and alcohol early intervention and withdrawal management clinical practice guidelines (*integration of recommended guidelines into existing clinical practice standards and policies will be the responsibility of each HSP*):

- Recommendations on drug and alcohol screening using psychological evaluative instruments (*rather than screening based on biological markers*)
- Recommendations on drug and alcohol withdrawal assessment and management (*development of charts based on recommendations will be the responsibility of each HSP*)

Development of recommended strategies that address identified gaps and issues:

- Recommended strategies regarding changes to existing funding arrangements and/or development of new funding arrangements (*implementation of these recommendations is excluded and will be dependent on post-project funding decisions*)
- Commence local implementation (at HSP or site levels) of recommended strategies where feasible within existing resources and project timeframe (*implementation of recommended strategies that require additional funding and/or extended timeframe are excluded and will be dependent on post-project funding decisions*)

<sup>3</sup>other MAP initiatives outlined in: [Full Government Response to the WA MAP Taskforce Report](#); <sup>4</sup>[HealthPathways WA](#) (general practice)

### Project Schedule – Milestones and Key Products

Due in 2020

1	Project Brief developed	Jan
2	Stakeholder Engagement Strategy developed	Feb
3	AOD early intervention and withdrawal management practice, partnerships and pathways drafted based on review of the evidence and environmental scanning	Mar
4	AOD early intervention and withdrawal management practice, partnerships and pathways updated with feedback from Subject Matter Experts (SMEs)	Apr
5	AOD early intervention and withdrawal management practice, partnerships and pathways mapped against current situation with gaps and issues identified through stakeholder consultation	Jun
6	<b>AOD Early Intervention Practice, Partnerships and Pathways</b> developed <i>This product (i) proposes the optimised model of early intervention practice, partnerships and pathways based on the evidence, environmental scanning and feedback from SMEs, and (ii) summarises the operational context of the current state.</i>	Aug
7	<b>AOD Withdrawal Management Practice, Partnerships and Pathways</b> developed <i>This product (i) proposes the optimised model of withdrawal management practice, partnerships and pathways based on the evidence, environmental scanning and feedback from SMEs, and (ii) summarises the operational context of the current state.</i>	Aug
8	Recommended strategies to address gaps and issues drafted through stakeholder consultation and environmental scanning	Oct
9	<b>Recommendations Report</b> developed <i>This product (i) outlines the gaps and issues identified, and (ii) recommends strategies to address them, covering factors like: workforce and training, service commissioning/redesign, infrastructure, systems and process (with an indication of additional resourcing, where applicable). This product will inform submissions to other agencies, e.g. Mental Health Commission, Department of Treasury.</i>	Oct
10	<b>AOD Withdrawal Management Policy</b> revision drafted <i>This product describes the requirements of HSPs in supporting patient access to withdrawal management services, within the current context of withdrawal service provision in WA. Note: Further revision of the AOD Withdrawal Management Policy may be warranted, based on implementation of the Recommendations Report.</i>	Oct

*The needs of key patient groups and families/significant others will be considered throughout the project.*

Key Project Risks	Rating (H – High)	Treatment Action Plans
1 Poor visibility of current practice and pathways via quantitative data <i>caused by</i> inadequate data capture systems and reporting, within context of competing demands on staff time, <i>resulting in</i> a compromised ability to quantify baseline rates and measure changes.	H	<ul style="list-style-type: none"> <li>• Use outputs from controls (audits, existing systems) as indicative baseline rates</li> <li>• Supplement with qualitative data obtained through stakeholder engagement</li> <li>• Develop recommendations that enable future measurement of changes, noting staff time constraints</li> </ul>
2 Recommendations are not supported by key stakeholders <i>caused by</i> inadequately designed/contextualised models and strategies that best-fit the operating environment and balance needs and constraints, <i>resulting in</i> poor uptake of recommendations for localised implementation.	H	<ul style="list-style-type: none"> <li>• Engage with stakeholders to understand the local operating environment, identify needs and constraints, and contextualise/design models and strategies accordingly</li> <li>• Moderate recommendations against financial constraints, and underpin with rationale based on evidence, environmental scanning and stakeholder engagement</li> </ul>
3 Poor engagement and input from clinicians <i>caused by</i> underlying beliefs held by clinicians regarding drug and alcohol use that go against the intent of the project, <i>resulting in</i> poor uptake of recommendations for local implementation.	H	<ul style="list-style-type: none"> <li>• Identify and respond to these underlying beliefs regarding drug and alcohol use through the stakeholder engagement strategy and project messaging (e.g. enlist leadership support and modelling; staff campaign)</li> </ul>
4 Siloed drug and alcohol-related initiatives <i>caused by</i> lack of coordination, collaboration and communication of these initiatives <i>resulting in</i> unintegrated models and pathways.	H	<ul style="list-style-type: none"> <li>• Identify interdependent initiatives and engage in regular communications between those leading these initiatives (project teams and executive sponsors (including DASSOG)), with the aim of fostering integration</li> </ul>
5 Project scope creep (beyond parameters – see “In Scope, Out of Scope” above) <i>caused by</i> mismanagement of stakeholder expectations <i>resulting in</i> overdue and/or incomplete project products.	H	<ul style="list-style-type: none"> <li>• Define and communicate the scope of the project to stakeholders through the Project Brief (this document)</li> <li>• Moderate stakeholder consultation by establishing parameters for input and communicating the governance role of the WA Health MAP Committee with guiding and balancing proposed models and recommended strategies</li> </ul>