Australasian College
for Emergency Medicine

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2 August 2022

Government of Western Australia,
Mental Health Commission
GPO Box X2299,
Perth Business Centre WA 6847

Via email: ellen.gibson@mhc.wa.gov.au

Re: Draft Request Feedback for Immediate Drug Assistance Coordination Centre (IDACC)

To Whom It May Concern,

The Australasian College for Emergency Medicine (ACEM; The College) welcomes the opportunity to provide feedback on the Western Australian (WA) Mental Health Commission's (MHC's) Community Services Draft Request for IDACC.

ACEM is the peak body for emergency medicine and has a vital interest in ensuring the highest standards of emergency medical care for all patients. ACEM is responsible for ensuring the advancement of emergency medicine in emergency departments (EDs) across Australia and New Zealand, the training of emergency physicians in these regions, and the accreditation of EDs for emergency medicine training.

ACEM has a long-standing interest in the topic of alcohol and drug harm, and has produced a suite of College policies informed by evidence-based literature and the expertise of our members:

- Position Statement on Harm Minimisation Related to Drug Use;
- Position Statement Alcohol Harm;
- Policy on Violence in Emergency Departments

ACEM acknowledges that the development of the IDACC Model of Service has been a multi-year process, underpinned by extensive consultation with a broad range of stakeholders and sector experts.

The College welcomes the establishment of a dedicated service that enables 24/7 unplanned access to respond to people with AOD needs in a therapeutic environment.

In our appraisal of the document, we felt that the scope of the community services request for the IDACC is for the most part thorough and well-rounded with the inclusion of target cohort, eligibility criteria and length of engagement. However, the College has identified some issues and would like to offer the following feedback for consideration.

Whilst ACEM is broadly supportive of the IDACC model, the College is concerned by the lack of detail regarding the level of funding that will be allocated to ensure the continued operation of the service once established. Additionally, ACEM acknowledges that a location for the service is yet to be secured, meaning that there is a lack of certainty about the level demand that this service will be able to meet, as well as the accessibility to the service. Furthermore, costing for the necessary modifications to any prospective sites to make the site fit-for-purpose will be determined on a case-by-case basis. These gaps in critical pieces of information raises valid concerns about service capacity, as well as timelines for the service to commence operations.

ACEM acknowledges that clinical governance structures are assumed to be applied by the successful service provider. However, it is the College's view that the proposed staffing structure is lacklustre without

the inclusion of an addiction medical specialist and mental health trained staff. The proposed multidisciplinary team should include social work as a discipline, because of the professional competencies which make social work immensely valuable to health and human services that provide clinical and case management services. It is essential that the services are staffed with adequate levels of appropriately trained security guards to be able to de-escalate mild behavioural disturbances exhibited by service users. It is essential that the service can respond to mildly agitated patients, or else there is the risk that patients will be transferred to the ED and subsequently have their treatment delayed unnecessarily. Additionally, administrative staff are essential to the model proposed to contribute to coordinating care, obtaining records and communicating between agencies.

Furthermore, the strict exclusion criteria of patients experiencing psychiatric illnesses will lead to those suffering from acutely intoxicated transient psychiatric symptoms from being excluded. We know that these symptoms resolve with the patients sobering like in the case of individuals that are acutely methamphetamine intoxicated. Therefore, including this exclusion criteria will lead to this service being geared towards those in a social crisis such as domestic violence and acute homelessness due to drug and alcohol (DOA) use.

In addition to this, our FACEMs report that the notion of having no medications on site is not feasible, for both treatment and sedation purposes. Clients that do not require medications at any stage are those that can visit the community DOA facility. Comparatively, the individuals likely to seek help from the IDACC would be seeking help for situations such as alcohol withdrawal, which often requires medications such as benzodiazepines for management and prevention of potentially fatal withdrawal symptoms.

ACEM welcomes the broad access criteria outlined in the IDACC Model of Service. However, the service must provide close liaison and education to referring agencies to facilitate immediate responses to referral requests, and to promote IDACC as the first point of contact for referring agencies when responding to a person whose presentation fits the access criteria. Our members also report a lack of awareness of the Here For You, or Drug and Alcohol Clinical Advisory Service. ACEM recommends that greater promotion of these services is essential to provide clarity around pathways, but also to increase their visibility to all referring agencies, as well as to the wider public.

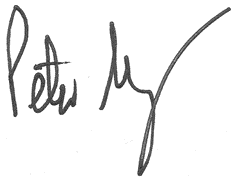
Finally, the tender should set out clear minimum requirements for the collection and storage of client information, and the interoperability of any such digital health information system with mainstream health services. Such a provision should promote adherence with the relevant information sharing laws in Western Australia to ensure that service users' rights and dignity are respected.

Recommendations

1. Key stakeholders are kept informed of the service location and timeline to operation in a timely manner
2. The staffing requirements must be expanded to include an addiction medicine specialist, mental-health trained staff such as mental health nurses, social work, administrative assistants and appropriately trained security guards
3. Medication must be available for the patients that are withdrawing from drug and alcohol use
4. IDACC must provide close liaison and education to referring agencies to enhance awareness and accessibility of the service
5. The tender must include minimum requirements for information storage and sharing

Thank you again for the opportunity to provide this submission. If you require any further information about any of the above issues or if you have any questions about ACEM or our work, please do not hesitate to contact Jesse Dean, General Manager, Policy and Regional Engagement (jesse.dean@acem.org.au; +61 423 251 383).

Yours sincerely,



Dr Peter Allely
Chair, Western Australia Faculty Board
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