

Submission
No 19

**INQUIRY INTO THE PROVISION OF DRUG
REHABILITATION SERVICES IN REGIONAL, RURAL AND
REMOTE NEW SOUTH WALES**

Organisation: WentWest Western Sydney Primary Health Network

Date received: 8 December 2017

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To The Hon Greg Donnelly and colleagues,

Re: Submission Portfolio Committee No. 2 – Health and Community Services inquiry into and report on the provision of drug rehabilitation services in regional, rural and remote New South Wales

WentWest, the Western Sydney Primary Health Network, is contracted by the Commonwealth Government to commission services to address the needs specifically identified for our region. Our region matches that served by our partner organisation the Western Sydney Local Health District (WSLHD). We work closely with the WSLHD to prevent duplication of services. The drug and alcohol services we commission are primarily funded from the National Ice Taskforce investment. We now also contract local drug and alcohol services previously funded by Commonwealth through the NGO Treatment Grants Program (NGOTGP) and Substance Misuse Service Delivery Grant Fund (SMSDGF).

Our region's population is growing rapidly. We estimate this population includes 79,500 people with an alcohol use disorder, 6,300 with a methamphetamine disorder, 20,300 with a cannabis use disorder, 6,800 with a non-medical opiate use disorder. For those that do seek treatment, the majority benefit from a broad range of specialised drug and alcohol day services, many of which we fund in our region. However for those people living in western Sydney needing residential rehabilitation, there are no local drug and alcohol residential rehabilitation services.

While it is acknowledged that a rural or remote location can provide a welcome tranquil setting for people needing to separate from an unhelpful home environment and build a drug and alcohol free life, it makes little sense to require every person needing residential treatment to leave their families to travel to regional or remote, or indeed inner city, locations. This distance brings its own difficulties when it is time to return to a city life, rebuild family relationships and pick up responsibilities, and reengage with primary health services once more.

As an example, Marrin Weejali have been running a well-respected Drug and Alcohol healing centre in Emerton then Blackett for 20 years. Their research has defined the need for a residential rehabilitation service within western Sydney that is culturally appropriate for Aboriginal people. Current waiting times and travel requirements and associated costs are resulting in increased harm associated with alcohol and other drug dependence. We respectfully suggest that Tony Hunter CEO of Marrin Weejali be invited to speak with the Committee.

WentWest the Western Sydney Primary Health Network thanks the Committee for this opportunity to make a submission and would welcome further communication.

Kind regards,

Adj. Assoc. Prof. Walter Kmet
CEO