



Putting People First

**Reporting on the
Implementation of the
Western Australian
Drug and Alcohol Strategy
2002-2005**

November 2004

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Background

The Western Australian Drug and Alcohol Strategy 2002-2005 (WADAS) is part of the Government's response to the 2001 Western Australian Community Drug Summit and provides a framework for stakeholders to contribute to the reduction of social and health issues resulting from alcohol and other drug (AOD) use.

The WADAS highlights three priority areas for action including; Prevention and Early Intervention; Treatment and Support; and Law, Justice and Enforcement. In 2003 ten Government agencies developed Drug and Alcohol Action Plans based on the priorities presented in the WADAS, and informed by individual Agency priorities as well as information from the state wide area planning process, conducted by the Drug and Alcohol Office in 2002- 2003. Each Agency Action Plan lists the actions that the agency will undertake during the 2003-2005 period to contribute toward implementation of the WADAS. The Cabinet Standing Committee on Social Policy (CSCSP) endorsed the Agency Plans and the reporting process in August 2003.

The 10 Government agencies include the: Drug and Alcohol Office, WA Police Service, Department for Community Development, Department for Housing and Works, Department of Health, Department of Indigenous Affairs, Department for Local Government and Regional Development, Department of Education and Training, Department of Justice and School Drug Education and Road Aware.

These agencies have reported on their progress toward implementation of the WADAS for the 2003/04 period. Agency actions have been collated and linked to the three priority areas of the WADAS, its aims and objectives, to form a whole of government report on alcohol and drug-related activity. Reporting on Government activity and progress is further supported through a set of performance indicators for each of the three priority areas for action.

The report "*Reporting on the Implementation of the Western Australian Drug and Alcohol Strategy 2002-2005*" presents progress of the WADAS at a whole of Government level through activity defined in the ten Agency Plans. The report has two components:

1. Performance indicators to highlight key trends and monitor the impact of Government activity. The indicators have been chosen from a range of databases to provide a high level picture of the current status AOD issues in Western Australia; and
2. A presentation of the contributions of agencies across Government to achieve the 18 major strategies of the WADAS and resultant commitments as outlined in the ten Agency Plans.

The report presents a combination of qualitative and quantitative evidence of Government activity in accordance with the WA Drug and Alcohol Strategy 2002-2005, with indicators that assist in determining the effectiveness of the Strategy in addressing AOD related problems within Western Australia.

NOTE: This Report is a progress report on new and developing activities as identified in Agency Action Plans. It is not intended to be a comprehensive list of whole of Government AOD related activity.

Key Issues and Trends

ALCOHOL The majority of Western Australian adults and young people consume alcohol. Approximately 8 in 10 adults and young people (aged 14 years plus) and approximately 7 in 10 school students (aged 12-17 years) report drinking alcohol in the previous 12-months. This high prevalence rate in reported alcohol consumption for school students is concerning as the survey group were under 18 years of age, with no known 'low risk' level of alcohol consumption for children and adolescents. Early onset of risky drinking is associated with increased risk of a range of health and social problems. As many as 4 in 10 adults and young people report drinking at levels of short term risk. Alcohol consumption, particularly risky consumption, is concerning as there can be significant legal, social and health related harms. Based on the high prevalence of recent alcohol consumption, and risky drinking behaviours, the Drug and Alcohol Office is developing a WA Alcohol Plan.

CANNABIS While the majority of school students aged 12 to 17 years report not using any illegal drug, a significant proportion had. Of those who have used, cannabis use accounts for the majority of reported recent illegal drug use. The data in this report indicate that reported cannabis use amongst school students is showing a declining trend. There have been significant changes in students' perception of the risks of cannabis use, with significantly less students (over time) indicating they would take cannabis from a trusted friend, and significantly more students (over time) indicating that they understand cannabis is 'dangerous to take regularly'. The Report provides a summary of the possible reasons for this changing pattern of students' perceived levels of risk regarding cannabis use, including: an increase in the availability of drug education through the School Drug Education and Road Aware project; greater availability of education resources; increased community action to respond to cannabis use by young people; increased access to treatment and support options; and the cyclical nature of drug use. Nevertheless, there is concern for those people who continue to use.

AMPHETAMINES The numbers of school students aged 12 to 17 years reporting use of Amphetamine Type Stimulants (ATS) are comparatively low, however, there has been an increase in reported use. This increase coincides with significant changes in students perceptions of ATS, with significantly more students (over time) indicating they would take ATS from a 'trusted friend', and significantly less students (over time) indicating they understand amphetamine use is 'dangerous to take regularly', although the vast majority of school students recognise the dangers. The Report provides a summary of possible reasons for the changing pattern of students' reported use of amphetamines and perceived levels of risk, including: an increase in the availability of ATS; changes in the market demand and user preferences; and the cyclical nature of drug use. This is supported by data provided by the WA Police Service, detailed in the Report, indicating that while total drug seizure numbers have remained relatively stable across the time period, seizures for ATS have increased by 107% from 1999/2000 to 2002/03. Seizures for opioid type drugs have decreased by 64% for the same period, which is consistent with national trends. The significant increases in the number of clandestine laboratories dismantled in WA is also indicative of changing drug trends, as well as changing production methods used for ATS. While prison data do not enable differentiation between prisoners principal problematic drug, feedback from professional staff indicates amphetamines the most commonly used drug.

INCREASED ACCESS Data consistently indicate increased access over time to treatment and support services for people with alcohol and drug-related problems. Underpinning this increase is the whole of Government approach. The importance of attracting and retaining people with drug and alcohol problems in treatment and support services has been a priority since 2001, realised through initiatives arising from the WA Community Drug Summit, the WA Drug and Alcohol Strategy 2002-2005, the Model for Treatment and Support Services, and the Strategic Framework for Enhancing Access to Treatment and Support Services 2003-2005. As detailed in the Report, access to Government and non-government specialist AOD treatment and support services has increased, particularly for residential services and sobering up centres. Key initiatives have included: new services for target groups such as youth, new models of service delivery, and enhanced treatment options for all members of the community, including prisoners. Access for prisoners to AOD treatment and support services has increased with considerable emphasis on increased intensity of interventions for prisoners, reflected in the data by significant increases in total contact hours, as well as increased access through the introduction of pharmacotherapy treatment options in prisons. Enhanced treatment options for community clients with an opioid dependency have also led to a considerable increase in engagement with treatment and support services.

DIVERSION Diversion of all drug related simple offenders into a compulsory treatment program, supported by the Drug and Alcohol Office, the WA Police Service and the Department of Justice, aims to enhance user engagement with treatment and support services. Key components of the WA Drug and Alcohol Strategy, in relation to Diversion, include: linking to treatment by maximising the number of offenders with drug problems engaged in diversion programs at each stage of the criminal justice system; enacting a legal framework that achieves a balance between strongly discouraging and penalising the illegal drug trade, encouraging people to recover from drug problems and avoiding undue legal penalties for people who use drugs; and to treat people affected by drugs for their drug use with compassion and respect, within the context of their offending behaviour. Adult diversions have remained reasonably stable over the time period. As diversion is open to all drug related adult simple offences, this relative stability may indicate that the program is operating at a level that includes all possible offenders. However, the downward trend in custody diversion and upward trend in court diversion may be indicative that diversion has increasingly become a court-based strategy. The decrease warrants further investigation.

OVERVIEW – WA Drug and Alcohol Strategy 2002-2005

The response to the Summit, called 'Putting People First', reflected an ideological shift in responding to drug and alcohol problems by primarily treating them as a health and social issue, rather than a criminal or justice issue. Furthermore, Government recognised the importance of a more seamless system of care for those in need, and a more coordinated response from the many agencies and individuals involved. This approach was spearheaded by the development of 'Putting People First' *The Western Australian Drug and Alcohol Strategy, 2002-2005*.

The WA Drug and Alcohol Strategy provides a framework for all key stakeholders. It builds on the priorities of the WA Community Drug Summit, and provides a clear commitment to target attention towards the unmet needs of a number of priority groups in our community. The approach is based on pragmatism and is consistent with the directions of the National Drug Strategy. The priority areas of the WA Drug and Alcohol Strategy, which are based on the National Framework and the WA Community Drug Summit, include Prevention and Early Intervention, Treatment and Support, and Law, Justice and Enforcement.

The following is a summary of the strategies contained within the *Western Australian Drug and Alcohol Strategy 2002-2005* (WADAS). It is these 18 strategies that this report uses as a framework for reporting against Government activity.

Prevention and Early Intervention

Prevention is fundamental to the People First approach, and involves a diverse range of programs and activities aimed at all people and communities affected by drug and alcohol use.

- Strategy No 1:* Contribute to the reduction of risk factors and the development of protective factors relating to problems associated with drug use, in local communities.
- Strategy No 2:* Support physical, cultural and social environments that discourage problematic drug use.
- Strategy No 3:* Develop the knowledge, attitudes and skills of the community, particularly priority groups, to avoid drug-related problems.
- Strategy No 4:* Prevent and delay the onset of illicit drug use, and the hazardous use of other drugs.
- Strategy No 5:* Involve local communities in strategies to prevent drug related problems.

Treatment and Support

The model from which treatment and support services are planned and implemented is based on a social and health response. Five key principles guide this approach, including; responsiveness to individual and community needs, access and equity, integration and coordination of services, evidence-based practice, and cost effectiveness and flexible resource distribution.

- Strategy No 1:* Ensure that there is a comprehensive range of community oriented, evidence-based treatment and support services, responsive to client needs, throughout the State.
- Strategy No 2:* Improve access to services to meet the particular needs of priority groups.
- Strategy No 3:* Promote clear points of entry into treatment and ensure that there are identified pathways for people to access the services most appropriate to their needs.
- Strategy No 4:* Ensure that services operate as an integrated network, reflecting continuity with the Western Australian Drug and Alcohol Strategy's underlying values and principles.
- Strategy No 5:* Ensure that there are effective linkages between non-government organisations and agencies that respond to people affected by drugs and with local communities.
- Strategy No 6:* Monitor service standards and performance.

Law, Justice and Enforcement

The priority for Law, Justice and Enforcement involves the development and enforcement of laws that impact on drug related outcomes, and incorporates all three 'harm minimisation' functions, including supply reduction, demand reduction and harm reduction.

- Strategy No 1:* Link with prevention by exploring collaborative models.
- Strategy No 2:* Link to treatment by maximising the number of offenders with drug problems engaged in diversion programs at each stage of the criminal justice system.
- Strategy No 3:* Reduce the supply of illicit drugs and the illegal supply of alcohol.
- Strategy No 4:* Enact a legal framework that achieves a balance between strongly discouraging and penalising the illicit drug trade, encouraging people to recover from drug problems and avoiding undue legal penalties for people who use drugs.
- Strategy No 5:* Treat people with drug related problems with compassion and respect, within the context of their offending behaviour.
- Strategy No 6:* Reduce drug use and associated problems by offenders and others identified in the justice system.
- Strategy No 7:* Reduce re-offending associated with drug use.



PREVENTION AND EARLY INTERVENTION

Performance Indicators

The indicators have been chosen from a range of databases to provide a high level picture of the current status of alcohol and other drug (AOD) issues in Western Australia. Data have been obtained from reliable sources and, where possible, provided in a time series.

This is an initial attempt at compiling data from numerous government agencies to provide a high level picture of the current status of AOD issues in Western Australia. There are opportunities for the further development of the performance indicators presented within this report. Inclusion of additional targeted data or the enhancement of current systems to enable the improved analysis of data may occur in future years.

Prevention is fundamental to the 'Putting People First' approach, and involves developing ways to support individuals, families and communities to acquire the knowledge, attitudes and skills to adopt healthy behaviours and lifestyles. Prevention and early intervention activities in the Western Australian Drug and Alcohol Strategy 2002-2005 (WADAS) have a common focus on preventing harm and reducing problems associated with AOD use. The indicators therefore report the:

- prevalence of AOD use;
- harm reduction activity; and
- education related outcomes.

1. Prevalence of reported drug and alcohol use

1.1 Reported recent illicit drug use (last 12 months) in Western Australia

a) Reported adult and young peoples' illicit drug use

TABLE 1: Per cent of the Western Australian population aged 14 years or older who reported having used alcohol or illicit drugs (by drug type) in the last 12 months.

DRUG TYPE	1995 (%)	1998 (%)	2001 (%)
Alcohol	80	86	84
Cannabis	16.7	22.3	17.5
Amphetamines	2.9	6.0	5.8
Ecstasy	2.7	5.1	4.0
Cocaine	0.6	1.3	1.5
Inhalants	0.2	1.3	0.6
Heroin	0.4	1.5	0.3
Other Opiates	N/a	n/a	0.6

Note:

- Information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years.
- Reported use of all substances is for non-medical purposes (ie not prescribed by a doctor).
- The next survey is currently underway. Results will be available mid-late 2005.
- The full NDSHS report is available on the Drug and Alcohol Office website: <http://www.dao.health.wa.gov.au>

Comment

- The vast majority of adults and young people aged 14 years and over report that they had not used an illicit substance in the 'last 12 months'. On the other hand, a significant proportion had used drugs.
- Alcohol is the most commonly used drug 'in the last 12 months' reported by adults and young people aged 14 years and over.
- Cannabis accounts for the majority of recent reported illicit drug use. As reported in the full NDSHS results, available from <http://www.dao.health.wa.gov.au>, cannabis also accounts for the majority of reported 'lifetime' use in adults and young people aged 14 years and over.
- Reported use of amphetamines within the 'last 12 months' has increased since 1995. As can be seen later in this document, the availability and use of amphetamines have increased in recent years.

b) Reported school students alcohol or illicit drug use

TABLE 2: Per cent of Western Australian school students (aged 12-17) who reported having used alcohol or illicit drugs (by drug type) in the last 12 months.

DRUG TYPE	1996 (%)	1999 (%)	2002 (%)
Alcohol	74	74	73
Cannabis	36.4	33.4	26.8
Heroin	2.3	3.4	2.0
Amphetamines	5.4	12.1	10.3
Ecstasy	3.3	5.6	4.2
Cocaine	2.2	3.5	3.0
Inhalants	16.7	15.2	12.9

Note:

- Information is based on the Australian School Students Alcohol and Drugs (ASSAD) survey which is conducted every three years.
- The next survey is due to be conducted in September 2005. Results will be available mid 2006.
- Use of all drugs is for non-medical purposes (ie not prescribed by a doctor).
- The full ASSAD report is available on the Drug and Alcohol Office website: <http://www.dao.health.wa.gov.au>

Comment

- As reported in the full ASSAD results, available from <http://www.dao.health.wa.gov.au>, 51% of school students aged 12 to 17 years reported not using any illicit drug at any time in their life. However, a significant proportion (49%) had.
- There were no significant increases¹ in the reported use of any drug by WA school students aged 12 to 17 years between 1999 and 2002.
- There were a number of significant decreases¹ in school students reported drug use between 1999 and 2002, with the use of many drugs returning to 1996 levels.
- It is important to note that for several drugs, reported use in WA in 1999 was higher than the national average and also higher than a number of other jurisdictions.

¹ ASSAD results report levels of significance at the 0.05 level.

- It is probable that a number of factors contributed to the significant decreases¹ in school students reported drug use between 1999 and 2002, including:
 - an increase in the number of WA schools participating in School Drug Education and Road Aware;
 - an increase in access to drug treatment services and treatment options;
 - greater success of WA Police Service law enforcement limiting the supply of drugs (see Law, Justice & Enforcement performance indicators);
 - an increase in community action to respond to drug issues at the local level;
 - improved coordination in addressing drug use; and
 - the cyclical nature of drug use.
- Cannabis accounts for the majority of reported lifetime and recent illegal drug use amongst 12 to 17 year old school students.
- The vast majority of school students aged 12 to 17 years (approx 90%) reported not using amphetamines in the previous 12 months.
- Whilst reported amphetamine use in the 'last 12 months' decreased between 1999 and 2002 by 15% and use in the 'last month' decreased by 22%, there has been an overall increase in reported amphetamine use from 1996.
- Although not depicted in Table 2, the number of telephone calls to the Alcohol and Drug Information Service (ADIS) regarding psychostimulants (amphetamine type substances) increased dramatically from 1996, peaking in 2000, with 2002 figures returning to similar levels as for 1999. This pattern is similar to the levels of use indicated by the ASSAD survey data for the 1996, 1999 and 2002 periods.
- Recent use of inhalants as reported by school students has decreased significantly¹ between 1996 and 2002. Surveys indicate that volatile substance inhalation is most common among young teenagers. Inhalant use is usually only a passing phase of experimentation that can be influenced by the peer group. Young people who sniff generally try it once or twice then discontinue use. Risks can still occur on any single occasion. Few become regular or dependent users. People who do become dependent often have a wide range of other problems.

1.2 Reported recent alcohol consumption (last 12 months) in Western Australia and levels of harmful use

a) Reported adult and young peoples' alcohol consumption

TABLE 3: Per cent of the Western Australian population aged 14 years or older who report having consumed alcohol in the past 12 months and consumed at levels of long-term and short-term risk.

	1991/92	1993/94	1995/96	1998/99	2001/02
Consumed alcohol in past 12 months	82%	75%	80%	86%	84%
Long-term risk consumption	N/A*	N/A*	N/A*	N/A*	11%
Short-term risk consumption	N/A*	N/A*	N/A*	N/A*	38%

Note:

- Information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years.

- The next survey is currently underway. Results will be available mid to late 2005.
- Short-term risky alcohol consumption: that men do not exceed 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking.
- Long-term risky alcohol consumption: that adult men do not exceed 4 standard drinks on an average day (or 28 standard drinks per week) and adult women do not exceed 2 standard drinks on an average day (or 14 standard drinks per week).
- Short term and long term risky alcohol consumption include “risky” and “high risk” levels.
- * Indicates that these data were not collected during these years. Data were collected in 2001/02 and will continue to be collected in future years. This will allow for time series comparisons to be made in future years.

Comment:

- The per cent of adults and young people aged 14 years and over who report having consumed alcohol in the past 12 months has remained reasonably stable between 1991 and 2002, with approximately 8 out of 10 people reporting that they had consumed alcohol in the past 12 months.
- 38% (or nearly 4 in 10) of adults and young people aged 14 years and over reported short-term risky drinking behaviour. Earlier onset of risky drinking is associated with a greater risk of short and long-term harms.

b) Reported school students alcohol consumption

TABLE 4: Per cent of Western Australian school students (aged 12-17) who report having consumed alcohol in the past 12 months and consumed at levels of short-term risk.

	1990/91	1993/94	1996/97	1999/00	2002/03
Consumed alcohol in past 12 months	71%	71%	74%	74%	73%
Short-term risk consumption	6.3%	5.3%	7.5%	9.2%	8.3%

Note:

- Information is based on the Australian School Students Alcohol and Drugs (ASSAD) survey which is conducted every three years.
- The next survey is due to be conducted in September 2005. Results will be available mid 2006.
- Short-term risky alcohol consumption – based on the recommended daily limits for adults to avoid short-term harm on at least one day in that week: that adult men do not exceed 6 standard drinks and adult women do not exceed 4 standard drinks on any single day of drinking.
- Short term risky alcohol consumption includes “risky” and “high risk” levels.

Comment:

- The per cent of school students aged 12 to 17 years who report having consumed alcohol in the past 12 months has remained reasonably stable between 1990 and 2002, with approximately 7 out of 10 school students reporting that they consumed alcohol in the past 12 months.
- 8.3% of school students aged 12 to 17 years reported short-term risky drinking behaviour. (These data cannot be compared to ‘short term risky drinking’ as reported in the adult and young people survey [NDSHS - Table 3], as the survey methodology differs). Early onset of risky drinking is associated with a greater risk of short and long-term harms, including increased risk of a range of health and social problems. Consumption of alcohol for school age students may carry risks not associated with adult use.

DATA IMPLICATIONS: Prevalence of Reported Drug and Alcohol Use

- Figure 1 presents a summary and comparison of adult and young peoples' reported alcohol and illicit drug use, as per data from Tables 1 and 3. Alcohol is the most commonly reported drug used 'in the last 12 months'. The next most commonly reported drug used is cannabis, and in 1998 and 2001 amphetamines were the third most commonly reported illicit drug used.

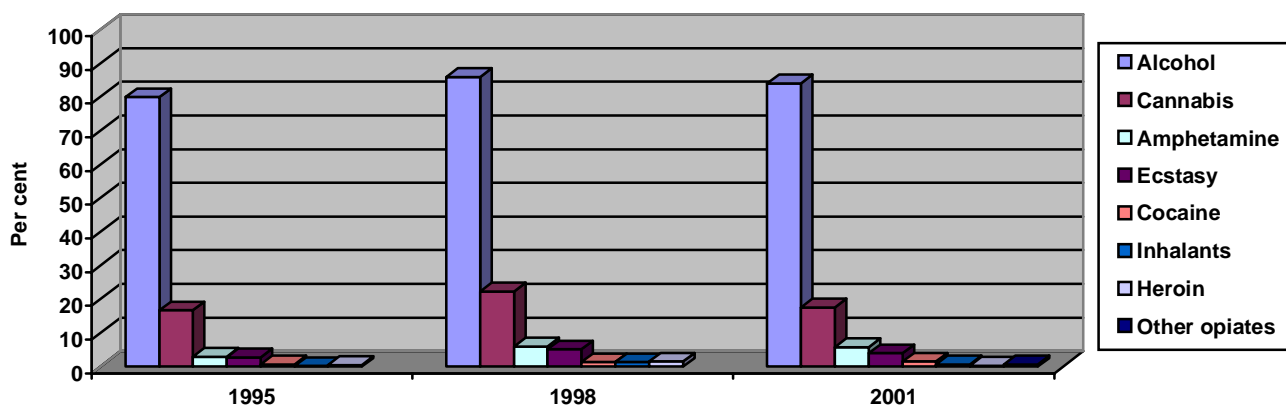


FIGURE 1: Per cent of the Western Australian population aged 14 years or older who report using alcohol or illicit drugs (by drug type) in the last 12 months.

- Figure 2 presents a summary and comparison of reported school student AOD use (12 - 17 years) as per data from Tables 2 and 4. Similar to reported adult and young peoples' drug use outlined in Figure 1, alcohol is the most commonly reported drug used 'in the last 12 months'. While the adult and young people data summarised reported alcohol and illicit drug use for adults and young people (aged 14+), the majority of the survey population is over the legal drinking age. Conversely, the school student survey data are drawn from a population aged 17 years and under, where alcohol use of any amount is illegal in some settings. Alcohol consumption, particularly risky consumption for this target group is concerning as there can be significant additional legal, social and health related harms as a result of alcohol consumption. There is no known 'low risk' level of alcohol consumption for children and adolescents. Early onset of risky drinking is associated with increased risk of a range of health and social problems.

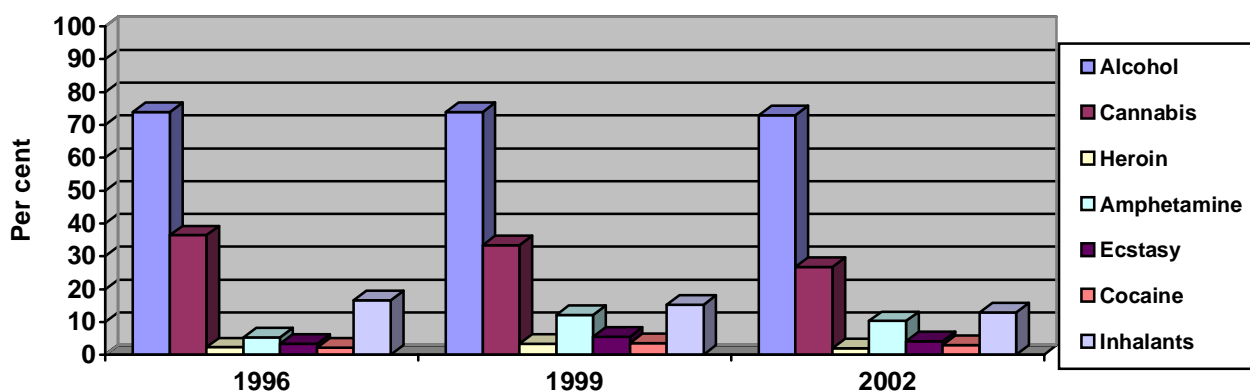


FIGURE 2: Per cent of Western Australian school students (aged 12-17) who report using alcohol or illicit drugs (by drug type) in the last 12 months.

2. Harm reduction activity

The performance indicators for Section 2 reflect harm reduction activity for illicit drug use. This is particularly true for intravenous drug use.

While alcohol related harm reduction activity has occurred across Government and non-Government agencies, as well as the community, meaningful performance indicator data measuring the effectiveness of alcohol related harm reduction activities are limited. Within the Treatment and Support section, Table 13 provides data on the number and rate of hospitalisations related to alcohol in WA, within the Law, Justice and Enforcement section, under item 5.1c) the number of Liquor Licensing Act Infringement Notices issued by the WA Police Service has been included. While these data are indicators of alcohol related harm-reduction activity, the data in both of these sections are limited in the level of detail currently available. As noted in both sections, there is opportunity for further development of the data information systems.

2.1 Number of hepatitis C notifications

TABLE 5: Number of hepatitis C cases notified to the Department of Health by disease status in WA

Disease Status	1999/00	2000/01	2001/02	2002/03	2003/04
Incident	108	135	148	146	122
Unspecified	1,347	1,415	996	1,178	1,132
Total	1,455	1,550	1,144	1,324	1,254

Note:

- Data were extracted from the Western Australian Notifiable Infectious Diseases Database (WANIDD).
- An estimated 91% of new (incident) hepatitis C infections in Australia since 1995 have been acquired through injecting drug use (Hepatitis C Virus Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2002, April 2002).
- In WA, hepatitis C infections that can be determined as being acquired within the past 24 months are classified as "incident". All other cases are classified as "unspecified" (ie person infected more that 24 months ago but only diagnosed and notified within reporting timeframe). It is possible that some "incident" cases have not been identified as such and therefore have been incorrectly classified as "unspecified" (ie unspecified category may include some cases where it is unable to be determined when the infection was acquired).
- Changes in the notification system commenced in 2000 (the introduction of laboratory notifications), resulting in a general increase in notifications across WA.

2.2 Number of HIV notifications

TABLE 6: Exposure category in WA residents notified with HIV infection, 1999-2003

Category	1999	2000	2001	2002	2003
IDU* only	1	1	2	2	2
All Other	30	39	38	50	49

Note:

- * Intravenous Drug Use (IDU)
- Excludes all "Overseas visitors to Western Australia", "overseas students" and "Non-WA Australian Residents".
- Excludes cases that have previously been notified with HIV/AIDS in other States/Territories.

2.3 Number of needles and syringes distributed through the NSP program

TABLE 7: Number of needles and syringes distributed

1999/00	2000/01	2001//02	2002/03	2003/04
3,040,060	3,183,529	3,601,461	3,563,463	3,496,731*

Note:

- * 2003-2004 data are provisional as at 9 July 2004.
- Number of needles and syringes distributed includes needles and syringes distributed through all types of outlets in Western Australia namely; needle and syringe exchanges, rural and regional hospitals, public health units, vending machine (at Kalgoorlie Regional Hospital), and retailed through community pharmacies.
- Data may differ from those previously published due to data base upgrades and data refinement.

DATA IMPLICATIONS: Harm Reduction Activity in Relation to Illicit Drug Use

- The number of needle and syringes distributed leveled during the period 2001/2002 to 2003/2004.
- Total Disease (incident and unspecified) decreased in 2003/2004 following a stable year. This was preceded by a growth in total numbers during the period 1999/2000 to 2001/2002.
- The increased availability of clean needles and syringes is a contributing factor to the containment of hepatitis C notifications.
- In Western Australia, injecting drug use as a sole 'exposure category' for HIV accounts for approximately 4% of all HIV notifications each year. More information about the epidemiology of HIV and hepatitis C in WA can be found in the report 'The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia 1990 to 2000', available at http://www.health.wa.gov.au/pophealth/Communicable/sexual_health.cfm.
- The 'Return on Investment in Needle and Syringe Programs in Australia' report, commissioned by the Commonwealth Department of Health and Aged Care, indicated that during the period 1991 to 2000, \$141 million was expended on needle and syringe programs across Australia saving between \$2.4 billion and \$7.9b in treatment costs for HIV and hepatitis C².
- Australian success in preventing an epidemic of HIV amongst people who inject drugs has been widely acknowledged. This success is due to the policy of harm minimisation, as outlined in the National Drug Strategy, and in particular the introduction of harm reduction strategies including needle and syringe programs. In Australia, the prevalence of HIV amongst people who inject drugs is estimated at between 3% to 5%. Nationally, HIV transmission amongst Aboriginal people via injecting drug use is of particular concern, as from 1993-2002, a higher proportion of HIV diagnoses were associated with injecting drug use (20%) in Aboriginal people, compared to 4% among non-Aboriginal people³.

² Return on Investment in NSP in Australia at <http://www.health.gov.au/pubhlth/publicat/hac.htm>

³ National Centre in HIV Epidemiology and Clinical Research. HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2003. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW. 2003

3. Education outcomes in relation to drug and alcohol use

School students expectations of experience with AOD use, and perception of risk associated with use, are useful indicators of school students understanding of AOD related harms, and student behaviour. These measures can therefore be used as indicators of the outcomes of programs aimed to educate students about the harmful effects of drug use. The effectiveness of preventive programs with students are affected by factors such as: student exposure, type of school drug education, and parental and peer influence.

3.1 School students perceptions of risk for illicit drug use

TABLE 8: Per cent of Western Australian school students (aged 12-17) perceived level of risk from experimental and regular alcohol and drug use

Drug	Would take this drug from a trusted friend			Good or really good experience if took this drug			Dangerous to take this drug once or twice			Dangerous to take this drug regularly		
	96	99	02	96	99	02	96	99	02	96	99	02
YEAR	96	99	02	96	99	02	96	99	02	96	99	02
Cannabis	38	33	28	53	49	45	63	68	71	78	79	82
Heroin and other opiates	4	4	3	18	15	12	84	86	85	89	86	87
Amphetamines	6	10	11	18	24	24	83	79	78	89	84	84
Hallucinogens (LSD)	13	10	6	26	24	17	82	80	80	87	83	85
Ecstasy	6	9	8	22	24	22	83	80	81	88	84	86
Cocaine	4	5	5	29	19	16	84	82	82	88	84	86
Inhalants	4	5	5	15	16	13	n/a	n/a	n/a	88	85	85

Note:

- Information is based on the Australian School Students Alcohol and Drugs (ASSAD) survey which is conducted every three years.
- The next survey is due to be conducted in September 2005. Results will be available mid 2006.

Comment:

- Although not shown in the table, school students concern over a friend's use of cannabis increased with each survey. In 1996, 59% reported that they would be concerned if a friend was using cannabis. In 1999 this was higher, at 67%, and in 2002 higher again at 72%. This indicates that the majority of school students have become increasingly aware that cannabis use can be harmful.

3.2 School students expectations of risk from alcohol use

TABLE 9: Expectations of school students aged 12-17 years relating to alcohol use (per cent)

Expectations relating to alcohol use	1996		1999		2002	
	12-15	16-17	12-15	16-17	12-15	16-17
Students expecting to have a positive experience with alcohol	50.3	79.4	58.0	84.5	54.2	80.8
Students expecting to have a negative experience with alcohol	42.2	17.0	33.7	12.0	39.4	15.4

Note:

- Percentages for students who responded 'don't know' are not presented here, and therefore proportions do not equal 100%.

Comment:

- Expectations of school students aged 12 to 17 years regarding the use of alcohol has remained at reasonably stable levels across the survey periods.
- The majority (approximately 8 out of 10) of school students over 16 years of age expect to have a positive experience when consuming alcohol.
- Younger school students (aged 12 to 15 years) expectations are more moderate than those of older school students. Considerably more younger school students (approximately 4 out of 10) expect to have a negative experience than older school students (approximately 1 to 2 out of 10).

DATA IMPLICATIONS: Education Outcomes in Relation to Drug and Alcohol Use

- The proportion of students who reported alcohol consumption at the short-term risk level (8.3% - Table 4) is much lower than the proportion of students who expect to have a positive experience (54.2% for 12-15 year olds & 80.8% for 16-17 year olds - Table 9). This difference between reported risky behaviour and reported perception of harms could be an outcome of education regarding drinking levels as outlined in the Australian Alcohol Guidelines, albeit school students are younger than the legal drinking age.
- The proportion of 16 to 17 year old students who hold positive expectations of alcohol consumption (Table 9) is considerably higher than proportion of younger students who hold positive expectations. There are many more students in the younger age group (12-15 years) expecting to have a negative experience with alcohol, than in the older age group. The data show that student expectations towards alcohol change as they age, with research indicating that behaviour (as it relates to drinking alcohol) is generally consistent with expectation of a negative or positive experience (As detailed in the full ASSAD Report, prevalence of reported alcohol consumption increased with age across all time periods).
- The data clearly indicate that as school students age, their attitude to alcohol use also changes. Older school students are more likely to expect to have a positive experience with alcohol, whilst the percentage of those expecting to have a negative experience decreases. Students' attitudes and behaviours reflect the culture of the broader community. Thus, there is the need to change the attitudes and culture of risky drinking within the broader community. Changing community tolerance for the problems associated with hazardous and harmful alcohol use and school students' expectations towards alcohol products and the drinking experience will result in consumption behaviour changes. Accomplishing a sustainable decrease in hazardous and harmful alcohol use and associated behaviour can also be achieved through the development of safer drinking settings.
- The negative perception by students aged 12 to 17 years regarding the use of most illicit drugs has remained at reasonably stable levels across the survey periods. For some illicit drugs, the negative perception of use has increased (therefore making use of the drug less attractive).

- As can be seen from Table 8, and highlighted in Figure 3, there have been significant changes¹ in students' perceptions of cannabis use, with significantly less¹ students (over time) indicating they would take cannabis from a trusted friend, and significantly more students (over time) indicating that they understand cannabis is 'dangerous to take regularly'. This changing pattern of students' perceived levels of risk can probably be best attributed to a combination of factors including:
 - an increase in the number of schools participating in School Drug Education and Road Aware (SDERA);
 - an increase in the availability of drug education material, through various initiatives including the Drug Aware campaign and website;
 - an increase in community action to respond to cannabis use by young people;
 - an increase in access to treatment and support services and options; and
 - the cyclical nature of drug use.

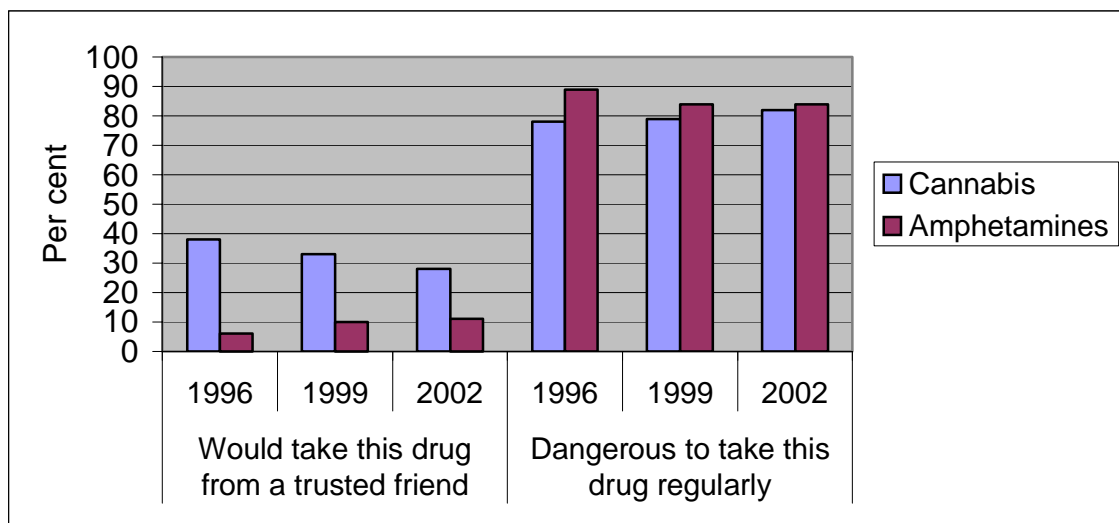


Figure 3: School students perceived level of risk from cannabis and amphetamines (per cent)

- As can be seen from Table 8 also highlighted in Figure 3, there have been significant changes¹ in students' perception of amphetamine use. There are significantly more¹ students (over time) indicating they would take amphetamines from a trusted friend, and significantly less¹ students (over time) indicating they understand amphetamine use is 'dangerous to take regularly'. This changing pattern of students' perceived level of risk could be attributed to a combination of factors (also see Tables 17 & 19 and associated comments in the Law, Justice, and Enforcement section,) including:
 - an increase in the availability of illicit amphetamine drugs;
 - changes in the market demand and user preference; and
 - the cyclical nature of drug use.

Government Activity

Prevention is fundamental to the *People First* approach, and involves a diverse range of programs and activities aimed at all people and communities affected by AOD use.

Objective: *Develop and expand initiatives to support individuals, families and communities to acquire the knowledge, attitudes, and skills to adopt healthy behaviours and lifestyles. Whole of Government initiatives contribute to the following five strategies:*

Strategy No 1: Contribute to the reduction of risk factors and the development of protective factors relating to problems associated with drug use, in local communities.

Activities are being undertaken across the life continuum to ensure that protective factors are increased and risk factors are limited. This includes work with identified target groups such as children, Indigenous, young and homeless people. Such programs range from activities that aim to address the social determinants of health, through to activities aiming to reduce the prevalence of risk factors associated with 'at-risk' populations. Activity is inter-sectorial and promotes collaboration and integration across sectors.

An overview of significant whole of Government progress and activities on actions addressing strategy one in the prevention and early intervention area include:

Agency Action
<p>DOH</p> <p>Population Health conducts targeted health promotion and intervention activities to prevent and reduce AOD related harms (this includes addressing risk and protective factors). These activities are evidence-based and conducted in partnership with key stakeholders, actively involving local communities.</p> <p>Child and Community Health Services have commenced Universal Home Visiting for all new mothers from 1 July 2004 to enhance maternal, child, and family well being through intervention to reduce the impact of risk factors and enhance protective factors within the family.</p> <p>Ongoing support and assistance to regional School Drug Education and Road Aware (SDERA) Regional Organising Committees (ROCs) to ensure that evidence-based school drug education occurs throughout regional and remote Western Australia.</p> <p>Workforce development opportunities have occurred to increase the health sector's ability to respond appropriately to AOD issues.</p>
<p>DAO</p> <p>A first draft of the WA Alcohol Plan has been developed and the first consultation phase (with government agencies) has commenced. This Plan contains key strategic directions to address early childhood intervention, community action, responsible supply and service of alcohol, treatment and support, and information and monitoring in regard to alcohol related issues.</p> <p>DAO has undertaken a range of community capacity building initiatives targeting school leavers aimed at reducing harms associated with post school celebrations.</p> <p>DAO is supporting tertiary institutions and associated residential colleges in the development of strategies to reduce hazardous and harmful alcohol consumption.</p> <p>DAO is developing a position paper on early childhood intervention and parent drug education to guide the work of the sector in this important area.</p>

Development and implementation of a Night Venues and Entertainment Events Project to reduce risk factors that contribute to drug-related harm and increase protective factors that reduce the harm associated with drug use (particularly amphetamine-type substances) within night venue and entertainment event settings.

DCD

The Department continues to work with other agencies and communities to develop and implement the Early Years Strategy. Early Years sites have been identified and work has commenced to establish linkages and map local needs in 18 communities: Kalgoorlie Boulder, Midland, Gosnells, Halls Creek, Carnarvon, Mandurah, Bayswater-Maylands, Clarkson-Merriwa, Armadale, Rockingham, Tom Price, Newman, Coolbellup/Hamilton Hill, Wirramanu, Somalian women, the Ngaanyatjarra Lands, Bunbury and Mullewa. It is envisaged that additional sites will become involved during the next 3 years. Early Years Development grants totalling \$215,610 have been disbursed to 13 organisations for 17 Early Years initiatives. A further round of grants, advertised in March 2004, resulted in a further 13 projects receiving additional funding totalling \$259,473.

Aboriginal Early Years services have been established in three metropolitan and one regional centre to improve the welfare and access to such services for this priority group. Best Beginnings home visiting services are also operating at Clarkson, Armadale Kelmscott, Midland and Kalgoorlie Boulder. A new service has commenced in the Perth area. These services have been developed in a manner that fosters partnerships across key agencies.

The Children and Young People in Care Advisory Committee and the Department have conducted consultations with children and young people, parents, carers and service providers linked with the AOD, mental health, and care for children sectors. The recommendations will inform development of intersectoral strategies to reduce the rate at which children and young people enter out of home care as a result of parental AOD use and associated factors. The Advisory Committee Report was presented to the Director General of the Department for Community Development and the Ministers for Community Development and Health in April. The Department is preparing a response to the recommendations. The Advisory Committee is planning a series of workshops/focus groups targeted at Aboriginal and Torres Strait Islander children and young people at risk of entering care or in care as a result of parental AOD use. The report from the consultations is expected to be completed by late 2004.

The Department's portfolio agencies, the Office for Children and Youth, the Office for Women's Policy and the Office for Seniors Interests and Volunteering promote the interests of target populations, including development and implementation of initiatives which promote positive images to counter negative community stereotypes. Recent examples include the 2003/04 Positive Image Awards and WA Youth Awards which acknowledge those acting as positive role models for other children; and young people and the Women's Small Grants which focus upon initiatives building community capacity.

The Office for Children and Youth has been a key partner in the pilot Consumer Consultation and Participation Project undertaken by the Ministerial Council for Suicide Prevention and the National Youth Affairs research Scheme (NYARS). A NYARS report has been commissioned into *Barriers to Service Provision for Young People with Presenting Substance Misuse and Mental Health Problems*.

SDERA

The outcome evaluation of SDERA is now in Phase 2. This evaluation aims to determine the longer-term outcomes from school student involvement in the SDERA best practice model of AOD education in the school setting.

DHW

Ruah Inreach has developed protocols to improve access pathways to housing for people with comorbid AOD and mental health issues. This housing provides a significant protective factor for

those at risk of AOD related harm and other social factors such as crime. Housing is provided on an as needs basis in the metropolitan area.

The Support Housing Assistance Program aims to address tenant problems that impact on housing. This support aims to negate risk factors that may lead to a loss of housing – itself a risk factor for many social problems including hazardous AOD use and crime. The program forms links and partnerships at a whole of Government level to provide a sound protective basis for at risk people. This program has been extended to a further four country areas.

Youth Externally Supported & Fremantle Region Externally Supported Housing programs continue to provide permanent long-term housing support for homeless young people, providing a significant protective factor for those at risk of AOD related harm. This program has extended into three new regional locations.

Programs addressing tenancy (a protective factor) have been implemented. This includes:

- the Absentee Tenant Minimum Rent policy to clients who are required to enter supported accommodation;
- Crisis Accommodation Program (CAP), providing temporary accommodation for people who are homeless or in immediate crisis, whilst long-term accommodation is sought;
- the Transitional Housing Program managing nine properties to provide extensive support to tenants, maintaining their tenancy; and
- Aboriginal Tenancy Support Service providing culturally appropriate support to tenants in six country regions.

WAPS

Existing “Blue Light” and community “GURD” events and activities continue. GURD is a Youth Alcohol and Other Drug Education strategy for school children between the ages of 9 and 14 years, and aims to raise awareness of the legal and social consequences surrounding AOD use. This initiative is delivered by trained police officers throughout the state, in conjunction with the SDERA.

Ongoing commitments regarding crime prevention activity, targeted at reducing problematic drug use, are being further progressed.

DET

The Pathways to Social and Emotional Development resource was released and is currently under review. The resource will be released to all schools by the end of 2005 with a comprehensive professional learning program

The Retention and Participation (RAP) plan is operating. The plan aids in the identification and implementation of strategies to increase attendance and engagement by alienated students in educational programs.

The first phase of the Behaviour Management and Discipline (BMAD) strategy is complete. A total of \$28m has been expended to date. An additional \$36.5m has been allocated to the project for the period 2004/5 – 2008/9.

At the system level the Department is continuing to develop a strategy (the Youth Advantage strategy) to engage and retain students in post compulsory education.

The Students at Educational Risk (SAER) strategy has been devolved to schools. Schools are required to have fully implemented the program by 2005. The Building Inclusive Classrooms and Building Inclusive Schools programs are related to the SAER project.

Strategy No 2: Support physical, cultural and social environments that discourage problematic drug use.

Activity focusing on the development of environments that are supportive of harm reduction measures, and the appropriate management of AOD use or problematic use are being implemented through a range of initiatives across Government. Programs have also been developed to ensure that environments support the prevention of AOD use, particularly those environments frequented by identified target groups.

An overview of significant whole of Government progress and activities on actions addressing strategy two in the prevention and early intervention area include:

Agency Action
<p>Department of Health</p> <p>Compliance with OP1522/01 (DoH Operational Instruction: all regional and rural hospitals that provide emergency after-hours services are required to provide after-hours access to needles and syringes for people who inject drugs) is now 100% in most regions (ie four regions, with 55%, 62% and 85% compliance in others). These additional services aim to reduce the prevalence of Blood Borne Virus (BBV) and hazards associated with injecting drug use in regional areas.</p> <p>Population Health Units undertake numerous strategies in conjunction with key stakeholders to provide safe environments for those using AOD.</p> <p>Population Health is involved in the development and management of regional Alcohol Accords and Local Government Alcohol Policies. These Accords and policies aim to reduce alcohol related harm whilst providing safe social environments that discourage problematic alcohol use.</p> <p>Office of Aboriginal Health (OAH) contracts have been redrafted to include prevention and community development activity as appropriate. This includes fostering of partnerships across whole of Government and non-Government sectors.</p> <p>OAH health promotion team has been established and linked to the OAH AOD team. These two teams will work together to develop partnerships improving the health of, and reducing the harms to, Aboriginal people in Western Australia.</p>
<p>DAO</p> <p>Production of a state-wide responsible service of alcohol training package for police and health workers to deliver to casual bar staff.</p> <p>Development of a risk management and policy development training package for night venue and entertainment event managers and staff. The package aims to discourage problematic drug use and encourage safer entertainment environments.</p> <p>Support to tertiary institutions and associated residential colleges to assist in changing environments to support safer drinking practices.</p>
<p>DCD</p> <p>Through the Office for Children and Youth, the Youth Spaces and Facilities Fund was launched in April 2003. The Fund provides \$1 million over 4 years to regional communities. Grants of up to \$25,000 per application are available to help rural and regional communities develop youth-oriented cultural venues and public spaces. The program aims to increase youth participation in cultural, recreational and sporting activities at well-planned, designed and managed facilities and public spaces. The Office has undertaken a review of its grants programs, with a view to making them more culturally appropriate and accessible to Indigenous young people. More than 170 Indigenous young people, including more than 70 young women, have contributed to the process, as well as hundreds of service providers.</p> <p>The HYPE project has expanded to include two additional regional centres at Geraldton and</p>

Broome, and a HYPE project is being developed at Meekatharra. These projects aim to role model positive behaviours and to engage young people and local communities. Some responses may include the development of recreational strategies.

SDERA

Following on from the 129 participants, involving 74 schools, being provided with professional development training and support to manage drug issues within the school setting last year, 60 participants from 39 schools have been involved in the program in the first six months of 2004. This workforce development project for school staff forms one component of the ongoing core business of SDERA.

WAPS

The WA Police Service (WAPS) is directly involved in the mandatory education and training of licensees regarding the management of licensed premises. This training aims to increase licensees' knowledge of the Liquor licensing Act and reduce potential issues associated with inappropriate and hazardous provision of liquor in licensed areas.

Involved in the management and support of 23 liquor Accords throughout the state. These Accords aim to reduce alcohol related harm whilst providing a safe social environment that discourages problematic alcohol use.

An applied training needs analysis was conducted which resulted in the implementation of a re-structured training program targeting operational police and stakeholders addressing the sale of illicit liquor.

A Working Party has been established to define the role that WAPS plays in developing pathways to prevention.

DIA

Developed a collaborative approach to developing community by-laws related to AOD issues. Community by-laws give the community the capacity to prohibit or regulate alcohol in community lands.

DoJ

A bleach availability proposal is under development.

Condoms and dental dams provided on an ongoing basis for prisoners intra- and post sentence.

Completed the review of the Drug Free Unit at Acacia and Wooroloo prisons. Development of the accompanying policy framework for the drug free unit has been completed. Draft Standards and Guidelines for prison based Drug Free Units have also been developed (June 2004). Prison suitability is being examined to allow for the expansion of the program to additional metropolitan and regional sites and as a result Drug Free Units are being established at Bandyup Women's Prison and Albany Regional Prison.

DET

At the system level the Department is continuing to develop a strategy (the Youth Advantage strategy) to engage and retain students in post compulsory education.

The Retention and Participation (RAP) plan is operating. The plan aids in the identification and implementation of strategies to increase attendance and engagement by alienated students in educational programs.

Strategy No 3: Develop the knowledge, attitudes and skills of the community, particularly priority groups, to avoid drug-related problems.

Strategies to improve access to knowledge and provide skills development opportunities for identified target groups have been implemented through a range of harm reduction initiatives and prevention based early childhood initiatives. Provision of consistent, evidence-based harm minimisation messages through training of key stakeholders and engagement with at risk population groups underlines whole of Government activity.

An overview of significant whole of Government progress and activities on actions addressing strategy three in the prevention and early intervention area include:

Agency Action
<p>Department of Health</p> <p>Ongoing delivery of Needle and Syringe Program (NSP) training and education events within metropolitan and regional areas to a range of health service providers, including convening the fifth state NSP Coordinators' workshop, and a BBV awareness workshop for Aboriginal Health Workers, training a total of 50 regional health service providers with the necessary skills and knowledge to reduce harms and the prevalence of BBV amongst injecting drug users.</p> <p>Ongoing education with intravenous drug users and peer based education on harm reduction measures associated with NSP and BBV, including resource development (for example Fitpack labels and posters) and support for non-government organisations to provide peer education services.</p> <p>Population Health conducts targeted health promotion and intervention activities with an aim to reduce the prevalence of hazardous and harmful AOD use. These activities are evidence-based and conducted in partnership with other key agencies and the community.</p>
<p>DAO</p> <p>Development of the Enough is Enough alcohol education program aimed at reducing public drunkenness, associated problems, and creating safer drinking environments.</p> <p>Provision of grants to regional key stakeholders to develop community-based indigenous education materials to support the <i>Cannabis Control Act 2003</i>.</p> <p>Support LDAG Inc. in the provision of community capacity building workshops to empower local community members in the development of initiatives to reduce AOD use on a local level.</p>
<p>DET</p> <p>The Department has recently restructured its internal AOD working group to include personnel from the Aboriginal and Student Services directorates. Additional personnel from Training and members of SDERA have also been included. A focus will be placed on strengthening the Department's approach to the whole of government AOD strategy in these key areas of operation. DET continues to be represented on the SDERA management group.</p> <p>At the system level the Department is continuing to develop a strategy (the Youth Advantage strategy) to engage and retain students in post compulsory education.</p>
<p>SDERA</p> <p>SDERA has used a targeted approach in 2004 in the Pilbara and Kimberley regions specifically targeting and up skilling teachers in best practice school drug education within Indigenous communities. In the Pilbara, Onslow and Roebourne are conducting whole school and community trainings.</p>

Department of Justice

The Review of Keeping Safe Program has been completed. This program aims to improve prisoner health, particularly in regards to BBV and injecting drug use risks. Production of the new program has been unexpectedly delayed. However, the new training package is ready for publication.

Approximately 80% of Prison Health Service nurses have accessed BBV training. Health Services now provide Mandatory Training Days for nurses, incorporating a BBV component. A two-hour BBV Update for Prison Officers has been developed and implemented amongst 60% of Prison Officers. This Update has been developed using a partnership framework. This partnership has enabled development of a BBV and sexual health program for the intake of new Officers. The program will be ongoing, providing training for all subsequent Officer intakes.

A pilot Hepatitis C Shared Care Treatment program has been established in three regional and two metropolitan prisons. Linkages to the Pharmacotherapy program have been established to ensure high quality, continuity of care for prisoners. This program has been further expanded with discussions underway with Fremantle Hospital to provide liver biopsies at Casuarina Infirmary, and for Royal Perth Hospital to provide biopsies at Bandyup Women's Prison.

WA Police Service

Ongoing commitment to community and school based education for community and parent groups, with an aim to improve communication skills for parents, and increase their AOD knowledge.

Increasing capacity of the WAPS to appropriately address AOD issues in regional and remote areas, particularly within indigenous communities.

DIA

A review of Community Action Groups (CAGs) is currently underway and is due to be completed next month. An option is being considered to expand CAGs into the Murchison-Gascoyne and Goldfields regions to further enhance the capacity of Indigenous people in improving the management of their communities.

The Indigenous Governance Survey Report 2004 is to be presented to the Cabinet Standing Committee on Social Policy. The report offers practical recommendations to support Indigenous Governance development in Western Australia.

Strategy No 4: Prevent and delay the onset of illicit drug use, and the hazardous use of other drugs.

Primary and secondary prevention activities have been undertaken with identified target groups to prevent or delay the hazardous use of all drugs, including alcohol and pharmaceuticals. Development of the evidence base has continued to ensure that prevention strategies and actions are delivered in the most efficient and effective manner possible. Increased collaboration and integration of services across Government has enabled improved delivery of services and the transfer of information within and across agencies.

An overview of significant whole of Government progress and activities on actions addressing strategy four in the prevention and early intervention area include:

Agency Action

Department of Health

Support provided to DAO and the Executive Director, Public Health to investigate and intervene in appropriate liquor licensing matters and liquor restriction inquiries for the purpose of minimising harm or ill-health related to the availability and use of alcohol.

DAO

Continuation of funding and support of SDERA, a state-wide school AOD program that aims to improve knowledge, skills and attitudes within school and family settings through the development of protective factors, and reduction in risk factors. SDERA provides school staff training and support in effective evidence-based school drug education undertaking a health promoting schools approach.

Support provided to the Executive Director, Public Health to investigate and intervene in appropriate liquor licensing matters and liquor restriction inquiries for the purpose of minimising harm or ill-health related to the availability and use of alcohol.

The delivery of the Cannabis Public Education Program to accompany the proclamation of the *Cannabis Control Act 2003*.

DCD

The Department is involved in a number of research projects that will assist in the development of prevention and early intervention initiatives. The research projects include the relationship between parental drug use and associated factors and entry of children and young people into out of home care, volunteering and citizenship and local Government.

The research report regarding parental AOD use is expected to be available in late 2004. The research, which duplicates and extends research conducted in 2001, will provide useful trend data relating to parental AOD use and the prevention of entry into out of home care.

DET

The Department continues to be represented on the SDERA management group. To continue the roll out of the SDERA (predominately classroom based) program, DET will focus on ensuring that pastoral care is provided. The inclusion of student services personnel and Aboriginal Directorate representation on the internal AOD working group will aid in ensuring that appropriate, timely and effective services are offered to all students. A strategy will be developed to ensure support services to students who use or are affected by communities who use drugs, are targeted. The In-Touch resource will be utilised to aid in this strategy.

SDERA

Assistance to schools in the development of school drug policies continues to be one of the foci of SDERA. School drug policies can provide a strong contribution to the promotion of health and welfare within the school. Such policies highlight the preventative strategies occurring within the school and clearly describe the procedures for intervention.

WAPS

National Projects Manager position within the AOD Coordination Unit has recently been appointed with an aim to coordinate and develop effective links with AOD related agencies and organisations including research bodies, data collection and dissemination points so that the WAPS can contribute to a whole of Government approach to AOD issues.

Ongoing commitment to coordinated school based drug education.

Strategy No 5: Involve local communities in strategies to prevent drug related problems.

Involvement of local communities is a fundamental basis for the development and successful implementation of strategies to prevent AOD related problems. Local community involvement includes engaging with a range of community members and organisations, priority groups as well as services providers from across Government and non-government services. Activities involving improved and effective information collection and dissemination are an important basis for this approach along with the increased provision of community services for priority groups across the three key strategic areas.

An overview of significant whole of Government progress and activities on actions addressing strategy five in the prevention and early intervention area include:

Agency Action
<p>DOH</p> <p>One regional and two metropolitan areas are conducting community consultations to develop protocols and resources on a cross-sectoral basis with an aim to prevent intentional injury.</p> <p>Country Health Services work collaboratively with key stakeholders and the community to implement strategies that reduce or prevent AOD related harms.</p> <p>OAH AOD program contracts revised to include:</p> <ul style="list-style-type: none">• Community development as an aspect of prevention as appropriate; and• Link to Community Drug Service Teams. <p>Population Health conducts targeted health promotion and intervention activities with an aim to reduce the prevalence of hazardous and harmful AOD use. These activities build on social capital.</p>
<p>DAO</p> <p>DAO has initiated regional visits with service providers and key stakeholders with an aim to improve communication enabling the identification of priorities and provision of assistance in the development of local partnerships across agencies involved with AOD related issues.</p> <p>Identification and clarification of the roles of agencies in the prevention field to clearly delineate and provide guidance on local level prevention activities. This clarification on the role of prevention is being managed at the contractual level with individual agencies.</p> <p>Ongoing support of LDAG Inc. and service groups in the development of evidence-based prevention initiatives.</p> <p>Ongoing support and collaboration with key stakeholders on liquor licensing issues at a state and regional level. This includes information sharing and support for agencies and organisations that aim to reduce alcohol related harm.</p> <p>Development of the Enough is Enough alcohol education program that aims to reduce public drunkenness, associated problems and to create safer drinking environments.</p> <p>Development of community-based indigenous education initiatives to support the Cannabis Education Program accompanying the proclamation of the <i>Cannabis Control Act 2003</i>.</p>
<p>DCD</p> <p>The Office for Children and Youth has appointed six part-time Regional Development Officers in six regional centres. These Officers will build collaborative networks with other agencies and enhance participation by children and young people in community activities and decision making. The Office has also established metropolitan and country Youth Coordinating Networks (YCNs), in cooperation with the Australian Government Department of Family and Community Services (FaCS) and local communities, to support existing service providers through improved coordination and access to a state-wide network. Twenty six YCNs have been established and funded by the</p>

Office to provide a greater range of services and programs to young people in their respective regions by networking amongst service providers and government agencies. The YCNs aim to:

- assist in the coordination and provision of services to young people in the region;
- offer support and listen to the views of the Youth Advisory Councils and young people;
- give advice to the Minister for Youth Office for Children and Youth on issues; and
- address youth issues at the local level where appropriate.

DET

The extension of the DET internal working group will be strategically used to target areas of need (including prioritising support to districts and communities). The data collection system has been completed (by SDERA). Data can be used to identify areas of need.

WAPS

WAPS Action Plan (adapted from the WAPS Agency Plan) has been produced and promoted as a guiding document for WAPS middle management with an aim to build the capacity of staff to effectively work with AOD issues. Dissemination of the Plan will result in an increased organisational awareness and understanding of WAPS responsibilities within the AOD field.

Ongoing support for community and parent group education sessions to increase parent knowledge, attitudes and skills relating to AOD issues and their children. These sessions are continually evaluated to ensure that relevant and appropriate AOD information is disseminated.

Providing leadership in addressing the area of child abuse and family violence through a recently released internal strategy. Recognising the multi-faceted causal or contributing factors associated with these issues, the strategy promotes the development of partnerships with key stakeholders in this critical area, including the AOD sector.

DIA

In response to the Crime Research Institute report "*Evaluating Community Patrols in WA*", DIA is conducting a review of the Aboriginal Community Patrols. Outcomes to be implemented as a result of this review include a more integrated service to better respond to local issues.



TREATMENT AND SUPPORT

Performance Indicators

The indicators have been chosen from a range of databases to provide a high level picture of the current status of AOD issues in Western Australia. Data have been obtained from reliable sources and, where possible, provided in a time series.

This is an initial attempt at compiling data from numerous government agencies to provide a high level picture of the current status of AOD issues in Western Australia. There are opportunities for the further development of the performance indicators presented within this report. Inclusion of additional targeted data or the enhancement of current systems to enable the improved analysis of data may occur in future years.

The Western Australian Community Drug Summit, the WA Drug and Alcohol Strategy 2002-2005, Model for Treatment and Support Services, and the Strategic Framework for Enhancing Access to Treatment and Support Services 2003-2005 all emphasize the importance of attracting and retaining people with AOD problems in treatment and support services. The evidence is unequivocal in support of a range of treatment options to suit individual circumstance and need, with treatment and prevention having been shown to achieve up to a \$7 return on every \$1 invested (*Principles of Drug Addiction Treatment: A Research Based Guide*, 2000, National Institute of Health).

The following data reflect the level of use of a wide range of treatment and support services for people with AOD related problems in Western Australia. The primary indicator is 'use of treatment and support services'. This indicator is broken down into four sections reflecting the treatment setting including:

- client episodes for non-residential services;
- client episodes for residential services (incl. sobering up centres);
- admissions to Government hospitals related to AOD use; and
- treatment and support for prisoners in State prisons.

4. Use of Treatment and Support Services

4.1 Client episodes⁴ for non-residential services

TABLE 10: Number of client episodes⁴ for all non-residential services by financial year

2001/02	2002/03*	2003/04*
17,880	17,205	17,940

Note:

- Data are sourced from the non-Government (PICASO) and Government (CMIS) data management systems.

⁴ A treatment episode refers to the period of time a client is engaged with a service for alcohol and other drugs, where assessment and/or treatment occur. A client is recorded on the data system as having commenced a treatment episode if they are new to the agency or recommenced treatment after having last had contact with the agency more than three months previously. The definition of an episode also requires that during the client's period of treatment there should not be any change in the: principal drug of concern; main type of treatment; or the setting for delivery of treatment. A client may have more than one episode open at any point in time (eg the client may attend more than one service provider and have an episode open at each). As such, client episode numbers are not necessarily reflective of the number of clients in treatment. Client episodes refer to episodes that were closed during the respective financial years.

- * There is a lag in the availability of data for 2002/03 and 2003/04. Data for previous years reflect activity for the full 12 month period. As such, the number of client episodes for both financial years may be lower than the actual client episode numbers.
- Data have not been provided for the 1999/2000 and 2000/01 years as not all non-Government agencies funded by DAO utilised the PICASO data management system. As such, data comparisons between these and subsequent years are neither meaningful nor an accurate reflection of AOD activity.

4.2 Client episodes⁴ for residential services

a) Number of client episodes⁴ for residential services

TABLE 11: Number of client episodes⁴ for all residential services by financial year

2001/02	2002/03*	2003/04*
1,546	2,419	2,686

Note:

- Data are sourced from the non-Government (PICASO) and Government (CMIS) data management systems.
- Data refer to the total number of client episodes open at any time during 2003/04.
- * There is a lag in the availability of data for 2002/03 and 2003/04. Data for previous years reflect activity for the full 12 month period. As such, the number of client episodes for both financial years may be lower than the actual client episode numbers.
- Data have not been provided for the 1999/2000 and 2000/01 years as not all non-Government agencies funded by DAO utilised the PICASO data management system. As such, data comparisons between these and subsequent years is neither meaningful nor an accurate reflection of AOD activity.

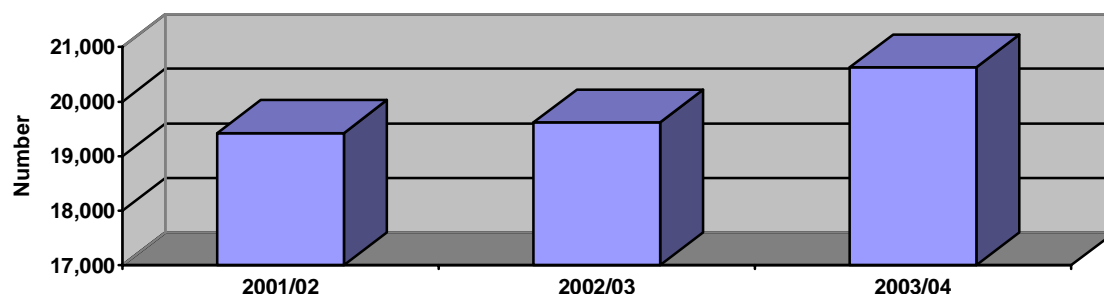


Figure 4: Number of client episodes for all residential and non-residential services, by financial year

Comment:

- Client episodes⁴ for all residential and non-residential services have steadily increased throughout the period.

b) Number of admissions to Sobering Up Centres

TABLE 12: Number of admissions for Sobering Up Centres

1999/00	2000/01	2001/02	2002/03	2003/04
17488	16799	18408	20622	21424

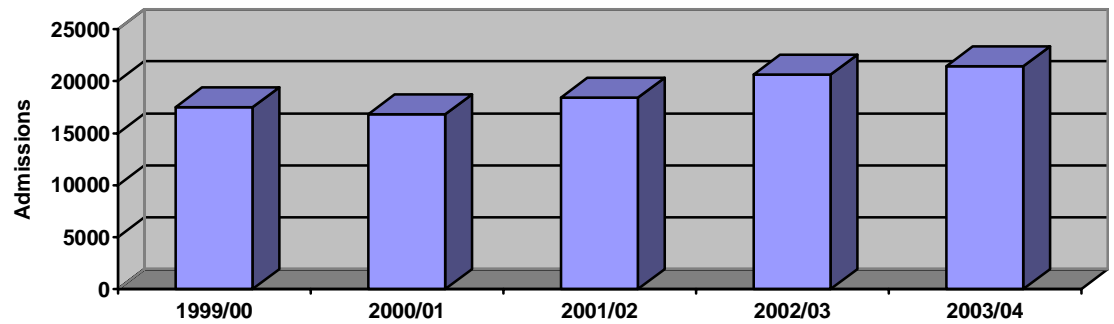


FIGURE 5: Sobering Up Centre admissions by financial year

Comment:

- Sobering Up Centre (SUC) client numbers have steadily increased across the period.

4.3 Admissions to WA hospitals related to drug and alcohol use

‘Admissions to hospitals related to alcohol and drug use’ only represents a small proportion of those people receiving treatment from Government and private hospitals for AOD-related problems. The data are for admissions only, where the patient is admitted for the day (i.e. admitted as a day patient for surgery) or stays for at least one night. The data do not include those people receiving treatment via emergency departments or outpatient services as these data are not consistently coded to enable reporting in a meaningful way.

Hospitalisation for ‘other drugs’ also does not include data from drug treatment services (i.e. residential treatment episodes). These data can be seen in section 4.2a) of this report.

Hospitalisation data do not reflect AOD activity on a case by case basis. Rather, data are obtained by using well researched evidence that links the health related problem (i.e. cirrhosis of the liver) with the contributing causes (i.e. alcohol) based on aetiological fractions.

While limited, the following data are included as indicators of AOD-related treatment in the hospital setting, and represent only a small proportion of actual AOD-related hospital treatment. Opportunities for improved data collection and reporting will be explored further.

a) **Number of alcohol related admissions**

TABLE 13: Number and rate of hospitalisations related to alcohol in Western Australia by year

		1999	2000	2001	2002	2003
Hospitalisations	Males	5,533	5,321	5,523	5,827	5,643
	Females	3,831	4,042	4,278	4,308	4,636
	Persons	9,364	9,363	9,802	10,135	10,279
ASR (per 1,000 person-years)	Males	6.3	6.0	6.1	6.3	6.1
	Females	4.2	4.3	4.4	4.3	4.6
	Persons	5.3	5.2	5.3	5.4	5.4

Note:

- Hospitalisations refer to cases discharged from hospital in the given period of time (involving at least one overnight stay). Hospitalisations are completed episodes from admission to discharge. These data do not include presentations to Accident and Emergency Departments, that is, where patients do not stay overnight.
- Hospital data exclude non-acute cases and unqualified newborns, inter-hospital transfers and contracted services.
- ASR (Age-Standardised Rate) is derived to allow comparison between populations with different age structures. This is necessary because rates of diseases vary with age, often increasing as age increases. The age structure of each population is converted to the same 'standard' structure, then the disease rates that would have occurred with that structure are calculated and compared.
- ASR are standardised with the Australian 2001 population.
- The 2003 data should be considered as preliminary.
- As data include cases with unknown gender, the number of persons may exceed the sum of males and females.

Comment:

- The total number of hospitalisations related to alcohol increased by 9.1% from 9,364 to 10,279, for the years 1999 to 2003.
- During the 5-year period, the rate of hospitalization related to alcohol for males did not change significantly ($p > 0.05$). The average annual percentage change in the rate was -0.3%.
- For females the rate of hospitalisation related to alcohol increased significantly ($p = 0.0001$). The average annual percentage change in the rate was 2.1%.

b) **Number of drug related admissions**

TABLE 14: Number and rate of hospitalisations related to other drugs in Western Australia by year.

		1999	2000	2001	2002	2003
Hospitalisations	Males	1,958	2,188	2,274	1,909	1,890
	Females	2,109	2,194	2,332	1,805	1,861
	Persons	4,067	4,382	4,607	3,714	3,752
ASR (per 1,000 person-years)	Males	2.0	2.3	2.3	2.0	2.1
	Females	2.2	2.3	2.4	1.9	1.9
	Persons	2.1	2.3	2.4	1.9	2.0

Note:

- Notes as per Table 12.
- 'Other drugs' refers to opioids, sedatives & barbiturates, benzodiazepines, anti-depressants, psychostimulants, hallucinogens & cannabis, volatile substances, steroids, analgesics & anti-rheumatics and a variety of combined or unspecified drugs.

Comment:

- From 1999 to 2003 the total number of hospitalisations related to other drugs (other than alcohol) decreased by 7.7% from 4,067 to 3,752.
- During the 5 year period, the rate of hospitalisations related to other drugs for males decreased significantly ($p = 0.0001$). The average annual percentage change in the rate was -2.7%.
- For females the rate of hospitalisation related to other drugs also decreased significantly ($p = 0.0026$). The average annual percentage change in the rate was -5.2%.

4.4 Treatment and support for prisoners in State prisons

The Department of Justice held a 'Drugs Roundtable' in 2003, which formed the basis of the Department of Justice Drug Plan. The Drugs Roundtable highlighted the need for offenders to have access to the same drug treatments that are available in the community, including access to a range of opiate pharmacotherapies. In Western Australia, opioid replacement treatment is available through the Community Program for Opioid Pharmacotherapy (CPOP) a partnership program between the Drug and Alcohol Office, the Department of Health, general practitioners and community pharmacists. The use of opioid replacement therapies such as methadone and buprenorphine, to treat opioid dependence, have been shown reduce the health, social and economic harms to individuals and the community arising from illicit opioid use.

a) Number of prisoners receiving drug and alcohol counselling

TABLE 15: Number and duration (hours) of Western Australian prisoners receiving drug and alcohol counselling by financial year.

	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04
Prisoners	571	1,297	1,593	1,158	1,073	897
Total contact hours	6,213	8,493	24,275	38,917	46,631	48,752

Note:

- Where interventions cross financial years they are counted in both years, so the contact hours figure may be falsely inflated.
- These data do not include counselling provided in the community for prisoners on early release.

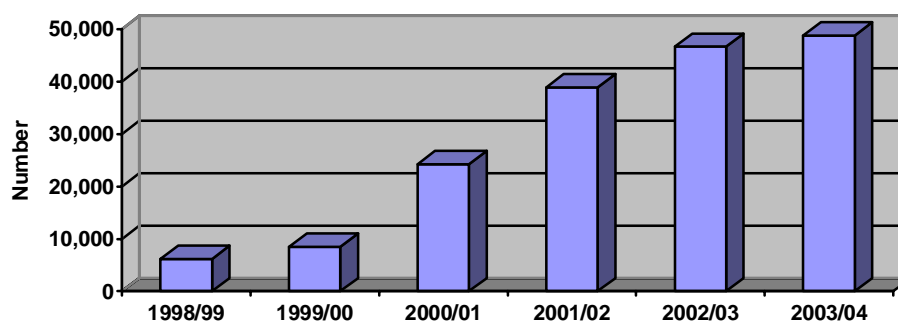


FIGURE 6: Western Australian prisoners receiving drug and alcohol counselling (total hours) by financial year.

Comment:

- The number of prisoners receiving counseling for drug problems has decreased during the period 2000/01 to 2003/04, however, there has been an increase in total contact hours for the corresponding period, reflecting greater intensity of AOD interventions.
- Data in relation to each prisoner’s principal problematic drug is not recorded, however based on feedback from professional staff, amphetamines appear to currently be the most common drug.

b) Number of prisoners receiving pharmacotherapy treatment

The Pharmacotherapy Treatment Service Program for opioid dependence has been implemented throughout the state, with operational staff continuing to record the number and details of prisoners who are receiving pharmacotherapy treatment. The information system for recording individual pharmacotherapy details is currently undergoing further development to enable aggregated reporting. Opportunities for reporting will be explored further in future years.

DATA IMPLICATIONS: Treatment and Support

- Client episodes⁴ for all treatment and support services have steadily increased over the reporting period, from 2001/02 through to 2003/04. A range of initiatives to enhance access to AOD treatment and support services have been implemented over the previous 3-years. These initiatives included recommendations from the WA Community Drug Summit, priority areas for action as outlined in the WADAS, and development of the Strategic Framework for Enhancing Access to Treatment and Support Services 2003-2005. As a result, new services have been established for target groups such as youth, and new models of service delivery have been developed whereby Government specialist services and non-Government services have come together to form Drug and Alcohol Centres. These initiatives have contributed toward the positive trend in increased access to treatment and support services as outlined in the data. An additional program that has contributed to increased access to treatment, is the Community Program for Opioid Pharmacotherapies (CPOP):
 - The choice in opioid replacement pharmacotherapies was extended in August 2001 when buprenorphine was made available “free of charge” under the PBS scheme. The introduction of buprenorphine, together with the expansion of the community based program, have lead to significant increases in the number of patients in treatment. At the time of the introduction of buprenorphine (August 2001) 1445 patients were authorised

to be treated with methadone. By June 2004 the total number of patients in treatment had increased to 1148 for buprenorphine and 1727 for methadone (Total of 2875). These increases have occurred during the 'heroin drought' and reflect the success of the CPOP program in attracting new patients into treatment by enhancing treatment options.

- Managing intoxicated people safely is an important component of the WADAS. Sobering Up Centre admission numbers have steadily increased throughout the period. Increased access has occurred as a result of a range of factors including improved operational procedures, and increased awareness of the SUCs by supporting services such as the WA Police Service and Community Patrols. In addition, the number of SUCs has also increased, from 10 SUCs in 2001/02 to 14 SUCs by 2003/04, with two of the new SUCs located in the metro area, and two in regional areas. Many SUCs also undertake brief interventions with their clients. SUCs are now providing a service to an increasing number of clients, as well as facilitating treatment pathways for those clients who need a more comprehensive treatment regime.
- Hospitalisations related to alcohol have remained reasonably stable across the period, with a small (though not statistically significant) decrease each year. However, the rate of hospitalisation related to alcohol for females has increased significantly.
- Hospitalisation for other drugs has decreased significantly from 1999 to 2003. The change in drug availability and primary drug of use may have contributed to this change.
- The number of prisoners receiving counselling has increased over the five year period, although numbers have declined since their peak in 2000/01. There was a dramatic increase in the number of contact hours in 2000/01, an increase which has been sustained. Higher levels of contact time are indicative of more intensive services being offered to prisoners. The data presented in this report for prisoners receiving alcohol and drug treatment and support are limited, in that they only represent one area of AOD service provision in prisons. However, they are indicative of need and the change in emphasis to enhance access for prisoners to treatments available in the wider community. Opportunities to expand reporting in this area for future years will be explored further.

Government Activity

Objective: Develop a comprehensive range of early intervention, treatment and rehabilitation services for people affected by alcohol and other drug use, with strong links to mainstream health and community development systems. Whole of Government initiatives contribute to the following 6 strategies:

Strategy No 1: Ensure that there is a comprehensive range of community oriented, evidence-based treatment and support services, responsive to client needs, throughout the State.

A range of initiatives have been implemented across Government to ensure that there is a comprehensive range of community oriented treatment and support services that are responsive to client needs. Improved integration of specialist and community based AOD services in local community areas has been a particular focus of the AOD sector. Other key achievements include expansion and redevelopment of the community based pharmacotherapy program for opioid dependent people in Western Australia, and the development of plans and strategies to appropriately deal with intoxicated persons, including diversion into treatment services. This has included the provision of programs and additional funding with an aim of supporting at risk populations within the community.

An overview of significant whole of Government progress and activities on actions addressing strategy one in the treatment and support area include:

Agency Action
<p>DOH</p> <p>163 medical practitioners have been authorised to prescribe in the Community Program for Opioid Pharmacotherapy (C-POP). 321 pharmacies throughout WA have been authorised to participate in the C-POP. C-POP is a community oriented, evidence-based treatment program providing methadone and buprenorphine (pharmacotherapy treatment). Accessing treatment through medical practitioners and community pharmacists contributes to increased engagement with drug using groups and aims to reduce harms to the individual and community. In 2004 the management structure of C-POP was reviewed and restructured to improve the coordination and monitoring functions for the program.</p> <p>OAH AOD program contracts revised to include:</p> <ul style="list-style-type: none">• treatment and support as appropriate; and• best practice guidelines in contracts as per DAO practice. <p>All OAH comprehensive primary health care contracts include 'raising the issue', intervention to facilitate referral and links to Community Drug Service Teams (CDSTs) and/or other treatment service providers.</p> <p>WA Country Health Services have been further developing and providing training in brief intervention for AOD use.</p>
<p>DAO</p> <p>Within the Perth Metropolitan area, three Drug and Alcohol Centres (DACs) have been established, offering a range of integrated services working in partnership with key stakeholders including the non-government sector, mental health and general practitioners. These services have been located in key areas, including Warwick, Fremantle and East Perth, to meet identified community need and improve access for those seeking treatment and support.</p>

The DAO continues to support the network of CDSTs and other NGO's throughout Western Australia, which provide AOD prevention, treatment and support services in local communities.

The DAO has renewed its Registered Training Organisation (RTO) status with additional scope to deliver the CHC30802 Certificate III in Community Services Work (Alcohol and other Drugs). RTO status enables DAO Practice Development Branch to provide nationally recognised, training to AOD service providers and frontline workers in Western Australia. A key component of this training is to enhance development of culturally secure AOD skills of indigenous and non-indigenous workers in relevant services. RTO status also incorporates the Aboriginal Alcohol and other Drug Training Program. This training package is aligned to the relevant national competencies of the Community Services and Health Training Package (02) under the Australian Quality Training Framework (AQTF).

An Aboriginal Training Program has been established within DAO. A primary aim is to develop the AOD related treatment and support skills and career pathways of Aboriginal AOD related workers. In addition, the program allows participants to have input into other services to enhance their ability to deliver culturally secure programs. Since its development DAO has provided two 12-month programs. The first program trained 4 people and the second program trained 12 Aboriginal people from rural and remote regions. A new intake of 16 people occurred in July 2004 and includes participants from metropolitan, regional and remote areas working in either CDST's, Community Controlled AOD Services or Aboriginal Community Controlled Health Organisations.

A sobering up centre in Geraldton has been established to provide a safe, secure and supervised overnight accommodation service for intoxicated people. The model for this centre is innovative in that links between the centre and other related treatment providers have been developed with an aim of improving access to support and developing closer links with other community and AOD treatment services. This model will be used for other sobering up centres across the State.

A first draft of the WA Alcohol Plan has been developed. The first consultation phase (with government agencies) has commenced. This Plan contains key strategic directions to address early childhood intervention, community action, responsible supply and service of alcohol, treatment and support, and information and monitoring in regard to alcohol related issues.

DAO is actively involved in the Inner City Working Group to address street drinking and anti social behaviour resulting from intoxication.

DAO continues to support the In Touch: Managing Drug Issues in Schools program. This program enhances the capacity of schools to manage drug use by encouraging links with community based AOD service providers.

The DAO Family Sensitive Practice Project develops the AOD workforce capacity to better respond to the needs of family members. This includes developing family sensitive protocols within and across agencies.

The Neuropsychological Clinic established at Next Step Specialist Drug and Alcohol Services is a collaboration with UWA and Murdoch University that assesses and treats cognitive harm arising from alcohol and other drug dependence.

DAO aims to build the capacity of clinical research through developing collaborative projects with the Clinical Pharmacotherapies Research Group and WA universities.

Practice and organisational development initiatives have been undertaken with a wide range of individuals and key stakeholders.

Professional development and education to GPs in AOD assessment, treatment and referral has been conducted.

DCD

Through the State Government response to the findings of the Gordon Inquiry:

- 11 Aboriginal Support Workers are currently employed in different locations throughout WA.

These workers provide counselling and support for at risk Aboriginal children through providing a whole of Government link to services for such clients. Recruitment is continuing on an ongoing basis for a total of 15 positions; and

- Additional child protection workers have been employed to a total of 25 new positions, with recruitment continuing on an as needs basis.

Strong Families coordinators have commenced in 12 locations throughout the State.

Through the State Government's 2004/05 budget, additional funding of \$19 million has been provided to the Department for employment of an additional 50 new staff to work with children, young people and their families, to improve the Department's after hours response and to train foster carers.

Grandcare, a support service for relatives acting as full time carers of children as a result of family crises such as AOD use, was launched in September 2003. This program received an additional \$54,500 from 1 January 2004, totalling \$87,500 per annum. A forum for children and young people in the care of relatives was jointly convened by the Office for Children and Youth and the Office for Seniors Interests and Volunteering to share ideas and discuss issues.

Provision of supports to obtain stable accommodation is a protective factor for many problems, including AOD use. Through the State Government's response to the findings of the State Homelessness Taskforce:

- 52 financial counselling services throughout WA have received a 15% funding increase to assist families to avoid eviction from housing;
- \$250,000 has been provided to Wesley Homelink to fast track people who are either newly homeless or at risk of homelessness to obtain accommodation;
- \$600,000 has been provided for three new services based in the metropolitan/country, Rockingham/Peel and the southwest regions. These services assist young people leaving foster care to develop living skills to manage the transition to independent living;
- \$200,000 has been provided to enable five existing youth metropolitan SAAP services to work with young people who are also parents;
- \$400,000 annual funding provided to Parkerville and Centrecare to assist children in the metropolitan area whose families are homeless;
- Comunicare in Calista has received \$350,000 to provide supported accommodation to men after a domestic violence incidence;
- the protocol between SAAP and AOD services has been updated to ensure quality provision of services and to ensure it encompasses newly funded positions; and
- AOD counsellors are now co-located at Midland/Joondalup, Rockingham, Victoria Park and Fremantle Youth accommodation services. A drug and Alcohol counsellor commenced at the Great Mates Armadale service in March 2004.

Strategy No 2: Improve access to services to meet the particular needs of priority groups.

Improving access to services and increasing engagement has been a priority focus across Government. Development of innovative approaches to improving client access has been achieved through partnerships and State and Nationally funded programs. Initiatives targeting priority groups have also been implemented with an aim to improve access and encourage or divert more people from priority groups into suitable treatment and support services.

An overview of significant whole of Government progress and activities on actions addressing strategy two in the treatment and support area include:

Agency Action

Department of Health

Formed partnership with Divisions of General Practice through the National Health Development Fund for Bilateral Agreement Initiatives to improve access to services for people with co-occurring mental health and AOD problems.

Legislation associated with prescribing drugs of addiction is currently under review with an aim to ensure that access to pharmacotherapy based treatment follows best practice guidelines.

All OAH comprehensive primary health care contracts include 'raising the issue', intervention to facilitate referral and links to CDSTs and/or other treatment service providers.

DAO

The Strategic Framework for Enhancing Access to Treatment and Support Services 2003-2005 has been finalised and endorsed. The aim of the framework is to increase access to treatment and support services for people affected by AOD by expanding the range and availability of AOD treatment services, enhancing and developing systems integration and coordination initiatives such as common referral protocols, partnerships and collocation, and increasing the capacity of human services through workforce development initiatives.

A purpose built Youth Withdrawal and Respite Centre commenced operation in June 2003. The service assists young people up to 21 years of age manage their withdrawal from AOD in a safe environment and provides support to their families by engaging them in the process. The Centre also provides management of young people experiencing problems relating to their use of amphetamine type substances. A working party is currently progressing the integration of youth treatment services to ensure better outcomes for young people accessing these services.

The Indigenous Diversion Program, supporting two regional pilot sites, provides an integrated service for the treatment of priority clients coming into contact with the Police and Justice sectors. To complement this, culturally appropriate resources are being developed.

Increase in access to GP services in regional and metropolitan areas through the Clinical Enhancement Program that has developed partnerships between DAO, GPs and Divisions of General Practice. This program aims to improve access by engaging GPs in AOD service provision.

The Drug and Alcohol Withdrawal Network (DAWN) has increased access through expansion of their program across the metropolitan region. DAWN operates a home based treatment and support service, providing access to clients and their families in a safe environment where they may not otherwise maintain a treatment regime.

An interagency group chaired by DAO is developing strategies to improve services and outcomes for amphetamine type substance users.

DCD

The Western Australian Family and Domestic Violence State Strategic Plan highlights the links between family and domestic violence and problematic alcohol and drug use. Commencing in 2004-05, the Government Action Plan includes a commitment to investigate workforce development strategies to improve responsiveness to domestic violence related drug and alcohol issues.

DOJ

Prisoners are a priority group due to their high risk of AOD use (uptake and continuing use) and related harm to themselves and others, especially post-release. A Pharmacotherapy Program has been implemented in the prisons system to expand access to AOD treatment for prisoners. This program involves the introduction of naltrexone and buprenorphine for pharmacotherapy

maintenance treatment of opioid dependent prisoners. The pharmacotherapy program has been expanded to cater for 300 prisoners.

Strategy No 3: Promote clear points of entry into treatment and ensure that there are identified pathways for people to access the services most appropriate to their needs.

A comprehensive range of initiatives have been undertaken by agencies who have clients with AOD related problems to improve assessment and engagement of clients with appropriate services through clear identification of treatment pathways and appropriate referrals. This includes the establishment or extension of services providing targeted community access and integrated pathways of care.

An overview of significant whole of Government progress and activities on actions addressing strategy three in the treatment and support area include:

Agency Action
<p>DOH</p> <p>Ongoing training and upskilling of health staff to undertake AOD brief interventions. Brief interventions provide a screening tool and diversion into treatment for patients accessing non-AOD health related services in the metropolitan area. The Child and Community Health Universal Home Visiting Service undertakes screening of all clients for AOD problems, providing support and referral to appropriate services where indicated.</p> <p>All OAH comprehensive primary health care contracts include ‘raising the issue’, intervention to facilitate referral and links to CDSTs and/or other treatment service providers.</p>
<p>DAO</p> <p>Inpatient detoxification entry criteria to Next Step have been reviewed to improve accessibility for clients.</p> <p>As outlined in Strategy No. 1, three Drug and Alcohol Centres (DACs) have been established. The DACs assist in promoting clear points of entry into appropriate treatment and improve access for people with AOD related problems to the services most appropriate to their needs.</p> <p>All metropolitan youth SAAP services have been funded to employ youth AOD workers. This initiative assists youth crisis accommodation services to better meet the needs of their clients and provides clear points of entry into appropriate AOD treatment and support services.</p>
<p>DoJ</p> <p>17 additional intensive programs for high-risk offenders have been completed during the last financial year, accommodating an additional 166 prisoners.</p> <p>Comprehensive Health Assessment and Resource Through-Care (CHART) program is in the planning phase, with a steering committee being developed. CHART aims to improve the quality of care and access to appropriate treatment for clients. This program will help to identify prisoners with AOD problems and enable appropriate referrals, treatment and support.</p> <p>A Memorandum of Understanding has been developed between DAO and DOJ to ensure a coordinated response and continuity of care for people on pharmacotherapies moving from the community into prison and back into the community.</p> <p>Ongoing support to the Prison to Parole Program (PPP) to improve re-entry services post-prison throughout WA.</p> <p>Prisoners are a priority group due to their high risk of AOD use (uptake and continuing use) and related harm to themselves and others, especially post-release. The Pharmacotherapy Program has</p>

been developed, with Naltrexone and buprenorphine introduced for pharmacotherapy maintenance treatment for opioid dependent prisoners. The Pharmacotherapy program has been expanded to cater for 300 prisoners. This expansion of treatment options improves access for this key target group in a partnership model.

SDERA

In Touch training is continuing with 189 participants from 113 schools being trained. Training provides the basis for staff to appropriately manage drug issues and drug use in schools.

Strategy No 4: Ensure that services operate as an integrated network, reflecting continuity with the underlying values and principles of the Western Australian Drug and Alcohol Strategy.

Statewide and regional level coordination of AOD related issues continue to be a priority. Coordination is improving across all levels of activity from prevention and treatment to law, justice and enforcement. Coordination and the integration of services to improve outcomes for identified priority groups continues to be an area of significant activity.

An overview of significant whole of Government progress and activities on actions addressing strategy four in the treatment and support area include:

Agency Action

DOH

OAH contracts for non-government and community controlled organisations have been redrafted to include the provision of, or linkage to, effective AOD treatment, support and referral as appropriate.

A state-wide steering committee and regionally based committees have been established with key stakeholders to address comorbidity issues (the existence of mental health and AOD issues). Integrative treatment and support protocols for the management of this issue are currently being developed to improve services for this client group. The steering group has developed a 12-month work plan including the development of protocols, workforce development, and strategies to address key issues, such as amphetamine psychosis.

Comorbidity issues have been incorporated into Draft Partnerships Create Good Outcomes: Western Australia's Mental Health Strategic Plan 2004-2008 with an aim to improve services for this client group.

OAH manages AOD resources and programs in close partnership with DAO, conceptualising the activities of OAH, DAO and the Commonwealth Office of Aboriginal and Torres Strait Islander Health (OATSIH) to reduce duplication and provide consistency and continuity in responses.

DAO

As the lead agency with responsibility for AOD issues, DAO has coordinated the development of whole of Government Agency Drug and Alcohol Plans. The Plans facilitate coordination of AOD activity across Government within the framework of the WA Drug and Alcohol Strategy 2002-2005.

A Working party has been convened to develop an Aboriginal AOD Strategy. The National Drug Strategy, Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003-2006 will provide the strategic basis for a comprehensive State Strategy that will be action orientated, concrete and achievable. The strategy will coordinate Aboriginal specific AOD planning and policy across State, Commonwealth and community organisations, to ensure that a seamless continuum of culturally secure services and programs are available to Aboriginal people affected

by AOD problems. A state-wide consultation forum was held in May 2004 that included Aboriginal representatives from community controlled, government and non-government agencies. The strategy will facilitate local decision-making and ownership of responses to AOD issues affecting Aboriginal communities.

DAO has conducted a statewide professional development workshop targeting key stakeholders to facilitate the collaboration of agencies at a local level to better implement services.

DAO has undertaken a statewide area planning process to identify needs and gaps in the planning and provision of AOD services.

An internal review of the not-for-profit sector was undertaken by DAO. As a result, new procurement arrangements will be used to support changes introduced to the field, consistent with the DAO Strategic Plan and Model for Treatment and Support Services, emphasising the integration and coordination of services. All agencies were awarded preferred provider status and contract negotiations are underway for the next three-year round of funding effective from 1 July 2004. All provider agencies have been directly engaged in the process.

A Quality Framework has been developed by the DAO for Western Australian AOD agencies and consumers. The Framework is a collaborative model of consumer-focussed, continuous quality improvement, generated by service providers and stakeholders in the AOD sector to promote development of consistent quality and better outcomes for consumers. The completed product includes a set of five Performance Expectations and support material, encapsulating evidence-based and sector-defined best practice. The Performance Expectations will be incorporated into service agreements with DAO, with agencies undertaking self assessment reporting and undergoing peer review at regular 18 month intervals. The framework will also include an Aboriginal Quality Framework and Minimum Service Requirements for the WA Diversion Program.

DCD

The Department is working at a number of levels to promote holistic service models and improve service coordination. An example is the Children and Young People in Care Advisory Committee developing proposals for greater intersectoral collaboration to reduce the rate at which children and young people enter out of home care and expansion of the Strong Families projects statewide will promote greater service coordination.

DoJ

All Community Corrections Officers (CCOs) and Juvenile Justice Officers (JJOs) have undertaken professional training in assessment, brief intervention and referral enabling them to refer clients to appropriate services.

Two non-government agencies have been contracted to provide brief interventions to short sentence and remand prisoners.

Strategy No 5: Ensure that there are effective linkages between non-Government organisations, and agencies that respond to people affected by drugs and alcohol, and with local communities.

Partnerships and collaborative initiatives at the state and national level are being developed across the AOD sector, and between the AOD and other sectors. Linkages within and between Departments have also improved.

An overview of significant whole of Government progress and activities on actions addressing strategy five in the treatment and support area include:

Agency Action

DOH

Formed partnership with Divisions of General Practice through the National Health Development Fund for Bilateral Agreement Initiatives to improve access to services for people with co-occurring mental health and AOD problems.

Aboriginal AOD liaison group established involving OAH, DAO, Commonwealth OATSIH and other groups as appropriate.

DAO

As outlined in Strategy No. 1, and Strategy No. 3, three Drug and Alcohol Centre's (DACs) have been established in the metropolitan area. These Centres help to ensure effective linkages between non-Government and agencies that respond to people affected by drugs and alcohol. Co-location and/or integration of non-government organisations (NGO) with the DACs have assisted in progressing this key strategy area.

The Working Party to draft the Indigenous AOD Strategy has been convened. This has brought together key stakeholders from the State and Commonwealth Governments as well as community controlled organisations and key Indigenous stakeholders. This partnership is critical to improve and coordinate responses to Indigenous people and communities affected by AOD related problems.

DAO has established a Senior Officers Group (SOG), which has representatives from the key Government human service agencies with an aim to ensure a coordinated approach to planning, reporting and service delivery for alcohol and drug-related issues. The SOG reports to the Cabinet Standing Committee on Social Policy (CSCSP) on the progress of the WA Drug and Alcohol Strategy 2002-2005 (WADAS), measured through initiatives of the Agency Drug and Alcohol Action Plans and whole of Government performance indicators. This reporting framework ensures that alcohol and drug-related activity is coordinated across Government, and is consistent with other relevant social policy processes and initiatives.

An independent Community Advisory Council (CAC) with broad representation from the community acts as a conduit between Government and the community in relation to AOD issues.

The Neuropsychological Clinic established at Next Step Specialist Drug and Alcohol Services is a collaboration with the University of Western Australia (UWA) and Murdoch University that assesses and treats cognitive harm arising from alcohol and other drug dependence.

An interagency group is working towards effective strategies to improve services and outcomes for amphetamine type substance users.

SDERA

Ongoing teacher training and use of the In Touch program. A key component of this program is to foster links between schools and CDSTs for appropriate referral, treatment and support of students with AOD related problems.

DoJ

Community Justice Services (CJS) Program Officers have been placed in local branches, improving management and coordination of related services and information with NGOs.

Undertaken review of non-government service contracts with due consideration and subsequent recommendations aimed at improving linkages and partnerships.

Strategy No 6: Monitor service standards and performance.

Ongoing monitoring and evaluation of programs and initiatives occurs across Government and non-government AOD agencies to ensure that services meet the needs of clients and the sector in the most efficient manner reflective of best practice standards.

An overview of significant whole of Government progress and activities on actions addressing strategy six in the treatment and support area include:

Agency Action		
DOH The DoH monitors the authorisations for clients to participate in the Community Program for Opioid Pharmacotherapy. This is a quality assurance process ensuring that service providers meet training requirements and operate within best practice. OAH incorporates best practice guidelines in AOD contracts.		
DAO	SDERA	DET
Evaluation of School Drug Education and Road Aware (SDERA) is currently in phase 2. A summary of actions to date include: the obtaining of student outcome data sets from the Australian Secondary Students Alcohol and Drug survey (ASSAD), School Health and Alcohol Harm Reduction Project (SHAHRP) and Smoking Cessation for Youth Project (SCYP); mapping of schools involved with SDERA and the outcome data sets; and school coordinator telephone interviews. The final report is due for completion September 2004. NOTE: SDERA is a collaborative arrangement between DET, Catholic Education Office, and the Association of Independent Schools (WA). SDERA is funded by the DAO. An established Management Group comprising these organisations and the Office of Road Safety meets regularly.		
DAO Review of funding to school drug education programs has been undertaken. This review aligned funding with national and state based principles of best practice. DAO is overseeing the outcome evaluation of SDERA. Compliance audits and service evaluations of contracted alcohol and drug agencies has been undertaken to ensure that high quality and evidence-based services are provided to consumers. These will continue on a routine basis and be incorporated into service agreements as appropriate. Next Step Specialist Drug and Alcohol Services is currently working towards full clinical service accreditation through the Quality Accreditation Improvement Council of Australia.		
DoJ Evaluation of the Drug Court has been undertaken and released. Evaluation aims to ensure that the most appropriate and effective service is provided to clients. In order to measure the effectiveness of the Justice Drug Plan, a manageable reporting framework has been established. During 2004/05 the DoJ will aim to set up a single data source for all Department of Justice Drug Plan reporting requirements.		



LAW, JUSTICE AND ENFORCEMENT

Performance Indicators

The indicators have been chosen from a range of databases to provide a high level picture of the current status of AOD issues in Western Australia. Data have been obtained from reliable sources and, where possible, provided in a time series.

This is an initial attempt at compiling data from numerous government agencies to provide a high level picture of the current status of AOD issues in Western Australia. There are opportunities for the further development of the performance indicators presented within this report. Inclusion of additional targeted data or the enhancement of current systems to enable the improved analysis of data may occur in future years.

The major themes in the strategies linked to law, justice and enforcement include diversion of drug offenders from the justice system, reducing the supply of illicit drugs and alcohol, and reducing the level of drug related offending. The indicator is 'law enforcement activity in relation to drug and alcohol use'. This indicator is broken down into five sections reflecting the different law, justice and enforcement strategies:

- targeted drug-related offences;
- disruption of the manufacture and the supply of illicit drugs;
- diversion of drug offenders away from the judicial system by the implementation of police diversion;
- diversion of juvenile drug offenders; and
- diversion of adult drug offenders.

5. Law enforcement activity in relation to drug and alcohol use

5.1 Targeted drug-related offences

a) Number of simple and indictable drug related offences

TABLE 16: Reported/detected# drug offences in Western Australia by financial year.

Offence Group	Offence	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04†
Drugs (Traffic)	Sell/Supply	714	692	834	934	838	346
	Possess with Intent to Sell	*	*	*	*	67	451
	Sell/Supply Plant	*	*	*	*	2	16
	Possess Plant with Intent	*	*	*	*	14	93
	Cultivate	1174	971	915	908	889	787
	Manufacture	8	32	33	29	32	21
Drugs (Traffic) Total		1896	1695	1782	1871	1842	1714
Drugs (Possess)	Possess MD6 (2)	7539	7789	8783	8670	8003	6219
	Smoking Implement	4920	4713	5095	4902	4460	3168
Drugs (Possess) Total		12459	12502	13878	13572	12463	9387

Note:

- #'Reported' refers to offences where the WAPS investigate based on information supplied by the community or WAPS intelligence. 'Detected' refers to offences where the WAPS locate drug offences coincidentally as a result of another investigation/offence, or as the result of a community report for another reason.
- † The 2003/04 data only for 11 months.
- * Data are not available.

- Possess MD6 (2) refers to the possession of any prohibited drug.
- Smoking Implement refers to the possession of an implement used in the smoking (burning and inhalation) of any drug. This is primarily associated with the use of cannabis.

Comment:

- There has been a steady increase in the number of ‘manufacture’ offences, with a jump in the number of offences in 1999/00. This may be indicative of increased policing activity, and the changing availability and popularity of specific drugs (i.e. amphetamine type stimulants). Another contributing factor to the increase may also be the change in the method of producing amphetamine type stimulants in recent years, resulting in an increased ability to manufacture amphetamine type stimulants in a short time period with a reduced need for expertise and equipment.

b) Number of illicit drug seizures by type of drug

TABLE 17: Number of Drug Seizure Incidents by Drug Type in Western Australia by financial year.

Drug	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04*
Amphetamines	841	1143	1826	1883	1745	1515
Cannabis	7329	7212	7761	7855	7061	5762
Cocaine	16	9	23	19	13	10
LSD	60	70	45	13	22	8
Opiates	503	521	350	192	180	140
Other Identified	131	140	165	167	138	50
Other Unidentified	324	439	617	520	500	463
Pharmaceutical	5	3	3	2	19	145
Grand Total	9209	9537	10790	10651	9678	8093

Note:

- The 2003/04 data only includes 11 months.
- Amphetamines includes: Amphetamine, methamphetamine, methylamphetamines, MDA, MDMA, etc.
- Opiates include: Heroin, opium, morphine, etc.
- Other Identified includes: Khat, psilocybin, steroids, pre-cursor chemicals, non-specified identified.
- Pharmaceutical includes: Prescription medications (more clearly identifiable since 2003-04).
- Cannabis includes: Cannabis, hashish, cannabis oil, resin, etc.

Comment:

- The increase in amphetamine seizures (107% increase between 1999/2000 and 2002/03) may be reflective of the ‘heroin drought’ and the changing pattern of drug use where amphetamines are more frequently cited as the primary drug of choice.
- Conversely, opiate seizures have decreased by 64% between 1999/2000 and 2002/03. This is consistent with national trends. A significant portion of opiate seizures relates to the seizure of heroin. This decrease may be indicative of the ‘heroin drought’ and decreased availability of heroin within WA. There is also a corresponding increase in the number of amphetamine seizures for the same period.
- A contributing factor to the 2003/04 increase in the seizure of pharmaceutical drugs could be due to changes in police practices, with an increased policing focus on this area.

c) Number of Liquor Licensing Act Infringement Notices issued by the WA Police Service

Evidence demonstrates that irresponsible or inappropriate supply and consumption of alcohol results in increased harm to the community (eg assaults, road trauma, etc). Enforcement and imposition of meaningful penalties improve compliance with liquor licensing legislation and the responsible service of alcohol practices which, in turn, reduce levels of alcohol-related harm.

TABLE 18: Number of Liquor Licensing Act Infringement Notices issued in Western Australia by the WA Police Service, by financial year.

1999/00	2000/01	2001/02	2002/03	2003/04
3,717	4,194	3,693	4,010	4,365

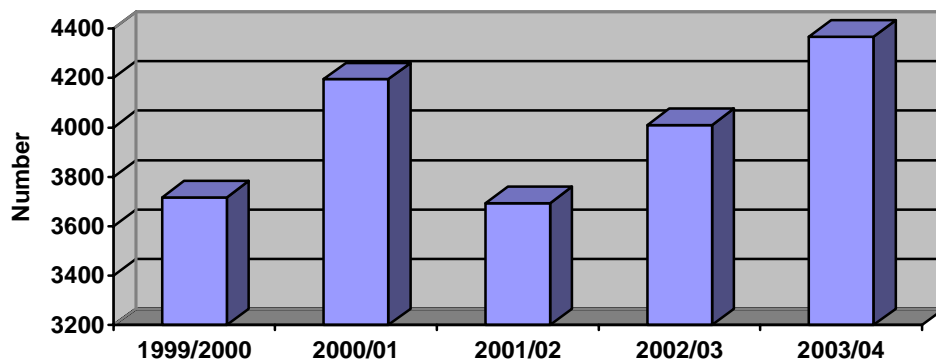


FIGURE 7: Number of Liquor Licensing Act Infringement Notices issued in Western Australia by the WA Police Service, by financial year.

Comment:

- From 1999/00 to 2003/04 there has been an overall increase in the number of Liquor Licensing Act infringement notices issued, with a peak in financial years 2000/01 and 2003/04, and a fall in numbers in the 2001/02 financial year. A broad range of factors can influence issuing of Liquor Licensing Act Infringement Notices, three possible contributing factors could include increased enforcement of the Liquor Licensing Act by Police, increased strategic communication between the Liquor Licensing Authority and the Police, and/or a decrease in the responsible supply of alcohol.
- Further development of Liquor Licensing Act Infringement Notice reporting would contribute toward compilation of more meaningful alcohol-related harm reduction information. Currently the data recording system does not distinguish between the different reasons for issuing a Liquor Licensing Act Infringement Notice. Additional detailed information would further assist harm reduction planning by more readily identifying the different types of infringements e.g. service to juveniles, service to intoxication. Further development of data recording would enhance planning to create safer drinking environments, minimising alcohol related harms and the subsequent health, social and community costs.

5.2 Disruption of the manufacture and the supply of illicit drugs

a) Number of clandestine laboratories dismantled

TABLE 19: Number of clandestine laboratories dismantled in Western Australia by year.

1999	2000	2001	2002	2003	2004
9	18	22	26	36	33 *

Note:

- *as at June 17 2004.
- This information differs to the 'manufacture' offences presented in Table 16 (Reported/detected drug offences in Western Australia by financial year). 'Manufacture' offences address clandestine drug laboratories, as well as other manufacturing processes. Clandestine drug laboratories are a more accurate measure of amphetamine type stimulant production and offences than the broader offence of 'manufacture'.

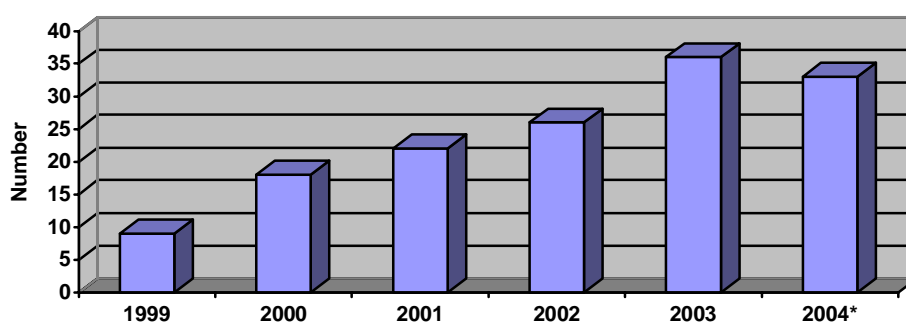


FIGURE 8: Number of clandestine laboratories dismantled in Western Australia by year.

Comment:

- The increasing trend in the number of clandestine drug laboratories dismantled in WA refers primarily to the production of amphetamine type stimulants. This increase is indicative of a changing drug market (i.e. primary drug of use) for both the drugs produced and the drugs consumed.
- The increase in the number of clandestine drug laboratories dismantled in WA is also indicative of the changing production methods used for amphetamine type stimulants, resulting from an increased ability to manufacture amphetamine type stimulants in a short time period with reduced need for expertise and equipment.

5.3 Diversion of drug offenders away from the judicial system by the implementation of Police Diversion

a) Number of persons diverted by way of Adult Cannabis Cautioning Notice (CCN)

TABLE 20: Number of persons diverted by way of Adult Cannabis Cautioning Notice in Western Australia by calendar year.

2002/03	2003/04	2004
1060	827	135*

Note:

- * 2004 data are for the period January to March 21, when the *Cannabis Control Act 2003* superseded the CCN. Data for all other years is provided on a 12 month basis.
- CCN became effective in 1998 as a pilot project. It became a state-wide project in 2000. The CCN system applied to quantities of cannabis for personal use not exceeding 25 grams.
- The Cannabis Infringement Notice is a component of the *Cannabis Control Act 2003* and, from its proclamation on March 22 2004, superseded the CNN.

b) Number of persons diverted by way of Cannabis Infringement Notices (CIN)s through the *Cannabis Control Act 2003*

53 Cannabis Infringement Notices (CINs) issued in March 2004 quarter*
969 Cannabis Infringement Notices (CINs) issued in June 2004 quarter

Note:

- * Data for the March 2004 quarter are only for the period from the 22 March 2004 to 31 March 2004. The *Cannabis Control Act 2003*, and subsequently the CIN, was proclaimed on 22 March 2004. The *Cannabis Control Act 2003* applies to quantities of cannabis not exceeding 30 grams for personal use.

c) Number of adult persons diverted by way of All Drug Diversion (ADD) as of 1 January 2004.

11 persons as of 1 January, 2004
25 persons from 02/01/2004 – 17/06/2004

Note:

- All Drug Diversion commenced as a pilot program in 2000 and has only been operational state-wide since 1 January 2004, thus the low number of adults diverted through the system.
- All Drug Diversion applies where the amount of the drug involved does not exceed one quarter of the prescribed amount as listed in Schedule 5 of the *Misuse of Drugs Act 1981*.
- 11 persons were diverted on the initial day of the system's implementation. Since this time (to 17 June 2004), a further 25 persons have been diverted through the program.

5.4 Diversion of juvenile drug offenders

Diversion data represents WAPS and DOJ policy and practice. This is not a component of Compulsory Assessment, commonly called All Drug Diversion (COAG), managed by the Drug and Alcohol Office.

a) Number of juvenile drug offenders diverted from the Court system to a Juvenile Justice Team

These data represent the number of juvenile drug offenders who have been referred by the Children's Court of Western Australia or by the WAPS to a Juvenile Justice Team (JJT) for charges arising under the *Misuse of Drugs Act 1981*.

TABLE 21: Number of juvenile drug offenders diverted from the Court system to a Juvenile Justice Team.

	2000	2001	2002	2003	2004
WA Police Service	250	255	233	199	70*
	1999/00	2000/01	2001/02	2002/03	2003/04
Children's Court	76	165	137	113	107

Note:

- *2004 WAPS data is to 17 June 2004 only.

Comment:

- There is a decreasing trend in the diversion of juvenile drug offenders by the WAPS. A range of factors could influence this trend, including but not limited to: a decrease in the prevalence of drug use by juveniles; a change in the drug market making it more difficult to detect drugs; decreased enforcement or less use of diversion as an option; and/or a combination of all of these factors.
- Conversely, there is an increase in the number of juvenile drug offenders diverted by the Children's Court. A range of factors could influence this trend, including but not limited to: an increasing number of juveniles referred to the Children's Court, or a change in practices by the court system.

b) Number of juvenile drug offenders diverted from custody

The data below indicates the number of juvenile drug offenders who have been diverted from custody for offences arising from the *Misuse of Drugs Act 1981* by receiving a Juvenile Conditional Release Order under section 101 of the *Young Offenders Act 1994*.

TABLE 22: Number of juvenile drug offenders diverted from custody in Western Australia by financial year.

2000/01	2001/02	2002/03	2003/04
24	17	15	21

Note:

- Data relating to juvenile offenders who have been diverted from the court are reported in Table 20.
- A Conditional Release Order is a sentencing order that has a custody component.
- Diversion from custody means that the judiciary has determined that an offender needs to participate in treatment within the community rather than being placed in detention.

5.5 Diversion of adult drug offenders

a) Number of adult drug offenders diverted from the Court system

These data reflect adult drug offenders who were diverted from court for offences under the *Misuse of Drugs Act 1981*. These offenders have received a Conditional Release Order under section 47 of the *Sentencing Act 1995*.

TABLE 23: Number of adult drug offenders diverted from the court system in Western Australia by financial year.

2000/01	2001/02	2002/03	2003/04
186	237	240	219

Note:

- A Conditional Release Order is a sentencing order that has a custody component.
- Diversion from Court is by placing offenders with DOJ officers to a diversion program, or where offenders agree to undertake support and counselling.

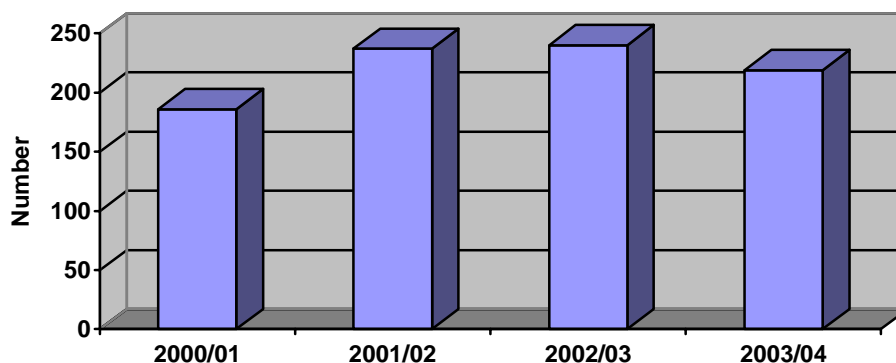


FIGURE 9: Number of adult drug offenders diverted from the court system in Western Australia by financial year.

b) Number of adult drug offenders diverted from custody

These data reflect adult drug offenders who have been diverted from custody for offences under the *Misuse of Drugs Act 1981*. These offenders have received a Suspended Imprisonment Order under section 76 of the *Sentencing Act 1995*.

TABLE 24: Number of adult drug offenders diverted from custody in Western Australia by financial year.

2000/01	2001/02	2002/03	2003/04
119	99	79	78

Note:

- Pre-sentence orders also divert offenders from custody. A court may impose a pre-sentence order under section 33A of the Sentencing Act 1995. The purpose of the pre-sentence order is to give an offender, who is facing a possible term of imprisonment, an opportunity to take steps to address their offending behaviour prior to the court proceeding with sentencing.
- An Intensive Supervision Order is a sentencing order that is served in the community and supervised by DOJ officers.
- Diversion from custody means that the judiciary has determined that an offender needs to participate in treatment within the community rather than being placed in detention.

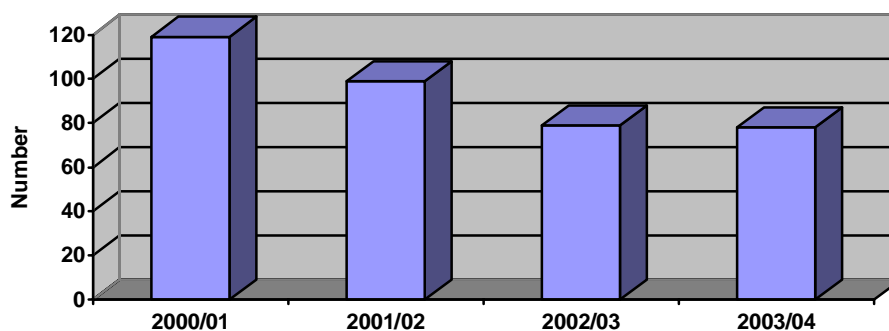


FIGURE 10: Number of adult drug offenders diverted from custody in Western Australia by financial year.

Comment:

- There is a decreasing trend in the diversion of adult drug offenders from custody by DOJ. A range of factors could influence this trend including: a change in practices by DOJ or the Court system; a decrease in the prevalence of drug use by this target group; a change in the drug market making it more difficult to detect drugs; changing drug use trends; and/or a combination of these factors.
- The increase in access to treatment services may also be a contributing factor to the decrease in the number of adult diversions.

DATA IMPLICATIONS: Law, Justice and Enforcement

- The *Cannabis Control Act 2003* has not been in place for a sufficient time to enable evaluation.
- The number of juveniles diverted from the court system to a JJT (by both the Children’s Court and WAPS) peaked in 2000/01 and has since declined. This change could be the result of a range of factors including: a change in practices by WAPS or the court system; a decrease in the prevalence of drug use by this target group; a change in the drug market making it more difficult to detect drugs; a change in drug use trends; and/or a combination of these factors.
- A contributing factor to the increased number of juvenile diversions between 2000 and 2002 (refer Table 21) may be the increased use of illicit drugs in the preceding period (1999), as reported in the ASSAD results (see Table 2 in the Prevention and Early Intervention section of this report). Data for 1999 show an increased level of drug use that has not been sustained and is not consistent with other jurisdictions. It is possible that an increase in drug use for this period may also have resulted in an increase in the number of juvenile diversions in subsequent periods. The downward trend in the number of juvenile diversions since this time may be indicative of the return to nationally consistent levels of drug use amongst young people, as shown in the Prevention and Early Intervention section of this report, ASSAD results for 2002.
- Adult diversions (combined diversions from the custody and court systems) have remained reasonably stable over the time period. As diversion is open to all drug related adult simple offences, this relative stability may indicate that the program is operating at a level that includes all possible offenders. However, the downward trend in custody diversions and upward trend in court diversions may be indicative that diversion has increasingly become a court-based strategy.

- The diversion of all drug related simple offenders provides a compulsory assessment program, including counselling and the development and implementation of a treatment plan. Diversion programs consistent with the “Putting People First” approach aim to direct simple drug offenders into treatment and out of the criminal justice system.
- Whilst there are a number of contributing factors that may explain the decrease in the number of juveniles being diverted from the Court system to a JJT and the number of adult drug offenders being diverted from custody, further investigation into these decreases is warranted.
- Despite changes to the number of seizures for particular drugs, total drug seizure numbers have been relatively stable across the time period. This is indicative of a changing drug market (i.e. primary drug of use).
- A significant proportion of opiate seizures relates to heroin. From 1999/00 onwards there is a decrease in the number of opiate seizures. This may be indicative of the decreased availability of heroin within WA. From the same period, there is also a corresponding increase in the number of amphetamine seizures. These trends may be indicative of:
 - decrease in the availability of opiate drugs;
 - increase in the availability of amphetamine drugs;
 - changes in the market demand and user preference with users ‘switching’ to amphetamine drugs as their primary drug of choice or use; or
 - changes in the methods of manufacturing illicit amphetamine drugs, with the new method allowing for amphetamine manufacture to be easier than previous methods.
- Change in heroin and amphetamine seizures is also reflective of changes in patterns of drug use. As seizures have increased for amphetamines, use has also increased. Conversely, as opiate seizures have decreased, so has the prevalence of illicit opiate use. This shows a change in the drug market and a change in the principal drug of choice. This may also be a contributing factor in the decrease of hospitalisations for other drugs in Western Australia (Table 14).

Government Activity

Objective: Develop an appropriate legal response to drug use. Whole of Government initiatives contribute to the following 7 strategies:

Strategy No 1: Link with prevention by exploring collaborative models.

Links with primary and tertiary prevention through cross-agency programs that address or manage drug use and treatment options for drug use are a priority. Increased practice development opportunities that encourage staff to link treatment programs with prevention and other programs has been a focus in this area.

An overview of significant whole of Government progress and activities on actions addressing strategy one in the law, justice and enforcement area include:

Agency Action
<p>SDERA</p> <p>Use of school drug policies, In Touch and professional development opportunities provide a comprehensive best practice model for linking prevention, treatment and enforcement appropriately within the school setting.</p>
<p>WA Police Service</p> <p>Developing an internal training course to educate officers in the enforcement of liquor licensing with an aim to reduce the illegal supply of alcohol. The course is 65% complete.</p> <p>Ongoing commitment to Random Breath Testing (RBT) and associated community education and awareness campaigns in conjunction with Office of Road Safety and other key partners.</p>
<p>DAO</p> <p>The Cannabis Infringement Notice (CIN scheme) was introduced through the <i>Cannabis Control Act 2003</i>, which was proclaimed on 22 March 2004. DAO continues to undertake a community education program with regard to cannabis, the <i>Cannabis Control Act 2003</i>, and the Cannabis Education Session.</p> <p>Provision of overdose prevention and management information for prisoners in preparation for re-entry to the community.</p> <p>Development of culturally secure resources for Aboriginal people tailored to meet the needs of diversion clients, and also have broader applications for the alcohol and other drug sector.</p>

Strategy No 2: Link to treatment by maximising the number of offenders with drug problems engaged in diversion programs at each stage of the criminal justice system.

The primary aim in this strategic area has been to increase resources allocated to the operation, support, and expansion of drug diversion initiatives for suitable participants across the state.

An overview of significant whole of Government progress and activities on actions addressing strategy two in the law, justice and enforcement area include:

Agency Action
<p>DAO</p> <p>As part of the COAG Illicit Drug Diversion Initiative an Indigenous Diversion Program is currently being implemented in Broome and Carnarvon.</p> <p>A pilot Young Persons Opportunity Program has commenced in the metropolitan area.</p> <p>A pilot Pre-Sentencing Opportunity Program and Supervised Treatment Intervention Regime has been implemented in the Bunbury and Busselton Courts.</p> <p>The state-wide all drug Police diversion program commenced early 2004.</p> <p>All CDSTs have been trained on the provision of treatment services for the “Cannabis Education Session” and “All Drug Diversion”.</p> <p>A support program for family members of diverted offenders is currently being offered by CDSTs and will continue into 2004/05.</p> <p>The COAG Illicit Drug Diversion Initiative has provided funding to support diversion clients.</p> <p>DAO is working with the Office of Crime Prevention and other key stakeholders to develop the Parenting Responsibility Contracts and Orders.</p>
<p>WAPS</p> <p>Expansion of “All Drug Diversion” state-wide strategy has been completed. The strategy allows for drug related adult simple offenders to be diverted into an educational assessment program.</p> <p>Ongoing commitment to training and utilisation of the Protective Custody Act with an aim to reduce the impact of solvent use amongst young people.</p>
<p>DoJ</p> <p>Evaluation of the Drug Court has been completed and assessment is being made to determine aspects that may be implemented at Magistrate locations across the state.</p>

Strategy No 3: Reduce the supply of illicit drugs and the illegal supply of alcohol.

A range of strategies have been implemented across key agencies to reduce the supply of illicit drugs and address the illegal supply of alcohol

An overview of significant whole of Government progress and activities on actions addressing strategy three in the law, justice and enforcement area include:

Agency Action
<p>DAO</p> <p>A first draft of the WA Alcohol Plan has been developed and the first consultation phase (with government agencies) has commenced. This Plan contains key strategic directions to address early childhood intervention, community action, responsible supply and service of alcohol, treatment and support, and information and monitoring in regard to alcohol related issues.</p> <p>Ongoing support and collaboration with key stakeholders on liquor licensing issues at a State and regional level that relates to the illegal supply of alcohol.</p>
<p>DoJ</p> <p>DoJ have introduced a range of initiatives aimed at reducing the supply of illicit drugs in prisons. These include:</p> <ul style="list-style-type: none">• more drug detection dogs have been purchased;• permanent drug detection dog deployed at Bandyup;• multi-response dogs and handlers to complete training and work as part of dog squad teams. However, this is yet to progress due to an industrial dispute;• random testing of prisoners increased from twice to four times per annum at Casuarina and Bandyup as a preventative initiative; and• new visitor identification process introduced state-wide.
<p>WAPS</p> <p>Draft copy of State-wide Investigation Strategy adopted. The Investigation Strategy is linked to the WAPS Action Plan with an aim to enhance enforcement, reduce the supply of illicit drugs and eradicate drug crops.</p> <p>WAPS continues to apply legislative obligations and implement action where and when appropriate intervention and or objection is required with respect to licensed premises.</p>
<p>WAPS DOH</p> <p>Ongoing commitment to the national strategy to prevent the diversion of precursor chemicals into illicit drug manufacture through active participation on the National Working Group on the Diversion of Precursor Chemicals.</p>
<p>DIA</p> <p>In collaboration with Liquor Licensing (WA) and WAPS, a telephone hotline service designed to address the problem of the illegal and illicit sale of alcohol (sly-grogging) in the Kimberley region of Western Australia is being developed. The hotline will enable publicly known information on sly grogging to be provided to the Police without the informant having to directly contact the authorities.</p>

Strategy No 4: Enact a legal framework that achieves a balance between strongly discouraging and penalising the illicit drug trade, encouraging people to recover from drug problems and avoiding undue legal penalties for people who use drugs.

A key focus in this area has been the review and associated amendments to relevant legislation and operational guidelines, ensuring penalties associated with illicit drugs are fair and reasonable whilst providing for the treatment of users.

An overview of significant whole of Government progress and activities on actions addressing strategy four in the law, justice and enforcement area include:

Agency Action		
DAO	WAPS	DoJ
<p>The <i>Cannabis Control Act 2003</i> was proclaimed in March 2004. Proclamation coincided with a state wide public education program to educate the community about the changes to the law, and the associated harms. The new Act provides discretion for police to issue a Cannabis Infringement Notice (CIN) for possession of amounts of cannabis deemed for personal use. Police retain the discretion to charge with an offence, irrespective of the amount of cannabis involved. A CIN can be issued in the following instances:</p> <ul style="list-style-type: none"> • possession by an adult of no more than 15 grams of cannabis – (penalty \$100); • possession by an adult of more than 15 grams and nor more than 30 grams of cannabis – (penalty \$150); • possession by an adult of no more than 2 cannabis plants under cultivation at that persons principle place of residence provided that the plants are not hydroponically grown and that no other person is growing other cannabis plants on the same premises – (penalty \$200); and • possession by an adult of pipes and other implements for use in smoking cannabis on which there are datable traces of cannabis – (penalty \$100). <p>Proposing the ‘Misuse of Drugs Amendment Bill 2003’ of which the purpose is three fold:</p> <ol style="list-style-type: none"> 1. enable interstate chemical analysts to tender certificates of the analysis as evidence in court, without necessarily requiring the analyst to appear in person; 2. place legislative controls on the sale and supply of chemicals and apparatus used in the illicit manufacture of amphetamines and other drugs; and 3. correct a sentencing anomaly whereby principal offenders in drug trafficking matters were able to receive significantly discounted sentences. 		
<p>DAO</p> <p>Provided ongoing support to the Drug Law Reform Working Party (now disbanded). The Working Party developed two reports:</p> <ul style="list-style-type: none"> • ‘Implementation of a scheme of prohibition with civil penalties for the personal use of cannabis and other matters’; and • ‘Law enforcement measures to reduce harms associated with injecting drug use in Western Australia’. 		
<p>DoJ</p> <p>The Perth Drug Court provides three programs to divert drug users into treatment at the pre-sentence stage.</p> <p>Evaluation of the Perth Drug Court has been completed and assessment is being undertaken to determine aspects of the Drug Court that may be implemented at Magistrates’ locations throughout the State.</p>		

Strategy No 5: Treat people affected by drugs for their drug use with compassion and respect, within the context of their offending behaviour.

Support and development of programs associated with managing people's drug use in a manner that reflects the nature of the illegal behaviour is an ongoing priority.

An overview of significant whole of Government progress and activities on actions addressing strategy five in the law, justice and enforcement area include:

Agency Action
<p>DAO</p> <p>Ongoing support for the DoJ Pharmacotherapy and Therapeutic Community Programs.</p> <p>Specialist AOD advice and support was provided to the Office of the Inspector of Custodial Services.</p>
<p>Department of Justice</p> <p>Developed and implemented the pharmacotherapy program.</p> <p>The DOJ has commenced investigating the efficacy of a prison based therapeutic community.</p> <p>Brief interventions for short sentence and remand prisoners, a sub group who previously had no interventions for drug issues, has been implemented at Bandyup and Hakea prisons to improve their linkages upon re-entry to the community</p> <p>The CJS Reform of Therapeutic Programs' project that aims to build partnerships with treatment services, aid re-entry into the community and improve the range of treatment options available is in the implementation stage. This project improves the quality and accessibility to treatment for DoJ clients. The following achievements have been noted:</p> <ul style="list-style-type: none">• model endorsed;• recruitment for staff completed;• newly developed programs piloted and now being implemented; and• the new model of integrated assessment processes implemented. <p>The Perth Drug Court provides three programs to divert drug users into treatment at the pre-sentence stage. Evaluation of the Perth Drug Court has been completed and assessment is being undertaken to determine aspects of the Drug Court that may be implemented at Magistrates' locations throughout the State.</p> <p>Approximately 1,500 people tested by urinalysis via the Drug Court per quarter. This analysis provides direction for guidance of clients into treatment and support services.</p>

Strategy No 6: Reduce drug use and associated problems by offenders and others identified in the justice system.

There is ongoing support for drug treatment programs within the justice system. This includes programs aimed at maintaining pharmacotherapy treatment, which provides continuity of care for prisoners entering and leaving the justice system, and helps to reduce illicit drug use and the hazards associated with such use.

An overview of significant whole of Government progress and activities on actions addressing strategy six in the law, justice and enforcement area include:

Agency Action
<p>DAO</p> <p>Contributed to planning and development of the Pharmacotherapy Program in the WA prison system, being a new initiative to provide pharmacotherapy treatment for opioid dependent prisoners. The program emphasises continuity of care for opioid dependent prisoners on entry into prison, and re-entry into the community, which have demonstrated reductions in the risk of re-offending and harms associated with AOD use.</p> <p>DAO provides ongoing staff training, clinical support to prison medical staff and prisoners during the re-entry process.</p> <p>DAO provides a specialist alcohol and drug data base system to collect the relevant data required to evaluate the Pharmacotherapy Program.</p>
<p>DoJ</p> <p>Developed and implemented the Pharmacotherapy and Therapeutic Community Programs.</p> <p>The CJS Reform of Therapeutic Programs' project that aims to build partnerships with treatment services, aid re-entry into the community and improve the range of treatment options available is in the implementation stage. This project improves the quality and accessibility to treatment for DoJ clients. The following achievements have been noted:</p> <ul style="list-style-type: none">• model endorsed;• recruitment for staff completed;• newly developed programs piloted and now being implemented; and• the new model of integrated assessment processes implemented.

Strategy No 7: Reduce re-offending associated with drug use.

Development of programs aimed at supporting people post-prison, with an aim to reduce risk factors associated with re-offending and drug use, whilst offering protective factors that foster integration back into society.

An overview of significant whole of Government progress and activities on actions addressing strategy seven in the law, justice and enforcement area include:

Agency Action

DAO

Ongoing funding of the Prison to Parole Program (PPP) to improve re-entry services post-prison throughout WA.

Clinical Advisory Service provides a central service for clients receiving pharmacotherapy treatment and links agencies/clients to appropriate GPs and clinical services.

Provision of overdose prevention and management information for prisoners in preparation for re-entry to the community.

Department of Justice

The Department of Justice has implemented strategies, which provide prisoners with support and assistance in planning for release, and help and support for ex-prisoners and their families to help them settle back into the community after release.

The Community Re-entry Coordination Service (Re-entry) operates in the Metropolitan area, Midwest, Murchison-Gascoyne, Eastern Goldfields, Kimberley, Pilbara, South West and Great Southern regions.

The Community Transitional Accommodation and Support Service (TASS) provides 33 units of supported accommodation to participants and operates in the Metropolitan Area, Geraldton, South West and Great Southern regions.

Ongoing support to the PPP to improve re-entry services post-prison throughout WA.

The CJS Reform of Therapeutic Programs' project that aims to build partnerships with treatment services, aid re-entry into the community and improve the range of treatment options available is in the implementation stage. This project improves the quality and accessibility to treatment for DoJ clients. The following achievements have been noted:

- model endorsed;
- recruitment for staff completed;
- newly developed programs piloted and now being implemented; and
- the new model of integrated assessment processes completed.

DHW

60 units and houses have been allocated to mental health clients exiting the justice system. An additional 5 properties are currently under construction. This targeted housing program provides accommodation (a protective factor) for an identified at risk population, with an aim to reduce the risk factors for people with mental health problems re-entering the justice system. (Mental health and AOD issues are closely linked).



ACRONYMS

AOD	Alcohol and Other Drugs
ASSAD	Australian School Students Alcohol and Drug survey
BBV	Blood-Borne Virus
CAC	Community Advisory Council
CAGs	Community Action Groups
CSCSP	Cabinet Standing Committee on Social Policy
CCO	Community Corrections Officers
CDST	Community Drug Service Team
CHART	Comprehensive Health Assessment and Resource Through-Care
CIN	Cannabis Infringement Notice
CJS	Community Justice Services
COAG	Council of Australian Governments
C-POP	Community Program for Opioid Pharmacotherapy
CSCSP	Cabinet Standing Committee on Social Policy
CYPCAC	Children and Young People in Care Advisory Committee
DAC	Drug and Alcohol Centre
DAO	Drug and Alcohol Office
DAWN	Drug and Alcohol Withdrawal Network
DCD	Department of Community Development
DIA	Department of Indigenous Affairs
DET	Department of Education and Training
DHW	Department of Housing and Works
DoJ	Department of Justice
FACS	Australian Government Department of Family and Community Services
GP	General Practitioner
HYPE	Helping Young People Engage
IACC	Indigenous Affairs Advisory Committee
IDU	Intravenous Drug Use
JJO	Juvenile Justice Officers
LDAG	Local Drug Action Group
NGO	Non-Government Organisation
NSP	Needle and Syringe Program
OAH	Office of Aboriginal Health
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PPP	Prison to Parole Program
RBT	Random Breath Testing
ROCs	Regional Organising Committees
RTO	Registered Training Organisation
SAAP	Supported Accommodation Assistance Program
SCYP	Smoking Cessation for Youth Project
SDERA	School Drug Education and Road Aware
SHAHRP	School Health and Alcohol Harm Reduction Project
SOG	Senior Officers Group
TASS	Community Transitional Accommodation and Support Service
UWA	University of Western Australia
VET	Vocational Education and Training
WACHS	Western Australian Country Health Services
WAPS	Western Australian Police Service
YCNs	Youth Coordinating Network

The Summary and the full report,
Reporting on the Implementation of the Western Australian Drug and Alcohol Strategy 2002-2005,
can be accessed at
www.dao.health.wa.gov.au

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