

Illicit Drugs In Western Australia

Current Services and Strategies

**Working Paper by the
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WA Community Drug Summit**

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Illicit Drugs In Western Australia

Current Services and Strategies

Introduction

This listing of current services and strategies addressing illicit drugs in WA has been developed for the information of those people who are considering making submissions or being delegates to the Community Drug Summit in August 2001. The listing is designed to assist participants in generating ideas as to where new strategies are required or existing strategies need to be further developed.

The listing is extensive but not exhaustive as it cannot reflect all the activities undertaken by community groups and relevant government agencies that do not form specific drug strategy policies and programs.

While the listing does attempt to indicate where strategies are fully developed and the extent to which they might be meeting demand or where they are in their early or formative stages, there is not a definitive assessment as to how effective they are.

Where there have been substantial evaluations such as with respect to the School Drug Education Project or the *Drug Aware* public education campaigns these are noted. Other strategies and services are subject to smaller scale evaluations, usually assessing the response of participants to the initiative, whether it is a treatment program, professional education and training or a community prevention activity. Responsible agencies can provide more information on the various activities if they are contacted.

1. Youth

1.1 Treatment

- Specialist youth outpatient services are provided by Next Step and three major non-government agencies (Holyoake, Palmerston, Mission Australia) in Perth and one regional south west service (Agencies for South West Accommodation). The Statewide network of Community Drug Service Teams has a focus on youth.
- Mission Australia's YIRRA program provides residential rehabilitation for young people under the age of eighteen. Its residential and outpatient services include a wilderness program. It has thirteen beds.
- Teen Challenge's Grace Academy in Esperance provides services for relatively young people. The program involves Christian teaching and residential rehabilitation. It is largely self funded and has thirty beds increasing to forty six in August 2001.
- Mission Australia's On Track program works in conjunction with the Police Service Juvenile Aid Group to provide a sobering up service for young people in the central city which links the youth with their families and provides a pathway to treatment where possible.
- Youth services have been supported to provide alcohol and drug interventions through:
 - Alcohol and drug counsellor/education positions in two youth supported accommodation and assistant services (Joondalup and Swan);
 - The youth sector training program, *Getting to Health Too*;
 - Community Development (Family and Children's Services) contract specifications including a reference to the provision of intervention for drug problems.

- General practitioners have been encouraged to provide youth services through programs such as the Australian Medical Association's *Youth Friendly Doctors*, the Swan Hills Division of General Practice's youth outreach van and Next Step's General Practitioner Alcohol and Drug Support Project.

1.2 Early Intervention

- The In Touch school drug counselling program, the orientation of the Statewide network of Community Drug Service Teams and the services of the Alcohol and Drug Information Service involve early intervention for youth. (see Section 4.2)

1.3 Prevention

- Education strategies (see Section 4.1) include:
 - School drug education;
 - *Drug Aware* public education campaigns targetting fourteen to twenty-four year olds;
 - The Youth Illicit Drug Education Project's program of community activities to promote the *Drug Aware* brand and campaigns and to distribute information.
- Community action and partnerships (see Section 4.2) relevant to youth include:
 - Local Drug Action Group support for youth activities and work with schools;
 - The Youth Illicit Drug Education Project's community activities initiated by various community organisations;
 - The Night Venues Project targetting prevention and harm reduction in night venues and dance parties;
 - Partnerships with sports;
 - Partnerships with TAFEs and universities;
 - Public Health Unit support for youth initiatives such as East Perth's participation in an outreach youth service.
- The Building Blocks program integrates the child health services provided by Health and Community Development and involves each newborn baby in Western Australia receiving a home visit and families who need assistance being identified and then being supported through specific services. This program has also informed the New Vision Primary Healthcare Strategy. For example a pilot project in Murchison has used alcohol and drug interventions as a particular focus of community health work. Public Health Units are supporting similar early intervention activities.

1.4 Law Enforcement

- Juveniles can be cautioned for minor offences under the Young Offenders Act 1994. All drug related cautions are followed by the Ministry of Justice's Killara welfare service with the young person and his or her family.
- Repeat minor offenders and more serious offenders can be referred to Juvenile Justice Teams where police and welfare authorities meet the offender and his or her family to determine an appropriate course of intervention and where relevant, compensation to a victim.
- The Children's Court in Perth is implementing a drug court regime involving continuing supervision and case management by the judicial officer and the court team. (see Section 7.2.2).

2. Families

2.1 Treatment and Support

- Next Step – Specialist Drug and Alcohol Services and six major non-government organisations in Perth (Holyoake, Palmerston, Cyrenian, Mission Australia, Salvation Army and Serenity Lodge) and the Statewide network of twelve Community Drug Service Teams provide family support services usually through group programs. The WA Drug Abuse Strategy Office is committed to funding the expansion of these services as necessary to meet demand.
- Holyoake provides a range of services for families with specific programs for parents, partners, siblings and children of drug users.
- Wesley Mission’s Hearth program provides a treatment service for families based on outreach to homes.
- A range of activities have been implemented under the banner of Working in Partnership with Parents to expand the support available to parents through professional services and the community. It includes:
 - the Parent Drug Information Service providing 24 hour information, advice, counselling and follow-up, including support for parents by a network of volunteer parents;
 - local community support networks for parents, linked to Local Drug Action Groups and supported by Community Drug Service Teams, with eight in place around Perth;
 - publication and dissemination of parent education and information materials,
 - education and research to develop and promote best practice in family support by professional alcohol and drug treatment services.
- Promoting best practice in family support includes the *Family Sensitive Practice Development Project*. This commenced in the second half of 2000 following earlier research with parents and began with a major forum with parents and agencies to determine directions. The project involves development of best practice models and indicators, training and education for agencies, and agencies’ development of family policies and action plans. The WA Drug Abuse Strategy Office employs a half time officer specifically for the project.
- Support for grandparents has been established together with the parent support networks in three Perth locations (Woodvale, Cockburn and Stirling) in conjunction with Local Drug Action Groups.

2.2 Prevention

- Parent education opportunities (outlined in Section 4.1.2) include the Health Department’s *Drugs in Perspective* program, the specifically targetted *Help Empower Local Parents* program being developed by Local Drug Action Group Inc for parents of students as they leave primary school and the private program *How to Drug Proof Your Kids* which is supported through some Local Drug Action Groups.
- School and public education (outlined in Section 4) include a focus on families. One of the School Drug Education Project’s four key strategies is involvement of parents and the local community, through for example, Local Drug Action Groups and the inclusion of materials for families in the School Drug Education Project teacher support package (curriculum). The *Drug Aware* public education campaigns commenced with parents and continue with advertising targeting parents in each campaign covering specific drugs.

3. Aboriginal People

- The National Drug Research Institute has identified seventy four alcohol and other drug intervention projects and services for Aboriginal people conducted by fifty five organisations. These include twelve outpatient treatment programs, five residential treatment programs, eighteen prevention projects, thirty acute intervention services, four multi-service projects and five other projects (research, staff development, policy and planning) projects. Approximately \$7.5 million is spent by State and Commonwealth governments on these services.
- Additionally, Aboriginal community controlled health organisations' work includes providing interventions to address substance abuse including illicit drugs.

3.1 Acute Intervention

- Twenty two night patrols are established around the State in Perth and various regional locations. These patrols pick up people who are intoxicated or in difficulty and transport them to either sobering up centres, another safe place or home. In 2000/01, the Aboriginal Affairs Department provided support to the patrols, the majority of which received funding allocations of \$50,000.
- Ten sobering up shelters are established largely for Aboriginal people. Five are in the Kimberley, two are in the Pilbara, and there is one each in the Goldfields, the Midwest and Perth. Additional sobering up centres are being developed in 2001 in Midland, Geraldton and Wyndham. The operating costs of sobering up centres in the coming year is approximately \$3 million.
- Mission Australia's On Track program works in conjunction with the Police Service Juvenile Aid Group to provide a sobering up service for young people in the central city which links the youth with their families and provides a pathway to treatment where possible.

3.2 Treatment

- Twelve outpatient services are provided by Aboriginal agencies and Community Drug Service Teams with two in Perth and the remainder spread throughout regions. Approximately \$1.3 million is spent by Commonwealth and State governments on these services.
- Five residential treatment services are established. Two are substantial, one in Warburton and one in Broome. Outstation type programs are established in Wyndham and Kununurra, and there is an adjunct to Cyrenian's Sarannah Women's Program in Perth. Funding of approximately \$1 million is provided predominantly by the Commonwealth Government.
- Aboriginal community controlled health organisations see people affected by drug abuse through their general services, while six have specific outpatient alcohol and drug treatment services (included above).
- The Kimberley, Goldfields, South West and Wheatbelt Community Drug Service Teams, with support from some public and mental health services, have programs for training and supporting Aboriginal local volunteer alcohol and drug workers to deliver treatment services.

3.3 Prevention

- Eighteen prevention projects are established around the State. Funding for these is approximately \$530,000 provided by Commonwealth and State governments.
- Projects include alternatives to drug use particularly for youth, health education, referral, employment, community development, recreation and media campaigns.
- Seven Local Drug Action Groups are established in remote Aboriginal communities and Aboriginal groups are established in Geraldton and Bunbury. These groups are provided with a

small seeding grant and can access project funds from Local Drug Action Group Inc as well as other sources. The work of the Warmun Local Drug Action Group providing a treatment program supported by the Kimberley Community Drug Service Team as well as youth activities is notable.

- The Kimberley, Goldfields, Midwest, Wheatbelt, North Metropolitan and South East Metropolitan Community Drug Service Teams provide community development and health education prevention projects.
- Regional Aboriginal health plans include a focus on alcohol and other drug prevention and some health services have developed Aboriginal specific brief intervention and prevention focussed education materials.

4. Prevention and Early Intervention

4.1 Prevention and Early Intervention

4.1.1 School Education

- The School Drug Education Project involves government, Catholic and independent schools in a multi-faceted program including:
 - professional development for schools and teachers (involving most schools to date);
 - a new drug education curriculum for K-12 for all schools (as also adopted in South Australia and the ACT), and review and promotion of a wide range of varied education resources;
 - drug policies in schools (in place in over 500 schools);
 - parent and community involvement;
 - monitoring and evaluation.
- The School Drug Education Project has established 16 Regional Organising Committees (ROCs) to provide continuing professional development for schools and teachers and to support regional drug education networks which also involve parents and the community. The focus of School Drug Education Project implementation is shifting from the central project team to financial and staff support for the ROCs and their activities.
- The School Drug Education Project receives some \$1.1m annually from the WA Drug Abuse Strategy Office.
- The School Drug Education Project has been evaluated by Curtin University School of Public Health (2000). Some key findings were:
 - Curriculum materials were reported as being successfully implemented in over 95% of those schools undertaking professional development;
 - Participants are very satisfied with the quality of the curriculum materials;
 - Schools undertaking professional development were more likely to report involvement in skills and values based education activities than others;
 - All participants in professional development found them to be useful and comprehensive;
 - Schools with more intensive professional development were more likely to have a written drug policy.
- Recommendations from the evaluation informed the School Drug Education Project's current strategic plan for 2000-2003. Monitoring of implementation and impact continues. A new proposal for evaluation of student outcomes is being developed.
- Life Education provides one-off interactive education events for primary schools, together with teacher support materials integrated with the School Drug Education Project. Life Education receives \$178,000 annually from the WA Drug Abuse Strategy Office.

- Community Drug Service Teams, the Health Department and its regional public and community health units, and Local Drug Action Groups support school drug education to varying degrees through for example provision of information materials, school policy development, and activities for parents and young people in the community.

4.1.2 Parent Education

- There is a diverse range of parent education courses and activities available in the State.
 - Community Drug Service Teams and Police regularly provide one off forums particularly in conjunction with the School Drug Education Project.
 - The Health Department's *Drugs In Perspective* program trains presenters who are drawn from a range of agencies and uses a standardised package of information. This is currently being revised following consultation with families and service providers.
 - Local Drug Action Groups Inc is developing the Helping Empower Local Parents program funded through the Commonwealth to train and support parents to provide education to parents of late primary and early secondary school aged children specifically.
 - The private program *How to Drug Proof Your Kids* is popular and is supported through some Local Drug Action Groups.
 - Life Education provide popular parent sessions as part of their service to schools.
 - Teen Challenge provide parent education seminars.
- The redevelopment of the Drugs in Perspective program will provide for standardised presentations of varying lengths to suit a variety of parent and community audiences, to be presented by trained persons from Community Drug Service Teams, Local Drug Action Groups, the Police Service, Public Health Units and other agencies as appropriate. This is due for pilot implementation in June 2001.
- The Health Department produces educational pamphlets, booklets and other material for parents which is distributed widely.

4.1.3 Public Education Campaigns

- The *Drug Aware* illicit drug media campaigns have targeted parents, heroin, marijuana, psychostimulants (amphetamines, LSD and ecstasy), and drugs and driving in a continuing program since 1996. The campaigns use youth press, radio, convenience advertising and posters for young people, and mainstream press for parents. *Drug Aware* is managed by the WA Drug Abuse Strategy Office in partnership with the Health Department. Funding has been around \$400,000 in previous years.
- The Youth Illicit Drug Education Project is a program of community activities to promote the *Drug Aware* brand and support *Drug Aware* campaigns. The program has been managed by a partnership of the WA Drug Abuse Strategy Office and the Health Department. Funding of \$100,000 has been provided by Healthway.
- The Gurd Youth Alcohol and Drug Education Strategy (GURD) program for late primary and early secondary school aged children is managed by the Police Service and involves training for police to provide school and community education as well as some media advertising. It includes reference to alcohol as well as drugs. The program is privately funded by Bunnings with approximately \$300,000 per year.
- The *Drug Aware* and GURD campaigns are integrated with school drug education. This involves provision of materials and activities and promotion at the times of campaigns.

- All *Drug Aware* campaigns are evaluated. Standard measurements reflect awareness, credibility and relevance. Campaigns generally achieve between two thirds and three quarters of the target population being reached and rating them as credible, with the proportion rating them as relevant reflecting the relative prevalence of the behaviour.
- The Health Department produces educational pamphlets, booklets and other material for parents which is distributed widely.

4.2 Community Action and Partnerships

4.2.1 Local Drug Action Groups

- Eighty Local Drug Action Groups are established around the State including seven in remote Aboriginal communities and Aboriginal groups in Bunbury and Geraldton. They are grassroots community groups supported by the professional services of Community Drug Service Teams, with the participation of police and other agencies. As community groups, they encompass the full spectrum of views in the community.
- Local Drug Action Groups, among other activities, provide:
 - support for public education campaigns;
 - activities for youth;
 - support and education for parents; and
 - work with local schools and police.
- Local Drug Action Groups have undertaken 170 projects funded from the community project grants fund, in addition to other activities either not specifically funded or funded by other organisations.
- Local Drug Action Groups are increasingly supported by their own parent body, Local Drug Action Group Inc. The WA Drug Abuse Strategy Office makes a block grant to Local Drug Action Group Inc to provide funds for administration, small projects and the community project grants fund. Funding has been \$300,000 annually for the past three years.

4.2.2 Youth Illicit Drug Education Project

- The Youth Illicit Drug Education Project implements and supports community activities and events (alcohol and drug free gigs involving DJ music, bands, skating, urban art, dancers, fashion), to encourage young people to access credible drug information. These have included:
 - directly managed events (Phat 'n' Phunky);
 - jointly managed events (e.g. Primal with City of Subiaco);
 - *Drug Aware* sponsorship of events (e.g. Youth Advisory Council's YACITUP and Healthway youth events);
 - support for community initiated events (e.g. by Local Drug Action Groups).
- A training program and manual supports community initiated events.

4.2.3 Night Venues Project

- The project involves the WA Drug Abuse Strategy Office, Health Department, Police Service, the Cabaret Owners and Operators Association and prominent dance party promoters in a committee which aims to prevent drug use and reduce its associated harm at night venues and dance parties.
- Strategies being developed and implemented include:
 - promotion of a policy statement in house management strategies (as required under the Liquor Licensing Act) indicating a commitment to work with relevant authorities to prevent drug use;

- in house convenience advertising;
- promotion of the *Drug Aware* brand, information materials and website;
- provision of counselling support at events;
- education and training for the industry.

4.2.4 Community Partnerships

- Partnerships with a range of sports promote the *drug free* message and involve use of role models and linkages with Local Drug Action Groups. Partnerships have been developed with the Football Development Trust, Perth Glory, the Netball Association, Junior Baseball, WA Swimming, the Coaching Foundation, WA Surfing, and the Wildcats and Breakers basketball teams.
- Partnerships with business have involved establishing the *Drug Aware Business Program* for retailers (in three regions) and *Retailers Against Solvent Abuse* (in Midland and around the State) which focus on limiting supply of substances.
- A workplace strategy encompassing workplace policies, education and training, and links to professional services is under development by an established reference group involving business, unions and alcohol and drug agencies, convened by the WA Drug Abuse Strategy Office.
- Partnerships with TAFEs and universities involve campus education campaigns, events providing opportunities for education and information distribution, and links to specialist counselling services.
- Partnerships with local governments have seen some involvement with Local Drug Action Groups, joint development of activities for youth, participation in the needle and syringe disposal strategy and establishment of local drug and alcohol policies.
- The *Drug Aware* pharmacy project is an initiative of the Pharmacy Guild of Australia (WA Branch) developed in partnership with the WA Drug Abuse Strategy Office. It involves making alcohol and drug information and advice readily available through local pharmacies. 470 pharmacies are currently participating.
- The Pharmacy Foundation of Australia was established in June 2000 as an initiative of the Pharmacy Guild of Australia (WA Branch). It has received a government grant (\$50,000) and funds are collected through donations from Fitpack sales from participating pharmacists. Some 33% of pharmacies in WA are currently involved and recruitment is ongoing. The Foundation's initial project has focused on encouraging drug users to call an ambulance in cases of opiate overdose by covering ambulance costs through an insurance scheme with St John Ambulance Service.
- Public Health Units support youth initiatives in partnership with other agencies, an example being East Perth's participation in an outreach youth service.

4.3 Early Intervention

- The *In Touch* school drug counselling program has been developed in conjunction with the School Drug Education Project to support school counselling, pastoral care and disciplinary staff with development of the skills necessary to provide early intervention and address drug abuse incidents, and involves training, linkages with Community Drug Service Teams and other professional services.
- The *In Touch* program uses a train the trainer approach delivered by Next Step – Specialist Drug and Alcohol Services. All school regions have regional trainers in place who are currently undertaking individual school training programs supported by Community Drug Service Teams.

- The Statewide network of twelve Community Drug Service Teams has been contracted to provide alcohol and drug treatment services with an emphasis on early intervention and support to schools.
- The Alcohol and Drug Information Service and the Parent Drug Information Service provide 24 hour telephone information and counselling to a range of individuals including cases of early intervention.
- Screening and brief intervention services which detect drug problems prior to dependency and involve education, self-help materials or brief counselling, are being promoted through the Health sector with demonstration programs in Sir Charles Gairdner Hospital, Albany and Kalgoorlie underway. The majority of hospitals now have formalised brief intervention policies and protocols.
- The Building Blocks program integrates the child health services provided by Health and Community Development and involves each newborn baby in Western Australia receiving a home visit and families who need assistance being identified and then being supported through specific services. This program has also informed the *New Vision Primary Healthcare Strategy*. For example a pilot project in Murchison has used alcohol and drug interventions as a particular focus of community health work. Public Health Units are supporting similar early intervention activities.

5. Treatment and Reintegration

5.1 Telephone Information, Advice and Counselling

- The Alcohol and Drug Information Service (ADIS) provides 24 hour telephone information, advice and counselling and includes a toll free number for country callers. ADIS is provided through Next Step – Specialist Drug and Alcohol Services. Approximately 11,000 calls are received annually.
- The Parent Drug Information Service operates in conjunction with ADIS. Callers can speak to a parent with experience of a drug using child, to a professional counsellor or both. Around 700 calls are received annually.
- There is around an estimated 10% drop out of calls, considered to be a function of the nature of the service rather than its capacity.

5.2 Outpatient Treatment

- Outpatient treatment is provided by:
 - Next Step – Specialist Drug and Alcohol Services which provides outpatient treatment following assessment by a medical officer and counsellor, in Perth and Fremantle. The service can also involve treatment by a psychiatric registrar.
 - Six major non-government organisations in Perth (Cyrenian, Holyoake, Palmerston, Mission Australia, Salvation Army, Serenity Lodge).
 - The Statewide network of twelve Community Drug Service Teams (five metropolitan, seven regional).
- Outpatient counselling is provided at day support centres by Daughters of Charity’s Marillac Centre in Northbridge and St Patrick’s Care Centre in Fremantle.
- Women’s outpatient services are provided by three major non-government agencies in Perth (Perth Women’s Centre, Holyoake and Cyrenian).
- King Edward Hospital for Women has a chemical dependency service for pregnant women and Perth Women’s Centre has a counselling service specifically for pre and antenatal women.

- Youth outpatient services are provided by Next Step and three major non-government agencies (Holyoake, Palmerston, Mission Australia) in Perth and one regional south-west service targets youth specifically (Agencies for South West Accommodation). The Statewide network of Community Drug Service Teams has a focus on youth.
- Family services are provided by:
 - Next Step, major non-government organisations in Perth (Holyoake, Palmerston, Cyrenian, Mission Australia, Salvation Army, Serenity Lodge) and the Community Drug Service Teams which provide family support services usually through a group program.
 - Wesley Mission's Hearth program in Perth which provides treatment for families on an outreach basis.
 - Holyoake which provides a range of family services for different family members including parents, partners, siblings and children of drug users.
- Bereavement counselling for parents and siblings is provided by Palmerston.
- Outreach education, referral and support is provided by:
 - the WA Substance Users Association (WASUA) to drug users in Perth;
 - Drug Arm, to youth in general in suburban Perth, Mandurah and Geraldton; and
 - Perth Women's Centre in conjunction with WASUA and Phoenix to sex workers in Perth.
- Some 10,009 clients accessed outpatient counselling, not including outreach, in 2000.
- There are generally no waiting lists for outpatient treatment although Wesley Mission's Hearth program for families and the North Metropolitan, South Metropolitan, and the South West regional Community Drug Service Teams periodically develop waiting lists of three to four weeks.

5.3 Detoxification Services

- Next Step – Specialist Drug and Alcohol Services provides a medical residential detoxification service. The detoxification unit has 17 beds with extension to 21 to accommodate specialist clients (HIV positive, mothers and children, young people). It is based in East Perth. The service does not usually have a waiting list but admits only those with medical needs.
- Next Step provides outpatient detoxification medical and counselling support in East Perth and Fremantle.
- The Salvation Army's Bridge Program has a low medical residential service with clients supported by community based general practitioners. This service has 12 beds and is based in Highgate. It does not usually have a waiting list.
- The Release Program is provided by St John of God Health Care in the north metropolitan corridor (covering approximately one third of the Perth population) for home based detoxification. The service involves community based general practitioners and employs nurses to visit patients in their homes. It operates in conjunction with the North Metropolitan Community Drug Service Team. The service commenced in early 2001 on a pilot basis and is funded by the St John of God Foundation. In its first three months of operation it saw 65 clients of whom around half undertook a basic home withdrawal.
- The Health Department has supported a number of projects in regional Western Australia to provide either regional hospital based residential, outpatient or home based detoxification. Pilot projects have been established in Peel, Kimberley, Geraldton, Albany, Kalgoorlie and Bunbury.

Most projects operate in conjunction with the Community Drug Service Teams and other key agencies.

- Hospitals around the State provide inpatient drug withdrawal services. In 2000, some 3,486 admissions for drug withdrawal at a cost in excess of \$5 million were recorded.
- Over 4,750 clients received detoxification services from alcohol and drug agencies and other health services in 2000.

5.4 Residential Rehabilitation

- Five major non-government agencies in Perth are supported by State government funding to provide residential rehabilitation services. These are Cyrenian House (17 beds), Palmerston Farm (16 beds), Salvation Army's Harry Hunter Centre (43 beds), Serenity Lodge (28 beds) and the Mission Australia YIRRA program for young people under the age of 18 (13 beds).
- The Commonwealth government also funds Cyrenian to provide the Sarannah Women's Program for women and children which accommodates six families.
- Additionally, Teen Challenge's Grace Academy in Esperance is largely self-financing although it receives regular government support. The program involves Christian teaching as well as residential rehabilitation. It is largely self funded and currently has 30 beds expanding to 46 in August 2001.
- Holyoake in Mandurah (6 beds for men), Rosella House in Geraldton (10 beds) and Prospect Lodge in Kalgoorlie (6 beds) provide residential programs that involve supported accommodation and some therapeutic intervention together with a strong Narcotics Anonymous/Alcoholics Anonymous involvement.
- Counselling treatment is provided in four supported accommodation services in Perth. These are Swan Emergency Accommodation (Midland), Wanneroo Accommodation and Support Program (Wanneroo), 222 Central (Maylands) and St Bartholomews House (East Perth).
- Some 1,753 clients accessed residential rehabilitation in 2000 (not including attendances at supported accommodation services).
- Services have been operating at close to capacity for most of the last year although waiting for entry is not prolonged with the exception of the Sarannah program for women and children.

5.5 Pharmacotherapies

5.5.1 Methadone

- Specialist methadone clinics are provided by Next Step – Specialist Drug and Alcohol Services in East Perth and Fremantle. This involves prescription to around 1,000 patients and dispensing methadone to around 200 patients.
- The community based methadone program involves general practitioners, who are trained and supported by Next Step, prescribing methadone with dispensing from community based pharmacists. Some 65 doctors are actively prescribing to approximately 1,400 patients.
- Community based pharmacies dispense to most methadone patients.

5.5.2 Naltrexone

- Naltrexone treatment is provided by Dr George O'Neil's Perth Naltrexone Clinic (Australian Medical Research Procedures Foundation, AMPRF), Next Step – Specialist Drug and Alcohol Services and some general practitioners.

- The AMPRF's treatment focuses on providing rapid detoxification and commencing naltrexone maintenance. Most recently, naltrexone maintenance has involved the use of surgical implants for the slow release of naltrexone. As only naltrexone maintenance with oral tablets is approved by the Therapeutic Goods Administration, the Government's support for AMPRF, through the Naltrexone Treatment Trust, has been limited to pre-detoxification and maintenance (other than implant) activities. AMPRF treated 1,047 patients in 1999 and 1,301 in 2000.
- Most AMPRF clients proceed to Next Step – Specialist Drug and Alcohol Services for continuing maintenance treatment which is provided at no cost. Some 969 patients were treated at Next Step in 2000.
- General practitioners are able to prescribe naltrexone for maintenance treatment without being registered to do so. Next Step have provided training for this purpose. It is understood that approximately 100 patients have been treated by general practitioners in the community.
- A trial is comparing the outcomes of conventional detoxification provided by Next Step and rapid detoxification provided by AMPRF, both with subsequent maintenance on naltrexone. This could involve up to 70 patients on each of the types of detoxification and 150 patients on maintenance treatment each with Next Step and AMPRF.

5.5.3 Buprenorphine

- Buprenorphine is being used with selected new patients presenting to Next Step – Specialist Drug and Alcohol Services. These patients are included in a national trial undertaken in conjunction with Turning Point in Victoria.
- Buprenorphine (Subutex) has been registered by the Therapeutic Goods Administration for use in the treatment of opiate addiction. Subutex is currently available at full cost but has been recommended by the Pharmaceutical Benefits Advisory Committee for listing as a Schedule 100 drug. These developments and a national agreement will see buprenorphine treatment implemented from August 2001 under a similar regime as for methadone treatment, with practitioners being trained and registered in the State with the Commonwealth subsidising the cost of the drug. WA policy has been developed by Health to this effect.
- The State's network of methadone prescribers and Next Step – Specialist Drug and Alcohol Services medical officers are being trained, registered and supported to provide this treatment. Training is also anticipated for other relevant alcohol and drug, health and pharmacy services.

5.6 Evidence Based Practice in Treatment

- A WA Best Practice in Alcohol and Other Drug Interventions Working Group convened by the WA Drug Abuse Strategy Office and including Next Step – Specialist Drug and Alcohol Services, the WA Network of Alcohol and other Drug Agencies and Edith Cowan University has published agreed indicators on best practice and a core skills guide for counsellors.
- Best practice indicators are included in all non-government alcohol and drug agency contracts with the WA Drug Abuse Strategy Office.
- Best practice clinical guidelines have been developed for health based interventions such as detoxification, pharmacotherapies, use of benzodiazepines and assessment and brief interventions. Similar guidelines for management of co-existing mental health and drug problems are in development.
- All non-government alcohol and drug agencies are required to report client outcomes with respect to:

- reducing or ceasing drug use;
 - improved physical health;
 - improved mental/emotional health;
 - improved interaction with family;
 - improved interaction with others;
 - reduced criminal activity; and
 - satisfaction with services.
- Next Step – Specialist Drug and Alcohol Services’ professional education and training for alcohol and drug services focusses on recognised best practice.

5.7 Relevant Legislation

- The Mental Health Act 1996 allows for the compulsory care of drug affected patients at risk of harm or harming others. However, drug use of and by itself is specifically excluded from the scope of the Act.
- The Protective Custody Act 2001 authorises police officers and designated community officers to apprehend intoxicated persons and place them into protective custody in designated facilities. The Act applies to intoxication with respect to any substance and is applicable to juveniles as well as adults. Police, Health, Justice and Community Development together with the WA Drug Abuse Strategy Office have developed protocols to assist the operation of the Act and police are leading the development of local protocols to identify appropriate placement options.

5.8 Reintegration

- The WA Drug Abuse Strategy Office has commenced a development project to increase the extent of support provided for reintegration of people undertaking or leaving drug treatment with respect to:
 - Accessing and maintaining housing;
 - Improving their education standards and qualifications; and
 - Accessing and holding employment.
- The WA Drug Abuse Strategy Office has commenced consultation and reached some agreements with providers of housing, vocational education and employment assistance, in the Commonwealth and State government and the non-government sectors.
- Three general strategies are being pursued:
 - Identifying, publicising and improving the pathways to access these services;
 - Developing agreements and programs that provide for priority access to services where this is appropriate and viable; and
 - Developing partnerships at the local level to ensure the pathways and agreements for priority access are working effectively between alcohol and other drug treatment services and the housing, education and employment providers.
- This project is in its early stages. It recognises that the provision of additional social support for clients to access and maintain housing, education and employment opportunities is expected by providers of these services, and will impose resource demands on alcohol and drug agencies.

6. Broadening the Provision of Treatment Through Other Human Services

6.1 Health Sector

- The Health Department's InterAction strategy has involved a range of initiatives to broaden the provision of alcohol and drug treatment through the mainstream health sector. Some \$2.7 million core funding has been allocated annually to building this capacity.
- The Health Department has supported a number of projects in regional Western Australia to provide either regional hospital based residential, outpatient or home based detoxification. Pilot projects have been established in Peel, Kimberley, Geraldton, Albany, Kalgoorlie and Bunbury. Most projects operate in conjunction with the Community Drug Service Teams.
- The community based methadone program involves general practitioners who are trained and supported by Next Step prescribing methadone with dispensing from community based pharmacists. Some 65 doctors are actively prescribing to approximately 1,400 patients.
- Mental health services provide treatment to existing patients with drug problems, and services in Goldfields, Fremantle and major hospitals provide some services to a broader clientele.
- Seventeen health services have completed internal alcohol and drug strategies, with six others near completion.
- A General Practitioner Alcohol and Drug Support Program is managed by Next Step to provide education and support in a range of areas including brief intervention, drug withdrawal, naltrexone and other developments in pharmacotherapy.
- The Clinical Advisory Service provided by Next Step involves specialist doctors providing telephone advice and consultation to general practitioners on a 24 hour basis.
- Screening and brief intervention services which detect drug problems prior to dependency and involve education, self-help materials or brief counselling, are being promoted through the Health sector with demonstration programs in Sir Charles Gairdner Hospital, Albany and Kalgoorlie underway. The majority of hospitals now have formalised brief intervention policies and protocols.
- A specialist alcohol and drug medical position has been established at Graylands Hospital.
- The treatment of patients with psychiatric disorders and drug problems is being enhanced through the ADAPT (Alcohol, Drug and Psychiatric Treatment) program with the development of both systems' practice and partnership', including:
 - research by the Centre For Mental Health Services Research and data linking between Next Step and Mental Health to identify clinical practice developments and "dual diagnosis" trends;
 - the Joint Services Development Unit to provide leadership, training and consultation, commenced January 2001;
 - six pilot projects to develop local approaches, commenced early 2001; and
 - a co-morbidity workshop in April 2001 to progress strategy.

6.2 Justice Sector

- The Ministry of Justice's Drug Management Strategy includes:
 - interventions by Community Corrections Officers;
 - the drug court and expanded court diversion options;

- treatment opportunities throughout the prison sentence (outlined in Section 7.3);
 - drug free units in prisons;
 - the Prison to Parole program to support prisoners and young people in detention completing sentences and continuing treatment upon release; and
 - detection and deterrence strategies.
- The WA Drug Abuse Strategy Office in partnership with Next Step – Specialist Drug and Alcohol Services is supporting practice development projects to develop the capacity of mainstream services to provide alcohol and other drug interventions with their clients. The Ministry of Justice’s community based services project commenced in April 1998 and has continued since.
 - Practice development projects involve both organisational and individual development, and incorporate on the job learning activities as well as more conventional training.
 - Specifically, an “action learning” methodology is used, combining the experience and knowledge of professional staff, the organisational support of the agency and expertise in alcohol and drug interventions.
 - Evaluation by Sheridan and Associates (2000) noted “that this project is unique within the welfare sector, particularly as a response to drug management. It was named in the recommendations of the New South Wales Drug Summit and is currently being implemented in that State”.
 - The evaluation concluded that “within the Ministry of Justice significant change has occurred in the way many Juvenile Justice Officers and Community Corrections Officers conduct assessments, make referrals and undertake brief intervention with offenders. In order to maintain the level of activity and generalise this to other worksites, however, the organisation must support the development of an infrastructure that supports ongoing learning and change in this area”.

6.3 Community Services Sector

- A practice development project (see above 6.2) commenced with the Department for Community Development (Family and Children’s Services) in July 1997 with work continuing.
 - The evaluation by Sheridan and Associates (2000) concluded “Family and Children’s Services has established solid foundations on which to develop the skills of field practitioners and change work practices in relation to drug management. A high level of activity has ensured widespread awareness raising and some changes in work practices. The challenge is, however, to transfer and integrate the learning from more senior levels of the organisation to frontline field staff, at the local level.”
- Community Development participate in Local Drug Action Groups and provide community development support to the groups.
- Community Development together with the WA Drug Abuse Strategy Office commissioned the development of a child risk assessment tool as it applies to family drug abuse, and sponsored training for Family and Children’s Services and alcohol and drug agency staff in 2000.

6.4 Youth Sector

- Alcohol and drug counsellor education positions have been established in two youth supported accommodation services (Joondalup and Swan).
- A youth sector alcohol and drug training program, *Getting to Health Too*, involving a train the trainer approach was implemented by Next Step – Specialist Drug and Alcohol Services and the Community Youth Services Training Centre in the mid 1990’s.

- Community Development contract specifications with youth agencies include a reference to the provision of intervention for drug problems.

7. Law Enforcement

7.1 Legal Framework

- The major source of Western Australian legislation in relation to illicit drugs is the Misuse of Drugs Act 1981 (MDA). The MDA deals with those substances listed in Schedules 1 and 2 of the Act itself, and is extended by inclusion of substances in the Poisons Act 1964 defined as drugs of addiction and prohibited plants.
- The MDA has a two-tiered structure (according to the tables below) that distinguishes between simple offences (ie less serious offences) triable before a magistrate in a Court of Petty Sessions and indictable (ie serious offences), triable in the District Court. By scheduling the quantity of a prohibited drug or the number of prohibited plants the MDA determines:
 - a) whether an accused person may elect summary trial for an indictable offence;
 - b) the presumption of intention to sell; and
 - c) whether an offender may be declared a drug trafficker.
- It is also an offence under the MDA to be an occupier, owner, lessee, or an individual concerned in the management of premises which are used for the manufacture, use, sale or supply of prohibited drugs or prohibited plants. It also an offence to be at any place being used to smoke a prohibited drug or prohibited plant.
- The Criminal Proceeds Confiscation Act 2000 allows for seizure of property believed to be acquired by criminal means, regardless of whether a conviction has been obtained, and places the onus of proof on the owner of the property to establish its bona fides. Section 122(2)(f) allows for funds to be paid at the direction of the Attorney General for a range of relevant purposes, the first of which mentioned, other than administration of the Act, is “for the development and administration of other programs or activities designed to prevent or reduce drug related criminal activity and the abuse of prohibited drugs.”
- The Health Act 1911 under the *Drugs of Addiction Notification Regulations 1980* requires medical practitioners to notify the Executive Director Public Health when they become aware of a person who is “addicted to drugs”. The Health Department maintains a register of such notifications. The purpose is to control inappropriate access to “drugs of addiction” (Schedule 8 drugs). There have been some 11,000 notifications under the regulations. The regulations are currently under review by the Health Department.
- The Commonwealth Government’s Customs Act 1901 creates offences in relation to the importation of “narcotic goods” and operates in conjunction with the Narcotics Drugs Act 1967, to give effect to Commonwealth’s obligations under the United Nations Single Convention on Narcotic Drugs 1961.
- The Crimes (Traffic in Narcotic Drugs and Psychotropic Substances) Act which came into force in February 1993, was enacted to meet treaty obligations under the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988.
- The United Nations Single Convention of Narcotic Drugs states that “possession, use, trade in, distribution, import, export, manufacture and the production of drugs is exclusively limited to medical and scientific purposes”.
- The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was established to improve the range of international cooperative measures to be

applied against drug trafficking. This is effected by obliging States to implement measures to counteract cross border drug trafficking and related criminal activities, which can be targeted against money laundering, and the unregulated movement of precursor and essential chemicals. It also provides a framework for the extradition of those involved in drug trafficking outside a jurisdiction and for cooperation between law enforcement bodies across national boundaries.

Table 1 Threshold quantities for determination of place of trial, presumption of intention to sell, and declaration as a drug trafficker

	Summary trial threshold (Schedules 3 & 4)	Presumption of intention to sell or supply (Schedules 5 & 6)	Drug trafficker (Schedules 7 & 8)
<i>Prohibited drugs</i>			
Amphetamine	4 g	2 g	28 g
Cannabis	500 g	100 g	3 kg
Cannabis resin	40 g	20 g	100 g
Number of cigarettes (containing any amount of cannabis)	400	80	
Cocaine	4 g	2 g	28 g
Diacetylmorphine	*	2 g	28 g
Ephedrine	4 g	4 g	28 g
LSD	0.004 g	0.002 g	0.01 g
Methylamphetamine	6 g	2 g	28 g
MDA	4 g	2 g	28 g
MDMA	4 g	2 g	28 g
Morphine	6 g	2 g	28 g
Opium	40 g	20 g	100 g
<i>Prohibited plants</i>			
Cannabis	100 p	25 p	250 p
Papaver somniferum	100 p	25 p	*
Papaver bracteatum	100 p	25 p	*

- = not specified, p = plants, g = grams, kg = kilograms.

**Table 2 Penalty structure, simple and indictable offences
Misuse of Drugs Act**

	Simple offences	Indictable offences			
		Cannabis only (excl. cannabis resin or cannabis derivatives)		All other drugs excl. cannabis	Conspiracy
		Sentenced by Summary Court	Sentenced by District or Supreme Court		
Premises	\$3,000/3 yrs				\$3,000/3 yrs
Present where drugs being smoked	\$2,000/2 yrs				\$2,000/2 yrs
Possession of paraphernalia for smoking drugs	\$3,000/3 yrs				\$3,000/3 yrs
Possession or use of prohibited drug	\$2,000/2 yrs				\$2,000/2 yrs
Possession or cultivation of prohibited plant	\$2,000/2 yrs				\$2,000/2 yrs
Prescriptions	\$3,000/3 yrs				\$3,000/3 yrs
Cultivation with intent to sell or supply		\$5,000/4 yrs	\$20,000/10 yrs	\$100,000/25 yrs	\$75,000/20 yrs
Possession with intent to sell or supply prohibited plants		\$5,000/4 yrs	\$20,000/10 yrs	\$100,000/25 yrs	\$75,000/20 yrs
Sell or supply, or offer to sell or supply prohibited plants		\$5,000/4 yrs	\$20,000/10 yrs	\$100,000/25 yrs	\$75,000/20 yrs
Manufacture or prepare prohibited drugs				\$100,000/25 yrs	\$75,000/20 yrs
Possession with intent to sell or supply prohibited drugs				\$100,000/25 yrs	\$75,000/20 yrs
Sell or supply, or offer to sell or supply prohibited drugs				\$100,000/25 yrs	\$75,000/20 yrs

7.2 Diversion Programs

- The WA drug diversion strategy aims to engage offenders in education and treatment. It is being implemented over three years at which time it aims to engage all drug offenders other than those for whom prison is the only viable option. It involves:
 - the cannabis cautioning system for first time cannabis offenders;
 - the pilot of diversion of first time offenders for drugs other than cannabis by police directly to compulsory assessment and participation in treatment;
 - the pilot of specialist drug courts in Perth;
 - the expansion of other court diversion options; and
 - a corresponding expansion of treatment services.

7.2.1 Police Diversion

- A national framework to compel early offenders into compulsory assessment and participation in treatment through police diversion, which allows for differences between States and Territories, has been endorsed by Western Australia.
- The current Western Australian approach allows for first time minor drug offenders who are in possession of drugs up to approximately one quarter of the statutory defined amount indicating a presumption of sale or supply, to be eligible for police diversion. Participation is at the discretion of police and requires the informed consent of the offender.

- First time cannabis offenders can be referred to attend a single compulsory education intervention under the cannabis cautioning system. This involved 894 participants in the year to end March 2001.
- First time simple offenders for drugs other than cannabis can be referred to an assessment intervention that is aimed at ensuring the offender participates in continuing treatment. It comprises three compulsory individual sessions. Seventeen offenders participated in the first two months of effective operation.
- The compulsory interventions are provided by the statewide network of Community Drug Service Teams. Police officers make the (first) appointment for the offender to attend the compulsory interventions before his or her release.
- With respect to juveniles, the Young Offenders Act 1994 has provision for conditions which precludes attaching conditions to cautions. Legislative amendments are in development to allow this provision. Pending this development, all drug related cautions are followed up by the Ministry of Justice's Killara welfare service with the young person and his or her family.

7.2.2 Drug Courts and Expanded Court Diversion Options

- Drug courts and expanded court diversion options commenced in December 2000. This involves supervised treatment regimes which operate as a condition of bail to divert offenders into treatment, with drug court (regimes) within the Court of Petty Sessions with a dedicated drug court Magistrate, the District Court and the Children's Court.
- The Court Assessment and Treatment Service (CATS) undertakes the assessment and community supervision of offenders referred to treatment and provides advice to the Courts.
- Three levels of intervention apply through the drug court and other courts:
- The Brief Intervention Regime operates as a pre-sentence option for offenders who have a single repeat cannabis charge. It consists of 3 individual or group sessions. On completion of the intervention the (drug court) Magistrate makes a determination regarding sentence which should take into account the offender's attendance and participation in treatment sessions. Seventeen clients were referred in the first quarter of 2001.
- The Supervised Intervention Regime is a relatively short-term treatment intervention with offenders engaged in treatment for 3-6 months. Offenders are required to report directly to CATS staff and this could be weekly, fortnightly or monthly with the reporting schedule changing as the defendant progresses in treatment. In the event of a breach, the offenders return to Court to be dealt with at the Magistrate's discretion.
- Ten clients were referred by the drug court and thirty five by other courts in the first quarter of 2001.
- The Drug Court Regime (DCR) uses judicial authority in conjunction with CATS, who together with DPP and Legal Aid counsel take a team approach to case management, to supervise and support an offender's participation in treatment and rehabilitation. DCRs are a relatively long-term treatment intervention with the aim of offenders being engaged in treatment for 6-12 months and treatment is more likely to include a residential component. Offenders on the DCR are required to report directly to the Drug Court and this could be weekly, fortnightly or monthly with the reporting schedule changing as the defendant progresses in treatment. One hundred and thirteen clients were referred to the drug court in the first quarter of 2001 of whom sixty three were accepted.

7.2.3 Expanded Treatment Services Capacity for Implementation of the Diversion Strategy

- The availability of the following interventions and treatments has been expanded with Commonwealth funds through 22 agencies to accommodate diversion clients:
 - Compulsory education (first time cannabis, through Community Drug Service Teams);
 - Compulsory assessment (first time other drugs, through Community Drug Service Teams);
 - Detoxification (through the residential services);
 - Brief intervention (repeat cannabis, through Community Drug Service Teams);
 - Day treatment and specialist outpatient services (through Community Drug Service Teams, major and specialist alcohol and drug treatment agencies);
 - Residential rehabilitation (through five major agencies);
 - Pharmacotherapies, including methadone and naltrexone (through community based practitioners and specialist services with counselling support through Next Step, Community Drug Service Teams and major agencies); and
 - Family support corresponding to increases in compulsory interventions, brief intervention, day treatment, residential and pharmacotherapy service capacity.

7.3 Prison Programs

- The Ministry of Justice's Substance Use Resource Unit (SURU) comprises 13.2 FTE staff to provide treatment programs in prisons. SURU provides a graduated range of programs for the full range of prisoners including those on remand. Programs vary in intensity and have a predominantly cognitive behavioural approach.
- A pilot naltrexone program in prisons is underway at Bandyup and Wooroloo. This combines naltrexone treatment with a cognitive behavioural program (of more intensity than that provided by SURU). This commenced in mid 2000. It has been available at Wooroloo, Bandyup and Casuarina.
- The operation of Nyandi women's prison as a "drug free unit" is being piloted. This commenced in August 2000. This involves the preservation of a drug free culture at the prisons combined with treatment programs.
- A pilot project to develop the practice of prison officers to support treatment programs is underway at Nyandi and Bandyup women's prisons. This commenced in October 2000.
- Methadone treatment is available to a limited extent for some prisoners who enter prison while on methadone by arrangement with existing medical practitioners.
- An education program for prisoners, *Keeping it Safe*, focusses on harm reduction issues.
- The Prison to Parole Program involves four non government agencies with six FTE staff providing counselling and an introduction to continuing treatment immediately prior to release, support for development of a parole plan that includes continuing treatment, and treatment following release.
- The development of alcohol and drug treatment programs in prisons is being supported by the introduction of a prison wide cognitive skills program, common assessment and an individual prisoner treatment program for all prisoners.
- The Ministry of Justice has a Drug Management Strategy (see Section 6.2) which is currently being redrafted to reflect these developments as well as reforms to health services and improvements to deterrence and disciplinary procedures.

8. Harm Reduction

8.1 Needle and Syringe Programs

- Needle and syringe programs, including education, are the key strategy to reduce the spread of blood borne viruses (principally HIV-AIDS, hepatitis C).
- Some two thirds of needles and syringes in Western Australia are distributed by sale through community pharmacies, with eighty five percent of pharmacies retailing needles and syringes (for around \$5 a packet of five). Pharmacies do not operate exchange services.
- Needle and syringe exchange outreach services operate from mobile vans operated by the WA AIDS Council at a number of metropolitan Perth locations. The WA Substance Users Association is commencing a mobile service in Bunbury.
- There is one fixed site needle and syringe exchange operated by the WA Substance Users Association in Northbridge. This organisation also provides peer based education, a health clinic and a treatment referral service.
- A needle and syringe vending machine is being trialled at the Kalgoorlie Regional Hospital in the Goldfields.
- Regional and district hospitals, public health units, nursing posts and community health centres provide an adjunct to community pharmacies in the provision of needles and syringes in some regional and remote areas.
- 3.21 million needles and syringes were distributed in the State in 2000, up from 2.82 million in 1999 and 2.37 million in 1998. The Health Department registers and monitors all programs. Health's needle and syringe program costs some \$450,000 annually.
- The Commonwealth is providing additional funding of some \$733,000 annually as part of the national drug strategy illicit drug diversion initiative's supporting measures, to expand and link needle and syringe programs to education and treatment. These funds are providing for substantial expansion of services and other projects such as outreach to sex workers.
- A needle and syringe disposal working party comprising the WA Drug Abuse Strategy Office, the WA Substance Users Association, Health, Police, the Town of Vincent and the City of Perth has developed strategies and resources to educate injecting drug users and the general public regarding safe disposal and provide the means to do so.

8.2 Heroin Overdose Strategy

- The Western Australian heroin overdose strategy involves:
 - An Opiate Overdose Strategy Group bringing together ambulance and hospital emergency medical services, and Health Department, the Australian Medical Association, alcohol and drug agencies, the WA Substance Users Association, the Police Service, the Pharmacy Guild and the National Drug Research Institute, convened by the WA Drug Abuse Strategy Office;
 - Policy and practice to increase use of ambulances including a commitment by the police not to attend overdoses and the use of green uniforms by ambulance officers to differentiate them from the police;
 - Enhancement of ambulance procedures including the use of naran (a heroin antidote);

- An ambulance insurance scheme for overdose cases sponsored by the Pharmacy Foundation;
 - Continuous development of educational materials including key messages for overdose prevention, produced on postcards, posters and fitpack labels;
 - Peer outreach education (the OOPS strategy) and resuscitation training (the Breathe project) through Next Step and the WA Substance Users Association, as well as needle exchange services and the Red Cross *Save a Mate* program;
 - Emergency department follow-up of persons recovering from overdoses;
 - The substantial expansion of methadone treatment to eliminate waiting lists;
 - Commissioned research which has identified risks among young injecting drug users and the circumstances of opiate deaths revealed by coronial files;
 - Monitoring trends through Police Service Coronial investigations, ambulance services and the Coroner's determinations; and
 - The *Drug Aware* public education campaign focussing on heroin.
- A feasibility study into the provision of narkan (heroin antidote) to users was commissioned by the Health Department and conducted by the National Drug Research Institute in 1999/2000. The study recommended, on balance, that a trial be conducted. An expert clinical advisory group convened by the Health Department recommended against a trial on clinical, legal and practical grounds.

8.3 WA Substance Users Association

- The WA Substance Users Association (WASUA), a peer based organisation, is primarily funded through the Health Department, with additional support from the WA Drug Abuse Strategy Office and the Commonwealth government, to provide:
 - a fixed site needle exchange service in Perth;
 - support for regional needle exchange services;
 - outreach education to prevent the spread of blood borne viruses;
 - a health clinic including a hepatitis B vaccination program;
 - a treatment referral service;
 - participation in consultation and co-ordination forums such as the Opiate Overdose Strategy Group; and
 - specific projects such as needle and syringe disposal.

8.4 Other Harm Reduction Activities

- A range of other programs and activities are partially harm reduction strategies. Examples include:
 - *Drug Aware* public education campaigns which include harm reduction information in resource materials;
 - Attention to harm reduction strategies by treatment agencies as relapse is probable during recovery.

9. Linking Drug Strategy Into Overall Social Policy

- At the State government level, the drug strategy Senior Officers Group comprises representatives of all agencies with social policy responsibilities: Health, Police, Justice, Education, Community Development including Youth, Aboriginal Affairs, Housing, Training, and the WA Drug Abuse Strategy Office.
- At the regional level, Community Drug Service Teams participate in Safer WA Committees. The various Safer WA Committees comprise local State government and community representatives.
- The inner city partnership brings together the WA Drug Abuse Strategy Office, Police, Community Development with youth and other agencies working in the inner city. Its key objective is to co-ordinate case management and crisis intervention for young people subject to a range of risk behaviours.
- The WA Drug Abuse Strategy Office commissioned the TVW Telethon Institute of Child Health Research to produce the study *Youth Suicide in WA Involving Cannabis and Other Drugs*. The study includes a review of universal prevention programs.
- Beyond drug strategy, the Building Blocks program integrates the child health services provided by Health and Community Development and involves each new born baby in Western Australia receiving a home visit and families who need assistance being identified and then supported through specific services. This program has also informed the *New Vision Primary Healthcare Strategy*. For example a pilot project in Murchison has used alcohol and drug interventions as a particular focus of community health work. Public Health Units are supporting similar early intervention activities.
- A number of prevention and early intervention strategies outlined above can impact on multiple risk behaviours and social problems though their primary focus is on drug abuse.