

Western Australian
Drug
Strategic
Plan for
1994-1997

February 1994

FOREWORD

The adverse effects of drug use on the community are of major concern to the Western Australian Government. As a community we need to be aware that most of this harm is caused by legal drugs such as tobacco and alcohol.

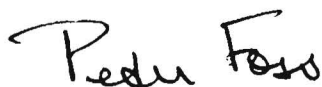
In Australia, adult per capita consumption of alcohol has been declining over recent years. However, in 1993, Western Australia showed a slight overall increase. This was due to areas within the State having excessively high adult per capita alcohol consumption. These areas also have disproportionately high indicators of alcohol-related harm. Also of concern in Western Australia is a shift in consumption from low-alcohol content beverages, such as beer, to those with high-alcohol content including wine and spirits.

It is encouraging to see that Western Australia has been successful in achieving a significant decline in the levels of smoking over the past 10 years and the Government is keen to ensure even fewer young people begin smoking.

A recent national survey has shown that illicit drug use is not increasing. However, the types of drugs now used, such as amphetamines, have the potential to cause enormous harm. Injecting drugs is becoming more common and those using this method tend to use drugs more frequently. This group faces a high risk of contracting HIV, Hepatitis B and C and other blood-borne diseases.

There is also evidence that harm minimisation information is not reaching those most at risk. For example, there is misplaced confidence among amphetamine users that this drug is relatively harmless. A priority of the Strategic Plan is to develop better ways of getting information into the community and targeting at-risk people.

The Drug Strategic Plan provides a structure that will facilitate collaboration between the key agencies of Government, the Health Department of Western Australia, the Western Australian Drug and Alcohol Authority, the Police Department, the Education Department, the Ministry of Justice and the non-government sector. A strategic approach to harm minimisation will help ensure that these agencies achieve the best possible outcome, and I look forward to the implementation of this Plan over the coming years.



Hon. Peter Foss MLC
MINISTER FOR HEALTH;
THE ARTS; FAIR TRADING

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1. INTRODUCTION

In 1985, with the inception of the National Campaign Against Drug Abuse (NCADA), WA joined with the other States and Territories to cooperate in developing a coordinated State-Federal strategy on ways to address problems associated with drug use.

The latest National Drug Strategic Plan: 1993-1997 has called upon each State and Territory to develop its own 3-5 year Strategic Plan using as a basis the jurisdictional priorities and major problem areas identified by the National Drug Strategy. This allows each jurisdiction to develop strategies responsive to local needs while still contributing to the national effort.

These strategies will be used to guide the development of action plans for the State. The essential function of this process will be to translate the broad directives set out in the Strategic Plan into concrete activities. Projects evolving from this process will be considered in the State annual budget process.

This document outlines the WA Drug Strategic Plan for the next five years. It contains a summary of what has been achieved, specifies what needs to be done, and outlines strategies proposed to achieve the goals and objectives identified as key result areas for WA.

In Western Australia there are many health and welfare workers who address alcohol and other drug issues. The Western Australian Drug Strategic Plan is designed to inform and guide these workers in identifying their objectives and targets with regard to their work in this area. It is expected that each agency/service will develop specific strategies which can be evaluated. This means specifying targets to be reached and ways in which these will be achieved. Examples of how these objectives and targets can be framed are outlined in the National Drug Strategic Plan 1993-97.

2. UNDERLYING CONCEPTS AND PRINCIPLES

Harm Minimisation

Harm minimisation is an approach that aims to reduce the adverse health, social, and economic consequences of alcohol and other drugs by minimising or limiting the harms and hazards of drug use for both the community and the individual without necessarily eliminating use (National Drug Strategy 1993-1997 p. 6).

The philosophy of harm minimisation recognises that drug taking is widespread in our society and that there is a continuum of consequences, social, physical and psychological, associated with drug taking. While not condoning drug use, this philosophy allows for responses to drug use which minimise the possibility of negative consequences either to the individual or to the community at large. A primary focus for WA is to discourage misuse of any drugs and to implement programs with a prevention orientation.

Social Justice

...Recognition of inequities in the health status of Australians has focused attention on injustices and the situation of special needs groups ...Priority population groups (Aboriginal and Torres Strait Islanders, Prisoners, Women, People of Non-English speaking background, Young people and Injecting Drug Users) will be targeted... (National Drug Strategic Plan 1993 - 1997, p. 7).

The principle of social justice underlies the development of policies, programs and interventions in WA. This principle stresses the importance of consultation with, and the participation of, groups with special needs. Flexibility to initiate specific activities targeted to groups in WA with special and immediate needs is an integral part of this principle.

Intersectoral Approach

The (National Drug Strategic) Plan needs to develop strong intersectoral linkages between all relevant sectors, including health, education, community services and law enforcement ...the plan also needs to be the result of a collaborative effort of all jurisdictions, Commonwealth and States, and local government, and of the government and community sectors (National Drug Strategic Plan 1993 - 1997, p. 7).

Commitment to cooperation with all sectors involved in drug related issues is an ongoing and basic part of the WA Drug Strategic Plan. Such a commitment aims to achieve consistency in approaches to policy and program development and in service delivery. Cooperation between the sectors and providers of services, be they Government or non-Government, will reduce duplication of effort and also help to ensure that no gaps occur in the development or implementation of programs.

Major strategies and key objectives for the WA Strategic Plan are complementary to, and consistent with, other National and State health goals, targets and policies.

Drug Control

The Strategic Plan recognises the importance of a broad spectrum of control measures, ranging from legislative provisions restricting...use of certain substances, to control on the access, availability and use of drugs for certain groups in certain situations ...Control measures should adequately address harm minimisation concerns (National Drug Strategic Plan 1993 - 1997, p. 7).

Drug control forms an important part of the harm minimisation strategy. Programs are designed to minimise harm when it occurs, and to be proactive in reducing the demand for drugs. Control of supply through legislative action assists in controlling both the prevalence and extent of drug related harm. Legislation and programs which aim to reduce demand can also provide a barrier against the initiation of drug taking, particularly of illicit drugs.

Evaluation and Accountability

The National Drug Strategic Plan is committed to the application of needs-based planning and evaluation activities to ensure the effectiveness and efficiency of strategies employed to minimise drug related harm (National Drug Strategic Plan 1993 - 1997, p. 8).

In planning legislative changes, policies, programs and activities, the agencies involved will include evaluation and monitoring as an essential part of the process. Such evaluation is necessary to ensure, where possible, that services and programs are tailored to meet the needs of target groups. They also are needed to ensure accountability to funding bodies.

Strategies should include explicit harm indicators which will be addressed in programs and services. While it is recognised that in the field of alcohol and other drug use outcomes are not easy to accurately predict, quantitative measures of targets and goals will be encouraged.

International Cooperation

Australia is ...an active participant in drug related activities in the international arena, and legislative controls must work within international treaties and agreements (National Drug Strategic Plan 1993 - 1997, p. 8).

Legislative changes in WA in the drug area aim to follow in principle the commitments Australia has made with international bodies.

3. POLICY OBJECTIVES

Mission

WA shares the National mission to minimise the harmful effects of drugs and drug use in Australian society.

Key Policy Goals for WA

- To minimise the incidence of injury, illness and deaths associated with the inappropriate use of any drug.
- To minimise the incidence of crime, violence and antisocial behaviour associated with the inappropriate use of any drug.
- To minimise the impact associated with the inappropriate use of any drug on individuals and the communities of which they are a part.

Key Result Areas for WA

- A reduction in the per capita consumption of alcohol for the State with particular focus on high risk areas.
- A reduction in the prevalence of smoking in the State.
- A reduction in the prevalence of illicit drug use.
- A reduction in injury, violence and antisocial behaviour associated with excessive drinking.
- A delay in the age of onset of first experimentation with any drug, including tobacco and alcohol.
- A reduction in the prevalence of crimes associated with the use of alcohol and the use or promotion of illicit drugs.
- A reduction in the prevalence of Hepatitis C, HIV and Hepatitis B associated with unsafe injecting and unsafe sex practices.
- A reduction in road accidents attributed to drugs of intoxication.

Objectives for WA

The objectives for WA will complement and augment those of the National Strategy by seeking to target groups within WA that are particularly at risk from inappropriate use of drugs.

The following set of key objectives for WA set out by drug groups, have arisen from compliance with the National key result areas and also from issues specific to the state of WA at this time.

All Drugs

- Reduce the loss of productivity in the workplace associated with the effects of alcohol and/or other drugs.
- Lower the prevalence of illicit drug use among young people.

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- Reduce the availability of illicit drugs.
 - Increase detection, apprehension and conviction of those trafficking in, or profiting from, illicit drugs.
 - Raise awareness about the association between drug intoxication and unsafe sex practices which can lead to sexually transmitted diseases such as HIV/AIDS.
 - Develop education programs aimed at trying to reduce the number of people who take drugs in order to enhance their performance, either in the workplace or in sports.
 - Develop policies and services for people with non-English-speaking backgrounds;
 - Reduce the number of persons in corrective institutions who are at risk of HIV/AIDS and other infectious diseases associated with drug use.
 - Raise the awareness of the community with regard to the problems associated with drug use and the safe operation of machinery.
 - Increase the number of hospitals offering drug related harm minimisation services, such as screening and referral.
 - Raise awareness of children and adolescents about the effects of inappropriate drug use by ensuring access to quality drug education programs and services within schools.
 - Increase availability of, and access to, appropriate treatment services.
 - Increase the knowledge and skills of health and welfare professionals.

Alcohol

- Reduce the incidence of illness, injury and death associated with alcohol use.
- Reduce the proportion of the WA population who regularly consume alcohol at levels above those identified as safe by the National Health and Medical Research Council (NHMRC).
- Reduce the incidence of periodic heavy or binge drinking.
- Develop services to reduce the consequences of periodic heavy or binge drinking among young people.
- Tighten controls on the unlawful supply of alcohol.
- Minimise alcohol-related harm through the application of the Liquor Licensing Act and other measures.
- Reduce the incidence of traffic accidents involving people who have consumed alcohol beyond the prescribed blood alcohol level.
- Reduce the incidence of alcohol related crime, particularly domestic violence.
- Reduce the incidence of public disorder and summary offences related to inappropriate use of alcohol.

Tobacco

- Reduce the prevalence of smoking in the community.
- Reduce the number of young women who become regular smokers.
- Increase the number of people who have never smoked.
- Minimise the effects of passive smoking on the community.

Pharmaceuticals

- Decrease the number of people who inappropriately use pharmaceutical drugs.
- Reduce the number of inappropriate prescriptions, particularly in relation to the elderly, and those who are multi-drug users.

Illicit Drugs

- Reduce the use of illegal drugs.
- Minimise the physical and psychological risk involved in the use of illicit drugs including, but not limited to, marijuana, amphetamines, volatile substances and heroin, particularly among injecting drug users and Aboriginal young people.
- Reduce the incidence of HIV/AIDS, Hepatitis B and C among injecting drug users.
- Reduce the incidence of crime and violence associated with unlawful manufacture, supply and trafficking of drugs.

4. MAJOR ISSUES

In 1988 the estimated cost of drug abuse in Australia was \$14,390 billion. This does not include the quality of life costs which are under-reported and less easily identified and measured, such as family disruption and breakdown, absenteeism, pain and suffering and domestic violence.

The toll associated with alcohol and other drug use in WA has been of concern and continues to remain unacceptably high.

Strategies which include a consideration of cultural and societal contexts are likely to be more successful. It is also recognised that a variety of strategies need to be developed. The most viable strategies are likely to be long term, with slow steady change as their objective.

The following are six areas where changes are necessary and possible.

Mortality Rates

Deaths associated with any drug use, while showing some modest reductions Australia-wide, still account for about one-fifth of all deaths in Australia. The vast majority of these are from tobacco related illness and alcohol related causes.

Illness and Disease

Illness and disease related to drug use can be short term e.g. acute side-effects or long term e.g. heart disease and high blood pressure. Disorders include those of psychological dependency and behavioural disturbances.

Deaths associated with any drug use, while showing some modest reductions Australia-wide, still account for about one-fifth of all deaths in Australia. In Western Australia the age standardised death rates dropped from 109.1 per 100,000 in 1985 to 92.3 per 100,000 in 1991. However, there were still 155 deaths wholly attributable to drug use and a further 1,804 deaths in which drug use was a contributory cause of death. Tobacco accounted for 74% of these, with alcohol 23% and other drugs making up the remaining 3%.

Injecting drugs and unsafe sex practices carry risks of blood/body fluid-borne diseases. The prevalence rate for Hepatitis B antibody positive is about 30%, and it is over 85% for Hepatitis C. HIV/AIDS remains at less than 1%. The evidence that there are increasing numbers of injecting drug users is likely to mean that these rates will increase.

Polydrug use is an area which needs attention. Synergistic effects as well as antagonistic effects increase significantly the risks associated with the use of drugs. Evidence from the 1993 Household Survey indicates that in WA most young people who inject drugs such as amphetamines, and the opiates, also use other drugs. This can be at the same time, such as when alcohol is consumed as well as one of the amphetamines or opiates, or after, to ameliorate some of the negative effects of a drug previously taken. These practices increase the risk of harm associated with their drug use.

Accidents and Injuries

In 1991 26% of all fatal accidents in WA involved persons with a blood alcohol level (BAL) over 0.08. While there has been a reduction in this percentage over the last few years, it is still a high figure. If non-fatal accidents were to be included in these figures, then alcohol becomes a major contributor to a significant percentage of road accidents in WA.

Other drugs have also been implicated in road accidents. For example, the antihistamines present in most cold and flu preparations can cause drowsiness. Some accidents have been attributed (at least in part) to the use of one of these shortly before driving; similarly, the amphetamines have been implicated because of their stimulant effects.

Violence and Crime

While there is no doubt that alcohol is a major contributor to much of the violence in WA, the extent of the contribution is as yet unmeasured. If the figures are comparable to those found in a New South Wales Police Service study, then as much as 75% of all crimes related to assaults, offensive behaviour and street offences are associated with alcohol.

The effects of crimes of violence on society are numerable and contribute significantly to a decrease in the quality of life among groups where crime rates are highest.

Family Disruption

Drug use not only affects the individual user but also impacts on the life of the family and the community in which the individual lives. Alcohol and other drug use can lead to loss of employment, financial hardship and reduced social functioning. Crimes of domestic violence and child abuse also appear to be increasing.

Workplace Problems

In WA there is an increasing awareness of the problems associated with the use of drugs in the workplace. This use results in lost productivity, absenteeism, and potential risk of injury both for the user and for others in the workplace.

There are also significant economic costs to the workplace in compensation costs, and staff turnover.

5. POLICY APPROACH

The Need for a Comprehensive Approach

In order to adequately address the problem of drug use in WA a wide range of strategies have been, and are being, developed. These strategies fall into three broad categories: reducing demand for drugs; controlling the supply of drugs; and preventing and reducing problems associated with drug use.

These strategies are sensitive to cultural and social issues, and are based on education, community development initiatives and specific interventions.

Controlling the Supply of Drugs

The underlying aim of control policies is the reduction of inappropriate access to drugs by individuals and communities through the regulation (including self regulation), legislation and law enforcement, and the reduction of crime related to the illicit drug industry.

A successful drug control program will not rely on a single approach. A comprehensive plan that uses the full range of available and viable strategies is required. The most obvious of these are the legislative measures introduced to control the importation, manufacture, trafficking, availability, sale and supply of drugs deemed to be harmful to the individual. Most of the psychoactive drugs are included in such legislation and more recently legislation regulating tobacco advertising and promotion and alcohol use has been and is being enacted. The monitoring and evaluation of legislative changes have been a feature of WA policy and subsequent review of changes is an ongoing part of the process.

These legislative acts are enforced by the WA Police Department, the Health Department and the Customs Department through a range of activities developed to assist in achieving goals within the concept of harm minimisation. Some of these include the development and refinement of criminal intelligence and surveillance systems, and the detection of drug offenders.

Reducing the Demand for Drugs

Balancing this supply control is the complementary approach of reducing the demand for drugs. The primary goal of this approach is the development of strategies aimed to assist individuals and communities in the acquisition of the knowledge, attitudes and skills necessary to avoid harming themselves and others through drug use, and to develop healthy alternatives to drug use. This approach encompasses prevention of initiation to harmful drug use, reducing existing levels of use, and promoting safer drug use.

Preventing and Reducing Problems

A third set of approaches which are necessary to deal with existing problems and to reduce the likelihood of future problems associated with drug use, can be grouped under the label of problem prevention and reduction.

The first level of problem prevention aims to prevent or minimise specific problems associated with drug use in a way which recognises but does not condone either illegal drug use or harmful levels of legal drug use. Priorities include preventing the spread of HIV and Hepatitis B and C, and reducing the prevalence of drink driving, domestic violence and criminal behaviour related to drug use.

The second level of problem prevention aims at educating the population, particularly those of the drug using sub-culture, in practices of drug use, which will minimise the potential for

harm directly associated with their drug use. There is an increasing shift in focus of such harm minimisation strategies to the licit drugs, particularly alcohol.

The third level of problem prevention aims at early intervention for those experiencing problems associated with drug use. Treatment programs and services have a high priority in WA and new services which target groups at risk are being set up in response to demands.

This level of problem prevention also includes services which offer the individual a temporary respite from the effects of drug use, allowing both the individual and the community some time to develop ways of addressing the larger problem of changing practices more permanently.

Assessing Priorities

In order to maximise the effect of harm minimisation strategies there needs to be some way of assessing where it is best to focus physical and financial resources.

As a guide the following criteria have been chosen to assess problem areas for priority planning:

- (i) The seriousness and the prevalence of the problem.
- (ii) The feasibility of being able to affect the outcome in a positive way.
- (iii) The level of activity already in the area.
- (iv) Community perception about the necessity of dealing with the problem and the way in which it is to be done.

The Policy of Consultation Collaboration and Cooperation

WA has the largest geographical area of the States in Australia but it has a relatively small population, with the greatest proportion of the population concentrated in Perth. For those living in Perth access to services and resources is relatively easy, but the more remote areas of WA are less fortunate. Towns where a large number of people are experiencing drug-related problems, particularly alcohol-related problems, are among the most remote in WA.

As a result of this anomaly, WA is adopting strategies to provide more coordinated and culturally appropriate responses in these remote areas. Many of the programs and services in WA are developed by two or more agencies working together and this collaboration will be particularly important when planning for the remote regions of WA.

In order to facilitate appropriate responses, consultations with community groups are occurring and needs assessments are being conducted, particularly in the communities where a large proportion of the people are Aboriginal.

This planning of services for individuals and communities will lead to the minimum of duplication and the maximum spread. There are still gaps in services but with continuing inter-agency cooperation and extensive community consultation, there is more likelihood of these gaps being identified.

Flexibility

The policy of harm minimisation allows for flexibility in approach while maintaining an integrity in the general approach to drug use. It is the nature of drug use, particularly where the illicit drugs are concerned, that patterns of use will change and the preferred drugs will also change. These shifts are sometimes a response to control measures, sometimes a response to financial, and sometimes changes in the patterns of drug use.

In the area of control of supply, amendments to existing legislation are continually being reviewed to counter contingencies which arise, particularly in the area of designer drugs where a minor alteration to a 'recipe' places a drug outside the boundaries of established methods of control.

The strategies aimed at reducing the demand for drugs and the problem prevention strategies allow flexibility. For example, responses to community concerns about a current 'problem drug' can be quickly and appropriately made.

WA has been able to respond promptly and appropriately to community and political concerns because it has combined the application of harm minimisation with a high degree of inter-agency collaboration, cooperation and support.

6. PRIORITY GROUPS

Aboriginal People

Consistent with the policy of supporting self-determination, the focus of strategies developed for Aboriginal people is one of providing resources and, where requested, assistance in implementation of programs and policies.

Although Aboriginal people represent only 2.7% of the population of WA according to the 1991 census, they are disproportionately represented in crime, morbidity and mortality statistics; indicators of problems related to health; and, statistics related to drug and alcohol use. These areas are all related to some degree and any strategies must take this into account.

In WA, the basic approach has been to assist Aboriginal people to develop strategies to ameliorate the problems associated with drug use, particularly alcohol use.

There is increasing concern about the incidence of volatile substance use. Strategies to deal with this concern are being developed and education workshops are being run throughout the State.

There is concern about the prevalence of cigarette smoking in Aboriginal communities. Specially designed programs are now being developed with Aboriginal organisations to address this issue.

Women

While the prevalence of smoking among adult men and women in WA has fallen by 22% between 1984 and 1991, the one group which has shown almost no change is that of women aged 18 to 29 years. The prevalence of smoking in this group has only declined by 2.3% over the same period. Due to the specific health risks faced by women who smoke, this group has been identified as a priority to target with the nonsmoking message.

Although there has been a general decrease in the amount of alcohol consumed by women between 1985 and 1991, the number of women who drink has increased. In 1992, 15.2% of WA women aged between 18 and 24 were drinking at hazardous levels, and up to 4% of all WA women were drinking regularly at harmful levels. The 1993 Household Survey reported that 47% of WA women had consumed five or more drinks on one occasion in the two weeks preceding the survey. These statistics indicate that women are more closely reflecting their male counterparts, and are, therefore, more likely to be experiencing alcohol-related harm. There has been increasing concern over these statistics and strategies are being implemented to address these indications of increasing risk of harm.

Another concern for health authorities has been that women are nearly twice as likely as men to be prescribed drugs for nervous conditions and insomnia. The most common class of drugs included in these descriptions are benzodiazepines which can give rise to various adverse effects, such as daytime drowsiness and rebound insomnia.

Youth

In WA many of the general programs and services contain youth-oriented components. In addition, there are special programs and services such as the Children's Court Diversion Program for adolescents who are apprehended for drug offences. Non-government agencies also offer special services for youth and their families.

The importance of assisting local communities to take their own action in order to reduce the harm associated with drug use is also acknowledged. Such community development and

ownership of action ensures that the messages of broadly targeted campaigns become personalised by individual community members.

A Youth Drug Strategic Plan should now be developed in collaboration with relevant agencies.

7. AT-RISK POPULATIONS

Injecting Drug Users

Strategies to reduce the spread of HIV infection among injecting drug users and their sexual partners continue to be developed. The needle exchange services offered have been well utilised and pamphlets with instructions in the safer use of syringes have been disseminated widely.

The incidence of Hepatitis C has been increasing, with over 90% of the clients attending a Methadone Clinic testing positive for this condition. A number of intervention strategies have been developed, including the preparation of a brochure on Hepatitis C prepared especially for clients who regularly use needles.

The increase in the number of young people choosing to use amphetamines by injecting them, rather than the safer route of inhalation, or ingestion, has given cause for concern. This concern is not only from parents and communities but also from youth workers who deal with the consequences of this type of drug use.

Prisoners

In 1992, a study of people detained in three remand centres in Perth, revealed that there were a significant number of potential problem areas for those who had used particular drugs in the past.

There are also rehabilitation programs offered by various Government and non-Government agencies in the State. These programs are a vital link for people in corrective institutions experiencing problems related to drug use.

8. PROGRAMS AND STRATEGIES

Each of the programs and strategies described below is the outcome of collaboration between various agencies in WA and is consistent with National policies.

In addition to the Government agencies, a number of non-government services regularly initiate, contribute to, and support harm minimisation programs.

Although there are many drug specific programs currently operating in WA, the majority of strategies target the whole area of drug use in the community. This is because many of the factors which contribute to the selection of a particular drug for use are also those which contribute to drug use in general. Accordingly, strategies have been developed which address these larger issues.

There are eight approaches which are utilised in addressing issues related to drug use. Each of these has a range of strategies and programs which have been developed or are planned for the future.

(i) Policy and Legislative Measures

WA has seen a number of important legislative changes which have been, and are, the basis for significant changes in approach to the area of drug use. These include:

The Tobacco Control Act 1990 - proclaimed February 1991. This Act restricts tobacco advertising, and tobacco advertising through sports sponsorship; prohibits free samples and the sale of cigarettes in packets of less than 20; prohibits the sale of tobacco to anyone under 18 years of age; and, makes health warning labelling of tobacco packages mandatory.

This Act was also responsible for the establishment of the WA Health Promotion Foundation (Healthway) which provides funds for sponsorship of various events to promote a health message. It also funds research and health promotion projects.

The Acts Amendment (Detention of Drunken Persons) Act 1989 - proclaimed April 1990. Police still have the power to apprehend and detain intoxicated people when it is in the interests of their safety and welfare to do so. Detention in the police lockup is limited to eight hours after which time a magistrate must be approached and grounds to support further detention proven. There is no criminal record for detention.

At the time of the enactment of this legislation, the WA Alcohol and Drug Authority was charged with the implementation of alternative facilities to the police lockup for drunken people. This has led to the establishment of sobering up centres in areas of greatest perceived need.

The Liquor Licensing Act 1988 - proclaimed 1 February 1989. This act replaces the old Liquor Act of 1964 and differs from it in a number of respects. One of the features of the new act makes provision for a hearing to take place between members of a community with concerns regarding the Liquor Licensing Act and the Liquor Licensing Commission.

"While maintaining regulation of the industry and a balancing of industry interests through different licence categories and criteria, the Bill takes greater account of general community considerations by placing emphasis on the public interest and the requirements of the public in specific localities" (Hansard, 13 September 1988).

The Amendments to the Road Traffic Act 1987 - proclaimed 1 October 1988. This act allowed police officers to stop drivers of vehicles for roadside testing which included requesting the driver to be breathalysed, without any specific criteria for making the request. This program has become known as Random Breath Testing (RBT).

The Police Department reports the results of RBT to the Cabinet of WA in its Annual Report. This statistical report compares the results of RBT to other indicators of drink driving, such as the number of drink driving charges.

For the last three years a community survey has been conducted and this has reported increasing acceptance and endorsement of the RBT campaign, showing a change in community attitudes concerning drinking and driving.

The Poisons (Scheduled Substances) Amendment Order (No 3) 1992. This amendment order rescheduled some substances known to be used for their psychoactive properties, either when used by themselves, or when used in the manufacture of another substance.

The substances most recently rescheduled are related to the group of stimulants known as the amphetamines, and to the substances used to manufacture an opiate substitute known as Homebake.

Kava has also been added to the Poisons Schedule as a Schedule 4 substance. It had previously been legally imported into Western Australia as a 'food beverage' and was unscheduled.

Current Policy and Legislative Measures

The current policies and legislative measures will continue to ensure:

- the provision of strategic information on legislation, policy and services involving alcohol and other drug-related issues;
- the monitoring of patterns of drug use so that appropriate scheduling under the Poisons Act can occur;
- the regulations of the Poisons Act are enforced;
- the provision of assessment, counselling, consultation and referral services that are accessible and integrated with related services at the local level;
- the provision of assistance to improve the general health and welfare of people experiencing alcohol and other drug-related problems;
- the contribution to the development of informed policy and practice.

Future Directions

Policies and legislative measures to be developed within the next five years will focus on:

- maintaining programs to discourage drug use and developing programs with a harm minimisation message;
- a policy for appropriate service development for people of non-English-speaking backgrounds;
- developing collaborative casework and project work with key health and welfare agencies to ensure a coordinated and complementary approach in responding to alcohol and other drug issues;
- improving access to services for people experiencing alcohol and other drug problems;
- developing and improving assessment, counselling, consultation and referral services;
- improving the quality of information about legislation, policy and services through

evaluation and research.

(ii) Services

Throughout WA a wide variety of services are offered which can be grouped into three different types.

- (i) Services provided to the community.
- (ii) Services provided to the individual which include treatment services.
- (iii) Services provided to groups with special needs.

Existing Services

The following services will be maintained:

- support to local communities in initiating their own services and programs, particularly those with a prevention focus;
- the provision of services which are informed and responsive to the local community and which encourage and support a harm minimisation approach to drug use;
- the referral system which allows magistrates to refer juvenile offenders with drug use problems to treatment services;
- client care services to people experiencing alcohol and drug-related problems; and,
- health screening and assessment for all people whose drug using behaviour places them, or their sexual partners, at risk of contracting HIV, Hepatitis B or Hepatitis C.

Future Directions

Services in the next five years will be developed to:

- address the needs of priority groups and at-risk populations for people with combined psychiatric and drug problems;
- develop assessment services for those experiencing both psychiatric and drug problems;
- develop services that meet the needs of people with non-English-speaking backgrounds;
- increase attention to sessional clinical and project work in locations utilised by at-risk groups in order to enhance the accessibility of services offered by health and welfare agencies;
- provide strategies for the prevention and management of violent and disruptive incidents involving clients attending services; and,
- give priority to, and focus on, the development of services for groups with special needs.

(iii) Community Development

The Government of WA recognises that community development is an ongoing process requiring commitment and action from the community in the initiation and procurement of programs/services.

Empowerment is one of the key goals of all community development and the Government of WA is committed to encouraging such development in responses to drug and alcohol use problems, by providing financial support and access to resources.

Existing Community Development Strategies

Community development strategies presently in place contribute by:

- resourcing projects initiated at the local community level, particularly in communities with a high proportion of at-risk groups, with the aim of encouraging community 'ownership' of drug-related problems;
- continuing to support Aboriginal communities in clinical and project work; and,
- continuing to provide assistance with community-based research and evaluation projects so that programs can match best practice based on the latest research.

Future Directions

The focus of community development in the next five years will be on:

- developing and enhancing liaison with key community groups in order to facilitate the initiation and implementation of local community projects;
- encouraging the initiation and implementation of local community projects which have a prevention focus;
- developing clinical support, services and programs for community groups including parents, friends and relatives of people with alcohol and other drug-related problems;
- developing training packages for communities which enable communities to better understand the process of obtaining resources for services and programs.

(iv) Education Programs

In WA there are many education programs related to drug use. Most of them have been developed and implemented through inter-agency collaboration and cooperation.

There are three priorities for such programs:

- (i) Education programs developed for use in school settings;
- (ii) Education programs which are developed for use in the community; and
- (iii) Education programs which are developed in response to particular needs within groups.

Existing Education Strategies

School Settings

The Ministry of Education, assisted by the Health Department, has a primary role in educating school-aged children concerning drug use issues. This is done by providing:

- health/drug education programs which teach students knowledge, attitudes and skills that will assist them to adopt healthy behaviours concerning drug use;
- healthy school environments which present preventive drug messages to students;
- a venue for programs presented by various agencies which complement existing school health and drug programs;
- counselling services for those experiencing drug-related problems; and, professional development for teachers.

Community Education Programs

The programs developed for use in the community are often drug specific in focus but include:

- maintaining existing statewide public health education programs;
- the provision of up-to-date information about drugs in pamphlets designed for the public; and,
- library services for members of the public seeking information about drugs.

Education in Response to Special Needs Groups

Education campaigns have been developed in response to groups with special needs as issues become salient.

Future Directions

During the next five years it is planned to enhance and build upon existing programs by:

- encouraging within schools the development of policies, and education programs which ensure that schools are health enhancing environments;
- encouraging and supporting schools in the use of the K-10 Syllabus, particularly for those students in Years 7,8 and 9;
- encouraging teachers to attend professional training and development workshops about drug-related issues;
- fostering an environment in the community which is conducive to changes that make drugs less attractive and available, particularly to young people;
- providing training programs for those who work with young people; and,
- building intersectoral cooperation between health, welfare and law enforcement officers in the delivery of community education programs.

The following principles underpin the development of these programs:

- addressing areas of inequity in health status with representatives of groups with special needs.
- employing strategies that are culturally sensitive and appropriate.
- consultation with Aboriginal people to make school health education programs more relevant and appropriate.

(v) Training the Professionals

The **WA Alcohol and Drug Authority** and the **Health Department of WA** both undertake education and training of professional staff. Courses are offered to a range of professional groups in government and non-government agencies.

All tertiary institutions in WA now offer some Addictions Studies and the teaching hospitals also offer courses to educate health professionals.

Existing Professional Training Programs

Professional training programs presently operate in WA and will continue to provide:

- clinical education and training programs for staff of health and welfare agencies to ensure these staff are able to assess, respond to and refer clients with alcohol and other drug problems.
- clinical consultative support and skills-based training programs to health and welfare professionals to enhance their competence and confidence in responding to alcohol and other drug problems.

Future Directions

Future directions in the professional training area over the next five years include:

- establishing a statewide, intensive, clinical education and training program for Aboriginal health staff in government and non-government agencies. Priority will be given to country regions, and the program aims to enhance the skills of Aboriginal staff to assess, respond to and refer clients with alcohol and other drug problems.
- establishing programs for country-based health and welfare staff to ensure the development of statewide expertise in responding to alcohol and other drug problems in country hospitals and community nursing settings.
- developing professional education programs for nursing and medical students, Corrective Services staff, Mental Health Services staff and non-government agencies.

(vi) Environmental Measures

The WA Drug Strategy places priority on, and recognises the importance of, the environment in supporting changes in behaviour which are consistent with a healthy lifestyle.

Existing Environmental Measures

The main focus of the existing environmental strategies centres on workplace issues and includes:

- using the momentum sustained by community education programs in developing education programs for industry;
- supporting, and encouraging workplaces to engage in practices which have a harm minimisation focus; and,
- providing information to organisations concerning drug issues and drug testing.

Future Directions

The next five years will focus on increasing collaboration between various agencies so that it is possible to:

- develop and enhance liaison with organisations in order to contribute to policies concerning drug issues.

(vii) Organisational Development

For the State Strategy to have an effect, organisations need to include activities designed to encourage development and implementation of harm reduction policies and programs. This requires a reorientation in the development of policies and strategies so that they reflect a harm minimisation perspective.

Training and education services need to be adopted in organisations, to assist the development of policy and the delivery of services in a manner which is consistent with harm minimisation. These can include workshops, seminar sessions, explanation of policy in local newsletters, and planning research and evaluation so that the results can be incorporated into strategy planning and regular inter-agency liaison.

Existing Strategies

Existing organisational strategies continue to:

- provide a high level of in-service training for general health and welfare staff and alcohol/drug agency staff; and,
- support programs such as the Employee Assistance Plan.

Future Directions

The next five years the focus will be on encouraging:

- industry, unions and employees to develop appropriate policies related to drug use;
- the development and implementation of a program of seminars for staff of health and welfare agencies to provide up-to-date information about services provision development with a harm minimisation orientation; and,
- the development of in-house seminars which update staff of organisations about approaches to drug issues.

(viii) Evaluation and Research

The role of evaluation and research is very important in the WA Drug Strategic Plan. It is used to guide practice and inform decisions and policies.

Effectiveness Evaluation and Research Strategies

The following evaluation and research programs are currently being conducted and will continue:

- evaluation of the impact of legislative changes as they occur;
- evaluation of the impact of funded services;
- review the effectiveness of funded services;
- initiation of, collaboration on, and support of research into alcohol and other drug effects;
- surveys into the prevalence of drug use and the type of use, particularly among at-risk groups; and,
- evaluation of policies, services, programs, and strategies for their impact on patterns of drug use.

Future Directions

In the next five years evaluation and research will be undertaken to:

- develop and implement more effective ways of linking research findings to policy decisions;
- link service contracts (purchase agreements) with both government and private sectors to service objectives and performance indicators prepared by those agencies;
- assist in the evaluation of service objectives and performance indicators;
- develop and support formative evaluation programs;
- improve clinical information collection, analysis, monitoring and reporting so as to enable improvement in service design and management;
- contribute to the development of evaluation techniques and performance indicators for government and non-government health and welfare agencies, as well as for community groups; and,
- raise awareness of the functions of evaluation and research and how they can best be utilised.

9. STRATEGIES FOR SPECIFIC DRUGS

All the strategies described below can and are being used in specific drug programs but in addition there are some drug-specific strategies which are also being utilised. These strategies address aspects of particular drugs which are not addressed in the more general approach.

Alcohol

Existing Strategies

- increase public awareness of the relationship between the excessive use of alcohol and ill-health;
- encourage the responsible use of alcohol among people who choose to drink;
- continue to support responsible serving practices in Perth;
- continue to support community initiatives in implementing changes that will reduce alcohol-related injuries; and,
- continue the support to Aboriginal communities in clinical and community development project work on alcohol-related issues.

Future Directions

The focus of strategies over the next five years is to enhance and support existing programs which aim to:

- support the introduction of standard drink labelling;
- increase people's awareness of the NHMRC low risk consumption levels;
- increase people's knowledge of the concept of standard drinks;
- support initiatives for cooperation and collaboration between health and welfare agencies and the alcohol industry;
- develop and promote server training programs for the State;
- establish sobering up centres in high priority areas;
- support community initiatives for measures taken to ameliorate the effects of alcohol use;
- support communities' emerging awareness of their own power to deal with alcohol-related issues;
- contract communities to develop programs to deal with problems arising from alcohol use;
- promote events which encourage responsible use of alcohol;
- develop and provide clinical education and research services that encourage good practice in the management of alcohol and other drug problems;
- continue to support and develop places for those with alcohol-related problems to find respite and/or treatment; and,
- continue to develop hospital screening projects so as to facilitate adequate identification, intervention and referral of at-risk drinkers.

Tobacco

Existing Strategies

The following strategies and programs are currently operating and will continue to be maintained and supported:

- encouragement of progressive increases in the real price of tobacco products through increases in taxation;
- the phase-out of all forms of tobacco advertising and sponsorship;
- encouraging community based activities designed to reduce the prevalence of smoking;
- involving the expertise, community contact and resources of health professionals in encouraging and assisting smokers to quit; to lobby for legislative and regulatory action on smoking; and, to present as positive, non-smoking role-models;
- media and public education campaigns and activities to encourage smokers to quit;
- media and public education activities to discourage children from taking up smoking and encourage those who are experimenting not to smoke again;
- assisting workplaces in the development and implementation of smoke-free policies;
- promoting the view that enclosed public places should be smoke-free, and that individuals have the right to a smoke-free environment; and
- encouraging the introduction of smoke-free policies in non-government schools.

Future Directions

The next five years will focus on:

- (i) the introduction of stronger and more legible health warnings on tobacco products;
- (ii) prohibition of the introduction of any new tobacco products;
- (iii) the development of smoking prevention and educational strategies for groups with special needs; and,
- (iv) the use of sponsorship of sport and other activities to promote the non-smoking message and to break the perceived link between smoking and sporting success.

Pharmaceuticals

Existing Strategies

- continue to provide medical practitioners with accurate information concerning appropriate use of drugs in order to support the high level of awareness which is necessary; and,
- continue to support and develop programs targeting populations in society about appropriate use of drugs.

Future Directions

- develop programs to encourage compliance with drug-taking regimes;
- raise awareness in the general population concerning the effects of inappropriate use of prescription drugs; and,
- raise awareness in the general population concerning the effects of inappropriate use of drugs not thought of as 'dangerous', such as analgesics.
- develop a voluntary notification scheme for patients dependent on S4 medications.

Illicit Drugs

Amphetamines

Existing Strategies

The following strategies are currently in place and will continued to be offered:

- a program of information-based and skills training workshops concerning injecting drug use and HIV/AIDS;
- youth work training sessions;
- regular amphetamines forums addressing issues in treatment, education, and prevention related to amphetamine use;
- education for the general public concerning amphetamine use;
- monitoring the prevalence and practices of amphetamine use in WA; and,
- continue to provide information about, and testing for, HIV/HCV.

Future Directions

The following activities and programs are planned:

- development of pamphlets which inform the public about amphetamines;
- research into the social contexts of amphetamine use with a view to more accurately targeting intervention strategies.

Cannabis

Existing Strategies

- continue education campaigns concerning the health effects of cannabis;
- continue to educate young people about the legal sanctions of cannabis use.

Future Directions

- determine the prevalence of cannabis use; and,
- develop an education package for young people to make them aware of the effects of combining cannabis with other drugs.

Hallucinogens

Existing Strategies

- continue to monitor the reports of hallucinogen use; and,
- identification of areas where use appears to be increasing.

Future Directions

- develop strategies to enable appropriate response to hallucinogen use;
- develop education materials to inform the public about hallucinogens; and,
- include information related to people with hallucinogen use problems in training for health and welfare workers.

Heroin

Existing Strategies

- continue to provide high quality methadone treatment to the maximum number of eligible clients with a minimum waiting period, and,
- continue to develop HIV/HCV assessment, counselling and antibody testing services.

Future Directions

- develop and pilot a decentralised clinical service to methadone clients via metropolitan offices and general practitioners, and increase involvement of community chemists in dispensing methadone; and,
- develop strategies to reduce the spread of HIV/HCV infection among injecting drug users and their sexual partners.

Volatile Substances

Existing Strategies

- continue to offer training workshops to both health and welfare workers and also to concerned community groups;
- continue to investigate the extent and pattern of usage in WA; and,
- continue to support through education, funding and regular involvement, community initiated intervention programs.

Future Directions

- identify areas where volatile substance use is of greatest community concern and therefore most likely to cause problems related to this use;
- develop locality-appropriate intervention strategies using the community development model; and,
- extend petrol sniffing education and prevention programs to remote Aboriginal communities.