



Putting People First

AGENCY DRUG AND ALCOHOL ACTION PLAN

DRUG AND ALCOHOL OFFICE

2003 - 2005

Foreword by the Executive Director

Drug and alcohol problems affect the entire community and have significant health, social and economic impacts on all Western Australians. The cost to the community is not only financial. Individuals, families and the community as a whole bear the impact of the poor health, violence and crime that is associated with drug and alcohol use.

Drug and alcohol use is a complex issue. Although some problems are the direct result of use, we now recognise that complex social, psychological and economic factors underpin most drug and alcohol-related problems. It is often the most disadvantaged who suffer to the greatest extent.

The complexity of these issues requires more than a single Agency response. For this reason, a whole of Government approach has been adopted. Primarily the aim of this approach is to enhance coordination across key departments to ensure resources are used effectively to deliver the best outcomes, and the initiatives that are developed help to build a healthy community for all.

Key Government agencies include the Departments of Health, Indigenous Affairs, Housing and Works, Education and Training, Local Government and Regional Development, Justice, the WA Police Service and the Department for Community Development.

The development of Agency Drug and Alcohol Action Plans by key Government agencies represents a significant step forward to a more integrated response to drug and alcohol problems in Western Australia.

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EXECUTIVE SUMMARY

KEY PRIORITIES

In conjunction with the Key Strategy Areas identified within *The Western Australian Drug and Alcohol Strategy 2002-2005*, and the recurring themes that emerged from the extensive stakeholder consultation carried out during the first phase of Area Drug and Alcohol Planning in late 2002, the Drug and Alcohol Office has identified three priorities for 2003-2005. These are:

- System Integration and Coordination;
- Addressing Hazardous and Harmful Alcohol Use; and
- Enhancing Access to Treatment and Support Services.

System Integration and Coordination will be the first priority while the other priorities will be developed and implemented over a longer period.

System Integration and Coordination

Integration and Coordination of services is a key principle on which the WA Strategy is based. The Community Drug Summit and subsequent statewide consultations have identified the need to develop a range of strategies to enable people within the drug and alcohol and other human service agencies to work as part of an inclusive system that provides services and programs to the community. The Drug and Alcohol Office recognises that it is necessary to address this priority as a first step to improving outcomes for people affected by drug and alcohol problems.

Key activities to support this priority include:

- develop and implement mechanisms for improved collaboration, partnerships and coordination across agencies providing services to people affected by drug and alcohol problems across WA;
- increase access to information about drug and alcohol and related services and programs locally and state-wide;
- review school drug programs and address duplications in provision of drug education in schools;
- improve drug and alcohol and mental health services response to people with co-occurring mental health and drug use problems;
- establish and maintain partnerships with major agencies providing community development services and support community development initiatives as appropriate; and
- develop an Indigenous Strategy with the Office of Aboriginal Health (OAH) and framework partners to provide coordination, improve access, and build capacity in the delivery of drug and alcohol services.

Addressing Hazardous and Harmful Alcohol Use

Hazardous and harmful alcohol use is widely recognised as one of the most significant causes of drug-related harm in Australia¹. Where the primary focus of the WA Community Drug Summit was on illicit drugs, the importance of addressing hazardous and harmful alcohol use was consistently highlighted. This was reflected in the WA Drug and Alcohol Strategy, 2002-2005. Subsequent planning and data collection processes have further emphasised the significance of the problem and the overwhelming need to prioritise the issue.

Key activities to support this priority include:

- in the first instance, develop a WA Alcohol Strategy;
- continue to support and further develop early intervention, prevention and parenting education with a focus on hazardous and harmful alcohol use; and
- prioritise and support activities aimed to reduce harm association with hazardous and harmful alcohol use.

Enhancing Access to Treatment and Support Services

The WA Drug and Alcohol Strategy is underpinned by five principles, one of which is access and equity. This principle was identified at the WA Community Drug Summit, and is recognised in the Strategy as a priority to enable Western Australians to lead healthy lifestyles. There is a range of barriers to treatment and support services. The Drug and Alcohol Office, in partnership with the community and service providers, has developed a range of initiatives to reduce barriers and increase access for all people affected by drug and alcohol use, particularly high needs groups.

Key activities include:

- develop an Enhancing Access to Treatment and Support Services Strategy, based on the Treatment and Support Model, to be implemented 2003 to 2005;
- develop strategies in partnership with key stakeholders to increase General Practitioner (GP) involvement in the provision of drug and alcohol services;
- formalise inter-agency relationships to enhance pathways of care through shared protocols and guidelines;
- work collaboratively with the Department of Justice to improve follow up services post-prison;
- enhance access to residential rehabilitation and follow up programs for Indigenous people; and
- develop strategies in partnership with key stakeholders to improve access to after hours drug and alcohol services.

¹ National Alcohol Strategy, (2001). *Alcohol in Australia: Issues and strategies*. A background paper to the National Alcohol Strategy: A Plan for Action 2001 to 2003/04. Commonwealth of Australia.

INTRODUCTION

BACKGROUND

The development of the Drug and Alcohol Office, Drug and Alcohol Action Plan 2003-2005, represents a significant step towards a more integrated response to drug and alcohol problems in this state. A key State Government commitment to 'Deliver a Better Government' has underpinned the implementation of more cohesive and integrated Government policy, enabling greater coordination and integration of services. This commitment was also embraced by the Western Australian community through the WA Community Drug Summit, which demanded integrated responses from Government.

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

The WA Drug and Alcohol Strategy provides a framework for all key stakeholders. It builds on the priorities of the WA Community Drug Summit, and provides a clear commitment to target attention towards the unmet needs of a number of priority groups in our community, namely children and young people, families, Indigenous people and communities, people from regional, rural and remote communities, and people with co-occurring mental health and drug use problems.

The approach outlined in the WA Drug and Alcohol Strategy is based on pragmatism and is consistent with the directions of the National Drug Strategy. The priority areas of the WA Drug and Alcohol Strategy, which are based on the National Framework and the WA Community Drug Summit, include Prevention and Early Intervention, Treatment and Support, and Law, Justice and Enforcement.

Two key features of this new approach are the development of both *Agency* Drug and Alcohol Action Plans, and *Area* Drug and Alcohol Plans. Agency plans provide the basis for development of specific agency and sector contribution to drug response, for the first time clearly outlining the contribution and directions of key Government Departments in overall drug and alcohol strategy. Area Planning is both an important process of community engagement, and a means of targeting action to local need. While Area Plans are necessarily broader in scope than the activities of Government, the resultant documents should support and complement each other, and therefore should be read in parallel. Put simply, Agency Plans provide a basis and mechanism for Area Plans through 'top-down' support of

Agency activity, and Area Plans provide a vehicle for Agency action at the local level.

LINKS TO BROAD SOCIAL POLICY

The impact of drug and alcohol use on the human service sector is well documented. The police and justice sectors have reported that up to 80% of their work is drug and alcohol-related. The health sector reports that up to 30% of hospital admissions, and up to two-thirds of mental health conditions are also closely associated with drug and alcohol use.

The Department for Community Development reports that approximately 70% of Care and Protection Applications made to the Children's Court during 2000 involved parental drug and alcohol use, combined with factors such as family violence, mental illness and poverty, including homelessness. Other figures suggest that up to around 50% of marital breakdown is related to drug and alcohol use. Clearly, all human sector agencies have an investment in ensuring effective responses to drug and alcohol-related harm.

Yet drug and alcohol use and associated harms do not occur in isolation. New research clearly shows that drug and alcohol-related risk and harm share common causal pathways with a range of other social problems, including crime, welfare dependency, physical and mental ill-health, and poor school and work performance and participation. Drug and alcohol use and related harm are but one part of the complexity of the human condition, not the root cause of all social ills. But when present, drug and alcohol problems can exacerbate and complicate these other issues, such that an effective combined response to drug use becomes essential, and which can achieve solid improvements and gains. Drug use treatment and prevention has been shown to achieve up to a \$7 return on every \$1 invested².

The entire community is affected by drug and alcohol use, which have significant health, social and economic impacts on all West Australians. The annual cost of alcohol and other drugs to the Australian community has been estimated for 1998/99 at \$34.4 billion (includes tobacco at a total cost of \$21.1 billion³).

The need for an integrated response is illustrated by a number of recent Government inquiries into serious health, social and economic problems in Western Australia that have all identified common themes. The major themes include:

² National Institute of Drug Abuse 2000, *Principles of Drug Addiction Treatment: A Research Based Guide*, Bethesda Maryland. National Institute of Health. NIH Publication No 00-4180.

³ Collins, D., & Lapsley, H. (2003). *New estimates of the social costs of drug abuse in Australia*. Paper presented to the *International Research Symposium – Preventing substance use, risky use and harm: What is evidence-based policy?* National Drug Research Institute, Curtin University of Technology, Fremantle 24-27 February, 2003.

1. The State Government 'Response to the findings of the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities' (Gordon Inquiry):
 - *Significantly the Report found that violence and child abuse are grave social problems that are endemic in many Aboriginal communities.*
 - *The report recommended the need to shift from planning within individual agencies to planning that is sector-wide and responds to each community's need for integrated service provision.*

2. The Government's Response to the Report of the Homelessness Taskforce 'Putting People First' May 2002:
 - *The combined resources of the social sector, together with the continuing input of the community, are essential in tackling this social issue.*
 - *The social, economic and health issues associated with the risk of being homeless include, but are not limited to; family conflict, mental illness, family violence, and problematic alcohol and other drug use.*

3. The Early Years Taskforce: The Government established the Early Years Taskforce to develop an 'early years strategy' aimed at improving the wellbeing of young children aged 0-8:
 - *The Strategy is to be based on strong cooperation between State and Local Government service agencies and non-government service providers and a high degree of consultation and engagement with local communities.*
 - *In keeping with the social determinants model, the Early Years Strategy aims to improve outcomes for children.*

4. The Statement of Commitment to a New and Just Relationship between the Government of Western Australia and Aboriginal Western Australians:
 - *The agreement commits the parties to work together to build a new and just relationship between the Aboriginal people of WA and the government of WA.*
 - *The shared objective is to negotiate a new approach in Aboriginal affairs policy and administration in WA based on regional agreements.*
 - *The partnership framework aims to enhance negotiated outcomes that protect and respect the inherent rights of Aboriginal people and to significantly improve the health, education, living standards, and wealth of Aboriginal people.*

AGENCY CONTEXT

AGENCY OVERVIEW

The Drug and Alcohol Office is the peak agency of Government to coordinate, implement and monitor the Western Australian Drug and Alcohol Strategy. As such, it embraces the vision, aims, values and principles of the WA Drug and Alcohol Strategy.

AGENCY VISION

For Western Australians to lead healthy lifestyles and to have access to the best services and programs to prevent and reduce alcohol and other drug-related harm.

AGENCY OBJECTIVES

- Coordinate, implement and monitor the WA Community Drug Summit initiatives in accordance with *The Government's Response 'Putting People First'*.
- Coordinate, implement and monitor the *Western Australian Drug and Alcohol Strategy 2002 – 2005*.
- Develop, resource and deliver best practice drug and alcohol services and programs throughout Western Australia.
- Coordinate whole of Government planning and activity targeting people affected by drug and alcohol use.
- Provide expert advice to Government regarding drug and alcohol use and related harm.

CORE BUSINESS

Next Step Drug and Alcohol Services

Next Step Drug and Alcohol Services provide a range of clinical services for people experiencing problems associated with their drug and alcohol use. Support services are also available to their families. Clinical placement and research programs support these activities. Services provided by Next Step Drug and Alcohol Services include:

- *Inpatient Services*
Next Step provides a statewide medical inpatient drug and alcohol withdrawal service. Special care beds are used for youth, pregnant women, and mothers with babies, HIV positive people and Indigenous people.
- *Pharmacy Services*
A dispensing service for opiate replacement therapies operates from Next Step's East Perth premises.

- ***Metropolitan Drug and Alcohol Clinics***
Next Step, in conjunction with other Government and non-Government agencies, is establishing three new Drug and Alcohol Clinics (DACs). Clinics will be located in Warwick (North) and Fremantle (South). East Metropolitan Drug and Alcohol Clinic will replace the existing Next Step outpatient service at the Moore Street premises, in East Perth. The model of service delivery within each of the DACs will be developed in response to local community needs. Each DAC will provide integrated medical and counselling services that are cost effective and ensure that clients and their families have improved access to treatment.
- ***Youth Services***
The Youth Services operate from Moore Street, East Perth and provide a specialist outpatient service for young people and their families. The service provides a comprehensive multi-disciplinary assessment and treatment program both on site and on an outreach basis, and is currently subject to review.

Prevention Branch

The Prevention Branch provides a range of prevention and early intervention programs and services that aim to:

- prevent and delay the onset of drug use;
- support environments that discourage harmful use;
- enhance healthy community attitudes and skills to avoid harmful use;
- support and enhance the community's and the family's capacity to address drug and alcohol problems; and
- support initiatives that address inappropriate supply of drugs and alcohol.

The Prevention Branch is comprised of three sub-program areas, Alcohol, Illicit Drugs, and Community Programs.

The range of prevention and early intervention activities include:

- public education – including public campaigns, production and distribution of printed materials;
- healthy public policy and legislative strategies – including liquor licensing, local government policies, Alcohol Accords and policies to promote responsible service of alcohol;
- sponsorship activities;
- organisational activities – coordinated activity with Police, Liquor Industry and night venue owners to identify opportunities to reduce drug and alcohol use;
- research and evaluation; and
- community support activities – includes support of School Drug Education Project, Local Drug Action Groups, community support and health promotion professional development.

Client Services, Resourcing and Development

The Client Services, Resourcing and Development Branch provides a leadership role in strategic and operational planning for drug and alcohol programs and services. The branch works with key stakeholders to plan, resource, develop and monitor the community's access to drug and alcohol statewide treatment and support services.

The branch is comprised of three sections, Planning and Coordination, Services and Development and Evaluation and Monitoring.

The Planning and Coordination section aims to:

- develop and coordinate Area Drug and Alcohol Plans for the 10 Health Regions statewide;
- develop and coordinate strategies to enhance system integration and coordination of services and programs targeting people affected by drug and alcohol problems; and
- analyse and plan for specific program areas as identified through stakeholder consultations and the Drug and Alcohol Office strategic directions.

The Services and Development section aims to:

- provide resources to agencies statewide to ensure a diverse range of treatment and support services are available in order to improve client access;
- deliver quality and consistency in the range and operation of drug and alcohol treatment support services across the state;
- ensure that quality assurance monitoring underpins service delivery;
- ensure that the performance of service providers is reviewed and service agreements clearly define the requirements; and
- ensure that continuity of care for clients is coordinated through the integration of specialised Government and non-Government drug and alcohol treatment and support services.

In addition this section also manages the Commonwealth funded WA Diversion Program that aims to divert offenders with drug use problems, away from the criminal justice system and into treatment. The initiative consists of a number of police and court diversion programs ranging from brief, early intervention through to more intensive treatment regimes. The continual development of the program is monitored through a State Reference Group consisting of key stakeholders. Pilot programs are evaluated through the Branch.

The current WA Diversion Program priorities are to:

- expand diversion services across the state;
- provide more appropriate diversion programs for Indigenous people;
- ensure efficient and effective programs for offenders appearing at the Perth Children's Court; and
- ensure that the program is supported through appropriate training, resource development and management.

The WA Diversion Program is also supported through a number of measures including a school and family program due for completion on the 30 June 2003 and the 30 June 2004 respectively. The school program aims to engage high-risk youth into treatment, the family program targets family members of diverted offenders.

The Evaluation and Monitoring section aims to:

- evaluate the outcomes of funded drug and alcohol programs and other activities;
- establish a unitary Government and non-Government inter-agency client monitoring system;
- collect, compile, analyse, and disseminate relevant, timely, accurate and reliable information concerned with the drug and alcohol service delivery system and a range of population parameters (including morbidity, mortality and health services utilisation) at State and national levels;
- develop, in collaboration with other key stakeholders, projects to improve, maintain and share relevant data;
- monitor and evaluate the outcomes of existing service delivery systems, innovations in service delivery, and other related activities; and
- maintain and promote essential intelligence for analysis and interpretation of trends and outcome-specific data to inform policy development and strategic decision making.

Practice Development Branch

The Practice Development Branch provides accessible information, advice, counselling and referral options to the broad community and works to support organisations, systems and the workforce to respond effectively to people affected by drug and alcohol use. The core functions of Practice Development are:

- ensuring access to quality information on drug use, drug harm and prevention and treatment options through an evidence-based approach;
- identifying and disseminating effective practice guidelines;
- building the capacity to implement effective prevention and treatment practice in individual practitioners and organisations;
- supporting workforce development through a comprehensive range of organisational development, consultancy and support strategies; and
- contributing to strategies to ensure clear and effective pathways of care for people affected by drug and alcohol use.

The program areas of the branch are:

- Aboriginal Health contributes to policy advice and practice development initiatives to enhance responses to Aboriginal people and communities affected by drug and alcohol use. Currently the program manages Aboriginal traineeships around the State;
- Workforce Development provides practice and organisation development initiatives to a wide range of individuals (e.g. nurses, medical staff, drug specialist staff, justice staff) and organisations (e.g. schools, hospitals,

Department of Justice, drug specialist services). These include consultancy services, mentorships, resource development (e.g. clinical guidelines) accredited courses (the organisation is a Registered Training Organisation) and tertiary education courses;

- The Drug Overdose Prevention Program (DROPP) works with a wide range of agencies (e.g. drug specialist agencies, Department of Justice, hospitals) implementing strategies to prevent and respond effectively to drug overdose;
- The Library provides information and library services to those who are implementing responses to people affected by drug and alcohol use;
- The GP Support Program, provides practice development, support and consultancy services to GPs and the Community Program for Pharmacotherapies (CPOP). This includes the 24 hour Clinical Advisory Service (CAS) for General Practitioners and other professionals. The Patient Advisory Service for pharmacotherapies is managed by ADIS; and
- The Alcohol and Drug Information Services (ADIS) are 24 hour, statewide, confidential telephone services providing information, advice, counselling and referral. The services include the Parent Drug Information Service (PDIS) (parents who offer support to other parents whose children are affected by drug and alcohol use), Quitline counselling and responses to various state and federal drug and alcohol prevention campaigns.

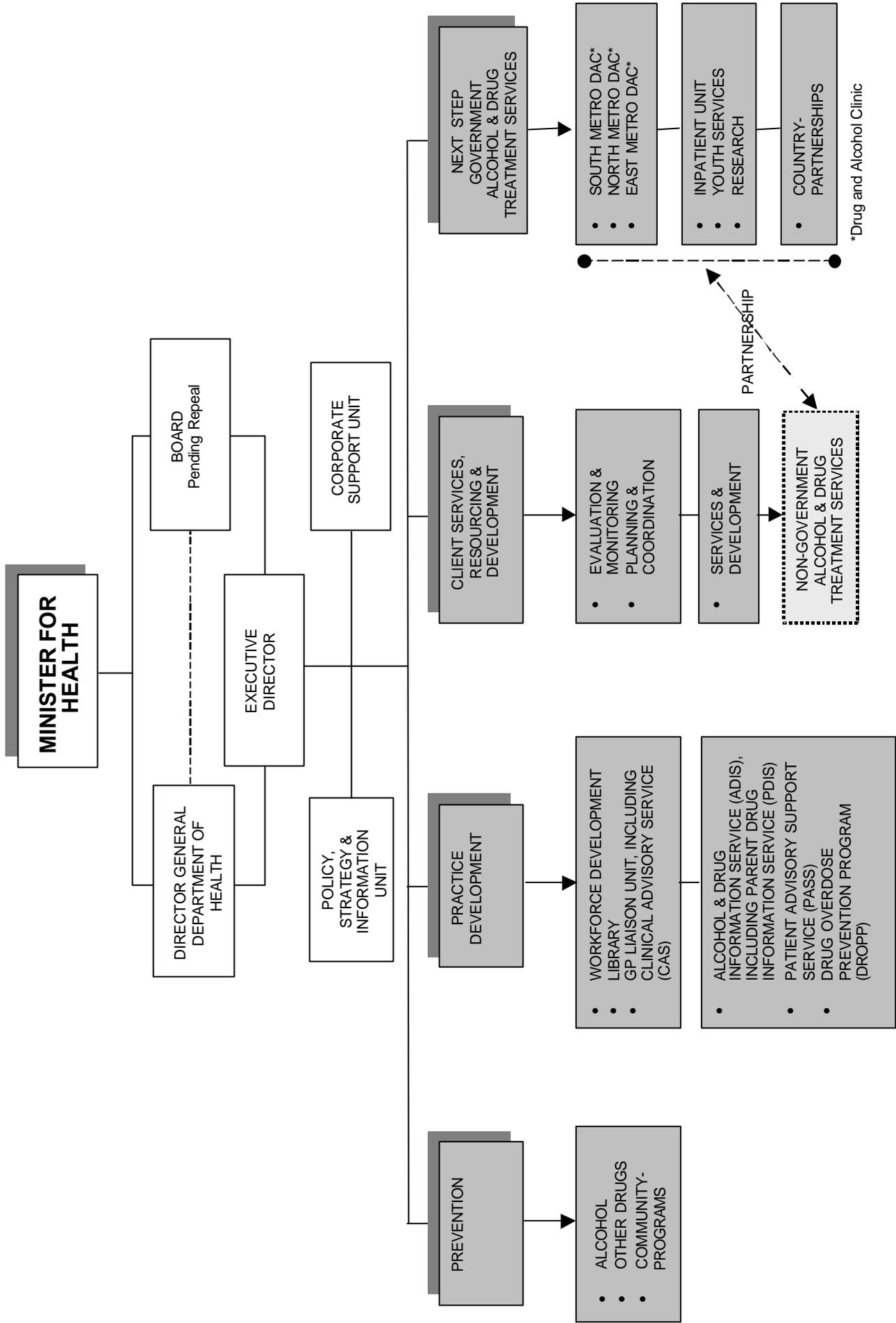
Policy, Strategy and Information Branch

The Policy, Strategy and Information Unit provides 'central point' coordination for drug and alcohol activity.

Core functions of the unit are:

- policy development (provides systemic, coordinated and evidence-based approach to service and program delivery);
- policy coordination (enabling clear communication and integration of policy across the Drug and Alcohol Office, Government and community); and
- information, research and support (providing evidence, research and support to stakeholders in the development and implementation of policy and programs).

In delivery of these functions, Policy, Strategy and Information Branch staff work collaboratively with other sections of the Drug and Alcohol Office, other State Departments, the Commonwealth, community groups and stakeholders. The overall aim of Branch activity is to ensure a coordinated series of activities, broadly consistent with recommendations of the WA Community Drug Summit.



*Drug and Alcohol Clinic

PRIORITY ACTIONS

Refer to Appendix for Glossary of Acronyms

Systems Integration and Coordination

Action Issue	Target Groups/s	Action	Other key stakeholders	Area	Implementation Timeline
Develop and implement mechanisms for improved collaboration, partnerships and coordination across agencies providing services to people affected by AOD problems across WA	AOD Sector & Human Service Agencies (Govt & Non-Govt)	<ul style="list-style-type: none"> • Provide a planning and coordination role to AOD sector • Develop a model for coordinated practice development in metropolitan and regional areas, implement and monitor • Reconfigure Service Agreements to reflect collaboration, partnerships and coordination as a priority action. • Develop a Quality Assurance Framework for AOD agencies • Build partnerships and collaborate with other agencies through co-location of services, where appropriate, and development of MOU's with other service providers in the metropolitan area • Investigate clinical support and services provision options to regional and rural areas • Develop strategic advice and assistance with planning for AOD prevention agencies to improve integration of prevention services and programs at local, regional and state level • Promote strategic role of CDS'Ts and RHPUs to integrate and coordinate prevention related activities • Continue to build partnerships across 	WANADA, AOD Agencies, SOG, CAC	Statewide	<p>Ongoing</p> <p>Sep 2003 (Development Phase 1)</p> <p>July 2003 (Commence & Ongoing)</p> <p>Dec 2003</p> <p>Ongoing</p> <p>March 2004</p> <p>Ongoing</p> <p>Ongoing</p>

		<p>government agencies through the Senior Officers Group (SOG) and with other key stakeholders such as WANADA and the Community Advisory Council (CAC)</p> <ul style="list-style-type: none"> - Work with WANADA to identify appropriate tools to assist with system integration and coordination and provide appropriate supporting strategies 			<p>Ongoing Dec 2003</p>
<p>Increase access to information about AOD and related services and programs locally and state-wide</p>	<p>AOD Sector & Human Service Agencies (Govt & Non-Govt)</p>	<ul style="list-style-type: none"> • Develop, coordinate and deliver information to promote and advertise services and program information statewide and at a regional level • Build partnerships and collaborate with other agencies through co-location of services and development of MOU's with other service providers in the metropolitan area <ul style="list-style-type: none"> - Ensure better information provision through referral processes - Ensure enhanced information systems • Facilitate information-sharing and joint-projects among prevention agencies and groups • Reflect requirement for wider promotion of existing services in Service Agreements with funded agencies through a process of increasing collaboration with other agencies. • Facilitate the sharing of information 	<p>WANADA & NGO'S</p>	<p>Statewide</p>	<p>Aug 2003-05-14 June 2003 & Ongoing Aug 2003 June 2004 Ongoing July 2003</p>
<p>Review school drug programs and address duplications in provision of drug education in schools</p>	<p>Agencies providing school drug education</p>	<ul style="list-style-type: none"> • Facilitate development of a strategic approach to drug education for school aged children with relevant stakeholders • Coordinate review of SDEP • Clarify the role of, and support key stakeholders in provision of evidenced based prevention and intervention services in schools. 	<p>SDEP, DOE, WAPS, CDSTs</p>		<p>Sep 2003 Ongoing, complete by 2005 June 2003</p>

<p>Improve AOD and Mental Health Services response to people with comorbid conditions</p>	<p>AOD & MH Agencies (Govt & NGO)</p>	<ul style="list-style-type: none"> • Investigate different models and strategies to improve responses at a local level • Development of ADAPT policy and programs in conjunction with Office of Mental Health <ul style="list-style-type: none"> - With Planning and Coordination Unit further develop ADAPT strategies based on regional consultations • Establish and maintain collaboration with the JSDU, Office of Mental Health (DoH) and key local stakeholders to develop and build local capacity to respond • Implement appropriate workforce development programs in collaboration with key stakeholders including target groups • Development of protocols and case management mechanisms with Mental Health Service and other AOD providers • Planning and Coordination to assist with development, implementation and coordination of ADAPT strategies • Reconfigure service agreements to reflect the responsibilities of funded agencies to improve collaboration and partnerships across AOD and Mental Health agencies • Clarification and facilitation of roles and relationships where they do not exist between AOD and Mental Health agencies 	<p>Office of Mental Health, JSDU, Mental Health and AOD Service Providers</p>	<p>June 2004 July 2003 Sep 2003 Ongoing Dec 2003 Dec 2003 Sep 2003 July 2003 & ongoing July 2003 & ongoing</p>
<p>Develop Indigenous AOD Strategy</p>		<ul style="list-style-type: none"> • Work with OAH and Framework partners to develop an Indigenous Strategy to provide coordination, improve access, and build capacity in the delivery of AOD services. 		
<p>Establish and maintain partnerships with major agencies providing community</p>	<p>Community Development Agencies</p>	<ul style="list-style-type: none"> • Establish and maintain partnerships with agencies and other prevention related groups providing community development services. 	<p>DCD, DOH</p>	<p>Oct 2003</p>

development services and support community development initiatives as appropriate		<ul style="list-style-type: none"> Facilitate and support CD initiatives. Support capacity building through strategies including targeted training e.g. Local Government Alcohol Policy Clarify CDST role and responsibilities in the provision of community development activities Reconfigure service agreements to reflect the responsibilities of funded agencies in regard to community development/prevention activity provision, including partnerships with the Prevention Branch and Population Health Units Contribute to community development training and support to AOD agencies and other key stakeholders 			<p>Oct 2003</p> <p>Dec 2003</p> <p>June 2004</p>
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Addressing Hazardous and Harmful Alcohol Use

Action Issue	Target Group/s	Action	Other key stakeholders	Area	Implementation Timeline
DAO to develop WA Alcohol Strategy	AOD Sector & Human Service Agencies (Govt & Non-Govt) WA Community	<ul style="list-style-type: none"> All Directorates within DAO to take an active role in development of Strategy 	NDRI		Oct 2003 To be implemented over 2003-2005
Early intervention, prevention and parenting education	Young families, children, parents	<ul style="list-style-type: none"> Development of discussion paper for AOD Sector Contribution to Integrated Early Intervention Strategies Facilitate outcomes of Early Intervention Discussion Paper where appropriate 	DOH, DCD, DOET, CDSTs		July 2003 Ongoing Dec 2003

Reduce hazardous and harmful alcohol use	WA young people, Indigenous people	<ul style="list-style-type: none"> • Review current involvement in youth initiatives • Within the Quality Assurance Project include the further development of best practice indicators in FSP. • Continue to support early intervention prevention and parenting education initiatives eg. In Touch, PDIS, FSP • Provide a family sensitive service to all clients and appropriately refer clients with children as necessary • Investigate the possibility of other agencies accessing the consultant psychiatrist at Next Step for advice on family sensitive practice 		<p>Dec 2003</p> <p>Dec 2003</p> <p>Dec 2003</p> <p>Dec 2003</p>
		<ul style="list-style-type: none"> • Continue to resource a range of prevention, treatment and support services for people with alcohol related problems • Continue to resource and review the utilisation of SUCs in the context of the management of intoxication consistent with a systems approach • Support workforce development issues identified by the Strategy ie support professionals, other workers such as GPs, Indigenous workers, Brief Intervention training and support etc • Coordination and implementation of WA Alcohol Strategy • Continue to provide pharmacotherapies for relapse prevention prescribed for alcohol dependent clients. 	CDSTs, NGOs, Next Step, GPs, DOH, Public Health Units, Sobering Up Centres	<p>July 2003</p> <p>June 2003</p> <p>Aug 2003 & ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Enhancing Access to Treatment and Support Services

Action Issue	Target Groups/s	Action	Other key stakeholders	Area	Implementation Timeline
Based on the Treatment and Support Model, develop an Enhancing Access to Treatment and Support Services Strategy to be implemented 2003 to 2005.	AOD Sector & Human Service Agencies (Govt & Non-Govt)	<ul style="list-style-type: none"> All DAO Directorates to develop and implement an Enhancing Access to Treatment and Support Services Strategy 	CDSTs, Next Step, AOD NGOs		Oct 2003 – to be implemented over 2003-2005
Increased access for all high needs groups particularly youth, to treatment and support services.	High needs groups including Indigenous people and young people	<ul style="list-style-type: none"> Increase youth detoxification and respite services Provide specialist services to youth through CDST services Provide specialist AOD workers in SAAP youth services in metropolitan area Review Next Step Youth Service Develop Youth Strategy Fund SDEP and support strategic coordination and development in the area Support community drug initiatives e.g. LDAGs, Fogarty Foundation Provide training to youth service staff and workers with youth clientele Establish and implement a volatile substance program Provide support to the In Touch Program Contribute to training modules for frontline workers working with young people 	AOD NGO's, CDSTs, Next Step		<p>June 2003</p> <p>June 2003 Dec 2003 Dec 2003</p> <p>Ongoing</p> <p>Ongoing Ongoing</p> <p>May 2003 (Coordinator) Ongoing</p>
Increase GP involvement in the provision of AOD services	GPs	<ul style="list-style-type: none"> Continue to ensure addiction studies is a component of GP education Continue to provide clinical consultancy and 	GPs, Tertiary Education Providers,		Ongoing

<p>Increase access to intoxication and withdrawal management services and treatment, support and follow up services</p>		<p>support to GPs through CAS</p> <ul style="list-style-type: none"> • Review effectiveness of the GP project initiatives • Investigate Clinical training and placements for rural and remote GPs. • Investigate visiting consultancy services in regional areas • Continue with GP Liaison project to improve access to inpatient services and improve clinical planning • Reconfigure service agreements to reflect the responsibilities of funded agencies to improve collaboration and partnerships across AOD and GPs • Build on existing partnerships and initiatives with GPs 	<p>Division of GPs, AOD Sector</p>	<p>Dec 2003 June 2004 June 2004 Dec 2003 June 2004 Dec 2003</p>
<p>Increase access to intoxication and withdrawal management services and treatment, support and follow up services</p>	<p>People affected by AOD use</p>	<ul style="list-style-type: none"> • Review utilisation of SUC as part of intoxication management strategy • Continue to support the development of the DAWN project • Continue to support the development of a coordinated approach to youth detoxification, respite and follow up services • Finalise the development and contracting of new SAAP services • Increase the range of diversion options across WA • Contribute to the development and implementation of a coordinated program to withdrawal management • Investigate visiting clinical consultancy services to regional centres • Review and reconfigure community programs 	<p>AOD Sector & Human Service Agencies (Govt & Non-Govt)</p>	<p>Aug 2003 Ongoing July 2003 Dec 2003 Dec 2003 May 2004 June 2004</p>

			for opioid pharmacotherapies to enhance access and equity in service delivery			
Formalise interagency relationships to enhance pathways of care through shared protocols and guidelines	People affected by AOD use	<ul style="list-style-type: none"> Develop best practice indicators for operational and clinical governance of AOD Treatment Programs. Contribute to the development of and where indicated provide relevant workforce and organisational development to develop local pathways of care Take a lead role in promoting use of clinical guidelines through partnerships and collaborative mechanisms with other service providers 	<ul style="list-style-type: none"> Develop and explore models of care re: prison strategy and diversion strategy Contribute to the development of post release initiatives Work collaboratively with the DOJ to provide clinical services to people post-release Develop protocols for ongoing care for re-entry prisoners on pharmacotherapies 	AOD Sector & Human Service Agencies (Govt & Non-Govt)	Dec 2003 Dec 2003 Dec 2003	Dec 2003 Dec 2003 Dec 2003
Improve re-entry services post-prison	WA Community, Families of and ex-prisoners affected by AOD use	<ul style="list-style-type: none"> Enable the adoption of culturally secure responses by all government and non government agencies providing AOD programs and services to indigenous people Contribute to developing the workforce expertise of people who respond to Indigenous people who are affected by alcohol and drug problems i.e. Indigenous Trainees Program Assess capacity of AOD sector on completion of Traineeship Program to determine sector needs ie ongoing training or establishment of 	<ul style="list-style-type: none"> Develop and explore models of care re: prison strategy and diversion strategy Contribute to the development of post release initiatives Work collaboratively with the DOJ to provide clinical services to people post-release Develop protocols for ongoing care for re-entry prisoners on pharmacotherapies 	DOJ and AOD Sector (Govt & NGO)	Dec 2003 Dec 2003 Dec 2003	Dec 2003 Dec 2003 Dec 2003
Enhance access to residential rehabilitation and follow up programs for indigenous people	Indigenous people affected by AOD use and their families	<ul style="list-style-type: none"> Enable the adoption of culturally secure responses by all government and non government agencies providing AOD programs and services to indigenous people Contribute to developing the workforce expertise of people who respond to Indigenous people who are affected by alcohol and drug problems i.e. Indigenous Trainees Program Assess capacity of AOD sector on completion of Traineeship Program to determine sector needs ie ongoing training or establishment of 	<ul style="list-style-type: none"> Enable the adoption of culturally secure responses by all government and non government agencies providing AOD programs and services to indigenous people Contribute to developing the workforce expertise of people who respond to Indigenous people who are affected by alcohol and drug problems i.e. Indigenous Trainees Program Assess capacity of AOD sector on completion of Traineeship Program to determine sector needs ie ongoing training or establishment of 	AOD Sector, OAH & OATSIH	Ongoing June 2004	Ongoing June 2004 April/May 2004

		<p>Aboriginal positions in community based services.</p> <ul style="list-style-type: none"> • Progress indigenous element of the Diversion program • Work in partnership with Indigenous AOD/Health service providers to support their efforts • Work with OAH and OATSIH to develop options for residential rehabilitation and follow-up 			<p>Dec 2003 Dec 2003 Dec 2003</p>
<p>Improve access to after hours AOD services</p>	<p>People affected by AOD use AOD Sector & Human Service Agencies (Govt & Non-Govt)</p>	<ul style="list-style-type: none"> • Increase awareness of after hours services of: ADIS, PDIS, CAS, DROPP • Effective management and utilisation of Sobering Up Centres. • Work with agencies to ensure after hours AOD related crises are appropriately promoted and managed • Identify the extent of the problem in regard to AOD after hours crises, including access to treatment and support services and management of clients. • Provide after hours access to metropolitan inpatient unit through appropriate referral process • Clarify psychiatric services role in responding to drug induced psychotic episodes • Ensure protocols for ongoing care for re-entry prisoners on pharmacotherapies includes after-hour release management strategies 	<p>WANADA agencies, Next Step, ADIS, PDIS, CAS, Mental Health, WAPS</p>		<p>Dec 2003 Dec 2003 Dec 2003 Dec 2003 Dec 2003 July 2003</p>

EMERGING POLICY ISSUES

Emerging policy issues have been identified through a number of processes including the WA Community Drug Summit, Area and Agency Planning, via the Community Advisory Council as well as ongoing research and information gathering as part of the Drug and Alcohol Office core business.

In addition, initiatives highlighted in Agency Plans that may involve new resources or changes in current programs and services have been identified and included for future planning.

EMERGING POLICY ISSUES FOR THE DRUG AND ALCOHOL OFFICE (DAO)

Indigenous People

A partnership has been formed between the Office of Aboriginal Health (OAH), DAO and the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to ensure a co-ordinated response to Indigenous people and communities affected by drug and alcohol use. A statewide Indigenous drug and alcohol strategy will be developed in line with the draft National Aboriginal Alcohol and Drug Complementary Strategy (currently in draft form). As with the National Strategy, the State strategy will be action-orientated, concrete and achievable. The emphasis will be on strategies that meet identified local needs and that maximise access to culturally secure programs and services. Intrinsic in the Strategy will be the development of a partnership between OAH, OATSIH and DAO to manage the overall network of drug and alcohol services as a single entity.

Culturally and Linguistically Diverse (CALD) People

In the Government's response to the Community Drug Summit the needs of culturally and linguistically diverse (CALD) people were acknowledged. An undertaking was given to monitor the capacity of existing treatment services to meet the needs of CALD people as was a commitment to a whole of community approach to provision of drug and alcohol related services to clients with diverse cultural and linguistic backgrounds. Within the area planning process it was evident that further efforts need to be undertaken to access CALD people, to identify their needs and develop ways of providing appropriate prevention and early intervention programs, and accessible treatment and support services.

Workplace

The Community Drug Summit identified the importance of developing appropriate strategies to reduce drug and alcohol-related harm in the workplace. These could include development of a suitably representative working group, development and continuing evaluation of a drug and alcohol workplace strategy, and improved access to treatment and support for workplace employees. This issue was also raised in the area planning process in some key regions where drug and alcohol-related harm is prevalent within specific industries.

Quality Assurance

The Drug and Alcohol Office established a working party to examine the desirability of introducing accreditation for drug and alcohol treatment services in WA. The working party comprised of representatives from the Government and non-Government sectors. The working party recommended that a project officer be employed for six months to work with the sector to develop a quality assurance framework. The Drug and Alcohol Office concurred with the recommendation and recently advertised this position. It is envisaged that the recommended applicant will commence with the Drug and Alcohol Office by mid 2003 to progress quality assurance for the drug and alcohol sector.

Through-Care of Prisoners on Pharmacotherapies

Pharmacotherapies have been shown to reduce the risk of re-offending among prisoners with drug-related problems. The Department of Justice has announced significant budget allocations to expand pharmacotherapies in prisons. A partnership has been developed between the Drug and Alcohol Office and the Department of Justice to ensure continuity of care for people on opioid replacement pharmacotherapies moving from the community into prison and back into the community. The Drug and Alcohol Office will provide training and clinical consultation to build capacity within the Department of Justice to provide quality care. Protocols will be developed to ensure that upon release clients are successfully engaged in aftercare and community based programs.

Children of Drug Using Parents

The WA Community Drug Summit identified children and young people as a priority issue, with particular emphasis on children of drug using parents whose extended families take on child-rearing responsibilities. This issue was highlighted in the WA Drug and Alcohol Strategy, with an emphasis on developing strategies to support parents with drug and alcohol-related problems with an aim to prevent their children from entering care. There are a growing number of children in care as a result of parental drug and alcohol use and related problems. This increasing trend has significant impact on the children and families involved, and the Western Australian community. For these reasons, key stakeholders, including the Drug and Alcohol Office and the Department for Community Development, have identified the issue for an improved, coordinated response.

Prevention and Early Intervention

The Drug and Alcohol Office will support and develop the objectives and directions recommended under the National Prevention Agenda and the supporting Monograph (*The Prevention of Substance Use, Risk and Harm in Australia: A Review of the evidence*). The findings outlined in these documents will form the basis of a review to be carried out by the Drug and Alcohol Office, which will contribute to the development of coordinated prevention programs and initiatives in the drug and alcohol sector.

Research consistently demonstrates the importance of early childhood development as being a critical stage in the prevention of problems in later life, including drug and alcohol related harm. In this context, the Drug and

Alcohol Office will develop a discussion paper identifying opportunities for the involvement of the drug and alcohol sector in supporting early childhood intervention. This will provide a framework for the Drug and alcohol Office to work collaboratively with other key stakeholders external to the drug and alcohol sector.

ISSUES IDENTIFIED IN AGENCY DRUG AND ALCOHOL ACTION PLANS

As the lead agency of Government responsible for coordination, implementation and monitoring of the WA Drug and Alcohol Strategy, the Drug and Alcohol Office has a significant role in the coordination and implementation of Agency Drug and Alcohol Action Plans. A number of emerging issues for the Drug and Alcohol Office have been identified in these Plans. The issues have been summarised below for further development with the appropriate Government agency.

Prevention and Early Intervention

- Provide assistance and guidance to key stakeholders in the development of drug and alcohol-based curriculum and educational initiatives for teachers and trainers.
- Actively participate in the SDEP Management Group to provide strategic and operational management of the program. Provide support, funding and management to SDEP for the School Community Transition Project (Leavers Live). Explore funding opportunities for development and ongoing support of the *In Touch* early intervention program.
- Workplaces and educational institutions provide strategic avenues to access priority groups. Organisations such as these are well placed to instigate drug and alcohol policies, occupational health and safety initiatives, awareness programs, interventions and referral contacts. The Drug and Alcohol Office will explore avenues to develop and support these initiatives. There are also opportunities for workforce development with an aim to build the skills of staff and volunteers to address drug and alcohol issues.
- Work collaboratively with other key agencies and stakeholders to establish and maintain alcohol accords, and appropriate alcohol policies in licensed venues such as sporting clubs. Assist local governments in developing alcohol policies that provide specific guidelines for councils to address alcohol-related issues within their respective local communities.

Treatment and Support

- Provide support to the Department for Community Development to review and update the service delivery protocols developed between the Supported Accommodation and Assistance Program and drug and alcohol services.
- Provide support to key stakeholders for drug and alcohol workforce development initiatives.
- Improve access to treatment and support services through expansion as part of the Community Program for Opioid Pharmacotherapy (CPOP).
- Support key stakeholders to develop and implement strategies and programs to improve accommodation issues for people with drug and alcohol problems.

Broad Social Policy Implications

Ensure drug and alcohol initiatives are consistent with other relevant state and national policies and strategies.

APPENDIX

GLOSSARY OF ACRONYMS

As identified in the Priority Actions Section

ADIS	Alcohol and Drug Information Service
AOD Agencies	Alcohol and Other Drug Agencies
CAC	Community Advisory Council
CAS	Clinical Advisory Service
CDST	Community Drug Service Team
DAWN	Drug and Alcohol Withdrawal Network
DCD	Department for Community Development
DOET	Department of Education and Training
DOH	Department of Health
DOJ	Department of Justice
DROPP	Drug Overdose Prevention Program
FSP	Family Sensitive Practice
GP	General Practitioner
JSDU	Joint Services Development Unit
LDAG	Local Drug Action Group
MOU	Memorandum of Understanding
NDRI	National Drug Research Institute
NGO	Non-Government Organisation
OAH	Office of Aboriginal Health (part of Department of Health)
OATSIH	Office of Aboriginal and Torres Strait Islander Health (Commonwealth)
PDIS	Parent Drug Information Service
RHPU	Regional Health Promotion Unit
SAAP	Supported Accommodation Assistance Program
SDEP	School Drug Education Project
SOG	Senior Officers Group
SUC	Sobering Up Centre
WANADA	Western Australian Network of Alcohol and other Drug Agencies
WAPS	Western Australian Police Service