

Western Australian Drug and Alcohol Strategy

Key achievements of the 2005-2009 Strategy

June 2011



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The Drug and Alcohol Office wishes to acknowledge these agencies contribution to this report.

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Introduction

This Report reviews the progress made during the five-year period of the *Western Australian Drug and Alcohol Strategy 2005-2009* (WADAS).

WADAS has provided the broad strategic direction to guide Government, non-government and the community in addressing problems relating to drug and alcohol use in Western Australia. It is consistent with *The National Drug Strategy: Australia's integrated framework 2004-2009* (Ministerial Council on Drug Strategy, 2004).

The fact that drug and alcohol use affects all Western Australians and results in significant health, social and economic costs to the community cannot be disputed.

The WADAS has comprised 23 key strategies in three priority areas: prevention and early intervention; treatment and support; and law, justice and enforcement. Consideration has also been given to priority groups and priority issues identified in the Strategy.

This report provides qualitative information on a range of key performance indicators of the Strategy and details the impact of whole-of-government activities on the Strategy's overall goals. It is broken up into three main sections:

- Part 1: Background
- Part 2: Implementation of the Strategy
- Part 3: Key Performance Indicators

The information contained in this Report and the lessons learned during the five-year period of the Strategy will be used to form the basis for future drug and alcohol initiatives in Western Australia, with the aim of further preventing, delaying and reducing drug and alcohol-related problems in our community.

Part 1: Background

1.1 Drug Use Issues and Trends

Drug and alcohol use affects all Western Australians, resulting in significant health, social and economic costs to the community. In fact, in 2004/05 alone, the annual social cost of drug and alcohol use to the Australian community was estimated at \$55.2 billion. Of this cost (unadjusted), 27% was attributed to alcohol, a further 15% to illicit drugs and the remainder to tobacco (Collins & Lapsley, 2008).

1.1.1 Alcohol

In the *2007 National Drug Strategy Household Survey* (NDSHS), 9.8% of Western Australians aged 14 years and over reported drinking alcohol on a daily basis and 46.9% on a weekly basis, higher than the national figures of 8.1% and 41.3% respectively. A total of 37% reported drinking alcohol at risky or high-risk levels in the short-term and 11.5% in the long-term (Australian Institute of Health and Welfare, 2008).

Results from the *2008 Australian School Student Alcohol and Drug Survey* (ASSAD) revealed 15.9% of Western Australian school students aged 12 to 17 years had never consumed alcohol in their lifetime, compared to 12.3% in the 2005 survey (Drug and Alcohol Office, 2009a). The frequency of alcohol consumption for school students in the 2008 survey was reported as 63.9% in the past year, 40.2% in the past month and 26.9% in the past week, whereas the 2005 survey reported prevalences of 65.2%, 43.5% and 28.9% respectively.

The number of alcohol-related hospitalisations continues to rise. In 2004 there were 11,046 alcohol-related hospitalisations in Western Australia. This number has continued to increase over the Strategy period with 13,938 hospitalisations recorded in 2008, contributing to the total of 62,313 over the five-year period (Department of Health, 2009a).

1.1.2 Illicit drugs

Between 2004 and 2007 in Western Australia, the results from the NDSHS showed that prevalence rates relating to most illicit drugs (cannabis, amphetamines, ecstasy and non-medical use analgesics) remained steady or decreased. However, amphetamine use was almost twice as high in Western Australia (4.2%) as nationally (2.3%), whereas ecstasy use in Western Australia (4.1%) was only slightly higher than the national rate (3.5%) (Kalic, Gunnell, Griffiths & McGregor, 2009).

In the 2008 ASSAD survey, 80.5% of respondents aged 12 to 17 years indicated that they had never consumed an illicit drug in their lifetime, compared to 75.3% in the 2005 survey. The most commonly reported illicit drug used in the past month for the 2008 survey was cannabis (7.8% cf. 10.1% in 2005), followed by amphetamines (2.9% cf. 3.4% in 2005) (Drug and Alcohol Office, 2009a).

Cannabis remained the most prevalent illicit drug used in 2007 in Western Australia (10.8%) and nationally (9.1%). However, cannabis prevalence in Western Australia has continued to decline since 1998. The percentage of Western Australians over 14 years of age reporting use of drugs other than cannabis, amphetamine and ecstasy remained low and comparable to national figures (Kalic et al., 2009).

The use of cannabis was also evident in the 2008 ASSAD survey with significant decreases reported in the 2008 survey compared to 2005 for all measured time periods - lifetime (17.8% cf. 23.2%), past year (14.8% cf. 19.0%), and past month (7.8% cf. 10.1%). More males had used cannabis in the past month (8.4%) than females (7.2%) (Drug and Alcohol Office, 2009a).

1.1.3 Misuse of pharmaceutical drugs

The non-medical use of analgesics and pain relievers was the fifth most common class of drugs (2.5%) used by Australians in the previous 12 months (Australian Institute of Health and Welfare, 2008). The two main classes of pharmaceutical drugs commonly misused are opioids and benzodiazepines. Their misuse has increased over the past decade, from 2001-2007 for opioids, and 2003-2007 for benzodiazepines (Black, Roxburgh, Degenhardt, Bruno, Campbell, de Graaf et al., 2007).

Data available shows a substantial increase in prescription opioid use in Australia since 2001 (Black et al., 2007). With the increased prescribing of drugs such as MS Contin and Oxycontin, there has been a corresponding increase in the number of people experiencing problems from prescription opioid dependence and also an increase in diversion of prescription opioids to the illicit drug market. The Intergovernmental Committee on Drugs has resolved that this issue warrants the development of a comprehensive National Pharmaceutical Drug Misuse Strategy. Currently the National Drug Law Enforcement Research Fund is seeking research into the diversion and misuse of licit pharmaceuticals (especially benzodiazepines). This research will help to provide a foundation and direction for the new strategy.

1.2 The Western Australian Drug and Alcohol Strategy 2005-2009

1.2.1 The vision

For Western Australians to value and lead healthy and safe lifestyles with access to quality services and programs to prevent, reduce and delay drug and alcohol-related harm.

1.2.2 Aims

The overall aims of the Strategy were to:

- promote healthy lifestyles and communities
- promote connectedness between children and young people with school, families and communities
- involve the community, particularly priority groups, in developing, implementing and reviewing appropriate responses to drug and alcohol issues
- promote the resiliency of individuals, families and communities to prevent or reduce drug and alcohol-related harm
- reduce the level of negative consequences associated with drug and alcohol use, such as social disruption and loss of productivity
- reduce the level of drug and alcohol-related crime committed.

1.2.3 Values

The Strategy was underpinned by the following values:

- **Inclusion** - forming and strengthening partnerships to engage and involve the whole community in drug and alcohol policy and strategy.
- **Compassion and understanding** - every individual has the right to compassionate care and to be treated with dignity, free from harassment and discrimination.
- **Equity** - every individual has equal worth and basic rights regardless of differences in race, gender, age, ability, religious belief, political affiliation, cultural outlook, national origin, sexual orientation, citizenship or geographical location.
- **Cultural security appropriate to the local environment** - deliberations, planning and application of policies, strategies, and programs must consider, acknowledge and incorporate the history, traditions, diversity and circumstances of the particular Aboriginal people, to which meaningful benefit is the intended outcome.

1.2.4 Strategic areas, and priority groups and priority issues

The Strategy had three strategic areas for action that were supported by a total of 23 objectives (see Appendix 1). These included:

- prevention and early intervention
- treatment and support
- law, justice and enforcement.

It also focused on the following priority groups and issues:

Priority groups

- Aboriginal people and communities
- children and young people
- people from regional, rural and remote communities
- families.

Priority issues

- alcohol
- people with co-occurring mental health and drug and alcohol use problems.

1.2.5 Supporting strategies

The Strategy was supported by the following Government drug and alcohol strategies:

- *Strong Spirit Strong Mind: The Western Australian Aboriginal Alcohol and Other Drug Plan 2005-2009* (Drug and Alcohol Office, 2005a)
- *Western Australian Volatile Substance Use Plan 2005-2009: A Guide for Government and Service Providers* (Drug and Alcohol Office, 2005b)
- *Western Australian Alcohol Plan 2005-2009* (Drug and Alcohol Office, 2005c)
- *Western Australian Illicit Amphetamines Summit and Government Action Plan* (Drug and Alcohol Office and Western Australia Police, 2007).

1.2.6 WADAS Senior Officers' Group

The WADAS Senior Officers' Group (SOG) is comprised of representatives from a range of key human service agencies and has been responsible for developing, implementing and monitoring the Strategy. This has occurred in partnership with a broad range of community organisations and the non-government agencies, which are members of the Western Australian Network of Alcohol and other Drug Agencies (WANADA).

For the 2005-2009 Strategy, the WADAS SOG representatives were from the following agencies:

- Drug and Alcohol Office (DAO) - (Chair)
- Department for Child Protection (DCP)
- Department of Corrective Services (DCS)
- Department of Education and Training (DET)
- Department of the Attorney General (DotAG)
- Department for Housing and Works (DHW)
- Department of Indigenous Affairs (DIA)
- Department of Local Government and Regional Development (DLGRD)
- Department of the Premier and Cabinet (DPC) including the Office of Road Safety (ORS)
- Department of Racing, Gaming and Liquor (DRGL)
- Department of Health (DoH, WA Health)
- Western Australia Police (WAPol)
- Office of Crime Prevention (OCP)
- Department for Communities (DfC).

1.2.7 Agency Drug and Alcohol Action Plans and Reports

To support the Strategy, SOG member agencies have previously developed annual Agency Drug and Alcohol Action Plans. The plans outline specific activities implemented to achieve an across-government and comprehensive approach to drug and alcohol use in Western Australia. Responsibility for implementing and resourcing the activities outlined in the plans has rested with the respective government department.

Each SOG agency provides an annual report which have been compiled into a progress report on the Strategy, including key performance indicators and relevant data highlighting trends. This report also assists in setting future directions.

For further information on each agency visit the Government of Western Australian website <http://wa.gov.au/agencies/>

Part 2: Implementation of the Strategy

The following section includes qualitative information against the three priority areas of the Strategy: prevention and early intervention; treatment and support; and law, justice and enforcement. It focuses specifically on initiatives and progress made in relation to priority groups and issues identified by the Strategy. Additional supporting data is also provided where appropriate.

2.1 Prevention and Early Intervention

Key objective: *Expand initiatives to support individuals, families and communities to acquire the knowledge, attitudes and skills to adopt healthy behaviours and lifestyles.*

Prevention activities are fundamental to the Strategy and involve developing ways to support individuals, families and communities to adopt healthy behaviours and lifestyles, and promote safe environments.

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

Prevention and early intervention activities have been focussed on:

- developing protective factors and resilience
- supporting connectedness with family, schools and community
- intervening before problems become entrenched.

Key initiatives implemented over the course of the Strategy include:

- School Drug Education and Road Aware (SDERA) distributed a new road safety education resource titled *Getting it together: A whole-school approach to road safety education* to Western Australian schools.
- SDERA also completed *Getting it together: A whole-school approach to drug education* to implement effective drug education strategies within their school community through a whole-school approach.
- Implementation of the statewide community education program *Rethink Drink* (previously *Enough is Enough*) that supports communities to achieve a safer drinking culture in Western Australia.
- Implementation of the *Drug Aware* campaign that encourages sensible informed decisions about illicit drug use through providing credible, factual information and delivering comprehensive strategies to address drug-related issues.
- Based on supportive evidence, the implementation of alcohol restrictions in Fitzroy Crossing that was complemented by a range of strategies, including the engagement of relevant agencies and community groups for the implementation of programs and activities to support a cultural shift in the way alcohol is viewed and used within the community.
- Based on the outcomes in Fitzroy Crossing, the implementation of liquor restrictions and supporting strategies in Halls Creek.
- WA Police (WAPol) and the Drug and Alcohol Office (DAO) have hosted the annual State Alcohol and Drug Prevention Workshops attended by representatives from Health, Community Drug Service Teams (CDSTs), and peak non-government drug and alcohol agencies to facilitate networking and provide a co-ordinated planning opportunity for all attendees.

-
- The development of key strategy documents such as *The Western Australian Alcohol Plan*, *The Western Australian Family and Domestic Violence State Strategic Plan* (Department for Community Development, 2004), *Community Safety and Crime Prevention Strategy, Arriving Safely* (Office of Crime Prevention, 2004) and the *Strong Spirit, Strong Mind: The Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009*.
 - Completion of a Heroin Trends Tracking Project funded by the Office of Crime Prevention (OCP) that collated data pertaining to heroin use and crime into a single database and allowed for the development of a statistical model for describing heroin use trends and their relationship to crime.
 - DAO, in collaboration with the Cancer Council of Victoria and WA Health, co-ordinated the Western Australian component of the 2008 Australian Secondary Schools Alcohol and Drug (ASSAD) Survey.
 - The Western Australian results of the 2004 and 2007 National Drug Strategy Household Survey (NDSHS) were published and disseminated, with DAO producing a summary bulletin of alcohol and illicit drug prevalence.

Other initiatives implemented over the course of the Strategy as they relate to priority target groups and issues are outlined below.

2.1.1 Priority groups

Aboriginal people and communities

Over the course of the Strategy's duration, agencies have sought to work together in developing the capacity of Aboriginal communities by capitalising on the cultural strength of those communities and demonstrating a respect for Aboriginal ways of working. This includes working and engaging with young people, families and communities to develop knowledge to respond more effectively to drug and alcohol-related harm at a local level.

Key initiatives targeting Aboriginal people and communities have been implemented by the Department for Child Protection (DCP), the Child and Adolescent Community Health Service (CACHS), Department of Education and Training (DET), Drug and Alcohol Office (DAO), WAPol, Department of Local Government and Regional Development (DLGRD), and Department of Racing Gaming and Liquor (DRGL). Some of these initiatives include the following.

The DCP has implemented a number of prevention initiatives targeting high-risk Aboriginal youth. These include but are not limited to:

- Best Beginnings - an early intervention, home visiting service to support expectant parents and parents with children up to two years of age, where there are a number of risk factors that may lead to poor life outcomes for the children (in collaboration with the Department of Health [DoH]). The program has been extended to three new service sites in Cannington, Kwinana and the East Kimberley (Kununurra). Halls Creek families are currently serviced by the *Community Mothers Program*.
- Best Start - a collaborative program to improve the opportunities for Aboriginal children up to five years by focusing on projects and activities that will improve their health, educational opportunities, and social and cultural development.
- Strong Families Program - bringing together caseworkers from various government and non-government agencies to tackle the needs of high-risk families and youth.

In 2004, CACHS in partnership with the DET commenced the Happy Kids project. The project aims to build children's capacity to cope with life challenges and promotes resilience, through social and emotional skill development, timely and appropriate health provision, and community engagement.

As part of the Government's commitment to reducing the incidence of family and domestic violence, the *Western Australian Family and Domestic Violence State Strategic Plan 2004-2008* was developed. Through the implementation of the plan, family violence and drug and alcohol use was reduced in Aboriginal communities located in regional areas.

DRGL continues with its commitment in providing input into various initiatives emanating from Aboriginal Justice Agreements and Alcohol Management Plans for rural and remote communities. An example of such initiatives is the development of appropriate signage and posters for communities with alcohol restrictions in place in liaison with the DAO.

Partnerships developed between Government departments such as WAPol and DRGL continue to assist remote Indigenous communities to develop responses to alcohol-related crime and anti-social behaviour by restricting the supply of take-away alcohol.

In 2008/09, DLGRD supported Indigenous governance by:

- providing a workshop for Indigenous Counsellors
- introducing a new *Cultural Support Program* whereby support is provided to Chief Executive Officers to increase their understanding of Indigenous people and their culture.

Cultural security and workforce development

Access to culturally secure information and services is important for Aboriginal people and communities dealing with drug and alcohol issues. Key activities undertaken in this regard include:

- provision of culturally secure information and services through mass media alcohol education campaigns

- development of key strategy and supporting documents
- development of culturally secure resources
- implementation of Indigenous reform processes
- development and implementation of education programs.

An Aboriginal-specific *Rethink Drink* message was developed for the Kimberley and Pilbara as part of the *Rethink Drink* campaign that aims to change drinking culture awareness and reduce alcohol-related harm.

In 2005, the *Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009* was developed. This Plan recognises both the similarities and differences among Aboriginal cultures and the importance of developing capacity within communities to plan, develop and implement strategies to address drug and alcohol use in all Aboriginal communities.

A draft *Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Framework for the Western Australian Drug and Alcohol Strategy 2010-2015* is currently in development by DAO.

DAO has also developed a range of culturally secure drug and alcohol resources, including the *Strong Spirit Strong Mind* brochures, booklets and DVDs.

Through the National Partnership Agreements and other Coalition of Australian Government (COAG) processes, DAO has had input into Indigenous reform, with particular focus on policy formulation related to comprehensive regional approaches to tackle drug and alcohol use in high-risk areas.

The WA Health Sexual Health Program and DAO have identified barriers and enablers to the provision of blood-borne virus (BBV) education for Aboriginal people, where they remain a significant public health issue.

In the past two years, a BBV and sexually transmitted infections play called *Chopped Liver*, has been delivered by an Indigenous theatre production within all Western Australian prisons. The play has been funded by the WA Hepatitis C Council to promote harm-reduction strategies.

Children and young people

International research suggests that 10% of children live in households where there is problematic drug and alcohol use by parents (Dawe, Frye, Best, Lynch, Atkinson, Evans & Harnett, 2007).

The DCP found that of 175 cases studied in Western Australia, 2003, drug and alcohol use was a contributing factor in 57% of protection orders (Leek, Seneque & Ward, 2004). Incidents of neglect, violence and lack of engagement with services were also higher where drug and alcohol use was a contributing factor in the care and protection applications.

Addressing the needs of children and young people affected by drug and alcohol use is an important priority. These children may be users themselves or experience family conflict and breakdown because of drug and alcohol use by parents, siblings or other family members.

Key areas of activity that have taken place to address this priority area include:

- child protection and support
- harm-reduction initiatives
- education system
- workforce development.

Child protection and support

Through the implementation of policies and structural measures, the Government is working towards reducing and/or preventing the neglect or abuse resulting from parental substance use. Examples of measures achieved by DCP include:

- Revision of the *Casework Practice Manual*, which streamlines casework practice, service delivery policy and field worker guidelines, and provides an electronic form that includes drug and alcohol problems.
- Adoption of the *Policy on Neglect* whereby clear practice requirements and procedural instructions about neglect are detailed and available to all departmental field workers, as are links to additional resources that provide greater insight into the issue.
- Implementation of the *Charter of Rights for Young People in Care*, an initiative of the *Children and Community Services Act 2004*.

- Adoption of the *Income Management Child Protection* measure into three metropolitan and four regional locations in Western Australia, giving the DCP the authority to make a referral to Centrelink to manage a family's government payment in cases where children are being neglected.

Harm-reduction initiatives

The use of harm-reduction and early intervention strategies reduces the risks for children that may result from their parents' drug and alcohol use and supports the choices made by young people through information and support. Examples of these strategies include:

- Implementation of an education program and harm minimisation strategies on the effects of alcohol on the management of diabetes at Princess Margaret Hospital (PMH) Adolescent Diabetes Clinic.
- Routinely identifying, assessing, treating and referring patients (babies, children and adolescents) at PMH and their parents who are affected by drug and alcohol use.
- Funding provided through the Community Safety and Crime Prevention Fund (CSCPF) to local government and community organisations to conduct drug and alcohol projects, including early intervention programs such as those targeting early onset drug and alcohol use.
- Development of early intervention strategies at schools allowing staff to respond to drug use critical incidents and manage the welfare of students who have drug issues.
- Implementation of the *Keeping in Touch* (KIT) program, extending the pastoral care capacity of schools.

DET, in partnership with SDERA and Edith Cowan University (ECU), is currently conducting research related to extending the pastoral care capacity of schools through the implementation of this program in selected schools. Preliminary findings suggest increased confidence and skills of staff to talk about drug-related issues with individual students or small groups; a better understanding of their pastoral care role; and confidentiality requirements when talking with students.

In 2008/09, DAO launched and evaluated the *Drug Aware Amphetamine Campaign* that targets young people with messages about drug use, focusing on prevention and harm reduction. A total of 48% of the target population for the campaign reported being aware (when prompted) of the campaign, of which 48% correctly recalled at least one of the main campaign messages.

Leavers is an annual event for thousands of Year 12 school leavers in Western Australia following the conclusion of the final year of secondary school exams in November each year (see Figure 1). The Office of Crime Prevention was appointed the coordinating role by the Government to provide support to communities and stakeholders to cope with the annual event.

Education system

SDERA is the lead agency responsible for drug and road safety education in Western Australian schools. This statewide program provides curriculum support materials and ongoing professional learning. The program is available to all teachers in Western Australia.

In 2009, SDERA provided all Western Australian schools with a new road safety education resource titled *Getting it Together: A Whole-School Approach to Road Safety Education* and completed *Getting it Together: A Whole-School Approach to Drug Education*.

The development of the *Choices: Alcohol and Other Drugs* education package was also completed in 2009. This resource is designed to support teachers delivering the Western Australian Curriculum Council's Health Studies Courses for Units PA, PB and 1A-1D.

Other resources SDERA has developed and distributed include:

- *Challenges and Choices for Early Childhood and Middle Childhood* - a drug education, resilience and road safety education package to all Western Australian schools.
- *Early Childhood Challenges and Choices Drug, Road and Resilience*.
- Final component of Challenges and Choices (Challenges and Choices: early adolescence resource for resilience, drug and road safety education).

Figure 1: Leavers



Leavers is an annual event for thousands of Year 12 school leavers in Western Australia. The period of celebration follows the conclusion of the final year of secondary school exams in November each year.

In locations that are popular with school leavers, communities and local services have developed and implemented strategies to cope with the influx of young people. The State Government also appointed the Office of Crime Prevention (OCP) a coordinating role to provide support to communities and stakeholders to cope with the annual event.

In 2005, the State Government endorsed a five-point plan to implement an across-government and coordinated approach to managing *Leavers* in Western Australia. The plan provides for:

- a focus on rights and responsibilities
- improved safety through robust policing and harm minimisation
- active support to regional communities to manage visiting school leavers
- better co-ordination between government and non-government agencies
- research into improved ways to manage large groups of young people.

The strategic plan enables the OCP to coordinate the roles and responsibilities of State Government agencies, local coordinating groups and non-government agencies in managing *Leavers*.

WA Police have strengthened the policing of liquor licensing by utilising new powers available under the *Liquor Control Act 1988*, declaring *Leavers* a special event. This has provided police with additional seizure and disposal powers in relation to alcohol which have proved very effective.

With *Leavers* expected to grow, the State Government is committed to ensuring that school leavers celebrate in a safe and responsible manner, with minimal impact on residents and services in destinations favoured by leavers.

At the conclusion of *Leavers* 2008 in Dunsborough, when compared to 2004 celebrations combined strategies resulted in a 91% reduction in the number of arrests (a 56% reduction from 2007 to 2008); and a 58% reduction in the costs incurred for repairs and cleanup by the Shire of Busselton.

Source: Office of Crime Prevention, 2009.

In 2008/09, professional learning was delivered by SDERA and attended by 1,539 teachers from 312 public schools in Western Australia.

The need to effectively educate young people in the area of sexual health is essential in the prevention of sexually transmitted infections. In 2008/09, DAO in partnership with the Sexual Health and BBV Program of WA Health developed and began implementing a Sexual Health and BBV Harm Minimisation program for Year 11 and Year 12 students.

Workforce development

Workforce development enhances the capacity of staff across human service agencies to respond effectively to young people who are experiencing difficulties in relation to their drug and alcohol use.

Initiatives developed to assist frontline workers such as health workers, police and teachers include:

- *Working with Youth* – a legal resource for community-based health workers to assist them in making decisions that are ethical, lawful and justifiable when working with young people with complex problems.
- Training provided to Police Community Youth Centre managers on the link between drug use and juvenile offending and the treatment options available.
- Disbursement of funds by DET to schools supporting youth engagement and community participation. In 2008/09, Drug Education Forum Phase 2 Grant Scheme was developed with 11 public schools to develop longer-term, local initiatives in drug and resilience education.
- DET-run professional development workshops in metropolitan and regional Western Australia aimed at supporting early childhood teachers.
- Collaboration between Regional Project Officers with district-based staff to support schools to deliver drug education and invest in a holistic approach to student health and wellbeing. Capacity has been increased in regional areas of need including the Pilbara and the Midwest.

People from regional, rural and remote communities

Regional, rural and remote communities face particular challenges related to drug and alcohol use for a broad range of reasons, including limited access to services.

Key initiatives include the development of partnerships, supporting the implementation of the statewide education campaigns at a local level, and the funding and co-ordination of local government and regional activities. Some of these have been outlined below.

Strong partnerships are essential for the drug and alcohol sector. Through forums, and regional workshops, frontline workers across agencies such as DAO, WAPol, Local Drug Action Groups (LDAGs), Community Drug Service (CDS) and CDSTs, community nurses and education workers contribute to developing and implementing evidence-based strategies to prevent and reduce drug and alcohol-related problems.

Western Australian Country Health Services (WACHS) is supporting awareness in regional and rural communities by promoting the statewide media campaign *Rethink Drink*. Collaboration between service providers assists in ensuring statewide health promotion campaigns and programs achieve appropriate support and co-ordination at regional levels.

In 2005, DAO in collaboration with an advisory group including representatives from the West Australian Local Government Association and various local governments established the Local Government Alcohol Project. The project is a key initiative in preventing and minimising alcohol issues and creating a safe place for people to work and live.

In 2007, the Local Government Alcohol Management Package was released. This package contains guidance in the form of ideas, tips and tools that promote a 'prevention and risk management' approach to existing local government activities, responsibilities and processes regarding alcohol.

The State Government's Regional Investment Fund and the DLGRD continue to fund a range of facilities and projects contributing to the wellbeing of people in communities across the regions and enhancing their living

environment. In 2008/09, funding was approved for a number of agencies conducting projects including:

- Ngnowar Aerwah Aboriginal Corporation – construction of a withdrawal clinic and paving of an unsealed road to the Ngnowar Aerwah Rehabilitation Centre in Wyndham.
- Ord Valley Aboriginal Health Service – develop a Health Education and Promotion Unit to be co-located with Allied Health Offices in Kununurra.
- Wanarn Community Aboriginal Corporation – construct a facility with a dedicated health training room to educate and train Wanarn community members on health issues.
- Rose Nowers Child Care Centre upgrade – extend and refurbish the centre in South Hedland, supporting the delivery of high-level, affordable care commensurate with other childcare centres in the Pilbara region.

DLGRD has lead agency status with the Wiluna Development Project. The project aims to develop links with health, education, employment, housing and essential services that includes drug and alcohol services. It includes social development, governance and capacity building.

By reviewing and reforming processes, the Department of Housing and Works (DHW) is undertaking to reduce homelessness and assist people to secure appropriate accommodation for vulnerable groups including those with drug and alcohol problems and those living in remote locations.

Families

Families often face a unique set of challenges relating to accessing services and providing support for family members where drug and alcohol use is a problem.

Family-focused strategies assist parents with drug and alcohol problems to address their drug use and strengthen parenting skills. Key initiatives provided for parents include:

- Implementation of the evidence-based *Positive Parenting Program* across Western Australia that teaches parents practical, effective ways to manage

common issues most will face at some time.

- Providing access to parents of 3 to 5 year old children, in areas of high need, the opportunity to attend an eight-week *Positive Parenting Program* (Triple P) free of charge.
- The *Alcohol and Pregnancy Project* (collaborative project between DAO and the Telethon Institute for Child Health Research) resulting in the production of a range of resources to help health professionals discuss the dangers of alcohol in pregnancy with women of child-bearing age.
- Research into women's knowledge and attitudes towards alcohol use in pregnancy and diagnosis and management of Fetal Alcohol Spectrum Disorders (collaborative project between DAO, Telethon Institute for Child Health Research, University of Western Australia [UWA], Curtin University of Technology, the Paediatric Surveillance Centre and Kalunga).
- An across-government working party on the *Impact of Parental Drug and Alcohol Use on Babies and Infants* that aims to develop effective linkages and pathways between key services; and provide a focus for enhancement and further development of services to address parental drug and alcohol use.
- King Edward Memorial Hospital (KEMH) works strategically with all services involved in caring for pregnant substance using women to ensure optimum care antenatally and into parenthood.
- DCP in partnership with KEMH, developed a multi-agency pre-birth protocol to strengthen and consolidate collaborative working arrangements with service providers and improve openness and transparency with families, with a focus on pregnancy and the newborn period.
- The *ParentSupport* program's capacity to respond to families was enhanced in 2008/09 through the integration of 14 teams into metropolitan and regional district offices.
- Development and dissemination within the community of the *Young People and Alcohol Information for Parents* booklet (DAO in partnership with DfC).

- DCP's follow-up study in 2004 on *Parental Drug and Alcohol Use as a Contributing Factor in Care and Protection Applications*.

In addition to the above, DCP has also developed a number of other initiatives to support families. In 2010, the *Secondary Family Support – State Plan 2010-2013* was developed (Department for Child Protection, 2010). The plan will organise and integrate secondary family support services to enable delivery through regional networks and hubs. It will improve the way that people locate and receive assistance for problems.

In 2008/09, a Heads of Agency Agreement between DAO and DCP was implemented. The agreement has enabled the development of systems to ensure a strengthened collaborative approach to support at-risk families with drug and alcohol issues.

The proclamation of the *Parental Support and Responsibility Act 2008* in March 2009 introduced a system of Responsible Parenting Agreements and Responsible Parenting Orders to help parents experiencing problems with their children. Families are assisted to meet the terms of agreements and orders to prevent adverse outcomes for children and young people.

Offenders

The Department of Corrective Services (DCS) has developed key strategies to provide offenders and their families with skills to adopt healthy behaviours and lifestyles, some of these strategies include:

- Delivery of the Health in Prison/Health Outta Prison (Hip/Hop) - an education session for inmates on BBV, harm-reduction strategies and sexual health to all prisoners on entry and again within three months of their earliest release date.
- Operation of the Intensive Supervision Program in three metropolitan and two regional centres to support young people and their families address a range of complex issues including drug and alcohol.
- Delivery of the *Promoting Adolescent Sexual Health* program to juvenile offenders at Banksia Hill Detention Centre (delivered on contractual arrangement by

the Family Planning WA Sexual Health Services).

- Provision of brief intervention for prisoners identified as having drug and alcohol issues (provided by Health Services, Co-morbidity team).
- Collaboration with the Re-entry Co-ordination Service to ensure that prisoners and their families, including children and young offenders, are made aware of harms related to drug and alcohol problems.

In addition to the above, in 2008/09, as part of DCS's *Monitoring and Evaluation Framework of Drug Strategy*, process and outcome evaluations were undertaken of the Prison Pharmacotherapy Program, Drug Free Units, Intensive programs and Canine Section.

A Memorandum of Understanding (MOU) between DCS and DAO was also signed to ensure that DCS staff are trained in drugs and alcohol to better equip them to work more effectively with offenders.

2.1.2 Priority issues

Alcohol

Data from the 2007 National Drug Strategy Household Survey (NDSHS) showed of those Western Australians aged 14 years and over, 9.8% reported drinking alcohol on a daily basis and 46.9% on a weekly basis (Kalic et al., 2009). Approximately 37% reported drinking alcohol at risky or high-risk levels in the short-term and 11.5% in the long-term.

The Strategy takes a whole-of-population approach to the prevention of alcohol problems for individuals, families and the community. Within this approach targeted strategies were implemented for those people and communities that are at high risk.

Creating environments that protect against factors known to contribute to alcohol-related problems has been the major focus of the collaborative effort between a number of government agencies, non-government services and community organisations.

Key strategies to achieve this goal include:

- providing the building blocks for a healthy community including housing, law and order, education and child protection

- helping young people avoid high-risk alcohol consumption
- community action to support responses to alcohol-related problems
- responsible supply and service of alcohol
- enhancing access to treatment and support for alcohol-related problems
- providing information, monitoring emerging issues, and reviewing and evaluating strategies.

The *Western Australian Alcohol Plan 2006-2009* (Alcohol Plan) is whole-of-government initiative under the Strategy. The Alcohol Plan was developed in consultation with key government and community-based agencies and groups.

Community awareness and community action

Community awareness and education programs have been at the forefront of prevention activity promoting healthy lifestyles and communities and also building the resilience of people and communities to prevent and reduce alcohol-related harm.

The *Enough is Enough* education program is central to this activity and uses television, radio, print and the internet media to reach a large proportion of the Western Australian population. In 2007/08, the strategy was rebranded to *Rethink Drink* so that the focus on alcohol was prominent.

The next phase of the *Rethink Drink* campaign was launched in 2008/09. Evaluation showed that 75% of the target population reported being aware (when prompted) of the campaign, of which 63% were able to recall the main campaign message correctly.

A range of community action and complementary intervention activities were implemented by agencies under the campaign banner by organisations such as Western Australian Network of Alcohol and Drug Agencies (WANADA), DAO, CDSTs, area health services, WAPol and LDAGs.

Systems levels/local levels

A number of policy and legislation initiatives supported action at the State level including the release of the *Preventing Violence*

Strategy (Office of Crime Prevention, 2005) green paper in December 2005 by OCP and the *Liquor and Gaming Legislation Amendment Act 2006*.

The *Preventing Violence Strategy* provided a significant emphasis on ensuring a renewed and co-ordinated effort on alcohol-related violence prevention and reduction.

OCP continued to deliver recommendations and advocacy of the *Preventing Violence Strategy* throughout the strategy period.

Alcohol Management Plans

DAO has worked in partnership with local government and many local communities to develop Alcohol Management Plans to assist in implementing co-ordinated and sustainable activities to address alcohol-related harms.

Alcohol Management Plans (AMP) aim to assist in reducing alcohol-related harm in a co-ordinated and collaborative manner in regions and communities of Western Australia. The plans also aim to:

- increase the knowledge of relevant groups in relation to drug and alcohol issues
- support agencies and communities to work in partnership
- increase the networking capacity of relevant stakeholders
- encourage the use of existing local plans.

AMP acknowledges that alcohol-related harms are a community-wide issue and all elements of the community have to be part of the solution.

The Plans provide a rationale that incorporates regional priorities as identified by existing local area plans and seek to avoid duplication of regional strategies and services by reviewing relevant agency plans on a State, regional and local level.

Implementation plans outlining evidence-based strategies are developed in consultation with key stakeholders and agencies within a region or affected community. Each AMP has a management group attached to it as part of the implementation process.

An AMP has five key areas for action:

- monitoring, evaluation and communication
- education and prevention
- community capacity building and action
- policing and legislation
- treatment and support.

A variety of evidence-based strategies are utilised to address these key areas for action and may vary between different regions and communities. They include:

- alcohol control measures, principally achieved through a combination of region-wide and community-specific alcohol restrictions
- alcohol campaign messages and school drug education
- enforcement of liquor licensing laws
- use of local government planning and environmental health provisions
- community action
- alcohol treatment services for those experiencing problems with their drinking.

Other alcohol management initiatives

Concurrent with liquor restrictions imposed by the Director of Liquor Licensing, in 2007 DAO implemented a targeted prevention initiative in the Fitzroy Valley in partnership with Nindilingarri Cultural Health. This resulted in: a decrease in alcohol-related domestic violence; increase in school attendances; reduction in attendance to Fitzroy Crossing emergency department; and reduction in ambulance call-outs. This has since been extended to Halls Creek.

In March 2008, the Norseman Aboriginal community asked for voluntary restrictions on the sale of a range of packaged liquor products to help reduce the problems of chronic disease associated with excessive drinking in the town. Representatives from the Norseman Aboriginal community, with assistance from WACHS Goldfields and in collaboration with local police, negotiated with the local licensee to form the 'Norseman Liquor Agreement'. This agreement restricts the sale of certain packaged take-away liquor products between the hours of noon and 6pm daily and the restrictions apply to everyone in the community, including visitors. A 12-month trial of the restrictions resulted in a reduction in violent incidents and hospital admissions.

The Norseman agreement was one of the first voluntary alcohol restrictions in Western Australia, initiated by the community itself, and with full support from the licensee, rather than being imposed by external sources.

DRGL undertook a review on the effectiveness of the *Liquor Control (Wangkatjunga Restricted Area) Regulations 2008*, which came into force on 23 April 2008 for a period of 12 months. The initial restrictions have been successful in the community and consequently the restrictions were extended for a further 12 months on 22 April 2009.

In addition, the Director General of DRGL has actively participated in the Directors' General Human Services groups on East Kimberley and Indigenous issues.

Collaboration with key stakeholders has resulted in the following key alcohol management initiatives:

- Consultation with Aboriginal communities in regard to the introduction of section 175 of the *Liquor Control Act 1988* restricted area regulations.
- Under section 64 of the *Liquor Control Act 1988*, the Director of Liquor Licensing imposed:
 - Restrictions prohibiting the sale of take-away liquor in containers of more than one litre in the Kimberley region.
 - Liquor restrictions in Halls Creek in which, amongst other restrictions, imposed the following conditions:
 - sale of packaged liquor, exceeding a concentration of ethanol and liquor of 2.7%, is prohibited to any person, other than a lodger (as defined in section 3 of the Act) or a liquor merchant
 - sale and supply of liquor for consumption on the premises is prohibited before 12 noon on any day, except when it is sold ancillary to a meal or to a lodger.

DAO continues to establish and provide ongoing co-ordination of local alcohol management committees and associated strategies in Fitzroy Crossing, Kununurra (Oombulgarri), Mullewa, Geraldton, Carnarvon

and Halls Creek. Assistance has also been provided to other Western Australian communities acting to reduce alcohol-related problems.

A major outcome of *WADAS 2005-2009* was the launch of the *Local Government Alcohol Management* resource in August 2007. The tool kit enables local government to reduce alcohol-related harm through a range of interventions, including policy, awareness raising and capacity building. Partners in the project include the South Metropolitan Public Health Unit (SMPHU), DAO, WA Local Government Association, the City of Gosnells, the City of Fremantle, the City of Subiaco, the City of Rockingham and the Town of Vincent. Actions supported by the kit include alcohol-free events, placing licence conditions on high-risk venues, community safety audits, and opposing liquor licence applications that are not low risk.

SMPHU, in collaboration with local government, focussed on reducing the social acceptability of drunken behaviour and creating environments that minimise the potential problems from excess alcohol use. Key examples are:

- participation on the City of Gosnells *Safe City Crime Prevention Strategy* to discuss the impact of alcohol and possible health promotion programs and management strategies
- participation in the City of Belmont's Crime Prevention Committee to discuss the impact of alcohol and possible health promotion programs and management strategies resulting in a Local Alcohol Management Plan being developed for the City of Belmont. This work was presented at the *2008 Injury Council of WA Conference*
- working closely with the City of Mandurah and Town of Kwinana to reduce alcohol-related harm in the Peel region
- supporting and developing Local Government Alcohol Policy and Management Plans in the South Metropolitan Area Health Service area
- providing input into the City of Rockingham's Proposed Planning Policy 3.3.19 – Licensed Premises document

- completing "Community Alcohol Profiles" for the Mandurah, Kwinana and Rockingham areas
- collating, promoting and disseminating data on the harm and costs of alcohol, to build capacity of South Metropolitan Area Health Service Local Governments to reduce alcohol-related harm.

Through the Town of Kwinana's Alcohol Management planning process, with support from SMPHU, meetings with relevant Town of Kwinana departments and external key-stakeholders were held to raise awareness and support for the development of the Alcohol Policy and Management Plan. External agencies included DAO, WA Local Government Association, Rockingham Kwinana Division of General Practice, WAPol, CACHS, South Metropolitan CDS and South Coastal Women's Health Service. Town of Kwinana committed to developing a policy and plan.

OCP continues to work with DAO and local governments to develop an alcohol policy and management plan for dealing with liquor licensing applications and community alcohol problems through the Local Government Alcohol Project.

Responsible supply and service of alcohol

Supply reduction strategies are integral to prevention activity and agencies. DAO, DRGL, WAPol and OCP have implemented strategies to reduce alcohol-related harm associated with licensed premises and public events. Activities included a co-ordinated approach towards liquor accords and raising awareness about liquor licensing laws, particularly in relation to the responsible service of alcohol.

In regional areas, local population health, CDSTs, LDAGs and local government authorities have been supported by key government agencies to work closely with liquor licensing and police to control alcohol use in communities.

Liquor accords are aimed at developing safe and well managed environments in and around licensed premises. They form part of an overall strategy that seeks to foster a responsible drinking culture; ensure safety in the local community; and promote effective

communication and problem solving between licensees and key stakeholders.

Liquor accords may include representatives from licensed premises, businesses, councils, police, government departments and other community organisations.

In March 2006, the State Government finalised an independent review of the *Liquor Licensing Act 1988*, and developed a package to reform Western Australia's liquor laws. One of the outcomes of the review was the *Liquor and Gaming Legislation Amendment Act 2006*.

The majority of provisions of the Act came into operation in May 2007. It is now mandatory for all staff engaged in the sale and supply of liquor to be trained in the responsible serving of alcohol.

In 2006/07, DRGL in collaboration with DAO developed and promoted signage for licensees in respect to liquor licensing laws; responsible service of alcohol; access to liquor by juveniles; and proof of age. As a consequence of the *Liquor and Gaming Legislation Amendment Act 2006*:

- all signage has been reviewed and updated for licensed premises
- the definition of "drunk" has been amended to state that "a person is drunk for the purposes of this Act if –
 - the person is on licensed premises or regulated premises
 - the person's speech, balance, co-ordination or behaviour appears to be noticeably impaired
 - it is reasonable in the circumstances to believe that that impairment results from the consumption of liquor".
- penalty provisions for selling and supplying liquor to a drunken person have been increased
- free drinking water is now mandatory at all licensed premises.

DRGL continues to review programs and policies and collaborate with key stakeholders to reduce alcohol service to intoxicated people and improve social and structural determinants of health. Initiatives include:

- review of the Director of Liquor Licensing's mandatory training policy

- development of the *Liquor Control Amendment Bill 2008* to make it an offence for a person, without the consent of a licensee, to take liquor into a licensed sports stadium
- development of the *Liquor Control Amendment Bill 2008* to make it an offence for a licensee, employee or agent, or a licensee selling liquor to a person when they should have reasonably suspected that the purchase of that liquor is to illegally resell the liquor (sly grogging)
- working with DIA on amendments to the Act that seek to support Aboriginal communities to control the possession and consumption of liquor
- consulting with WA Health and WAPol in relation to juveniles and their access to liquor and consumption of liquor in public places and at large events.

Other strategies put in place to create safer environments include:

- release of the *Designing out Crime* urban design guidelines by OCP in 2005/06 to assist communities and organisations to reduce and prevent crime in the community, inclusive of alcohol-related crime
- development and distribution of resources by DAO in 2007/08 to support parents and communities in addressing alcohol-related issues during traditional periods of celebrations
- participation by DRGL on the *CCTV Working Group*, facilitated by the OCP with the aim of setting minimum standards for CCTV Security Systems in Western Australia
- development of a code of practice for use by crowd controllers to reduce alcohol-related violence in relation to licensed premises by DAO in collaboration with DRGL (as part of the Night Venues and Entertainment Events Project) in 2007/08.

DRGL in collaboration with WAPol facilitate the declaration of special event notices under the *Liquor Control Act 1988*.

On 31 January 2009, the Director of Liquor Licensing implemented the *Industry Guidelines – responsible promotion of liquor*

for consumption on premises and for take-away packaged liquor. The purpose of the guidelines is to prevent the intoxication and antisocial behaviour of patrons and assist industry to better manage their premises.

In conjunction with the Department of Planning and Infrastructure, DRGL reviewed the Proof of Age Card requirements under the *Liquor Control Regulations 1989*, to provide a streamlined application process.

These amendments allowed for:

- removal of the passport photograph requirement, which involved removing the provisions relating to the endorsement and destruction of the photographs
- alteration of the time period prescribing the destruction of any photograph or signature provided as evidence of identity to 10 years instead of five years.

DRGL is committed to participating on the Ministerial Council on Drugs Strategy Secondary Supply of Alcohol Working Party, providing input into reports developed by the working party.

Liquor licenses

Liquor license applications are granted on the basis that they are in the best interests of the public and are consistent with the primary and secondary objectives of the *Liquor Control Act 1988*.

DAO, WAPol and WA Health assist the Executive Director, Public Health with the monitoring of liquor license applications to ensure health, safety and environmental issues are considered.

During the reporting period, 10 liquor seminars were held by DRGL Client Liaison Officers in relation to understanding the liquor licensing laws and meeting with new licensees to explain obligations under the *Liquor Control Act 1988*. A total of 93 potential applicants attended these seminars, with all participants providing positive feedback on the delivery of the seminar and its content.

Monitoring and research

Various activities were undertaken to monitor risks and provide information to inform strategies. These included:

- modifications to the WAPol's Incident Management System in 2006/07 to easily identify alcohol-related offences
- research undertaken to test the purchase of alcohol from license outlets, using children to identify outlets breaching the law in 2006/07; a joint project between WAPol and the Injury Control Council of WA.

DRGL continues to work with key stakeholders to identify strategies to minimise harms associated with licensed premises, and consult with industry and key government agencies regarding the development of regulations under Section 65B of the *Liquor Control Act 1988*.

In 2007/08 the Responsible Promotion of Alcohol discussion paper was distributed by DRGL to establish:

- advertising methods and products that contribute to binge drinking
- regulations and policies to be developed that prohibit or limit such promotional activities for both on- and off-premises consumption.

DRGL also collects wholesale alcohol sales data and supports the State Government's position for collection of this data at a national level.

Drink driving

Drink driving prevention continues to be prioritised in the Road Safety Strategic Plan through the *Drink Driving* campaign, the SDERA program, and the Strategic Traffic Enforcement Program. The campaign has been delivered eight times from July 2006 to June 2009.

The compilation of road crash statistics for 2007 is complete, and the 2009 Preliminary WA Road Crash Fatalities has been published by the Office of Road Safety (ORS). These publications include statistics on road trauma associated with drug and alcohol use.

Brief intervention

The Government has developed and implemented initiatives that involve early assessment and brief intervention measures to reduce the harm resulting from drug and alcohol use. Intervention may include

educating the client on the effects of drinking or drugs and establishing goals and a contract for a change in behaviour.

WACHS in collaboration with DAO, the National Drug Research Institute and Tobacco Control Branch of WA Health developed resources, including a training program for the implementation of its Alcohol and Tobacco Brief Intervention policy. The comprehensive policy was implemented in the seven WACHS regions in 2008/09, with an online training package launched in September 2009.

The Brief Intervention Program will be introduced to all country health service sites in accordance with *Foundations for Country Health Services: The WA Country Health Service Strategic Plan 2007-2010*, with support from DAO and the Tobacco Control Branch (Department of Health, 2007).

Illicit drugs

Results from the 2007 NDSHS show that in Western Australia, of people aged 14 years and over, 16.2% reported having used illicit drugs in the past 12 months, a reduction from the 17.3% reported in 2004, but still above the national rate of 13.4% (see Figure 2).

Education on the risks associated with drug driving continues to be a priority for the Road Safety Council. In 2007/08, ORS co-ordinated a campaign in partnership with DAO aimed at illicit drug users, which highlighted new laws for drug driving and put the laws in context with the risks associated with drug use and driving.

In 2008/09, WAPol initiated a research project to analyse trends regarding the age of first use of cannabis in Western Australia.

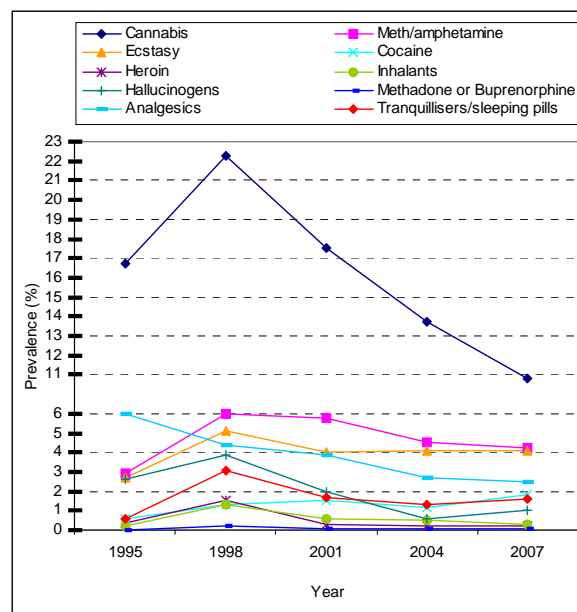
Earlier in the Strategy, WA Health, WAPol and DAO implemented a monitoring and surveillance model for retailers of cannabis paraphernalia. Also, a new *Drug Aware* cannabis booklet was developed and distributed to key drug and alcohol support agencies.

Amphetamines and amphetamine-type substances

Results from the 2007 NDSHS show that in Western Australia 4.2% of people aged 14 years and over reported having used

amphetamines in the previous 12 months, a slight reduction from the 4.5% reported in 2004, but well above the national rate of 2.3% (Australian Institute of Health and Welfare 2008).

Figure 2: Percentage of WA population over 14 years of age who used illicit drugs within one year of being surveyed (1995-2007)



Amphetamines use has a significant impact on various services including health, welfare, law enforcement, corrections and the community. Early initiatives undertaken to target this issue include:

- banning the use, sale and supply of drug-use paraphernalia known as 'ice pipes' under consumer protection law
- provision of education and training to chemical industry staff in regard to their obligations under the new legislation (*Misuse of Drugs Act 1981*) governing precursor chemicals.

On 3 July 2007, the Western Australian Illicit Amphetamine Summit was held in Perth. The Summit aimed to initiate developments in prevention, treatment and law enforcement to address amphetamine use.

Recommendations from the Summit formed the basis of the Western Australian Illicit Amphetamine Summit Government Action Plan (GAP), which outlines strategies to address amphetamine use in Western Australia. Key achievements of the GAP are outlined in the Treatment and Support section of this report.

Misuse of pharmaceutical drugs

The diversion of prescription Schedule 8 (S8) drugs is a significant problem and contributes to illicit drug use; increases the risk of overdose and increases costs to the community through the Pharmaceutical Benefit Scheme (Alcohol and other Drugs Council of Australia, 2010).

Figures from the 2007 NDSHS showed that 2.5% of Australians aged 14 years and over had recently used pain killers/analgesics for non-medical purposes and 0.2% other opiates/opioids for non-medical purposes (Kalic et al., 2009).

In 2006/07, a high-level working party was convened by DAO to reduce the diversion of S8 opioids (most commonly products containing morphine). As a result of the working party, the *Managing chronic non-malignant pain with opioids: A resource kit for GPs* was developed and distributed (Drug and Alcohol Office, 2009b).

WA Health undertook a review of the *Poisons Act 1964* with a view to provide a framework for regulating the prescribing of substances in S8, while the mechanics of the controls continue to be retained in the Regulations.

In 2008/09, WAPol led a reference group of health and police jurisdictions which prepared a business case for a national pharmaceutical misuse strategy within the National Drug Strategic Framework. As a result of this and work by other jurisdictions, the Intergovernmental Committee on Drugs agreed to recommend to Ministers that a comprehensive strategy to address these issues be developed during 2010.

WAPol, in collaboration with the Australian Institute of Criminology Drug Use Monitoring Australia Program, surveyed non-medical use of pharmaceuticals by police detainees. The survey was implemented nationally in early 2009 and the results will assist police to better understand the links between pharmaceutical misuse and crime.

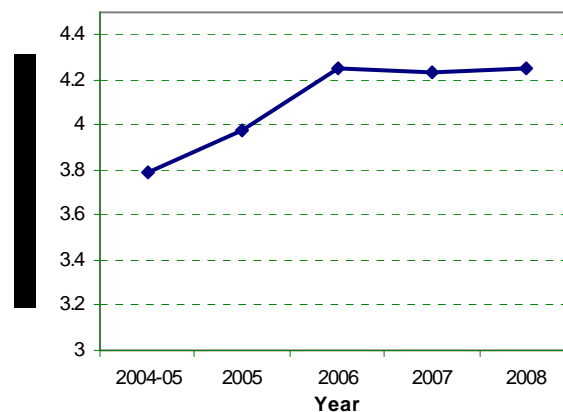
Blood-borne viruses

Sharing of needles and syringes increases the risk of acquiring BBVs such as HIV and hepatitis.

Results from the 2002 Australian BBV risk and injecting drug use study revealed that 39% of injecting drug users (IDUs) self-reported being positive for hepatitis C, and 3% were HIV positive (Dwyer, Fry, Carruthers, Bolleter, Dolan, Donald et al., 2002).

In 2008, there were 4,051,679 needles and syringes distributed in Western Australia. This represented a 4% decrease from the previous year (4,231,901). From January 2007 to December 2008 there has been over 16,500,000 needles and syringes distributed in Western Australia (see Figure 3) (Department of Health, 2009b).

Figure 3: Number of needles and syringes distributed in WA (millions)



WA Health developed and implemented State action plans for hepatitis C and HIV/AIDS aimed to reduce the transmission of BBVs and minimise the social and personal impacts of these viruses. Key initiatives were:

- improving surveillance mechanisms and additional research to inform national and local responses
- supporting and funding for prevention programs, including the needle and syringe program (NSP)
- providing education and information programs
- improving linkages between drug and alcohol treatment services and hepatitis C treatment services.

In 2007/08, a review was undertaken of the statewide NSP. Recommendations included:

- promoting NSP as core business for health services that provide secondary NSP

- expanding existing training and education programs for staff at secondary sites
- expanding the existing *Guidelines for the Establishment and Operation of a NSP* to reflect a Statewide policy position on NSP.
- developing an additional fixed site Needle and Syringe Exchange Program
- rolling-out the Needle and Syringe Vending Machines
- further developing secondary sites as 'enhanced' secondary sites
- developing strategies to increase the range of injecting equipment available
- disseminating the review to key stakeholders.

In 2008/09, a further review was undertaken of the NSP education, training and support needs of pharmacy staff in Western Australia. The review found respondents generally reported their overall experience in providing pharmacy NSP services as positive and worthwhile, with seminars, workshops and online resources identified as the preferred methods of accessing NSP training and support.

In 2008/09, the Communicable Disease Control Directorate:

- developed a hepatitis C e-learning package for general practitioners (GPs) and other health professionals which is now available at <http://hepc.ecu.edu.au/>
- finalised an agreement with DAO to develop e-learning resources for pharmacy and other NSP staff.

Volatile substance use

Volatile substance use (VSU) is a complex problem which needs to be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social wellbeing, community development and capacity building.

Results from the 2008 ASSAD survey revealed that 15.5% of students aged 12 to 17 years old in Western Australia had deliberately sniffed inhalants at least once during their lifetime (Drug and Alcohol Office, 2009a). Of those students who had used inhalants in the last year, petrol was the most frequently reported substance inhaled

(63.6%), followed by glue (40.2%) and paint (38.1%).

In September 2005, the Australian Government announced funding for a comprehensive Petrol Sniffing Strategy to combat petrol sniffing in the Cross-Border region of Central Australia. In February 2007, this was expanded to include Alice Springs and the East Kimberley of Western Australia. DAO signed an Agreement for the implementation of the Central Australian Petrol Sniffing Strategy in the Ngaayatjarra Lands as lead State Government agency. The East Kimberley Petrol Sniffing Strategy Implementation Plan Working Group has completed a draft Implementation Plan which is currently ready for consultation and finalisation.

In 2006, the *Western Australian Volatile Substance Use Plan 2005-2009* (VSU Plan) was developed as a guide for Western Australian Government departments and funded agencies to identify ways to support local communities to address volatile substance use issues (Drug and Alcohol Office, 2005b). Copies of the VSU Plan and the CD Rom were disseminated to more than 140 agencies across drug and alcohol, youth and related sectors. Other strategies such as training and facilitation of local response action plans were also provided.

In July 2006, the Minister for Health established the Western Australian Taskforce on Butane Misuse. DAO co-ordinated the implementation of the taskforce recommendations and oversaw the implementation of the broader VSU Plan.

Following the release of the Taskforce recommendations, a retailer's kit entitled *A guide for retailers to prevent the misuse of volatile substances*, was developed by DAO in collaboration with the Retail Traders' Association, the Hardware Association and WAPol. In February 2007, the kit was disseminated to more than 3,000 retailers across the State.

2.1.3 Community issues

Drug and alcohol use affects the entire Western Australian community. All sectors of the community face specific problems associated with drug and alcohol use. Through developing, implementing and

reviewing strategies, Government can respond more effectively to drug and alcohol-related issues impacting on the community.

To assist the general community, DLGRD has implemented the following programs:

- *Active Ageing at the Local Level Initiative*, a program that enhances social, physical and psychological wellbeing for older people.
- *Connecting Local Governments and Structural Reform* program, which assists local government to identify collaborative approaches for the better utilisation of resources and to enhance delivery and diversification of services to meet the needs of their communities.

The Department of Housing and Works (DHW) provides support to tenants who experience difficulty in resolving problems impacting on their tenancy as part of the Supported Housing Assistance program. This is achieved by reviewing the tenant support services; focusing on strategies to ensure appropriate support is in place from the commencement of a tenancy; providing drug and alcohol material available to frontline staff; and promoting awareness of drug and alcohol issues among key staff in the organisation.

OCP implemented *The Preventing Crime: the State Community Safety and Crime Prevention Strategy 2004* (Office of Crime Prevention, 2004). Key initiatives included:

- forming local government community safety and crime prevention partnerships and supporting local government to complete their crime prevention plans, inclusive of drug and alcohol responses
- continuing the Designing Out Crime Unit to oversee delivery of the State Designing Out Crime Strategy
- implementing strategies to address transit and seasonal crime hotspots (e.g. school leaver's week)
- funding communities through the CSCPF.

In 2008/09, OCP distributed nearly \$240,000 through the CSCPF to local government and community organisations projects to conduct specific projects, including *Leavers* and early intervention programs such as those targeting onset early drug and alcohol use.

In 2008/09 a total of 133 Community Safety and Crime partnerships agreements existed among local governments, equating to participation from 94% of all local governments in Western Australia.

Partnerships have been established between OCP, DIA, DotAG and DAO to support a more co-ordinated and effective approach to implementing Community Safety and Crime Prevention Plans and Local Justice Agreements.

In March 2009, the Government endorsed the *Towards Zero: Getting there together road safety strategy 2008-2020* (Office of Road Safety, 2009). The DPC engaged independent consultants to provide expert advice on options for reducing road-related harm, including that associated with alcohol and other drug use and an extensive community consultation process.

2.2 Treatment and Support

Key objective: *Develop a comprehensive range of early intervention, treatment and rehabilitation services for people affected by drug and alcohol use, with strong links to mainstream health and community development systems.*

A comprehensive range of treatment services are required to provide high-quality outcomes. This includes the development of links to mainstream health and community development systems. The services aim to be family and youth sensitive; ensure continuity of care; and strengthen the ability to attract and retain users in treatment.

The integration and co-ordination of services across government and non-government agencies, including mainstream and specialist services, are fundamental to effective service delivery. Access to quality information is also required to ensure effective treatment pathways for people affected by drug and alcohol use.

Key initiatives implemented over the course of the Strategy include:

- Integrated CDSs have been established in southern, northeast, central and northern metropolitan areas combining DAO Next Step and CDSTs (in partnership with Mission Australia, Holyoake, Cyrenian House and Palmerston Association).
- The integration of DAO Next Step and Mission Australia's youth services, the Drug and Alcohol Youth Service (DAYS), providing young people and their families with improved access to a comprehensive range of drug and alcohol treatment services.
- In partnership with non-government services, the establishment of 12 new residential rehabilitation beds for Aboriginal clients; a four-bed Aboriginal Withdrawal Unit at DAO Next Step, with two dedicated Aboriginal drug and alcohol workers; and an Aboriginal Youth Mentor program at DAYS.
- Community development initiatives continue to be developed to provide effective drug and alcohol programs to people living in rural and remote communities such as the Westlink satellite service, through which a wide range of programs are broadcast to health care professionals throughout rural and remote areas.
- In 2006/07, an independent review of the Department for Community Development (*Ford Review*) was undertaken, with a key outcome being the establishment of DCP to meet the needs of vulnerable children and families, being responsible for protecting and caring for children, and supporting people at risk of crisis (Ford, 2007).

Other initiatives implemented over the course of the Strategy as they relate to priority target groups and issues are outlined in the following section.

2.2.1 Priority groups

Aboriginal people and communities

In 2008/09, 15% of clients seeking treatment at government-funded drug and alcohol services in Western Australia identified themselves as being of Aboriginal and/or Torres Strait Islander origin, compared to the national figure of 11% (Australian Institute of Health and Welfare, 2009a).

Often Aboriginal people find existing information and services inaccessible and inappropriate. Providing accessible, culturally secure treatment and support services is essential to draw and retain Aboriginal people's engagement.

Substantial work has also been undertaken to help develop a skilled and supported workforce both for Aboriginal workers and non-Aboriginals working with Aboriginal people.

In 2004, the Office of Aboriginal Health, the Office for Aboriginal and Torres Strait Islander Health and DAO commenced a partnership to work in a strategic and co-ordinated manner in reviewing, planning and funding drug and alcohol programs for Aboriginal people in Western Australia.

In 2008/09, DAO developed the *Aboriginal Access to Withdrawal and Residential Services* DVD to raise awareness of withdrawal and residential programs available in Perth. It explains treatment options and programs that the partnership agencies offer Aboriginal people and assists those in regional and remote areas familiarise themselves with the services that are available.

In 2005, DoH developed the *WA Health Aboriginal Cultural Respect Framework* that promotes a health system that supports the cultural rights, views, values and expectations of Aboriginal people (Department of Health, 2005).

The DAO *Aboriginal Alcohol and Other Drugs Program* has developed culturally secure workforce development initiatives for the Aboriginal workforce and broader human services sector. This includes the development and delivery of *Culturally Secure Clinical Support Worker Training* and *Ways of*

Working with Aboriginal People training for the drug and alcohol sector.

DAO also delivers the *Certificate III in Community Services Work* to develop the Aboriginal drug and alcohol workforce in regional, rural and remote communities as well as the metropolitan area. The *Certificate III in Community Services Work* is based on the national training package and further customised to meet the needs of the Aboriginal drug and alcohol workforce by offering a culturally secure program. During July 2005 to June 2009, 30 participants had been issued with *Certificate III* qualifications, and 49 participants had completed 150 hours of training.

Participants who have participated in the training program have come from community-controlled, government and non-government drug and alcohol agencies in the Kimberley, Pilbara, Goldfields, Gascoyne/Murchison, Wheatbelt, Southwest, Great Southern and metropolitan regions.

Whilst participants in the metropolitan area can easily access their assessment support workers, participants in regional, rural or remote communities are more reliant on the use of telephones, email, teleconferencing and limited workplace visits. The use of teleconferencing provides an additional support and allows the participant to engage in longer sessions where telephone and email are restricted.

Commonwealth funding was approved to support the continued implementation of Aboriginal National Workforce Development and the development of a *Certificate IV* program.

In 2006, a partnership was established between DAO and WACHS to develop and implement a new Commonwealth-funded Aboriginal drug and alcohol service in the Pilbara region, the Pilbara Aboriginal Drug and Alcohol Program, as part of the Pilbara CDST. The key objective of the program is to support Aboriginal people with drug and alcohol problems with the aim of long-term employment. The program has also taken on the delivery of the Indigenous Diversion Program in Karratha and Roebourne.

DIA is the principal funding body for the Aboriginal Community Patrols Program. Funding is currently provided to 17 service providers to deliver 19 Patrols throughout metropolitan and regional Western Australia. The Patrols are a community-based service for Indigenous people designed to respond to anti-social behaviour such as public drunkenness and substance abuse, with the aim of reducing contact between Indigenous people and the criminal justice system.

DCP has conducted a series of Aboriginal and Torres Strait Islander youth consultations with children at risk of entering care. The consultations were undertaken to identify issues pertaining to parental drug and alcohol use and the services that assist children and families with these difficulties.

BBVs remain a significant public health issue for Aboriginal people. WA Health has helped reduce the transmission of BBVs and supported the implementation of the NSP to promote safer injecting practices by promoting awareness of BBVs in a culturally secure manner.

Children and young people

The needs of young people affected by drug and alcohol use are different to those of adults.

In 2008/09, in Western Australia, there were 2,375 young people aged 12 to 24 years of age engaged in treatment with Government funded drug and alcohol treatment agencies (Drug and Alcohol Office, 2010).

The integration of youth treatment service between DAO Next Step and Mission Australia has provided a single point of entry for service users and referring agencies, a common assessment framework, integrated care planning, sharing of resources and skills, and the establishment of eight residential beds. The new service is called DAYS and commenced operation in June 2008.

DCP, in partnership with DAO and the Mental Health Division, worked together to explore opportunities for crisis support for parents in the home to deal with adolescents affected by amphetamine use and mental health issues.

In 2008/09, a MOU was developed and signed with major youth mental health services in

Perth – Youthlink and Youthreach South and DAO. A number of other strategies were also implemented to further enhance the ability of the services to manage young people with mental health, and drug and alcohol problems.

Child protection

A range of policies and structural measures have been implemented to ensure effective care pathways for young people and their families.

Particular focus has been directed to collaborative projects between DCP and DAO. Shared initiatives include:

- Local level MOUs have been formed between DCP district offices and the local CDSTs to provide co-ordinated liaison, referral, shared case management and consultancy for shared clients.
- The development of child protection knowledge and capacity in all drug and alcohol services including the establishment of child protection policies.
- DAO developed workforce development activities supporting DCP and non-government agency staff to work with families where there is drug and alcohol abuse, child protection and family violence issues.

DCP has also developed and implemented a number of other key activities, including but not limited to:

- In 2007/08, DCP implemented the *Signs of Safety Approach* as the basis of the consistent, evidence-based child protection practice across all services for assessing children at risk.
- The development of a new Casework Practice Manual entry entitled *Reciprocal Memoranda of Understanding* to guide field workers and departmental staff about procedures when engaging with agencies, which highlight to staff the importance of cross-sector relationships.
- The development of a *Working together for a better future for at risk children and families: A guide to information sharing for government and non-government agencies*, to assist professionals working with at-risk children, young people and

their families (Department for Child Protection, 2009).

During 2008/09, DET worked collaboratively with DCP to implement relevant recommendations of the *Ford Review* and *Gordon Inquiry* (Gordon, Hallahan & Henry, 2002) relating to educational access and support for children in care, and identifying and supporting children who have been abused or who are at risk of child abuse.

People from regional, rural and remote communities

A variety of drug and alcohol treatment and support services are provided in regional, rural and remote communities.

DAO funds a statewide network of 11 sobering-up centres, predominantly staffed by Aboriginal people that provide care to people found intoxicated in public until they are sober. All centres have close working relationships with community patrols, police and local health services.

DAO also provides funding to seven CDSTs and seven non-government drug and alcohol treatment agencies in the regional areas.

WACHS continues to develop capacity to admit clients into regional and district hospitals for drug and alcohol withdrawal and work in partnership with local CDSTs and Aboriginal services to ensure that clients have an appropriate plan for ongoing treatment.

WACHS also identifies and supports medical officers in each regional centre and selected towns to provide limited pharmacotherapy services, and complement the services of GPs in the regions with local support from CDSTs and central support from DAO.

Under the *2006 Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities* and the *Illicit Drug Diversion Initiative*, COAG provides significant funding to the Western Australian State Government. This funding enables additional drug and alcohol treatment support services throughout the state, including for regional and remote Indigenous communities and increased staff capacity to extend the service delivery of existing key services. Staff are able to target activity to engage individuals and communities that might otherwise not receive a treatment

and support service, increasing access to services and extending the level of service provision across the State.

Community development initiatives continue to be developed to provide effective drug and alcohol programs to people living in rural and remote communities. Through the Westlink satellite service, DLGRD is able to broadcast a wide range of programs to doctors and health care professionals throughout rural and remote areas, including satellite delivery of programs from Western Australian Centre for Rural and Remote Medicine and Rural Health Education Foundation in Canberra, specifically targeting drug and alcohol issues.

The opening of Balgo Telecentre and the re-opening of the Nullagine Telecentre saw the Western Australian Telecentre Network grow to 105 operational Telecentres across the State. This includes 13 situated in remote Indigenous communities. New funding from the Royalties for Regions program will support the development of the Western Australian Telecentre Network to become Community Resource Centres that can be accessed by drug and alcohol services to provide treatment and support to clients located in remote locations.

Families

Drug and alcohol using parents

Services coming in contact with pregnant women, children and families have a responsibility to ensure that the rights of children are upheld.

In 2004, 16.7% of Australian adult men and 12.2% of adult women lived in households with children under 12 years, drank at levels that would be classified as binge drinking. In addition, 20.3% of single parent households and 10.8% of couple households reported using cannabis in the last year (Dawe et al., 2007).

In 2007/08 an across-government working party was set-up, the *Impact of Parent Drug and Alcohol Use on Pregnancy, Newborns and Infants*. As a result of the working party the *Policy Framework for Reducing the Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants* (Drug and Alcohol Office, 2008) was developed, identifying best practice for service provision through the implementation of key strategic

areas, including workforce development; integration and co-ordination; service development and capacity; and information and research.

Examples of measures achieved in the area of parental drug and alcohol use include:

- specialist drug and alcohol maternity service provided by KEMH offering optimum care for substance-using pregnant women and their families
- routinely identifying, assessing, treating and referring of patients (babies, children and adolescents) at PMH and their parents who are affected by drug and alcohol use
- increased specialist drug and alcohol capacity at the Women and Newborn Drug and Alcohol Service at KEMH
- refining of protocols and procedures for mutual clients between KEMH and DCP.

Family-focused strategies assist parents with drug and alcohol problems to address their use and strengthen parenting skills. Some key initiatives are:

- collaboration between DAO Next Step and DCP's Responsible Parenting Services to trial casework practice to enhance parenting capacity and wellbeing of children of parents presenting for, or in treatment, at either service
- supporting research through the Responsible Parenting Services to develop and trial a harm minimisation strategy specifically for parents who smoke tobacco who are in the 'hard to reach' population subsets
- establishment of the Parent Support Service in the south east corridor of Perth.

In the south west region, DCP and Palmerston Association have been aiming to increase the safety of children and improve outcomes for families through the provision of joint training activities. This included training for DCP workers called *Analysing child risk within the alcohol and other drug sector: introduction to models of assessment for workers engaging with substance using parents*.

A new Casework Practice Manual entry has been developed by DCP titled *Working with families with alcohol and other drug issues*.

The entry ensures field workers have access to evidence-based information to guide decisions concerning individuals and families affected by drug and alcohol-related problems. It includes information and the promotion of a resource for responding to VSU.

In 2008/09, key staff from DAO were trained in family counselling and family therapy to encourage processes to better support family members of clients attending the services.

Figure 4 provides an example of an improved outcome as a result of interagency collaboration.

Figure 4: DCP Case Study

In November 2008 a pregnant Aboriginal woman was referred to DCP via KEMH. The young woman had extensive contact with the Department, four other children with periods in the CEO's care and a long history of poly-drug use (alcohol, heroin and marijuana). Other complicating factors included transience, no family support, family and domestic violence and the involvement of the DCS. The woman was living in a single women's refuge at the time and was unable to stay at the refuge post-birth. A series of Signs of Safety meetings were held involving KEMH, Women's Health Service, Perth Inner City Mental Health, Cyrenian House - Saranna and the Aboriginal Grandparents Group. The services involved, in partnership with the parent, developed a clear safety plan with a range of supports to address her complex needs. The baby was born in February 2009 and the Department applied for a time-limited order with the baby to be placed in the mother's care. The baby is now seven months old and thriving, the mum remains at Saranna and is also doing well.

Source: Department for Child Protection, 2009.

Parents of children with drug and alcohol problems

The Alcohol and Drug Information Service (ADIS) is a 24-hour, statewide, confidential telephone service which provides information, advice, counselling and referral. It includes the *Quitline* counselling for tobacco users. ADIS receives approximately 20,000 calls each year (Drug and Alcohol Office, 2009c).

To increase community awareness of ADIS, DAO developed a marketing and promotion plan. The plan was implemented throughout 2008/09 and continues to be developed on an ongoing basis.

ADIS also encompasses the Parent Drug Information Service (PDIS), a 24-hour, confidential telephone service for parents and families in Western Australia. PDIS offers a range of services to enhance support to families. PDIS receives more than 1,700 calls each year (Drug and Alcohol Office, 2009c).

In addition to professional counselling, PDIS trains and supervises a team of volunteer parents who have had personal experience of a son or daughter using drugs and alcohol. Callers to the service have the option of talking with a professional counsellor or a volunteer parent – or both.

In 2008/09, in conjunction with PDIS, a parent support service was implemented in DAYS - a youth drug and alcohol treatment service that includes support groups and one-on-one counselling.

Grandparents

Grandchildren come to live with their grandparents for a variety of reasons, including neglect, abuse, domestic violence, death, mental health problems, physical disability, and parental drug and alcohol use. In 2003, there were 22,500 Australian families in which grandparents were the guardians of their grandchildren (Australian Bureau of Statistics, 2005).

In 2005/06, the Office of Seniors Interest and Volunteering (now part of the DfC) developed the *Grandparent Information Resource* kit targeting both service providers and individual grandparents raising their grandchildren for a variety of reasons, including because of parental drug and alcohol issues. DfC provides a range of information and parenting support through its parenting WA network, which includes the publication *Grandfamilies – a resource guide for WA grandparents raising grandchildren*. This easy-to-read, practical guide includes phone numbers and websites of relevant government and non-government agencies and support groups, and was last updated in 2009.

DfC has funded the *Grandcare* service in the metropolitan area and a support service in Albany since 2003. This service has provided practical support for grandparents raising grandchildren with support groups, an advice and referral telephone service and skills development seminars. The *Grandcare* service has provided support to Indigenous grandcarers through a targeted support group and activities and DfC has also provided three rounds of grants funding for short break respite for grandcarers.

Workforce development

Networking and workforce development enhances the capacity of staff to provide a better outcome for those experiencing problems with their drug and alcohol use. Measures put in place to assist in this outcome include:

- 16th WA Drug and Alcohol, Working Out What Works symposium.
- *Beyond the Boundaries – Families and Professionals Working Together* seminar.
- Forums held with service providers working with pregnant women, fathers, families and vulnerable newborn babies for the development of a multi-agency pre-birth protocol, with a focus on pregnancy and the newborn period.
- Through DCP's Learning and Development Centre, a drug and alcohol course has been developed and is available to staff. *Addicted Parenting I and II* provides a comprehensive introduction into the complex area of drug use and addictive behaviours, with an emphasis on the impact on parenting.
- DCP has developed a joint drug and alcohol Workforce Development Plan for district child protection staff. The aim of the plan is to ensure that all new and existing clinical workers receive education and training in drug and alcohol knowledge and skills in order to better assess and engage clients presenting with drug and alcohol-related problems.
- DCP and DAO are developing training for the family and domestic violence sector, including outreach services to build robust linkages between domestic violence services and drug and alcohol services.

Offenders

Access to treatment services for offenders is required at all stages of the criminal justice system to assist them in maintaining a crime-free lifestyle before sentencing, after completion of a custodial sentence or as part of a community order.

In 2009, 52% of Australian prisoners reported drinking alcohol at levels which placed them at risk of alcohol-related harm and 71% had used illicit drugs 12 months prior to their incarceration (Australian Institute of Health and Welfare, 2010a).

The *National Corrections Drug Strategy 2006–2009* was developed to provide a framework for a co-ordinated, integrated approach to addressing drug-related issues in Australian adult correctional and juvenile justice facilities and related services (National Drug Strategy, 2008). It was endorsed and supported by the Ministerial Council on Drug Strategy, Corrective Service Ministers' Conference, Corrective Services Administrators' Conference, Community and Disability Services Ministers' Advisory Council, Australasian Juvenile Justice Administrators, Australian National Council on Drugs, and the Intergovernmental Committee on Drugs

For those already incarcerated there is an opportunity to address their drug and alcohol use with strategies and measures put in place such as:

- Prison to Parole Program (Triple P), which has since been replaced by Drug and Alcohol Throughcare Service, or DATS. This service is on a contractual arrangement with community drug treatment agencies.
- WA Health initiated a program to vaccinate people at high risk of hepatitis A and B, including people in custodial settings.
- The Hip/Hop program operational across all Western Australian prisons is a two-hour BBV/STI education session for prisoners.
- Ongoing collaborative partnership between DCS and the Re-entry Co-ordination Service to ensure prisoners and their families, including children and young offenders are made aware of the harms from hazardous drug and alcohol issues.

- Information provided on volatile substances and their harmful effects to young offenders in juvenile detention centres.
- Use of ASSIST (Alcohol, Smoking and Substance Involvement Screening Test), a World Health Organisation-validated brief screening questionnaire to find out about people's use of drugs.
- Drug and alcohol screening and supporting early intervention and referral packages are provided to Hakea Prison and Bandyup Women's Prison.

In 2008/09, DCS introduced new initiatives including:

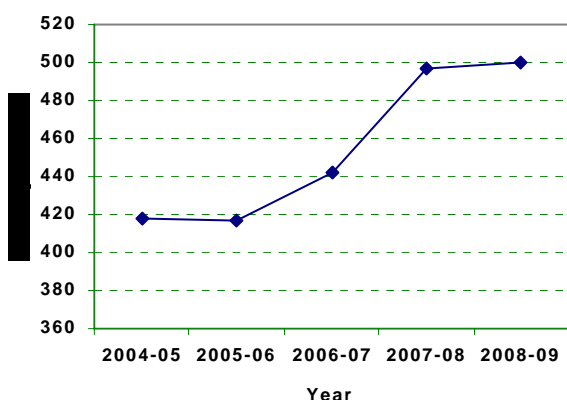
- Intensive cognitive behaviour therapy program for high-risk and high-need prisoners delivered on a contractual arrangement with community agencies in most Western Australian prisons.
- Contracting the *Moving on from dependencies* program to outside providers that include agencies funded through DAO.
- Incrementally introducing a smoking reduction program in all Western Australian prisons to support prisoners and staff to reduce their tobacco consumption. Support includes brief intervention, education and nicotine replacement therapy.
- Establishment of an Aboriginal Facilitation Unit to ensure Indigenous offenders have culturally appropriate services. There has been a significant increase in program delivery to Indigenous prisoners during 2008/09.

In addition to the above, DCS continues treatment and support through:

- drug treatment units (Acacia)
- drug-free units
- health interventions
- brief intervention support service provided at Hakea Prison and Bandyup Women's Prison
- significant expansion of new and existing Offender Programs in prison and in the community

- expansion of Re-entry Services provided by community agencies assisting offenders to successfully re-enter the community on release from custody
- Perth Adult and Children's Drug Court supported by the Court Assessment and
- training for DCS staff (both prison and community justice services) in drug and alcohol issues to enable better understanding of working with offenders with drug using behaviour
- a gender-specific intensive therapy program, called Reconnections, focusing on female-specific antecedents to crime and re-offending to enhance women's wellbeing and personal development was piloted at Bandyup Women's Prison and Boronia Pre-Release Centre for Women Treatment Service
- provision of withdrawal treatments for opioids, amphetamines, alcohol and benzodiazepines, as well as the pharmacotherapy maintenance program within the prison environment (see Figure 5).

Figure 5: Number of prisoners receiving pharmacotherapy treatment in Western Australia



Source: Department of Corrective Services, 2009

In 2006/07, an evaluation of Drug Free Units was completed as part of the *Monitoring and Evaluation Framework of Drug Strategy*. Prison Management are considering the recommendations from the evaluation with a view to implementing a policy directive to address the recommendations.

Legislation

Amendments to existing legislation enable government to have a significant impact on drug and alcohol-related outcomes.

In 2005/06, WA Health completed a review of the *Poisons Act 1964* and associated legislation with a view to updating the regulation of pharmacotherapy and abolishing the register of drug-dependent people.

In 2005/06, DPC co-ordinated legislation aimed at drug-impaired drivers, requiring those convicted of driving whilst impaired by drugs to undergo specialist assessment and undertake treatment as indicated. During the Strategy period, five cases of drug-impaired driving were referred to court (three metro; two rural). Drugs detected were benzodiazepines, methamphetamine, MDMA, cannabis and opiates.

2.2.2 Priority issues

People with co-occurring mental health and drug and alcohol use problems

A large proportion of people with drug problems also suffer from mental health issues (Allsop, 2008). To address co-occurring mental health and drug and alcohol use problems effectively, clients need to be diagnosed early and have access to appropriate services.

Through the State Dual Diagnosis Planning Group (SDDPG) strategies were developed to support the referral and management of people with dual diagnosis. These include:

- developing the capacity of both mental health and drug and alcohol sectors on related key issues
- ensuring linkages between local services to refer clients between services and/or provide shared care when appropriate
- production of *Clinical Guidelines for the Management of Acute Amphetamine Related Problems*.

The Dual Diagnosis Workforce Development Subcommittee of the SDDPG was formed to assist in developing specific education and training activities to increase the capacity of both sectors to manage mutual clients and support service linkages between the two sectors. As a result, a MOU has been developed between key drug and alcohol, and mental health services in both the metropolitan and regional areas.

Work by the SDDPG has complemented the Commonwealth Government's improved services initiative that enables a range of services to collaborate and improve services for clients with mental health and drug and alcohol problems.

Key workforce development initiatives relating to drug and alcohol use and mental health problems include:

- statewide roll-out of the National Psycheck Project (developed by Turning Point), whereby six training events were held in the regional area, and seven in the metropolitan region
- roll-out of the Key Worker Drug and Alcohol Training, across the South Metropolitan Mental Health Service, in which 15 workers participated in the training.

In 2008, a pilot service was initiated between Peel and Rockingham/Kwinana Mental Health Service and the ADIS Quitline offering telephone callback support on quit smoking to community mental health clients, referred by the service.

In regional and remote areas, WACHS continues to explore and develop collaborative arrangements between mental health and drug and alcohol services including co-locations, mergers, shared care protocols and case management.

Amphetamines and amphetamine-type substances

DAO Next Step, in partnership with UWA and Murdoch University, established a neuropsychological clinic at its East Perth Clinic. The clinic provides a specialist assessment for amphetamine users to assist in their case management. In June 2006, the clinic was awarded a National Drug and Alcohol Award for Treatment Excellence.

In 2005/06, DAO Next Step in collaboration with the School of Medicine and Pharmacology, UWA and the Langton Centre, New South Wales, successfully completed a double-blind, randomised, placebo-controlled trial of the effectiveness of mirtazapine in the treatment of methamphetamine withdrawal. Results suggested that the use of mirtazapine did not facilitate retention or recruitment in

outpatient methamphetamine withdrawal treatment.

In 2007, the Western Australian Government held the Western Australian Illicit Amphetamine Summit. The Summit attended by various drug and alcohol key stakeholders, aimed to determine future directions relating to prevention, treatment and law enforcement in addressing amphetamine use. More information on the Summit can be found in Figure 6.

Opioid pharmacotherapy

Pharmacotherapies for opioid dependence are provided by community-based GPs across regional Western Australia. The Community Clinical Program at DAO Next Step administers the Community Program for Opioid Pharmacotherapies (CPOP) in conjunction with the Pharmaceutical Services Branch of WA Health, which oversees the legislative aspect of the program. As at June 2009, a total of 3,187 people were receiving opioid pharmacotherapy treatment in Western Australia (Australian Institute of Health and Welfare, 2010b).

The Community Clinical Program provides support for regional service providers in the form of training of prescribers and pharmacists, an annual weekend conference and other training events. In addition, the Clinical Advisory Service provides 24-hour access to experienced drug and alcohol medical specialists to advise on clinical issues in relation to drug and alcohol treatment.

In 2008/09, there were 101 authorised prescribers for opioid pharmacotherapy in Western Australia (Department of Health, 2009c).

In 2007/08, the second edition of the *WA Clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependent* was launched (Drug and Alcohol Office, 2007a).

Amendments to the *Poisons Regulations 1965* are planned to update the legislative requirements for CPOP, in order to improve client access to treatment, and support the revised management structure for the program.

In 2008/09, the CPOP Pharmacist Online Training Package was completed. The online training program is designed to assist Western Australian pharmacists to meet their legal and administrative requirements and will ensure that all community pharmacists involved in the CPOP program are appropriately trained.

Clinical pathways for the management of clients with chronic pain and opioid dependency have been established and a resource kit for GPs managing non-malignant pain with opioids was released in June 2009.

Blood-borne viruses

The number of hepatitis C cases notified in Western Australia has remained fairly constant over the past five years. In 2004/05 there were 1,193 notifications, compared to 1,213 notifications in 2008/09.

The number of Western Australian residents notified with HIV infection has increased from 60 reported cases in 2004/05 to 82 cases in 2008/09 (Department of Health, 2009d).

There has been a reduction in the health risks associated with BBVs through education, improved pathways to anti-viral treatment, and expanding access to needle and syringe programs across the State. Measures in place include:

- The provision of hepatitis C education for GPs and other health care workers in Western Australia, building the capacity of staff to respond effectively to the health risk associated with transmission of BBVs.
- Sir Charles Gairdner Hospital Hepatology Department providing education to clients and their families about BBVs, their transmission and treatment in order to reduce the incidence of infection.
- NSP promotes safer injecting practices by the development of State action plans to reduce the transmission of BBVs.
- Disseminating harm-reduction information and supporting and funding workforce development.
- In 2008/09, five needle and syringe vending machines were installed at regional sites, with additional sites to be negotiated.
- In 2008/09, a BBV/STI service was established at DAO Next Step for

screening, immunisation, education and support services for clients seeking treatment with hepatitis C.

2.2.3 Community issues

A review of DHW Service Delivery in 2006/07 showed positive outcomes in providing more people with better housing. This includes a better environment in which to deal with drug and alcohol issues and improved access to support services.

Through the Community Safety and Crime Prevention Partnerships (CSCPP), the OCP is able to bring together communities, local governments and State Government agencies to identify solutions to local crime and safety issues. Significant funding provided through CSCPP helps support local government and community organisation projects, inclusive of drug and alcohol projects.

Figure 6: Western Australian Illicit Amphetamine Summit

Western Australian Illicit Amphetamine Summit

On 3 July 2007, the *Western Australian Illicit Amphetamine Summit* was held in Perth. The Summit aimed to initiate concrete developments in prevention, treatment and law enforcement to address amphetamine use.

The Summit was sponsored and co-chaired by the Director General of Health and the Commissioner of Police, and attended by over 150 people from across government and non-government agencies, community groups, and stakeholders from metropolitan and regional areas, and other states.

Recommendations from the Summit formed the basis of the *WA Illicit Amphetamine Summit Government Action Plan* (GAP) which outlines strategies to address amphetamine use in Western Australia.

The GAP comprises 49 recommendations to further develop and improve services and programs to address amphetamine use. A copy of the GAP can be accessed by using the link [National and state policies - Drug and Alcohol Office - Government of Western Australia](#)

Key agencies involved in implementing the recommendations include the DCS, DCP, WAPol, DET, DoH and DAO.

The implementation of the recommendations from the Summit has ensured a sustainable approach in addressing amphetamine use in Western Australia.

Key achievements under the GAP include:

- Expansion of integrated CDSTs with two additional positions in South West and Great Southern and one new counsellor in each of the 12 metropolitan services.
- Expansion of residential rehabilitation services at Cyrenian and Palmerston with an additional 25 beds (17 for adults and eight for youth) and additional staff (3.5 FTE).
- Increased capacity of court diversion with new positions in the Drug Court, Children's Court and Courts of Petty Sessions.
- Improved treatment services in West Australian prisons with an extension of the Prison to Parole Program (Triple P).
- Three new emergency department drug and alcohol nurses located in Sir Charles Gairdner Hospital, Royal Perth Hospital and Fremantle Hospital.
- Expansion of social marketing campaigns, with the *Drug Aware Amphetamine Education* campaign being conducted each year over three years.
- Commencement of a new position to co-ordinate the Night Venues and Entertainment Event Program and develop initiatives targeting violence in these settings.
- Development of the Aboriginal drug and alcohol workforce through an increase in Aboriginal workers involved in a *Certificate III in Community Services Work*, positions established in regional and remote Western Australia, delivery of Culturally Secure Clinical Support Training to professionals and development and national dissemination of a new culturally secure DVD resource on amphetamines.
- Establishment of a new drug and alcohol division within WA Police and commencement of a new Intelligence Analyst.
- Provision of *Keeping in Touch* early intervention strategy in schools, allowing staff to respond to drug use critical incidents and manage the welfare of students who have drug issues.
- Convening of the culturally and linguistically diverse working party and delivery of workshops on working with these clients with drug and alcohol use issues.
- Delivery of Psycheck training to clinicians, supervisors and managers.
- Statewide rollout of memoranda of understandings between drug and alcohol treatment services and local child protection offices to develop linkages and bridge referral processes and protocols.
- Development and distribution of the DROPPED DVD, a resource for health, welfare and peer support groups in responding to amphetamine and heroin intoxication and overdose.
- Evaluation of the *WA Clinical Guidelines for the Management of Acute Amphetamine Related Programs* and the *National Drug Strategy Guidelines for the Management of Psycho Stimulant Toxicity* for police services, emergency departments and ambulance services.

2.3 Law, Justice and Enforcement

Key objective: *Disrupt and reduce the supply of illicit drugs and illegal supply of alcohol, and reduce drug and alcohol-related crime by linking offenders to treatment and support services.*

Through the development and enforcement of laws, the Government is able to reduce the negative impacts of drug and alcohol-related problems. Disrupting the supply of illicit drugs and expanding liquor enforcement statewide increases the success of demand and harm-reduction initiatives. By linking offenders (at various stages of the criminal justice system) with drug and alcohol problems to treatment and support service it may help to break the cycle, or reduce offending.

Key initiatives implemented over the course of the Strategy include:

- Formation of a specialist WA Police liquor licensing enforcement capability.
- Development of WA Aboriginal Justice Agreement framework, in joint partnership with key agencies, that aims to improve justice-related outcomes for Aboriginal people.
- Implementation of the COAG Illicit Drug Diversion Initiative in Western Australia in November 2000. The WA Diversion Program comprises a range of early intervention police and court-based diversionary programs aimed at diverting drug dependent offenders into treatment with preferred providers statewide.
- Development and implementation of the *Young People in Northbridge* policy in June 2003 to combat the growing problem of young, unsupervised children roaming the streets of Northbridge - Perth's main adult entertainment district - at night.
- In March 2004, the *Cannabis Control Act 2003* (CCA) was proclaimed.¹
- Establishment of ten Multi Function Police Facilities (MFPF) in remote Aboriginal communities.

Other initiatives implemented over the course of the Strategy as they relate to priority target groups and issues are outlined in the following section.

¹ In 2010, the current Government repealed the CCA. The *Cannabis Law Reform Bill 2009* was passed by Parliament on 14 October 2010 and was assented to on 28 October 2010. The resulting *Cannabis Law Reform Act 2010* will introduce more stringent measures to address cannabis use through amendments to the *Misuse of Drugs Act 1981*, *Spent Convictions Act 1988*, *Working with Children (Criminal Record Checking) Act 2004*; and the *Young Offenders Act 1994*.

2.3.1 Priority groups

Aboriginal people and communities

Agencies have worked in partnership with Aboriginal communities to enhance services, support supply reduction initiatives and ensure the development and implementation of culturally secure programs, services and resources.

To improve justice outcomes for Aboriginal people, the WA Aboriginal Justice Agreement (Agreement) framework was developed jointly between the Western Australian justice-related portfolio agencies, the Aboriginal and Torres Strait Islander Commission, the Aboriginal and Torres Strait Islander Services and the Aboriginal Legal Service of Western Australia. The aim of the Agreement is to provide a framework for improving justice-related outcomes for Aboriginal people.

DIA supported DotAG in the implementation of the Agreement signed in March 2007 and in the development of local justice plans of which drug and alcohol use is a key focus.

DAO, in conjunction with DRGL, developed and distributed the *Strong Mind, Strong Spirit - Your Right to Object* culturally secure resource designed to support Indigenous communities to address local alcohol availability by providing information on how to lodge objections to liquor licence applications, and how to seek assistance from the licensing authority.

In 2008/09, WAPol in conjunction with DRGL and DAO conducted an audit of liquor restrictions in remote Indigenous communities to assist future planning and co-ordination of applications to restrict the supply of liquor.

DotAG established a specific Aboriginal persons list at the Perth Drug Court, where Aboriginal people who have been charged with drug-related offences have access to court hearings that are more culturally inclusive, sensitive and relevant to them.

In 2004, the Indigenous Diversion Program was implemented and continues to be expanded over the course of the Strategy's implementation. The program aims to provide culturally secure diversion services to Indigenous offenders predominately in regional areas.

In 2006, ORS established the Indigenous Drink Driving and Licensing project. The project emerged out of the development of the *Repeat Drink Driving Strategy*. The culturally secure project incorporates a driver education and awareness program relating to drink driving and alcohol consumption.

In 2007/08, DotAG established *Barnidmalgu* (Geraldton Family Violence Court) – a specialist Aboriginal court dealing with Aboriginal family and domestic violence offenders. *Barnidmalgu* permits offenders with significant drug and alcohol problems to be diverted to appropriate programs.

Figure 7: Multi Function Police Facilities

Multi Function Police Facilities (MFPFs) have been an important component of the Western Australian Government's response to the findings of the *Gordon Inquiry into Family Violence and Child Abuse in Remote Aboriginal Communities*. MFPFs are a partnership between WAPol, DCP and DotAG.

Ten sites have been completed and fully operational in April 2009. Two additional sites, Looma and Burringurrah, have been identified in Stage 2 and are expected to be completed in 2010.

In addition to the MFPFs, Oombulgurri has a Multi Functional Police Post. Officers have been permanently placed in the Community since 2006 to create stability in a community that had been burdened with excessive alcohol consumption that has led to violent behaviours, sex abuse, in particular child sex abuse.

Police officers at these MFPFs target alcohol, drug and substance abuse that significantly contribute to offending and anti-social behaviour. Coordinated operations are often conducted within regional Western Australia districts and the neighbouring States of South Australia and Northern Territory in an effort to prevent the distribution of drugs, petrol and sly grogging.

SOURCE: Western Australian Police

WAPol continue to work with regional and State Government agencies and Indigenous communities to develop strategies to address alcohol use and related crime in the Kimberley region. This includes consulting with communities and supporting initiatives to

restrict the supply of alcohol and to police illicit drug use, as well as initiatives such as:

- policing restrictions on the sale of take-away alcohol
- supporting frontline officers to police liquor licensing in regional centres
- strengthening the *Sly Grogging Hotline* to address illegal alcohol sales in remote communities where restrictions upon the sale of take-away alcohol have been imposed.

In 2008/09, the development and promotion of the *Sly Grogging Hotline* was made the responsibility of Crime Stoppers, with DRGL involvement being limited to a consultation role.

WAPol, DRGL and DIA continue to work together to promote an understanding of supply control at community level and develop a network of key stakeholder agencies to support supply control measures.

Children and young people

On 1 January 2009 the mandatory reporting of child sexual abuse by teachers, doctors, nurses, midwives and police was introduced in Western Australia. A centralised service was established for the receipt, recording and initial assessment and allocation of reported cases. An estimated 90,000 mandatory reporters were trained statewide in the lead-up to the introduction.

DCP provides a consultation and intervention service for children who are referred due to child sexual abuse. In addition, DCP refers to external specialist practitioners and to 15 departmentally-funded Child Sexual Abuse Therapeutic Services, available in metropolitan and regional areas.

In response to the growing problem of young, unsupervised children roaming the streets of Northbridge (Perth's main adult entertainment district) at night, the policy *Young People in Northbridge* was developed and became operational in June 2003. The policy is part of a long-term strategy to enhance the Northbridge precinct area and to respond to the immediate problem of 'at-risk' children and young people in Northbridge at night.

In 2007/08, the *Young People in Northbridge* policy was further refined to include a focus on improving interagency shared care to drug and alcohol-related problems.

In 2008/09, WAPol and DAO jointly submitted a proposal seeking funding from the Department of Health and Ageing for an Early Intervention Pilot Program in Western Australia to refer children found to be intoxicated, or in possession of liquor to education and counselling.

The Young People's Opportunity Program (YPOP), an initiative of the COAG Illicit Drug Diversion Initiative, was implemented in the Perth metropolitan area in April 2004. YPOP is aimed at young offenders who have come in contact with a Juvenile Justice Team.

In August 2005, the YPOP program was extended to several country areas in Western Australia. The program was evaluated in 2007, and a review was undertaken of the program in the rural areas by DAO. The evaluation showed that YPOP was viewed as a successful collaborative interagency approach to diversionary treatment (Bartu & Evans, 2007).

In November 2008, diversion services were implemented in the Perth Children's Court through the implementation of the Young People's Supervised Treatment Intervention Regime.

WAPol, in collaboration with DRGL, have been implementing strategies to minimise harm during school *Leavers* week. Strategies are aimed at minimising alcohol-related harm, including, but not limited to the following:

- a "ID 25" initiative was introduced which required all person who appear under the age of 25 years to present proof of age
- false proof of age was to be confiscated and forwarded to the local police
- products attractive to juveniles, i.e. pre-mix drinks, were removed from shelves.

In February 2009, WAPol implemented a pilot project to trial the use of drug disposal bins at music festivals following the drug-related death of a 17-year-old concert goer. A pamphlet to inform concert-goers of the dangers of drugs was also produced and

distributed with the input of government and non-government agencies.

People from regional, rural and remote communities

January 2006 saw the commencement of the Tri-State Remote Community Drug Strategy Management Plan or Operation Midrealm, enhancing the capability of police in the tri-State area to target the supply of petrol, illicit drugs and alcohol into the cross-border region. A media campaign was developed in order to communicate a clear message to communities.

DHW regional managers liaised with the Service Delivery Directorate and the Tenancy Support team to develop strategies to minimise problems across the community, address the incidence of crime and deal with issues including the enforcement of laws relevant to drug and alcohol issues.

Offenders

A balanced approach to law enforcement is required to discourage illicit drug trade and encourage referrals to drug and alcohol education and treatment through diversion programs.

Offender initiatives

In 2007/08, DCS implemented major advances in the acquisition and training of dogs following a review of the canine section. Placement of canine searching has proven extremely beneficial at deterring both visitors from trafficking drugs into the prison and from prisoners trafficking drugs within the prison environment.

Since July 2006, drug prevalence testing in prisons has been completed on a quarterly basis to provide DCS with information on drug prevalence within Western Australian prisons.

To stop drugs entering correctional facilities DCS had put in place a range of strategies. These include:

- the establishment of a new Security Services Directorate to improve performance in respect to security and intelligence services
- operational deployment of the Drug Detection Unit (DDU), which is a mobile

unit of specialist drug detection dog/handler teams

- conducting of Entry Level, Gatehouse and Prison Officer training on DDU operational procedures
- participation of DDU in public relations activities in schools and community groups as part of the drug awareness education policy
- permanently-based detector dog/handler teams at Greenough, Bunbury and Albany Regional Prisons (and a private detector dog/handler team at Acacia Prison)
- extensive routine and intelligence-based searches throughout the State, including searches of vehicles, buildings, visitors, staff and offenders
- introduction and deployment of 'electronic trace detection technologies' (portable drug and explosive trace detection devices) to detect illicit drugs entering correctional facilities
- introduction of biometrics screening (iris recognition) for the positive identification of social visitors entering and exiting all maximum security prisons
- improved 'check-point screening' controls, inclusive of x-ray screening, advanced walk-through metal detection and surveillance systems at all maximum-security prisons to improve the monitoring of both staff and visitors entering and leaving prisons
- drug prevalence testing and targeted urinalysis testing of prisoners
- sanctions on visitors (Banning Legislation) who attempt to, or are suspected of, trafficking drugs into corrective services facilities, including bans from all visits (facility and statewide), non contact visits and police prosecution.

Figure 8: Western Australian Diversion Program

Western Australian Diversion Program

In November 2000, the Western Australian Diversion Program (WADP) was implemented in Western Australia under the COAG Illicit Drug Diversion Initiative. The program comprises of a range of early intervention police and court diversion programs that offer offenders with drug-related issues access to treatment services. Diversion programs facilitate links between law, justice and enforcement sectors and provide opportunities for a large number of offenders with drug and alcohol problems to access treatment and support services.

The WADP includes a continuum of programs across the criminal justice system to both young people and adults, including:

- Cannabis Education Sessions - *directs offenders away from the court process and into education and treatment*
- All Drug Diversion (ADD) - *directs offenders detected with small quantities of illicit drugs into three treatment sessions*
- Young People's Opportunity Program (YPOP) - *an early intervention diversion program targeting young people aged 10 to 18 years who have been identified by their Juvenile Justice Team co-ordinator as having either an emerging or significant drug problem*
- Pre-sentence Opportunity Program - *directs offenders with no or minimal criminal record but with a drug use problem into treatment*
- Indigenous Diversion Program - *directs Indigenous persons who have committed a relatively minor offence and have an alcohol and/or other drug problem*
- Supervised Treatment Intervention Regime - *directs moderate level offenders with a greater drug use problem to treatment*
- Young Person's Supervised Treatment Intervention Regime - *directs moderate level young offenders aged 10 to 18 years who are appearing in the Children's Court Drug Court but whose drug use problem does not require a program as intensive as that of the Children's Court Drug Court.*

Program administration

The WADP is co-ordinated by DAO and overseen by a State Reference Group (SRG) comprised of key stakeholders including the Department of Health and Aging (DoHA), DCS, DotAG, WAPol, WANADA and DAO. The SRG aims to ensure that the integrity of the WADP is maintained, existing operations are consolidated and participation numbers increased.

WADP goals are further supported by diversion co-ordinators in related agencies. These positions operating within DotAG, WANADA and WAPol ensure the development and implementation of dedicated diversion initiatives within their respective sectors. The WADP also funds approximately 25 diversion officer positions located statewide within the treatment sector.

Communication with these officers and their respective treatment agencies is overseen by DAO, with support from the WANADA Diversion Co-ordinator. Regular capacity building and other network activities including six-monthly workshops for all officers support effective statewide and local responses.

All program development, implementation and evaluations are undertaken in partnership with relevant stakeholder groups. Regular meetings of the SRG and diversion co-ordinators support partnerships and maintain collaborative, secure and functional lines of communication.

Review of program

A review was conducted in 2006/07 with the aim of increasing police referrals to diversion programs by identifying and reducing barriers. Following the review, WAPol and DAO successfully applied for Commonwealth funds to implement the findings, including the creation of a diversion co-ordinator to support WAPol alcohol and drug advisers and act as a central point of liaison with stakeholders. Amendments to the adult diversion programs were also made and new support materials developed.

Indigenous participation

In 2007/08, efforts to increase the number of Aboriginal people participating in the program were implemented. These included increased provision of culturally secure diversion resources for Aboriginal and Torres Strait Islander people and the recruitment of Indigenous Diversion Program officers in a number of areas across the State, including Narrogin and East Kimberley. In September 2008, Strategic Edge Consulting Australia was engaged by DAO to investigate barriers to Indigenous participation in a range of WADP court-based programs. The research highlighted key factors, access issues and informed future strategies to increase participation in WADP by Indigenous offenders both locally and statewide. A number of priority recommendations have been selected for implementation.

Developing strategies to link with specialist courts

Requests for participation of WADP in a range of specialist courts such as the Intellectual Disabilities Court, Mental Health Court and Family Violence Court have increased in recent years. This has broadened the scope and will require effective monitoring. The development of collaborative operational linking will be co-ordinated with support from DotAG and overseen by SRG.

2.3.2 Priority issues

Alcohol

In 2007/08, the Licensing Enforcement Division was established by WAPol to support district operations targeted at crime and anti-social behaviour in and around licensed premises and large public entertainment events statewide and to build a centre of excellence in relation to the policing of all regulated industries, with a particular focus on drugs and alcohol.

Strategies put in place by WAPol to strengthen the direction of policing liquor in Western Australia are summarised below:

- transitioned the management of metropolitan police officers with specialist liquor skills from Police Districts to the Licensing Enforcement Division
- redesigned position descriptions and reviewed training and other aspects of job design to ensure great operational consistency
- developed an Alcohol Policing Strategy to inform and reinforce agency priorities
- adopted standardised operating procedures and performance measures for liquor operations
- expanded operations targeting problematic licensed premises and locations.

In 2008/09, WAPol initiated submissions to the Minister for Racing and Gaming and the Director Liquor Licensing to:

- advocate for more restrictive conditions for liquor licences in the Northbridge entertainment precinct
- support requests for Indigenous communities in the Kimberley and other regions for stronger or new restrictions on liquor
- improve public safety and amenity at large public events by declaring regulated areas under the *Liquor Control Act 1988* in which it is illegal to consume alcohol
- use new powers provided under the legislation such as prohibition orders.

In 2008/09, a total of 97 Community Safety and Crime Prevention Partnerships (CSCPP) have been endorsed by the OCP and Crime

Prevention priority projects and are in various stages of implementation. Ninety percent of local governments identified alcohol-related crime as a key issue in the plans.

The OCP continues to support local governments in response to alcohol-related issues, including entertainment precinct issues. With the provision of additional funding, OCP has been able to expand key areas of activity. In addition to this, the *Crime Stoppers* Program has been strengthened by enabling the community to report alcohol-related crime.

Modifications have been made to the WAPol Incident Management System to more easily identify alcohol-related offences.

DRGL has worked closely with the WAPol Licensing Enforcement Division and continued to promote an understanding of liquor licensing laws and control strategies at a community level through a statewide education campaign.

In 2005/06, a forum on Policing Drug and Alcohol Issues was presented to District Superintendents to help raise the priority of drug and alcohol issues, standardise the role of Alcohol and Drug Advisers and ensure a best practice response.

Countering drink driving has been prioritised in the Road Safety Strategy through: ongoing and enhanced drink driving enforcement by WAPol to reduce drink driving, the *Drink Driving Campaign*; the community-based *RoadWise* program; the school *RoadAware* program; and the *Drive Safe* booklet. This has also included development and delivery of the drink driving education campaign, community engagement by regionally-based *RoadWise* officers and the preparation of legislative sanctions to reduce the incidence of repeat drink driving.

DRGL implemented changes to the *Liquor Control Act 1988* to make it an offence for a:

- person, without the consent of a licensee, to take liquor into a licensed sports stadium
- licensee, employee or agent of a licensee selling liquor to a person when they should have reasonably suspected that the

purchaser of that liquor intended to illegally resell the liquor (sly grogging).

The *Liquor Control Amendment Bill 2008* addressing the above was introduced into Parliament in June 2008; however, due to the change in Government in September 2008, the Bill lapsed. DRGL is currently progressing a new bill to reintroduce these amendments (in addition to other matters) into Parliament.

In 2008/09, WAPol developed a One Punch Policy to ensure standardised investigations of licensed premises and their involvement or contribution to the occurrence of serious assaults at pubs and clubs.

Amphetamines and amphetamine type substances

Throughout 2007/08 a range of measures under the State Government's response to the WA Illicit Amphetamine Summit were implemented by WAPol. Strategies included new national guidelines for the police managing people affected by psychostimulants and the development of police resources including a training package being introduced throughout the State to all police officers.

Project STOP was initiated in Western Australia in August 2007, with a police analyst commencing in February 2008. Project STOP, funded under the National Precursor Strategy, a national project initiated in partnership with the Pharmacy Guild and State law enforcement agencies to combat the illegal use of pseudoephedrine-based medication.

WAPol analyse information on district sales and identify persons who are repeatedly shopping for pseudoephedrine products. The WAPol value-add to information on drug-related activity to the State Intelligent Database by contributing data from the Project STOP database to enhance drug seizures and attempt to restrict clandestine lab activity as well as enhance the corporate memory.

WAPol continue to support and participate in the National Clandestine Laboratory Database Project designed to enhance intelligence recording capacity in relation to clandestine drug laboratories and illicit drug manufacture. The detection of clandestine drug laboratories continues to climb. In 2008/09, 85 clandestine

drug laboratories were dismantled in Western Australia - a 166% increase from the 32 reported in 2007/08. Intelligence gathered from the Project STOP database plays a significant role in the detention of these laboratories (Western Australia Police, 2009).

Illicit drugs

Cannabis is the most widely used illicit drug in Western Australia. While annual usage rates have decreased from 1995 to 2007, Western Australia still records the highest use in comparison to the national average (Kalic et al., 2009). A range of strategies have been implemented to support a continued reduction in cannabis use.

Data obtained from WAPol showed that in 2008/09, cannabis accounted for approximately 63% of illicit drug seizure incidents in Western Australia, followed by amphetamines at 26% (Western Australia Police, 2009).

In March 2004, the *Cannabis Control Act 2003* (CCA) was proclaimed, with the provision to review the Act after three years. The review focused mainly on the cannabis infringement notice scheme (CINs), as this was the most significant change to how cannabis offences were treated. The review was completed by DAO, with input from an Expert Consultative Group, as well as consultation with community and stakeholder groups (Drug and Alcohol Office, 2007b).

The current Government intends to repeal the CCA and introduce more stringent measures to address cannabis use through amendments to the *Misuse of Drugs Act 1981* and *Young Offenders Act 1994*.

Legislation that addresses both drug-impaired driving on our roads and random roadside testing for the presence of specific drugs was introduced in October 2007. The legislation allows for random roadside testing of drivers for three main illicit drugs of concern to road safety. Western Australia was the fifth jurisdiction in the world to introduce random roadside testing for drugs to reduce road trauma.

A specially-built drug and alcohol bus was put into operation, conducting random roadside drug and alcohol testing in both metropolitan and rural areas.

Over the past 18 months of operation, the drug bus has been deployed at both targeted locations based on intelligence of drug use patterns and at more random sites aimed at recreational drug users within the general population.

Between October 2007 and November 2008, 9,716 roadside oral fluid tests were conducted. Of these, 517 (5.3%) were positive and referred to a secondary screening test. After the secondary screening, 342 (66%) were positive for methamphetamine, 30 (6%) positive for cannabis, 35 (7%) positive for both and 109 (21%) returned a negative result. A 12 month review of the new drug driving laws was undertaken (Woolley & Baldock, 2009). Fourteen recommendations were made with the review tabled in Parliament in May 2009.

2.3.3 Community issues

DHW collaborated with the Department of Employment and Consumer Protection during 2007/08 to discuss the review of the *Residential Tenancies Act 1987* and advocate for the retention of those sections of the Act which enable the Department to act in situations where illicit drug manufacture or sales are occurring.

To improve linkages between crime prevention and other key human service deliverables, OCP ensures regular liaison with their Regional Managers through their forums.

Part 3: Key Performance Indicators

3.1 Prevention and Early Intervention

Prevention and early intervention activities in the *Western Australian Drug and Alcohol Strategy 2005-2009* have the common focus on preventing harm and reducing problems associated with drug and alcohol use. The indicators therefore focus on:

- prevalence of drug and alcohol use
- harm-reduction activity
- education-related outcomes.

3.1.1 Prevalence of reported drug and alcohol use

Key performance indicators

- Reported recent illicit drug use (last 12 months) in Western Australia:
 - adult and young peoples' illicit drug use
 - school students' drug and alcohol use.
- Reported recent alcohol consumption (last 12 months) in Western Australian and levels of harmful use:
 - adult and young peoples' alcohol consumption
 - school students' alcohol consumption.

Summary of prevalence data

Data from the National Drug Strategy Household Survey (NDSHS) and the Australian School Students Alcohol and Drug survey (ASSAD) is obtained on a three yearly basis.

Results from the NDSHS showed alcohol remains the most commonly reported drug used by those aged 14 years and over. In 2007, 86.3% reported having used alcohol in the last 12 months, similar to figures reported in 1998, 2001 and 2004 (86.0%, 84.0% and 86.8% respectively). The use of cannabis continued to decline with 10.8% reported using in 2007 compared to 22.3% in 1998. In 2007, the percentage of population aged 14 years and over reporting using amphetamines (4.2%), ecstasy (4.1%), cocaine (1.8%), and heroin (0.2%) remained similar to those reported in 2001 and 2004 (see Table 1).

Table 1: Percentage of the Western Australian population aged 14 years or older who reported having used drug and alcohol (by drug type) in the last 12 months

Drug type	1995 (%)	1998 (%)	2001 (%)	2004 (%)	2007 (%)
Alcohol	80.0	86.0	84.0	86.8	86.3
Cannabis	16.7	22.3	17.5	13.7	10.8
Amphetamines	2.9	6.0	5.8	4.5	4.2
Ecstasy	2.7	5.1	4.0	4.1	4.1
Cocaine	0.6	1.3	1.5	1.2	1.8
Inhalants	0.2	1.3	0.6	0.5	0.3
Heroin	0.4	1.5	0.3	0.2	0.2
Other opiates	N/A	N/A	0.6	0.3	0.3

Note:

- Information is based on the National Drug Strategy Household Survey (NDSHS) that is conducted every three years.
- Reported use of all substances is for non-medical purposes (i.e. not prescribed by a doctor).
- The full report is available on the DAO website: www.dao.health.wa.gov.au

Results from the 2008 ASSAD survey revealed that 63.9% of students aged 12 to 17 years reported using alcohol, 14.8% cannabis, 11.0% inhalants and 5.3% amphetamines in the last 12 months (see Table 2).

Table 2: Percentage of Western Australian school students (aged 12-17) who reported having used drug and alcohol (by drug type) in the last 12 months

Drug type	1996 (%)	1999 (%)	2002 (%)	2005 (%)	2008 (%)
Alcohol	74.2	74.3	72.9	65.2	63.9
Cannabis	36.4	33.4	26.8	19.0	14.8
Heroin	2.3	3.4	2.0	1.6	1.8
Amphetamines	5.4	12.1	10.3	6.5	5.3
Ecstasy	3.3	5.6	4.2	3.2	4.3
Cocaine	2.2	3.5	3.0	2.4	2.1
Inhalants	16.7	15.2	12.9	10.5	11.0

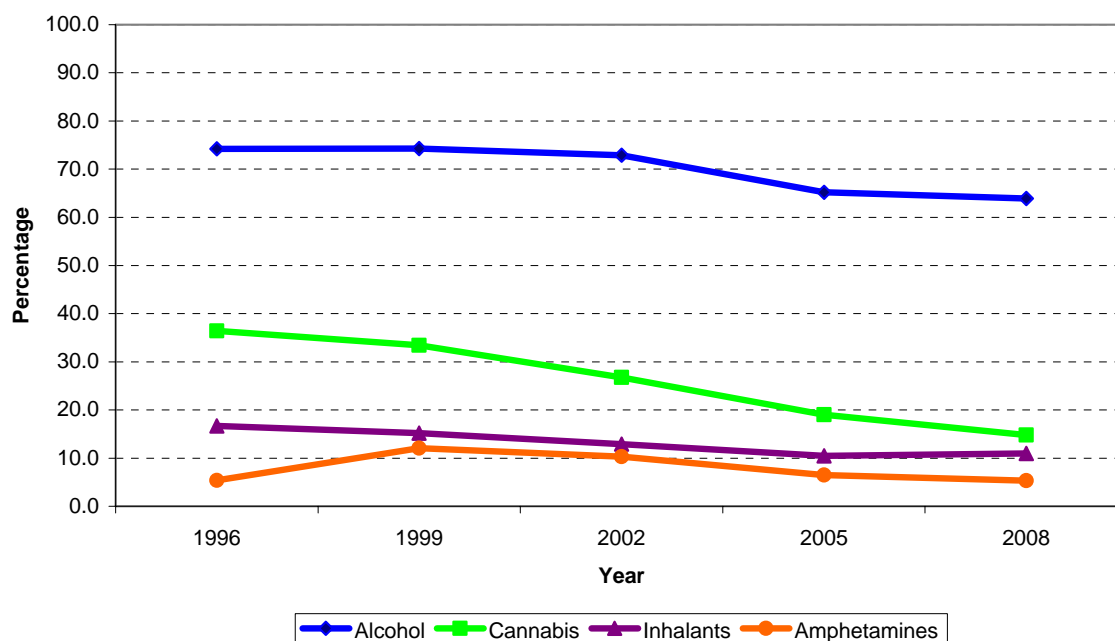
Note:

- Information is based on the ASSAD survey that is conducted every three years.
- Use of all drugs is for non-medical purposes (i.e. not prescribed by a doctor).
- A copy of the brief communications report on ASSAD is available on the DAO website: www.dao.health.wa.gov.au

The percentage of school students aged 12 to 17 years consuming alcohol continues to decline with 74.2% reported using in 1996 compared to 63.9% in 2008. This is also evident for cannabis with 36.4% of students having reported using in 1996 compared to 14.8% in 2008. In 1996 amphetamine use by school students was 5.4%, this peaked to 12.1% in 1999, and decreased to 10.3% in 2002, and continued to decline to 5.3% in 2008 similar to those reported in 1996.

Figure 9 shows a different representation of this data.

Figure 9: Percentage of Western Australian school students (aged 12-17) who reported drug use in the last 12 months



In 1995, 80% of people aged 14 years or older reported having consumed alcohol in the past 12 months prior to being interviewed. This figure increased to 86% in 1998, and remained relatively stable for 2001, 2004 and 2007 (84%, 87% and 86%, respectively). Long-term risk consumption remained at 11% from 2001 to 2007 while short-term risk consumption averaged 38% from 2001 to 2007 (see Table 3). Short-term risky alcohol consumption means that adult men do not exceed six standard drinks and women do not exceed four standard drinks on any single day of drinking. Long-term risky alcohol consumption means that that adult men do not exceed four standard drinks on an average day (or 28 standard drinks per week) and adult women do not exceed two standard drinks on an average day (or 14 standard drinks per week). Short-term and long-term risky alcohol consumption includes “risky” and “high-risk” levels.

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

	1995	1998	2001	2004	2007
Consumed alcohol in past 12 months	80%	86%	84%	87%	86%
Long-term risk consumption	n/a*	n/a *	11%	11%	11%
Short-term risk consumption	n/a *	n/a *	38%	39%	37%

*Indicates that these data were not collected during these years. Data was collected for the first time in 2001-02 and continues to be collected. This will allow for time series comparisons to be made.

Note:

- Information is based on the NDSHS that is conducted every three years.

In 2008, the percentage of “at-risk” drinking behaviour for “current drinkers” in Western Australia was 24.8%, a slight reduction from the 26.9% reported in 2005, but still higher than the 15.6% reported in 1993 (see Table 4).

Table 4: Percentage of Western Australian school students (aged 12-17) who drank ‘at risk’ (current drinkers) by gender

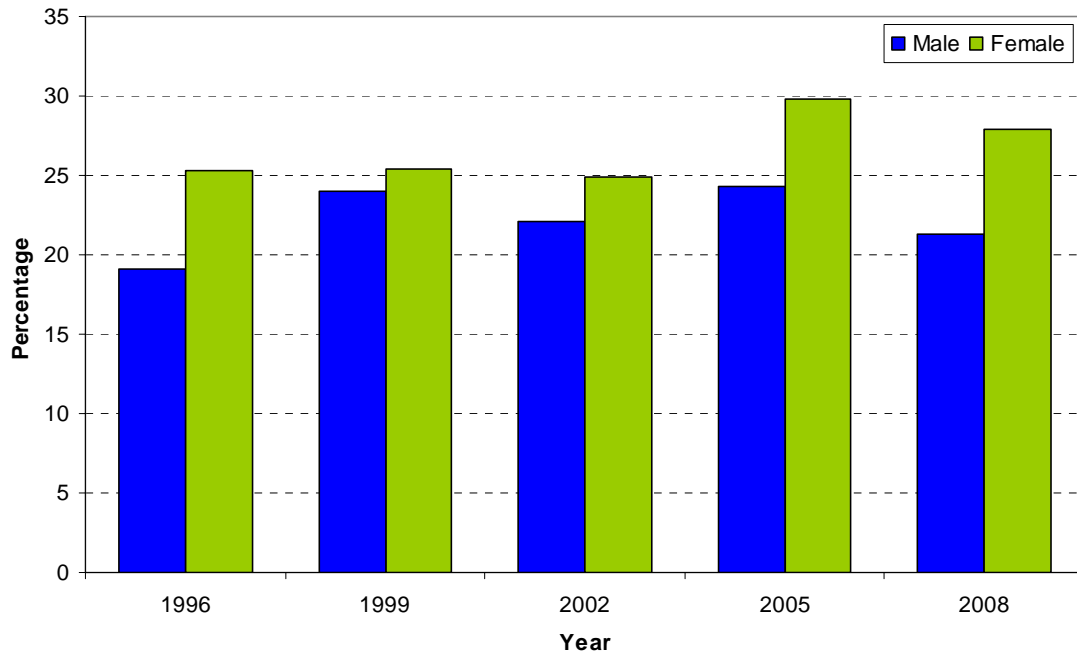
	1996	1999	2002	2005	2008
Male	19.1	24.0	22.1	24.3	21.3
Female	25.3	25.4	24.9	29.8	27.9
Total	22.1	24.7	23.3	26.9	24.8

Note:

- Information is based on the ASSAD survey that is conducted every three years.

The proportion of female students (current drinkers) identified as “at-risk” continues to be higher than those of male students (see Figure 10). Males were identified as ‘at-risk’ if they consumed more than seven drinks on any one day in the last week. Females were identified as ‘at-risk’ if they consumed more than five drinks on any day in the last week. Data excluded those who consumed 20+ drinks on any day in the last week. Current drinkers are identified as those who consumed alcohol seven days prior to completing the survey.

Figure 10: Percentage of Western Australian school students (aged 12-17) who drank “at-risk” (current drinkers) by gender



3.1.2 Harm-reduction activity

Key performance indicators

- Number of hepatitis C notifications
- Number of HIV notifications
- Number of needles and syringes distributed through the Needle and Syringe Exchange Program

Summary of harm-reduction data

The number of hepatitis C cases notified in Western Australia has fluctuated over the past five years. In 2004/05 there were 1,193 notifications, this decreased to 1,013 in 2005/06 and 1,188 in 2006/07. In 2007/08 there were 1,404 notifications, an increase of approximately 14% from the previous year. In 2008/09, the number of cases notified in Western Australia (1,213) decreased to similar figures reported in 2006/07 (see Table 5).

Table 5: Number of hepatitis C cases notified to the Department of Health by disease status in Western Australia

Disease status	Financial Year				
	2004/05	2005/06	2006/07	2007/08	2008/09
Incident	138	115	87	89	103
Unspecified	1,055	898	1,101	1,315	1,110
Total	1,193	1,013	1,188	1,404	1,213

Note:

- Source: Data were extracted from the WA Notifiable Infectious Diseases Database, Communication Disease Control, Department of Health (Department of Health, 2009d). All data are provisional and subject to future revision.
- An estimated 91% of new (incident) hepatitis C infections in Australia since 1995 have been acquired through injecting drug use (Hepatitis C Virus Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2002, April 2002).
- In Western Australia, hepatitis C infections that can be determined as being acquired within the past 24 months are classified as "incident". All other cases are classified as "unspecified" (ie person infected more than 24 months ago but only diagnosed and notified within reporting timeframe). It is possible that some "incident" cases have not been identified as such and therefore have been incorrectly classified as "unspecified" (ie unspecified category may include some cases where it is unable to be determined when the infection was acquired).
- Changes in the notification system commenced in 2000 (the introduction of laboratory notifications), resulting in a general increase in notifications across Western Australia.

The number of Western Australian residents notified with HIV infection continues to rise. In 2008/09, there were 82 residents notified with HIV infection, representing a 12% increase on the 73 reported in 2007/08 (see Table 6). A total of 76 notifications were reported in 2006/07, a 29% increase from those figures reported in the previous two years.

Table 6: Exposure category in Western Australian residents notified with HIV infection

Category	2004/05	2005/06	2006/07	2007/08	2008/09
IDU* only	4	3	2	3	4
All other	56	56	74	70	78
Total	60	59	76	73	82

* Intravenous Drug Use.

Note:

- Data were extracted from the WA Notifiable Infectious Diseases Database, Communication Disease Control, Department of Health (Department of Health, 2009d). All data are provisional and subject to future revision.
- Excludes all "Overseas visitors to WA", "overseas students" and "Non-WA Australian Residents".
- Excludes cases that have previously been notified with HIV/AIDS in other States/Territories.

In 2008, there were 4,051,679 needles and syringes distributed in Western Australia. This represented a 4% decrease from the previous year (4,231,901). From January 2005 to December 2008 there have been over 16,500,000 needles and syringes distributed in Western Australia (see Table 7).

Number of needles and syringes distributed includes those distributed through all types of outlets in WA namely; needle and syringe exchanges, rural and regional hospitals, public health units, vending machine (at Kalgoorlie Regional Hospital) and those retailed through community pharmacies.

Table 7: Number of needles and syringes distributed in Western Australia (millions)

	2004/05*	2005	2006	2007	2008
No. distributed	3.788 m	3.975 m	4.253 m	4.232 m	4.052 m

* Except for 2004/05 financial year, other figures are reporting for the calendar year.

Note:

- Source: Communicable Disease Control, Department of Health, WA (Department of Health, 2009b).
- Data may differ from those previously published due to data base upgrades and data refinement.

3.1.3 Education outcomes in relation to drug and alcohol use

Indicators of the outcomes of drug education programs may be ascertained through school students' reporting of their:

- expectation of drug and alcohol use experience
- perception of risk associated with drug and alcohol use.

Information in this section is based on the ASSAD survey which is conducted every three years.

Key performance indicators

- School students' perceptions of risk for illicit drug use.
- School students' expectations of risk from alcohol use.

Summary of education data

In 2008, between 76% and 83% of Western Australian school students reported it was dangerous to take the drugs specified once or twice, and approximately 86% believed it was dangerous to take these drugs regularly (see Table 8). The percentage of students who reported they would take cannabis from a trusted friend continues to decline from 33% in 1999 to 17% in 2008. Level of trust had also decreased for amphetamines, hallucinogens and ecstasy, whilst there was very little if any change in those who would take heroin, cocaine or inhalants from a trusted friend.

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

Drug	Would take this drug from a trusted friend				Good or really good experience if took this drug				Dangerous to take this drug once or twice				Dangerous to take this drug regularly			
	99	02	05	08	99	02	05	08	99	02	05	08	99	02	05	08
Cannabis	33	28	22	17	49	45	37	32	68	71	76	76	79	82	86	85
Heroin and other opiates	4	3	3	2	15	12	10	10	86	85	82	83	86	87	86	86
Amphetamines	10	11	8	5	24	24	19	15	79	78	77	78	84	84	84	85
Hallucinogens (LSD)	10	6	4	4	24	17	14	13	80	80	76	79	83	85	84	85
Ecstasy	9	8	6	6	24	22	18	16	80	81	81	81	84	86	86	86
Cocaine	5	5	4	3	19	16	14	13	82	82	80	81	84	86	87	86
Inhalants	5	5	5	5	16	13	12	14	n/a	n/a	n/a	n/a	85	85	86	n/a

Note:

- Information is based on the ASSAD survey that is conducted every three years.

Expectations of school students aged 12 to 17 years regarding the use of alcohol remained fairly consistent across the survey periods from 1996 to 2008 (see Table 9). The majority (79%-88%) of students aged 16-17 years expected to have a positive experience with alcohol. Students aged 12-15 years also expected to have a positive experience with alcohol, with percentages ranging from 54% to 63%, approximately 25% lower than those reported by 16-17 years old.

Table 9: Expectations of Western Australian school students aged 12-17 years relating to alcohol use (%)

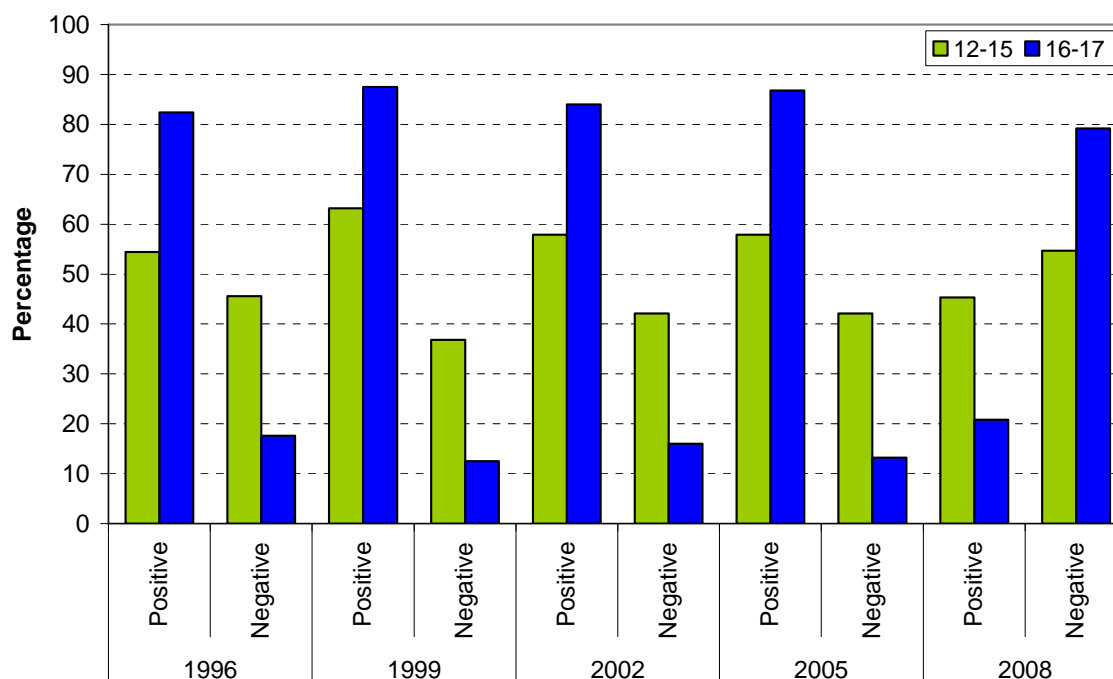
Year	Age group (years)	Students expecting to have a POSITIVE experience with alcohol	Students expecting to have a NEGATIVE experience with alcohol
1996	12-15	54.4	45.6
	16-17	82.4	17.6
1999	12-15	63.2	36.8
	16-17	87.5	12.5
2002	12-15	57.9	42.1
	16-17	84.0	16.0
2005	12-15	57.9	42.1
	16-17	86.8	13.2
2008	12-15	54.6	45.3
	16-17	79.1	20.8

Note:

- Information is based on the ASSAD survey that is conducted every three years.

This data is presented in a different manner in Figure 11, more clearly showing the differentiation between age groups.

Figure 11: Expectations of Western Australian school students aged 12-17 years relating to alcohol use (%)



3.2 Treatment and Support

The *National Drug Strategy 2004-2009* and *WADAS 2005-2009* emphasise the importance of attracting and retaining people with drug and alcohol problems into treatment and support services. The evidence is unequivocal in support of a range of treatment options to suit individual circumstance and need, with treatment and prevention having been shown to achieve up to a \$7 return on every \$1 invested (National Institute on Drug Abuse, 2000).

The following data reflect the level of use of a wide range of treatment and support services for people with drug and alcohol-related problems in Western Australia. The primary indicator is 'use of treatment and support services'.

3.2.1 Use of treatment and support services

Key Performance Indicators

- Number of calls to the Alcohol and Drug Information Service (ADIS)
- Client closed treatment episodes for non-residential services
- Client closed treatment episodes for residential services
- Number of admissions to Sobering Up Centres
- Admissions to Western Australian hospitals related to drug and alcohol use
 - number of alcohol-related admissions
 - number of drug-related admissions
- Treatment and support for prisoners in state prisons
 - number of prisoners receiving drug and alcohol counselling
 - number of prisoners receiving pharmacotherapy treatment
- Access to opioid pharmacotherapy services in Western Australia
 - number of authorised prescribers for opioid pharmacotherapy
 - number of patients receiving opioid pharmacotherapy treatment.

Summary of use of treatment and support services

The Alcohol and Drug Information Service is a 24-hour, statewide, confidential telephone service providing information, advice, counselling and referral to anyone concerned about their own or another person's drug or alcohol use. Over 100,000 calls have been made to the service during the five-year period. Although there was a slight decline in the number of phone calls from 2006/07 to 2007/08 (17,547 and 18,670 respectively), figures from 2008/09 (21,490) are similar to those recorded in 2004/05 and 2005/06 (see Table 10).

Table 10: Number of calls to the Alcohol and Drug Information Service (WA)

	2004/05	2005/06	2006/07	2007/08	2008/09
No. of calls	22,000	21,207	17,547	18,670	21,490

Note:

- Source: ADIS call reports, Drug and Alcohol Office (Drug and Alcohol Office, 2009c).

Since 2004/05 (15,188), the number of closed treatment episodes for non-residential services has increased with 15,742 reported in 2005/06, 16,026 in 2006/07 and 16,591 in 2007/08. In 2008/09 there were 14,970 closed treatment episodes for non-residential services, a 9.8% decrease from the figure reported in the previous year (see Table 11). This decline may be due to the subsequent National Minimum Data Set ruling of three-month period closure in which some treatment episodes may not be closed off.

Table 11: Number of closed treatment episodes for non-residential services in Western Australia by financial year

	2004/05	2005/06	2006/07	2007/08	2008/09
No. of closed episodes	15,188	15,742	16,026	16,591	14,970

Note:

- The data reports on closed treatment episodes to be congruent with national requirements. The data is sourced from the non-government (PICASO) and government (SIMS) data management systems. An 'episode' is defined as the period of contact, with defined start and end dates, between a client and a treatment agency, where there has been no absence or contact for more than three months.
- Due to the requirements of the National Minimum Data Set for a three-month period before closures of episodes where the client has exited without notice, the reporting period for this indicator is 1 April – 31 March.
- Source: Drug and Alcohol Office, 2010.

The number of closed treatment episodes for residential services which do not include Sobering Up Centres, has fluctuated over the past five years, with 2,097 reported in 2004/05, 1,945 in 2005/06 and 1,998 in 2006/07. In 2007/08 the number of closed treatment episodes dropped by 10% to 1,792, though in 2008/09 (1,929) similar figures in 2005/06 were recorded (see Table 12).

Table 12: Number of closed treatment episodes for residential services in Western Australia by financial year

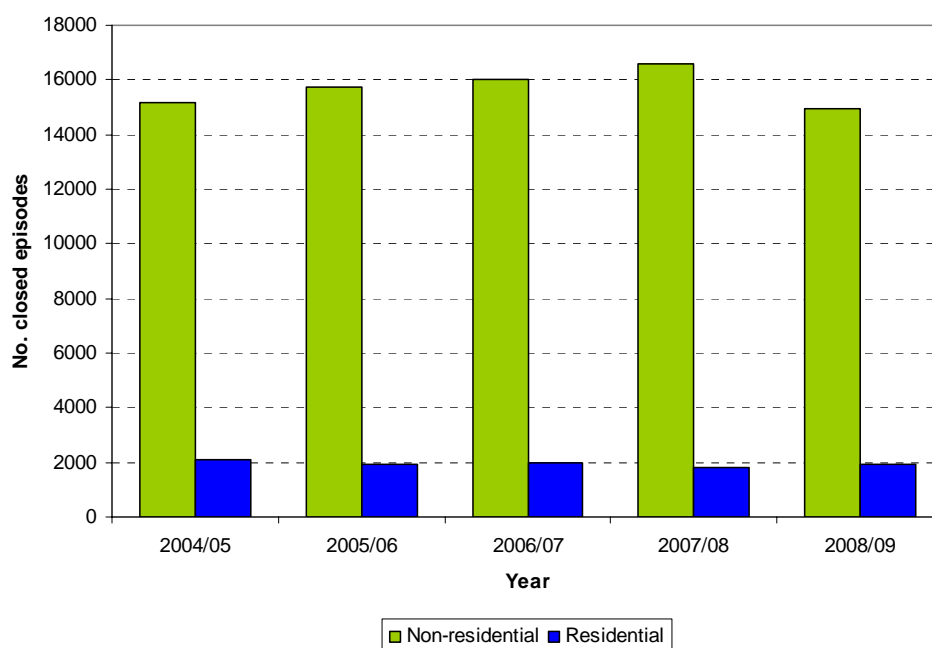
	2004/05	2005/06	2006/07	2007/08	2008/09
No. of closed episodes	2,097	1,945	1,998	1,792	1,929

Note:

- Notes as per Table 11.

Figure 12 details a comparison of closed treatment episodes between non-residential and residential services in Western Australia.

Figure 12: Number of closed treatment episodes for non-residential and residential services in Western Australia (excluding Sobering Up Centres)



From 2004/05 to 2008/09 there were approximately 98,000 admissions to Sobering Up Centres in Western Australia. In 2004/05 there were 17,810 admissions. This number continued to rise and peaked in 2007/08 with 21,585 admissions. In 2008/09 there were 17,539 admissions, an 18.7% decrease on the previous year (see Table 13).

Table 13: Number of admissions to Sobering Up Centres in Western Australia

	2004/05	2005/06	2006/07	2007/08	2008/09
No. of admissions	17,810	20,760	20,112	21,585	17,539

Note:

- Source: Drug and Alcohol Office Sobering Up Centre database (Drug and Alcohol Office, 2009e).

The number of alcohol-related hospitalisations continues to increase, with 13,938 hospitalisations in 2008, a 7% increase from the 13,004 reported in 2007. From 2004 to 2008 the number of alcohol-related hospitalisations has increased by 26%. During the five-year period, there were 62,313 hospitalisations related to alcohol, of which males represented approximately 58% (see Table 14).

Table 14: Number and rate of hospitalisations related to alcohol in Western Australia by year

Alcohol related		2004	2005	2006	2007	2008
Hospitalisations	Males	6,352	7,009	7,275	7,655	8,047
	Females	4,693	4,881	5,160	5,349	5,891
	Persons	11,045	11,890	12,435	13,004	13,938
Age-Standardised Rate (per 1,000 person-years)	Males	6.6	7.0	7.1	7.2	7.5
	Females	4.6	4.7	4.9	4.9	5.3
	Persons	5.6	5.9	6.0	6.1	6.4

Note:

- Source: Epidemiology Branch, Department of Health, WA (Department of Health, 2009a).
- Data extracted using Western Australian-specific fractions.
- Hospitalisations refer to cases discharged from hospital in the given period of time. Hospitalisations are completed episodes from admission to discharge. These data do not include presentations to Accident and Emergency Departments.
- Hospital data exclude non-acute cases and unqualified newborns and contracted services.
- The ASR (Age-Standardised Rate) is derived to allow comparison between populations with different age structures. This is necessary because rates of diseases vary with age, often increasing as age increases. The age structure of each population is converted to the same 'standard' structure. The disease rates that would have occurred with that structure are calculated and compared.
- ASRs are standardised with the Australian 2001 population.
- As data include cases with unknown gender, the number of persons may exceed the sum of males and females.

The total number of hospitalisations related to other drugs (excluding alcohol) for 2008 was 4,678, a 5.5% increase from the 4,432 reported in 2007 (see Table 15). Over the five-year period there have been 22,560 hospitalisations related to other drugs in Western Australia.

Table 15: Number and rate of hospitalisations related to other drugs in Western Australia by year

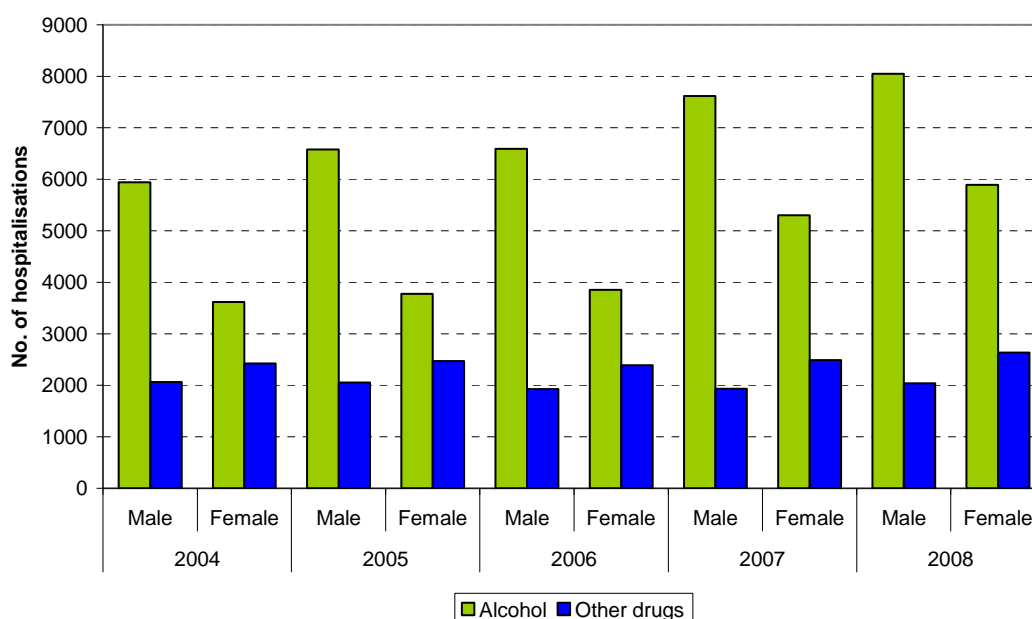
Other drug related		2004	2005	2006	2007	2008
Hospitalisations	Males	2,064	2,052	1,985	1,937	2,041
	Females	2,421	2,472	2,456	2,495	2,637
	Persons	4,485	4,524	4,441	4,432	4,678
Age-Standardised Rate (per 1,000 person)	Males	2.1	2.0	1.9	1.9	1.9
	Females	2.5	2.5	2.4	2.5	2.5
	Persons	2.3	2.2	2.2	2.2	2.1

Note:

- Source: Epidemiology Branch, Department of Health, WA (Department of Health, 2009a).
- Hospitalisations refer to cases discharged from hospital in the given period of time. Hospitalisations are completed episodes from admission to discharge. These data do not include presentations to Accident and Emergency Departments.
- Hospital data exclude non-acute cases and unqualified newborns and contracted services.
- The ASR (Age-Standardised Rate) is derived to allow comparison between populations with different age structures. This is necessary because rates of diseases vary with age, often increasing as age increased. The age structure of each population is converted to the same 'standard' structure. The disease rate that would have occurred with that structure in different populations are calculated and compared.
- ASRs are standardized with the Australian 2001 population.
- 'Other drugs' refers to opioids, sedatives and barbiturates, benzodiazepines, anti-depressants, psychostimulants, hallucinogens and cannabis, volatile substances, steroids, analgesics and anti-rheumatics and a variety of combined or unspecified drugs.
- As data include cases with unknown gender, the number of persons may exceed the sum of males and females.

Of hospitalisations related to other drugs in Western Australia, females represented approximately 55% (see Figure 13).

Figure 13: Number of hospitalisations related to alcohol and 'other drugs' in Western Australia by gender



The number of prisoners who completed an intensive Addiction Offending program in 2008/09 was 349, an increase of 112% from the previous year (165 reported in 2007/08). A Brief Intervention Service was in operation and data captured for number of prisoners and number of contact hours is included in 2004/05, 2005/06 and 2006/07 figures. From 2007 onwards the number of prisoners reported are those only completing intensive Addiction Offending programs. However, the number of contact hours has significantly increased due to Health Services providing drug and alcohol group sessions (see Table 16).

Table 16: Number and duration (hours) of Western Australian prisoner registrations who completed drug and alcohol counselling

	2004/05	2005/06	2006/07	2007/08	2008/09
No. of prisoners	1,209	1,865	1,384	165	349
No. of contact hours	37,150	37,472	30,424	12,570	33,430

Note:

- Source: Department of Corrective Services, 2009.
- Rules for extracting data are: registrations that were completed for brief intervention – short sentence/remand and addiction courses for sentenced prisoners. Data does not represent distinct prisoners, but registrations.
- Data does not include counselling provided in the community for prisoners on early release.
- Health Services now provide drug and alcohol groups. In 2007/08 it was reported that 1,973 people attended 313 hourly sessions, equalling 617,549 contact hours. However, the 617,549 contact hours reported was incorrect. The number of contact hours should have been 13,811. For 2008/09 1,216 individuals attended an average of 7 x 1 hour sessions, equalling a total of 8,512 contact hours.
- Service delivery was reduced for 2007/08 due to staffing issues, resulting in lower numbers for the offenders program.

The number of prisoners receiving pharmacotherapy treatment continues to rise, with 639 receiving treatment in 2008/09, a 29% increase from the 497 reported in 2007/08 (see Table 17). Since the implementation of the Prison Pharmacotherapy treatment service program by the Department of Corrective Services (a major initiative of the *Justice Drug Plan 2003*), the number of prisoners receiving treatment continues to rise. In 2004/05, there were 418 prisoners receiving treatment, in 2005/06 the figures remained steady at 417, and increased to 442 in 2006/07. In Western Australia, opioid replacement treatment is available through the Community Program for Opioid Pharmacotherapies.

Table 17: Number of prisoners receiving pharmacotherapy treatment in Western Australia

	2004/05	2005/06	2006/07	2007/08	2008/09
No. of prisoners	418	417	442	497	639

Note:

- Source: Department of Corrective Services, 2009.

The number of authorised prescribers for opioid pharmacotherapy in Western Australia has fluctuated slightly over the last four years. In 2005/06 there were 105 authorised prescribers. This decreased by 5% to 100 in 2006/07 but increased by 7% to 107 in 2007/08. In 2008/09 the number of authorised prescribers decreased to 101 (see Table 18).

Table 18: Number of authorised prescribers for opioid pharmacotherapy in Western Australia

	2005/06	2006/07	2007/08	2008/09
No. of prescribers	105	100	107	101

Note:

- Source: Environmental Health, Department of Health WA (Department of Health, 2009c).

Table 19 shows that the number of people receiving opioid pharmacotherapy treatment has remained consistent over the last four years. In 2005 there were 2,883 receiving treatment, with similar numbers reported in 2006, 2007 (2,888 and 2,822, respectively) and 2008 when 2,908 people were receiving opioid pharmacotherapy treatment.

Table 19: Number of people receiving opioid pharmacotherapy treatment in WA

	2005	2006	2007	2008
No. of people	2,883	2,888	2,822	2,908

Note:

- Source: Australian Institute of Health and Welfare 2009. National Opioid Pharmacotherapy Statistics Annual Data Collection: 2008 report. Bulletin 72 (Australian Institute of Health and Welfare, 2009b).
- Data only represents clients treated through the month of June.

3.3 Law, Justice and Enforcement

The major themes in the law, justice and enforcement strategies are diversion of drug offenders, reducing the supply of illicit drugs and alcohol, and reducing drug-related offending.

Key performance indicators

- Targeted drug-related offences
 - number of trafficking drug-related offences
 - number of possession drug-related offences
 - number of illicit drug seizures by type of drug
 - number of *Liquor Licensing Act 1988* infringement notices issued by the WAPol and DRGL inspectors
 - breakdown of offences with an emphasis on the illegal supply of liquor, i.e. sale of liquor to juveniles
 - number of drink driving offences
- Disruption of the manufacture and the supply of illicit drugs
 - number of clandestine laboratories dismantled
 - number of Chemical Diversion Reports
- Diversion of drug offenders away from the judicial system by the implementation of police diversion
 - number of diversions by way of Cannabis Infringement Notices (CINs)
 - number of CINs issued
 - number of adult persons diverted by way of the All Diversion Drug program
- Diversion of juvenile offenders with drug-related problems
 - number of juvenile drug offenders diverted from the court system to a Juvenile Justice Team
- Diversion of adult offenders with drug-related problems
 - number of adult drug offenders diverted from custody through conditional release orders
 - number of adult drug offenders diverted from custody by suspended imprisonment orders.

3.3.1 Summary of targeted drug-related offences

In 2008/09 there were 2,891 drug trafficking offences reported in Western Australia, a 17% increase from the 2,424 reported in 2007/08. Figures reported in 2005/06 and 2006/07 were very similar with 2,700 and 2,716 respectively.

The number of drug possession offences reported in 2008/09 was 14,800, a 6% increase on the figures reported in 2007/08 (13,955), reflecting similar figures reported in 2006/07 (14,929). Over the five-year period the number of drug possession offences has increased by 20% (see Table 20).

‘Reported’ refers to offences where the WAPol investigate based on information supplied by the community or WAPol intelligence. ‘Detected’ refers to offences where the WAPol locate drug offences coincidentally as a result of another investigation/offence, or as the result of a community report for another reason.

Table 20: Reported/detected number of drug offences in Western Australia by financial year

Offence Group		2004/05	2005/06	2006/07	2007/08	2008/09
Drugs (Traffic)	Cultivate	974	952	959	834	1,028
	Manufacture	39	38	33	21	69
	Possess with intent to sell/supply	1,102	1,114	1,226	1,174	1,267
	Sell/supply	322	596	498	433	527
Drugs (Traffic) Total		2,437	2,700	2,716	2,462	2,891
Drugs (Possess)	Possess drug	8,061	8,912	9,482	9,165	9,837
	Possess smoking implement*	4,225	5,185	5,443	4,790	4,963
Drugs (Possess) Total		12,286	14,097	14,925	13,955	14,800

*Smoking implement refers to the possession of an implement used in the smoking (burning and inhalation) of any drug. This is primarily associated with the use of cannabis.

Note:

- Source: Business Intelligence Office, WA Police (Western Australia Police, 2009).

In 2008/09 there were 11,249 illicit drug seizure incidents in Western Australia, a 5% increase on figures reported in 2007/08 (10,719). From 2004/05 the number of incidents has risen approximately 5% each year, except for 2007/08 (< 1% from previous year). In 2008/09 cannabis represented approximately 63% of illicit drug seizure incidents, followed by amphetamine at 26% (see Table 21).

Table 21: Number of illicit drug seizure incidents by drug type in Western Australia by financial year

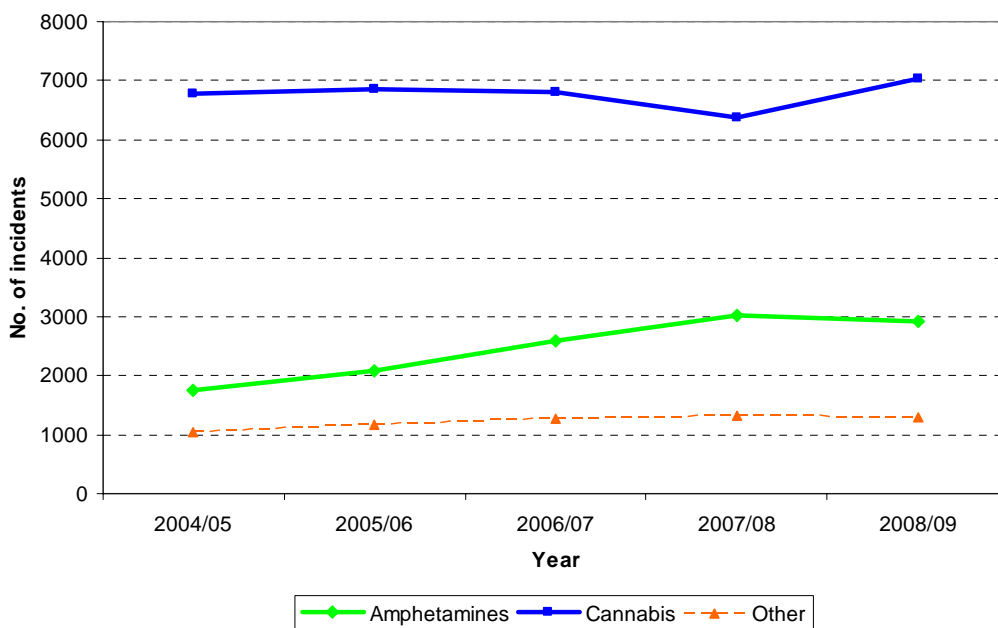
	2004/05	2005/06	2006/07	2007/08	2008/09
Amphetamine	1,752	2,088	2,581	3,023	2,921
Cannabis	6,790	6,863	6,805	6,380	7,045
Cocaine	22	14	30	38	36
LSD	17	14	18	46	51
Opiates	104	101	136	106	138
Pharmaceutical	224	308	294	300	238
Other	664	732	797	796	820
Total	9,573	10,120	10,661	10,689	11,249

Note:

- Source: Business Intelligence Office, WA Police (Western Australia Police, 2009).
- Data extracted by the Drug and Alcohol Office.
- Amphetamines includes: amphetamine, methamphetamine, MDA, MDMA, etc.
- Cannabis includes: cannabis, hashish, cannabis oil, resin, etc.
- Opiates include: heroin, opium, morphine, etc.
- Pharmaceutical includes: prescription medications (more clearly identifiable since 2003-04).
- Other includes: khat, psilocybin, steroids, pre-cursor chemicals, non-specified identified.

Figure 14 further outlines the number of illicit drug seizure incidents by drug type.

Figure 14: Number of illicit drug seizure incidents drug type in Western Australia



Organisation changes have contributed to a 58% increase in the total number of liquor licensing infringement notices issued in Western Australia in 2008/09 (19,604), compared to the previous year when there were 12,381 notices issued (see Table 22).

Table 22: Number of Liquor Licensing Act Infringement Notices issued in Western Australia by the WA Police and DRGL Inspectors

	2004/05	2005/06	2006/07	2007/08	2008/09
No. of infringements	6,057	8,258	7,229	12,381	19,604

Note:

- Source: Department of Racing, Gaming and Liquor, 2009.

In 2008/09 there was a 121% increase in the number of infringement notices issued to licensees, and 54% increase in the number notices issued to patrons compared to the previous year (see Table 23). (Note: Infringement statistics reflect enforcement activity and targeted regulatory activity. This data is not a measure of overall compliance with the *Liquor Licensing Act 1988*.)

Table 23: Breakdown of offences on the illegal supply of liquor in Western Australia

	2005/06	2006/07	2007/08	2008/09
Patrons				
Street drinking	5,840	4,730	7,034	11,215
Park drinking	1,618	1,426	2,863	3,669
Juvenile drinking	210	206	1,231	1,292
Other	356	440	485	1,727
Total	8,024	6,802	11,613	17,903
Licensees				
Drunkenness	34	29	86	264
Juveniles	82	97	241	375
Other	118	301	441	1,062
Total	234	427	768	1,701

Note:

- Source: Department of Racing, Gaming and Liquor, 2009.

In 2008/09, the number of preliminary breath tests carried out in Western Australia was 759,848, representing a 22% decrease from figures reported in 2007/08 (see Table 24). Although the number breathalysed was lower than previous years, the number exceeding the 0.05% blood alcohol limit was higher at 2.9% compared to 1.5%, 1.6% and 2.0% (2005/06, 2006/07 and 2007/08, respectively). In recent years the WAPol have adopted more targeted, intelligence led policing for drink driving which has resulted in a drop in RBT's and an associated increase in the percentage of drivers stopped being found to exceed the allowable BAC limit.

Table 24: Number of drink driving offences in Western Australia

	2005/06	2006/07	2007/08	2008/09
No. of preliminary breath tests	978,724	930,947	970,398	759,848
No. of drivers exceeded 0.05	15,124	15,070	19,288	21,855
% of drivers who exceeded 0.05	1.5%	1.6%	2.0%	2.9%

Note:

- Source: Business Intelligence Office, WA Police (Western Australia Police, 2009).

3.3.2 Disruption of the manufacture and the supply of illicit drugs

In 2008/09, 85 clandestine laboratories were dismantled in Western Australia, the highest number recorded in the past five years. As shown in Table 25, in 2004/05 there were 47 clandestine laboratories dismantled. This increased to 57 in 2005/06, but decreased to 37 in 2006/07 and 32 in 2007/08. The type of clandestine drug laboratories dismantled in Western Australia refers primarily to the production of amphetamine type stimulants.

Table 25: Number of clandestine laboratories dismantled in Western Australia

	2004/05	2005/06	2006/07	2007/08	2008/09
No. clandestine laboratories	47	57	37	32	85

Note:

- Source: Business Intelligence Office, WA Police (Western Australia Police, 2009).
- This information differs to the 'manufacture' offences presented in Table 20 (Reported/detected drug offences in WA by financial year). 'Manufacture' offences address clandestine drug laboratories, as well as other manufacturing processes. Clandestine drug laboratories are a more accurate measure of amphetamine-type stimulant production and offences than the broader offence of 'manufacture'.

Over the five-year period there have been 1,252 Chemical Diversion Reports in Western Australia. In 2004/05 there were 223 reports, this increased by 47% in 2005/06 to 329. In 2006/07 the number of Chemical Diversion Reports declined and continued to decline for the next three years with 160 reported in 2008/09 (see Table 26).

Table 26: Number of Chemical Diversion Reports in Western Australia

	2004/05	2005/06	2006/07	2007/08	2008/09
No. of reports	223	329	288	252	160

Note:

- Source: Business Intelligence Office, WA Police (Western Australia Police, 2009).

3.3.3 Diversion of drug offenders away from the judicial system by the implementation of police diversion

In 2008/09 there were 1,888 diversions by Cannabis Infringement Notices compared to the 2,099 reported in 2007/08 (see Table 27). Over the five-year period there has been a 47% decrease in the number of diversions reported in 2004/05 (3,575) to those recorded in 2008/09.

Table 27: Number of diversions by Cannabis Infringement Notices in Western Australia

Quarter	2004/05	2005/06	2006/07	2007/08	2008/09
Jul-Dec	1,809	1,535	1,170	1,127	961
Jan-Jun	1,766	1,537	1,119	972	927
Total	3,575	3,072	2,289	2,099	1,888

Note:

- Source: Business Intelligence Office, WA Police (Western Australia Police, 2009).
- Data extracted by the Drug and Alcohol Office.
- The *Cannabis Control Act 2003* applies to charges under the *Misuse of Drugs Act 1981*, involving possession of smoking implements (s. 5(1)(d)(i)), possession of cannabis (s. 6(2)) and cultivation of not more than two non-hydroponically cultivated plants (s. 7(2)).
- Data for the March 2004 quarter are only for the period from the 22 to 31 March 2004. The *Cannabis Control Act 2003*, and subsequently the CIN was proclaimed on 22 March 2004. The *Cannabis Control Act 2003* applies to quantities of cannabis not exceeding 30 grams for personal use.

In 2008/09 there were 2,012 CINs issued in Western Australia, a 10% reduction on the number issued in 2007/08 (2,234). From 2004/05 to 2008/09 the number of CINs issued has decreased by approximately 48% (see Table 28).

Table 28: Number of Cannabis Infringement Notices* issued in Western Australia

Period	2004/05	2005/06	2006/07	2007/08	2008/09
Jul-Dec	1,924	1,632	1,170	1,203	1,024
Jan-Jun	1,992	1,608	1,232	1,031	988
Total	3,916	3,240	2,402	2,234	2,012

*The number of CINs issued is greater than those diverted (Table 27) due to cancellation and withdrawals and any data cleaning.

Note:

- Source: Business Intelligence Office, WA Police (Western Australia Police, 2009).
- Data extracted by the Drug and Alcohol Office.

The number of people diverted to treatment by police (all drug diversion) in Western Australia has fluctuated over the past five years. In 2004/05 there were 75. This decreased to 40 in 2005/06, and increased to 59 in 2006/07 and 67 in 2007/08. However, in 2008/09 the number of people diverted dropped to 28, a 58% decrease on the previous year (see Table 29).

Table 29: Number of people diverted to treatment by police (all drug diversion) in Western Australia

	2004/05	2005/06	2006/07	2007/08	2008/09
No. diverted	75	40	59	67	28

Note:

- Source: Business Intelligence Office, WA Police (Western Australia Police, 2009).
- All drug diversion applies where the amount of the drug involved does not exceed one-quarter of the prescribed amount as listed in Schedule 5 of the *Misuse of Drugs Act 1981*.

3.3.4 Diversion of juvenile offenders with drug-related problems

The number of juvenile drug offenders diverted from the court system to a Juvenile Justice Team by the WA Police has fluctuated over the five-year period. Figures ranged from 67 in 2005, down to 45 in 2006. In 2006/07 this increased to 94, but dropped to 56 in 2007/08. In 2008/09 the highest number of diversions by WA Police was recorded with 125.

The number of juveniles diverted by way of the Children's Court also fluctuated over the five year period. In 2004/05 and 2005/06 similar figures were reported (74 and 73, respectively), in 2006/07 the number of juveniles diverted increased to 111. In 2007/08 this number decreased by 16% to 93. By 2008/09 the number of juvenile drug offenders diverted from the court system to a Juvenile Justice Team increased by 66% to 154 (see Table 30).

Table 30: Number of juvenile drug offenders diverted from the court system to a Juvenile Justice Team in Western Australia

	2005	2006	2006/07	2007/08	2008/09
WA Police	67	45	94	56	125
	2004/05	2005/06	2006/07	2007/08	2008/09
Children's Court	74	73	111	93	154

Note:

- Source: Children's Court – Magistrate's Courts and Tribunals, Department of the Attorney General (Department of the Attorney General, 2009). WA Police – Business Intelligence Office (Western Australia Police, 2009).

3.3.5 Diversion of adult offenders with drug-related problems

In 2008/09 there were 123 adult drug offenders diverted from custody through conditional release orders (CROs) in Western Australia. This figure was 28% more than the figures reported in 2007/08 (96). Over the five-year period there have been 551 adult drug offenders diverted from custody through CROs (see Table 31).

Table 31: Number of adult drug offenders diverted from custody through conditional release orders in Western Australia by financial year

	2004/05	2005/06	2006/07	2007/08	2008/09
No. adults diverted	111	122	99	96	123

Note:

- Source: Magistrate's Courts and Tribunals, Department of the Attorney General (Department of the Attorney General, 2009).
- Data reflects adult drug offenders who were diverted from court for offences under the *Misuse of Drugs Act 1981*. These offenders have received a Conditional Release Order under section 47 of the *Sentencing Act 1995*.
- A Conditional Release Order is a sentencing order that has a custody component.
- Diversion from custody is by placing offenders with DCS officers to a diversion program, or where offenders agree to undertake support and counselling.

In 2008/09, there were 54 adult drug offenders diverted from custody by suspended imprisonment order) (see Table 32). These figures are similar to those reported in 2007/08 (55), though lower than the 66 reported in 2004/05 and 2006/07. The lowest number of adult drug offenders diverted from custody by a suspended imprisonment order was reported in 2005/06 with only 43 offenders being diverted.

Table 32: Number of adult drug offenders diverted from custody by suspended imprisonment order in Western Australia by financial year

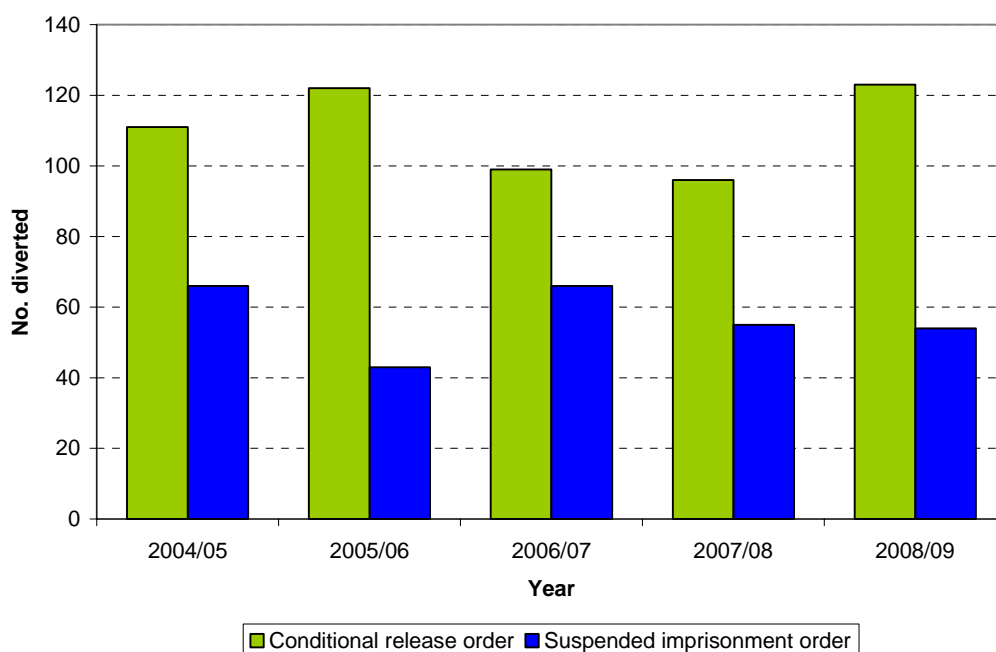
	2004/05	2005/06	2006/07	2007/08	2008/09
No. adults diverted	66	43	66	55	54

Note:

- Source: Magistrate's Courts and Tribunals, Department of the Attorney General (Department of the Attorney General, 2009).
- Data reflects adult drug offenders who have been diverted from custody for offences under the *Misuse of Drugs Act 1981*. These offenders have received a Suspended Imprisonment Order under section 76 of the *Sentencing Act 1995*.
- Pre-sentence orders also divert offenders from custody. A court may impose a pre-sentence order under Section 33A of the *Sentencing Act 1995*. The purpose of the pre-sentence order is to give an offender, who is facing a possible term of imprisonment, an opportunity to take steps to address their offending behaviour prior to the court proceeding with sentencing.
- An Intensive Supervision Order is a sentencing order that is served in the community and supervised by DCS officers.
- Diversion from custody means that the judiciary has determined that an offender needs to participate in treatment within the community rather than being placed in detention.

Figure 15 provides a comparison of offenders diverted from custody by either a conditional release order, or a suspended imprisonment order.

Figure 15: Number of adult drug offenders diverted from custody through conditional release orders or suspended imprisonment orders in Western Australia



Conclusion

The WADAS provided the broad strategic direction in guiding government, non-government and the community in addressing problems relating to drug and alcohol use in Western Australia. It is consistent with national directions and operates under the framework of supply, demand and harm reduction.

The WADAS has three priority areas: prevention and early intervention; treatment and support; and law, justice and enforcement. The member agencies of the Drug and Alcohol Senior Officers' Group have implemented a range of strategies within the three priority areas in working towards achieving the WADAS goal. This report outlines some of the key achievements of the whole-of-government activities including qualitative reporting and key performance indicators.

The information contained within the Report will aid in the development of future drug and alcohol initiatives within the State, with the ultimate aim of further preventing, delaying and reducing drug and alcohol problems within the community.

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Acronyms

ADIS	Alcohol and Drug Information Service
ASSAD	Australian School Students Alcohol and Drug (survey)
BBV	Blood-borne Virus
CACHS	Child and Adolescent Community Health Service
CCA	Cannabis Control Act 2003
CCTV	Closed circuit television
CDS	Community Drug Service
CDST	Community Drug Service Team
CINs	Cannabis Infringement Notice Scheme
COAG	Council of Australian Governments
CPOP	Community Program for Opioid Pharmacotherapy
CRO	Conditional Release Order
CSCPF	Community Safety and Crime Prevention Fund
CSCPP	Community Safety and Crime Prevention Partnerships
DAO	Drug and Alcohol Office
DAYS	Drug and Alcohol Youth Service
DCP	Department for Child Protection
DCS	Department of Corrective Services
DDU	Drug Detection Unit
DET	Department of Education and Training
DHW	Department of Housing and Works
DIA	Department of Indigenous Affairs
DLGRD	Department of Local Government and Regional Development
DoH	Department of Health
DotAG	Department of the Attorney General
DPC	Department of Premier and Cabinet
DRGL	Department of Racing, Gaming and Liquor
ECU	Edith Cowan University
GAP	Government Action Plan
GP	General Practitioner
Hip/Hop	Health in prison/Health outta prison
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
KEMH	King Edward Memorial Hospital
LDAG	Local Drug Action Group
MOU	Memorandum of Understanding
MFPFs	Multi Function Police Facilities
NDSHS	National Drug Strategy Household Survey
NSP	Needle and Syringe Program
OCP	Office of Crime Prevention
ORS	Office of Road Safety
PDIS	Parent Drug Information Service
PMH	Princess Margaret Hospital
S8	Schedule 8 drug

SDDPG	State Dual Diagnosis Planning Group
SDERA	School Drug Education and Road Aware
SMPHU	South Metropolitan Public Health Unit
SOG	Senior Officers' Group
SUC	Sobering Up Centre
STI	Sexually transmissible infection
UWA	University of Western Australia
VSU	Volatile substance use
WACHS	Western Australian Country Health Service
WADAS	WA Drug and Alcohol Strategy
WADP	WA Diversion Program
WANADA	Western Australian Network of Alcohol and Drug Agencies
WAPol	Western Australia Police
YPOP	Young Person's Opportunity Program

Appendix 1: Key Strategies of the Western Australian Drug and Alcohol Strategy 2005-2009

The *Western Australian Drug and Alcohol Strategy 2005-2009* comprise 23 key strategies in the areas of prevention and early intervention; treatment and support; and law, justice and enforcement. These strategies are:

1. Promote quality services and performance management through ongoing monitoring and evaluation.

Key Strategy Area: Prevention and Early Intervention

2. Contribute to the reduction of risk factors and the development of protective factors and resiliency relating to problems associated with drug and alcohol use in local communities.
3. Work with the community to achieve a 'drinking culture' that is consistent with decreasing the problems associated with hazardous and harmful alcohol use.
4. Support physical environments that decrease problems associated with alcohol and other drug use.
5. Develop and implement initiatives that involve early assessment and brief intervention measures to reduce the harm resulting from alcohol and other drug use.
6. Undertake initiatives that develop the knowledge, attitudes and skills of the community, particularly priority groups, to prevent, delay and reduce drug and alcohol-related problems.
7. Initiate and maintain evidence-based education, policy, legislation, workforce development, compliance and enforcement, and monitoring and surveillance initiatives that will prevent, delay and reduce drug and alcohol-related problems.
8. Prevent and/or delay the onset of illicit drug use and the hazardous use of alcohol and other drugs through effective partnerships between the community, non-government and government agencies.
9. Involve local communities in strategies to prevent and reduce drug and alcohol-related problems.

Key Strategy Area: Treatment and Support

10. Ensure that there is a comprehensive range of community-oriented, evidence-based treatment and support services, responsive to client needs, throughout the State.
11. Improve access to services to meet the particular needs of priority groups.
12. Promote clear points of entry into treatment and ensure that there are identified pathways for people to access the services most appropriate to their needs.
13. Ensure that services operate as an integrated network, reflecting continuity with the underlying values and principles of the *Western Australian Drug and Alcohol Strategy 2005-2009*.
14. Ensure that there are effective partnerships between non-government organisations and government agencies that respond to communities and people affected by alcohol and other drugs.

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15. Ensure treatment and support services develop and strengthen partnerships across government. Key government departments will develop Agency Drug and Alcohol Action Plans to articulate their role in a comprehensive drug and alcohol treatment response.

Key Strategy Area: Law, Justice and Enforcement

16. Disrupt and reduce the supply of illicit drugs to optimise the success of demand and harm-reduction initiatives.
17. Reduce the illegal supply of alcohol and reduce alcohol-related crime.
18. Link with prevention and early intervention initiatives by exploring collaborative models to reduce the harms experienced by drug and alcohol users.
19. Link to treatment by maximising the number of offenders with drug and alcohol problems engaged in diversion programs at each stage of the criminal justice system.
20. Enact and explore a legal framework that achieves a balance between strongly discouraging and penalising the illicit drug trade, encouraging people into drug and alcohol treatment, and avoiding undue legal penalties for people who use drugs.
21. Ensure treatment for people affected by drug and alcohol is delivered with compassion and respect, within the context of their offending behaviour.
22. Reduce drug use and associated problems by offenders and others identified in the justice system.
23. Reduce re-offending associated with drug use.