



Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015

Illicit Drug Support Plan 2012-2015



Government of **Western Australia**
Drug and Alcohol Office

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> The Illicit Drug Support Plan 2012-2015

The *Illicit Drug Support Plan 2012-2015* (the Illicit Drug Support Plan), summarises the key objectives and supporting initiatives that will be pursued over the next four years to prevent and respond to problematic drug use.

The Illicit Drug Support Plan is a supporting document to the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015* (the Interagency Strategic Framework), which seeks to prevent and reduce the adverse impacts of alcohol and other drugs (AOD) in Western Australia. There are other support plans for the following priority areas:

- *Alcohol Support Plan 2012-2015.*
- *Volatile Substance Use Support Plan 2012-2015.*
- *Capacity Building, Coordination and Monitoring Support Plan 2012-2015.*

The Illicit Drug Support Plan's key actions are in support of the Interagency Strategic Framework's key strategic areas of:

- Focusing on prevention.
- Intervening before problems become entrenched.
- Effective law enforcement approaches.
- Effective treatment and support services.
- Strategic coordination and capacity building.

The evidence demonstrates that some population groups experience greater impacts from alcohol and other drug use than others and therefore require additional support. Priority population groups include:

- Aboriginal people and communities.
- Children and young people.
- People with co-occurring mental health and alcohol and other drug use problems.
- People in rural and remote areas.
- Families, including alcohol and other drug using parents.
- Offenders.

A copy of the Interagency Strategic Framework is available on the Drug and Alcohol Office website:
www.dao.health.wa.gov.au

The *Strong Spirit Strong Mind - Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015* complements the Interagency Strategic Framework. It provides guidance to key stakeholders in delivering culturally secure programs and Aboriginal ways of working in order to strengthen their efforts to manage and reduce alcohol and other drug related harm in Aboriginal communities.



> The aim

The aim of the *Illicit Drug Support Plan 2012-2015* is to prevent and delay the onset of drug use, and reduce the harms associated with illicit drug use and the misuse of pharmaceuticals in Western Australia.



> Coordination and collaboration

The Illicit Drug Support Plan provides a framework for a collaborative, inter-sectoral response to preventing and reducing drug related harm. It has been developed as a guide for Western Australian government departments to address illicit drug use at a state, regional and local community level. The Illicit Drug Support Plan summarises the key strategic areas and initiatives that will be pursued over the coming years to prevent and respond to drug related issues.

Responsibility for action exists across a broad range of government sectors including health, law enforcement, criminal justice, social welfare, recreation and education. The community-based sector, business and industry, the media, research institutions and local communities affected by illicit drug use also have a role in action as it relates to their areas of social and community life.

As the lead State Government agency responsible for AOD strategies and services in Western Australia, the Drug and Alcohol Office (DAO) aims to provide guidance and support for an integrated approach to prevent and reduce illicit drug use across the state.

The DAO also supports broader coordination efforts and strategies to reduce drug related problems at the national, state and local level.

The Illicit Drug Support Plan has been endorsed by State Government departments represented on the Drug and Alcohol Strategic Senior Officers' Group (DASSOG) and represents the commitment of these agencies to prevent and respond effectively to illicit drug use.



> Defining illicit drugs

Under the Illicit Drug Support Plan, the term 'illicit drug' is used to refer to both illegal and pharmaceutical drugs (where the use of pharmaceuticals is inappropriate and/or illicit).

An illegal drug is a drug that is prohibited from manufacture, sale or possession. For example, cannabis, cocaine, heroin and amphetamine-type stimulants (ecstasy, methamphetamines).¹

Pharmaceuticals are drugs that are available from a pharmacy, over-the-counter or by prescription, which may be subject to inappropriate use.

For example, opioid-based pain relief medications, opioid substitution therapies, dexamphetamines, benzodiazepines, over-the-counter codeine and steroids.²

Emerging or novel drugs are also referred to within the Illicit Drug Support Plan due to their increasing use within Australia in recent years. Emerging or novel psychoactive substances are psychoactive substances that are often designed to mimic, or are claimed to mimic, the effects of illegal drugs. Their design and manufacture often avoids legislation prohibiting illicit drug use and supply.

> Key areas of focus

Some drugs require particular attention as evidence demonstrates that they are associated with more harm and higher rates of use. Based on this, the priority drugs of concern for focus during the next four years are:

- Cannabis and synthetic cannabiniods.
- Amphetamines and amphetamine-type substances (including ecstasy).
- Heroin and other opioids.

The ever-changing nature of drug use requires the continual development of strategies to address drug use issues as they emerge and to prevent the escalation of potential problems. Vigilance is required to continually monitor use, emerging trends,

dependence, intoxication and overdose, and to implement appropriate action.

Other focus areas include:

- Poly drug use.
- Other prescription drugs.
- Emerging drugs.
- Transmission of blood-borne viruses.

Another area of focus is engaging with groups where levels of drug related harm are becoming more apparent (for example, elderly people, people from culturally and linguistically diverse backgrounds, homeless people and people who are same sex attracted or gender diverse).

1. Ministerial Council on Drug Strategy (2011) *National Drug Strategy 2010-2015*. Canberra, Australia; Commonwealth of Australia.

2. Ibid.



> Harms associated with illicit drug use

Cannabis and synthetic cannabinoids

Cannabis use by young people is of particular concern given the physiological development of adolescents. There is also an association between early initiation into drug use and subsequent dependence.³

Occasional use of cannabis can cause anxiety, panic attacks, depression, paranoia and psychosis especially in those who have a vulnerability to mental health issues such as a family history of psychosis or those who have had an unusual psychological experience after using cannabis.⁴

Frequent cannabis use can increase the risk of cancer and respiratory disorders such as asthma, bronchitis and emphysema.⁵ Cannabis use may also affect the user's memory, ability to concentrate and affect learning ability.⁶

Cannabis use may also affect the way people drive and has been shown to have an impact on road safety. For example, in 2010, of 142 road crash fatalities in Western Australia, 31 of those fatalities were found to have cannabis detected in their system (22 with cannabis and alcohol detected and nine with cannabis only detected).⁷

Frequent cannabis use can also lead to social and emotional problems and affect a person's relationships with family and friends.⁸

In recent years a wide variety of synthetic cannabinoid products (often referred to as synthetic cannabis) have become available. Synthetic cannabinoids mimic the tetrahydrocannabinol (THC) chemical found in cannabis, which is primarily responsible for its psychoactive effects. There is little data currently available about the associated harms and effects of synthetic cannabinoids. However, there are case reports of synthetic cannabinoid-related presentations to Western Australian emergency departments, with patients experiencing heart palpitations and high blood pressure.⁹

Amphetamines and amphetamine-type substances (including ecstasy)

The long term negative effects of amphetamine use include malnutrition and weight loss, reduced resistance to infections, violent behaviour, emotional disturbances, periods of psychosis, paranoia, delusional thoughts and behaviour and mood swings.¹⁰

3. Ministerial Council on Drug Strategy (2006) *National Cannabis Strategy 2006-2009*. Canberra, Australia; Commonwealth of Australia.
4. Hunt N., Lenton S. & Witton J. (2006) *Cannabis and Mental Health: responses to emerging evidence, Report Eight*. London: The Beckley Foundation.
5. Ibid.
6. Ibid.
7. Hill D.L., Thompson P.E., Yano Y., Smith E (2012) *Reported Road Crashes in Western Australia 2010*. Road Safety Council of Western Australia. Perth.

8. Hall W., Solowiji N. & Lemon N. (1994) *The health and psychological consequences of cannabis use*. Monograph series no. 25. Canberra: Australia: Government Publishing Service.
9. Hon. Helen Morton MLC Minister for Mental Health (2011) Media Statement: *WA Government reacts to ban more synthetic cannabinoids*. Perth. 5 August 2011.
10. Drug and Alcohol Office WA (2007) *WA Illicit Amphetamine Summit July 2007 – Background paper*. Perth, Australia: Drug and Alcohol Office.



> Harms associated with illicit drug use

Depression is also substantially higher in stimulant-dependent individuals than the general population.¹¹ Problematic use can result in family and relationship breakdown and risky sexual behaviours.

The negative effects of amphetamine and psychostimulant use significantly impact on various services including law enforcement, corrections, health and welfare systems, as well as the community. For example, between 2006 and 2010, there were 1,857 psychostimulant and cocaine-related hospitalisations in Western Australia.¹²

Psychostimulant use includes prescription drugs, such as methylphenidate (e.g. Ritalin) and dexamphetamine, as well as synthetic psychostimulants which are substances designed to mimic psychostimulant properties. Given synthetic psychostimulants are emerging or novel drugs, the side effects can vary and there is little data available regarding their adverse reactions, long-term damage or dependence potential.

The short term effects of ecstasy use include nausea, swelling, hot and cold flushes, teeth grinding, anxiety and increased blood pressure.¹³ Longer term, ecstasy use can result in depression, drowsiness, muscle aches, loss of appetite, insomnia, loss of concentration and irritability.¹⁴

Heroin and other opioids

The short term effects of heroin use include pain relief, shallow breathing, nausea and vomiting, constipation, sleepiness and impaired coordination and tremors. Longer term effects include dependence, loss of appetite, chronic constipation, heart, chest and bronchial problems, infertility and increased risk of developing severe mental disturbances in those who have a predisposition to the condition.¹⁵

The increasing unauthorised use of prescription drugs is significant and evidence suggests that prescription drug diversion and the misuse of pharmaceuticals is becoming increasingly problematic. Key drugs of concern include morphine and oxycodone.¹⁶

Due to the high level of injecting drug use among heroin users and those using diverted pharmaceutical drugs, the transmission of blood borne viruses is a particular public health concern.

11. Ibid.

12. Department of Health WA (2012) Health Tracks Reporting. Epidemiology Branch, Public Health Division, Department of Health WA in collaboration with the CRC for spatial Information. Report generated May 2012.

13. Drug and Alcohol Office (2006) *Ecstasy Fact Sheet*. DAO, Perth.

14. Ibid.

15. Drug and Alcohol Office (2006). Heroin Fact Sheet. DAO, Perth.

16. Ministerial Council on Drug Strategy (2011) National Drug Strategy 2010-2015. Canberra, Australia; Commonwealth of Australia.



> Harms associated with illicit drug use

Other focus areas

Poly drug use

The harms associated with drug use can be intensified through poly drug use – the concurrent use of more than one drug. Mixing of drugs, including alcohol, can increase adverse reactions and the unpredictability of the reactions, and can lead to an increased risk of overdose.¹⁷

Other prescription drugs

The most commonly misused prescription drugs (in addition to opioids, methylphenidate and dexamphetamine included above) are tranquilisers, analgesics and steroids. Tranquilisers, also commonly termed sedatives, benzodiazepines or sleeping tablets, include pharmaceuticals such as diazepam (e.g. Valium) and flunitrazepam (e.g. Rohypnol). Analgesics, also commonly termed painkillers, include pharmaceuticals such as aspirin, paracetamol, and ibuprofen. Misuse often occurs amongst poly drug users and those with chronic pain.¹⁸

Emerging drugs

Emerging drugs, such as synthetic cannabis or synthetic psychostimulants, can have different effects. However, some side effects of emerging psychoactive substances include severe agitation, paranoia, high blood pressure, increased heart rate and heightened aggression. There is a common, but mistaken, perception that because a drug is not illegal it is safe. Ingesting or smoking such substances may result in a range of health problems or have other serious

unintended consequences. Prohibitive legislation targeting these products has been implemented by the Commonwealth and state governments, including the Western Australian Government.

Injecting drug use harms

A significant harm resulting from injecting drug use is the transmission of blood borne viruses, such as human immunodeficiency virus (HIV) and hepatitis C virus (HCV). People who inject drugs are the highest population group at risk of HCV infection. Approximately 90 per cent of new, and 80 per cent of existing HCV infections, are attributable to injecting drug use. Priority population groups with a higher rate of HCV include Aboriginal people (estimated to be as much as three times higher than the non-Aboriginal population¹⁹), people in custodial settings, people from culturally and linguistically diverse backgrounds, and young people.²⁰

The process of injecting can give rise to both vascular and soft tissue injuries and may expose people who inject drugs to pathogens that cause localised or systemic infections. Repeated injecting can cause venous trauma leading to thrombosis, scarring of the vein epithelium and vein collapse. Chemical damage can also arise from the substances injected.²¹ Environmental factors may also increase the risk of harm where hygiene is compromised, equipment is shared and/or non-sterile preparations are injected.

17-18. Ibid.

19. Department of Health and Ageing (2010) *Third National Hepatitis C Strategy 2010-2013*. Canberra: DoHA.

20. Ibid.

21. Salmon M., Dwyer R., Jauncey, M., van Beek I., Topp L. & Mayer L. (2009) *Injecting-related injury and disease among clients of a supervised injecting facility*. *Drug and Alcohol Dependence* 101, 132-136.



> Illicit drugs – the facts

Cannabis and synthetic cannabiniods

- Cannabis is the most widely used illicit drug in Western Australia, with 13.4% of the Western Australian population aged 14 years and over reporting use of cannabis in the past year in 2010.²²
- In 2010, cannabis use in Western Australia was higher in comparison to the national average (13.4% versus 10.3%).²³
- In 2010 in Western Australia, a larger portion of the population aged 12 to 17 years used cannabis (11.3%) in the past year compared to the use of the same drug by the same age group nationally (8.8%).²⁴
- In 2010 in Western Australia, cannabis use was highest amongst the 18 to 19 year old age group (37.0%) and second highest amongst the 20 to 29 year old age group (27.6%).²⁵
- In 2011, a survey of 400 Western Australians aged between 12 and 29 years found that, in a three month period, synthetic cannabis was the second most used illicit drug (3%) after cannabis (8%). Nine per cent of the same group reported ever using synthetic cannabis.²⁶



Amphetamines and amphetamine-type substances

- During 2010, amphetamine use in the past 12 months in Western Australia remained above the national average at 3.4% (2.1% nationally).²⁷
- In Western Australia in 2010, ecstasy use remained above the national average at 3.7% in the previous year (3.0% nationally).²⁸
- In Western Australia in 2010, of people aged 20 to 29 years, 21.4% had ever used amphetamines, 11.7% had used amphetamines in the previous year and 4.6% had used amphetamines in the last month.²⁹

22. Australian Institute of Health and Welfare (2011) 2010 National Drug Strategy Household Survey (NDSHS) report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

23. Ibid.

24. Ibid.

25. Ibid.

26. Drug and Alcohol Office (2011) Drug Aware Cannabis Prevention Campaign Survey, August 2011. Perth: DAO.

27. Australian Institute of Health and Welfare (2011) 2010 National Drug Strategy Household Survey (NDSHS) report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

28. Ibid.

29. Hood R., Miller J. & Christou A. (2012) National Drug Strategy Household Survey 2010: Western Australian Results, Drug and Alcohol Office, unpublished.



> Illicit drugs – the facts

- During 2008, 35% of adult detainees at the East Perth Watch House tested positive for meth/amphetamines.³⁰
- In Western Australia, the number of amphetamine-type stimulant seizures decreased from 2,372 in 2009/10 to 2,019 in 2010/11.³¹
- Between 2006 and 2010, there were 1,857 psychostimulant and cocaine-related hospitalisations in Western Australia.³²
- Since 2006, the total number of psychostimulant and cocaine-related hospitalisations in Western Australia increased from 307 to 560 by 2010.³³



Heroin and other opioids

- In Western Australia in 2010, 0.3% of people aged 14 years and over reported recently using heroin (0.2% nationally).³⁴
- Between 2006 and 2010, there were 3,167 opioid-related hospitalisations in Western Australia.³⁵
- In 2007, there was a total of 266 accidental deaths due to opioids among those aged 15 to 54 years nationally, of which 22 (8%) were in Western Australia.³⁶
- In 2010, 60% of a sample of injecting drug users in Western Australia nominated heroin as their drug of choice, compared to 54% nationally.³⁷
- During 2010, 20% of injecting drug users in Western Australia reported recent use of illicit oxycodone, compared to 28% nationally.³⁸

30. Gaffney A., Jones W., Sweeney J. & Payne J. (2010) Drug use monitoring in Australia: 2008 annual report on drug use among police detainees. Australian Institute of Criminology, Monitoring Report no. 09. Canberra: Australian Institute of Criminology.

31. Australian Crime Commission (2012) Illicit Drug Data Report 2010-11. ACC. Canberra.

32. Department of Health WA (2012) Health Tracks Reporting. Epidemiology Branch, Public Health Division, Department of Health WA in collaboration with the CRC for spatial Information. Report generated May 2012.

33. Ibid.

34. Australian Institute of Health and Welfare (2011) 2010 National Drug Strategy Household Survey (NDSHS) report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

35. Department of Health WA (2012) Health Tracks Reporting. Epidemiology Branch, Public Health Division, Department of Health WA in collaboration with the CRC for Spatial Information. Report generated June 2012.

36. Roxburgh, A. & Burns L. (2011) *Drug-induced deaths in Australia, 2007*, National Drug and Alcohol Research Centre, Sydney.

37. Stafford, J. & Burns, L. (2011) *Australian Drug Trends 2010: Findings from the Illicit Drug Reporting System (IDRS)*, Australian Drug Trend Series No. 55, National Drug and Alcohol Research Centre, Sydney.

38. Australian Institute of Health and Welfare (2011) *2010 National Drug Strategy Household Survey (NDSHS) report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.



> Illicit drugs – the facts

Other focus areas

Poly drug use

- In 2010, of those Western Australians who had used cannabis in the previous year, 84.4% had used alcohol on the same occasion, 23.1% had used ecstasy, 19.1% had used meth/amphetamine, and 12.6% had used hallucinogens.³⁹
- In 2010, of those Western Australians who had used ecstasy in the previous year, 98.9% had used alcohol on the same occasion, 39.5% had used cannabis, 27.4% had used meth/amphetamine, and 27.1% had used cocaine.⁴⁰

Other prescription drugs

- In 2010, 3.6% of Western Australians aged 14 years and over used analgesics (e.g. codeine, ibuprofen, paracetamol) for non-medical purposes in the previous year, compared to the national average of 3.0%.⁴¹
- In 2010, 2.0% of Western Australians aged 14 years and over used benzodiazepines (e.g. Valium) and other tranquilisers (e.g. Rohypnol) for non-medical purposes in the previous year, compared to the national average of 1.5%.⁴²

> Guiding principles

In Western Australia, illicit drug policies, strategies and programs will be supported by the guiding principles outlined in the Interagency Strategic Framework:

- Applying comprehensive responses to complex issues.
- Promoting access and equality.
- Supporting evidence based practice and applying innovation.
- Developing and maintaining effective partnerships.
- Promoting stakeholder participation.
- Being responsive to emerging issues.
- Promoting sustainable change.

39. Ibid.

40. Ibid.

41. Australian Institute of Health and Welfare (2011) *2010 National Drug Strategy Household Survey (NDSHS) report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

42. Ibid.



> Summary of key outcomes & initiatives

The following summary table outlines the outcomes and initiatives as they relate to the key strategic areas of the Illicit Drug Support Plan. These strategic areas align to the Interagency Strategic Framework and include focusing on prevention, intervening before problems become entrenched, effective law enforcement approaches, effective treatment and support services, and strategic coordination and capacity building. The key initiatives will be undertaken across DASSOG agencies to meet the outcomes outlined under the Interagency Strategic Framework and the Annual Agency Action Plans.

Key Outcomes	Key Initiatives
<i>Focusing on prevention</i>	
<ul style="list-style-type: none">• Individuals, families and communities with better knowledge and skills to prevent drug related problems and reduce associated harms.• Communities promote a positive culture and a supportive environment consistent with preventing and decreasing harmful drug use.• Prevention programs that include building resilience and protective factors amongst children and young people.	<ul style="list-style-type: none">• Increase community awareness of the issues associated with long-term and short-term drug use through public education campaigns which highlight emerging and proven evidence of harms and effects on health (e.g. drug driving education campaigns and the Drug Aware Ecstasy, the Drug Aware Cannabis and the Drug Aware Amphetamine education campaigns).• Encourage key stakeholder, service provider and community participation in the development and implementation of strategies, particularly in areas where high levels of harm are evident.• Continue to develop and maintain local and regional networks, including Local Drug Action Groups, and to coordinate the implementation of drug strategies at a local and regional level.• Strengthen and assist local communities to prepare crime prevention responses with a significant focus on reducing drug related harm.• Continue to develop and implement an appropriate school curriculum including evidence based school drug education and associated workforce development for teachers (e.g. School Drug Education and Road Aware initiative).



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Focusing on prevention (continued)</i>	
	<ul style="list-style-type: none">• Provide universal programs within the school health promotion framework, facilitating student engagement and support services for young people and their parents in school settings.• Assist schools to develop the values, structures and strategies which promote appropriate student behaviour as well as providing principles and procedures for responding locally to inappropriate behaviour, including that related to the possession and use of drugs (e.g. implementation of the Behaviour Management in Schools policy).• Promote recreational, educational and cultural activities using methods and channels favoured by young people as an alternative to, and to prevent and delay, drug use.• Provide education and state-wide needle and syringe exchange programs to reduce and control the spread of blood borne viruses, target at-risk population groups, and explore opportunities to create new needle and syringe programs.• Reduce the risk of drug related harm and improve protective factors in entertainment venues and at events (e.g. Night Venues Campaign and the Event Safety Strategy Group).• Work collaboratively with primary health care providers, including GPs and pharmacists, to inform the community of the harms associated with illicit and pharmaceutical drug use.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Intervening before problems become entrenched</i>	
<ul style="list-style-type: none">• Greater awareness and knowledge amongst consumers, communities and stakeholders of drug treatment and support services available in WA.• Greater access to, and availability of identification, early assessment and brief intervention measures to reduce problems resulting from drug use.• Improved early identification, assessment and intervention treatment opportunities for priority population groups.	<ul style="list-style-type: none">• Provide agencies and the public with clear, accessible and culturally secure and appropriate information about drug treatment services, support and self-help resources. (e.g. through the Alcohol and Drug Information Service (ADIS) and the Parent Drug Information Service (PDIS)).• Improve access to information, education and brief intervention in settings other than specialist drug services.• Explore opportunities for greater engagement with primary care providers to improve brief intervention and referral systems in settings other than specialist drug services.• Continue to monitor the effectiveness of the <i>Cannabis Law Reform Act 2010</i>, including the delivery of Cannabis Intervention Session individual treatment sessions for those who are issued with a Cannabis Intervention Requirement by WA Police.• Promote safer prescribing practices by general practitioners and safer dispensing practices by pharmacists to reduce the diversion and misuse of Schedule 8 prescription drugs, over-the-counter drugs and 'doctor shopping'.• Continue to strengthen and consolidate collaborative working arrangements with service providers and improve transparency with families including practice principles and referral pathways.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Intervening before problems become entrenched (continued)</i>	
	<ul style="list-style-type: none">• Build and maintain strong family, education, and community connection for young people that includes the development of resilience and protective factors to reduce the likelihood of young people becoming involved in harmful behaviour, including illicit drug use.• Support early identification and referral of children of drug using parents who may be identified as at-risk.• Target priority groups in the development of early intervention strategies such as Aboriginal people, young people, those with co-occurring alcohol and other drug use and mental health problems, young women with children, those with culturally and linguistically diverse backgrounds, and families.• Continue to provide and consider innovations in treatment and support opportunities for juvenile offenders at all stages of the criminal justice system to address their drug use.• Assist schools to develop policies and guidelines for a whole-of-school approach to drug/health education and ensure the effective management of drug use issues for all schools, including promoting the use of the Getting it Together and Keeping in Touch programs.• Support school psychologists as a valuable resource for contributing to the positive mental health and well being in young people through consultation with schools and provision of referral and risk assessments.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Effective law enforcement approaches</i>	
<ul style="list-style-type: none"> • Effective legal responses to reduce illicit drug related harm, antisocial behaviour, and illicit drug related crime. • Disruption and reduction of the supply of illicit drugs and the diversion of pharmaceuticals. • Greater protection of children and young people from the supply of illicit drugs. • Improved treatment and support opportunities for offenders with drug related problems at appropriate stages of the criminal justice system. 	<ul style="list-style-type: none"> • Maintain a strong focus on frontline policing through increased compliance with relevant legislation, random saliva testing and focusing on drug seizures and targeting dealers and organised crime. • Identify and implement, where appropriate, legislative and structural reforms to decrease the impact of drug related harm in the community. • Under the <i>Cannabis Law Reform Act 2010</i>, implement a more effective scheme to control cannabis possession and use, and divert eligible minor cannabis related offenders from the justice system and into treatment. • Under the <i>Misuse of Drugs Amendment Act 2011</i>, enforce the ban on drug use paraphernalia. • Safeguard and protect children and young people from the suppliers of illicit drugs through the <i>Misuse of Drugs Act 1981</i>. This includes changes to sentencing where an offence exposes children to harm from illicit drug manufacture or cultivation of prohibited drugs or plants. • Target the detection and dismantling of clandestine laboratories to reduce the manufacture of illicit drugs. • Reduce the distribution of licit and illicit substances throughout Western Australia by an increase in operations, including vehicle stops and targeting community events.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Effective law enforcement approaches (continued)</i>	
	<ul style="list-style-type: none">• Monitor the effectiveness of improved drug driving penalties under the <i>Road Traffic Amendment (Alcohol and Drug Related Offences) Act 2011</i>, including an increase in monetary penalties and an increase in disqualification periods for persons convicted of drug driving offences.• Monitor evidence of emerging drugs and drug related harm to improve regulatory and legal responses to harmful drug use.• Continue to provide comprehensive police and court diversion programs, including referrals from specialist courts and diversionary options, particularly for young people.• Consolidate and strengthen existing court drug diversion programs through undertaking evaluations of court programs and developing and implementing strategies to increase priority population group (including Aboriginal people) participation rates.• Support national initiatives relating to the inappropriate use and diversion of prescription and over-the-counter drugs.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Effective treatment and support services</i>	
<ul style="list-style-type: none"> • A comprehensive range of illicit drug treatment and support services to facilitate access and ensure continuity of care. • Integrated and coordinated services through effective partnerships and collaboration between the alcohol and other drug sector, other sectors and key stakeholders. • Evidence based treatment that supports services to better meet the needs of clients and improve client outcomes. • Better access to inclusive illicit drug support services for individuals, families and children affected by someone else's illicit drug use. 	<ul style="list-style-type: none"> • Provide a range of specialist drug services across Western Australia. • Continue to maximise access to services and implement best practice admission, assessment and client management processes and coordinated care to meet the needs of clients. • Consolidate and expand integrated (government and non-government) community drug services in the metropolitan corridors and in the youth sector. • Continue to improve linkages between primary health, the alcohol and other drug sector and services such as child protection, mental health, sexual health, corrective services and housing to enable more holistic service provision, including improved referral pathways and case management practices to better respond to clients with drug problems. • Provide quality drug treatment services through evidence based practice and adherence to continuous improvement. • Improve access to drug treatment services by trialling initiatives to improve engagement with priority population groups and to improve services to people living in rural and remote Western Australia. • Promote the Parent Drug Information Service (PDIS) and the Alcohol and Drug Information Service (ADIS) counselling and call back services.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Effective treatment and support services (continued)</i>	
	<ul style="list-style-type: none">• Include the needs of families and carers of those in treatment through the provision of information, support and family inclusive practice.• Continue to improve responses for pregnant women and children who may be adversely affected by parental illicit drug use by ensuring the provision of coordinated treatment and support pathways.• Provide a range of drug related education, health promotion and treatment programs in the criminal justice system and through community corrective services for young people, those assessed as having high needs, or those at high risk of reoffending.• Provide a collaborative approach to overdose identification, prevention, monitoring and management.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Strategic coordination and capacity building</i>	
<ul style="list-style-type: none">• Coordinated local, regional state and national planning and action across government, non-government and related sectors.• Workforce planning and development initiatives that build the capacity, capability and sustainability of the alcohol and other drug sector and other key stakeholders.• Innovative and evidence based responses to drug use issues through data collection, monitoring, evaluation and research.• Capacity building of the workforce to better respond to the needs of priority population groups, including Aboriginal people and communities, when addressing illicit drug use.	<ul style="list-style-type: none">• Form partnerships at a national and local level to target criminal organisations involved in serious organised crime that causes harm to the community, including drug dealing.• Collaborate across local, state and national governments to ensure optimal resourcing and outcomes in delivery of illicit drug related services for Aboriginal people, and to close the gap between Aboriginal and non-Aboriginal aspects of health impacted by drug use.• Provide comprehensive workforce development for professionals and volunteers and encourage pre-employment placements to build expertise, capacity, cultural competence and a sustainable workforce.• Continue to collect and report on data to monitor illicit drug related issues, trends and emerging drugs and the associated harms.• Continue to evaluate data to improve service delivery, and assist in the development of new programs and policies.• Improve the quality of drug services through accreditation and processes such as the Western Australian Alcohol and Other Drug Sector Quality Framework.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Strategic coordination and capacity building (continued)</i>	
	<ul style="list-style-type: none">• Provide guidance in delivering culturally secure programs and nationally recognised Aboriginal workforce development programs and career pathways to strengthen efforts to manage and reduce drug related harm in Aboriginal communities.• Improve awareness of, and work collaboratively with, carer groups and organisations.• In partnership with the Western Australian Substance Users Association, implement and evaluate peer education programs to prevent and reduce harm from illicit drug use.• Consider the perspectives and specific needs of priority population groups in the development of policy and services.• Engage with interagency groups and stakeholders to coordinate appropriate responses to minimise drug related harm during significant events throughout the year (e.g. through the Night Venues reference group and the Events Safety Strategy Group).



> Working together

The *Illicit Drug Support Plan* represents the commitment of State Government departments represented on the Drug and Alcohol Strategic Senior Officers' Group (DASSOG) and key partners to prevent and respond effectively to drug related issues.

Members of DASSOG consist of high-level representatives from the following departments:

- Department of the Attorney General.
- Department for Child Protection.
- Department for Communities.
- Department of Corrective Services.
- Department of Education.
- Department of Health.
- Department of Housing.
- Department of Indigenous Affairs.
- Department of Local Government (including Office of Multicultural Interests).
- Department of Racing, Gaming and Liquor.
- Drug and Alcohol Office.
- Mental Health Commission.
- Office of Road Safety.
- Western Australia Police (including Office of Crime Prevention).



Key partners in implementing actions to reduce alcohol related harms also include:

- Commonwealth Government.
- Local Governments.
- Non-government AOD and Community Controlled Organisations.
- Community groups.



> Monitoring, evaluation and review

Progress towards achieving the strategic outcomes of the *Illicit Drug Support Plan 2012-2015* will be reported as part of the annual reporting processes of the broader *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. The report will include outcome-based key performance indicators and other qualitative measures. Longitudinal reporting will also be collated at the end of the four year implementation period.

Data proposed to be collected in relation to the monitoring, evaluation and review of the *Illicit Drug Support Plan 2012-2015* includes:

- Percentage of the Western Australian population aged 12 to 15 years, 16 to 19 years and 20 to 29 years reporting use of illicit drugs, compared to the percentages reported nationally.
- Percentage of the Western Australian population aged 14 years and over reporting use of illicit drugs at harmful levels, compared to the percentages reported nationally.
- Number and weight of illicit drug seizures by drug type in Western Australia.
- Number of eligible cannabis offenders diverted by police to a cannabis intervention session in Western Australia.
- Number of juvenile drug offenders with identified drug use diverted away from the criminal justice system by either police or the court system in Western Australia.
- Number of adult drug offenders with identified drug use diverted into treatment through court diversion programs in Western Australia.
- Number of adult offenders with drug issues attending programs in Western Australian prisons.
- Number of drug treatment episodes and the percentage of treatment episodes that are completed as planned or the percentage of clients still in treatment in Western Australia.
- Rate of hospitalisations in Western Australia related to illicit drugs.
- Percentage of persons in campaign target groups who were aware of specific Western Australian drug campaigns and able to recall correct campaign messages.



Government of **Western Australia**
Drug and Alcohol Office