

Western Australia
Illicit Amphetamine Summit

July 2007

Government Action Plan

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GOVERNMENT ACTION PLAN

PREVENTION

- Social marketing campaigns targeting amphetamine use will be substantially expanded and extended under the established *Drug Aware* brand. This will include extension of campaigns to the full range of media that effectively reaches the target group.
- The Night Venues and Entertainment Events program will be significantly expanded to incorporate an anti-violent program for these venues and convenience advertising in conjunction with the *Drug Aware* campaign.
- The *Drug Aware* campaigns and other strategies and resources will target workplaces and support the development of workplace policy in accordance with the Commission for Occupational Safety and Health Guidance Notes.
- Healthy parenting and early intervention services will be promoted through the newly established Department for Communities.
- The Drug and Alcohol Office will work with the Department for Communities to provide training to parenting officers to increase parenting officers' knowledge and skills in relation to early intervention for families with drug and alcohol issues.
- The School Drug Education and Road Aware program will maintain the currency of the *Keeping In Touch* early intervention program, including the links it requires with local drug and alcohol agencies.

TREATMENT

- Treatment services throughout the metropolitan area (integrated community drug services) and the South West and Great Southern regions (community drug service teams) will be expanded to ensure that they remain easily accessible and able to respond flexibly to this client group.
- The expanded services of the community drug service teams will have a strong emphasis on providing support and counselling to the families of amphetamine users.
- Residential rehabilitation services will be expanded with a further 25 beds, including some transitional beds for clients exiting rehabilitation, with 17 for adults and eight for youth, at major non government organisations.
- Online counselling through the internet will be available to all Western Australians addressing early intervention through to specialist treatment support, through counsellingonline.com.au and this will be widely promoted and accessible through related websites and services.
- Neuropsychology support will be available across drug and alcohol services to support the development of tailored treatment plans for amphetamine users, through the development

of formal neuropsychology services and the provision of clinical/neuro psychologist position to co-ordinate the service.

- The Drug and Alcohol Office will explore opportunities with community drug service teams, the Communicable Disease Directorate of the Department of Health and area health services, to reduce the spread of hepatitis C and other blood-borne viruses, through education programs, improved pathways to anti-viral treatment and expanded access to needle and syringe exchange programs, across the state.
- Services of the community drug service team network, and other key drug and alcohol services will be marketed more prominently to culturally and linguistically diverse communities across the state.
- Workforce development program capacity will be expanded to ensure that drug and alcohol services as well as mental health, acute health, child protection and corrections services receive resources and continuing training on clinical and behavioural management of amphetamine users.

LAW ENFORCEMENT

- Removing the profits from crime will be strengthened with an additional multidisciplinary investigation team within the Proceeds of Crime Squad consisting of a solicitor, who will also expedite the prosecutions under the *Criminal Property Confiscation Act 2000*, three forensic accountants, a research officer and an administrative assistant.
- Law enforcement and prevention will be enhanced by creating a drug and alcohol division within WA Police that will conduct substantially expanded operations in and around licensed premises and entertainment areas targeting distribution and use of illicit drugs, as well as contributing to national and whole of government harm minimisation strategies.
- The *Misuse of Drugs Act Amendment Bill 2007* will be amended to include provision for court sentencing to take into account whether the sale or supply was (a) to a child or (b) took place at or near a school or a public place where children are regularly present or (c) took place at or near a licensed premises.
- WA Police will explore the relevance of “drug house” legislation to Western Australia and the appropriateness of current deeming thresholds for selling and supply of illicit drugs.
- The *Young Offenders Act 1994* will be amended to provide police with the discretion to issue conditional cautions requiring children found to have committed an offence under the *Misuse of Drugs Act 1981* and the *Cannabis Control Act 2003* to attend an education and counselling session or a Juvenile Justice Team as appropriate.
- An intelligence analyst will be attached to the WA Police Organised Crime Squad to enable police to act on the intelligence derived from the implementation of Project STOP.

CORRECTIONS, COURTS AND DIVERSION

- The WA Diversion Program will extend the roll out and application of existing police and court diversion programs, including the Indigenous Diversion program, to provide for comprehensive statewide coverage for all offenders who are appropriate for diversion.
- The WA Diversion Program will extend its scope by:
 - Implementing the Supervised Treatment Intervention Regime in more Magistrate's Courts;
 - Increasing application of the Drug Court Regime in the Perth Children's Court;
 - Referral of offenders who are being dealt with in the District and Supreme Courts to be managed by the Perth Drug Court throughout their bail period (subject to negotiation between the respective chief judicial officers);
 - Supporting these extensions with an expansion of the Court Assessment and Treatment Service; and
 - Supporting these extensions with an expansion of residential rehabilitation capacity for adults and youth.
- Consideration will be given to a proposal for comprehensive treatment services in Western Australian prisons through the 2008/09 budget process.
- Consideration will be given to a proposal for resourcing non government organisation treatment services to meet the needs of offenders sentenced to community orders, as recommended by the *Inquiry into Management of Offenders in Custody and in the Community (2005)*, through the 2008/09 budget process.
- The Department of Corrective Services and the Drug and Alcohol Office will work together to develop a substantial and coherent program of workforce development for community justice and custodial officers to support the effective engagement of offenders in treatment.
- The Department of Corrective Services will explore the opportunity to establish a single lead program that has the mandate to coordinate resources and responsibility for the management and treatment of offenders, and associated developments for the organisation, consistent with the recommendation of the report of the *Enquiry into Management of Offenders in Custody and in the Community* by Hon Dennis Mahoney, November 2005.
- The Department of Corrective Services, in conjunction with the actions above, will continue to integrate the screening of drug and alcohol and mental health issues of offenders and provide integrated case management throughout their involvement with the criminal justice system.

MENTAL HEALTH

- A specific model of care will be developed to inform management of dual presentations of mental disorder and substance abuse across the key care and treatment settings.

- The Drug and Alcohol Office and the Mental Health Division, together with area health services, will continue to drive the establishment of robust and formal linkages between mental health and drug and alcohol services at a local level, noting that these linkages will be a requirement of drug and alcohol service contracts from 2007/08.
- The Drug and Alcohol Office will support the roll-out of PsyCheck, a validated program to address the mental health issues of clients presenting at drug and alcohol services, across all drug and alcohol services in the state.
- The Mental Health Division and area health services, with the support of the Drug and Alcohol Office, will develop a substantial and coherent workforce development strategy for mental health services to address the drug and alcohol use of patients receiving psychiatric care.
- Consideration will be given to the establishment of a network of dual diagnosis positions in mental health services to support the effective case management of patients in all care and treatment settings, through the 2008/09 budget process.

ACUTE HEALTH SERVICES

- New drug and alcohol nurse positions will be established in the three tertiary emergency departments in Perth, to provide assessment and engagement into treatment as well as support for families and information for emergency department staff. These positions will work closely with the medical and nursing services of the Drug and Alcohol Office's Next Step services.
- The Drug and Alcohol Office will work with Royal Perth Hospital to develop opportunities for research into the impact of strategies on hospital amphetamine related presentations.
- Safety and security audits of tertiary and secondary hospitals will be undertaken.
- A central referral system for health providers to access drug and alcohol services will be developed through the Alcohol and Drug Information Service (for referrals and general information) and the Clinical Advisory Service (for medical consultation).

CHILD PROTECTION

- Treatment services that provide treatment to families subject to child protection interventions will be expanded significantly, including:
 - Six additional residential cottages for mothers and children at the Saranna program at Cyrenian House;
 - Additional capacity at the pregnancy early parenting intervention service program at Women's Health Services; and
 - Additional nursing inreach services provided to the Clinical Dependency Unit at King Edward Memorial Hospital from the Drug and Alcohol Office Next Step service.
- The Drug and Alcohol Office will work with the Mental Health Division and the Departments for Communities (Family and Domestic Violence Unit) and Child

Protection, to explore opportunities for crisis support for parents in the home when they are in need of support to deal with adolescents affected by amphetamine use and mental health issues.

- The Drug and Alcohol Office and the Department for Child Protection will drive robust and formal linkages between drug and alcohol and child protection services at the local level, noting that these linkages will be required to be developed by all drug and alcohol services as part of their contracts for 2007/08.
- The outcomes of the *Impact of Parental Drug and Alcohol Use on Babies and Infants Working Party* will guide further developments to ensure coordination of all relevant services which address parental drug and alcohol use, and the Government will consider its recommendations for any enhancement and further development of services including child health nurse visits to new mothers where the child may be at risk due to drug use.
- The Drug and Alcohol Office will support the development of child protection knowledge and capacity in all drug and alcohol services including the establishment of child protection policies, as required in services' 2007/08 contracts, and workforce development programs.
- The Department for Child Protection will implement a workforce development program to improve the case management of clients with drug and alcohol problems including their engagement in specialist treatment.
- The Drug and Alcohol Office will work with the Department for Communities (Family and Domestic Violence Unit) to develop training for the domestic violence sector including outreach services, and to build robust linkages between domestic violence services and drug and alcohol services.

ABORIGINAL ISSUES

- Aboriginal services will continue to be developed within community controlled and mainstream agencies to provide culturally secure treatment delivered by Aboriginal staff.
- The Aboriginal drug and alcohol workforce will continue to be expanded through nationally recognised training and ongoing mentoring provided through the Drug and Alcohol Office, for positions being established in community controlled organisations and mainstream services including community drug service teams.
- The Aboriginal cultural competence of mainstream services will be further developed through a specific workforce development program and the continuing roll-out of the WA Health cultural respect implementation framework, noting that this will be reflected in the contracts for drug and alcohol agencies in 2007/08.
- Drug and Alcohol Office prevention programs will allocate 10% or more of their funding or content to Aboriginal programs and communities. These programs will include attention to the use of amphetamines and other drugs and alcohol during pregnancy.
- The Drug and Alcohol Office will explore opportunities with community drug service teams, the Communicable Disease Directorate of the Department of Health and area

health services, to reduce the spread of hepatitis C and other blood-borne viruses, through education programs, improved pathways to anti-viral treatment and expanded access to needle and syringe exchange programs, for Aboriginal people across the state.

- The WA Police Alcohol and Drug Coordination Unit will explore the development of supply reduction initiatives modelled on the Substance Abuse Intelligence Drug Desk (SAID) operating in the tri-state area of central Australia that build on local partnerships and intelligence sharing to reduce drug supply in Aboriginal communities.

THE WA ILLICIT AMPHETAMINE SUMMIT

The Director General of Health and the Commissioner of Police sponsored and co-chaired the WA Illicit Amphetamine Summit held in Perth on 3 July 2007.

The summit addressed the use of all illicit amphetamines, including crystalline methamphetamine or “Ice” and diverted dexamphetamines.

The focus of the summit was on the key WA Drug and Alcohol Strategy areas:

- Prevention,
- Treatment, and
- Law enforcement.

Whole of government areas where amphetamines are making an adverse impact were also addressed:

- Mental health
- Acute health services, particularly emergency departments
- Child protection
- Corrections including prisons, courts and community justice,
- Aboriginal issues.

One hundred and sixty invited participants were drawn from government and non-government agencies, community groups and key stakeholders from metropolitan and regional areas, and other states. Each participant was chosen for the skills, knowledge and experience in the key identified areas for the summit.

To ensure broad and appropriate consultation with Aboriginal people and communities, consultations were included as part of the annual Aboriginal Alcohol and Drug Forum on 2 May 2007, and the outcomes were reported to the summit.

The summit aimed to:

- Initiate concrete developments in the key areas of treatment, prevention and law enforcement, and
- Inform and reinforce the implementation of whole of government agency drug and alcohol action plans for 2007/08 in the key areas of mental health, acute health, child protection and corrections.

Summit participants worked in groups to develop and prioritise strategies. These recommendations have formed the basis of the Government Action Plan.

An evidence based background issues paper and a statistical bulletin were prepared and circulated to all participants prior to the summit.

THE NATURE AND PREVALENCE OF ILLICIT AMPHETAMINE USE IN WESTERN AUSTRALIA

Illicit amphetamines, including the crystalline form of methamphetamine known more commonly as “Ice”, have been the focus of substantial community concern and debate. The use of illicit amphetamines is not a new phenomenon. Illicit amphetamines were the most commonly used illicit drug other than cannabis, in 1995, prior to the “heroin epidemic”, and have been again since 2000.

Prior to 2000 the predominant form of amphetamine was amphetamine sulphate, a white powder commonly known as “speed”. Since 2000 methamphetamine (alternatively known as methylamphetamine) has been the main form available in Western Australia. It is available in tablets, as a powder, in a waxy form known as “base” and in the crystalline form known as “ice”.

In late 1999 an increased use of the crystalline form of methamphetamine was first noted and by 2001 its use was already widespread. Currently, almost all illicit amphetamines used in Western Australia are methamphetamine, much of it in the crystalline form.

Explanations for the dominance of amphetamines, in preference to heroin, are variably attributed to the “heroin drought” that has followed the “heroin epidemic” and the rise of the manufacture of crystalline methamphetamine in South East Asia and locally.

The latest survey data (National Drug Strategy Household Survey (NDSHS) 2004) indicates that Western Australia’s annual rate of amphetamine use at 4.5% is the highest in the country and well above the national rate of 3.2%. The Australian Capital Territory has the next highest rate at 4.3%.

The trend in Western Australia, however, indicates a declining rate of use of amphetamines. The annual rate of 4.5% (2004) is a reduction from the previous survey of 5.8% (2001).

The use of amphetamine is most substantial among people in their twenties with 15.4% reporting use in the last year (2004), a modest reduction from 17.6% (2001).

The reduction in the rates of use between these surveys was most pronounced among 14 to 19 year olds with the rate falling from 11.7% (2001) to 5.7% (2004). A similar significant decrease in use was reported in the survey of 12 to 17 year old school students (Australian School Students Alcohol and Drug Survey, ASSAD), with rates falling from 10.3% (2002) to 6.5% (2005). The fall in the rate of use by teenagers and the likelihood that this will feed into a significant fall in the rate of use by people in their twenties in the next NDSHS survey (2007) indicates that it is probable that the trend of reducing rates will have been maintained. This is also supported by the trends in calls to the Alcohol and Drug Information Service, a reliable lead indicator, with the number of calls remaining below the peak reached in 2001.

It is notable that the ASSAD survey of school students (2005) reported that 5.5% of students used diverted dexamphetamines in the previous year. Western Australia has the highest rates of prescription of dexamphetamine in Australia, and it is likely that the use of this form of amphetamine accounts for a substantial amount of the overall amphetamine use by school students.

Very few people use only amphetamines. Polydrug use is the norm, rather than the exception, among illicit amphetamine users. The NDSHS (2004) found that recent amphetamine use occurred concurrently with alcohol (87%), cannabis (68%), MDMA (49%) and/or tranquillisers (7.1%).

Patterns of use vary but daily use is rare. Even heavy users tend to use in a binge/crash cycle. Alcohol and other psychostimulants are usually used concurrently, while cannabis and benzodiazepines are used to ameliorate the symptoms during the “comedown” stage as the amphetamine effects start to wear off. For many users the use of alcohol and other drugs can be as problematic as the illicit amphetamine use.

Negative health consequences are common to all amphetamine use. The risk of these harms is increased when amphetamine is injected or smoked. Common negative side effects associated with amphetamine use include agitation, anxiety, restlessness, disturbed sleep and loss of appetite. Both injectors and smokers of methamphetamine report experiencing problems including dependence and psychosis. Agitation and aggression, hallucinations, paranoid delusions and psychosis may occur.

The first significant seizure of the crystalline form of methamphetamine in WA occurred in 1999 when Australian Federal Police seized four kilograms of “ice” and half a kilogram of tablet form methamphetamine at Perth Airport. From 2004/05 to 2005/06 there was a 17.8% increase in the numbers of seizures of amphetamine type stimulants, and a 28.4% increase in the amount seized, continuing a trend of increasing seizures since 1998.

Increasing seizures of illicit drugs are usually associated with increasing rates of use. Higher levels of seizures and reduced rates of use suggest first, that police are intercepting a greater proportion of the supply; and second that occasional users are diminishing while more chronic and therefore marginalised users are using greater quantities. These users will be experiencing greater levels of harm.

The burden illicit amphetamine use places on the community is reflected in their adverse impact on presentations and admissions to key services:

- 1.2% of all emergency department presentations are directly related to the health effects of amphetamine use. This equates to an estimated 4,090 patients per year across the metropolitan area;
- 1.7% of mental health inpatient admissions and 1.5% of outpatients at mental health services are due to amphetamine use. This equates to over 1,000 patients;
- Drugs and alcohol are a factor in 57% of applications for child protection orders and an estimated 42% of these relate to amphetamine use; and
- 86% of female prisoners at Bandyup and 74% of male prisoners at Hakea have used illicit amphetamines in the past.

The impact of amphetamine users who may be extremely agitated or psychotic when intoxicated or thereafter, or chaotic in their behaviour and lifestyle when using regularly, is only partially reflected in the extent of presentations to services. Relevant agencies, including specialist drug and alcohol services, also report that amphetamine users are more complex and challenging and resource intensive in the management that is required by these services.

With respect to engaging amphetamine users into treatment in Western Australia, 22.5% of all drug treatment episodes involved amphetamines (4,213 of a total of 18,610). This is around twice the national average and reflects positively on the approach of these services.

In summary, Western Australia has a real and serious problem with amphetamine use indicated most starkly by the rate of use in this state being the highest in Australia and substantially above the national average. However, the key trends; declining rates of use, increasing police seizures and high rates of engagement in treatment are all heading in the right direction. This indicates that Western Australia has to do more to address this problem but can build on good work that is already underway.

PREVENTION

Key Summit Recommendations:

- Statewide comprehensive illicit amphetamine prevention campaign that is recurrently funded and includes:
 - Enhanced Night Venues and Entertainment Events Program;
 - Expanded use of youth friendly technologies including enhanced *Drug Aware* website;
 - Extend target groups to include CALD and Aboriginal people; and
 - Ongoing infrastructure support.
- Education campaign targeting workplaces with adequate resources to support the introduction and maintenance of alcohol and other drugs workplace policy in accordance with the Commission for Occupational Safety and Health Guidance Notes.
- Campaign targeting parents and other caregivers about healthy parenting, early intervention and information regarding access to support services.
- Expand prevention role and functions of the Alcohol and Drug Coordination Unit in WA Police.

Discussion

The risk of a young person using drugs, including illicit amphetamine is influenced by a range of social and individual factors. Mass media campaigns raise awareness and change community acceptance of drug use and associated problems, and increase support for safer environments. Campaigns are an important prevention tool but cannot alone prevent drug use.

It was emphasised to the summit that social marketing strategies work and that they should be part of an integrated comprehensive program of strategies that seek to raise awareness about amphetamine-related harm, decrease the social acceptability of amphetamine use and create environments that discourage use and reduce associated harm. A society where the norms discourage use and young people recognise the law as legitimate, provides a solid base on which to build drug prevention initiatives.

The need for targeted interventions for different groups of young people, particularly for high-risk youth, sensation seeking young people was also identified. These programs need to be more intensive and comprehensive with both educational and skills training components and booster sessions.

Western Australian prevention campaigns may be contributing to the decline in the Western Australian rates of amphetamine use. The NDSHS (2004) indicates that the rate of use among people aged 14 to 19 years dropped from 11.7 % in 2001 to 5.7 % in 2004. Among people in their twenties, the rate of use fell from 17.6 % in 2001 to 15.4 % in 2004.

The efficacy of the existing campaigns was recognised by the summit working groups on prevention in their recommendation that the campaigns be continued and expanded to include

culturally appropriate strategies for CALD and Aboriginal communities and utilisation of innovation youth friendly technologies.

The *Drug Aware* illicit drug public health campaign is a well established brand that effectively targets youth through radio and youth press, and increasingly through web based and blue tooth mobile telephony strategies. Campaigns are supported in local communities by the community drug service teams, local drug action groups, area health services, population health units and police.

The *Drug Aware* campaign for amphetamines should be substantially expanded to have a more substantial and prolonged presence in the market.

The summit also heard that amphetamine use by 12 to 17 year old school students (ASSAD Survey 2005) in the previous year was 6.5% and that this survey also reported that 5.5% of students used diverted dexamphetamines. It is noted that prevention strategies aiming to reduce demand for drugs apply equally to this source of illicit amphetamines.

There is evidence of instrumental use of psychostimulants, including amphetamines by certain occupational groups or in particular work settings. There are longstanding anecdotal reports that some workers who are required to undertake regular drug testing in the workplace will use amphetamines in preference to cannabis to avoid positive test results.

The summit working groups on prevention recommended an education campaign targeting workplaces with adequate resources to support the introduction and maintenance of alcohol and other drugs workplace policy in accordance with the Commission for Occupational Safety and Health Guidance Notes. Extending current prevention activities to target workplace settings will be made possible through the *Drug Aware* campaign.

The Drug and Alcohol Office manages the Night Venues and Entertainment Event Program (NVEEP) in conjunction with the *Drug Aware* campaign to work with industry to promote and support prevention and harm reduction strategies at these locations. The program has good networks and has had a positive response in Perth. The program could be substantially expanded, including extending it statewide.

The NVEEP program could also be extended to target violence by intoxicated patrons by adopting a well evaluated Canadian program, Safer Bars, in conjunction with police and liquor licensing authorities. Safer Bars focuses on better management of patrons by security staff.

An additional position at the Drug and Alcohol Office prevention branch and a dedicated allocation for public health campaigns in these venues will ensure these further developments occur.

Young people at risk of drug use are also more likely to experience other problems such as truancy, unemployment, offending and poor mental and physical health. The responsibility for preventing drug use does not lie with drug and alcohol or other agencies alone. Healthy family life during childhood is emerging as a critical influence that can reduce the risk of subsequent social and behavioural problems including drug use. Strategies that address multiple risk and protective factors are needed and these involve a broad cross section of human services agencies.

The need for early intervention strategies for at risk young people was among the recommendations from the summit working group on child protection. This recommendation corresponds to the prevention recommendations for enhanced parenting programs, early intervention and information regarding access to support services. The Departments for Communities and Child Protection currently provide a range of early intervention programs for at risk families.

WA Police conduct amphetamine information and education sessions for a variety of stakeholders such as pharmacies. An expanded prevention role for the Alcohol and Drug Coordination Unit within the WA Police was recommended. This is addressed in the Law Enforcement section of the action plan.

The School Drug Education and Road Aware (SDERA) program provides an evidence based program that is a joint initiative of the Association of Independent Schools, the Catholic Education Office and the WA Department of Education and Training. SDERA is funded predominantly through the Drug and Alcohol Office and builds a school's capacity to deliver drug education by providing: professional development, curriculum support materials (K-12), policy advice and advocacy support. SDERA has also developed an early intervention program for young people at risk in schools, *Keeping In Touch*, that has been adopted nationally.

It is noted that the summit working groups demonstrated confidence in the existing school drug education program in their discussions that recognised the need for ongoing comprehensive implementation of the SDERA program. Maintaining the currency of the *Keeping In Touch* program, including the links it requires with local drug and alcohol agencies, is considered to be of particular importance.

Government Commitment

- Social marketing campaigns targeting amphetamine use will be substantially expanded and extended under the established *Drug Aware* brand. This will include extension of campaigns to the full range of media that effectively reaches the target group.
- The Night Venues and Entertainment Events program will be significantly expanded to incorporate an anti-violence program for these venues and convenience advertising in conjunction with the *Drug Aware* campaign.
- The *Drug Aware* campaigns and other strategies and resources will target workplaces and support the development of workplace policy in accordance with the Commission for Occupational Safety and Health Guidance Notes.
- Healthy parenting and early intervention services will be promoted through the newly established Department for Communities.
- The Drug and Alcohol Office will work with the Department for Communities to provide training to parenting officers to increase parenting officers' knowledge and skills in relation to early intervention for families with drug and alcohol issues.

- The School Drug Education and Road Aware program will maintain the currency of the *Keeping In Touch* early intervention program, including the links it requires with local drug and alcohol agencies.

TREATMENT

Key Summit Recommendations

- Building the capacity of services within existing drug and alcohol treatment services to respond effectively to all amphetamine type stimulant type presentations:
 - Evidence based practice models of care using modified or reworked models for the diversity of regional, rural and remote services;
 - Utilisation of Telehealth, online counselling, and other alternative ways of engaging users;
 - Clear pathways for addressing blood borne viruses, sexual health, home-based withdrawals, and NSEP programs;
 - Accountable links with primary health/other health providers; and
 - Services for parents.
- A state task force be formed to oversee the implementation of an state-wide amphetamine type stimulant action plan (treatment service workers, consumers and policy makers) including a governance structure to ensure accountability and reporting to an appropriate government organisation.
- Neuropsychology services will be available across the sector.
- Promotion of the drug and alcohol sector to stakeholders and the broader community: Aboriginal, CALD, families. Adequate resources to meet the demand.
- Development of innovative 24 hour on line one stop shop for information and counselling support.

Discussion

Amphetamine users are, as a rule, more difficult to attract and retain in treatment. Because of the binge/crash cycle, amphetamine users do not generally use the drug daily and may be slow to acknowledge the seriousness of their situation. Some may find it difficult to seek help because of paranoid and aggressive behaviour linked to their amphetamine use. Some users may view treatment services as being for more chronic alcohol and heroin users.

Polydrug use is the norm, rather than the exception, among illicit amphetamine users. The NDSHS Survey (2004) found that recent amphetamine use occurred concurrently with alcohol (87%), cannabis (68%), MDMA (49%) and tranquillisers (7.1%).

Alcohol and other psychostimulants are usually used concurrently, while cannabis and benzodiazepines are used to ameliorate the symptoms during the “comedown” stage as the amphetamine effects start to wear off. For many users the use of alcohol and other drugs can be as problematic as the illicit amphetamine use.

The summit heard the current evidence available on the efficacy of various models for the treatment for amphetamine users. Psychosocial treatment involving motivational interviewing and cognitive behavioural therapy is generally regarded as current best practice in treatment.

Given the poly drug use of most amphetamine users, general treatment services, capable of dealing with a range of substances, may be most appropriate for service delivery. Specialist amphetamine clinics for the ongoing treatment of amphetamine users and their families may not offer any advantages, although the summit heard that pilot programs are being established in Victoria.

The summit also heard of recent work by Turning Point in Victoria (2007) in which dependent methamphetamine users and treatment service staff were interviewed about utilisation and barriers to accessing treatment. Half the user sample reported the barriers to include simply not knowing about treatment options.

Timely access to treatment is a factor for all drug users and has been identified as a major factor in successfully engaging amphetamine users.

In Western Australia (in 2005-06), 22.5% of all drug treatment episodes involved amphetamines (4,213 of a total of 18,610). This is around twice the national average and as such indicates that services in the State are relatively effective in engaging amphetamine users. The summit heard that minimal waiting lists, the range of treatment modalities (inpatient and outpatient detoxification, outpatient counselling, residential rehabilitation), local accessibility, the application of best practice and the ability to respond flexibly were considered to be the reasons for this level of engagement.

Most treatment services in Western Australia are offered through:

- A state wide network of twelve community drug service teams that provide outpatient counselling and treatment services to users and their families. Community drug service teams also support local communities in implementing prevention activities and campaigns;
- The Drug and Alcohol Office's Next Step services that comprise a specialist clinic providing outpatient services, a residential detoxification centre including dedicated beds for Aboriginal patients, and clinics throughout the metropolitan area that are in the process of being integrated to form part of the community drug service teams, extending those services and their suburban locations.; and
- A comprehensive range of predominantly non-government organisations providing outpatient counselling and residential rehabilitation, including specialist youth, women's, Aboriginal, and family services.

The summit working group recommendation to build the capacity of services within existing drug and alcohol treatment agencies recognises the importance of maintaining timely and local access to services and their ability to implement best practice programs.

Additional capacity needs to be targeted to the services that are effectively engaging clients for whom amphetamines are their primary concern. The metropolitan, the Southwest and the Great Southern community drug service teams see the most amphetamine users and operate in a variety of locations. Some 25% of people attending these services do so for amphetamine problems.

These metropolitan services can at times have significant waitlists but they are actively managed to provide alternative options for clients, such as single session counselling, to keep waiting times to a minimum. Regional services have minimal waitlists. An expansion of capacity in these services will result in more clients being engaged.

It is noted that in 2006/07 and 2007/08, the Commonwealth Government has provided the Drug and Alcohol Office with substantial funding for the expansion of statewide Aboriginal treatment services and that this is extending the services of the Kimberley, Pilbara, Midwest, Wheatbelt and Goldfields community drug service teams.

Residential rehabilitation services have the most extended waiting lists. This was noted as a significant barrier to the operation of drug diversion programs for more serious and entrenched offenders by the summit working group on corrections, courts and diversion. An expansion of the bed capacity in key services for adults and youth will substantially improve access to these services and ensure the viability of extending the scope of diversion programs.

The summit working group on child protection also prioritised access to expanded residential services for mothers and children in its recommendations and this is addressed in the Child Protection section of the Government Action Plan.

In considering the expansion of bed capacity in key services, it is noted that the Drug and Alcohol Office has redirected funding to establish four Aboriginal beds in the Next Step withdrawal unit, and six rehabilitation beds each at Cyrenian House and Palmerston in partnership with the Aboriginal Alcohol and Drug Service. Additionally, the Commonwealth has, in conjunction with providing funds to the Drug and Alcohol Office for regional community drug service teams, also provided significant funding to Aboriginal residential rehabilitation services in Wyndham and Broome to extend their capacity and program quality.

It is important that as well as expanding treatment service capacity, workforce development is available that supports the maintenance of best practice in services. Workforce development is also necessary to support the management of clients with amphetamine problems in the human service agencies that direct clients to specialist drug and alcohol treatment agencies.

The capacity to provide workshops and workplace development activities on basic knowledge and interventions needs to be maintained with the expansion of services. This includes training on the nature of amphetamine abuse, clinical management of acute psychosis and agitation, management of aggressive behaviour, withdrawal management and counselling strategies, as well as the development and implementation of clinical guidelines.

The Drug and Alcohol Office's commitment to the Statewide implementation of PsyCheck that supports drug and alcohol services to assess the mental health status of clients and intervene to address the high prevalence and low intensity disorders of depression and anxiety, outlined in the Mental Health section of the Government Action Plan, will also need to extend to expanded services.

While cognitive behavioural therapy is recognised as best practice, the summit also heard that a sample of patients undergoing neuropsychology screening at the Drug and Alcohol Office's Next Step service all demonstrated some degree of cognitive impairment.

This research was undertaken by the pilot neuropsychology clinic operated as a partnership between the Drug and Alcohol Office's Next Step services, Murdoch University and the University of Western Australia. Research findings were utilised to develop assessment tools and tailored treatment approaches that account for the cognitive deficit of patients. The pilot program won a national drug and alcohol treatment award. Plans are underway to establish

neuropsychology services across the drug and alcohol sector. This will benefit clients across a range of services through enhanced and better targeted treatment as well as provide training opportunities for post-graduate student psychologists.

The summit working party also emphasised the use of innovative approaches to engage a broader range of users. Negotiations with Turning Point in Victoria have provided the opportunity to extend Western Australia's access to 24 hour on line counselling through Counselling Online (www.counsellingonline.com). Users of the service are able to communicate with a professional counsellor about an alcohol or drug related concern, using text-interaction. The service is free for anyone seeking help with their own drug use or the drug use of a family member, relative or friend. Counselling Online is available 24 hours a day, seven days a week. The service can be widely marketed in Western Australia and linked to treatment agencies, the Alcohol and Drug Information Service and the *Drug Aware* website that also provides key information and interface with prevention campaigns.

Government Commitment

- Treatment services throughout the metropolitan area (integrated community drug services) and the South West and Great Southern regions (community drug service teams) will be expanded to ensure that they remain easily accessible and able to respond flexibly to this client group.
- The expanded services of the community drug service teams will have a strong emphasis on providing support and counselling to the families of amphetamine users.
- Residential rehabilitation services will be expanded with a further 25 beds, including some transitional beds for clients exiting rehabilitation, with 17 for adults and eight for youth, at major non government organisations.
- Online counselling through the internet will be available to all Western Australians addressing early intervention through to specialist treatment support, through www.counsellingonline.com.au and this will be widely promoted and accessible through related websites and services.
- Neuropsychology services will be available across the drug and alcohol sector to support the development of tailored treatment plans for amphetamine users and the provision of a clinical/neuropsychologist position to co-ordinate the service.
- The Drug and Alcohol Office will explore opportunities with community drug service teams, the Communicable Disease Directorate of the Department of Health and area health services, to reduce the spread of hepatitis C and other blood-borne viruses, through education programs, improved pathways to anti-viral treatment and expanded access to needle and syringe exchange programs, across the state.
- Services of the community drug service team network, and other key drug and alcohol services will be marketed more prominently to culturally and linguistically diverse communities across the state.

- Workforce development program capacity will be expanded to ensure that drug and alcohol services as well as mental health, acute health, child protection and corrections services receive resources and continuing training on clinical and behavioural management of amphetamine users.

Law Enforcement

Key Summit Recommendations

- Proceeds of crime and unexplained wealth:
 - Streamline the system between the Department of Public Prosecutions and the WA Police; and
 - Expand capacity in a multi disciplinary team environment.
- Implement a drug diversion system for offenders on “bail” and a juvenile diversion stream involving family/support, and additional bail restrictions for recidivist offenders and improved offender management.
- Legislation amendments:
 - Drugs near children;
 - Selling in licensed premises;
 - Selling in/near schools;
 - Examining “drug house” legislation;
 - Reconsider the drug amount thresholds for jurisdiction and the deeming amount; and
 - Conditional cautioning juveniles – divert into treatment and education.
- Appropriately resource Health and Police with the implementation and impacts of Project STOP.

Discussion

Amphetamine use is a concern to police because:

- It is an illicit drug which is readily available in the community;
- Clandestine laboratories which produce amphetamines pose considerable dangers to the surrounding community and those on the premises;
- Amphetamine use is closely associated with crime and organised crime is involved in the importation, manufacture, distribution and sale of amphetamines; and
- The aggressive and violent behaviour of amphetamine users pose risks to police, health service staff and the community.

Regular methamphetamine users have a high level of contact with police. The most common crimes involving methamphetamine users are illicit drug offences such as trafficking and possession and property crimes such as breaking and entering and theft.

A recent survey of regular methamphetamine users in Sydney mirrored the experience of Western Australia police and reported:

- Two in three users had been arrested at some point in their life;
- Most are arrested for illicit drug offences and theft, one third had been in prison; and
- Almost half had committed a crime in the past month (apart from using illicit drugs).

Drug Use Monitoring Australia (DUMA) tests the drug use of arrestees at East Perth Watchhouse through urinalysis. The latest survey (2006) reflects findings consistent with the Sydney survey:

- 25% of male detainees who committed violent crimes (n=96) such as robbery and aggravated assault tested positive to methamphetamines;
- 50% of male detainees whose most serious offence was a drug offence (n=24) tested positive to methamphetamines;
- 39% of male detainees who committed property crimes such as fraud, car theft and other theft (n=61) tested positive to methamphetamines; and
- 33% of male detainees who committed traffic offences (n=33) tested positive to methamphetamines.

The traditional law enforcement role focuses upon reducing the supply of illicit drugs. However, a growing recognition of the complex impact of drug and alcohol use in the community requires stronger interagency collaboration to implement strategies to reduce supply, demand and overall harm.

Proceeds of Crime

The *Criminal Property Confiscation Act 2000* plays an important role in disrupting the activities of organised crime and established criminal networks by enabling the confiscation of assets used for crime or derived from the profits of crime. Limited resources available to the Proceeds of Crime Squad have restricted the ability of Western Australia Police to fully utilise the provisions of the Act and consequently the squad has not pursued investigations relevant to the unexplained wealth provisions of the Act.

The summit recognised that measures to remove the profit from crime provided a strong signal that crimes such as drug trafficking are unacceptable. The proceeds from the sale of criminal assets also provide a dividend to the community in the form of one-off grants to community agencies to provide drug and alcohol family support, domestic violence prevention and other important services.

Priority will be given to expanding the capacity of police to utilise the unexplained wealth provisions of the *Criminal Property Confiscation Act 2000* by providing additional resources to the Proceeds of Crime Squad. This will also ensure that prosecutions are expedited.

The WA Police Alcohol and Drug Coordination Unit

A recommendation of the summit working group on prevention was to expand the role of the Alcohol and Drug Coordination Unit within WA Police.

The Western Australian Illicit Drug Reporting Survey in 2006 interviewed a sample of current regular ecstasy/amphetamine users who attend nightclubs in the Perth metropolitan area and highlighted the links between liquor licensing and illicit drug use:

- The majority of participants reported nightclubs as the location where ecstasy was both used and most recently used;
- The most common location of usual use for amphetamines was nightclubs; and
- The entire sample of regular users reported lifetime use of alcohol and 99% reported recent use.

Expansion of the role and functions of the current Alcohol and Drug Co-ordination Unit to create a specialist drug and alcohol division within WA Police will enable substantial improvements in:

- Policing licensed premises for drug use and alcohol abuse;
- Conducting internal and external drug and alcohol education programs;
- Developing and fostering prosecutorial expertise;
- Ensuring single line communications to external partners within WA Health and the Department of Racing, Gaming and Liquor;
- Representing WA Police at relevant national and state policy forums;
- Providing policy advice and managing relevant drug and alcohol projects, and
- Strengthening WA Police policy and research capability and contributing to across-government strategies designed to minimise the harms associated with drug and alcohol use.

Diversification of Offenders by Police

Drug diversion programs direct drug users into treatment through the coercive capacity of the criminal justice system. They are effective because they increase the incentives for drug users to identify and address their illicit drug use at the earliest opportunity in their contact with police and/or courts. Offenders are currently able to access diversion options through a number of early intervention police and court diversion programs.

In Western Australia, police diversion programs consist of the Cannabis Infringement Notice (CIN) scheme, All Drug Diversion (ADD), and the Young Persons' Opportunity Program (YPOP). YPOP and ADD are used to divert clients caught in possession of amphetamines.

All Drug Diversion (ADD) aims to divert first time offenders charged with possession of small quantities of drugs other than cannabis into treatment. Participants must have no prior convictions involving charges, diversion notices under the *Misuse of Drugs Act 1981* or for offences involving a crime of violence within the previous three years. 88% of diversions by police through ADD in 2007 have been issued for possession of amphetamines, an increase from 63% in 2006.

YPOP is an early intervention diversion program that specifically targets young people aged 10 to 18 who have been identified by their Juvenile Justice Team Coordinator as having either an emerging or significant drug use issue. The offences do not have to involve drugs. So far this year less than 10% of all YPOP referrals have been for use of amphetamines.

Police also have the option of referring an offender for treatment at the point of offence as a preliminary to engagement in a court based diversion program that operates during the bail period. To take advantage of this opportunity, police may benefit from a better knowledge about the operating court diversion programs and the availability of drug treatment services. Enhanced promotion of the Alcohol and Drug Information Service (ADIS) as a central referral system (see the Acute Health section) and wide availability of ADIS resources may assist.

The summit working group on law enforcement recommended the introduction of a program similar to the Drug Intervention Program operating in the United Kingdom. This program involves drug testing and follow up assessment of all offenders charged with identified trigger offences. Based on the assessments, referrals are made into treatment programs. This program operates in the absence of the more comprehensive diversion programs that operate in Western Australia and nationally as part of the COAG Illicit Drug Diversion Initiative.

Rather than fragmenting available resources and introducing additional and replicated processes to establish a new program, it is preferable to build on the existing programs and address any gaps in that context, particularly as the court based programs have recently been demonstrated to be effective in reducing drug use and reoffending. A full description of the evaluation of existing court diversion programs and their proposed expansion are included in the Corrections, Courts and Diversion section of the action plan.

Legislation Amendments

Exposure of children to drug manufacture

The manufacture of illicit drugs, particularly in clandestine laboratories, places people on the premises and in the surrounding community at great risk. Parliamentary Counsel is currently preparing the *Misuse of Drugs Amendment Bill 2007*. The Bill includes provision to ensure that courts sentencing an offender convicted of the manufacture or preparation of an illegal drug must take account of the danger to the health and safety of a child as a factor in sentencing.

Selling drugs in licensed premises/in or near schools

National and international research indicates that drug dealing and use frequently occurs in or near licensed premises. Age of first use of illicit drugs before 16 years is the most significant factor influencing the likelihood of frequent and regular drug use as a young adult.

In line with these research findings the activities of drug dealers and school age children are the subject of specific provisions of the *Misuse of Drugs Amendment Bill 2007*. The draft Bill requires a court sentencing a person convicted of an offence involving the sale or supply of a prohibited drug to take account of circumstances when the sale or supply was (a) to a child or (b) took place at or near a school or a public place where children are regularly present, or (c) took place at or near a licensed premises.

Examining drug house legislation

The Northern Territory and New South Wales currently have “drug house” legislation in place which allows police to enter premises without a warrant for a specified period in circumstances where people are proved to be dealing in drugs from the premises. Anyone on the premises when drugs are found is deemed to be in possession of illicit drugs. The legislation also gives police the power to evict people from the premises. Western Australia Police will examine this legislation and the similar United Kingdom “crack house” legislation to determine the likely value of this type of legislation to Western Australia.

Drug amount thresholds for jurisdiction and the deeming amount

There are variations between jurisdictions as to the quantities of drugs that determine the relative seriousness of a drug offence. WA Police is researching the thresholds of prohibited drugs and plants including amphetamines and methylamphetamines in other jurisdictions, beyond which possession of these prohibited substances is deemed to be with intent to sell or supply, and which determine court of trial to ensure the adequacy of our current thresholds.

Conditional cautions to enable diversion to education and treatment for juveniles

Measures to divert young people aged 10-18 years who have committed an offence under the *Misuse of Drugs Act 1981* to age appropriate education and treatment interventions were identified as a high priority during summit discussions. Currently police have no power to

attach conditions to these cautions. There is no follow-up for children who receive a written caution, but are not eligible for police all drug diversion.

Introduction of conditional cautions would provide an avenue to compel a child to attend a cannabis education session, drug treatment and/or a Juvenile Justice Team at the discretion of police. Including children in police diversion would provide a useful additional option in situations where the offence involved possession and use of very small amounts of illicit drugs and where there are no other serious offences involved.

This proposal requires amendments to the *Young Offenders Act 1994* to provide police with the discretion to issue conditional cautions to children aged 10-18 years found to have committed an offence under the *Misuse of Drugs Act 1981*. It is also proposed to amend the *Cannabis Control Act 2003* to provide for children to be included in the Cannabis Infringement Notice Scheme.

Implementation of Project STOP

The WA Police support noted the benefits of the pharmacy system to prevent and investigate diversion of pseudoephedrine into the manufacture of methylamphetamine, and indicated their commitment to commencing the project in Western Australia in 2007.

The STOP reporting system provides a close working relationship between pharmacy personnel and police officers in combating the overall problems associated with the diversion of pseudoephedrine for illicit drug manufacture. Implementing the project in Western Australia will necessitate some training for a select group of staff within the WA Police Organised Crime Squad.

Government Commitment

- Removing the profits from crime will be strengthened with an additional multidisciplinary investigation team within the Proceeds of Crime Squad consisting of a solicitor, who will also expedite the prosecutions under the *Criminal Property Confiscation Act 2000*, three forensic accountants, a research officer and an administrative assistant.
- Law enforcement and prevention will be enhanced by creating a drug and alcohol division within WA Police that will conduct substantially expanded operations in and around licensed premises and entertainment areas targeting distribution and use of illicit drugs, as well as contributing to national and whole of government harm minimisation strategies.
- The *Misuse of Drugs Act Amendment Bill 2007* will be amended to include provision for court sentencing to take into account whether the sale or supply was (a) to a child or (b) took place at or near a school or a public place where children are regularly present or (c) took place at or near a licensed premises.
- WA Police will explore the relevance of “drug house” legislation to Western Australia and the appropriateness of current deeming thresholds for selling and supply of illicit drugs.

- The *Young Offenders Act 1994* will be amended to provide police with the discretion to issue conditional cautions requiring children found to have committed an offence under the *Misuse of Drugs Act 1981* and the *Cannabis Control Act 2003* to attend an education and counselling session or a Juvenile Justice Team as appropriate.
- An intelligence analyst will be attached to the WA Police Organised Crime Squad to enable police to act on the intelligence derived from the implementation of Project STOP.

MENTAL HEALTH

Key Summit Recommendations

- The Mental Health Division, Drug and Alcohol Office and other respective agencies through the State Dual Diagnosis Planning Group (SDDPG) will develop, implement and operationalise a clearly articulated model of care. This model of care will address the dual presentations of mental disorder and substance abuse across the full range of care settings from drug and alcohol services, Aboriginal services, emergency departments, inpatient and community mental health units to supported and independent living in the community. This approach was established in the United Kingdom as an effective mechanism to manage this group of consumers. Elements essential to this model include:
 - Collaborative interagency and cross sector partnerships underpinned by robust formal and binding agreements at all levels of organisational and care delivery systems;
 - Interagency involvement in the formulation of comprehensive care plans for each individual as the essential mechanism for ensuring collaborative care arrangements;
 - Workforce strategies such as supervision, interagency education and training and workplace staff exchanges to build capacity and share essential skills, knowledge and expertise; and
 - An agreement by all parties to the integration of quality, safety and best practice principles throughout the process.
- This model of care will be underpinned by principles of humane care that preserve dignity and respect.

Discussion

Mental health problems associated with the use of illicit amphetamines have a significant impact on mental health services. The proportion of mental health admissions to hospitals due to amphetamines was 1.7 % in 2005-06 (448 of 25,855), having peaked at 2% in 2001-02 (580 of 29,274). This represents unique individuals rather than episodes of treatment. In 2006, 1.5% of outpatient episodes in mental health services (representing 560 of 36,890 unique individuals) were due to amphetamines. The number of outpatient episodes presenting at mental health services has substantially increased since 2001.

Patients presenting in drug and alcohol agencies for treatment for amphetamines have also been found to have significant rates of mental health comorbidities. The summit also heard the results of a Drug and Alcohol Office study in which the cognitive functioning of inpatients in treatment for amphetamine dependency were reviewed. All patients exhibited some level of cognitive impairment (with 50% having some level of visuospatial impairment, 30% information processing impairment and 20% some level of memory impairment). 46% of patients had a previous psychiatric diagnosis and 35% had been diagnosed with depression. These high levels of mental health comorbidities should have a direct impact on how treatment is delivered.

The summit working group recognised the importance of meeting the mental health treatment needs of Indigenous people and discussed the role of the small State Indigenous Mental Health Service, and noted that there is a draft business case that has been prepared for the expansion of the service that is proceeding through the internal processes of the North Metropolitan Health Service and Mental Health Division.

Enhancing the capacity of agencies to deal effectively with amphetamine users can be achieved through workforce development including the provision of resources such as treatment guidelines, improved linkages between mental health and specialist drug and alcohol services that includes ensuring appropriate consultation and support is available for services.

Currently mental health triage staff are located in the emergency departments within hospitals to facilitate referral to community based and inpatient services and other agencies, to ensure on-going care where indicated. Referrals include those to drug and alcohol services.

24 hour telephone lines are available to assist individuals, their families and/or carers, who are experiencing a mental health crisis situation. Where appropriate referrals may be made to Community Emergency Response Teams (CERTs) to attend and assess the individual in need of assistance. The summit working group on child protection noted the demand for these services for families and there is clearly a perception that they could be more accessible.

Referral between mental health and drug and alcohol services is assisted by interventions such as an outreach worker from the WA Substance Users Association attending the Graylands admission unit once per week and the Southwest Community Drug Service Team's inreach into the Bunbury Acute Psychiatric Unit. These approaches signal ways of working that result from close linkages and positive relationships between services and could extend to other areas.

The WA State Dual Diagnosis Planning Group, a committee that brings together the drug and alcohol and mental health sectors, and also includes the general practice network, has produced a Dual Diagnosis Kit to support the establishment of formal and robust linkages, reflected in memoranda of understanding, between local mental health and drug and alcohol services.

Two dual diagnosis liaison officers in the South Metropolitan Health Service (Park Community Mental Health Service and Fremantle Hospital) provide clinical expertise, training and information on co-morbidity issues for mental health and drug and alcohol service staff. This greatly assists cross referral of patients as well as the retention and management of patients in whichever service they are engaged, whether it is mental health or drug and alcohol. Victoria has recently announced a substantial roll out of this approach. The WA State Dual Diagnosis Planning Group has prepared a proposal for the establishment of a network of dual diagnosis positions based in mental health services across all area health services.

Ensuring that clinicians have the skills and confidence to address mental health co-morbidities and the specific challenges posed by amphetamine users is fundamental to effective case management. Treatment guidelines are in place and some training for staff of both sectors is provided by dual diagnosis liaison officers or the Drug and Alcohol Office. The WA State Dual Diagnosis Planning Group has recently established a sub-group to develop further these programs.

With respect to the drug and alcohol sector particularly, the Drug and Alcohol Office is committed to supporting the roll out of the PsyCheck, a validated program that provides the

training and resources for services to assess the mental health status of clients and intervene to address the high prevalence and low intensity disorders of depression and anxiety.

Additional workforce development capacity in the Drug and Alcohol Office will greatly assist the development of both the mental health and drug and alcohol sectors' capacity to engage and provide effective treatment for amphetamine users.

Government Commitment

- A specific model of care will be developed to inform management of dual presentations of mental disorder and substance abuse across the key care and treatment settings.
- The Drug and Alcohol Office and the Mental Health Division, together with area health services, will continue to drive the establishment of robust and formal linkages between mental health and drug and alcohol services at a local level, noting that these linkages will be a requirement of drug and alcohol service contracts from 2007/08.
- The Drug and Alcohol Office will support the roll-out of PsyCheck, a validated program to address the mental health issues of clients presenting at drug and alcohol services, across all drug and alcohol services in the state.
- The Mental Health Division and area health services, with the support of the Drug and Alcohol Office, will develop a substantial and coherent workforce development strategy for mental health services to address the drug and alcohol use of patients receiving psychiatric care.
- Consideration will be given to the establishment of a network of dual diagnosis positions in mental health services to support the effective case management of patients in all care and treatment settings, through the 2008/09 budget process.
- The Drug and Alcohol Office will work with the Mental Health Division and the Department for Communities (Family and Domestic Violence Unit) and the Department for Child Protection to explore opportunities for crisis support for parents in the home, when they are in need of support to deal with adolescents affected by amphetamine use and mental health issues.

ACUTE HEALTH

Key Summit Recommendations

- That an Emergency Department presentation is recognised as a critical point thus requiring point of care intervention. Recommend daily specialist drug and alcohol worker to cover tertiary Emergency Departments:
 - To provide assessment, appropriate intervention and engagement in treatment;
 - To engage other services as necessary e.g. relating to child protection, services for ‘carers’; and
 - To provide point of care education and prevention.
- Recognise that Emergency Department presentations are a critical barometer of community amphetamine use and an important focus of research into interventions and their effectiveness. It is recommended that:
 - A mechanism for research is established in the area that can recommend and measure the impact of strategies on hospital amphetamine related presentations; and
 - A project officer and research nurse be appointed.
- Undertake a safety and security audit of tertiary and secondary hospitals and develop and implement minimum standards.

Discussion

The incidence of psychosis and acute toxic states due to methamphetamine use has had a significant impact on the emergency departments in WA hospitals. A study at Royal Perth Hospital in 2005 found that 1.2% of emergency department presentations are directly related to the health effects of amphetamine use. This represents 624 (estimated) presentations per year at Royal Perth Hospital. Currently metropolitan emergency adult attendance census is approximately 341,000 patients per year. Extrapolation of the above data across all emergency departments would represent an approximate amphetamine presentation burden of 4,090 patients per year across the metropolitan area.

Close to 20% of these presentations were admitted to the observation ward, 10% to the general ward, 8% to the hospital’s psychiatric ward and nearly 2% to the Intensive Care Unit.

Management of these patients is resource intensive. The summit heard that such patients take three times the average resource requirements of emergency department patients. Methamphetamine psychosis presentations are particularly demanding. The degree of hostility exhibited by some users presents a crisis situation for both police and health workers, who often have to apprehend these people for their own safety and for the safety of bystanders. In addition, research has found an elevated risk of disease transmission because of the high level of physical contact with the user while attempting to apprehend or treat them.

Management involves accurate assessment, the provision of a safe environment and careful monitoring. Sedation may be required for the emergency management of acute behavioural disturbances and psychotic symptoms.

A team approach including security, nursing, medical, psychiatric and drug and alcohol staff is optimal for staff and patient safety and appropriate case management.

Currently initial management of amphetamine related presentations are managed by emergency department specialists and/or advanced trainees in emergency medicine. Timely psychiatric review is occurring. Specialist toxicologist review is available at the bed side at Sir Charles Gardiner Hospital and Royal Perth Hospital. Input from specialist drug and alcohol staff however is very limited.

The summit was told that that although amphetamine related presentations were very labour intensive, the emergency department was well equipped and resourced to cope with the medical component of treatment. Engagement in post medical treatment was limited and this was viewed as a missed opportunity to engage the user in appropriate treatment.

An emergency department presentation is recognised as a critical point of intervention. Timely drug and alcohol review should be available and offered to all amphetamine related presentations during their emergency department stay.

The missed opportunity of an emergency department presentation is further highlighted by the high rates of readmission of amphetamine affected patients identified by the Royal Perth Hospital study. 46% had had a previous amphetamine related presentation to the hospital. This in turn reflected the patterns of amphetamine use of the patients, with 57% using weekly and 36% having a history of drug dependence.

The recommendations of the summit working group were consistent with the needs outlined in the presentation to the summit. The availability of specialist drug and alcohol workers for tertiary emergency departments would provide assessments, referrals, and information for users and their families. The key role would be to facilitate engagement in ongoing treatment with the view to breaking the readmission cycle.

Given that the presentations are spread over the week, it will be most efficient and effective for new specialist drug and alcohol positions to also co-ordinate the development of the skills of staff (psychiatric and nursing) within the emergency departments to extend the reach of the service. This would have the added advantage of broadening the scope of interventions with affected patients.

It will also be important for the nurse positions in emergency departments to work closely with drug and alcohol services and particularly the medical and nursing services of the Drug and Alcohol Office's Next Step specialist clinic and at integrated community drug services.

Expanding drug and alcohol interventions in emergency departments can also be supplemented with the on call advice from an addictions medical consultant as provided by the Drug and Alcohol Office's Next Step Clinical Advisory Service.

There are areas for possible future research linked to the activity of the emergency departments. Of interest is the impact of the provision of specialist drug and alcohol services within emergency departments on amphetamine presentation rates. Currently a range of options for research funding are available including partnerships with the Monitoring Evaluation and Research branch of the Drug and Alcohol Office.

Government Commitment

- New drug and alcohol nurse positions will be established in the three tertiary emergency departments in Perth, to provide assessment and engagement into treatment as well as support for families and information for emergency department staff. These positions will work closely with the medical and nursing services of the Drug and Alcohol Office's Next Step services.
- The Drug and Alcohol Office will work with Royal Perth Hospital to develop opportunities for research into the impact of strategies on hospital amphetamine related presentations.
- Safety and security audits of tertiary and secondary hospitals will be undertaken.
- A central referral system for health providers to access drug and alcohol services will be developed through the Alcohol and Drug Information Service (for referrals and general information) and the Clinical Advisory Service (for medical consultation).

CHILD PROTECTION

Key Summit Recommendations

- Expand treatment responses suitable for child protection services:
 - High priority is more residential beds for women with children;
 - Whole of family approaches;
 - Outreach into the home (including parents who may be grandparents) and post-emergency accommodation; and
 - Culturally specific services, (recognising that there has been an increase in Aboriginal and Torres Strait Islander workers already).
- Early intervention: alternative options for children and young people who are using/abusing drugs, education on-line services.
- The Alcohol and Drug Information Service needs to be better promoted as a state wide service.
- Reinforce multi agency linkages with local level protocols and joint training.

Discussion

Many people who have problematic alcohol and other drug issues have dependent children in their care. Problematic drug and alcohol use, however, rarely occurs in isolation and these families may face many complex problems. Drug and alcohol misuse is strongly linked to child neglect and domestic violence, along with several other factors to a lesser extent including physical abuse and homelessness or a transient lifestyle.

The link between social disadvantage and drug use (particularly alcohol) is most evident among Aboriginal and Torres Strait Islanders. *The National Drug Strategy Household Survey Urban Aboriginal and Torres Strait Islander Peoples Supplement 1994* shows that for every type of drug considered, this group has higher rates of “risky” use than the rest of the Australian population. This translates into higher rates of harm. Aboriginal people are over-represented in child protection cases.

In some but not all cases, drug and alcohol use impacts on the quality of parenting, putting the children at risk of harm or neglect. While having children can be a prime motivator for some people in changing their alcohol and other drug-taking behaviours, the challenges of parenting can also contribute to the maintenance of drug use and can impact upon the likelihood and the severity of any relapse. Parenting issues can also affect a client’s engagement in treatment. Agencies working with families need to be aware of the impact of drug and alcohol use on parenting.

There is clear evidence that drug and alcohol use by parents or guardians is a significant factor in many circumstances where a child concern is made known to the Department for Child Protection. A study conducted by the then Department for Community Development in 2004 explored drug and alcohol use as a factor in applications to the Children’s Court for protection orders, and found that parental drug and alcohol use was a contributing factor to the protection application in 57% of the 100 legal cases studied. Of the Department for Child

Protection respondents known to be 'users' (n=85), 46% were using alcohol, 42% were using psychostimulants and 36% were using cannabis. One in four of the respondents were using opioids. Many (54%) were poly drug users.

The study found that parents with problematic drug and alcohol issues are already engaging in treatment. Families had received services from a range of agencies, including drug and alcohol services: Details of drug rehabilitation service contact were found for 51 out of the 85 respondent users. For three quarters of these 51 users, drug rehabilitation was made part of the wardship order or agreed to by them during the legal process (39% and 37% respectively). Almost one in four (24%) had attended drug rehabilitation services prior to the protection application.

This data supports the important role drug and alcohol services can play in child protection cases. An overall expansion of outpatient services treatment services will support this group of clients. However, currently the key specialist services that treat families subject to these issues have significant waitlists and improving child protection outcomes will require greater capacity in these services.

Saranna (Cyrenian House) provides medium to long term programs, with mothers and children both in residence, enabling substantial progress to be achieved both on drug and alcohol and parenting issues. There are currently eight family cottages. Most clients are subject to child protection orders or Department for Child Protection case management. Saranna has an extensive waiting list that can extend to between four and six months. Six new family accommodation units are planned for building during 2007, an increase from the current eight units. Additional counselling and welfare staff are required for the units to be opened.

The Pregnancy, Early Parenting Illicit Drug Support Unit (PEPISU) managed by Women's Health Services provides a support and skills development program for mothers on an outpatient basis. PEPISU supported 275 families in the last financial year. The service is operated in partnership with King Edward Memorial Hospital and 3% of clients are subject to child protection orders or Department for Child Protection case management and the majority of clients are considered to be child protection risks... The number of families accessing the PEPISU service has increased by 50% in the last financial year. An additional staff position for PEPISU will enable the service to admit an additional estimated fifty families per year.

The effectiveness of engaging new mothers in continuing drug and alcohol treatment and linking them to child development services as early as possible would be greatly improved by expanding Drug and Alcohol Office Next Step's placement of a clinical nurse at King Edward Memorial Hospital, from the current half day per week to a full time placement.

The need for early intervention strategies for at risk young people was among the recommendations from the child protection group. This recommendation corresponds with a recommendation from the summit working group on prevention for enhanced parenting programs, together with early intervention and information regarding access to support services. The Department for Communities currently provides a range of parenting and early intervention programs for the general community and will continue to deliver these services statewide.

Where drug and alcohol use of a parent/care giver impacts on the wellbeing of a child, there is a need for the agencies involved to take a comprehensive view of the needs of the whole family and not focus only on the individual with the substance problem. Where the Department for Child Protection is involved because of child protection concerns, then it is essential that there is a high degree of coordination of services. Close linkages between drug and alcohol services and child protection services, as well as other child and family support services are required to provide effective interventions.

The Drug and Alcohol Office and the Department for Child Protection are progressing the development of formal and robust linkages between local services.

Additionally, the *Impact of Parental Drug and Alcohol Use on Babies and Infants Working Party* has been formed to improve the coordination of all relevant services which address parental drug and alcohol use, and to provide a focus for the enhancement and further development of services. This working party includes the Child and Adolescent Health Service that has responsibility for child health nurses that visit all new mothers and are mandated to provide more intense visiting to families where the child may be at risk. This is recognised as a key service for amphetamine users. Developments arising from the working party need to be progressed as a priority.

The Department for Child Protection has committed to a comprehensive and coherent program of training in drug and alcohol issues and interventions for its case practice and supervising staff. This will be developed and delivered in partnership with the Drug and Alcohol Office. Similarly the Drug and Alcohol Office is committed to improving the child protection knowledge and skills of the sector's services and ensuring that appropriate policies are in place in all drug and alcohol agencies. These developments also need to be progressed as a priority.

An additional staff position and resources in the DAO workforce development branch will assist this to occur.

Government Commitment

- Treatment services that provide treatment to families subject to child protection interventions will be expanded significantly, including:
 - Six additional residential cottages for mothers and children at the Saranna program at Cyrenian House;
 - Additional capacity at the pregnancy early parenting intervention service unit program at Women's Health Services; and
 - Additional nursing inreach services provided to the Clinical Dependency Unit at King Edward Memorial Hospital from the Drug and Alcohol Office's Next Step service.
- The Drug and Alcohol Office will work with the Mental Health Division and the Departments for Communities (Family and Domestic Violence Unit) and Child Protection to explore opportunities for crisis support for parents in the home when they are in need of support to deal with adolescents affected by amphetamine use and mental health issues.

- The Drug and Alcohol Office and the Department for Child Protection will drive robust and formal linkages between drug and alcohol and child protection services at the local level, noting that these linkages will be required to be developed by all drug and alcohol services as part of their contracts for 2007/08.
- The outcomes of the *Impact of Parental Drug and Alcohol Use on Babies and Infants Working Party* will guide further developments to ensure coordination of all relevant services which address parental drug and alcohol use, and the Government will consider its recommendations for any enhancement and further development of services including child health nurse visits to new mothers where the child may be at risk due to drug use.
- The Drug and Alcohol Office will support the development of child protection knowledge and capacity in all drug and alcohol services including the establishment of child protection policies, as required in services 2007/08 contracts, and workforce development programs.
- The Department for Child Protection will implement a workforce development program to improve the case management of clients with drug and alcohol problems including their engagement in specialist treatment.
- The Drug and Alcohol Office will work with the Department for Communities (Family and Domestic Violence Unit) to develop training for the domestic violence sector including outreach services, and to build robust linkages between domestic violence services and drug and alcohol services.

CORRECTIONS, COURTS AND DIVERSION

Key Summit Recommendations

- Increased resources into treatment services to accommodate the needs of corrective and diversion services, incorporating a full range of treatment.
- State-wide integrated and coercive program to divert drug users into drug treatment programs taking into account the special needs of children, Aboriginal and other cultural groups. This includes widening scope of entry into diversion to achieve universal coverage for all offender types including from the higher courts.
- Education, information and training (across courts, justice services, policing, non government organisations), and systems development to improve coordination and entry into justice health continuum. Effective end to end offender management including prison services.
- Single lead agency/program that has a mandate to coordinate resources and responsibility for the management and treatment of drug users in Corrections.
- Screening of alcohol and other drug and mental health issues at the first point of contact with the criminal justice system which is followed by the sharing of information and tracking of offenders through case management systems.

Discussion

The evidence for a direct link between amphetamine use and offending is not clear as users who do commit crime are likely to have a pre-existing tendency to anti-social behaviour. The use of amphetamine type stimulants, however, is significantly higher amongst those who are imprisoned than among the general population, and poly drug use is the norm rather than the exception among this group. Imprisonment provides a unique opportunity for people who may otherwise be difficult to engage in treatment.

The use of amphetamine type stimulants is significantly higher amongst those who are imprisoned than among the general population. Results of the ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) which is administered to prisoners on entry into prison found that 86% of female receivals into Bandyup and 74% of male receivals at Hakea had in the past used amphetamines.

The PICASO database that records all Department for Corrective Services clients being seen by non-government drug treatment agencies and the department's Prison Health Service, indicates a dramatic increase between 2004/05 and 2005/06 in offenders who report amphetamine use as their principal drug of concern. This reflects offenders being managed in the community, with a smaller proportion being treated within a custodial setting.

The management of prisoners with amphetamine dependency problems can be complicated by pre-existing mental health problems, behaviour problems and poor impulse control that contributed to their offending behaviour and have been exacerbated by the amphetamine use.

The propensity to violent and disruptive behaviour can pose a management problem for prison staff.

Issues identified by the Department of Corrective Services regarding their management of these offenders in community and custodial settings include:

- No systematic screening tool is currently used state wide to identify those at risk;
- Restricted resources available to provide treatments to amphetamine users while in prison;
- Many staff (custodial, health and allied) require training in working with amphetamine users for day to day management purposes; and
- Lack of electronic patient information sharing systems between agencies provides a significant impediment to effective and co-ordinated through care management.

The role of community corrections and custodial officers managing offenders and linking them to treatment programs and services is implicit in the issues raised by the department. The development of a substantial and coherent training effort to build this capacity presents an opportunity for partnership between the Drug and Alcohol Office and the Department of Corrective Services to deliver this training.

The summit working party also emphasised the importance of adequate drug and alcohol treatment service places to address the needs of offenders.

The report of the *Inquiry into Management of Offenders in Custody and in the Community by the Hon Dennis Mahoney (2005)* also noted the high prevalence of drug and alcohol issues among offenders and recommended an increase in the resources provided through the Department for Corrective Services for the management of these offenders through non-government treatment agencies.

It is noted that the summit working group's recommendation for a single agency or program to co-ordinate services for offenders is consistent with the recommendation of the report of the *Inquiry into Management of Offenders in Custody and in the Community (2005)*.

The crucial role of drug diversion programs to direct drug users into treatment through the coercive capacity of the criminal justice system was emphasised by the summit working party. Diversion programs are effective because they increase the incentives for drug users to identify and address their illicit drug use at the earliest opportunity in their contact with police and/or courts.

The Western Australian Diversion Program is part of the COAG Illicit Drug Diversion Initiative, and consists of a number of early intervention police and court diversion programs. Referrals to treatment programs are made by police or through the court system.

The Pre-sentence Opportunity Program provides treatment for low-level offenders with drug problems, the Supervised Treatment Intervention Regime involves a more intense program for moderate-level offenders with drug problems and the Indigenous Diversion Program is a similar service to the Pre-sentence Opportunity Program for Indigenous offenders in remote locations.

The programs were rolled out between 2003 and 2004 in the Perth, Bunbury, Northam, Rockingham, and Kimberley Magistrate's Courts. Since then the programs have expanded to

almost all Magistrates Courts in Western Australia, with plans to expand to all courts in the future.

Results from a recent evaluation of these court based programs, conducted by the Crime Research Centre (2007) indicate that between 75% and 80% of clients are completing the various programs. Clients who completed the court diversion programs:

- Significantly reduced their drug use. 75% of the participants reported using amphetamines more than once a week before entering treatment and only 10% reported weekly use afterwards. 60% of offenders were abstaining altogether from using amphetamines at the end of the program;
- Were less likely to be re-arrested (all offences and drug offences). Almost 90% of those people who began the program but did not complete it committed further crimes within 12 months of being sentenced, compared to only 30% of those people who did finish their course;
- Were less likely to be imprisoned post-program than those who did not complete the program; and
- Improved physical and mental health outcomes and relationships. Up to 65% of the participants who completed the course and were interviewed for the evaluation reported significant improvements in physical and mental health.

The Minister for Health announced at the time of the release of this report that based on the success of these programs, the scope of the diversion programs offered would be expanded to more locations and applied to more offenders throughout Western Australia.

The Perth Drug Court manages more serious and entrenched offenders through an approach involving intense therapeutic jurisprudence whereby the magistrate and court officers act as a team that actively supervises the offender. A recent evaluation (Crime Research Centre 2003) indicated that:

- Involvement in a Drug Court program had a positive effect in reducing the level of re-offending. 46.4% of offenders participating in a Drug Court program did not return to corrections due to new offending. This compared to 29.4% for people leaving prison and 36% for those participating in community based corrections programs;
- People who had been through the Perth Drug Court exhibited a reduced frequency of burglary offences and had substantially fewer drug-related offences in subsequent offending; and
- Offender management costs associated with the Drug Court (\$16,210) were substantially lower than a prison sentence (estimated at \$93,075).

The capacity of the Perth Drug Court is currently limited by the size of the Court Assessment and Treatment Service operated by the Department of Corrective Services. A drug court regime program operating in Perth Children's Court is also limited by the capacity of this offender management service.

The summit working group placed a strong emphasis on expanding the roll out of diversion programs to achieve comprehensive coverage. The working group commented on the gap between lower level diversion programs and the drug court programs. A roll out of the Supervised Treatment Intervention Regime which targets people with moderate level offending and drug use problems would assist in meeting this need. Where the program has been made available it has been demonstrated to be effective. Similarly, diversion of

offenders from the higher courts will on some occasions be appropriate and can be achieved by referral to the Perth Drug Court during the bail period.

Expansion of diversion programs necessitates increased capacity in the treatment services, particularly residential rehabilitation services for more serious and entrenched drug users and offenders.

Government Commitment

- The WA Diversion Program will extend the roll out and application of existing police and court diversion programs, including the Indigenous Diversion program, to provide for comprehensive statewide coverage for all offenders who are appropriate for diversion.
- The WA Diversion Program will extend its scope by:
 - Implementing the Supervised Treatment Intervention Regime in more Magistrate's Courts;
 - Increased application of the Drug Court Regime in the Perth Children's Court;
 - Referral of offenders who are being dealt with in the District and Supreme Courts to be managed by the Perth Drug Court throughout their bail period (subject to negotiation between the respective chief judicial officers);
 - Supporting these extensions with an expansion of the Court Assessment and Treatment Service; and
 - Supporting these extensions with an expansion of residential rehabilitation capacity for adults and youth.
- Consideration will be given to a proposal for comprehensive treatment services in Western Australian prisons through the 2008/09 budget process.
- Consideration will be given to a proposal for resourcing non government organisation treatment services to meet the needs of offenders sentenced to community based orders, as recommended by the *Inquiry into Management of Offenders in Custody and in the Community (2005)*, through the 2008/09 budget process.
- The Department of Corrective Services and the Drug and Alcohol Office will work together to develop a substantial and coherent program of workforce development for community corrections and custodial officers to support the effective engagement of offenders in treatment.
- The Department of Corrective Services will explore the opportunity to establish a single lead program that has the mandate to coordinate resources and responsibility for the management and treatment of offenders, and associated developments for the organisation, consistent with the recommendation of the report of the *Inquiry into Management of Offenders in Custody and in the Community* by Hon Dennis Mahoney, November 2005.
- The Department of Corrective Services, in conjunction with the actions above will continue to integrate the screening of drug and alcohol and mental health issues of offenders and provide integrated case management throughout their involvement with the criminal justice system.

ABORIGINAL ISSUES

Key Summit Recommendations

- Development of an Aboriginal model (therapeutic) that takes a whole of life approach to addressing inter-generational trauma. This will build the social capacity and skills of the community to tackle the underlying determinants of alcohol and other drug use:
 - Culturally secure therapeutic approaches;
 - Support of the Aboriginal workforce: recruitment, retention, professional development that includes access to nationally recognised training and career pathways, clinical support work and peer support (network) opportunities;
 - Consult, negotiate and develop partnerships across agencies; and
 - Cultural competence of non-indigenous workers.
- Prevention needs to be a key focus for young Aboriginal people. A minimum of 15% of all specific prevention funding in the State should be provided to Aboriginal programs.
- Develop a supply reduction and control intervention which is modelled on the Substance Abuse Intelligence Drug Desk that builds on local partnerships and intelligence sharing to coordinate policing information that targets specific individuals and Aboriginal communities.

Discussion

Amphetamine use impacts on both Aboriginal and non-Aboriginal communities, however, problems will be exacerbated in communities that are already stressed and have limited resources and capacity. While recent West Australian and national survey results have been encouraging, showing the rate of amphetamine use declining, these improvements have not occurred in the Aboriginal community.

National data from the National Drug Strategy Household Survey (2004) showed that 15% of the population had used an illicit drug in the previous 12 months compared to 28% of Aboriginal people. The rates of recent amphetamine use (in the past 12 months) among Aboriginal people are more than twice that of the non-Aboriginal population. 3.2% of total national population had used amphetamines in the previous 12 months compared to 7% of Aboriginal people.

A positive indicator, however, is the significant number of Aboriginal people accessing treatment in Western Australia for amphetamine related problems. The percentage and number of Aboriginal people attending treatment for amphetamines has been on a steady increase from a low of 11% (38) in 1999 to a high of 16.4% (219) in 2005, and similarly for 2006 at 15.6% (212).

The vast majority of Aboriginal people (almost 90%) are seen in mainstream services. This indicates that mainstream services are able to attract and retain Aboriginal people in treatment. Best practice evidence indicates that service delivery would further be enhanced by the improved access to Aboriginal staff and workforce development to ensure culturally secure practice in both Aboriginal and mainstream services.

Prior to the WA Illicit Amphetamine Summit participants in the WA Aboriginal Alcohol and Drug Forum were asked to provide information on the impact amphetamines were having on their communities and workplaces. This gathering presented a unique opportunity for consultation with Aboriginal people from across the state, representing agencies located in metropolitan, regional and remote communities.

The recommendations from the WA Aboriginal Alcohol and Drug Forum were presented at the summit. It was stressed that it is important to work with Aboriginal communities in a way that will build on existing strengths and ensure that the developed strategies are culturally secure and help build the capacity of families and communities to tackle drug and alcohol use issues.

Enhancement of workforce training programs to develop the drug related and Aboriginal cultural knowledge and skills of drug and alcohol workers, mental and acute health staff, police, child protection staff, corrections workers and magistrates was highlighted. It was also stressed that there was a need to build strong linkages between agencies to improve shared case management. Improved linkages would facilitate early detection and management of mental health comorbidities.

The summit heard that responses from the Aboriginal forum participants were diverse and reflected the individuals' own experiences of the impact of amphetamine use. Reports on the level of use varied from "not here yet" to "causing a lot of concern, but not as much as alcohol and gunja". The impact of amphetamines on families and communities was dependant on the degree of exposure that community had. Because of the high levels of poly-drug use, amphetamines were just seen as part of the mix that exacerbated the huge drug and alcohol use problems that many communities were already battling; family breakdowns, financial costs, physical and psychological harms, increase in criminal activities and violence, alienation and loss of respect for elders and cultural breakdown.

Participants from remote communities were particularly anxious that prevention and supply reduction strategies be put in place before amphetamines infiltrated their communities.

Participants felt that there was a lack of knowledge about amphetamines and its effects. A key recommendation was the need to strengthen education and other prevention activities and also harm reduction strategies. Participants saw a need for youth specific programs that are tailored to the needs of children and adolescents and provided in a range of settings.

As drug and alcohol workers, the Aboriginal forum participants were concerned about the growing pressure being placed on grandparents and other carers to care for children affected by parental drug use.

To reduce the rates of Aboriginal incarceration, participants thought that there was a need to promote, enhance and expand drug diversion programs for Aboriginal people in collaboration with local Aboriginal communities. Justice programs that incorporate aspects of Aboriginal culture and law in hearing, sentencing and parole for Aboriginal offenders were also seen as important.

Significant initiatives have already been put in place to address drug and alcohol use problems in Aboriginal communities. In recognition of the need for a whole of health approach, these initiatives are not substance specific.

In 2006/07 and 2007/08 the Commonwealth Government has provided the Drug and Alcohol Office with substantial funding for the expansion of statewide Aboriginal treatment services, and this is extending the services of the Kimberley, Pilbara, Midwest, Wheatbelt and Goldfields community drug service teams.

The Drug and Alcohol Office has redirected funding to establish four Aboriginal beds in the Next Step withdrawal unit, and six rehabilitation beds each at Cyrenian House and Palmerston in partnership with the Aboriginal Alcohol and Drug Service. Additionally, the Commonwealth has also directly provided capital development grants and increased recurrent funding to Ngnowar Aerwah Aboriginal Corporation in Wyndham and Millya Rumurra Aboriginal Corporation in Broome. These substantial grants will also increase the capacity of these agencies to accommodate Aboriginal families accessing their residential rehabilitation programs.

In 2007/08, two additional positions at the Drug and Alcohol Office will also be funded by the Commonwealth to support development of the Aboriginal drug and alcohol workers and agencies throughout the State.

The efficacy of the existing prevention campaigns was recognised by the summit working groups on prevention. The Aboriginal issues group in turn recommended that 15% of prevention program funding be allocated to Aboriginal initiatives. This approach is broadly consistent with the policy advocated by the Department of Health's Office of Aboriginal Health, that 10% of campaign funds be directed to the Aboriginal population, and is reflected in the department's recent guidelines for allocation of health promotion funds. This approach recognises the extent of problems, diversity of Aboriginal communities and the spread of the population through the State.

The *Substance Abuse Intelligence Drug Desk* is a combined initiative between the Northern Territory, Western Australia and South Australia Police, targeting the trafficking of petrol, illicit drugs and alcohol in the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara lands across the Northern Territory, Western Australian and South Australian borders. The *Substance Abuse Intelligence Drug Desk* is funded from the Commonwealth Government and has reportedly met with considerable success in reducing drug, alcohol and solvent supplies into remote Aboriginal communities. Further application of the model warrants exploration.

Government Commitment

- Aboriginal services will continue to be developed within community controlled and mainstream agencies to provide culturally secure treatment delivered by Aboriginal staff.
- The Aboriginal drug and alcohol workforce will continue to be expanded through nationally recognised training and ongoing mentoring provided through the Drug and Alcohol Office, for positions being established in community controlled organisations and mainstream services including community drug service teams.
- The Aboriginal cultural competence of mainstream services will be further developed through a specific workforce development program and the continuing roll-out of the WA Health cultural respect implementation framework, noting that this will be reflected in the contracts for drug and alcohol agencies in 2007/08.

- The Drug and Alcohol Office prevention programs will allocate 10% or more of their funding or content to Aboriginal programs and communities. These programs will include attention to the use of amphetamines and other drugs and alcohol during pregnancy.
- The Drug and Alcohol Office will explore opportunities with community drug service teams, the Communicable Disease Directorate of the Department of Health and area health services, to reduce the spread of hepatitis C and other blood-borne viruses, through education programs, improved pathways to anti-viral treatment and expanded access to needle and syringe exchange programs, for Aboriginal people across the state.
- The WA Police Alcohol and Drug Coordination Unit will explore the development of supply reduction initiatives modelled on the Substance Abuse Intelligence Drug Desk operating in the tri-state area of central Australia that build on local partnerships and intelligence sharing to reduce drug supply in Aboriginal communities.

IMPLEMENTATION OF THE GOVERNMENT ACTION PLAN

The sponsors of the WA Illicit Amphetamine Summit, the Commissioner of Police and the Director General of Health, will oversee the implementation of the government action plan.

The agencies responsible for specific actions will be accountable for their implementation. Agencies who are responsible for implementing these actions will adjust their 2007/08 summary drug and alcohol action plans to include any additional items arising from the government's action plan.

The WA Drug and Alcohol Strategy Senior Officers Group, comprising all state government human service agencies, will be the overarching coordination committee for whole of government implementation. A range of partnerships between specific agencies are outlined in the government action plan to progress various initiatives.

Progress on the implementation of the government action plan will be reported by all agencies through the annual drug and alcohol strategy report that is coordinated by the Drug and Alcohol Office and provided to the Minister for Health and noted by the Cabinet.