



Putting People First

AGENCY DRUG AND ALCOHOL ACTION PLAN

DEPARTMENT OF HEALTH

2003 - 2005

FOREWORD BY THE DIRECTOR GENERAL

This Plan brings to bear the considerable resources of the Department of Health on Alcohol and Other Drug (AOD) issues. Together with the initiatives of other key agencies, it represents a coordinated, whole-of-Government response to AOD related harm.

The Department of Health (DOH) accounts for more than 40% of all State Government resources used for the prevention, identification and treatment of AOD problems. Significant levels of activity are occurring in the areas of community health, prevention and early intervention, hospital-based treatment, harm reduction initiatives in relation to blood borne viruses and culturally appropriate strategies targeting indigenous and migrant communities.

Increasingly, programs and outcomes are planned and delivered in the context of national frameworks, such as the National Alcohol Strategy 2001-2003/4, the National Action Plan on Illicit Drugs 2001-2003/04, the National Drug Strategy: Aboriginal and Torres Strait Islander People's Complementary Strategy, the National Hepatitis C Strategy 1999/00-2003/04 and a number of others. Similarly, at state level, there is a growing trend towards well co-ordinated, multi-agency approaches to a range of complex social and community issues such as AOD related harm. The DOH is an enthusiastic participant in this increasingly prevalent approach. It is also important to ensure that within a large agency such as DOH, there is a continuous emphasis on coordination of efforts and for this reason coordination is a stated objective of this plan.

In health terms AOD issues are very significant. It is estimated that currently AODs account for one in five deaths and 8% of all hospital bed days¹. At the present time, AOD patients are identified predominantly by reference to specific diagnostic related groups (DRGs) including detoxication, sobering up and disorder/dependency. In 2000/01 there were an estimated 4,281 admitted episodes of these DRGs, 87% of which were treated in the general health system. An estimated 5% of all admissions are directly AOD related at an annual average cost of \$89.6M. A major challenge for the State health system is to more effectively recognise and treat AOD related problems in patients who are admitted for other conditions. Such presentations have a significant impact on the hospital system.

Few would argue however, that it is infinitely preferable to reduce the number of patients presenting as AOD related hospital admissions by developing and implementing effective prevention and early intervention strategies. Accordingly, the DOH Plan places a considerable emphasis on programs and activities that deliver a strong prevention and early intervention focus.

Overall, this plan is about the DOH, in partnership with others, making a lasting and effective contribution to the health and quality of life of the Western Australian community. Every effort will be made to ensure that the plan is implemented effectively.

¹ This figure relates to all drugs including tobacco. Please note tobacco has its own action plan and is not included in this plan.

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EXECUTIVE SUMMARY

The Department of Health *Drug and Alcohol Action Plan* has three major objectives, each of which has a number of key directions as follows:

Prevention and Early Intervention

Contribute to the development and delivery of a comprehensive range of strategies aimed at reducing the incidence of alcohol and other drug related harm, including illness, injury and premature death.

Key Directions

- **Reduce the prevalence of risky alcohol consumption and other drug use in women of child bearing age accessing Community Health Services.**
 - Provide information and advice relating to the NH & MRC Australian Alcohol Drinking Guidelines and high risk drinking patterns to women and their families who are clients of Community Health Services.
 - Provide workforce (practice) development to Community Health staff and Midwives about the impact of high risk drinking patterns and other drug use during pregnancy and the impact of parental alcohol and other drug use on child development.
 - Provide training for Community Health staff to enable screening and identification of risky alcohol and other drug use and the ability to instigate Brief Interventions where required
 - Develop an integrated support system to assist Aboriginal families dealing with AOD-related issues in caring for their children.
- **Increase community capacity to prevent co-occurring mental illness and harmful alcohol and other drug use. Reduce the harm associated with co-occurring mental illness and harmful alcohol and other drug use.**
 - Develop partnership protocols between the Office of Mental Health (OMH) and DAO and other relevant stakeholders initially in relation to:
 - Aussie optimism;
 - Positive Parenting Program (PPP); and
 - Postnatal Depression programs.
 - Develop partnership protocols between the Office of Mental Health (OMH) and DAO and other relevant stakeholders initially in relation to the Suicide Prevention Strategies outlined in the policy.
- **Implement state wide youth and community alcohol and other drug education programs, through local metropolitan and country health services.**

- Build alliances and interagency partnerships to develop, implement and evaluate campaign strategies.
- Promote and distribute campaign information to the community.
- Implement brief intervention alcohol and tobacco screening for patients and clients of metropolitan health services.
- **Reduce the incidence of intentional and unintentional AOD related injuries.**
 - Assist local regions to monitor alcohol-related harm.
 - Encourage and support local regions to conduct community-based consultation on the prevention of intentional injury.
 - Assist Falls Prevention strategies in seniors through promotion of safe medicine practices.
 - In conjunction with Environmental Health, address issues relating to accidental poisoning.
- **Reduce the incidence and transmission of HIV, hepatitis C and other blood borne viruses and minimise the personal and social impact of HIV and other BBVs.**
 - Continue follow-up of regional hospitals to ensure compliance with OP 1522/01 (Provision Of Sterile Needles And Syringes From Rural and Regional Hospitals To People Who Inject Drugs) OP 1522/01.
 - Disseminate targeted harm reduction information for people who inject drugs and promote the availability and access of treatment options.
 - Evaluate health promotion material and programs on a regular basis to ensure that information relating to new drug treatment options is available.
 - Develop information and support strategies that build on existing programs.
 - Provide on-going training, education and support for NSP coordinators and health professionals.
- **Review all Office of Aboriginal Health (OAH) alcohol and other drug contracts to ensure the inclusion of prevention and early intervention, where appropriate.**
 - Include community development as an aspect of prevention in contracts, as appropriate.

- Establish an OAH Health Promotion team and link to the alcohol and drug team.
- Redefine primary health care contracts to include alcohol and drug prevention interventions.

Treatment and Support

Enhance the capacity of hospitals and community based health services to recognise and appropriately respond to patients presenting with conditions directly or indirectly associated with alcohol or other drug use.

Key Directions

- **Support access for clients of Community Health Services to alcohol and other drug programs.**
 - Provide Community Health staff visits to pregnant women identified as having alcohol & other drug problems in the antenatal period.
 - Establish joint services between C&CH & DAO for pregnant women & families to enable better communication between service providers and more effective treatment & support for clients.
 - Establish joint services between C&CH & Mental Health services for pregnant women & families with issues relating to comorbidity.
 - Develop a close working relationship with staff at the KEMH Chemical Dependency Unit (CDU), GPs, and obstetricians to enable early referral of high-risk clients.
- **Increase community capacity to prevent co-occurring mental illness and alcohol and other drug use *and* reduce the harm associated with co-occurring mental illness and alcohol and other drug use.**
 - Establish partnership agreements between mental health providers (including Next Step and the Joint Services Development Unit), general health providers and DAO, that progress clinical protocols for referral and management, initially in relation to (a) amphetamine related psychosis, and (b) alcohol intoxication and withdrawal.
 - Progress towards the integration of ADAPT policy directions into the 2003-04 Mental Health Strategic Plan.
- **Provide appropriate treatment and support services for patients and clients of health services *and* build capacity of generalist health services and their staff to provide quality treatment and support services.**
 - Ensure best practice drug withdrawal services through provision of accredited high quality services throughout the continuum of care.

- Provide linkages to pre and post treatment and support services.
- Provide emergency department services.
- Provide AOD screening and brief intervention.
- Provide policies, resources, information and training so that health professionals are well supported, secure and safe when responding to patients and clients.
- **Assist in the more widespread provision (decentralisation) of appropriate treatment for drug addiction by medical practitioners and community pharmacists.**
 - Ensure medical practitioners are trained and authorised to prescribe methadone and buprenorphine for the treatment of opioid dependence, in a safe and effective manner.
 - Ensure community pharmacists are trained and authorised to dispense methadone and buprenorphine for the treatment of drug addiction.
 - Monitor patient's use of methadone and buprenorphine including the dose supplied, number of missed doses and number of doses taken home.
 - Ensure Notification Regulations between medical practitioners and the Executive Director Public Health are reviewed and maintained as appropriate.
- **Review the OAH alcohol and drug program contracts to include treatment and support as appropriate.**
 - Incorporate best practice guidelines in contracts as per DAO practice.
 - Examine the evidence on Aboriginal cultural intervention models and consider their application for Aboriginal drug and alcohol services and Aboriginal community controlled health and other primary health care providers.
 - Redefine primary health care contracts to include alcohol and drug treatment and support interventions.

Coordination

Maximise the effectiveness of responses to alcohol and other drug related health issues by ensuring coordination of services within the DOH and between the DOH and other Government and non-Government organisations.

Key Directions

- **Ensure co-ordination of service provision and referral between Community and Child Health Services and other service providers.**
 - Maintain close working relationship between C & CH staff and staff at DAO, KEMH Chemical Dependency Unit, Mental Health Services, GPs and obstetricians.
- **Ensure coordination of services with respect to mental health, within the DOH, and between the DOH and other Government and non-Government organizations.**
 - Ratify and implement the Alcohol, Drugs and Psychiatric Treatment (ADAPT) Policy.
 - Establish partnership agreements between mental health providers (including Next Step and the Joint Services Development Unit), general health providers and DAO in relation to a range of issues.
 - Investigate potential opportunities for collaborative, cross sectoral use of the information from the PSOLIS system, in particular the AOD sector agencies.
 - Facilitate other appropriate strategies, to include co-location, issue management, AOD service management and other initiatives as further implementation of the policy occurs.
- **Create more effective linkages between Divisions of General Practice, GPs and the Drug and Alcohol Sector, for the delivery of AOD services.**
 - Build formal partnerships and infrastructure to implement initiatives under the Bilateral Agreement between the State and Commonwealth (Drug and Alcohol Action Area) and the Primary health care Partnerships between Population health Units and the Divisions of General Practices (DGP).
 - Improve linkages between GPs and the Alcohol, Drugs and Psychiatric Treatment Program (ADAPT) activities.
- **Implement the DOH alcohol and other drug related policies through coordination within and between health services.**
 - Provide local structures and training to ensure that DOH policies are effectively and efficiently implemented and coordinated by skilled and enthusiastic staff.

- **Work with relevant key agencies to reduce the numbers of people who inject drugs.**
 - Promote the availability of telephone information through existing services such as HCWA, WAAC, WASUA and the Alcohol and Drug Information Service (ADIS).
 - Support education campaigns and programs aimed at reducing recruitment to injecting drug use.
 - Encourage school education drug projects to include discussion of BBV, vaccination against hepatitis B, and harm reduction.
- **Develop and foster key strategic partnerships to reduce the incidence of alcohol and drug related harm in the indigenous community.**
 - Develop a State volatile substances strategy in partnership with DAO and Framework partners (Commonwealth OATSIH, WAACHO and ATSIC) updating the work of the previous State working party (published background paper and unpublished strategy)
 - Develop a State Aboriginal alcohol and drug strategy in partnership with DAO and Framework partners (Commonwealth, WAACHO and ATSIC) based on the national Aboriginal Alcohol and Drug Complementary Strategy.
 - Manage OAH alcohol and drug resources and programs in close partnership with DAO, conceptualising the activities of OAH, DAO and OATSIH as forming a single whole.
 - Foster OAH and local partnerships with the Police Service to support diversion, community order and prevention activities.
 - Foster connection with related issues and strategies (mental health, road safety, injury, domestic violence).

INTRODUCTION

Background

The development of the DOH drug and alcohol plan represents a significant step towards a more integrated response to drug and alcohol issues in this state. A Key State Government commitment to 'Deliver a Better Government' has underpinned the implementation of more cohesive and integrated Government policy, enabling greater coordination and integration of services. This commitment has also been embraced by the Western Australian community through the WA Community Drug Summit, which has demanded more than a 'siloed' response from Government.

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

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

The approach outlined in the WA Drug and Alcohol Strategy is hinged on pragmatism and is consistent with the directions of the National Drug Strategy.² The priority areas for action, which are based on the National Framework and the WA Community Drug Summit, include Prevention and Early Intervention, Treatment and Support, and Law, Justice and Enforcement.

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

² For a brief summary of national and state frameworks, policies, inquiries and reviews which are relevant to many DOH Alcohol and Other Drug programs and activities, see appendix one

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

The WA Drug and Alcohol Strategy has clearly aligned drug and alcohol use as a health issue, rather than as a crime and justice issue. The DOH is pleased to auspice the role of DAO, and has facilitated the Community Drug Summit recommendation that this office should be established as a strong and independent office within the Health sector through establishment of the Office under the WA Alcohol and Drug Authority Act. Consistent with Government response to the Community Drug Summit, the Department is working towards the appropriate future integration of the Office to Departmental structures.

Alcohol and drugs impact on a broad range of health conditions, and the development and improvement of links with the general health sector is therefore of particular importance to enable improved patient care and illness prevention. It is also important to note in this regard the links with hospital based *specialised* treatment. In 2001/02, there were 4,281 specialist admissions to WA hospitals for AOD intoxication, withdrawal, and dependence, and 87% of these were in general hospitals. In total, these admissions took up 65,518 bed days, at an estimated cost of \$8,297,648. The scope of hospital activity in such specialised care emphasises the need for closer collaboration with the AOD sector. There is clear evidence that linkages with the AOD sector can both improve patient outcomes and result in cost savings. Establishment of clear linkages will assist both AOD and hospital services to better respond to the needs of people, and will be a priority for development over the coming year.

Links to Broad Social Policy

The impact of drug and alcohol use on the broad human service sector is well documented. The police and justice sectors have reported figures that up to 80% of their work is drug and alcohol related. The welfare sector reports that up to 70% of child maltreatment allegations, around 50% of marital breakdown, and a high proportion of financial assistance is associated with drug and alcohol use. The Health sector reports that up to 30% of hospital admissions, and up to two-thirds of mental health conditions are also closely associated with drug and alcohol use. Clearly, all human sector agencies have an investment in ensuring effective responses to drug and alcohol harm.

Yet drug and alcohol use and associated harms do not occur in isolation. New research clearly shows that drug and alcohol-related risk and harm share common causal pathways with a range of other social problems, including crime, welfare dependency, physical and mental ill-health, and even school and work performance and participation. Drug and alcohol use and related harm is but one part of the complexity of the human condition, not the root cause of all social ills. But when present, drug and alcohol use problems can exacerbate and complicate these other issues, such that an effective and combined response to drug use becomes essential, and can achieve solid

improvements and gains. Drug use treatment and prevention has been shown to achieve up to an \$7 return on every \$1 invested³.

Drug and alcohol issues affect the entire community and have significant health, social and economic impacts on all West Australians. The annual cost of alcohol and other drugs to the Australian community has been estimated for 1998/99 at \$34.4 billion (includes tobacco at a total cost of \$21.1 billion) by Collins and Lapsley⁴.

The need now is to develop cross-sectoral responses that can capture the depth of people and their needs.

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

1. The State Government 'Response to the findings of the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities' (Gordon Inquiry):
 - *Significantly the Report found that violence and child abuse are grave social problems that are endemic in many Aboriginal communities.*
 - *The report recommended the need to shift from planning within individual agencies to planning that is sector wide and responds to each community's need for integrated service provision.*
2. The Government's Response to the Report of the Homelessness Taskforce 'Putting People First' May 2002:
 - *The combined resources of the social sector, together with the continuing input of the community, are essential in tackling this social issue.*
 - *The social, economic and health issues associated with the risk of being homeless include, but are not limited to; family conflict, mental illness, family violence, and problematic alcohol and other drug use.*
3. The Early Years Taskforce: The Government established the Early Years Taskforce to develop an 'early years strategy' aimed at improving the wellbeing of young children aged 0-8:
 - *The Strategy is to be based on strong cooperation between State and local government service agencies and non-government service providers and a high degree of consultation and engagement with local communities.*
 - *In keeping with the social determinants model, the Early Years Strategy aims to improve outcomes for children.*

³ National Institute of Drug Abuse 2000, *Principles of Drug Addiction Treatment: A Research Based Guide*, Bethesda Maryland. National Institute of Health. NIH Publication No 00-4180

⁴ Collins, D., & Lapsley, H. (2003). *New estimates of the social costs of drug abuse in Australia*. Paper presented to the *International Research Symposium – Preventing substance use, risky use and harm: What is evidence-based policy?* National Drug Research Institute, Curtin University of Technology, Fremantle 24-27 February, 2003.

Links to Area Drug and Alcohol Plans

Within the DOH there will be a continuing emphasis on ensuring the provision of quality prevention, early intervention and treatment programs throughout Western Australia. Within the context of this Action Plan, Health Services will be empowered to action specific initiatives as the Area Drug and Alcohol Plan identifies them. This may be through the provision of similar services throughout the state or through the creation of local partnerships that are designed to meet specific local or regional needs.

The network of Child and Community Health service points will ensure that the kind of interventions outlined in this Agency Plan are replicated in the regions. Similarly, the OAH will be establishing partnerships with organisations throughout WA, which can deliver AOD services that are appropriate to local and regional community needs. In the same vein, the Primary Health Care Branch's emphasis on the achievement of greater co-ordination of effort between Divisions of GPs and Population Health Units' activities has applications in all areas of the state.

Hospitals in country regions will continue to carry a significant treatment role, given the relative scarcity of other treatment options outside the metropolitan area. Provision of treatment in regional WA remains a challenge for the DOH in the immediate future, however the reconfiguration of country health services, the introduction of the nurse practitioner and the strategic establishment of multi-purpose and integrated district health services, are key elements in the future delivery of health services to country regions, including AOD treatment.

AGENCY CONTEXT

Agency Overview

Following Cabinet's adoption of the recommendations of the HARC Report, the DOH came into being in November 2001 as a single administrative entity, with the mission of ensuring that the state health system provides the best achievable health status for all of the Western Australian community.

As a result of the HARC and the progressive implementation of its recommendations, DOH includes four new metropolitan health services: the North Metropolitan Health Service, the East Metropolitan Health Service, the South Metropolitan Health Service and the Women and Childrens' Health Service, the South West Health Service and the Western Australian Country Health Service, which is responsible for the delivery of health services to six country regions. A new Population Health Division has been created, with units operating in all health service areas. These services are supported by the Health Care Division and the Corporate and Finance Division, both based at Royal Street, East Perth and led by Deputy Directors General.

The DOH has also supported the role of DAO which has been formed from the merger of a range of Departmental resources, and is currently operational

under the WA Alcohol and Drug Authority Act. However, it is intended to repeal the Alcohol and Drug Authority Act, at which point DAO will be administratively aligned within the DOH structure. DAO is closely linked to agencies within the Department through a range of formal and informal mechanisms, including the appointment of the Director General as Chairman of the DAO Board. Models for coordination and integration of DOH and DAO resources are a continuing priority of both agencies.

The Department employs approximately 30,000 people, has capital assets approaching \$3 billion and operates over 640 service facilities including 5 metropolitan tertiary hospitals, 11 metropolitan secondary hospitals, 73 country hospitals and numerous health centres, dental services, nursing posts and other facilities. A diverse range of services is provided including primary care, acute and chronic care, child and community health, health promotion, mental health, Aboriginal health and aged care.

As with all health services, DOH operates in an environment of rapidly changing technology, new treatments, changing workforce expectations and growing consumer expectations, which present interesting and exciting challenges for the future.

Departmental Objectives

The objectives of the Department are:

- To deliver:
 - Strong public health and preventive measures to protect the community and promote health;
 - First class acute and chronic care to those in need;
 - Appropriate health, rehabilitation and domiciliary care for all stages of life; and
- To ensure a continuing and cooperative emphasis on improving the health status of indigenous, rural and remote and disadvantaged populations.

These objectives are underpinned by the following values:

- Commitment to evidence-based practices leading to high quality and effective health care at all levels;
- Ethical behaviour, equity and justice;
- Collaboration and co-operation between all parts of the health portfolio and with other agencies;
- Excellence in communication within the system and externally;
- Transparency of operations; and
- Commitment to engaging the community.

Broad Strategic Policy Directions

In the achievement of Departmental objectives a number of broad strategies are of particular importance. These include:

- The recruitment, development and retention of key staff, especially nurses;

- The efficient use of capital resources in order to meet service needs and maximise health outcomes;
- Establishing and maintaining best practice in relation to Quality and Safety;
- Developing and maintaining effective strategic partnerships with the Commonwealth government, local government, other state government and non government agencies; and
- Ensuring an integrated and coordinated approach to service delivery within DOH.

STATISTICAL OVERVIEW

The DOH expends approximately 40% of State government monies allocated to responding to alcohol and other drug (AOD) issues and provides the vast majority of services in both treatment and prevention.

Overall, alcohol, tobacco, and other drugs are responsible for about 19% of all deaths and 5% of all hospital admissions in Western Australia (WA) (Figures 1 & 2). Non-admitted presentations are also closely associated with alcohol and other drug use. A 1999/ 2000 DoH study of Emergency Department presentations in 16 sites around WA found 17% of all injuries involved alcohol. (Jeffery, C and Milligan, R. Alcohol and Injury Surveillance – Monitoring injuries presenting to regional hospital Emergency Departments)

Tobacco accounts for most of the drug-caused deaths and admissions (78% and 48% respectively). Alcohol is responsible for 16% of drug-caused deaths and 36% of drug-caused admissions, while other drugs are responsible for 6% of drug-caused deaths and 16% of drug-caused admissions.

Although tobacco causes the most harm, this section explores the impact of alcohol and other drugs on health in more depth. Details about the Department's tobacco strategy can be found as follows:

Figure 1: Drug-caused deaths, WA, 1992-2001

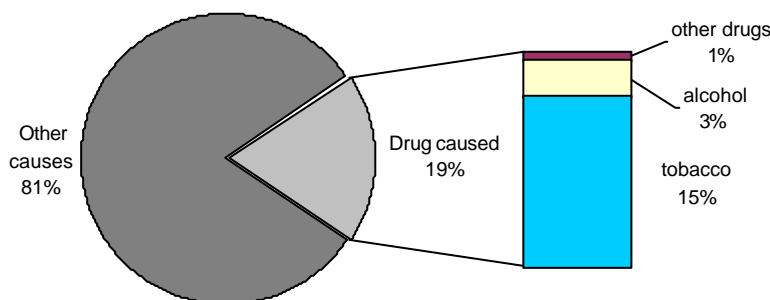
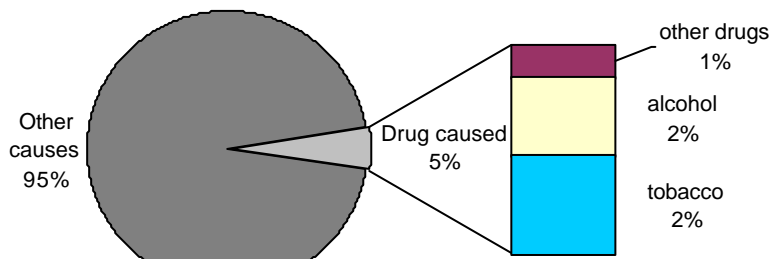


Figure 2: Drug-caused admissions, WA, 1997-2001



Alcohol

Moderate alcohol consumption may be beneficial for some conditions (e.g. heart disease), but many conditions are caused by drinking, particularly at harmful and hazardous levels.

Much of the damaging effect of alcohol results from binge drinking, which is more prevalent in young people. This is reflected in the age pattern of alcohol harm, with 28% of deaths and 42% of admissions due to alcohol occurring in people under the age of 40 (Figures 3 & 4).

Alcohol harm is more prevalent in males, who account for 68% of alcohol-caused deaths and 58% of alcohol-caused admissions.

Alcohol causes major health problems for many Indigenous people, a high proportion of which are due to conditions wholly attributable to alcohol. Although Indigenous people make up only 3% of the population of WA, they account for 12% of alcohol-caused deaths and 18% of alcohol-caused admissions.

Variations in alcohol-caused mortality and morbidity between different geographical areas of WA are partly due to the different age, sex and racial structures of the populations. Areas with high proportions of young males may have higher levels of social and health problems caused by excessive alcohol use. However, these effects often persist after using age-standardising techniques and more detailed information is required to explain these variations.

Other Drugs

The recent media and political attention on illicit drugs may have increased people's perception of them as a major public health concern, but in reality they account for only a small proportion of drug-caused mortality and morbidity (Figures 1 & 2).

Drug use, and consequently the harm associated with drug use, is more prevalent in young people, with 62% of deaths and admissions due to other drugs occurring in those aged between 20 and 39 years (Figures 3 & 4).

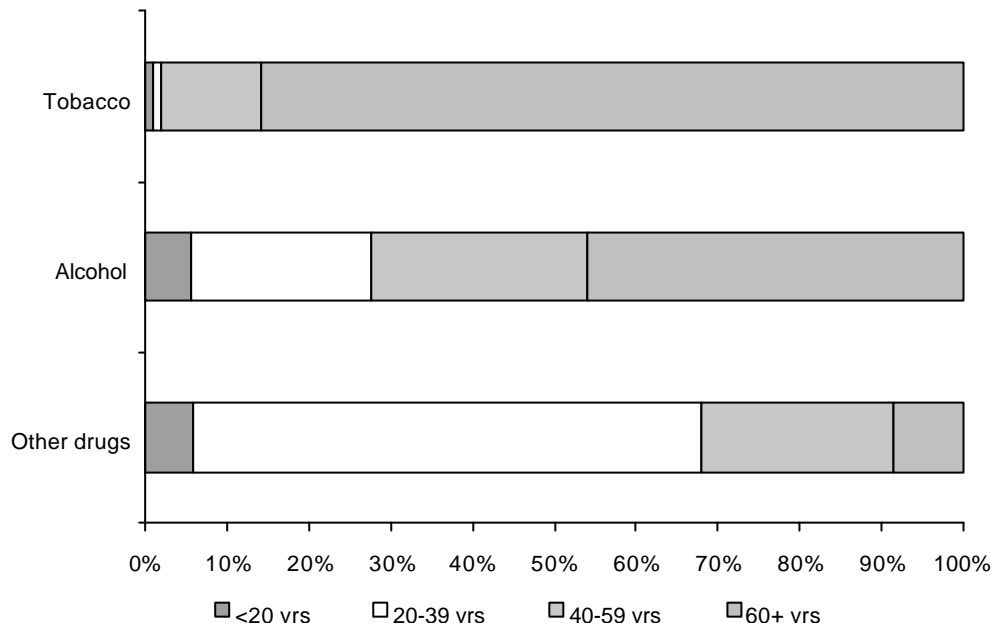
Males accounted for two thirds of deaths and 47% of admissions due to other drugs. There are about 40 volatile substances related admissions per year.

Death rates due to other drugs were similar for both non-Aboriginals and Aboriginals, but other drug-caused admission rates among Aboriginals were about twice as high as those for non-Aboriginals.

In Western Australia in 2002, there were 1206 cases of hepatitis C notified to the Department of Health. Long-term sequelae of hepatitis C can include cirrhosis, liver failure and liver cancer. Nationally, it is estimated that 91% of new hepatitis C infections are related to injecting drug use (Hepatitis C Virus

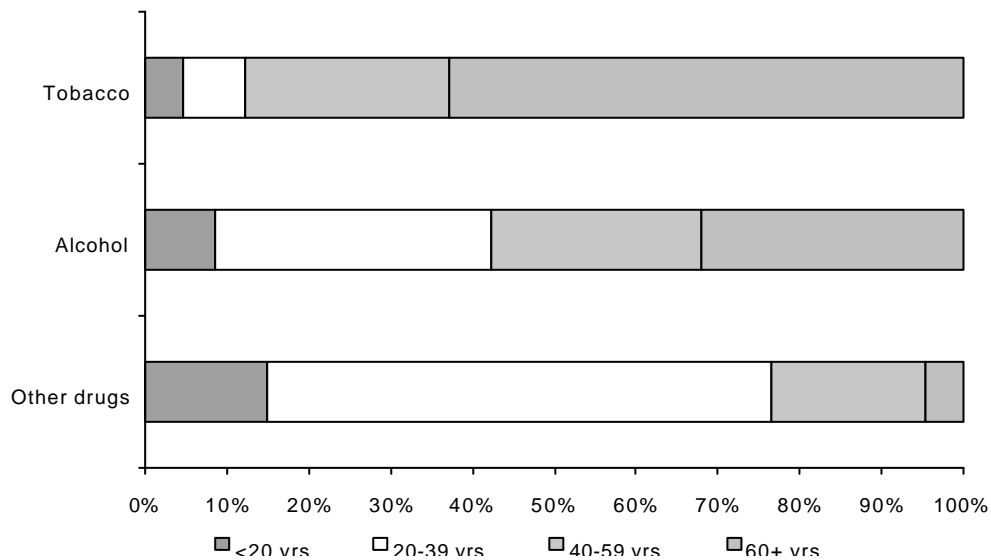
Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2002, April 2002).

Figure 3: Percentage of drug-caused deaths by age group and drug



type, WA, 1992-2001

Figure 4: Percentage of drug-caused admissions by age group and drug type, WA, 1997-2001



PRIORITY ACTIONS

Key Strategy Area: Prevention and Early Intervention

Child & Community Health

Objectives:

- To increase awareness of mothers and families accessing Community Health Services of:
 - The NHMRC Australian Drinking Guidelines recommendations; and
 - The impact of harmful or risky patterns of alcohol consumption and other drug use on child development and family functioning.
- To increase the capacity of Community Health Staff to:
 - Assess risk in the family and in women attending Community Health Services relating to alcohol and other drugs; and
 - Support families who are experiencing harm related to AOD issues to ensure positive family functioning, wellbeing, and child development.
- To reduce the prevalence of risky alcohol consumption and other drug use in women of child bearing age accessing Community Health Services.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Education on NHMRC Drinking Guidelines	Parents & pregnant women accessing Community Health & Antenatal Services	<ul style="list-style-type: none"> • Provision of a variety of media (print, electronic etc) informing clients of the NHMRC Australian Drinking Guidelines 	DAO, Community Health Staff, Midwives	Statewide	
Drinking patterns & drug use by women of child bearing age & pregnant women	Parents & pregnant women accessing Antenatal & Child Health Services	<ul style="list-style-type: none"> • Educate Community Health Staff & Midwives about the impact of high-risk drinking patterns & other drug use in pregnancy • Educate women of child bearing age, pregnant women & their families attending antenatal & Child Health Services about the risk to the fetus of high-risk patterns of alcohol use and other drug use <p>Implement AOD screening of all women of child bearing age, pregnant women & their husband/partner when they attend Child Health Services, Antenatal Services & Hospitals</p>	Community Health Staff, Midwives, DAO, Maternity Hospitals, GPDWA & obstetricians	Statewide	

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Awareness of the impact of risky alcohol consumption & other drug use on children & the family	Families & pregnant women with alcohol & other drug problems who access Antenatal & Child Health Services	<ul style="list-style-type: none"> Community Health Staff & Midwives to discuss the impact of risky alcohol consumption on child development & family functioning. Increase high-risk clients' awareness of the interaction between risk & protective factors. Identify strategies to enhance the number & quality of protective factors within the family. 	DAO, Community Health Staff, Midwives	Statewide	
Identification of risky alcohol consumption & other drug use	Parents & pregnant women accessing Antenatal and Community Health Services	<ul style="list-style-type: none"> Train Community Health Staff to identify risky alcohol consumption and other drug use by their clients. 	DAO, Midwives Community Health Staff,	Statewide	
Secondary prevention of risky alcohol use & other drug use	Community Health Staff	<ul style="list-style-type: none"> To develop Brief Interventions in collaboration with DAO that enable Community Health Staff to effectively discuss the issues of risky alcohol consumption & other drug use with clients. To empower Community Health Staff to engage clients on the issues of their alcohol & other drug use. 	DAO, Community Health Staff, Kulunga Network, OAH, WAACHO	Statewide	
Aboriginal families with AOD problems	Aboriginal pregnant women and families with young children	<ul style="list-style-type: none"> To develop an integrated support system to assist Aboriginal families dealing with AOD-related issues in caring for their children. 	Aboriginal Health Workers, Kulunga Network, OAH, DAO, WAACHO, Aboriginal Organisations, Department of Education	Statewide	

Mental Health

Objectives:

- To increase community capacity to prevent co-occurring mental illness and alcohol and other drug use.
- To reduce the harm associated with co-occurring mental illness and alcohol and other drug use.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Implementation of the Mental Health Promotion and Illness Prevention Policy.	All ages and across all sectors of the community, however there is a particular focus on children and young people, and families at this stage.	<ul style="list-style-type: none"> Develop partnership protocols between the Office of Mental Health (OMH) and DAO and other relevant stakeholders initially in relation to: <ul style="list-style-type: none"> Aussie optimism Positive Parenting Program (PPP) Postnatal Depression programs. 	Population Health, Office of Aboriginal Health, Department of Education, DCD, mental health service providers (government and non-government), GP Divisions, DAO	Statewide (Can't refer to any pilot sites etc?)	Completed by
		<ul style="list-style-type: none"> Develop partnership protocols between the OMH and DAO and other key stakeholders in relation to the Suicide Prevention Strategies outlined in the policy. 	As above plus the Ministerial Council for Suicide Prevention		
		<ul style="list-style-type: none"> Develop partnership protocols as required as further implementation of the policy occurs. 	To be determined		

WA Health Services

Objectives:

- To locally implement DOH State wide youth and community alcohol and other drug education campaigns and programs.
- To build community capacity to plan and implement local initiatives to address harmful alcohol use, alcohol related harm and illicit drug use through intersectoral collaboration, leadership and training.
- To implement strategies to reduce alcohol-related harm in populations at higher risk of such harm, particularly Aboriginal and Torres Strait Islander peoples and youth.
- To ensure that patients and clients of State wide health services are offered brief intervention regarding their alcohol and tobacco use.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Local campaign support	As specified for campaign	<ul style="list-style-type: none"> Build alliances and inter-agency partnership to develop, implement and evaluate campaign strategies. Promotion and distribution of campaign information to the community. 	DOH divisions, DAO, police, LDAGs, licensees, population health services, etc	Statewide	
Build capacity	AOD sector, tertiary institutions, media	<ul style="list-style-type: none"> Continue to build alliances and strategic relationships and provide health promotion and education to other agencies and community groups to build their capacity to address alcohol and other drug issues. Collaborate with key AOD agencies, services and community groups to plan, implement and evaluate projects and activities. Advocate for alcohol and other drug professional development and training. 	DAO, CDSTs, community groups, hospitals, population health	Statewide	
Special groups	ATSI Youth	<ul style="list-style-type: none"> Collaborate with Aboriginal and Torres Strait Islander community, key agencies and Aboriginal health services to develop initiatives to reduce alcohol-related harm. Collaborate with youth, key agencies and services. 	ATSI communities, youth, agencies, population health	Statewide	
Brief intervention	Patients and clients	<ul style="list-style-type: none"> Implement brief intervention alcohol and tobacco screening for patients and clients of metropolitan health services. 	DOH, DAO, hospitals, mental health services	Statewide	

Injury Prevention Unit

Objectives:

- Assist local regions to monitor alcohol-related harm.
- Encourage and support local regions to conduct community-based consultation on the prevention of intentional injury.
- Assist Falls Prevention strategies in seniors through promotion of safe medicine practices.
- In conjunction with Environmental Health, address issues relating to accidental poisoning.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Monitoring of local alcohol-related harm patterns in regional areas	Population Health Units – injury prevention officers	<ul style="list-style-type: none"> To assist local regions to monitor alcohol-related harm and provide local data for use in local alcohol control initiatives by establishing injury surveillance through the emergency departments of selected hospitals. 	Population Health Units, injury prevention officers, health services, hospitals	Region specific as requested	As requested
	Population Health Units – injury prevention officers	<ul style="list-style-type: none"> Providing regional specific injury data for use in planning and developing injury prevention initiatives. 			ongoing
	Population Health Units – injury prevention officers, health promotion officers	<ul style="list-style-type: none"> To assist in in- servicing and supporting the local community to understand and use data and information for local area injury prevention planning. 			ongoing
Intentional injury - violence-related injury	Population Health Units – injury prevention officers	<ul style="list-style-type: none"> In conjunction with other providers, encourage and support local regions to conduct community-based consultation on the prevention of intentional injury. This is a new area for the Injury Prevention Unit, our role is yet to be defined and may change depending on each region and the value that the Injury Prevention Unit can contribute. 	Dept of Community Development – Woman's Policy, DOH –Office of Aboriginal Health, Child and Community Health		ongoing
Falls prevention in seniors – Stay On Your Feet WA	Seniors	<ul style="list-style-type: none"> Promotion of safe medicine practices, review of medicines and return of unwanted medicines through health promotion strategies. 	Dept of Community Development: Office of Seniors Interests, Pharmaceutical Council and Pharmacy Guild, RACGP	Statewide	ongoing
Accidental poisoning with medicines	Seniors	<ul style="list-style-type: none"> In consultation with Environmental Health Directorate, investigate the issues surrounding accidental poisoning with medicines (pharmaceutical poisoning) with specific reference to seniors. 	DOH – Environmental Health, Quality and Health Care		ongoing

Communicable Disease Control Directorate

Objectives:

- Reduce the incidence and transmission of HIV, hepatitis C and other blood borne viruses.
- Minimise the personal and social impact of HIV, hepatitis C and other blood borne viruses.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Maintain and enhance access to sterile needles and syringes and targeted harm reduction information through existing programs (e.g. non-metropolitan hospitals, community health, pharmacies), and develop new programs.	Health Service Providers	<ul style="list-style-type: none"> • Continue to provide support to and liaison with existing services. • Exploration and encouragement of new services. • Continued follow-up of regional hospitals to ensure compliance with OP 1522/01 (Provision Of Sterile Needles And Syringes From Rural and Regional Hospitals To People Who Inject Drugs) OP 1522/01. • Dissemination of targeted harm reduction information for people who inject drugs. 	Pharmacies, Regional Hospitals and other Health Service providers, WAAC, WAACCHO, WASUA, OAH	Statewide with a focus on rural and regional areas, and outer-metropolitan areas.	ongoing
Educate health care professionals about the needs of people who inject drugs to facilitate non-judgemental interactions when providing services and on the principles of harm minimisation and harm reduction.	Health-care professionals	<ul style="list-style-type: none"> • On-going training, education and support for NSP coordinators and health professionals. 	Needle and syringe providers, DAO, WAAC, WASUA, Health Service providers, Pharmacies	Statewide	ongoing

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Enhance and improve education and prevention services for people who inject drugs and those contemplating injecting drugs.	Alcohol and Drug Service Providers, Health Service Providers, Needle and Syringe Program Providers, people who inject drugs and those contemplating injecting drugs	<ul style="list-style-type: none"> Develop education and information strategies which build on existing programs and include: <ul style="list-style-type: none"> Peer-based education; Promotion of aseptic techniques; Promotion of awareness of blood consciousness among people who inject drugs; Promote safe disposal of injecting equipment; Promote safer alternative routes of administration; Promote safe sex and ensure availability of condoms/dental dams; Opportunistic education in situations where people who inject drugs are in contact with health professionals or other staff, i.e. drug treatment services, GPs, custodial settings; Simple health promotion messages and relevant information on Fitpacks; Explicit health promotion resources distributed to appropriate target group; and Promote the availability of telephone information through existing services such as HCWA, WAAC, WASUA and the Alcohol and Drug Information Service (ADIS). 	ACCHOs, DAO, FPWA, HCWA, Health Service Providers, OAH, PHUs, RHS, SHP, WAAC, WASUA	Statewide	
Work with relevant key agencies to reduce the numbers of people who inject drugs.	Alcohol and Drug Service Providers, Health Service Providers, Needle and Syringe Program Providers,	<ul style="list-style-type: none"> Provide opportunities for young people using drugs to obtain early counselling; Improve access to counselling, testing and treatment for people who inject drugs soon after initiation into IDU behaviour; Support education campaigns and programs aimed at reducing recruitment to injecting drug use; Continue to promote non-injecting routes of administration as an alternative to injecting drug use; 	DAO, MHS, NGOs, PHUs, Health Service Providers, WASUA, Department of Education	Statewide	

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Incorporate changes in drug treatment options and BBV treatment options for people who inject drugs in health promotion material.	people who inject drugs and those contemplating injecting drugs People who inject drugs	<ul style="list-style-type: none"> Promote the availability and access of treatment options to people who inject drugs; and Encourage school education drug projects to include discussion of BBV, vaccination against hepatitis B, and harm reduction. Evaluate health promotion material and programs on a regular basis to ensure that information relating to new drug treatment options and BBV treatment options is available. 	DAO, HCWA, WAAC, WASUA	Statewide	

KEY:

ACCHOs

BBV

HCWA

WASUA

WAACCHO

WAAC

Aboriginal Community Controlled Health Organisations

Blood-borne Virus

Hepatitis Council of WA

Western Australian Substance Users' Association

Western Australian Aboriginal Community Controlled Health Organisations

Western Australian AIDS Council

Office of Aboriginal Health (OAH)

Objective:

- Expand prevention and early intervention activity through primary care and other Aboriginal services

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
OAH alcohol and drug program contracts	Aboriginal drug and alcohol services	Review OAH alcohol and drug program contracts to include prevention as appropriate	DAO Community Drug Service Teams Population Health Units	Statewide	For 2003/04 contracts
Community development approach	Aboriginal drug and alcohol services	Review OAH alcohol and drug program contracts to include <ul style="list-style-type: none"> ▪ Community development as an aspect of prevention as appropriate ▪ Link to Community Drug Service Teams 	DAO Community Drug Service Teams Population Health Units	Statewide	For 2003/04 contract
Primary health care services and contracts addressing alcohol and drugs	Aboriginal community controlled health organisations and other primary health care providers	Redefinition of primary health care contracts to include alcohol and drug prevention interventions <ul style="list-style-type: none"> ▪ Link to Community Drug Service team ▪ Education and support for associated community development activities 	DAO Community Drug Service Teams Population Health Units	Statewide	For 2003/04 contracts
OAH health promotion team	OAH health promotion team	Establish team and link to DAO and funded services	Population Health Units	OAH	mid 2003

Key Strategy Area: Treatment and Support

Child and Community Health

Objectives:

- To support client access to alcohol and other drug programs.

- To develop wider networks between agencies, increased partnerships for service delivery, collaboration and cooperation between agencies dealing with AOD issues.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Joint services addressing alcohol & other drug use in pregnant women & families	Parents & pregnant women accessing Antenatal Services, Child Health Services	<ul style="list-style-type: none"> • To establish joint services between C&CH & DAO for pregnant women & families to enable better communication between service providers and more effective treatment & support for clients. • To establish joint services between C&CH & Mental Health services for pregnant women & families with issues relating to comorbidity. 	DAO, Midwives, Community Health Staff	Perth Regional Centres	
Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Early referral of pregnant women with alcohol & other drug problems	Pregnant women with alcohol & other drug problems	<ul style="list-style-type: none"> • To develop a close working relationship with staff at the KEMH Chemical Dependency Unit (CDU), GPs, & Obstetricians to enable early referral of high-risk clients. • Community Health Staff to visit pregnant women identified as having alcohol & other drug problems in the antenatal period. 	KEMH CDU Staff, Midwives, Community Health Staff, GPDWA, obstetricians	Perth Statewide	

Mental Health

Objectives:

- To enable the development of integrated models of care for patients with co-occurring psychiatric and drug use issues.
- To build the capacity of both the alcohol and other drugs and the mental health sectors in delivering integrated care.
- To ensure comprehensive integrated care is consistent with evidence based practice.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Ratification and implementation of the Alcohol, Drugs and Psychiatric Treatment (ADAPT) Policy	People with comorbidity associated with a diagnosed psychiatric condition and alcohol and drug use	<ul style="list-style-type: none"> Establish partnership agreements between mental health providers (including Next Step and the Joint Services Development Unit (JSDU)), general health providers and DAO, initially in relation to: <ul style="list-style-type: none"> Amphetamine related psychosis, and alcohol intoxication and withdrawal that progress clinical protocols for referral and management. Progress towards the integration of ADAPT policy directions into the 2003-04 Mental Health Strategic Plan. Develop other appropriate strategies as further implementation of the policy occurs. 	<p>OMH, GP Divisions,</p> <p>JSDU, DAO</p> <p>To be determined</p>	Statewide	Completed by June 2004.

WA Health Services

Objectives:

- To provide appropriate treatment and support services for patients and clients of health services.
- To link with specialist AOD non-government and government treatment and support services, develop partnerships and refer appropriately.
- To build capacity of generalist Health Services and their staff to provide quality treatment and support services.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Build capacity of hospitals, community health services etc	Clinical and population health service staff	<ul style="list-style-type: none"> Provide policies, resources, information and training so that health professionals can respond appropriately to patients and clients. 	DAO, All clinical health services/units, etc	Statewide	
Partnerships developed with government and non-government specialist treatment service providers	Clinical health service staff and population health service staff.	<ul style="list-style-type: none"> Create partnerships with specialist AOD agencies that link agencies and clients to health services as part of the continuum of care. 	DAO, NGO AOD services, all clinical health services/units	Statewide	
Special Groups	ATSI, Youth, Dual diagnosis clients etc	<ul style="list-style-type: none"> Address treatment and support needs of specific at-risk or high-risk groups. Link to specific services or programs (eg: KEMH young mothers dependency group). 	DAO, Govt & NGO Aboriginal, youth & mental health agencies, all clinical health services/units.	Statewide	
Provision of drug withdrawal management services	Dependent clients	<ul style="list-style-type: none"> Ensure best practice drug withdrawal management services through provision of accredited high quality services throughout the continuum of care. Provide linkages to pre and post treatment and support services. Provide emergency department services. AOD screening and brief intervention. 	DAO, all clinical health services/units	Statewide	
Provision of general treatment, referral and support services	Non-dependent clients	<ul style="list-style-type: none"> Provide policies, resources, information and training so that health professionals are well supported, secure and safe when responding to patients and clients. 	DAO, all clinical health services/units	Statewide	
Provision of staff training, support and security	Clinical and population health service staff		DAO, all clinical health services/units	Statewide	

Environmental Health Services

Objective:

- Assist in the more widespread provision (decentralisation) of appropriate treatment for drug addiction by medical practitioners and community pharmacists.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Decentralisation of treatment to improve access requires medical practitioners to be trained and authorised to prescribe methadone and buprenorphine for the treatment of drug addiction in a safe and effective manner..	Medical Practitioners	<ul style="list-style-type: none"> Authorise suitably trained medical practitioners to prescribe methadone syrup/solution and buprenorphine (Subutex) as part of the Community Program for Opioid Pharmacotherapy. 	Patients DAO	Statewide	Ongoing
Decentralisation of treatment to improve access requires pharmacists to be trained and authorised to supply methadone and buprenorphine for the treatment of drug addiction.	Pharmacists	<ul style="list-style-type: none"> Authorise community pharmacists to dispense methadone syrup/solution and buprenorphine (Subutex) as part of the Community Program for Opioid Pharmacotherapy. 	Patients DAO	Statewide	Ongoing
Inappropriate or excessive use of methadone and buprenorphine can lead to death. Use of these drugs by patients is monitored to ensure compliance with authorisations issued and for safe use.	Patients	<ul style="list-style-type: none"> Monitor patient's use of methadone and buprenorphine including the dose supplied, number of missed doses and number of doses taken home. 	Medical practitioners, pharmacists, DAO	Statewide	Ongoing

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
The Drugs of Addiction Notification Regulations require a medical practitioner to notify the Executive Director Public Health if they become aware that a person is addicted to drugs.	Medical Practitioners.	<ul style="list-style-type: none"> Maintain a register of persons notified as being addicted to drugs. Review the current register system with a view to ensure that barriers for people accessing treatment are minimized.	Consumers	Statewide	Ongoing

Office of Aboriginal Health (OAH)

Objective

- To ensure alcohol and other drug treatment issues are addressed as part of a comprehensive response to Aboriginal Health.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
OAH alcohol and drug program contracts	Aboriginal drug and alcohol services	Review OAH alcohol and drug program contracts to include treatment and support as appropriate.	DAO Community Drug Teams Service Teams Mainstream secondary health care services	Statewide	For 2003/04 contracts
Best practice in treatment and support (models, linkages, reporting etc.)	Aboriginal drug and alcohol services	Incorporate best practice guidelines in contracts as per DAO practice.	DAO	Statewide	For 2003/04 contracts

(OAH – Continued)

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Aboriginal cultural intervention models		Examine the evidence on Aboriginal cultural intervention models and consider their application for Aboriginal drug and alcohol services and Aboriginal community controlled health and other primary health care providers. Consider sponsoring research	DAO National Drug Research Institute		2003/04
Primary health care services and contracts addressing alcohol and drugs	Aboriginal community controlled health organisations and other primary health care providers	Redefine primary health care contracts to include alcohol and drug treatment and support interventions (to the extent appropriate to the service)	DAO Community Drug Service teams Mainstream secondary health care services	Statewide	For 2003/04 contracts
Harm reduction strategies	Aboriginal drug and alcohol services Aboriginal community controlled health organisations and other primary health care providers	Examine the appropriate level of harm reduction interventions for Aboriginal drug and alcohol services and Aboriginal community controlled health and other primary health care providers to incorporate into their practice	DAO Communicable Diseases directorate	Statewide	2003/04
Mainstream service provision to Aboriginal people	Mainstream alcohol and drug services with Aboriginal clients (Community Drug Service Teams, Mission Australia's youth detoxification service and Yirra residential youth treatment program), Mainstream mental health services	Implement OAH/DoH cultural security program	DAO Aboriginal community controlled health organisations	Statewide	2003 and 2004

Key Strategy Area: Coordination

Mental Health

Objective:

- Ensure coordination of services within the DOH and between the DOH and other Government and non-Government organisations.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Ratification and implementation of the Alcohol, Drugs and Psychiatric Treatment (ADAPT) Policy	People with comorbidity associated with a diagnosed psychiatric condition and alcohol and drug use	<ul style="list-style-type: none"> • Establish partnership agreements between mental health providers (including Next Step and the Joint Services Development Unit), general health providers and DAO, initially in relation to: <ul style="list-style-type: none"> • Amphetamine related psychosis, and • Alcohol intoxication and withdrawal that outline the clinical protocols for referral and management. • Investigate potential opportunities for collaborative, cross sectoral use of the information from the PSOLIS system, in particular the AOD sector agencies. • Facilitate other appropriate strategies, to include co-location, issue management, AOD service management and other initiatives as further implementation of the policy occurs. 	OMH, GP Divisions DAO To be determined	Statewide	Completed by June 2004. From July 2004

Primary Health Care Branch

Objective:

- To create more effective linkages between Divisions of General Practice, General Practitioners and the Drug and Alcohol Sector, for the delivery of AOD services

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Primary Health Care Partnerships	GP Divisions, GPs, Population Health Units	<ul style="list-style-type: none"> Primary Health Care Branch building formal partnerships and infrastructure to implement initiatives under the Bilateral Agreement between the State and Commonwealth (Drug and Alcohol Action Area) and the Primary health care Partnerships between Population health Units and the Divisions of General Practices (DGP). 	DAO	Statewide	Mid 2003
Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
		<ul style="list-style-type: none"> It is anticipated that by the end of Dec 2003 WA sites and DGP's prepared to explore co-operative arrangements through Better Outcomes in Mental Health care (BOMHC) and EPC initiatives will be identified. Improve linkages between GPs and Drug and Alcohol, Drugs and Psychiatric Treatment Program (ADAPT) activities. 	DGPs, OMH, DAO		December 2003

WA Health Services

Objective:

- Implement DOH alcohol and other drug related policies through coordination within and between services.

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
Implement the coordination of DOH AOD policies	Staff	<ul style="list-style-type: none"> Provide local structures and training to ensure that DOH policies are effectively and efficiently implemented and coordinated by skilled and enthusiastic staff. 	DAO, all health services, population health services/units	Statewide	

Office of Aboriginal Health

Objective:

- Develop and foster key strategic partnerships to reduce the incidence of alcohol and drug related harm in the indigenous community

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
State Aboriginal alcohol and drug strategy	Aboriginal people	Develop a State Aboriginal alcohol and drug strategy in partnership with DAO and Framework partners (Commonwealth OATSIH WAACHO and ATSIIC) based on the national Aboriginal Alcohol and Drug Complementary Strategy	DAO OATSIH WAACHO ATSIIC	Statewide	2003
State volatile substances strategy	Aboriginal and other people	Develop a State volatile substances strategy in partnership with DAO and Framework partners (Commonwealth OATSIH, WAACHO and ATSIIC) updating the work of the previous State working party (published background paper and unpublished strategy)	DAO OATSIH WAACHO ATSIIC	Statewide	2003
OAH partnerships across governments with DAO and OATSIH	Drug and Alcohol Office	Manage OAH alcohol and drug resources and programs in close partnership with DAO, conceptualising the activities of OAH, DAO and OATSIH as forming a single whole	Aboriginal drug and alcohol services Aboriginal community controlled health organisations Community Drug Service Teams Other mainstream alcohol and drug services with Aboriginal clients	Statewide	Ongoing

(OAH – Continued)

Action Issue	Target Groups	Action	Other key stakeholders	Area	Timeline
OAH partnership with Police Service	Police Service	Foster OAH and local partnerships with the Police Service to support diversion, community order and prevention activities	Aboriginal communities ATSIIC	Statewide	Ongoing
Linkage to key related areas (mental health, road safety, injury, domestic violence)	Related issues and strategies	Foster connection with related issues and strategies (mental health, road safety, injury, domestic violence)	Office of Mental Health Office of Road Safety Health Promotion directorate Domestic Violence Prevention unit (DCD)	Statewide	Ongoing

APPENDIX ONE

RELEVANT NATIONAL OR LOCAL POLICIES,

INQUIRIES OR REVIEWS

RELEVANT NATIONAL OR LOCAL POLICIES, INQUIRIES OR REVIEWS

(A) NATIONAL AND STATE FRAMEWORKS AND STRATEGIES

Injury Prevention

- ***National Injury Prevention Plan: Priorities for 2001-03***
Falls in older people and poisoning in children are two of these - both have "drug" implications. The Plan was endorsed at the Health Minister's conference in August 2001. At the moment, there is consideration on the next set of priority areas for injury prevention.
- ***WA Road Safety Strategy 2002-05***

Alcohol and other Drugs (general)

- ***National Alcohol Strategy: A plan for action 2001 to 2003-04***
- ***National Action Plan on Illicit Drugs 2001 to 2003-04***
- ***Smoking, Nutrition, Alcohol and Physical Activity (SNAP) Framework for General Practice***
Integrated approach for supporting the management of behavioural risk factors smoking, nutrition, alcohol and physical activity (SNAP) in General Practice. (2001). Joint Advisory Group on General Practice and Population Health. Commonwealth Department of Health and Aged Care.
- ***Public Health Partnerships***
Alcohol one of the areas for cooperation with GPs.
- ***NHMRC Australian alcohol guidelines: health risks and benefits***
Endorsed October 2001.

Indigenous

- ***National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Strategy***
- ***National Strategic Framework for Aboriginal and Torres Strait Islander Health***
(Framework for action by governments - (Draft expected to be signed by Ministers mid 2003).
- ***Western Australian Framework Agreement on Aboriginal and Torres Strait Islander Health***

Mental Health

- ***Office of Mental Health (2002) Mental health promotion and illness prevention policy, Department of Health, Government of Western Australia***
Endorses partnerships with AOD sector
- ***Adapt***
To enable the development of integrated models of care for patients with co-occurring psychiatric and drug use issues.

Blood Borne Viruses

- ***National Hepatitis C Strategy 1999-00 to 2003-04***
- ***National HIV/AIDS Strategy 1999-00 to 2003-04***

Both of these identify harm reduction interventions as an essential component of the national population health response to these blood-borne viruses (BBVs), and support the continuation and enhancement of prevention of harm strategies such as needle and syringe programs.

(B) REVIEWS AND RESEARCH

Alcohol

- ***National Drug Strategy (2002) National Alcohol Research Agenda. Commonwealth of Australia, Canberra***

Mental Health

- ***National Comorbidity Project 2001***
Covers intervention, treatment, and implications of comorbidity.

Child & Community Health & Drug and Alcohol Office

- ***Fetal Alcohol Syndrome: A literature review (2002) Occasional Paper National Alcohol Strategy 2001 to 2003-04***
- ***National Alcohol Research Agenda (2002) A supporting paper to the National Alcohol Strategy - A Plan for Action 2001 to 2003-04***
(This contains amongst others, a paper reviewing the evidence regarding risk and protective factors relating to the early uptake of alcohol and alcohol misuse by adolescents. This latter paper is of particular relevance to Child & Community Health).
- ***National Drug Research Institute (Perth) and the Centre for Adolescent Health (Melbourne)***
These agencies are collaborating on the development of a *Review of risk and protective factors relating to uptake of alcohol and alcohol misuse by adolescents*

Blood Borne Viruses

There are several key national policies and recent reviews that have a bearing on activities in the area of needle and syringe provision as a public health strategy aimed to reduce blood-borne virus transmission. These include:

- ***Return on investment in needle & syringe programs in Australia report***
The study seeks to analyse the effectiveness of needle and syringe programs in preventing transmission of HIV, and hepatitis C (HCV) in Australia from 1991 to the end of 2000. The study then uses these findings to calculate the return on investment from NSPs from 1991 to 2000. The analysis indicates that there have been significant financial savings accruing to government from the investment in NSPs to date, and that these savings will continue to accrue into the future.

- ***Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2002***
This document provides estimates and projections of the rates of hepatitis C infection and its long term sequelae, to provide a basis for developing appropriate public health responses to the hepatitis C virus (HCV) epidemic.

This last document is particularly relevant to emerging trends or issues which may influence future DOH policy and action. Hepatitis C is certainly such an issue, as the above mentioned report calculates that 91% of new hepatitis C infections are related to injecting drug use, and that depending on future patterns of drug use, projections of the number of people living with HCV-related cirrhosis, incident cases of liver failure and liver cancer, and cumulative numbers of HCV-related deaths were all projected to at least treble by 2020.

All of the above mentioned documents are available on-line via Commonwealth Department of Health website, <http://www.health.gov.au/publicat/hac.htm>

Department of Health

- ***Operational Instruction OP1522/01 (20 December 2001) Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People who Inject Drugs***
(This Operational Circular should be read in conjunction with the *Guidelines for the Establishment and Operation of a Needle and Syringe Program* which form the appendices at the end of this document.) – available from following website:
<http://www.intranet.health.wa.gov.au/circular/op/op152201.pdf>
This OI means that all regional and rural hospitals that provide emergency after-hours services are required to provide after-hours access to needles and syringes for people who inject drugs.

Other

- ***Gordon Inquiry***