

DRAFT

AREA DRUG AND ALCOHOL PLAN

GREAT SOUTHERN HEALTH REGION

MAY 2003

Drug and Alcohol Office

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INTRODUCTION

Process for Feedback

This Draft Area Drug and Alcohol Plan is provided to people who participated in Area Drug and Alcohol Planning in the Great Southern Health Region.

This Plan was developed based on:

- Local information collected during the consultation period in August 2002;
- Subsequent information collected since that consultation;
- Information on the current and planned actions of the Drug and Alcohol Office (DAO) to provide support for recommended strategies;
- Information on current and planned alcohol and drug related strategies of the major WA government departments, e.g. Department of Community Development, WA Police Service, Department of Education and Training, Department of Health, Department of Justice, Department of Indigenous Affairs, Department of Housing and Works (see Agency Plans below).

Feedback from you as a stakeholder and participant in the consultations is keenly sought by the Drug and Alcohol Office. Have we “got it right”? If not what suggestions have you for improving this Plan? How best can we bring about agreement on local responses and the mechanisms for implementation? Are there existing groups/organisations/individuals in the Area who are the natural lead players to coordinate the local action? Roles and responsibilities, monitoring and reporting and timeframes also need to be considered.

Local input is critical to the success of this process of Area Planning which ultimately aims to improve services and programs for people affected by alcohol and drug problems in your Area. The Drug and Alcohol Office encourages constructive feedback to enable collaborative action to achieve this goal. Please provide any feedback on the Area Drug and Alcohol Plan by **Monday 16 June 2003** to:

<p>Kathryn Kerry: Manager Planning and Coordination 7 Field Street, Mount Lawley, WA 6050 Phone: (08) 9370 0310 or mailto:kathryn.kerry@health.wa.gov.au</p>
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Background

Area Drug and Alcohol Planning is a key component of the *WA Drug and Alcohol Strategy 2002-2005* which was developed from recommendations of the Community Drug Summit held in August 2001. The Strategy has identified new priorities, including a greater focus on prevention and early intervention, and a need for current services to be improved to meet the needs of people affected by alcohol and drug related problems.

Area Drug and Alcohol Planning is being facilitated by the Planning Team at DAO. This process is the first stage in assisting and supporting regional and area agencies to identify priority areas for the development of local strategies for improvement of programs and services to benefit clients and the community. The Planning process also links in with a significant number of other National and State strategies.

The first phase of the planning involved the circulation of a Discussion Paper and pre-consultation through contacts and the provision of information. The next phase involved regional visits. Consultation meetings were held, where topics such as drugs of concern, key issues, gaps, duplications and priority areas were discussed. From 28 to 30 August 2002 the DAO Planning Team consulted with 70 people from the Great Southern Region. Information was collected, analysed and presented in a Draft Report, which was sent for comment in December 2002. Feedback was received which were integrated into the Final Report: Area Drug and Alcohol Planning Consultation, Great Southern Health Region December 2002.

Agency Plans

In parallel to the process of Area Drug and Alcohol Planning, DAO has worked with government agencies in the development of a cross sectoral response through government Agency Drug and Alcohol Action Plans. This has been a complex across-government exercise which has not been attempted before in relation to drug and alcohol issues. Key government departments have worked together in this collaborative first step in improving programs and services to their clients through the recognition of, and planning towards a systemic approach across these range of government agencies. The Agency Plans outline the commitments and directions of key Government Departments in the overall drug and alcohol strategy. These Agency Plans will play a significant part in guiding local government department responses to better integrated services.

The key directions of all government departments who have submitted their own *draft Drug and Alcohol Plans* are outlines in Appendix 1. These are due to be finalised and endorsed by government in early June 2003. To access the detailed action statements relevant to each key direction the Agency Plans will be available on the DAO website: www.dao.health.wa.gov.au from mid June 2003.

Issues beyond DAO responsibility

There were many issues raised during the consultations in the Great Southern that are beyond the responsibility of DAO, some examples of which are:

- Unemployment, poverty and housing were identified as issues that impact on drug and alcohol use in the region;
- Support is required for affordable financial and relationship counselling for people in the region;
- The need to streamline the many committees in the region;
- Dissatisfaction with short term non-recurrent funding models;
- The need for parenting education and life skills education; and
- The need for sustainable community development and capacity building strategies.

Whilst these issues will not be included in this Plan, some are being addressed through the government's response to the Gordon Inquiry, the Homelessness Taskforce, and the Early Years Taskforce. Furthermore where appropriate these issues will be fed back to the Cabinet Standing Committee on Social Policy which is made up of the Ministers from key human services departments.

Regional Context

The Great Southern Health Region covers an area of approximately 40,500 square kilometres. It extends west to the Walpole area, east to Bremer Bay and north to Woodanilling. The main industries in the Region are related to the Port activity, agriculture, mining and tourism. The administrative hub and main town in the Great Southern is Albany.

In June 2001 the population was estimated to be 53,500 people, of this number around 3% were Indigenous people.

Across all age groups and all cluster groups, alcohol was clearly the main drug of concern in the Great Southern Region. Tobacco, cannabis and amphetamines were also of concern. These findings reflect the statistics outlined in the Great Southern Regional Profile, in particular the Utilisation of Great Southern Community Drug Service Team (CDST) services, 2001/2002, where 31.8% of client's principal drug problem was alcohol, 25.3% was cannabis and 14.8% was amphetamines. The findings also reflect trends in ADIS calls from the region from 1999 to 2002, with marked growth in both amphetamine and cannabis related calls

Current funded AOD related activity in the Great Southern region

The DAO, Office of Aboriginal Health and Council of Australian Governments (COAG) currently provides funding for alcohol and other drugs (AOD) related programs and services in the Great Southern Region of approximately \$685,600. This funding provides for prevention, treatment and support activities and practice development programs and services.

Current Drug and Alcohol Office activity in the Great Southern region

The DAO currently provides a range of key programs and activities statewide which are summarised in Appendix 2. Specific to the Great Southern and in addition to those activities, DAO is involved with:

- Two Aboriginal trainee positions established with CDST;
- Lower Great Southern Withdrawal Project (Great Southern Health Service); and
- Enhanced Access to Clinical Services Project (CDST).

New Resource Implications

While the process of Area Planning was not intended to be linked to allocation of new resources it will be noted that within this Area Plan there are one or more strategies which have new resource implications. DAO will prioritise all projects using the following criteria and subject to the 2003-04 budget will resource these initiatives following negotiations with local stakeholders:

1. Measuring the proposed action against evidence on what works (ie. including best practice guidelines, sustainability, feasibility, local application etc).
2. Current financial expenditure in a region or area.
3. Evidence of need (ie. Demographic profile, alcohol consumption, hospitalisation, mortality, current services and gaps etc).
4. Summit priorities and recommendations.

Current Department for Community Development Initiatives in the Great Southern Health Region

In response to the recommendations of the Gordon Inquiry, the State Government is implementing a range of Statewide and regional initiatives to protect children and support Aboriginal families and communities. A specific regional initiative for the Great Southern includes continued support to the Strong Families interagency collaborative case management approach to children and families at risk located in the region.

Summary of the Draft Area Drug and Alcohol Plan for the Great Southern Region

The Draft Area Drug and Alcohol Plan for the Great Southern has three identified priority areas. These are:

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

These are also the priority areas adopted by DAO as a result of the Statewide planning process undertaken in 2002. They are consistent with the main issues identified across the State as well as in the Great Southern area.

Under each of these priority areas are a number of strategies which have been identified as a result of the Area Planning process in the Great Southern. In the draft Plan the DAO response has been outlined. The broad responses of other government agencies provided in support of the Western Australian Drug and Alcohol Strategy 2003-2005 are available in Appendix 1. Please note that these initiatives are statewide services or specific to regions as stated in the relevant agency plan produced by the Department indicated.

It is envisaged that the “Local Response” will be developed as the next phase of Area Planning, following your feedback on this draft.

DRAFT GREAT SOUTHERN AREA HEALTH SERVICE Area Drug and Alcohol Plan

Priority Area: SYSTEM CO-ORDINATION AND INTEGRATION	
STRATEGY 1: Develop and implement mechanisms for improved collaboration, partnerships and coordination across agencies providing services to people affected by AOD problems across the Great Southern Area Health Service.	
BACKGROUND: National and State Drug and Alcohol Strategies, and WA models for Treatment and Support and Prevention are based on the principles of integration and coordination of services and development of collaborative and partnership models. The need for improved ways of working together were also identified at the Community Drug Summit in recommendations 9, 26, 30, 32 and 34 and in the Great Southern Area Planning consultation.	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Provide a supportive Planning and Coordination role to the AOD sector in the Great Southern Health Region including strategic advice and assistance on annual plans for AOD prevention agencies and community organisations. 2. Work with WA Network of Alcohol and Drug Agencies (WANADA), other non government and government agencies to identify appropriate tools to assist with integration and coordination and provide appropriate supporting strategies. 3. Provide collaboration and partnership component in all practice development initiatives in the Region. 4. Provide linkage point between DAO and Great Southern Health Service key stakeholders to identify and facilitate appropriate systems in each area. 5. Reflect system coordination and integration in Service Agreements with funded agencies in the Region. 6. Continue to build partnerships across government agencies through the Senior Officers Group (SOG) and with other key stakeholders such as WANADA and Community Advisory Council (CAC). 7. Build on successful GS coordination models (Interagency Collaboration Model in Denmark) as good examples of coordination across government, NGO and community services. 	

Priority Area: SYSTEM CO-ORDINATION AND INTEGRATION	
STRATEGY 2: Improve AOD and Mental Health Services response to people with comorbid conditions.	
BACKGROUND: Recommendation 31 from the Community Drug Summit states that Mental Health and AOD agencies should be resourced to develop workable partnerships to deal with persons presenting with both drug and mental health problems to ensure they receive immediate, accessible, accountable and culturally appropriate service with continuity of care. The need for greater coordination between the AOD sector and Mental Health was reflected in the Area Drug and Alcohol Planning consultations in the Great Southern.	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Development of Alcohol and Drug and Psychiatric Treatment (ADAPT) policy and programs in conjunction with Office of Mental Health and other relevant stakeholders such as Next Step and the Divisions of General Practice. 2. With the Planning and Coordination Unit further develop ADAPT strategies based on regional consultations. 3. Establish and maintain collaboration with the Joint Services Development Unit (JSDU), Office of Mental Health and key local stakeholders to develop and build local capacity to respond. 4. Reconfigure service agreements to reflect the responsibilities of funded agencies to improve collaboration and partnerships across AOD and Mental Health agencies. 5. Clarification and facilitation of roles and relationships where they do not exist between AOD and Mental Health agencies. 6. Development of protocols and case management mechanisms with Mental Health Service providers and other relevant stakeholders such as Next Step and Aboriginal Medical Services. Support AOD/Mental Health Protocols Project. 7. Keyworker Training Program (Practice Development). Provide ongoing supervision and support via Clinical Advisory Service (CAS). 8. Enable involvement of GPs in comorbid response as a priority. 	

Priority Area: ADDRESSING HAZARDOUS AND HARMFUL ALCOHOL USE	
STRATEGY 1: Support sustainable AOD/Brief Intervention Program in Great Southern Health Services.	
BACKGROUND: From 1999-2001 project funding was provided to the Great Southern Health Service for a part time AOD position. Training was provided and significant work was carried out, in brief interventions, staff development, health promotion and policy and project management. The Great Southern Area Drug and Alcohol Planning consultation indicated a need for further support to continue this work. Currently, Denmark, Mt Barker and Albany hospitals have agreed to contribute funding to a three year project.	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Support for, and input to, Great Southern Health Services submissions for funding for the Great Southern Alcohol and Tobacco Brief Interventions Project. 2. Provide ongoing support in regard to Brief Intervention initiatives across the region. 3. Provide clinical support and training to GPs across the region. 4. Provide training, policy development, and other related supports on AOD issues available to GS Health Service. 	

Priority Area: ADDRESSING HAZARDOUS AND HARMFUL ALCOHOL USE	
STRATEGY 2: Early intervention, prevention and parenting education.	
BACKGROUND: Factors such as physical and social and economic environments, healthy child development, social support networks, employment and working conditions and a range of other factors have a significant effect of health of individuals and the community in which they live. In recommendations 3, 9 and 22 of the Community Drug Summit, the Government commits to strengthening and coordinating existing prevention and early intervention policies and strategies and commits DAO to lead planning and coordination of drug prevention and early intervention activity in the community. Recommendations 15 and 25 refer to providing appropriate family support and developing positive parenting skills. The need for a greater focus on Prevention and Early Intervention was raised during the Great Southern Area Drug and Alcohol Planning consultation. It was identified that there was a lot of prevention and early intervention activity occurring in the region, but there was a lack of clarity, coordination and awareness of these activities. The need for better parenting skills was also highlighted. There was a call for the need to tailor prevention and early intervention programs to suit the diversity of the regions and make them relevant to the community.	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Development of Discussion Paper for AOD sector Contribution to Integrated Early Intervention Strategies. 2. Support Great Southern Public Health Unit in planning and coordination of AOD prevention activity. 3. Review and coordinate parent drug education initiatives. 4. Within the Quality Assurance Project include further development of best practice indicators in Family Sensitive Practice. 5. Continue to support early intervention, prevention and parenting education initiatives eg. In Touch, Parent Drug Information Service (PDIS), Family Sensitive Practice Project. 	DCD: Family Strength Program DOE: Albany's Interagency Policy for Early Intervention in the Mental Health of Young People; Student's at Education Risk Program; Pathways to Health and Wellbeing in Schools Program.

Priority Area: ADDRESSING HAZARDOUS AND HARMFUL ALCOHOL USE	
STRATEGY 3: Reduce hazardous and harmful alcohol use	
BACKGROUND: Alcohol misuse is second only to tobacco as a preventable cause of death and hospitalisation in Australia. Harm caused by excessive alcohol consumption accounts for 4.9 per cent of the total disease burden in Australia. Alcohol related harm can be reduced through the use of a range of legislative and regulatory arrangements which control the availability and use of alcohol products. This is a Key Strategy within the National Alcohol Strategy.	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Development and implementation of WA Alcohol Strategy with key partners where appropriate. 2. Continue to resource a range of prevention, treatment and support services including CDSTs, other NGOs and Next Step to provide services to people with alcohol related problems. 3. Continue involvement with Alcohol Accords in conjunction with key stakeholders such as the WA Police Service. 	

Priority Area: ENHANCING ACCESS TO TREATMENT AND SUPPORT SERVICES	
STRATEGY 1: Enhance access to treatment and support services for indigenous people and communities, particularly for those with comorbid conditions.	
BACKGROUND: Community Drug Summit recommendations 19, 27 and 32 refer to building the capacity of services to meet the needs of Aboriginal people. Recommendation 33 calls for the improvement of Indigenous people's access to AOD services. The lack of culturally acceptable services for Indigenous people in the region was identified during the Great Southern Area Drug and Alcohol Planning consultation, as well as a lack of Indigenous workers. The lack of appropriate services in particular for Indigenous people with comorbid conditions was raised.	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Contribute the development of workforce expertise of people who respond to Indigenous people who are affected by alcohol and drug problems i.e. develop, implement and monitor Indigenous Trainees Program. 2. Progress Indigenous element of the Diversion Program. 3. Work in partnership with Indigenous AOD/Health service providers to support their efforts. 4. Work with OATSIH and OAH to develop options for residential rehabilitation and follow up. 5. Cultural Awareness Training. Support for government, non-government and community groups in the Great Southern region. 	

Priority Area: ENHANCING ACCESS TO TREATMENT AND SUPPORT SERVICES	
STRATEGY 2: Enhance access to treatment and support services for youth.	
BACKGROUND: Recommendations 6-10 of the Community Drug Summit specifically targeted youth as a priority particularly in relation to Support and Treatment Services, social and recreational needs, education, prevention, early intervention and accommodation. The need for a coordinated approach to youth activities was highlighted as a priority in the Great Southern Area Drug and Alcohol Planning consultations. Gaps in the availability of youth friendly health and outreach services, as well as a lack of recreational and non-recreational activities for young people were identified.	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Continue to support the development of a coordinated approach to youth detoxification, respite and follow up services that meet the needs of regional areas. 2. Continue to provide specialist services to youth through Great Southern CDST. 3. Review Next Step Youth Service. 4. Facilitate development of a strategic approach to drug education for school aged children with relevant stakeholders (eg. Department of Education and Training (DoET), School Drug Education Project (SDEP), Western Australian Police Service (WAPS), etc). Continue to provide support to the In Touch program. 5. Support community AOD initiatives e.g. LDAGs, Fogarty Foundation etc. Review and coordinate involvement in youth engagement in the community. 6. Provide training to workers with youth clientele and contribute to Training Modules for Frontline Workers Working with Young People. 7. Establish and implement Volatile Substance Program. 8. A GP funded to provide sessional work via CDST will provide outreach service to youth in Denmark. 9. Support the development of a youth centre (City of Albany have secured \$500,000 from Lotterywest to build a youth centre in the Centennial Park sport & recreational precinct in 2004). 	

Priority Area: ENHANCING ACCESS TO TREATMENT AND SUPPORT SERVICES	
STRATEGY 3: Increase GP involvement in the provision of AOD services.	
<p>BACKGROUND: Recommendation 9 of the Community Drug Summit refers to a comprehensive GP support program for GPs responding to AOD problems in the community. Number 26 refers to the development and implementation of strategies to improve coordination and linkage of key entry points of services, and 34 is about continuity of care, broadening the range of drug and alcohol treatment provision. During the Great Southern Area Drug and Alcohol Planning consultations, AOD and other service providers expressed difficulties in engaging GPs and the Division of GPs in interagency discussion and education and training events. Informal relationships were reported as the main basis on which partnerships between service providers and GPs were based. However two GPs who were interviewed indicated that they would like to have a better and stronger working relationship with other service providers, particularly the CDST. Access to GPs who have AOD and blood borne virus expertise was also highlighted as a need.</p>	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Continue to ensure addiction studies is a component of GP education. 2. Continue to provide clinical consultancy and support to GPs through Clinical Advisory Service (CAS). 3. Create and support partnerships with key GP groups. 4. Identify strategies to engage GPs in working with AOD services eg fund GPs to work on a sessional basis. 5. Investigate clinical training and placements for rural and remote GPs at Next Step. 6. Continue with GP Liaison Project to improve access to inpatient services and improve clinical planning. 7. Reconfigure service agreements to reflect the responsibilities of funded agencies to improve collaboration and partnerships with GPs. 8. Support development of Albany BBV clinic, which would involve an interested GP. 9. Continue with Lower Great Southern Withdrawal Project, which engages GPs in home based care of AOD clients. 10. Support Enhanced Access to Clinical Services Project at the CDST. 	

APPENDIX 1

SUMMARY OF OTHER GOVERNMENT DEPARTMENT KEY INITIATIVES

The initiatives outlined below are statewide services or specific to regions as stated in the relevant agency plan. Appendix 1 should be read in conjunction with the agency plan produced by the relevant department.

DEPARTMENT OF HEALTH *DRUG AND ALCOHOL ACTION PLAN*

Prevention and Early Intervention

The Department will:

- Reduce the prevalence of risky alcohol consumption and other drug use in women of child-bearing age;
- Increase community capacity to prevent co-occurring mental illness and AOD use. Reduce the harm associated with co-occurring mental illness and harmful AOD use;
- Implement state-wide youth and community AOD education programs through local metropolitan and country health services eg. implement brief intervention and tobacco screening for patients and clients of metropolitan health services;
- Reduce the incidence of intentional and unintentional AOD related injuries;
- Reduce the incidence and transmission of HIV, hepatitis C and other bloodborne viruses and minimise the personal and social impact of HIV and other BBVs; and
- Review all Office of Aboriginal Health AOD contracts to ensure inclusion of prevention and early intervention, where appropriate.

Treatment and Support Services

The Department will:

- Support access for clients of Community Health Services to AOD programs;
- Increase community capacity to prevent co-occurring mental illness and AOD use and reduce the harm associated with co-occurring mental illness and harmful AOD use;
- 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;
- Assist in more widespread provision (decentralisation) of appropriate treatment for drug use problems by medical practitioners and community pharmacists; and
- Review all Office of Aboriginal Health AOD contracts to ensure inclusion of treatment and support, where appropriate.

Coordination

The Department will:

- Ensure coordination of service provision and referral between community and child health services and other service providers;

- Ensure coordination of services with respect to mental health, within Department of Health (DoH) and between DoH and other government and non government organizations;
- Create more effective linkages between Divisions of General Practice, GPs and the drug and alcohol sector, for the deliver of AOD services;
- Implement DoH and other drug related policies through coordination within and between health services;
- Work with relevant key agencies to reduce the number of people who inject drugs; and
- Develop and foster key strategic partnerships to reduce the incidence of alcohol and drug related harm in the indigenous community.

DEPARTMENT FOR COMMUNITY DEVELOPMENT *DRUG AND ALCOHOL ACTION PLAN*

Prevention and Early Intervention

The Department will:

- Coordinate the development of an across Government Early Years Strategy;
- Implement Family Strength initiatives with funding of \$10 million over 5 years, commencing 2001/02;
- Work with the Children and Young People in Care Advisory Committee and other stakeholders to reduce the rate at which children and young people enter out of home care as a result of parental drug and alcohol use;
- Launch a grants program and handbook in recognition of the needs of young people for public space in regional areas;
- Promote participation and inclusion of young people in public spaces through support and expansion of the Hillarys Youth Project Enquiry;
- Promote greater involvement of children and young people in policy development through funding to the Create Foundation to advocate and represent the concerns of children and young people and continue to support the Youth Advisory Network; and
- Undertake and support research that builds the capacity of service providers to work with children and young people through participation in the National Steering Committee of the National Youth Affairs Research Scheme.

Treatment and Support Services

The Department will:

- Work with other agencies to implement the State Government's response to the recommendations of the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal communities;
- Support grandparents and other relatives caring for children full time as a result of family crisis such as parental drug and alcohol use by providing \$100,000 funding over three years for grandparents support service;
- Work with other agencies to implement the State Government's response to the recommendations of the State Homelessness Taskforce;
- Review and update the service delivery protocol developed between the Supported Accommodation and Assistance Program and drug and alcohol services; and
- Continue to work with local services including the Local Drug Action Groups to improve service collaboration for families affected by drug and alcohol use.

Other Initiatives

The Department will:

- Develop a range of workforce development initiatives to build the skills of Departmental and community sector staff, particularly in relation to drug and alcohol awareness and working collaboratively with other agencies;
- Improve its capacity to identify and manage cases involving drug and alcohol use by introducing new information technology through the ASSIST project; and
- Update the Department's drug and alcohol policy in collaboration with other stakeholders.

DEPARTMENT OF HOUSING AND WORKS *DRUGS AND ALCOHOL ACTION PLAN*

Prevention and Early Intervention

The Department will:

- Provide a collaborative approach in conjunction with the Department of Justice (DoJ) aimed at reducing the cycle of offending through the Aboriginal Cyclical Offending Program;
- Develop protocols with aims to improve pathways on access for public housing through Priority Housing, Exit Point Housing and Bond Assistance;
- Provide support to tenants who are experiencing difficulties in their tenancy through the Supported Housing Assistance Program;
- Upgrade accommodation, training and employment opportunities through the Management Support Program;
- Reduce the rent for the tenant/s whilst undergoing treatment/rehabilitation through the Absentee Tenant Minimum Rent Policy;
- Coordinate and facilitate across Government agencies in the case management of Aboriginal families and individuals through the Indigenous Families program;
- Coordinate the provision of 27 units of accommodation for persons exiting the prison system;
- Provide temporary housing for the homeless or clients in immediate crisis through the Crisis Accommodation Program;
- Coordinate a Transitional Housing Program;
- Continue to provide the Aboriginal Tenancy Support Service (ATSS);
- Support the Stronger Families Program to assist families through Safer WA and involve intersectorial collaboration in dealing with families having problems in the community;
- Provide permanent long term housing for homeless young people and specifically target homeless youth between the ages of 15 and 17 through the Youth Externally Supported Housing Program (YES) and Fremantle Regional External Supported Housing Program (FRESH);
- Improve coordination and collaboration by Government service providers as part of the Government's response to the Gordon Enquiry; and
- Continue the Homelessness Taskforce to put homeless people in contact with available accommodation options.

DEPARTMENT OF INDIGENOUS AFFAIRS *DRUG AND ALCOHOL ACTION PLAN*

Prevention and Early Intervention

The Department will address the need for:

Capacity Building

In Western Australia, the Department of Indigenous Affairs (DIA) sees Capacity Building as part of an holistic approach to Indigenous advancement and therefore has endorsed a two-pronged approach. DIA sees the need for:

- Building the capacity of the Indigenous community to determine and manage positive change; and
- Capacity building in government that sees them engaging with the Indigenous community, in partnership approaches, to achieve agreed outcomes.

There is a focus on a community driven development approach to Capacity Building, with neither of the above being achieved in isolation from the other. This focus hinges on effective engagement and participation of Indigenous people in all decision making that affects their lives.

Patrols

Funding is currently provided to twenty-one (21) community patrols throughout Western Australia (WA). Patrols provide strategies at the community level to deal with and respond to a range of social problems experienced in Aboriginal communities. They aim to reduce contact between Indigenous people and the criminal justice system. Patrols are operated by the community and are supported by DIA and other agencies.

Community By-Laws

DIA administers the *Aboriginal Communities Act 1979* (ACA) that enables Indigenous people to establish by-laws that govern conduct and access on community lands. DIA works with other key agencies and stakeholders to support implementation of Community By-Laws.

Treatment and Support Services

DIA does not provide any treatment services but supports Indigenous communities to access services.

Law, Justice and Enforcement

DIA does not provide any law, justice and enforcement services but supports Indigenous community to access services.

DEPARTMENT OF EDUCATION AND TRAINING *DRUG AND ALCOHOL ACTION PLAN*

Prevention and Early Intervention

The Department will:

Curriculum Strategy

- Identify and review existing curriculum related to drug and alcohol use and the extent to which this is delivered across the education and training sectors; and
- Identify and review opportunities where curriculum related to drug and alcohol use may be embedded into units of competency delivered across the VET sector and as part of school-based curriculum related to the outcomes of the Curriculum Framework and the school contexts.

Information Strategy

- Identify opportunities for developing an integrated educational awareness strategy focussing on drug and alcohol use in the workplace, on-campus and in the school community; and
- Through central, Regional Organising Committees and In Touch training, the role and access to CDSTs to students experiencing problems associated with drug use to be promoted to school staff.

Professional Development

- Review existing professional development strategies for teachers and VET trainers in relation to drug and alcohol use;
- Identify further professional development opportunities for teachers and VET trainers including:
 - referral processes;
 - drug and alcohol use in the workplace; and
- Identify opportunities for supporting upskilling/reskilling of employees of other government agencies.

Policy and Program Development

- Review existing drug and alcohol policies and update/enhance as required
- Identify opportunities for policy and program development for key target groups, specifically:
 - culturally and linguistically diverse groups (CALD), including multicultural and indigenous communities;
 - apprentices and trainees; and
 - 15-19 year olds.

School Drug Education Project (SDEP)

- SDEP will use DAO Regional Profiles to strategically resource regions within WA;
- SDEP will continue to manage the School Community Grants Scheme which gives schools an opportunity to receive funding to support their local prevention programs;
- SDEP will provide the Leavers Live handbook to communities interested in supporting Year 12 Leavers;

- SDEP will provide training and support for school staff in drug education and with the In Touch: Managing Drug Issues in Schools resource through:
 - Central training;
 - Regional training

Treatment and Support

- Review and enhance referral services currently in place across the education and training sectors; and
- Review and promote information available on drug and alcohol use to students and staff across the education and training sectors.

WESTERN AUSTRALIA POLICE SERVICE *DRUG AND ALCOHOL ACTION PLAN*

Prevention And Early Intervention

The Service will:

- Commit to the delivery of quality Youth oriented alcohol and other drug education and awareness through the GURD strategy by:
 - Promoting the GURD Youth alcohol and Drug Education Strategy throughout the State; and
 - Enhance the GURD Strategy within the community through further youth based interactive activities that also target parents and the community.
- Maintain a focussed approach to supporting local communities- empowering parents through the ongoing provision of community based parent education and other initiatives by:
 - Enhancing the ongoing support for local communities by the provision of well-resourced alcohol and other drug awareness sessions; and
 - Increasing parental understanding and awareness of Alcohol & Other Drug Services available at a local level.
- Implement statewide drug diversion programs aimed at the diversion of eligible offenders into areas including education and or treatment by:
 - Monitoring the proposed legislative changes to the Misuse of Drugs Act by the introduction of the Cannabis Control Bill 2003 and
 - The impending introduction of All Drug Diversion as of 1 January 2004.
- Facilitate an improvement in the organisational capacity to develop protocols and develop practices that allow for a more collaborative working relationship with people and communities affected by drug and alcohol use by:
 - Committing to broadening the understanding of the principles of “Harm Reduction” within the policing environment; and
 - Providing for recreational alternatives for young persons i.e. “Blue Light Disco’s, PCYCs and GURD activities”.
- Commit to the reduction of harms associated with the use of alcohol at a State and Community level by:
 - Demonstrating an ongoing ability to promote the responsible sale, supply and marketing of alcohol; and
 - Committing to assist local government, sporting bodies and other agencies with implementing responsible alcohol and drug policies.

Law, Justice And Enforcement

The Service will:

- Reduce the supply of illicit drugs and other substances into and across our state and local community borders by:
 - Developing integrated approaches to assist in the detection of illicit drugs crossing our state and community borders; and
 - Promoting an ongoing commitment, through intelligence based policing to the ongoing detection and dismantling of clandestine drug laboratories.

- Reduce the illegal supply of alcohol within our communities by regulating the sale, supply and consumption on premises in which liquor is sold by:
 - Assisting with the establishment and maintenance of local community Liquor Accords; and
 - Providing an ongoing commitment, through intelligence based policing to the ongoing reduction of alcohol related crime at a community level.
- We will assist local communities by introducing appropriate control over alcohol availability and trading hours

Coordination

The Service will:

- Develop a realistic and co-ordinated approach to referral between police, community and alcohol and other drug services;
- Research the opportunity of an innovative and more collaborative approach to the collection and sharing of statistical data; and
- Create more effective linkages between WAPS and other Law Enforcement Agencies and Regulatory Bodies.

DEPARTMENT OF JUSTICE *DRUG AND ALCOHOL ACTION PLAN*

The Western Australian Drug and Alcohol Strategy, endorsed in Parliament in August 2002, provides the framework for the Justice Drug Plan, which will see a significant increase in services to prevent and reduce drug-related harms.

The justice system has traditionally been regarded as the "end of the line" for criminals with drug problems. This must change, with the Department of Justice becoming a critical, proactive player with a comprehensive range of prevention and treatment strategies to tackle the issue.

Prevention and Early Intervention

- Introduce harm reduction measures to reduce the prevalence of blood-borne communicable diseases
- The delivery of a comprehensive transition program for offenders will prevent further alcohol and drug related offending.

Law, Justice and Enforcement

- Expand the number of drug detection dogs in prisons by adding four dogs and four dog handlers. This will bring the total team to 15 dogs and 13 handlers
- Deploy drug detection dogs to prisons where drug testing shows higher levels of drug use
- Deploy a permanent drug detection dog at Bandyup Women's Prison
- Incrementally introduce multi-purpose response dogs as an alternative to single purpose dogs
- Double the random drug testing of offenders in the metropolitan maximum-security prisons from twice a year to four times a year
- Introduce instant urine tests for preliminary testing at all prisons

Treatment and Support

- Introduce a comprehensive pharmacotherapy program including methadone, Buprenorphine and Naltrexone, enabling up to 150 offenders to be engaged in this treatment at any time
- Expand treatment programs for high-risk offenders with an additional 15 programs per year, catering for an extra 150 offenders
- Introduce two new drug-free units in WA prisons, with one additional unit in a metropolitan prison and one in a regional prison
- Investigate the efficacy of a prison-based therapeutic community
- In partnership with government and non-government agencies, introduce a comprehensive transition program for offenders re-entering the community to address health, housing, drug programs and counselling, training, employment and education needs.

Making the Plan Work

- Establish a comprehensive monitoring framework to measure the success of the key strategies.

APPENDIX 2

STATEWIDE DRUG AND ALCOHOL OFFICE ACTIVITY

The Drug and Alcohol Office (DAO) provides the following key programs and activities at a statewide level:

Prevention

Drug Programs

- Drug Aware Program - including campaigns, a website (www.drugaware.com.au), the Pharmacy Project and the Business Project;
- Night Venues Project - including resources and merchandise;
- Tertiary Partnerships Project - support of orientation days and health weeks with merchandise; and
- Peer Education Project.

Alcohol Programs

- Alcohol Education programs - 100% Control, Host, Respect Yourself and Drinking Guidelines and Standard Drinks campaigns;
- Drinkchecks - support and resources;
- Accord Stakeholder Review;
- Liquor Licensing interventions;
- Workshops on Liquor Licensing Issues for health professionals; and
- Support of Alcohol Accords.

The Prevention Branch also provide the following programs and activities:

- State Publications Program;
- Develops partnerships with organizations such as Local Drug Action Groups (LDAGs), Rotary and Lions;
- Provides support and training to regional health officers, CDSTs, LDAGs and Regional Organising Committees (ROCs);
- Provides strategic direction and support to the School Drug Education Project (SDEP);
- Provides Fogarty Foundation training - a youth specific event management program; and
- Provides strategic support and advice on school leavers activities and issues.

Practice Development

- GP Program;
- Clinical Advisory Service (CAS) - provides advice and support to GPs, pharmacists and other relevant staff involved in pharmacotherapies;
- GP Project - provides training and support to GPs around the state;
- Alcohol and Drug Information Service (ADIS) - provides a telephone counselling and advice service 24 hours a day, 7 days a week (9442 5000, toll free 1800 198 024);
- Parent Drug Information Service (PDIS) - provides a telephone counselling and advice service for parents 24 hours a day, 7 days a week (9442 5050, toll free 1800 653 203);
- Library Services - the DAO Library can be accessed statewide via the DAO website (www.dao.health.wa.gov.au);

- Workforce Development;
- Drug Overdose Prevention Project (DROPP) - provides training in both the prevention and management of overdose to client groups and professionals across the generic and AOD sector;
- Health Systems Development - provides statewide support for Health Services in regard to AOD policy development and Clinical Guidelines;
- Brief Intervention Project - initiates and enhances brief intervention projects through funding support and training;
- Needle and Syringe Program - provides accredited Needle and Syringe Program Coordinator training across the state;
- Family Sensitive Practice - aims to enhance the response of the AOD sector to the needs of the family;
- Department of Justice training - delivery of three day accredited CCO/JJO training;
- Aboriginal Health - addresses indigenous practice development and policy issues across the state; and
- Statewide Indigenous Traineeship Program - one year traineeships for Aboriginal people established in a range of specialist services.

Client Services, Resources and Development

- Coordination of 84 current contracts comprising residential services, specialist outpatient services, Community Drug Service Teams and Sobering Up Centres;
- Consults to sector stakeholders and community representatives on development, implementation and coordination of the metropolitan and country regional drug and alcohol plans; and
- Monitors and evaluates projects funded by DAO.

Policy, Strategy and Information Unit

- Policy development and coordination, information, research and support.

Next Step (specialist government health service)

Currently decentralising to form the Northern, Southern and Eastern Drug and Alcohol Clinics to provide clinical services to these respective metropolitan areas and continues to provide:

- Specialist assessments and treatment;
- Inpatient withdrawal services (located at East Perth);
- Counselling and support services;
- Youth service;
- Pharmacotherapy;
- Pharmacy service;
- Clinical placements; and
- Clinical research and policy development.