

DRAFT

AREA DRUG AND ALCOHOL PLAN

**PILBARA GASCOYNE
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 Pilbara Gascoyne Health Region.

This Plan was developed based on:

- Local information collected during the consultation period in November 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 DAO. 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. DAO 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 13th to 27th November 2002 the DAO Planning Team consulted with 100 people from the Pilbara Gascoyne 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, Pilbara Gascoyne 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 outlined 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 the Drug and Alcohol Office Responsibility

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

- Lack of opportunities for employment, particularly indigenous employment and training is a major gap;
- Boredom and lack of suitable activities, particularly for youth;
- Lack of affordable accommodation options;
- Difficulties with attraction and retention of staff in some areas of the Region;
- Need for safe houses for people effected by domestic violence;
- Increasing truancy and decreasing participation when attending school;
- Need for parenting education and life skills education;
- The need for sustainable community development and capacity building strategies;
- Dissatisfaction with short term non-recurrent funding models;
- Impact of shift work in mining industry communities on families; and
- Tourist towns are inadequately resourced to deal with substantial increases in population and it's associated problems.

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 Pilbara/Gascoyne Region covers a geographical area of approximately 582,000 square kilometres (more than 20% of the State) with a resident population of approximately 52,000 people, of which 12 to 15% of the population are Aboriginal or Torres Strait Islanders (ABS 1996 Census). Ninety per cent of the population are under 55 years of age, with up to 50% earning an average income of \$1,000 or more p/week (half of which earned more than \$1,500 p/week). The primary industries in the area include mining, fishing and tourism.

Alcohol is consistently the primary drug of concern across the region with significant health, social and economic impact. The extent of harmful use, including binge drinking and regular drinking, is significant with harmful use becoming increasingly normalised (1997/98 North West rate of consumption of 20.19 litres of total alcohol compared with State rate of 10.69 litres). Cannabis is considered the second biggest drug of concern throughout the region, with increasing use amongst Indigenous populations. Amphetamines were also consistently identified as key drugs of concern. It was reported that heroin has been in extremely short supply, almost to the point of non-existence, over the last four years. Polydrug use was identified throughout the region, primarily with alcohol and cannabis or alcohol and amphetamines. Most towns have experienced 'pockets' of problems with volatiles, however participants identified that use is less of a problem within the major towns than in the remote Aboriginal communities. Prescription medications were identified as problematic throughout most of the region, with dexamphetamines the primary prescription drug of concern.

Current Funded Alcohol and Other Drug Related Activity in the Pilbara Gascoyne Region

The DAO, Office of Aboriginal Health and Council of Australian Governments (COAG) currently provides funding for alcohol and other drug (AOD) related programs and services in the Pilbara/Gascoyne Region of approximate \$1.64 million. Approximately 33% of this is provided for ongoing costs associated with two Sobering Up Centres (Port Hedland and Roebourne). The remaining is provided for prevention, treatment and support, and practice development programs and services.

Current Drug and Alcohol Office Activity in the Pilbara Gascoyne Region

The DAO currently provides a range of key programs and activities statewide which are summarised in Appendix Two. Specific to the Pilbara Gascoyne and in addition to those activities DAO is involved with:

- Carnarvon Accord revision (advisory and funding support);
- Department of Justice – training for Community Corrections Officers;
- One Aboriginal trainee position established with the Community Drug Service Team (CDST); and
- Brief Intervention Project (Carnarvon Regional Hospital).

Current Department for Community Development Initiatives in the Pilbara/Gascoyne Area Health Region

The Department for Community Development is collaborating with the WA Police Service, local government and local businesses to support the HYPE project located in Port Hedland. HYPE workers support young people acting inappropriately in the vicinity of shopping centres and provides them with information to address personal issues. The project also increases the sense of safety and security for young people and the wider community in public spaces, builds respect, acceptance and communication between young people, the Police and security services and promotes the participation and inclusion of young people in public spaces. Consideration is also being given to establishing a HYPE project at Roebourne.

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. Specific regional initiatives include:

- Expand the Strong Families initiative Statewide to provide an interagency collaborative case management approach to children and families at risk. A Strong Families co-ordinator will be located in the Pilbara region
- Appoint three new child protection workers, with at least two of the positions filled by people of Aboriginal and Torres Strait Islander descent
- An additional \$25,000 per annum has been provided to six women's refuges in the Pilbara Gascoyne region to support the children of people who are homeless as a result of domestic violence and other crises.

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

Summary of the Draft Area Drug and Alcohol Plan for the Pilbara Gascoyne Region

The Draft Area Drug and Alcohol Plan for the Pilbara Gascoyne 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 Pilbara Gascoyne 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 Pilbara Gascoyne. 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 PILBARA GASCOYNE AREA HEALTH SERVICE Area Drug and Alcohol Plan

There has been a considerable amount of alcohol and drug related research and planning in the Pilbara region over the last two years. This Area Drug and Alcohol Plan will support, where possible and appropriate, the strategies and plans already in place in the region, for example the Port Hedland Substance Misuse Strategy.

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 Pilbara Gascoyne Area Health Service.	
<p>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 Pilbara Gascoyne Area Planning consultation. The involvement of the mining industry in any partnerships and collaborations was highlighted as being important, being the largest industry in the area.</p> <p>Formal intersectoral collaboration between all agencies dealing with substance misuse issues was also a recommendation of the Port Hedland and Roebourne Substance Misuse Service Review (Saggers & Gray, 2001). The West Pilbara Drug and Alcohol Taskforce Action Plan (August 2002) outlines a number of strategies to achieve a 'joined up approach' to alcohol and drug issues.</p>	
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 PG 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 Other Drug Agencies (WANADA), other non-government and government agencies to develop appropriate tools to assist with system integration and coordination and provide appropriate supporting strategies. 3. Provide collaboration and partnership component in all practice development initiatives in the Region. 4. Reflect system coordination and integration in Service Agreements with funded agencies in the Region. 5. Continue to build partnerships across government agencies through the Senior Officers Group (SOG) and with other key stakeholders such as WANADA and the Community Advisory Council (CAC). 6. Investigate the expansion of the Community Protocols Project in Port Hedland to the rest of the Pilbara Gascoyne. 7. Support increased collaboration and coordination strategies as outlined in the Port Hedland Substance Misuse Strategy and the West Pilbara Drug and Alcohol Taskforce Action Plan. 	

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 throughout the region in the Area Drug and Alcohol Planning consultations.	
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 programmes in conjunction with Office of Mental Health and other relevant stakeholders such as Next Step and the Divisions of General Practice. 2. With 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. 7. Keyworker Training Program (Practice Development). Provide ongoing supervision and support via Clinical Advisory Service (CAS). 8. Investigate the utilisation of Mental Health-Rural link telehealth services (as done in Gascoyne). 	

Priority Area: SYSTEM CO-ORDINATION AND INTEGRATION	
STRATEGY 3: Review, plan and coordinate school drug education activities in the Pilbara Gascoyne Region.	
BACKGROUND: Recommendation 24 of the Community Drug Summit supports a comprehensive, evidence based and culturally relevant school drug education program. The Area Drug and Alcohol Planning Process in the Pilbara Gascoyne area identified the need for greater consistency with schools throughout the region with regard to AOD education. There is varied access and utilisation of the School Drug Education Project (SDEP) and the WA Police Service GURD program. Clarification is required around the roles and responsibilities of agencies providing AOD education in schools.	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. 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). 2. Coordinate review of School Drug Education Project (SDEP). 3. Clarify the role of and support key stakeholders in providing evidenced based prevention and education services to schools. 	

Priority Area: ADDRESSING HAZARDOUS AND HARMFUL ALCOHOL USE	
STRATEGY 1: Reduce hazardous and harmful alcohol use.	
<p>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 is by far the most problematic drug of concern in the Pilbara Gascoyne where the visible affects of intoxication, and the long term health, social and economic effects are evident. Alcohol consumption in the North West regions of WA was 1.89 times higher than the State average in 1997-98 (a consumption rate of 20.19 litres of alcohol per capita). 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. The Port Hedland and Roebourne Substance Misuse Service Review (Saggers & Gray, 2001) recommends that the issue of alcohol consumption and alcohol related harm should be addressed by all levels of government, Aboriginal and non-Aboriginal community groups (including sporting groups) by implementing various supply reduction measures. The Port Hedland Substance Misuse Strategy also recommends that there is a reduction in the supply of alcohol in Port Hedland.</p> <p>Although DAO is currently reviewing the development of further sobering up centres in WA, there is sufficient evidence from police and hospital data, as well as community support to warrant the development of a sobering up centre in Newman. However, it is essential that we ensure that a model is developed and implemented which addresses the broad management of intoxication issues with a systems approach.</p>	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Development and implementation of WA Alcohol Strategy with key partners as appropriate. 2. Continue to resource a range of prevention, treatment and support services including CDST, other NGOs and Next Step to provide services to people with alcohol related problems. 3. Continue to resource and review the utilisation of Sobering Up Centres in the context of the management of intoxication consistent with a systems approach. Support the development of the Newman Sobering Up Centre and the Carnarvon Sobering Up Centre. 4. Support workforce development strategies identified by the WA Alcohol Strategy for frontline workers such as AOD workers, health and other professionals, GPs and indigenous workers, as well as providing Brief Intervention Training and support. 5. Work with key stakeholders to implement evidence based alcohol prevention strategies in identified local areas e.g. alcohol availability, harm reduction, regulation and enforcement. 6. Continue involvement with Alcohol Accords in conjunction with key stakeholders such as the WA Police Service. 7. Support Brief Intervention Project (Carnarvon Regional Hospital) 	

Priority Area: ENHANCING ACCESS TO TREATMENT AND SUPPORT SERVICES	
STRATEGY 1: Enhance access to treatment and support services, particularly for indigenous people and communities.	
<p>BACKGROUND: Community Drug Summit recommendation 33 is about improving the population's access to drug and alcohol services. In the Pilbara Gascoyne Region it was reported that there are insufficient resources to respond to AOD problems, particularly with regard to outreach services. The Area Drug and Alcohol Planning process revealed that Roebourne, Wickham, Port Sampson and Dampier were poorly serviced due to a lack of AOD resources in the region. A worker from the Pilbara CDST attends Roebourne once a week but this was identified as inadequate for the needs of these areas. Tom Price and Onslow were also identified as areas which are not being adequately serviced in this regard. Community Drug Summit recommendations 27, 28 and 33 refer to building the capacity of existing services, meeting gaps in existing services, and improving the populations access to drug and alcohol services.</p> <p>The Port Hedland and Roebourne Substance Misuse Services Review (Saggers and Gray, 2001) recommended that Aboriginal Health Workers with specialist drug and alcohol training should be established in Aboriginal Health Services in Roebourne and Port Hedland to provide a focus for community based programs such as Strong Families, Strong Cultures. This should also occur at the Pilbara CDST where the worker would have primary responsibility for the Roebourne community, based in Karratha if necessary.</p> <p>The Port Hedland Substance Misuse Strategy also recommends that mechanisms and services are in place for effective support to clients and their family after treatment.</p>	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Increase GP involvement in the provision of AOD services. 2. Increase access to intoxication, withdrawal management and other treatment and support services. 3. Formalise interagency relationships to enhance pathways of care through shared protocols and guidelines. 4. Improve follow up services post prison. 5. Improve follow up services post residential rehabilitation. 6. Work with OATSIH and OAH to develop options for residential rehabilitation and follow up. 7. Improve access to after hours services. 8. Increase range of diversion options across WA. 9. Provide increased AOD treatment and support services to people in Roebourne, Wickham, Port Sampson and Dampier, Tom Price and Onslow. 10. Develop, monitor and implement Indigenous Trainees Program. 	

Priority Area: ENHANCING ACCESS TO TREATMENT AND SUPPORT SERVICES	
STRATEGY 2: Enhance the treatment capacity of Pilbara CDST	
<p>BACKGROUND: Anecdotal evidence from the Area Drug and Alcohol Planning consultancy and subsequent information provided to Client Services, Resourcing and Development has indicated that the PCST are not currently fulfilling the treatment component of their contract with DAO. Community Drug Summit recommendations 27, 28 and 33 refer to building the capacity of existing services, meeting gaps in existing services, and improving the populations access to drug and alcohol services.</p> <p>The West Pilbara Drug and Alcohol Taskforce Action Plan (August 2002) also outlines the need for increased capacity of the Pilbara CDST, particularly in it's ability to provide services to outlying areas. Roebourne, Tom Price and Onslow were identified as having inadequate service provision from the Pilbara CDST.</p>	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Provide workforce development and organisational development to increase clinical skills and to develop local pathways of care. 2. Provide clinical consultancy and support to Pilbara CDST workers through Clinical Advisory Service (CAS) and Alcohol and Drug Information Service (ADIS). 3. Provide Indigenous Trainees Program. 4. Increase AOD capacity in the Pilbara. 	Develop best practice indicators for operational and clinical governance for AOD treatment programs.

Priority Area: ENHANCING ACCESS TO TREATMENT AND SUPPORT SERVICES	
STRATEGY 3: Increase capacity to provide pharmacotherapies in the Pilbara Gascoyne, particularly Port Hedland.	
<p>BACKGROUND: Port Hedland does not currently have a pharmacotherapy provider. Clinicians report difficulties with providing a pharmacotherapy program for opiate users in the region. Recommendation 27 from the Community Drug Summit refers to building the capacity of existing services, 28 to developing a range of services to meet gaps in existing networks of AOD services.</p> <p>The Port Hedland Substance Misuse Strategy also outlines the need for enhanced access to local, effective treatment and intervention programmes, such as training GPs in the addiction area and establishing pharmacotherapy programs.</p>	
Drug and Alcohol Office Response	Local Response
<ol style="list-style-type: none"> 1. Work with CAS and other relevant stakeholders to investigate various models to increase the capacity to provide pharmacotherapies in the region, for example a pilot pharmacotherapy clinical outreach program. 2. Work with DoH and other relevant agencies in the development of health service responses to people requiring medical detoxification services. 3. Contribute to the development and implementation of a coordinated program for withdrawal management including the GP project, CAS, ADIS as links for continuum of care with other relevant stakeholders. 4. Work with Health Services to develop models of integrated care. 5. Provide clinical consultancy and support to GPs, AOD workers and health professionals via CAS. 	

References:

Saggers, S. & Gray, D. (2001) Port Hedland and Roebourne substance misuse services review. National Drug Research Institute, Curtin University of Technology.

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 for 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;
- ADIS (Alcohol and Drug Information Service) - provides a telephone counselling and advice service 24 hours a day, 7 days a week (9442 5000, toll free 1800 198 024);
- PDIS (Parent Drug Information Service) - 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.