

**WA Health
Drug and Alcohol
Office**

**Drug and Alcohol
Action Plan**

2005-2009

30 August 2005

FOREWORD BY THE A/EXECUTIVE DIRECTOR OF THE DRUG AND ALCOHOL OFFICE

I am pleased to present the *Drug and Alcohol Office Agency Action Plan 2005-2009*. The action plan outlines the key contributions of the Drug and Alcohol Office (DAO) in responding to alcohol and other drug (AOD) problems in Western Australia over the coming years.

Problems relating to AOD use are complex and include a range of health, social and economic impacts on individuals, families and the general community. As such, the complexity of AOD use problems requires coordinated and comprehensive responses. Through the development of agency action plans, key government departments will aim to integrate activities and ensure that resources are used effectively to deliver desired outcomes.

As the lead State AOD government department, DAO aims to prevent and reduce AOD-related harm for all Western Australians through a balance of demand reduction, supply reduction and harm reduction strategies. All activities outlined in the DAO action plan are consistent with the broad strategic directions of the *WA Drug and Alcohol Strategy 2005-2009*.

There are a number of stakeholders that will work in partnership to implement the DAO action plan. Through the integration of activities and the combined efforts of the not-for-profit sector, community and other government departments, significant gains can be made for the health and wellbeing of Western Australians.

A handwritten signature in black ink, appearing to read 'M Salter', with a stylized flourish at the end.

Michael Salter
A/Executive Director
Drug and Alcohol Office

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INTRODUCTION

The *Drug and Alcohol Office Drug and Alcohol Action Plan 2005-2009* outlines the contributions and directions of the department in responding to AOD problems in Western Australia (WA). This document is one of a number of action plans developed by key State Government departments that represent a comprehensive whole-of-government approach to achieve the AOD priority areas articulated in the *Western Australian Drug and Alcohol Strategy 2005-2009*.

The *Western Australian Drug and Alcohol Strategy 2005-2009* continues the State Government's commitment to 'Putting People First'. This approach ensures that AOD-related problems continue to be treated as a social and health issue, rather than from a law enforcement approach. It utilises an across-government approach to ensure that services are integrated and responses to individuals and communities are delivered in an efficient and effective manner.

There are three strategic areas of the *Western Australian Drug and Alcohol Strategy 2005-2009*. These are: prevention and early intervention; treatment and support; and law, justice and enforcement. The priority areas are supported through 23 strategies identified in the *Western Australian Drug and Alcohol Strategy 2005-2009*. The *Drug and Alcohol Office Drug and Alcohol Action Plan 2005-2009* provides a plan on how the department will achieve the relevant priority areas and strategies detailed in the drug strategy.

This document includes:

- a brief overview of past achievements;
- action plans linked to sound policy; and
- a framework for the implementation of and reporting against the suite of plans.

For further information, or a copy of the *Western Australian Drug and Alcohol Strategy 2005-2009*, please see the DAO website: www.dao.health.wa.gov.au

PAST ACHIEVEMENTS

The 2002-2005 experience saw the development of Agency Drug and Alcohol Action Plans by ten key human service government departments. These plans outlined the strategic directions and activities for individual agencies in addressing AOD-related problems in WA. The plans also outlined how government departments were to implement the *Western Australian Drug and Alcohol Strategy 2002-2005*.

To measure progress of the agency action plans and the drug strategy, departments were required to report against key performance indicators¹. This report, the *Western Australian Drug and Alcohol Strategy 2002-2005*, and the *National Drug Strategy 2004-2009* were reviewed to assist in determining future directions.

The review confirmed that the agency action plans facilitated across-government communication, coordination and integration of key activities that addressed priority issues and groups. This activity resulted in improved service delivery for Western Australians. For example, one achievement during 2002-2005 was the increase in access to treatment and support services. This was achieved by expanding the range and availability of treatment services; enhancing and developing systems integration and coordination initiatives such as

¹ Copies of the *Reporting Against the Western Australian Drug and Alcohol Strategy 2002-2005* are available from the Drug and Alcohol Office website: www.dao.health.wa.gov.au

common referral protocols, partnerships and co-location and increasing the capacity of human services through workforce development initiatives.

More specifically, some of the key achievements of DAO for 2002-2004 include the:

- development and implementation of a Night Venues and Entertainment Events Project to reduce risk factors that contribute to drug-related harm and increase protective factors that reduce the harm associated with drug use (particularly amphetamine-type substances) within night venue and entertainment event settings;
- production of a state-wide responsible service of alcohol training package for police and health workers to deliver to casual bar staff;
- development of the *Enough is Enough* alcohol education program aimed at reducing public drunkenness, associated problems, and creating safer drinking environments;
- delivery of the Cannabis Public Education Program to accompany the proclamation of the *Cannabis Control Act 2003* that included the provision of grants to regional key stakeholders to develop community-based indigenous education materials to support the *Cannabis Control Act 2003*;
- support of Local Drug Action Group Inc in the provision of community capacity building workshops to empower local community members in the development of initiatives to reduce AOD use on a local level;
- development of a *Strategic Framework for Enhancing Access to Treatment and Support Services 2003-2005* to facilitate access to treatment and support services for people affected by AOD use by expanding the range and availability of AOD treatment services, enhancing and developing systems integration and coordination initiatives such as common referral protocols, partnerships and collocation, and increasing the capacity of human services through workforce development initiatives;
- commencement of operation of the purpose built Mission Australia's Youth Withdrawal and Respite Centre. The service assists young people up to 21 years of age manage their withdrawal from AOD use in a safe environment and provides support to their families by engaging them in the process. The centre also provides management of young people experiencing problems relating to their use of amphetamine type substances. A working party is currently progressing the integration of youth treatment services to ensure better outcomes for young people accessing these services;
- implementation of an Indigenous Diversion Program in two regional pilot sites that provides an integrated service for the treatment of clients coming into contact with the justice system. To complement this, culturally appropriate resources were also developed;
- increase in access to general practitioner (GP) services in regional and metropolitan areas through the Clinical Enhancement Program that has developed partnerships between DAO, GPs and Divisions of General Practice. This program aims to improve access by engaging GPs in AOD service provision;
- expansion of the St John of God, Subiaco, Drug and Alcohol Withdrawal Network (DAWN) across the metropolitan area increasing access. DAWN operates a home based treatment and support service, providing access to clients and their families in a safe environment where they may not otherwise maintain a treatment regime;
- funding of metropolitan youth Supported Accommodation Assistance Program (SAAP) services to employ youth AOD workers. This initiative assists youth crisis accommodation services to better meet the needs of their clients and provides clear points of entry into appropriate AOD treatment and support services;
- establishment of three Drug and Alcohol Centres (DACs) within the Perth Metropolitan area that offer a range of integrated services working in partnership with key stakeholders including the non-government sector, mental health and GPs. These services have been located in key areas (i.e. Warwick, Fremantle and East Perth) to meet identified community need and improve access for those seeking treatment and support;
- renewal of DAO as a Registered Training Organisation (RTO) with additional scope to deliver the CHC30802 Certificate III in Community Services Work (Alcohol and Other

Drugs). RTO status enables the DAO Practice Development Directorate to provide nationally recognised training to AOD service providers and frontline workers in WA. A key component of this training is to enhance development of culturally secure AOD skills of Indigenous and non-Indigenous workers in relevant services. RTO status also incorporates the Aboriginal Alcohol and Other Drug Training Program. This training package is aligned to the relevant national competencies of the Community Services and Health Training Package (CHC02) under the Australian Quality Training Framework (AQTF);

- establishment of an Aboriginal Training Program within DAO. A primary aim of this program is to develop the AOD related treatment and support skills and career pathways of Aboriginal AOD related workers. In addition, the program allows participants to have input into other services to enhance their ability to deliver culturally secure programs. Since its development, DAO has provided two 12-month programs;
- establishment of a sobering up centre (SUC) in Geraldton to provide a safe, secure and supervised overnight accommodation service for intoxicated people. The model for this centre is innovative in that links between the centre and other related treatment providers have been developed with the aim of improving access to support and developing closer links with other community and AOD treatment services. This model will be used for other sobering up centres across the state;
- establishment of a Neuropsychological Clinic at Next Step Drug and Alcohol Services in collaboration with the University of Western Australia and Murdoch University that assesses and treats cognitive harm arising from AOD dependence.
- development of a Quality Framework in conjunction with the non-government sector, for Western Australian AOD agencies and consumers. The framework is a collaborative model of consumer-focused continuous quality improvement, generated by service providers and stakeholders in the AOD sector to promote development of consistent quality and better outcomes for consumers;
- establishment of a Senior Officer's Group (SOG) which includes representatives from the key government human service agencies with an aim to ensure a coordinated approach to planning, reporting and service delivery for AOD-related issues;
- establishment of an independent Community Advisory Council (CAC) (called *voice*). The Council has broad representation from the community, acting as a conduit between government and the community in relation to AOD issues; and
- provision of ongoing support to the Drug Law Reform Working Party (now disbanded) for the development and implementation of the *Cannabis Control Act 2003*. The Working Party developed two reports:
 - 'Implementation of a scheme of prohibition with civil penalties for the personal use of cannabis and other matters'; and
 - 'Law enforcement measures to reduce harms associated with injecting drug use in Western Australia'.

Many of the above achievements have been facilitated through significant and effective partnerships between government agencies and the not-for-profit sector, including the non-government treatment sector and the community.

LINKS TO BROAD SOCIAL POLICY

AOD use affects all Western Australians through significant health, social and economic costs. The annual cost for 1998/99 of AOD to the Australian community has been estimated at \$34.4 billion (this includes tobacco at a total cost of \$21.1 billion). Of this cost, 22% was attributed to alcohol, and a further 17% to illicit drugs².

² Collins, D., & Lapsley, H. (2003). *New estimates of the social costs of drug abuse in Australia*. Paper presented to the *International Research Symposium – Preventing substance use, risky use and harm: What is evidence-based policy?* National Drug Research Institute, Curtin University of Technology, Fremantle 24-27 February 2003.

There is a need to address the macro-environmental factors as well as individual and family factors. Social and economic factors at all levels in society affect individual decisions and health itself. Policies for education, employment, housing, policing, families and others all have an impact on each and affect the standard of health for the individual and the community. These broad, across-government influences on health and AOD use are called social and structural determinants of health.

A wide range of risk and protective factors have been identified during childhood. Many of the risk and protective factors for hazardous and harmful AOD use problems are common to a number of problematic areas such as behaviour problems, school retention, crime, mental health and suicide.³

Strategies that encompass an across-government approach can result in the reduction of problems across a number of socio-health areas, including AOD use. Consequently, a whole-of-government approach is required.

³ Toumbourou J. Drug prevention strategies: a developmental settings approach. Prevention Research Evaluation Report, Number 2. [online] Available from: www.druginfo.adf.org.au
National Crime Prevention. Pathways to prevention: Developmental and early intervention approaches to crime in Australia. [online] Available from: www.ncp.gov.au
O'Leary C. Prevention of alcohol-related harm: early childhood and adolescent risk and protective factors. In: National Drug Strategy, National Alcohol Research Agenda: [online]. Available from: www.health.gov.au/pubhith/nds/resources/publications/alc_agenda.pdf March 2002.

IMPLEMENTATION AND REPORTING

Each human service and social policy agency that has developed an Agency Drug and Alcohol Action Plan is a member of a SOG convened by DAO. SOG will monitor the development, implementation and evaluation of the *Western Australian Drug and Alcohol Strategy 2005-2009* and the agency action plans.

Specific strategies that will be used by DAO to ensure effective implementation include the:

- development and implementation of a complementary Drug and Alcohol Office Strategic Plan that provides broad strategic direction for addressing issues relating to AOD use in Western Australia;
- development and implementation of DAO Business Directorate and Operational Plans that provide detailed information on the activities to be implemented to meet the desired outcomes of the strategic plan and drug strategy;
- involvement of DAO staff in the development of the Agency Drug and Alcohol Action Plan;
- development and implementation of an agency strategic planning framework that includes methods for ensuring accountability such as regular reporting, monitoring and review; and
- consultation with stakeholders regarding the appropriateness of the contents of the DAO Agency Action Plan.

In addition, SOG will work with the Human Services Directors' General Regional Managers Forums to further promote the drug strategy and agency action plans.

The Agency Drug and Alcohol Action Plans also link with other government AOD strategies that have been developed by key stakeholders, and endorsed by members of SOG for their departments to support. These key whole-of-government strategies are:

- *Strong Spirit Strong Mind: The Western Australian Aboriginal Alcohol and Other Drug Plan 2005-2009*;
- *The Western Australian Volatile Substance Use Plan 2005-2009: A Guide for Government and Service Providers*; and
- *The WA Alcohol Plan 2005-2009*.

In addition, DAO will work actively with key stakeholders to ensure coordinated, efficient and effective implementation of the Plan. Partnerships will continue and be further developed with stakeholders that include, but are not confined to:

- The WA Network for Alcohol and other Drug Agencies (WANADA) and the non-government treatment sector; and
- Federal and State Government Departments, including the broader health sector. For example, through the DAO, Office of Aboriginal Health (OAH) and Office for Aboriginal and Torres Strait Islander Health (OATSIH) partnership.

REPORTING

The State Government and DAO are accountable to the Western Australian community for ensuring that AOD-related problems are addressed appropriately.

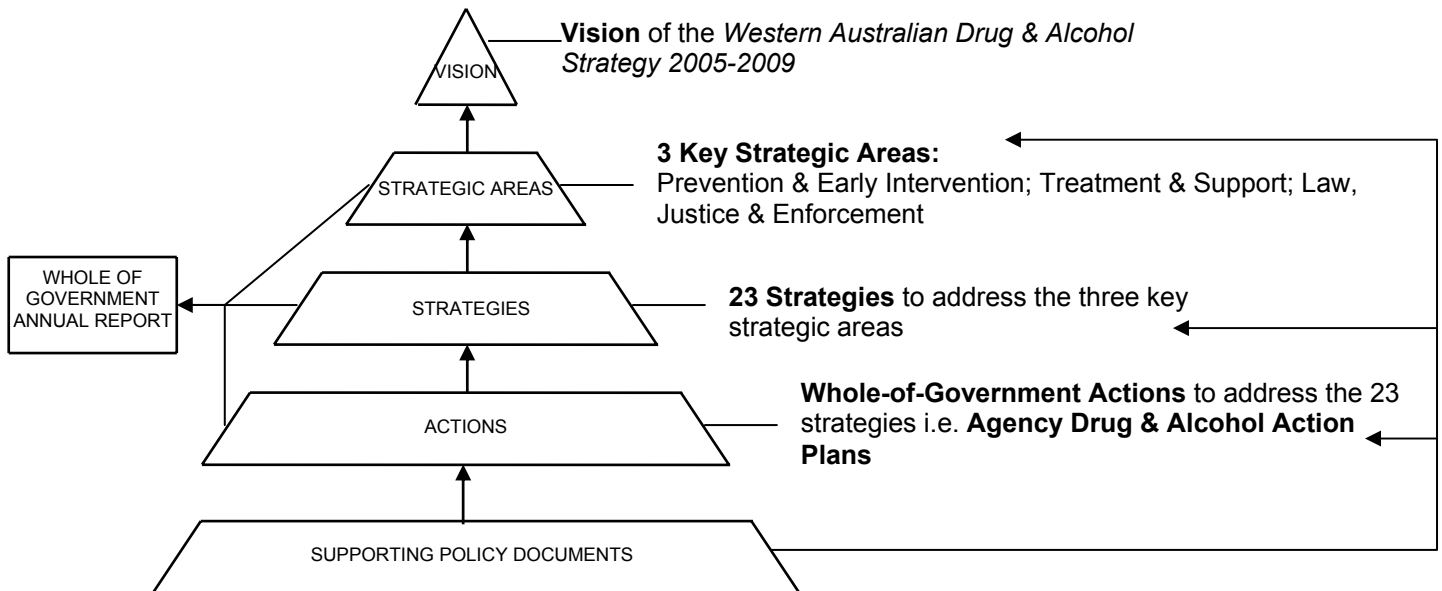
SOG will also produce an annual report against the *Western Australian Drug and Alcohol Strategy 2005-2009* and the Agency Drug and Alcohol Plans. This report will be submitted to the Human Services Directors' General Group and the Cabinet Standing Committee on Social Policy for endorsement. The report will ensure that the agency action plans are monitored and

reviewed annually. In this way, agencies will ensure the ongoing relevance of the documents and subsequent activities.

The annual report will comprise two components: the first is a presentation of the contributions of agencies across government to achieve the major themes of the *Western Australian Drug and Alcohol Strategy 2005-2009*; the second component will be a set of performance indicators chosen from a range of databases to provide a high level picture of the current status of AOD issues in WA (see Appendix Two). These performance indicators are based on sound data and are presented for previous years, allowing for time series comparisons and the identification of trends.

Figure one indicates how individual agency actions combine and contribute to the achievement of the *Western Australian Drug and Alcohol Strategy 2005-2009*.

Figure 1: Mapping whole-of-government AOD-related actions to the *Western Australian Drug and Alcohol Strategy 2005-2009*.



AGENCY CONTEXT

AGENCY OVERVIEW

DAO was formed following the 2001 Community Drug Summit. As a specialist AOD service, DAO integrates development, direct service delivery and contracting of prevention, treatment, and support services and programs - functions that are guided and supported by research, evaluation, policy and practice development. Services are provided through directorates that are highly integrated to achieve a coordinated and comprehensive approach in meeting AOD priorities in WA. The core functions of DAO include the following:

Prevention Services and Programs

Prevention⁴ activity provided by DAO includes a strategic and operational policy and service delivery function. The core prevention activities include education, policy development and implementation, compliance, legislative/regulatory development and monitoring, capacity building (including workforce development), monitoring of AOD indicators and project evaluation.

Prevention activity is divided into two parts. The first are activities that are statewide and supported and implemented with key partners and stakeholders. Secondly, support is provided to local service deliverers for community-based activity. Community-based prevention, policy and services are supported through the provision of evidence-based information and provision of workforce development and capacity-building support in partnership with key stakeholders.

Treatment and Support Services

DAO coordinates the provision of AOD treatment services through a large community based non-government sector and other service providers. The agency also provides clinical treatment, counselling and support services through Next Step, the Alcohol and Drug Information Service (ADIS), the Parent Drug Information Service (PDIS) and the Clinical Advisory Service (CAS).

Services include assessment, counselling, withdrawal, relapse prevention and maintenance pharmacotherapy, rehabilitation, and education and support for individuals, families and communities. Support services include Sobering up Centres (SUCs). Services are tailored to the needs of particular client groups and individuals, and integrated service provision is encouraged through partnerships, shared care and referral.

These partnerships include other key government departments, non-government organisations and the community. DAO also provides clinical consultancy and support to health care providers for drug-related problems, including pharmacotherapies for AOD dependent clients.

DAO works with all service providers to continuously improve service quality, enhance collaboration within the sector and ensure services are responsive to current priorities. DAO and the not-for-profit sector work together to continually improve the quality of service provision. The process continues through:

- the undertaking of accreditation for drug specialist services within DAO through the Quality Improvement Council; and

⁴ Prevention is defined as any activity that reduces the risk of an individual experiencing hazardous and harmful drug use or reduces the actual level of drug-related harm experienced by individuals, families or communities.

- the implementation of a quality framework for the AOD not-for-profit sector, in partnership with WANADA and other key stakeholders.

Practice Development

DAO provides direct support to organisations and the specialist and generalist AOD workforce. Practice development is provided as a state-wide service in collaboration with other agencies to enhance the capacity of human service staff, agencies and systems to respond effectively to people affected by AOD use. Evidence-based practice underpins a range of workforce development and capacity-building activities and services for high needs groups and priority areas. The core practice development initiatives undertaken by DAO include the identification and dissemination of effective practice guidelines, building practitioner and organisational capacity to implement effective prevention and treatment practice, provision of organisational development and consultancy and support strategies.

Service Planning and Reporting

Effective responses to AOD-related problems rely on efficient, systematic and timely use of information. This is essential for priority setting, planning, resource allocation, monitoring, evaluation and research in order to develop and implement strategies to address key AOD-related problems. DAO collects, coordinates and provides accessible, evidence-based information and advice to guide and develop government and community responses to AOD-related issues throughout the state.

National and Local Service Development Initiatives

DAO actively identifies, coordinates and participates in research, planning and service development initiatives that aim to satisfy areas of unmet need or target particular client groups. Some of these initiatives are driven nationally while others are local.

Evaluation Services

DAO undertakes evaluation and research studies to measure progress, assist with service planning, provide feedback to the organisations involved and identify emerging trends and problems.

AGENCY MISSION

To prevent and reduce AOD-related harm for all Western Australians through a balance of demand reduction, supply reduction and harm reduction strategies.

AGENCY OBJECTIVES

The broad objectives of DAO are to:

- coordinate, implement and monitor the WA Drug and Alcohol Strategy;
- develop, resource and deliver best practice⁵ AOD services and programs throughout WA;
- coordinate whole-of-government policy, planning and services for people affected by AOD use; and
- provide expert advice to the government regarding AOD use and related harm.

BROAD POLICY DIRECTIONS

The key challenges facing DAO and the AOD sector in WA for 2005-2009 include:

⁵ Sometimes referred to as evidence-informed practice – where practices are informed by evidence deriving from rigorous research, practitioner experience, critical evaluation (including assessment of the cost effectiveness), practitioner expertise and the needs or preferences of the consumer.

- ongoing changes to social, economic and environmental circumstances;
- changing AOD trends reflective of demand, supply and related harm;
- social acceptability of hazardous and harmful alcohol use and the creation of safer drinking settings;
- regional differences, with greater client and community expectation for tailored responses;
- ensuring workforce availability, skills and knowledge can address the community's AOD needs across WA;
- significant health, economic and social disadvantage experienced by Aboriginal people;
- growing complexity of AOD-related problems and co-existing mental health and drug use problems, including psychosis and neurocognitive impairment;
- effectively and efficiently working with a three-tiered governance framework, involving Commonwealth, State and Local Government;
- fragmentation of client care across key human service providers; and
- increasing costs in responding to AOD-related problems (prevention, treatment and law enforcement) and providing a balanced service across the prevention-treatment continuum.

In working towards the DAO mission, and in recognising the challenges facing the AOD sector, responses will be characterised by a greater emphasis on:

- across-government coordination and leadership in the AOD area;
- coordination and partnerships of government and non-government services, and types of services (eg. residential and non-residential, specialist and mainstream, etc.);
- coordination and partnerships between the AOD sector and the wider human service sector;
- evidence-based community action; and
- resource allocation being based on evidence of need and the efficiency and effectiveness of service response as demonstrated through rigorous information and reporting systems.

HEALTH REFORM

The State Government appointed the Health Reform Committee in March 2003 to develop a vision for the WA health system while ensuring sustainability of the health budget. A total of 86 recommendations were made to guide future development.

In relation to the AOD area, some of the key areas for consideration include a focus on:

- health promotion;
- the interface between general practice and the public health system;
- community-based mental health and Aboriginal health services;
- developing better links between the primary care and the hospital system;
- improving clinical practice; and
- improving the continuum of care for complex cases.

DAO will continue to work with the Health Reform Implementation Taskforce to ensure the ongoing development of the WA health system.

PRIORITY AGENCY ACTIONS

The *Western Australian Drug and Alcohol Strategy 2005-2009* comprises 23 key strategies in the areas of prevention and early intervention; treatment and support; and law, justice and enforcement. Together, these strategies ensure that a comprehensive approach to AOD-related problems occurs. It is not the responsibility of every agency to undertake activity related to each of the 23 strategies. Rather, agencies undertake activity directly relevant to a selection of the key strategies. Only strategies relevant to DAO have been listed. For this reason, numbering of the strategies may not be sequential. A complete listing of all 23 strategies can be found at Appendix One.

In relation to the DAO Agency Action Plan, please note the following:

- Where there are activities that span across a number of different strategies, each activity is placed under one strategy only;
- Key stakeholders have been identified but this is not intended to obligate the agency(ies) to progress the action(s);
- The Plan does not rely on additional funding and is based on existing resources; and
- The timing of some activity may vary due to environmental changes which will be communicated as part of ongoing reporting.

The provision of quality, evidence-based service and programs for all Western Australians is an aim of the *Western Australian Drug and Alcohol Strategy 2005-2009*. As such, this principle underpins the three strategic areas of prevention and early intervention; treatment and support; and law, justice and enforcement, and is addressed in Strategy One.

Strategy 1. Promote quality service and performance management through ongoing monitoring and evaluation.

DAO is committed to ensuring that quality services are provided through a process of monitoring and evaluation. This includes monitoring the AOD sector environment concerning trends, needs and services, the implementation of key policy documents such as the *WA Volatile Substance Use Plan 2005-2009*, the *Aboriginal AOD Plan 2005-2009* and the *WA Alcohol Plan 2005-2009*, and monitoring of internal planning documents, such as DAO Business Directorate Plans. In the development and delivery of services, DAO is committed to ensuring internal performance and monitoring informs practice.

Where activities relate to investigating the development and/or refinement of databases this will occur in consultation with key stakeholders. Mechanisms for supporting this would also be introduced such as the development of agreed protocols between agencies, consumers and government.

Action issue	Priority group, issue or plan	Action	Other key stakeholders	Area	Timeline
General					
Reporting and accountability	ESUBP 3.1, 3.2	Build accountability into all levels of DAO business that reflects the agency's focus on reporting, evaluation and continuous improvement: <ul style="list-style-type: none"> • Fulfill mandatory reporting requirements • Monitor and review whole-of-government KPIs • Coordinate whole-of-government annual report • Develop an ongoing planning cycle • Implement a strategic planning framework. 	DOH SOG SOG - -	Statewide Statewide Statewide Statewide Statewide	Jul-Aug Annual Ongoing Annual Jul 05 & ongoing Dec 05

Reporting and accountability	Alcohol Plan 5.1.3 PBABP 6 PBCBPB 7	Ensure that service development (e.g. workforce development, prevention activities, treatment services etc) are informed and evidence-based through a variety of data collection methods, reviews, evaluations and monitoring:	NDRI, NDACC, NCETA		
Service development	PDBP 3.2 CSRDBP 3.1,3.6 NSBP 3.1	<ul style="list-style-type: none"> National prevalence surveys A reporting and evaluation framework that informs DAO and the sector Alignment of information and reporting systems where appropriate Contract management and development of services. 	DOH - AGR -	Statewide Statewide Statewide Statewide	2005, 2007, 2008 Ongoing Ongoing
Volatile Substance Use, Aboriginal, Alcohol	VSU Plan 6.0 CSRDBP 2.5 Alcohol Plan 3.7.1, 5.2.1 PBABP 6 PBBP 2.17	Monitor and review key policy documents that guide practice in priority areas: <ul style="list-style-type: none"> WA Volatile Substance Use Plan 2005-2009 WA Alcohol Plan 2005-2009 Aboriginal AOD Plan 2005-2009. 	AGR	Statewide	Ongoing
Volatile Substance Use Plan 2005-2009					
Volatile Substance Use	VSU Plan 4.2, 4.4	In relation to VSU, monitoring and co-ordination of information dissemination and VSU responses will be supported by DAO.	DHA	Statewide	Ongoing
Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 2.1.13, 3.2.4, 3.2.12, 5.2.2 PBABP 3.2	Coordinate activities relating to the monitoring and review of key areas relating to alcohol use, for example: <ul style="list-style-type: none"> Investigate the development of a centralised data-base of key measures of alcohol-related problems for use by communities to develop evidence-based initiatives Develop clear and specific key performance indicators to report activities that aim to reduce alcohol-related harms associated with licensed premises Investigate a monitoring and recording system for performance of event managers and organisations to identify those who fail to comply with safe event management guidelines Investigate the establishment of linkages between mental health and AOD data collections. 	WAP, DOH WAP, DRGL, DOH, DLGRD DRGL, WAP, DOH, DLGRD DOH, NFP-AOD	Statewide Statewide Statewide Statewide	30 Jun 2006 30 Jun 2006 30 Jun 2006 Ongoing

	Alcohol Plan 4.1.8, 5.1.8, 5.2.3	<ul style="list-style-type: none"> Evaluate media-based community awareness programs to assess behavioural impacts Link data collections to existing primary care databases regarding alcohol. 	- DOH	Statewide Statewide	Ongoing Ongoing
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KEY STRATEGY AREA: PREVENTION AND EARLY INTERVENTION

Strategy 2. Contribute to the reduction of risk factors and the development of protective factors and resiliency relating to problems associated with AOD use in local communities.

Through a range of awareness raising and educational strategies, DAO aims to contribute to a reduction in risk factors and develop protective factors relating to AOD problems in local communities.

Action issue	Priority group, issue or plan	Action	Other key stakeholders	Area	Timeline
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 3.3.4, 3.1.4, 3.2.1, 3.2.8	Support strengthening families to take back the care control and responsibility of family members and provide intervention and support within their own families where there are AOD problems.	NFP-AOD, DOH(AOH), DCD	Statewide	Ongoing
Aboriginal	Aboriginal AOD Plan 4.1.3, 4.2.1, 4.3.2, 4.3.7	Assist in increasing awareness about blood borne viruses (particularly Hepatitis C and HIV) in a culturally secure manner and promote safer injecting practices in Aboriginal communities.	DOH(CDC), NFP-AOD, WAAC, HCWA	Statewide	Ongoing
Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 1.1.4, 1.2.5, 1.4.1, 2.2.7	Provide information and education, consistent with components of the <i>WA Alcohol Plan 2005-2009</i> : <ul style="list-style-type: none"> Early childhood drug education curriculum material to reflect best practice in early childhood education Include Foetal Alcohol Effects and Foetal Alcohol Syndrome in secondary school curriculum resources Develop resources to assist parents to communicate effectively with their children Implement strategies regarding the consequences of hazardous and harmful alcohol use Develop information resources targeted towards alcohol use in pregnancy. 	DET, SDERA DET, SDERA DET, SDERA DET, SDERA DOH	Statewide Statewide Statewide Statewide Statewide	Dec 05 Jun 07 Jul 07 Jul 07 Jun 07

Strategy 3. Work with the community to achieve a ‘drinking culture’ that is consistent with decreasing the problems associated with hazardous and harmful alcohol use.

The *WA Alcohol Plan 2005-2009* outlines a number of activities that aim to promote a drinking culture that is consistent with decreasing the problems associated with hazardous and harmful alcohol use. Various activities will be implemented under Strategy 3, including those in the areas of workforce development and prevention.

Action issue	Priority group, issue or plan	Action	Other key stakeholders	Area	Timeline
General					
Workforce development	PDBP 1.2, 2.7	Implement various workforce development and prevention strategies to promote a drinking culture that is consistent with reducing the harm associated with alcohol use: <ul style="list-style-type: none"> • Improve stakeholder capacity to conduct evidence-based AOD-related prevention initiatives throughout the State in relation to alcohol consumption • Responsible Service of Alcohol (RSA) Training in the metropolitan area • Implement <i>Enough is Enough</i> media project • Maintain and expand tertiary partnerships through event management training. 	NFP-AOD, DOH, WAP, LDAG, LSP	Statewide	Ongoing
Prevention	Alcohol Plan 2.2.1		WAP, NFP-AOD, DOH	Statewide	Ongoing
			DOH	Statewide	May 06
			NFP-AOD, DOH	Statewide	Feb-Mar 06
			-	Statewide	
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 1.2.4, 2.3.2, 4.1.1, 4.1.2, 4.1.7, 4.3.3, 4.3.6	Implement various strategies consistent with the <i>Aboriginal AOD Plan 2005-2009</i> that increase knowledge relating to the harms associated with alcohol use: <ul style="list-style-type: none"> • Develop Aboriginal initiatives in AOD prevention and road safety e.g. Aboriginal Police Liaison Officers to work with local communities to support prevention initiatives • Promote understanding of the links between alcohol and family violence, child abuse/neglect and sexual abuse and the links between AOD use and suicide, mental health problems and other problems such as birth defects, dementia and physical disabilities • Participate in the development, implementation and evaluation of alcohol and substance use harm reduction strategies that are linked to causal factors of child protection and family violence issues. 	ORS, WAP	Statewide	Ongoing
			DCD, WAP	Statewide	Ongoing
			DCD, DOH	Statewide	Ongoing

Strategy 4. Support physical environments that decrease problems associated with alcohol and other drug use.

DAO has a commitment to ensuring that supportive physical environments are provided to decrease problems associated with AOD use. Supportive environments will be promoted through policy development that is achieved through various legislative, promotional and educational methods.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Alcohol	PBABP 1	Provide supporting environments through the Local Government Project: <ul style="list-style-type: none"> • Develop user guide for a management plan and policy template • Promote research information on outlet density and ability of local government to develop planning policies • Work with stakeholders to increase awareness and ability of local governments to respond to alcohol issues. 	- DLGRD DLGRD	Statewide Statewide Statewide	Jul 05 May 06-Jul 08 May 05-Jul 08
Alcohol Plan 2005-2009					
Alcohol	Alcohol plan 2.1.4, 3.1.5, 3.2.2, 3.2.5, 3.2.6, 3.2.7, 3.2.11, 3.2.13, 3.3.1, 3.4.1, 3.9.1, 3.9.2 PBABP1	Develop and implement various strategies consistent with the <i>WA Alcohol Plan 2005-2009</i> that support physical environments to reduce alcohol related harms: <ul style="list-style-type: none"> • Direct government community-related funding to support programs that develop safer drinking environments • Develop and promote signage for licensed premises regarding service of alcohol to those underage and liquor licensing laws • Review strategies to more effectively address the reduction of service to intoxicated people • Develop a Code-of-Practice for the use of registered crowd controllers to reduce alcohol-related aggression and violence in relation to licensed premises • Provide training and supporting resources to regional staff for responsible service of alcohol training for all bar staff • Monitor liquor licence applications and submit interventions where necessary 	Healthway, LotteryWest, Roadwise WAP, DRGL WAP, DPC(OCP) WAP, DRGL DRGL, WAP, DOH WAP, DOH, DLGRD	Statewide Statewide Statewide Statewide Statewide	Dec 05 Jun 06 Dec 06 Ongoing Ongoing Ongoing

	<ul style="list-style-type: none"> • Introduce a risk management policy for compliance with safe event management guidelines as a condition for obtaining an Occasional License • Support local sporting clubs and associated funding organisations for the responsible service of alcohol policies and practices • Establish a national research project to determine appropriate outlet density based on combinations of local risk factors • Develop and implement strategies that focus on a reduction of alcohol-related harm in relation to outlet trading hours • Develop targeted resources that inform hosts about their rights and obligations when providing alcohol to guests on unlicensed premises • Develop initiatives and targeted resources that inform organisers of large public events about their rights, obligations and responsibilities when providing alcohol to guests on unlicensed premises. 	DRGL, DOH	Statewide	Dec 06
		WAP, DOH	Statewide	Ongoing
		-	Statewide	Dec 06
		DOH, WAP, DRGL, DLGRD	Statewide	Jun 06
		-	Statewide	Jun 07
		DOH, WAP	Statewide	Jun 07

Strategy 5. Develop and implement initiatives that involve early assessment and brief intervention measures to reduce the harm resulting from alcohol and other drug use.

Workforce development and processes of integration and coordination will be utilised to increase knowledge of skills relating to various assessment and brief intervention skills among stakeholders. These skills will support early interventions relating to AOD use.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Integration and co-ordination	PDBP 1.7, 2.7, 2.11	Develop and implement a range of workforce development, and integration and coordination brief intervention strategies:			
Workforce development	Alcohol Plan 4.2.1, 4.2.2	<ul style="list-style-type: none"> • Workforce development including primary health care workers, using brief interventions to respond to problematic use of alcohol, cannabis and amphetamine (including an update of resources and dissemination of clinical guidelines). 	Department of Health, NFP-AOD, DOJ	Statewide	Jun 08

Volatile Substance Use Plan 2005-2009					
Volatile Substance Use	VSU Plan 3.2.5	Encourage screening for VSU in agencies such as juvenile detention centres, supported youth accommodation services, other health and welfare services.	DOH, DOJ, DCD	Statewide	Dec 08
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 1.1.4, 3.3.9, 3.3.12	Implement strategies relating to assessment and brief intervention in line with the <i>Aboriginal AOD Plan 2005-2009</i> : <ul style="list-style-type: none"> Adoption of brief intervention practices in ACCHOs and other key health care services Develop materials and resources that support and encourage family orientated interventions. 	DOH(OAH), OATSIH,	Statewide	Ongoing
			AGR, LSP, NFP-AOD	Statewide	Ongoing
Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 4.1.12	Assist in the development of appropriate strategies for the prevention of Foetal Alcohol Syndrome and identification and support of children with Foetal Alcohol Syndrome.	DSC, DOH	Statewide	Dec 08
Service Development	CSRDBP 3.6	Contribute to the development of national guidelines for the management of drug dependency during pregnancy, delivery and early development years of the newborn.	IGCD National Strategy Committee	National	Dec 05

Strategy 6. Undertake initiatives that develop the knowledge, attitudes and skills of the community, particularly priority groups, to prevent, delay and reduce alcohol and other drug-related problems.

DAO recognises that through the development of appropriate knowledge, attitudes and skills, the community will be better informed to make decisions in relation to AOD use.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Workforce development	PDBP 1.1, 1.4, 2.2, 2.3, 2.5, 2.6	Implement a range of workforce development strategies that aim to develop the knowledge, attitudes and skills of priority groups:			

		<ul style="list-style-type: none"> Implement a program to improve capacity to conduct evidence-based AOD-related prevention initiatives Development and distribute overdose prevention resources for clients and target groups in the community Promote knowledge of available AOD services within the community, including after hours services (e.g. ADIS, PDIS) Improve responses to the prevention, treatment and support needs of young people Support NFP-AOD peer development activities as deemed appropriate. 	DOH(CDC), DOH, NFP-AOD, WAAC, NFP-general DOH(CDC), NFP-AOD, WAAC, NFP-general NFP-AOD, NFP-general NFP-AOD, DOH, SDERA, DCD, DOJ, NFP-general NFP-AOD	Statewide Statewide Statewide Statewide Statewide	Ongoing Ongoing Ongoing Ongoing Ongoing
Prevention	PBCPBP 2, 4, 5 Alcohol Plan 1.2.2 PBODBP 1, 3	<p>Implement a range of prevention initiatives that aim to develop the knowledge, attitudes and skills of priority groups:</p> <ul style="list-style-type: none"> Assist in redeveloping of the School Drug Education K-12 Teacher Support Packages, including culturally secure and linguistically diverse components Implement an Amphetamine Education Strategy that includes peer education through DROPP and resource development Update and reprint other drug information Support school leavers initiatives by maintaining networks through an across government strategy. 	SDERA, DET NFP-AOD - -	Statewide Statewide Statewide Statewide	Jul 05 – Jun 07 2005-06 2005-06 Ongoing
<i>Volatile Substance Use Plan 2005-2009</i>					
Volatile Substance Use	VSU Plan 1.1.4, 1.1.9, 1.2.1, 1.2.2, 1.6.1, 1.6.2, 1.6.3	<p>Implement a variety of strategies aimed at increasing knowledge, attitudes and skills relating to VSU and consistent with <i>Volatile Substance Use Plan 2005-2009</i>:</p> <ul style="list-style-type: none"> Distribution of appropriate existing and new resources Implement media strategies and a media resource kit to encourage responsible reporting of VSU Encourage information exchange among communities of achievable strategies to reduce harm. 	- - DOH, NFP-AOD, OATSIH, DCD	Statewide Statewide Statewide	Ongoing Ongoing Ongoing
Volatile Substance Use	VSU Plan 2.3.1	Support the implementation of the Comgas Scheme to reduce VSU-related harm.	DHA	Statewide	Ongoing

Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 1.3.1, 1.1.1, 1.3.3, 1.1.7, 3.3.15, 3.3.16, 3.3.17, 3.4.14, 4.1.4, 4.1.6, 4.3.4	Implement a variety of strategies aimed at increasing knowledge, attitudes and skills relating to AOD use and consistent with <i>Aboriginal AOD Plan 2005-2009</i> : <ul style="list-style-type: none"> Ensure that communities should have ready access to culturally secure prevention and early intervention information and resources and ensure mainstream programs e.g. <i>Enough is Enough</i> and <i>Drug Aware</i> have an Aboriginal component included and utilise a range of different media Promote awareness of the Indigenous NHMRC drinking guidelines within the community. 	DOH(AHS)	Statewide	2005-06
			DOH(AHS)	Statewide	2005-06
Alcohol Plan 2005-2009					
	Alcohol Plan 1.4.2, 2.1.2, 2.1.15, 2.2.1, 3.1.3, 3.4.9, 3.6.4	Through the <i>Enough is Enough</i> Alcohol Education Program, implement a range of education initiatives consistent with the <i>WA Alcohol Plan 2005-2009</i> : <ul style="list-style-type: none"> Target resources to inform the parents and adults about their rights and obligations when providing alcohol to someone who is under the age of 18 Develop a website to provide assistance/direction to the community and raise awareness of key issues Develop culturally secure resources to increase the ability of the community to participate in liquor licensing matters Establish and continue a media-based statewide alcohol education program and evaluation of impact Establish an information system that provides data about alcohol-related problems for use by communities. 	-	Statewide	Dec 07
			-	Statewide	Ongoing
			DOH, DIA, WAP	Statewide	Ongoing
			-	Statewide	Ongoing
			WAP, DOH, DPC(ORS)	Statewide	Dec 07

Strategy 7. Initiate and maintain evidence-based education, policy, legislation, workforce development, compliance and enforcement, and monitoring and surveillance initiatives that will prevent, delay and reduce alcohol and other drug-related problems.

DAO aims to integrate evidence-based planning and organisational performance to guide service planning and delivery.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Integration and coordination	ESUBP 1.2, 3.1	Ensure the coordination and dissemination of evidence-based information through the coordination of across government activities.	SOG	Statewide	Ongoing

Service development	NSBP 2.1 CSRDBP 3.6 PDBP 1	<p>Develop clinical specialisation and clinical excellence:</p> <ul style="list-style-type: none"> Enhance clinical training and placements for medical, nursing and allied health professionals in the AOD sector Develop partnerships with tertiary institutions and other nationally recognised AOD organisations to undertake AOD treatment research and the study/development of clinical interventions Support medical, nursing and allied health staff formal participation in post graduate training programs and activities including Nurse Practitioner and Addiction Medicine Registrar Development of a research framework that develops the knowledge of the AOD sector in priority areas. 	DET (Universities) Health Services Tertiary institutions, NFP-AOD	Statewide	Ongoing
			National AOD organisations	National	Ongoing
			DOH Health Services	Statewide	Ongoing
			Universities, NDRI, numerous others	Statewide	Jun 06
Workforce development	PDBP 1.3, 1.4, 2.10, 2.11 CSRDBP 2.2, 2.5 VSU 3.1.9 Alcohol Plan 4.1.2, 4.1.6	<p>Work with key stakeholders to develop and implement a workforce development program to improve capacity to deliver evidence-based AOD-related initiatives throughout the State, in the following areas:</p> <ul style="list-style-type: none"> Injecting drug use (health workers for needle and syringe programs, services to provide BREATHE) Accidental overdose Diversion VSU Amphetamines Alcohol. 	NFP-AOD (WASUA), DOH(CDC), WAAC, HCWA WAP, SJA, DOH, NFP- AOD (WASUA), NFP- AOD, WAAC,NDRI	Statewide	Ongoing
				Statewide	Ongoing
				Statewide Statewide	Ongoing Ongoing
				Statewide	Ongoing
				Statewide	Ongoing
Workforce development	PDBP 1.7, 1.8, 1.9, 1.10, 1.11	<p>Develop and enhance partnerships between GPs and key AOD stakeholders in the following areas:</p> <ul style="list-style-type: none"> Improve responses to people with co-occurring AOD and mental health problems (education events with GPs, psychiatrists and other health professionals) Support the Community Program for Opioid Pharmacotherapy through system development and professional development. 	MHS, NFP-AOD, DHA, DOH(AOD), NFP- general OPAC, PRG	Statewide	Jun 06
				Statewide	Ongoing

Workforce development	PDBP 1.11	<p>Provide practice development support to health and human sector services to enhance integration of AOD responses within and between sectors to responses for clients with both mental health and AOD related problems:</p> <ul style="list-style-type: none"> • Develop, deliver and review a Graduate Clinical AOD Program for cross sector working based on the Certificate of Substance Misuse in a metropolitan health area • Implement and support further key worker training programs within area health services. 	<p>DOH, NFP-AOD, DGP, Tertiary (Curtin University)</p> <p>DOH(SMAHS), NFP-AOD</p>	<p>Statewide</p> <p>Statewide</p>	<p>Pilot commencing 2005, review 2006</p> <p>Ongoing</p>
Workforce development	PDBP 1.12, 1.13	<p>Implement workforce development initiatives to improve collaboration and enhance responses to AOD-related problems across and between government, community and non-government sectors:</p> <ul style="list-style-type: none"> • Develop "Communities at Practice" model to provide shared learning and interaction across the AOD sector • Maintain consultative networks with stakeholders in regard to services for parents affected by their children's drug use • Provide information, support and resources for parents and other family members affected by drug use. 	<p>NFP-AOD, DOH</p> <p>NFP-AOD, DCD</p> <p>LDAGs, DOH, NFP-AOD</p>	<p>Statewide</p> <p>Statewide</p> <p>Statewide</p>	<p>Ongoing, review Dec 05</p> <p>Ongoing</p> <p>Ongoing</p>
Workforce development	PDBP 2.2, 2.3, 2.4, 2.6	<p>Develop and implement targeted workforce development responses to build the capacity of key groups in communities:</p> <ul style="list-style-type: none"> • Support organisations to develop drug polices in their work setting. 	<p>NDRI, CME</p>	<p>Statewide</p>	<p>Sept 05</p>
Workforce development	PDBP 2.3	<p>Implement workforce development initiatives to facilitate entry into the AOD workforce:</p> <ul style="list-style-type: none"> • Provide a Volunteers Addiction Counsellors Training Program • Support the integration of AOD education into the tertiary education curriculum. 	<p>NFP-AOD, tertiary (Curtin University)</p> <p>Tertiary institutions</p>	<p>Statewide</p> <p>Statewide</p>	<p>Bi-annual</p> <p>Ongoing</p>
Workforce development	PDBP 2.8, 2.9	<p>Coordinate targeted early childhood intervention for children of drug using parents:</p> <ul style="list-style-type: none"> • Provide targeted training to volunteers, community and agency workers e.g. parent support group facilitators, DCD foster carers. 	<p>DCD, NFP-general</p>	<p>Statewide</p>	<p>Ongoing</p>

Workforce development Aboriginal	PDBP 2.12, 2.13, 2.14, 2.15, 2.16, 2.19 Aboriginal AOD Plan 1.1.4, 1.1.8, 1.4.1, 1.4.2, 1.4.3, 1.4.6, 1.4.7, 3.4.3, 3.4.5, 3.4.7, 3.4.16, 3.4.17	Provide nationally recognised culturally secure, evidence-based AOD workforce development support for the Aboriginal workforce, as follows: <ul style="list-style-type: none"> Maintain and expand the Aboriginal AOD Worker Training Program, CHC30802 Certificate III in Community Services Work (AOD) for Aboriginal workers in AOD services, health and welfare areas Develop CHC41702 Certificate IV in Community Services Work (AOD) tailored with an emphasis on health promotion and community development for Aboriginal workers in AOD services, health and welfare areas Maintain delivery of the nationally recognised course (CHCAOD7C) Needle and Syringe Services for Aboriginal workers within primary health care settings and AOD services Develop partnerships with other jurisdictions for Cert III Develop and implement the resources for the National Train the Trainer project Implement phase three of the project National Aboriginal Workforce and Capacity Building Project. 	-	Statewide	Feb 06-Feb 07
			-	Statewide	Develop 2005-06 Implement 2006-07
			DOH(CDC)	Statewide	Nov 05 Annual
			National partners National partners National partners	Statewide Statewide Statewide	Dec 05 Oct 05 2006-08
Alcohol Workforce development	PBABP 2, 4	Implement a range of prevention activities that support Strategy 7: <ul style="list-style-type: none"> Liquor licensing activities (e.g. community and professional resources, workshops) Alcohol Accords (i.e. development of new Accords, support existing Accords). 	-	Statewide	Jun 06
			-	Statewide	2005-06
<i>Volatile Substance Use Plan 2005-2009</i>					
Volatile Substance Use	VSU Plan 1.1.2, 1.1.3, 1.3.1, 2.1.1, 2.1.3, 2.2.1, 2.2.4, 3.1.10	Implement a number of activities, consistent with the <i>WA VSU Plan 2005-2009</i> : <ul style="list-style-type: none"> Add a VSU resources component to the DAO website Promote the use of currently available VSU community action resource kits Assist in the development of training and provide advice for schools and communities managing VSU Work with retailers, police and other key stakeholders to review previous Retailers Resource Kit and Code of Conduct 	-	Statewide	Dec 05
			NFP-AOD	Statewide	Ongoing
			DET (SDERA)	Statewide	Ongoing
			WAP, DOH, NFP-AOD	Statewide	Dec 05

		<ul style="list-style-type: none"> Educate relevant workers about the current available legislation and how it can be organised to deal with VSU issues, as well as their roles and responsibilities Support the NDLERF research project: 'The Policing Implications of Petrol Sniffing and other Inhalant Misuse in Aboriginal and Torres Strait Islander Peoples' Communities' Investigate the inclusion of information on volatile substances in relevant courses in the tertiary sector. 	WAP, DET	Statewide	Ongoing
			WAP, VSAG, DIA, DCD	Statewide	Ongoing
			-	Statewide	Jun 06
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 1.2.6, 3.1.6	Establish an annual Aboriginal AOD forum/conference for services and communities through partnership funding arrangements (OAH, OATSIH, DAO).	DOH(OAH), OATSIH	Statewide	2005-06
Workforce development Aboriginal	Aboriginal AOD Plan 3.4.8, 3.3.1, 3.4.11, 3.4.12, 3.4.13, 4.4.3, 4.4.4 PDBP 2	Implement workforce development activities, consistent with the <i>Aboriginal AOD Plan 2005-2009</i> : <ul style="list-style-type: none"> Training for doctors, nurses, Aboriginal Health Workers and other relevant staff within Aboriginal Controlled Community Health Organisations (ACCHOs) in screening, brief intervention, pharmacotherapies, engagement and referral. 	-	Statewide	Ongoing
Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 1.2.1	Fund and contract manage the SDERA Project to provide evidence-based school drug education.	DET, SDERA	Statewide	Ongoing
Alcohol	Alcohol Plan 3.2.1, 3.5.1, 3.5.2, 3.6.2, 3.6.3, 3.6.6	Implement key activities consistent with the <i>WA Alcohol Plan 2005-2009</i> that support Strategy 7: <ul style="list-style-type: none"> Further develop the capacity of police to implement intelligence-led proactive policing of liquor licensing laws Encourage the Federal Government to establish a direct link between alcohol taxation and funds for prevention and treatment initiatives, and to investigate the feasibility of introducing uniform volumetric tax on alcohol products including wine and ready to drinks (RTDs) Review alcohol advertising in WA and develop appropriate responses Participate in a MCDS sponsored review of the application of the National Competition Policy and Trade Practices Act Lodge objections to inappropriate alcohol advertising. 	WAP, DPC(OCP)	Statewide	Ongoing
			DOH	Statewide	Nov 07
			-	Statewide	Jul 07
			-	Statewide	Nov 05-Nov 06
			AGR	Statewide	Ongoing

Strategy 8. Prevent and/or delay the onset of illicit drug use and the hazardous use of alcohol and other drugs through effective partnerships between the community, non-government and government agencies.

The *DAO Strategic Plan 2005-2009* has three key strategic directions that guide the office's activities. One of these is improving service coordination and developing partnerships. The strategy aims to encourage the sector (government and non-government) to work together as part of an inclusive system in the provision of AOD services and programs to the community.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Alcohol	PBABP 1,3, 7	Ensure effective partnerships are utilised to implement and support a range of initiatives that aim to prevent and/or delay the onset of illicit drug use and prevent hazardous use. For example, DAO will support: <ul style="list-style-type: none"> Key agencies to develop and implement programs that support the DAO priority areas Regional planning between key stakeholders Implementation of key policies and agency plans through the development of capacity building program. 	- - -	Statewide Statewide Statewide	Ongoing Ongoing Ongoing
Volatile Substance Use Plan 2005-2009					
Volatile Substance Use	VSU Plan 1.1.8, 1.5.1, 1.5.2, 2.1.2, 2.1.4	Encourage partnerships consistent with the <i>WA Volatile Substance Use Plan 2005-2009</i> : <ul style="list-style-type: none"> Engage with and include local government in any community-based initiatives Ensure families, teachers, police, AOD workers and other relevant stakeholders are aware of strategies to reduce the harm of VSU Work at a state-wide and local level to engage with retailers and industry to limit supply of VSU for abuse purposes Support communities by providing VSU training, resources and advice on how to develop partnerships and Accords with retailers and industry. 	DLGRD, DCD DPC(OCP) NFP-AOD NFP-AOD, LSP, WAP, Industry NFP-AOD, LSP, WAP, Industry	Statewide Statewide Statewide Statewide	Ongoing Ongoing Ongoing Ongoing
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 1.2.5	Develop a state-wide network to improve information flow and communication among organisations and people working in the Aboriginal AOD area.	DOH(OAH), OATSIH, NFP-AOD	Statewide	Ongoing

Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 1.1.6, 1.4.4, 2.1.6, 2.1.12, 2.1.17, 2.2.3, 3.2.8, 3.8.2, 5.1.1, 5.1.9	Enhance and develop partnerships, consistent with the <i>WA Alcohol Plan 2005-2009</i> in the following areas: <ul style="list-style-type: none"> • Intersectoral collaboration between government departments regarding issues of mutual interest • Universities to develop and implement policy and evidence-based strategies to reduce alcohol-related problems and harms experienced by students through the Tertiary Education Partnership Project • Media outlets to raise community awareness about alcohol-related problems and possible solutions, and how alcohol is portrayed • Develop regional networks and strategic prevention activity plans between prevention stakeholders at a regional level • Sharing of appropriate information between community groups and agencies • Support the establishment of a non-government community advocate for alcohol-related matters • Promote networking, information sharing and coordination between health, law enforcement and community agencies at a state and local level • Information sharing between community groups and agencies (government and non-government) for the purpose of reducing alcohol-related problems. 	DOH, DCD, WAP, PC(ORS) DOH, DPI	Statewide	Ongoing
			WAP	Statewide	Ongoing
			AGR	Statewide	Ongoing
			-	Statewide	Ongoing
			AGR	Statewide	Ongoing
			-	Statewide	Ongoing
			AGR	Statewide	Ongoing
			AGR	Statewide	Ongoing

Strategy 9. Involve local communities in strategies to prevent and reduce alcohol and other drug-related problems.

DAO encourages community involvement for the development of strategies to reduce AOD-related problems. Key strategies adopted by DAO to achieve this include executive support to *voice*, a community council that provides the conduit between the government and community for AOD issues and through funding and support provided to Local Drug Action Group Inc.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Integration and coordination	ESUBP 1.1	Improve systems integration and coordination across the whole-of-government and the Western Australian community through the provision of executive support to <i>voice</i> .	AGR	Statewide	Ongoing

Workforce development	VSU Plan 1.1.1	Develop and implement targeted workforce development responses and other initiatives that build community capacity:			
Prevention	PDBP 2.2 PBODBP 2	<ul style="list-style-type: none"> Assist CALD, Indigenous and rural communities to respond to drug use within their communities Provide policy support to venues that receive AOD related complaints through the Night Venues and Entertainment Events Project (NVEEP). 	NFP-AOD, NFP-CALD, DIMIA DOH(OAH), OATSIH, DIA -	Statewide Statewide	Ongoing Ongoing
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 1.1.5, 1.1.6, 3.3.13, 3.4.6	As part of the implementation of the <i>Aboriginal AOD Plan 2005-2009</i> : <ul style="list-style-type: none"> Identify and support community members to provide AOD information through existing programs e.g. CDEP, Wardens Scheme, LDAGs, Friends of the Clinic Program, Consumer Groups and local Aboriginal groups such as Community Action Groups Establish and support LDAGs that bring together local community people to provide prevention and early intervention initiatives. 	DOH(OAH), DIA DOH(AHS), WAP, NFP-AOD	Statewide Statewide	Ongoing Ongoing
Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 1.4.3, 1.4.6, 2.1.11, 3.2.15, 3.3.3, 3.9.6	Involve local communities in strategies to prevent alcohol related harm, consistent with the <i>WA Alcohol Plan 2005-2009</i> : <ul style="list-style-type: none"> Seek community input to prevent and reduce the problems associated with supplying alcohol to young people in unlicensed settings Work with parents and other caregivers about setting clear expectations for underage drinking in the community through existing or new forums Fund LDAGs and support the development of evidence-based initiatives to address hazardous and harmful alcohol use at a local level. 	DOH, WAP, DLGRD WAP, DET, SDERA, DIA -	Statewide Statewide Statewide	Ongoing Ongoing Ongoing

KEY STRATEGY AREA: TREATMENT AND SUPPORT

Strategy 10. Ensure that there is a comprehensive range of community-oriented, evidence-based treatment and support services, responsive to client needs, throughout the State.

DAO funds non-government organisations to provide a range of treatment and support services. These include education, counselling, home-based withdrawal, residential rehabilitation and sobering up centres. DAO also provides clinical services through Next Step that include inpatient withdrawal, outpatient services, pharmacy, youth services, clinical training and placements, and clinical pharmacotherapies research and training.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Service development	Aboriginal AOD Plan 1.4.5, 3.4.1, 3.4.10, 3.4.15 PDBP 2.18, 2.19, 3.1, 3.2 CSRDBP 2.3, 3.5	Work with stakeholders to ensure quality service provision: <ul style="list-style-type: none"> • Implement a Quality Framework for the AOD sector (provide resources to WANADA and ensure the ongoing participation of the NGO sector) • Develop and implement Aboriginal AOD Best Practice Guidelines • Develop operational procedures and protocols for SUCs • Implement Diversion Service Standards and quality considerations. 	NFP-AOD NFP-AOD NFP-AOD NFP-AOD, DOJ, WAP	Statewide Statewide Statewide Statewide	Progressive Ongoing Ongoing Comm July 05
Integration and coordination	NSBP 1.1 PDBP 1	Provide statewide pharmacotherapy treatment in collaboration with GPs and pharmacies across the state.	GPs, DGP, Pharmacy reps	Statewide	Ongoing
Service development	CSRDBP 2.1, 2.2, 2.7 PDBP 1, 2	Improve access to and engagement with specialised AOD services and programs in metropolitan and regional areas: <ul style="list-style-type: none"> • Increase specialist medical and clinical services, particularly in regional areas • Implement the recommendations of the paper "Increasing Access and Consolidating Alcohol and Drug Pharmacy Services" • Explore and develop criteria for AOD services wait lists • Investigate opportunities to increase access to CALD populations and parents • Monitor the utilisation patterns of SUCs and work with communities to ensure these services are responsive to community needs • Review access and collaboration in country regions to ensure a strong regional focus on AOD initiatives (include CDSTs, NGOs, DOH). 	NFP-AOD, DGP, OPAC NFP-AOD, DGP, OPAC NFP-AOD - - NFP-AOD	Statewide Statewide Statewide Statewide Statewide	July 06 July 05 July 05 Dec 05 Ongoing Commence July 05

Service development	CSRDBP 3.2	Assist service providers with contract management, reporting and accountability: <ul style="list-style-type: none"> Negotiate Service Agreements and other appropriate contractual arrangements with service providers that are consistent with DAO Strategic Directions Address any identified service delivery or financial accountability issues relating to funded services in consultation with service providers Consider alternative funding strategies where there are increases in service capacity required. 	NFP-AOD	Statewide	As required
			NFP-AOD	Statewide	6 mthly (annual)
			-	Statewide	
Service development	CSRDBP 3.3	Encourage excellence in service provision and promotion of the AOD sector through the provision of awards: <ul style="list-style-type: none"> Develop and implement, through consultation, a suitable award system Develop and implement a publicity and media plan. 	NFP-AOD	Statewide	Round one commencing June 06
			-	Statewide	
<i>Volatile Substance Use Plan 2005-2009</i>					
Volatile Substance Use	VSU Plan 1.3.2, 3.1.7, 3.1.8, 3.2.3, 3.2.8	Implement various strategies, consistent with the <i>WA Volatile Substance Use Plan 2005-2009</i> : <ul style="list-style-type: none"> Continue to provide support for young people using volatile substances outside of the school context Promote AOD services that provide short or longer-term programs to people with VSU problems to the broader health and welfare sector Develop or provide guidelines for service providers trained in the management of VSU Provision of appropriate integrated services to provide treatment and support to users and their families Investigate the feasibility of using an existing AOD facility for day programs including assessment, education and training and family support for VSU. 	NFP-AOD, VSAG	Statewide	Ongoing
			NFP-AOD	Statewide	Ongoing
			NFP-AOD	Statewide	Dec 05
			NFP-AOD	Statewide	Ongoing
			DOH, DCD, NFP-AOD	Statewide	Apr 06
<i>Aboriginal Alcohol and Other Drug Plan 2005-2009</i>					
Aboriginal	Aboriginal AOD Plan 3.3.10	Explore the opportunity to conduct research trials in the use of alcohol pharmacotherapies for Aboriginal people having AOD problems.	DOH(OAH)	Statewide	2005-06
<i>Alcohol Plan 2005-2009</i>					
Alcohol	Alcohol Plan 4.2.4, 4.1.10	Identify and disseminate clinical guidelines on responding to alcohol problems to all major health services within government and non-government agencies.	-	Statewide	Ongoing

Strategy 11. Improve access to services to meet the particular needs of priority groups.

DAO has identified a number of priority groups and issues requiring focussed attention. These include:

- Children and young people
- Aboriginal people and communities
- Volatile substance use
- Amphetamine use
- Alcohol use.

Other priority groups, as identified in the drug strategy include:

- People in regional, rural and remote communities
- Families
- Those with co-occurring mental health and AOD use problems.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline	
General						
Integration and coordination	NSBP 1.1	In relation to clinical services provide for an integrated and coordinated service to the community and clients: <ul style="list-style-type: none"> • Develop specialist treatment services for youth and adult clients presenting with Amphetamine Type Substance problems e.g. through a specialist amphetamine clinical services. • Develop strategies to increase access to services for CALD communities such as interpreter services, multi-lingual publications • Develop and enhance partnerships between GPs and key AOD stakeholders by improving access to, and engagement with services responding to people with AOD-related problems to increase access to GP services. 	NFP-AOD, DOH	Statewide	Mar 06	
	CSRDBP 2.1, 2.2					
Workforce development	ESUBP 2.4			CALD	Statewide	Jun 07
	PDBP 1.6		DGP, NFP-AOD (WANADA)	Statewide	Aug 05	

Service development	CSRDBP 2.3	<p>Improve access to and develop treatment and support services for Aboriginal people:</p> <ul style="list-style-type: none"> • Explore strategies with NGOs, OAH, OATSIH and other partners to increase participation of Aboriginal people, children and young people in treatment services • Increase the involvement of Aboriginal people in service planning within mainstream funded services • In partnership with OAH, OATSIH and the sector, develop a culturally secure client feedback and complaints systems • Where appropriate, encourage DAO funded treatment and support services to employ Aboriginal staff • Utilise the skills of OATSIH secondee to enhance contracting arrangements for Aboriginal services. 	NFP-AOD, DOH(OAH), OATSIH	Statewide	Jul 05
			-	Statewide	Ongoing
			DOH(OAH), OATSIH	Statewide	Dec 2005-06
			-	Statewide	Ongoing
			OATSIH	Statewide	Review Dec 05
Service development	CSRDBP 2.6	<p>Improve access to and develop treatment and support services for youth:</p> <ul style="list-style-type: none"> • Participate with the Office of Crime Prevention, DOJ, DCD and DET in the development of state-wide Parent Support programs • Develop and improve responses to people experiencing amphetamine use problems by enhancing pathways of care through shared protocols and guidelines. 	DOJ, DCD, DPC(OCP)	Statewide	Ongoing
			-	Statewide	Commence Jul 05
Workforce development	PDBP 2.1 Alcohol Plan 4.1.4, 4.1.5	<p>Ensure community and professional access to information, support and referrals through telephone services:</p> <ul style="list-style-type: none"> • Provision by phone of debriefing, consultation and mentorship to individuals in the AOD sector and volunteers in the welfare sector especially in rural and remote areas • Provision of AOD counselling by telephone to people in rural and remote areas • Provision of call-back telephone services and referrals. 	NFP-AOD	Statewide	Ongoing
			-	Statewide	Ongoing
			-	Statewide	Ongoing
Workforce development	PDBP 2.4	Enhance the adoption of family sensitive practice by all government and non-government agencies providing AOD programs and services through targeted workforce development initiatives.	NFP-AOD	Statewide	Ongoing
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 1.3.9, 3.1.1, 3.3.4	Support Aboriginal community members with culturally secure expertise to inform mainstream services by establishing mechanisms e.g. reference groups, cultural mentors, consumers and family groups.	AGR, NFP-AOD, WAP, DOH(OAH), OATSIH	Statewide	Ongoing

Aboriginal	Aboriginal AOD Plan 1.3.2, 1.3.8, 3.1.3	Provide culturally secure information and support regarding treatment options.	DOH(OAH), OATSIH, NFP-AOD	Statewide	Ongoing
Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 4.1.2, 4.3.1 CSRDBP 2.2	Review the <i>Drug and Alcohol Office Strategic Framework For Enhancing Access To Treatment and Support Service 2003-2005</i> initiatives, including those identified in the section titled, <i>Enhancing Access to Diversion Options for Offenders with Alcohol and Other Drug-related Issues</i> .	NFP-AOD, DOH	Statewide	Mar 06
Alcohol	Alcohol Plan 4.1.1, 4.1.9, 4.1.14	Implement a range of strategies, consistent with the <i>WA Alcohol Plan 2005-2009</i> : <ul style="list-style-type: none"> • Targeted provision of information to clients on the full range of options available to manage problem drinking and alcohol dependence • Improve the capacity of, and access to and between, services for people with co-existing alcohol and mental health problems • Work with rural health services to improve access to alcohol withdrawal management for rural and remote people. 	DOH, WAP, DCD DOH -	Statewide Statewide Statewide	Ongoing Ongoing Ongoing

Strategy 12. Promote clear points of entry into treatment and ensure that there are identified pathways for people to access the services most appropriate to their needs.

DAO is committed to ensuring that access to treatment and support services is enhanced through the promotion of clear entry points. Methods to achieve this includes the development of protocols, promotion of services and training of key personnel.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Integration and coordination	NSBP 1.1	In relation to clinical services, provide for an integrated service to the community and clients by: <ul style="list-style-type: none"> • Promoting access to Next Step services through public health AOD sectors, and the community • Further develop and strengthen referral processes and partnerships with key health services to establish pathways to facilitate access to specialist treatment. 	Public Health, OAH, Mental Health, NFP sector hospitals	Statewide	Ongoing

<i>Volatile Substance Use Plan 2005-2009</i>					
Volatile Substance Use	VSU Plan 3.1.6	ADIS to develop protocols, train staff and promote ADIS as the first point of contact for information and support regarding VSU issues.	-	Statewide	Ongoing
<i>Aboriginal Alcohol and Other Plan 2005-2009</i>					
Aboriginal	Aboriginal AOD Plan 3.2.11	Develop the use of brief interventions and brief assessments across government agencies to identify people with AOD problems. Develop appropriate referral pathways between government agencies and AOD treatment and support regarding VSU issues.	DOH, AOH, OATSIH	Statewide	Ongoing

Strategy 13. Ensure that services operate as an integrated network, reflecting continuity with the underlying values and principles of the *Western Australian Drug and Alcohol Strategy 2005-2009*.

Through the maintenance and establishment of partnerships with key stakeholders, DAO is committed to ensuring the development of an integrated network that support the underlying principles of the drug strategy.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
<i>Volatile Substance Use Plan 2005-2009</i>					
Volatile Substance Use	VSU Plan 3.1.4, 3.2.2	Implementation of integrated networks consistent with the <i>WA Volatile Substance Use Plan 2005-2009</i> : <ul style="list-style-type: none"> Establishment of Local Volatile Substance Response Networks comprised of police, youth, welfare, health and AOD workers for VSU Encourage a case management approach between agencies dealing with clients with VSU issues. 	WAP, DCD, DOH, LSP	Statewide	Ongoing
			DCD, DOH, DOJ, DET, DIA, WAP	Statewide	Ongoing
<i>Aboriginal Alcohol and Other Drug Plan 2005-2009</i>					
Aboriginal	Aboriginal AOD Plan, 3.2.1, 3.2.2, 3.2.3, 3.2.4, 3.2.5, 3.3.5, 3.3.6	Develop protocols across agencies to facilitate shared care and efficient clinical pathways particularly from primary health care into AOD services.	AGR, DGP	Statewide	Ongoing

Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 4.1.11	Assist the development of clinical protocols regarding referral and management of people who have a co-morbidity (mental and physical illness, alcohol intoxication and withdrawal).	DOH	Statewide	Ongoing
Alcohol	Alcohol Plan 4.1.13	Encourage DOH to increase the capacity of public mental health services for consumers with a co-existing mental health and alcohol problem.	DOH	Statewide	Ongoing

Strategy 14. Ensure that there are effective partnerships between non-government organisations and government agencies that respond to communities and people affected by alcohol and other drugs.

Past gains in the AOD area have been made through the combined efforts of government and non-government agencies. DAO is committed to maintaining existing partnerships and establishing new partnerships to ensure coordinated responses for communities and individuals affected by AOD.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Integration and coordination	NSBP 1.1	In relation to clinical services ensure integrated and coordinated service to the community and clients: <ul style="list-style-type: none"> • Explore opportunities for co-located clinical services in outer metropolitan areas • Develop MOUs for co-location of services at DACs • Review and evaluate collaboration arrangements to identify preferred models of integrated service delivery. 	DOH NFP-AOD DOH, NFP-AOD, Hospitals, GPs	Northern Rockingham Metro Statewide	Ongoing Dec 05
Prevention	PBDBP 2	Conduct the NVEEP in collaboration with key government and industry stakeholders.	WAP, DRGL, COA, AHA	Metropolitan, Goldfields, SouthWest and MidWest	Ongoing
Systems development	CSRDBP 1.1, 1.2, 2.2, 2.4	Implement, maintain and enhance systems that enable improved access and engagement to AOD services. For example: <ul style="list-style-type: none"> • Continue to support and develop like-services meetings on a quarterly basis for metro SUCs and Youth Supported Accommodation Assistance Programs and participation in key mental health, youth and ethnic needs groups in order to improve AOD service options for the community 	DCD (SAAP)	Statewide	Commencing Jul 05

		<ul style="list-style-type: none"> Coordinate and attend monthly meetings with WANADA in order to maintain and enhance communication and sharing of information on AOD sector issues Support a partnership between Mission Australia and Next Step to develop an integrated youth AOD service with a single entry point, shared clinical governance and clear clinical pathways Coordination and attendance at quarterly meetings with DOJ, Commonwealth Department of Health and Aged Care and prison to parole workers Development of quarterly forums for residential services, withdrawal management services and for services working with drug using parents and their children Convene key Diversion stakeholder meetings including Reference Group, Healthinfo, DOJ and Magistrates, WANADA. 	NFO-AOD	Statewide	Ongoing
			Mission Australia	Statewide	Ongoing
			DOJ, DHAC	Statewide	Ongoing
			NFP-AOD	Statewide	Ongoing
			DOJ, NFP-AOD, WAP, Healthinfo, Magistrates	Statewide	Ongoing
Workforce development Integration and coordination	PDBS 1.5, 1.6	<p>Develop and enhance partnerships between GPs and key AOD stakeholders through targeted systems integration and co-ordination:</p> <ul style="list-style-type: none"> Maintain links with General Practice Divisions and tertiary educational institutions to support the professional development of GPs in relation to AOD problems. 	NFP-AOD, GPs	Statewide	Ongoing
Workforce development	PDBP 2.19	<p>Ensure whole of government commitment in collaboration with the community and NGO sectors to improve responses and activity occurring in the Aboriginal AOD area:</p> <ul style="list-style-type: none"> Support negotiations with the Aboriginal AOD sector for the establishment and operations of a WA network of organisations delivering AOD programs. 	NFP-AOD	Statewide	Ongoing
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 3.3.7, 4.2.3	Further develop the links between mental health services and AOD services and develop closer partnerships between SUCs, community patrols, police and health services.	DOH(MHS), WAP, DOH, DIA, OATSIH	Statewide	Ongoing

Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 3.2.9	Review state guidelines on approval processes and requirements for Occasional Licences to ensure safer event management.	DRGL, DOH, DLGRD, WAP	Statewide	Dec 07

Strategy 15. Ensure treatment and support services develop and strengthen partnerships across government [Key government departments will develop Agency Drug and Alcohol Action Plans to articulate their role in a comprehensive alcohol and other drug treatment response].

DAO coordinates and provides support to a Senior Officers' Group (SOG) that consists of representatives from key human and social services government departments. SOG facilitates across government, coordinated and comprehensive approaches to address issues relating to AOD use in Western Australia. In addition, DAO has established specific partnerships with particular agencies, e.g. DAO/OATSIH/OAH partnership for the provision of integrated services to Aboriginal communities.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Integration and coordination	ESUBP 1.1	<ul style="list-style-type: none"> Improve systems integration and coordination through the: <ul style="list-style-type: none"> Provision of executive support and coordination to SOG, including the development of Agency Drug and Alcohol Action Plans Representation on relevant across-government committees in order to provide meaningful information to address AOD issues Development of across-government partnerships and/or groups to address key AOD issues, e.g. with DOH(OMH). 	AGR	Statewide	Ongoing
	CSRDBP 1.2		AGR	Statewide	Ongoing
	VSU Plan 3.1.2, 4.1		AGR	Statewide	Ongoing
Aboriginal Alcohol and Other Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 3.2.6, 3.2.12	Further develop partnerships between funding bodies to integrate contract management and expand the availability of support and treatment services.	DOH(OAH), OATSIH	Statewide	Ongoing
Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 4.1.15	Facilitate links to Commonwealth GP incentives and programs that seek to improve care for those with chronic conditions, mental health and co-morbid conditions.	-	Statewide	Ongoing
Aboriginal	CSRDBP 1.1	Improve service provision through development and utilisation of the partnership agreement between OAH, OATSIH and DAO.	OATSIH/DOH(OAH)	Statewide	Ongoing

KEY STRATEGY AREA: LAW, JUSTICE AND ENFORCEMENT

Strategy 16. Disrupt and reduce the supply of illicit drugs to optimise the success of demand and harm reduction initiatives.

DAO is committed to working with key stakeholders to disrupt and reduce the supply of illicit drugs. Stakeholders include the WA Police, Department of Racing, Gaming and Liquor, the community and the treatment sector.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
Aboriginal Alcohol and Other Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 2.2.1	Support local Population Health Units, CDSTs, LDAGs and local government authorities to work closely with liquor licensing and police to work with communities to control AOD.	DOH(AHS), WAP, NFP-AOD, LDAGs	Statewide	Ongoing
Aboriginal	Aboriginal AOD Plan 2.2.2	Develop a network of key stakeholder agencies to support supply and control measures e.g. DCD, DIA, DOJ, Regional Development Commissions, local government authorities, ACCHOs and other community controlled organisations.	WAP, DRGL, NFP-AOD	Statewide	Ongoing

Strategy 17. Reduce the illegal supply of alcohol and reduce alcohol-related crime.

Through a process of education, promotional and advisory structures, DAO will work with key stakeholders to reduce the illegal supply of alcohol and reduce alcohol-related crime.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 2.1.1, 2.1.3, 2.2.1, 2.3.1, 2.3.3, 2.4.1, 2.4.2, 2.4.4	Promote understanding of supply and control strategies at a community level including: <ul style="list-style-type: none"> Liquor licensing issues Community by-laws Alcohol accords. 	WAP, DIA, DRGL	Statewide	Jun 07
Aboriginal	Aboriginal AOD Plan 2.1.2	Establish an Aboriginal Advisory Group to inform the Liquor Licensing Authority.	WAP, DRGL, DLGRD	Statewide	2005-06
Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 3.1.2	Work with the liquor industry and relevant accredited training organisations to include in the Short Course for Liquor Licensing a component that addresses the development and implementation of management practices to prevent access to alcohol by minors.	DRGL, WAP	Statewide	Jul 08

Strategy 18. Link with prevention and early intervention initiatives by exploring collaborative models to reduce the harms experienced by alcohol and other drug users.

DAO is committed to working with stakeholders to link prevention and early intervention initiatives.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
Aboriginal Alcohol and Other Drug Plan 2005-2009					
Aboriginal	Aboriginal AOD Plan 2.2.3, 2.3.7, 2.4.3	Implement various strategies that link prevention and early intervention initiatives and that are consistent with the <i>Aboriginal AOD Plan 2005-2009</i> : <ul style="list-style-type: none"> • Monitor indicators of harm to inform appropriate community action e.g. increased levels of public violence, road crashes, DUI offence-related imprisonment, SUCs' statistics • Establish partnerships between AOD services, police, retailers, local government and communities to limit the supply of volatile substances, methylated spirits and other intoxicating retail products. 	WAP, DOH, DPC(ORS)	Statewide	Ongoing
			WAP, DLGRD	Statewide	Ongoing

Strategy 19. Link to treatment by maximising the number of offenders with AOD problems engaged in diversion programs at each stage of the criminal justice system.

DAO manages the Council of Australian Governments' Illicit Drug Diversion Initiative in WA. The WA Diversion Program aims to provide a range of early intervention police and court diversion programs to increase access to treatment services for offenders with AOD-related problems. DAO works in close collaboration with the WA Police, Department of Justice and the AOD treatment sector for the development, implementation and monitoring of programs.

The WA Diversion Program is overseen by a State Reference Group that includes members from the Australian National Council on Drugs, WA Network for Alcohol and other Drug Agencies, Office of Aboriginal Health, Commonwealth Department of Health and Ageing, WA Police, Department of Justice and DAO.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
	VSU Plan 3.2.7 CSRDBP 2.1, 2.2, 2.3, 2.4	Improve access to and engagement with specialist AOD services and programs in metropolitan and regional areas through diversion programs: <ul style="list-style-type: none"> • Support and expand the YPOP • Explore options for the implementation of YPOP in Perth Children's Court 	DOJ, WAP, NFP-AOD NFP-AOD, Children's Court, DOJ	Key locations Perth Metro	Progressive 2005-06

		<ul style="list-style-type: none"> Expand POP in metro area Expand POP and STIR in regional areas Expand IDP program Conduct process reviews of pilot sites to guide future directions. 	DOJ, NFP-AOD, Magistrates DOJ, NFP-AOD, Magistrates DOJ, NFP-AOD, Magistrates DOJ, NFP-AOD, Magistrates	Metro Targeted locations Targeted locations Targeted locations	Progressive Progressive Progressive Progressive
Diversion	CSRDBPD 2.7	Improve access to treatment and support services and programs to people with AOD related problems: <ul style="list-style-type: none"> Establish access to treatment under the proposed Repeat Drink Driving Project. 	DPC(ORS), DOJ, DPI, WAP, NFP-AOD	Statewide	Pending legislation
Alcohol Plan 2005-2009					
Alcohol	Alcohol Plan 4.3.2	Through MCDS seek support of the Federal Government to broaden drug diversion support to include people with alcohol as their primary drug of concern.	WAP	Statewide	Ongoing

Strategy 20. Enact and explore a legal framework that achieves a balance between strongly discouraging and penalising the illicit drug trade, encouraging people into AOD drug treatment, and avoiding undue legal penalties for people who use drugs.

DAO is committed to working with the Department of Justice and WA Police to address problems relating to AOD use. Collaboration occurs in a variety of different programs and relates to various legislation.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
General					
Cannabis	CSRDBP 3.4	Monitor and report on the implementation of the <i>Cannabis Control Act 2003</i> .	WAP, DOJ, NFP-AOD	Statewide	Six monthly
Volatile Substance Use Plan 2005-2009					
Volatile Substance Use	VSU Plan 2.2.2	Monitor how legislation relating to VSU issues is being applied.	WAP	Statewide	Ongoing

Strategy 21. Ensure treatment for people affected by alcohol and other drugs is delivered with compassion and respect, within the context of their offending behaviour.

The values of the DAO Strategic Plan are as follows:

- Inclusiveness – Forming and strengthening partnerships to engage and involve the whole community in AOD policy and strategy.
- Compassion and understanding – Every individual has the right to compassionate care and to be treated with dignity, and to be free from harassment and discrimination.

- Equity – Every individual has equal worth and basic rights regardless of differences in race, gender, age, ability, religious belief, political affiliation, cultural outlooks, national origin, sexual orientation, citizenship or geographical location.
- Cultural security – Deliberations, planning and application of policies, strategies and programs must consider, acknowledge and incorporate history, traditions, diversity and circumstances, of particular Aboriginal people, to whom meaningful benefit is the intended outcome.

Note: The values of the DAO Strategic Plan underpin all activities undertaken by the office.

Strategy 22. Reduce drug use and associated problems by offenders and others identified in the justice system.

DAO support a number of different programs that target offenders with AOD problems within the justice system. These activities include the provision of education programs and treatment programs within justice settings.

Action Issue	Priority Group, Issue or Plan	Action	Other key stakeholders	Area	Timeline
<i>Volatile Substance Use Plan 2005-2009</i>					
Volatile Substance Use	VSU Plan 3.2.6	Promote targeted education program about VSU in juvenile detention centres.	DOJ	Statewide	Ongoing
<i>Aboriginal Alcohol and Other Drug Plan</i>					
Aboriginal	Aboriginal AOD Plan 4.2.2	Provide culturally secure harm reduction programs in prisons through specialist AOD services in collaboration with justice and health.	DOJ, DOH(OAH)	Statewide	Ongoing

Strategy 23. Reduce re-offending associated with drug use.

DAO is committed to implementing a range of strategies and activities that ultimately aim to reduce re-offending associated with drug use. These activities have been outlined previously and include specific programs, workforce development, prevention and early intervention and treatment and support initiatives.

APPENDIX ONE – WA DRUG AND ALCOHOL STRATEGY 2005-2009

The *Western Australian Drug and Alcohol Strategy 2005-2009* comprises 23 key strategies in the areas of prevention and early intervention; treatment and support; and law, justice and enforcement. These strategies are:

1. promote quality services and performance management through ongoing monitoring and evaluation.

Key Strategy Area: Prevention and Early Intervention

2. contribute to the reduction of risk factors and the development of protective factors and resiliency relating to problems associated with AOD use in local communities;
3. work with the community to achieve a 'drinking culture' that is consistent with decreasing the problems associated with hazardous and harmful alcohol use;
4. support physical environments that decrease problems associated with AOD use;
5. develop and implement initiatives that involve early assessment and brief intervention measures to reduce the harm resulting from AOD use;
6. undertake initiatives that develop the knowledge, attitudes and skills of the community, particularly priority groups, to prevent, delay and reduce alcohol and other drug-related problems;
7. initiate and maintain evidence-based education, policy, legislation, workforce development, compliance and enforcement, and monitoring and surveillance initiatives that will prevent, delay and reduce alcohol and other drug-related problems;
8. prevent and/or delay the onset of illicit drug use and the hazardous use of alcohol and other drugs through effective partnerships between the community, non-government and government agencies; and
9. involve local communities in strategies to prevent and reduce AOD-related problems.

Key Strategy Area: Treatment and Support

10. ensure that there is a comprehensive range of community-oriented, evidence-based treatment and support services, responsive to client needs, throughout the State;
11. improve access to services to meet the particular needs of priority groups;
12. promote clear points of entry into treatment and ensure that there are identified pathways for people to access the services most appropriate to their needs;
13. ensure that services operate as an integrated network, reflecting continuity with the underlying values and principles of the *Western Australian Drug and Alcohol Strategy 2005-2009*;
14. ensure that there are effective partnerships between non-government organisations and government agencies that respond to communities and people affected by alcohol and other drugs; and

15. ensure treatment and support services develop and strengthen partnerships across government. Key government departments will develop Agency Drug and Alcohol Action Plans to articulate their role in a comprehensive alcohol and other drug treatment response.

Key Strategy Area: Law, Justice and Enforcement

16. disrupt and reduce the supply of illicit drugs to optimise the success of demand and harm reduction initiatives;
17. reduce the illegal supply of alcohol and reduce alcohol-related crime;
18. link with prevention and early intervention initiatives by exploring collaborative models to reduce the harms experienced by AOD users;
19. link to treatment by maximising the number of offenders with alcohol and other drug problems engaged in diversion programs at each stage of the criminal justice system;
20. enact and explore a legal framework that achieves a balance between strongly discouraging and penalising the illicit drug trade, encouraging people into alcohol and other drug treatment, and avoiding undue legal penalties for people who use drugs.
21. ensure treatment for people affected by alcohol and other drugs is delivered with compassion and respect, within the context of their offending behaviour;
22. reduce drug use and associated problems by offenders and others identified in the justice system; and
23. reduce re-offending associated with drug use.

APPENDIX TWO - REPORTING ON THE IMPLEMENTATION OF THE WESTERN AUSTRALIAN DRUG AND ALCOHOL STRATEGY 2005-09

1. INTRODUCTION

There are two sections in the *WA Drug and Alcohol Strategy 2005-09*. The first details government activities which implement the individual strategies listed in the overall strategy and provide an opportunity for individual agencies to report on their practical achievements each year and show how they contributed to the strategy of the Key Strategic Area. Overall there are 23 strategies.

The second area of reporting uses Key Performance Indicators (KPIs) to provide a quantitative picture of the extent to which broad outcomes associated with each Key Strategic Direction are achieved.

Strategy 1 of the drug strategy underpins all activities as follows:

- a) Promote quality services and performance management through ongoing monitoring and evaluation.

2. REPORTING ON IMPLEMENTATION OF STRATEGIES (REPORTS ON ACTIVITIES)

Agencies report on 'key highlights' achieved under each strategic area and strategy as appropriate.

2.1 Key Strategic Area: Prevention and Early Intervention

Objective:

Expand initiatives to support individuals, families and communities to acquire the knowledge, attitudes, and skills to adopt healthy behaviours and lifestyles. Whole-of-government initiatives aim to:

- a) contribute to the reduction of risk factors and the development of protective factors and resiliency relating to problems associated with AOD use in local communities;
- b) work with the community to achieve a 'drinking culture' that is consistent with decreasing the problems associated with hazardous and harmful alcohol use;
- c) support physical environments that decrease problems associated with AOD use;
- d) develop and implement initiatives that involve early assessment and brief intervention measures to reduce the harm resulting from AOD use;
- e) undertake initiatives that develop the knowledge, attitudes and skills of the community, particularly priority groups, to prevent, delay and reduce AOD-related problems;
- f) initiate and maintain evidence-based education, policy, legislation, workforce development, compliance and enforcement, and monitoring and surveillance initiatives that will prevent, delay and reduce AOD-related problems;

- g) prevent and/or delay the onset of illicit drug use and the hazardous use of alcohol and other drugs through effective partnerships between the community, non-government and government agencies; and
- h) involve local communities in strategies to prevent and reduce AOD-related problems.

2.2 Key Strategic Area: Treatment and Support

Objective:

Develop a comprehensive range of early intervention, treatment and rehabilitation services for people affected by AOD use, with strong links to mainstream health and community development systems. Whole-of-government initiatives aim to:

- a) ensure that there is a comprehensive range of community-oriented, evidence-based treatment and support services, responsive to client needs, throughout the state;
- b) improve access to services to meet the particular needs of priority groups;
- c) promote clear points of entry into treatment and ensure that there are identified pathways for people to access the services most appropriate to their needs;
- d) ensure that services operate as an integrated network, reflecting continuity with the underlying values and principles of the Western Australian Drug and Alcohol Strategy 2005-2009;
- e) ensure that there are effective partnerships between non-government organisations and government agencies that respond to communities and people affected by alcohol and other drugs; and
- f) ensure treatment and support services develop and strengthen partnerships across government. Key government departments will develop Agency Drug and Alcohol Action Plans to articulate their role in a comprehensive AOD treatment response.

2.3 Key Strategic Area: Law, Justice and Enforcement

Objective:

Develop an appropriate legal response to drug use. Whole-of-government initiatives aim to:

- a) disrupt and reduce the supply of illicit drugs to optimise the success of demand and harm reduction initiatives;
- b) reduce the illegal supply of alcohol and reduce alcohol-related crime;
- c) link with prevention and early intervention initiatives by exploring collaborative models to reduce the harms experienced by AOD users;
- d) link to treatment by maximising the number of offenders with AOD problems engaged in diversion programs at each stage of the criminal justice system;
- e) enact and explore a legal framework that achieves a balance between strongly discouraging and penalising the illicit drug trade, encouraging people into AOD treatment, and avoiding undue legal penalties for people who use drugs;
- f) ensure treatment for people affected by alcohol and other drugs is delivered with compassion and respect, within the context of their offending behaviour;
- g) reduce drug use and associated problems by offenders and others identified in the justice system; and

h) reduce re-offending associated with drug use.

3. REPORTING ON ACHIEVEMENT OF OUTCOMES (KEY PERFORMANCE INDICATORS)

3.1 Key Strategic Area: Prevention and Early Intervention

Outcome:

Prevent or delay the uptake, and reduce the harm, associated with AOD use.

These performance indicators reflect the extent to which prevention and early intervention initiatives are reducing the level of harm associated with AOD use.

Prevalence of reported AOD use

- a) **Reported recent illicit drug use (last twelve months) in WA**
 - (i) Reported adult and young peoples' illicit drug use
 - (ii) Reported school students alcohol or illicit drug use
- b) **Reported recent alcohol consumption (last 12 months) in WA and levels of harmful use**
 - (i) Reported adult and young peoples' alcohol consumption
 - (ii) Reported school students alcohol consumption

Mortality

- a) **Number of alcohol-related deaths**
- b) **Number of other drug-related deaths**

Harm reduction activity

- a) **Number of hepatitis C notifications**
- b) **Number of HIV notifications**
- c) **Number of needles and syringes distributed through the NSP program**

Education outcomes in relation to drug and alcohol use

- a) **School students perceptions of risk for illicit drug use**
- b) **School students expectations of risk from alcohol use**

3.2 Key Strategic Area: Treatment and Support

Outcome:

The health and well-being of people experiencing AOD problems is improved.

Problems associated with AOD use are known to be reduced by treatment services. The following indicators reflect the achievement of this outcome by reporting on the extent to which services are used.

Use of Treatment and Support Services

- a) **Client episodes for non-residential services**
- b) **Client episodes for residential services**
 - (i) Number of client episodes for residential services
 - (ii) Number of admissions to SUCs

Admissions to WA hospitals related to drug and alcohol use

- a) Number of alcohol related admissions
- b) Number of drug related admissions

Presentations to WA hospitals related to drug and alcohol use

- a) Number of alcohol related presentations
- b) Number of drug related presentations

Treatment and support for prisoners in State prisons

- a) Number of prisoners receiving drug and alcohol counselling
- b) Number of prisoners receiving pharmacotherapy treatment

Access to opioid pharmacotherapy services in WA

- a) Number of authorised prescribers for opioid pharmacotherapy
- b) Number of patients receiving opioid pharmacotherapy treatment

Number of calls to the Alcohol and Drug Information Service

3.3 Key Strategic Area: Law, Justice and Enforcement

Outcome:

The supply of illicit drugs is disrupted and reduced and the illegal supply of alcohol is reduced.

Law enforcement and the diversion of offenders into treatment has a significant effect on the supply of drugs and alcohol. The following indicators reflect the extent to which this outcome is achieved by reference to the extent to which the law is enforced and offenders diverted to treatment.

Law enforcement activity in relation to drug and alcohol use

a) Targeted drug-related offences

- (i) Number and weight/quantity of possession drug related offences
- (ii) Number of illicit drug seizures by type of drug (and weight)
- (iii) Number Liquor Licensing Act Infringement Notices and charges issued by the WA Police, in relation to the sale, supply and consumption of liquor to and by an intoxicated person and for permitting drunkenness to occur on licensed premises.
- (iv) Breakdown of offences with an emphasis on the illegal supply of liquor, i.e. sale of liquor to juveniles
- (v) Proportion of offences where alcohol was involved
- (vi) Number of assault charges during periods of high alcohol consumption
- (vii) Number of drink driving offences
- (viii) Number of alcohol-related offences.

b) Disruption of the manufacture and the supply of illicit drugs

- (i) Number of clandestine laboratories dismantled
- (ii) Number and weight/quantity of possession and trafficking drug related offences
- (iii) Number of supply related charges

- (iv) The Number of Chemical Diversion Reports
 - (vi) Number of cultivate with intent” and “possess plant with intent to supply’ charges.
- c) Offenders with drug-related problems diverted away from the judicial system by the implementation of Police Diversion**
- (i) Number of persons diverted by way of Cannabis Infringement Notices (CINs) through the *Cannabis Control Act 2003* (Note: Prior to 22 March 2003, reported as the number of persons diverted by way of Adult Cannabis Cautioning Notice (CCN))
 - (ii) Number of adult persons diverted by way of All Drug Diversion (ADD) as of 1 January 2004.
- d) Diversion of juvenile offenders with drug-related problems**
- (i) Number of juvenile drug offenders diverted from the Court system to a Juvenile Justice Team
 - (ii) Number of juvenile drug offenders diverted from custody.
- e) Diversion of adult offenders with drug-related problems**
- (i) Number of adult drug offenders diverted from the Court system
 - (ii) Number of adult drug offenders diverted from custody.

4. OTHER COMMENTS

- KPIs may be subject to change, depending on the data availability.
- Where appropriate and available, data will be reported on by Aboriginality and/or by region.

APPENDIX THREE – ACRONYMS

AGR	Across Government Recommendation
ACCHO	Aboriginal Community Controlled Health Organisation
AHS	Area Health Services
CDST	Community Drug Service Team
DAO	Drug and Alcohol Office
DCD	Department for Community Development
DET	Department of Education and Training
DGP	Divisions of General Practice
DHA	Department of Health and Ageing
DHW	Department for Housing and Works
DIA	Department of Indigenous Affairs
DLGRD	Department of Local Government and Regional Development
DOH	Department of Health
DOH(AHS)	Department of Health (Area Health Services)
DOH(CCH)	Department of Health (Child and Community Health)
DOH(CDC)	Department of Health (Communicable Disease Control)
DOH(MHS)	Department of Health (Mental Health Services)
DOH(OAH)	Department of Health (Office of Aboriginal Health)
DOH(OMH)	Department of Health (Office of Mental Health)
DOJ	Department of Justice
DPC	Department of the Premier and Cabinet
DPC(OCP)	Department of the Premier and Cabinet (Office of Crime Prevention)
DPC(ORS)	Department of the Premier and Cabinet (Office of Road Safety)
DPC(SPU)	Department of the Premier and Cabinet (Social Policy Unit)
DRGL	Department of Racing, Gaming and Liquor
DPI	Department for Planning and Infrastructure
DUI	Driving under the influence
ESUBP	Executive Support Unit Business Plan
HCWA	Hepatitis Council of WA
IGCD	Inter-governmental Committee on Drugs
LDAG	Local Drug Action Group
LSP	Local Service Provider
MCDS	Ministerial Council on Drug Strategy
MOU	Memorandum of Understanding
NCETA	National Centre for Education, Training on Addiction
NDARC	National Drug and Alcohol Research Centre
NDRI	National Drug Research Institute
NFP-AOD	Not for Profit – Alcohol and Other Drug Sector
NFP-general	General Not for Profit agencies
NGO	Non-government organisation
NVEEP	Night Venues and Entertainment Events Project
NSBP	Next Step Business Plan
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OPAC	Opiate Pharmacotherapy Advisory Committee
PDBP	Practice Development Business Plan

PBABP	Prevention Branch Alcohol Business Plan
PBODBP	Prevention Branch Other Drugs Business Plan
PBCPBP	Prevention Branch Community Programs Business Plan
SDERA	School Drug Education Road Aware
SJA	St John Ambulance
SUC	Sobering Up Centre
VSU	Volatile Substance Use
WAAC	WA AIDS Council
WAP	Western Australian Police