Protecting the Community

The Report of the Task Force on Drug Abuse

Executive Summary and Recommendations

September 1995

This publication is available on the WA Drug Strategy website
http://www.wa.gov.au/drugwestaus/

First published 1995

National Library of Australia Cataloguing-in-Publication data:

Western Australia. Task Force on Drug Abuse.
Protecting the community: the report of the Task Force on Drub Abuse.

ISBN 0 7309 6958 4 (set)
ISBN 0 7309 6182 6 (exec. sum.)
ISBN 0 7309 6488 4 (v.1)
ISBN 0 7309 6489 2 (v.2)

1. Drug abuse - Western Australia.
2. Alcoholism - Western Australia.
3. Drug abuse - Western Australia - Prevention.
4. Alcoholism - Western Australia - Prevention. I. Title.

362.291709941

Printed by Frank Daniels Pty Ltd Perth Western Australia

PREFACE

Drug abuse is one of our most serious and worrying problems. The damage caused by drugs affects not only those who abuse them, but also their families, their friends, and the community as a whole.

The problems of Western Australia may not yet match those in other parts of the world, but as this report shows, they are growing to such an extent that we must take action now or face the consequences as a society. We have a special responsibility to our young people to ensure that their world is as free as possible of drug abuse and its consequences.

We established the Task Force on Drug Abuse to review all aspects of drug abuse problems in Western Australia and to develop a practical program of action.

The Task Force has reviewed the available evidence as well as the experience of other states and countries, and has consulted very widely in Western Australia and beyond. The results of their work are set out in this report. While there is of course no single solution to the drug problem in Western Australia, any more than elsewhere, the Task Force has developed a comprehensive plan of action which involves a partnership between the Government and others concerned about this blight on our society.

The Government is implacably opposed to drug abuse. We will ensure that strong, determined and consistent action is taken by government agencies, and we will also seek to work closely with non-government organisations and the community.

I commend the approach in this report to the people of Western Australia, for it is only through partnership with the community that we can succeed in combating the dangers of drug abuse.

RICHARD COURT MLA
PREMIER

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EXECUTIVE SUMMARY

1. The present situation

Drug abuse in Western Australia is widespread and imposes substantial costs on the community. While it has not reached the extent of problems in the larger Australian States or other comparable countries, and significant progress has been made in reducing abuse of licit drugs, drug abuse is rightly a cause for major concern.

The Task Force on Drug Abuse conducted wide ranging consultations which included 16 public hearings involving around 700 people, the receipt of more than 400 submissions, a survey of the activities of 288 agencies, and individual consultations with some 150 separate organisations. These highlighted the dominant concerns of the community as:

- alcohol abuse;
- abuse of alcohol, cannabis and other illicit drugs by young people;
- the perceived availability of illicit drugs; and
- various specific regional and local concerns.

1.1 Drug abuse trends in summary

Drug abuse is defined in the report as:

- any illicit use of drugs; or
- any use likely to cause damage or risk to the user or others.

Although in some areas data is limited, the trends in drug abuse over the past five to ten years in Western Australia can be summarised as follows:

- *Amphetamine abuse has increased substantially.*
  - The number of criminal charges rose from zero in 1985 to 816 in 1994;
  - seizures increased from 97 grams in 1986 to 14,720 grams in 1994;
  - calls to the Alcohol and Drug Information Service rose from less than 50 per quarter in 1987 to more than 500 per quarter in 1994; and
  - the number of persons entering treatment with amphetamine abuse as their primary problem increased tenfold between 1988 and 1994.
- *Designer drugs, particularly MDMA (Ecstasy), have become an established part of the illicit drug landscape.*
  - The first seizures were made in 1988 and although peaking in 1989 have been constant through to 1994; and
  - calls to the Alcohol and Drug Information Service began in 1988 with 82 calls and have continued steadily with 187 calls in 1994.
- *Use of opiates, predominantly heroin, has remained steady.*
  - The number of criminal charges has fluctuated between 100 and 200 per year between 1985 and 1994;
  - calls to the Alcohol and Drug Information Service fluctuated between 150 and 200 per quarter between 1986 and 1994; and
  - there has been a substantial increase in the number of persons undertaking methadone treatment but the proportion of new admissions has remained steady at 20% of total clients.

- *Cannabis use has increased significantly from an already high level.*

  - The proportion of the population who have ever used increased from 28% in 1985 to 34% in 1994;

  - the number of criminal charges increased from 4,560 in 1985 to a peak of 12,223 in 1992 with 8,685 recorded in 1994; and

  - calls to the Alcohol and Drug Information Service averaged around 1,000 per year between 1987 and 1990, increased to 1,600 in 1991, and have averaged 1,900 between 1992 and 1994.

- *Alcohol use and abuse has shown some decreases*.

  - Consumption per head has fallen from a peak of 14.5 litres in 1978 to 11.03 litres in 1993/94 but has plateaued in recent years;

  - low alcohol beer has increased its share of the beer market from around 20% in 1987/88 to close to 40% in 1993/94;

  - there has been a substantial reduction in injuries caused by alcohol abuse in the Perth metropolitan area since the early 1980s;

  - there has been a small decrease in injuries for country males but an increase for country females; and

  - calls to the Alcohol and Drug Information Service have remained steady at between 700 and 800 per quarter.

- *Tobacco use has decreased substantially.*

  - Smoking has reduced from 30.8% of adults in 1984 to 25.4% in 1994;

  - smoking remains most common among 18 to 24 year olds with 32.8% being current smokers; and

  - more males smoke (30.2%) than females (20.6%).

1.2 Illicit drug abuse

1.2.1 Intravenous drug use

Heroin is usually taken by intravenous injection and amphetamines are often consumed in this manner.

- The Task Force estimates that 18,060 people in Western Australia used illicit drugs by intravenous injection in the last 12 months.

- 1,713,535 needles and syringes were distributed in Western Australia in 1994. This is 4,741 per day.

- Intravenous drug users in Western Australia spent over $1 million on needles and syringes in 1994.

Local sales of needles and syringes provide a crude indicator of the areas where the abuse of amphetamines and heroin is the greatest, although some care must be taken in interpreting the information as it cannot accurately reflect the location of mobile needle and syringe exchange outlets or the areas in which use actually occurred.

Table 1: Distribution of needles and syringes ranked by crude rate of locality - Perth metropolitan area, 1994

Locality	N&S	Crude rate
Perth inner city*	477,103	366,185
Mount Lawley-Bayswater	135,595	32,219
Osborne Park-Balcatta	67,640	19,095
Belmont-Cannington	130,545	16,198
Gosnells-Armadale	125,985	12,754
Fremantle-Spearwood	103,465	11,173
Morley-Wanneroo	115,490	8,579
Kwinana-Safety Bay	54,340	8,072
Scarborough-Karrinyup	53,645	7,605
Duncraig-Kingsley	76,975	7,040
Wembley-North Perth	22,970	6,259
Mosman Park-Nedlands	28,645	4,895
Forrestfield-Kalamunda	21,410	4,559
Other metro	4,930	4,474
South of river	59,125	4,181
Bassendean-Midland	21,105	4,086
Total metro	**1,497,798**	**12,600**

Note: Crude rate is number of needles and syringes per 10,000 population.
* Perth inner city area includes most needle exchange programs.

Table 2: Distribution of needles and syringes ranked by crude rate of locality - regional Western Australia, 1994

Locality	N&S	Crude rate
Kalgoorlie	67,390	39,951
Boulder	10,200	11,993
Geraldton	30,330	10,744
Mandurah	29,800	10,383
Busselton	8,710	7,446
Bunbury	25,610	7,176
Tom Price	2,260	6,219
Carnarvon	5,500	5,777
South Hedland	3,395	4,488
Margaret River	1,560	4,205
Broome	4,560	4,089
Esperance	3,280	3,176
Kambalda West	860	2,823
Albany	6,585	2,745
Karratha	3,140	2,632
Port Hedland	1,075	2,583
Collie	1,950	2,153
Newman	1,350	2,081
Pinjarra	950	1,944
Northam	1,515	1,921
Manjimup	1,350	1,798
Total regional	**185,505**	**4,147**

Note: Crude rate is number of needles and syringes per 10,000 population.

1.2.2 Law enforcement

1.2.2.1 Drug seizures

The total amount of drugs seized by the Western Australian police over the last ten years is indicative of the substantial volumes of illicit drugs involved in the Western Australian black market over this period.

Table 3: Total drug seizures by State police by type of drug in Western Australia, 1985-1994

Drug type	1985-1994
Heroin	35.349 kg
Homebake morphine	2932 ml
Cannabis	
(plants)	482,897
(leaf)	4,373.529 kg
(resin)	201.886 kg
Cocaine	907.31 g
Amphetamines	49.850 kg
LSD	27,303 doses
MDMA (Ecstasy)	113.6 g
	336 capsules
	3,228 tablets

1.2.2.2 Drug charges

An average of 11,423 charges per year were laid in relation to illicit drugs in the last five years. Cannabis charges accounted for 92% of these. The number of charges by the various drug types for the previous five years are outlined below.

Table 4: Number of drug charges by State police by type of drug in Western Australia, 1990-1994 (year ended 30 June)

	1990		1991		1992		1993		1994	
Drug type	N	%	N	%	N	%	N	%	N	%
Heroin	116	1.3	121	1.0	192	1.4	141	1.1	94	1.0
Cannabis	8,451	94.8	11,738	92.9	12,223	92.1	11,290	90.6	8,685	88.3
Cocaine	12	0.1	52	0.4	8	-	5	-	2	-
Amphetamines	236	2.6	552	4.4	645	4.9	709	5.7	816	8.3
Hallucinogens	30	0.3	52	0.4	111	0.8	194	1.6	131	1.3
Other drugs/plants	45	0.5	100	0.8	43	0.3	66	0.5	64	0.7
Deleterious substances	7	0.1	2	-	NC		NC		NC	
Scripts & miscellaneous	20	0.2	20	0.2	12	0.1	31	0.3	9	0.1
Steroids					32	0.2	29	0.2	30	0.3
Total	**8,917**	**100.0**	**12,637**	**100.0**	**13,266**	**100.0**	**12,465**	**100.0**	**9,831**	**100.0**

Source: Western Australian Police Department, Annual Reports
Note: NC No longer collected

1.2.2.3 Offenders' drug abuse

There are clear and strong links between drug abuse and crime as indicated by the number of offenders with drug problems.

Among adult prisoners:

- 24% of men and 26% of women have been heavy/regular drug users; and

- 27% of men and 15% of women have also been heavy alcohol users.

Among juvenile detainees, prior to detention:

- 89% had been drug users and 47% had been using every day prior to a 1992 survey;
- 27% had used cannabis daily in 1992, 58% in 1995; and
- 11% had used amphetamines daily in 1992, 17% in 1995.

Sources: Indemaur & Upton (1988), Watts (1992), Juvenile Justice Division (1995).

1.2.3 Drug prices

Recent estimated street prices of the illicit drugs available in Western Australia are set out below.

Table 5: Street prices of drugs based on offender reports to Western Australian police at time of arrest

Type of drug	Street price (Western Australia Feb 1995)
Amphetamines	$70-$100/g
	$25,000-30,000/kg
Cannabis	leaf (foil) $20-25/g
	leaf (1 lb) $2,000-3,000 or $4,400-$6,600/kg
Cocaine	$500-1,000/g
MDMA (Ecstasy)	$30-70 per tablet
LSD	$20-25 per dose (tablet or square)
	$8 per dose (bulk purchase)
Heroin	sachet $100 (0.1 g)
	$500-1,000/g
Homebake morphine	$100 per 1 ml syringe

Source: Western Australian Police.

1.2.4 Overall rates of abuse

The overall rates of abuse of illicit drugs in Australia were last measured in the 1993 National Household Survey, conducted by the then Department of Health, Housing, Local Government and Community Services. While there are some variations, the extent of drug abuse in Western Australia is likely to be at or slightly below the national levels. These, for the population aged 14 and over, suggest that:

- cannabis has been used by one third of the population (or 440,000 people in Western Australia), 13% in the last year (110,000 people);
- amphetamines have been used by 8% of the population (105,000 people), and by 2 – 3% in the last year (33,000 people);
- hallucinogens including LSD and MDMA (Ecstasy) have been used by 7% of the population (92,000 people), and by 1 – 2% in the last year (20,000 people); and
- heroin has been used by 2 – 3% of the population (33,000 people), and 1% in the last year (13,000 people).

Table 6: Proportion of Australian population who have ever used illicit drugs, Australia, 1991 and 1993 (persons aged 14 years and over)

	Ever used (%)		Used within 12 months (%)	
	1991 (n 2,483)	1993 (n 3,500)	1991 (n 2,483)	1993 (n 3,500)
Amphetamines	8	8	3	2
Barbiturates	5	4	2	-
Cocaine/crack	3	2	1	1
Hallucinogens	7	7	2	1
Heroin	2	2	1	-
Inhalants	3	4	1	1
Cannabis	32	34	13	13
Ecstasy designer drugs	2	3	1	1
Steroids	NA	3	NA	-
Injected drugs	2	2	1	1
Illicit drugs (any)	-	39	-	13

Source: 1991 NCADA Social Issues Survey; 1993 NCADA National Household Survey

1.3 Alcohol use and abuse

1.3.1 Consumption levels

- A total 222 million litres of alcohol, valued at $641 million, was sold in Western Australia in 1993/94.
- 78% of males and 56% of females are drinkers.
- Average consumption of absolute alcohol per head (15 years and over) in 1993/94 is estimated to be 11.03 litres.
- An estimated 9% of males and 2.9% of females are drinking at levels that are defined by the National Health and Medical Research Council as likely to cause harm (more than six drinks per day for men and more than four drinks per day for women).
- Young people between the ages of 18 and 24 have the highest rates of drinking at these levels (14.4% of males and 5.3% of females).

1.3.2 Regional consumption

Consumption levels varied markedly in different regions of the State, with areas in the north and east having levels of consumption substantially higher than the rest of the State.

Table 7: Alcohol sales per head by statistical division, absolute alcohol, 1993/94

Kimberley	21.18
South Eastern	19.84
Pilbara	17.42
Central	14.54
South West	12.49
Midlands	12.19
Upper Great Southern	11.21
Perth	9.89
Lower Great Southern	8.92
State	11.03

Source: Health Department of Western Australia.

1.3.3 Alcohol offences

There were 10,315 drink driving charges in 1992/93. As the table below shows these were incurred predominantly by persons under 30 years of age.

Table 8: Convictions for drink driving offences by age, 1993 (year ended 30 June)

	Under 20	20-24	25-29	30-34	35-39	40-49	50-59	60+	Not Stated	Total
Total	1,501	2,766	2,001	1,457	1,036	1,134	324	85	11	10,315
%	14.6	26.8	19.4	14.1	10.0	11.0	3.1	0.8	0.1	100.0

Source: Summary of Criminal Court Proceedings, Western Australia, 1992-93, Cat. No. 4504.5, Australian Bureau of Statistics.

There were 1,629 liquor licence violations such as serving underaged or intoxicated persons, or overcrowding of premises.

Table 9: Convictions for liquor licensing by age, 1993 (year ended 30 June)

	Under 20	20-24	25-29	30-34	35-39	40-49	50-59	60+	Not Stated	Total
Total	296	405	225	202	167	197	66	20	2	1,629
%	18.2	24.9	13.8	12.4	10.3	12.1	4.1	1.2	0.1	100.0

Source: Summary of Criminal Court Proceedings, Western Australia, 1992-93, Cat. No. 4504.5, Australian Bureau of Statistics.

1.4 Pharmaceuticals

- It is estimated that the Western Australian community spends $270 million per year on prescription and over the counter drugs.
- A national survey found 76% of women and 65% of men had used pharmaceutical drugs in the two weeks prior to the survey.
- An estimated 995,000 prescriptions for benzodiazepines (e.g. Valium, Serapax) were issued in Western Australia in 1990. Use has, however, declined since to an estimated 817,000 prescriptions in 1993.

1.5 Solvent abuse

- It is estimated that there are between 50 and 100 chronic solvent abusers in Western Australia.
- There is occasional or episodic abuse of solvents in conjunction with poly-drug abuse by some at-risk young people.
- The extent of experimental solvent abuse is substantial but its occurrence is localised and periodic.

1.6 Performance enhancing drugs

- A recent survey of Western Australian gymnasium users showed 16% of those who responded had used anabolic steroids.

1.7 Youth

The number of drug users among Western Australian young people is disturbingly high. A recent survey of Perth metropolitan 12 to 17 year olds found that:

- 39% currently use alcohol;
- 24% currently use cannabis;
- 20% currently use tobacco; and
- 3% currently use amphetamines.

Drug use for high school students begins in Year 8 (with, for example, 10% using cannabis) and increases steadily through Year 9 (20% using cannabis) and Year 10 (33% using cannabis) to peak in Years 11 and 12 (37% using cannabis).

Table 10: Proportion of drug users, Perth metropolitan high school students, 1994

	Current users	Ex-users	Non-users
Drug	**%**	**%**	**%**
Alcohol	39.0	5.0	55.8
Cannabis	23.7	7.2	68.9
Tobacco	19.6	17.2	63.2
Hallucinogens	4.9	1.4	93.7
Amphetamines	2.7	1.2	96.0
Inhalants	2.3	3.3	94.5
Steroids	1.2	0.7	98.0
Cocaine	0.9	0.6	98.5
Poppers	1.2	0.0	98.1
Heroin	0.7	1.1	98.1
Benzodiazapines	1.0	0.0	97.6

Source: Odgers P, Houghton S, Douglas G. Prevalence and frequencies of drug use among Western Australian metropolitan high school students (unpublished).

1.8 Costs of drug abuse

Drug abuse imposes considerable and multiple costs on the Western Australian community, ranging from the direct expenditure by government to tackle the problem to the years of life lost. The various costs have been calculated in different countries using different methodologies; all tend to be regarded as providing conservative estimates.

1.8.1 Costs to the community

The only attempt to quantify the total cost to the Australian community has been made by Collins and Lapsley (1988). Adapting their methodology and adjusting to real dollars in 1993, it may be estimated that the total direct cost to Western Australia in 1993 was $491.1 million as described below.

Table 11: Estimated tangible economic costs of drug abuse in Western Australia in 1993 ($ million)

Health care	
medical	24.7
hospitalisation	68.6
nursing homes	22.3
ambulance services	na
Total health care	115.7
Accidents	20.1
Law enforcement	24.5
Campaigns & research	7.6
Welfare	na
Net production loss	44.6
Consumption benefits	367.8
Total tangible costs	**491.1**

Source: Adapted from Collins and Lapsley (1991) p.89.
Note: na not available

1.8.2 Expenditure by government

The Task Force surveyed State and Commonwealth government agencies, local government authorities and non-government agencies in Western Australia to determine the level of their expenditure that is attributable to the drug problems of the clientele or population they serve.

On the basis of the returns received, the estimated level of expenditure by these organisations for the year 1993/94, as funded by the various levels of government, was calculated to be $239,784,778. A breakdown of this expenditure is outlined below.

Nearly 80% of the expenditure was incurred in two major areas:

- $116,549,440 (48.6%) through justice and law enforcement agencies (including WA Police $60,176,100 or 25.1% and Ministry of Justice $49,991,994 or 20.8%); and
- $72,727,594 (29.9%) through inpatient hospital stays.

The remaining expenditure included:

- $11,863,003 (5%) by non-government organisations providing alcohol and drug services;
- $9,427,144 (3.9%) by the Alcohol and Drug Authority;
- $8,564,114 (3.6%) by Family and Children's Services;
- $5,617,418 by universities;
- $5,419,170 (2.3%) by non-government organisations providing community health services;
- $5,071,571 (21%) by non-government organisations providing general welfare services;
- $3,727,253 (1.6%) by regional services of the Health Department;
- $1,400,919 (0.6%) by local government authorities; and
- $417,206 by other State government departments.

The contribution of the State Government is calculated to be $203,995,381 or 93% of the total.

Given the range of factors that are understated in this calculation — e.g. the extent of the problems that are an indirect result of drug abuse, the absence of returns and underestimates from youth and other agencies which have a substantial clientele with drug abuse problems, the difficulties of agencies accessing relevant data, and a conservative estimate of the amount of police time involved with offences indirectly related to drug abuse — the Task Force estimates that the true figure for 1995 is likely to be at least $300 million or 5% of the State's budget.

1.8.3 Revenues from drug use

Revenue from alcohol franchise licence fees in 1993/94 was $64,132,469.

Revenue from tobacco franchise fees in 1993/94 is estimated to have been $212,000,000.

1.8.4 Treatment for drug abuse

Increasing numbers of people are seeking help for drug abuse problems, either for themselves or their families.

- Calls to the Alcohol and Drug Information numbered 7,901 in 1989 and increased steadily to 11,781 in 1994.
- The 1992 census of treatment service agencies indicated that close to 1,000 people received treatment on the day of the census. Based on the increases in client demand, it is estimated that the 1995 figure will be at least 1,250.

1.8.5 Deaths

The number of deaths attributable to drug abuse in Western Australia in 1993 was 1,885. These were caused by:

- Tobacco: 1,496 (80%)
- Alcohol: 315 (17%)
- Pharmaceuticals: 35 (2%)
- Illicit drugs: 32 (1%)

The mean number of years of life lost per death was:

- Illicit drugs: 36 years
- Pharmaceuticals: 36 years
- Alcohol: 18 years
- Tobacco: 5.2 years

2. The Western Australia drug abuse control strategy

The Task Force recommends a comprehensive ten-point program to combat drug abuse in Western Australia. This should be implemented over a two-year period, and reviewed and evaluated after a further year.

The program should comprise the following components:

- policy framework;
- law enforcement;
- provision of services;
- education;
- community participation;
- alcohol abuse reduction program;
- specific issue initiatives;

- information and research;
- co-ordination and structure; and
- implementation strategies

2.1 Policy framework

The Western Australia Drug Abuse Control Strategy is based on the following four principles:

- ***Protecting the community**:* this means that the Government will seek to protect the community and individuals from drug abuse and its consequences.
- ***Opposing drug abuse**:* this means that the Government will continue to take a strong line in opposing any form of abuse of drugs, will resolutely maintain its absolute opposition to illegal drug use, and will ensure that clear and unequivocal messages are provided on this approach and on all aspects of the drug control strategy.
- ***Rational harm reduction**:* this means recognising the need to take the action necessary to reduce the risks and harm faced by those continuing to abuse drugs and by the wider community, while ensuring that this does not encourage or normalise drug abuse.
- ***A comprehensive approach**:* this means that the Government will tackle drug issues on all fronts, and will seek to co-ordinate activity on drugs both within government agencies and in partnership with non-government organisations and community at large.

2.2 Law enforcement

A major emphasis on law enforcement, with increased powers for police and a focus on high-level traffickers.

- Law enforcement should be underpinned by clear and unequivocal opposition to all forms of illicit drug use.
- Following consideration of the evidence, there should be no legalisation or decriminalisation of cannabis use or other currently illicit drugs.
- Increased powers should be provided to bring the Western Australian police force into line with commonly accepted practice in other Australian States, namely:
  - telephone interception;
  - listening devices;
  - power to supply precursor chemicals and prohibited drugs;
  - capacity for disposal and destruction of prohibited drugs;
  - special penalties for possession of firearms while involved in drug trafficking; and
  - support for resourcing of major drug investigations.
- The major focus of police activity should be on higher level drug traffickers, major conduits for entry of drugs, and key street-level dealers.
- Specific recommendations to support focus on alcohol abuse through anti-drink-driving campaigns etc.
- Police to use National Drug Strategy or other funding for appointment of a senior officer responsible for co-ordinating all alcohol and drug activity within the Police Department and with other agencies.
- Consideration of establishment of a Standing Joint Task Force on drug operations convened by the Police Department to involve federal agencies working in Western Australia.
- Improved data collection.

2.3 Provision of services

A comprehensive range of service initiatives and reforms to the organisation of service provision designed to broaden the treatment network substantially and improve the cost-effectiveness of services.

- Devolution of the services of the Alcohol and Drug Authority to the non-government sector and mainstream government health and justice agencies to provide a wider network of services and allow considerable savings which could be used for the expansion of services.
- Establishment of a non-government central treatment and training agency to assume core services of the Alcohol and Drug Authority.
- Community Drug Service Teams in metropolitan (four) and country (six) regions to foster local collaboration and community action as well as providing services specifically tailored to meet local needs.
- Family services to be expanded through a Parent Information Service to give practical and timely information and advice, and increased support services for parents with a drug abusing child.
- Youth treatment services to be strengthened and extended.
- Specific initiatives to be directed towards intoxicated youth and chronic solvent abusers.
- The provision of methadone treatment should be expanded and substantially devolved to private practitioners subject to effective safeguards.
- Alcohol and drug services in hospitals.
- Expanded services to engage and maintain offenders in treatment.
- Expansion of the Court Diversion Service into the Children's Court.
- Development of the capacity of the health, justice and welfare sectors to target drug abuse by their clients.
- Individual alcohol and drug services to be reviewed to assist them to meet best practice and identify where enhancement or redevelopment should occur.
- Introduction of contracts for service based on best practice specifications, and competitive tendering for funding.

2.4 Education

A comprehensive approach to education, including school education, public education and programs directed to specific target groups.

SCHOOLS

- In the context of current developments, drug education recommended as a mandatory part of the school curriculum, taught over a period of years as a discrete subject.
- Adequate support to be provided through teacher training, professional development and curriculum materials.
- The K-10 syllabus to be revised.
- School policies on drugs to be adopted by all schools.

PUBLIC EDUCATION

General and specific programs

- Public education programs to complement school education.
- Successful programs such as Quit and Drinksafe to be continued, with funding levels reconsidered.

- A major comprehensive public education program to be developed on illicit drugs.
- A special public education program to be developed on cannabis.
- Special education efforts to be focused on high risk groups and problems of increasing concern such as the use of amphetamines among young people and intravenous drug use.
- Further development of worksite education.
- Aboriginal people to be served by both general and specific programs.

Families

- Parent education programs, specific courses and provision of complementary information for each level of school education.
- The Alcohol and Drug Information Service to develop a parent information service.

Professional services

- Professional education to be maintained through the central treatment and training agency.
- The appointment of alcohol and drug education co-ordinators in tertiary schools of nursing.

Co-ordination

- Education programs in government agencies to be fully co-ordinated. Specific lead responsibilities to include:

- public education — Health Department;
- school education — Education Department;
- clinical education — central treatment and training agency;
- law enforcement education and drink-driving campaigns — Police Department.

- National Drug Strategy funding to be devolved to States as far as possible.

2.5 Community participation

New approaches to ensure that the community is able to play an active role in the State's Drug Abuse Control Strategy.

- Community support and participation is recognised as fundamental to the success of the Western Australia Drug Abuse Control Strategy, and is proposed in various specific components of the program.
- Ten Regional Drug Co-ordinating Councils in metropolitan and country regions will involve the community in determining local strategies and initiatives.
- Local Drug Action Groups to be established in every significant community in the State.
- A Community Leaders Against Drug Abuse program to recruit and involve prominent and popular personalities to support local and Statewide education.
- Telephone Hotline to continue through the Central Drug Co-ordinating Office.

2.6 Alcohol abuse reduction program

Recognising community concerns about the importance of alcohol abuse, a new Western Australia Alcohol Abuse Reduction Program, with an innovative emphasis on co-operation between all major groups.

DEFINITIONS

- Alcohol abuse or unsafe drinking is defined as use likely to cause immediate damage or risk to the user or others.
- Safe or sensible drinking is defined as drinking at levels that will not put the user or others at risk.
- Binge drinking is defined as drinking at a single session to such a level that the drinker is intoxicated or likely to put him or herself or others at immediate risk.

PREMISES

- Alcohol abuse is of sufficient importance and concern to the community to require a separate program.
- Policy to focus concern on abuse of alcohol, rather than normal, sensible use.
- Special concern about alcohol abuse among young people.
- Consistency with approach arising out of Liquor Licensing Review.
- Clearer advice for public as to 'preferred drinking levels'.
- Treatment initiatives.
- Improvements in data collection mechanisms.
- Recognition that overall outcomes will be improved with the co-operation of industry.
- Development of a WA Alcohol Abuse Reduction Program with participation from relevant State Government departments, non-government agencies, academic institutions and the liquor industry.

OBJECTIVES

- To prevent and minimise abuse of alcohol.
- To prevent and minimise harm resulting from the inappropriate use or abuse of alcohol.
- To prevent and minimise under-age use and abuse of alcohol.
- To encourage sensible and responsible use of alcohol by drinkers.

PROGRAM COMPONENTS

- Public education programs (Drinksafe, Respect Yourself).
- Special programs for youth.
- Special programs for at-risk groups.
- School education.
- Worksite programs.
- Continuation of programs for Aboriginal people arising out the Western Australia Aboriginal Alcohol Summit.
- Clinical education.

- Further consideration of price differentials to encourage production and responsible promotion of low alcohol products.

- Law enforcement: strong support for action to control alcohol abuse; drink-driving programs; enforcement of legislation on sales to minors; random breath testing and other measures to discourage drink-driving; further action to end inappropriate sales practices.

- Co-operation with the liquor industry.

CO-OPERATION WITH THE LIQUOR INDUSTRY

- Liquor Industry Council and Hotels and Hospitality Association representation on the Alcohol Abuse Reduction Program.

- Industry development of Codes of Conduct covering issues such as advertising, promotion, labelling, server responsibility.

- Agreed basic objectives and messages for the public.

- Industry host responsibility programs.

- Compulsory photographic identification for juveniles purchasing alcohol.

- Focus on inappropriate consumption at licensed premises and elsewhere.

- Industry support for State Government education programs through various means.

- Industry advertising for lower-alcohol products to coincide with government education programs.

- Joint programs in areas including server responsibility, cross cultural training of staff, programs for Aboriginal communities.

2.7 Specific issue initiatives

A range of initiatives is proposed to tackle particular community concerns or to build on the progress of existing programs.

- Amphetamines: urgent action involving law enforcement, education and treatment initiatives.

- Tobacco: maintenance of public health campaigns; enhanced controls on promotion and access.

- Pharmaceutical drugs: improved monitoring of drugs of abuse, better information for patients, targeted education

- Performance enhancing drugs: a 'blitz' on trafficking, and education targeted specifically towards users and potential users.

- Solvent abuse: chronic abusers to be a priority target of Community Drug Service Teams, and State and local initiatives including industry codes of practice to restrict supply of some substances to at-risk youth.

- HIV/AIDS: maintenance of prevention strategies within the policy framework of rational harm reduction.

- The media: information and support to increase community awareness and action, and to address normalisation of drug abuse through some programs.

2.8 Information and research

New measures to ensure that information and research are appropriately supported, disseminated and used.

- Maintain support and recognition for the importance of research.

- Measures for improved collection of data co-ordination and dissemination of research.

- Involvement of researchers in policy advice.

- Co-ordination among researchers.

- Clearer statement of State Government and community priorities for research to assist in the practical management of problems.

2.9 Co-ordination and structure

A comprehensive approach to co-ordination at national, State and regional levels, with simple structures to ensure that this occurs.

NATIONAL CO-ORDINATION

- A comprehensive review is proposed of the current national structure entailing the Ministerial Council on Drug Strategy and the National Drug Strategy. This should also address the working relationships between Commonwealth and State agencies dealing with drug issues. The focus should be on effective delivery of programs through State agencies and non-government organisations wherever possible.

- In the interim, there should be negotiations with the Commonwealth to ensure the maximum possible delivery of funds and programs through State agencies.

- Recognising that responsibility for some vital areas (such as customs and coastal surveillance) rests with the Commonwealth, there should be a call for increased Commonwealth resources to be devoted to coastal surveillance, and closer liaison between the relevant Commonwealth and State agencies on the basis of co-ordination by the State.

STATE CO-ORDINATION

- A Ministerial Committee responsible for co-ordination of drug abuse control. This should include the Ministers responsible for: Health, Police, Education, Justice, Family and Children's Services, Aboriginal Affairs, Racing and Gaming.

- A specific Minister to be responsible for co-ordination of Drug Abuse Control.

- A Central Drugs Co-ordinating Office (CDCO) should be established. This should be small (20-25 Full-time Equivalent staff or FTEs), with functions that include:

  - policy;
  - co-ordination;
  - advice on funding allocations;
  - developing regional co-ordination and community action;
  - co-ordination of the collection and provision of data;
  - co-ordination of State representation at Commonwealth/State meetings; and
  - liaison with the non-government sector.

  The CDCO should include staff seconded from key agencies such as Health and Police.

- Co-ordination among State Government agencies should occur through the Ministerial Committee and a Senior Officers Co-ordinating Committee, both to be serviced by the CDCO.

REGIONAL CO-ORDINATION

- Establishment of Regional Drug Co-ordinating Councils in metropolitan (four) and country regions (six) to bring together the relevant State Government and non-government organisations, local government and the private sector; to co-ordinate local initiatives; to foster collaboration between organisations and the community; and to oversee the new Community Drug Service Teams.

2.10 Implementation strategies

A program to ensure that the recommendations of the Task Force are implemented over a two-year period.

- A collaborative process involving the participation of a number of State Government agencies, non-government and community organisations and community leaders.
- The Central Drug Co-ordinating Office to be the agency responsible for co-ordinating the Western Australia Drug Abuse Control Strategy.
- The CDCO will convene the appropriate consultative and responsible groups to fulfil the various components of the strategy.
- Direction and co-ordination will be facilitated as appropriate to each level of action, through the responsible Minister, the Ministerial Committee, the Senior Officers Co-ordinating Committee and the Regional Drug Co-ordinating Councils.

Volume I — Recommendations

Chapter 1

Introduction: background, international contexts, policy premises

1. That Western Australia's performance in reducing drug abuse and harm be judged in relation to the lowest levels achieved elsewhere in Australia and in comparable countries.

2. That a WA Drug Abuse Control Strategy be based on the following policy principles:

   - protecting the community;
   - opposing drug abuse;
   - rational harm reduction; and
   - taking a comprehensive approach.

3. That if the approach recommended in this report is accepted, a review of process and outcomes be conducted after its third year of operation.

Chapter 3

The provision of services

COMMUNITY DRUG SERVICE TEAMS

4. That Community Drug Service Teams be established in four metropolitan and six regional locations (see Recommendations 128 and 129).

YOUTH SERVICES

5. That the proposed Community Drug Service Teams co-ordinate collaboration between service providers to address the issue of intoxicated youth.

6. That the proposed Central Drug Co-ordinating Office support development of a suitable model for overnight shelter for intoxicated youth as necessary (see Recommendations 119 and 120).

7. That the Community Drug Service Teams provide case management for chronic solvent abusers.

8. That drug abuse workers be established in four supported youth accommodation agencies.

9. That residential program bed capacity for youth be expanded through existing agency services.

10. That Yirra, the treatment facility for young people, be resourced to maintain its residential youth program and also to provide outpatient and family services.

11. That funding contracts for youth services specify intervention for drug abuse where appropriate.

FAMILIES

12. That a Parent Drug Information Service be established.

13. That the capacity of parent support services be expanded as and when demand requires.

14. That parent education programs be expanded and parents provided with education materials to complement mandatory drug education in schools.

See also Recommendation 43.

WOMEN

15. That all alcohol and drug services be required to ensure that programs are provided in a manner that meets the specific needs of women.

METHADONE TREATMENT

16. That methadone treatment be considerably expanded by being substantially devolved to individual private practitioners, subject to effective safeguards.

REVIEW OF INDIVIDUAL SPECIALIST SERVICES

17. That all individual alcohol and drug services be reviewed to enable them to meet best practice in program content and delivery, identify opportunities for minor service developments, and determine any areas where redirection of funding or major redevelopment of services is required. This review to be completed within a twelve month period.

HOSPITALS

18. That teaching hospitals be resourced to provide alcohol and drug teams to introduce brief intervention, referral, and support to psychiatric services.

19. That regional hospitals be encouraged to provide detoxification and be assisted to provide brief intervention.

20. That hospitals in small towns develop the ability to provide detoxification, brief intervention and outpatient counselling.

JUSTICE

21. That alcohol and drug services in the Ministry of Justice be expanded substantially, through a collaborative model with non-government agencies.

22. That the Court Diversion Service be extended to the Children's Court.

23. That the Central Drug Co-ordinating Office and the Ministry of Justice establish a working party to consider the provision of limited methadone treatment in Western Australian prisons.

24. That resources be made available to provide video surveillance equipment for visiting areas in all prisons.

VOLUNTEER PROGRAM

25. That the Alcohol and Drug Authority/Curtin University volunteer program be doubled and additional placements focused on youth centres.

PRACTICE DEVELOPMENT PROJECTS IN HEALTH, JUSTICE AND WELFARE

26. That practice development projects to develop alcohol and drug intervention skills and extend the ambit of client management to target alcohol and other drug abuse be undertaken in collaboration with:

- general practitioners;
- community health providers;
- mental health providers;
- Ministry of Justice;
- Family and Children's Services;

- youth services; and
- ethnic community agencies and selected alcohol and drug services.

SERVICE PROVISION

27. That alcohol and drug services be provided predominantly by the non-government sector.

28. That some dedicated alcohol and drug services be provided by State Government health, justice and welfare agencies.

DEVOLUTION OF THE ALCOHOL AND DRUG AUTHORITY

29. That the services of the Alcohol and Drug Authority be devolved to the non-government sector and mainstream health, justice and welfare agencies. This would involve:

- core services being devolved to a central treatment and training agency, to be established in the non-government sector;
- the AIDS service transferring to the Health Department;
- the Court Diversion Service transferring to the Ministry of Justice;
- community and regional services being incorporated into Community Drug Service Teams; and
- the Alcohol and Drug Authority library transferring to either the Central Drug Co-ordinating Office or the central treatment and training agency.

CENTRAL TREATMENT AND TRAINING AGENCY

30. That the proposed non-government central treatment and training agency provide the following core services devolved from the Alcohol and Drug Authority: detoxification, outpatient counselling, a methadone clinic, the Alcohol and Drug Information Service, and professional education. The centre should seek formal affiliation with Curtin University, Royal Perth Hospital and the National Drug and Alcohol Research Centre (see Recommendation 123).

FUNDING SYSTEM

31. That the Central Drug Co-ordinating Office be the lead funder for alcohol and drug services.

32. That the Central Drug Co-ordinating Office funding role be undertaken in conjunction with its policy and co-ordination functions.

33. That funding be provided by contract for service with contract specifications to reflect current best practice indicators.

34. That competitive tendering for funding be introduced.

35. That the funding system should have a limited provision for supporting the development of existing services and responding to submissions from the community.

36. That the responsible Minister be advised by a Drug Abuse Services Funding Panel regarding funding decisions.

ACCREDITATION

37. That a system of accreditation for service providers be developed by the Central Drug Co-ordinating Office and the Western Australian Network of Alcohol and Drug Agencies.

Chapter 4

Education about drug abuse

SCHOOL EDUCATION

38. That all schools be guided by the following principles:

- Drug education is sufficiently important to be a mandatory part of the school curriculum.
- Drug education should be taught as a discrete and specified component of health education courses.
- Drug education should be the subject of learning area statements and student outcomes.
- Drug education should be taught consistently every year.
- Adequate support should be provided through teacher training, professional development of teachers, and curriculum materials.
- Drug education in Western Australian schools should be based on a revised version of the drug education components of the K-10 syllabus.
- Individual educational institutions should be able to complement the standard drug education curriculum with programs such as Life Education or DARE if they consider it appropriate — but this should always be as well as, rather than instead of, their standard program.

39. That a co-ordinated process involving a range of government and non-government agencies be established by the Education Department to support and monitor the implementation of drug education in all schools.

40. That the requisite planning for mandatory drug education and complementary teacher training be commenced at the earliest opportunity by the Education Department and appropriate academic organisations; that in the interim, steps be taken to increase the quantum of in-service and pre-service training, and some additional funding be specifically allocated by government for this purpose.

See also Recommendations 81 and 85.

SCHOOL POLICIES

41. That drug education in schools be complemented by appropriate mandatory school policies on drugs.

PUBLIC EDUCATION

42. That public education activity continue and develop the approaches taken on tobacco and alcohol abuse but also be extended to include a major comprehensive public education program on illicit drugs. This should:

- be carefully planned, researched and tested;
- be directed towards all sections of the community, but focused particularly on the prevention of drug abuse;
- recognise the need for such programs to be truly comprehensive;
- include specific programs on intravenous drug use and amphetamines;
- recognise that the extent of cannabis use in Western Australia is now such that changes in attitude and behaviour will require not only law enforcement and other activity, but a major long-term program of public information and education; and

- link in with other public education activity in this area, such as education on law enforcement or on issues such as HIV/AIDS.

See also Recommendations 59, 60, 68, 80, 81, 85, 102 and 103.

PARENT EDUCATION

43. That drug education be made available to parents by the following means:

- Existing programs for parents should continue and be further developed as part of a comprehensive drug education program.
- The Central Drug Co-ordinating Office should invite submissions from organisations, alcohol and drug agencies, Regional Drug Co-ordinating Councils and Local Drug Action Groups, education organisations, and other service providers to provide courses and other interventions to meet this need.
- Brief materials suitable for parents should be developed from each school year drug education syllabus and distributed to parents at the time when the drug education lessons commence in each year.
- The Alcohol and Drug Information Service should develop a specific Parent Information Service to provide support for parents with immediate concerns.

See also Recommendations 12 and 14.

PROFESSIONAL EDUCATION

44. That the Central Drug Co-ordinating Office develop:

- a register of professional education on drugs available in Western Australia; and
- a program to ensure that a component on drug issues be a part of all relevant professional education curricula.

45. That co-ordinators of drug and alcohol education be appointed to the two tertiary schools for nurse education.

See also Recommendations 91, 99 and 102.

CO-ORDINATION OF DRUG EDUCATION

46. That the following approach to the co-ordinated delivery of drug education in Western Australia be adopted:

- Clinical education to be the responsibility of the proposed central treatment and training agency.
- The tertiary education sector be encouraged to compete to meet professional training needs.
- School education activity to remain the preserve of the Education Department, with input and/or support from the Health Department or other organisations as appropriate.
- The Health Department's Health Promotion Services Branch to be the lead provider of public education.
- The importance of involving other key government agencies to be recognised. To this end, it is recommended that the Health Department establish a small steering committee for its drug education programs to include representation at a senior level from the Police and Education Departments and the Central Drug Co-ordinating Office.

See also Recommendations 56 and 60.

POLICE DRUG AND ALCOHOL CO-ORDINATOR

47. That the Western Australian Police establish a position of drug and alcohol co-ordinator at a senior level, with the position to be funded from current National Campaign Against Drugs/National Drug Strategy (NCADA/NDS) or other funding (see Recommendation 57).

COMMONWEALTH/STATE ROLES IN PUBLIC EDUCATION

48. That Western Australia advocate to the Commonwealth and other jurisdictions the case for most NCADA/NDS public education funds being distributed among the States on a per capita basis.

49. That there be a formalised commitment among States and Territories regarding co-operation and avoidance of duplication.

See also Recommendation 116.

INVOLVING COMMUNITY LEADERS

50. That as part of the public education program, a register be maintained continuously of Community Leaders Against Drug Abuse (CLADA). This should comprise both role models for young people and leaders from all sections of the community; it should be regularly updated, and the extent of support for the CLADA register should be publicised by both the proposed Central Drugs Co-ordinating Office and public education programs on drugs.

INFORMING THE MEDIA

51. That the short summary of information on drugs produced by the Health Department for journalists several years ago be reproduced in a format that is conducive to regular updating.

52. That public education programs recognise the importance of working with the media, and encourage reporting that avoids normalising drug abuse.

53. That further research and analysis be developed with a view to providing the media with objective information on the impact of their reporting on drug abuse issues.

54. That the relevant media organisations commission research regarding the "normalisation" of drug use by its presentation in television and cinema programs, and further that the media industry develop specific codes of practice to avoid presenting inappropriate role models to Australia's children.

Chapter 5

Police and law enforcement issues

INTEGRATION AND CO-ORDINATION

55. That the Police Department investigate with the relevant Commonwealth agencies the advantages and viability of a Standing Joint Task Force on Drug Operations convened by the Western Australian Police Department.

56. That the Police Department be involved at all levels in policy development, co-ordination and implementation of action to reduce drug abuse. As part of this process:

- the Central Drug Co-ordinating Office should include police officers on secondment; and
- police officers should be encouraged to participate actively in local community programs and support the proposed Local Drug Action Groups.

57. That the Police Department apply its NCADA/NDS or other funding to the appointment of a senior officer responsible for co-ordination of alcohol and drug activity, on the basis of the model piloted in New South Wales and Queensland.

ENFORCEMENT AND LEGISLATION

58. That to support an emphasis on higher level traffickers and street dealers, legislation be amended to ensure access by the Western Australian police to powers available to police in other jurisdictions. In particular, legislation should be developed to:

- empower police to make appropriate use of telephone interception, listening devices, video surveillance and remote tracking devices in the detection and prosecution of significant drug traffickers;
- enable police to supply precursor and other prohibited drugs in undercover work; and
- increase penalties related to the possession of firearms during drug trafficking.

POLICE AND EDUCATION

59. That the police continue to take the lead role in law enforcement education, including drink driving.

60. That police involvement in drug education be primarily as a support agency, although this should not be seen as precluding police involvement in drug education.

61. That any police involvement in drug education should be based on the National Police Community Drug Education Guidelines.

62. That there be continuing and major public education programs about drink driving and that the Road Traffic Board, Police Department and Health Department explore opportunities for contracting some work to the Health Department with police authorities maintaining direction and public recognition.

See also Recommendations 38, 42, 43 and 46.

DATA COLLECTION

63. That Police Department data collection systems be consolidated and improved.

See also Recommendations 144, 145.

COASTAL SURVEILLANCE

64. That the State request the Commonwealth to increase the resources available to coastal surveillance.

RESOURCE FLEXIBILITY

65. That the Police Department consider means of ensuring a more flexible funding approach to support major drug investigations.

Chapter 6

Specific issues

PSYCHOSTIMULANTS

66. That urgent action, consistent with the broad strategies outlined in this report, be taken to tackle amphetamine abuse, including:

- a focus of law enforcement activity on amphetamine use, with an especial emphasis on manufacturers, higher level traffickers and street dealers;
- specific major new public education programs on amphetamines, targeted appropriately, for example to young people; and

- engaging more persons with chronic problems into treatment services through, for example, legal coercion as part of a court order.

CANNABIS

67. That cannabis policy:

- reflect unambiguous opposition to the use of cannabis and actively seek to discourage its use; and
- entail continuing focus by law enforcement agencies on higher level traffickers and street dealers throughout the State.

68. That a major program of public education on cannabis be developed as part of a comprehensive drug education program and be addressed both to the general public and to more specifically targeted groups such as school students.

See also Recommendation 42.

VOLATILE SUBSTANCE ABUSE

69. That the Central Drug Co-ordinating Office pursue the development and adoption of a formal code of conduct by appropriate retailers, and facilitate local action where appropriate, with the aim of limiting the supply of volatile substances to minors.

See also Recommendation 7.

ALCOHOL

70. That a comprehensive Alcohol Abuse Reduction Program be established, co-ordinated by the Central Drug Co-ordinating Office and involving the participation of the following:

- Central Drugs Co-ordinating Office;
- Police Department;
- Health Department;
- Office of Racing and Gaming;
- Education Department;
- Family & Children's Services;
- Ministry of Justice;
- Western Australian Network of Alcohol and Drug Agencies;
- Liquor Industry Council;
- Western Australian Hotels and Hospitality Association; and
- National Centre for Research into the Prevention of Drug Abuse

71. That the proposed Alcohol Abuse Reduction Program oversee developments in areas that include the following:

- public education, including programs focusing on youth and special at-risk groups;
- alcohol education and policies in schools;
- professional education;
- treatment and provision of services;

- programs to assist Aboriginal people;
- controls on the consumption of alcohol;
- law enforcement;
- regional initiatives; and
- co-ordination of data collection.

See also Recommendations 38 and 42.

72. That the Central Drug Co-ordinating Office convene a consensus conference to develop agreed terminology relating to alcohol use and abuse.

73. That the proposed Western Australia Alcohol Abuse Reduction Program develop at the earliest opportunity a program of action that will result in the preparation of clear messages that are epidemiologically sound, credible, and acceptable to consumers.

74. That there be further research so that the harm and costs of the immediate consequences of alcohol abuse can be quantified.

75. That there be strong support for the approaches adopted by the Minister for Racing and Gaming to ensure that all licensed premises act responsibly in their dealings with both adults and young people.

76. That the gap in the provision of alcohol and other drug services to industry be filled by the proposed central treatment and training agency.

77. That an increase in the level of tax levied on cask wine be considered, and that consideration also be given to devoting part of any revenue derived from the increase to the initiatives recommended in this report.

78. That the issue of advertising codes be addressed specifically by the Alcohol Abuse Reduction Program on a voluntary, Western Australian basis, and that this examination be based on the understanding that alcohol should not be promoted to young people.

79. That the Central Drug Co-ordinating Office facilitate six monthly meetings between representatives of key government departments and liquor industry organisations, to be followed where appropriate by meetings with the relevant Ministers at which matters of common concern could be raised.

80. That the approaches taken by Police drink-driving, Drinksafe and Respect Yourself campaigns be continued and developed, with support for any funding increases that can be achieved.

81. That in relation to young people and binge drinking:

- School education programs include discussion of the dangers to both the consumer and others of 'binge drinking'.
- The public education programs recommended in this report include a continuing component focusing on 'binge drinking' by young people.
- The Western Australia branch of the Australian Hotels and Hospitality Association develop specific further guidelines for its members on their role in relation to young people.

TOBACCO

82. That the key findings and recommendations of the recently released review of the Tobacco Act 1990 be implemented where feasible.

83. That the approach taken on tobacco be a continuation of policy based on the recommendations of the World Health Organisation and the International Union Against Cancer.

84. That there be a continuation of the comprehensive and co-operative approach to smoking control which has been a feature of the health arena in Western Australia for the past two decades.

85. That the following educational initiatives be pursued:

- Tobacco to form part of school drug education programs proposed elsewhere in this report.
- Commitment to drug education on a similar basis to be sought from non-government schools.
- Commitment to be made by the Education Department to a completely smoke-free environment in schools.
- Tobacco to be included as part of the teacher training programs in drug abuse.
- Commitment be made to the continuation of public education programs on tobacco at funding levels no less in real terms than those obtained in 1984. This should include funding committed to public education on tobacco by the Commonwealth as part of the National Drug Strategy.

86. That public education programs be comprehensive, but pay special attention to key groups, including:

- young people;
- women;
- Aboriginal people, for and with whom special programs should be designed and implemented; and
- multicultural groups.

87. That the following means of controlling tobacco use be adopted:

- Maintenance of the Tobacco Control Act 1990, with the implementation of any further recommendations from the Review of the Act that complement its broad approach.
- Maintenance of the role of Healthway, subject to recommendations in the Report of the Evaluation of the Western Australia Health Promotion Foundation.
- Consideration that the Tobacco Control Act 1990 be amended to remove anomalies that permit the continuing inappropriate promotion of tobacco in Western Australia. Strengthening of such controls, as recommended in the Review of the Tobacco Control Act 1990.
- Negotiation with other jurisdictions to ensure that tobacco health warnings are maintained and strengthened on the basis of evaluation, along with effective content information and disclosure of ingredients.
- Support for Health Department activity designed to ensure compliance with the Tobacco Control Act, particularly in relation to the sale of tobacco products to minors.
- Examination of other measures such as licensing retail outlets to limit the availability of cigarettes.
- Legislative action to protect non-smokers through the provision of smoke-free public places and workplaces.
- Maintenance of the current State and Commonwealth approach to ensure that cigarette prices are at least maintained in real terms.

88. That a substantial program be developed by the Health Department, in conjunction with other agencies, to ensure adequate provision of its service and advice to those who wish to give up smoking. This should include encouragement of doctors and other health professionals to advise, encourage and assist their patients to give up smoking.

89. That counselling services for smoking cessation be reviewed to ensure efficient delivery to target groups.

See also Recommendations 38, 42 and 106.

PHARMACEUTICALS

90. That the older 'sedating' antihistamines be considered for re-scheduling in Schedule 4 (prescription only). The Health Department of Western Australia should prepare a submission to this effect.

91. That further information about education programs on prescribing practices be developed by the relevant State Government departments and professional organisations.

92. That the Health Insurance Commission continue to pursue 'doctor shoppers' using the graduated response developed by them.

93. That a joint working group of the Health Department of Western Australia and the Australian Medical Association be convened to consider additional means of ensuring the safe and effective use of pharmaceuticals that might be appropriate at the professional level.

94. That the proper use of pharmaceuticals be included in health education for all students, and that the Health Department develop proposals for targeted public education programs for at risk groups.

95. That the Commonwealth commission comprehensive evaluations of the present information provided with pharmaceutical products and the additional warning labels used by pharmacists to ensure that they are understood, and to make recommendations for change when they are not.

PERFORMANCE-ENHANCING DRUGS

96. That action on performance-enhancing drugs by elite athletes continue to be monitored and controlled by the Ministry of Sport and Recreation and sporting organisations such as the Australian Sports Drug Agency.

97. That at least on an occasional basis, anabolic steroids trafficking be 'blitzed' by the police.

98. That a new program of action to reduce use of performance-enhancing drugs for image, body building and cosmetic purposes be developed under the auspices of the State's Drug Control Strategy. This should be led by the Police Department, with support from the Ministry of Sport and Recreation and the Health Department, and in co-operation with the relevant non-government organisations.

99. That the Health Department and Ministry of Sport and Recreation develop specific education and information programs, including the involvement of general practitioners and relevant non-government organisations.

HIV/AIDS AND OTHER BLOOD BORNE VIRUSES

100. That there be frequent, regular liaison between those responsible for drug abuse policy and programs and public health authorities and other organisations responsible for HIV/AIDS, Hepatitis C and other relevant issues.

101. That within the context of the broad policy on drug abuse proposed in this report, there be a continuing emphasis on work with injecting drug users (IDUs) to ensure that those who continue to inject drugs do so with the minimum possible risk to themselves and others.

102. That programs for IDUs include:

- access to sterile injecting equipment which is affordable and accessible;
- education programs that are both general and specifically targeted;
- continuing dissemination of information; and
- education programs for relevant health workers and others about the importance of rational harm reduction within the context of a drug abuse control program.

103. That public health authorities and other organisations responsible for HIV/AIDS education programs ensure that they incorporate as far as is pragmatically possible messages about the desirability of non-use, as well as harm reduction.

ABORIGINAL COMMUNITY ISSUES

104. That the general approach taken with Aboriginal community issues entail the following:

- All organisations developing programs in the area of alcohol and drug abuse seek to identify the special needs of Aboriginal people and to develop activities appropriate to those needs.
- All programs developed in relation to Aboriginal alcohol and drug abuse entail consultation with and the involvement of Aboriginal people and organisations.
- There be a continuation of discrete programs developed for Aboriginal people within the context of an overall alcohol and drug strategy.
- Given the nature and history of alcohol abuse in relation to Aboriginal communities, the issue be addressed specifically in and of itself. This approach is currently being taken by the Western Australian 'Living with Alcohol' program, which is being co-ordinated by the Health Department in association with Aboriginal organisations, and which we strongly support.

105. That as a matter of urgency, a major new program on tobacco in Aboriginal communities be developed under the auspices of the Health Department of Western Australia, in conjunction with other relevant organisations.

106. That the approach taken by the Aboriginal Alcohol Summit be pursued by, among others, the following means:

- a major educational program directed at alcohol abuse among Aboriginal people;
- the further development of community patrols, sobering-up shelters, outreach programs, access to detoxification services, and rehabilitative opportunities;
- co-operation with the drinks industry to ensure compliance with the relevant legislation, promote lower alcohol products, develop server responsibility and encourage those who drink to do so moderately;
- appropriate use of liquor licensing legislation;
- involvement of communities in licensing issues; and
- co-operation between Aboriginal organisations and police services.

RESEARCH ISSUES

107. That those Federal and State bodies responsible for research on drug abuse maintain current funding levels, and continue to place a high emphasis on the importance of research.

108. That a register of research relevant to drug abuse in Western Australia be maintained. It should include as far as possible research conducted both at academic institutions and by government agencies. It should also include market research, as well as more academically-oriented research.

109. That a Drug Abuse Research Forum be organised twice a year, with the intention of bringing together all those who participate in research activity in Western Australia.

110. That the Central Drug Co-ordinating Office liaise with relevant institutions to ensure that a suitable proposal is made to a grant-giving body such as Healthway to establish a small secretariat for the Drug Abuse Research Forum for an initial three-year period. The secretariat would also establish and maintain the proposed relevant register (see Recommendation 108).

111. That the Central Drug Co-ordinating Office review funding provided by State Government agencies on alcohol and drug issues to academic institutions, and develop appropriate policies and recommendations on the future of such funding.

112. That the Central Drug Co-ordinating Office establish a Research and Policy Advisory Group, comprising some of the State's leading researchers and including leading figures not only from groups such as the National Centre for Research into the Prevention of the Drug Abuse and the UWA Department of Public Health, but also the Crime Research Centre, the Child Health Research Institute and others. The terms of reference should explicitly include:

- advice on the co-ordination and development of research within the State;
- advice on research priorities; and
- involvement in so far as is possible in advice on policy development and priorities.

113. That co-ordination of drug data collection be a function of the Central Drug Co-ordinating Office (see also Recommendation 140).

Chapter 7

Structure, co-ordination and community action

NATIONAL CO-ORDINATION

114. That views be sought from all jurisdictions as to whether the Ministerial Council on Drug Strategy should continue in its present form.

115. That it be proposed to the Commonwealth Government that the current National Drug Strategy structure be reviewed by an international authority in a manner similar to the recent review of the National Health and Medical Research Council.

116. That all National Drug Strategy funding, other than that required for central administration, research and policy development, be distributed to the States on a per capita basis for drug prevention and treatment services.

STATE STRUCTURES AND CO-ORDINATION

117. That the Western Australian Government establish a Western Australia Drug Abuse Control Strategy on the basis of:

- the policies, initiatives and structures outlined in this report; with
- implementation of all the proposed changes during the first two years of operation; and
- review and evaluation after the third year of operation.

118. That there be a Ministerial Committee on Drug Abuse, its members to include the Ministers responsible for Health, Police, Education, Justice, Family and Children's Services, Aboriginal Affairs, and Racing and Gaming. The Committee should be chaired by the responsible minister. The proposed Ministerial Committee should be supported by a Senior Officers Co-ordinating Committee with representatives from each portfolio.

119. That a single Minister take overall responsibility for co-ordination of drug abuse control issues. Many senior figures have expressed the view that the most appropriate Minister would be the Premier. The Minister for Drug Abuse Control would be supported by the Central Drug Co-ordinating Office, whose functions are described below. The Minister would specifically carry responsibility for:

- co-ordination;
- policy development;

- funding allocations;
- representing the Government at national meetings and otherwise as appropriate; and
- overseeing implementation of the proposed Drug Abuse Control Strategy.

120. That a Central Drug Co-ordinating Office reporting to the responsible Minister be established, with the following functions:

- policy;
- central co-ordination;
- developing regional co-ordination and community action;
- co-ordination of the collection and provision of information;
- co-ordination of State representation at Commonwealth/State and similar forums;
- liaison with the non-government sector; and
- advice on funding allocations.

121. That the Central Drug Co-ordinating Office be a small unit, with 20-25 FTEs, the resources being drawn from those currently allocated to drug issues.

122. That the Central Drug Co-ordinating Office place special emphasis on its information function (see also Recommendation 140).

123. That a non-government central treatment and training agency be established with:

- State Government funding for the provision of specified services;
- the capacity to raise funding from the private sector and elsewhere;
- the capacity to compete for other work;
- funding provided to the agency for an initial three-year period at the end of which its services should be funded by competitive tender on a triennial basis;
- a Board appointed in the first instance by the State Government, to include an independent chairperson who should ideally have specific expertise, and membership from the non-government sector, the business community, and other sectors relevant to the control of drug abuse. The head of the Central Drug Co-ordinating Office would be an ex officio member of the Board.

See also Recommendations 29-36.

124. That an easily recognisable and appropriate name be identified for the proposed non-government organisation that is to function as a central treatment and training agency.

REGIONAL STRUCTURES AND CO-ORDINATION

125. That Regional Drug Co-ordinating Councils (RDCCs) be established in each region of the State. The role of the councils would be to:

- provide a forum for regional co-ordination and collaboration between agencies;
- promote community action;
- provide local advice to the State Government through the Central Drug Co-ordinating Office; and

- be the avenue through which the community can make submissions to the State Government, through the Central Drug Co-ordinating Office, for local service development.

126. That initially four RDCCs be established in the Perth metropolitan area (two in the north and two in the south of the city), and six RDCCs be formed in the regional areas covering the Kimberley, Pilbara, Gascoyne/Murchison, Goldfields, Great Southern and South West regions.

127. That the proposed responsible Minister for Drug Abuse Control appoint the chair of each RDCC and invite relevant persons to participate. Membership should be appropriate to regional circumstances and be drawn from the following:

- State government agency representatives: Health, Police, Justice, Family and Children's Services, Education, Aboriginal Affairs;
- Commonwealth agencies such as ATSIC, Human Services and Health;
- local government;
- non-government alcohol and drug, youth and other relevant agencies; and
- private sector and community leaders.

128. That Community Drug Service Teams (CDSTs) be established in association with the RDCCs to:

- facilitate local co-ordination through the Regional Drug Co-ordinating Councils;
- facilitate local community action; and
- provide such services as are appropriate to the needs of the locality.

129. That the CDSTs be developed as non-government organisations from the community and regional services devolved from the Alcohol and Drug Authority, being funded and contracted through the Central Drug Co-ordinating Office. As with the RDCCs, in the first instance there should be four CDSTs in the metropolitan area, each with between five and eight staff, and six in country Western Australia, each with between three and five staff.

COMMUNITY ACTION

130. That Local Drug Action Groups be established in towns and local communities by individuals concerned about drug problems, with a focus on developing action plans and taking action appropriate to those communities.

131. That some limited seed funding be provided by the Government through grants of up to $500 for each Local Drug Action Group, and that either Healthway or the Lotteries Commission be requested to establish a special fund to support grant applications for community action projects from Local Drug Action Groups and Regional Drug Co-ordinating Councils.

132. That the Rotary Clubs of Western Australia be requested to take on, in co-operation with others as appropriate, the establishment of a network of Local Drug Action Groups around the State over a two-year period. We recommend further that the aim be to establish a Local Drug Action Group in every significant community in Western Australia by the end of the two-year period.

133. That there be some limited administrative support provided for the two years required to establish Local Drug Action Groups, and to ensure continuing co-ordination and support of such groups. It is recommended that funding for such support should be sought from either the Lotteries Commission or Healthway.

134. That local government be encouraged to support the Local Drug Action Groups.

135. That the Community Drug Abuse Hotline be maintained by the Central Drug Co-ordinating Office.

Chapter 8

Implementation

136. That the Western Australia Drug Abuse Control Strategy, comprising the recommendations contained in this report, be implemented.

137. That the Central Drug Co-ordinating Office be the agency responsible for the implementation of the Western Australia Drug Abuse Control Strategy. In fulfilling its mandate the Office should take a collaborative approach.

138. That the implementation process involve the participation of the various structures and organisations as set out in the specific recommendations.

139. That the report be disseminated for information, and that a series of seminars be organised for key interest groups.

Volume II — RECOMMENDATIONS

Chapter 4

A drug data system

CO-ORDINATION AND ACCESS

140. That a small co-ordinating unit be established within the proposed Central Drug Co-ordinating Office to develop a drug indicator database using data drawn from existing available sources. It would operate on the principle of maximising public access to and understanding of drug-related information by a variety of means, including:

- regular statistical publications;
- analyses of regional drug problems;
- production of well researched studies utilising relevant data; and
- collaborative projects across sectors.

The Central Drug Co-ordinating Office would establish an information co-ordination process and formal data access and maintenance agreements with key agencies, and would also work closely with academic and other units. It should require no more than three FTEs.

ALCOHOL LICENSING INFORMATION

141. That the Health Department of Western Australia consider entering into an arrangement with the Office of Racing and Gaming to share a research position.

142. That the possibility of the liquor industry contributing a portion of the salary required for such a research position be investigated.

143. That there be a review to determine the minimum data set that the Office of Racing and Gaming should collect over and beyond core data. The outcome of the review should be consistent with the development of comparable national data.

ALCOHOL OFFENCE INFORMATION

144. That the records maintained by the Liquor and Gaming Branch (LGB) of the Police Department be transferred into an electronic database on a PC with an easy-to-use text retrieval system, such as Folio Views. The database should be backdated over the previous five years, to maximise its short-term utility.

145. That an on-line data transfer system be established for efficient transfer of information and communication between the LGB and LLD.

TREATMENT DATA

146. That the Central Drug Co-ordinating Office, in conjunction with the Health Statistics Branch of the Health Department and the Western Australian Network of Alcohol and Drug Agencies, facilitate the development of the Alcohol and Drug Authority (ADA) system, to accommodate similar data from all alcohol and drug services.

147. That responsibility for the maintenance of treatment data systems be transferred to the Health Statistics Branch of the Health Department and that such systems be managed in accordance with a formal agreement between the Health Department and the Central Drug Co-ordinating Office.

148. That the Central Drug Co-ordinating Office review the minimum information requirements pertaining to funding of services, in order to ensure the availability of comprehensive data.

149. That the Central Drug Co-ordinating Office, in conjunction with other relevant agencies implementing methadone devolution, determine and facilitate the development of an appropriate data collection and management system to provide for central monitoring of methadone clients and treatment.

NOTIFICATION OF DRUG ADDICTS

150. That the Central Drug Co-ordinating Office, in conjunction with the Health Department, convene a working party to examine the operation of the system of notification of addicts and options for its improved functioning if appropriate.

EARLY WARNING SYSTEMS

151. That the Central Drug Co-ordinating Office investigate the feasibility of accessing the Health Department of Western Australia's Injury Control Unit databases, and support the establishment of a database of hospital admissions due to drug-related suicide attempts.

152. That regular analyses be undertaken by application of data from the FitPack database to provide information about trends in prevalence of injecting drug use and to support ongoing targeted prevention campaigns.

PREVALENCE AMONG YOUTH DATA

153. That regular comprehensive surveys of drug use by school students in metropolitan and country areas be undertaken.

154. That a methodology be developed to survey health and social problems, including drug use, of young people outside of the secondary school system.

OFFENDER DATA

155. That all prisoners and juvenile detainees entering Western Australian prisons and juvenile detention centres and remand centres be routinely screened for usage of licit and illicit drugs.

156. That a database of information be established to identify trends of drug use and high risk practices of persons sentenced by Western Australian courts.

SHARING INFORMATION

157. That E-mail access between key participating organisations be established.

158. That a comprehensive drug database be developed by utilising a range of existing information, for access through an E-mail network.

159. That a range of methods of publishing drug-related data be considered, including participation in HealthROM.