



Government of **Western Australia**
Mental Health Commission

**THE WESTERN AUSTRALIAN
ALCOHOL AND DRUG INTERAGENCY STRATEGY
2018-2022**

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Note from the Minister for Mental Health

I am pleased to release the Western Australian Alcohol and Drug Interagency Strategy 2018-2022 (Strategy). This Strategy reaffirms the State Government's commitment to addressing issues associated with alcohol and other drug use in Western Australia.

The harms associated with alcohol and other drug use remain concerning. They can be devastating on an individual's life, as well as the lives of their families, friends and the wider community. It is important we focus on underlying issues before problems develop, and enable people with alcohol and other drug issues access to treatment and support services they need.

The State Government is continuing to work with stakeholders to put in place a balanced approach to address the complexities relating to alcohol and other drug use in the community. This includes preventing uptake, delaying onset of use and early intervention, and providing access to a range of treatment and support services.

This Strategy is aligned to the National Drug Strategy 2017-2026 and adopts an overarching harm minimisation approach aligned to the three pillars of supply, demand and harm reduction.

Whilst it is pleasing to see a decrease in methamphetamine and illicit drug use in Western Australia, there is no room for complacency – Western Australia continues to report the highest methamphetamine use in Australia.

I would like to thank the Mental Health Commission for leading the development of the Strategy and commend the continued commitment from the portfolios represented on the Drug and Alcohol Strategic Senior Officers' Group, the non-government sector, peak bodies and the community to ensure the Strategy is evidence-based and reflects best practice.



Achieving effective alcohol and other drug systems and services will not be possible without collective action through the collaboration and coordination of efforts across government.

The recent re-aligning of Government departments are expected to enhance across government coordination. It is through the continued and combined efforts of Government and non-government organisations, as well as the wider community that the adverse impacts of alcohol and other drugs in Western Australia can be reduced and prevented.

HON ROGER COOK MLA

DEPUTY PREMIER

MINISTER FOR HEALTH; MENTAL HEALTH

Note from the Mental Health Commissioner

The Western Australian Alcohol and Drug Interagency Strategy 2018-2022 (Strategy) provides a guide for government and non-government organisations as well as the wider community to prevent and reduce the adverse impacts of alcohol and other drug use in Western Australia.

The Strategy complements existing state-based planning and strategy documents, including the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 which provides a blueprint for investment and priority setting for Government and non-Government stakeholders, based on the optimal mix of mental health, alcohol and other drug services required for Western Australia until the end of 2025.

The Strategy adopts an across government approach in addressing alcohol and other drug related harms, and has been endorsed by State Government departments represented on the Western Australian Drug and Alcohol Strategic Senior Officers' Group (DASSOG), chaired by the Mental Health Commissioner.

Developed by the DASSOG, in consultation with community and stakeholders, the Strategy identifies new and developing initiatives for action, and aims to reflect changes in drug issues and trends, build on past achievements, address identified gaps in program and service provision, and include new and emerging evidence.

I would like to thank all those who have contributed to the development of the Strategy.

It is recognised that in order to achieve overarching state-wide strategic direction, partnerships must be established at local, state and national levels. Localised and community-informed design, implementation and review, allows stakeholders and communities to take action to develop strategies and policies that are relevant to local issues.



This Strategy progresses the overarching strategic directions and outcomes that guide the philosophy and everyday work of the Mental Health Commission. The Mental Health Commission will continue to lead responses in partnership with other Government departments and stakeholders to prevent and reduce alcohol and other drug related harm in our community.

TIMOTHY MARNEY
MENTAL HEALTH COMMISSIONER

A Snapshot Summary

Overview

Developed in consultation with key stakeholders and the community, the Western Australian Alcohol and Drug Interagency Strategy 2018-2022 (the Strategy) has been informed by key human and social service State Government departments through the Western Australian Drug and Alcohol Strategic Senior Officers' Group. This group undertook evaluation and reviews of the Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015, current alcohol and other drug issues and trends, and aligned the findings to evidence-based best practice.

The Strategy builds on previous achievements and provides a guide for government, non government and the community in addressing the adverse impacts of alcohol and other drug-related problems in Western Australia. It intends to drive collective action through the collaboration and coordination of efforts across government.

It is aligned to key national and state policies and strategies to ensure consistency and complementary action. This includes, but is not limited to, the National Drug Strategy 2017-2026 framework of supply, demand and harm reduction, the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 and the Methamphetamine Action Plan.

Harm minimisation framework

Supply reduction – preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs.

Demand reduction – preventing the uptake and/or delaying the onset of alcohol and other drug use; reducing alcohol and other drug use in the community; and supporting people through evidence-informed treatment and support.

Harm reduction – reducing the adverse health, social and economic consequences of the use of alcohol and other drugs, for individuals, families and significant others, and the community.

Core elements

Prevention first – Prevent illicit drug use and related harms; licit substances that are inappropriately used and associated harms; harmful alcohol consumption and related harms; and associated impacts through a range of evidence-informed prevention initiatives.

Support for those who need it – Reduce illicit drug use and related harms; licit substances that are inappropriately used; harmful alcohol consumption and related harms; and their associated impacts through effective treatment and support strategies.

Goal

Prevent and reduce the adverse impacts of alcohol and other drugs in the Western Australian community.

Principles

- Applying comprehensive responses to complex issues.
- Promoting access and equity.
- Supporting evidence-based practice and applying innovation.
- Developing and maintaining effective partnerships.
- Promoting stakeholder participation including engaging in a person-centred way.
- Implementing state-wide strategy that supports a population based approach along with localised responses.
- Being responsive to emerging issues.
- Promoting sustainable change.

Five key strategic areas

1. **Focusing on prevention** – Educating and providing supportive environments for individuals, families and communities to develop the knowledge, attitudes and skills to choose healthy lifestyles and demand healthy environments, in the context of minimising alcohol and other drug use and related harms.
2. **Intervening before problems become entrenched** – Implementing a range of programs and services that identify individuals, families and communities at-risk of harm related to alcohol and other drug use and intervening before problems become entrenched.
3. **Effective law enforcement approaches** – Minimising the supply of illicit drugs, reducing and controlling the availability of alcohol and other drugs and implementing strategies that promote diversion to treatment and aim to prevent or break the cycle of offending associated with alcohol and other drug use.
4. **Effective treatment and support services** – Providing integrated, evidence-based treatment and support services that promote positive and healthy lifestyle changes by effectively responding to an individual's alcohol and other drug use and those affected by someone else's use.
5. **Strategic coordination and capacity building** – Providing improved and targeted responses to alcohol and other drug-related problems through capacity building, workforce development, collaboration, evidence-based and informed practice, monitoring, review and information dissemination.

Implementation, monitoring, evaluation and review

The Mental Health Commission is the lead State Government agency responsible for alcohol and other drug strategies and services in Western Australia and is accountable to the Minister for Mental Health. As such, the implementation, monitoring and review of the Strategy will be the primary responsibility of the Mental Health Commission in collaboration with other government agencies through the Western Australian Drug and Alcohol Strategic Senior Officers' Group. The implementation of the key strategic initiatives in the Strategy is subject to Government department strategic priorities and normal Government budgetary processes.

Agencies represented on the Western Australian Drug and Alcohol Strategic Senior Officers' Group will outline key planned initiatives over the lifetime of the Strategy, with annual reporting on milestones and achievements and, where relevant, against agreed outcome based key performance indicators. Where appropriate, whole of government key performance indicators will be applied and aligned to the outcomes of the 2017 Service Priority Review.

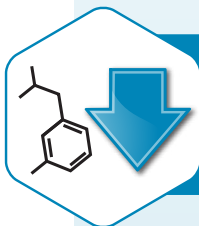
Priority drugs



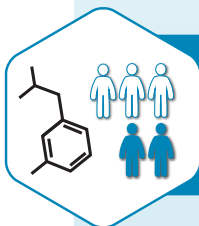
ALCOHOL IS THE MOST USED DRUG IN WA AND OVER 1 IN 5 DRINK AT RISK OF LIFETIME HARM ^{1,2}



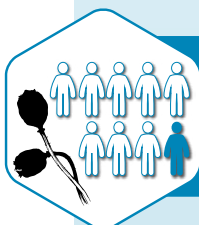
WESTERN AUSTRALIANS USE MORE CANNABIS COMPARED TO THE NATIONAL AVERAGE ³



FOR RECENT USERS THERE HAS BEEN A DECREASE IN THE CRYSTALLINE FORM OF METH FROM 78.2% TO 61.3% - BUT IT IS STILL THE MOST COMMON FORM USED ⁴



ALMOST 40% OF TREATMENT EPISODES PROVIDED BY STATE GOVERNMENT FUNDED TREATMENT SERVICES ARE FOR METH ⁵

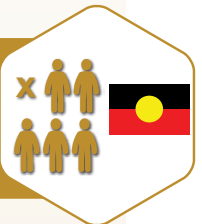


1 IN 9 TREATMENT EPISODES PROVIDED BY STATE GOVERNMENT FUNDED TREATMENT SERVICES ARE FOR OPIOID USE ⁶

Sources: see page 64

Priority groups

ABORIGINAL^a PEOPLE ARE 5 TIMES MORE LIKELY TO END UP IN HOSPITAL BECAUSE OF ALCOHOL THAN NON-ABORIGINAL PEOPLE ⁷



14% OF STUDENTS (12-17 YEARS) DRINK WEEKLY AND OF THOSE 1 IN 3 DRINK AT HARMFUL LEVELS ⁸



30-50% OF PEOPLE WHO USE ALCOHOL AND OTHER DRUGS HAVE A CO-OCCURRING MENTAL ILLNESS ^{9, 10, 11}



PEOPLE IN REMOTE AREAS ARE HOSPITALISED DUE TO ALCOHOL AT A SIGNIFICANTLY HIGHER RATE THAN THOSE IN METROPOLITAN AREAS ^{12, 13}



^a The use of the term 'Aboriginal' within this document refers to both Aboriginal and Torres Strait Islander people.

Introduction

The impact of alcohol and other drug problems in Western Australia is far reaching resulting in a range of health, social and economic concerns including family violence, relationship breakdown, homelessness, illness, injury and crime. The impact of alcohol and drug use problems not only affects individuals but also families (including children) and the broader community.

Addressing the problems relating to alcohol and other drug use is complex as it involves a number of interrelated individual and environmental factors. It is through the combined and comprehensive efforts of government, the non-government sector and the community that significant gains in preventing and reducing alcohol and other drug-related harm in line with identified State alcohol and other drug priorities may be best achieved.

In Western Australia, recent reforms in the public sector will facilitate whole-of-government objectives and the delivery of services in a more efficient and effective way. Consistent with this, the Strategy adopts an across government approach aiming to guide system-level cost efficient and sustainable interagency partnerships that take into consideration alcohol and other drug related health, social, cultural and economic harms experienced by individuals, families and the community.

It provides a guide for stakeholders including government (local and state), non government and community for the development and implementation of alcohol and other drug initiatives. It intends to drive collective action through the collaboration and coordination of efforts across government. The Strategy relates to all Western Australians and encompasses alcohol, illicit drugs and licit drugs that are illegally supplied or inappropriately used.

Drug and Alcohol Strategic Senior Officers' Group

The purpose of the Drug and Alcohol Strategic Senior Officers' Group is to provide a whole-of-government approach to addressing drug and alcohol issues within Western Australia.

Membership consists of government representatives with responsibility for a range of portfolio areas as follows:

- *Department of Communities (child protection and family services; housing; local governments and communities including youth)*
- *Department of Education (education; School Drug Education and Road Aware)*
- *Department of Health*
- *Department of Justice (Attorney General, corrections)*
- *Department of Local Government, Sport and Cultural Industries (including multi-cultural interests; racing, gaming and liquor)*
- *Mental Health Commission (mental health and alcohol and other drugs)*
- *Western Australian Police Force (police; road safety)*

This Strategy builds on the achievements of previous state strategies and the Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015. Developed by the Western Australian Drug and Alcohol Strategic Senior Officers' Group, the Strategy was further informed by a state-wide consultation process that included a range of community engagement approaches aimed at the public and key stakeholders. Key stakeholders included: population and community health units across the State; non-government alcohol and other drug agencies; community groups; local government; and other groups and agencies with an interest in alcohol and other drug issues. This Strategy identifies new and developing initiatives for action. It reflects changes in drug issues and trends, addresses identified gaps in program and service provision, and includes new and emerging evidence.

A summary of key past achievements is provided and building on these gains, key areas for strategic focus including priority drugs and target groups for specific interventions are outlined. With the ultimate aim of preventing and reducing the adverse impacts of alcohol and other drug use in the Western Australian community, the identified key strategic areas and initiatives will be implemented, subject to Government fiscal capacity and regular budgetary processes, as part of an across-government approach.

Tobacco

Tackling smoking remains a key priority area for improving the health of Western Australians and as such necessitates a separate strategy in its own right.

The Western Australian Health Promotion Strategic Framework 2017-2021 outlines the following priorities for making smoking history in Western Australia:

- *Continue efforts to lower smoking rates;*
- *Eliminate exposure to second hand smoke in places where the health of others can be affected;*
- *Reduce smoking in groups with higher rates;*
- *Improve regulation of contents, product disclosure and supply; and*
- *Monitor emerging products and trends.*

Further detail can be found at:

[WA-Health-Promotion-Strategic-Framework](#)

The National Tobacco Strategy 2012-2018 sets out the national framework to reduce tobacco-related harm in Australia. The goal of the strategy is to improve the health of all Australians by reducing the prevalence of smoking and the inequalities it causes. It also details objectives and targets for tobacco control until 2018 and sets out priority areas for action.

Further detail can be found at:

[National Tobacco Strategy 2012-2018](#)

Policy context

The Strategy is consistent with both national and state policy and strategy. Of particular note is the National Drug Strategy 2017-2026 that adopts an overarching harm minimisation^b approach through the balanced implementation of the three pillars of supply reduction, demand reduction and harm reduction. The National Drug Strategy 2017-2026 aims to build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities.¹

The National Drug Strategy 2017-2026 is supported by a number of key documents relating to particular drugs, priority groups or areas of action such as alcohol, illicit drugs and pharmaceuticals. The documents more specifically outline key priorities and include the National Alcohol Strategy (currently in development), the National Aboriginal Torres Strait Islander Peoples Drug Strategy 2014-2019 and the National Alcohol and other Drug Workforce Development Strategy 2015-2018.

The National Ice Action Strategy 2015 aims to reduce the prevalence of methamphetamine (ice) use and resulting harms. The strategy includes achievable actions across a range of areas that will aim to facilitate governments, service providers and communities to work together to reduce the supply of ice in Australia, and the harm it causes to the community. Through Commonwealth funding, Primary Health Networks will commission further alcohol and other drug treatment services to meet local need, including Aboriginal-specific services.

At a state level, the Strategy takes into account a number of key strategies to ensure consistent and complementary action in preventing and reducing alcohol and other drug-related harms. This includes the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 that is based on a whole of sector approach and focuses on improving person centred care, minimising harm, maintaining efficiency, and achieving a balanced investment across the alcohol, other drug and mental health systems.

Key initiatives outlined in the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 have been broadly incorporated into the key strategic initiatives.

The Strong Spirit Strong Mind Framework for Western Australia (Strong Spirit Strong Mind) complements the Strategy and was developed to provide guidance to key stakeholders towards delivering culturally secure programs and supporting Aboriginal ways of working in order to strengthen efforts to manage and reduce alcohol and other drug related harm in Aboriginal communities. Strong Spirit Strong Mind encourages a holistic approach across government and community organisations to make sure that Aboriginal alcohol and other drug policy, programs and service responses are culturally secure and make the best use of available resources and partnerships.

The Western Australian Methamphetamine Action Plan (MAP) outlines the State Government's commitment in addressing methamphetamine harms. The MAP is consistent with the Strategy, focussing on the three pillars of supply, demand and harm reduction and outlines a number of initiatives planned for implementation with the aim of reducing the level of methamphetamine use in the community.

^b Harm minimisation considers the health, social and economic consequences of alcohol and other drug use on both the individual and the community as a whole. It has been a key policy of Australian state and federal governments since the 1985 launch of the National Campaign Against Drug Abuse and subsequent iterations of the National Drug Strategy.

Building on past achievements

Reflecting the across-government approach to preventing and reducing the impacts of alcohol and other drugs in the community, there have been a number of initiatives achieved through multi-agency collaborative and coordinated approaches in the lead up to and over the course of the 2011-2015 Framework. Key achievements are outlined below and across government portfolio areas required to support the development and implementation is highlighted. Further information on achievements are provided in the progress and final reports available on the Mental Health Commission website: www.mhc.wa.gov.au

Cannabis reform implementation

Portfolios engaged: *police, justice, mental health, alcohol and other drugs, health*

The Cannabis Law Reform Act 2010 (the Act 2010) was implemented in August 2011. The Act reduced the limits for the prosecution of cannabis possession to no more than 10 grams of cannabis (previously no more than 30 grams). The Act 2010 enables police to issue a Cannabis Intervention Requirement to first time adult offenders and juveniles with no more than two offence occasions, found in possession of 10 grams of cannabis or less and/or cannabis use paraphernalia. If the recipient attends a cannabis intervention session the offence is expiated through treatment. The sessions are single, individually focused, and delivered in accordance with best practice by an alcohol and other drug counsellor.

The aim of the session is to increase awareness of the health and social effects of cannabis, cannabis laws, and enhance motivation to change in a non-judgmental and supportive therapeutic environment.

Cannabis Intervention Requirement – key statistics...

- In 2017/18, a total of 2,157 Cannabis Intervention Requirements (Aboriginal: 272, non-Aboriginal: 1,885) were issued by WA Police Force officers. Of these, 79% were expiated through treatment^{2a}
- Aboriginal expiation rates remain a challenge as they are over half that of non-Aboriginal Australians (Aboriginal expiation: 44%, non-Aboriginal expiation: 81%)^{2b}
- In 2016/17, a total of 2,104 unique bookings were made for Cannabis Intervention Sessions. Of those bookings:
 - 18% were young people under the age of 18 years and 82% were adults
 - 25% were females and 75% were males
 - 86% were non-Aboriginal and 10% were Aboriginal
 - 4% were from a culturally and linguistically diverse background or did not disclose their ethnicity
 - 78% were in the metropolitan area and 22% were in regional areas

No Alcohol During Pregnancy is the Safest Choice campaign

Portfolios engaged: *alcohol and other drugs, mental health, children and families*

Research into alcohol consumption shows distinct age-related patterns of drinking and a high prevalence of drinking amongst women who are pregnant.³ Australian research found 14%⁴ to 20%⁵ of women reported drinking at risk of short-term harm (five plus standard drinks per occasion) during the three months prior to pregnancy.

The National Health and Medical Research Council recommend that for women who are pregnant, or planning a pregnancy, not drinking alcohol is the safest option. In June 2012, the Mental Health Commission launched the 'No Alcohol During Pregnancy is the Safest Choice' campaign, the first Western Australian campaign to target alcohol use during pregnancy in the general population. The campaign's evaluation revealed nine out of 10 women who saw the advertisements, and currently drank alcohol, would not drink at all if pregnant.⁶

Liquor restricted premises

Portfolios engaged: *liquor licensing, police, health, mental health, alcohol and other drugs, children and families, local government and communities*

Following amendments to the *Liquor Control Act 1988* in 2010 and through a continued commitment from a number of Government agencies to develop strategies to assist communities in minimising the harm caused due to the use of liquor, private premises can be declared 'liquor restricted'. At a 'liquor restricted' property, it is an offence if a person brings, or attempts to bring, liquor onto that property. It is also an offence to consume or possess alcohol on the premises.

To declare a premises liquor restricted, an application must be made to the Director of Liquor Licensing. Applications can be made by owners/occupiers of a private premises or by the Chief Executive Officer of the agency responsible for administering the *Children and Community Services Act 2004*.

The process is designed to address isolated and localised issues where it is reasonable in the circumstances for the Director to declare a premises a liquor restricted premises.

This means if friends or relatives regularly cause trouble when drinking liquor in a person's home, or the owner or occupier is concerned about other antisocial alcohol-related behaviour in the home, they can apply to have the premises declared liquor restricted. Once a Liquor Restricted Premises Declaration has been issued, a notice must be displayed on site.

As at 6 November 2017 there were 529 private premises subject to liquor restrictions in Western Australia.⁷

School Drug Education and Road Aware – culturally and linguistically diverse community programs

Portfolios engaged: *education, alcohol and other drugs, multi-cultural interests, mental health, local government and communities*

School Drug Education and Road Aware (SDERA) helps children and young people make safer choices by providing programs that use a resilience approach to alcohol and other drugs and road safety education. SDERA supports school staff, early learning and community agencies, and parents and carers through professional learning, programs including resources, and state-wide consultancy service.

Culturally and linguistically diverse communities are an identified priority target group. School populations include students and families who are from a diverse range of cultures and backgrounds. To support these groups, SDERA collaborated with teachers working at migrant support centres and schools to identify appropriate content and imagery to provide support and assistance to families for whom English is a second or even third language. Flip chart resources that were more pictorial and less language dependent through less text were designed to be used in small groups and particularly for culturally and linguistically diverse and Aboriginal audiences. Through this process SDERA engaged with bi-cultural workers to deliver Talking Drugs parent education sessions. In addition, SDERA translated alcohol and other drug fact sheets from English into 16 languages (Arabic, Burmese, Chinese, Dari, Dinka, Farsi, Hindi, Indonesian, Karen, Korean, Somali, Swahili, Tagalog, Thai, Tigriny and Vietnamese) to meet the needs of the culturally and linguistically diverse population.

Implementation of Halls Creek liquor restrictions

Portfolios engaged: *liquor licensing, police, health, alcohol and other drugs, local government and communities, children and families*

In response to the high levels of alcohol-related harm and ill-health occurring in the Halls Creek community, the Director of Liquor Licensing imposed restrictions on 18 May 2009 preventing the sale of takeaway alcohol above 2.7% alcohol content.

A State Government report released in February 2015 indicated that reductions in alcohol-related harm in Halls Creek have been sustained five years after the liquor restrictions were introduced.⁸ This included a reduction in the need for sobering up services and an increased demand for alcohol, drug and mental health treatment.

Banned Drinkers Register

A Banned Drinkers Register trial is planned to commence in the Pilbara region in the first quarter of 2019. The trial will run for a 24-month period, during, and after which the University of Western Australia's Public Policy Institute will undertake a comprehensive assessment and evaluation of the trial. This is a key initiative of the WA Government to address issues associated with the misuse of alcohol in and around the Town of Roebourne in the West Pilbara.

Response to synthetic drugs

Portfolios engaged: *health, mental health, alcohol and other drugs, police*

In response to emerging harms relating to synthetic drugs, Western Australia was the first State to prohibit synthetic cannabinoids in 2011. The Emerging Psychoactive Substances Review Group was established by the former Drug and Alcohol Office to facilitate an interagency approach to the issue. Since the first novel psychoactive substances were prohibited there has been a steady emergence of new substances also rendered prohibited based on monitoring of the market and the best available information on related harms.

Assented to in October 2015, the *Misuse of Drugs Amendment (Psychoactive Substances) Act 2015* (Act 2015) amended the *Misuse of Drugs Act 1981* to ban the promotion, sale and supply of new psychoactive substances. The amendment, that took effect by proclamation on 18 November 2015, provided Western Australia Police with the power to seize and destroy a substance that has, or is promoted to have, a psychoactive effect.

New offences for the manufacture, sale or supply of psychoactive substances were created and carry penalties including a fine of up to \$48,000 or imprisonment of up to four years or both. The promotion of synthetic drugs attracts a fine of up to \$24,000 or imprisonment of up to two years jail or both.

In 2018, further amendments prescribed deeming amounts of synthetic cannabinoids for the purposes of sell and supply offences and drug trafficking declarations.

Provision of an alcohol interlock system for drink drivers

Portfolios engaged: *road safety, police, justice, transport, alcohol and other drugs and mental health*

A state-wide Alcohol Interlock Scheme commenced operation in Western Australia in October 2016. This brought Western Australia into line with the rest of the states and the Australian Capital Territory, all of which have operated a scheme of this kind for some years.

The purpose of the scheme is to reduce the road safety risk posed by repeat drink drivers. In certain circumstances, a court will order that, for a period of six months, offenders only drive vehicles fitted with interlock devices.

Offenders so ordered are required to pay the required cost, at least \$1600, for the fitting and the regular maintenance of the device. Participants who breach the scheme may be required to complete alcohol assessment and treatment. This targets those most in need of intervention and addresses their underlying alcohol related problems. If this treatment is required, participants must complete it before they are viewed as constituting a lower risk to the community and so be eligible to have the alcohol interlock condition lifted from their license.

Funding for this program has increased since 2017-2018 Budget. It is funded through the Road Trauma Trust Account.

Review of the *Liquor Control Act 1988*

Portfolios engaged: *liquor licensing, police, health, alcohol and other drugs and mental health*

In December 2012, a review of the *Liquor Control Act 1988* was announced by the Minister for Racing and Gaming. The report of the independent review was presented to Government in January 2014, with the Government response to the report tabled in November 2014. The Government response committed to a number of measures aimed to prevent alcohol-related harm including: secondary supply laws to restrict the supply of alcohol to young people under 18 years of age; and expanded barring notice powers to combat anti-social behaviour near licensed premises. These commitments have been implemented.

Introduction of secondary supply legislation

Portfolios engaged: *alcohol and other drugs, mental health, liquor licensing, police, health, children and families*

In November 2015, legislation making it an offence to supply liquor to anyone under the age of 18 years, without their parents' or guardian's permission, came into effect in Western Australia. An across-government strategy for young people was developed which included targeted campaigns for parents and young people on the dangers of supplying alcohol to young people and an education strategy introducing the secondary supply laws.

Since the secondary supply laws have come into effect in November 2015, parental support for the legislation has increased among both parents and young people.⁹

Changes to the Liquor Control Act 1988

Amendments to the Liquor Control Act 1988 (the Act) made in 2018 further strengthen the WA Government's approach to harm minimisation. The objects of the Act were amended to include a new secondary object of encouraging responsible attitudes and practices in the promotion, sale, supply and consumption of liquor. To address the impact that large packaged liquor outlets can have on the community, the licensing authority will not be able to consider an application if a proposed premises is larger than a prescribed size, and an existing packaged liquor outlet that also exceeds that size is located within a prescribed distance.

To further prevent the proliferation of small and medium packaged liquor outlets across the State, the Act will also be amended so the licensing authority must not grant an application unless it is satisfied that existing premises in the locality cannot reasonably meet the requirements for packaged liquor. To reduce the likelihood of liquor being delivered to juveniles, the Act will now enable regulations to be made to prescribe requirements relating to the delivery of liquor. Sly grogging in and around remote Aboriginal communities will be addressed through amendments to the Act that will introduce an offence for a person to carry liquor above a prescribed quantity in prescribed areas anywhere in the State. The provisions relating to packaged liquor outlets, delivery of liquor and sly grogging will be introduced when regulations are developed.

Working away from home

Portfolios engaged: *alcohol and other drugs, mental health, children and families*

Working away from home can create additional stress and challenges that can impact both a person's work and personal life. People often use alcohol and other drugs as a way to cope with this type of stress, especially when they are away from their usual support systems such as family and friends.¹⁰ Families and relationships can often be affected by alcohol and other drug use. Key factors can include social isolation, family and relationship stress, and a lack of venues for socialising without alcohol.

In October 2017, the State Government committed to further research through the University of Western Australia into the effects of fly-in, fly-out work. The research program will seek to understand the range of workplace factors that contribute to mental health issues in fly-in, fly-out workers and identify positive strategies that can be used by individuals, families and organisations in the fly-in, fly-out environment.

A telephone counselling support service continues to be provided to people working away from home through the Alcohol and Drug Support Service.

Goal

The Strategy builds on the State Government's continuing commitment to addressing the challenges and complexities with alcohol and other drug use problems in Western Australia.

The goal is to:

Prevent and reduce the adverse impacts of alcohol and other drugs in the Western Australian community.

To achieve this goal, policies, strategies and initiatives will be developed and implemented that aim to prevent and reduce drug use, drug-related problems, harmful alcohol use, and alcohol-related problems in Western Australia.

Core elements

The Strategy is underpinned by two core elements:

1. Prevention first

Through a range of evidence-informed prevention initiatives, prevent illicit drug use and harms, licit substances that are inappropriately used and associated harm, harmful alcohol consumption, and associated impacts.

2. Support for those who need it

Through evidence-based, effective treatment and support strategies, reduce use and associated impacts of illicit drugs, licit substances that are inappropriately used and harmful alcohol consumption.

Harm minimisation framework

The Strategy is aligned to the National Drug Strategy 2017-2026 harm minimisation framework. The framework aims to address alcohol and other drug issues by reducing the harmful effects of alcohol and other drugs on individuals and the community and is achieved through a balanced approach across the pillars of supply, demand and harm reduction:

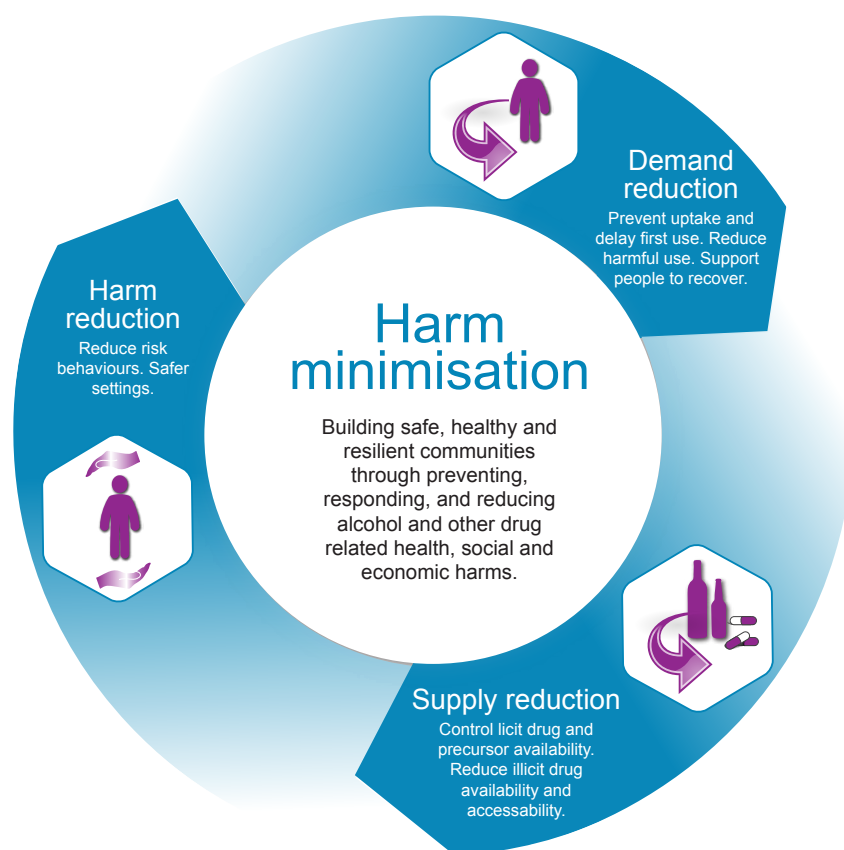


Figure 1: Harm minimisation framework^c

Supply reduction – preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs.

Demand reduction – preventing the uptake and/or delaying the onset of alcohol and other drug use; reducing alcohol and other drug use in the community; and supporting people through evidence-informed treatment and support.

Harm reduction – reducing the adverse health, social and economic consequences of the use of alcohol and other drugs, for the individuals, families, significant others and the community.

^c Adapted from: National Drug Strategy 2017-2026, page 7.

Principles

The initiatives implemented under the Strategy will be supported by the following principles.

Applying comprehensive responses to complex issues

Holistic responses need to include a balanced implementation of strategies and activities that aim to prevent and reduce the supply, harm and demand for harmful alcohol consumption, inappropriate use of prescribed medicines and use of illicit drugs.

This includes activities that recognise individual, social and environmental factors, and utilise both targeted and population-based approaches where appropriate.

Promoting access and equity

Every individual has an equal right to access appropriate services regardless of differences in sex, race, marital status, pregnancy, impairment, religious or political conviction, age, family responsibility, sexual orientation, gender history, criminal history, current contact with the criminal justice system, geographical location or socio-economic status. This includes the promotion of substantive equality^d and the development and implementation of policies and strategies that are culturally secure.

For Aboriginal people and communities this means adopting a holistic approach that respects the legitimate rights, values, beliefs and expectations of Aboriginal people and centres on connection to country, spirituality, family and community.

The Gayaa Dhuwi (Proud Spirit) Declaration provides a strong foundation and clear direction for ensuring accountable and culturally responsive services are available for Aboriginal and Torres Strait Islander peoples.¹¹ It is important that culturally secure and respectful, non-discriminatory principles are incorporated into the design of service models and associated practices, procedures, protocols and commissioning practices.

For some culturally and linguistically diverse communities this means adopting alternative approaches to the provision of information and service delivery models.

Supporting evidence-based practice and applying innovation

Priority needs to be given to the implementation of prevention, treatment and support strategies that are effective and informed by evidence, continuous quality improvement and evaluation. This includes a focus on responsiveness and sustainability. In clinical services the best available evidence should be applied in combination with the preferences of the individual and skills of the practitioner. Where gaps in knowledge exist, innovation should be embraced and the evidence base built for effective interventions and approaches that are applicable to Western Australia.

Being responsive to emerging issues

Alcohol and other drug policy and programs must have the flexibility to respond to new and emerging issues, and the changing needs of governments, the community and the alcohol and other drug services sector. This includes monitoring issues and trends, and public opinions on current and proposed alcohol and other drug policy and strategy.

^d Substantive equality recognises that entitlements, opportunities and access are not equally distributed throughout the community and there may be barriers to service provision resulting in unequal outcomes for particular groups. Equal treatment, therefore, is not about treating all people the same; it is about treating people differently in order to cater for different needs.

Developing and maintaining effective partnerships

Addressing alcohol and other drug problems is complex and often requires multi-agency responses, as well as community and personal support, in order to achieve effective and lasting outcomes. Partnerships need to be maintained and developed between relevant government and non-government agencies and the community. In recognition of the social determinants of alcohol and other drug problems, a wide range of effective partnerships is a critical component of the harm minimisation goal. To achieve overarching state-wide strategic direction partnerships are required to be established at a local, state and national level. It is important that barriers to integration of services be addressed and that fragmentation is reduced.

Promoting and enabling stakeholder participation including engaging in a person centred way

To facilitate the ongoing development of appropriate responses through planning, design and review of programs and services, consumer, family, community, specialist services and other appropriate key stakeholder participation is essential in the co-production and implementation of policy and strategy, service development and implementation, monitoring, evaluation and review.

This includes person centred responses that are developed by listening to what consumers and families want to holistically achieve. Focusing on building confidence, strengths, resourcefulness and resilience, and being informed by recovery^e based practices will enable consumers to positively participate in society and live a meaningful and productive life.

Implementing state-wide strategy that supports a population based approach along with localised responses

Effective action to minimise alcohol and other drug related harm will incorporate a blend of population wide, place-based and targeted activity.

There will be some services and programs targeting populations that will occur state-wide. This will be complemented by other services and programs that may be offered on a state-wide basis but be place-based because of their need for specialist knowledge and skills and efficiency. Other services and programs will respond to the unique circumstances of communities requiring local planning, program delivery and intervention. Localised and community-informed design and implementation and review allows stakeholders and communities to take action and develop strategies and policies that are relevant to local issues. Place-based approaches may be used in high needs locations to better support collaborative and holistic service provision.

Promoting sustainable change

The impact of alcohol and other drug programs needs to achieve longer-term change that balances current and future demands in a planned, sustainable and innovative way.

This includes a need to ensure a balance of interventions spanning prevention and early intervention, population wide, place-based responses (where appropriate), treatment and support, and law enforcement, including drug diversion options. Sustainability also includes focusing on the efficiency and effectiveness of the system as a whole and consideration of the environmental, social and economic factors that affect alcohol and other drug use.

^e The term recovery is considered a process of change where individuals work to improve their own health and wellness to live a satisfying, hopeful and contributing life while striving to achieve their full potential. In this sense it does not necessarily mean abstinence.

Strategic focus

Social, environmental and cultural context

It is important to recognise that the factors that may result in an individual experiencing an alcohol and other drug problem, a mental health problem, developing a preventable disease and/or becoming obese, are interconnected.¹² An individual's health is determined by more than just the decisions they make. It is also shaped by the social, cultural and environmental context in which they are born, grow, live, work and age.¹³

Risk and protective factors can influence harmful alcohol and other drug use and/or the likelihood of developing an alcohol and other drug problem.¹² Experiences of discrimination and social exclusion can have long-lasting impacts on a person's health and emotional wellbeing and may increase their vulnerability to alcohol and other drug use.¹⁴ Table 1 below outlines protective and risk factors that impact alcohol and other drug related harm.

Table 1: Protective and risk factors that impact alcohol and other drug related harm¹⁵

	Protective factors	Risk factors
Alcohol and other drug related harm/problems	<ul style="list-style-type: none"> • Being born outside of Australia • An easy temperament • Social and emotional competence • Shy and cautious temperament • Family attachment • Parental harmony • Religious/spirituality involvement • Marriage 	<ul style="list-style-type: none"> • Uptake of alcohol and other drug use at an early age • Extreme social disadvantage • Family breakdown • Child neglect • Maternal smoking and/or alcohol use • Parental alcohol/drug problems • Pro-drug parents • School failure • Availability and use of alcohol and other drugs in the community (perceived and actual) • Child association with adults who are involved in criminal activity • Deviant peer associations • Favourable attitudes to drugs • Positive portrayals of drugs • Adult unemployment • Mental health problems • Risk taking behaviours

Many Aboriginal people and people from culturally and linguistically diverse backgrounds experience discrimination and structural disadvantage as a result of intergenerational trauma. People with cognitive impairment, physical disabilities or mental illness, or who identify as lesbian, gay, bisexual, transgender and intersex also frequently experience stigma.¹⁶

As outlined in the five Key Strategic Areas for Action of the Strategy, addressing health and social inequalities requires a combined and appropriate mix of responses to achieve a healthier and safer community. In line with the National Drug Strategy 2017-2026, the Strategy recognises a requirement for a whole of government approach while driving cooperation between law enforcement, policing, justice, and health sectors to deliver effective responses. It also reflects the need to build and improve collaboration between agencies responsible for alcohol and other drug policy and service delivery and with agencies and providers working in other social service areas working with vulnerable people, including family intervention, child protection and out-of-home-care agencies.¹

The Strategy targets all Western Australians. However, evidence demonstrates that some drugs and population groups require a particular focus as they are associated with more harm and higher levels of alcohol and other drug use.

Implementation will require flexible, networked solutions in settings where people can access them. Innovative responses are needed to overcome the challenges posed by service gaps, remote locations, structural disadvantage, cultural factors, language and the needs of Aboriginal people and other high risk, vulnerable groups who suffer disproportionately high rates of harm from alcohol and other drug use. Furthermore, poly-drug use, injecting drug use and specific target groups can be of significant concern and strategies that address this can be very effective at reducing harm.

Social determinants of health

Social determinants of health are social, economic, and material factors surrounding people's lives, such as housing, education, availability of nutritional food, employment, social support, health care systems and secure early life. In many countries, including Australia, there are inequalities in health outcomes across the socioeconomic gradient.¹⁷

These avoidable inequalities in health, arise because of the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social and economic forces.¹⁸

The priority drugs of concern within the Strategy include:

- alcohol;
- cannabis;
- amphetamine type stimulants including methamphetamines; and
- heroin and other opioids.

Other drugs of concern include: new psychoactive substances, volatile substances/inhalants and pharmaceuticals.

The priority population groups within the Strategy are:

- Aboriginal people and communities;
- children and young people;
- people with co-occurring problems;
- people in rural and remote areas including fly-in, fly-out and drive-in, drive-out workers;
- families, including alcohol and other drug using parents and significant others; and
- those interacting with the justice and corrections systems.

Other target groups of concern include: older adults, culturally and linguistically diverse communities, people identifying as lesbian, gay, bisexual, transgender or intersex, and homeless people.

Priority drugs

The Western Australian Alcohol and Drug Interagency Strategy 2018-2022 priority drugs of concern...

- Alcohol
- Cannabis
- Amphetamine type stimulants including methamphetamines
- Heroin and other opioids

Alcohol

Alcohol-related problems are largely preventable and account for significant social, physical, emotional and economic costs to the community. Alcohol is the most prevalent drug used in Western Australia and causes the most drug-related harm (excluding tobacco) in the community.¹⁹

The costs associated with alcohol-related harm in Australia are substantial. Of significance is the impact on health, social and welfare services including crime, alcohol-related violence, road trauma, hospitalisations, emergency department presentations, nursing home costs, pharmaceutical expenses, ambulance costs and child protection issues.

The problems associated with harmful alcohol use are intertwined with social values and standards. To achieve sustainable change in Western Australia, the development of supportive environments and a culture that discourages harmful alcohol use is required.²⁰

Some facts on alcohol...

- In 2016, in the previous year, 18.4% of Western Australians aged 14 years and over drank at levels placing them at risk of lifetime harm (National 17.1%)²¹
- In 2016, the rate of alcohol-related emergency department presentations in the metropolitan area was 303 per 100,000 people²²
- Over one-third (37.3%) of Western Australians aged 14 years and over drank at levels placing them at risk of single occasion harm at least once in the previous year²¹
- In 2017, approximately one quarter (22% or 35 people) of those killed were in alcohol related crashes - a decrease on the preceding five year average (28%). It is also a 44% decrease compared to the peak in 2016 of 62 fatalities²³
- Non-domestic alcohol-related assaults reported to Western Australia Police are steady at around 4,600 per year. However domestic alcohol-related assaults are steadily increasing – up to 7,416 in 2014-15²⁴
- In 2017/18, alcohol was the primary drug-of-concern for 35.1% of all new treatment episodes at State Government treatment services²⁵
- In 2017/18, alcohol accounted for 38.7% of Alcohol and Drug Support Service contacts²⁶
- In 2017/18, the number of preliminary breath tests (including RBT) carried out in Western Australia was 2,210,347. Of those tested, 10,850 exceeded their legal blood alcohol concentration limit, representing 0.49% of the total number of preliminary breath tests²⁷
- In 2010 it was estimated that the total alcohol-related costs to society were \$14,352 billion in Australia²⁸

Cannabis

Although cannabis use has been declining over the past 10 years, it remains the most widely used illicit drug in Western Australia. There is increasing evidence of the negative effects of cannabis and research indicates that there is a strong relationship between cannabis use and mental health problems. Mental illnesses associated with cannabis use include depression, anxiety and psychotic disorders.²⁹

Some facts on cannabis...

- In 2016, recent (in the previous year) cannabis use in Western Australia was higher in comparison to the national average (11.6% versus 10.4%)²¹
- In 2017/18, cannabinoids (including cannabis and synthetic cannabinoids) were the primary drug-of-concern for 15.1% of all new treatment episodes²⁵
- The number of new treatment episodes where cannabinoids were the primary drug-of-concern increased by 4.3% from 2,708 in 2013/14 to 2,899 in 2017/18²⁶
- The number of cannabinoids-related Alcohol and Drug Support Service contacts has decreased 42.8% from 1,934 in 2013/14 to 1,354 in 2017/18²⁶

Amphetamine type stimulants including methamphetamines

Amphetamine type stimulants are a group of synthetic psychoactive drugs called central nervous stimulants.³⁰ They include amphetamine, dexamphetamine and methamphetamine. Law enforcement seizures indicate that the methamphetamine being seized is of a more potent form and research indicates that users are using more frequently, resulting in increasing harms.³¹

In Western Australia, the trends in methamphetamine use are generally consistent with Australian trends, with a decline since 1998 and recent usage slightly increasing in 2013.³² However, usage in Western Australia has been consistently higher than national levels.³²

Methamphetamine use has stabilised; however, the use of its more potent crystal form (commonly known as ice) has increased significantly, resulting in increasing harms associated with its use and considerable community concern.

Some facts on methamphetamines...

- During 2016, amphetamine use in the previous 12 months in Western Australia remained above the national average at 2.7% (1.4% nationally)²¹
- Between 2013 and 2016, for recent users there was a decrease in use of the crystalline form of methamphetamine from 78.2% to 61.3%, but it remains the most common form used²¹
- In 2017/18, amphetamine type stimulants (including amphetamines, methamphetamines, dexamphetamine and ecstasy) were the primary drug-of-concern in 37.5% of all new treatment episodes (greater than alcohol at 35.1%) at State Government funded treatment services²⁵
- The number of new treatment episodes in which amphetamine-type stimulants were the primary drug-of-concern increased by 45.2% from 3,954 in 2013/14 to 7,213 in 2017/18²⁵
- The number of amphetamine-type stimulant-related Alcohol and Drug Support Service calls increased by 29.8% from 3,079 in 2013/14 to 4,385 in 2017/18²⁶
- In 2016, 30.5% of drug seizure incidents by WA Police Force involved methamphetamines/amphetamines³³
- In 2015, 55% of cases diverted by police for illicit drug and paraphernalia possession were amphetamine related³⁴
- In 2017-18, 1.56 tonnes of meth was seized in Western Australia³⁵

Methamphetamine Action Plan

As part of a State-wide integrated plan to tackle methamphetamine use, the Methamphetamine Action Plan will:

- Invest an additional \$2 million per annum into treatment facilities to respond to early intervention and severe methamphetamine dependence;
- Expand specialist drug services into rural and regional areas of need and open two specialised rehabilitation centres, one in the South West and one in the Kimberley;
- Investigate ways to ‘fast-track’ guardianship and administration applications for methamphetamine users who are no longer able to make their own decisions and need help to manage their affairs and rehabilitation;
- Introduce a Mental Health Observation area at Royal Perth Hospital emergency department;
- Work with alcohol and drug agencies to ensure Western Australian schools have the most up to date programs to better inform our young people;
- Ensure WA Police Force have the resources to significantly increase the volume of roadside alcohol and drug testing of Western Australian drivers;
- Establish a Taskforce to oversee the implementation of the Methamphetamine Action Plan 2017 and ensure that coordination occurs across government;
- Create two dedicated drug and alcohol rehabilitation prisons, one for men and one for women, to break the cycle of drug related crime in our community;
- Create a 10 person Prisoner Triage Unit to operate in those courts dealing with the greatest number of short sentence drug-related offenders; and
- Establish a Meth Border Force within WA Police Force to disrupt and stop the supply and distribution of meth in Western Australia.

Heroin and other opioids

The use of heroin is relatively stable in comparison to alcohol and cannabis, however its use remains a significant cause of death, illness and injury among younger people and there is no safe level of drug use.³⁶ Due to the high level of injecting drug use among heroin users, the transmission of blood borne viruses is a particular public health concern. There has been an increase in the involvement of pharmaceutical opioids in opioid overdose across Australia. This trend will require consideration in the context of opioid overdose prevention.

Some facts on heroin and other opioids...

- In 2016, recent heroin use by people 14 years and over in Western Australia was 0.2%, the same as the national figure²¹
- In 2017/18, opioids (including illicit opioids such as heroin and pharmaceutical opioids such as buprenorphine, codeine or oxycodone) were the primary drug-of-concern for 11.0% of all new treatment episodes at State Government funded treatment services, compared to 15.1% in 2013/14 (2,403 to 2,128)²⁵
- The number of opioid-related Alcohol and Drug Support Service calls increased 10.5% from 870 in 2016/17 to 961 in 2017/18²⁶
- Purity fluctuates, but the 2015 Illicit Drug Reporting System Western Australian sample reported both the highest number reporting purity as ‘high’, and the least number reporting it as ‘low’ since 2000³⁷
- Ambulance callouts to narcotic overdoses for 2014/15 were the highest observed since 1999/2000³⁷
- Of the overdose callouts in 2014/15, 75% (530) were directly attributed to heroin, exceeding the total number of ambulance callouts for any opioid overdose (469) during 2013/14³⁷

Other drugs of concern

New psychoactive substances

The changing cycles of drug use require constant vigilance in addressing new and emerging issues before they escalate. New psychoactive substances are substances which mimic, or are claimed to mimic, the effects of illegal drugs.

Some facts on new psychoactive substances...

- In 2016, recent new and emerging psychoactive substance use by people 14 years and over in Western Australia was 0.5%, slightly higher than the national figure (0.3%)²¹
- In 2016, recent use of synthetic cannabinoids by people 14 years and over was 0.3%, a significant decrease from 2013 (2.5%). The Western Australian 2016 proportion (0.3%) was the same as the national figure (0.3%)²¹
- In 2017/18 there were 5 calls to the Alcohol and Drug Support Service pertaining to new and emerging drugs and 31 treatment episodes pertaining to synthetic cannabinoids, a drop from 145 treatment episodes in 2013-14²⁶
- As of February 2016, New Psychoactive Substances monitoring by the Mental Health Commission had identified approximately 300-450 different synthetic cannabinoids in addition to 450-600 other new substances
- The Misuse of Drugs Amendment (Psychoactive Substances) Act 2015 was assented to in Western Australia in October 2015 and took effect by proclamation on 18 November 2015
- In 2011, Western Australia was the first state to ban synthetic cannabinoids

In 2015, the European Monitoring Centre for Drugs and Drug Addiction and Europol monitored more than 450 new psychoactive substances, which was close to double the number of substances controlled under the United Nations international drug control conventions. More than half of those had been reported in the previous three years.³⁸

Volatile substances/inhalants

Volatile substance use occurs across pockets of the metropolitan area, regional areas and some remote communities. The extent of volatile substance use in Western Australia is difficult to determine; however, it has been identified as an issue of concern in some communities in the Kimberley, the Goldfields (including the Ngaanyatjarra Lands), the Pilbara, the Midwest and some parts of metropolitan Perth.

Some facts on volatile substances/inhalants...

- In 2016, 16% of Western Australian students reported ever having used a volatile substance and 10.4% in the past year²⁹
- In 2016, recent use of inhalants by people aged 14 years and over was 0.6%, lower than the national figure of 1.0%²¹
- In 2017/18, volatile substances or inhalants were the primary drug-of-concern for 0.1% of all new treatment episodes at State Government funded treatment services²⁵

Pharmaceuticals

Pharmaceutical drugs provide many benefits including increasing quality of life. Most people use these drugs appropriately, following the guidance provided by a medical practitioner, pharmacist or instructions on the packet. However, the misuse of pharmaceuticals, in particular opioids, including codeine, and benzodiazepines, is a growing issue of concern.⁴⁰ Australian data suggests that substantial and rising numbers of opioid analgesics and benzodiazepines are being prescribed.⁴¹ The most commonly reported misused pharmaceuticals in the Young Adult Drug and Alcohol Survey 2013⁴² were Attention Deficient Hyperactivity Disorder medications, caffeine tablets, sedatives, and analgesics. Further initiatives are required that address the complexities relating to the diversion of pharmaceutical drugs, including improved data collection and supporting responsible prescribing practices. A prescription monitoring system will improve transparency of medication history, support informed clinical decision making, reduce inappropriate prescribing, limit potential for doctor shopping and assist in rapid identification of at-risk individuals who may benefit from referral to treatment or other interventions as required.⁴³ Furthermore, restrictions on the supply of over-the-counter codeine-based medicines were implemented in early 2018.⁴¹

Some facts on pharmaceuticals...

- *During 2016, pharmaceutical drug use (excluding over the counter medicines) in the past 12 months in Western Australia was similar to the national average at 4.9% (4.8% nationally)²¹*
- *In 2017/18, pharmaceuticals (including but not limited to benzodiazepines anaesthetics, amitriptyline and zolpidem) were the primary drug-of-concern for 0.8% of all new treatment episodes²⁵*
- *From 2013/14 to 2017/18, the number of new treatment episodes where pharmaceuticals were identified as the primary drug-of-concern at State Government funded treatment services reduced from 250 to 163²⁵*
- *In 2013, 26.0% of adults aged between 18 and 35 in Western Australia had used a pharmaceutical for non-medical/recreational purposes at least once in their lifetime, and 17.7% in the last twelve months⁴²*

Priority groups

The Strategy's priority groups...

- Aboriginal people and communities
- Children and young people
- People with co-occurring problems
- People in rural and remote areas including fly-in, fly-out and drive-in, drive-out workers
- Families, including alcohol and other drug using parents and significant others
- Those interacting with the justice and corrections systems.



Aboriginal people and communities

Aboriginal people experience disproportionate harms and high access rates to treatment from alcohol and other drug use. The disparity in health and life expectancy between Aboriginal people and non-Aboriginal Australians is significantly impacted by drug-related problems.⁴⁴

The harmful use of alcohol and other drugs can be seen as a direct result of the disadvantages Aboriginal people face and is often exacerbated by broader underlying social, economic and health issues. Aboriginal people can be susceptible to alcohol and other drug problems as a result of cultural deprivation and disconnection to cultural values and traditions, trauma, poverty, discrimination and lack of adequate access to services.⁴⁵ A best practice approach to address the needs of Aboriginal people begins by addressing the social determinants of alcohol and other drug use problems, including homelessness, education, unemployment, grief, loss, trauma and violence.

Some facts about Aboriginal people and communities...

- In 2016, Aboriginal people were more likely than non-Aboriginal people to abstain from drinking alcohol; however, those who do drink were more likely to drink at risky levels than non-Aboriginal people⁴⁶
- As of June 2016 Aboriginal and Torres Strait Islander people accounted for approximately 3.9% of the State's population, 2,555,978⁴⁷ and represented approximately 22.0% (or 4,234) of new treatment episodes at State Government funded treatment services in 2017-18²⁵
- In 2017/18, 33.8% of Aboriginal people sought treatment at State Government funded treatment services for alcohol (as the primary drug of concern) compared to 35.5% of non-Aboriginal people²⁵
- In 2017/18, 22.6% of Aboriginal people sought treatment at State Government funded treatment services for cannabis (as the primary drug of concern) compared to 12.9% of non-Aboriginal people²⁵
- In 2015, Aboriginal people were five times more likely to be hospitalised due to alcohol than non-Aboriginal people⁴⁸



Children and young people

The reasons why young people use alcohol and other drugs vary. Research consistently demonstrates the importance of positive childhood development in preventing problems later in life.⁴⁹ Adolescence is a complex time when experimentation and risk taking behaviour is common. Preventing or delaying the uptake of alcohol and/or drugs assists in reducing the prevalence of high-risk patterns of use and harms in the future.⁴⁹

Some facts about children and young people...

- In 2017/18, individuals under 25 years-of-age represented approximately one fifth (19.4%) of new treatment episodes at State Government funded services²⁵
- In 2017/18, the primary drugs-of-concern at State Government treatment services for this age group were cannabis (41.7%), amphetamine-type stimulants (31.6%) and alcohol (19.7%)²⁵
- Between 2011 and 2015, the rate of alcohol-related hospitalisations for those aged less than 25 years decreased 26.6% (368.7 to 271.9 per 100,000 persons)⁴⁸
- Between 2011 and 2015, the rate of other drug-related hospitalisations for those aged less than 25 increased significantly by 13.4% (184.4 to 209.1 per 100,000 persons)⁴⁸
- In 2013, of students who drank in the last week (13.9%), more than one in three (29.8%) drank at harmful levels for single-occasion alcohol-related harm⁵⁰
- An age-matched comparison between the Young Adult Drug and Alcohol Survey and National Drug Strategy Household Survey shows:
 - 58.5% of Young Adult Drug and Alcohol Survey respondents had used cannabis in their lifetime (compared to National Drug Strategy Household Survey figure of 53.5%)
 - Almost one-third (30.5%) had used ecstasy (National Drug Strategy Household Survey 24.6%)
 - One-fifth (20.8%) had used meth/ amphetamine (National Drug Strategy Household Survey 18.0%)
 - One-sixth (17.8%) had used cocaine (National Drug Strategy Household Survey 13.0%)
 - Only 3.0% of respondents had used synthetic cannabinoids in the last year, which compares closely to that of the National Drug Strategy Household Survey (3.9%)⁵¹



People with co-occurring problems

A large proportion of people affected by alcohol or other drug problems also suffer from mental health issues.⁵² Although the term co-occurring is used, problems may be sequential or overlapping rather than consistently occurring at the same time. Both people with alcohol and other drug problems and those that experience mental health problems and/or mental illness frequently have poorer physical health outcomes than the general population.⁵³

Intoxication resulting in behavioural inhibition or an acute psychotic reaction is also associated with suicide⁵⁴ and long term use and/or dependency may also intensify existing mental health disorders, resulting in increasing psychological stress.⁵⁴

Use can also co-occur with other conditions including those related to general ill-health, dental, sexual health, blood borne viruses, chronic pain, intellectual and learning disabilities and cognitive impairment.⁵³

Some facts about people with co-occurring problems...

- *It is estimated that at least 30-50% of people who use alcohol and other drugs also have a co-occurring mental illness^{55 56 57}*
- *Many studies show higher rates, for example over 70% of alcohol clients in a research study in drug and alcohol residential settings had co-occurring mental health problems⁵⁸*
- *An Australian study found that 69% of people in outpatient treatment for alcohol problems had at least one co-occurring depressive or anxiety disorder. The most common disorder was depression, followed by generalised anxiety disorder and social phobia⁵⁹*
- *In Western Australia, between 2011 and 2015 those aged 25-44 years were the most affected by alcohol-related suicide (5.2 per 100,000)⁴⁸*



People in rural and remote areas

The impact of alcohol and other drug use in rural and remote communities can be intensified because of geographic isolation. Alcohol and other drug use can sometimes significantly impact these communities. They often have limited access to programs, infrastructure and services.⁶⁰ While the characteristics of Australia's rural areas are quite diverse, rural and regional Australians share several common features, including disproportionately high levels of alcohol consumption and its associated burden of disease and injury.⁶¹ People living in remote and very remote areas are reported to be twice as likely as people in major cities to drink alcohol in risky quantities.⁶²

In Western Australia, recent evidence regarding fly-in, fly-out and drive-in, drive-out workers has shown working away from home can increase the risk of alcohol and other drug-related problems and mental illness.⁶³

Some facts about people in rural and remote areas...

- *In 2017/18, the main drugs-of-concern for those seeking treatment at State Government funded treatment services in regional areas were alcohol (40.0%), amphetamine-type stimulants (35.7%) and cannabinoids (19.3%)²⁵*
- *From 2011 to 2015, the rate of alcohol-related hospitalisations for males was significantly higher in remote areas (800.8 per 100,000), compared with rural (533.8 per 100,000) and metropolitan areas (424.3 per 100,000)⁶⁴*
- *From 2011 to 2015, the rate of alcohol-related hospitalisations for females was significantly higher in remote areas (1,178.6 per 100,000), compared with rural areas (579.5 per 100,000) and metropolitan areas (536.7 per 100,000)⁶⁴*
- *In 2011/12 the estimated per capita pure alcohol consumption in regional areas (12.2L) was similar to the state-wide per capita alcohol consumption (11.94L)⁶⁵*



Families, including alcohol and other drug using parents and significant others

Many Australian families routinely face problems associated with a family member's alcohol and other drug use.⁶⁶ Alcohol and other drug use problems can be linked to a range of negative effects on children and families including modelling of poor drinking behaviours, family arguments, injury, neglect, abuse and violence.⁶⁷ These problems may significantly impact on extended family members, including grandparents, and may result in a range of detrimental social, physical and psychological effects, including domestic violence. In many cases, grandparents may be required to care for their adult children and grandchildren.⁶⁸

Furthermore, there are a range of services that respond to families experiencing problems associated with alcohol and other drugs from police responding to domestic violence and assaults to family members accessing telephone helplines.⁶⁷

The health, wellbeing and safety of all children is of paramount importance in developing alcohol and other drug strategy, programs and activities. Health, alcohol and other drug and child protection services have a duty of care in the assessment and appropriate intervention for at-risk children.

There is also overwhelming evidence that alcohol and other drug use can have serious adverse effects on the health and wellbeing of newborns and infants and that alcohol and other drug use during pregnancy may result in long term developmental problems.⁶⁹

Across Australia 47% of women consumed alcohol while pregnant, before knowledge of their pregnancy and approximately 20% of women continue to drink alcohol after they know they are pregnant. This estimation is for both Aboriginal and non-Aboriginal women.⁷⁰ Whilst there is growing evidence around the effects of alcohol during pregnancy, other impacts from drugs such as methamphetamine use in pregnancy are less well known. Alcohol and other drug use can also have a negative effect on family relationships, impacting on the physical and mental health of family members and placing significant financial pressure on the family unit.⁶⁶

For parents with alcohol and other drug use problems, addressing parenting issues recognises the vital role that this plays in a person's life. It may assist in helping to prevent cycles of intergenerational problems and provide better outcomes for the individual, as well as best care for their children.⁷¹

In addition, due to the stigma associated with drug use, families of those with alcohol and other drug use problems may not access the social support and treatment services they require.⁶⁶

Some facts about families, including alcohol and other drug using parents and significant others...

- *In 2017/18, 18.4% of those seeking treatment for alcohol and other drug use reported living with children (either as a sole parent or with a partner)²⁵*
- *In 2017/18 approximately one in three (28%) Alcohol and Drug Support Service calls were from a family member who was concerned for another family member's alcohol and drug use²⁶*



Those interacting with the justice and corrections systems

Programs and services directed at preventing and/or breaking the cycle of offending aim to reduce the harm to individuals, families and the community that are the result of alcohol and other drug use and related crime. Particular focus is required to prevent first time offenders from entering the criminal justice system.

Research has shown that Western Australia's rate of re-offending has averaged 40% to 45% over the last decade.⁷² Australian and international academic literature has found that both mental illness and drug use are linked with reoffending.⁷³ For those already engaged within the criminal justice system, culturally appropriate prevention, treatment and support programs need to be available through the courts, community justice services, juvenile detention centres and prisons.

The criminal justice system has disproportionately high numbers of young men (the average age is 33 years),⁷⁴ over-representation of Aboriginal people, and high rates of mental illness, problematic alcohol and other drug use and cognitive impairment.

In Western Australia, Aboriginal people are imprisoned at a significantly higher rate than other Australians. While 40% of adult prisoners and three quarters of young detainees are Aboriginal, Aboriginal people comprise only 2.9% of the state's population. This is the second highest Aboriginal incarceration rate in Australia.⁷⁵

Some facts about those interacting with the justice and corrections systems...

- *In 2016/17, 651 treatment episodes were provided to juvenile offenders with identified alcohol and other drug use who were diverted away from the criminal justice system, either by police or the court system, to Western Australian Diversion programs⁷⁶*
- *In 2015, over half (52.9%) of women and 37.9% of men in the Western Australian adult prison population had a co-occurring mental illness and a substance use disorder⁷⁷*
- *A 2008 review found that more than 80% of prisoners and offenders appearing before the courts in Western Australia had substance use problems⁷⁸*

Other target population groups of concern



Older Australians aged over 50 years are most likely to abstain from alcohol or to drink one day per month or less but if they do drink they are most likely to drink alcohol every day (particularly in the 70 and over age category). Wine and low strength beer is the most common alcoholic beverage of choice.⁸⁰ Schedule 8 opioid medication usage is also most prevalent among older Australians, as is use of benzodiazepines.⁸⁰

It is important to note the diversity within the population including gender, gender diversity, culturally and linguistically diverse backgrounds, seniors with mental health issues including dementia and those living in rural and regional settings. The varying needs and complexity of individual situations need to be recognised when developing and delivering alcohol and other drug services for this group.⁸¹

Older adults

Longer life expectancy, changing patterns of alcohol and other drug use and differing expectations of current and future generations of older people will all impact on future alcohol and other drug service delivery. Between 2010 and 2050 it is estimated that the number of people aged 65 to 84 years will double and those aged 85 years and over will quadruple.⁷⁹

Older people can be more susceptible to the harms arising from alcohol and other drug use as a result of pain and other medication management, isolation, poor health, grief, loss and other life events and decline or loss of independent living.

Some facts about older adults...

- In 2015, the rate of alcohol-related hospitalisations for those aged 65 years and above was higher than the rate for those aged 15 years and older (1,708.8 and 906.5 per 100,000 persons respectively)⁸²*



Culturally and linguistically diverse communities

Alcohol and other drug consumption varies greatly within and between countries. Whilst these substances may be much less widely used in a person's country of origin, patterns of use may change following settlement in Australia due to the change in circumstances, coping mechanisms and adoption of cultural norms. According to the 2016 Census, 16.6% of Western Australians were born in non-main English speaking countries.⁸³ The 2013 National Drug Strategy Household Survey figures indicate that people whose main language was not English were less likely to drink alcohol or use illicit drugs than those whose main language was English (aged 14 years and over).⁸⁴ However, it is likely that alcohol and other drug use is under reported.

Different cultures vary in their attitudes to, use of, and perceptions of harm from alcohol and other drugs (including tobacco and medications). Religious observance and ceremony is often an important aspect of culture and this may play a part in the manner and extent of alcohol and other drug use amongst particular groups or be a barrier to seeking help.⁸⁵

There can be considerable stigma associated with people who use alcohol and other drugs or identify as having a problem.¹⁴ Some people from culturally and linguistically diverse backgrounds experience situations that can increase the risk of developing alcohol and other drug problems, (including histories of trauma, unemployment and family separation) but are often unaware of services that can provide support and treatment.⁸⁶

Some facts about culturally and linguistically diverse communities...

- *In 2016, people whose main language was not English were less likely to drink alcohol or use illicit drugs than those whose main language was English (aged 14 years and over); however, 5.4% reported drinking alcohol at risky levels for lifetime harms and 6% reported drinking alcohol at risky levels for single occasion harms at least yearly²¹*
- *In 2016, for people whose main language was not English, 7.1% reported recent illicit use of drugs compared to the National figure 16%²¹*



People identifying as lesbian, gay, bisexual, transgender or intersex

The patterns of alcohol and other drug use with people who identify as lesbian, gay, bisexual, transgender or intersex, differ when compared to the broader community. Homophobia and discrimination may also result in people who identify as lesbian, gay, bisexual, transgender or intersex finding it difficult or uncomfortable to access treatment for alcohol and other drug use.¹³ In 2016, the use of licit and illicit drugs was more common in people who identified as homosexual or bisexual in Australia than for those identifying as heterosexual.²¹

Some facts about people who identify as lesbian, gay, bisexual, transgender or intersex...

- The proportion of people identifying as homosexual or bisexual who drank at risk of lifetime harm in the last year decreased from 28.8% in 2013 to 25.8% nationally in 2016; however, this proportion remains higher than the national average (18.2% in 2013 and 17.1% in 2016)²¹
- The proportion of people identifying as homosexual or bisexual who used an illicit drug or misused a pharmaceutical increased from 38.6% in 2013 to 41.7% nationally in 2016, and remains higher than the national average (15.0% in 2013 and 15.6% in 2016)²¹
- In 2016, the proportion of people identifying as homosexual or bisexual who drank at risk of lifetime harm in the last year (25.8%) was higher than those identifying as heterosexual (17.2%)²¹
- In 2016, the proportion of people identifying as homosexual or bisexual who used an illicit drug or misused a pharmaceutical (41.7%) was higher than those identifying as heterosexual (14.5%)²¹



Some facts about homeless people...

- *In 2015/16, in Western Australia, of clients seeking assistance for homelessness in Specialist Homelessness Services 6.2% had problematic drug or substance use and 4.1% had problematic alcohol use⁸⁹*
- *In 2015/16 in Western Australia, 50.3% of clients accessing Specialist Homelessness Services needed assistance with alcohol and other drug counselling⁸⁹*

Homeless people

Homelessness has a number of causes which can be structural, social or individual in nature. Structural factors include poverty, unemployment and unaffordable or inaccessible housing. Individual factors can include mental illness and/or problematic alcohol and other drug use.

There is a well-documented two-way pathway between homelessness and alcohol and other drug problems, with research showing that alcohol and other drug use problems can lead to homelessness; or homelessness can lead to problematic use of alcohol and other drugs.⁸⁷ In many cases, the order in which these are addressed is less important than ensuring that people are supported with a flexible and comprehensive approach. Developing services that address these factors concurrently (along with mental health issues) is essential to sustaining long-term outcomes.⁸⁸

Key strategic areas for action

The Strategy guides the approach government agencies, non-government agencies and the community may adopt to counter harmful alcohol consumption, illicit drug use and the misuse of licit drugs. It recognises the need to respond in a flexible and practical way to existing and emerging alcohol and other drug problems.

There are five key strategic areas for action with examples of evidence-informed initiatives described in each of the strategic areas. The key strategic areas are not mutually exclusive; key strategies overlap and the examples of initiatives that have been provided in the strategic area may equally apply in another. For practicality, initiatives have been outlined in one key strategic area only.

Each Key Strategic Area for Action aims to achieve a number of outcomes. Examples of performance measures that may assist in monitoring the implementation of initiatives is provided. Where appropriate and available, across-government key performance indicators will be used.

In support of the five key strategic areas, agencies represented on the Drug and Alcohol Strategic Senior Officer's Group develop Agency Support Plans that outline key planned initiatives over the lifetime of the Strategy, with annual reporting on milestones and achievements. In addition to these Plans, some agencies, where appropriate, will also extend their commitment and develop more specific strategies to address alcohol and other drug issues.

The Strategy's five Key Strategic Areas of Action are:

- 1. Focusing on prevention**
- 2. Intervening before problems become entrenched**
- 3. Effective law enforcement approaches**
- 4. Effective treatment and support services**
- 5. Strategic coordination and capacity building.**

Key Strategic Area 1: Focusing on prevention

Prevention initiatives are aimed at preventing and delaying the uptake of alcohol and other drug use and associated harms. Initiatives can be targeted at the whole population or specific priority groups and can include raising awareness; creating supportive environments and communities that are low risk; enhancing community attitudes and skills; and building a community's capacity. This includes reducing the stigma that impacts on individuals, families and people who work in the alcohol and other drug sector as well as encouraging everyone to contribute to reducing harms.

In the development and implementation of prevention programs, key areas for action focus include:

- preventing and delaying the onset of alcohol and other drug use and related problems;
- supporting environments that discourage harmful alcohol use and related problems;
- enhancing community attitudes and skills to avoid harmful use;
- supporting and enhancing the community's capacity to address alcohol and other drug problems; and
- supporting initiatives that discourage the inappropriate supply of alcohol and other drugs.

Aim

To educate and provide supportive environments for individuals, families and communities to develop the knowledge, attitudes and skills to choose healthy lifestyles and adopt healthy and low risk alcohol and other drug environments.

Key outcomes

- Individuals, families and communities have the necessary knowledge and skills to prevent alcohol and other drug problems and reduce associated harms.
- Systems and environments support the prevention and reduction of alcohol and other drug-related harms.
- Children and young people with resilience and protective factors to prevent and reduce alcohol and other drug related harms.
- A positive culture and supportive environment that fosters social inclusion and connectedness, and that is consistent with decreasing illicit drug use and harmful alcohol consumption.

Example performance measures

- Percentage of the population aged 12 to 15 years reporting use of illicit drugs and alcohol (single occasion harm), compared to the percentages reported nationally.
- Percentage of the population aged 14 years and over reporting use of illicit drugs and alcohol at harmful levels (lifetime and single occasion harm), compared to the percentages reported nationally.
- Average per capita alcohol consumption in Western Australia compared to the figure reported nationally.

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, outlines the need to establish a range of evidence-based prevention programs, strategies and initiatives that will prevent and reduce drug use and harmful alcohol use, including individual, targeted and whole of population initiatives. As a priority this includes the development of a detailed Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018-2025 to address mental health, alcohol and other drug issues across the life course. The plan will complement the Western Australian Alcohol and Drug Interagency Strategy 2018-2022, providing further guidance for the development and implementation of specific initiatives.

Key initiatives

Awareness and education

- Provide targeted and population based public education campaigns that increase knowledge of alcohol-related issues and consequences, and support the development of a lower risk, safer and healthier drinking culture, practices and environments consistent with the National Health and Medical Research Council Australia guidelines to reduce health risks from drinking alcohol.
- Provide targeted public education campaigns that focus on reducing the harm from illicit drugs by encouraging sensible and informed decisions about illicit drug use through the provision of credible, factual information and comprehensive strategies to address drug-related issues.
- Continue to develop strategies and programs to reduce the stigma experienced by consumers and their families when they seek support for their problems associated with alcohol and other drug use to increase service engagement with appropriate programs and services.
- Aligned to the principle of co-production, encourage consumer, community and key stakeholder participation in the development of strategies, particularly in areas where high levels of harm are evident to ensure strategies are appropriately targeted.
- Utilise methods and channels favoured by young people, such as online services and social media, to provide information that aims to prevent and delay alcohol and other drug use.

<p>Environments and communities</p>	<ul style="list-style-type: none"> • Promote recreational, social, educational and cultural activities as healthy alternatives to prevent and delay alcohol and other drug use among young people. • Implement a range of evidence-based alcohol intervention strategies such as effective enforcement of liquor licensing laws, separating child-focused activity from alcohol settings, creating low-risk drinking settings, controlling access and availability, responsible marketing, supply and service. • Build and maintain strong family, education, and community connections for young people, including the reduction of influencing factors and the development of resilience and protective factors, to reduce the likelihood of young people becoming involved in harmful behaviour, including harmful alcohol consumption and illicit drug use. • Continue the development and implementation of evidence-based prevention strategies to prevent and reduce alcohol and other drug related harms at a state wide, local and regional level. • Support the state-wide network of alcohol and other drug management plans that deliver preventative activities and education for communities.
<p>School education</p>	<ul style="list-style-type: none"> • Continue to implement and promote sustainable, evidence-based/ evidence-informed alcohol and other drug school curriculum to develop resilience and positively influence young people’s choices and decisions in alcohol and other drug-related situations. • Promote the implementation of policies, procedures and plans that support a holistic response to alcohol and other drug use issues with the school community that include administration, teaching and student services staff, parents/carers and young people. • Continue to work in partnership with community and government agencies and key stakeholders to create low risk environments and reduce harm for young people including end of school celebrations. • Continue to develop and provide evidence-based/evidence-informed alcohol and other drug education programs including resources that support delivery of best practice whole school approaches including early intervention. • Continue to build capacity of school staff to implement sustainable school drug education through training and provision of support materials.
<p>Co-occurring mental health issues</p>	<ul style="list-style-type: none"> • Implement relevant key action areas of Suicide Prevention 2020: Together we can save lives. This includes promoting the use of mental health, alcohol and other drug services and counselling services and reducing stigma and discrimination against people using these services.

<p>Cultural security</p>	<ul style="list-style-type: none"> • Implement culturally secure prevention activities that are appropriately targeted to provide alcohol and other drug information, such as education campaigns and resources, to priority population groups such as Aboriginal people and culturally and linguistically diverse communities.
<p>Strategy and policy</p>	<ul style="list-style-type: none"> • In line with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, complete the development of a detailed Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018-2025 to address mental health, alcohol and other drug problems across the life course. • Consider introducing evidence-based policy initiatives to reduce alcohol-related harm including alcohol advertising restrictions and price-based strategies, such as minimum floor pricing.
<p>Fetal Alcohol Spectrum Disorders</p>	<ul style="list-style-type: none"> • Improve knowledge and recognition of Fetal Alcohol Spectrum Disorders to inform prevention strategies and assist affected children and their families to access appropriate treatment and support.
<p>Secondary supply legislation</p>	<ul style="list-style-type: none"> • Continue to promote the intent of the secondary supply legislation through campaigns and prevention activities that are committed to reducing and preventing alcohol use and related harm experienced by minors via a range of evidence-based strategies.

Key Strategic Area 2: Intervening before problems become entrenched

Early intervention initiatives are required to address emerging alcohol and other drug related issues before problems become entrenched. This includes early detection and referral of those with potential alcohol and other drug problems to appropriate treatment services. Critical to this is improving system navigation, collaboration and integration in order to support those accessing timely, accurate and reliable information for individuals, families and communities.

Key strategic areas for action include increasing knowledge of alcohol and other drug services in Western Australia and implementing early assessment and brief intervention measures.

Aim

To implement a range of programs and services that identify individuals, families and communities at-risk and intervene before problems become entrenched.

Key outcomes

- Early assessment and brief intervention measures to reduce problems resulting from alcohol and other drug use.
- Early intervention treatment opportunities for young offenders with alcohol and other drug-related problems.
- Consumer, community and stakeholder knowledge and awareness of the alcohol and other drug treatment and support services available in Western Australia.

Example performance measures

- Number of eligible cannabis offenders diverted by police to a cannabis intervention session and rate of successful completion.
- Number of eligible illicit drug offenders diverted by police to a drug intervention session and rate of successful completion.
- Number of juvenile drug offenders with identified drug use diverted away from the criminal justice system by either police or the court system.
- Number of calls to the Alcohol and Drug Support Service.
- Number of liquor restricted premises applications granted.

Key initiatives

<p>Information, support and referral</p>	<ul style="list-style-type: none"> • Provide online and telephone information and counselling services for people seeking help for their own or another person’s drug use through the Alcohol and Drug Support Line, Parent and Family Drug Support Line, and the Meth Helpline. • Consult with the alcohol and other drug sector to enhance system navigation through helpline functions. • Engage primary and social care to better facilitate system navigation and appropriate pathways of referral, care and support. • Support primary care practitioners to reduce health system fragmentation and improve pathways, information flow and shared care arrangements between primary and secondary care providers.
<p>Diversion programs</p>	<ul style="list-style-type: none"> • Provide treatment and support opportunities for juvenile offenders at all stages of the criminal justice system to address their alcohol and other drug use and prevent further offending. • Progress the development and implementation of initiatives to divert young people away from the justice system, including through programs such as the Alcohol Intervention Requirement. • Enhance police diversion of minor drug offenders away from the criminal justice system and into drug treatment through increased utilisation of the revised Other Drug Intervention Requirement and the Cannabis Intervention Requirement schemes.
<p>School interventions</p>	<ul style="list-style-type: none"> • Continue to promote the implementation of effective policy, programs, procedures and plans for the management and intervention of alcohol and other drug use incidents for all schools. • Continue to develop and deliver early intervention programs and strategies to support young people experiencing issues related to drug use.
<p>Medicines</p>	<ul style="list-style-type: none"> • Promote safer prescribing practices by general practitioners to reduce: the diversion and misuse of Schedule 8 prescription drugs; over-the-counter drugs; and ‘doctor shopping’. • Implement an information technology-based system to support real time management of Schedule 8 medicine dispensing. • In consultation with the medical profession, work with pharmacy peak bodies to determine how pharmacists can become involved in the dispensing of medications and monitoring of people with mental health, alcohol and other drug problems.

<p>Health, social and welfare settings</p>	<ul style="list-style-type: none"> • Improve access to information, education and brief intervention in settings other than specialist alcohol and other drug services such as primary health care settings. • Where appropriate, health, social and welfare services provide early identification and referral of at-risk children of parents with an alcohol and/or other drug problem. • Support primary care practitioners to deliver value for those with AOD problems by reducing health system fragmentation, improving outcomes and ensuring genuine, respectful engagement with clinicians and communities along the care continuum. • Support capacity building of primary care and generalist providers to respond to alcohol and other drugs.
<p>Liquor restrictions</p>	<ul style="list-style-type: none"> • For those agencies with relevant provisions in the <i>Liquor Control Act 1988</i>, continue to seek intervention around alcohol availability in relation to high-risk applications and communities. • Where appropriate, support and assist people wanting to apply to have their home declared liquor restricted as a means of minimising alcohol-related harm, and reducing the impact of alcohol on the safety and wellbeing of children. • Encourage the declaration of households as Liquor Restricted Premises under the <i>Liquor Control Act 1988</i> to reduce the impact of alcohol on the sustainability of tenancies, where appropriate. • Where appropriate, declare common areas in multi-unit complexes liquor restricted to broaden the reach of Liquor Restricted Premises beyond individual households. • Where appropriate, and in the public interest, place conditions on licences to limit the sale of liquor from licensed premises. • Support communities experiencing high levels of alcohol related harm and ill-health that wish to seek liquor restrictions.
<p>Policies and guidelines</p>	<ul style="list-style-type: none"> • Review and implement local level memorandums of understanding between child protection and community alcohol and other drug services that aim to increase collaborative working arrangements, referral processes, and information sharing for shared clients. • Continue to refer eligible Department of Communities clients to child protection income management programs where this is in the best interests of a child. • Continue to build on information sharing that already occurs between agencies in line with the State Government policy Working Together For a Better Future For At Risk Children and Families.
<p>Brief intervention</p>	<ul style="list-style-type: none"> • Improve access to information, education and brief intervention in settings other than specialist alcohol and other drug services, including schools. • Provide opportunities for intervention amongst high prevalence or high risk groups, including the implementation of settings based approaches to modify risk behaviours.

Key Strategic Area 3: Effective law enforcement approaches

A strong legal framework is required to support the policing of alcohol-related crime and anti-social behaviour, discourage the illicit drug trade through appropriate enforcement and penalties, and provide access to treatment and support services for offenders.

This includes approaches that aim to prevent harm, break the cycle of offending and, if a person becomes engaged in the criminal justice system, enable them to receive treatment and support at all stages equivalent to services that are available to the general community.

Aim

To reduce and control the availability of alcohol and other drugs, and implement strategies that aim to prevent or break the cycle of offending associated with alcohol and other drug use.

Key outcomes

- Responsible service and supply of alcohol to prevent and reduce harm and antisocial behaviour.
- Disruption and reduction of the supply of illicit drugs and the diversion of pharmaceuticals.
- Appropriate legal responses to decrease the impact of alcohol and other drug-related crime and antisocial behaviour.
- Safeguarding and protecting children and young people from the suppliers of alcohol and illicit drugs.

- Diversion to treatment and support for offenders at appropriate stages of the criminal justice system to address their alcohol and other drug use.

Example performance measures

- Number and weight of illicit drug seizures by drug type.
- Number of adult drug offenders with identified drug use diverted into treatment through court diversion programs.
- Number of adult offenders with alcohol and other drug issues attending programs in prison.
- Number of road-side preliminary drink-driving tests administered and the percentage returning a positive indication.
- Number of road-side preliminary drug driving tests administered and the percentage returning a positive indication.
- Number of family violence incidents reported to police.
- Number and percentage of family violence incidents reported to police indicating alcohol was involved.
- Number of assault incidents reported to police.
- Number and percentage of assaults indicating alcohol was involved.

Key initiatives

<p>Frontline policing</p>	<ul style="list-style-type: none"> • Focus on frontline policing including high visibility in and around licensed outlets, increased compliance with relevant legislation, random breath and saliva testing in relation to drink and drug driving. • Target clandestine laboratories to reduce the manufacture of illicit drugs, and prosecute illicit drug dealers. • In accordance with the WA Police Force Meth Enforcement Plan: <ul style="list-style-type: none"> • increase the detection of methamphetamine entering Western Australia via road, rail and domestic air transport; postal delivery; and international air transport. • enhance intelligence to disrupt supply chains and money launderers. • Strengthen measures to combat the supply of drugs and contraband into prisons including collaboration with Department of Justice and WA Police Force to conduct search operations; ongoing recruitment and training of drug detection units; implementation of waste water testing and analysis program in Western Australian prisons.
<p>Community action</p>	<ul style="list-style-type: none"> • Encourage community reporting of drug intelligence by building the capacity of the Eyes on the Street and through Crime-stoppers and Neighbourhood Watch networks.
<p>Diversion programs</p>	<ul style="list-style-type: none"> • Progress the implementation of the mandatory alcohol interlock scheme that incorporates alcohol assessment and treatment measures for eligible drink driving offenders. • Continue to enforce laws where drivers charged with drug impaired driving are required to undergo assessment presentencing and, if convicted, have a treatment condition imposed. • Provide comprehensive court diversion programs, including referrals from specialist courts and diversionary options, particularly for young people.
<p>Diversion of illicit and licit drugs</p>	<ul style="list-style-type: none"> • Collaborate with national initiatives relating to the inappropriate use and diversion of licit and illicit drugs.
<p>Strategy and legislation</p>	<ul style="list-style-type: none"> • Continue across-government efforts to monitor and respond to issues relating to emerging and new psychoactive substances, including those methods outlined in the WA Police Force Meth Enforcement Plan relating to Drug Use Monitoring in Australia data, Emergency Department presentations and via the Methamphetamine Waste Water Analysis Project. • Continue targeted use of relevant liquor licensing legislation to prevent and reduce alcohol-related harm and problems. • Aligned to the WA Police Force Meth Enforcement Plan, seize cash and proceeds from methamphetamine sales.
<p>Forensics</p>	<ul style="list-style-type: none"> • Progress the development and expansion of improved service delivery for forensic-based services to break the cycle of drug related crime through prevention activities, workforce development and specialist services.

Western Australian Police Force Meth Enforcement Plan

An important initiative is the ongoing implementation of the WA Police Force Meth Enforcement Plan that aims to disrupt and stop the supply and distribution of methamphetamines in Western Australia. The Meth Enforcement Plan encompasses enhanced collaboration between law enforcement and partner agencies to target the supply of methamphetamine into Western Australia and confiscate the profits derived from this crime.

Actions include:

- *Methamphetamine transport teams deployed to key transport hubs to search motor vehicles, trains and aircraft entering Western Australia and domestic parcel post;*
- *Greater inter-agency collaboration through the Joint Organised Crime Task Force;*
- *Dedicated methamphetamine investigation teams such as the Meth Border Force within WA Police Force to stop meth coming into Western Australia;*
- *Confiscation of profits and the investigation of the transfer of money derived from methamphetamine-related crime;*
- *Improved intelligence and investigative support through a dedicated methamphetamine intelligence desk;*
- *Locating and dismantling clandestine drug manufacturing laboratories;*
- *Additional resources for increased Roadside Drug Testing; and*
- *A commitment to continued wastewater testing to monitor use and identify trends in use and scale.*

Key Strategic Area 4: Effective treatment and support services

The provision of integrated, high quality and person-centred treatment and support is required for those with problematic alcohol and other drug use and for those affected by someone else's use. High quality evidence-based services are required to meet the needs of consumers, individuals, families and communities. Programs and services need to engage and include family members and significant others. This includes culturally secure service provision, family inclusive practice and youth friendly services.

Key strategic areas for action in providing effective treatment and support services include:

- Incorporating a holistic approach that acknowledges the impact of social determinants of health and wellbeing such as housing, education and employment.
- Supporting consumers, individuals and families to be fully involved in co-planning, co-design, co-delivery and co-review of policies and services.
- Improving transition for people moving between services, including between bed-based and community treatment and support services.
- Improving treatment, support and referral pathways between services for people experiencing co-occurring alcohol, other drug and mental health issues and physical health conditions.
- Greater access to treatment and support services close to home and keeping people connected to their local community and family.
- Providing effective and accurate harm reduction information to clients and supporting the adoption of harm reduction practice where indicated.

Aim

To provide integrated, evidence-based treatment and support services to support people to recover from dependence.

Key outcomes

- A comprehensive range of alcohol and other drug treatment and support services to facilitate access and ensure continuity of care.
- Integrated and coordinated services through effective partnerships and collaboration between the alcohol and other drug sector and key stakeholders such as primary care and specialist mental health services.
- Evidence-based treatment that supports services to better meet the needs of clients and improve client outcomes; including those with co-occurring alcohol, other drug and mental health issues and physical health conditions.
- Alcohol and other drug treatment and support services for individuals, families and carers affected by someone else's alcohol and other drug use.

Example performance measures

- Number of drug-related overdose deaths and proportion by drug type.
- Number of alcohol and other drug treatment episodes at State Government funded treatment services and the percentage of treatment episodes completed as planned.
- Rate of hospitalisations related to alcohol.
- Rate of hospitalisations related to illicit drugs.
- Number of emergency department presentations related to alcohol.
- Number of emergency department presentations related to illicit drugs.
- Number of open and opened treatment episodes for Sobering-up Centres.

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, provides a guide for service development, transformation and expansion of mental health, alcohol and other drug services. This includes developing community treatment services, expanding bed-based services such as withdrawal and residential rehabilitation, increasing access to community support programs and developing services for high-risk groups such as responsive, efficient and effective forensic services for those with mental health, alcohol and other drug problems.

Key initiatives

<p>Treatment service development</p>	<ul style="list-style-type: none"> • Develop contemporary models of treatment services, in line with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 that are best suited to meet the needs of the community, including: <ul style="list-style-type: none"> • Continue to develop community treatment services such as Community Alcohol and Drug Services in metropolitan and regional areas to increase availability and provide effective coordination of services. • Expand community and bed-based services for individuals with mental health, alcohol and other drug problems that includes withdrawal and residential rehabilitation. • Develop responsive, efficient and effective forensic services for those with mental health, alcohol and other drug problems. • Implement models of service that are aligned to the needs of individuals and families such as assertive outreach. • Strengthen linkages between mental health services, alcohol and other drug services and generalist and primary care where appropriate to ensure co-occurring issues are addressed (eg via referral pathways or in-reach services). • Facilitate a smooth transition between the phases of treatment and reduce the likelihood of 'dropout', while reducing waiting times for residential rehabilitation by expanding specialist drug services, particularly in rural and regional areas of need. • Provide greater access to counselling, information, support, referral and access to rehabilitation services and low medical withdrawal beds state-wide. • Provide assessment, early intervention and treatment (withdrawal, counselling, group programs as well as referral) for people experiencing problems related to methamphetamine use. • Engage relevant specialists in addiction and consultation liaison psychiatry in the development of treatment and support services where relevant. • Implement strategies to break the cycle of drug related crime including progressing the development of two dedicated alcohol and other drug rehabilitation prisons, Wandoo Rehabilitation Prison for women and Casuarina Prison for men; delivering of therapeutic and criminogenic programs in both custodial and community locations; and providing rehabilitation and reintegration services including alcohol and other drug treatment services in the corrective services context.
<p>Innovation and quality</p>	<ul style="list-style-type: none"> • Continue to implement Quality Improvement Standards for alcohol and other drug services as relevant to the government and non-government sector. • Support the development of and implement innovative treatment strategies to support people with amphetamine-related problems, and where the opportunity arises participate in clinical trials for emerging and current treatments.

<p>School services</p>	<ul style="list-style-type: none"> • Continue to provide, through the School Psychology Service and the new engagement centres, vital social-emotional, behaviour management, mental health and learning support to individual students, school-wide support and capacity building in student behaviour and mental health, and interagency collaboration and referral.
<p>High-risk and priority populations</p>	<ul style="list-style-type: none"> • Improve access to a broad range of alcohol and other drug treatment services for high-risk populations such as youth, Aboriginal people, parents with children (including pregnant women), people with co-occurring mental health, alcohol and other drug problems, and offenders. • Provide a range of alcohol and other drug treatment programs in prison and community corrections locations for those assessed as having high needs or at risk of reoffending. • Provide naloxone programs for people at-risk of opioid overdose. • Provide education, state-wide needle and syringe exchange programs, and access to testing and treatment to reduce and control the spread of blood borne viruses. • Provide peer support programs that promote good health and wellbeing, home in-reach to maintain housing, family support, flexible respite, advocacy services and harm reduction programs such as overdose prevention and sobering up centres. • Continue to support culturally secure outreach programs in the community. • In the development and implementation of services, incorporate the strengths of culture and family when responding to Aboriginal people with alcohol and other drug problems. • Consider compulsory alcohol and other drug treatment legislation pending outcomes of evaluations of the New South Wales involuntary treatment program.
<p>Holistic service provision</p>	<ul style="list-style-type: none"> • Continue to provide holistic services through linkages between the alcohol and other drug sector, mental health and primary health sectors and stakeholders such as child protection, sexual health, corrective services, housing, mainstream health services, social services and welfare service providers. • Maintain and continue to provide collaborative, integrated (government and non-government) and coordinated services to meet the needs of consumers and improve system navigation. • Address the holistic needs of individuals and families of those in treatment through family inclusive and age appropriate practice. • Provide access to education, health promotion, treatment and support services to address alcohol and other drug problems for young people in detention.

<p>Information and support</p>	<ul style="list-style-type: none"> • Provide a 24 hour telephone Clinical Advisory Service for general practitioners and other health care professionals seeking clinical information and advice on alcohol and other drug treatment. • Provide an alcohol pharmacotherapies call-back service to assist general practitioners in referring alcohol-dependent people to treatment services. • Provide mentoring via telephone and online for clinicians in rural and remote areas that may have difficulty accessing support due to isolation.
<p>Support services</p>	<ul style="list-style-type: none"> • Develop and purchase contemporary models of support services, in line with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, which are best suited to meet the needs of the community, increasing community support programs and services for people with mental health, alcohol and other drug problems such as transitional housing and support options, and access to sobering up services. • Aligned to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 develop the Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025 to address the support and accommodation needs of people with mental health, alcohol and other drug problems. • Through the National Partnership Agreement on Homelessness, assist clients of drug and alcohol treatment services to find and maintain stable accommodation (for example the Transitional Housing and Support Program). • Investigate ways to streamline processes for people with alcohol and other drug related problems that are no longer able to make their own decisions and require assistance managing their personal affairs and their rehabilitation.

Key Strategic Area 5: Strategic coordination and capacity building

There are a number of supporting initiatives that are fundamental to the development of policy and the provision of evidence-based alcohol and other drug programs and services.

Aim

To provide improved and targeted responses to alcohol and other drug-related problems through capacity building, workforce development, collaboration, evidence-based practice, monitoring and information dissemination.

Key outcomes

- Appropriately aligned and coordinated local, regional, state and national action across government, non-government and related sectors.
- Workforce planning and development initiatives that build the capacity and sustainability of the alcohol and other drug sector and other key stakeholders.
- Innovative and evidence-based responses to alcohol and other drug issues through data collection and sharing between agencies, monitoring, evaluation and research.
- A workforce with the capacity to better respond to the needs of Aboriginal people and communities and ensure services are culturally secure.

- A sustainable, skilled Aboriginal workforce to support the cultural security of the sector to meet the needs of Aboriginal people experiencing alcohol and other drug problems.
- A workforce with the capacity to respond to the needs of Culturally and Linguistically Diverse communities.
- A workforce with the capacity to decrease the stigma associated with problematic alcohol and other drug use.

Example performance measures

- Number of workforce development participants in Mental Health Commission training events.
- Number of participants in the Mental Health Commission Aboriginal Alcohol and Other Drugs Program training events (total of both short and long course).
- Number of participants who have completed and gained the Certificate III in Community Services Work and Certificate IV in Alcohol and Other Drugs.
- Number of new Western Australian medical practitioners^f currently authorised as Community Program for Opioid Pharmacotherapy prescribers.

^f Medical practitioners include community General Practitioner, specialists (psychiatrists, pain consultants etc), and doctors working in Next Step and Corrective Services.

Key initiatives

<p>Stakeholder engagement</p>	<ul style="list-style-type: none"> • Through co-production, actively encourage individual and stakeholder participation and collaboration in the review, planning and design of services. • Continue to develop and implement robust consultation and co-design approaches that include service providers, consumers, carers, families and the community in the planning and implementation of services, in line with the State Government’s Delivering Community Services in Partnership Policy. • Consider the perspectives and specific needs of particular groups, such as Aboriginal people, those from culturally and linguistically diverse populations, young people, and those with co-occurring problems, in the development of policy and services.
<p>Research and evaluation</p>	<ul style="list-style-type: none"> • Consider research and evaluation in the areas of alcohol outlet density management, Fetal Alcohol Spectrum Disorder prevention, minimum floor pricing, opioid overdose prevention and other population-based policy that prevents and reduces alcohol and other drug related harm. • Continue to undertake research and evaluation of treatment and support services to determine effectiveness and inform program development and service planning and delivery. • Support research to examine how to effectively address the main drivers that result in the need for child protection intervention, including alcohol and other drugs issues. • Implement Fetal Alcohol Spectrum Disorder assessment of children and youth in the juvenile justice system who may have been prenatally exposed to alcohol and/or who demonstrate features of Fetal Alcohol Spectrum Disorder, in order to identify the prevalence of Fetal Alcohol Spectrum Disorders among sentenced youth and to improve the care of those with Fetal Alcohol Spectrum Disorder. • Develop policy based on research to reduce the stigma experienced by consumers and their families when they seek support for problems associated with alcohol and other drug use. • Introduce standardised collection of cultural and linguistic data across funded programs and services based on Australian Bureau of Statistics’ core and standard indicators, such as country of birth, language spoken at home and/or ancestry.
<p>Recruitment and retention</p>	<ul style="list-style-type: none"> • Undertake workforce planning initiatives to ensure a sustainable workforce for the future that reflects the demographic composition of the community it serves. • Consider longer term funding arrangements in service level agreements where possible to promote workforce retention. • Maintain employment of specialist Aboriginal staff, including the development of recruitment and training opportunities, to address alcohol and other drug issues in a culturally meaningful way.

Workforce development and capacity building

- Develop and deliver the Western Australian Mental Health, Alcohol and Other Drug Workforce Strategy 2018-2025, which aims to guide the growth and development of an appropriately qualified and skilled workforce that will provide individualised, high quality mental health and alcohol and other drugs services and programs for the Western Australian community. The Workforce Strategy outlines recommended strategies and actions that can be implemented by a range of organisations, including government and non-government agencies at the state and/or national level.
- Develop partnerships with the tertiary education sector and other key stakeholders, including peak bodies, to deliver and support training in the alcohol and other drug area.
- Provide nationally recognised Aboriginal workforce development programs and career pathways, including Aboriginal traineeships.
- Provide culturally secure training and development to support the non-Aboriginal workforce to respond with appropriate skills and competence to address the health needs of Aboriginal people.
- Continue to develop evidence-based alcohol and other drug training addressing alcohol and other drug issues such as Fetal Alcohol Spectrum Disorder.
- Provide opportunities to increase the knowledge of, and response to, families affected by significant alcohol and other drug issues, including supporting local initiatives and coordinating activities that aim to empower service providers and communities.
- Provide workforce development to the sector on how to engage appropriately and genuinely with consumers to increase participation by reducing stigma and promoting inclusion, positivity and hope.
- Expand training and engagement of General Practitioners and other primary care providers to increase screening, brief interventions and referrals for mental health, alcohol and other drug problems in all regions.
- Extend the current programs currently provided through the Mental Health Commission Workforce Development team for frontline workers who are working with methamphetamine users.

Collaboration and coordination

- Coordinate policy and strategy related to alcohol and other drugs at local, regional, state and national levels in consultation with other government departments, non-government services, consumers and the community.
- Encourage engagement and partnership with communities, particularly those at high risk, to build their capacity and involvement in reducing alcohol and other drug use and problems.
- Continue to develop relationships between the alcohol and other drug sector, education sector and other key human and social services to provide improved and coordinated services for people with both mental health and alcohol and other drug problems.
- Convene across-government and sector groups in response to new and emerging issues to facilitate a coordinated and consistent response, as required, seeking broad participation and involvement across government portfolios and the sector where appropriate.
- Collaborate with local, State and Commonwealth Governments to close the gap between Aboriginal and non-Aboriginal health, specifically health inequalities associated with alcohol and other drug use.
- Promote interagency collaboration addressing alcohol and other drug issues such as participation in the Drug and Alcohol Strategic Senior Officers' Group.
- Contribute to discussions regarding national alcohol and other drug issues through national forums.
- Encourage the sharing of jurisdictional information (Federal, State and Local Government) to better inform planning of alcohol and other drug prevention and treatment and support services.
- Continue to broker links between relevant government and non-government agencies to: ensure culturally and linguistically diverse communities receive information about alcohol and other drug issues and available supports and services; ensure service providers are aware of the issues facing culturally and linguistically diverse communities in relation to alcohol and other drugs; and promote collaboration between service providers and communities to support culturally and linguistically diverse community-led initiatives.

<p>Policy and strategy</p>	<ul style="list-style-type: none"> • Develop the Western Australian Mental Health, Alcohol and Other Drug Workforce Strategy 2018-2025 for the alcohol and other drugs sector which is integrated with a mental health workforce development strategy and aligned to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. • Continue to provide advice and support to further the development of culturally inclusive policies, programs and services to ensure they are culturally competent and accessible to culturally and linguistically diverse communities. • Provide guidance in delivering culturally secure programs and Aboriginal ways of working in order to strengthen efforts to manage and reduce alcohol and other drug-related harm in Aboriginal communities. • Encourage services to have policies in place to promote equity and freedom from discrimination. • Encourage service to have systems in place to recognise the indicators of past stigma and discrimination and provide support to reduce the negative impacts on a person’s mental health and well-being.
<p>Monitoring drug issues and trends</p>	<ul style="list-style-type: none"> • Collect Federal, State and Local Government data to monitor alcohol and other drug issues, trends, service delivery and assist in the development of new programs and policies. • Encourage the collection of standardised cultural and linguistic data to enable the monitoring of trends and identification of population based interventions. • Monitor public opinion on current and proposed alcohol and other drug policy and strategy to determine its ongoing appropriateness.

Governance, implementation and monitoring

National governance arrangements

At a national level, the Ministerial Drug and Alcohol Forum is responsible for overseeing the development, implementation and monitoring of Australia's National Drug Strategy 2017-2026, and other supporting strategies such as the National Ice Action Strategy 2015 and the National Tobacco Strategy 2012-2018. The Ministerial Drug and Alcohol Forum membership consists of Commonwealth Ministers with portfolio responsibility for alcohol and other drug policy and justice/law enforcement and reports directly to the Council of Australian Governments.

The National Drug Strategy Committee supports the work of the Ministerial Drug and Alcohol Forum and consists of senior officials from the Government agencies responsible for alcohol and other drug policy from the health and justice/law enforcement portfolios from each jurisdiction.

State governance arrangements

The Mental Health Commission is the State Government agency responsible for alcohol and other drug strategies and services in Western Australia and is accountable to the Minister for Mental Health. As such, the implementation, monitoring and review of the Strategy is primarily the responsibility of the Mental Health Commission in collaboration with other government agencies through the Western Australian Drug and Alcohol Strategic Senior Officers' Group.

Members of the Drug and Alcohol Strategic Senior Officers' Group consist of government representatives with a range of portfolio areas as follows:

- Department of Communities (child protection and family services; housing; local governments and communities including youth)
- Department of Education (School Drug Education and Road Aware)
- Department of Health
- Department of Justice (Attorney General, corrections)
- Department of Local Government, Sport and Cultural Industries (including multi-cultural interests; racing, gaming and liquor)
- Mental Health Commission (mental health and alcohol and other drugs)
- Western Australia Police (police; road safety)

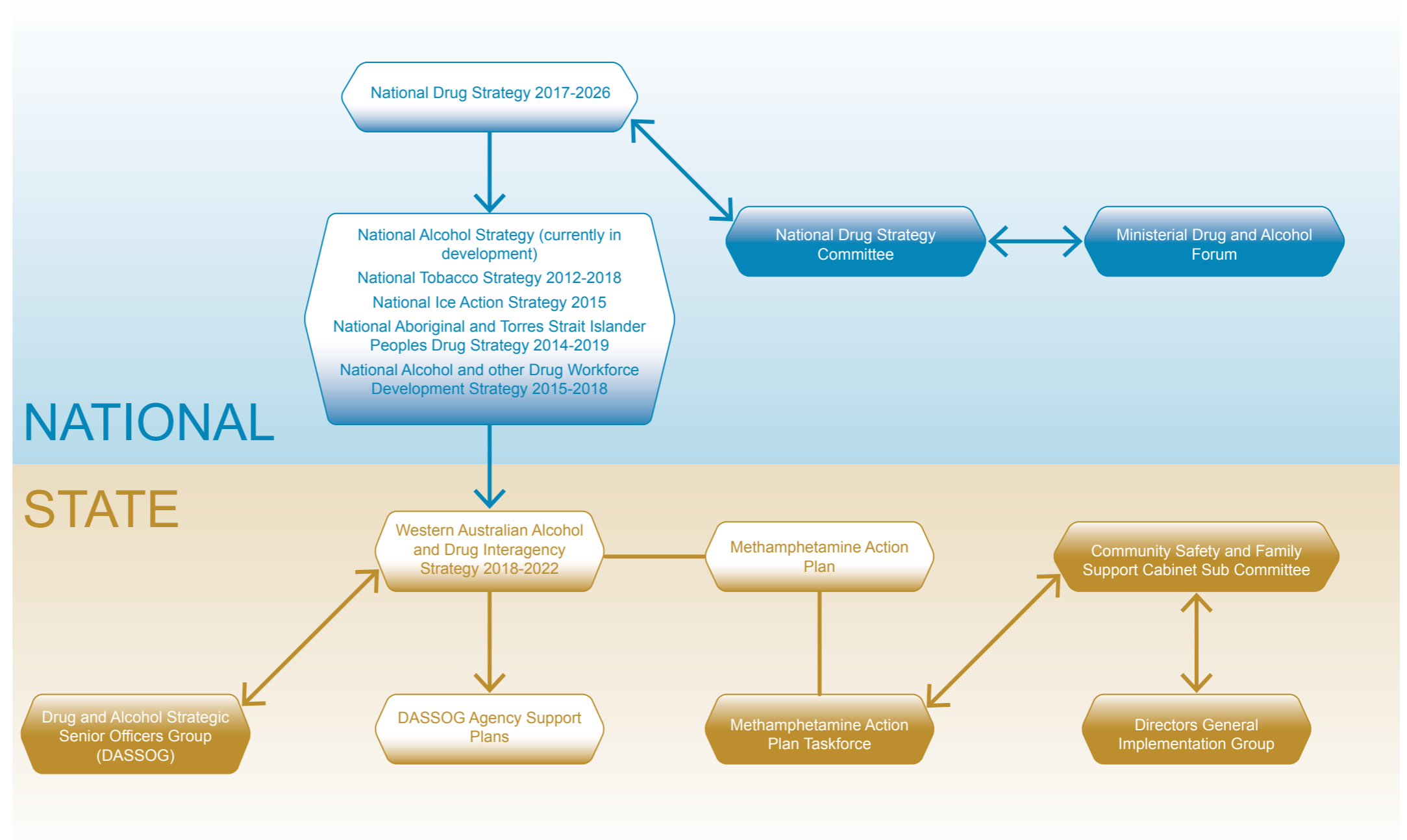
It is through the combined efforts of the across-agency portfolio responsibilities outlined above and the introduction of whole-of-government targets that outcomes for the community will continue to be improved.

In addition, the State Government has established the Methamphetamine Action Plan Taskforce (the Taskforce), to provide recommendations and feedback on the implementation of the Methamphetamine Action Plan to the Community Safety and Family Support Cabinet Sub-Committee (Sub-Committee). Members of the Taskforce include subject matter experts, government representatives and community representatives.

The Sub-Committee is chaired by the Deputy Premier, the Hon Roger Cook MLA, with membership consisting of the Attorney General, Minister for Community Services, Minister for Corrective Services, Minister for Education, and Minister for Police. The aim of the Sub-Committee is to direct and oversee integrated across-government policies including the Methamphetamine Action Plan. The Sub-Committee works to identify opportunities for co-ordination and collaboration across policies and to ensure that the policies are being delivered as part of the Government's broader policy goals. The Sub-Committee works closely with the Directors General Implementation Group to oversee the implementation of these policies.

Whilst the national and state governance arrangements extend beyond those discussed here, a high level summary of these including supporting strategies and documents (outlined previously) are provided in Figure 2. In keeping with the recognised need to engage at the local level, consideration will be given to how best to involve local governments and communities as partners in the implementation of the Strategy.

Figure 2: National and State governance arrangements



Reporting

Agencies represented on the Drug and Alcohol Strategic Senior Officers' Group are responsible for reporting against performance measures, annual key milestones and achievements through Agency Support Plans that more specifically outline their portfolio activities aligned to the goals of the Strategy. In addition, some agencies will extend their commitment and develop more specific strategies to address alcohol and other drug issues, where appropriate.

Central to this are outcomes that will seek to achieve improvements in a number of areas including, but not limited to, a reduction in: per capita alcohol consumption; prevalence of drug use; alcohol and other drug-related morbidity and mortality; illness; injury; crime; violence; and family or relationship breakdown.

Additional performance measures may be included over the life of the Strategy that focus on priority groups, drugs of concern and emerging issues. Performance indicators may also be augmented or complemented by other data collated by agencies that relate specifically to their areas of activity. Specific consideration will be given to across-government performance measures that may be established and relate to the work of the Strategy.

Drug and Alcohol Strategic Senior Officers' Group reports will be available on the Mental Health Commission website: www.mhc.wa.gov.au.

Summary

Developed in consultation with key stakeholders and the community, the Strategy has been informed by key human and social service State Government departments through the Western Australian Drug and Alcohol Strategic Senior Officers' Group, evaluation and reviews of the previous 2011-2015 Framework, current alcohol and other drug issues and trends, and aligned to evidence-based practice.

The Strategy builds on past achievements and provides a guide for government, non-government and the community in addressing the adverse impacts of alcohol and other drug-related problems in Western Australia.

There are five key strategic areas for action and priority drugs and target groups. It is aligned to key national and state policies and strategies to ensure consistency and complementary action. This includes, but is not limited to, the National Drug Strategy 2017-2026 framework of supply, demand and harm reduction, the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 and the Methamphetamine Action Plan.

The ongoing implementation and monitoring of the Strategy is primarily the responsibility of the Mental Health Commission in collaboration with key government departments represented on the Drug and Alcohol Strategic Senior Officers' Group.

Agencies represented on the Drug and Alcohol Strategic Senior Officers' Group are responsible for reporting against performance measures, annual key milestones and achievements through Agency Support Plans that more specifically outline their portfolio activities aligned to the goals of the Strategy.

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