

**THE WESTERN AUSTRALIAN ALCOHOL AND DRUG INTERAGENCY STRATEGY
2017-2021**

CONSULTATION DRAFT

2017

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Additional key performance indicators may be developed over the life of the Strategy as needed that focus on priority groups, drugs of concern and emerging issues.

The Western Australian Alcohol and Drug Interagency Strategy 2017-2021 – A snapshot summary

Overview

Developed in consultation with key stakeholders and the community, the Western Australian Alcohol and Drug Interagency Strategy 2017-2021 (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 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's framework of supply, demand and harm reduction, the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives and the Methamphetamine Action Plan 2017.

Goal

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

Core elements

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

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

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

- **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.

- **Intervening before problems become entrenched**

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

- **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.

- **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.

- **Strategic coordination and capacity building**

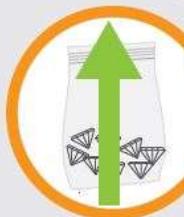
Providing improved and targeted responses to alcohol and other drug-related problems through capacity building, workforce development, collaboration, evidence-based and informed practice, monitoring, review and information dissemination.

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 responsibility of the Mental Health Commission in collaboration with other government agencies through the Western Australian Drug and Alcohol Strategic Senior Officers' Group.

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.

PRIORITY DRUGS + PRIORITY GROUPS



For recent users there has been an increase in the crystalline form of meth from 44% to 78%.



18% of students (12 to 17 years) drink weekly and 36% of those drink at harmful levels.



1 in 6 treatment episodes provided by State Government funded treatment services are for opioid use.



People in remote areas are hospitalised due to alcohol at a rate approximately 50% higher than those in metropolitan areas



Western Australians use more cannabis compared to Australia.



Aboriginal people are 5 times more likely to end up in hospital because of alcohol than non-Aboriginal people.



82% of Western Australians over 14 years have consumed alcohol.



Over 1 in 6 drink weekly, of those over 1 in 3 drink at harmful levels.



1 in 5 Western Australians drink at risk of lifetime harm.



30-50% of people who use alcohol and other drugs have a co-occurring mental illness.



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 may be best achieved.

As such the Strategy adopts an across government approach to address the many complexities of alcohol and other drug use, spanning health, social, welfare and law enforcement portfolios.

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. The Strategy relates to all Western Australians and encompasses alcohol, illicit drugs and licit drugs that are illegally supplied or inappropriately used.^a

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 in consultation with community and stakeholders, the 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 intervention 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 as part of an across-government approach.

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 approach through the balanced implementation of the three pillars of supply reduction, demand reduction and harm reduction. The National Drug Strategy aims

^a The scope of the Strategy includes all illicit drugs, volatile substance use and the inappropriate use of prescribed medicines. Tobacco control remains a high priority at a state and national level and the harms associated with tobacco use necessitates a separate strategy in its own right. As such tobacco is not covered in this Strategy but is covered comprehensively elsewhere. More information can be obtained from the following websites:

<http://ww2.health.wa.gov.au/Reports-and-publications/WA-Health-Promotion-Strategic-Framework-2017-2021>

http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/national_ts_2012_2018

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 three pillars of the National Drug Strategy 2017-2026 are...

- *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 use of alcohol, tobacco and other drugs; reducing the misuse of alcohol tobacco and other drugs in the community; and supporting people to recover from dependence through evidence-informed treatment.*
- *Harm reduction – reducing the adverse health, social and economic consequences of the use drugs, for the user, their families and the wider community.*

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. These 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 policies 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: Better Choices. Better Lives 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: Better Choices. Better Lives have been broadly incorporated into the key strategic initiatives.

The Strong Spirit Strong Mind Framework for Western Australia 2017-2021 (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.

In January 2017, the Methamphetamine Action Plan (MAP) was released and is consistent with the Strategy, focussing on the three pillars of demand, harm and supply reduction.

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 in the lead up to and over the course of the 2011-2015 Framework. Key highlights are outlined below and further information on achievements is provided in the progress reports available on the Mental Health Commission website: www.mhc.wa.gov.au.

Cannabis reform implementation

The *Cannabis Law Reform Act 2010* (Act 2010), implemented in August 2011, 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 2014/15, a total of 2,358 Cannabis Intervention Requirements (Aboriginal – 281, Non-Aboriginal – 2077) were issued by police. Of these, 78% were expiated through treatment²*
- *Aboriginal expiation rates remain a challenge as they are almost half that of non-Aboriginal Australians³*
- *In 2014/15, a total of 2,031 unique bookings were made for Cannabis Intervention Sessions. Of those bookings:*
 - *20% were young people under the age of 18 years and 80% were adults*
 - *24% were females and 76% were males*
 - *86% were non Aboriginal and 10% were Aboriginal*
 - *3% were from a culturally and linguistically diverse background or did not disclose their ethnicity*
 - *76% were in the metropolitan area and 24% were in regional areas.*

No Alcohol During Pregnancy is the Safest Choice Campaign

Research into alcohol consumption shows distinct age-related patterns of drinking and a high prevalence of drinking amongst women who are pregnant.⁴ Australian research found 14%⁵ to 20%⁶ 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.⁷

Implementation of Halls Creek liquor restrictions

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%.

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. This included a reduction in the need for sobering up services and an increased demand for alcohol, drug and mental health treatment.

Halls Creek Liquor Restrictions - Five years on...

- 39% reduction in the number of people attending emergency departments for alcohol-related injuries
- 54% reduction in the number of verified assault offences
- 54% reduction in the number of verified domestic violence offences.

Response to synthetic drugs

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 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 1982* to ban the promotion, sale and supply of new psychoactive substances. The amendment 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.

Provision of an alcohol interlock system for drink drivers

Enabling legislation for a Statewide Alcohol Interlock Scheme was passed in the Western Australian Parliament in February 2015 and implemented in October 2016. The scheme aims to reduce drink driving recidivism by restricting identified drink driving offenders to driving only motor vehicles fitted with an alcohol interlock device. The user-pays alcohol interlock system will cost the offender around \$1,700 for a six month period. Participants in the Alcohol Interlock Scheme will be required to satisfactorily demonstrate the separation of their drinking and driving for a minimum continuous period of 180 days. Participation in alcohol assessment and treatment is required before they are seen to constitute a lower risk to the community and are eligible to have the alcohol interlock condition removed from their licence.

Review of the Liquor Control Act 1988

In December 2012, a review of the *Liquor Control Act 1988* (Act 1988) was announced by the Minister for Racing, Gaming and Liquor. 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; new offences relating to false identification; expanded barring notice powers to combat anti-social behaviour near licensed premises; and giving police the ability to issue an alcohol intervention.

Introduction of Secondary Supply Legislation

In November 2015, legislation making it an offence to supply liquor to anyone under the age of 18 years, without their parent 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.

Working away alcohol and drug support line

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.⁸ Families and relationships can often be affected by alcohol and other drug use. Following the release of the final report from the Education and Health Standing Committee⁹ inquiry into the contributing factors leading to mental illness and suicide among fly-in, fly-out workers a telephone counselling support service has been established to reduce the impact that working away can have on someone's alcohol and other drug use. Key factors can include social isolation, family and relationship stress, and a lack of venues for socialising without alcohol. The support line will be subject to a review of service utilisation.

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:

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.

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.

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 of 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 or geographical location. This includes the promotion of substantive equality^b 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.¹⁰ 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.

^b 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.

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. 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.

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. These partnerships need to be established at a local, state and national level.

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 and appropriate key stakeholder participation is essential in the co-production and implementation of policy and strategy.

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 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

The Strategy is necessarily broad, however it is recognised that the unique circumstances of communities must be considered in 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.

For example, in responding to volatile substance use issues in specific locations, or developing and implementing localised responses in communities experiencing disproportionate problems relating to alcohol use.

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.

Promoting sustainable change

The impact of alcohol and other drug programs needs to achieve longer-term change with planned sustainability that balances current and future demands. This includes a need to ensure a balance of interventions spanning prevention and early intervention, 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.

Strategic focus

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 at the local level. Innovative responses are needed to overcome the challenges posed by service gaps, remote locations, 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 can be of significant concern and strategies that address this can be very effective at reducing harm.

Priority drugs

The Western Australian Alcohol and Drug Interagency Strategy 2017-2022 priority drugs of concern...

- Alcohol
- Cannabis
- 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.¹¹

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.¹²

Some Facts on Alcohol...

- In 2013, 17.8% of Western Australians aged 14 years and over drank at risky levels at least once a week (National 14.3%)¹³
- In 2016, the rate of alcohol-related emergency department presentations in the metropolitan area was 303 per 100,000 people¹⁴
- Around one in five Western Australians over 14 years of age are drinking at risk of lifetime harm (Western Australia 21.6% compared to National 18.2%)¹⁵
- Of the 194 crash deaths on Western Australian roads in 2016, 62 (32%) were alcohol-related¹⁶

- *Non-domestic alcohol-related assaults reported to Western Australian Police are steady at around 4,600 per year. However domestic alcohol-related assaults are steadily increasing – up to 7,416 in 2014-15¹⁷*
- *In 2016, alcohol was the primary drug-of-concern for 26.8% of all treatment episodes at State Government treatment services¹⁸*
- *In 2016, alcohol accounted for 21.5% of calls to the Alcohol and Drug Support Service¹⁹*
- *In 2014/15, the number of preliminary breath tests carried out in Western Australia was 1,209,144. Of those tested, 10,881 exceeded the legal limit of 0.05 blood alcohol concentration, representing 0.9% of the total number of preliminary breath tests²⁰*
- *In 2010 it was estimated that the total alcohol-related costs to society were \$14,352 billion in Australia.²¹*

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 on 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.²²

Some Facts on Cannabis...

- *In 2013, cannabis use in Western Australia was higher in comparison to the national average (11.4% versus 10.5%)²³*
- *In 2016, cannabinoids (including cannabis and synthetic cannabinoids) were the primary drug-of-concern for 18.6% of all treatment episodes²⁴*
- *The number of treatment episodes where cannabinoids were the primary drug-of-concern increased by 70.7% from 3,365 in 2010 to 5,744 in 2016²⁵*
- *The number of cannabinoids-related Alcohol and Drug Support Service calls more than tripled from 1,138 in 2010 to 4,590 from 2016.²⁶*

Amphetamine type stimulants including methamphetamines

Amphetamine type stimulants are a group of synthetic psychoactive drugs called central nervous stimulants.²⁷ 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.²⁸

In Western Australia, the trends in methamphetamine use is generally consistent with Australian trends, with a decline since 1998 and recent usage slightly increasing in 2013.²⁹ However; usage in Western Australia has been consistently higher than national levels.³⁰

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 2013, amphetamine use in the past 12 months in Western Australia remained above the national average at 3.8% (2.1% nationally)³¹*
- *Between 2010 and 2013, for recent users there has been an increase in use of the crystalline form of methamphetamine from 43.9% to 78.2%³²*
- *In 2016, amphetamine type stimulants were the primary drug-of-concern in 32.4% of all treatment episodes (greater than alcohol at 26.7%) at State Government funded treatment services³³*
- *The number of treatment episodes in which amphetamine-type stimulants were the primary drug-of-concern increased by 283.1% from 2,613 in 2010 to 10,011 in 2016³⁴*
- *The number of amphetamine-type stimulant-related Alcohol and Drug Support Service calls increased by 256.7% from 1,442 in 2010 to 5,144 in 2016³⁵*
- *In 2015, 55% of cases diverted by police for illicit drug and paraphernalia possession were amphetamine related³⁶*
- *In 2014-15, 276.2 kg of amphetamine type substances were seized in Western Australia by State and Commonwealth authorities. This represents nearly a 10 fold increase over the past five years from 29.5 kg in 2010-11³⁷*
- *In 2016, 30.5% of drug seizure incidents by WA Police involved meth/amphetamines.³⁸*

Breakout Box 1:

As part of a State-wide integrated plan to tackle methamphetamine use the Methamphetamine Action Plan 2017 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 those methamphetamine addicts 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 have the resources to significantly increase the volume of roadside alcohol and drug testing of Western Australian drivers;
- Establishing 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; and
- Create a 10 person Prisoner Triage Unit to operate in those courts dealing with the greatest number of short sentence drug-related offenders.

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.³⁹ Due to the high level of injecting drug use among heroin users, the transmission of blood borne viruses is a particular public health concern.

Some Facts on Heroin and other Opioids...

- *In 2013, recent heroin use by people 14 years and over in Western Australia was 0.3% compared to the national figure of 0.1%⁴⁰*
- *In 2016, opioids were the primary drug-of-concern for 12.7% of all treatment episodes at State Government funded treatment services, compared to 18% in 2010 (3,689 to 3,939)⁴¹*
- *The number of opioid-related Alcohol and Drug Support Service calls decreased by one third (32.9%) from 1,245 in 2010 to 836 in 2016⁴²*
- *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 2000⁴³*
- *Ambulance callouts to narcotic overdoses for 2014/2015 were the highest observed since 1999/2000⁴⁴*
- *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 2013/14.⁴⁵*

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. Manufacturers of these drugs develop new chemicals to replace those that are banned, which means that the chemical structures of the drugs are constantly changing to try to stay ahead of the law.⁴⁶

New psychoactive substances are being developed at an unprecedented rate. The European Monitoring Centre for Drugs and Drug Addiction and Europol currently monitors more than 450 New Psychoactive Substances, which is close to double the number of substances controlled under the United Nations international drug control conventions. More than half of these have been reported in the last three years.⁴⁷

Some Facts on New Psychoactive Substances...

- *In 2011, Western Australia was the first state to ban synthetic cannabinoids*
- *The Misuse of Drugs Amendment (Psychoactive Substances) Act 2015 was assented to in Western Australia in October 2015*
- *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.*

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 2013, 0.5% of people 14 years and over in Western Australia had used inhalants in the previous year⁴⁸*
- *In 2016, volatile substances or inhalants were the primary drug-of-concern for 0.1% of all treatment episodes at State Government funded treatment services.⁴⁹*

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.⁵⁰ The most commonly reported misused pharmaceuticals in the Young Adult Drug and Alcohol Survey 2013⁵¹ 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.

Some Facts on Pharmaceuticals...

- *During 2013, pharmaceutical drug use in the past 12 months in Western Australia remained above the national average at 5.7% (4.7% nationally)⁵²*
- *In 2016, pharmaceuticals were the primary drug-of-concern for 0.8% of all treatment episodes⁵³*
- *From 2010 to 2016, the number of treatment episodes where pharmaceuticals were identified as the primary drug-of-concern at State Government funded treatment services reduced from 250 to 243⁵⁴*
- *From 2010 to 2016, the proportion of pharmaceutical-related Alcohol and Drug Support Line calls reduced by 53.4% from 373 to 174⁵⁵*
- *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 months.⁵⁶*

Priority groups

The Strategy's priority groups...

- *Aboriginal people and communities*
- *Children and young people*
- *People with co-occurring mental health, alcohol and other drug 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*
- *Those interacting with the Justice and Corrections Systems.*

Aboriginal people and communities

Aboriginal people experience a disproportionate amount of 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.⁵⁷

The harmful use of alcohol and 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.⁵⁸ A best practice approach to address the needs of Aboriginal people begins by addressing the social determinates of alcohol and other drug problems, including homelessness, education, unemployment, grief/loss/trauma and violence.

Some Facts about Aboriginal people and communities...

- *In 2013, 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 people*⁵⁹
- *In 2015, Aboriginal people were five times more likely to be hospitalised due to alcohol than non-Aboriginal people*⁶⁰
- *In 2016, Aboriginal people, accounted for 3.8% of the State's population⁶¹ and represented approximately one-fifth (18.2%) of treatment episodes at State Government funded treatment services*⁶²
- *In 2016, Aboriginal people were more likely to seek treatment at State Government funded treatment services for alcohol (32.6% vs. 25.5%) and cannabinoids (22.3% vs. 17.8%) when compared with non-Aboriginal people.*⁶³

Children and young people

The reasons why young people use alcohol and drugs vary. Research consistently demonstrates the importance of positive childhood development in preventing problems later in life.⁶⁴ 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.⁶⁵

Some Facts about Children and Young People...

- *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 harm*⁶⁶
- *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 Young Adult Drug and Alcohol Survey respondents had used synthetic cannabinoids in the last year, which compares favourably to that of the National Drug Strategy Household Survey (3.9%)*⁶⁷
- *In 2016, individuals under 25 years-of-age represented one-quarter (24.2%) of treatment episodes at State Government funded services*⁶⁸
- *In 2016, the primary drugs-of-concern at State Government treatment services for this age group were cannabis (45.2%), amphetamine-type stimulants (28.5%) and alcohol (12.8%)*⁶⁹
- *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)*⁷⁰
- *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).*⁷¹

People with co-occurring alcohol, other drug and mental health problems

A large proportion of people affected by alcohol or other drug problems also suffer from mental health issues.⁷² Intoxication resulting in behavioural inhibition or an acute psychotic reaction is also associated with suicide⁷³ and long term use and/or dependency may also intensify existing mental health disorders, resulting in increasing psychological stress.⁷⁴

Some Facts about People with Co-occurring Alcohol, Other Drug and Mental Health Problems...

- *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)⁷⁵*
- *It is estimated that at least 30-50% of people who use alcohol and other drugs also have a co-occurring mental illness^{76 77 78}*
- *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 problems⁷⁹*
- *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 phobia.⁸⁰*

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. These communities often have limited access to infrastructure and services.⁸¹ As a result, alcohol and other drug use can sometimes significantly impact communities. 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.⁸² 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.⁸³

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.⁸⁴

Some Facts about People in Rural and Remote areas...

- *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)⁸⁵*
- *In 2011-2015, 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)⁸⁶*
- *In 2011-2015, the rate of alcohol-related hospitalisations for females was significantly higher in remote areas (1178.6 per 100,000), compared with rural areas (579.5 per 100,000) and metropolitan areas (536.7 per 100,000)⁸⁷*
- *In 2016, the main drugs-of-concern for those seeking treatment at State Government funded treatment services in regional areas were alcohol (31.3%), amphetamine-type stimulants (30.7%) and cannabinoids (22.2%).⁸⁸*

Families, including alcohol and other drug using parents

Many Australian families routinely face problems associated with a family member's alcohol and other drug use.⁸⁹ 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.⁹⁰

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.⁹¹ Problematic 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.⁹²

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.⁹³

In addition, due to the stigma associated with drug use, families of those with alcohol and other drug use problems may not access social support and treatment services they require.⁹⁴

Some Facts about Families, including Alcohol and Other Drug using Parents...

- *In 2016, 18.6% of those seeking treatment for alcohol and other drug use reported living with children (either as a sole parent or with a partner)⁹⁵*
- *In 2016, approximately one in five (22%) Alcohol and Drug Support Service calls were from a family member who was concerned for another family member's alcohol and drug use.⁹⁶*

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.⁹⁷ Australian and international academic literature has found that both mental illness and drug use are linked with reoffending.⁹⁸ 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)⁹⁹, 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 highest Aboriginal incarceration rate in Australia.¹⁰⁰

Some Facts about those interacting with the Justice and Corrections systems...

- A 2008 review found that more than 80% of prisoners and offenders appearing before the courts in Western Australia had substance use problems¹⁰¹
- 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 disorder¹⁰²
- In 2014/15, 288 juvenile offenders with identified alcohol and other drug use were diverted away from the criminal justice system either by police or the court system to Western Australian Diversion programs.¹⁰³

Other target population groups of concern

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.¹⁰⁴

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.

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.¹⁰⁵ Schedule 8 opioid medication usage is also most prevalent among older Australians, as is use of benzodiazepines.¹⁰⁶

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.¹⁰⁷

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 2011 Census, 15% of Western Australians were born in non-main English speaking countries.¹⁰⁸ 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).¹⁰⁹ 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.¹¹⁰

There can be considerable stigma associated with people who use alcohol and other drugs or identify as having a problem.¹¹¹ 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.¹¹²

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.¹¹³ 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.¹¹⁴

Some key facts about other target population groups of concern...

Ageing population:

- *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 (1708.8 and 906.5 per 100,000 persons respectively)¹¹⁵*

Culturally and Linguistically Diverse communities:

- *In 2013, 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, 7.3% reported drinking alcohol at risky levels for lifetime harms and 20.6% reported drinking alcohol at risky levels for single occasion harms at least yearly¹¹⁶*
- *In 2013, recent illicit use of drugs was reported by 8.8% compared to 15% by the overall state¹¹⁷*

Homeless people:

- *In 2014-2015, of clients in Specialist Homelessness Services with a current alcohol and other drug issue, those aged 20-39 had the highest rate of Specialist Homelessness Service agency use¹¹⁸*
- *In 2014-2015, more than half of Specialist Homelessness Service clients (58%) with a current alcohol and other drug issue reported an episode of homelessness in the 12 months before presenting.¹¹⁹*
- *In 2014-2015, of clients in Specialist Homelessness Services, 11% (24,225 of approximately 200,000 clients) had a current alcohol and other drug issue.¹²⁰*

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 strategy 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 examples of initiatives have been provided in the strategic area

may equally apply in another. For practicality, initiatives have been outlined in one key strategy area only.

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**

In support of the five key strategic areas, agencies represented on the Drug and Alcohol Strategic Senior Officers 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 this some agencies, where appropriate, will also extend their commitment and develop more specific strategies to address alcohol and other drug issues.

Key Strategic Area 1: Focusing on prevention

Prevention initiatives are aimed at preventing and delaying the uptake of alcohol and other drugs 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 of focus include:

- preventing and delaying the onset of alcohol and other drug use;
- supporting environments that discourage harmful alcohol use;
- 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.
- Prevention programs include the building of resilience and protective factors targeted at children and young people.
- 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.

- **Key performance indicators**
- 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.
- Number of liquor licensing applications received and needing investigation.

Breakout box 2:

The Western Australian Mental Health, Alcohol and other Drug Services Plan 2015-2025: Better Choices. Better Lives, 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 prevention plan to address mental health, alcohol and other drug problems across the life course. When completed, the prevention plan will complement the Western Australian Alcohol and Drug Interagency Strategy 2017-2021, providing further guidance for the development and implementation of specific initiatives.

Key initiatives

Awareness and education	<ul style="list-style-type: none">• Provide targeted and population based community awareness and 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 such as the harms associated with illicit drugs, alcohol and young people, short and long term harmful drinking and fetal alcohol spectrum disorder.• Provide targeted community awareness and public education campaigns that focus on reducing the harm from illicit drugs by encouraging sensible and informed decisions about illicit drug use through providing credible, factual information and delivering 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.
Environments and communities	<ul style="list-style-type: none">• Promote recreational, educational and cultural activities as healthy alternatives to prevent and delay alcohol and other drug use among young people.• Build and maintain strong family, education, and community connections for young people, including 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.• 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.• Continue the development and implementation of evidence-based prevention strategies to prevent and reduce alcohol and other drug related harms at a local and regional level.• Support the state-wide network of local drug action

	groups that deliver preventative activities and education for youth and support for families.
School education	<ul style="list-style-type: none"> • Continue to implement and promote sustainable, evidence based alcohol and other drug school curriculum to positively influence young people’s choices and decisions in alcohol and other drug-related situations. • Promote the implementation of programs, policies and guidelines that support a holistic response to alcohol and other drug issues within the school community that includes students, parents, guardians, teachers and other school staff. • Continue to work in partnership with government agencies and key stakeholders to create low risk environments and reduce harm to young people during end of school celebrations. • Continue to develop and provide schools with evidence based alcohol and other drug education to better inform young people.
Co-occurring mental health issues	<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.
Cultural security	<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.
Strategy and policy	<ul style="list-style-type: none"> • In line with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choice. Better Lives, complete the development of a detailed prevention plan to address mental health, alcohol and other drug problems across the life course.
Fetal Alcohol Spectrum Disorders	<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.
Secondary supply legislation	<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-related harm experienced by young people 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 areas of focus 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 identifies 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.

Key performance indicators

- Number of eligible cannabis offenders diverted by police to a cannabis intervention session and rate of successful completion.
- Number of eligible (other) 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 restricted premises applications granted.

Key initiatives

Information, support and referral	<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; Working Away Alcohol and Drug Support Line; and the Meth Helpline. • Through consultation with the alcohol and other drug sector, enhance system navigation through helpline functions.
Diversion programs	<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.
School interventions	<ul style="list-style-type: none"> • Promote the implementation of effective policy, programs and procedures for the management and intervention of alcohol and other drug use incidents for all schools.
Medicines	<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 tracing of Schedule 8 medicine dispensing. • 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.
Health, social and welfare settings	<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 ensuing genuine, respectful engagement with clinicians and communities along the care continuum.

	<ul style="list-style-type: none"> • Support capacity building of primary care and generalist providers to respond to alcohol and other drugs.
Liquor restrictions	<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 communities. • Where appropriate, support and assist parents and carers 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.
Policies and guidelines	<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 for Child Protection and Family Support 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.
Brief intervention	<ul style="list-style-type: none"> • Improve access to information, education and brief intervention in settings other than specialist alcohol and other drug services. • 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 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.
- Diverting to treatment and support for offenders at appropriate stages of the criminal justice system to address their alcohol and other drug use.

Key performance indicators

- Number and weight of illicit drug seizures by drug type.
- Number of clandestine drug manufacture incidents identified.
- 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.

Breakout box 3:

An important initiative is the ongoing implementation of the WA Police Methamphetamine Enforcement Action Plan that aims to reduce the supply of methamphetamine in Western Australia and confiscate the proceeds of crime. The Methamphetamine Enforcement Action 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.

Consultation Draft

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 Methamphetamine Enforcement Action 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.
<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 pre-sentencing 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 cross-government efforts to monitor and respond to issues relating to emerging and new psychoactive substances, including those methods outlined in the Methamphetamine Enforcement Action 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 Methamphetamine Enforcement Action Plan, seize cash and proceeds from methamphetamine sales.

Forensics	<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.
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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 areas of focus in providing effective and treatment 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-designing, co-delivery and co-reviewing 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.

Aim

To provide integrated, evidence based treatment and support services to support people to recover^c 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.

^c The term recover/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.

Key performance indicators

- 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.

Breakout box 4:

The Western Australian Mental Health, Alcohol and other Drug Services Plan 2015-2025: Better Choices. Better Lives, provides a guide for service development, transformation and expansion of mental health, alcohol and other drug services over the next 10 years. 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: Better Choices. Better Lives. 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. • 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.
<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 inter-agency 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 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 a compulsory alcohol and other drug treatment facility pending establishment of appropriate legislation.
<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.

Information and support	<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.
Support services	<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: Better Choices. Better Lives, 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: Better Choices. Better Lives, develop a housing strategy to address the 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 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.
- Capacity building of the workforce to better respond to the needs of Aboriginal people and communities and ensure services are culturally appropriate.
- A sustainable, skilled Aboriginal workforce to support the cultural competence of the sector to meet the needs of Aboriginal people experiencing alcohol and other drug problems.
- Capacity building of the workforce to better respond to the needs of Culturally and Linguistically Diverse communities.
- Capacity building of the workforce to decrease the stigma associated with problematic alcohol and other drug use.

Key performance indicators

- 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^d currently authorised as Community Program for Opioid Pharmacotherapy prescribers.

^d Medical practitioners include community GPs, 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 mental health, alcohol and other drug problems, in the development of policy and services.
<p>Research and evaluation</p>	<ul style="list-style-type: none"> • 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 some of the main drivers of child protection services including alcohol and other drug issues. • Support a project related to the screening of children with Fetal Alcohol Spectrum Disorders in the juvenile justice system that aims to identify the rates of Fetal Alcohol Spectrum Disorders among sentenced youth and improve the current care of those with a diagnosis. • 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.
<p>Recruitment and retention</p>	<ul style="list-style-type: none"> • Undertake workforce planning initiatives to ensure a sustainable workforce for the future. • 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.
<p>Workforce development and capacity building</p>	<ul style="list-style-type: none"> • Develop and deliver a comprehensive workforce development and planning strategy for professionals (that includes primary health care providers), and volunteers across the sector, to build expertise, sustainability and capacity including that related to improving responses to those with co-occurring mental health and alcohol and other drug problems. • Develop partnerships with the tertiary education sector and other key stakeholders, including peak bodies, to deliver and support training in the alcohol and other

	<p>drug area.</p> <ul style="list-style-type: none"> • 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 including workshops for carers 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 Branch for frontline workers who are working with methamphetamine users.
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Consulting

<p>Collaboration and coordination</p>	<ul style="list-style-type: none"> • 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 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. • 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. • 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 a state-wide workforce development strategy 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: Better Choices. Better Lives. • Continue to provide advice and support to further the development of culturally inclusive policies, programs and services to ensure they are culturally appropriate 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.
Monitoring drug issues and trends	<ul style="list-style-type: none"> • Collect data to monitor 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

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 the responsibility of the Mental Health Commission in collaboration with other government agencies through the Western Australian Drug and Alcohol Strategic Senior Officers' Group^e.

Agencies represented on the Drug and Alcohol Strategic Senior Officers Group are responsible for reporting against outcome based key performance indicators, annual key milestones and achievements. In addition to this some agencies, where appropriate, extend their commitment and develop more specific strategies to address alcohol and other drug issues. These strategies are broadly aligned to the Strategy.

Central to these outcomes will be 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 hospitalisations; illness; injury; crime; violence; and family or relationship breakdown.

To measure progress on the implementation of the Strategy and the Agency Support Plans, the member agencies of the Drug and Alcohol Strategic Senior Officers Group will be responsible for annual reporting of key milestones and achievements, and where relevant, against agreed outcome based key performance indicators. Reports will be available on the Mental Health Commission website: www.mhc.wa.gov.au.

Additional performance indicators may be developed over the life of the Strategy as needed that focus on priority groups, drugs of concern and emerging issues. In addition, performance indicators may be augmented or complemented by other performance measures and data collated by agencies that relate specifically to their areas of activity. Agency Support Plans will outline other performance indicators that are specific to the actions identified.

At a national level, the Ministerial Drug and Alcohol Forum is responsible for overseeing the development, implementation and monitoring of Australia's national drug policy framework, including the National Ice Action Strategy 2015. The Ministerial Drug and

^e Member agency names will be updated and included prior to finalisation of the Strategy to reflect the Machinery of Government changes announced on 28 April 2017.

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.

Other supporting documents

A number of other policies support the Strategy and are shown in Figure 1 below. These policies provide directions and context for specific issues, while maintaining a consistent and coordinated approach to addressing alcohol and other drug use as outlined in the Strategy.

For example, the Strong Spirit Strong Mind – Western Australian Aboriginal Alcohol and Other Drugs Framework complements the Strategy. It provides guidance to key stakeholders 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.

Figure 1: Key State and National Policies that support the Western Australian Alcohol and Drug Interagency Strategy 2017-2021



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 identified priority drug 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's framework of supply, demand and harm reduction, the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives and the Methamphetamine Action Plan 2017.

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

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