

Western Australian Government Response

Legislative Assembly Education and Health Standing Committee Report No 9

Changing Patterns of Illicit Drug Use in Western Australia Report – May 2011

Recommendation	Response	Comments
<p>Recommendation 1 As part of its annual reports, the Drug and Alcohol Office collate and publish the data on the use of illicit drugs in Western Australia for the preceding year.</p>	<p>Noted/ Implemen ted</p>	<p>The Drug and Alcohol Office includes data in its annual reports on significant alcohol and other drug issues and trends, including information derived from three national indicators; the National Drug Strategy Household Survey, the Australian School Students Alcohol and Drug Survey and the Alcohol and Other Drug Treatment Services National Minimum Data Set.</p> <p>In addition to annual reporting, the Drug and Alcohol Office also reports more regularly on a range of other alcohol and other drug indicators. These include, but are not limited to: morbidity, mortality, Alcohol and Drug Information Service and other treatment information, hospitalisations, injecting drug use surveys, needle and syringe program information, and diversion program information.</p>
<p>Recommendation 2 Given the dangers of young cannabis users being impacted by psychosis, the Minister for Police should ensure that the 12-month review of the Cannabis Law Reform Act 2010 assesses in particular the impact of the legislation on young cannabis users aged up to 25 years of age.</p>	<p>Noted</p>	<p>The 12-month review of the Cannabis Law Reform Act 2010 will examine how the new Cannabis Intervention Requirements scheme is operating. It will also consider the level of attendance at Intervention Sessions and the take-up rate of people using the informal referral system via the Department of Corrective Services to programmes addressing other needs such as personal development.</p> <p>Given the nature of drug induced psychosis, difficulties are anticipated in gaining meaningful information within the 12 months from the introduction of the legislation. Representatives from Western Australian Police Legal and Legislative Services, the Department of Corrective Services and the Drug and Alcohol Office will meet to discuss strategies for assessing the impact of the legislation on young cannabis users aged up to 25 years of age.</p>

<p>Recommendation 3 In the 2012-13 State Budget, the Minister for Health and the Minister for Mental Health jointly fund additional specialist drug and alcohol counsellor positions and Clinical Nurse Consultants (such as that at Sir Charles Gairdner Hospital) specialising in drug and alcohol services in tertiary hospitals, and skilled drug and alcohol service nurses in secondary hospitals, in order to provide these services seven days a week, especially at peak times.</p>	<p>Noted</p>	<p>There are currently three alcohol and other drug nurse positions in three tertiary emergency departments in Perth. These positions provide assessment and engagement into treatment and work closely with the medical and nursing services of the Drug and Alcohol Office's Next Step Services and the alcohol and other drug sector.</p> <p>Further funding will be considered through the Budget process in the context of competing requirements.</p>
<p>Recommendation 4 The Minister for Mental Health ensure that funding for education and other demand reduction and treatment programs for amphetamines and ecstasy users is a priority in the State's illicit drug strategy, and appropriately funded in the 2012-13 State Budget.</p>	<p>Noted</p>	<p>The <i>Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015</i> (the Framework) provides a guide for government sector strategy, development and implementation of alcohol and other drug policy and services in Western Australia. It is aligned with current alcohol and other drug best practice and has been endorsed by the Western Australian Drug and Alcohol Strategic Senior Officers' Group.</p> <p>Amphetamine type stimulants, including ecstasy are a priority under the Framework.</p> <p>Initiatives aimed at preventing and reducing amphetamine and ecstasy use are aligned with the key strategy areas. Key initiatives include prevention campaigns, and treatment service provision.</p>
<p>Recommendation 5 The Drug and Alcohol Office 2010-11 annual report include strategies to reduce the consumption of amphetamines and ecstasy in Western Australia.</p>	<p>Noted</p>	<p>The Drug and Alcohol Office reports major and planned achievements for each financial year in its annual reports. This would include strategies to reduce drug and alcohol related harm to the community.</p>

<p>Recommendation 6 The Minister for Health fund a minimum of eight FTE pain medicine specialists and supporting staff across Western Australia in the State Budgets over the period 2012-14.</p>	<p>Noted</p>	<p>There is currently inadequate information on the additional workforce needed to establish the proposed pain management services. Data from the <i>Standardisation of Medical Position Titles</i> project as at 18 January 2011 indicates there are at least nine consultants in the Western Australian public health system whose position titles identify them as pain medicine specialists, with an estimated minimum 4.25 Full Time Equivalent (FTE) positions.</p> <p>The Chief Medical Officer has advised that allocation of funding and positions for pain medicine specialists and supporting staff is the responsibility of the Area Health Services, and implementation of the recommendation would need to be addressed by the Operational Review Committee.</p> <p>The <i>National Pain Strategy</i> launched in 2010 provides guidance, goals, and strategies that support the multidisciplinary team approach to chronic pain management.</p>
<p>Recommendation 7 The Minister for Health request the Department of Health to examine the need to expand the pseudoephedrine monitoring program to include both prescription opioids and benzodiazepines.</p>	<p>Largely supported</p>	<p>The Department of Health manages a retrospective prescription monitoring program for Schedule 8 medicines, as required by legislation, and operates a prescriber telephone advisory service.</p> <p>The Department of Health is developing a new Poisons Bill which proposes legislative changes that allow wider sharing of Schedule 8 medicine pharmacy dispensing transaction reports with prescribing clinicians, as recommended by the report.</p>
<p>Recommendation 8 By December 2011 the Minister for Mental Health table in Parliament a plan to deal with the use of inhalants by Western Australian school children aged 16 to 17 years of age.</p>	<p>Noted</p>	<p>The Drug and Alcohol Office is currently preparing the <i>Volatile Substance Use Support Plan 2011-2015</i>. The plan is a supporting document to the broader <i>Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015</i> which has the goal of preventing and reducing the adverse impacts of alcohol and other drugs in the Western Australian community.</p>
<p>Recommendation 9 All opioid treatment programs need to provide to the Drug and Alcohol Office follow-up short and long-term (greater than five years) data on all patients to assist in evaluating the effectiveness of these programs, including rates of abstinence.</p>	<p>Noted</p>	<p>In February 2011 the Drug and Alcohol Office completed the introduction of a Services Information Management System to all Drug and Alcohol Office funded alcohol and other drug treatment agencies. This data system collects outcome data on patients who leave treatment</p>

<p>Recommendation 10 The Minister for Corrective Services ensure that funding is available by December 2011 to enrol all opiate pharmacotherapy clients in Western Australian prisons in a 'road to recovery' program or a program promoting abstinence.</p>	Noted	The Department of Corrective Services is currently investigating the feasibility of providing the Smart Recovery Programme to all prisons State-wide. The Programme is currently run in prisons in New South Wales and Queensland and teaches practical skills, in a group setting, to help individuals address the problems underlying their substance misuse and achieve abstinence, where desired.
<p>Recommendation 11 The Minister for Mental Health should ensure that by December 2011 the Drug and Alcohol Office prepare guidelines for the six-monthly review of all illicit opioid drug treatment patients. When applying for a renewal of an authority to prescribe an opioid pharmacotherapy, prescribers should provide the Department of Health with an outline of the proposed treatment plan for each patient.</p>	Supported	The Western Australian clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependence are currently in revision. The 2012 edition of these guidelines will include updated recommendations about the issues to be considered by the prescribing doctor.
<p>Recommendation 12 Commencing in 2012, the Minister for Mental Health appoint a panel, including an Australian Medical Association-nominated addiction specialist, to conduct an annual random audit of 50 opioid pharmacotherapy patient treatment plans. The Drug and Alcohol Office include the results of these audits in their annual reports.</p>	Noted	Commencing in 2012 the Department of Health will audit the proposed treatment plans for opioid pharmacotherapy provided to it by prescribers. The results of these audits will be included in the Annual Report on the Community Program for Opioid Pharmacotherapy produced by the Department of Health.
<p>Recommendation 13 The Minister for Mental Health ensure that the Fresh Start Recovery Programme and the Drug and Alcohol Office complete the requirements attached to the 2009-2010 funding agreement as a matter of urgency and prior to providing further State Government funding to the Fresh Start Recovery Programme.</p>	Noted	The Financial Review and the Research and Data Review of the Fresh Start Recovery Programme are complete. The Service and Clinical Review is underway and expected to be completed later in 2011.

<p>Recommendation 14 The Minister for Mental Health ensure that the Drug and Alcohol Office's 2011 annual report include an update on the progress of completing the auditing conditions of the Fresh Start Recovery Programme's additional grant, and any further requirements needed to apply for registration of naltrexone implants by the Therapeutic Goods Administration.</p>	Noted	The Financial Review and the Research and Data Review of the Fresh Start Recovery Programme are complete. The Service and Clinical Review is underway and expected to be completed later in 2011. The Research and Data Review will help to determine what further requirements are required for Therapeutic Goods Administration registration.
<p>Recommendation 15 The Minister for Mental Health should ensure that by December 2011 the Drug and Alcohol Office prepare guidelines for an annual review, including outcome data, of all naltrexone treatment patients. This outcome data should be included in the Drug and Alcohol Office's annual reports.</p>	Noted	In February 2011 the Drug and Alcohol Office completed the introduction of a Services Information Management System to all Drug and Alcohol Office funded alcohol and other drug treatment agencies. This data system collects outcome data on patients who leave treatment
<p>Recommendation 16 At the conclusion of the current review, the Minister for Mental Health urgently seek funding to meet any further requirements needed to apply for the registration of naltrexone implants by the Therapeutic Goods Administration.</p>	Noted	The State Government will give due consideration to this issue once the relevant reviews are completed. The Research and Data Review will determine what further requirements are required for Therapeutic Goods Administration registration. However, the findings of the Research and Data review are subject to a Confidentiality Agreement limiting broad public exposure in order to protect commercially sensitive material and information
<p>Recommendation 17 The Minister for Mental Health should ensure that in the 2012-2013 State Budget, the new State-wide illicit drug strategy is funded to:</p> <ul style="list-style-type: none"> • encompass behaviour oriented programs that influence a student's self-image; • prevent the use of illicit drugs; • explain to the community the harms resulting from the use of illicit drugs; and • ensure there are sufficient treatment programs for illicit drug users. 	Noted	Further funding to be considered as part of the budget process in the context of competing priorities.

<p>Recommendation 18</p> <p>The Minister for Mental Health ensure that the 2011 Drug and Alcohol Office annual report include details on how the prevention and treatment programs they fund include the whole family, particularly those families with children at risk.</p>	<p>Noted</p>	<p>Families, including alcohol and other drug using parents, are a priority population group of the <i>Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015</i>.</p> <p>The Drug and Alcohol Office provides regular training for alcohol and other drug services on family sensitive and inclusive practice. There is ongoing cooperation with the Department for Child Protection and other government and non-government agencies to support the identification and treatment of children at risk and their families.</p> <p>Where appropriate, the prevention programs funded by the Drug and Alcohol Office adopt a whole-of-family context in their delivery designed to prevent and reduce alcohol and other drug related problems.</p>
<p>Recommendation 19</p> <p>The Minister for Mental Health should ensure funding to the Drug and Alcohol Office includes additional time and resources for alcohol and illicit drug teaching as part of university courses (both lectures and clinical placements) for medical students, nurses, and other allied health professionals.</p>	<p>Noted</p>	<p>Further funding to be considered as part of the budget process in the context of competing priorities.</p> <p>The Drug and Alcohol Office has developed a strategy to formalise partnerships with the tertiary education sector and build professionals' alcohol and other drug expertise.</p> <p>The strategy includes: clinical placements, research opportunities, recognition of prior learning, continuous professional development and the inclusion of alcohol and other drug training into professional registration requirements. The strategy not only consolidates previous initiatives but includes new initiatives that, in combination, represent an integrated comprehensive Drug and Alcohol Office tertiary partnership strategy.</p>
<p>Recommendation 20</p> <p>The Minister for Mental Health seek funding by 2012 for the education and subsequent clinical placement of additional 'addiction medicine' or equivalent specialist positions for tertiary, secondary and community health care settings.</p>	<p>Noted</p>	<p>Consideration will be given to the development and implementation of policies in this regard.</p> <p>Further funding to be considered as part of the budget process in the context of competing priorities.</p>

<p>Recommendation 21 By December 2011, the Department of Health introduce management guidelines with discharge planning for all patients who attend, or are admitted, to a tertiary or secondary hospital with alcohol and drug problems. The patient's discharge plan is to be provided to the Drug and Alcohol Office for follow-up.</p>	<p>Noted</p>	<p>The North and South Metropolitan Area Health Services have site-based policies in place that refer to the management of patients with alcohol and other drug problems but they do not specifically refer to discharge planning. Consideration will be given to the development and implementation of policies in this regard.</p> <p>The North Metropolitan Area Health Service develops discharge summaries and formal Care Plans for patients presenting with co-occurring mental health and alcohol and other drug problems. This includes: management of any existing co-morbidity as part of the management plan; identifying the consumer's Case Manager in the community; identifying the collaborating alcohol and other drug agency which will be involved in the consumer's care; and any risk management strategies required.</p> <p>The North Metropolitan Mental Health services will be mandated to adhere to the above requirements regarding any alcohol and other drug and mental health co-morbidities as it relates to their services by December 2011.</p>
<p>Recommendation 22 By December 2011, the Drug and Alcohol Office establish and fund a referral centre to plan the management for all patients who attend, or are admitted, to a tertiary and secondary hospital with alcohol and drug problems and to report on the operations of this centre in their annual report to Parliament.</p>	<p>Noted</p>	<p>The Alcohol and Drug Information Service operated by the Drug and Alcohol Office provides a central telephone based counselling, information and referral service. This includes arrangements with Royal Perth Hospital, Sir Charles Gardiner Hospital and Fremantle Hospital to provide pro-active call-backs offering treatment and referral to patients attending Emergency Departments with alcohol and other drug problems.</p>
<p>Recommendation 23 The Minister for Health by the end of 2011 mandate the relevant recording of disease and physical injury associated with alcohol and illicit drugs in discharge summary documentation.</p>	<p>Not Supported</p>	<p>Existing classification systems allow for the recording of the impact of alcohol and illicit drugs. Current classifications are consistent with national and international coding standards.</p>

<p>Recommendation 24</p> <p>The Minister for Corrective Services and the Attorney General report to Parliament by December 2011 on what processes have been put in place to ensure the closer cooperation of the Courts and the Department of Corrective Services in managing the diversion programs offered to convicted children and adults in Western Australia.</p>	<p>Noted</p>	<p>A number of structures are in place to ensure close cooperation between the Department of the Attorney General and the Department of Corrective Services in managing diversion programs offered to convicted children and adults in Western Australia.</p> <p>On a strategic management level, the Department of the Attorney General and the Department of Corrective Services are represented on the Drug Diversion Strategic Advisory Group and Senior Officers Group administered by the Drug and Alcohol Office. Meetings of both groups occur quarterly, and provide a forum for senior staff representing the Department of the Attorney General Courts and the Department of Corrective Services to discuss issues related to both the State Funded Drug Court and Council of Australian Government's Illicit Drug Diversion Initiative.</p> <p>On an operational level, the Drug Court Team, which includes representatives from the Department of the Attorney General and the Department of Corrective Services, holds weekly review meetings to discuss operational issues related to case managing Drug Court participants. More complex matters may be escalated to the bi-monthly Drug Court Operational Team meetings, chaired by the Drug Court Magistrate.</p> <p>The Department of the Attorney General also provides executive support to, and is an active participant of, the Drug Court Strategic Management Group, which includes senior staff from the Department of Corrective Services and other relevant stakeholders. The Drug Court Strategic Management Group meet bi-monthly to consider business improvement initiatives and the strategic direction of the Drug Court. The Children's Court Drug Court Magistrates also have standing invitations to the Strategic Management Group meetings to enable them to raise issues particular to their jurisdiction.</p> <p>The Commonwealth-funded Illicit Drug Diversion Initiative programs noted in the report, that is, the Pre-sentence Opportunity Program, Young Persons Opportunity Program, Supervised Treatment Intervention Regime, and the Indigenous Diversion Program, are managed by the Drug and Alcohol Office in collaboration with relevant stakeholders.</p> <p>In regional areas where the Supervised Treatment Intervention Regime is available, the Court Users Meetings (also known as Stakeholder Meetings in</p>
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	<p>some locations), provide the key forum for the Department of the Attorney General and the Department of Corrective Services staff to meet and resolve the operational issues.</p> <p>Contrary to finding 17 in the report, the Pre-Sentence Opportunity Program and Indigenous Diversion Program are not offered by the Drug Court. These programs are, however, available in other Magistrates' Courts.</p> <p>On an operational level, the Department of Corrective Services is not involved in the management and delivery of the Pre-sentence Opportunity, Young Persons Opportunity or Indigenous Diversion programs. Consequently, there are no dedicated processes in place for the Department of the Attorney General and the Department of Corrective Services to work together on these programs. However, the close collaboration between the two agencies at a strategic management level ensures that the two agencies are kept informed of issues relevant to these two programs.</p>
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