

# **Western Australia Police**

## **Drug and Alcohol Action Plan**

**2005-2009**

## Commissioner's Foreword

Alcohol and other drug use has a significant impact on the community and on the frontline resources of the WA Police.

The wide range of drug related incidents that police encounter includes drug offences, overdose, violent crime, property crime, assault, drink driving, drug driving and anti-social behaviour. Alcohol has been shown to be involved in 62% of all police attendances, 73% of assaults and 90% of calls between 10pm and 2am.

In addition, alcohol-related violence and abusive behaviour contributes towards a loss of public amenity. This erodes the community's perception of safety and de-stabilises public confidence in the police.

The complexity of the above problems now requires police to be involved in a broader range of strategies than before. These encompass demand reduction and harm reduction initiatives as well as the traditional supply reduction (as outlined in the National Drug Strategy).

The *Western Australian Police Drug and Alcohol Action Plan 2005-2009* outlines the contributions and directions of the WA Police in responding to alcohol and other drug problems in Western Australia.

This agency Action Plan is one of a number of action plans, developed by key State Government departments, that represent a comprehensive whole-of-government approach articulated in the *Western Australian Drug and Alcohol Strategy 2005-2009*.

The WA Police is committed to establishing these strong, mutually beneficial partnerships with other key stakeholders to bring about whole-of-government outcomes.

The *WA Police Drug and Alcohol Action Plan 2005-09* is consistent with the Frontline First commitment to providing better basic policing services to the community including response times, combating violent crime, anti-social behaviour and incivilities, together with providing a highly visible presence in the community.

KARL J. O'CALLAGHAN APM

Commissioner of Police

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## INTRODUCTION

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

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

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

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

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



This document includes:

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

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

## PAST ACHIEVEMENTS

The 2002-2005 experience saw the development of Agency Drug and Alcohol Action Plans by ten key human service government departments (including the WAPOL). These plans outlined the strategic directions, activities and implementation plans for individual agencies in addressing AOD-related problems in WA.

To measure progress of the agency action plans and the drug strategy, departments were required to report against key performance indicators (KPIs)<sup>1</sup>. These KPIs highlighted that the Agency Drug and Alcohol Action Plans provided a focus on AOD-related activity across government.

It was found that the agency action plans facilitated across-government communication, coordination and integration of key activities that addressed priority issues and groups. This activity resulted in improved service delivery for Western Australians. For example, one achievement during 2002-2005 was the increase in access to treatment and support services. Other achievements for the WAPOL have included:

- Amendment to the *Misuse of Drugs Act 1981* and *Misuse of Drugs Regulations 1982* to regulate the supply of precursor chemicals and apparatus. The WAPOL advocated the amendment to give legislative backing to the voluntary Code of Conduct developed by the Plastics and Chemicals Industries Association to prevent and minimise the risk of diversion of legitimate industrial chemicals and apparatus for the illegal manufacture of illicit drugs. WAPOL is committed to educating and training chemical industry staff as to their obligations under the new legislation which came into effect on 1 January 2005;
- Continued implementation of Gordon Response initiatives, such as the official opening of a new Multi-functional Police Facility (MFPF) in Balgo (Wirrimanu) in September 2005. Other locations identified for the establishment of MFPFs include Warburton, Warakurna, Kalumburu and Bidyadanga. The establishment of these facilities is a key part of the whole-of-government response to the Gordon Inquiry and will enhance service delivery to remote Aboriginal communities, and help address the issues of substance abuse in these remote regions;
- Continued focus on Gordon Response initiatives in the metropolitan area. It is a state-wide strategy aimed at promoting respect and delivering a better level of service such as improving equity and access to services for Aboriginal people throughout Western Australia;

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<sup>1</sup> Copies of the *Reporting Against the Western Australian Drug and Alcohol Strategy 2002-2005* are available from the DAO website: [www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au)

- Statewide rollout of the Child Protection and Family Violence Project – a comprehensive re-design of service delivery and management of family violence and child abuse;
- Implementation of the Cannabis Infringement Notice (CIN) Scheme. The *Cannabis Control Act 2003* was proclaimed in March 2004. The new Act allows WAPOL the discretionary power to issue a CIN for simple cannabis offences, such as the possession of amounts of cannabis deemed for personal use. WAPOL retain the discretion to charge with an offence, irrespective of the amount of cannabis involved;
- Expansion of the “All Drug Diversion” strategy that allows for drug related adult simple offenders to be diverted into a treatment assessment program; and
- Ongoing commitment to Random Breath Testing (RBT).

## LINKS TO BROAD SOCIAL POLICY

AOD use affects all Western Australians through significant health, social and economic costs such as the cost of prevention, treatment, loss of productivity in the workplace, property crime and law enforcement activities. The annual cost for 1998/99 of AOD to the Australian community has been estimated at \$34.4 billion. Of this cost, 22% was attributed to alcohol, and a further 17% to illicit drugs<sup>2</sup>. In addition, the costs of crime attributable to AOD was estimated at \$5.9 billion. The close link between illicit drugs and crime has been well documented. A study released in 2003 showed that 67% of offenders arrested for committing a violent crime and 80% arrested for a property offence tested positive to at least one illicit drug.<sup>3</sup> A reduction in harmful drug use will contribute towards a reduction in crime.

A wide range of risk and protective factors have been identified during childhood. Many of the risk and protective factors for hazardous and harmful AOD use problems are common to a number of problematic areas such as behaviour problems, school retention, crime, mental health and suicide.<sup>4</sup>

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

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

<sup>3</sup> Makkai, T. and McGregor, K. *2002 Annual Report on Drug Use Among Police Detainees*, Australian Institute of Criminology Research and Public Policy Series No. 47

<sup>4</sup> Toumbourou J. Drug prevention strategies: a developmental settings approach. Prevention Research Evaluation Report, Number 2. [online] Available from: [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au)  
National Crime Prevention. Pathways to prevention: Developmental and early intervention approaches to crime in Australia. [online] Available from: [www.ncp.gov.au](http://www.ncp.gov.au)

O’Leary C. Prevention of alcohol-related harm: early childhood and adolescent risk and protective factors. In: National Drug Strategy, National Alcohol Research Agenda: [online]. Available from: [www.health.gov.au/pubhlth/nds/resources/publications/alc\\_agenda.pdf](http://www.health.gov.au/pubhlth/nds/resources/publications/alc_agenda.pdf) March 2002.

## **IMPLEMENTATION AND REPORTING**

Each agency that has developed an Agency Drug and Alcohol Action Plan is a member of the Senior Officers Group (SOG) convened by DAO. The SOG will monitor the development, implementation and evaluation of the *Western Australian Drug and Alcohol Strategy 2005-2009* and the agency action plans.

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

- printing and distribution of the Action Plan
- use of the Action Plan in relevant training at the Academy; and
- placing the plan on the intranet website to make it accessible to all members of WAPOL.

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

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

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

### **REPORTING**

The State Government and the WAPOL are accountable to the WA community for ensuring that AOD-related problems are addressed appropriately.

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

The annual report will comprise two components: the first being a presentation of the contributions of agencies across government to achieve the major themes of the *Western Australian Drug and Alcohol Strategy 2005-2009*; the second component being a set of performance indicators chosen from a range of databases to provide a high level picture of the current status of AOD issues in WA (refer to Appendix 2). These performance indicators are based on sound data and are presented for previous years, allowing for time series comparisons and the identification of trends.

## AGENCY CONTEXT

### AGENCY OVERVIEW

AOD have significant impact on the frontline services of the WAPOL. In summary, the range of drug related problems that police encounter includes<sup>5</sup>:

- drug possession, trafficking, cultivation, manufacture etc;
- property crime (research shows that drug users not only commit property crime to generate income but also commit crimes under the influence of the drug [intoxication]);
- fatal and non-fatal overdose;
- violent crime;
- assault;
- domestic violence;
- drink and drug driving;
- child abuse and neglect;
- sexual assault;
- loss of public amenity – disturbances, public intoxication, vandalism, loitering to buy drugs, discarding drug use equipment in public places; and
- dangers to police from clandestine labs, violence and needle stick injuries.

In addition, alcohol-related violence and abusive behaviour erodes the community's perception of safety and de-stabilises public confidence in the police. In 2004, a household survey found that 25% of the population had been 'verbally abused', 4.5% had been 'physically abused' and 13% had been 'put in fear' by someone affected by alcohol<sup>6</sup>.

Therefore, drugs are not just an issue for police because they are against the law but, along with alcohol, they contribute to multiple community problems and to the workload of the WAPOL.

The traditional police response has been to reduce the supply (particularly for illicit drugs) through drug law enforcement. However, it is now acknowledged that this will never be enough in isolation. The complexity of the above problems now require police to be involved in a broader range of strategies that encompass demand reduction and harm reduction as well as supply reduction, as outlined in the State and National Drug Strategies.

This does not diminish the role of supply reduction – it is vital to create an environment that is hostile to the illicit drug market. It just means that police are also involved in:

- Diversion – to encourage users to enter treatment;
- Prevention – education, youth and community programs (e.g. Western Australia Police and Citizens Youth Clubs [PCYC]), collaborative partnerships; and
- Harm Reduction – managing drug-affected people (from amphetamines or alcohol), to use discretion in not routinely attending non-fatal overdoses.

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<sup>5</sup> Spooner, McPherson & Hall. *The role of police in preventing and minimizing illicit drug use and its harms*. Commonwealth of Australia 2004.

<sup>6</sup> Australian Institute of Health and Welfare 2005. 2004 National Drug Strategy Household Survey: First Results. Canberra: AIHW (Drug Statistics Series No. 13).



## **AGENCY MISSION**

To enhance the quality of life and wellbeing of all people in WA by contributing to making our State a safe and secure place (*WA Police Strategic Plan 2005-2007*).

## **BROAD POLICY DIRECTIONS**

The *Western Australia Police Drug and Alcohol Action Plan* is consistent with the Frontline First service delivery philosophy. Frontline First articulates WAPOL's firm commitment to providing better basic policing services to the community including response times, violent crime, anti-social behaviour and incivility, as well as a highly visible presence in the community.

Another key factor to achieving the aims of Frontline First is through establishing strong, mutually beneficial partnerships with other key stakeholders, to bring about whole-of-government outcomes such as the WA Drug and Alcohol Strategy. This focus on collaborative partnerships is clearly reflected in the Priority Agency Actions set out in the next section.

## **Co-ORDINATION**

The Organised Crime Division (OCD) coordinates the disruption of the supply of illicit drugs to WA by targeting external supply mechanisms and the diversion of precursor chemicals towards illicit drug manufacture. Asset confiscation strategies also serve to disrupt drug trafficking by targeting established criminal networks seeking to profit from drug related criminal activity.

The Alcohol and Drug Co-ordination Section (ADCS) coordinates liquor licensing and AOD issues across the state for WAPOL. The ADCS provides AOD education programs to police officers and community groups including the coordination of training and development of district personnel relating to investigation techniques, and the enforcement of liquor licensing and gaming laws.

The Corporate Research and Development Unit monitors and provides advice on matters of national AOD policy and provides WAPOL representation at national and state forums.

At a Police District level, liquor licensing and AOD issues are co-ordinated by the Alcohol and Drug Advisors.

## **DIVERSION INITIATIVES**

The cost-effectiveness of treatment and rehabilitation for illicit drug users has been widely documented. The benefits of diversion initiatives include reductions in recidivism, drug-related crime and substance abuse. In the long term, significant benefits include cost savings to the community and improved efficiencies in the legal system as well as the health system. The Department of Justice (DoJ) Drug Plan 2003 reports that among drug users there is a \$4-\$12 return on every dollar spent on treatment, measured in terms of reduction in health care and crime costs.<sup>7</sup> As such, it is clearly in the best interests of the State for police to continue initiating and implementing diversion options. Some of these diversion initiatives are detailed below.

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<sup>7</sup> *Justice Drug Plan 2003*, Department of Justice, Government of Western Australia, 2003

### Cannabis Infringement Notice

The Cannabis Infringement Notice (CIN) Scheme was introduced as part of the *Cannabis Control Act 2003* in March 2004. The CIN Scheme gives police the discretion to issue infringement notices for certain minor offences relating to cannabis. Such infringement notices may be expiated by payment of a modified fine or attendance of a Cannabis Education Session (CES).

The CES is delivered through the state-wide network of Community Drug Services Teams (CDSTs), and culturally appropriate material is available for Indigenous people. The CES provides attendees with factual information on the harms of cannabis use, as well as personalised harms to the attendees' own situation. Where appropriate CDSTs will provide referrals and identify sources of further assistance and follow-up for attendees.

Police retain the discretion to charge with an offence rather than issue a CIN where appropriate, regardless of the amount of cannabis involved (see OP-52.1 CIN Scheme ).

### All Drug Diversion

The All Drug Diversion Initiative, for illicit drugs other than cannabis, was implemented statewide on 1 January 2004. The project provides a compulsory assessment program, including counselling and a treatment plan for first time offenders apprehended by police for simple drug offences (other than cannabis). At the end of the program, the offender is referred to further continuing treatment or other relevant support services, where appropriate.

The three treatment sessions required under the program must be completed within 30 days from the date the diversion notice was issued to the offender. If successfully completed, the offender will not have a criminal conviction recorded against them. If the program is not completed however, the matter will be referred to the court system (see OP-52.2 All Drug Diversion).

### Perth Drug Court

The WAPOL plays a key role in the successful implementation of the Drug Court through the work of specialist Drug Court Police Prosecutors in the Perth Magistrates Court. Drug Courts utilise a non-adversarial model of intervention to facilitate and manage substance abusing offenders' access to, and participation in, appropriate treatment and rehabilitative services. The Drug Court aims to direct eligible offenders with drug use problems into appropriate treatment and supervision programs tailored to their specific needs at key decision points in the criminal justice process. The ultimate aim is to break the cycle of substance use associated criminal behaviour, which will have long term benefits to law enforcement and the wider community as a whole.

## **HARM REDUCTION**

While the agency's main focus is on supply reduction, the WAPOL also has a major role in the areas of demand and harm reduction, which form part of the overall harm minimisation strategy adopted by the agency.

Given the WAPOL's predominant enforcement role relating to AOD-related crime; the police must tread a fine line between upholding the law and acknowledging treatment of AOD use as a health issue.

For instance, the Police has implemented operational procedures regarding attendances at non-fatal drug overdoses<sup>8</sup> and policing Needle and Syringe Program (NSP) facilities<sup>9</sup>. These policies have encouraged injecting drug users to patronise these facilities for the collection of clean injecting equipment or to call an ambulance in the case of overdose without fear of police intervention. Over a nine-year period (1991–2000), NSP programs are estimated to have saved between \$2.4 billion and \$7.9 billion in treatment costs for HIV and Hepatitis C respectively.<sup>10</sup>

The WAPOL focus on intelligence-led policing is complemented by its role as key players in 'upstream' early intervention. WAPOL have a clear vested interest in ceasing or reducing the flow of young people at risk of becoming offenders. At the local/district level, this process is encouraged through working with local groups to develop creative, early intervention solutions to address specific local problems, such as youth at risk.

## **DATA COLLECTION**

The WAPOL continues to collect KPIs for the WA Drug and Alcohol Strategy.

The data includes:

- number and types of drug seizures on a quarterly basis;
- CIN Scheme;
- All Drug Diversion (ADD); and
- Liquor infringement data from the Department of Racing Gaming and Liquor.

Timely and objective analysis of data allows the WAPOL to review and monitor progress, and continuously improve the way this agency does its business.

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<sup>8</sup> See AD 24.16.1 Non Fatal Drug Overdoses in the COPS Manual

<sup>9</sup> See AD 24.19 Needle and Syringe Exchange Program in the COPS Manual

<sup>10</sup> The National Centre for HIV Epidemiology and Clinical Research et al., *Return on Investment in Needle & Syringe Programs in Australia*, Commonwealth Department of Health and Ageing, Canberra, 2003

## PRIORITY AGENCY ACTIONS

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

In relation to the WAP Drug and Alcohol Action Plan, please note the following:

- where there are activities that span across a number of different strategies, each activity is placed under one strategy only;
- key stakeholders have been identified but this is not intended to obligate the agency(ies) to progress the action(s); and
- the plan does not rely on additional funding and is based on existing resources.

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

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

Action issue	Action	Other key stakeholders
<b>General</b>		
Community	Ensure better frontline services to the community, highly visible police presence and continuous business improvement.	AGR
<b>Alcohol Plan 2005-2009</b>		
Alcohol	Develop clear and specific KPIs to report activities that aim to reduce alcohol-related harms associated with licensed premises (ref 3.2.4).	DRGL, DOH, DAO, DLGRD

### KEY STRATEGY AREA: PREVENTION AND EARLY INTERVENTION

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

Action issue	Action	Other key stakeholders
<b>Alcohol Plan 2005-2009</b>		
Alcohol	Continued support of Leavers Live Program aimed at building the capacity of communities to conduct programs for school leavers (ref 1.4.4; 1.4.5; 1.4.6).	DAO, DET, SDERA, DIA
Alcohol	Continued support for random breath testing, Responsible Service of Alcohol training, the <i>Enough is Enough</i> community engagement program.	

**Strategy 4. Support physical environments that decrease problems associated with AOD use.**

Action Issue	Action	Other key stakeholders
<b>Alcohol Plan 2005-2009</b>		
Alcohol	Develop capacity for responsible service of alcohol training for all bar staff, including casual staff (ref 2.1.8; 3.1.7; 3.2.6; 3.8.9).	AGR
Alcohol	Support Codes-of-Practice in relation to registered crowd controllers as part of the Night Venues and Entertainment Events Project (ref 3.2.5).	DAO, DRGL
Alcohol	Support and enforce state guidelines on approval processes and requirements for Occasional Licences (ref 3.2.9).	DRGL, DOH, DLGRD, DAO
Alcohol	Monitor liquor licence applications and support interventions where appropriate (ref 3.4.6; 3.8.10).	DOH, DAO, DLGRD
Alcohol	Investigate a monitoring and recording system for performance of event managers and organisations to identify those who fail to comply with safe event management guidelines (ref 3.2.12).	DRGL, DLGRD, DOH, DAO
Alcohol	Raise community awareness about the legal requirements for the responsible service of alcohol (ref 3.2.14).	DRGL, DAO
Alcohol	Support initiatives that inform organisers of large public events about their rights, obligations and responsibilities when providing alcohol to guests on <i>unlicensed</i> premises (ref 3.9.2).	DOH, DAO
Alcohol	Develop and implement strategies that support and strengthen the focus on a reduction of alcohol-related harm and other alcohol-related problems in relation to outlet trading hours (ref 3.4.1).	DAO, DOH, DRGL, DLGRD

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

Action Issue	Action	Other key stakeholders
<b>General</b>		
Illicit Drugs	Support and initiate education sessions for parents, workplaces and community groups to raise awareness of AOD issues and empower people to take action. For example, school parent evenings, Pharmacy Awareness (of pseudo-ephedrine and other precursors).	
	Support State and National public education campaigns.	
<b>Aboriginal Alcohol and Other Drug Plan 2005-2009</b>		
Aboriginal	Develop relationships with the community, based on mutual respect, taking in account particular cultural needs and differences where appropriate, to facilitate exchange of information and service delivery for Aboriginal persons (ref 1.1.4; 1.3.8; 3.4.14).	AGR
<b>Alcohol Plan 2005-2009</b>		
Alcohol	Support DAO to evaluate media-based community awareness programs to assess behavioural impacts (ref 5.2.3).	AGR

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

Action Issue	Action	Other key stakeholders
<b>General</b>		
Training and professional development	Provide workforce development to ensure that police are appropriately trained and supported. For instance, promoting training courses such as Policing Licensed Premises, Alcohol and Crime Investigation, CIN Scheme, ADD, Community Drug Education, Responding to Amphetamine Users and Clan Lab awareness.	
<b>Volatile Substance Use Plan 2005-2009</b>		
Volatile Substance Use	Educate relevant workers about the current available legislation and how it can be utilised to deal with VSU issues, as well as their roles and responsibilities (ref 2.2.1).	DAO, DET
Volatile Substance Use	Provide training to organisations that provide services to people with VSU problems, such as: crowd controllers, rail guards, ambulance officers and other first responders, sobering up centres (ref 3.1.9).	DAO
Volatile Substance Use	Support community initiatives to implement community by-laws that impact on the control of VSU (ref 2.2.4).	
<b>Alcohol Plan 2005-2009</b>		
Alcohol	Utilise the Incident Management System to support intelligence-led policing of alcohol-related problems (ref 5.1.5).	
Alcohol	Collect and report on local alcohol-related harm data (ref 5.2.5).	DOH

Alcohol	Establish a single, agency-wide information system that may be used to provide de-identified data about alcohol-related problems for use by agencies outside WA (ref 3.3.5).	DAO, DOH, DPC(ORS)
Alcohol	Maintain a high profile random breath-testing program (ref 3.4.8; 3.8.5).	
Alcohol	Support relevant objections to inappropriate alcohol advertising (ref 3.6.6).	AGR
Alcohol	Work with liquor industry and relevant accredited training organisations to further develop training for police on liquor licensing where necessary (ref 3.1.2).	DRGL, DAO
Alcohol	Implement effective interventions to reduce recidivist drink driving (ref 3.8.3).	DPC(ORS), DoJ
Alcohol	Implement intelligence-led policing to deploy resources where and when drink driving is most common (ref 3.8.6).	DPI

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

Action Issue	Action	Other key stakeholders
<b>General</b>		
	Continue partnerships with the WASUA, CDSTs, SDERA, AIDS Council, DAO and LDAGs.	
<b>Volatile Substance Use Plan 2005-2009</b>		
Volatile Substance Use	Support collaborative interagency responses, such as the establishment of Local Volatile Substance Response Networks (comprised of police, youth, welfare, health and AOD workers) (ref 3.1.1; 3.1.4; 3.2.2).	DAO, DCD, DOH
<b>Alcohol Plan 2005-2009</b>		
Alcohol	Promote interagency collaboration on a local/regional level to establish protocols to encourage school connectedness for 'at risk' students (ref 1.3.3).	DET, SDERA, DoJ, DLGRD
Alcohol	Build partnerships with media outlets to raise community awareness about alcohol-related problems and possible solutions, and how alcohol is portrayed (ref 2.1.6; 2.2.3).	AGR
Alcohol	Support groups in the community which are concerned about alcohol-related harm (e.g. road trauma arising from drink driving) to encourage a comprehensive community-wide approach (ref 2.2.5).	DAO, DOH, DPC (ORS)
Alcohol	Support appropriate sharing of information between relevant agencies and community groups where necessary for the purpose of reducing alcohol-related problems (ref 2.1.12; 3.7.4; 5.1.9).	AGR
Alcohol	Continue participation in local Alcohol Accords to reduce alcohol-related problems (ref 3.1.6; 3.2.8; 3.3.4; 3.4.4; 3.6.5).	AGR
Alcohol	Collaborate with Road Safety and AOD agencies to share resources and information where there is mutual interest (ref 3.8.2).	DPC(ORS), DOH, DAO
<b>Aboriginal Alcohol and Other Drug Plan 2005-2009</b>		
Aboriginal	Continued participation in LDAGs (ref 1.2.7).	AGR

**Strategy 9. Involve local communities in strategies to prevent and reduce AOD-related problems.**

Action Issue	Action	Other key stakeholders
<b><i>Volatile Substance Use Plan 2005-2009</i></b>		
Volatile Substance Use	Support community activity, for instance through programs for youth at risk at the PCYC, Blue Light etc to address VSU issues. (ref 1.1.5)	DCD, DET, DIA, DPC(OCY), DLGRD
Volatile Substance Use	Support communities to ensure young people's attendance at school, eg via existing truancy programs (ref 1.1.6).	DET
<b><i>Alcohol Plan 2005-2009</i></b>		
Alcohol	Seek community input to develop strategies that prevent and reduce the problems associated with supplying alcohol to young people in unlicensed settings (ref 1.4.3).	DAO, DOH
Alcohol	Build the capacity of communities to develop strategies that address problems associated with the supply of alcohol (ref 1.4.3; 1.4.5).	DAO, DCD, DET, SDERA, DLGRD
Alcohol	Develop mechanisms that encourage community awareness and participation in local liquor licensing matters (ref 3.4.2).	DAO, DRGL, DOH, DIA
Alcohol	Work in collaboration with Aboriginal communities and the liquor industry to review and develop culturally secure strategies to reduce alcohol-related harm amongst Aboriginal people (ref 3.7.2).	DAO, DOH, DRGL
Alcohol	Support community action to create safer drinking environments (ref 3.2.15).	AGR

**KEY STRATEGY AREA: TREATMENT AND SUPPORT**

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

Action Issue	Action	Other key stakeholders
<b><i>General</i></b>		
Community Engagement	Improve basic police services such as response times, call-taking, volume crime, anti-social behaviour and incivility to foster mutual respect between WAPOL and the community.	
Community Engagement	Improve access to policing services in remote areas through the Remote Policing Project and establishment of Multi-Function Police Facilities.	
Community Engagement	Improve service delivery for child protection and family violence issues.	



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

Action Issue	Action	Other key stakeholders
<b>Aboriginal Alcohol and Other Drug Plan 2005-2009</b>		
Aboriginal	Develop closer partnerships between SUCs, community patrols, police and health services (ref 4.2.3).	DAO, DOH, DIA

**KEY STRATEGY AREA: LAW, JUSTICE AND ENFORCEMENT**

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

Action Issue	Action	Other key stakeholders
<b>General</b>		
Drug Traffickers	Enhance drug law enforcement eg targeted policing practices.	ACC, AFP, ACS
Drug Traffickers	Integrated approach to detect illicit drugs crossing state and community borders.	ACC, AFP, ACS
Organised Crime	Targeted policing of organised crime and its involvement with the illicit drug market.	ACC, AFP, ACS
Drug Cultivators	Intelligence based policing aimed at the eradication of illegal drug crops.	ACC, AFP, ACS
Clan Labs	Dismantling of clandestine drug laboratories and control of precursor chemicals.	ACC, AFP
<b>Volatile Substance Use Plan 2005-2009</b>		
Volatile Substance Use	Work at both a state-wide and local level to engage with retailers and industry to limit supply of volatile substances for abuse purposes (ref 2.1.2; see also s206 <i>Criminal Code</i> ).	DAO
<b>Aboriginal Alcohol and Other Drug Plan 2005-2009</b>		
Aboriginal	Continue involvement in partnerships between AOD services, police, retailers, local government and communities to limit the supply of volatile substances, methylated spirits and other intoxicating retail products (ref 2.3.7).	DAO, DLGRD

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

Action Issue	Action	Other key stakeholders
<b>Aboriginal Alcohol and Other Drug Plan 2005-2009</b>		

Aboriginal	Promote understanding of supply and control strategies at a community level including Liquor licensing issues and Alcohol Accords (ref 2.1.1; 2.3.3).	DAO, DRGL
Aboriginal	Support interagency collaboration eg working with Population Health Units, CDSTs, LDAGs and local government authorities to control AOD (ref 2.1.3; 2.2.1; 2.3.3; 2.4.2; 2.4.3).	DOH(AHS), DAO
Aboriginal	Support community initiatives to strengthen community by laws to control AOD supplies (ref 2.3.5).	
<b>Alcohol Plan 2005-2009</b>		
Alcohol	Conduct regular targeted operations focused on enforcing the minimum age drinking laws in WA (ref 3.1.1).	
Alcohol	Promote and utilize an intelligence-led approach to address the unlawful supply and use of liquor (ref 3.7.5).	DOH, DIA
Alcohol	Promote and support the coordination of community based approaches to reducing the availability of alcohol to underage people (ref 3.1.4).	AGR

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

Action Issue	Action	Other key stakeholders
<b>General</b>		
General	Continue partnerships with the WASUA, CDSTs, SDERA, AIDS Council, DAO and LDAGs.	WASUA, CDSTs, SDERA, DAO, LDAGS
General	Support and initiate education sessions for parents, workplaces and community groups to raise awareness of alcohol and drug issues and empower people to take action. For example, school parent evenings, Pharmacy Awareness (of pseudo-ephedrine and other precursors).	WASUA, CDSTs, SDERA, DAO, LDAGS
<b>Alcohol Plan 2005-2009</b>		
Alcohol	Support communities in the development of evidence-based initiatives to assist in addressing identified alcohol problems, for example, targeted activities during school leavers' week (ref 3.1.8; 3.9.5).	DAO, DCD, DET, SDERA, DLGRD
<b>Volatile Substance Use Plan 2005-2009</b>		
Volatile Substance Use	Support community activity, for instance through recreational activities at the PCYC, Blue Light etc (ref 1.1.5).	DCD, DET, DIA, DPC(OCY), DLGRD
<b>Aboriginal Alcohol and Other Drug Plan 2005-2009</b>		
Aboriginal	Ensure that AOD training packages include information on supply and control strategies (ref 2.4.4).	DAO

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

Action Issue	Action	Other key stakeholders
<b>General</b>		
Drug Diversion	Development and implementation of a Police Diversion Plan for all programs that includes training, reporting, publications and so forth.	DAO
Drug Diversion	Provide opportunistic advice and informal referral to training, recreation, employment or treatment services.	DoJ, DCD
Drug Diversion	Continued implementation and monitoring of the ADD program, which allows for adult drug offenders meeting certain criteria to be diverted into a treatment assessment program.	CDST, DAO
Drug Diversion	Encourage the involvement of JJTs and ROCs in the area of juvenile drug diversion into education and/or treatment.	JJT, RCC, CDST, JAG, AADS, DoJ

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

Action Issue	Action	Other key stakeholders
<b>Illicit Drugs</b>		
CIN Scheme	Continued implementation and monitoring of the CIN scheme and training for police officers.	DAO

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

Action Issue	Action	Other key stakeholders
<b>Illicit Drugs</b>		
Drug Courts	Continued involvement in and support of the Drug Courts, which are aimed at reducing re-offending by addressing the underlying reasons for offending behaviour	DoJ

## **APPENDIX ONE – WA DRUG AND ALCOHOL STRATEGY 2005-2009**

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

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

### **Key Strategy Area: Prevention and Early Intervention**

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

### **Key Strategy Area: Treatment and Support**

10. Ensure that there is a comprehensive range of community-oriented, evidence-based treatment and support services, responsive to client needs, throughout the State;
11. Improve access to services to meet the particular needs of priority groups;

12. Promote clear points of entry into treatment and ensure that there are identified pathways for people to access the services most appropriate to their needs;
13. Ensure that services operate as an integrated network, reflecting continuity with the underlying values and principles of the *Western Australian Drug and Alcohol Strategy 2005-2009*;
14. Ensure that there are effective partnerships between non-government organisations and government agencies that respond to communities and people affected by AOD; and
15. Ensure treatment and support services develop and strengthen partnerships across government. Key government departments will develop Agency Drug and Alcohol Action Plans to articulate their role in a comprehensive alcohol and other drug treatment response.

**Key Strategy Area: Law, Justice and Enforcement**

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

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

### **1. INTRODUCTION**

There are two sections in the *WA Drug and Alcohol Strategy 2005-2009*. The first details government activities which implement the individual strategies listed in the overall strategy and provide an opportunity for individual agencies to report on their practical achievements each year and show how they contributed to the strategy of the Key Strategic Area. Overall there are 23 strategies.

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

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

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

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

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

#### **2.1 Key Strategic Area: Prevention and Early Intervention**

##### **Objective:**

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

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

- f) initiate and maintain evidence-based education, policy, legislation, workforce development, compliance and enforcement, and monitoring and surveillance initiatives that will prevent, delay and reduce AOD-related problems;
- g) prevent and/or delay the onset of illicit drug use and the hazardous use of AOD through effective partnerships between the community, non-government and government agencies; and
- h) involve local communities in strategies to prevent and reduce AOD-related problems.

## **2.2 Key Strategic Area: Treatment and Support**

### **Objective:**

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

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

## **2.3 Key Strategic Area: Law, Justice and Enforcement**

### **Objective:**

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

- a) disrupt and reduce the supply of illicit drugs to optimise the success of demand and harm reduction initiatives;
- b) reduce the illegal supply of alcohol and reduce alcohol-related crime;
- c) link with prevention and early intervention initiatives by exploring collaborative models to reduce the harms experienced by AOD users;

- d) link to treatment by maximising the number of offenders with AOD problems engaged in diversion programs at each stage of the criminal justice system;
- e) enact and explore a legal framework that achieves a balance between strongly discouraging and penalising the illicit drug trade, encouraging people into AOD treatment, and avoiding undue legal penalties for people who use drugs;
- f) ensure treatment for people affected by AOD is delivered with compassion and respect, within the context of their offending behaviour;
- g) reduce drug use and associated problems by offenders and others identified in the justice system; and
- h) reduce re-offending associated with drug use.

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

#### **3.1 Key Strategic Area: Prevention and Early Intervention**

##### **Outcome:**

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

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

##### ***Prevalence of reported AOD use***

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

##### ***Mortality***

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

##### ***Harm reduction activity***

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

##### ***Education outcomes in relation to drug and alcohol use***

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



### **3.2 Key Strategic Area: Treatment and Support**

#### **Outcome:**

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

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

#### ***Use of Treatment and Support Services***

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

#### ***Admissions to WA hospitals related to AOD use***

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

#### ***Presentations to WA hospitals related to AOD use***

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

#### ***Treatment and support for prisoners in State prisons***

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

#### ***Access to opioid pharmacotherapy services in WA***

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

#### ***Number of calls to the Alcohol and Drug Information Service***

### **3.3 Key Strategic Area: Law, Justice and Enforcement**

#### **Outcome:**

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

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

#### ***Law enforcement activity in relation to AOD use***

- a) Targeted drug-related offences
  - (i) Number and weight/quantity of possession drug related offences
  - (ii) Number of illicit drug seizures by type of drug (and weight)
  - (iii) Number Liquor Licensing Act Infringement Notices and charges issued by the WAPOL, in relation to the sale, supply and

- consumption of liquor to and by an intoxicated person and for permitting drunkenness to occur on licensed premises.
- (iv) Breakdown of offences with an emphasis on the illegal supply of liquor, i.e. sale of liquor to juveniles
  - (v) Proportion of offences where alcohol was involved
  - (vi) Number of assault charges during periods of high alcohol consumption
  - (vii) Number of drink driving offences
  - (viii) Number of alcohol-related offences.
- b) Disruption of the manufacture and the supply of illicit drugs
- (i) Number of clandestine laboratories dismantled
  - (ii) Number and weight/quantity of possession and trafficking drug related offences
  - (iii) Number of supply related charges
  - (iv) The Number of Chemical Diversion Reports
  - (v) Number of cultivate with intent and possess plant with intent to supply' charges.
- c) Offenders with drug-related problems diverted away from the judicial system by the implementation of Police Diversion
- (i) Number of persons diverted by way of Cannabis Infringement Notices through the *Cannabis Control Act 2003* (Note: Prior to 22 March 2003, reported as the number of persons diverted by way of Adult Cannabis Cautioning Notice)
  - (ii) Number of adult persons diverted by way of ADD as of 1 January 2004.
- d) Diversion of juvenile offenders with drug-related problems
- (i) Number of juvenile drug offenders diverted from the Court system to a Juvenile Justice Team
  - (ii) Number of juvenile drug offenders diverted from custody.
- e) Diversion of adult offenders with drug-related problems
- (i) Number of adult drug offenders diverted from the Court system
  - (ii) Number of adult drug offenders diverted from custody.

#### **4. OTHER COMMENTS**

- The National Drug Strategy Household Survey has some data on the "Availability of drugs". They ask respondents whether they had been offered or had the opportunity to use selected drugs in the preceding 12 months. The data from the WA report could be a potential Performance Indicators (PIs) for law enforcement activity.
- The Illicit Drugs Reporting System and the Party Drugs Initiative ask their samples (100 illicit drug users) about the 'availability' of drugs and their 'perception of police activity'. These measures have also had the potential to be used as PIs for law enforcement activity.

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

## APPENDIX THREE – ACRONYMS

<b>AADS</b>	Aboriginal Alcohol and Drug Service (formerly NASAS)
<b>ACC</b>	Australian Crime Commission
<b>ACS</b>	Australian Customs Service
<b>ADD</b>	All Drug Diversion
<b>AGR</b>	Across Government Response
<b>ADIS</b>	Alcohol and Drug Information Service
<b>AFP</b>	Australian Federal Police
<b>AOD</b>	Alcohol and Other Drugs
<b>APLO</b>	Aboriginal Police Liaison Officer
<b>CDEP</b>	Community Development Employment Program
<b>CDST</b>	Community Drug Service Team
<b>DAO</b>	Drug and Alcohol Office
<b>DCD</b>	Department for Community Development
<b>DET</b>	Department of Education and Training
<b>DIA</b>	Department of Indigenous Affairs
<b>DoJ</b>	Department of Justice
<b>DOH</b>	Department of Health
<b>DOH (AHS)</b>	Department of Health (Area Health Services)
<b>DPI</b>	Department for Planning and Infrastructure
<b>DPC</b>	Department of Premier and Cabinet
<b>DPC (OCY)</b>	Department of Premier and Cabinet (Office of Children and Youth)
<b>DPC (ORS)</b>	Department of Premier and Cabinet (Officer of Road Safety)
<b>DRGL</b>	Department of Racing, Gaming and Liquor
<b>DLGRD</b>	Department of Local Government and Regional Development
<b>DHW</b>	Department of Housing and Works
<b>JJT</b>	Juvenile Justice Team
<b>LDAG</b>	Local Drug Action Group
<b>MFPF</b>	Multi-functional Police Facility
<b>NSP</b>	Needle and Syringe Program
<b>PCYC</b>	Police and Citizens Youth Club
<b>RCC</b>	Regional Coordination Committee
<b>SDERA</b>	School Drug Education Road Aware
<b>SUC</b>	Sobering Up Centre
<b>VSU</b>	Volatile Substance Use
<b>WAPOL</b>	Western Australia Police