

House of Representatives

Standing Committee on Family and Community Affairs

Substance Abuse in Australian Communities

Submission by WA Government Agencies¹

1. Introduction

The Government of Western Australia recognises the abuse of alcohol, tobacco, prescription medication and illicit drugs is responsible for a considerable amount of social and economic harm. This harm has differential impacts depending on a number of factors including age and socio economic status. In this State there are significant regional differences in the type of drug problems due to variations in demographics and cultural and ethnic factors.

Factors that contribute to regional variations in problems arise because of seasonal and mining oriented employment and associated high incomes in communities with concentrations of age groups more inclined to abuse drugs. For instance, it is recognised that in a number of north west communities a culture of heavy alcohol abuse can exist.

2. WA Strategy Against Drug Abuse

The WA Strategy Against Drug Abuse, *Together Against Drugs*, is a whole of government strategy coordinated by the WA Drug Abuse Strategy Office (WADASO). It was launched in July 1997. Its second two year action plan for 1999-2001 is under way.

The policy framework for the WA Strategy Against Drug Abuse emphasises the need for a comprehensive approach and is based on two principles:

- first and foremost, opposition to drug abuse, encompassing strategies to reduce demand for drugs, and the supply of drugs; and
- second, harm reduction, recognising the need for strategies to reduce the risks and harm to those continuing to use drugs and to the wider community, whilst taking care that such strategies do not encourage or normalise drug abuse.

The WA policy framework is consistent with the national drug strategy framework's embrace of demand, supply and harm reduction strategies. It is structured to be clear in its primary emphasis on the prevention and reduction of drug abuse while recognising the complementary need for harm reduction.

2.1 Health and community support services

Since the inception of *Together Against Drugs* in July 1997 treatment services have been substantially expanded by a number of measures including the establishment of 12 Community Drug Service Teams (CDSTs) which provide treatment, support to mainstream agencies and support to the community to prevent drug abuse.

¹ Coordinated by the WA Drug Abuse Strategy Office including the Health Department of WA, WA Police Service, Education Department, Aboriginal Affairs Department, Family and Children's Services, Ministry of Justice, Healthway, Office of Racing, Gaming & Liquor and Office of Road Safety.

There have also been a substantial development of resources to increase the capacity of rehabilitation and outpatient services, including the expansion of methadone treatment through community based methadone programs provided by authorised and trained general practitioners. There is active consideration of other pharmacotherapies including buprenorphine. WA is the only state to provide naltrexone free of charge. As a general rule, there are no waiting lists for admission to treatment programs in this state.

The Health Department of WA (HDWA) has traditionally provided a range of specialist alcohol and other drug services. Additionally the Alcohol and Drug Policy Branch (ADPB) was established in 1998 and has a whole of health system role in coordinating responses to alcohol and other drug problems in hospitals and health services throughout Western Australia. The HDWA Drug Strategy sets out four broad policy objectives for the health sector and has involved a total of 88 activities under the *InterAction* banner:

- *mainstreaming* which is to achieve a ‘whole of organisation’ response, rather than relying exclusively on specialists;
- *capacity building* which is to undertake systemic initiatives such as education and training, policy and procedure development;
- *coordination* to ensure a comprehensive, coordinated internal response with both the health system and external agencies and services; and
- *prevention* to reverse or prevent health conditions caused by the abuse of alcohol and other drugs.

In recognition of the social and economic cost of substance abuse, Family and Children’s Services (FCS) has been responsible for a number of initiatives:

- a practice development project which involves individually tailored programs of organisational and staff development to increase the capacity to address problems of clients exhibiting high levels of drug abuse;
- introduced Drugnet to provide information for professionals and the wider community via the internet and for departmental staff from the FCS intranet; and
- is represented on Local Drug Action Groups across the state.

One of the major programs for the non government is the Commonwealth/State Supported Accommodation Assistance Program. In order to improve the program responses, Family and Children’s Services has developed protocols with WADASO to provide a policy and planning framework to improve service delivery to SAAP clients with drug and alcohol problems.

2.2 Education to prevent drug abuse

The School Drug Education Project (SDEP) is funded at \$4.5 million over a three year period and involves government, Catholic and independent schools in a multi-faceted program which includes the following elements:

- professional development for schools and teachers;
- a new drug education curriculum;
- drug policies in schools; and
- parent and community involvement.

This state has been regarded as a leader in public education campaigns which have targeted smoking through QUIT and other programs and alcohol abuse through the Drinksafe and subsequent campaigns.

More recently this has been expanded to include a variety of campaigns targeting youth and parents regarding illicit drugs under the banner of *Drug Aware*.

2.3 Law enforcement

The Police Service has successfully targeted street level dealing and this has prevented the creation of public drug dealing cultures as is the case in Melbourne and Sydney.

An key role is undertaken by WA police through their involvement in a diversion strategy for adults and juveniles, closely linked to treatment services. The aim is to engage more offenders in treatment through the diversion of first time offenders into compulsory assessment and participation in treatment.

The state is also undertaking the expansion of the Court Diversion Service to provide assessment and intensive assistance for repeat offenders for simple drug offences and those who commit minor property offences. A drug court regime will be implemented later this year to address the issue of more serious drug and property offences and those who require more intensive supervision. The State has received additional funds from the Commonwealth as part of the National Illicit Drug Strategy diversion initiative to support treatment places for police and court diversion in all jurisdictions.

The Police Service also has a significant involvement in community based strategies, such as school drug education through the GURD program in conjunction with the SDEP and participation in Local Drug Action Groups (LDAGs).

2.4 Community action

Some 70 LDAGs had been established in this State by March 2000. These groups are comprised of volunteer members of the community who undertake practical local projects. Rotary and Lions are strongly involved with LDAGs which are supported by CDSTs. LDAGs also provide support for public education campaigns, develop activities for youth, provide support and arrange education for parents, and work with local schools and police.

Another dimension of involving the community in responding to drug problems has been developed through partnerships with a range of sporting bodies. These involve relatively small levels of funding in return for which a high profile is obtained through role models and activities which encourage *Drug Free* messages. There is a broad of sports represented through these partnerships including the Football Development Trust, Perth Glory and Junior Soccer, the Netball Association, Junior Baseball, WA Swimming and the Coaching Foundation.

2.5 Structure and coordination

WA is the only state to have a designated Minister Responsible for Drug Abuse Strategy and a peak office, the WA Drug Abuse Strategy Office, which coordinates a 'whole of government' and a 'whole of community' strategy. This has resulted in an unprecedented level of activity across government and the community, beyond the previous health and law enforcement boundaries.

2.6 Specific issues

Because of the constantly evolving nature of drug problems it is important to ensure that flexibility exists to identify problems and implement responses at the earliest opportunity. At present a number of priority areas have been identified for which specific strategies have been implemented.

2.6.1 Heroin overdose strategy

The heroin overdose strategy brings together all relevant services to develop education materials, peer outreach, emergency department follow up, policies and practices to increase calls to ambulances.

Historically from the mid 1980s until the early 1990s this state had on average about 20 heroin related deaths (HRDs) per year. However, as in other states due to the flooding of the Australian market by

high quality cheap heroin from the Golden Triangle and more recently the Golden Crescent, the number of HRDs have increased by more than threefold.

Over the period from 1995 to 1999 the number of HRDs per quarter has not increased at the same rate as has occurred in other states such as New South Wales or Victoria. Detailed analysis of this information for this five year period reveals how difficult it is to respond to this issue and quickly implement measures as there are marked variations in the number of deaths over very short periods.

2.6.2 Cannabis strategy

The WA Cannabis Strategy is a significant attempt to tackle the established place of cannabis in youth culture and consists of a formal Cannabis Cautioning and Mandatory Education System for first offenders. The strategy is also underpinned by a continuing public education campaign supported by education in schools and treatment for those who are cannabis dependent.

2.6.3 Working in partnership with parents

The WA Strategy Against Drug Abuse places a major emphasis on supporting parents and families in their efforts to manage problems related to drug abuse. As part of this emphasis a new initiative, *Working in Partnership with Parents*, is being developed through a process of consultation with the community and professional services. The goal is to increase the range and level of supports available to families when concerned about the use of drugs by a young family member. This initiative is being developed to complement other aspects of the strategy targeting families.

3. Direct expenditure by government

Direct expenditure by the Government of Western Australia for drug related programs across all government services is estimated to have increased by 78.6%, from \$28.1 million in the 1996/1997 year to \$50.2 million in the 2000/2001 year.² A copy of Table 1, which summarises expenditure by department is appended.

An analysis of government expenditure by program area for the 1999/2000 year found that 50% was for treatment and support programs, 34% was for prevention programs, 14% was for law enforcement and 2% was for corrections.

4. Cost of drug abuse

The Western Australian Task Force on Drug Abuse (1995) analysed the cost of drug abuse to the West Australian community. Two approaches were used, the first by use of the Collins and Lapsley formula, found that the economic costs of drug abuse in this State was \$491 million.³ This was calculated for the year 1993 by CPI adjustment and the proportion of the West Australian population to the national population.

The second approach involved a survey expenditure by departments and organisations in Western Australia. It was estimated that in the year 1993/1994 that a total of \$240 million was spent by non government organisations and departments on activities related to the abuse of licit and illicit drugs in Western Australia. Of this expenditure 91% involved activities undertaken by government departments with the remaining 9% of expenditure incurred by non government organisations. This included both direct expenditure and indirect expenditure (ie unavoidable costs due to the consequences of drug abuse).

² Summary of expenditure by government organisations on drug related programs and services in Western Australia 1996/1997-2000/2001. [<http://www.wa.gov.au/drugwestaus/>]

³ Task Force on Drug Abuse. *Protecting the community. Volume 2: Information and Analysis*. Perth, Ministry of Premier & Cabinet 1995, p. 34.

It was found of the \$240 million expenditure that nearly \$72 million (30%) was due to the costs of inpatient treatment for alcohol and other drug related conditions and \$117 million (49%) was expenditure on justice and law enforcement activities. More detailed information about this expenditure for different areas is contained in Chapter 2 of Volume 2 of the Task Force report.⁴

The analysis of expenditure by the Task Force on Drug Abuse was based on inpatient hospital data and used the methodology of aetiologic fractions. It was found that in the year 1993/1994 of the total \$72 million, \$33 million (46%) was due to alcohol caused conditions, \$34 million (47%) was due to tobacco caused conditions, \$2 million (3%) was due to conditions caused by licit drugs and \$1.9 million (2.6%) due to conditions caused by illicit drugs.

The Task Force was provided with the results from a survey undertaken by staff in regional offices of the Department for Community Development (now known as Family and Children's Services). This involved a statewide survey of professional staff to determine the proportion of their caseload where clients had present with drug or alcohol problems. It was estimated there was a total of \$8,564,000 drug related expenditure incurred in managing clients where substance abuse was a major factor.⁵

4.1 Morbidity

Recent HDWA data, for the 3 year period 1993 to 1995, estimates the annual cost⁶ of hospitalisation caused by drug abuse in this State at about \$66.6 million [tobacco \$36 million (54%), alcohol \$26 million (39%) and other drugs \$4.6 million (7%)]. This equates to \$39 per head of population (tobacco \$21, alcohol \$15 and other drugs \$3) spent on hospitalisation due to drug use.

The majority of these costs (estimate 98.6%) are for non alcohol and other drug specific conditions such as fractures, liver cirrhosis and respiratory conditions where the use of alcohol and other drugs has been a primary causal factor. This methodology is based on the English and Holman et al's revised set of aetiologic fractions.⁷

The most recent data (from an unpublished HDWA report) indicates a slight decrease in tobacco costs, and increase in other drug costs in the 1997/1998 financial year, compared with the 1993 to 1995 data.⁸ The average cost of all drug caused hospitalisation (based on \$667 per bedday) in WA was estimated to be \$113.8 million [tobacco \$57.6 million (50.6%), alcohol \$46.0 million (40.4%) and other drugs \$10.4 million (9%)].

The overall per capita cost of this drug caused morbidity was \$63, consisting of the following rates for conditions caused by the 3 major drug groups as follows:

- tobacco \$32 per capita;
- alcohol \$25 per capita; and
- other drugs \$6 per capita.

Initial analysis indicates that the increase in cost is related more to longer hospital stays for other drugs compared to alcohol and tobacco caused conditions. There has been an increase of 0.3% in the number of admissions for all drug conditions (as a proportion of all hospital admissions) and a 1% increase for all drug conditions (as a proportion of all hospital bed days) from 1993 to 1995. A report on chronic and acute alcohol caused morbidity from 1991 to 1999 is currently being compiled by the Alcohol and Drug Policy Branch.

⁴ Id.

⁵ Id, p. 52.

⁶ Based on the average annual bedday cost on \$440 per bedday.

⁷ English D, Holman CDJ et al. *The quantification of drug caused morbidity and mortality in Australia 1995*. Canberra, Australian Government Publishing Service 1995.

⁸ *Alcohol and other drug morbidity report 1997/1998*. Perth, Mental Health Division, Health Department of WA, October 1999 (unpublished).

4.2 Mortality

The study by the Task Force on Drug Abuse based on hospital inpatient data also quantified the cost of drug abuse as the number of persons years of life lost. The mean number of years lost by type of drug was as follows:

Type of drug	Mean years of life lost per death
Alcohol	18.0
Tobacco	5.2
Illicit drugs	36.0
Licit drugs	36.0
All drugs	8.4

In WA over the period 1985 to 1996, 19% of all deaths or an average of 1,903 deaths each year were due to drugs, of which:

- 79% or about 1,502 deaths each year were due to tobacco smoking;
- 17% or about 330 deaths each year were due to alcohol use; and
- 3.8% or about 72 deaths each year were due to the use of drugs other than alcohol and tobacco.

4.3 Crime

Investigation into the supply, cultivation and use of illicit drugs is a major issue for the Police Service in addressing the drugs issue. It calls for a wide range of approaches from sophisticated operations targeting the supply chain to tactical measures aimed at deterring street level dealing and usage.

There is considerable evidence that heroin users, in particular, obtain funds from committing a wide range of offences and that the rate of offending is dictated by the need for money to buy more drugs. A recent survey of heroin users found that as many of 70 per cent of the sample group were active property offenders.

There is anecdotal evidence to suggest that users of amphetamine and its derivatives are more likely to be involved in crime of a more violent nature ie armed robbery, assault etc.

This relationship means that for the Police Service to be effective in dealing with certain crimes, most notably property crimes, they need to work together with other government agencies and community organisations to address the complex mix of factors underlying the use of illicit drugs.

4.3.1 Minor offending

While the more serious matters of drug trafficking and supply are the sole domain of the Police Service the response to lesser matters of use or possession is increasingly coming from health rather than a criminal justice perspective. This has led to a range of strategies that divert minor drug offenders away from the criminal justice system into drug education and treatment options. An example of this is the Cannabis Cautioning and Mandatory Education system, which was implemented statewide in March 2000.

4.3.2 Alcohol related offending

Offences committed by persons affected by alcohol consist of a large range and include serious assaults and anti-social behaviour. Anecdotal evidence suggests that approximately 70 per cent of police duties involve or revolve around the use and abuse of alcohol by members of the community. These duties include traffic enforcement, general patrol, domestic violence and investigation into offences.

Alcohol is also a major factor in celebrations during the end of the school year such as Dunsborough and Rottnest Island, the Christmas festive season, New Years Eve, Australia Day (Perth Skyshow), Anzac day and numerous other activities and events held throughout the year. These events are, or can be, a vast drain on Police Service resources and, at times, can affect services available to the community.

The cost for policing operations in the areas of alcohol, prescription drugs (licit) and illicit drugs have been estimated at an average of \$46 per hour. The amount of time involved in investigation of offences and community support, safety and public order as reported in the Police Service Annual Report 1998/1999 is 3,562,000 hours. At an average of \$46 per hour this would equate to \$163,852,000 being expended on these areas.

This figure does not only involve the costs for incidents or offences involving alcohol and other drugs but includes other offence or incidents that required investigation or attention by the Police Service.

The figure for the funds exhausted on alcohol and other drug issues are not readily determinable, but by using available anecdotal evidence it could be suggested that as much as \$114,696,400 has been expended annually by the Police Service in the area of policing alcohol and other drug issues.

4.4 Child welfare

There is much anecdotal evidence that the impact of drug abuse on individual and family functioning is a significant contributor to why many people seek assistance from Family and Children's Services and funded non government agencies. Nevertheless, during 1999, the major identified reason over 200 people contacted Family and Children's Services for services was due to drug abuse.

A snapshot of children and young people aged 8-17 from cases open to Family and Children's Services, showed that in their case officers perception, 8.9% were habitual users and 10.4% were occasional users of drugs. It was further reported that officers considered there were adverse effects from drug abuse on the lives of 11% of all these open cases of children and young people.

4.5 Domestic violence

Of the domestic violence cases reported to the Family and Domestic Violence Unit, 26% involved alcohol and 11% drugs of one type or another. Anecdotal evidence suggests that the percentage involving alcohol in country areas could be as high as 80%. These figures of course do not include the number of cases that are not reported to any agency.

Data was extracted from the Domestic Violence Incident Report System for the period January to April 2000 for the metropolitan area. There has been on average about 1,000 jobs per month registered by the computerised dispatch system but of these there were only about 403 domestic violence incidents entered onto the system.

For the 12 month period from January to December 1999 there were about 130 incidents a month which involved substances such as alcohol and/or drugs. Over this period a total of 1,557 entries were made, of which 288 were listed as definite involvement, whilst the remainder 1,269 were listed as possible involvement.

4.6 Homelessness

The Commonwealth/State Supported Accommodation Assistance Program National Data Collection for 1998/99 identified that in Western Australia drug and alcohol support or rehabilitation were needed by 16.8% of people accessing SAAP services.

The Final Report, *Homelessness in the Aboriginal and Torres Strait Islander context and its possible implications for the Supported Accommodation Assistance Program (1999)*, points out that there is serious concern for the capacity of indigenous families to provide accommodation and support for

their extended families.⁹ Substance abuse is a major factor in this reducing capacity. The impact on government and non government services is an increasing client base and need for services.

The summary of *Appropriate responses for homeless people whose needs require a high level and complexity of service provision (1999)* commissioned by SAAP, comments that drug and alcohol services are in significant demand, and highlights that there are gaps in the capacity to respond to chronically homeless families where substance abuse may precipitate child protection concerns.¹⁰

4.7 Road trauma

Drink driving was a contributing factor in 64 of 199 fatal road crashes in 1998 (32%). In 50% of pedestrian fatalities, the deceased pedestrian had a blood alcohol content of at least 0.05gm%.

In 1998/1999 illicit and licit drugs were detected in the blood of 20 road users fatally injured in road crashes. These drugs were only detected and there was no suggestion that the fatally injured person was under the influence of any drug at the time of the crash.

During the year 1998/1999 mobile breath testing station tested 417,361 drivers, which resulted in 2,610 charges being preferred for drink driving offences. Other random breath testing operations tested 576,391 drivers, which resulted in 5,766 charges being preferred for drink driving offences.

The cost of traffic operations enforcement has been estimated at an average of \$44 per hour. As reported in the 1999 Police Service Annual Report, 1,412,000 hours were involved in the area of traffic management and road safety. At an average of \$44 per hour this would equate to \$62,128,000.

This figure does not only involve traffic incidents or offences involving alcohol and other drugs but also other traffic matters such as speeding etc. The figure for the funds exhausted on the enforcement of alcohol and other drug issues are not readily determinable.

⁹ The Final Report, Homelessness in the Aboriginal and Torres Strait Islander context and its possible implications for the Supported Accommodation Assistance Program prepared for Department of Family and Community Services, Canberra (1999).

¹⁰ Summary: *Appropriate responses for homeless people whose needs require a high level and complexity of service provision*, prepared for Department of Family and Community Services, Canberra (1999).

Table 1: Summary of direct expenditure on drug related activities, by government organisations, Western Australia, 1996/1997 - 2000/2001

Organisation and program areas	1996/1997	1997/1998	1998/1999	1999/2000	2000/2001
1. WA Drug Abuse Strategy Office					
Treatment and support	2,906,142	4,979,883	6,579,800	6,824,925	7,296,100
Sobering up centres	1,863,007	2,016,871	2,968,400	3,328,332	3,327,900
Education/prevention	-	2,195,176	2,339,300	2,541,591	2,197,750
Community action	78,100	378,982	450,000	550,000	938,000
Administration	450,000	716,476	995,000	1,285,652	1,017,000
Sub total	5,297,249	10,287,388	13,332,500	14,530,500	14,776,250 ⁽¹⁾
2. Health Department of WA					
Next Step	8,391,133	8,966,900	7,958,900	9,455,916	10,064,000
Mental Health Division	-	350,000	354,000	360,000	2,680,000
Public Health Division	4,033,980	4,210,634	4,630,665	4,630,665	4,684,000
Office of Aboriginal Health	756,983	750,000	1,166,200	1,387,783	1,473,000
Sub total	13,182,096	14,277,534	14,109,765	15,834,364	18,901,000
3. Healthway					
Health Promotion Projects	793,554	1,227,895	962,579		1,000,000
Health Promotion Research	128,418	438,994	510,862		500,000
Support and sponsorship	3,802,865	3,691,325	4,347,485		4,250,000
Sub total	4,724,837	5,358,214	5,820,926	5,750,000 ⁽²⁾	5,750,000 ⁽²⁾
4. Aboriginal Affairs Department					
Community Patrols	na	na	na	na	850,000
Sub total	-	-	-	-	850,000
5. Office of Racing, Gaming & Liquor					
Licence applications and compliance	na	na	na	na	312,000
Sub total	-	-	-	-	312,000
6. Ministry of Justice					
Drug Court and Court Assessment & Treatment Service	165,000	198,000	220,211	233,761	1,584,000
Substance Use Resource Unit	354,000	480,000	530,000	530,000	530,000
Other programs	253,868	218,818	255,308	279,340	279,000
Sub total	772,868	896,818	1,005,519	1,043,101	2,393,000
7. WA Police Service					
Drug Squad	2,945,921	2,826,655	3,284,442 ⁽³⁾	-	-
Organised Crime Investigation	-	-	-	3,743,922	3,744,000
Alcohol & Drug Coordination Unit	189,000	324,000	456,000	479,500	479,500
District Alcohol & Drug Advisers	727,500	1,455,000	1,409,000	1,687,000	1,687,000
Drug & alcohol law enforcement projects	292,000	292,000	292,000	292,000	292,000
Random breath testing	na	na	na	na	500,000
Sub total	4,154,421	4,897,655	5,441,442	6,202,422	6,702,500
8. Office of Road Safety (Dept of Transport)					
Drink driving education	na	na	na	na	500,000
Sub total	-	-	-	-	500,000
Total	28,131,471	35,717,609	39,710,152	43,360,387	50,185,250

Note: na = not available.

1999/2000 and 2000/2001 based on departmental forward estimates. See detailed organisational tables.

⁽¹⁾ Includes all revenues and proceeds of drug crime.

⁽²⁾ Estimates based on 1998/1999 outlays. Totals for 1999/2000 and 2000/2001 subject to applications and priorities.

⁽³⁾ In July 1999 Drug Squad merged into Organised Crime Investigation.