ISSUE: METHAMPHETAMINE ACTION PLAN

KEY LINES:

• The Methamphetamine Action Plan (MAP) is an election commitment of the State Government. It contains 11 policy initiatives, 4 of which Justice is the lead agency or partner agency.

BACKGROUND ISSUES:

- One of the 11 policy initiatives is to establish the Methamphetamine Action Plan Taskforce to provide Advice to the Community Safety and Family Support Cabinet Sub-Committee on the implementation of the MAP
- The MAP Taskforce was established on 26 June 2017. The MAP reported in August 2018 "Methamphetamine Action Plan Taskforce Final report (Final Report)
- Government has since been working on a cross agency full response to the Final Report's recommendations.
- Justice has been involved in the working group (Drug and Alcohol Strategic Senior Officers Group) formulating the response for Cabinet consideration.

CURRENT STATUS:

- The four policy initiatives of the MAP that Justice is involved with are:
 - MAP 5 Two dedicated drug and alcohol rehabilitation prisons from partitioning existing facilities, with increased drug dog detection and urinalysis and greater post release supervision of short term prisoners.
 - MAP 6 Establish a Prisoner Triage Unit in courts, staffed by 10 people to assess short term, non-violent prisoners for suitability to enter Rehab Prisons (see Wandoo tab).
 - O MAP 7 Investigate ways to 'fast-track' guardianship and administration applications for methamphetamine addicts who are not able to make their own decisions and need help managing their affairs and rehabilitation.
 - MAP 9 Increase the maximum penalty for meth traffickers to life imprisonment.

ATTACHED:

- MAP
- MAP Status Report to the Community Safety and Family Support Cabinet Sub-Committee dated January 2019

| METHAMPHETAMINE ACTION PLAN | | | | | |
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| Lead Minister – Minister for Health; Mental Health | | | | | |
| Policy Initiative # | Implementing Agency | Partner Agency | Initiative | | |
| MAP1 | Mental Health Commission | Department of Treasury | Invest an additional \$2 million per annum into treatment facilities to respond to early intervention and severe methamphetamine dependence. | | |
| MAP2 | Mental Health Commission | Department of Treasury | Expand specialist drug service into rural and regional areas of need and open specialised rehabilitation centres in the South West and Kimberley. | | |
| MAP3 | Department of Health | Mental Health Commission | Introduce a Mental Health Observation area at Royal Perth Hospital Emergency Department for those that require assistance and close supervision for up to 72 hours. | | |
| MAP4 | Mental Health Commission | Department of Education | Work with drug and alcohol education agencies to ensure Western Australia schools have the most up-to-date programs to better inform our young people | | |
| MAP5 | Department of Justice | Mental Health Commission | Two dedicated drug and alcohol rehabilitation prisons from portioning existing facilities, with increased drug dog detection and urinalysis and greater post-release supervision. | | |
| MAP6 | Department of Justice | | Establish a Prisoner Triage Unit in courts staffed by 10 people to assess short-term non-violent prisoners for suitability to enter rehabilitation prisons. | | |
| MAP7 | Department of Justice | Department of Health | Fast-track guardianship and administration applications for methamphetamine addicts who are not able to make their own decisions and need help managing their affairs and rehabilitation. | | |
| MAP8 | Western Australia Police Force | Department of Immigration | Establish a Meth Border Force within Western Australia Police Force of 100 officers to stop methamphetamine coming | | |

| | | and Border Protection | into Western Australia, with an additional 100 sworn officers. |
|-------|---|--------------------------------|---|
| MAP9 | Western Australia Police Force | Department of Justice | Increase the maximum penalty for methamphetamine traffickers to life imprisonment. |
| MAP10 | Western Australia Police Force | | Ensure Western Australia Police Force has the resources to significantly increase the volume of roadside drug testing of Western Australia drivers. |
| MAP11 | Department of the Premier and Cabinet | Mental Health Commission | Establish the Methamphetamine Action Plan Taskforce to provide advice to the Sub-Committee on the implementation of the Methamphetamine Action Plan. |

Taskforce conclusions and recommendations

The Taskforce has been asked to provide advice on the development of performance indicators and targets that can be used to measure the success of the *Methamphetamine Action Plan* initiatives for the Community Safety and Family Support Cabinet Sub Committee.

As with other matters considered by the Taskforce, it is important that the issue of outcomes measurement and performance is considered primarily from the perspective of those most affected by methamphetamine use – the Western Australian community. As methamphetamine is the drug of most concern currently to the community there would, and should, be an expectation from the community that the resources and effort invested by Government will lead to positive change or results, and that this is reported transparently.

The Taskforce has formed the view that further work is required to develop and finalise a framework with specific indicators and instruments to measure the performance of those initiatives that receive the bulk of Government funding under the *Methamphetamine Action Plan*. This needs to be developed in consultation directly with methamphetamine users, their families and the community – not just with service providers. The Taskforce believes any framework should be underpinned by a set of principles to ensure the delivery of quality assurances and services outcomes in the areas that matter most to the community, including, but not limited to:

- improved access to treatment;
- targeted prevention;
- the reduction of stigma;
- increased intervention;
- reducing health harms; and
- helping people to rebuild their lives.

This work should be undertaken by the agencies accountable for the major Government- funded initiatives including direct service provision. The work should also seek to assure both government and non-government funded agencies are