GOVERNMENT OF
WESTERN AUSTRALIA

METHAMPHETAMINE ACTION PLAN TASKFORCE

WHAT THE TASKFORCE HEARD

JUNE 2018

This report is available on the Department of the Premier and Cabinet website at www.dpc.wa.gov.au

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There is considerable and growing concern in the Western Australian community about methamphetamine use

In an effort to address the harm associated with methamphetamine in WA, the WA Government committed $83.5 million over four years for the creation of the WA Police Meth Border Force and a further $45 million over four years to implement the Methamphetamine Action Plan (2017 - 18 State Budget). The Plan aims to reduce methamphetamine demand, harm and supply.

$83·5M
OVER 4 YEARS
TO CREATE
WA POLICE METHAMPHETAMINE BORDER FORCE

$45M
OVER 4 YEARS
TO IMPLEMENT
METHAMPHETAMINE ACTION PLAN

Recognising that more can and should be done to tackle the impact of methamphetamine use on individuals, families and the community, the Methamphetamine Action Plan Taskforce was appointed on 26 June 2017 to provide advice to the Government on how programs can be best delivered and targeted to areas of greatest need.

The Taskforce has engaged with the WA community to understand the challenges we face and help the Taskforce formulate its advice to Government on practical ways to reduce methamphetamine harm, supply and demand.

This report provides a summary of what the Taskforce heard, what those challenges are, and community views on how to tackle them. The Taskforce is due to submit its final report to Government mid to late 2018.

The Taskforce thanks all those who contributed their time, views and stories, particularly individuals and families who are directly affected. The Taskforce also greatly appreciates the support and assistance provided by government and non-government organisations in arranging community meetings and forums.

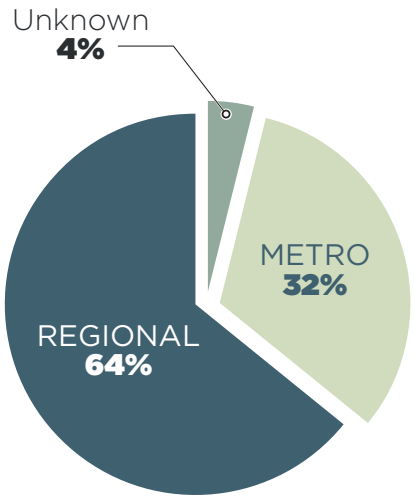
Who was consulted

The Taskforce held forums across WA to gather the views and insights of individuals and their families directly affected by methamphetamine, as well as frontline workers from the government and non-government sector. Forums were held in north and south metropolitan Perth and regional WA.

Over 70 meetings were held with over 500 people attending, which included individuals and families with lived experience of methamphetamine, service providers, representatives from local, state and federal government, peak bodies and advocacy groups, employer and employee representatives.

To ensure that all Western Australians had the opportunity to put their views to the Taskforce an online comments portal was opened between 16 January and 16 March 2018. 146 comments were received by a broad range of people from across WA.

Online responders



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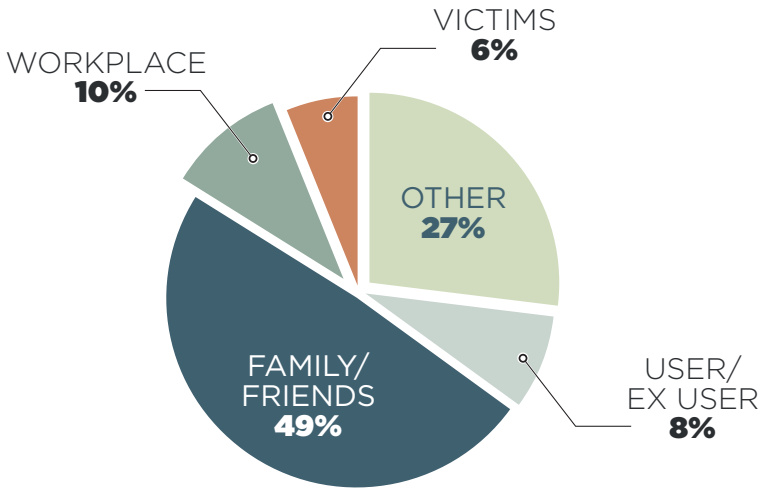


Personal experience

Regional forums were held in Kalgoorlie, Bunbury, Geraldton, Karratha, Port Hedland, Broome and Northam. Site visits were also made to Albany and Exmouth.

The Taskforce also held forums with groups identified through the research as particularly vulnerable to the harms associated with methamphetamine. A list of the organisations and communities consulted is provided at the end of the report.

Summary of what the Taskforce heard

While there were different views about the extent of the problem and how to respond, a number of clear themes emerged from the Taskforce's consultations.

Focus on prevention

There is universal support for more to be done to prevent particularly young people from taking up the use methamphetamine in the first place.

Many people felt that educating young people about methamphetamine in schools should be mandatory.

Some felt that harsher penalties for using and dealing in methamphetamine would deter people from using the drug, whilst others said this had not proved an effective deterrent and would be detrimental to addressing the issue.

Intervene earlier

Many dependent methamphetamine users do not seek help even though they and their families are experiencing significant harms from their drug use.

By the time help is sought people's lives have often fallen into disarray, jobs are lost, homes are gone, relationships have been broken and children have gone into the care of others.

There is a small window between deciding to get help and when help needs to be provided, before dependent users return to using methamphetamine and retract from seeking help. Support needs to be made available as soon as the decision to seek help is made.

Reduce the stigma

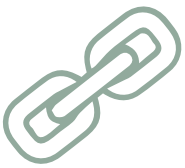
Individuals affected by their methamphetamine use and their families have experienced a great deal of judgement. This judgement was often from the people who are supposed to support and help them.

Many felt strongly that substance addiction should be treated first and foremost as a health issue, and that offering compassion and understanding, rather than judgement and discrimination was key to getting effective treatment.

The Taskforce heard that many people use drugs to fill emotional 'gaps' or deal with trauma in their lives and that more needs to be done to address the underlying reasons why people become dependent on methamphetamine.

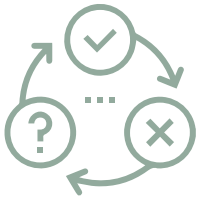
Reducing the stigma of methamphetamine use would encourage users to seek help earlier and would help families feel supported and less isolated.

It's hard to get help



Individuals, families and other support people shared their sense of hopelessness when dealing with the impacts of dependency.

In many cases when help is sought it's difficult to know where to go, and when they did locate services, there were long waiting times to get treatment.



The Taskforce heard that the system is complex and difficult to navigate, and often not able to respond when people are in crisis. These issues were often compounded for people in regional WA.

Families desperate for help called for mandatory treatment. Others told the Taskforce that treatment only 'works' when the person wants to be there.

The Taskforce heard treatment for methamphetamine is very challenging and it takes longer than other types of drugs.

Some people with co-occurring mental health and drug problems felt they were referred from one service type to another and that more could be done to help them deal with both issues in an integrated way.

Families need support

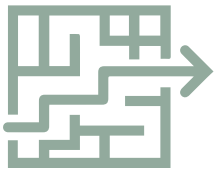
Families are at the forefront of dealing with the problems associated with methamphetamine use and play a critical role in supporting those who are dependent on the drug.

Families described 'losing' their loved ones to methamphetamine and expressed frustration and desperation at not being able to get them into treatment.

The Taskforce heard that more support is needed for families, particularly in crisis situations. Families want a short-term safe place for their loved ones when they are experiencing psychosis from their drug use.

Help people rebuild their lives

The Taskforce heard how difficult it is for people to rebuild their lives when they have stopped using methamphetamine.



Rebuilding relationships, getting children back from the care of others, finding a place to live and a job, and the battle to stay away from methamphetamine are tremendous challenges.

One way that has helped many to rebuild their lives after using methamphetamine was to use their experiences to help others. People rebuilding their lives are helping others to cope with the harms of their methamphetamine use, as well as providing support as they go through treatment.

The Taskforce heard that more support is needed to rebuild lives in the areas of housing, training and work opportunities.

What individuals, families and their support people said

There is a personal cost

The Taskforce heard that methamphetamine is a powerful stimulant that with prolonged use changes the way the brain functions. The nature of the drug and the effect it has on the behaviour of individuals and their ability to make rational decisions can have devastating consequences for themselves, their family and other support people. The Taskforce heard many stories of how people who had used methamphetamine long-term were prepared to lose everything to continue using it, including close relationships, homes, children and jobs.

"Meth isn't something you can decide to no longer use. It is a disease."

"This is a sad and horrible drug that eats away at a person until the drug takes over and the person that used to be there is so deeply buried you lose hope of ever seeing them again."

"Children exposed to family violence, job loss, marriage breakdown, homelessness for myself and my son, family court issues, restraining orders against my ex-husband – the effects meth had on my family has been astronomical."

"My dad was an addict since I was a child. He had a huge impact on my upbringing and how our whole family's lives are now."

"[My] son is a long term user of methamphetamine. He was a kind thoughtful person but has change[d] into a self-centred erratic person. He now believes his use [of methamphetamine] has given him superior powers and insight as his brain fires off rapid thoughts. He has little motivation to change most of the time. It is heartbreaking to see him ruin what could have been a productive life. His intelligence is now wasted in a muddle of misfired thoughts that lead to nothing."

We face stigma

The Taskforce heard that the stigma of methamphetamine use is a major barrier to people seeking help and that it also affects families. Some people told the Taskforce they did not see themselves as the violent, psychotic and scab covered person portrayed in the media and therefore didn't think they needed help. Others told the Taskforce they had become more isolated and disconnected from help and support because of the stigma of methamphetamine use. Others experienced a lot of judgement when they needed help and support from GPs, hospitals, and even Alcohol and Other Drug (AOD) Services. Many people said that understanding why people become addicted to methamphetamine and seeing it as a health issue, rather than a criminal issue would help.

"Meth is [a] growing problem affecting everyone from housewives to nurses to friends and family. I think the stigma around it needs to be removed so that people struggling know they are not the only one and be more willing to access help."

"We need to open the conversation more. And there needs to be more discussion regarding users who aren't the 'typical' addict we see advertised on TV. They aren't all violent, stealing, crazed users. My dad had a wife and 3 kids."

"One hint of judgement, through body language or words turns people off and away from seeking help."

"Most people hear 'ice addict' and don't want to help. They roll their eyes and judge you as if the addict can never be helped and that I'm wasting my time. Most people don't want to know about it."

"See drug users as human beings – we are fathers, mothers, someone's child."

"Too many hospitals don't want anything to do with a junkie".

"Jailing people for drug use is creating long term problems that become lifelong barriers."

Families and friends need support

The Taskforce heard there is a need to support families and friends who are directly affected by their loved one's methamphetamine use. The emotional and financial toll of methamphetamine use impacts not only the individual, but the family as a whole.

Support when faced with crisis situations was particularly called for, with families and friends stressing the need for a safe place for individuals when they are in psychosis. Families and friends called for additional information to better equip them to provide support and find treatment for loved ones, but also support for themselves.

"People turn to meth to fill gaps and voids in their lives. Families should be assisted to be able to recognise these gaps and supported in working with their families to fill those gaps."

"Provide support to families – they need people to come and see them as well."

"Families don't get much support, they are also stigmatised - no-one comes to see you, no-one wants to talk with you."

"We need to really get it out there how people can beat this, what local support services there are, what support services there are for family members and highlight/showcase the local success stories where locals have beaten addiction and got their life back on track."

"I think meth addiction results in a very lonely individual and families get fed up of supporting them financially and end up emotionally drained. [A]nything to assist in alleviating the effect on the addict or their family would be good"

"I called the police ...because I wanted them to put him somewhere safe, as he was experiencing psychosis. I wasn't getting beaten up or anything – I was scared FOR him, not OF him.... It got to the point where he was hospitalised involuntarily and then put in a mental hospital. There was no 'in-between' service for help."

Prevention is important

The Taskforce heard from all the groups it spoke to that preventing the use of methamphetamine was key. Three main ways to prevent the use of methamphetamine were talked about – reducing the availability of the drug, educating particularly young people about the drug and addressing the reasons why people get addicted to drugs in the first place.

There were different views about the best approach to educating young people about methamphetamine. Some felt that showing them the worst impacts of the drug would deter them from taking it up. Others felt that the best way to educate young people was to give them accurate, non-judgemental information about the drug and help them develop skills to make positive choices.

"Need to recognise that if kids are inclined to take drugs, something is missing in their lives, driving them to use. Educating them that 'drugs are scary' is the key."

"Public education should show the spectrum of what meth use can look like – the range of people it can affect, and the spectrum of its effects."

"If you want it (meth) you can get it, anywhere, anytime, with or without money. You just go into debt."

"I know it was a choice, but if you ask any of them [people who are dependent on methamphetamine] they will tell you 'I wish I never tried it."

"I think you need to frighten the people who haven't tried it yet but are most likely to. More graphic ads especially."

"Prevention means addressing the causes of use – people are filling gaps with drugs."

"Ensure that people have sufficient other interests and connections which are better, more attractive than meth."

"Parents who use, teach kids to use."

We need help

The Taskforce heard that there were significant challenges and barriers to getting help, but the Taskforce also heard about practical solutions that would make it easier for people to get help for their methamphetamine use.

"The addict has to want the help."

"In my opinion [services can be improved by] compulsory treatment for meth use – with at least three months away from the community."

"Make services available when they are needed. When you are in crisis, often you are turned away because there is no room. Just someone taking the time to have conversation with you and actually listen would make a big difference."

"Waiting for treatment, I'm like a sitting duck, I'm trying to do the right things but life doesn't stop around you."

"A friend recently sought help through his GP for his current addictions, the GP referred him to [a service provider], who took days to get back to him – in the interim he experienced a drug induced psychosis which resulted in hospital admission."

"Not all addicts can just go off to a three month rehab. If he had three months off to go to rehab he would have lost his business."

"Prisoners need AOD counselling in prison as soon as they enter the system."

"Provide safe houses where intoxicated people can go, where there are trained staff to provide support, and that won't let you leave while you are in danger."

"There was belief that you couldn't od [overdose] on it so it was just a fun party drug. We need to get it out of the hands of the recreational users before they become addicts."

Enable us to rebuild our lives

The Taskforce heard how difficult it was for people to re-establish their lives when they stopped using methamphetamine. There were many challenges including just finding joy in every day life, as well as getting a job, housing, repairing relationships, and getting children returned from the care of others.

"They need support to build lives again. Life skills – help finding study or work, housing, away from abusive relationships etc. Once my sister realised what she could do with her life she really made a positive change."

"I want to be a Dad now and live a normal life. I am focused on the future."

"Volunteering allowed me to show my worth. It was a good stepping stone and let me give back rather than just taking."

"I got involved, began sharing and lost the shame."

"I got my kids back."

"I obtained a job through a friend after I got out of prison and did not have to declare my criminal conviction. I worked successfully in this job, got a good reference and then got offered a better job."

"I surrounded myself with positive people, new relationships, a healthy lifestyle."

"I learnt that failure is a part of growth – that you have to try and keep on going."

What Aboriginal people said

The Taskforce talked to a range of Aboriginal people across metropolitan and regional WA to hear about the impact methamphetamine has on their communities.

"Meth is blackfellas and whitefellas, mothers, fathers, sons, daughters, cousins and grandchildren. Everyone."

"We've had the Stolen Generation, now we are dealing with the Lost Generation."

"The conversation used to be about who is on meth, now it's about who isn't on meth."

"Aboriginal kids are broken – no access to mentor, grandparents, parents due to drugs. All respect has gone."

"When Aboriginal people don't get help for addiction, you watch them slowly die. There are so many children just watching their parents deteriorate."

"Aboriginal children are starting to use meth as young as 10. One child is stealing to survive."

"Drugs become the identity of the Aboriginal person. Users have to break free of their families to escape."

"Aboriginal men are going into prison with drug problems, and the prison has no AOD services. They have ongoing access to drugs in prison and come out with even more problems."

"Users have nowhere to go when family don't want them around."

"There is too much discrimination and too many barriers when Aboriginal people try to access services."

What regional communities said

The Taskforce recognised that methamphetamine is having a disproportionate impact on regional communities. The Taskforce visited the regional communities of Bunbury, Kalgoorlie, Geraldton, Northam, Port Hedland, Karratha and Broome.

"I don't want to have to leave and go to Perth for help - use the natural supports within the community to work on the meth problem."

"There are huge amounts of need – placement, counselling, staff that need up-skilling and experience, funding, referral pathways, pre-bail/ parole violation management."

"The mining and social sectors need to collaborate and share information about drug problems."

"We want mobile services that make connections. It is all about making contact and offering help, not being service specific."

"10-year-old regional users – where can they go for emergency rehab?"

"There has been a lot said, but services are still scarce and regions are left out."

"There are very long wait lists for services in regional areas."

"Access to transport in the regions is a huge problem."

"The long wait times in rural areas due to satellite services makes the problem worse. If a person is ready to get help NOW you need to move with them NOW. [I]n a month's time is no good, they are not in that space anymore."

What workplaces said

The Taskforce engaged with representatives from both small and big business to hear their perspectives on how methamphetamine is impacting the workplace and how individuals can be supported.

The Taskforce heard that the impact of methamphetamine on the workplace is significant, including increased rates of absenteeism and greater levels of staff turnover. The size of an organisation affected their capacity to deal with the impacts of methamphetamine in the workplace. The impact of an employee affected by methamphetamine is disproportionally greater on small businesses. They have less capacity to backfill or manage the flow on impacts. Smaller businesses struggled to know where to go for support or advice, while larger employers had comprehensive policies and systems in place to support both managers and employees.

Employers had concerns about the risks to safety, both for the individual affected by methamphetamine as well as their co-workers. Some employers used drug testing to deter and manage the risks of drugs in the workplace. Many employees supported the use of drug testing to ensure the safety of workplaces, but recognised that workers had found ways to 'get around' these tests.

Employee assistance programs and support from co-workers are used as strategies to address methamphetamine in the workplace. The need to understand the connection between methamphetamine use and mental health and seeing methamphetamine as a health issue rather than a justice issue were identified by many as important.

"Workers use meth because it passes through the system quickly."

"There are penalties when workers disclose drug problems."

"When the mining companies brought in that people [would be] penalised if they have even 0.05 alcohol when tested, this led to an increase in meth using as miners came in to get fitpacks after work, shoot up and it was out of their system by the commencement of work"

"Need mining sector engagement at a local level, rather than a private corporate issue. Need for transparent engagement about work/life balance and drug usage."

"Family member started using meth because his work mates were using. They would have a pipe at lunch time."

What service providers said

The Taskforce spoke to the people and organisations that exist to provide treatment, support and respond to the problems which arise from methamphetamine use. The Taskforce spoke to police officers, rehabilitation providers, hospital workers, doctors, counsellors, educators, volunteer organisations, peer-support workers, people working in the justice system, in child protection and in local government. The Taskforce also spoke to the government agencies that plan and fund the services to treat and provide support to methamphetamine users and their families. These consultations helped the Taskforce to understand what services exist and how they operate.

Many of these individuals and groups shared their insights on the challenges they faced in their work in dealing with methamphetamine affected people, with some personally injured or harmed as a result.

They identified the need for the different parts of the 'system' to work better together. They spoke of the need for more coordination and collaboration and to share information between each other. Many also recognised the need to better evaluate the results of what they do and to share the lessons learnt with other providers.

Like those seeking help from services, the majority of service providers and other responders commented on the long waiting times to access treatment and the increasing demand for services. Likewise they also supported seeing methamphetamine as primarily a health issue rather than a criminal issue.

Many service providers identified the need to treat and support people more holistically and to do more to include people with lived experience in the design, implementation and evaluation of their services. Many service providers felt working in multi-disciplinary teams supported by more professional development and training across different health care sectors (health and mental health) would support a more holistic approach. Service providers recognised the need to do more to support people before and after their treatment. Some felt that taking a case management approach, where one person or agency took responsibility to meet a range of needs, would work better for those people with very complex problems.

Service providers said that the funders of services should look at the way they commission services to see if more could be done to help them do these things.

> "It is acknowledged that effective integration [of services] has been hampered by siloed funding and arrangements which make it difficult to co-ordinate care across the health and social care systems. To truly achieve person centred care, services need to be built around what people need, rather than delivering 'programs'".

> "Health needs to be the primary focus for AOD responses. Without this, AOD will continue to be an increasing burden on other sectors...[We] can't arrest our way out of alcohol and other drug issues."

Stories of Success

The Taskforce heard many stories from people who had managed to overcome their methamphetamine addiction. These stories of success were all the more inspiring once the Taskforce understood the perseverance required and the challenges faced by people to recover their lives. These stories of success are important to share to acknowledge the achievement and provide encouragement and hope to others.

"My partner and I were addicted to meth, together, for at least 8 years. We had both had varying degrees of using meth and dependence on it before we met but redeveloped the addiction when we got together. Meth started off as something to relieve the symptoms of mental illness and that we thought we had control of but ended up having complete control of us and exacerbating symptoms. Our lives revolved around using, regretting using and thinking about using.

We have both been 3 ½ years clean and in that time have completely turned our lives around. He is now working in aged care and studying at uni to become a nurse and I graduated Cert IV Mental Health Peer Support and am now studying the Diploma Mental Health. A part of me still can't believe we survived it and we both still at times deal with cravings and missing using but know that we cannot go back, even once, as it would take control again.

It is unbelievably difficult for people to stop once they develop that habit but it can be done, me and my partner are proof of that."

"My oldest son went off the rails about 7 years ago. For some years his drug use and related behaviours affected his friendships, relationships and his job. [His methamphetamine use] began as weekend recreation use ending in a daily struggle of survival and manipulation, turning our family life upside down. His drug use impacted on everything and I truly believe the stress associated with what our family went through contributed to his father's diagnosis of cancer which took his life after a two year battle.

Ice became my son's preferred drug which resulted in him having psychotic episodes and eventually hitting rock bottom. I was terrified that through this time he would either be responsible for killing someone (on the road driving high), killing himself or at the very least ending up in jail.

To my son's credit after hitting rock bottom and spending five days in a rehab ward, losing his fiancé, losing his job, having his car re-possessed, hocking everything he owned that was of any value and being in major debt, he somehow (with his family's support) got his life back on track. He will never be the same though, suffering anxiety, needing to be on medication. Drugs that are chemical based affect the brain causing irreversible damage."

"My son and his friends have been involved in the methamphetamine industry. My son started using illicit drugs when he was 16, dealing marijuana at his school, groomed by much older local lads, and using No Doz extensively. His drug use escalated to amphetamines, and he started using methamphetamine when he was 18 years old (he is now 25). His adult life has been riddled with alcohol abuse also. Again groomed by older local men. He connected with other people at a car club, and a fight gym, which were controlled by a bikie gang. He intermittently worked finishing two trades.

At the age of 20 he became an ice addict, and then became a dealer. His life fell into ruin, trouble with the law, and being belted up because of unpaid debts, costing me lots of money to pay fines, people, daily living expenses, a destroyed house, and multiple cars destroyed. He escaped to the country, and for six months was great, and a recreational user only. Then at age 22 he once again connected with methamphetamine users, dealers and within three weeks had become addicted, bashed up, sleeping with an axe, lost his job, kicked out of his house.

There were four potential outcomes, and three likely: be killed, kill someone, or kill himself. The other option was to escape to his mother (me) who was living overseas at the time in a drug free country.

He is now drug free for two years (well done him), and has a new set of friends, is working back in Australia, but not in WA. He has cost me about $150,000 in the last 10 years, with my home being re-mortgaged three times. But – he has not been to jail, so not charging the community that cost. In addition the anxiety and trauma continue (manageable), and now I am not fearful of damage to me, my property, and so on."

Next Steps

The Taskforce is in the process of preparing its advice to the WA Government. It's advice is being formulated using the input provided by the community, as well as looking at the evidence for what is working to address the methamphetamine problem here in WA, in other parts of Australia and overseas.

The Taskforce is due to submit its final report to Government mid to late 2018.

The Taskforce

Mr Ron Alexander
Chair of the Taskforce.
As former Director General of the Department of Sport and Recreation, Mr Alexander was committed to demonstrating the power of sport and recreation to address broader social issues and strengthen community engagement.

Professor Daniel Fatovich
Professor of Emergency Medicine at Royal Perth Hospital, University of Western Australia and Head of the Centre for Clinical Research in Emergency Medicine). As an emergency physician at Royal Perth Hospital Emergency Department, Professor Fatovich has first-hand experience in dealing with methamphetamine affected patients.

Professor Simon Lenton
Director of the National Drug Research Institute based at Curtin University. Professor Lenton has worked in the drug field for over 30 years as a clinical psychologist, manager and academic. He has published widely on drugs, health and the law, and has a particular interest in bridging the gap between drug policy research and drug policy practice.

Professor Colleen Hayward AM
Chair of the Alcohol and Other Drugs Advisory Council, Head of Kurongkurl Katitjin (Centre for Indigenous Education and Research), and Pro-Vice-Chancellor, Equity and Indigenous at Edith Cowan University. Professor Hayward AM has extensive experience in the areas of health, education, employment, training, housing, child protection, and law and justice. She is a senior Noongar woman with extensive family links throughout the south-west of WA.

Michelle Fyfe APM
Former Assistant Commissioner of the Western Australian Police Force and interim CEO of St John of God Ambulance WA. Michelle Fyfe APM served in the WA Police Force for over 30 years and was a member of the National Drug Strategy Committee. Her extensive career in the police service gives her a unique perspective in dealing with the supply side issues of methamphetamine use in Western Australia.

Don Punch MLA
Legislative Assembly Member for Bunbury. Mr Punch MLA has worked in community services and economic development throughout the South West region of Western Australia, and was the CEO of the South West Development Commission. He is also a member of State Parliament's Community Development and Justice Standing Committee.

Workplace

Alcoa of Australia Limited

Australian Manufacturing Workers' Union, WA Branch

Australian Services Union, WA Branch

Benestar Group (formerly Davidson Trahaire Corpsych)

The Chamber of Minerals and Energy of WA Inc

Communicare Inc

Fortescue Metals Group Ltd

Magenta – Sexworker Support Project for WA

Master Builders Association of WA

Max Solutions Employment

Oars Across the Waters Pty Ltd

Ochre Workforce Solutions

PeopleSense Australia

Regional Chambers of Commerce and Industry (WA) Inc

Small Business Development Corporation

Stirling Business Association

SMYL Community Services

UnionsWA

WorleyParsons Pty Ltd

Service Providers

360 Health and Community

Aboriginal Family Law Services

Access Housing Australia Ltd

AccordWest

Alcohol and Drug Foundation

Alcohol and Drug Support Service, Mental Health Commission

Alive and Kicking Goals

Anglicare WA

Ashcliffe Pty Ltd (Matrix Model Psychology)

Australian Red Cross

Australian Sports Drug Education and Consultancy

Bloodwood Tree Association Inc

Breakaway Aboriginal Corporation

Centrecare

Cyrenian House (including the North Metro Community Alcohol and Drugs Service)

Cyrenian House Milliya Rumurra Outreach Service

Desert Blue Connect Inc

Doors Wide Open, Inc

Drug and Alcohol Withdrawal Network SJOG Subiaco Hospital

Edmund Rice Centre Mirrabooka Inc

Far North Community Services

Fresh Start Recovery Programme

Goldfields Indigenous Housing Organisation

Goldfields Rehabilitation Service Inc

Goldfields Women's Refuge

Goomburrup Aboriginal Corporation

Headspace Pilbara and Mid-West

HelpingMinds

Heptatitis WA Inc

Holyoake (including the North East Metro and Wheatbelt Community Alcohol and Drugs Service)

Hope Community Services (including the Goldfields Community Alcohol and Drug Service)

Ice Breakers, Albany

Kimberley Mental Health and Drug Service

Kullari Regional Communities Inc

Life Without Barriers

Local Drug Action Group Inc

Local Drug Action Group – Geraldton

Local Drug Action Group – Bunbury

MacKillop Family Services WA

Mamabulanjin Aboriginal Corporation

Mawarnkarra Health Service

Midwest Employment and Economic Development Aboriginal Corporation Inc

Mercycare

Milliya Rumurra Aboriginal Corporation

Mirrabooka Methamphetamine Action Collective

Mission Australia WA (including the Drug and Alcohol Youth Service and Pilbara Community Alcohol and Drugs Service)

Neami National

Next Step Drug and Alcohol Services, Mental Health Commission

Nirrumbuk Aboriginal Corporation

Outcare Inc

Palmerston Association Inc (including the South Metro, South East Metro, Great Southern Community Alcohol and Drug Service)

Peer Based Harm Reduction WA (formerly WA Substance Users' Association Inc.)

Richmond Wellbeing

Rise Network

Ruah Community Services

Rural Health West

School Drug Education and Road Aware

Shalom House

Sideffect Australia

South West Aboriginal Medical Service

South West Refuge Inc

St Bartholomew's House Inc

St John Ambulance WA Ltd.

St John of God Hospital Bunbury (including the South West Community Alcohol and Drugs Service)

St Patrick's Community Support Centre

Swan City Youth Services

The Salvation Army Western Australia

Unitingcare West

WA AIDS Council and the M Clinic

Wirraka Maya Health Service Aboriginal Corporation

Women's Health and Family Services

Wonnarua Nation Aborignal Corporation

Wungening Aboriginal Corporation (formerly Aboriginal Alcohol and Drug Service Inc)

Yaandina Community Service - Turner River Rehabilitation Centre

Youth Focus Inc

Youth Futures WA

Youth Involvement Council Inc

Consumers and Families

Aboriginal Consumers and Family Members Forum (Wungening Aboriginal Corporation)

Broome Aboriginal Consumers and Family Members Forum

Bunbury Consumers and Family Members Forum

Geraldton Consumers and Family Members Forum

Kalgoorlie Consumers and Family Members Forum

Karratha Consumers and Family Members Forum

North Metropolitan Consumers and Family Members Forum - Mirrabooka

South Hedland Consumers and Family Members Forum

South Metropolitan Consumers and Family Members Forum - Armadale

Government agencies/ funding bodies/representatives

Anne Aly MP - Parliamentary Joint Committee on Law Enforcement - Inquiry into crystal methamphetamine (Ice)

Australian Federal Police - Exmouth

City of Armadale

City of Belmont

City of Kalgoorlie-Boulder

Commissioner for Children and Young People WA

Crimestoppers

Department of Communities (including Housing, Child Protection and Family Support, Youth, and regional offices in Kalgoorlie, South Hedland and Karratha)

Department of Education (including regions office in South Hedland)

Department of Human Services, Broome Office

Department of Justice (including regional offices in Broome, Karratha, and Roeburne)

Department of Local Government, Sport and Cultural Industries (including Office of Multicultural Interests)

Department of Mines, Industry Regulation and Safety

Department of Premier and Cabinet, Victoria

Department of the Prime Minister and Cabinet – Karratha, Geraldton and Kalgoorlie

Department of Social Services – Kalgoorlie

Department of Training and Workforce Development

Edith Cowan University – General Counselling Support Services

Exmouth District High School, Year 9 and 10 students

Healthway

Mental Health Commission

Shire of Exmouth

The Office of the Member for the Mining and Pastoral Region

University of Western Australia

WA Aboriginal Advisory Council

WA Health (including WA Country Health Service)

WA Police Force (including Goldfields-Esperance District Office, Mid-West-Gascoyne District Office, Kimberley District Office, and Pilbara District Office)

WA Primary Health Alliance

Advocacy and Peak Bodies

Aboriginal Health Council of WA

Australian Health Promotion Association, WA Branch

Australian Medical Association WA & the Royal Australian College of General Practitioners

Chief Psychiatrist of Western Australia

Council for the National Interest – WA

Goldfields Land and Sea Council

Legal Aid Western Australia

Public Health Association of Australia Inc - WA Branch

WA Association for Mental Health

WA Local Government Association

WA Network of Alcohol and Other Drug Agencies

Youth Advisory Council WA