



Strong Spirit Strong Mind
Aboriginal Drug and Alcohol Framework
for Western Australia 2011-2015



Government of **Western Australia**
Drug and Alcohol Office



Government of **Western Australia**
Drug and Alcohol Office



> Strong Spirit Strong Mind

The words *Strong Spirit Strong Mind* evolved in consultations with Aboriginal people from across Western Australia.

These words embrace the importance of strengthening our 'inner spirit' and were inspired by the Aboriginal Inner Spirit (Ngarlu) Model by the late Joseph 'Nipper' Roe, of the Yawuru and Karajarri peoples in north Western Australia.



There is a word in many different language groups that describes inner spirit and many Aboriginal people share this belief.

*'Our inner spirit is the centre of our being and emotions.
When our spirit feels strong our mind feels strong.
Strong inner spirit is what keeps our people healthy and connects them together.
Strong inner spirit keeps the community strong and our country alive.
Strengthening our inner spirit is a step towards a healed future.'*

Strong Spirit Strong Mind promotes the uniqueness of Aboriginal culture as a central strength in guiding efforts to manage and reduce alcohol and other drug related harm in Aboriginal communities.

© **Strong Spirit Strong Mind** guides cultural security and is a key concept and program that underpins all of the work of the Drug and Alcohol Office.



> Contents

Introduction	4
Aboriginal People and Communities	5
Aboriginal Alcohol and Other Drug Use	6
Basic principles	
Cultural security	7
Holistic	8
Reducing risk	8
Key action areas	9
Capacity building	10
Examples of good practice	11
Working Together	12
Examples of good practice	13
Access to Services and Information	14
Examples of good practice	15
Workforce Development	16
Examples of good practice	17



> Introduction

The *Strong Spirit Strong Mind* – Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015 has been developed to provide guidance to key stakeholders, such as the alcohol and other drug sector and a broad range of government and non-government agencies, towards delivering culturally secure programs and supporting Aboriginal ways of working in order to strengthen their efforts to manage and reduce alcohol and other drug related harm in Aboriginal communities.

Strong Spirit Strong Mind underpins the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015* and its supporting documents. *Strong Spirit Strong Mind*'s key actions are in support of the Interagency Strategic Framework's key strategic areas of:

- **Focusing on prevention** – educating and encouraging individuals, families and communities to develop the knowledge, attitudes and skills to choose healthy lifestyles and promote healthy environments.
- **Intervening before problems become entrenched** – implementing a range of programs and services that identify individuals, families and communities at risk and intervening before problems become entrenched.
- **Effective law enforcement approaches** – reducing and controlling the availability of alcohol and other drugs and implementing strategies that aim to prevent or break the cycle of offending.

- **Effective treatment and support services** – providing integrated, evidence based treatment and support services that promote positive and healthy lifestyle changes by effectively responding to an individual's use and those affected by someone else's use.
- **Strategic coordination and capacity building** – providing improved and targeted responses to alcohol and other drug related problems through capacity building, workforce development, collaboration, evidence based practice, monitoring and information dissemination.

Strong Spirit Strong Mind also complements national strategic directions for Aboriginal and Torres Strait Islander Peoples.

The implementation of the *Strong Spirit Strong Mind* does not rely on the availability of new funding. Instead, it encourages a holistic approach across government and community organisations to make sure that Aboriginal alcohol and other drug policy, programs and service responses are culturally secure and make the best use of available resources and partnerships.



> Aboriginal People and Communities

The harmful use of alcohol and other drugs can be seen as a result of the disadvantage experienced by many Aboriginal people. Many Aboriginal people find themselves trapped within a cycle of poverty and poor health, disconnected from country and marginalised within society. These issues have impacted on the physical, mental, social, emotional and spiritual wellbeing of Aboriginal people.

In some Aboriginal communities, the remoteness and isolation that limits access to infrastructure and services also increases the impact of alcohol and other drug use. Alcohol and other drug prevention and treatment programs must involve and be supported by local communities that are actively engaged in their development, implementation and management.

Comprehensive regional approaches, working together with the focused involvement of isolated communities, are needed to make sure problems are managed, not simply moved on.





> Aboriginal Alcohol and Other Drug Use

Some of the drugs of concern within the Aboriginal community include alcohol, tobacco, cannabis, amphetamines and volatile substances. The co-occurrence of mental health and alcohol and other drug problems also puts enormous pressures on Aboriginal families.

While Aboriginal Australians are 1.4 times more likely as non-Aboriginal Australians to abstain from drinking alcohol, a greater percentage of Aboriginal people who do drink, consume alcohol at levels that pose both short-term and long-term risks for their health than non-Aboriginal people.¹ The average age at death from alcohol-attributable causes among Aboriginal people is about 35 years.²

The 2010 National Drug Strategy Household Survey showed that Aboriginal people were almost twice as likely to be recent users of illicit drugs as other Australians (25.0% compared with 14.2%).³ Cannabis was the most commonly reported illicit substance used in the previous 12 months by Aboriginal people in 2010 (18.5% vs. 10.0% across the total population).⁴ The 2008 National Aboriginal and Torres Strait Islander Social Survey reported the rates of both amphetamine/speed use and non-medicinal use of painkillers/analgesics in the past 12 months among Aboriginal people as five percent.⁵

Harmful alcohol and other drug use and wellbeing issues are closely linked to Aboriginal violence, offending and incarceration. In Western Australia in 2008, Aboriginal people comprised 41% of the prison population despite representing less than 4% of Western Australia's total population.⁶

Aboriginal and Torres Strait Islander people are overrepresented in the hepatitis C virus notifications and transmission is often linked with injecting drug use.⁷

Aboriginal children and young people report the impact that alcohol and other drug use can have on their wellbeing, family life and how safe they feel in the community.⁸ One study found an estimated 15.4% of Aboriginal children aged 4–17 years were living in households in which overuse of alcohol caused problems. These problems were found to be strongly associated with emotional or behavioural difficulties in children.⁹ This study also found that 27% of young Aboriginal people surveyed drank alcohol and that 30% of Aboriginal young people have used marijuana at some time.

1. Australian Institute of Health and Welfare (2011). *2010 National Drug Strategy Household Survey report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.
2. Chikritzhs, T., Pascal, R., Gray, D., Stearne, A., Siggers, S & Jones, P. (2007) *Trends in alcohol-attributable deaths among Indigenous Australians, 1998–2004*. National Alcohol Indicators, Bulletin No.11. Perth: National Drug Research Institute, Curtin University of Technology.
3. Australian Institute of Health and Welfare (2011). *2010 National Drug Strategy Household Survey report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW
4. Australian Institute of Health and Welfare (2011). *2010 National Drug Strategy Household Survey report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.
5. Australian Bureau of Statistics (2009). *National Aboriginal and Torres Strait Islander Social Survey, 2008*. Cat. No. 4714.0. ABS. Canberra.
6. Australian Bureau of Statistics (2008). *Prisoners in Australia, 2008*. Cat. No. 4517. ABS. Canberra.
7. National Centre in HIV Epidemiology and Clinical Research (2009). *Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2009*. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW.
8. Commissioner for Children and Young People (2010) *Children and young people's views on wellbeing*, CCYP. Perth.
9. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. (2005) *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Curtin University of Technology and Telethon Institute for Child Health Research. Perth.



> Basic Principles

Cultural security

Cultural security is the guiding principle of *Strong Spirit Strong Mind*. It aims to respect the cultural rights, values, beliefs and expectations of Aboriginal people. This approach is central in the development of programs, services, policies and strategies that impact Aboriginal people.

Aboriginal leadership, community consultation, direction, negotiation and involvement form an essential part of this process as does working in partnership with Aboriginal communities.

What does a culturally secure approach look like?



** Adapted from Department of Health and Community Services, Northern Territory Government (2007) Aboriginal cultural security: an outline of the policy and its implementation. Darwin: Department of Health and Community Services



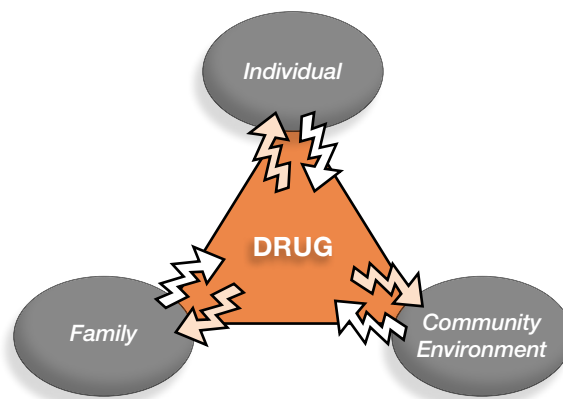
> Basic Principles

Holistic

Aboriginal peoples have a holistic view of health that focuses on the physical, spiritual, cultural, emotional and social well-being of the individual, family and community. A holistic approach emphasises the importance of strengthening cultural systems of care, control and responsibility.

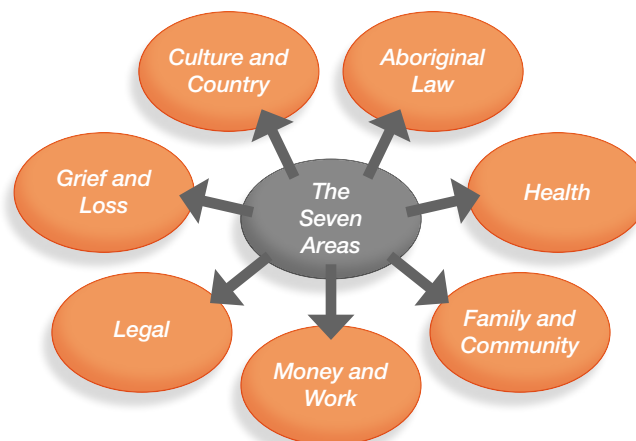
Alcohol and other drug use must be seen in the context of the individual, family and community/environment. Drugs and alcohol impact on all these areas and need to be considered when choosing and developing appropriate interventions.

Furthermore, alcohol and other drug use rarely occurs in isolation for Aboriginal people. Within a cultural context, the seven areas model highlights some of the more common problems Aboriginal people, their families and communities may be experiencing in association with alcohol and other drug use. Generally, there may be one or more of these areas occurring at any given time. A holistic approach therefore requires that any interventions may need to consider these areas.



Reducing risk

Harmful alcohol and other drug use poses significant risks to the physical, mental, social and cultural health of Aboriginal people and communities. 'Reducing risk' refers to an approach that aims to address the problems associated with alcohol and other drug use. It does not condone or normalise alcohol and other drug use, rather it aims to reduce the risks to individuals, their families and the community.





> Structure of the Framework

Key Action Areas

1. Capacity Building

Building the skills and capabilities of individuals, families, communities, employers and the non-government and government sectors to better tackle alcohol and other drug issues and make positive changes.



2. Working Together

Working in partnership, making the best use of resources and knowledge.

3. Access to Services and Information

Providing accessible, culturally secure information and services to Aboriginal people and communities.



4. Workforce Development

Developing and maintaining a skilled and supported workforce.



> Structure of the Framework

1. Capacity Building

Capacity building is the foundation block upon which communities must work to further shape a resilient population, strong community leadership and effective community participation in decision making.

Improved capabilities among individuals, communities and organisations will require the knowledge and competence to respond more effectively to alcohol and other drug related harm and increase the range of people, organisations and communities who are able to prevent and address alcohol and other drug issues.

Building on the capabilities of communities must demonstrate a respect for Aboriginal ways of working and capitalise on the cultural strength of that community. It involves a range of strategies including cultural activities, education and training, community engagement, mentoring, peer support and establishment of partnerships.

Agencies and service providers must also seek capacity building opportunities to continually develop their own ability to work effectively with Aboriginal peoples and communities.

What are some ways that my organisation can help increase capabilities?

- Engage with Aboriginal community members with cultural expertise to inform mainstream services by establishing cultural reference groups, cultural mentors, consumer and family groups
- Look for opportunities to up-skill local community members in evidence based responses to alcohol and other drug use and support community elders, leaders and young people to develop alcohol and other drug knowledge
- Develop and support initiatives that strengthen individuals, families and communities, such as cultural, social and recreational activities as alternatives to drug, alcohol and volatile substance use
- Work with communities to spread an understanding of prevention and supply control strategies at a community level, such as the establishment of local alcohol management committees
- Work in partnership with Aboriginal Community Controlled Organisations to support their organisational development and the delivery of evidence-based, effective alcohol and other drug services
- Promote an understanding of strategies that address the reduction of risks associated with the use of illicit drugs, particularly injecting drug use
- Develop and implement law and justice activities which prevent or reduce alcohol and other drugs related crime and anti-social behaviour
- Develop the role of the youth sector in engaging with young people to provide diversionary, early intervention and positive lifestyle strategies specifically targeted at young people who are at risk of alcohol and other drugs problems
- Develop strategies to increase community participation in education and training opportunities and provide appropriate activities and education to reduce problems associated with alcohol and other drug use in school and vocational education settings
- Provide culturally appropriate support to parents to provide a positive environment for children
- Promote awareness of the National Health and Medical Research Council Drinking Guidelines within the Aboriginal community
- Empower Aboriginal people and communities to apply positive strategies to reduce the incidence of alcohol and other drug use during pregnancy





> Structure of the Framework

1. Capacity Building

Examples of good practice

Ana Kadjininy

Alcohol and other drug related problems within the Noongar community prompted a group of Noongar people to join the team at South West Community Drug Service Team in 2000 and create *Ana Kadjininy* – the Indigenous Alcohol and Other Drugs Program.

Ana Kadjininy has developed a series of culturally sensitive and gender focused health / educational programs specific to parents, youth, families, men and women. These programs aim to raise awareness in communities of alcohol and other drug related issues and develop skills and resilience in managing and coping with alcohol and other drug use.

Ana Kadjininy supports the Aboriginal community through education, health, cultural and physical activities. It has engaged Noongar people of diverse ages (16 – 70 +) in active participation, increased their knowledge of services and helped develop resilience factors in the community.

Multi-functional Police Facilities

As a key part of the response to the Gordon Inquiry, WA Police commissioned a series of new Multi-Function Police Facilities (MFPPFs) to provide a permanent base for whole-of-government service delivery in a number of remote locations.

The MFPPFs enable enhanced, responsive service delivery to remote Aboriginal communities by co-locating key services such as WA Police and Remote Child Protection Workers. The facilities are also used to host a range of other service agencies when they visit, such as the Department of Corrective Services and the Department of the Attorney General.

The permanent positioning of police in remote areas ensures a more consistent police service to these communities and contributes to a safer environment, allowing police to provide a strong law enforcement response to the issues of alcohol, drug and volatile substance use in these remote regions.

The capacity of communities to build sustainable positive change is supported by the police's ability to provide the safety and security which is vital in underpinning and supporting community efforts.



> Structure of the Framework

2. Working Together

Effectively tackling alcohol and other drug issues in Aboriginal communities demands an approach that works across government, as well as with Aboriginal Community Controlled Organisations, communities and mainstream non-government agencies, to provide effective, integrated and coordinated services. By working together we better ensure an effective holistic approach that will address the range of inequalities faced by Aboriginal people that contribute to their drug, alcohol and volatile substance use.

Genuine partnerships with the Aboriginal community and between agencies and service providers help to ensure that Aboriginal people's cultural rights, beliefs and values are respected and protected and help to ensure that the community is engaged in the development of alcohol and other drug responses.

What kind of partnerships can I form to improve outcomes?

- Work closely with communities and other service providers to identify and address shared priorities
- Develop local cultural partnerships to inform services and make strong connections with key community groups and consumers
- Further develop partnerships between Aboriginal Community Controlled Organisations and mainstream alcohol and other drug services to support access to and engagement with treatment, the two-way transfer of skills, shared case management of clients and better referral linkages
- Undertake ongoing consultation with regional stakeholders, local drug action groups and community groups
- Develop a network of key stakeholder agencies to support prevention and supply control measures
- Develop a network of Aboriginal young people to inform the development of strategies, programs and services to ensure there is a culturally secure understanding of the factors that influence young people's alcohol and other drug use
- Develop closer partnerships between sobering up centres, health services, community patrols and police
- Develop effective referral pathways between key services by identifying and addressing existing barriers
- Work with relevant agencies to identify areas of shared business to enable the better co-ordination of activity and reduce over-lap and/or duplication
- Develop protocols across agencies to facilitate shared care and efficient referral pathways





> Structure of the Framework

2. Working Together

Examples of good practice

Fitzroy Crossing

Fitzroy Crossing was a community experiencing serious alcohol related harm that took control of its drinking and worked in partnership to make positive changes. Led by a group of strong Aboriginal women who were supported by local service providers and community groups, Fitzroy looked to the root of its issues. To move forward, it was agreed that they needed a strong and comprehensive approach, which included reducing the availability of alcohol.

In early 2007, government and non-government agencies worked together to develop an alcohol prevention program to help the community become more aware of what grog was doing. An alcohol, drug and mental health centre was established in what used to be the sobering up centre and the community formed an alcohol management committee.

The Fitzroy Valley Alcohol and Other Drug Management Committee was established to focus on issues related to alcohol and drug use and includes representatives from police, the Drug and Alcohol Office, WA Country Health Services, and local non-government organisations Nindilingarri Cultural Health Services, Marninwarntikura Women's Resource Centre, local liquor licensees and the Kimberley Aboriginal Law and Culture Committee. The Committee is responsible for ensuring that the programs and activities designed to address alcohol and drug issues are conducted in a strategic and coordinated manner. It also assists relevant community members and organisations to interact with government agencies in an organised, effective manner.

At the same time, members of the community were pushing for liquor restrictions to strengthen the other things being done. In October 2007, the Director of Liquor Licensing imposed a 6 month restriction

that banned the sale of take-away alcohol in Fitzroy that was stronger than 2.7% alcohol, effectively restricting takeaway alcohol to low strength beer. In May 2008 the restrictions were made indefinite.

Evaluation data indicated significant reductions in alcohol related policing and hospital presentations, drink driving charges, pure alcohol consumption and an increase in alcohol related domestic violence reports to police (this increase is attributed to people being more likely to make a report).

Fitzroy Crossing demonstrates the benefits of working closely and building and strengthening partnerships with communities to find solutions to shared priorities.

Strong Families

Strong Families is a state-wide program that brings together caseworkers from various government departments and non-government agencies to tackle the needs of high-risk families. The program seeks to ensure that the most effective casework is provided through a seamless, sensitive and holistic service to the individual family.

Strong Families aims to promote strong family and cultural relationships in Aboriginal communities and is about emphasising the strengths found in every family while providing help with the things they find more difficult.

Participating families sit down with a co-ordinated team of agency workers to share relevant information, nominate their own goals and choose the solutions they are most comfortable with. Strong Families enables families to meet in one place, at one time, with all the people who could help and ensures that everyone is getting the "whole picture" of the family's situation and not just part of it. Through this process, agencies are able to get a clear understanding of what the family may be going through and what help they need.



> Structure of the Framework

3. Access to Services and Information

Often Aboriginal people find existing services and information inaccessible and inappropriate. By identifying the needs of Aboriginal people and the barriers to their participation and engagement, agencies and service providers can develop and implement programs and practices that will attract and retain Aboriginal clients.



What are some ways that I can improve access for my Aboriginal clients?

- Identify the cultural needs of Aboriginal people in the delivery of information, programs and services
- Review information, programs and services to ensure they meet the needs of Aboriginal people
- Put in place modified and improved information and service delivery practices where necessary
- Monitor and evaluate activities to ensure they continue to meet culturally secure standards
- Increase the number of skilled Aboriginal staff in alcohol and other drug services that provide a range of treatment and intervention options for Aboriginal communities
- Utilise and support culturally secure ways of working with community, such as outreach
- Develop and disseminate culturally secure prevention, supply control and treatment and support services information and resources
- Incorporate local language wherever possible into prevention and intervention resources
- Promote the use of existing culturally secure treatment and support services
- Promote awareness of blood borne viruses (particularly Hepatitis C and HIV) in a culturally secure manner and assist in the development of appropriate treatment pathways
- Promote participation in Indigenous Diversion Programs
- Provide information to communities to support an understanding of alcohol and other drug risk reduction strategies as part of a holistic approach
- Promote awareness that there is no safe level of drinking during pregnancy using a culturally secure, strengths based approach
- Support the incorporation of the School Drug Education and Road Aware (SDERA) program into school curriculum to ensure the availability of evidence based alcohol and other drug education to young people in schools
- Provide culturally secure programs in prisons for Aboriginal prisoners that address reducing the risks associated with alcohol and other drug use



> Structure of the Framework

3. Access to Services and Information

Examples of good practice

Aboriginal Beds

Historically, Aboriginal people have been reluctant to seek treatment for their alcohol or drug use because of concerns about a lack of cultural awareness among mainstream services. Culturally secure facilities staffed by Aboriginal workers have been shown to have a positive effect on attracting and retaining Aboriginal people in treatment.

Consultation and partnership with key service providers and Aboriginal agencies has developed dedicated Aboriginal beds offering culturally appropriate treatment and care, staffed by Aboriginal workers in inpatient detoxification and residential rehabilitation services.

Together, these programs address not just the alcohol and other drug problems of their clients but also the underlying social and historical factors that affect the health and wellbeing of Aboriginal people.

Improving the level of services provided to Aboriginal people is not always about pursuing new services, with often unobtainable additional resources, but a rethink in cooperation between agencies, work within services, and the knowledge, skills, attitudes and commitment of individual workers at the service level.

Indigenous Diversion Program (IDP)

The IDP was established to address barriers experienced by Aboriginal people in accessing existing court diversion programs. It is a culturally secure, regional, early intervention drug diversion program that seeks to help Aboriginal people with their substance use problems by directing them into treatment before sentencing.

The IDP employs Aboriginal workers to provide drug assessments, referral and treatment services and uses Aboriginal specific resources. The program aims to increase the availability of culturally secure diversion options in regional areas of Western Australia; provide culturally secure community development, prevention and early intervention strategies (where possible); and establish links between Aboriginal persons, local drug treatment agencies, support services and magistrates.



> Structure of the Framework

4. Workforce Development

A strong, growing and skilled Aboriginal workforce is critical to providing effective, culturally secure services to Aboriginal people. Workforce development requires ongoing support to ensure that appropriate skills and knowledge are built upon. An Aboriginal workforce that is empowered through these means is essential.

However, workforce development is not just about getting skilled Aboriginal people working and contributing to the Aboriginal alcohol and other drug area, but also about the need to support and train non-Aboriginals in working with Aboriginal people and understanding their needs.

Workforce development applies to all services not just Aboriginal community services.

How can I skill and support my team to enhance services to Aboriginal people?

- Develop Aboriginal employment policies to improve recruitment of Aboriginal workers
- Develop organisational policies and practices to support and retain the Aboriginal workforce once employed
- Ensure that Aboriginal workers have equitable access to appropriate educational and training opportunities and support opportunities for Aboriginal staff to obtain and upgrade formal qualifications
- Ensure that Aboriginal workers have access to culturally secure clinical supervision
- Ensure Aboriginal staff have access to Aboriginal network systems and peer support and aim to reduce the incidence of Aboriginal staff working in isolation
- Provide cultural awareness and competency training to mainstream workers to better enable them to work in culturally secure ways with Aboriginal people and thereby build the competence of mainstream services to provide culturally secure services to Aboriginal people
- Provide access to cultural supervision for mainstream staff
- Ensure that strategies which seek to reduce the risks associated with alcohol and other drug use are included in the training of Aboriginal workers, not just in regard to injecting drug use but also for all other drugs
- Look for opportunities to provide peer mentoring training to young people as an effective means of engaging other young people and delivering evidence based information
- Develop strategies to address the special workforce needs of rural and remote areas
- Develop strategies to attract Aboriginal staff back to the workforce who may have left due to burnout or issues with culturally insensitive organisational practice





> Structure of the Framework

4. Workforce Development

Examples of good practice

Aboriginal Alcohol and other Drugs Program

The Drug and Alcohol Office's Aboriginal Alcohol and other Drugs Program has developed culturally secure workforce development initiatives for the Aboriginal workforce and broader human services sector that are delivered both regionally and in the metro area. This includes:

- Delivery of the Aboriginal Alcohol and other Drugs Worker Training Program, CHC30108 Certificate III in Community Services Work - a training program for Aboriginal alcohol and other drug workers from metro, regional and remote areas within the alcohol and other drug sector. When required, the Program trains Indigenous Diversion workers who then work cross-sectorally with Justice.
- Cultural awareness and competency training that is delivered across the alcohol and other drug sector and to workers in other allied sectors that are working with Aboriginal people.
- Development and delivery of a culturally secure clinical supervision program to support Aboriginal alcohol and other drug workers.

YouthLink

YouthLink is a state-wide mental health program that provides specialist mental health treatment to young people aged between 13 and 24 years, who have a serious mental health disorder and are experiencing homelessness, or have extreme difficulty accessing or engaging with "mainstream" mental health services.

The YouthLink Aboriginal and Torres Strait Islander Sub-Program works to strengthen the delivering of culturally informed mental health services.

YouthLink staff access cultural consultants for culturally informed advice on issues including differentiating between cultural and mental health symptoms, engagement techniques, family and community relationships and specialised case-by-case assistance and advice.

The program offers training workshops for working with young Aboriginal and Torres Strait Islander people with a culturally sensitive and affirming approach. Participants develop an increased awareness of issues facing young Aboriginal and Torres Strait Islanders, improve their awareness, knowledge and skills in cultural sensitive work practices and increase their understanding of intergenerational issues and the impact on young people.



> Structure of the Framework

Monitoring, Evaluation and Review

Progress towards the key actions areas of the strategic priorities of *Strong Spirit Strong Mind* will be monitored as part of the annual reporting processes of the *WA Drug and Alcohol Interagency Strategic Framework 2011-2015*. The report will include outcome-based key performance indicators and other quantitative measures. Longitudinal reporting will also be collated at the end of the five-year implementation period.





Government of **Western Australia**
Drug and Alcohol Office