FINAL REPORT

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Development of a Community Profile for Alcohol and Other Drug Use for the WDLDAG

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Perth, Western Australia

2005

ISBN 1 74067 335
Acknowledgements

This project was conducted by the Willetton and District Local Drug Action Group (WDLDAG), in collaboration with the Australian Centre for Health Promotion Research at Curtin University (WACHPR). The project was managed by a committee of the WDLDAG, and implemented by Ana Ilijovska (project officer), and staff in the WACHPR.

We thank all the members of WDLDAG who provided their assistance and support in particular Mr Geoff Roberts, Ms Rosalind Davis, Ms Leonie Thorogood, Mr Brian Davis, Ms Anne Foster, Ms Rosemary Allan and Ms Lynda Fielder.

Acknowledgement is also made to the following:

- The principals of the participating schools for allowing the project to be conducted within their school and in particular Ms Sally Wake for her assistance, which was greatly appreciated.

- To all the people who were willing to be interviewed for the project as well as the parents who gave permission for their children to be interviewed.

- Staff at the WACHPR at Curtin University, especially Alexandra McManus, Jenny Smith and Joanne Burgess.

- Tony Dale who worked with the WDLDAG and the WACHPR developing the community profile methodology.
Abstract

Rapid Assessment and Response (RAR) methodology was utilised for the development of a community profile of the Willetton and District area regarding the use of alcohol and other drugs and its associated problems. The process by which the community profile was developed was documented with the future aim of developing this process in the form of an RAR Guide that can be used by other community groups. This project was undertaken by the Willetton and District Local Drug Action Group (WDLDAG) in collaboration with the Western Australian Centre for Health Promotion Research (WACHPR) at Curtin University, Perth.

The objectives of the project were: to establish the nature and extent of alcohol and other drug use and factors influencing this use; to establish the adverse consequences associated with alcohol and drug use and the factors influencing them; and to establish the resources available and current interventions within the community, relevant to drug and alcohol problems.

Various sources were utilised to generate data for the community profile. Qualitative data was generated from 11 in-depth interviews and 3 focus group interviews with parents, students, teachers, school nurses, school counsellors, local police officers and other community members. Quantitative data was generated from the Australian School Students Alcohol and Drug Survey (ASSAD) and other local data.

Data was successfully gathered and significant lessons were learnt regarding the investigation of a sensitive topic, working within a school setting and working with a community group. Overall, the alcohol and other drug use patterns in the Willetton and District area were in line with the average patterns of use throughout WA.

The interviews provided suggestions for possible solutions to the identified alcohol and other drug use problems. It is intended that these suggestions will help inform strategies put that can be implemented by the WDLDAG and its members in response to the identified problems.
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1.0 Introduction

The Willetton and District Local Drug Action Group (WDLDAG) is one of over 80 Local Drug Action Groups (LDAGs) established around Western Australia. They involve local community members who volunteer their time and work together to try and prevent and reduce drug related harm in their local communities (Local Drug Action Groups 2004). The work conducted by LDAGs focuses on local and practical action being taken, which engages and supports the local community. Many projects are undertaken by LDAGs each year and the current project was one that was initiated by the WDLDAG and conducted with the assistance of the West Australian Centre for Health Promotion Research (WACHPR) at Curtin University, Perth.

The aim of the current project was to conduct a community profile of the area represented by the WDLDAG. This process involved documenting alcohol and other drug use in the area as well as problems associated with that use; establishing the factors influencing the alcohol and other drug use and its associated problems; and establishing the types of resources available locally that are relevant to the problems identified.

A further aim of this project was the documentation of the actual process by which the community profile was conducted. It is intended that the documentation of this process will lead to the development of a Rapid Assessment and Response Guide (RARG) for alcohol and other drug use (Fitch & Stimson 2003). Such a guide could then be utilised by all LDAGS and other similar groups in the planning of interventions aimed at minimising the adverse consequences associated with alcohol and other drug use. The establishment of a community profile by local community groups such as LDAGS would also greatly assist local health and community workers who are generally constrained by time and resources to conduct such profiles.

Project Aim

To contribute to the development of a Community Profile/ Rapid Assessment and Response Guide (CP/ RARG) for the use of Western Australian LDAGS and other similar groups, Australia wide that will enhance the planning of interventions aimed at minimising the adverse consequences associated with alcohol and other drug use.
**Project Objectives**

1. To contribute to the development of a Community Profile/ RAR procedure for the use by the WDLDAG and other similar groups that will establish:
   - The nature and extent of alcohol and other drug use, and other factors influencing them
   - The adverse consequences associated with alcohol and drug use, and the factors influencing them
   - The resources that are available, and current interventions within the community, relevant to drug and alcohol problems

2. Trial the CP/ RARG process in the locality covered by the WDLDAG in Western Australia.

**Target Group**

The target group for this project consisted of volunteer individuals and organisations associated with the WDLDAG. This group included students, parents, teachers, school nurses, school counsellors, local police officers, and other community members who are involved in developing and/or implementing interventions for the prevention of harm associated with alcohol and other drug use.

**Ethical Issues**

This project does not include any private or confidential information about the individuals involved. It was conducted in strict accordance with the Curtin University Human Research ethics and National Health and Medical Research Council (NHMRC) ethical conduct guidelines, especially with regard to any general information or opinions that were obtained from any organisation, group or individual.
2.0 Literature Review of Rapid Assessment and Response (RAR)

RAR is a research method for the assessment of a public health issue in a specific study area, for example drug use (Fitch & Stimson 2003; Stimson, Donogohoe, Fitch, Rhodes 2001; Stimson 2003). It is a method that aims to identify the extent and nature of health risk behaviours and the associated health consequences, to identify the settings and contexts in which the health risk behaviours occur and to identify the existing resources and opportunities for intervention. The overall aim of RAR is to encourage the development and planning of effective strategies in response to the health issue in question.

RAR is not a new research methodology but one which has evolved from and been influenced by several existing methodologies in social science. RAR has origins in qualitative methodologies in sociology and anthropology that emphasise the use of multiple qualitative data sources (Stimson et al. 2001). Action research in community development has also influenced the methodology of RAR. This process aims to understand the communities’ own perceptions of their priority needs and together the community and the service planners formulate action plans in response to the needs identified.

What separates RAR methodology from other styles of research is the speed by which it is conducted. As its name suggests RAR is a rapid form of research, which evolved by way of necessity in order to document problems as they were emerging and before they changed (Stimson et al. 2001). During the 1980’s, the emergence and spread of HIV amongst injecting drug users became an epidemic that was occurring much more quickly than conventional research and routine surveillance was able to document. In response, the World Health Organisation (WHO) developed the first structured guide for the process of conducting an RAR, this being the RAR guide on Injecting Drug Use (IDU-RAR), (Stimson, Fitch & Rhodes 1998) in order to help researchers undertake assessments and develop interventions. Since then, other similar RAR guides have been developed for substance use and sexual behaviour (SEX-RAR), (Rhodes, Stimson & Fitch 1998,) and for psychoactive substance use and especially vulnerable young people (EVYP-RAR), (Howard, Rhodes, Fitch, Stimson 1998).
RAR methodology has several principles that distinguish it from conventional social science research with the key principle emphasising the development of intervention/s for the identified health issue (Stimson 2003). Therefore rapid assessment needs to be conducted in such a way that it assists and leads to the development and implementation of interventions that are relevant and specific to the local community. Other key features of RAR methodology include the following.

1. **Speed**
Rapid assessment generally aims to be completed over a short period of time such as weeks and months. The speed of the assessment is necessary in order to be able to document and respond to the health problems while they are emerging.

2. **Use of existing data**
Through the use of existing data, providing it is adequate, rapid assessment identifies and documents any missing knowledge in that data, as opposed to collecting information that is already known throughout the community.

3. **Multiple data sources and triangulation**
Several sources of data are used in RAR in order to be able to sufficiently document all the aspects of the problem and therefore provide a more detailed and comprehensive description of the situation in question. These data sources are cross-validated against one another, a process known as ‘data triangulation’ in order to establish the validity and reliability of those sources.

4. **Inductive and investigative approach**
Utilising an inductive approach involves not having a predetermined research question that is set out to be proven or refuted, but allowing the research question to be determined by the priorities that emerge from the data. The researcher then investigates various data sources, looking to confirm, deny or modify the emerging research question, while continuously cross-validating the data against all the other data collected.
5. Investigation of many levels of society
The process of understanding and documenting a problematic behaviour, involves understanding and documenting this behaviour in the wider environment and social context in which it occurs. Therefore the social, structural and economic circumstances in which the problems occur and are influenced by, must also be investigated.

6. Strengthening local responses
Rapid assessment is a process that involves and is driven by the community in which it is being conducted. Such involvement by local community members provides them with the opportunity to establish and voice their local concerns and also initiate solutions in response to these concerns.

7. Inform longer-term studies
Rapid assessment is just what its name suggests, and rather than replacing long term studies, a rapid assessment can be utilised to provide a local basis and local information source to lead onto a larger, longer term study.

3.0 Methodology
The documentation of the process by which the current community profile was conducted is intended to guide the development of a RARG for alcohol and other drug use problems. Therefore the following is a comprehensive, step-by-step description of the methodology undertaken for the project. Incorporated is a description of the limitations encountered with some of these steps as well as recommendations to minimise them. The limitations documented were not atypical of what would generally be expected to occur when working in and engaging with a community. However each community has its own unique characteristics and will therefore give rise to different challenges.

Step 1
The WDLDAG identified a need for developing a process that could lead to the profiling of alcohol and other drug use in the community. The WDLDAG in collaboration with the WACHPR at Curtin University developed a proposal. This subsequently led to the appointment of a student project officer who was invited to
attend the monthly WDLDAG meetings as part of the project implementation. This proved to be helpful as it familiarised the project officer with the members, the nature of the group and the nature of the locality represented by the group. The WDLDAG members were informed of the project officer’s involvement and were very forthcoming in recommending various people from their extensive network of contacts in the local community, to participate in the project. Once the project was underway, the large majority of the people recommended, participated in the project.

Limitation Step 1
Although the WDLDAG members had previously discussed the project and anticipated their involvement in the project, the extent of this involvement was not clarified with the project officer. Hence there was an initial lack of clarity between the project officer and the group members of each other’s expected involvement in the project.

Recommendation Step 1:
It is vital that before the RAR proceeds, the roles and expectations of the group members and project officer are established. These roles will vary with different groups. It is important that both parties expect to work in collaboration with one another, as the involvement of both parties is required for the accomplishment of the project. Once everyone’s roles are established and the project is at the forefront of attention, it is suggested that a brainstorming session be conducted and each member identifies the names of the people they recommend to participate in the project, along with their full contact details.

Step 2
The questionnaire for the focus groups and in-depth-interviews was designed according to the objectives of the project, (See appendix C). It was developed in collaboration with experienced researchers from WACHPR, in order to ensure the face validity and reliability of the questionnaire. The same questionnaire was used for both the adults and the high school students. However the questions for the students were asked in a more informal manner, using language that was appropriate for that particular age group. This questionnaire could be utilised in the development of the RARG for alcohol and other drug use problems and in future projects.
Step 3
The questionnaire was pilot tested in both individual interview and focus group scenarios. This process led to further amendment of the questionnaire, and it also provided some examples of the possible responses that may be generated during the actual interviews.

Step 4
An introduction letter was compiled for the prospective participants, describing the project and inviting their participation (See appendix A). Each letter was personalised to include the name of the specific individuals if known or position held in their workplace e.g. youth worker and the type of participation that would be required of them e.g. face-to-face interview.

Step 5
A consent form was compiled requesting written permission from the participants for their participation in the project, (See appendix B). A separate consent form for participants under the age of 18 was also compiled, requesting permission from the parents/guardians of those participants.

Step 6
The prospective participants were contacted for the first time by telephone, aiming to instigate their interest and participation in the project. During this initial conversation, reference was made to the various members of the WDLDAG whom the participant was acquainted with and who also provided the participant’s contact details. The project officer’s link with WDLDAG enabled them to have an insider role, and therefore establish a trust with the participants, increasing the likelihood of their involvement in the project.

If interest in the project was shown, the consent form was posted or e-mailed to the participant. The introductory letter was not sent to the participants directly but to a senior person at their place of employment whom was required to provide permission
on behalf of the participant and on behalf of their place of employment, e.g. to a police sergeant to seek permission to interview a constable they were responsible for.

**Limitation Step 6**

The majority of participants contacted showed interest in the project and agreed to participate during the first contact by telephone. However all participants required the permission of their place of employment before they formally agreed to participate. At this point, a contact was provided of the appropriate person from whom permission was to be requested. This requirement resulted in a delay of the scheduling of interviews.

A police officer participating in the project required the permission from their sergeant and from the media department at their police station, who are responsible for any information publicizing that station. The need for permission from the media department was only made known to the project officer on the day of the scheduled interview. The police officer was able to telephone the media department and was granted verbal permission. However, should permission from the media department not have been granted, the interview would not have been allowed to be tape-recorded or possibly not been able to proceed at all.

**Recommendation Step 6**

Allow adequate time, approximately 1-2 weeks prior to the scheduling and conducting of interviews to contact and gain permission for the interview from the participants’ place of employment. Furthermore if interviewing members of the police force or persons working for a government department, ensure that permission is gained from all necessary departments prior to the interview.

**Step 7**

The local high schools were first contacted by mail. The introductory letter was sent to the schools, specifically requesting the permission of the principal to conduct the project. The questionnaire and the consent forms were also posted with the introductory letter.
Limitation Step 7
The information about the project was posted to the high schools one week prior to a two-week holiday period. Hence, the letters were not processed until after the holiday period, delaying the project for three weeks. Upon seeking the participation of students from a school, it is possible that the school will refuse the project, as was the policy of one of the schools approached. This may be due to several reasons such as the sensitivity of the topic and in this instance the school indicated that they regularly had invitations to participate in such projects and could not agree to all as they took up students’ class time. Fortunately, the project officer had a previous opportunity to speak with the principal of this school and because of the project’s affiliation with the WDLDAG, the project was verbally approved at that time. However the principal indicated that had it not been for that meeting it was unlikely that the students of that school would have been permitted to participate.

Recommendation Step 7
Contacting schools at the beginning rather than the end of a school term is recommended. Furthermore initiating contact at the beginning of the school year and several weeks and possibly months prior to conducting the project is recommended if possible, as several staff indicated that the last term of the school year was an inconvenient and busy period for school staff.

Contact with the school Principal prior to the mailing of project information is recommended in order to discuss the project and increase the likelihood of it being conducted within the school.

Step 8
After posting out the information to the schools, they were contacted by telephone to confirm they had received the information and to further discuss the project. The principals of the schools were not available for this discussion therefore the process was mediated by their respective secretarial staff.

School A: within one week of the initial telephone conversation, school A provided verbal approval for the project. As only certain school staff were invited to participate
from this school, the initiative then remained with the project officer to contact each staff member.

School B: within two weeks of the initial telephone conversation, school B provided verbal approval of the project and had begun work on the project and contacted students inviting them to participate in the project.

Limitation Step 8

School A: after approval for the project was provided, it was anticipated that the selected staff invited to participate would be briefed about the project by their school. However upon contacting each participant they generally had little or no knowledge of the project. Therefore, each participant had to be individually briefed about the project and more importantly assured that it had been approved by their school principal. Most participants requested the introductory letter, questionnaire, and consent form be sent to them before they made any commitments to the project.

School B: the project officer was not provided with an adequate opportunity to discuss the specific requirements of the project and therefore the initial steps taken by the school were different to what was actually intended. Specifically it was intended that two separate year groups (those in year 10 and year 12) would be invited to participate in focus group interviews by contacting all of the students and their parents through a medium such as the school newsletter, therefore providing everyone in those year groups an equal opportunity to participate.

However, students in year 11 and 12 were not available as they were in preparation for their end of year exams. The remainder of the students from year 8 to 10 were invited to participate through the school newsletter and therefore only students from these grades responded. It was important that the focus group interviews consisted of students of the same year because it was considered likely that their involvement and responses would have been different if they were in a group of students whom they were not acquainted with and/or were younger than. Therefore, the school was asked to invite additional students in order to recruit an adequate number of students, from the same year to participate in the focus groups.
It was unintentionally discovered that one of the student focus groups (those in year 10) consisted of the students that were selected for the school council. It is questionable whether this group of students are a representative sample of the rest of the students in that year.

**Recommendation Step 8**

**School A:** upon the approval of the project by the school’s Principal, it is recommended that the relevant school staff be forwarded this approval through either e-mail or memo, a process that should not be time consuming. Subsequently, the school staff will have some knowledge of the project and anticipate that they will be invited to participate in the project.

**School B:** during the initial contact by telephone, the project officer should discuss the project in detail before any proceedings begin and describe explicitly what the intended participation of the school is. The project officer is then reliant upon the school to proceed to contact students and parents of students. This results in a certain amount of workload being placed with the administrative staff of the school, which should be acknowledged by the project officer. Furthermore it is recommended that the project officer offer to assist with this workload if necessary.

In order to obtain a more representative sample of students it is recommended that a letter be sent (on behalf of the school principal) directly to the parents/guardians of the students, describing the project and inviting their participation. It is intended that this process would then offer all students with an equal opportunity to participate in the project, provided they obtain parent/guardian permission.

**Step 9**

The project officer proceeded to conduct the individual, in-depth interviews, most of which were conducted at the participants’ workplace. All participants were able to allocate adequate time from their workday for the interview, ranging in time from approximately 20 minutes to 1.15 hours. The interviews were tape-recorded and some handwritten notes were also taken, summarising the key responses in order to assess whether such notes alone would be an adequate summary of the interview or whether tape transcription would be necessary.
Some interviews were conducted over the phone, as this was more convenient for the participants. The phone interviews could not be tape-recorded and therefore the interviewer wrote the responses while also conducting the interview.

**Limitation Step 9**
The phone interviews were conducted with participants that were generally more restricted by time and hence the interview process tended to take about half the amount of time compared to the face-to-face interviews. This time restriction generally resulted in less detailed responses being provided.

**Recommendation Step 9**
The phone interview process is a more rapid manner of generating data compared to face-face interviews. However as stated, less detail is generally provided during phone interviews. In order to enhance the efficiency of this interview process it is recommended that the phone interview be recorded if possible (with the knowledge and consent of the interviewee). It is also recommended that the phone interview be scheduled so that the participant can allocate some time specifically towards the interview without disruption.

**Step 10**
The project officer proceeded to conduct the focus group interviews. Two of these interviews were with the groups of students, conducted at their high school, during school hours. A classroom was specially organised and allocated by the school administrative staff for the interviews. An observer from the WACHPR assisted with the interviews.

**Focus group interviews with parents:**
A member of the WDLDAG assisted in gathering a group of local residents, who all had children in their teenage years. The project officer was reliant on the WDLDAG member to organise this group of local residents to attend the interview. Without this assistance, the process of recruiting local residents for the interview would have been much more difficult and time consuming. However this may have also resulted in a recruitment bias as the participants were recruited by convenience.
Focus group interview with students:
During the interview with the students from year 10, it was established that the four participating students identified themselves with different social groups, eg. the basketball scholarship group. Therefore the knowledge about alcohol and other drug use varied dramatically between each student. It was considered fortunate that such a cross section of students participated in the interviews and therefore they were able to provide different perspectives on the same questions.

Limitation Step 10
Focus group interviews with adults:
An observer was not available to assist with the interview, therefore the interviewer acted as both the observer and interviewer.

Focus group interviews with students:
The classroom that was allocated for the interviews did not have an adequate electricity supply and consequently the tape recorder that was powered by electricity could not be used to record the interviews. As a result the sole documentation of the interview consisted of the handwritten notes of the observer and interviewer.

Recommendation Step 10
Focus group interviews with students:
In order to ensure that a representative sample of students is recruited, steps should be taken (as described above) to give all students the opportunity to participate. If a power source is required for the interview, ensure prior to the interview that one will be available and if possible bring an additional tape recorder, which is powered by alternative power source e.g. battery.

Focus group interviews with parents:
Recruitment of the parents for the project by the WDLDAG member, who is considered an ‘insider’ in the community, increased the likelihood of the parents’ involvement as they were familiar with both the WDLDAG member and the group they represent. Consequently the WDLDAG member was acting from a base of established trust. Had the project officer approached the parents, acting as an outsider,
it is less likely that the parents would have been willing to participate. It is recommended then that this process be aided by an ‘insider’ in the community or at the very least the project officer should make known their affiliation with a prominent local community group or individual, upon contacting the local community members.

Step 11
Data analysis:
Selective transcription of the tape-recorded interviews was conducted, summarising the responses to each question. The response summaries were then grouped together according to the specific subject matter that the responses were concerned with. Overarching themes were then generated from each of the grouped responses, representing one general topic that they corresponded to.

The handwritten notes taken during the interviews were assessed, to evaluate whether they provided a sufficient summary of the interviews. In this project it was decided that they did not provide a sufficient summary and therefore selective transcription was used to summarise the interviews. The researcher however was not very experienced and hence it is likely that a more experienced researcher would have been able to sufficiently summarise the interviews utilising the handwritten notes only. Doing so would consume less time and ensure that the interview responses are summarised in rapid time.

4.0 Results
As required with RAR’s, a variety of data were utilised from various sources. This data included both qualitative and quantitative data. The qualitative data was generated from the 11 interviews conducted with various local community members and the three focus group interviews including two interviews with high school aged students and one with parents of high school aged children. In order to summarise the information gathered from the interviews in a rapid way, the process of selective transcription was employed. The responses were categorised in general themes and are reported for each question in the questionnaire (See appendix C).

The qualitative data was generated from the 2002 Australian School Students Alcohol and Drug (ASSAD) Survey (Drug and Alcohol Office, 2004). Conducted in 2002, the
survey included a sample of 3,305 school students in years 7 to 12 (aged 12 – 17 years), enrolled in all schools in Western Australia including government, Catholic and independent schools. Health data, related to alcohol and other drug use is also presented from the Bentley Health District (BHD) and the Fremantle Health District (FHD), which together encompass the suburbs that are represented by the WDLDAG. Also the City of Canning, Security Patrol Service was able to provide two consecutive incidence reports (see Appendix D), detailing the various incidents the patrol officers had encountered during their daily and nightly patrols around the local area. Finally, one particular report that is recommended but was not available at the time of this project was from the Western Australian Office of Crime Prevention, offering local community profiles including local crime statistics via the Internet.

4.1 Qualitative data

Q1 What types of problems have you or people in your area experienced related to alcohol and other drugs?

The majority of people interviewed resided in the suburb of Willetton, therefore the majority of places described where problems occurred were in Willetton.

The Southlands skate park area:

- The most frequently mentioned place by all participants described as a ‘drug zone’ where alcohol and other drug use occurred and at times as a result of this use, disorderly behaviour also occurred there. Problems most commonly occurred at night.
- The students commonly reported this as a fact with certainty that it occurred, whereas most of the adults had heard rumours about the skate park and were not certain of exactly what occurred there.
- A youth worker confirmed the skate park to be the main area where problems occurred and hence conducts an outreach program with the young people there every Thursday night on a weekly basis.
- Specific problems at the skate park:
  - A recent occurrence of a bottle being thrown from the skate park onto the footpath where it could have potentially hit someone;
The presence of the ‘antisocial’ group who were there to ‘hangout’ and drink alcohol and not use the skate park for its intended purpose;

- The purchasing of alcohol from the bottle shop opposite the skate park by people over eighteen for underage people at the skate park
- The use and dealing of various drugs such as alcohol, tobacco, dexamphetamine, speed, ecstasy, heroin, inhalation of butane gas
- Heroin drug overdose (unconfirmed)

Other problems and places around Willetton:

- People dealing drugs (unspecified) at the Southlands shopping centre car park
- People using and dealing drugs (unspecified) at local fast food restaurants (most commonly on Thursday nights), intimidating customers; being rowdy and disruptive in the restaurant, one respondent reported that ‘people know to go there if they want to get something’
- Young people gathering at Burrendah reserve in Willetton on weekend nights, using alcohol and other drugs and sometimes being disorderly, loud and disturbing local residents
- A recent reported increase of drug dealing (of dexamphetamine and speed) versus drug use per se.
- Throwing bottles against the Southlands shopping centre walls at night by young people
- Theft from a building site by a suspected drug purveyor (drug-income generating crime)

Problems at parties:

- Parties occur less frequently in colder seasons but very frequently (most weekends) in summer,
- Specific problems at parties:
  - 13-15 year old aged children concealing and bringing alcohol to parties despite parent supervision
  - Binge drinking at parties and associated violence, getting into fights, or sexual assault: apparent aim to ‘write themselves off’
Parties spreading out onto the street and disturbing nearby residents (knocking letter boxes over, leaving drink bottles on the lawn, walking around the neighbourhood at 1-2 o’clock in the morning ‘yelling and hooting’)

- Police infringements for street drinking, smoking marijuana,
- Unprotected sex and unplanned pregnancy as a result of being intoxicated from alcohol
- Empty bottles of alcohol thrown over fences from neighbouring parties
- Gate-crashing at parties, uninvited people, usually older age groups attending parties and sometimes initiating violence

Problems at schools:

- Students coming to school intoxicated on marijuana (very occasional), and as a result:
  - Students’ school work is affected through loss of interest, loss of concentration
  - Dropping out of normal patterns of behaviour
  - If student are regular users, a change in social behaviour is observed i.e. loss of friends, development of new friendships, become more isolated within their social groups
  - Students coming to school “hung over” at school on a Monday morning (very occasional), affects school work through loss of concentration

- Overdose on aspirin (very occasional)
- Possession of marijuana at school (very occasional)
- Tobacco smoking at school

Psychological problems:

- Possible increase in risk developing and/or exacerbating symptoms of mental illness such as bi-polar disorder, schizophrenia, depression
Q2. What drugs including alcohol do you think are most associated with the most problems in your area? Why?

- **Alcohol** was the most commonly reported drug to be associated with problems by all the participants interviewed. Reasons given for this included alcohol’s wide availability and easy access by people under the age of 18; its widespread use by both people over and under the age of 18; and the social acceptance amongst parents of its use by people under the age of 18; the normalisation of drinking through heavy media promotion and influence.

- **Marijuana** use was also reported to be as common as alcohol, however there were less problems reported to occur as a result of its use. Reasons for these problems included its wide availability, access and affordability; and the social acceptance of its use by and amongst young people.

- **Amphetamine use (Speed)** was reported predominantly by the young people interviewed. The adults interviewed did not commonly report its use. Specific problems with its use included unconfirmed cases of overdose at the skate park and a pattern of people engaging in the distribution of speed rather than its use was reported.

- **Dexamphetamine** use was very commonly reported by the young people interviewed, however the adults interviewed did not report its use as often. There were no specific problems reported with the use of dexamphetamine, however young people interviewed reported that its use was becoming more common and socially acceptable amongst their peers; its use was first being initiated by increasingly younger age groups i.e. 13 and 14. There were no specific reasons provided for this pattern of use, however it is possible that the reported easy access and affordability of dexamphetamine, at a cost of $1 per tablet (unconfirmed) may be a reason attracting its use.

- Unconfirmed use of **Ritalin** was reported. There were no specific problems reported with its use and reasons for use were speculated to be an increase in
the availability of Ritalin due to its increasing prescription as a medication for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

- The use of **analgesics such as Panadol, Panadine and Paracetamol** in large amounts or in combination with coca cola was reported by two school staff from two different high schools. Problems with its use included overdose and reasons for this were due to the easy and unrestricted access of analgesics, affordability and unrestricted possession by students at school.

**Q3. Can you describe the type of people who are usually involved in or cause problems? Specify which days/night/times these problems are most prevalent.**

Time when problems are most prevalent:

- Summertime was reported to be when problems occurred most frequently because it is more inviting outside. Parties occurred much more frequently in summer, (occurring most weekends on Friday, Saturday nights and less frequently on week nights).
- Thursday nights, all year around were also a common time when problems occurred when shopping centres stay open for longer, until 9pm.

Most participants found it difficult to specify a particular group of people who are usually involved in or cause problems however the following characteristics of some people involved were provided:

- Young people who are unemployed and do not have a great deal of involvement in the community and do not have an involvement in social groups e.g. sporting, cultural, community groups.
  “People with a low connectedness with the community”
- The ‘antisocial group’ at the skate park, who does not use the skate park but are there to be around their peers, use alcohol and other drugs and sometimes cause conflict with other people.
- A minority of people cause problems, approximately 10% of those approached by the security patrol service refuse to move on from public property where
they may be engaging in underage drinking or other drug use and create problems

- Generally people ranging from 16 –20 years old who were more independent and drove cars were associated with problems,
- People aged 18-19yr olds, who had left school early or had been expelled from school before graduating.
- The socially “popular groups” in high school.

Through their work with young people, some adults provided descriptions of the patterns of alcohol and other drug use amongst the various age groups of young people

- Students in year 7: some begin to smoke tobacco
- Students in year 8: starting to consider alcohol and other drug use
- Students in years 9 and 10: are in an experimental stage and definitely engage in alcohol and other drug use and tend to experience the most problems with use
- Students in years 11 and 12: have either definitely decided not to engage in alcohol and other drug use or those who do have gained some experience with use and begin to introduce harm minimisation measures e.g., have friends look out for each other, more likely to limit drinking, prepare for unplanned sex, but still likely to drink large amounts of alcohol
- Many students of all ages were reported to experiment with marijuana but those who continue to use marijuana regularly and experience problems tend to be those who are experiencing other problems in their lives and maybe trying to momentarily escape these problems through their drug use
- Boys, were reported as more likely than girls to use marijuana on a regular basis, and were described as ‘the druggie group’
- Children that are alienated at school when they’re young (13 -14 years) were reported to be more likely to engage in drug use
- Asian students reported to experience less problems because they usually have a strict upbringing
Q4. Why do you think these problems occur?

It’s socially acceptable to use alcohol (underage) and other drugs (specifically marijuana): and in particular it’s socially acceptable and part of the culture of most parties

- Alcohol and marijuana use isn’t considered ‘bad’ (not harmful or socially unacceptable) by young people, but it’s the artificial substances (dexamphetamine and speed) that are considered “bad”, although these substances were reported as becoming more socially accepted by young people
- Widespread availability, accessibility, affordability of all substances reported here
- There is an expectation at parties to bring alcohol and other drugs
- Parents buying alcohol for their underage children
- Parents using and sometimes providing marijuana for their children
- Alcohol and other drug use is part of social interaction (a socially acceptable medium for social interaction), used for emotive social reasons, wanting to belong to the group, it’s a cool thing to do, have fun, meet people (substance use a medium for social interaction)
- The interaction of older and younger age groups at parties, (particularly younger girls in year 8 with older boys year 11) places pressure and provides an example to younger people at the party of alcohol and other drug use
- Problems due to binge drinking, their (teenagers) aim is to ‘write themselves off’
- Children are not socially prepared for parties where alcohol and other drugs are used and there is no parent supervision and no boundaries for behaviour

Alcohol and drug use problems are a symptom of other problems in the person’s life:

- Unstable familial/home life, parents separated
- Pressure to perform at school, idea of having only one chance to succeed at school
- Not being cared for, not being loved
• Symptom of mental health illness, e.g. depression, bi-polar disorder, schizophrenia

Lack of parent/guardian knowledge of responsibilities towards child and lack of parental supervision at parties:
• Parents/guardians buying alcohol for their underage children
• Adults/parents/guardians, other organisations passing off responsibility for children’s behaviour
• Lack of supervision at parties
• Parents/guardians allowing kids to drink at parties, unaware of parent/guardian responsibilities
• Sleep over parties, parents/guardians don’t see what kind of state their child is in

Other responses provided which could not be categorised into a specific theme included:
• People falling into a regular pattern of behaviour of unemployment and ‘hard’ drug use and are not being able to move on with lives
• Skate park, cinemas and shopping centre are attractions for a large number of people including groups that engage in alcohol and drug use
• Access to income (affluence) and finance from family or from employment outside of school (for students)
• Proximity of the shopping centre and bottle shop to Willetton SHS, enables easy access to alcohol and other drugs where students can meet someone in the shopping centre car park and not be noticed
• Incomplete education or misinterpretation of law e.g. juvenile justice act, leading to unlawful behaviour, e.g. drinking in a park, or refusal to provide identification details to a security guard because they’re not a police officer
• Lack of respect for community members around them
• The marketing of alcohol attracting young drinkers
• Boredom, nothing else to do
• The influence of the group is stronger than the individual therefore more likely to do things including use alcohol and other drugs, which may not normally do if person is by themselves
• Lack of consideration about consequences of behaviour

Q5. Can you tell me about any places or programs in your area that deal with these kinds of problems?

Local places and programs:
• Willetton Local Drug Action Group (WDLDAG)
• Youth centre, runs an outreach program every Thursday night at skate park where many of the problems are encountered
• Police and security patrol companies
• Skate competition, an alternative to alcohol and other drug use – promoted as a family event by City of Canning,
• GURD, a police drug education program, delivered in primary and high schools
• Cop for a day, a police program targeting ‘at risk’ youth

Programs at local high schools:
• Parent Drug Information Evening, held annually at Willetton SHS
• School Chaplin, school psychologist, nurse, year co-ordinators at local high schools
• Health education and drug education at school
• Rainbows Program at Willetton SHS, for young people who have been through big changes in their lives such as family break-up
• School program at Willetton SHS encouraging friends to look after friends at parties, teach first aid
• Individual programs with kids- to challenge beliefs held by their peer group
• Student services
Other places or programs outside of local area:

- Mission Australia, Centre Link, JAPET: job placement employment and training, Community Drug Services Team, AIDIS, Kids Helpline

Q6. If you were given the task of trying to prevent some of these problems from occurring what do you think you would do first and why?

Work with young people:

- Consult young people as to what they feel the main problems are
- Conduct youth cultural mapping project, to map youth culture of the area
- Provide education for young people emphasising personality characteristics eg. integrity, determination, courage, conviction versus emphasis on academic achievement only
- “Choose Respect” program
- Encouraging young people to do more for themselves by providing them with leadership roles and involving them in the problem solving process
- Improving communication between adults and young people, encouraging two-way interactive communication, versus talking down to them
- Build up children’s resilience to better deal with difficult situations in their life and therefore be less likely to turn to substance use as a coping mechanism
- Provide a ‘drop-in’ centre for young people to stay and be looked after if they have been kicked out of home because of problematic alcohol and other drug use
- Young people talking to other young people rather than an adult about their problems, anonymous pen pals, felt that this would be less threatening and eliminates fear of getting into trouble from speaking with adults

Working with parents/guardians:

- Provide more exposure of the annual Willetton Parent Drug Information Evening and provide more programs like it
- Provide a ‘take-home’ resource for parents of the Willetton Parent Drug Information Evening
• Provide more exposure of local resources/places that provide help for alcohol and drug use problems
• Place more accountability with family/parents/guardians, ensuring they know where their children are and what they’re doing.
• Parents/guardians should not be friends to their children but their parents
• Ensure a stable family home life/upbringing
• Provide parent education, parenting skills from very early on (from pregnancy)
• Show kids that they’re loved
• Increase awareness of parents/guardians about what their children and their children’s friends might be doing,
• Inform parents of programs/places they can seek to get assistance if child is experiencing substance use problems
• More police work with the community and in schools

Other responses that could not be categorised into one theme included:
• Placing more accountability for serious offences, which should result in some sort of consequence but not necessarily a monetary or penal penalty
• Target family, spiritual emotional issues, because drug use is a symptom arising from problems in these areas
• Increasing relevance of high schools for students in terms of increasing interest to encourage attendance and completion of high school; in terms of providing relevant preparation for employment
• Provide a co-ordinated effort from Health Department targeting connectivity of children with their communities

4.2 Quantitative data

The 2002 Australian School Students Alcohol and Drug (ASSAD) Survey

Alcohol use

Alcohol use amongst students in 2002 indicated that:
• 33% of all students had consumed alcohol in the week prior to the survey
• 49% of all students had consumed alcohol in the month prior to the survey
• 88% had sometime in their lifetime drunk part of an alcohol drink
Results from the number of days that students drank per week amongst those who had consumed alcohol in the month prior to the survey indicated that:

- 74% of students drank on one or two days of the week
- 26% drank on three or more days of the week, with males more likely to do so at age 16 and females more likely to do so at ages 13 and 14.
- Less than 2% drank daily
- Alcohol consumption increased with age, with 17 year old students consuming the most amount of alcohol in the week prior to the survey
- Amongst all students males tended to consume more alcoholic drinks than females, except at ages 13 and 14 when males and females consumed similar amounts of alcohol

Out of those students who did not obtain alcohol on their own, this being the large majority (89%), the most common source for obtaining alcohol by all students was from their parents (40%). Some 17% of students obtained their alcohol from other friends and 16% had asked someone else to obtain alcohol for them. Eight percent of students had obtained their alcohol from their siblings. The small percentage of students (11%) that were able to obtain alcohol on their own, most commonly purchased their alcohol from a drive-in or walk-in bottle shop.

The most common places where alcohol was consumed included at home (36%), most commonly by students aged 12 to 14 years. A third of students reported consuming alcohol at parties, occurring most commonly amongst 15 to 17 year olds.

**Drug use other than tobacco and alcohol**

Analgesics were the most commonly used drugs, with females more commonly reporting use than males. Trends in lifetime use indicated a significant reduction in analgesic use since 1996, and a steady rate of use with no significant changes since 1999. In 2002 the survey reported:

- 96% of students having used analgesics in their lifetime
- 93% reported use in the last month prior to the survey
- 72% reported use in the week prior to the survey.
Cannabis was the next most frequently used drug and it was also the most common illegal drug used. The general pattern of use increased with age and males were more likely to use cannabis than females, particularly in the 12-15 year age group. Trends in lifetime cannabis use indicated a steady decline since 1996 and a more significant decline in use since 1999. In 2002 the survey reported:

- 25% of students aged 12-15 years had used cannabis in their lifetime and 49% of students aged 16-17 years had used cannabis in their lifetime.
- In the month prior to the survey, 16% of students aged 12-15 years had used cannabis and 22% of students aged 16-17 had used cannabis.
- In the week prior to the survey, 8% of students aged 12-15 had used cannabis and 13% of 16-17 year old students had used cannabis.

Tranquilliser use for non-medical purposes was the third most commonly used drug. Females tended to use tranquillisers more than males, especially among the older students. Trends in lifetime use indicated a significant decrease among males between 1999 and 2002, and a significant decrease in use amongst females between 1996 and 2002. In 2002 the survey reported:

- 18% of all students had used tranquillisers in their lifetime
- 3% of all students had used tranquillisers in the month prior to the survey
- 4% had used tranquillisers in the week prior to the survey

Amphetamine use for non-medical purposes was the equal third most commonly used drug. Use tended to increase significantly with age. Trends in lifetime use indicated a significant increase between 1996 and 1999 and a slight decrease in use in 2002 in all groups except for older females. In 2002 the survey reported:

- 13% of students had used amphetamines in their lifetime
- In the month prior to the survey 2% of 12-year-old students had used amphetamines and 10% of 17-year old students had used amphetamines
- In the week prior to the survey 3% of all students reported using amphetamines

For the first time in 2002 the ASSAD survey included questions about the use of amphetamine-like drugs such as dexamphetamine tablets or Ritalin. Among 16-17
year olds, females were significantly more likely to have ever used amphetamine-like drugs. Use also tended to increase with age. In 2002 the survey reported:

- 13% of all students had ever-used amphetamine-like drugs without a doctor’s prescription.
- 5% of all students had used amphetamine-like drugs in the month prior to the survey
- 3% of all students had used amphetamine-like drugs in the week prior to the survey

Hallucinogens were the fourth most likely used drugs. Use tended to increase with age and was more common among males than females in 2002. The most common types of hallucinogens used in 2002 were magic mushrooms (47%), paper tabs/trips (34%), liquids (22%) and datura/angel’s trumpet (15%). Trends in use indicate a decrease in the use of tabs/trips since 1999 and an increase in use of magic mushrooms during the same time period. In 2002 the survey indicated:

- 6% of all students had used hallucinogens
- In the last month prior to the survey 2% of all students had used hallucinogens
- In the last week prior to the survey, 1% of all students had used hallucinogens

Heroin, cocaine and steroid use for non-medical purposes or without a doctor’s prescription were each used by less than 1% of all students. Trends in lifetime Heroin use did not indicate any significant changes between 1996 and 1999, and only a small decrease in use was reported between 1999 and 2002. Lifetime use of steroids did not indicate any significant changes between 1996 and 2002. Lifetime use of cocaine did not indicate any significant changes since 1996. Reports on injecting drug use indicated that approximately 4% of students having ever injected drugs in their lifetime (without a doctor’s prescription) and 2% of students having injected drugs in the month prior to the survey.

**Results from Bentley and Fremantle Health Districts**

The WDLDAG represents a number of suburbs including Bullcreek, Canning Vale, Leeming, Lynwood, Parkwood, Riverton, Rossmoyne, Shelley and Willetton. These
suburbs are located within either the BHD or the FHD. The most recent health statistics reported by the BHD and FHD are from 2002 and 2003.

Drug caused hospitalisations
Between 1999 and 2003, 4.8% of all hospitalisations in the BHD were caused by drugs, of which tobacco was the cause of 2.4% of hospitalisations, most prevalent in the 70+ age-group, followed by alcohol (1.6%), most prevalent in the 70+ age group and other drugs (0.8%), most prevalent in the 20-29 age group, (Health Information Centre 2004a). During the same time period, drug caused hospitalisations in the FHD accounted for 4.5% of all hospitalisations, of which tobacco was the cause of 2.5%, most prevalent in the 70+ age group, followed by alcohol (1.5%), most prevalent in the 70+ age group and other drugs (0.7%), most prevalent in the 20-29 age group (Health Information Centre 2004c).

Drug caused deaths
Between 1993 and 2002, 17.5% of all deaths in the BHD were caused by drugs, of which tobacco was the cause of 14.1% of deaths, most prevalent in the 70+ age group, followed by alcohol, accounting for 2.5% of all deaths, most prevalent in the 70+ age group and other drugs accounting for 1.0% of deaths, most prevalent in the 20-29 age group (Health Information Centre 2004b). During the same time period, 18.8% of all deaths in the FHD were caused by drugs, of which 14.4% of deaths were caused by tobacco, most prevalent in the 70+ age group, followed by alcohol responsible for 2.8% of all deaths, most prevalent in the 70+ age group and other drugs being responsible for 1.5% of all deaths, most prevalent in the 20-29 age group.

City of Canning Security Patrol - Incidence Reports
The City of Canning employs a Patrol and Security service, which conducts a security surveillance service operating 24 hours a day, seven days a week (City of Canning 2004). The service conducts patrols around the suburbs that lie within the boundaries of the City of Canning, and also includes the suburbs represented by WDLDAG with the exception of Bullcreek. The aim of the service is to provide a visible presence and help to discourage the incidence of crime and anti-social behaviour in the community such as vandalism, drinking in public places, graffiti, intruders etc.
Approximately every two or three weeks the Patrol and Security service provides reports (unpublished) of the various incidents they have observed or been called out to by local residents during the patrols. Examples of two of these reports detailing mainly the antisocial behaviour observed are included in Appendix D, dating from 20/10/2004 to the 01/11/2004 and from 02/11/2004 to the 23/11/2004. Some of the antisocial behaviour relates to the consumption of alcohol and other drugs. The following are examples of the reports related to alcohol and other drug use.

- **Friday 29/10/2003, 20:37 hrs**
  Group of youths outside the Peak Service Station, Lynwood, creating a disturbance at the bus stop, some intoxicated. Officers attended and observed the group acting in an anti social manner, requested that they move off however officers abused. Police requested for assistance and after a while police attended and persons removed from the area.

- **Saturday 30/10/2004, 22:35hrs**
  Reports of a large party in Ferndale. Officers attended and observed a large group of youths on sight around a car, however music and noise were not considered loud. Officers continued to patrol past at 22:50 and 23:20 hrs, at 23:20hrs police called as youths became vocal and smashing bottles in the street. Police attended and dealt with the youths.

- **Thursday 21/10/2004, 09:30hrs**
  Officer approached in Willetton by a member of the local public who produced empty satchels they believed contained samples of drugs inside. Officer took materials to Cannington police for logging.

- **Thursday 11/11/2004, 20:10hrs**
  Reports of youths being unruly near Rossmoyne S/C. Officer attended and located eight youths on central road. Appeared to be from a disco at a nearby school, however youths were intoxicated and believed they were just creating general nuisance. Youths were asked to leave the area, which they did.
5.0 Discussion
The project attempted to develop a community profile of the alcohol and other drug use problems of Willetton and surrounding districts. Throughout this process, the use of RAR methodology was utilised, aiming to address the three objectives of this project. The results and achievement of the objectives will now be discussed.

The first objective aimed to establish the nature and extent of alcohol and other drug use, and the factors influencing them. The general nature of alcohol and other drug use in the Willetton district was typical of the average WA community, when compared to the results from the ASSAD survey (Drug and Alcohol Office, 2004). It is likely then that the results from the Willetton district, although limited are an accurate representation of the alcohol and other drug use in the district.

Specifically, alcohol was reported to be the most common drug used amongst young people, with use tending to increase with age. Alcohol was most commonly acquired from other people such as parents/guardians or someone else who was older and it was most frequently consumed at home or at parties. The use of analgesics was not regularly reported in the Willetton district, however the small number of cases reported by two school staff, indicate that analgesics were being used in a problematic way. The ASSAD survey (Drug and Alcohol Office, 2004) indicated that analgesics were the most common drugs used overall, particularly amongst females, however the amount or nature of use was not reported. Cannabis use was reported to occur just as frequently as alcohol use in the Willetton district, with use tending to increase with age particularly amongst males. This is in line with the ASSAD survey, reporting cannabis to be the most common illegal drug used by young people in WA.

Amphetamine use, specifically the use of speed, although not confirmed was frequently reported in the Willetton district. Results from the ASSAD survey indicated that about 13% of young people had ever used speed in their lifetime. Also, the use of dexamphetamine in the Willetton district was reported to be popular and becoming more common amongst students in younger age groups, such as 13 and 14. Again this use was not confirmed, however dexamphetamine was suspected to be on the increase amongst students in WA warranting the inclusion of dexamphetamine use in the ASSAD survey for the first time in 2002. The use of any other drugs such as
hallucinogens, steroids, cocaine and heroin was not specifically reported and this is in line with the ASSAD survey indicating that use of these drugs amongst WA students occurs in less than 1% of the students surveyed.

The influencing factors of alcohol and other drug use in the Willetton district included the themes of social acceptance of underage alcohol use and other drug use, particularly cannabis and that such substance use was a part of the culture of parties; the theme of alcohol and other drug use especially problematic use as a symptom of other problems in life; and the theme of a lack of parent/guardian responsibility towards their children. Other responses were also provided which could not be readily grouped under one particular theme.

The second objective aimed to establish the adverse consequences associated with alcohol and other drug use as well as the factors influencing them. The reported adverse consequences included problems experienced within the community such as the local skate park, the local shopping centre, local fast food outlets and at parties. Some of these problems included the dealing of drugs at local shopping centres and fast food outlet car parks; the disruption of staff and customers at fast food outlets as a result of people using and being intoxicated on various substances in the car parks of the outlets; the culture of binge drinking at parties and associated noise and disruption of local residents; police infringements for ‘street drinking’ and smoking marijuana. Other problems were reported to occur at schools, some of these included students attending school intoxicated from cannabis; students dropping out of regular patters of behaviour due to regular cannabis use and students’ school work suffering due to regular cannabis use. Psychological problems from alcohol and other drug use included the possible risk of developing or exacerbating mental illness such as depression and schizophrenia.

The final objective was concerned with the resources available and current interventions within the community relevant to alcohol and other drug use problems. In general the participants who were not working in a field related to the prevention of alcohol and other drug use problems, had only a limited knowledge of any programs in their area. However one program that was praised by several parents was the annual Parent Drug and Information evening held at one of the local high schools. Other
places or programs included the WDLDAG, the local Youth Centre, the GURD police drug education program, school counsellors and several other health education programs at local high schools.

It should be emphasised that the intention of this project was to conduct a Pilot Community Profile that was limited in size and resources and therefore was not intended to be a large-scale project, able to include large numbers of participants. Due to the limited scope of this project not all of the members of the community are represented in the results. In particular this project was not able to contact at risk youth who are more likely to experience problems from alcohol and other drugs for example youth aged between 16 and 18 years (Drug and Alcohol Office, 2004). In order to reach this group it is recommended that assistance be sought from the local youth services team/officers who are often in contact with at risk youth. By collaborating with the local youth services, the project officer would be able to approach at risk youth as an ‘insider’ and increase the likelihood of their interest and participation in the project.

An important aspect of the development of the current community profile was the collaboration between the local community and in particular the members of the WDLDAG with the project officer. From the experience of the current project it is proposed that a project of this nature requires a significant amount of time to be invested in order for the profile to be conducted in a rapid and comprehensive manner. It is recommended therefore that this would be best achieved with the assistance of a project officer because community groups such as the WDLDAG generally do not have the time or resources to undertake such a project alone.

It is also recommended that if a project officer is recruited to conduct the community profile, they seek the assistance and collaborate with the WDLDAG members, who will be able to provide a local perspective and enable access to people that may otherwise be difficult to reach. In the current community profile, the project officer and the WDLDAG members were able to successfully collaborate on many aspects of the project. These included the WDLDAG providing the names of their extended network of people, the majority of which participated in interviews; the WDLDAG providing access to the staff and students of the local high school and the WDLDAG
assisting with the planning and implementation of a focus group interview at a group member’s house.

While certain limitations were experienced throughout the project they were also opportunities to provide recommendations for the development of a RARG for the use of alcohol and other drugs. As established earlier the overall aim of a RARG is the *Response* component of the RAR process that is, to encourage the development and implementation of effective strategies in response to the problems identified. Although conducting the *Response* component of RAR was beyond the scope of this project, the next step of the project would involve the initiation of such a *Response*.

This would involve the project officer presenting the completed community profile to the WDLDAG along with the solutions provided by the local community members for the alcohol and drug use problems they identified. According to RAR methodology it would then be the role of the WDLDAG to develop various strategies, utilising the solutions provided by the community. The implementation of these strategies would then be reliant upon the involvement of relevant organisations such as local government and organisations such as the Drug and Alcohol Office (DAO).

The implementation and indeed the continuation of this project requires a collaborative effort from both the local community and health professionals. Whilst RAR methodology intends to be utilised and conducted solely by the community, the achievement of this would be facilitated substantially from someone in the form of a project officer. The reality of community groups such as WDLDAG who meet on a monthly basis, is that they do not have the time or the resources to take on such a project alone. It is recommended then for a project of this kind that assistance and resources be provided by health organisations such as DAO, in the manner provided by the project officer in this project.
6.0 References


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Health Information Centre, 2004a, Drug caused hospitalisations for the residents of the Bentley Health District, Epidemiology Branch, Department of Health, Perth.

Health Information Centre, 2004b, Drug caused deaths for the residents of the Bentley Health District, Epidemiology Branch, Department of Health, Perth.

Health Information Centre, 2004c, Drug caused hospitalisations for the residents of the Fremantle Health District, Epidemiology Branch, Department of Health, Perth.

Health Information Centre, 2004d, Drug caused deaths for the residents of the Fremantle Health District, Epidemiology Branch, Department of Health, Perth.


Appendix A
Introductory Letter

The Willetton Local Drug Action Group in conjunction with the Western Australian Centre for Health Promotion Research at Curtin University is conducting a project to assess alcohol and other drug use in the Willetton area and any problems associated with that use. It is intended that this information will then be developed into a community profile or needs assessment of the Willetton area.

This community profile can then be used to enhance the planning of interventions aimed at minimising the adverse consequences associated with alcohol and other drug use. Furthermore, the project aims to develop a procedure or methodology for the development of the community profile, referred to as a Rapid Assessment and Response Guide, for the use by other Local Drug Action Groups throughout Western Australia.

In order to conduct the project we seek the participation of various Willetton community members including police officers, teachers and other school staff, parents, students, youth workers, amongst others. The participation of community members is crucial to our project because they have the key knowledge about what is occurring in their area.

All information provided will be treated confidentially and no data will be included that identifies any individual or organisation.

Should you have any further enquiries please do not hesitate to contact:

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Project Officer
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Ph: 9257 1133 Mob: 040 941 2004

On behalf of:
Dr Peter Howat
Associate Director of WA Centre for Health Promotion Research
Willetton Local Drug Action Group Committee Member

Mr Geoff Roberts
Chairperson of Willetton Local Drug Action Group
Appendix B

CONSENT FORM FOR PARTICIPANTS

I _________________________________ agree to participate in the study by the Willetton Local Drug Action Group and Curtin University,” Development of a community profile and rapid assessment guide for alcohol and other drug use”. I understand that my participation is voluntary and that I do not have to answer any questions I choose not to. I also understand that I am free to end the interview at any stage. I grant permission for the tape recording of the interview and for the use of my responses in the project on the understanding that direct quotations will not be attributed to any individual or organisation unless that individual gives permission.

---------------------------------------   ---------------------------------------
Research Participant     Project Officer
Ana Ilijovska

--------------------------------------   ----------------------------------------
Date       Date

For any further enquiries please contact:

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On behalf of:

Dr Peter Howat
Associate Director of WA Centre for Health Promotion Research
Willetton Local Drug Action Group Committee Member

Mr Geoff Roberts
Chairperson of Willetton Local Drug Action Group
Appendix C

Focus Groups in the Community Profile Project

General Introduction
Welcome everyone, thank-you for coming along today. My name is ------------------- and this is (name of observer). We are both from Curtin University. We are here today to discuss problems associated with alcohol and other drug use in your local area. The discussion will centre around the types of problems, the main areas where these occur, who is involved, and how we might begin to address these problems.

Before we start our discussion, I would like to go over a few formalities of this session. You will notice a consent form in front of you. Does anyone have any questions or concerns regarding their participation today? If you are happy to be involved in this discussion, please sign the consent form.

Purpose
The purpose of the focus group is to discuss the problems associated with alcohol and other drug use in and around the area you live in.

Refreshments
Please feel free to help yourself to tea, coffee and orange juice available

Group Rules
Confidentiality
We are recording this session. This is because we consider all the information you give us is important and don’t want you to miss any of it. The information will be typed up, however no individual will be identified in any reports from the study.

Speaking
To ensure that everyone gets a chance to speak we ask that only one of you speak at a time. If someone is speaking wait until they are finished. You may not always agree with what another person has said. We want to hear that, but remember that we all have a right to express our own thoughts and feelings.
Freedom to Leave
If anyone is uncomfortable with anything that we talk about at any time please feel free to leave the room or sit quietly and not comment.

Terminology
When speaking of drugs, we are referring all types of drugs including those that are both legal and illegal, prescription drugs or medicines and over the counter medicines.

Questions
We would like to begin with a general discussion about the problems associated with alcohol and other drug use in the area.

1. What types of problems have you or people in your area experienced related to alcohol and other drugs?
2. What drugs, including alcohol do you think are associated with the most problems in your area? Why?
3. Can you describe the type of people who are usually involved or cause problems?
   Which days/ nights/ times
4. Why do you think these problems occur?
5. Can you tell me about any places or programs in your area that deal with these kinds of problems?
6. If you were given the task of trying to prevent some of these problems from occurring, what do you think you would do first and why?

Concluding Question
That covers the things I wanted to ask, would anyone like to add something or is there any questions that you think I should’ve asked that I did not?

Thank you for participating in this discussion
Appendix D
City of Canning Security Patrol Incidence Reports

Youth and Crime Issues 02/11/2004

**Bentley, Wilson, Cannington, East Cannington & St James**

**Friday 05/11/2004 0038 hours**, Report of person trying to break into her premises whilst home. Officers attended 42 Bridge Street, Wilson patrolled the area however no person, comp advise to call wapol.

**Tuesday 09/11/2004 0552 hours**, Report of aboriginal male, wearing black track pants, white jumper and no shoes going through comps Ute and threatened comp last seen headed off towards, Brownlie towers. Officers attended observed male person fitting description at Hedley Park officer spoke to person near toilets. Can Pol advised and officers followed person to 15 Hooson Way, Wilson , Person was observed at other various locations and was in possession of screw drivers and iron bars prior to this. Police advised of location however unable to attend prior to this.

**Thursday 11/11/2004 0435 hours** On patrol officers had observed that Boom gates at Centenary Park had been rammed and demolished no person sighted.

**Friday 12/11/2004 0200 hours** Report of drunken youths turning on fire hydrant outside Foundry Hotel Carousel. Officers contact Can Pol to advise officers attended vicinity of pub observed youths who on seeing officer stopped and boarded a vehicle and Can Pol advised of vehicle details and direction as all person intoxicated including driver.

**Sunday 14/11/2004 2235 hours** Report 2 youths acting suspicious near comp address on construction site, both males, officer patrolled area however no person sighted.
Monday 15/11/2004 1925 hours Report of group of aboriginal persons causing a nuisance at Queens Park Library. Officers attended and persons on seeing sec vehicle quickly departed scene, Person in a White Commodore Sedan registered number 9CZ 471 officer provide static to staff at library until all departed.

Canning Vale

Tuesday 16/11/2004 1935 hours Whilst on patrol officers observed 2 youths at Landfill site Canning Vale in vehicle impounding yard. Person on sighting Sec Vehicle took flight and disappeared towards railway track direction after this unknown. Patrol of the area failed to locate youths.

Tuesday 16/11/2004 2148 hours Report of 4 x vehicle and youths doing burnout and creating a nuisance on Karri Ave, Canning Vale, Officers attended the area 7 males observed parked on Pandanus Mews near the Park, Officers spoke to youths and about complaints received youths departed no signs of burnouts.

Friday 21/11/2004 2203 hours Report of youths yelling and swearing along Eucalyptus Blvd Canning Vale Officers attended the area however no person observed or heard.

Saturday 20/11/2004 2120 hours, report of vehicles doing burnouts at Waratah Shops and about a dozen youths creating a nuisance. Officers attend no youths located.

Ferndale, Lynwood

Friday 05/11/2004 1005 hours Report of a youth aged 20 years sitting on a log at the end of the regional park Ferndale Cres, Ferndale acting suspicious. Officers attended the area and observed youth wearing no shirt and bronzed complexion near Adenia Park. M 13 also attended and dealt with person.

Thursday 11/11/2004 1544 hours report of youth lighting fires in Bannister Creek. Officers attended however nil sighting only report confirmed 2 x aboriginal persons trying to set scrub in creek alight, no evidence though.
Friday 12/11/2004 1740 hours Report of about 20 plus youths shouting and swearing along Hybanthus Road, Ferndale. Officers patrolled the area however nothing sighted.

Friday 12/11/2004 2150 hours Report of youth fighting in and around Edge ware Park Lynwood. Officer attended and observed about 40 youths in attendance acting aggressive appears that youths had gatecrashed a party on Edge ware Road. Person in a red Ford Meteor Reg No Y 4004 threatened officer at scene stating that they were not scared of security. Whilst this was occurring other youths arrived with baseball and cricket bats to fight the aboriginals from Langford appear to be a lot of tension in the area between rival partygoers. After a short time a carload of aboriginal persons turned up as well. WAPOL advise and attended however events spilled over towards peak Service Station and police attended to issues.

Monday 15/11/2004 1315 hours Report of a youth trying to break into a vehicle on Winfield Street, Lynwood. Only description received was that youth was wearing yellow cap. Officers attended the area however no person sighted.

Thursday 18/11/2004 2124 hours Report of youths walking down Willcock Street Ferndale with computers strapped to their bikes, Officers attended and patrolled area however no youths sighted.

Friday 19/11/2004 2004 hours Report of hearing smashing of glass coming from Wandarah Hall Edge ware Park, Lynwood. Officers attended found some broken glass in car park area however no youths sighted.

Friday 19/11/2004 2243 hours Second report received about youths smashing glass near Wandarah Hall Edge ware Park. Officers attended and on this occasion observed 4 males and a female sitting on a bench with further glass smashed in and around the car park area. Glass had come from and industrial bin outside the youth centre under reconstruction. Officers’ knew youths, in particular one person. Officers asked these persons to leave the youths intoxicated began to move off however as they this one of the youths shouldered into an officer. The officer then pushed this youth away advising the youth that he could be charged for assault and they all moved off. A short time later the youths returned and on this occasion jumped on the officer assaulting him and stealing his torch. Police were called who
responded quickly and youths on noticing police decamped on foot. Officer sustained minor injuries and police are following up on the incident.

**Friday 19/11/2004 2114 hours** Report of a group of youths in the car park of the Lynwood Shopping Centre acting suspiciously and staff are concerned that their cars may be broken into. Officers attended observe 4 male and 2 females however appeared not to be causing any problems youths observed from Ferndale reserve, by officers for approximately 10 mins and nil incidents noticed.

**Saturday 20/11/2004 0915 hours** Report of youth on Bubura Way, Ferndale looking over fences into people’s backyards on a dark coloured BMX bike. Youth described as 14-15 years of age Caucasian wearing Black Jacket and white patches on shoulders. Officers patrolled the area however no persons sighted.

**Saturday 20/11/2004 2315 hours** Report of youths fighting at Ferndale Primary School, Karri Way, Ferndale. Officer attended the area youth sighted however no fighting occurring.

**Parkwood**

**Wednesday 03/11/2004 0936 hours** 2 x youths on bikes throwing rocks at golfers whilst walking along walkway on Roe Highway to Whale back Golf Course Officers attended however no youths sighted.

**Wednesday 03/11/2004 1421 hours** report of a suspicious male waring a cap beige pants and green shirt on Tremandra Way, Parkwood. Officers attended the area however no persons sighted.

**Saturday 13/11/2004 2000 hours** Reports of youths setting of explosives in Duncan Close. Officers attended observed group of youths at the front of 9 Duncan Close however none seen setting off any explosives, but a bit abusive.
Saturday 13/11/2004 2300 hours, Youths creating a nuisance on Hossack Reserve Parkwood. Officers attended observed 15 youths on site however all appeared alright.

Tuesday 16/11/2004 0935 hours Report of police requiring assistance at 9 Duncan Close Parkwood, Officers attended and assisted police as required 4-5 youths arrested however another had jumped rear fence evading police.

Sunday 21/11/2004 0118 hours Reports of youths creating a disturbance on Glencairn Way Officers patrolled the area however no persons sighted.

Riverton, Rossmoyne, Shelley

Tuesday 02/11/2004 0908 hours Report of male wearing all white attempting to break into the rear door of complainants address Tudor Ave, Shelley person has taken flight as was disturbed by comp. Officer patrolled the area however no persons sighted in the area, comp advise also to contact WAPOL.

Wednesday 03/11/2004 1707 hours, Comp has located suspect male in her bedroom and advised same to leave, which he did however male sat out front of comp front porch. Police advised and officers attended and located the same, person appeared disoriented and very drowsy. Police also attend and police conveyed the person from the location. Male person lived in Ferndale area. Police had person’s details.

Monday 08/11/2004 1740 hours, Report of youths acting susp on jetty being constructed on Shelley foreshore. Officers attended spoke to youths and advise not allowed on jetty, as being constructed youths departed no further problems.

Thursday 11/11/2004 1410 hours Report of an aboriginal girl sniffing glue in Riverton Library. Officers attended spoke to girl aged between 15-16 years of age, she appeared all right officer spoke to staff however they did not wish girl to be removed were only concerned for her safety and demeanour at the time. NFAN .

Thursday 11/11/2004 2034 hours, Report of youths being unruly near Rossmoyne S/C Officers attended located 8 youths on central road
Appeared to be from Disco at a nearby school however youths where intoxicated and believed they were just creating general nuisance youths asked to leave area in which they did.

**Saturday 13/11/2004 0030 hours** Report of youths fighting outside Riverton Gardens Hotel. Officers attended observed WAPOL officers chasing offenders, Police requested assistance in capturing person and officers assisted however youths had decamped in vehicle and where unable to assist, police to follow up on rego and alike.

**Sunday 14/11/2004 1925 hours**, Report of small yellow vehicle registered number AK 444 driving erratically in car park on Central Ave, Rossmoyne, occupants also being abusive. Officers informed VKI and patrolled the area however no vehicle fitting description sighted.

**Wednesday 24/11/2004 0155 hours**, Reports of youths creating a disturbance on Shelley foreshore Officer attended however observe youths playing with a Frisbee and not creating any problems however youths left the area after a few minutes.

**Willetton**

**Sunday 07/11/2004 0215 hours** Report of youths burning bins at Willetton Sports Club. Officers attended found burnt out bins which had been extinguished however no youths sighted.

**Friday 19/11/2004 2030 hours**, Officer whilst on patrolled located a number of smoking implements on the ground near the Willetton Youths centre. Officer collected and conveyed material to Can Pol, It would appear that youths are hiding materials at this sight and using the outside tap for the water required to use these implements.

**Saturday 20/11/2004 0100 hours** Officer whilst on patrol observed a susp vehicle a White Toyota  Ute driving slowly around Willetton Industrial area. Officer located Ute registered number 8EB 729 however found that person was waiting for mate to open shed for paper round but was not sure if the location given was the correct one. Eyes on Street submitted.
General Note: As you can see there has been a vast increase in the activities around the area. I believe this obviously coincides with the school break ups and the warmer weather. What is most noticeable however is the large increase in the amount of graffiti being done around the area in particular around the Willetton and Shelley areas as well as the number of fires being lit in the area, especially in the burning of Council bins.

Also of note is the increase of activity in the Lynwood Ferndale area to deal with anti social behaviour.