

health

Whole-of-government Victorian alcohol and drug strategy

Community consultation

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Introduction

The Victorian Government is committed to ensuring the health and wellbeing of all Victorians, and believes it is time to reform the way that the government, health and community services, businesses, families and communities work together to address alcohol and drug-related harms in Victoria.

Alcohol and drug misuse severely impacts individual users, families, the broader community and the economy in the following ways:

- It affects children's health and welfare and their participation in education.
- It contributes significantly to crime and to the community's perception of safety.
- It negatively affects workforce productivity and increases the risk of accidents in the workplace and in the general community.
- It is associated with common prevalent mental health problems, such as depression and anxiety.
- It is associated with road deaths and chronic illness.
- It contributes to social problems and a significant component of government expenditure in the areas of policing; supporting victims of violence including domestic violence, child abuse and neglect; homelessness and health-related treatment.

The government has identified a need for greater cohesion and coordination in relation to alcohol and drug policy and services. Accordingly, the government will develop a whole-of-government Victorian Alcohol and Drug Strategy.

This consultation paper provides the Victorian community – individuals and organisations – with the opportunity to inform the development of a whole-of-government Victorian Alcohol and Drug Strategy by contributing views on key issues and possible responses.

The government is seeking ideas about how to:

- reduce effectively and efficiently the misuse of alcohol and drugs
- lessen the impact of alcohol and drug misuse on all aspects of the community
- ensure that those in need of assistance are given every opportunity to get their lives back on track and to access treatment where and when they need it.

Public submissions will be considered by both an interdepartmental committee and an expert advisory group and will inform the development of the strategy. The expert advisory group includes a wide range of health, police, business and community leaders, and will advise the government on the development of the strategy.

Background

More than 27,000 Victorians use the publicly-funded alcohol and drug treatment services every year¹. A further 13,000 people receive daily pharmacotherapy support through GPs and pharmacies to keep them away from illegal drugs and the associated harms they cause². Thousands of Victorians receive care for alcohol and drug related conditions in Victorian hospitals³.

1 Department of Health analysis of data from the Alcohol and Drug Information System, 2011

2 Australian Institute of Health and Welfare, *National Opioid Pharmacotherapy Statistics Annual Data collection: 2010 report*, Drug treatment series no. 12. Cat. no. HSE 109. AIHW, Canberra, 2011.

3 Matthews, S., and Barratt, M. J. (2011). *Victorian alcohol statistics: Wholly alcohol attributable hospitalisations across Victorian local government areas Volume 2 Alcohol related harms and use across Victorian LGAs 1999-2000 to 2007-08 Appendices and Data Table Updates*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre.

This is a clear indication of the significance of alcohol and drug-related issues in our community.

Effective treatment can help people reduce or stop their harmful alcohol or drug use. It can improve their mental and physical health. It can help them reconnect with their families, rebuild relationships with their children, re-engage with their communities and secure stable employment. Effective treatment can assist a person back on the path to recovery and reintegration.

More than \$135 million is spent on alcohol and drug prevention and treatment services every year. Alcohol and drug treatment in Victoria is currently delivered by over 100 state-funded alcohol and drug specialist agencies as well as hundreds of GPs and pharmacists that prescribe and dispense methadone and other opioid replacement therapies. Hospitals, GPs, pharmacists, primary and community health services, mental health services and other parts of the health, justice and human services systems play, or have the potential to play, a significant role in screening, assessing, responding to, treating, and building recovery pathways for people who need help with alcohol and drug problems.

To address these challenges effectively, we need to prevent harms from occurring in the first place, wherever we can. We must focus our efforts on preventing young people from starting to misuse alcohol or take drugs and intervene earlier before misuse escalates to dependence. Where problems do arise, we need to be able to respond to them swiftly, efficiently, sensitively, and in a cost-effective way.

Alcohol and drug misuse is a complex problem requiring a coordinated effort on many fronts. A wide range of agencies and government departments have a role to play in responding to alcohol and drug issues.

Addressing these problems requires complex policy responses. Some drugs (such as heroin) are illegal and any use of these drugs is prohibited. Prescription drugs are legal and their misuse arises when they are not used as prescribed. Alcohol is legal, and, while safe alcohol consumption is an everyday part of Victorian culture, excessive use has wide ranging detrimental impacts. These differences mean that policy responses to address harms arising from alcohol and drugs need to be carefully structured to reflect the particular characteristics of the substance that is being misused.

While vulnerable and disadvantaged communities often suffer the most, people from all walks of life and levels of society are affected.

Key facts about the use and harms of alcohol and drugs

Alcohol

- Alcohol remains the most widely used drug in Victoria.
- 10.2 per cent of Victorians are drinking alcohol at risky or high-risk levels at least weekly⁴.
- Although fewer young people are drinking overall, those who do drink are increasingly drinking to excess. A large survey of the Victorian population showed that drinking alcohol at risky or high-risk levels at least weekly is greatest among 18 to 24 year old males and females (21.0 per cent and 17.1 per cent respectively). Additionally the survey showed that heavy drinking (20 or more drinks in one day) by young adults is up 16 per cent since 2002⁵.
- Men are more likely to experience short-term alcohol risk than women⁶.

4 Department of Health, *Victorian Population Health Survey 2008*, State Government of Victoria, <http://www.health.vic.gov.au/healthstatus/survey/vphs2008.htm> p. 59.

5 *Ibid.*, p. 53.

6 *Ibid.*, p. 57

- People living in rural areas are more likely to drink at short-term risk levels than people living in metropolitan areas⁷.
- Between 1999–2000 and 2006–2007, there was:
 - a 47 per cent increase in rates of alcohol-related hospital admissions
 - more than a 350 per cent increase in rates of ambulance attendances
 - an increase in rates of alcohol-related serious road injuries⁸.
- Nationally, the drug use identified as being of most concern to the general community was excessive alcohol use (42.1 per cent)⁹.
- The rate of alcohol-caused hospitalisations has increased over time among males and females and across most age groups. The increase in this rate has been particularly high for young females¹⁰.

Illegal drugs

- Nationally, the proportion of people aged 14 years or older who had used an illicit drug in the last 12 months increased from 13.4 per cent in 2007 to 14.7 per cent in 2009. Statistically significant increases in recent illicit drug use were seen among females and people aged 30 to 39 years and 50 to 59 years¹¹.
- There has been an increase in cannabis use from 9.1 per cent to 10.3 per cent, in cocaine use from 1.6 per cent to 2.1 per cent and hallucinogen use from 0.6 per cent to 1.4 per cent. Ecstasy use declined from 3.5 per cent to 3.0 per cent and use of methamphetamines (2.1 per cent) and heroin (0.2 per cent) has not changed¹².
- Young people are a particular concern: 26 per cent of 16 to 24 year old Victorians have used illegal drugs in the last 12 months¹³.
- The number of injecting drug users has remained at about the same level in recent years. In 2009 it was estimated that there were 39,630 injecting drug users in Victoria¹⁴.
- The harms from injecting drug use are significant. Unsafe injecting drug use is also a major driver of blood-borne virus infections like hepatitis C and HIV/AIDS¹⁵.
- In 2008–09 illicit drug-related hospitalisations in Victoria included 1,502 hospitalisations for opioids, 716 for cannabis, 628 for stimulants, and 547 for polydrug use¹⁶.

Pharmaceutical drug misuse

- There are growing concerns about the misuse of pharmaceutical drugs – especially with more widespread supply of painkillers, sedatives and mental health medication. The most misused

7 Ibid., p. 58.

8 Department of Health analysis from data in Matthews, S., and Barratt, M. J. (2011). *Victorian alcohol statistics: Wholly alcohol attributable hospitalisations across Victorian local government areas Volume 2 Alcohol related harms and use across Victorian LGAs 1999-2000 to 2007-08 Appendices and Data Table Updates*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre.

9 Australian Institute of Health and Welfare, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25. Cat. no. PHE 145, AIHW, Canberra 2011.

10 Department of Health analysis of data from the Victorian Admitted Episodes Database, 2011

11 Australian Institute of Health and Welfare, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25. Cat. no. PHE 145, AIHW, Canberra 2011.

12 Ibid.

13 Victorian Drug and Alcohol Prevention Council, *2009 Victorian Youth Alcohol and Drug Survey*, Melbourne, May 2010.

14 National Centre in HIV Epidemiology and Clinical Research, *Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009*, The University of New South Wales, Sydney, 2009.

15 Ministerial Council on Drug Strategy, *National Drug Strategy 2010-2015*, Commonwealth of Australia, Canberra, 2011.

16 Department of Health, *The Victorian Drug Statistics Handbook: Patterns of Drug Use and Related Harm in Victorian for the period July 2008 to June 2009 – Report no. 12*, State Government of Victoria, Melbourne p27

pharmaceuticals are analgesics and tranquillisers. Analgesics include opiate drugs such as morphine and tramadol, and tranquillisers include benzodiazepines such as alprazolam and diazepam¹⁷.

- There has been an increase in the numbers of deaths involving oxycodone with 97 deaths in 2009¹⁸.

'Analogue' drugs

- The emerging trend of 'analogue' drugs is causing concern. These are chemical and herbal products that mimic the psychoactive effects of illegal drugs but are technically a different substance. They can sometimes fall outside of current drug law schedules, and so their prohibition requires constant monitoring and adjustment of drug regulations. Kronic, a synthetic cannabis product, has recently been banned and is a relevant example.

Mental health and drugs

- The use of alcohol and drugs can have a negative effect on mental health; it may delay recovery, or interfere with prescribed medication and therapies¹⁹.
- In particular, there is growing evidence of links between cannabis use and a wide range of mental health issues including psychosis.
- It is estimated that 45 per cent of consumers/service users who experience mental illness also have issues with substance use and vice versa²⁰.

Offending and drugs

- Approximately 70 per cent of all prisoners admit to having recently used an illicit drug and around 55 per cent of prisoners have drug and alcohol-related issues associated with their offence²¹.
- Eighty five per cent of young people in youth justice committed a crime associated with alcohol and drug misuse²².
- Death rates among prisoners within a year of release are 10 times higher than among inmates who remain incarcerated - with one-third of deaths occurring in the first four weeks of release. Nearly half of deaths are drug related²³.

Violence, alcohol and drugs

- Between 1999–2000 and 2007–2008, there was a 49 per cent increase in rates of alcohol-related assaults in Victoria²⁴.
- As part of the Victorian Population Health Survey 2008, when asked 'do you feel safe walking alone down your street after dark?', 7.5 per cent of men and 24.0 per cent of women said 'no, not at all'. In North and West Metropolitan Region (including the central business district) 29.1 per cent of women

17 Ministerial Council on Drug Strategy, *National Drug Strategy 2010-2015*, Commonwealth of Australia, Canberra, 2011.

18 Australian Institute of Health and Welfare, 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145, AIHW, Canberra 2011.

19 Department of Human Services, *Because Mental Health Matters*, State Government of Victoria, Melbourne, 2008.

20 Ibid.

21 Australian Institute of Health and Welfare, 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145, AIHW, Canberra 2011.

22 Department of Human Services, *Youth Parole Board and Youth Residential Board Annual Report 2009-2010*, State Government of Victoria, Melbourne 2010.

23 SA Kinner, DB Preen, A Kariminia, T Butler, JY Andrews, M Stoové, and M Law, 'Counting the cost: estimating the number of deaths among recently released prisoners in Australia', *Australian Journal of Medicine*, vol. 195, no. 2, 2011, pp. 64-68.

24 Matthews, S., and Barratt, M. J. (2011). *Victorian alcohol statistics: Wholly alcohol attributable hospitalisations across Victorian local government areas Volume 2 Alcohol related harms and use across Victorian LGAs 1999-2000 to 2007-08 Appendices and Data Table Updates*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre.

said 'No, not at all', and 9.7 per cent 'not often'. Nearly 40 per cent of women in this region do not feel safe on Melbourne's streets at night²⁵.

- The proportion of people being physically abused by a person under the influence of alcohol increased in 2010 nationally (from 4.5 per cent to 8.1 per cent)²⁶.

Poly-drug use

- Poly-drug use means the concurrent use of more than one drug. Alcohol is the drug most commonly used in this way. Mixing drugs can multiply the effects of each drug, increase adverse reactions and the unpredictability of the reactions, and increase the risk of overdose²⁷.

Social harms and costs

- The cost of harmful drug and alcohol use in Victoria has been estimated to be about \$14 billion annually (in 2004–05). This includes the costs of healthcare, crime, road accidents and injuries, decreased economic participation and lost productivity²⁸.
- Arrests for public drunkenness in Victoria have progressively increased since the year 2000 and have doubled in the last decade to over 20,000 per year.
- 25 per cent of all drivers and motorcyclists killed on Victoria's roads in 2009 had a blood alcohol concentration of 0.05 per cent or over. The majority were heavily intoxicated, registering more than three times over the legal limit²⁹.
- A recent study has estimated not only the harms to the drinker of alcohol misuse, but the harms to others such as friends, family, workmates and people met on the street. This study estimated that Australia-wide in the year studied:
 - 367 people died and nearly 14 000 people were hospitalised because of the drinking of others
 - interpersonal violence resulted in 182 deaths of which 77 were assessed as due to another person's drinking
 - over 70,000 Australians were victims of alcohol-related assault, of whom 24,000 were victims of alcohol-related domestic violence
 - almost 20 000 children across Australia were victims of substantiated alcohol-related child abuse³⁰.

Community attitudes

- The 2010 National Drug Strategy Household Survey found that among people aged 14 years or older 42.1 per cent thought excessive alcohol drinking was the most concerning form of drug use for the general community. This was followed by tobacco smoking, identified by 15.4 per cent of people. Of

25 Department of Health, *Victorian Population Health Survey 2008*, State Government of Victoria, <http://www.health.vic.gov.au/healthstatus/survey/vphs2008.htm>

26 Australian Institute of Health and Welfare, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25. Cat. no. PHE 145, AIHW, Canberra, 2011, p. 45.

27 Australian Institute of Health and Welfare, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25. Cat. no. PHE 145, AIHW, Canberra. 2011.

28 DJ Collins, & HM Lapsley The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05, National Drug Strategy Monograph Series No. 64, 2008a.

29 Traffic Accident Commission: Drink driving statistics <http://www.tacsafety.com.au/jsp/content/NavigationController.do?areaID=12&tierID=1&navID=A9348A54&navLink=null&pageID=164>

30 Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) *The Range and Magnitude of Alcohol's Harm to Others*. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health., p xvii.

illicit drugs, people thought that heroin was the most concerning form of drug use for the community (11.4 per cent), followed by meth/amphetamines (9.4 per cent)³¹.

- A survey of community attitudes towards alcohol conducted by the Alcohol Education and Rehabilitation Foundation reported that:
 - eighty per cent of the population stated that Australians have a problem with excess drinking and alcohol misuse. This perception is growing, is shared across age groups, and is increasingly supported among regular drinkers
 - eighty-two per cent of Australians believe more needs to be done to address alcohol-related harms, with people thinking that governments (58 per cent), pubs and clubs (68 per cent) and producers (74 per cent) are not doing enough to address alcohol misuse³².

Alcohol in our community

Alcohol plays an important social and economic role in Victoria. Alcohol is enjoyed responsibly by many Victorians, with 61 per cent of the population consuming within 2009 National Health and Medical Research Council Guidelines of no more than two standard drinks on any day³³. Alcohol is consumed for a wide range of social and cultural reasons, including during celebratory events such as births, marriages and promotions, and also some commiserative events.

Economically, alcohol sales are integral to a hospitality industry that contributes \$3.4 billion to the Victorian economy, and employs 80,000 people (as of 2007–08)³⁴. In turn, this contribution is critical to the success of the broader tourism industry.

In particular, the quality of service, food and beverages provided by the bar and restaurant industry, along with more traditional licensed environments such as gaming, sporting and social clubs, make Melbourne attractive by offering a range of entertainment, dining and night-life experiences. Indeed, this culture attracted 1.4 million food and wine tourism visitors to Victoria during 2009, representing 89 per cent of all international visitors to the state³⁵. Furthermore as a dominant producer of wines in Australia, Victoria generated exports of wine valued at \$234 million in 2009–10³⁶.

Responding to alcohol-related harms is therefore complex. It is important to develop strategies that balance the positive and negative aspects of alcohol.

31 Australian Institute of Health and Welfare, *2010 National Drug Strategy Household Survey report*. Drug statistics series no. 25. Cat. no. PHE 145, AIHW, Canberra, 2011, p. 161.

32 AER Foundation Ltd, 2011 Alcohol Education and Rehabilitation Foundation Annual Alcohol Poll: Community Attitudes and Behaviours, <http://www.aerf.com.au/showcase/AER%20Foundation%20Annual%20Alcohol%20Poll%202011.pdf>, p. 2,

33 Australian Institute of Health and Welfare, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25. Cat. no. PHE 145, AIHW, Canberra, 2011.

34 SGS Economics & Planning, *Economic Profile of Cafes, Bars, Catering Services and Restaurants. Victoria and Melbourne*, Report prepared for Tourism Victoria, City of Melbourne and Restaurant & Catering Victoria, 2009.

35 Tourism Victoria, *Food and Wine Tourism: Market Profile Year Ending December*, Tourism Victoria, 2009. <<http://www.tourism.vic.gov.au/images/stories/marketsegments/food-and-wine-tourism-market-profile-2009.pdf>>

36 Department of Primary Industries, *Victoria's Grape Industry, Summer 2011*, State Government of Victoria, Melbourne 2011. <<http://new.dpi.vic.gov.au/agriculture/horticulture/wine-and-grapes/grape-industry>>

Previous reviews and recommendations

Because many agencies and government departments – with responsibilities spanning and linking prevention, early intervention, treatment, education, regulation and law enforcement – play a role in addressing alcohol and drug issues in our community, it is inevitable that a number of previous reviews and recommendations have touched on alcohol and drug demand, supply and harm.

These have included Parliamentary inquiries and the work of the National Preventative Health Taskforce. In responding to this consultation paper, participants are encouraged to refer to findings and recommendations from previous reviews and reports.

One recent report with a focus on prevention and treatment is the *Managing drug and alcohol prevention and treatment services* report, from the Victorian Auditor-General, which showed that the Victorian treatment system can do better. It identified themes of service fragmentation, inequity in the distribution of resources, structural issues in the workforce, a lack of leadership on prevention and problems with consistency and access to treatment options. The report indicated that reform of the treatment system is needed.

Additionally, the report identified that the Department of Health has undertaken 31 reviews of the service system or service elements since the current system was established in 1997. The reviews are available at: www.health.vic.gov.au/aod/strategy

Framework for the strategy

The objectives of the whole-of-government Victorian Alcohol and Drug Strategy are to:

- decrease the current rates of alcohol and drug abuse in Victoria
- reduce the amount of harm that alcohol and drug abuse causes in the community
- increase access to treatment options so that people with an alcohol or drug problem can get help when they need it.

The framework for the Victorian Alcohol and Drug Strategy will be influenced by the ‘three pillars’ advocated by the National Drug Strategy 2010–15, namely demand reduction, supply reduction and harm reduction, applied together to minimise harm:

- Demand reduction means preventing the uptake and/or delaying the onset of use of drugs; reducing the misuse and early use of alcohol and drugs in the community; and supporting people to recover from dependence and reintegrate with the community.
- Supply reduction involves reducing the supply of illegal drugs and controlling and managing the supply of alcohol and other legal drugs.
- Harm reduction means the reduction of the adverse health, social and economic consequences of the use of alcohol and drugs, for community safety and amenity, families and individuals.

The whole-of-government Victorian Alcohol and Drug Strategy will identify key priorities for action under each pillar across all drug types and populations, and with consideration to factors such as age and stage of life, social and economic circumstances of individuals, settings of use and types of intervention.

Prevention – a priority

Prevention of alcohol and drug-related harms will be a key priority of the whole-of-government Victorian Alcohol and Drug Strategy. This will include action across the three traditional core areas of public health:

- health protection (including environment health and communicable disease control)
- prevention (health promotion and disease prevention – aimed at keeping people well, with a focus on lifestyle related factors such as alcohol and drug use)
- early detection and early intervention (including screening).

The strategy will also clearly articulate the role of government agencies (such as education and police), and the contribution of community organisations and business organisations to prevention.

There are a number of areas in which the state government has already committed to make reforms to strengthen Victorian communities, families, individuals and businesses. These reforms will assist in the government's ability to provide information and education, welfare support, treatment and health services and law enforcement.

Supporting families and parents to make good decisions in relation to substance use is fundamental to prevention. Good parenting can help to prevent alcohol and drug misuse among children and young people. Parental substance misuse has major and lasting impacts on children. The most recent annual review of the Victorian Child Deaths Review Committee found that parental substance use presented as the most prevalent risk factor in the 28 child deaths reviewed in 2010–11.

The Protecting Victoria's Vulnerable Children Inquiry is investigating systemic problems in Victoria's child protection system and will make recommendations to strengthen and improve the protection and support of vulnerable young Victorians.

Alcohol and drug use is also a major issue for both our police and our court system. Effective approaches to alcohol and drugs need to be considered in crime prevention, sentencing and diversion programs. Finally, in health and other policy areas of government, alcohol and drugs is a key risk factor to be considered in the government's approach to prevention.

A whole-of-government response

Given the diversity of issues that arise from alcohol and drug misuse, a number of agencies and government departments have responsibility for addressing alcohol and drug issues in our community. For instance, supply control mechanisms for alcohol and drugs range from border control, taxes and excise at the national level, to licensing, enforcement, policing, planning controls and distribution at the state and local government levels.

Legislation and regulation is another important tool for dealing with certain alcohol and drug harms. Laws regulate what drugs can and cannot be used legally and under what conditions some can be used, as well as where and in what forms they can be sold.

The Victorian Government is committed to identifying appropriate legislative reform to decrease the risks associated with alcohol and drug misuse. The two key pieces of existing legislation are the *Liquor Control Reform Act 1998* and the *Drugs, Poisons and Controlled Substances Act 1981*.

The government is currently implementing significant liquor licensing reforms:

- Legislation has been passed that prohibits the supply of liquor to a minor in a private home without parental consent.
- Penalties for drunk and disorderly behaviour have been increased, and licensees have been provided with stronger powers to ban problem patrons from their venue.
- A five-star rating system and a demerit points system for liquor licensees are being implemented to create greater incentives for licensees to comply with liquor regulations.
- An integrated body, the Victorian Commission for Gambling and Liquor Regulation, is being established to streamline the regulation of these two areas.

At the same time, all agencies that support families, early childhood, education, sporting organisations, schools and community building projects have a role in preventing alcohol and drug misuse by helping to minimise risk and enhance protective factors in children and young people, adults, families and communities.

Other strategies which can be deployed to reduce harm – and which demonstrate the breadth of potential responses in this area – include driver breath testing by police, responsible service of alcohol training, education in schools and needle and syringe programs.

Some particularly vulnerable individuals and families with alcohol and drug problems come into contact with multiple services and institutions over an extended period of time. These include child protection, welfare agencies, public housing, drug and alcohol services, mental health services, the criminal justice system (police, courts, prison) and others. This demonstrates the need for agencies to work in partnership, with the goal of making things as seamless as possible for their clients.

Public submissions

This consultation paper is seeking your ideas and views on the priorities for action and how to tackle the harms caused by alcohol and drugs.

We are particularly interested in your ideas and experiences on how to:

- strengthen partnerships and integration across sectors, and between the government and the community
- improve the legislative and regulatory arrangements impacting on the supply and use of alcohol and drugs
- improve community education to support young people, adults and families to better understand the impact of substance dependence and alcohol and drug misuse
- improve alcohol and drug treatment delivered in primary care, hospitals and specialist treatment agencies
- support agencies and programs to work together more effectively to improve recovery pathways for those seeking help with alcohol and drug problems
- define and measure the success of the strategy.

Respondents are encouraged to keep in mind the government's core objectives for the strategy, which are to:

- decrease the current rates of alcohol and drug misuse in Victoria
- reduce the amount of harm that alcohol and drug misuse causes in the community
- provide appropriate access to treatment options so that people with an alcohol or drug problem can get help when they need it.

To assist people in making their submissions some initial, overarching questions have been supplied. A number of more detailed questions have also been provided, to enable closer scrutiny of particular topics. Participants may respond to one, some, or all questions, or cover issues not raised in the questions but relevant to the strategy's objectives.

Overarching questions

1. How should prevention, early intervention, treatment, education, regulation and law enforcement activities be tailored to take into account the following (please provide ideas for some, all or others)?
 - Age and stage of life
 - Different settings, including country Victoria
 - Culturally and linguistically diverse communities
 - Aboriginal and Torres Strait Islander Victorians
 - Disadvantaged populations
 - People with multiple and complex, or forensic needs
 - The needs of hard-to-reach groups
 - The experiences of consumers, families and carers.
2. Can you provide examples of approaches which have effectively prevented or delayed the onset of drug and alcohol use, or which have reduced the misuse and early use of alcohol and drugs in the community?
3. How can the following be more involved in preventing drug and alcohol misuse (please provide ideas for some or all)?
 - Individuals
 - Parents/families
 - Schools
 - Communities
 - Local governments
 - Businesses
 - Liquor licensees
 - Health services
 - Police.
4. What changes could be made to the current treatment system to improve access and build stronger recovery pathways for people who have serious alcohol or drug issues?
5. How can different agencies – including specialist alcohol and drug treatment, police, hospitals, schools, child protection services, housing, liquor licensing, the criminal justice system, planning, tourism and transport – work more closely in partnership to prevent the misuse of alcohol and drugs, and the harms associated with alcohol and drug misuse, and to help people overcome their alcohol and drug problems?
6. How can our research and evidence base be improved to inform an assessment of the outcomes of the strategy and priorities for future action?

More specific questions

DEMAND REDUCTION – Preventing the uptake and/or delaying the onset of use of drugs; reducing the misuse and early use of alcohol and drugs in the community; and supporting people to recover from dependence and reintegrate with the community.

1. How can we promote cultural change in the community concerning drinking and intoxication, including across a wide range of settings such as workplaces, post-secondary education and training and sport?
2. What can be done to delay the use of alcohol and reduce underage alcohol consumption?
3. How can we reduce the number of people drinking at risky levels?
4. What should be the role of health practitioners, community organisations, liquor outlets and educators in influencing demand?
5. What are the failures in the current range of demand prevention programs?
6. What further support is required to help offenders with drug addiction in custodial settings and post-release?
7. What can be done to better respond to the health needs of people who have a mental illness and misuse alcohol and drugs?
8. How can alcohol and drug treatment services better respond to, and support the needs of children when treating their parents?
9. How should prevention activities address the specific needs of Victorian Aboriginal and Torres Strait Islander people?
10. How can we improve health literacy and educate young people and adults about the risks associated with drugs and alcohol?

SUPPLY REDUCTION – Reducing the supply of illegal drugs and controlling and managing the supply of alcohol and other legal drugs.

11. What else can be done to help reduce the supply of illegal drugs?
12. How can we foster a culture of personal responsibility around alcohol use?
13. Are there effective ways of encouraging greater access to, and consumption of, lower alcohol content beverages?
14. Given the liquor licensing reforms underway are there other opportunities in this area to reduce the harm caused by excessive alcohol consumption?
15. There is a growing new population of people addicted to painkillers. What can be done to control the misuse of prescription drugs?
16. What should be the role of GPs and pharmacists in helping ensure that prescription medication is accessed appropriately – what are the opportunities?
17. How should the government and the police develop effective responses to emerging synthetic/analogue drugs?
18. What more can be done to tackle crime and disorder associated with alcohol and drug use?

HARM REDUCTION – The reduction of the adverse health, social and economic consequences of the use of alcohol and drugs, for community safety and amenity, families and individuals.

19. How can we support and encourage people to drink responsibly?
20. Are there practical improvements that can be made to the design and management of licensed premises to reduce the risks of specific harms to the health and safety of patrons?
21. What are some examples of local community projects that have succeeded in reducing harms such as alcohol and drug fuelled anti-social behaviour?
22. How can we take a more holistic approach to ensure alcohol and drug issues are assessed and tackled in conjunction with other issues people face, such as child protection, mental health, offending behaviours, general health, employment and housing?
23. How can we build the skills of relevant workforces (such as alcohol and drug, police, corrections, health, welfare, emergency services, teachers and hospitality) to better identify and respond to people with alcohol and drug problems?
24. Are current treatment services meeting the needs of people seeking treatment and how could they be improved?
25. What approaches foster partnerships between agencies, to reduce the adverse health, social and economic consequences of the use of alcohol and drugs? This could span settings and approaches including specialist alcohol and drug treatment, police, courts, child protection, housing, road safety, local community amenities, and workplace health.
26. How can workplace occupational health and safety approaches be improved to respond to alcohol and drug issues?

How to respond

The Victorian Government welcomes submissions from individuals and organisations alike. All interested parties are encouraged to participate. You may however be particularly interested in responding if you have any of the following perspectives: drug and alcohol users, carers and family members of drug and alcohol users, alcohol and drug treatment agencies, health services (including hospitals, primary care, mental health pharmacy and ambulance services), police, courts, alcohol producers, liquor licensees, family and community services, education workers and local government.

Participants may contribute views on one, some or all questions, or on other relevant matters.

Submissions can be submitted in any of the following ways:

Emailed to aodstrategy@health.vic.gov.au

Submitted online at www.health.vic.gov.au/aodstrategy

Mailed to Victorian Alcohol and Drug Strategy Team, Mental Health, Drugs and Regions Division, Level 17, 50 Lonsdale Street, Melbourne 3000

If you have any supporting evidence, for example case studies or journal articles, please attach these to your submission.

The closing date for submissions is 21 September 2011.

The government will consider all submissions received and may seek discussions with participants for further clarification on the issues and priorities identified.

Submissions and subsequent discussions, as well as roundtable discussions with representatives from special interest groups, will inform the development of the Victorian Alcohol and Drug Strategy.

Submissions will be made available on the internet. Please indicate if you would like some or all of your submission to remain confidential.