

# Reducing the alcohol and drug toll

## Victoria's plan 2013-2017





# Reducing the alcohol and drug toll

## Victoria's plan 2013-2017

If you would like to receive this publication in an accessible format please phone 9096 5914 using the National Relay Service 13 36 77 if required or email [aodstrategy@health.vic.gov.au](mailto:aodstrategy@health.vic.gov.au)

This document is available as a PDF on the internet at:  
[www.health.vic.gov.au/aod/strategy/index.htm](http://www.health.vic.gov.au/aod/strategy/index.htm)

© Copyright, State of Victoria, Department of Health 2012

This publication is copyright, no part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne.  
Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

December 2012 (1207010)

Print managed by Finsbury Green. Printed on sustainable paper.

## Minister's foreword

This plan sets out how the Victorian Government will work together with the whole community to bring down the alcohol and drug toll.

Many Victorians drink in a way that is both responsible and enjoyable, and the retail, hospitality and tourism industries that supply alcohol are an important component of Melbourne's reputation as the world's most liveable city.

But misuse of alcohol and use of drugs affect our health, families, economy, criminal justice system and, most importantly, the lives of too many Victorians.

More than one person dies directly as a result of alcohol and drug use each day in Victoria.

There is no silver bullet to reducing the harm of alcohol and drugs in our communities. Governments across the world have embarked on the challenge of responding to substance misuse. Ultimately this is a job for us all, not just government. But government can do better to solve these tough problems.

Prior to this plan, Victorian Government departments and agencies had not worked together in the cohesive way that has been a hallmark of Victorian approaches to successful initiatives such as tobacco and road safety. This plan provides a shared agenda to do better - legal and regulatory reform, service delivery, cultural change and research. It sets up clear arrangements for the Victorian Government to consider the best advice from the diverse range of opinion on alcohol and drugs from community, business, experts and families.

The plan lays out how Victorians want government to do better. It is underpinned by a vision that all Victorians lead safe, healthy and fulfilling lives free from the harm associated with the misuse of alcohol and drugs. It will build a healthy culture of individual responsibility. It will ensure Victorian streets and communities are safer, and it will ensure more determined action is taken to prevent and respond to violence, especially against women and children. It will strengthen the resilience of us all, and particularly our young people. Most importantly, it is a plan that will save lives and deliver better health to thousands of Victorians who want to recover from the harm associated with alcohol misuse and drug use.

This document sets out clear, achievable steps that will begin to make measurable improvements to rates of alcohol misuse and drug use and its effects on death, disease, injury, crime, antisocial behaviour and losses to education and productivity. The commitments will grow and develop over time as we learn more clearly how best to make changes that work well for Victorians today. Success will require involving more Victorians in reducing the toll.

Already, many people have contributed their ideas to this strategy by providing written submissions and participating in consultations held across metropolitan and regional Victoria. I would like to thank the many experts, community members, services, businesses, family members and people who have misused alcohol and drugs who have shared their ideas about how best to solve the complex problems of alcohol and drugs. I would particularly like to acknowledge Professor Richard Larkins AO, who chaired the expert advisory group and the members of that group.

As well as responding to this wide public interest, this plan builds on the foundations of action already laid by the Victorian Government over the last two years. Reforms include major changes to liquor regulation, increasing Victoria Police's capacity to fight crime, reforms to sentencing of offenders with alcohol and drug issues, long-overdue reforms and funding boosts to treatment services, new alcohol and drug education curriculum in Victorian schools, and the establishment of Victoria's ten-year health plans and community model of preventive health.

This plan takes forward those achievements, and marks a renewed commitment to leadership and partnership on this issue that touches the lives of so many Victorians. It sets out specific roles for Victorian Government departments and agencies - but all Victorians can play a part in this plan.

Because we can all act today - in our families, businesses, workplaces, schools, associations clubs, services and local communities - to lead safe, healthy and fulfilling lives free from the harm associated with the misuse of alcohol, pharmaceutical drugs and illegal drugs

A handwritten signature in black ink, reading "Mary Wooldridge". The signature is written in a cursive style with a long horizontal stroke at the end.

The Hon. Mary Wooldridge MP  
Minister for Mental Health, Women's Affairs  
and Community Services

# Contents

|                                                                                            |           |
|--------------------------------------------------------------------------------------------|-----------|
| Minister's foreword                                                                        | v         |
| Turning Victoria's alcohol and drug problems around                                        | 1         |
| Victoria's 15-point plan                                                                   | 3         |
| <b>Alcohol</b>                                                                             | <b>10</b> |
| 1. Reducing alcohol-related violence, antisocial behaviour and drink-driving               | 12        |
| 2. Effective liquor regulation                                                             | 14        |
| 3. Changing drinking culture                                                               | 17        |
| 4. Better health promotion in education                                                    | 20        |
| 5. Better, earlier healthcare for alcohol problems                                         | 22        |
| <b>Pharmaceutical drugs</b>                                                                | <b>25</b> |
| 6. Better controls and evidence on misused pharmaceutical drugs                            | 26        |
| 7. Improved clinical, prescribing and dispensing practices                                 | 29        |
| <b>Illegal drugs</b>                                                                       | <b>30</b> |
| 8. Strong laws to protect the community from drug trafficking                              | 32        |
| 9. Better referral of drug users to treatment                                              | 34        |
| 10. Improved harm-reduction services and targeted prevention                               | 37        |
| <b>Care, treatment and recovery</b>                                                        | <b>40</b> |
| 11. New directions in alcohol and drug treatment services                                  | 42        |
| 12. Better person-centred care through social services, especially for vulnerable families | 44        |
| 13. Community-based action on social factors driving substance misuse                      | 47        |
| 14. Promoting successful recovery and reducing stigma in the community                     | 49        |
| <b>Leadership</b>                                                                          | <b>50</b> |
| 15. Leadership to reduce the toll                                                          | 51        |
| <b>Implementation</b>                                                                      | <b>53</b> |
| <b>Measures of progress</b>                                                                | <b>56</b> |
| <b>References</b>                                                                          | <b>57</b> |



# Turning Victoria's alcohol and drug problems around

Many indicators of alcohol and drug harm in Victoria climbed in the years between 2000 and 2010.

The Victorian Auditor-General found that there was no effective plan across Victorian Government agencies to reduce the harm from alcohol and drugs.

Since December 2010, the Victorian Government has begun to turn this problem around.

The government has acted to promote personal responsibility in both the supply and consumption of alcohol by:

- legislating tough new penalties for drunken, loutish and threatening behaviour
  - legislating new offences to deal with drunks hanging around licensed premises after being refused entry or required to leave
  - empowering licensees to bar troublesome patrons from their premises
  - establishing the Victorian Commission for Liquor and Gambling Regulation - a modern, independent regulator
  - reforming liquor licences with a demerit point system and a five-star rating system, strengthening incentives for licensees to comply with the law
  - extending the freeze on new late-night liquor licences in inner Melbourne municipalities
  - giving local government planning powers over packaged liquor outlets
  - taking action to reduce harm, while acknowledging the live music industry
  - and supporting the economic contribution of food, wine, alcohol and hospitality industries to Victoria
- changing the law on the supply of alcohol to minors, and educating the community on the new law through retail outlets and the Teen Drinking Law app
  - delivering *Say When*, a new online tool available through the Better Health Channel to help people make informed decisions about their alcohol use
  - funding the Step Back, Think program to continue its work in tackling alcohol-fuelled violence
  - introducing drug and alcohol limits for ship, boat and jet ski operators
  - introducing penalties for drinking alcohol while driving.

The government has strengthened Victoria's laws against illegal drugs, and acted to prevent and reduce drug harm by:

- banning synthetic cannabinoids and increasing penalties for traffickers
- passing legislation to ensure that emerging drugs can be quickly banned
- doubling funding for pharmacotherapy services
- expanding the needle and syringe program in Footscray and Frankston to ensure 24-hour operation of these mobile services

- banning the sale and display of bongs and other drug using equipment.

The government has led the national discussion of the emerging problem of the misuse of pharmaceutical drugs by:

- leading national policy development on the misuse of pharmaceutical drugs
- negotiating with the Commonwealth Government to establish a viable model and funding to deliver a real-time prescription monitoring system.

The government has delivered long-needed reforms and funding for treatment services by:

- providing funding for emergency departments in hospitals to improve responses to people affected by alcohol and drugs
- reinstating \$39 million per annum to address a shortfall in funding for treatment services
- delivering new treatment services, such as counselling services, in growth corridors
- developing a new central intake system for people seeking alcohol and drug services
- implementing new Community Corrections Orders to give courts more options to refer offenders to treatment for underlying substance misuse
- providing new funding for forensic treatment to support these reforms.

And finally, the government has brought experts and many community members together to set directions for alcohol and drugs in Victoria by:

- responding to two reports from the Auditor-General that identified weaknesses in Victorian Government policy and service delivery approaches to alcohol and drugs

- consulting widely across the community on this strategy

- publishing previously undisclosed reports and research on alcohol and drugs issues in Victoria

- seeking advice from the Expert Advisory Group, comprising members from all sectors and chaired by Professor Richard Larkins AO, and

- delivering a comprehensive evidence-based whole-of-government strategy for alcohol and drugs.

Today, there are some signs of a turnaround. Average alcohol consumption per capita has fallen in the last three years. The number of liquor licences per capita has fallen. The growth in alcohol-related hospital admissions has slowed. The number of public drunkenness arrests and fines fell in 2011-12, although this indicator is affected by a range of factors other than alcohol misuse. In 2011-12 the Australian Health Survey found that among Australian states and territories, Victoria had the lowest proportion of adults who consumed more than two standard drinks of alcohol per day on average.

But not all indicators are improving and the level and range of harm present a clear case for change. In particular, recent increases in drug crime highlight the importance of strengthening actions to reduce illegal use in order to protect the community from harm. There is more work to do, and governments, business and the community need to work together more effectively towards a clear goal.

This plan sets out the goal to reduce the alcohol and drug toll, and especially to reduce the number of deaths.

Through this plan, the government is building on the foundations it has laid over the last two years, and integrating its current commitments and priorities for change into a 15-point plan for the next four years.

# Victoria's 15-point plan

This plan sets out how the Victorian Government will promote the safe, healthy and responsible use of alcohol, tackle the misuse of pharmaceutical drugs, reduce illegal drug use, and assist the care, treatment and recovery of people with drinking and drug problems.

The plan is underpinned by a vision that all Victorians lead safe, healthy and fulfilling lives free from the harm associated with the misuse of alcohol and drugs.

This 15-point plan gives everyone a role in supporting this vision.

## Alcohol

Strategies 1 to 5 deliver a comprehensive plan to reduce the negative impact of alcohol misuse on Victoria. This plan will contribute to changing the culture, and making early action on drinking problems the norm. These evidence-based strategies aim to reduce the rates of alcohol misuse and reverse the trend of growing alcohol-related hospitalisations in Victoria.

### 1. Reducing alcohol-related violence, antisocial behaviour and drink-driving

The government will develop, implement and enforce tough approaches against drunk and drugged behaviour in order to prevent, intervene early and respond to violence, antisocial behaviour, and drink-driving. Highlights include the action plan to prevent violence against women and children, the ongoing implementation of laws barring violent drunks from licensed premises, and a continued focus on reducing drink-driving through Victoria's Road Safety Strategy.

### 2. Effective liquor regulation

The government will strengthen its reforms to liquor licensing regulation, and conduct a comprehensive assessment of the most effective strategies. Highlights include the full implementation of the government's plan for liquor licensing, a clear assessment of what works for future licensing reforms, and well-targeted enforcement.

### 3. Changing drinking culture

The Victorian Government, working with VicHealth will develop and implement a long-term approach to promoting healthier attitudes to drinking and drunk behaviour across the whole community. Highlights include new resources to enable VicHealth to begin this cultural change program that will support all Victorians to make better drinking choices.

### 4. Better health promotion in education

The government will deliver comprehensive, evidence-based alcohol and drug education and health promotion programs that strengthen wellbeing and resilience among young people. Highlights include implementing new alcohol and drug curriculum for years 7, 8 and 9 in all Victorian schools from term 4, 2012, implementing this curriculum fully in 2013 and undertaking a comprehensive overhaul of school health and wellbeing curriculum.

### 5. Better, earlier healthcare for alcohol problems

The government will improve the cost-effectiveness and clinical effectiveness of healthcare for alcohol problems through its ten-year health plans and negotiations of any national agreements, with specific attention to mental health services, the state primary healthcare plan, and improved clinical leadership. Highlights include immediate implementation of improvements in Victorian hospitals funded in the 2012-13 State Budget, and wider use of the online *Say When* program for people to help themselves with their drinking problems.

## Pharmaceutical drugs

Strategies 6 and 7 tackle the misuse of some pharmaceutical drugs, including some painkillers, sedatives and other mental health medications. These strategies are based on extensive consultation and policy development led by the Victorian Department of Health for the *National pharmaceutical drug misuse framework for action*, anticipated for release in mid-2013. They will reduce misuse of pharmaceutical drugs, save lives and prevent this problem becoming more widespread in the community.

### 6. Better controls and evidence on misused pharmaceutical drugs

The government will work with the Commonwealth Government and other stakeholders to strengthen Australia's national framework for regulating drugs and medicines and improve the quality of evidence on the misuse of pharmaceutical drugs. Highlights include convening a summit to progress Victorian action on pharmaceutical drug misuse, and engaging with the Commonwealth to ensure that real-time prescription monitoring software meets the needs of all states and territories, including Victoria.

### 7. Improved clinical, prescribing and dispensing practices

The government will work collaboratively with health professional workforces the pharmaceutical industry and the broader community to minimise the health risks related to the use of commonly misused prescription drugs. Highlights include improved education programs and guidance for health professionals and improved information for consumers.

## Illegal drugs

Strategies 8 to 10 deliver a balanced strategy of supply, demand and harm reduction, consistent with the national drug strategy in response to the use of illegal drugs. They will maintain strong laws against drug dealing and drug use, while supporting drug users to change their behaviour. Together these actions will reduce both illegal drug use and harm in Victoria.

### 8. Strong laws to protect the community from drugs and drug trafficking

The government will maintain and strengthen laws protecting the community from the harm caused by illegal drugs and new psychoactive substances. Highlights include the government's increased investment in police numbers and stronger police powers to deal with drug crime, and legal changes to crack down on the trafficking of synthetic cannabinoids and other harmful synthetic substances.

### 9. Better referral of drug users to education and treatment

The government will progressively implement measures that enhance referral of personal-drug use offenders to education and treatment. Highlights include the broader implementation of Community Corrections Orders that give courts more options to respond to the underlying alcohol and drug use, improvements to drug diversion programs to deliver better results and better matching of programs to individual needs, and improved healthcare delivery to offenders and prisoners.

### 10. Improved harm-reduction services and targeted prevention

The government will support harm reduction and targeted prevention programs for illegal drug use that adapt to changing patterns of drug use and implement proven clinically effective, cost-effective measures that save lives. Highlights include removing regulatory barriers to more GPs treating people with drug addictions with Suboxone, and assessing how Victoria can widen use of naloxone to prevent heroin and other drug overdoses.

## Care, treatment and recovery

Strategies 11 to 14 will increase access to help for alcohol and drug problems, improve the care provided by services, and involve families and the wider community in creating stronger networks of social support for people seeking to recover from alcohol and drug harm. Person-centred care will drive long-overdue reforms, reduce stigma and help recovery.

These strategies will aim to increase the number of drinkers and drug users who seek to reduce or stop their use and who recover successfully from misuse.

### 11. New directions in treatment services

The government will reshape the alcohol and drug treatment system to be more cost-effective, person-centred and supportive of recovery by individuals and families. Highlights include sounder funding arrangements and immediate implementation of long-needed reforms to treatment services, including a new central bed register and intake system, boosts to pharmacotherapy services, and standardised assessment and screening methods. The government will trial flexible results-based funding approaches.

### 12. Better person-centred care through social services, especially for vulnerable families

The Victorian Government will progressively deliver more connected, person-centred care throughout the whole range of social services to reduce the impact of substance misuse on families and communities. Highlights include improvements to child and family focused services as part of the *Victoria's vulnerable children: our shared responsibility*, a directions paper (in response to the Cummins Inquiry on child protection) and the involvement of alcohol and drug treatment services in Services Connect (reforms to our human services system to deliver effective and connected services).

### 13. Community-based action on social factors driving substance misuse

The government will work with communities that have particular needs in relation to alcohol and drugs to deliver culturally appropriate services and to support communities themselves to address the social factors driving substance misuse. Highlights include comprehensive partnerships to improve health, education and justice outcomes with the Victorian Aboriginal community, and more involvement of young people and culturally and linguistically diverse communities in developing solutions that suit their needs.

### 14. Promoting recovery and reducing stigma in the community

The government will engage with community leaders from all sectors to foster attitudes that support people to recover from addictions, and develop activities that promote recovery and reduce stigma, modelled on the success of *beyondblue's* work with depression.

## Leadership

Finally, new advisory arrangements are needed to drive collaboration, innovation, and more cost-effective programs across all government departments and in partnership with all sectors of the community - health, justice, education, business and diverse community groups.

All partners need to be informed by measurable indicators of the alcohol and drug toll.

### 15. Leadership to reduce the toll

The government will establish new advisory arrangements, modelled on Victoria's world-leading approach to road safety, that will guide innovation, more cost-effective programs, and high-impact research that will make measurable reductions in the alcohol and drug toll. Highlights include a ministerial group guiding the strategy, advised by an executive group and advisory board, a research fund to promote cutting-edge applied research with a clear focus on delivering better outcomes, and clear measures of progress with the strategy.

## The way forward

This plan details the specific actions that will be undertaken over the next four years to advance these strategies.

An implementation plan at the end of this document identifies the departments responsible for each point of the plan and some key early milestones.

A new alcohol and drug executive group comprising senior executives of these agencies will coordinate implementation of the plan, and support the government in continuing the collaborative, evidence-based approach to decision making.

### Victoria's 15-point plan



## The case for change

In Victoria today, more than one person on average dies each day directly as a result of alcohol and drug use.

This alcohol and drug death toll exceeds the road toll. Many of these people die due to chronic conditions, such as alcoholic liver disease. Others die as a result of overdoses or poisonings. Even more people die with alcohol and drugs being a contributory factor - in suicides, road trauma, falls, injuries, assaults, cancer and many other diseases.

Much is already done to prevent these deaths. However, more can be done with more shared purpose across all parts of the community.

If Victorians work together to bring down the alcohol and drug toll - as they have done for over 30 years to bring down the road toll - reducing the annual number of deaths from over 1,000 in the 1970s to less than 300 today - many more lives would be saved.

While death is the most serious harm from alcohol and drugs, other kinds of harm are more commonly experienced. In 2011, there were 26,000 alcohol and drug related emergency department presentations and over 290,000 hospital bed-days used to treat illness from alcohol and drugs. Admission rates for alcohol-related conditions - mainly alcohol dependence, acute intoxication and liver disease - have climbed for more than a decade across age groups.

In 2010-11, there were nearly 7,000 alcohol-related ambulance call-outs, over 5,000 prescription-drug call-outs and nearly 2,000 heroin call-outs.

Alcohol and drugs impact on public safety and crime. In 2011-12, Victorians were taken into police custody over 14,000 times for being drunk, and over 12,000 on-the-spot fines were issued for being drunk in a public place. These numbers fell from the previous year. Although these numbers are affected by a range of factors other than alcohol misuse, it suggests a range of policies

discouraging irresponsible behaviour may be having an impact. However, drug crime, including trafficking, use and possession charges, increased in 2011-12.

These facts highlight the different but growing patterns of misuse of alcohol and drugs.

The recent increase in drug-crime offences coincides with survey data suggesting a small increase in illicit drug use - including misuse of prescription drugs - from 12.8 to 13.7 per cent.

The misuse of alcohol is a particular concern. On the whole, average rates of alcohol consumption in Australia have been steady since 1992, although average consumption has fallen in each of the last three years.

But while average consumption is stable or falling, heavy misuse appears to be increasing. In 2009, two in five 15-25-year-olds reported that they had consumed the equivalent of a bottle of spirits on at least one occasion. This proportion has increased from one in four in 2002.

However, it is not just young people who are impacted by alcohol misuse. Harmful patterns of drinking occur across age groups - whether it is binge drinking, chronic drinking, mixing drinks with prescription medicines and other drugs or alcohol dependence. One in ten Victorians are estimated to drink more than recommended guidelines at least weekly. One in three men will have a drinking problem at some point in their lives.

And it is not only the individual who is harmed by their own substance use. Friends, family, workplaces and others are impacted too.

For instance, we know that more than one in four Australians report being victims of physical or verbal abuse related to alcohol. Alcohol misuse and drug use harm others in many ways – transport accidents, child abuse and neglect, assaults, family violence, and disruption to family, friends, neighbourhoods and workplaces.<sup>1</sup>

Misuse of alcohol and drugs drives problem behaviour, and costs government, business and the community across all areas, including, health, public order, crime, education, child protection, road trauma, welfare costs and lost productivity. The full cost of these problems is hard to tally since often alcohol and drugs are among several factors causing problems, and there is not one agreed method for assessing costs. Using the main national cost estimate, however, the cost of alcohol and drug misuse to Victorian society in 2007-08 was approximately \$6.5 billion.<sup>2</sup>

In Australia since the 1980s, governments have implemented policies that aimed to minimise these harm through a balanced set of measures to reduce demand, supply and harm from drugs. These policies have had notable successes, especially in relation to reducing transmission of blood-borne viruses and deaths from heroin overdoses.

This Victorian plan builds on these long-term policy approaches and takes more concerted action across government to reduce the toll and the costs of both alcohol misuse and drug use.

This strategy commits Victorian Government agencies to working together on a common system-wide framework to change behaviour and reduce the alcohol and drug toll. This framework will require continued assessment of the impact, cost and cost-effectiveness of the whole range of actions. Many of these costs and harm are preventable by earlier action on alcohol misuse and drug use by us all – families, governments, business, health services and community groups.

Smart changes will bring big benefits to families. The Victorian Government has already demonstrated how such action can be taken through changing the law on secondary supply of alcohol to minors – a simple change that is supporting better decision making about alcohol by parents, teenagers and businesses across the community.

Significant change can be achieved with the right decisions and the right structures to support enduring change in the community's behaviour, values and responses to alcohol and drugs. In particular, irresponsible behaviour when drunk should not be celebrated, and people who misuse alcohol or drugs should be encouraged to act on both their substance misuse and the other factors influencing their behaviour.

1 Room, R, Laslett et al. 2010, *The range and magnitude of alcohol's harms to others*, Alcohol Education and Rehabilitation Foundation, Canberra.

2 2007-08 estimate derived from Collins and Lapsley 2008, *The costs of tobacco, alcohol and illicit drug abuse to Australian society 2004-05* using methods from Allen Consulting Group 2009, *Alcohol-related harm and the operation of licensed premises to both alcohol and drugs*. The methods used by Collins and Lapsley have been questioned, and more widely accepted estimates need to be developed.

There are many public debates on alcohol and drugs, and a diverse range of expert and stakeholder views on the best government policies. The Victorian Government has already begun significant changes to its approach to alcohol and drugs - in liquor regulation, sentencing reform, approaches to violent and antisocial behaviour, health prevention and improved treatment services. Over the next four years of this strategy, the government will continue to concentrate on the things that will work, and things that can be done.

The government will focus on strengthening Victoria's alcohol and drug laws, delivering better services, and fostering a healthy, resilient culture.

By implementing targeted improvements to Victorian Government approaches to alcohol, pharmaceutical drugs, illegal drugs and the care, treatment and recovery of people with drinking and drug problems, the government, together with the community, is making a commitment to work to bring down the number of deaths from alcohol misuse and drug use. The government is making a commitment to building alcohol and drug policies on the solid foundations of evidence and collaboration, and building long-term cultural change.

Most importantly, the government is delivering immediate practical actions that will make measurable improvements in the lives of Victorians affected by alcohol and drugs.

The five top measures of progress with these commitments will be:

- the toll of death, disease, injury and social costs from alcohol misuse and drug use
- rates of risky single-occasion drinking and excessive daily drinking across all age groups
- alcohol-related hospitalisations
- rates of illicit drug use, including misused pharmaceuticals
- the number of drinkers and drug users who seek to reduce or stop their use and recover successfully from misuse.

## Alcohol

One in ten Victorians drinks more than healthy limits at least weekly. This risky drinking is highest among young people, but persists into older age groups, and is especially common among men. Daily drinking is also common, and increases as people age, especially men.

In some cases, this excessive drinking leads to violence and verbal abuse. However, more often, it results in health problems and a loss to productivity – the hangover that causes a day off work, the falls and injuries when drunk, the increased risk of many diseases. Over the last ten years, increasing alcohol-caused hospital admissions for conditions like acute intoxication, alcohol dependence and liver cirrhosis have strained both hospitals and treatment services.

Given how common drinking problems are, more needs to be done within the healthcare system to screen, identify and provide appropriate treatment – most often in primary care – for people with drinking problems. A recent study of the appropriateness of care suggested people with alcohol problems receive appropriate care much less often than people with other health problems such as mental illness, smoking or chronic disease.<sup>3</sup>

Alcohol brings many benefits – vibrant, liveable cities and regions, prosperous businesses, and good times with friends. But while enjoying alcohol is an intrinsic part of many cultures, drinking harmfully does not have to be. Levels of alcohol consumption change over time, and Australians can drink less. Indeed, average alcohol consumption in Australia has fallen in the last three years, and is today 24 per cent less than in 1975.

If in ten years' time, Victorians drank ten per cent less again, the toll of alcohol misuse would fall significantly. This would be in keeping with the World Health Organization's global target for a ten per cent reduction of average alcohol consumption by 2025 in order to reduce the burden of non-communicable diseases.

Governments can make a difference by improving services to help people with drinking problems to change their behaviour, and encourage more people to seek available help from health services. Governments can also reduce problems through effective laws and regulation, a combined task of state, Commonwealth and local governments. Victoria is already implementing its plan for effective liquor licensing to prevent harm, promote responsible retailers and to curb the worst excesses of late-night drinking, especially in central Melbourne.

But the reality is that the vast majority of Victorians usually consume alcohol at home. In the home, it is not government regulation, but the rules, values and habits of individuals, families and communities that determine how and how much people drink.

The best starting point for enduring change, therefore, is culture.

3 Runciman WB et al. 2012, 'CareTrack: assessing the appropriateness of health care delivery in Australia.' *Medical Journal of Australia*, vol. 197, pp. 100-105.

By instilling sensible values and individual responsibility in our culture, and specifically among young people, government can best assist people to make different, healthier choices about their drinking.

Already the government has:

- taken decisive action against violence and antisocial behaviour
- made stronger laws against drinking while driving and operating marine transport when drunk
- enacted comprehensive liquor licensing reforms
- removed the planning exemption for new packaged liquor outlets and made it easier for local communities and governments to have a say on liquor licensing issues
- provided new online, practical support to help people cut back on drinking through *Say When* offered on the Better Health Channel
- boosted support for health services to care for people with drinking problems
- changed the law on the secondary supply of alcohol to minors to give parents back the power to make decisions about whether their children will drink alcohol.

Strategies 1 to 5 of the government's 15-point plan will deliver a comprehensive plan to reduce the negative impact of alcohol misuse on Victoria. It is guided by expert assessment of the best, feasible evidence-based interventions. Through these strategies the government will reduce the toll of alcohol misuse. Specifically the rates of risky single- occasion drinking and excessive daily drinking across all age groups, and alcohol-related hospitalisations in Victoria will be measured as indicators of progress.

# 1. Reducing alcohol-related violence, antisocial behaviour and drink-driving

The Victorian Government will enforce tough laws against alcohol-related irresponsible behaviour, supported by action to prevent, intervene early and respond to violence, antisocial behaviour and road trauma.

## The issue

Violence and antisocial behaviour are unacceptable whether a person is drunk or not. Each day, individuals, families, hospitals and Victoria Police respond to the consequences of alcohol on violence, antisocial behaviour, vandalism, abuse and public order. In 2011-12, over 12,000 on-the-spot fines and 14,500 arrests were made for drunkenness offences.

Victoria has a strong response to family violence. In October 2012, the government released *Victoria's action plan to address violence against women and children 2012-2015*. In implementing this plan, the government will address the contribution of alcohol to violence against women and children, without diminishing the responsibility of perpetrators of violence for their actions.

In some cases, preventing violence and antisocial behaviour requires helping people deal with their underlying drinking problem. Other countries have implemented changes in policing procedures that screen or refer to treatment such offenders. These programs can deliver long-term benefits by helping to identify problem drinkers and encouraging them to take responsibility for their underlying problem.

Victorians know that driving when drunk is unacceptable. Still, too many drivers drink and drive. Reducing the road toll requires sustained effort, and a continual focus on drink-driving. Reductions in road fatalities and serious injuries require ways to change drinking behaviour, and this relies on strengthening sanctions, and providing improved education and other interventions to change the drinking behaviour of drivers with drinking problems.

## What we will do

The government will:

- apply increased penalties for drunken behaviour, and new penalties in relation to patrons who have been refused entry or have been asked to leave a licensed premises
- ban those found guilty of any criminal assault committed under the influence of alcohol from being in any licensed premises where alcohol can be consumed for a minimum of two years
- strengthen the power of Victoria Police to deal with minors in possession of alcohol to reduce harm arising from underage drinking
- support effective implementation of police powers and powers of other public authorities to discourage irresponsible consumption of alcohol and antisocial behaviour
- strengthen the partnership between alcohol and drug services and family violence services and Victoria Police to address alcohol and drug use as a risk factor in family violence as part of *Victoria's action plan to address violence against women and children 2012-2015*
- support sentencing practices that make clear to offenders that intoxication is not an excuse for criminal behaviour
- establish stronger institutionalised information sharing between enforcement and other agencies to ensure that policing activity is targeted to areas of highest risk
- work with Victoria Police to collect data to track alcohol and drug related offences to inform policing and enforcement operations
- test the benefits of coordinated responses between police, health and community services that extend the principles of drug diversion to non-violent alcohol-related public order offences, with the aim of increasing the identification and referral to health care of more problem drinkers in addition to current sanctions such as on-the-spot fines
- develop improved health and crisis responses through health and community agencies to the needs of intoxicated persons held in custody for public drunkenness in order to minimise adverse health and social outcomes related to incarceration
- increase the rate at which Aboriginal people are diverted from the criminal justice system for drinking offences through partnership approaches under the Aboriginal Justice Agreement
- develop, through Victoria's Road Safety Strategy, stronger sanctions for alcohol and drug related driving offences, improved drink-driver education programs and development of objective metrics to facilitate the referral of drink-drivers to more effective healthcare programs to deal with their drinking problems
- implement proven effective solutions, such as wider implementation of alcohol interlock devices, through Victoria's Road Safety Strategy and community sentencing reforms
- implement reforms to marine transport safety including introducing drug and alcohol limits for ship, boat and jet ski operators.

## 2. Effective liquor regulation

The Victorian Government will strengthen Victoria's reformed system of liquor regulation, based on a comprehensive assessment of the most serious risks and the most effective models for regulation.

### The issue

Effective rules, backed by strong and consistent enforcement, promote responsible supply and consumption of alcohol and support cultural change. The Victorian Government primarily regulates alcohol through the liquor licensing system.

On balance, Victoria's liquor licensing system has served the community well. Despite the growth in the number and diversity of licensed premises, and more flexible trading hours, average alcohol consumption has been stable for 20 years. Victorians drink less on average now than they did when licensing laws were liberalised in 1986. But there is a need for effective, targeted responses to harm such as growing rates of very heavy drinking by young people, increased alcohol-caused hospital admissions and increased ambulance call-outs in recent years.

However, blanket restrictions on availability do not work, and do not reflect the full range of community views on liquor licensing. They are not targeted and proportionate responses to harm. Across the community, there is a need to assess policies on alcohol availability from many different perspectives, including public safety, health, planning, local government, tourism, and business regulation.

Traditional government controls on trading hours or types of venue do not respond to the diverse range of businesses that sell alcohol or the diverse and changing public preferences for when, how and in what settings people wish to drink.

Victoria's liquor legislation requires that these range of interests are taken into account and aims to minimise the harm from alcohol misuse and abuse while supporting a diversity of licensed premises, in line with community expectations. The government recognises and responds to these interests and believes that, with the right incentives and guidance from government, licensees and the community can contribute to a culture of responsible supply and consumption. Its reforms encourage responsible behaviour by both licensees and consumers.

Victoria's liquor licensing system has undergone significant reform in recent years. Strong laws and vigilant enforcement underpin liquor regulation in Victoria. Enforcement is matched with education for licensees and incentives to comply. The government has recently introduced a raft of reforms to promote the responsible service and consumption of alcohol and crack down on reckless supply and consumption.

These include:

- strengthening incentives for licensees to comply with the law by introducing a five-star rating system and a demerit points system
- introducing tough new laws to strengthen powers for police to deal with and deter antisocial behaviour in and around licensed premises
- empowering licensees to bar individuals from their premises to send a strong message that drunken and antisocial behaviour will not be tolerated
- banning the supply of alcohol to minors in a private residence without parental consent. New laws return decision making about the consumption of alcohol by a minor to parents to drive responsible consumption and tackle the prevalence of underage drinking
- giving local governments planning powers over packaged liquor outlets
- opening a new chapter in Victorian liquor regulation with the creation of a modern, independent regulator, the Victorian Commission for Gambling and Liquor Regulation (VCGLR).

After such a period of substantial reform and innovation, the government will now concentrate on improving the effectiveness of the liquor licensing system and tracking what works. These reforms need time to take effect, and the government will assess their impact and what can be improved further.

The government will comprehensively evaluate the recent reforms when they have had sufficient time to take effect. This will be done during the 2015-2017 implementation period of this strategy. This evaluation will provide the foundation for the future direction of liquor licensing reform and state-based alcohol regulation in Victoria.

## What we will do

The government will:

- reward venues for responsible performance through the five-star rating system with lower licence fees for ongoing compliance
- penalise non-compliant venues and suspend liquor licences for repeated breaches of liquor laws through the demerit points system
- evaluate the effectiveness of the freeze on late-night liquor licences to determine the merit of extending the freeze or expanding it to cover other municipalities in order to combat alcohol-related harm in late night entertainment precincts
- provide more data and support to encourage local governments and local communities to have an effective say in liquor licensing and alcohol-related planning decisions. This will include assisting councils to better understand the liquor licence objections and disciplinary processes, and provide greater guidance on the role councils play in liquor licensing
- work with business to comprehensively scope the costs, feasibility, benefits and limitations of collecting wholesale alcohol sales data to support research and policies aimed at reducing alcohol-related harm
- keep Victorian petrol stations with convenience stores alcohol-free
- work closely with Victoria Police through the VCGLR on a coordinated and consistent enforcement approach for licensed premises and breaches of drinking laws, and ensure this strategy complements the commission's role in educating licensees to improve industry performance
- develop new Responsible Service of Alcohol training aimed at owners and staff of late-trading venues to ensure that they are equipped with the appropriate skills to manage the particular challenges such environments pose
- ensure that the responsible Commonwealth-State forums fully consider the evidence of health, social and economic impacts of any proposals to make changes to the regulatory framework of alcohol, recognising that the Commonwealth Government is predominantly responsible for making decisions on alcohol regulatory issues such as pricing, taxation, advertising, labelling, retail practices and product regulation
- develop an alcohol regulation evaluation framework to build the evidence base and support the most effective future direction for liquor regulation.

### 3. Changing drinking culture

The Victorian Government will develop and implement through VicHealth a long-term approach to promoting healthier attitudes to drinking and drunk behaviour.

#### The issue

The causes of alcohol misuse are enormously complex and contested. But an individual's alcohol consumption does not happen in isolation – it is embedded in a context of values, attitudes and other factors that combine to form a drinking culture. As is widely recognised across the community and around the world, changes to law and regulation alone are not enough to reduce drinking problems. More fundamentally, culture change is needed:

Addressing attitudes and values is probably the most effective way, in the long run, to change patterns of belief and behaviour, because even the strictest nation-state is hard put to enforce its laws and regulations when they conflict with the culture of the people.<sup>4</sup>

While average levels of alcohol consumption have remained relatively stable over the last 20 years, the rates of alcohol-related hospital admissions and very heavy drinking (over 20 drinks on an occasion) among young people have increased considerably over the last ten years.

There is also clear evidence of entrenched attitudes in the community that promote an unhealthy drinking culture. For example: 24 per cent of Victorians believe 'it does some people good to get drunk once in a while'.<sup>5</sup>

Alcohol consumption behaviour is influenced by the attitudes and behaviours of relatives

and friends, and can spread in social networks. Social network effects can have both positive and negative health consequences for alcohol consumption behaviour, depending on the circumstances. Both drunkenness and recovery can spread through 'social contagion'.

Some of the recent increases in very heavy drinking among young people may be explained by this effect. A growing body of public health evidence shows the importance of influencing not just individuals, but also the shared behaviour and attitudes of groups of interconnected people.<sup>6</sup> In short, drinking cultures need to change.

Compared to 30 years ago, many fewer Victorians drink and drive or go to work after lunch under the influence of alcohol. However, more change is needed in some groups in the community, including some young people.

This plan encourages moderation and restraint in drinking patterns among more Victorians. It will target groups where a culture of excessive drinking is contributing to harm, such as young people.

Changes to drinking cultures can be achieved through a systematic approach supported by education, laws and regulations and services. Victoria's approaches to road safety, tobacco use and depression have proven that it is possible to achieve such cultural change.

4 Heath D 1995, *International handbook on alcohol and culture*, Greenwood, Westport CT, p. 359.

5 Social Research Centre research commissioned by the Department of Health 2009 (unpublished).

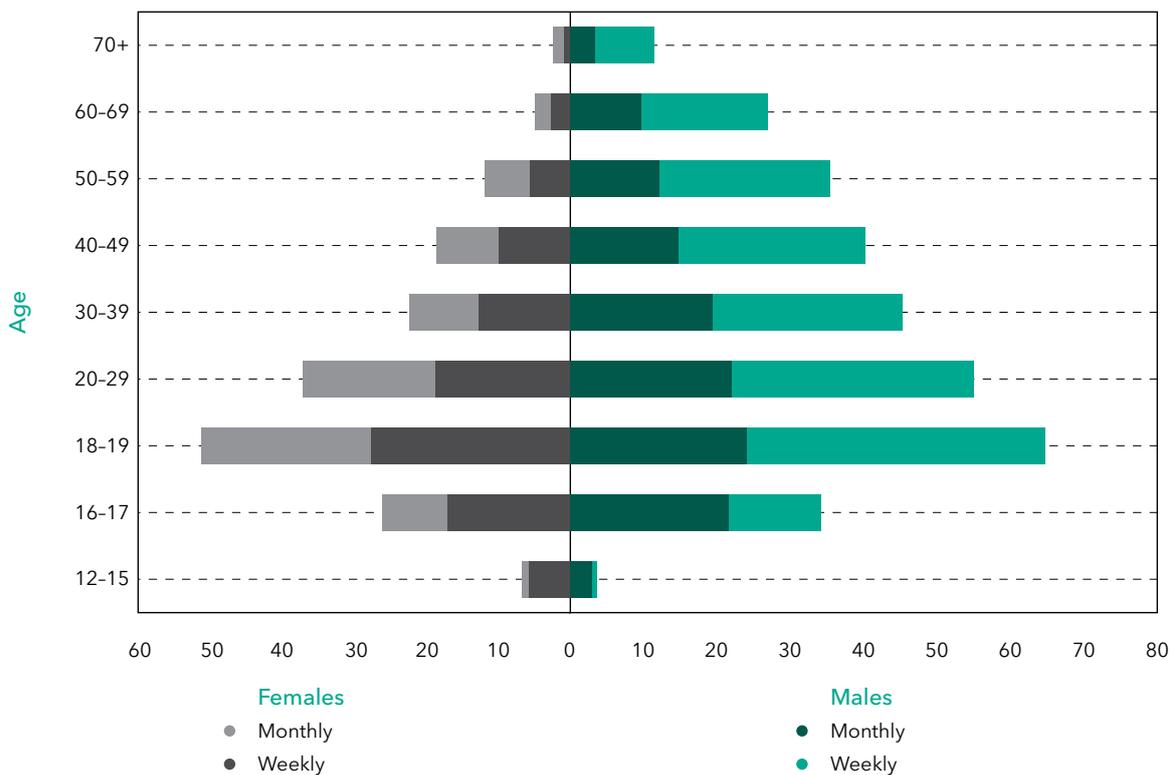
6 Christakis et al. 2010, 'The spread of alcohol consumption behaviour in a large social network', *Annals of Internal Medicine*, vol. 152, no. 7, pp. 426–33.

## What we will do

The government will:

- establish a long-term cultural change program led by VicHealth to turn around our drinking culture and support Victorians to make informed drinking choices
- work with VicHealth and other agencies to develop and implement the cultural change agenda, making use of the best available data and research conducted by both Victorian Government agencies (including the Transport Accident Commission, Department of Health, Department of Education and Early Childhood Development and Department of Justice) and community partners
- establish partnerships with a wide range of community and business organisations to ensure the widest possible participation and support for healthier social norms concerning drinking, behaviour when drunk, and seeking help for drinking problems
- work better with young people to understand the causes of early problem drinking, and promote discussion of these issues at the annual Youth Parliament
- encourage healthy approaches to alcohol in sporting clubs with programs such as VicHealth's Healthy Sporting Environments, Everyone Wins program, and the Australian Drug Foundation's Good Sports program
- promote healthy behaviour in workplaces, schools and early childhood education and care services and local communities through the Prevention Community Model, including promoting *Say When* to workplaces and celebrating successful programs through the Victorian Prevention and Health Promotion Achievement Program
- develop evidence-based workplace health interventions to deal with alcohol use through VicHealth's Creating Healthy Workplaces initiatives
- work with the Australian National Preventive Health Agency on priority issues including alcohol
- consult with multicultural communities and peak bodies to identify targeted strategies that support these communities to promote healthy and safe approaches to alcohol.

Figure 1: Single Occasion Risky Drinking by Age and Sex, Victoria, 2010. Drinking too much alcohol is not just a problem for young people, rates at binge drinking are also high in older age groups, especially among men



Source: AIHW 2010, National drug strategy household survey, Commonwealth Government of Australia, Canberra, Victorian data, Department of Health analysis

## 4. Better health promotion in education

The government will deliver comprehensive, evidence-based alcohol and drug education and health promotion programs that strengthen wellbeing and resilience among young people. These programs will form part of a comprehensive suite of curriculum options.

### The issue

Effective education on alcohol for young people and their families has long been a fundamental element of alcohol strategies. Such education helps to delay use, reduce harm and increase wellbeing and resilience among young people. There is a continuing need, and strong demand from the community, to educate young people and their families in developing healthy, safe attitudes and behaviours towards alcohol. School-based alcohol and drug education is one part of this support, and can be strengthened by support for families and young people themselves to foster healthy attitudes and behaviours.

Victoria's primary and secondary schools have a responsibility for the health and wellbeing of their students. That is why they need to provide modern curriculum that educates young people how to combat alcohol and drug misuse, violence and antisocial behaviours. Successful models of alcohol and drug education - integrated with broader curriculum fostering resilience and wellbeing among young people - can be delivered in both primary and secondary schools. Partnerships need to be developed to extend the principle of lifelong education about alcohol and drugs to post-secondary education and workplaces.

Holistic curriculum can encompass education about drugs, sexuality, respectful relationships, health promotion and developing social and emotional skills. These skills are critical to improving academic performance and success in life. Children and young people who are happy in themselves relate well to others and are motivated to learn. They achieve better academically, and create positive relationships with their teachers, family and classmates. They are more likely to demonstrate higher levels of resilience, learning capacity and social skills. This approach also improves learning and behaviour, inclusion, mental health and greater social cohesion and social capital.

In addition, parents and families need to be mindful that their own attitudes and behaviours toward alcohol can influence their children's attitudes towards alcohol. This influence is most often positive. However, it can be negative.

An analysis using information from the Department of Education and Early Childhood Development's HOWRU survey of young people identified relationships between some behaviour, attitudes and family situations and the likelihood that a young person had recently had an episode of binge drinking.<sup>7</sup> For example, young people who reported it 'easy' to access alcohol are nearly four times more likely to binge drink than those who report it difficult to access alcohol.

<sup>7</sup> Department of Education and Early Childhood Development 2010, *State of Victoria's children report 2010*, State Government of Victoria, Melbourne.

## What we will do

The government will:

- implement new alcohol and drug curriculum for years 7, 8 and 9, to be available to all Victorian secondary schools in term 4, 2012 and fully implemented in 2013. The Drug Education in Victorian Schools program for students in these years brings together findings from recent research in a single comprehensive approach
- ensure Victorian schools deliver an integrated and research-based approach to health promotion, student wellbeing and engagement that includes:
  - drug education, but also incorporates a broader focus on fostering resilience and empowering children and young people to be socially confident
  - a holistic curriculum to be developed by the Department of Education and Early Childhood Development in 2013 to:
    - build resilience
    - help decision-making skills in children and young people
    - provide access to appropriate support or interventions if issues emerge
    - create opportunities for parent engagement
- develop health promotion benchmarks for schools and early childhood education and care services. This includes eight key areas such as alcohol and drug use, tobacco, and mental health and wellbeing
- strengthen community education for parents in relation to adolescent alcohol use, building on the Teen Drinking Law project, and educate parents and parents-to-be on the impact of their drinking behaviours, role modelling and decisions on children (both before and after birth) and young people, and broader wellbeing and health issues
- support consistent and innovative provision of health and wellbeing information, specifically alcohol and drug information, across maternal, early childhood, education, health and community settings
- explore opportunities for promoting healthier approaches to alcohol in partnership with post-secondary education and training institutions and workplaces, including through wider promotion of *Say When*.

## 5. Better, earlier healthcare for alcohol problems

The government will improve the cost-effectiveness and clinical effectiveness of healthcare for alcohol problems through its ten-year health plans and negotiations of any national agreements, with specific attention to mental health services, the state primary healthcare plan, the state public health and wellbeing plan, and improved clinical leadership.

### The issue

Although alcohol is a national health priority, it has been neglected for too long. Risky drinking and alcohol dependence are common in Australia, but they are too often undetected and untreated. Drinking problems are among the most common mental health problems reported in the *National mental health and wellbeing survey*. It is estimated that in Australia, one in three men and one in ten women will have a serious drinking problem at some point over their lifetime.<sup>8</sup>

Brief interventions – health professionals identifying risky drinking early and delivering simple advice – are effective in moderating alcohol consumption. Screening for alcohol misuse can also lead to the referral to specialist services for people who require more intensive assessment and treatment. More can be done to support initiatives for screening and brief interventions for hazardous and harmful drinking, and such approaches should be integrated into all health services' response to alcohol. All social services should be encouraged to take opportunities to act on problem drinking.

This will encourage more people to rethink or make changes in their alcohol consumption, as well as provide individuals with the skills they need to consume alcohol in sensible and safe ways. These approaches are supported by the World Health Organization in its global strategy on alcohol.

Currently, the quality of healthcare provided for alcohol problems falls well behind best practice clinical guidelines, and lags behind the care provided for other common health conditions.<sup>9</sup> The use of GPs or health services by people with drinking problems lags well behind other common mental health problems, such as anxiety and depression. More priority needs to be placed on improving healthcare for alcohol problems within the existing health system.

8 Australian Bureau of Statistics 2007, *National mental health and wellbeing survey*, cat. no. 4326.0; Teesson M et al. 2010, 'Prevalence and correlates of DSM-IV alcohol abuse and dependence in Australia: findings of the 2007 *National survey of mental health and wellbeing survey*', *Addiction*, vol. 105, no. 12, pp. 2085-94.

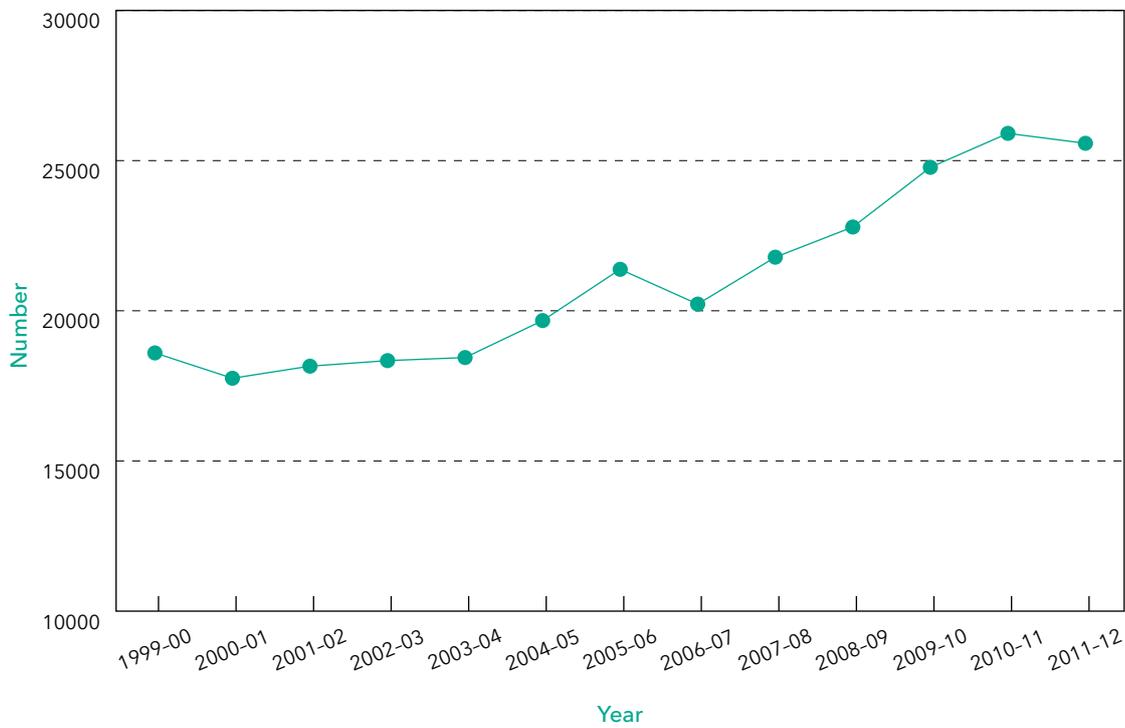
9 Runciman WB, Hannaford N, Westbrook J, Coiera E, O'Day R, Hindmarsh D, McGlynn E, Braithwaite J 2012, 'CareTrack: assessing the appropriateness of healthcare delivery in Australia.' *Medical Journal of Australia*, vol. 197, pp. 100-05.

## What we will do

The government will:

- strengthen the Victorian health system to respond to the continuing growth in alcohol-caused hospital admissions and improve their capacity to intervene early for people presenting with alcohol and drug problems
- implement an alcohol and drug hospital liaison and community diversion program to support clinicians dealing with alcohol and drug related hospital admissions and emergency department presentations
- develop an approach to improve all phases of primary healthcare for an individual with a drinking problem, with a much stronger focus on early intervention and preventive health that:
  - responds earlier to drinking problems through brief interventions
  - provides healthcare for alcohol problems that is consistent with best practice clinical guidelines
  - reduces unnecessary admissions to hospitals
  - strengthens links between the primary care, specialist treatment system and other health and community services
- build on the success of *Say When* [www.betterhealth.vic.gov.au/saywhen](http://www.betterhealth.vic.gov.au/saywhen), a free and confidential online tool that helps Victorian adults assess their drinking, its impact on health and wellbeing, and offers a self-guided-alcohol reduction program
- promote *Say When* through a wider range of community settings including primary health, workplace, post-secondary education and training, and other community and local settings
- strengthen and consolidate the telephone and online counselling, information and referral services provided by Turning Point Drug and Alcohol Centre (including Directline, specialist clinical and alcohol advice programs) in order to make it easier for people to find help, access care or treatment, direct people to the most appropriate service for their needs and be able to speak directly to someone when they are looking for immediate advice and support.
- support workplaces to provide prevention and appropriate interventions through WorkHealth’s Healthy Workplace Kit and grant program and the Victorian Prevention and Health Promotion Achievement Program
- establish a new alcohol and drug clinical leadership forum, led by the Department of Health’s Chief Adviser, Addiction Medicine, to identify and facilitate improvements in clinical care across primary care, hospitals and specialist services
- work with the Commonwealth Government over the five years of the strategy to identify opportunities in national health agreements to deliver better quality healthcare for people with alcohol problems, with an immediate focus on improvements in mental health services and the National Disability Insurance Scheme
- seek more Commonwealth Government support for health care for alcohol problems through GPs, Medicare Locals and healthcare reforms.

Figure 2: Victorian alcohol-related hospital admissions 1999 - 2012



Source: Department of Health unpublished, Victorian Admitted Episodes Dataset, Alcohol-related hospital admissions, State Government of Victoria, Melbourne.

## Pharmaceutical drugs

Pharmaceutical drugs provide many benefits to Victorians. These medicines improve quality of life and are used appropriately by the overwhelming majority of Victorians. Indeed well-controlled access to medicines through the Pharmaceutical Benefits Scheme and joint Commonwealth and state regulation of drugs and medicines underpins our health system, improves our quality of life, and saves many lives. More needs to be done, however, to deal with the harm associated with the misuse of the most risky pharmaceutical drugs. The Victorian Government will continue to work closely with the Commonwealth Government to regulate the use of potentially dangerous pharmaceutical drugs.

Misuse of a small number of medications is a growing concern in particular circumstances. The pharmaceutical drugs that are particularly prone to misuse include opioids (as used in some painkiller medication) and benzodiazepines. But there are other drugs to consider including psychostimulants, antidepressants, antipsychotics, performance and image-enhancing drugs and some over-the-counter drugs (such as cough suppressants and antihistamines).

Misuse of pharmaceutical drugs can develop for many reasons. In some cases, people use them as substitutes for illegal drugs. Other people develop an over-reliance on them after treatment for pain, sleep difficulties or other health concerns. Use of many medicines with alcohol can contribute to problems. There is also some level of trafficking of these medicines, including by people who accumulate and on-sell these drugs through counterfeit prescriptions and doctor-shopping.

Agencies responsible for responding to the misuse of pharmaceutical drugs must engage with people who are not traditionally associated with drug use. As Victoria's population ages, the prevalence of painful conditions and some psychological disorders such as anxiety (which peaks in middle age) will likely support growing demand for these medicines. Better informed consumers and health workforce professionals will help to prevent many risks related to the misuse of these drugs.

There is cooperation between the Commonwealth and Victorian Governments and the Pharmacy Guild of Australia to regulate and monitor the use of prescribed medicines. The Medicare Australia Prescription Shopping Program, for example, identifies and reduces the overuse or stockpiling of all Pharmaceutical Benefits Scheme drugs. However, specific programs are also needed to monitor and control drugs of dependence.

The Victorian Government has already led the development of an evidence-based response to the misuse of pharmaceutical drugs across Australia. This plan outlines four building blocks identified in national assessments of the evidence for the most effective strategies:

- monitoring pharmaceutical prescriptions
- supporting prescribers, pharmacists and other health professionals
- targeted regulation and monitoring of medications
- education of consumers about the risks of misuse, including addiction.

Strategies 6 and 7 of the government's 15-point plan will support these policies in Victoria, and prevent this problem becoming more widespread in the community.

## 6. Better controls and evidence on misused pharmaceutical drugs

The Victorian Government will work with the Commonwealth Government and other stakeholders to strengthen Australia's national framework for regulating drugs and medicines and improve the quality of evidence on the misuse of pharmaceutical drugs.

### The issue

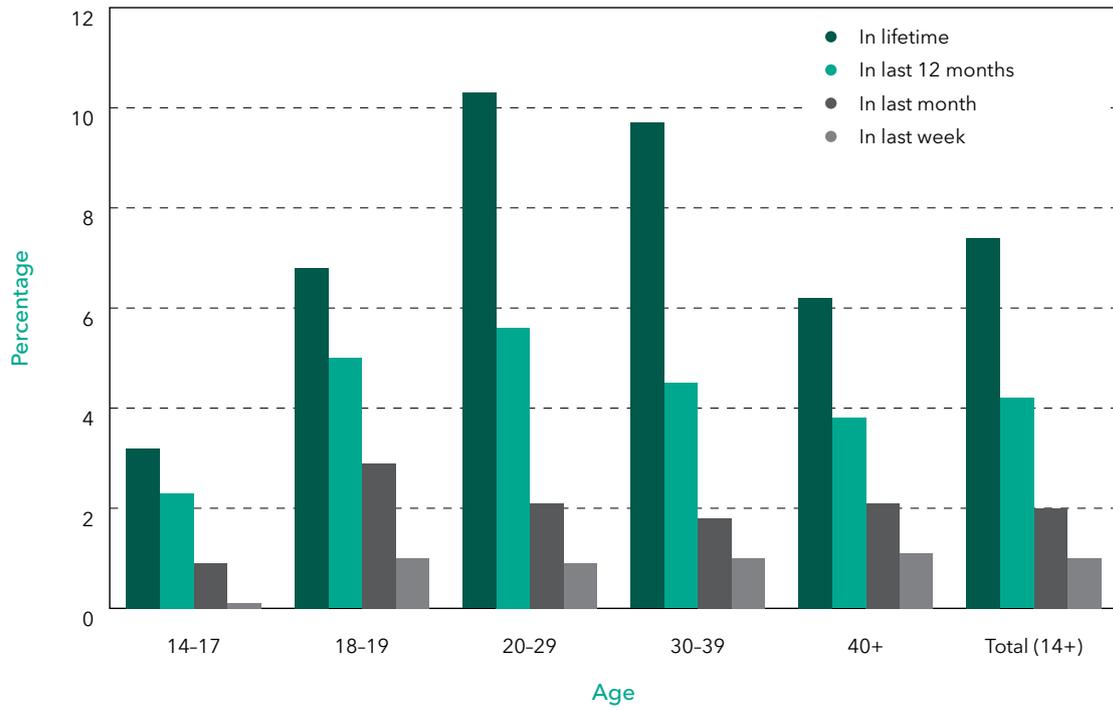
Regular misuse of pharmaceutical drugs is a serious concern, but still remains at relatively low levels in the community.

Prescription drugs, particularly benzodiazepines, have long been misused to some degree in the community. The misuse of newer and more frequently prescribed painkillers, such as oxycodone, however, is on the rise and presenting serious health risks. The Victorian Coroner has raised concerns about the extent of prescribing some of these drugs.

Oxycodone contributed to nearly 100 deaths in the last year, and the rising number of deaths is strongly correlated with increasing supply. In addition, there is growing research pointing to misuse of a range of prescription and over-the-counter drugs. Prescription drugs can also impair driving ability, and there is a need for increased community awareness of these risks.

The strategy aims in particular to reduce both the inappropriate supply of oxycodone, fentanyl, other prescribed opiates, benzodiazepines and other prescription drugs, and the number of deaths and adverse health events from the use of these prescription drugs. Any changes in controls need to be carefully assessed to provide a balanced and proportionate response that enables legitimate access to these medications while minimising opportunities for misuse.

Figure 3: Misuse of pharmaceuticals for non-medical purposes, Victorians aged 14 years or older, by age, 2010



## What we will do

The government will:

- convene a summit on the misuse of pharmaceutical drugs to identify with all stakeholders a plan of action to build the evidence base, to improve community understanding and to identify priorities for regulatory reform
- continue to encourage the Commonwealth Government to honour its commitment to a national real-time prescription monitoring system by ensuring that its Electronic Recording and Reporting of Controlled Drugs initiative delivers software that is fit for purpose in Victoria and in other states and territories
- strengthen the regulatory framework for the supply of medicines subject to abuse or misuse in Victoria by:
  - reviewing relevant provisions of the *Drugs, Poisons and Controlled Substances Act 1981* and the associated regulations
  - working through national forums and frameworks on the most effective national models for the regulatory control of emerging psychoactive substances
- assess the classification status of particular benzodiazepines to improve the management of their supply
- in partnership with key stakeholders, work on prescription-drug supply disruption strategies and diversion of offenders (personal use) into education or treatment
- continue strong enforcement of laws against the illegal supply and use of prescription drugs and other controlled substances (such as inhalants).

## 7. Improved clinical, prescribing and dispensing practices

The Victorian Government will work collaboratively with health professionals and the broader community to minimise the health risks related to the use of commonly misused prescription drugs.

### The issue

In the overwhelmingly majority of cases, the Victorian community appropriately uses the prescription drugs that are prone to misuse. Indeed, it is essential to ensure that clinically appropriate use of these medications is maintained so that patients get the best available healthcare for their conditions.

Nevertheless, given the serious consequences of misuse of these drugs, there is a need for both continuing education and supervision of the health workforce. Simple changes to dispensing and prescribing practices can help reduce risks.

The increased health risks associated with growing supply of prescribed opiates, used in the management of chronic pain, is of the greatest concern, given the increased death toll related to these drugs. Pharmacies, treatment agencies and health services need to adapt to this pattern of drug use.

In addition to oxycodone poisoning deaths described above, the misuse of prescription medicines, such as benzodiazepine, particularly in combination with alcohol, is emerging as a major road safety concern.

### What we will do

The government will:

- provide support and education for prescribers, pharmacists and other health professionals to ensure appropriate clinical supervision of acute and chronic pain management including providing specialist support for GPs and guidance for hospitals on discharge practices
- provide better treatment pathways that are specifically tailored and targeted to people who are dependent on misused pharmaceutical drugs, including the provision of specific services for these problems in Victorian alcohol and drug treatment services
- provide better public information on risks of using these drugs and driving and explore ways to prevent driving by those who are impaired by pharmaceutical drug use, as part of Victoria's Road Safety Strategy
- work with sporting and other community organisations to educate participants and the broader community about the misuse of commonly misused substances including sleeping pills, stimulants and steroids.

## Illegal drugs

Patterns of illegal drug use and supply have changed over the last decade. There is significant involvement of organised crime in the production of illegal drugs in Victoria. Furthermore, as the illicit drug market has altered, new synthetic, chemical or herbal products have emerged that mimic the effects of other illicit drugs. This poses new and significant challenges in effective enforcement and regulation.

Tackling the demand for drugs is also critical to reducing the harm and cost to communities. This includes supporting vulnerable individuals and families, changing the way young people are educated about drugs, reducing supply through tougher penalties and ensuring access to high-quality treatment and support to assist in the journey to recovery.

The Victorian Government does not believe that decriminalisation is the answer to tackling our drug problem. Illicit drugs cause significant harm to individuals and the broader community, including the loss in workplace productivity and the cost to our health and criminal justice systems. Decriminalisation does not address this issue, nor tackle the root causes of why people turn to drug use.

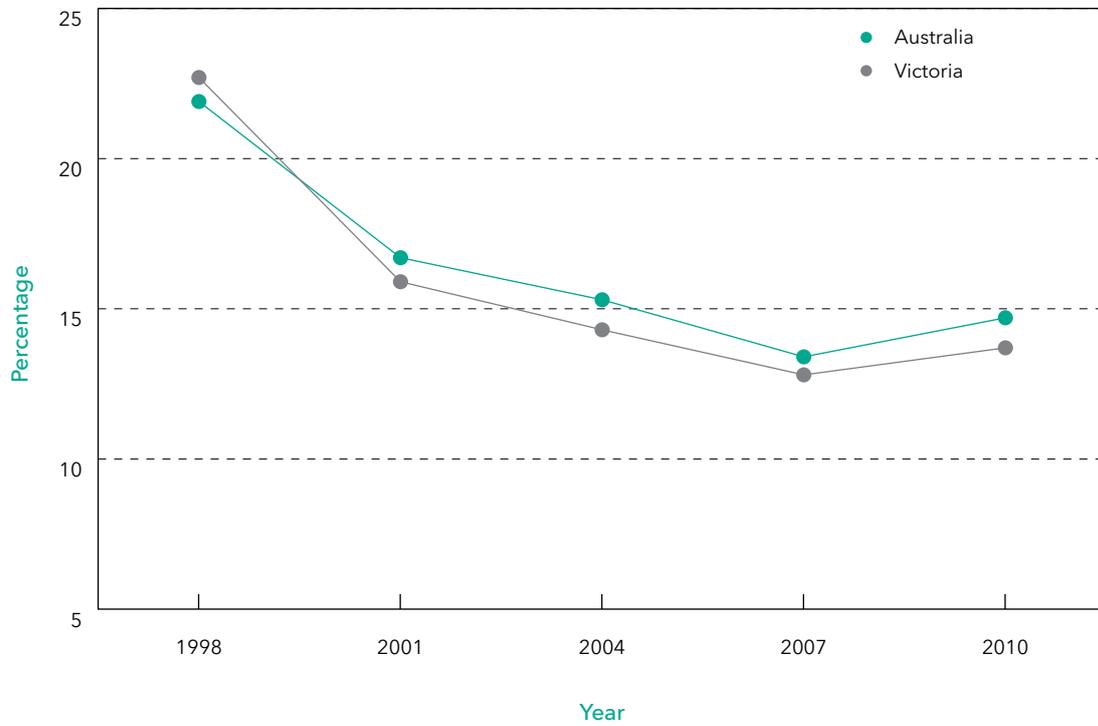
Further, the Victorian Government will not be establishing a supervised injecting facility as it believes harm reduction initiatives underway, such as doubling pharmacotherapy funding, have a higher impact and broader application than the establishment of such a facility.

The government has already:

- boosted funding and access to Victorian harm-reduction services, including wider access to needle and syringe programs and pharmacotherapy programs
- supported Victoria Police in combating drug trafficking
- amended Victoria's drug laws to respond better to dangerous, new substances
- banned the display and sale of bongs and other drug using equipment in Victorian shops
- established a new community education program on cannabis, together with the Australian Drug Foundation, called 'Don't let your dreams go up in smoke', that aims to educate young people around the risks associated with cannabis use, and engage them through the campaign website at [www.facebook.com/dreamsupinsmoke](http://www.facebook.com/dreamsupinsmoke)

Strategies 8 to 10 of the government's 15-point plan will, through a balanced strategy of supply, demand and harm reduction, contribute to reducing illegal drug use in Victoria. They aim to reverse the recent increase in the use of illegal drugs, primarily cannabis and stimulants, and reduce the toll on individuals, families and the community.

Figure 4: Recent use of any illegal drug, people aged 14 and over, 1998-2010



## 8. Strong laws to protect the community from drug trafficking

The Victorian Government will maintain and strengthen laws protecting the community from the harms caused by illegal drugs and new psychoactive substances both to the user and to others.

### The issue

Strong laws against illegal drugs and drug trafficking limit the availability of harmful drugs, drive up their cost, deter people from using these drugs, and target organised crime and drug traffickers.

Victoria has implemented a robust system that helps protect communities from drug trafficking. In addition, Victoria's system balances effective supply control measures with evidence-based harm reduction strategies. This ensures there are strong penalties for drug traffickers, while also reducing the risks to the community arising from drug use.

The emergence of chemical and herbal products that mimic the psychoactive effects of illegal drugs poses a new challenge.

There is a need for constant monitoring and adjustment of drug regulations to ensure that the community continues to be protected from the risks of these drugs. In October 2012, the Parliament passed amendments to Schedule 11 of the *Drugs, Poisons and Controlled Substances Act 1981* to bring within Victoria's illicit drug regime a range of synthetic cannabinoids and other synthetic substances that mimic the effects of illicit drugs.

In addition, the inability of roadside drug tests to detect many drugs and to keep up with the development of synthetic and natural analogues is a significant road safety concern.

Law enforcement is an important part of addressing drug supply and in reducing levels of drug dealing and violence in public places. Continual attention to our laws and policing strategies helps to ensure that they are effective in keeping the community safe.

Both alcohol misuse and illegal drug use harm workplaces and productivity. In 2010 the *National Drug Strategy Household Survey* found that 5.0 per cent of people over 14 years reported going to work under the influence of alcohol. An estimated 1.7 per cent of people over 14 years reported going to work under the influence of drugs, and this represents nearly one in eight of recent illegal drug users. If these survey results are representative of community behaviour, they suggest many people are taking unacceptable risks that are contributing to workplace health and safety risks, accidents and deaths. More broadly, such behaviour reduces the productivity of Victorian businesses.

The community has long accepted random alcohol and drug testing as an effective means to enforce laws against drink-driving and drug-driving. Workplace alcohol and drug testing is, however, not so widely implemented. It is currently applied by some employers in some sectors and industries, particularly in those where there are significant risks related to the operation of vehicles or machinery, such as transport, aviation, rail, mining and crane drivers in the building and construction industry. Drug testing is undertaken systematically in professional sport, and the Australian Football League conducts regular testing as part of its illicit drug policy that aims to protect the health and welfare of AFL players.

In the transport industry, for example, quite wide-ranging testing arrangements have developed over time through a combination of government requirements, facilitation, enterprise agreements, workplace policies and employer and employee initiatives. These include implementation of testing using different sampling methods (oral-fluid, urine, blood or, in some countries, hair) and for different purposes (pre-employment, random, or “for cause” testing).

A range of private firms offer employers drug-testing services and advice on workplace health and safety policies and practices. The further development of support and assistance for employers who choose to undertake drug testing could bring benefits in other sectors that have significant alcohol and drug related health and safety issues. Worksafe Victoria provides broad guidelines on workplace policies in relation to alcohol and drugs in Victorian workplaces, but does not directly support testing. Employers who wish to do so develop specific alcohol and drug testing measures relevant to their workplace. Regulatory agencies, such as VicRoads and the Civil Aviation Safety Authority, work collaboratively with both employer and employee organisations and drug testing providers to provide guidance on the most effective workforce testing approaches.

As part of this plan, the Government will, through the relevant Government agencies, continue to work with Victorian employers who choose to conduct alcohol and drug testing to address their particular workplace health and safety needs.

In addition, specific concerns have been raised, including by the Victorian Master Builders Association, about the prevalence of both alcohol misuse and illegal drug use within the building and construction industry. The Victorian Government has asked the Director of the Construction Code Compliance Unit to investigate and report on the current state of compliance with the law and applicable codes of practice in the Victorian building and construction industry. The Government will consider any recommendations and advice that the Director provides on these matters.

## What we will do

The government will:

- continue to work with Victorian employers who choose to conduct alcohol and drug testing, and consider the provision of guidelines and protocols
- consider the forthcoming recommendations from the Director of the Construction Code Compliance Unit into the Victorian building and construction industry, where the alcohol and drug workplace risks are very high and specific concerns have been raised
- prepare an information paper on the extent and application of workplace testing
- discourage and deter people from experimenting with and using illegal drugs through targeted improvements to Victorian drug laws and its system of drug regulatory control in response to changing patterns of drug use
- strengthen Victoria Police’s law enforcement strategies that target large-scale producers and traffickers of illegal drugs, and disrupt the criminal distribution and sale of illegal drugs
- strengthen Victoria Police procedures so that police can more easily concentrate on investigating crime, including searching for stolen property, drugs or evidence, or by conducting a covert search of a clandestine drug laboratory
- explore opportunities for the potential introduction of a single warrant application process.

## 9. Better referral of drug users to treatment

The Victorian Government will progressively implement, within available resources, measures to enhance the referral of personal-drug use offenders to education and treatment.

### The issue

Use and possession of illegal drugs is a crime, and Victoria's approach aims to encourage drug users to get off drugs and to tackle their health and other concerns. In addition to major recent sentencing reforms, enhanced diversion options and improved prison-based treatment will enable better referral of offenders to treatment, regardless of their sentencing outcome.

Diversion programs have been used successfully in Victoria for many years. They encourage drug users to undertake education or treatment in a way that is appropriate to the seriousness of the offence, and they reduce the risks of harm to the community.

The economic and social costs of incarceration are extremely high. Diversion programs help to break the cycle of offending by addressing the underlying causes of crime and addiction. Diversion and non-custodial sentences for drug offences and individuals with alcohol and drug problems may be triggered at several points in the justice system, from first interaction with police through to court and sentencing. Diversion programs require the participant to undertake certain requirements, such as participation in treatment programs, aimed at rehabilitation and reintegration into the community in place of custodial sentences.

Victoria's diversion programs - both police diversion programs and court-based diversion initiatives - have developed over time as programs limited to specific areas or specific target groups.

There needs to be more consistent delivery of these approaches across the state, across drug types, and across different age and population groups. There also needs to be stronger collaboration between the criminal justice and health systems in their delivery.

Where diversion is not appropriate, further options for referral to treatment will continue to be rolled out in the justice system. In January 2012, the government introduced significant reforms to sentencing in Victoria, creating the new Community Correction Order.

The Community Correction Order provides a single, flexible order that may be tailored to the particular circumstances of the offender and the offence, including specific conditions for alcohol and drug related offending.

Offenders may be ordered to undertake alcohol and drug testing, treatment or rehabilitation. They may also be banned from attending certain licensed premises. These conditions allow courts to better respond to underlying alcohol and drug abuse problems.

Improved assessment and treatment for offenders in the community and in prisons will focus on preventing and reducing alcohol and drug related offending behaviour, and provide better coordinated care and treatment from custody to release.

## What we will do

The government will:

- ensure diversion programs encompass a graduated series of early and targeted interventions appropriate to the seriousness of the criminal offence and the personal circumstances of the offender
- deliver improvements in the way Victoria Police, the forensic alcohol and drug system, and the courts implement diversion programs
- expand pre-sentencing diversion progressively through collaboration between Victoria Police and the Department of Health, without adding to the administrative burden on Victoria Police
- expand existing court-based diversion initiatives, and apply the successful principles of the Drug Court more widely across the court system progressively within budget constraints
- set directions for diversion of alcohol and/ or drug affected young offenders, following community consultation on the discussion paper, *Practical lessons, fair consequences: improving diversion for young people in Victoria*, released by the Attorney-General and Minister for Community Services
- improve cross-agency coordination and collaboration by criminal justice agencies, alcohol and drug treatment providers and other health and community-based agencies to provide appropriate referrals or treatment for offenders with alcohol and drug issues
- support partnership approaches under the Aboriginal Justice Agreement that divert Aboriginal people away from the criminal justice system appropriate to the seriousness of the offence
- develop a single, comprehensive and updated corrections alcohol and drugs strategy. The strategy will cover both prisons and community corrections, and provide an integrated response to reduce harm related to offenders' alcohol and drug use and related crime and improve transition between prisons and the community
- improve the application of alcohol and drug treatment conditions as part of Community Corrections Orders by:
  - providing a single, flexible order that gives magistrates and judges the ability to tailor the conditions according to the nature of the offence and the offender's needs, including substance misuse
  - offering same-day assessments to respond to high-risk offenders
  - ensuring optimal use of available resources to prioritise the most responsive and effective services

- enhance alcohol and drug treatment service delivery for offenders in the community through collaboration between Departments of Health and Justice that will provide a stronger focus on preventing and reducing substance-related offending behaviour by:
  - improving screening and assessment to help treatment providers identify the relationship between a person's drug use and their offending behaviour
  - redesigning the forensic treatment system to include brief interventions, group work and motivational interviewing for those who are less motivated or ready for treatment
  - coordinating treatment and care with strengthened cross-program case management, assessment and information transfer
  - developing a more intensive response for offenders who have a high risk of reoffending and substance dependence
- deliver programs in public prisons which aim to reduce offending through the new single, expert provider of alcohol and drug services across Victorian prisons, and ensure consistent coordinated care and treatment for prisoners from entry to the prison system, through to and continuing beyond their release back to the community.

## 10. Improved harm-reduction services and targeted prevention

The Victorian Government will support targeted programs that prevent and reduce the harm of illegal drug use for individuals and the community, and will adapt these programs to changing patterns of drug use and proven, clinically effective, cost-effective measures that save lives.

### The issue

All illegal drugs are dangerous and create unacceptable health risks for the community. There is no silver bullet that will eliminate drug use overnight. But Victoria can, as a community, do more to reduce the risks that illegal drugs pose to individuals and to our communities.

There are quite specific health risks related to injecting drug use, including the risk of transmission of blood-borne viruses, such as HIV/AIDS and hepatitis C. Currently in Victoria, health programs provide sterile injecting equipment as a means of reducing the transmission of blood-borne viruses and sexually transmissible infections among people who inject drugs and on to their families, friends and the broader community. These programs do not condone illegal drug use, but protect the health of the whole community. They are often the beginning of recovery for drug users and the entry point to treatment services.

Victoria has had great success in discouraging harmful practices among drug users and providing targeted prevention programs addressing specific health problems related to illegal drug use. These programs have delivered significant health benefits and cost savings to the community. For example, needle and syringe programs are estimated to have prevented over 5,500 HIV infections and 18,800 hepatitis C infections in Victoria in the ten years to 2009. Every dollar spent on needle and syringe programs saves an estimated \$27 through lower healthcare costs and productivity losses.<sup>10</sup>

However, the changing patterns of drug use (such as less use of heroin and more use of stimulant and pharmaceutical drugs) do require adaptation by these services and continued innovation to ensure that services respond to the needs of consumers, involve local communities and collaborate with key workforces. These services need to reduce harm and to encourage drug users to get off drugs and to tackle their health and other concerns.

Victoria monitors with interest new ways to reduce the death toll from drug use. For example, naloxone hydrochloride (Narcan®) is a prescription-only drug which reverses the effects of opioids including heroin and some prescription drugs. It is used widely by Victorian paramedics and a number of countries have implemented local programs to support potential overdose witnesses (including family members, carers or peers) using the drug as a first aid tool. In the United Kingdom a randomised control trial is assessing the effectiveness of giving naloxone on release to prisoners with a history of opioid use to prevent fatal overdoses. These programs show promise to save lives, and the consequences of broader implementation need to be carefully assessed. The evaluation results of a program being tested in the Australian Capital Territory can inform assessment of whether and, if so how, to expand availability of naloxone in Victoria.<sup>11</sup>

10 Department of Health and Ageing 2009, *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia*, Commonwealth Government of Australia, Canberra, pp. 8 and 95.

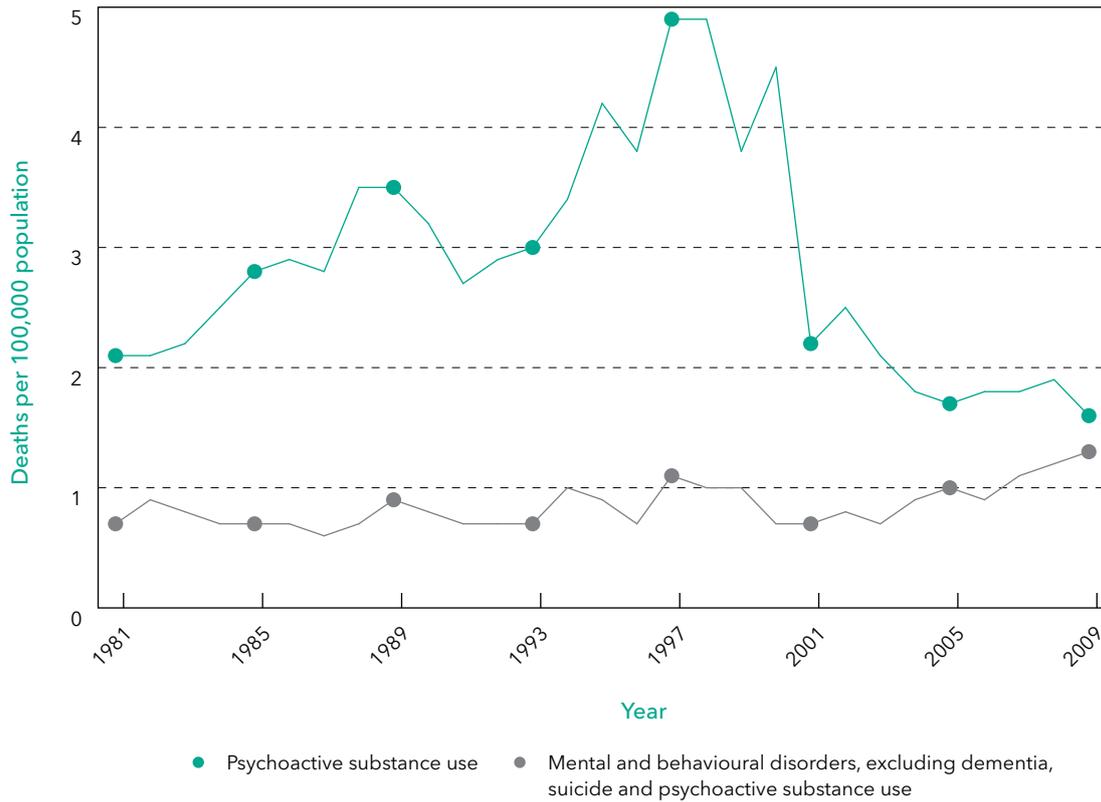
11 Australian National Council on Drugs 2012, *Expanding naloxone availability*, Commonwealth Government of Australia, Canberra; UK Advisory Council on the Misuse of Drugs 2012, *Consideration of naloxone*, British Government, London.

## What we will do

The government will:

- strengthen Victoria's current harm-reduction programs including needle and syringe programs, primary healthcare centres, overdose prevention, and pharmacotherapy services
- build on the success of Victoria's needle and syringe programs in preventing blood-borne virus transmission among people who inject drugs and on to the wider community, including:
  - increasing access to services after hours and in growth corridors
  - supporting and enhancing harm-reduction services through diversifying the availability of equipment to adapt to changing patterns of use of illegal drugs and diverted pharmaceutical drugs
  - using needle and syringe programs to connect clients with primary health providers including GPs delivering alcohol and drug treatment (pharmacotherapy)
  - improving community understanding of the importance of access to needle and syringe programs and pharmacotherapy
- expand and enhance pharmacotherapy treatment services across Victoria as part of reforms to the alcohol and drug treatment sector, including expanding GP and pharmacy participation in community-based pharmacotherapy through an area-based model approach
- remove the current requirement for GPs to be specially trained in order to prescribe Suboxone for up to five patients. Current training requirements for riskier drugs will be kept. Suboxone is also increasingly being made available in a film formulation. These changes will encourage more medical practitioners to participate in the community-based pharmacotherapy program, and improve access to healthcare for people who use illegal drugs
- provide prescribers and dispensers of pharmacotherapy treatments with greater flexibility in the provision of the takeaway doses of treatments suited to individual patient circumstances
- support the current range of collaborative health service and police responses to overdose, with a continued strong focus on harm-reduction
- assess and implement targeted interventions to widen the use and availability of naloxone as an emergency response to opioid overdose, including reviewing evidence from trials in Australia and other countries, and taking steps to encourage prescribing its use for family members, carers or nominated peers within current rules
- continue to deliver well-targeted prevention and harm-reduction community education activities in response to the use of specific illegal drugs, including a targeted campaign for young people which focuses on the risks to social, mental and physical health from cannabis use
- explore the development of targeted community education programs for culturally and linguistically diverse communities.

Figure 5: Deaths from psychoactive substance abuse compared with other mental illness, Australia 1981 - 2009. A balanced approach to reducing supply, demand and harm has greatly reduced the death toll from psychoactive substance abuse especially since the peak of heroin use in the late 1990s (Australian data).



Notes: ICD-10 codes: all mental and behavioural disorders (excluding dementia, suicide and psychoactive substance use), F04-F99; psychoactive substance use, F10-F19.

Age-standardised to the Australian population as at 30 June 2001.

Source: figure reproduced from AIHW 2012, *Australia's health 2012*, Commonwealth Government of Australia, Canberra, p. 278.

## Care, treatment and recovery

The reform of the alcohol and drug treatment system is long overdue. For all its many excellent services, Victoria's drug and alcohol treatment services are complex, fragmented and hard to navigate.

The Victorian treatment system needs to offer more people clear options for care that are of a more consistent quality. The government is working with services to build a treatment system that encourages better outcomes by supporting people to make positive changes in their lives.

Approximately 224,000 Victorians have a substance abuse disorder each year, but only a small proportion of these people seeks help from state-funded treatment services. The majority of people with an alcohol or drug problem do not seek help from health professionals or treatment services for their addiction.

People should be at the centre of what treatment services do. Victoria needs to get the most effective treatment for individuals and the best value for the taxpayer. That means investing in sustainable and culturally inclusive services, centred on the needs of the person and family.

Better care, treatment and recovery will bring benefits to people with drinking and drug problems through earlier, clinically effective care and support. It will also bring benefits to the wider community through reduced illness, disability, lost productivity, crime, violence, child abuse and suicide.

Better care, treatment and recovery will also help vulnerable children and families. The Protecting Victoria's Vulnerable Children Inquiry found that parental alcohol misuse is a significant risk factor for child abuse and neglect. Improved child and family focused treatment services are essential to meet our shared responsibility to Victoria's vulnerable children.

Recovery does not depend on treatment alone. It is helped by the informal social support of families, friends and community members of the person seeking recovery. Everyone in the community can play a part in recovery by helping to reduce stigma and improve understanding of addiction. Myths about addiction, alcohol and drug problems and recovery need to be challenged, and the voices of people who misuse alcohol and drugs need to be heard.

This plan will promote a shared understanding across the community that sustained recovery from alcohol and drug misuse can be the norm. It will strengthen how well healthcare, social services and other professionals, families, and diverse communities support the person in recovery.

Already, the government has:

- set out its plans to reform alcohol and drug treatment services through *New directions for alcohol and drug treatment services: a roadmap*
- provided secure, sustainable funding for Victorian alcohol and drug treatment services in the 2012-13 State Budget, and effectively advocated to restore funding to services threatened by Commonwealth Government funding decisions
- established the first phase of reforms to deliver more person-centred social services through Services Connect
- boosted funding and set new policy directions to improve child protection and related services through *Victoria's vulnerable children: our shared responsibility*
- commenced work on a comprehensive strategy for vulnerable children and families across the whole of government.

Strategies 11 to 14 of the government's 15-point plan will ensure strong collaboration between government departments and the wide range of services to increase the access to support for alcohol and drug problems and to reduce the harm associated with alcohol and drugs on families and Victorian communities. It will increase the numbers of risky drinkers and drug users who seek to reduce or stop their use and who recover successfully from misuse.

## 11. New directions in alcohol and drug treatment services

The Victorian Government will reshape the alcohol and drug treatment system to be more person-centred and supportive of recovery by individuals and families.

### The issue

For some people, the misuse of alcohol and the use of illegal drugs can lead to addiction, dependence or other forms of substance-use disorder. Addiction is characterised by chronic and/or persistent behaviour, despite harmful consequences. But it is possible to gain control and recover from addiction.

There is abundant evidence that substance-use disorders are under-treated in the community. Yet, every day thousands of Victorians receive dedicated care and support for their alcohol and drug problems from doctors, psychologists, counsellors, allied health workers, specialist alcohol and drug workers, carers, families and their friends.

Caring for a person with a severe addiction can be complex and challenging. Providing access to effective support and treatment, centred on recovery, provides benefits through reduced healthcare costs, reduced crime, safer communities and improved participation in work or education.<sup>12</sup>

Unfortunately, drug and alcohol services are currently structured in a way that is fragmented, confusing and over-stretched. Poor service design, inequitable resource allocation, structural workforce issues, variable quality of care, and inconsistent rules for accessing treatment too often hinder rather than help the work of many clinicians, carers and consumers.<sup>13</sup>

The way government funds, organises and manages the treatment system needs to be much more responsive to individual needs and preferences, and similarly more responsive to the needs of families and carers.

We need to make it easier and less stigmatising to seek and receive treatment, with clearer and more streamlined pathways from assessment and intake to discharge and follow-up.

We need to use the best available evidence to connect people needing help to the most suitable and effective treatment option – from brief early interventions, through supported programs of intensive treatment and withdrawal, and to longer term programs of medication or pharmacotherapy.

12 UK National Treatment Agency for Substance Misuse 2012, *Estimating the crime reduction benefits of drug treatment and recovery*, NTASM, London; Best D et al. 2010, *Research for recovery: a review of the drugs evidence base*, Scottish Government Social Research, Edinburgh.

13 Office of the Auditor-General, *Managing drug and alcohol prevention and treatment services*, State Government of Victoria, Melbourne.

## What we will do

The government will:

- implement *New directions for alcohol and drug treatment services: a roadmap* to deliver a redeveloped, recovery-oriented alcohol and drug treatment system delivering alcohol and drug treatment that is:
  - centred on the person, family and culturally inclusive, and oriented towards recovery
  - accessible and easy to navigate
  - of a high quality and based on evidence
  - integrated with the other health and human services that people need
  - designed to intervene when problems are first detected
  - sustainable and responsive to community needs
  - connected to services and programs that can help build bridges to treatment
  - delivered by a skilled and competent workforce
- develop and deliver the detailed reforms, as set out in *New directions*, through an extensive program of consultation with the Victorian Alcohol and Drug Association, alcohol and drug treatment agencies, community members and consumer representatives, and including regular public progress reports through bulletins being published at <http://www.vaada.org.au/sector-reform.shtml>
- implement the first key phase of these reforms that deliver improved access to alcohol and drug treatment services by establishing a centralised bed register and intake system, new standardised assessment and screening methods, and an area-based model for pharmacotherapy coordination
- recommission state-funded treatment services with agencies responsible for delivering funded services in a defined geographic area and supported by both enhanced client information management capacity and redeveloped reporting systems as part of the recommissioning process, trial flexible, results-based funding to encourage and support innovative local approaches to achieving better outcomes for groups facing particular difficulties
- improve engagement and communication between alcohol and drug treatment services, Victoria Police and the wider health sector to help vulnerable children and families, people with mental health problems, and those with chronic physical health conditions
- deliver a workforce development framework that will guide workforce activities in support of *New directions* and this strategy. Over the next three years, this framework will promote:
  - better supports within work settings and across the sector
  - better working environments
  - access to high-quality, evidence-based learning and development opportunities
  - cultures of excellence and continuous learning
  - a stronger sense of pride and professional identity in alcohol and drug work
  - a stronger cross-system focus that supports new ways of working and learning between professionals, teams and services
- ensure that people with alcohol and drug problems are better assisted and supported within mainstream health services and that health services improve their capacity to address substance misuse issues within hospital emergency departments and better connections with primary health services.

## 12. Better person-centred care through social services, especially for vulnerable families

The Victorian Government will progressively deliver more connected, person-centred care of the whole range of social services to reduce the impact of substance misuse on families and communities.

### The issue

Better responses to alcohol and drugs need to be coordinated with broader reforms to education, support for vulnerable children and families, and other housing and community services.

There are significant opportunities to improve links with mental health services. Young people experiencing mental health problems associated with alcohol or drug use, or whose drug use is affected by mental illness, need enhanced access to treatment and support through better integrated youth specific services.

People with drinking and drug problems do not always recognise the impact of their behaviour and substance use on their children, families and the wider community. Rather than approaching a treatment or health service as a first option, they may be referred as a result of a child protection notification, criminal activity, a driving offence or medical emergency. In particular, alcohol and drug misuse is a contributing factor in violence against women and children, requiring responses from alcohol and drug, law enforcement and family violence sectors.

In 2009-10 about one-third of clients of alcohol treatment programs had dependent children.<sup>14</sup> These parents are only a small share of the total number of parents in the community who misuse substances and so on occasion potentially expose their children to risk. The Protecting Victoria's Vulnerable Children Inquiry (2012) has identified specific parental

characteristics such as mental illness, domestic violence, intellectual disability and alcohol and drug use as predictors of a child having serious health and development problems, and poorer education outcomes than their peers.

The Protecting Victoria's Vulnerable Children Inquiry found that parental alcohol misuse is a significant risk factor for child abuse and neglect. *Victoria's vulnerable children: our shared responsibility*, a directions paper, will address this to improve child and family focused services. This will include addressing the fact that children are most vulnerable when parents or carers suffer from mental illness or alcohol or drug problems or are subject to, or are perpetrators of, family violence.

Treatment and welfare services need to work better together, and better address the social determinants of alcohol and drug misuse. Through Services Connect the government is making reforms to our human services system to deliver effective and connected services. The early identification of vulnerable children and families who are at risk of abuse, neglect and violence as a result of the misuse of alcohol and drugs by a parent or parents is a shared responsibility across the health, education, justice and welfare service systems. Given the complexity of issues associated with many vulnerable children and their families, an integrated service response is required to ensure people get the services they need when they need them without having to endure multiple assessments and screening processes.

<sup>14</sup> Office of the Auditor-General 2011, *Managing drug and alcohol prevention and treatment services*, State Government of Victoria, Melbourne, p. 5.

## What we will do

The government will:

- deliver effective whole-of-government coordination of key social services to respond more effectively to substance misuse and its impact on families and communities
- support the expanding network of headspace services across the state, including active links with schools
- support young people with psychotic conditions through a new network of early psychosis youth centres, each of which will incorporate drug treatment expertise
- implement major reforms, as set out in *Human services: the case for change*, to test better models of connecting alcohol and drug clients with community services and person-centred care through the Services Connect program in the Department of Human Services
- test the use of an alcohol and drug misuse screening in the Dandenong Geelong and South-West Victoria Services Connect trial sites and develop improved effective coordination of evidence-based, standardised screening and assessment methods to support clients wanting to access services and improve pathways for clients into specialist alcohol and drug services
- implement the reforms set out in *Victoria's vulnerable children: our shared responsibility*, including:
  - deliver better and more integrated support for vulnerable individuals and families including enhancing capacity for early intervention and prevention, more person-centred care, family-centred and more effective action on some of the social determinants of alcohol and drug misuse
  - deliver more personalised help for vulnerable Victorians with complex support needs that can include drug and alcohol use, mental health issues, homelessness and financial insecurity
  - strengthen the capacity for mental health and alcohol and drug adult services to recognise the parenting responsibilities of adult clients in the planning and delivery of treatment
  - promote more family-inclusive practice across the alcohol and drug sector, including exploring the development of targeted mother and child services as part of alcohol and drug treatment reform
  - strengthen the involvement of mental health and alcohol and drug services in Child and Family Services Information, Referral and Support Team (Child FIRST) responses for families, and provide training and support to the family services workforce

- improve how education and community services identify vulnerable parents and children and young people with problem alcohol and drug use, including through early assessment in Maternal and Child Health Services and schools, and provide targeted responses through effective referrals and through Department of Human Services, the Youth Partnerships services, primary care and other system initiatives
- deliver better services for at-risk young people, including:
  - more effective residential care to support young people who use alcohol or other drugs
  - strengthening the Finding Solutions program to support families where the young person is using or is likely to use illegal substances.
  - reviewing the Alcohol and Drug Youth Consultant Program to identify opportunities to consolidate and expand services, including targeting new positions for youth justice clients
  - strengthening the capability of youth justice staff to assess and respond to alcohol and drug issues
  - providing through the Department of Human Services an alcohol and drug intervention program for young offenders in custody or on community-based supervision.

## 13. Community-based action on social factors driving substance misuse

The government will work with communities that have particular needs in relation to alcohol and drug misuse to deliver culturally appropriate services and to support communities to address the social factors driving substance misuse.

### The issue

Social factors can play a large part in the patterns of substance misuse in different communities, and in some cases need to be tackled from a broader perspective than just focusing on alcohol and drugs.

Some major social factors that have been highlighted during the consultations on the whole-of-government alcohol and drug strategy have been the impact of the Stolen Generation and social disadvantage on the health and wellbeing of the Victorian Aboriginal community, the impact of cultural and language barriers on services provided to people from culturally and linguistically diverse communities, and the important role of communications and media in shaping approaches of young people to health and wellbeing.

Strong partnership approaches need to be developed between government agencies and these communities to address the social determinants of health, and in particular alcohol and drug misuse.

In particular, there needs to be a strong emphasis on community strengthening to support the Aboriginal community, and the government has developed good partnerships with the Aboriginal community to improve health, education and justice outcomes.

## What we will do

The government will:

- work together with Aboriginal communities and service providers to achieve implementation of *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022*, which brings together Victoria's total effort in Aboriginal health in an integrated, whole-of-life framework
- ensure Aboriginal and mainstream health services take alcohol and drug misuse into account when dealing with Aboriginal individuals and families, and make mainstream services more accessible and culturally safe by addressing risk factors for poor health including risky alcohol consumption
- develop and implement improved services for Aboriginal people with alcohol and drug issues within a broader framework of improving Aboriginal health and outcomes set out in *Koolin Balit, Closing the gap* and the *Koori alcohol action plan 2010-2020*, including continued strong coordination of Aboriginal justice, health and community programs
- through *Koolin Balit*, the Victorian Government has undertaken to work in partnership with the Victorian Aboriginal community to tackle health risk factors, including alcohol and drugs, by:
  - supporting the implementation of planned, evidence-based health promotion initiatives in partnership with Aboriginal communities and local government in relation to smoking and other risk factors
  - improving Aboriginal people's access to culturally relevant information about healthy behaviour and lifestyles in relation to smoking and other risk factors, and improving support to act on that information
  - identifying and developing ways to address health issues that specifically impact Aboriginal men and Aboriginal women
  - supporting initiatives that foster emotional wellbeing within Aboriginal communities and promote individual and community resilience
  - strengthening service delivery and links across services and programs
  - supporting local initiatives focused on physical and mental health promotion
- strengthen the evidence base on patterns of alcohol and drug misuse in culturally and linguistically diverse communities
- work with leaders of culturally and linguistically diverse communities to develop effective community-based responses to their concerns, with particular attention to refugee communities through the Department of Health's refugee health and wellbeing programs
- improve engagement and communication between alcohol and drug treatment services, and the wider health sector, and culturally and linguistically diverse communities
- respond to alcohol and drug issues for young Victorians within the positive vision outlined in *Engage, involve, create* – that is, that all young Victorians experience healthy, active and fulfilling lives and have the opportunity to:
  - be engaged in education and employment
  - be involved in their communities and decisions that affect them
  - create change, enterprise and culture.

## 14. Promoting successful recovery and reducing stigma in the community

The Victorian Government will engage with diverse community leaders from all sectors to foster attitudes that support people recovering from addictions.

### The issue

Among the challenges facing people who are seeking to overcome addiction are common misunderstandings of the nature of addiction and alcohol and drug misuse, and negative attitudes towards people with drinking and drug problems.

While these attitudes can reflect social disapproval of unacceptable behaviour, sometimes they can also prevent people from recognising problems early, seeking help, or accessing healthcare or other support. In some cases, they can exacerbate the problems caused by their misuse of alcohol and drugs - such as loss of work, housing, or connections with family and friends. As a consequence, recovery becomes more difficult.

How the public perceives addiction, drug use, drinking problems and help-seeking is deeply influenced by culture and social background.

All Victorians can take responsibility for ensuring their beliefs are well-informed, respectful and appreciative of the complexity of recovering from alcohol and drug misuse. Supportive community attitudes make a difference by encouraging even the smallest steps taken by people with alcohol and drug problems towards recovery and improved health and wellbeing.

### What we will do

The government will:

- work with community and other organisations to develop an effective approach to challenge stigma, create an informed and compassionate public debate, and build a culture in the community that supports successful recovery and harm reduction, and encourages help-seeking by people with drinking and drug problems
- support community-based health promotion and community engagement activities by alcohol and drug services and other organisations that improve health literacy levels, promote clear advice on how to get help, discourage stigma and encourage positive action to support recovery
- ensure these activities engage with and are responsive to the diverse cultural and language needs of communities
- support and encourage the participation of a broad range of community leaders in efforts to promote recovery and to reduce stigma related to alcohol and drug misuse
- strengthen the participation of people affected by alcohol and drugs, carers and families in policy development, service delivery and culture-change programs.

## Leadership

This strategy sets out how the Victorian Government will promote healthy, safe, responsible use of alcohol, reduce the use of illegal drugs, and ensure access to high-quality services to support people in their journey to recovery.

Through the development of this strategy, the government has brought together government departments, experts, stakeholders and people from many parts of our community to talk about alcohol and drug misuse and to develop solutions to these complex problems.

Over 120 written submissions were received, and hundreds of people participated in consultations organised by both the Department of Health and community agencies. Advice was provided by experts, stakeholders and community leaders from across Victoria, from business, community, government and research organisations and from many walks of life.

Along the way, fundamentally opposing views were expressed and heard with respect.

Part of the government's role in providing leadership through this strategy is to ensure that there is factual and well-informed debate on issues that are difficult to resolve but important to discuss. That debate needs to be conducted with all stakeholders across the diverse Victorian community.

In particular, it is crucial that the government clearly listens to the voices of people with drinking and drug problems, people who have recovered from those problems, and their carers and families.

Ultimately, governments make decisions based on the best available evidence of what works, what is feasible and what will help achieve the best results for the community.

To support this decision-making, there is a need to establish effective advisory mechanisms that have support and involvement from across both government and the whole community. They should build on the collaboration, commitment and innovation that so many Victorians have

shown through the development of this strategy. They will also ensure that Victorians will enjoy a higher quality of public discussion, decision-making, and media presentation of alcohol and drug issues.

There is also a need to inform the decisions that the government makes with clear measures of progress, and commit to a continuing program of improving the effectiveness of all government alcohol and drug programs. In addition, the government will identify innovative approaches, based on cutting-edge research, that have the potential to deliver better value-for-money results for Victorians. The government has already:

- brought diverse community leaders and experts together through the Expert Advisory Group that helped to shape this strategy
- consulted extensively across the community
- established long-term plans in health, justice, education, policing and human services
- invested in new, improved alcohol and drug policy, programs and research.

The final strategy of the government's 15-point plan is to establish new advisory arrangements, modelled on Victoria's world-leading approach to road safety, that will guide innovation, more cost-effective programs, and high-impact research to make measurable reductions in the alcohol and drug toll.

## 15. Leadership to reduce the toll

The Victorian Government will establish effective oversight and advisory arrangements to guide collaboration on innovative, cost-effective and high-impact programs and to deliver measurable reductions in the alcohol and drug toll.

### The issue

Before the development of this strategy, Victorian Government departments and agencies had not worked together successfully on a comprehensive, common strategy for alcohol and drugs. This is in contrast to successful Victorian approaches to issues including tobacco and road safety.

Until now, there has been no shared agenda for legal and regulatory reform, service coordination, cultural change or research and evaluation.

Government policy decisions on alcohol and drugs frequently raise sensitive issues that require reasoned, evidence-based judgements that respect the differing views of people from across the whole community. Victoria will benefit from better informed community discussions of alcohol and drug issues.

The government will establish strong decision-making and advisory arrangements to implement the strategy.

This strategy aims to deliver reductions in the toll of death, disease, injury, antisocial behaviour and crime. It also aims to improve the wellbeing of Victorians by helping more people to live well, free of the harm of alcohol and drugs.

Measures of progress will inform evidence-based decision-making, notwithstanding the complexity and uncertainty about the exact effects of policies on behaviour change.

It will also require setting clearer priorities for better use of available data and research on alcohol and drugs in order to deliver better decision-making, improved services and healthier behaviour.

## What we will do

The government will:

- oversee the strategy through a ministerial committee that will guide:
  - implementation plans and the ongoing development of the strategy, and
  - progress on reducing the alcohol and drug toll
- establish an alcohol and drug advisory board (comprising no more than 12 non-government leaders, experts and stakeholders) to advise the Government on a clear set of work priorities that aim to develop and strengthen innovative policy, regulatory and services responses to alcohol and drugs
- coordinate the delivery of the strategy through a committee of senior executives from government departments and agencies, comprising key Victorian Government executives from Departments of Health, Justice, Human Services, Education and Victoria Police
- support improvements in the capabilities of all relevant workforces in collaboration with agencies, workforce organisations, education and training organisations and the Commonwealth Government
- measure progress of the strategy by assessing:
  - the toll of death, disease and injury from alcohol and drug misuse
  - rates of single-occasion risky drinking and daily drinking across all age groups
  - rates of alcohol-related hospitalisations
  - rates of illegal drug use, including misused pharmaceuticals
  - the number of drinkers and drug users who seek to reduce or stop their use and recover successfully from misuse
- support these measures of progress with performance, research and outcomes monitoring that will enable assessment of the cost-effectiveness and impact of programs
- improve methods of collecting and reporting data on alcohol consumption and cultural change, including through the Victorian Population Health Survey, the wide range of data produced by national statistical and research agencies, and more effective use of existing social research across Victorian Government agencies related to drinking attitudes and behaviour
- improve access, publication and sharing of data and research on alcohol and drugs that is collected, funded or sponsored by the Victorian Government
- establish an alcohol and drugs research and innovation fund with a particular focus on applied research, and redirect state government alcohol and drug research spending through this fund in order to advance the priorities of this strategy.

## Implementation

This plan contains the priority actions that will help to reduce the alcohol and drug toll. Two biennial implementation plans (2013–15 and 2015–17) will be developed to provide more detailed information on progress with performance measures and initiatives.

The table shows the priority actions for immediate implementation and the departments that have primary responsibility.

| 15-POINT PLAN                                                                | PRIORITY ACTIONS TO BE IMPLEMENTED IN 2013                                                                                                                                                                                                                                                                                                                                                                                         | RESPONSIBLE DEPARTMENT                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1. Reducing alcohol-related violence, antisocial behaviour and drink-driving | <p>Continue to implement reforms that have increased penalties for drunken behaviour, and introduced new penalties in relation to patrons who have been refused entry or have been asked to leave a licensed premises</p> <p>Apply the ban on those found guilty of any criminal assault committed under the influence of alcohol from being in any licensed premises where alcohol can be consumed for a minimum of two years</p> | Victoria Police, Department of Justice                                                  |
| 2. Effective liquor regulation                                               | <p>Ongoing implementation of the government's liquor regulation reforms to promote the responsible service of alcohol and crack down on reckless supply and consumption</p> <p>Commence development of an alcohol regulation evaluation framework to build the evidence base and support the most effective future direction for liquor regulation</p>                                                                             | Department of Justice, with the Victorian Commission for Gambling and Liquor Regulation |
| 3. Changing drinking culture                                                 | Commence delivery of alcohol cultural change program                                                                                                                                                                                                                                                                                                                                                                               | VicHealth                                                                               |
| 4. Better health promotion in education                                      | Implement new alcohol and drug curriculum for years 7, 8 and 9 in all Victorian schools in term 4 2012, with full implementation in 2013, and develop of comprehensive suite of programs to strengthen wellbeing and resilience among young people                                                                                                                                                                                 | Department of Education and Early Childhood Development                                 |

| 15-POINT PLAN                                                   | PRIORITY ACTIONS TO BE IMPLEMENTED IN 2013                                                                                                                                                                                                                                                                                                                                                                                                              | RESPONSIBLE DEPARTMENT                      |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 5. Better, earlier healthcare for alcohol problems              | <p>Implement an alcohol and drug hospital liaison and community diversion program to support clinicians dealing with alcohol and drug related hospital admissions and emergency department presentations</p> <p>Promote <i>Say When</i>, a free and confidential online tool which gives Victorian adults a chance to assess their drinking and what it means for their health and wellbeing, and undertake a self-guided alcohol reduction program</p> | Department of Health                        |
| 6. Better controls and evidence on misused pharmaceutical drugs | <p>Convene a summit on pharmaceutical drug misuse to identify with all stakeholders a plan of action to build the evidence base, to improve community understanding and to identify priorities for regulatory reform</p> <p>Encourage the Commonwealth Government to honour its commitment to a national real-time prescription monitoring system</p>                                                                                                   | Department of Health                        |
| 7. Improved clinical, prescribing and dispensing practices      | <p>Provide support and education for prescribers, pharmacists and other health professionals to ensure appropriate supervision of the use and management of high-risk pharmaceutical drugs</p> <p>Provide better public information on risks of using these drugs for driving and explore ways to prevent driving by those who are impaired by pharmaceutical drug use, as part of Victoria's Road Safety Strategy</p>                                  | Department of Health                        |
| 8. Strong laws to protect the community from drug trafficking   | Deliver effective law enforcement operations that target producers and traffickers of illegal drugs and disrupt their distribution and sale                                                                                                                                                                                                                                                                                                             | Victoria Police                             |
| 9. Better referral of drug users to treatment                   | <p>Implement Community Corrections Orders and collaborations between Departments of Justice and Health on forensic alcohol and drug treatment</p> <p>Develop a Corrections Victoria drug strategy</p>                                                                                                                                                                                                                                                   | Department of Justice, Department of Health |

| 15-POINT PLAN                                                                              | PRIORITY ACTIONS TO BE IMPLEMENTED IN 2013                                                                                                                                                                                                                       | RESPONSIBLE DEPARTMENT                           |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 10. Improved harm-reduction services and targeted prevention                               | Remove the current requirement for GPs to be specially trained in order to prescribe Suboxone for up to five patients<br><br>Establish a review process to assess wider use of naloxone                                                                          | Department of Health                             |
| 11. New directions for alcohol and drug treatment services                                 | Implement <i>New directions for alcohol and drug treatment services: a roadmap</i> to deliver a redeveloped, recovery-oriented alcohol and drug treatment system delivering alcohol and drug treatment with the development of recommissioned treatment services | Department of Health                             |
| 12. Better person-centred care through social services, especially for vulnerable families | Include a screening tool for alcohol and drugs in Services Connect trial sites                                                                                                                                                                                   | Department of Human Services                     |
| 13. Community-based action on social factors driving substance misuse                      | Develop partnerships and targeted approaches with community organisations through Koolin Balit and other policy frameworks                                                                                                                                       | Department of Planning and Community Development |
| 14. Promoting successful recovery and reducing stigma in the community                     | Develop a common approach with community organisations to promoting recovery to the community<br><br>Establish strong consultation arrangements with alcohol and drug consumer representatives                                                                   | Department of Health                             |
| 15. Leadership to reduce the toll                                                          | Oversee the strategy through a ministerial committee, advised by an executive group and an alcohol and drug advisory board, and establish an alcohol and drug research and innovation fund                                                                       | All. Department of Health to coordinate          |

## Measures of progress

These indicators of progress will be monitored and supplemented by additional analysis and research on other key performance and outcome measures.

|                                                                                    |                                                                                                                                                                                                                                  | VALUE<br>(BASE YEAR) | TREND |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------|
| <b>What is the alcohol and drug toll?</b>                                          |                                                                                                                                                                                                                                  |                      |       |
| Death                                                                              | Number of alcohol and drug caused deaths in Victoria - selected major causes of death, excluding injuries, road trauma and complex conditions (ABS, <i>Causes of death</i> , subject to revision, Department of Health analysis) | 625<br>(2010)        | –     |
| <b>How much alcohol are we drinking?</b>                                           |                                                                                                                                                                                                                                  |                      |       |
| Binge drinking                                                                     | Proportion of Victorians adults who exceeded the guideline for single-occasion drinking (ABS, <i>Australian national health survey</i> , and other surveys including Victorian Population Health Survey)                         | 43.3%<br>(2011–12)   | –     |
| Excessive daily drinking                                                           | Proportion of Victorian adults who exceeded the lifetime risk guidelines for average drinking daily limits (ABS <i>Australian national health survey</i> and other surveys including Victorian Population Health Survey)         | 17.6%<br>(2011–12)   | ✓     |
| Average consumption                                                                | Average annual litres of pure alcohol consumed per person (ABS, <i>Apparent consumption of alcohol</i> ) (Australian data only)                                                                                                  | 9.99<br>(2011)       | ✓     |
| <b>How many people are experiencing serious health problems caused by alcohol?</b> |                                                                                                                                                                                                                                  |                      |       |
| Disease                                                                            | Alcohol-related hospital admissions (Victorian Admitted Episodes Database)                                                                                                                                                       | 25,576<br>(2011–12)  | ✗     |
| <b>How many people are using illegal drugs or misusing pharmaceutical drugs</b>    |                                                                                                                                                                                                                                  |                      |       |
| Drug use                                                                           | Proportion of Victorians who have used illegal drugs in last 12 months - reported rates of use of illegal drugs including misused prescription drugs (AIHW, <i>National drug strategy household survey</i> )                     | 13.7%<br>(2010)      | ✗     |
| <b>How are people recovering from alcohol and drug misuse?</b>                     |                                                                                                                                                                                                                                  |                      |       |
| People with addictions seeking help                                                | People with substance-use disorders using health services (including GPs, mental health and other services) for their problems ( <i>National mental health and wellbeing survey</i> , 2007)                                      | 11.1 %<br>(2007)     | –     |

TREND KEY:      ✓ improving      ✗ worsening      – uncertain

## References

Direct citation of references in this plan has been kept to a minimum. The discussion draws on an extensive range of sources, reports and public submissions, which have been published at [www.health.vic.gov.au](http://www.health.vic.gov.au). In particular, data has been drawn from:

Australian Bureau of Statistics 2012a, *Apparent consumption of alcohol*, Australia, cat. no. 4307.0., Commonwealth Government of Australia, Canberra..

- 2012b, *Australian health survey 2011-12: first results*, cat. no. 4364.0.55.001, Commonwealth Government of Australia, Canberra.
- 2010, *Causes of death*, Australia, cat. no. 3303.0, Commonwealth Government of Australia, Canberra.

Australian Bureau of Statistics 2008, *National survey of mental health and wellbeing*, cat. no. 4326.0, Commonwealth Government of Australia, Canberra.

Australian Institute of Health and Welfare 2012, *Australia's health 2012*, Commonwealth Government of Australia, Canberra.

- 2010a, *National drug strategy household survey report*, Commonwealth Government of Australia, Canberra.

Australian Institute of Health and Welfare 2011, *Drugs in Australia 2010: tobacco, alcohol and other drugs*, Commonwealth Government of Australia, Canberra.

Best D et al. 2010, *Research for recovery: a review of the drugs evidence base*, Scottish Government Social Research, Edinburgh.

Collins D and Lapsley H 2008, *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004-05*, National Drug Strategy Monograph Series no. 64, Commonwealth Government of Australia, Canberra.

Department of Health and Turning Point Alcohol & Drug Centre (Eastern Health) multiple years, *Victorian alcohol statistics*, State Government of Victoria, Melbourne.

Department of Health 2012a, *The Victorian health monitor food and nutrition report*, State Government of Victoria, Melbourne.

- 2012b, *Victorian Admitted Episodes Database*, unpublished, State Government of Victoria, Melbourne.

Department of Health multiple years, *Victorian population health survey*, State Government of Victoria, Melbourne

Department of Justice no date, *Liquor licensing statistics*, unpublished, State Government of Victoria, Melbourne.

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

Runciman W et al. 2012, 'CareTrack: assessing  
the appropriateness of health care delivery in  
Australia.' *Medical Journal of Australia*, vol. 197,  
pp. 100-105.

Strang J et al. 2012, 'Drug policy and the public  
good: evidence for effective interventions',  
*Lancet*, vol. 379, pp. 71-83.

Victoria Police 2012, *Crime statistics 2011-12*,  
State Government of Victoria, Melbourne.

World Health Organization 2012,  
*A comprehensive global monitoring framework,  
including indicators, and a set of voluntary  
global targets for the prevention and control  
of noncommunicable diseases*, WHO, Geneva.

- 2011, *Global status report on alcohol  
and health*, WHO, Geneva.
- 2010, *Global strategy to reduce the harmful  
use of alcohol*, WHO, Geneva.



