

Improving health, reducing harm

Victorian Drug Strategy 2006-09

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Foreword

Over the last decade, the Victorian Government has committed substantial additional funds and implemented a range of new programs aimed at preventing drug use and reducing the harm caused by illegal and legal drugs.

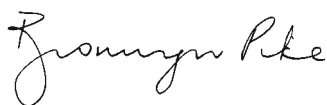
Initiatives include the expansion of drug treatment services, education for young people and the community about the harms associated with drug use, further restrictions on the advertising of tobacco, the introduction of smoking bans in restaurants and dining areas of hotels, appointment of a Chief Drug Strategy Officer and the establishment of the Premier's Drug Prevention Council.

These initiatives have had positive effects. Surveys by the Australian Institute of Health and Welfare show the rate of self-reported illegal drug use in Victoria dropped by 39 per cent between 1998 and 2004. Smoking has also declined by 26 per cent over the same period. These results indicate that concerted action across government and the community can make a difference.

However, too much harm is still caused by illegal and legal drug use. Tobacco and alcohol remain the largest causes of avoidable death and disease in Victoria. This strategy sets out the framework for further action to reduce harmful use and harm caused by use.

In particular, there is mounting evidence of the harmful effects of cannabis. As well as posing risks of respiratory disease similar to those from smoking, cannabis can exacerbate symptoms of schizophrenia. A priority for this plan is action to reduce cannabis and other drug use, particularly among young people when life-time harms can be best prevented.

This paper sets out the framework for tackling the continuing problem of harmful drug use. It is part of the Victorian Government's commitment to improving the health and well being of all Victorians.



Hon Bronwyn Pike MP
Minister for Health

Message from the Chief Drug Strategy Officer

Preventing harm from drug use requires a range of actions: reducing the supply of and demand for drugs, improving access to the services that respond to drug use, and reducing the harm associated with drug use.

These strategies are not the responsibility of one Department or even one level of government. Commonwealth, State and local government all have important roles to play.

Community action can also make a difference. The fact that many different players are involved requires coordinated action to ensure the best possible results.

The role of the Chief Drug Strategy Officer is to help provide this coordination and to advise the Minister for Health who has overall leadership within the Victorian government.

The Victorian Drug Strategy 2006-2009 details an integrated approach across the Victorian Government to ensure that future activity to address harm from drugs is guided by a consistent and agreed set of principles. Its overarching objectives and priorities aim to guide more specific policies and program responses.

A handwritten signature in black ink, appearing to read 'Peter Allen'.

Peter Allen

Chief Drug Strategy Officer

Executive summary

The Victorian Drug Strategy 2006-2009 provides a coordinated, integrated approach across Government and the community to address drug use. It builds upon achievements and current activities, and outlines the overarching objectives and priorities which will guide more specific policies and program responses into the future.

Tobacco, alcohol and other drugs remain the largest cause of avoidable death and disease in Victoria. Around 5,200 Victorians die each year from the effects of illegal and legal drug use (about 4,400 from tobacco, 700 from alcohol and less than 100 from illegal drugs). The health harms associated with drug use include mental and physical illness, disease, communicable blood-borne viruses, road accidents and injuries.

The close association between drugs and crime and violence, particularly the link between illegal drugs and criminal activities, also generates high costs to the community. The social disruption caused by problematic drug use affects individuals, children and families, neighbours, workmates and communities.

Key features of Victoria's current drug environment include:

- Problematic alcohol use is the most common reason for seeking treatment from drug treatment services
- The proportion of people seeking treatment for cannabis, amphetamines and multiple drug use has grown over the last five years
- Illegal drug use has declined since 2000, while levels of harmful alcohol use have not changed
- More than 26,000 Victorians require and enter government funded treatment programs for drug dependency annually and 10,000 access pharmacotherapy treatment
- Clients of drug treatment services are now much more likely to have multiple, complex needs
- Mental health problems are much more common among people with problematic alcohol, tobacco and other drug use than the general population
- Tobacco and alcohol were responsible for more hospitalisations in 2002/03 than all illegal drugs combined
- Annual deaths from heroin overdoses peaked at 359 in 1999, and are currently less than 100.

The Victorian Government Drug Initiative (VGDI) was established in 2001 in recognition of the increasing use of illegal drugs and rising deaths from drug overdoses, increasing community concern over people injecting and experiencing drug overdoses in public places, littering of syringes and needles, and increasing crime associated with drugs. The VGDI provided additional funding to:

- Increase access to drug treatment services
- Strengthen and expand collaborative arrangements within and across the various government and non-government service sectors
- Increase the level of engagement with high-risk drug users and vulnerable groups
- Integrate drug treatment services with the broader health and welfare sectors
- Enhance local capacity to respond to local drug issues and
- Establish a strong prevention focus to complement supply reduction and treatment.

The Victorian Drug Strategy 2006-2009 builds on the successes of the VGDI and the increased awareness of alcohol and drug issues identified by groups such as the Premier's Drug Prevention Council. The strategy will promote four related objectives: reducing supply, reducing demand, improving access to services and reducing harm.

Reducing supply draws on law enforcement and diversion approaches to reduce the supply of drugs and drug-related crime and recidivism.

Reducing demand for drugs involves prevention strategies, including education about the harms arising from drug use or misuse and reducing exposure to drugs (for example through restrictions on tobacco advertising).

Improving access to services recognises the need for effective and relevant drug responses to be integrated with other services and support systems to provide better access to under-represented groups, and those with complex needs.

Reducing harm involves ensuring that harm arising from drug use is reduced as far as possible, at the same time as reducing problematic drug use overall. An example is the internationally acclaimed Needle and Syringe Program which has been

successful in limiting the spread of HIV/AIDS and Hepatitis C.

Within these four objectives, eight priority areas have been defined:

1. Reducing the availability of drugs
2. Strengthening protective factors across different life stages
3. Discouraging experimentation with drugs by young people
4. Reducing illegal drug use and harmful legal drug use
5. Improving treatment outcomes
6. Increasing treatment take-up by under-represented user groups
7. Reducing deaths, disease and injury caused by drugs
8. Reducing drug-related crime.

Introduction

The Victorian Government is committed to improving the health and well being of all Victorians by preventing harmful drug use and reducing the harm caused by legal and illegal drugs. The complex problems of drug misuse and abuse require integrated solutions and coordinated delivery of services across government.

The Victorian Drug Strategy 2006-2009 provides a coordinated, integrated approach across Government and the community to address drug use. It builds on achievements and current activities, and details the vision for drug strategy in Victoria by outlining the overarching objectives and priorities which guide specific responses.

Drugs and alcohol remain the largest cause of avoidable death and disease in Victoria. Around 5,200 Victorians die each year from the effects of illegal and legal drug use. The overwhelming majority die from the effects of legal drugs, particularly tobacco (4,400 deaths per year) and alcohol (700 deaths per year), and less than 100 people currently die each year from the effects of illegal drugs (Department of Human Services, 2005a).

High levels of individual and family harm and disruption across all ages and all communities are also linked to alcohol misuse, and tobacco and other drug use. The health harms associated with drug use include illness, disease, communicable blood-borne viruses, road accidents and injuries. Tobacco and alcohol are responsible for the greater part of these. The close association between drugs and crime and violence, generates high costs to the community. The social disruption caused by drug use affects children and other family members, colleagues and peers.

The annual cost of substance misuse to the Australian community in 1998-99 was estimated to be \$34.4 billion (Collins & Lapsley, 2002) which includes the costs associated with healthcare, crime, productivity in the workplace, family disruption, road accidents and injuries.

The strategy reflects the *Growing Victoria Together* vision that by 2010, Victoria will be a State with a healthy environment and caring communities. It includes aspects of the Government's framework for addressing disadvantage, *A Fairer Victoria*, specifically those related to reducing barriers to opportunity, strengthening assistance to disadvantaged groups and providing targeted support to the highest risk areas.

The changing drug environment

Victoria's drug environment encompasses the use of a range of legal and illegal drugs. Legal drugs include alcohol, tobacco and prescription medications and illegal drugs include heroin, marijuana and ecstasy amongst others.

One of the challenges for Victoria's drug policies and programs is responding to changing patterns of drug supply and use, and treatment needs of clients. Drug policy priorities have changed to reflect the changing environment.

In 1999 the number of heroin deaths reached 359. This was followed by a period where the heroin supply in Australia declined dramatically; however the gap left by the so-called heroin drought was quickly filled by other substances. Whilst some drug users sought treatment, others turned to alternative drugs, including the misuse of prescription drugs such as Temazepam. During this period the Government made considerable investments to enhance efforts to address drug misuse in Victoria.

At the same time, there has been a growing awareness of, and concern about, the harms of alcohol, the use of cannabis and its strong association with psychosis, and 'designer/party drugs' such as ecstasy and GHB (gamma hydroxy butyrate, often known as 'Grievous Bodily Harm'). There are also growing concerns about the harmful use by young people of alcohol, tobacco and other drugs, with those in their late teens and early 20's being most at risk. Key features of Victoria's drug environment since 1999 include (details are shown in Appendix 1):

- Problematic alcohol use is the most common reason for seeking specialist drug treatment
- The proportion of people seeking treatment for cannabis, amphetamines and multiple drug use has grown over the last five years
- More than 26,000 Victorians require and enter Government funded treatment programs for drug dependency each year and 10,000 access pharmacotherapy treatment
- Tobacco and alcohol were responsible for more hospitalisations in 2002/03 than all illegal drugs combined
- Mental health problems are much more common among people with problematic alcohol, tobacco and other drug use than the general population (Teeson and Proudfoot)

- Annual deaths from heroin overdoses peaked at 359 in 1999, and are currently less than 100 (Victorian Drug Statistics Handbook 2004).

Drug-related crime impacts widely on the Victorian community, including domestic violence, drink driving and drug-related burglaries or break-and-enter offences:

- Seventy per cent of all prisoners have recently used an illegal drug (Australasian Centre for Policing Research 2001)
- Corrections Victoria data shows that in 2004/05, approximately 55 per cent of all prisoners were serving periods of imprisonment for drug-related offences
- About 48 per cent of Juvenile Justice clients had drugs and alcohol linked to their offence (Department of Human Services 2005b).
- Many injecting drug users report engaging in crime in order to support their drug use.

Policy context

A wide range of initiatives has created a strong foundation for continuing action to address drug problems in Victoria.

Victorian Government Drug Initiative

The Victorian Government Drug Initiative (VGDI) was the government's response to the Second Stage Report of the Drug Policy Expert Committee (DPEC). DPEC was appointed in November 1999 to provide the Government with expert advice on drug policy, in recognition of the increasing use of illegal drugs and rising deaths from drug overdoses, increasing community concern over people injecting and experiencing drug overdoses in public places, littering of syringes and needles, and increasing crime associated with drugs (Drug Policy Expert Committee 2000).

The VGDI provided additional funding of \$77 million to fund a range of services and projects that successfully enhanced and expanded drug services and programs in Victoria. The VGDI took a whole of community approach across the areas of prevention, treatment and rehabilitation, saving lives, local drug strategies, managing offending behaviour and research. It set strategic directions for the development of effective partnership approaches recognising that problematic drug use is primarily a health and well-being issue, requiring integrated responses from across a broad range of government services.

In 2003, the Government commissioned an evaluation of the VGDI to assess its overall effectiveness, its broader health and social impact, its economic impact and the implications for future policy. The evaluation conducted by BearingPoint Australia in conjunction with Flinders University concluded that the VGDI had made considerable progress by:

- Increasing access to services relevant to the needs of individuals
- Reducing waiting times for drug users to access given therapies
- Reducing drug use in prisons as measured by drugs detected in urine samples
- Strengthening collaboration across government and non-government sectors
- Increasing the level of engagement of high-risk drug users
- Integrating drug treatment services within the community services sector
- Establishing a prevention focus that complements detection and treatment, and
- Enhancing decision making capacity through improved knowledge, information management and expertise in drug strategy development (BearingPoint Australia 2004).

Other Victorian government initiatives

The Victorian Alcohol Strategy: Stage One Report, launched in June 2002, informs the community of the dangers of alcohol misuse and aims to reduce alcohol-related harms in the community. The Victorian Alcohol Action Plan currently being finalised will represent Stage Two of the Victorian Alcohol Strategy. It proposes a whole of government approach that recognises that responsibility for addressing alcohol-related harms rests with a number of Government portfolios. It proposes to:

- Reduce harmful consumption of alcohol in the community
- Minimise alcohol-related harm among young people
- Minimise alcohol-related harm in the Koori community
- Reduce alcohol-related incidents in and around licensed premises
- Increase research into alcohol problems and treatment, and
- Enhance existing treatment services.

The Premier's Drug Prevention Council (PDPC) was established in May 2001 following a joint sitting of Parliament that examined drug issues in Victoria. The PDPC was appointed to provide advice to the government on drug prevention, commission new projects to inform the best approaches to prevention and promote prevention in the broader community. The PDPC aims to prevent alcohol and drug related problems from occurring in the first place, in part by increasing the community's capacity to address drug related issues at a local level.

Corrections Victoria established the Victorian Prison Drug Strategy (VPDS), which was significantly revised in 2002. The goals of the VPDS are to keep drugs out of Victoria's prisons, to deter drug use and trafficking within Victoria's prisons, to provide

effective treatment and to reduce harm associated with drugs, including health and safety risks to staff.

The Victorian Government has also introduced a raft of reforms aimed at reducing smoking and protecting people from the harms associated with passive smoking. These include banning smoking in restaurants, further restrictions on advertising, and greater policing of laws preventing the sale of tobacco to minors. In addition, QUIT Victoria continues to run high-profile campaigns to educate people about smoking risks, and provides smoking cessation services. Other key partners in reducing smoking include the Cancer Council of Victoria, the Victorian Health Promotion Foundation, VicHealth Centre for Tobacco Control and the Victorian Division of the Heart Foundation.

Commonwealth policies

The Victorian Drug Strategy 2006-2009 sits within and complements the national policy approach. **The National Drug Strategy: Australia's integrated framework 2004-2009** (Ministerial Council on Drug Strategy 2004) provides a framework for a coordinated, integrated approach to drug issues in the Australian community. It aims to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of legal and illegal drugs in Australian society.

The National Tobacco Strategy 2004-2009 aims to improve the health of all Australians by eliminating or reducing their exposure to tobacco in all its forms. The National Alcohol Strategy 2001 – 2004 is a collaboration between the Commonwealth and State and Territory governments setting out a broad coordinated strategic approach to the reduction of alcohol-related harm in Australia. The Commonwealth Government is currently undertaking consultation to inform the development of a new National Alcohol Strategy and development of a National Cannabis Strategy.

The National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003 – 2006

provides a nationally co-ordinated and integrated approach to reducing drug-related harm among Aboriginal and Torres Strait Islander People.

The National Illicit Drug Strategy Illicit Drug Diversion

Initiative 2003 – 2007 provides the framework for diversion of illicit drug users from the criminal justice system into drug education or assessment and treatment in order break the cycle of drug use and crime.

Strategic framework

The Victorian Drug Strategy 2006–2009 builds on the successes of the VGDI and the increased awareness of alcohol and drug issues identified by groups such as the Premier’s Drug Prevention Council. The foundations on which to build include:

- Preventative measures in place through school based education programs and community strengthening initiatives
- An increase in the number of people entering drug treatment
- An increase in the proportion of young people, from 20 per cent in 2002 to 34 per cent in 2003, who stated that they were not interested in trying illegal drugs (Premiers’ Drug Prevention Council 2004a)
- A decline in smoking prevalence (Australian Institute of Health and Welfare 2005)
- A decline in harmful drug use across the community with less young people using drugs and greater community awareness of the potential harms associated with drugs
- Introduction of the Court Drug Diversion programs for offenders.

Objectives

Victoria’s drug policies and programs are based on the objectives of preventing illegal drug use and legal drug misuse, intervening to assist those with problematic drug use, and reducing the harms associated with drug use. The Victorian Drug Strategy 2006–2009 promotes four related objectives: reducing supply, reducing demand, improving access to services, and reducing harm.

Reducing supply draws on law enforcement and diversion approaches to reduce the supply of drugs and drug-related crime and recidivism.

Reducing demand for drugs involves prevention strategies, including education about the harms arising from drug use or misuse and reducing exposure to drugs (for example through restrictions on tobacco advertising).

Improving access to services recognises the need for effective and relevant drug responses to be integrated with other services and support systems to provide better access to under-represented groups, and those with complex needs.

Reducing harm involves ensuring that harm arising from drug use is reduced as far as possible, at the same time as reducing problematic drug use overall.

Priorities

Within the four objectives of the strategy, eight priority areas have been identified. These priorities highlight the impacts on individuals and the community of the harmful use of alcohol and legal and illegal drugs.

This strategy identifies achievements made to date in these areas and establishes future actions which will continue to drive gains in the supply reduction, prevention, treatment and harm reduction approaches. The eight priority areas are:

1. Reducing the availability of drugs.
2. Strengthening protective factors across different life stages.
3. Discouraging experimentation with drugs by young people.
4. Reducing illegal drug use and harmful legal drug use.
5. Improving treatment outcomes.
6. Increasing treatment take-up by under-represented user groups.
7. Reducing deaths, disease and injury caused by drugs.
8. Reducing drug-related crime.

Reducing the supply of drugs

1 Reducing the availability of drugs

Reducing the availability of drugs involves both restricting the supply of illegal drugs, and ensuring that legal drugs are provided only to those people legally eligible to receive them.

Detecting international illegal drug trafficking into Australia is the responsibility of the Commonwealth Government through the Australian Customs Service and the Australian Federal Police, with the assistance of State police forces. Victoria Police play an important role in investigating the local manufacture of illegal drugs such as amphetamines, but they also disrupt drug supplies by investigating and prosecuting organised crime more broadly. Organised crime syndicates trade a range of illicit commodities, including drugs, and disrupting their activities can have a significant flow-on effect to the drug supply.

Ensuring that legal drugs are provided only to those legally entitled to them is another component of reducing supply. For example, tobacco and alcohol are not permitted to be sold to people under 18 years of age. Police powers and resources to investigate sales of alcohol to young people have been strengthened in recent years. Restricting alcohol in particular circumstances, for example at sporting events, can be effective in preventing or reducing public drunkenness and associated violence.

Enforcement of the Tobacco Act concerning sales of tobacco to minors is carried out by local governments funded by the Department of Human Services. Higher rates of funding are provided to councils who run 'test-purchasing' programs to monitor retailers compliance.

What the Government has already achieved

- ✓ Reduced the supply of illegal drugs by effective policing
- ✓ Increased the number of drug search days in prisons
- ✓ Amended the Liquor Act to strengthen efforts to prevent liquor sales to young people
- ✓ Refined laws to penalise retailers illegally selling tobacco to minors
- ✓ Funded 65 organisations to provide supervised alcohol and drug free entertainment, youth cultural events and training in 80 per cent of local government areas

- ✓ Strengthened efforts to keep drugs out of Victoria's prisons through the Victorian Prison Drug Strategy
- ✓ Distributed 4000 kits to retailers across Victoria on the responsible sale of solvents.

What the Government will do

- Target the illegal manufacture of amphetamine substances via clandestine laboratories
- Address the diversion and misuse of pharmaceutical and prescription drugs
- Enhance efforts to control the inappropriate supply and diversion of pharmaceutical drug and other precursor chemicals through partnerships with relevant industry stakeholders
- From March 2006, further restrict the placement of cigarette vending machines, and make sighting photo identification the only defence for selling tobacco to a minor.

Reducing the demand for drugs

2 Strengthening protective factors across different life stages

Social disadvantage, including unemployment, homelessness, insecure housing and poverty, is linked to poorer health, including smoking, alcohol misuse and illegal drug use. For example, young people with a history of statutory intervention are more likely to misuse some drugs, and up to 60 per cent of people with a mental illness also have a substance abuse problem (Loxley, Toumbourou, Stockwell et al, 2004). Relationships between alcohol and/or drug misuse, suicide and mental health problems remain a significant challenge for the service system, and responding effectively to this issue is a priority for State-wide service development.

Within Indigenous populations, 50 per cent of the community smoke compared to 23 per cent of the non-Indigenous community. Although fewer Indigenous people drink per capita than those from non-Indigenous backgrounds, those who drink do so at higher risk levels than non-Indigenous people (Australian Institute of Health and Welfare 2002a).

Preventing disadvantage and poverty is therefore an important measure to reduce drug use and drug-related harm. Both Growing Victoria Together, and A Fairer Victoria identify whole of government initiatives to prevent and address social disadvantage.

What the Government has already achieved

- ✓ Introduced the Neighbourhood Renewal program targeting disadvantaged areas
- ✓ Allocated \$1 million over 2 years for the Koori Drug and Alcohol Plan 2003-2004
- ✓ Allocated \$3.8 million for the implementation and review of ongoing, effective drug education in all Government and non government schools
- ✓ Established ten demonstration projects to support at-risk young people
- ✓ Established five community strengthening initiatives in areas of high need to provide more effective primary care services to help reduce drug use
- ✓ Allocated \$8 million recurrent spending to improved services for people with dual diagnosis

- ✓ Provided culturally-relevant information to the Cambodian, Laotian and Vietnamese communities about alcohol, tobacco and other drug related harms and available services.

What the Government will do

- Boost skills development and community engagement for disadvantaged young people in rural and urban growth areas through the Victoria Mentoring and Community Capacity initiative
- Expand the supply of affordable housing
- Implement a new approach to family violence to reduce its incidence and long-term impact
- Target employment assistance to disadvantaged population groups and places
- Increase funding for mental health services, including a stronger focus on dual diagnosis and early intervention
- Extend the Neighbourhood Renewal program to new areas and consolidate existing projects
- Identify strategies to embed drug prevention into program planning and activities across Government through the Community Drug Prevention initiative of the Premier's Drug

3 Discouraging experimentation with drugs by young people

Evidence suggests that the earlier that people start to experiment with drugs, the greater long-term risk they face in developing drug-related problems. For example, adolescents who use cannabis, particularly those who use it frequently, are at increased risk of a range of social problems in late adolescence and early adulthood including mental health problems. Equally, evidence is increasing to suggest that not using drugs during these early years may prevent or reduce the likelihood of mental health problems later in life (Loxley, Toumbourou, Stockwell et al, 2004).

The earlier a young person is introduced to alcohol, the more likely they are to drink more frequently and in greater amounts, and in turn, to develop alcohol-related harms in adolescence and adulthood. More than 90% of Australians who currently smoke took up the habit as teenagers (Hill & Borland 1991).

In 2002 around 48.5 per cent of secondary students in Victoria reported smoking at some time in their lives and 36 per cent of female secondary students and 31 per cent of male secondary students had smoked within the past year (White, Hayman, Wakefield & Hill, 2003).

Young people who use tobacco and/or alcohol in early adolescence are more likely than their peers to progress to heavier drug use, become dependent on tobacco and experience other drug-related problems. There is also evidence that early youth involvement in tobacco, alcohol and illegal drug use is associated with later involvement in crime (Loxley, Toumbourou, Stockwell et al, 2004).

Over the last decade, mounting evidence has pointed to the links between cannabis use and schizophrenia. Several longitudinal studies have shown that cannabis use in adolescence is associated with greater frequency and severity of symptoms and earlier onset of schizophrenia (Arseneault et al 2004; Hall, Degenhardt & Teeson 2004; Semple, McIntosh & Lawrie 2005). Cannabis use appears to precipitate schizophrenia in people who are vulnerable because of a personal or family history (Hall, Degenhardt & Teeson 2004, p. 440).

Behavioural change is one aspect of harm reduction strategies: considerable success has been achieved in changing attitudes

and behaviours towards tobacco through education campaigns, restrictions on tobacco advertising and taxation, as evidenced by the decreasing prevalence of smoking.

Similar changes will also be required to reduce the harms of dangerous alcohol and drug use. Understanding the motivation for experimenting with drugs and drug taking behaviours and patterns is essential to the harm minimisation approach and to ensure that prevention strategies and interventions are targeted and appropriate.

Evidence shows that well-designed education programs in schools can help delay and prevent drug use (Loxley, Toumbourou, Stockwell et al, 2004). All Government schools are expected to provide drug education prevention programs for their students; most non-government schools also implement drug education programs. The model for drug education in Victorian schools is based on the latest research evidence, in particular the Principles for School Drug Education recently revised by the Australian Government.

The Drug Education, Evaluation and Monitoring (DEEM) project implemented by the Department of Education and Training developed survey tools for teachers and students to provide reliable measures of a range of issues important to drug education. The DEEM survey tools enable schools to evaluate and monitor their drug education programs in terms of student drug education outcomes. DEEM has enabled the Department to improve the accountability of drug education delivery by designing these evaluation tools so that they complement the broader Departmental Accountability and School Improvement Framework.

What the Government has already achieved

- ✓ As of November 2005, all Government and 80 per cent of non-government schools had implemented Individual School Drug Education Strategies (ISDES) to ensure student access to effective drug education, curriculum and student welfare support
- ✓ Developed a Drug and Alcohol policy for the Juvenile Justice system to provide a more integrated response to harmful drug use among young offenders

Reducing the demand for drugs (cont.)

- ✓ Developed survey tools for teachers and students as part of the Drug Education, Evaluation and Monitoring (DEEM) project to provide reliable tools for schools to monitor drug education implementation
- ✓ Provided information to young people through the Youth Central website and through targeted strategies during 'schoolies week'
- ✓ Restricted point of sale displays for cigarettes, and required the display of warnings of the health risks of smoking at all tobacco retailers
- ✓ Established the Premier's Drug Prevention Council to provide early intervention and prevention activities and to advise the Premier and Minister for Health on drug issues.

What the Government will do

- Through the Victorian Alcohol Action Plan, increase the awareness about the potential harms of underage drinking, mobilise Victorian schools and communities around young people and alcohol, and restrict marketing of alcoholic drinks to underage young people.
- Ensure that drug education prevention programs are delivered to all government school students
- Continue targeted community education and media campaigns around illegal drugs and harm reduction messages
- Further restrict tobacco marketing activities aimed at young people and ban smoking and the sale and display of cigarettes at underage 'music/dance' events
- Continue public education through the QUIT campaign about the harms associated with smoking
- Work in partnership with the Commonwealth government and other State governments to develop the first National Cannabis Strategy, which will include an information and education campaign about the risks associated with cannabis use.

4 Reducing illegal drug use and harmful legal drug use

Illegal drug use and smoking in Victoria have both declined since 1999, and Victoria now has the lowest rate of illegal drug use of any State (Australian Institute of Health and Welfare 2005b). While these trends show that concerted efforts across government and the community can have positive effects, there is still much to be done.

Risky levels of alcohol consumption have remained relatively unchanged since the mid-1990s staying constant at about 10 per cent of the population (Australian Institute of Health and Welfare 2005a). While the overall rate of smoking is declining, about 17 per cent of Victorians still smoke daily (Australian Institute of Health and Welfare 2005b), and tobacco is the leading cause of premature death and hospitalisation in Australia (Mathers, Vos & Stevenson, 1999). Cannabis remains the most commonly used illegal drug in Victoria: in 2004, approximately 10 per cent of Victorians reported having used cannabis in the past year and 14 per cent had used some illegal drug (Australian Institute of Health and Welfare 2005b).

The risks associated with alcohol misuse include acute harm such as road trauma, accidents and violence, chronic harm such as heart disease, strokes, some cancers and liver disease, social harms such as homelessness, lost productivity in the workplace, violence and abuse. In addition excessive alcohol consumption is linked to alcohol dependence, depression and suicide (Loxley, Toumbourou, Stockwell et al, 2004). Apart from the health and dependence risks, illegal drugs also carry the social and economic risk of criminal conviction for use.

Drug use is the most common factor affecting the lives of offenders with over half of all prisoners serving periods of imprisonment for drug-related offences. To address this issue, the revised Victorian Prison Drug Strategy was launched in 2002 and includes strategies to detect drugs, monitor the level of drug use, provide treatment to prisoners and minimise harm to staff and prisoners.

The demand for drugs can be reduced by providing information and education about the harm associated with drug use, increasing the costs associated with drug use, reducing the

advertising of some drugs and increasing the likelihood that problem drug users will seek out treatment services. Restricting advertising of tobacco products has been very effective in reducing demand.

What the Government has already achieved

- ✓ Between 1998 and 2003, smoking rates amongst adults declined by 4.7 per cent and among young people by 4.1 per cent
- ✓ Introduced the Victorian Prison Drug Strategy to deter drug use in prisons.
- ✓ Positive drug test results in prisons decreased by 43 per cent between 1998-2003
- ✓ Introduced the 'Bridging the Gap' program (which provides pre and post release support for prisoners with drug issues) leading to one third of participants having no drug use at the end of participation in the program.
- ✓ Expanded the Opioid Substitution Therapy Program (OSTP) in Victorian prisons to reduce the harm associated with illicit opioid use in prison and upon return to the community.

What the Government will do

- Introduce a raft of tobacco reforms from 2006 that will help reduce smoking rates
- Implement the Victorian Alcohol Action Plan to reduce harmful consumption of alcohol in the community and minimise alcohol-related harms among young people and the Koori community
- Evaluate the Victorian Prison Drug Strategy and its effect in reducing illegal drug use
- Refocus drug treatment services to support clients in reducing or ceasing drug use through improved evidence based treatment, earlier intervention for at-risk young people and more integrated delivery.

Prevention Council.

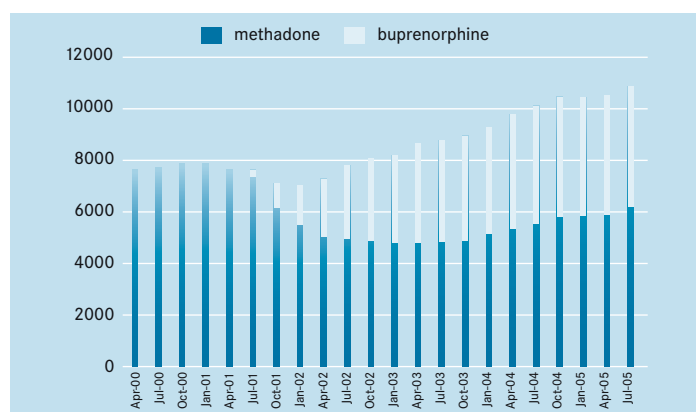
Improving access to services

5 Improving treatment outcomes

Investment in effective treatment programs is a key component of demand and harm reduction policies. There is strong evidence that treatment programs for alcohol and other drug problems can be effective in reducing drug use and drug-related crime, and improving mental and physical health and social functioning (Loxley, Toumbourou, Stockwell et al, 2004).

The drug service system in Victoria covers the whole range of drug types used by clients and drug treatment staff have the skills to deal with clients who use a changing range and combinations of drugs. One substantial change over the last five years has been the introduction of buprenorphine for people withdrawing from heroin. Buprenorphine can be easier to withdraw from, and suits some people better than methadone. Its introduction provides greater capacity to tailor treatment to a person's needs.

Pharmacotherapy clients: Victoria, by quarter 2000-04



Source: Department of Human Services, Drugs Policy and Services Branch Quarterly Report, June 2005

Clients of drug treatment services are now much more likely to have multiple and complex needs that require services from a range of agencies. A coordinated, integrated approach across agencies, particularly at a local level, is critical to help improve health outcomes for individuals. The ongoing sustainability and quality of Victoria's drug policy response and systems also requires a focus on workforce development, capital planning, information and communications technology and quality improvement.

What the Government has already achieved

- ✓ Increased the number of clients receiving pharmacotherapy treatment
- ✓ Reduced the waiting time for all drug withdrawal services to less than the target 10 days
- ✓ Doubled drug treatment beds from 400 to 797 since 1999
- ✓ Diverted more than 15,000 offenders from the criminal justice system into drug assessment, education and treatment
- ✓ Increased the number of people exiting treatment with successful outcomes by over 26 per cent between 1998/99 and 2002/03
- ✓ Implemented a Workforce Development Strategy to build the skills of the alcohol and drug workforce and improve the quality of treatment services
- ✓ Expanded dual diagnosis services to be able to respond more effectively to the increasing proportion of people with both mental health and substance abuse problems.

What the Government will do

- Undertake research into new treatment options
- Build on the alcohol and drug sector workforce development strategy to ensure the workforce has the skills to respond to emerging drugs and changing patterns of drug use and promote cross-sectoral training in drugs issues
- Establish a Chair of Social Research in Alcohol to build a substantial program of public health research and position Victoria as a leader in this field
- Provide training and support for Koori Drug and Alcohol workers working with forensic clients and Koori Courts
- Develop a Community Correctional Services Drug Strategy as a companion to the Victorian Prison Drug Strategy
- Develop more integrated services for people with people with a dual diagnosis through expanded direct care, rehabilitation and staff training in mental health and drug treatment services.

6 Increasing treatment take-up by under-represented user groups

Some client groups have been under-represented in drug and alcohol treatment services, including people from culturally and linguistically diverse (CALD) backgrounds, people from Koori backgrounds and prisoners. Considerable efforts have been made to improve the accessibility of services, and these will be strengthened in future.

Findings from a review of the existing drug treatment service system indicated that while take-up of treatment by people using opiates is relatively high, take-up rates are significantly lower for people seeking help for other drugs such as alcohol, cannabis or amphetamines.

There are a number of projects underway to help monitor Victorian and local drug trends that will strengthen the predictive capacity around drug issues and contribute to a more responsive service system. These projects include real-time data about injecting usage from the Needle and Syringe Program, a new surveillance/early warning system and regular consultations with user groups.

What the Government has already achieved:

- ✓ 76 community strengthening activities targeting Koori communities, culturally and linguistically diverse communities, and partnerships with schools and sporting clubs
- ✓ Increased the intensive treatment completion rate amongst prisoners
- ✓ Established the Drug Court in Dandenong in May 2002 and diverted offenders from a prison sentence to a community-based Drug Treatment Order
- ✓ Reduced the level of drug use among prisoners through the Drug Free Incentive Program
- ✓ Introduced the complex clients panel to develop and implement strategies for people with multiple and complex needs, including alcohol, tobacco and other drug problems
- ✓ Connected young people abusing inhalants to drug and alcohol treatment services.

What the Government will do

- Improve treatment take-up for under-represented groups, including Koori communities, culturally and linguistically diverse communities, people with complex needs, and youth
- Increase the focus on forensic programs which enable offenders with drug-related issues to participate in alcohol or drug treatment programs
- Monitor drug trends to ensure treatment providers can respond quickly and effectively
- Establish a residential alcohol and drug rehabilitation service for Koori youth based on a spiritual health model
- Promote the wider use of screening for problematic alcohol and drug use in primary, community and acute health settings.

Reducing harm from drug use

7 Reducing deaths, disease and injury caused by drugs

In 2002 there were an estimated 5,285 drug-related deaths in Victoria. Tobacco accounted for 81 per cent of these deaths, which represents around 13 per cent of all Victorian deaths. In 1998/9, 48 Victorians died as a result of exposure to environmental tobacco smoke: eighteen of these were children under 15 years of age (Collins & Lapsley 2005). Over 66,000 Victorians are hospitalised each year for drug-related reasons (Department of Human Services 2005a).

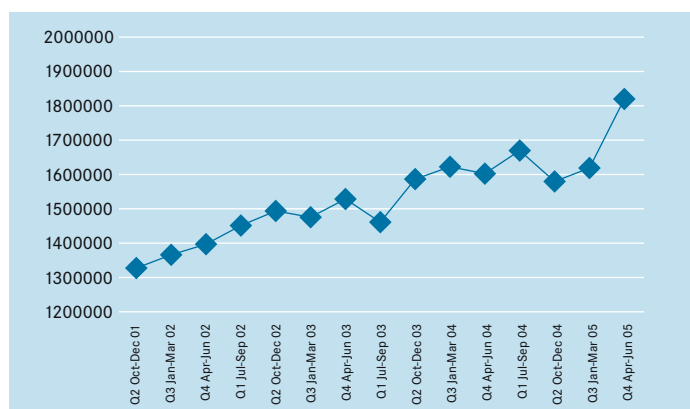
More than 4000 deaths per annum in Australia are attributed to the misuse of alcohol. This is second only to tobacco as a preventable cause of death and hospitalisation. Rates of harmful alcohol use have not declined in recent years.

Poly-drug use has become a significant factor in heroin-related deaths (Drugs Policy and Services Branch 2004): 50 per cent of heroin deaths in Victoria in 2003/04 had at least one other drug that contributed to the death and in nearly 30 per cent of these deaths, 2 or 3 other drugs were also present. The increase in designer/party drug use and associated harms is also being reflected in the continuing increase in the number of hospital emergency presentations for drugs such as GHB.

As highlighted under Priority 3, young people with a vulnerability to schizophrenia who use cannabis can significantly exacerbate the symptoms and onset of the illness. Targeting cannabis use by at-risk young people participating in early intervention programs is an important preventive measure.

One of the main risks associated with injecting illegal drugs is the transmission of blood-borne viruses such as Hepatitis C and HIV. Hepatitis C is the most prevalent blood borne virus amongst injecting drug users and is a serious health risk that can lead to liver cirrhosis. There is also the possibility that these diseases could be spread more widely. In this context, the increase in the number of needles being distributed through the Needle and Syringe Program is an important preventive measure. In 2003-2004 5.9 million needles and syringes were distributed. The Needle and Syringe Program which has been acclaimed internationally for its success in limiting the spread of HIV/AIDS and Hepatitis C.

Needles and syringes supplied per quarter 2001-2005



Source: Department of Human Services, Drugs Policy and Services Branch Quarterly Report, June 2005

What the Government has already achieved

- ✓ Established primary health services for street-based drug users in five areas of Melbourne
- ✓ Banned smoking in restaurants and eating areas of licensed premises
- ✓ Provided Mobile Overdose Response Services to provide support, information and improved access to treatment for non fatal overdose survivors in six metropolitan areas
- ✓ Located mobile drug safety workers in 11 sites across Melbourne and rural Victoria to provide education on drug safety and refer drug users to treatment
- ✓ Targeted health promotion to at-risk groups such as injecting drug users, gay men, people living with HIV and people moving through custodial settings.
- ✓ Expanded Needle & Syringe Programs including an increase in rural programs
- ✓ Introduced the 'drug-driving' pilot which tested drivers for illicit drugs
- ✓ Raised community awareness about drinking risks and harms
- ✓ Introduced the Drugs Poisons and Controlled Substances (Volatile Substances) Act 2003, to enable police to respond to young people at risk of harm due to inhalant abuse.

What the Government will do

- Continue support for the Victorian Needle and Syringe Program (NSP)
- The Victorian Alcohol Action Plan will work to reduce harmful consumption of alcohol in the community and minimise alcohol-related harms among young people and the Koori community
- Develop a Hepatitis C awareness campaign
- Develop a heroin overdose awareness campaign
- Ban smoking in workplaces, covered areas of train station platforms, bus and tram shelters and at underage 'music/dance' events from 1 March 2006
- Ban smoking in licensed premises from 1 July 2007
- Make the 'drug-driving' testing program permanent by removing the sunset clause from existing legislation (which is due to expire in July 2006)
- Continue to monitor the use and effectiveness of the volatile substances legislation in reducing the harms to young people
- Expand early intervention responses for high risk groups such as young people with first onset psychosis.

Reducing harm from drug use (cont.)

8 Reducing drug-related crime

The high correlation between drug abuse and crime is one of the major issues confronting the criminal justice system (Howells, Heseltine, Sarre et al, 2004). Alcohol and drug dependency are major drivers of crime in their own right. About 12 per cent of sentenced prisoners have a drug offence as their most serious offence and three quarters of prisoners report that they have a drug and/or alcohol problem (Australasian Centre for Policing Research 2001). In Victoria, approximately 55% of newly received prisoners report that their offences were committed either to support drug use or under the influence of drugs.

The Illicit Drug Diversion Program aims to break the cycle of crime and drug use. It ensures that, as far as possible, offenders detected for the use or possession of a small quantity of an illicit drug (other than cannabis) receive early assessment and appropriate treatment. Findings from the evaluation of Victorian diversion programs showed that they were successful in preventing crime and re-integrating offenders into community life: employment more than doubled from 11 to 25% and re-offending rate declined by 30% (Alberti, King Hales & Swan, 2004)

Victoria Police has established a number of partnerships with local government and community groups which are developing proactive approaches to crime and safety issues. Community activities include public safety programs, local drug and alcohol committees, local road safety campaigns, youth activity groups, Neighbourhood Watch Committees, Local Safety Committees and work with District Crime Prevention Officers.

What the Government has already achieved

- ✓ Increased the maximum penalty for drug trafficking to life imprisonment
- ✓ Doubled the proportion of eligible offenders diverted into treatment under the 'Illicit Drug Diversion' program from November 2000 to May 2003.
- ✓ Established the Drug Court to break the cycle of drug taking and crime
- ✓ Established the Inner City Entertainment Precincts Taskforce to address assaults in and around licensed premises.

What the Government will do

- Implement the Government response to the Inner City Entertainment Precincts Taskforce
- Extend similar responses to other entertainment precincts to reduce assaults, alcohol-related violence and robberies
- Increase the number of offenders diverted into drug and alcohol treatment programs
- Implement the 'Alcohol Drug Recorded Intelligence For Tasking' (ADRIFT) initiative which will use alcohol and drug related offence intelligence to aid police in developing appropriate policing tasking priorities and activities.
- Establish the Drug Use Monitoring in Australia (DUMA) project at Sunshine Police Station as a partnership between Victoria Police and the Australian Institute of Criminology
- Evaluate the Victorian Prison Drug Strategy and the Opioid Substitution Therapy Program
- Develop the Community Correctional Services Drug Strategy
- Establish the Neighbourhood Justice Centre.

Reviewing progress

The complex problems of drug misuse and abuse require integrated solutions and coordinated delivery of services across government. The key objectives are closely interlinked and will only be achieved by a whole-of-government collaborative approach.

State government agencies and departments regularly collect a range of data related to drug use, health impacts, service delivery, education and crime. These indicators will be used to review trends in supply, demand, service use and drug-related harm.

They also provide the information that policy makers and service managers need to respond quickly to changing patterns and geographic distribution of drug supply and demand. The following data will be used to review these trends:

Reducing supply

- Detection of clandestine drug laboratories (Victoria Police)
- Total number of major drug investigations (Victoria Police)
- Proportion of major drug investigations resulting in charges for trafficking offences (Victoria Police)
- Proportion of major investigations resolved within Drug Investigation Target Committee approved time lines (Victoria Police)
- Drug seizure data (Victoria Police Forensic Services Centre)
- Availability, price and purity of drugs (Illicit Drug Reporting System)

Reducing demand

- Current patterns of drug use (DHS)
- Percentage of government schools reporting involvement of parents in their drug education programs (DET)
- Percentage of government schools involving community agencies in drug education programs and support (DET)
- Student Drug Education Learning Outcomes Index (DET)

Service delivery

- Clients of specialist drug and alcohol treatment services by drug of principal concern (DHS)
- Achievement of treatment goals (DHS)
- Waiting times for services (DHS)
- Number of clients on pharmacotherapy (DHS)
- Referrals of offenders to treatment under the Illicit Drug Diversion Initiative (DHS)

Reducing harm

- Drug-related ambulance attendances (DHS)
- Hospital admissions (DHS)
- Heroin related deaths (National Coroner's Information System)
- Needle and syringes distributed through the Needle and Syringe Program (DHS)
- Drug use of women giving birth (Perinatal Data Collection Unit)
- Number of alcohol screening tests conducted (Victoria Police)
- Percentage of drivers tested who fail preliminary/random breath test (Victoria Police)
- Percentage of prisoner random drug tests returning a positive result (DOJ)
- Deaths from drug overdoses in prisons (DOJ)
- Compliance with smoke-free legislation (DHS)

Appendix 1: Drug trends in Victoria

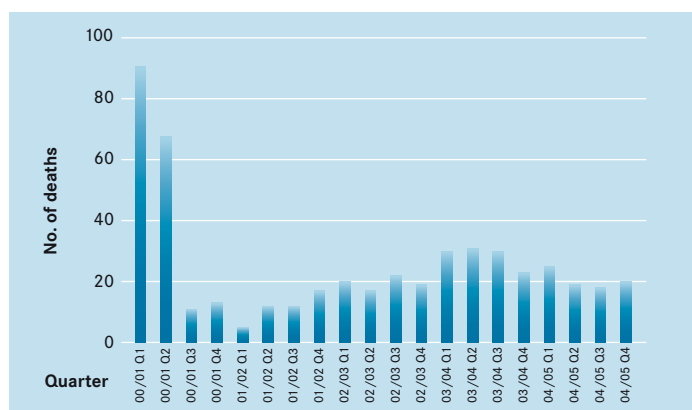
The current drugs environment encompasses the use of a range of legal and illegal drugs and the risky patterns associated with their use. This includes a growing awareness of and concerns about the harms of alcohol, the increase in use of ecstasy and other designer/party drugs and poly drug use. There are also growing concerns about the harmful use by young people of drugs and alcohol, and there are still high numbers of people requiring and entering treatment for drug dependency.

Illegal drugs

National data suggests that the overall prevalence of illegal drug use and smoking is falling. Illegal drug use in Victoria declined between 1998 and 2004, including amongst young people (Premier's Drug Prevention Council 2005). Between 2001 and 2004, the proportion of young males aged between 14-19 using illegal drugs (in the last 12 months) declined from 28.8 per cent to 20.9 per cent and for young females from 26.6 to 21.8 per cent (Australian Institute of Health and Welfare 2005a). The most common drugs used were marijuana, ecstasy and amphetamines.

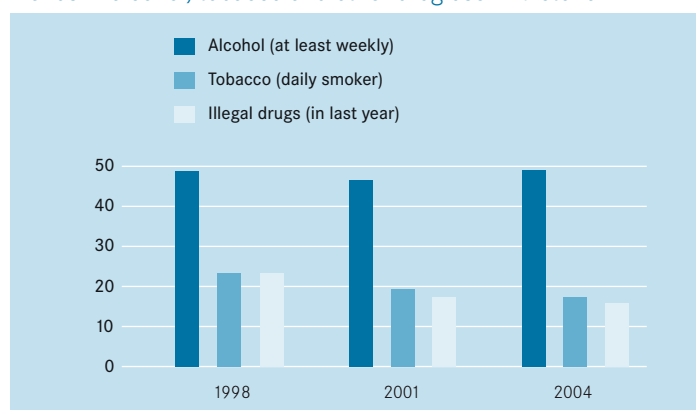
The harms caused by illegal drugs are evident in the number of heroin-related deaths in Victoria. Although the number is below the 359 deaths reported in 1999 when the heroin crisis in Victoria was at its height, there are still around 100 deaths from overdoses each year.

Heroin-related deaths by quarter 2000 - 2005



Source: Department of Human Services, Drugs Policy and Services Branch Quarterly Report, June 2005

Trends in alcohol, tobacco and other drug use in Victoria



Source: National Drug Strategy Household Survey 1998, 2001 and 2004

It should be noted, though, that the National Household Surveys (AIHW 2002a, 2005a) which provide this data are based on self-reported behaviours, and some people may not report their behaviour accurately. Moreover, illegal drug use is also under estimated as some people using drugs are difficult to reach due to homelessness or mental illness.

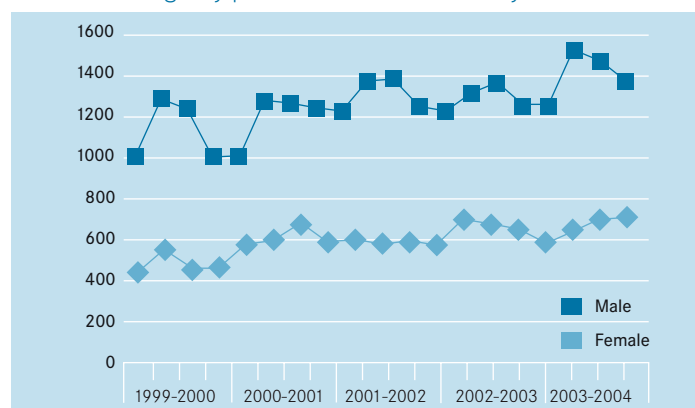
Alcohol

There is a growing awareness of and concerns about the harmful use of alcohol, the most widely accepted and extensively used drug in Victoria. Almost 90 per cent of Victorians have consumed alcohol at some stage in their lives (Australian Institute of Health and Welfare 2005b) and alcohol use was at roughly the same level in 2004 as it was in 1998 (Australian Institute of Health and Welfare 2005a). Of particular concern is the risky drinking patterns of young people and the harms this can cause: in 2003 20 per cent of young Victorians between the ages of 16 and 24 reported that they intended to get drunk most or every time that they drank alcohol. A further 27 per cent intended to get drunk sometimes (Premiers' Drug Prevention Council 2004b).

There has also been a steady increase in alcohol related hospital emergency department presentations in Victoria for both males and females, mainly for intoxications or injuries caused while intoxicated.

The Victorian Emergency Minimum Dataset (VEMD) contains de-identified demographic data detailing presentations at Victorian public hospital emergency departments. The data recording conditions are not optimal within emergency departments, with only 3 diagnosis codes per presentation available. Therefore the data can be considered an underestimation.

Victorian Emergency presentations for alcohol by sex 1999-2004

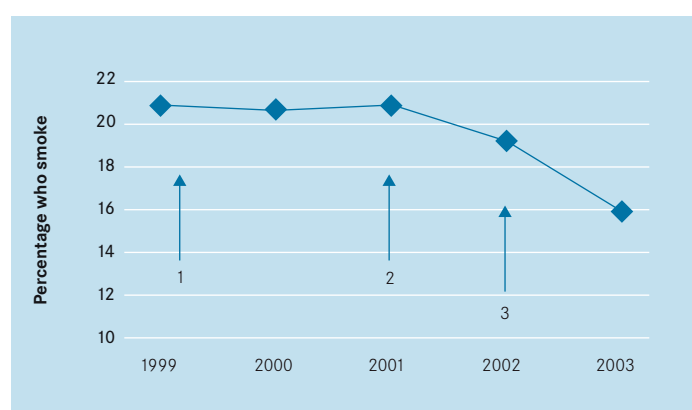


Source: Department of Human Services, Drugs Policy and Services Branch Quarterly Report, June 2005.

Tobacco

While smoking is declining, tobacco is still associated with the greatest disease burden in Australia compared with other drugs (Mathers, Vos & Stevenson 1999). It costs the Victorian community over \$5 billion annually due to health care and social costs. The Victorian Government has implemented a number of tobacco reforms to address the serious issues associated with smoking.

Smoking Prevalence in Victoria and introduction of tobacco reforms



Source: Quit Victoria, unpublished data

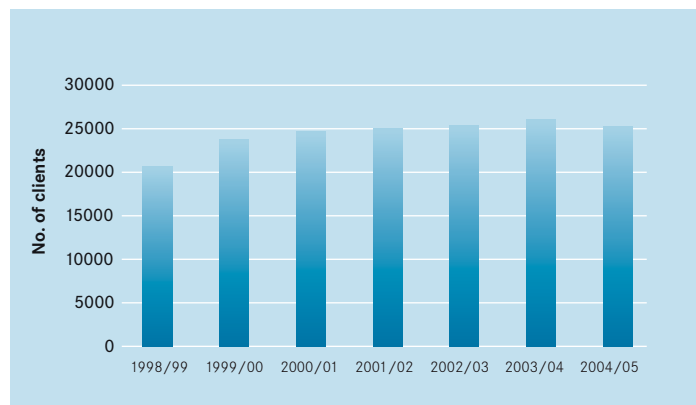
1. Introduction of increased penalties for cigarette sales to minors laws
2. Introduction of smoke free dining laws (1 July 2001) and smoke-free shopping centre laws (1 November 2001)
3. Introduction of point of sale advertising and display restrictions (1 January 2002). Introduction of smoking restrictions in licensed premises, gaming and bingo venues and the Casino (1 September 2002)

During the recent period of reform, smoking rates have declined 4.7 per cent among adults, from 21 per cent in 1999 to 17 per cent in 2003; and 4.1 per cent among youth.

Drug treatment trends

The number of Victorians entering drug treatment services increased substantially from 1999 to 2003 and has stabilised since then. This increase in access to services has been accompanied by an overall decrease in drug use.

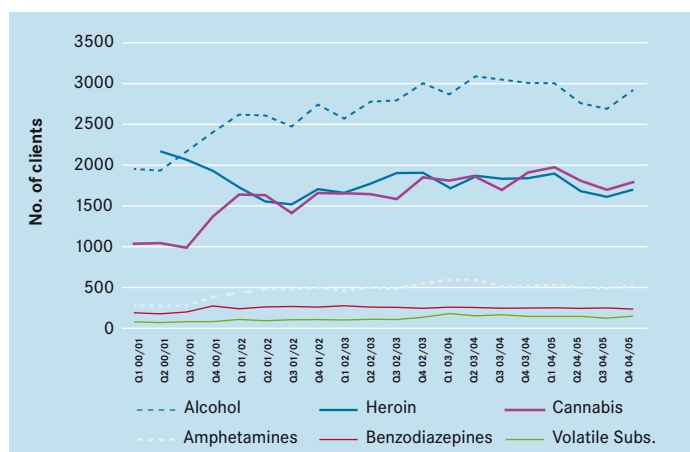
Clients accessing drug treatment 1998/99 – 2004/05



Source: Department of Human Services, Drugs Policy and Services Branch Quarterly Report, June 2005

Alcohol continues to be the principle drug of concern for clients seeking treatment although treatment for cannabis as the primary drug is increasing. Young people between the ages of 12 and 21 years most commonly seek treatment for cannabis use.

Principal drug of concern for those seeking treatment



Source: Department of Human Services, Drugs Policy and Services Branch Quarterly Report, June 2005.

Problematic drug use impacts on a range of government funded social infrastructure, including hospitals and community health, ambulance, aged care, child protection, disability services, mental health services, public housing, Workcover, road safety, the courts, juvenile justice and adult correctional services, and the police. The Victorian Government emphasises a coordinated approach that covers social, cultural and economic factors to deliver an integrated response across a broad range of services, which seek to reduce the harms caused by the misuse of drugs.

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