

VICTORIAN GOVERNMENT

Drug Initiative

Two Year Report

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Contents

Introduction	1
Snapshot of Key Achievements	4
Prevention	4
Saving Lives	5
Treatment and Rehabilitation	5
Law Enforcement: Corrections	6
Other Achievements in Addressing Drug Abuse	7
Victorian Alcohol Strategy	7
Tobacco Reforms	7
Responses to Chroming	7
Prevention: Key Achievements	9
Investing in Prevention	9
Establishment of the Premier's Drug Prevention Council	9
Community Strengthening Initiative	10
Community Drug Education and Advertising Campaign	10
New School Drug Education Programs	11
Services for Families	11
Saving Lives	12
Temazepam Injecting Prevention Campaign	13
Treatment and Rehabilitation	14
Increase in Bed Numbers	14
Improved Access to Services for Youth	14
Improved Access to Services for the Community	15
Improved Access to Pharmacotherapies	15
Further Improvements in Treatment and Rehabilitation	16
Increased Rural Services	17
Law Enforcement: Corrections, Courts and Victoria Police	20
Prison Drug Strategy 2002	20
Prison Methadone	21
Bridging the Gap Initiative	21
Established Drug Courts	22
Asset Confiscation	23
Increased Penalties	23
800 New Police	23

Introduction

In 1999, the Drug Policy Expert Committee (DPEC) was appointed by the State Government to provide advice on drug policy in Victoria. Establishment of the DPEC was a critical and significant initiative. It reflected the Government's awareness of the seriousness of the deteriorating situation surrounding increasing use of illicit drugs, rising deaths from drug overdose, increasing community concern over injecting drug use and people experiencing drug overdose in public places, littering of syringes and needles, and increasing crime associated with drugs. The decision to establish the Committee and to require it to consult extensively recognised the need for both expert and broad community input to drug policy and strategy development.

The DPEC acknowledged that significant reform and further development to drug policy was required in Victoria and made a number of recommendations around four key areas: Prevention, Treatment and Rehabilitation, Law Enforcement and Corrections, and Supporting and Developing the Drug Strategy.

The DPEC's recommendations were premised on a commitment to the harm minimisation philosophy that has underpinned drug policy in Australia since the middle of the 1980s. It recommended that funds be invested in ways that best contribute to controlling supply, reducing demand and implementing harm reduction strategies.

In response to the DPEC's recommendations to the Victorian Government, the \$77 million Victorian Government Drug Initiative (VGDI) was launched in November 2000.

Most recommendations were accepted and funded under the banner of the VGDI, which has four key areas: Prevention, Saving Lives, Treatment and Rehabilitation, and Law Enforcement.

With the goal of enhancing efforts to save lives and address drug misuse, the VGDI has recognised that Victoria's drug problem is a matter for the whole community, not just Government. By working together, the Victorian Government and community is making a difference.

This two year report demonstrates the significant achievements so far under the VGDI's four key areas.

Prevention involves discouraging people commencing use, reducing experimentation and increasing the safety of those who continue to use drugs.

Saving Lives involves working with local communities to tackle problems associated with high levels of illicit drug trafficking and use in public areas at the local community level.

Treatment and Rehabilitation involves a range of services that are capable of providing proactive intervention and support at the earliest opportunity, meeting the general health needs of drug users, and providing specialist treatment for those with more serious health problems.

Law Enforcement involves limiting the availability of drugs in the community, diverting drug users from the criminal justice system into the drug treatment service system as appropriate, and reducing the load on courts and the corrections system.

Since the VGDI commenced in November 2000, over thirty new initiatives have been implemented. These range from prevention strategies to save the lives of drug users, and minimise harm to the community, to home-based and residential treatment options.

When the VGDI was launched, the Government outlined five key performance measures to indicate whether its Drug Strategy has been successful. In this document they are described as the Premier's targets. Currently, all targets are being met or exceeded.

Victorian Government Drug Initiative: Premier's Targets – November 2000

Performance Measure	Achievements
Every Government School will have an effective drug education program.	All government schools and 80% of non-government schools are now implementing broad drug education curricula and student welfare programs which are tailored to the needs of each school and its environment.
7,000 offenders diverted from the criminal justice system into drug education and treatment over years.	Since November 2000, almost 3,500 people have been diverted from the criminal justice system into drug treatment and education. Many of these people are engaging in the drug treatment service system for the first time.
At least 50% of seriously dependent heroin users will be linked to drug treatment a year.	*52% of an estimated 28,000 seriously dependent heroin users have been linked to treatment.
Waiting times for all drug withdrawal and detoxification services cut to less than 10 days.	There has been a 72% reduction in waiting times for all treatment types since 1999-00. All withdrawal waiting times are under 10 days.
To provide 800 treatment beds by 2003.	820 Rehabilitation and Withdrawal, Alcohol and Drug Supported Accommodation beds were provided by July 2002. This has resulted in bed numbers almost doubling since 1998-99 (431 beds).

* Estimated number of Victorian heroin users in 2001-02 was 28,000 (Turning Point Alcohol and Drug Centre). In 2001-02, the number of people seeking treatment with heroin related problems (including alternative pharmacotherapy) was 14,500.

Further to the achievements against these targets, this two year report demonstrates other achievements in Prevention, Saving Lives, Treatment and Rehabilitation, and Law Enforcement.

Shifts in heroin supply have also meant the Victorian Government is widening its focus on drug initiatives to address alcohol abuse, chronicling, amphetamine and poly drug use.

New initiatives have built on the services and programs put in place over the first year and have provided a basis to move forward in partnership with the community to minimise the harm of drugs in Victoria.

This two year report shows that more people than ever are being helped to get off drugs and rebuild their lives by linking them more efficiently with effective treatment.

Snapshot of Key Achievements

Prevention

- In 1999, the Drug Policy Expert Committee (DPEC), chaired by Dr David Penington advised that only 5% of the overall budget allocated to drugs was spent on prevention. The DPEC recommended this should be increased to 10%.
- Prevention now accounts for 11.7% of the total Department of Human Services budget with 25% of the VGDI \$77m commitment allocated to prevention.
- All government and 80% of non-government schools are now implementing broad drug education curricula and student welfare programs that are tailored to the needs of each school and its environment. (Premier's target)
- The establishment of the DrugInfo Clearinghouse in June 2002. The Clearinghouse is the first drug prevention information service of its kind in Australia that will serve as a central source of drug prevention information, research and resources for workers in the drug prevention field and the broader community in Victoria - www.druginfo.adf.org.au.
- 76 prevention projects have been funded under the Community Strengthening Initiative, which is designed to strengthen the capacity of communities to understand, prevent and respond to drug issues.
- 4,570 calls were made to the Community Drug Education and Advertising Campaign Helpline which operated 24 hours, 7 days a week over a 7 month period from July 2001 to February 2002. Of the 4,570 calls, more than 1,500 referrals were made to treatment and support services.
- 8,000 visited the Campaign website www.drugs.vic.gov.au over a 7 month period from July 2001 to February 2002.
- Over 20,000 directories of service booklets were distributed to drug users, parents and families, and health professionals across Victoria.
- Over 2,000 people have participated in School Community Drug Forums across the state.
- Twenty five family self help support groups concerning drug issues have been established and maintained across Victoria. A further 36 information sessions have been conducted to develop more groups since the program commenced in January 2001.
- Over 3,000 callers have received assistance provided by parent volunteers and professional counsellors via the Family Drug Helpline since the program commenced in January 2001.

Saving Lives

- Mobile Drug Safety Workers have provided outreach, crisis counselling and health promotion to over 5,000 contacts resulting in a reduction in the number of overdoses, linking people to treatment and improved health outcomes overall.
- 21 projects have been funded in 26 municipalities through the 'Emerging Hotspots' initiative. The projects are responding to the misuse of drugs other than heroin, including alcohol, cannabis and amphetamines, chronic activity and the injecting of prescription drugs.
- Victoria's first *HIV Strategy*, and a *Hepatitis C Strategy*, have been developed to reduce the personal, social and health impacts of blood borne viruses in the injecting drug use community.

Treatment and Rehabilitation

- Bed numbers have almost doubled from 431 in 1998-99 to 820 in July 2002. This exceeds the projected VGDI target of 800 beds by 2003. (Premier's target)
- There has been a 72% reduction in waiting times for all treatment types since 1999-00. All withdrawal waiting times are under 10 days. (Premier's target)
- 52% of an estimated 28,000 seriously dependent heroin users were linked to treatment in 2001-02. (Premier's target)
- Since 1998-99, there has been a 28% increase in the provision of courses of treatment for youth (12-21 years), from 9,097 to 11,664.
- Since 1998-99, there has been a 27% increase in the number of clients accessing drug treatment services, from 20,487 to 25,998.
- Since 1999-00, the number of active prescribers of pharmacotherapies (methadone and buprenorphine) has risen by over 40% from 246 prescribers to 348. This increase is providing injecting drug users with significantly improved access to these pharmacotherapies.
- 82% of clients have rated the overall quality of the drug treatment service as excellent or very good, based on the annual *Client Satisfaction Survey of Alcohol and Drug Users*.

Law Enforcement: Corrections

- Since November 2000, almost 3,500 people have been diverted from the criminal justice system into drug treatment and education. Many of these people are engaging in the drug treatment system for the first time. (Premier's target)
- The number of Victorian prisoners testing positive to drug use has more than halved in the past four years from 6.3% in 1997-98 to 3.1% in 2001-02.
- Almost 200 prisoners per day are now receiving methadone and buprenorphine in Victorian prisons. In August 2002, an additional 100 places became available for prisoners to commence opioid substitution in prisons.
- In 2001, the Government introduced legislation which:
 - gave effect to an election commitment by increasing the maximum penalty for drug trafficking from 25 years to life imprisonment;
 - introduced a new offence of trafficking or cultivating a large commercial quantity of drugs, punishable by a maximum penalty of life imprisonment; and
 - enabled drugs to be combined in the one offence so that drug traffickers are sentenced for the true extent of their drug trafficking and its harmful effects in the community.
- An additional 800 police have been recruited and trained to provide an increased police presence and enhance the confidence of Victorians in their personal safety and reduce their fear of crime.
- \$61.7 million has been allocated toward the investigation of illegal drug activity including cultivation, manufacture and trafficking.
- The government proposes to introduce a package of reforms to strengthen the existing asset confiscation scheme in Victoria. A key feature of the reform package will be a reduction in the threshold for automatic forfeiture so that automatic forfeiture will apply to a greater number of serious drug and fraud offenders.
- These reforms will ensure Victoria has a more powerful tool for attacking the profit motive behind organised crime and disrupting criminal enterprise.

Other Achievements in Addressing Drug Abuse

Victorian Alcohol Strategy

The new *Victorian Alcohol Strategy: Stage 1*, was launched on 21 June 2002. The Strategy aims to curb excessive alcohol consumption in the community, especially young people. It includes proposals to be actioned by the Government in partnership with other Government Departments, community organisations and agencies, in the following four key areas: Alcohol and Young People; Promoting Alcohol-Safe Environments; Alcohol and Violence; and the Role of Marketing.

Stage Two, to be launched in December 2002, will provide progress on the range of initiatives implemented under the four key areas.

Tobacco Reforms

In the past two years, the Victorian Government has introduced significant reforms to address exposure to passive smoking, and to reduce teenage smoking levels.

In recognition of its tobacco control initiatives, and Victoria's excellent framework for enforcement of tobacco laws, the Government was this year awarded the Australian Medical Association/Action on Smoking and Health award for its leadership on tobacco. Initiatives include the:

- Introduction of smoke free dining in restaurants, cafes, dining areas of hotels and licensed clubs on 1 July 2001. 16,000 venues are now required to be smoke free.
- Banning of smoking in shopping centres.
- Introduction of strict advertising and display restrictions in shops that sell tobacco.
- Establishment of cigarettes sales to minors enforcement teams resulting in a significant reduction to the number of retailers selling cigarettes. Since January 2001, the number of retailers selling to minors has reduced by over 50% from 31% to an average of 14%.
- Introduction of more smoke free areas set aside in 90% of licensed premises and most gaming venues on 1 September 2002.

Responses to Chroming

In response to the increased awareness and dangers associated with young people 'chroming' a number of initiatives has been developed. These include the:

- Increase in services for young people with drug problems, including chroming, in residential care.
- Development of Management and Treatment Guidelines for health and welfare professionals working with young people who chrome.
- Retailers Campaign Kit to support the responsible sale of solvents distributed to 3000 retailers.
- Commissioning of a feasibility study about the addition of bittering agents to reduce use.
- Development of the Koori Solvent resource to prevent the uptake of solvent use.
- Development of a resource for all schools to address issues around volatile solvents: *Volatile Solvents – A Resource for Schools – Health and Safety Guidelines*.

Prevention: Key Achievements

Investing in Prevention

In 1999, the Drug Policy Expert Committee (DPEC), chaired by Dr David Penington advised that only 5% of the overall budget allocated to drugs was spent on prevention. The DPEC recommended that this should be increased to over 10%.

Prevention now accounts for 11.7% of the total Department of Human Services' drugs budget with 25% of the VGDI's \$77m commitment allocated to prevention.

Establishment of the Premier's Drug Prevention Council

The Premier's Drug Prevention Council (PDPC) was established following a joint Parliamentary sitting in March 2001. The twelve members of the Council represent a wide range of expertise and experience in the alcohol, drug, health and prevention fields.

In the last 12 months, the Council has:

- Reviewed existing and new drug education and prevention activities and provided the government with advice and recommendations on directions for the prevention of illicit and licit drug use. The Council's initiatives will foster a better understanding of the issues relating to drug prevention within all sectors of the community and increased support for a more comprehensive and effective drug strategy.
- Established the DrugInfo Clearinghouse in June 2002. The Clearinghouse is the first drug prevention information service of its kind in Australia that will serve as a central source of drug prevention information, research and resources for workers in drug prevention fields and the broader community in Victoria - www.druginfo.adf.org.au.
- Established the Victorian Drug Prevention Team (VDPRT) that will provide support and expertise around whole-of-community drug prevention initiatives to priority communities.
- Coordinated the Summer Events Campaign which targeted cannabis and ecstasy users at rock festivals in Victoria over summer.
- Established the new central telephone assistance line DirectLine 1800 888 236 on 1 September 2002. Victorians now need to phone only one number to get help for alcohol and drug problems and information about what services are available to support them.
- Funded ten demonstration projects across Victoria, targeting at-risk young people. The projects will demonstrate a variety of approaches and will take place in several targeted settings, including schools, public housing, and a range of local community settings.

Community Strengthening Initiative

Australian and international research tells us that the underlying causes of drug use may be addressed by strengthening the capacity of communities to understand, prevent and respond to drug issues.

Prevention involves discouraging people commencing use, reducing experimentation and increasing the safety of those who continue to use.

Seventy-six prevention projects have been funded under the Community Strengthening Initiative. Of these:

- 28% target culturally and linguistically diverse communities and koori communities.
- 25% involve partnerships with schools.
- 34% have a recreation and sport focus.
- 35% focus on alcohol abuse prevention.
- 7 are statewide 'community of interest' programs. Programs involve the Aboriginal, Greek, Vietnamese, and deaf communities as well as expanding an existing mentoring program for young people in juvenile justice, building capacity of local government to work on local drug strategies, and working with young people with refugee experience.

Community Drug Education and Advertising Campaign

The Community Drug Education and Advertising Campaign was launched in July 2001 and ended in February 2002. The Campaign comprised three television advertisements focusing on marijuana, ecstasy and heroin and included a call to action via a 1800 telephone number for information, counselling and referral.

The Campaign was very successful in targeting young people aged 15-18 years. Notably:

- 4,570 calls were made to the Campaign Helpline which operated 24 hours, 7 days a week.
- Of the 4,570 calls, more than 1,500 referrals were made to treatment and support services.
- 60% of calls were made by drug users themselves. Of these, 63% were by young male cannabis users, a group who traditionally are reluctant to receive help.
- 8,000 visited the Campaign website www.drugs.vic.gov.au.
- Over 20,000 directories of service booklets were distributed to drug users, parents and families, and health professionals across Victoria.

New School Drug Education Programs

Whole school drug education programs, when well integrated into the life of the school, are an important component of an overall prevention strategy. The range of new school drug education programs include the provision of programs that promote resilience in young people, specific information about drugs and community and social issues, and broader student welfare programs. Notably:

- All government schools and 80% of non-government schools are now implementing broad drug education curricula and student welfare programs which are tailored to the needs of each school and its environment.
- The Creating Conversations student-led parent drug education program has been developed and implemented across the state.
- *Volatile Solvents: A Resource for Schools – Health and Safety Guidelines* has been developed to assist schools to address the issue of volatile solvents in a health and safety framework. It will be distributed to all schools this year along with training in its effective implementation.
- Over 2,000 people have participated in School Community Drug Forums across the state. These forums have been based on locally identified issues and have included students, teachers, parents and community agencies.

Services for Families

The Government's concern for the wellbeing of families of people with a drug problem has been reflected in the variety and number of services designed to strengthen the capacity of families to deal with a substance abuse problem.

The VGDI family specific initiatives include Family Drug Help, Family Drug Helpline, the Parent Support Program and the Family Counselling Program. Links between families, self help groups and drug treatment services have been strengthened. Notably:

- The Family Drug Help program has established and maintained 25 family self help support groups across Victoria. A further 36 information sessions have been conducted to develop more groups since the program commenced in January 2001.
- The Family Drug Helpline has provided assistance and support to over 3,000 callers. Callers have received telephone drug information, counselling and referral by parent volunteers and professional counsellors since the program commenced in January 2000.
- The Parent Support Program, which commenced in 2000, will provide up to 1200 families of drug users with support and assistance.
- The Family Counselling Program, which commenced in 2000, will provide counselling, support and assistance for up to 1600 families.

Saving Lives

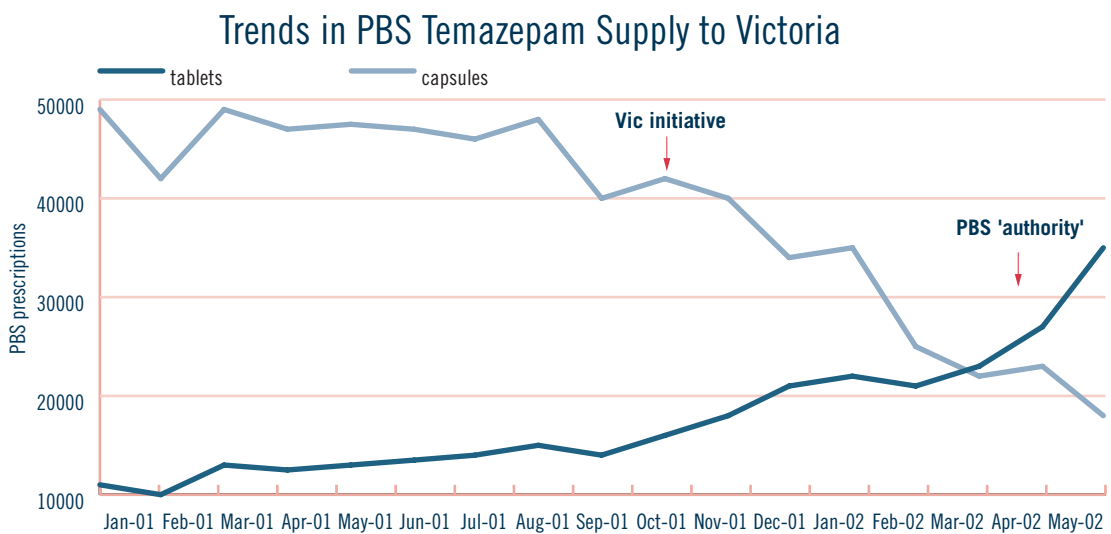
The Saving Lives Strategy called for an innovative partnership between State and Local Government to work with local communities to tackle problems associated with high levels of illicit drug trafficking and use in public areas at the local community level. Initiatives include:

- Establishing five Primary Health Services in areas of high drug use to enhance the health and welfare of street based drug users and reduce the public nuisance associated with street drug use.
- Mobile Drug Safety Workers providing outreach, crisis counselling and health promotion to over 5,000 contacts resulting in a reduction in the numbers of overdoses, linking people to treatment and improved health outcomes overall.
- Establishing the Mobile Overdose Response Service which has provided an overdose response to over 190 people. This service is also providing drug and health promotion information to street based drug users.
- Funding 11 Safe Needle Disposal Strategy Schemes to improve the amenity and safety of public spaces in local government areas.
- Funding 21 projects in 26 municipalities through the 'Emerging Hotspots' initiative to respond to the misuse of drugs other than heroin, including alcohol, cannabis and amphetamines, chroming activity and the injection of prescription drugs.
- Delivering workshops and training about overdose to 350 high-risk injecting drug users. The aim of the workshops and training is to reduce drug related harm to injecting drug users, and the community.
- Ravesafe peer education initiatives delivering drug education and reducing drug related harm to thousands of rave party enthusiasts.
- Developing Victoria's first *HIV Strategy*, and a *Hepatitis C Strategy*, both designed to reduce the personal, social and health impacts of blood borne viruses in the injecting drug use community.
- Victoria Police under the VicPol Saving Lives Crisis Support initiative, establishing a specialist training capacity for a Special Operations Group (SOG). The SOG has been trained to respond to, and manage, volatile situations with drug affected people.

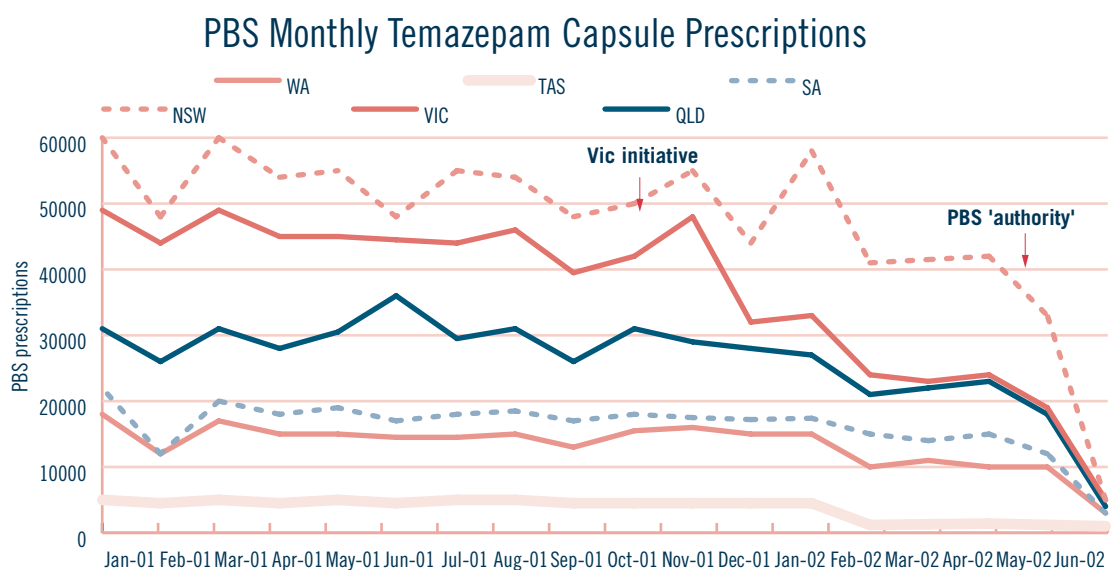
Temazepam Injecting Prevention Campaign

In September 2001, the Department of Human Services initiated the national Temazepam Prevention Campaign. Temazepam is a prescription drug widely used to treat insomnia. It comes in a tablet or capsule form. It was found that the contents of the capsules were being misused by injecting drug users. The campaign resulted in a nationwide authority restriction on the prescribing of temazepam capsules as of 1 May 2002.

The campaign has been very successful in reducing the harms associated with temazepam misuse by reducing the number of Pharmaceutical Benefit Scheme (PBS) temazepam capsule prescriptions in Victoria by 63% from 48,701 to 18,163.



Nationally, the authority prescription has resulted in a profound decrease of 93% in the national number of PBS temazepam capsule prescriptions since January 2001.



Treatment and Rehabilitation

The Government has taken significant steps to enhance and expand Victoria's drug rehabilitation and treatment system. Notably, 82% of clients have rated the overall quality of the drug treatment service system as excellent or very good, based on the annual *Client Satisfaction Survey of Alcohol and Drug Users*.

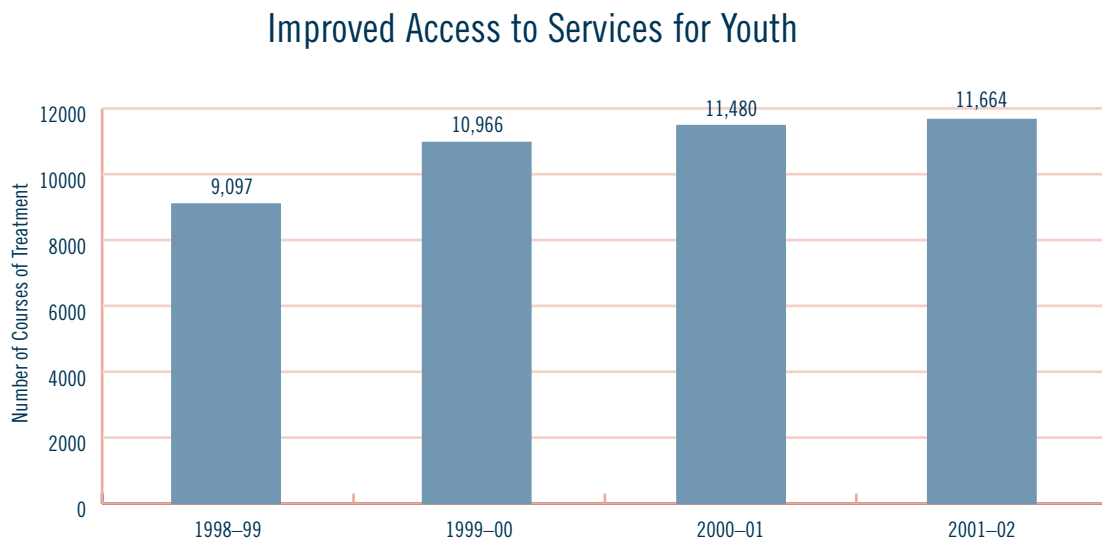
A range of new rehabilitation and treatment programs is being implemented, resulting in an:

Increase in Bed Numbers

Bed numbers have almost doubled from 431 in 1998-99 to 820 in July 2002. This exceeds the projected VGDI target of 800 beds by 2003. The figure comprises an additional 77 residential rehabilitation, 16 withdrawal and 172 supported accommodation beds as well as increased staffing levels.

Improved Access to Services for Youth

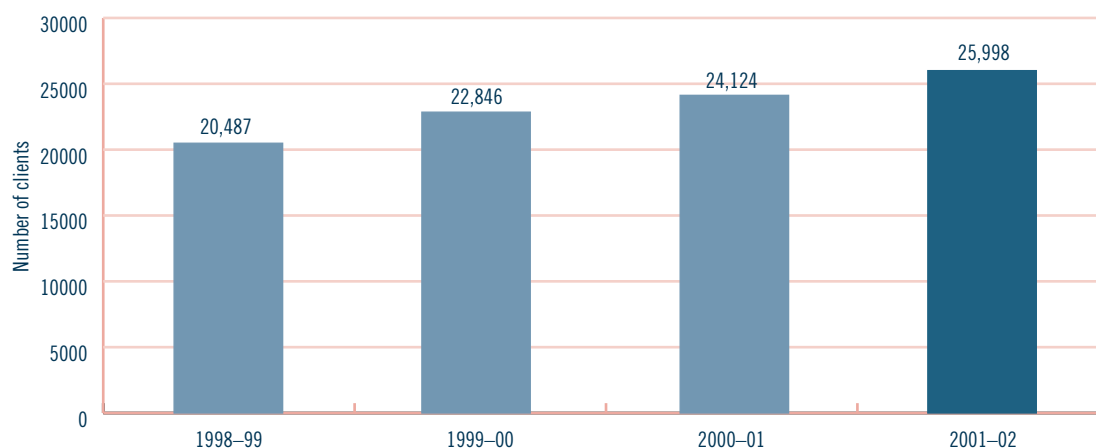
Since 1998-99, there has been a 28% increase in the number of courses of treatment for youth (12-21) years, from 9,097 to 11,664.



Improved Access to Services for the Community

Since 1998-99, there has been a 27% increase in the number of clients accessing drug treatment services from 20,487 to 25,998. These clients are also able to access the system more quickly, with a 72% reduction achieved in waiting times since 1999-00.

Number of Clients Accessing Alcohol and Drug Treatment Services



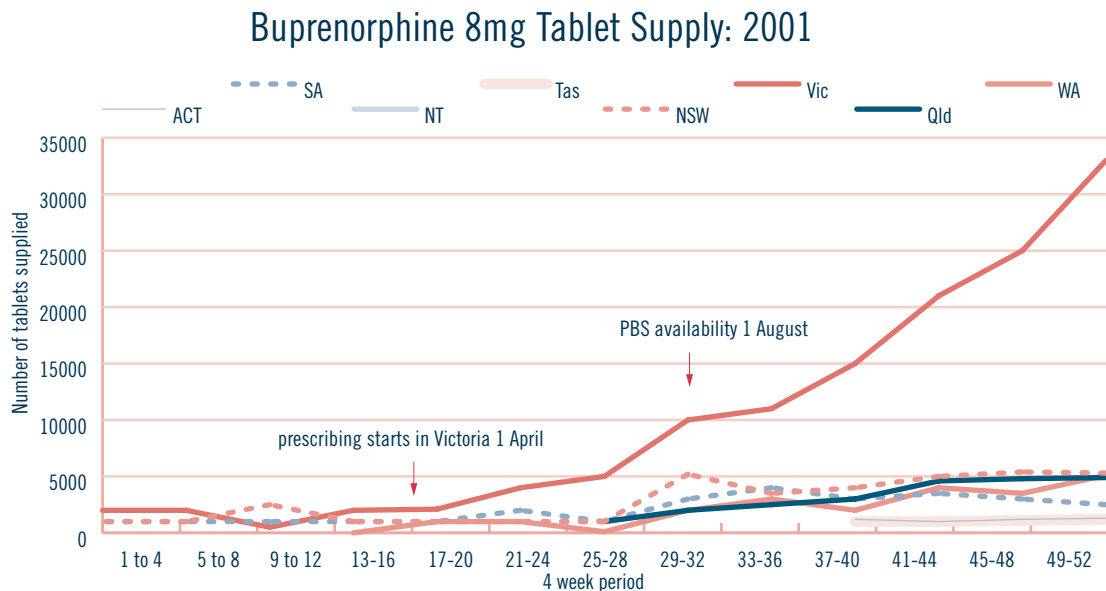
Improved Access to Pharmacotherapies

Pharmacotherapies (methadone and buprenorphine) are prescribed drugs for opioid (usually heroin) dependent people. The prescribing of pharmacotherapies enables opioid dependent people to better manage, and to lead, more stable lives.

- Since January 2,000, the number of active prescribers of pharmacotherapies has risen by over 40% from 246 to 348. This increase has provided significantly improved access to pharmacotherapies (methadone and buprenorphine) for injecting drug users.
- With the availability of buprenorphine, pharmacotherapy prescribers now have a choice of treatments to offer clients. Further benefits of buprenorphine compared to methadone are that:
 - some clients are able to pick up their medication every second day, as opposed to daily with methadone; and
 - buprenorphine is very useful as a detoxification therapy, eliminating the need for benzodiazepines and better controlling the symptoms of withdrawal than the previous combination of drugs used.

Buprenorphine 8mg tablet supply: 2001

- 36% of pharmacotherapy clients have been prescribed Subutex (buprenorphine).
- Victoria, with 25% of the Australian population accounts for more than 60% of Subutex (buprenorphine) supplied in Australia.



Further Improvements in Treatment and Rehabilitation include:

- Accrediting 27 Koori Alcohol and Drug workers as health professionals to improve health outcomes in treatment, early intervention and prevention.
- Custodial Health Alcohol and Drug Nurses (CHAD nurses), for the first time, placed in Victorian Category A, Police Cells. 1,537 prisoners have been offered health screening since CHAD nursing commenced, of which 401 screens have been undertaken.
- Establishing a joint model of service with Mental Health for five Dual Diagnosis programs in Bendigo, Mildura, Gippsland, Wangaratta and Ballarat.
- Establishing a \$7.6 million homeless drug dependency pilot to treat more effectively those who are homeless with drug and alcohol problems. 61 people have received assistance under this pilot program.
- Improved consumer satisfaction and service delivery under the Pharmacotherapy Advocacy and Complaints Resolution Service (PACS). Consumers of pharmacotherapies and their service providers are able to have day to day complaints and grievances addressed through PACS.

- Funding 11 Community Health Centres to provide doctors to prescribe methadone and buprenorphine.
- Subsidising the cost of methadone and other pharmacotherapies for all young people 18 years and under as well as those subject to juvenile justice orders. This enables clients with limited income to commence and remain on the pharmacotherapy program, improving treatment outcomes.
- Tackling inhalant abuse including a campaign for 3,000 retailers to promote the responsible sale of solvents across Victoria.
- Increasing the capacity to respond to the Indo-Chinese community by workers providing education and referral.
- Establishing 10 two-bed youth alcohol and drug supported accommodations in the Northern Metropolitan Region and Western Metropolitan Region.
- Establishing an interim 15 bed youth residential rehabilitation in Yarrambat to be relocated to Eltham.
- Establishing two new day programs for young people with histories of drug related problems.

Increased Rural Services

The significant investment under the VGDI in rural areas continues to result in the establishment, implementation and enhancement of some flexible and innovative responses to drug problems in rural Victoria. These include:

- Four Withdrawal Nurses employed to work with hospitals in the Gippsland region. The service provided combines additional home-based services with specialist casework support to acute hospitals that are routinely providing withdrawal services to people with alcohol and drug problems.
- The Warrnambool Rural Centre for Addictive Behaviour (WRAD) in the Barwon South-Western region establishing critical links with rural workers and agencies throughout Victoria. WRAD is also playing a role in the training and post-training support of rural GP prescribers of pharmacotherapies for opiate dependent patients.
- The first rural adult withdrawal (4 beds) service in Victoria, established in Bendigo, Loddon-Mallee region.
- Two four-bed youth withdrawal services providing withdrawal assistance to 124 people per annum established in Ballarat, Grampians region, and Geelong, Barwon South-Western region.

- A new 16-bed rural rehabilitation service for young adults in the Hume, Loddon-Mallee and Grampians regions currently being established.
- Improved linkages between clients, prescribers, dispensers and Alcohol and Drug Services provided through Methadone Rural Workers in the Gippsland, Hume, Loddon-Mallee and Barwon South-Western regions.
- Twenty five rural projects under the Community Strengthening Initiative being implemented in the Gippsland, Loddon-Mallee, Barwon South-Western, Grampians and Hume regions. They are designed to enhance the capacity of local communities to respond to drug issues, promote social cohesion, and encourage participation in community activities.
- An information and education strategy responding to identified concerns about the level of use of alcohol, cannabis and tobacco by young people in the Macedon Ranges Shire, Loddon Mallee region.
- Delivering a targeted education program and resources for the student communities of Bendigo Regional TAFE and La Trobe University, Loddon Mallee region.
- Mapping the extent of alcohol and drug use in disadvantaged communities in the Bass Coast Shire and involving the communities in the development and implementation of sustainable strategies to local needs, Gippsland region.
- Delivering education programs about drug use and safety for young people targeted by the High Risk Adolescent referral network, schools, police and hospitals in the City of Latrobe, Gippsland region.
- Preventing uptake of inhalant use, researching extent of drug issues, future responses, and capacity building in the City of LaTrobe, Gippsland region.
- Five Local Government Areas implementing strategies identified in existing Drug Action Plans, in Greater Geelong and Queenscliff; the Surf Coast; Colac/Otway; Warrnambool; Moyne and Corangamite; and Glenelg and Southern Grampians, Barwon South-Western region.
- The Wodonga Rural City Council developing the Events Partnerships Project to provide support to service providers and events organisers to implement harm minimisation strategies, Hume region.
- The Moorabool Shire Council in collaboration with several community agencies, addressing alcohol misuse in schools and the community, Grampians region.
- The City of Ballarat implementing projects about increasing the awareness of health hazards associated with binge drinking among secondary and tertiary students, Grampians region.

- Establishing an alternative pharmacotherapies prescribing service program in the Loddon-Mallee, Barwon South-Western and Gippsland regions.
- Improving the amenity and safety of public spaces in local government areas via the Safe Needle Disposal Strategy in the Gippsland, Hume, Loddon-Mallee and Grampians and Barwon South-Western regions.
- Establishing the Victorian Drug Prevention Resource Team (VDPRT) that will provide support and expertise around whole-of-community drug prevention initiatives to priority communities in the Loddon-Mallee and Hume regions, followed later by the Gippsland and Barwon South-Western regions.
- Implementing demonstration prevention projects targeting at-risk young people in the Barwon South-Western and Hume regions.

Law Enforcement: Corrections, Courts and Victoria Police

Prison Drug Strategy 2002

The new *Victorian Prison Drug Strategy* (VPDS) was implemented on 26 March 2002. The VPDS aims to improve ways to keep drugs out of prisons, reduce drug use by prisoners, and prevent or minimise the health problems and harms caused by drug activity.

This VPDS has:

- more than doubled the number of drug detection dogs, from four to eleven;
- increased prison security;
- doubled random drug searches;
- funded a 50% increase in intensive drug treatment places from 300 to 450 to better target high-risk drug offenders; and
- boosted pre and post release help for offenders who want to remain drug-free through the implementation of the Bridging the Gap initiative.

The number of Victorian prisoners testing positive to drug use has more than halved in the past four years. Rates have dropped from 6.3% in 97/98 to 3.1% in 2001-02. The number of urine tests taken is also expected to double from 26,000 to more than 50,000 tests a year, as part of the Government's commitment to get tough on drugs in prison.

Initiatives implemented in 2001-02 include:

- introduction of a *Drug-Free Testing Program* for prisoners aimed at reducing the demand for drugs in prison;
- implementation of 400 additional places in harm reduction programs that inform prisoners of the problems caused by drug use and how they can reduce both harm to themselves and others;
- introduction of harm reduction strategies to reduce the health risks for staff and prisoners, specifically the trial of Occupational Health and Safety Officers' equipment for staff; and
- development of a Statewide Peer Education and Family Support Program within prisons.

Prison Methadone

The expansion of the Opioid Substitution Therapy program within prisons will allow more prisoners to access methadone and buprenorphine treatment. This program will help fight against drug use by assisting prisoners to avoid:

- future heroin use and the associated crime;
- risks of spreading blood-borne diseases such as HIV and Hepatitis C; and
- high risk of post-release overdose.

Almost 200 prisoners per day are now receiving methadone and buprenorphine within Victorian prisons. From August 2002, an additional 100 places became available for prisoners to commence opioid substitution treatment in prisons.

Other achievements in 2001-02, include:

- Introduction of a Buprenorphine policy in October 2001;
- Development of Statewide Clinical and Operational Policies and Procedures for induction and maintenance treatment;
- Completion of methadone and buprenorphine prescriber training for prison medical practitioners; and
- Funding for a comprehensive evaluation secured and soon to be tendered.

Bridging the Gap Initiative

The Bridging the Gap Program (BTG) funds five pilot pre and post-release programs providing transitional support for offenders with significant substance abuse problems, to ease their reintegration process and reduce their risk of re-offending and relapsing into drug abuse.

The program is the first of its kind in Victoria developed in response to an identified service gap. It recognises that in order to successfully engage people in drug treatment, their life circumstances needed to be stabilised through appropriate accommodation, and a range of other post release supports.

In the first full year of the BTG pilot:

- 4500 contacts were made with clients;
- More than 500 prisoners were assessed; and
- 232 prisoners in this period were provided intensive support.

The program provides intensive support to participants by assisting them to address their needs in the areas of supporting access to drug and alcohol treatment, accommodation, health, education, legal assistance, training and employment, family reconciliation and child care and custody issues.

An evaluation by the University of Melbourne indicates that BTG is meeting a crucial gap in providing support to people exiting prison at risk of drug related harm.

Established Drug Courts

The Drug Court Program, which commenced in May 2002, is a new approach to dealing with drug users in an attempt to reduce drug-related crime by addressing its underlying causes. It represents a fundamental shift in the way Courts deal with drug offenders.

It seeks to protect the community by focusing on the rehabilitation of offenders from drug or alcohol addiction with the ultimate goal of bringing stability to offenders' chaotic lifestyles and reintegrating them into the community.

Offenders accepted into the Drug Court program will be placed on a new sentencing order - the Drug Treatment Order (DTO). The DTO consists of two parts, a custodial part and a supervision part. The custodial sentence is suspended to allow for the treatment of the offender. The supervision order contains strict conditions, for example, requiring the offender to undergo drug testing and treatment, and to appear in court on a regular basis. The magistrate can imprison the offender for short periods or for the whole term of imprisonment if the offender does not comply with the conditions of the order or commits further offences.

An offender on the Drug Court undergoes intensive drug treatment and receives other support aimed at assisting the offender's recovery from drug dependency and subsequently reducing further offending.

The project is on target to assist an expected 450 offenders over the three years of the pilot program.

Asset Confiscation

The government proposes to introduce a package of reforms to strengthen the existing asset confiscation scheme in Victoria. A key feature of the reform package will be a reduction in the threshold for automatic forfeiture so that automatic forfeiture will apply to a greater number of serious drug and fraud offenders.

Currently, automatic forfeiture only applies to trafficking in a commercial quantity of illicit drugs. This threshold will be significantly reduced under the proposed reforms to 6% of the commercial quantity, which is a 94% reduction from the current level. For example, in relation to heroin the threshold will be lowered from 500g to 30g (dilute). This will ensure that traffickers motivated by profit who deliberately deal in less than commercial quantities to avoid the impact of confiscation laws, will no longer be able to do so.

These reforms will ensure Victoria has a more powerful tool for attacking the profit motive behind organised crime and disrupting criminal enterprise.

Increased Penalties

In 2001, the Government introduced legislation, which:

- gave effect to an election commitment by increasing the maximum penalty for drug trafficking from 25 years to life imprisonment;
- introduced a new offence of trafficking or cultivating a large commercial quantity of drugs, punishable by a maximum penalty of life imprisonment; and
- enabled drugs to be combined in the one offence so that drug traffickers are sentenced for the true extent of their drug trafficking and its harmful effects in the community.

800 New Police

An additional 800 police have been recruited and trained to provide an increased police presence and enhance the confidence of Victorians in their personal safety and reduce their fear of crime.

\$61.7 million has been allocated toward the investigation of illegal drug activity including cultivation, manufacture and trafficking.

Notes
