

# Department of Human Services Victoria Drug Policy and Services An overview



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## Foreword

Changing drug use and drug injecting patterns pose significant challenges for alcohol and drug treatment service systems and policy makers. Persistent trends in harmful licit and illicit drug use often require new and strategic policy directions. Clients presenting with multiple, problematic drug and other health issues need a flexible, integrated and highly responsive service system, and a skilled and experienced workforce.

The Victorian Government, in partnership with the community and other bodies, has employed a holistic approach to dealing with problematic drug use at an individual and community level.

Over the last decade, the Victorian Government has committed new funds towards expanding the range of services available in the drug treatment sector, culminating in what is known as the Victorian Drug Strategy. The Victorian Drug Strategy is designed to both strengthen existing services and to deliver a flexible and innovative range of service responses to drug and alcohol use in the Victorian community.



**Hon Bronwyn Pike MP**  
**Minister for Health**

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## Key principles and objectives of the drug strategy

The Victorian Department of Human Services Drug Policy and Services program manages activities that aim to promote and protect the health and wellbeing of all Victorians by reducing death, disease and social harm caused by the use and misuse of licit and illicit drugs.

The Drugs Policy and Services Branch is responsible for strategic leadership in policy and service development, funding and implementing program initiatives and regulating and monitoring safety standards.

The following principles guide the Drug Policy and Services program and the service system in achieving the goal of promoting and protecting the health and wellbeing of Victorians:

- A harm minimisation framework that focuses on minimising both individual and community harm related to problematic drug use.
- Provision of timely, accessible services through clearer service pathways, more capacity to deliver services across program boundaries and better cooperation between and within organisations. Joining up services to improve the continuity of care including increased access to generalist services.
- A stronger relationship with funded agencies that reflects a partnership approach to the provision and development of services.
- The ability to adopt new treatment approaches and respond to new and emerging trends.
- The recognition of the role of education, public awareness, prevention, screening and early intervention in responding to drug and alcohol problems.
- Delivering better outcomes for Indigenous Victorians and working in partnership with Koori agencies and communities to expand services.
- A whole of government approach that promotes cross-government relationships and liaison on drug issues through consultation and collaboration with other branches of the Department of Human Services, other government departments and representation on the inter-department committees.

## Service partners

### Alcohol and drug service agencies

The Department of Human Services funds 102 alcohol and drug service agencies, which provide more than 360 services across Victoria. These services are provided statewide, by a variety of agencies, including:

- 25 community health centres
- 22 hospitals
- 5 local government
- 50 non-government organisations.

Services delivered include alcohol and drug prevention and education programs, voluntary treatment and rehabilitation services, forensic drug treatment services, and needle and syringe programs. Some services are targeted towards specific client groups, such as youth, families and Kooris.

### Peak bodies and other organisations

Drugs Policy and Services Branch works closely with peak alcohol and drug bodies and organisations in Victoria through formal service agreements, committee representation, quarterly meetings and regular liaison.

Peak organisations include:

- Victorian Alcohol and Drug Association (VAADA)
- Victorian Association of Drink Driver Services (VADDS)
- Australian Drug Foundation (ADF)
- Turning Point Alcohol and Drug Centre
- Association of Needle and Syringe Programs (ANEX)
- VIVAIDS (Victorian Drug User Organisation)
- Association of Participating Service Users (APSU)
- Family Drug Help (FDH)
- Pharmacy Board of Victoria
- QUIT Victoria.

### Australian Government

The Australian Department of Health and Ageing funds a number of alcohol and drug services in Victoria under the National Illicit Drug Strategy. A cross-departmental protocol between the Department of Human Services and the Federal department has been implemented, so these services can operate within the alcohol and drug service system in Victoria. The Australian Government also funds drug diversion programs, drug treatment and needle and syringe programs through the Tough on Drugs! Strategy.

## Section one—Drug fact sheets

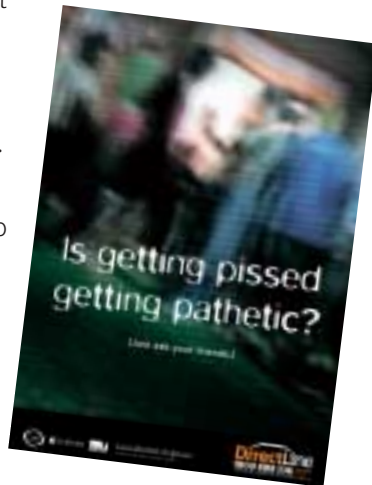
### Alcohol

Alcohol is the second most common cause of drug-related deaths and hospitalisations in Australia (AIHW 2002).

Harmful use of alcohol has short-term costs due to incidents of intoxication and long-term costs in ongoing health care.

National data indicates that alcohol accounted for \$7.6 billion of the social cost of drug abuse in 1998–99 (Collins and Lapsley 2002).

The harmful effects of alcohol are not restricted to the individual—they have implications for family and friends, health services, workplace productivity and the community.



### Current trends

- In December 2003, 38 per cent of people receiving treatment from government funded drug treatment services identified alcohol as their primary drug of concern, an increase of 55 per cent since 2000–01 (ADIS 2004).
- Alcohol use was related to 2,952 deaths between 1999–2002 (Turning Point Alcohol and Drug Centre 2004).
- Alcohol use was related to 20,562 hospital admissions, resulting in 86,699 hospital bed-days in 2002–03.
- Inpatient hospitalisations due to alcohol increased by 6 per cent in 2002–03.
- In 2002–03, DirectLine responded to 7,284 calls where alcohol was identified as a drug of concern, a marginal increase on the previous year.
- Of recent drinkers 26 per cent of males and 15 per cent of females reported they drank to get drunk most or every time (Victorian Youth Alcohol and Drug Survey 2003).

### Treatment

- DirectLine (tel: 1800 888 236) provides 24-hour counselling, information and referral services.
- Treatment is available through various community-based clinics.
- A comprehensive drug assessment can determine the best treatment programs, such as drug counselling, residential drug withdrawal or rehabilitation.
- Alcohol websites provide information on alcohol and the law, the effects of alcohol use and treatment and services available.
- Self-help groups are available, such as Alcoholics Anonymous.

### What is the Victorian Government doing?

The Victorian Government aims to build a healthier and safer community by reducing the adverse health, social and economic consequences of the misuse and abuse of alcohol.

Current government actions and initiatives include:

- delivering an alcohol-training package for alcohol and drug workers
- accredited driver education programs and drink driver programs for convicted drink drive offenders
- the Good Sports Program which promotes responsible alcohol-use at sporting clubs
- the Youth Alcohol Campaign, including TV and radio ads targeting youth and highlighting the negative consequences of regular excessive drinking
- 'Celebrating Safely', a Department of Education and Training resource to educate students, parents and teachers about strategies to manage students' alcohol consumption
- 'Pissed Pissed Pathetic' a tertiary alcohol campaign focusing on print media and posters
- increasing funding to DirectLine to meet greater demand for 24-hour telephone counselling, information and referral services following advertising campaigns
- Victoria Police establishing 30 licensee forums and accords across Victoria, bringing together licensees and stakeholders to identify and address concerns.

## Tobacco

Tobacco is the major cause of drug-related death in Australia and the greatest single cause of premature death and disease. It is responsible for more deaths than alcohol and all illicit drugs combined (Mathers et al. 1999).

Over the last four years the Victorian Government has introduced reforms to reduce the harms from exposure to passive smoke. Government initiatives are supported by non-government organisations including Quit Victoria, the Cancer Council of Victoria, the Victorian Health Promotion Foundation, VicHealth Centre for Tobacco Control and the Victorian Division of the Heart Foundation.



### Current trends

- Tobacco causes almost 5,000 deaths each year in Victoria and costs more than \$5 billion in health care and economic costs annually (Collins and Lapsley 2002).
- Passive smoking results in more than 19,000 hospital bed days each year (Collins and Lapsley 2002).
- In 2002, smoking rates of Victorians aged 18 years and over was 19 per cent.
- In 2002, 22 per cent of Victorian men and 16 per cent of Victorian women were regular smokers.
- Sixteen per cent male and 18 per cent female Victorian secondary school students (12–17 yrs) are current smokers (ASSAD 2002).

### Treatment

- Counselling and resources to help people stop smoking are available from Quitline on 131 848. Quitline is run by Quit Victoria and staffed by qualified Quit counsellors.

## What is the Victorian Government doing?

Over the period of the government's reforms there has been a significant reduction in smoking rates, in particular amongst young people (year 7 to 12 students) where the rate has dropped from 21 to 17 per cent (ASSAD 2002).

Legislative amendments to the *Victorian Tobacco Act 1987* include:

- tougher penalties for cigarette sales to minors offences (November 2000)
- introducing smoke-free dining (July 2001) and smoke-free shopping (November 2001)
- requiring tobacco retailers to display a health warning or Quit smoking sign (October 2001)
- restricting point of sale advertising and displays (January 2002)
- prohibiting the sale of single cigarettes (January 2002)
- restricting smoking in licensed premises, bingo and gaming venues, and the casino (September 2002).

Other initiatives include:

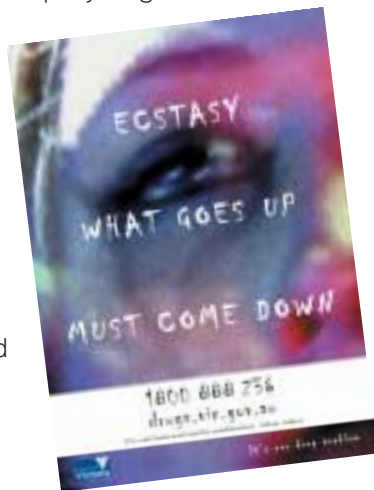
- television advertising campaign targeting smoking parents—'You should have been there' (Quit Victoria 2001)
- five community projects addressing smoking rates in the Indigenous population (2003)
- training video for hospital staff on smoking cessation interventions with families of patients (2003)
- guidelines for hospitals to implement smoke-free policies (2003)
- funding local councils to educate proprietors about tobacco laws, and implement compliance testing of cigarette sales to minors.

## Party drugs (ecstasy/amphetamines/ketamine/GHB)

Amphetamines are psychostimulant drugs generally produced illegally in backyard laboratories. Misuse of amphetamines is a worldwide problem and they are the most frequently used illicit drug after cannabis.

Ecstasy ('E', 'eckies' and 'XTC'), GHB ('G', 'GBH', 'Grevious Bodily Harm' or 'fantasy') and Ketamine ('Special K' or 'K') are all associated with the rave and dance party scene.

Recent research indicates that party drug use is widespread, in particular amongst early teens. Major concerns include variation in the quality of each drug, the use of multiple drugs and substances, and the increasing use of GHB, which is implicated in date rape and sexual assault and also has the potential to cause coma, respiratory failure and even death.



### Current trends

- Directline responded to 2,201 calls where amphetamines and other stimulants were identified as the drug of concern during 2003.
- Amphetamines and stimulants were the main drug of concern in 6 per cent of courses of treatment delivered in 2002–03 (ADIS 2004).
- Eight per cent of Victorians aged 14 years and over have used amphetamines/speed, 6 per cent have used ecstasy or designer drugs, and 4 per cent have used cocaine (The National Drug Strategy Household Survey 2001).
- In 2002–03, 383 inpatient hospitalisations were due to stimulant use.
- In 2002–03, Victorian public hospital emergency departments reported 60 admissions where GHB/Fantasy was mentioned, compared to only 29 admissions in 2001–02. For the period July 2003 to March 2004, 96 GHB admissions had been recorded. This supports anecdotal evidence of increasing numbers of overdoses (VEMD, DHS).

- A 2003 RaveSafe survey of 161 party drug users identified that 55 per cent of users had tried ketamine, 30 per cent had tried GHB and 68 per cent were poly-drug users, frequently combining ecstasy and speed.

### Treatment

- DirectLine (1800 888 236) provides a 24-hour counselling, information and referral service.
- Counselling, support, residential and specialist youth services are available as part of a treatment response.

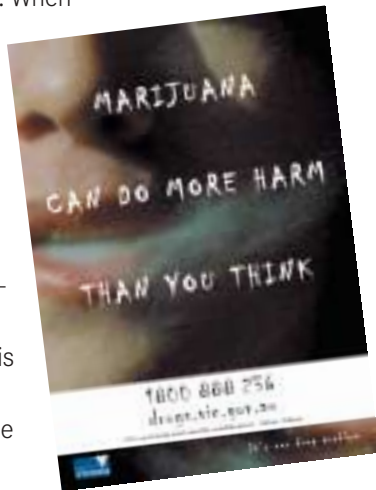
### What is the Victorian Government doing?

- Conducting research into the use of party drugs at rave parties and other venues.
- Funding RaveSafe, a peer education initiative targeting drug users who attend rave parties.
- Funding VIVAIDS to conduct workshops for injecting drug users on amphetamine misuse.
- Conducting the Illicit Drug Community Awareness and Advertising Campaign that targets ecstasy, heroin and cannabis use.
- Developing a code of practice for dance party promoters and operators to minimise harm and increase safety for patrons.
- Developing an education program on the dangers of GHB use.
- Developing a working group that includes the Pharmacy Board of Victoria, the Pharmacy Guild of Australia (Victorian Branch), Pharmaceutical Society of Australia (Victorian Branch) and Victoria Police to develop responses to limit the diversion of pseudoephedrine for illicit use and detect those involved.
- Piloting a roadside saliva-testing program of drivers for amphetamines in 2004–05.

## Cannabis

Cannabis is the most widely and regularly used illicit drug in Australia. It contains the chemical THC (Delta-9 tetrahydrocannabinol), which causes changes in mood and perception when absorbed in the brain. Cannabis is most commonly smoked or can be eaten.

The effects of cannabis vary between people according to their health, mood, weight and method of use. The main issues concerning long-term cannabis use include respiratory illness, reduced motivation and reduced concentration, memory and learning ability. When used in combination with other drugs such as alcohol or prescription drugs, the effects of cannabis can change, with unpredictable consequences. Cannabis use has been linked to drug-induced psychosis or can precipitate a latent psychosis and may even trigger psychotic episodes in people who already have a mental illness.



### Current trends

- Surveys indicate that 56 per cent of young males have used cannabis in their lifetime and 36 per cent used it in the past 12 months (Victorian Youth Alcohol and Drugs Survey, June 2003).
- Fifty per cent of young women reported using cannabis in their lifetime and 26 per cent reported using it in the past 12 months (Victorian Youth Alcohol and Drugs Survey, June 2003).
- Eighty-three per cent of people who reported regularly using cannabis, also reported using alcohol at the same time.
- Cannabis was the main problem drug for 22 per cent of courses of treatment delivered by specialist drug treatment services in 2002–03, compared to 16 per cent in 2001–02 (ADIS).
- In 2002–03, DirectLine responded to 4,002 calls where cannabis was identified as a drug of concern.
- In 2002–03, there were 478 hospitalisations attributable to cannabis consumption.

## Treatment

- Services can be accessed by calling DirectLine on 1800 888 236.
- Counselling, support and specialist youth services are available, including counselling to support lifestyle change, reduce risky behaviour and encourage the development of skills to cope with drug use triggers.

### What is the Victorian Government doing?

- Illicit drug community awareness and advertising campaign: Launched in 2001 to target ecstasy, heroin and cannabis use. Response to the hotline identified cannabis as the most frequently identified drug of concern, reflected in 63 per cent of calls.
- Cannabis intervention workshops for health and welfare professionals: Department of Human Services funded training in brief interventions to respond to cannabis use.
- Cannabis caution: Police diversion program for people found in possession of small amounts of cannabis or other illicit drugs. Provides information on how to contact DirectLine and a two-hour cannabis education program.
- ‘Cautious with cannabis’: A two hour education program for offenders given a cannabis caution by the Victoria Police and their significant others.
- Roadside saliva-testing program: A pilot roadside saliva-testing program of drivers for THC, the active component of cannabis, proposed in 2004–05.
- Cannabis related research: Funding for research into early interventions for young people experiencing psychosis and using cannabis; investigating the relationship between cannabis use and psychosis; and examining substance abuse in young people with recent onset of psychotic disorders.
- Cannabis and psychosis video and training manual: for health professionals in the mental health and psychiatric fields.

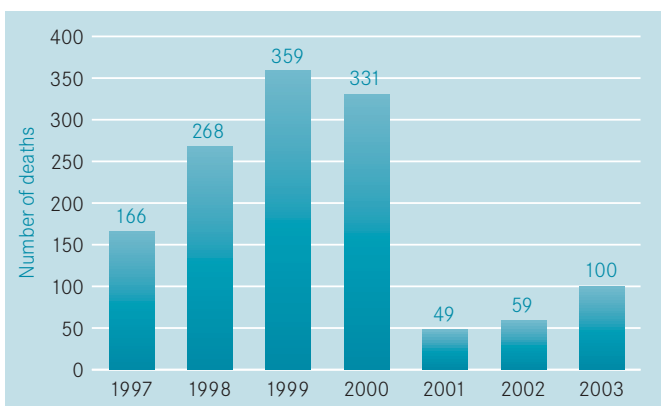
## Heroin

Heroin is derived from the opium poppy *Papaver somniferum*. Compared with legal drugs such as Alcohol and Tobacco, Heroin is only used by a small proportion of the Victorian population. Just over 2% of the Victorian population over 14 years admit to have ever used, and only 0.6% report regular use. However despite this small percentage, the use of the drug and associated harms in both health and law enforcement terms are causes of widespread concern by both the community and Government.



While trends indicate a steady rise in the use of heroin, deaths related to heroin use vary, depending on the availability of the drug. For example, reduced availability in late 2000 caused a dramatic decrease in heroin-related deaths in Victoria. An increase from 59 deaths in 2002 to 100 deaths in 2003 indicates that heroin availability and use is increasing, although not to levels prior to 2001.

**Figure 1: Heroin related deaths reported to the coroner in Victoria 1997–2003**



## Current trends

- There are approximately 27,000 heroin dependent people in Victoria (Clarke et al, 2003).
- The majority of injecting drug users (69 per cent) reported heroin as their drug of choice, with 90 per cent indicating that they had injected heroin in the last six months (IDRS, 2003).
- In December 2003, heroin was the main problem drug in 23 per cent of courses of treatment delivered by specialist drug treatment services, compared to 36 per cent in December 2000 (ADIS).
- There are more than 10,000 clients in pharmacotherapy treatment; a 15 per cent increase since 1 July 2003.
- Approximately 45 per cent of clients are now being treated with buprenorphine, representing around 34 per cent of the buprenorphine used nationally.
- In 2002–03 hospitalisations for heroin increased by 1 per cent on the previous year, to 947 hospitalisations. Opioids accounted for 10 per cent of all illicit drug hospitalisations.
- In 2002–03 there were 1,951 arrests for opioid related offences (use, possession and supply) an increase of 8 per cent compared to 2001–02.
- The prevalence of other substances detected in 1,745 heroin related deaths for the period 1991–2001 were: benzodiazepines 54 per cent, cannabis 24 per cent, alcohol 32 per cent and amphetamines 11 per cent. (Victorian Institute of Forensic Medicine & Department of Forensic Medicine—Monash University).

## Treatment

- Drug and alcohol agencies provide services for people with problematic heroin use. These can be accessed by calling DirectLine on 1800 888 236.
- A comprehensive drug assessment can determine the best treatment programs, such as residential or non-residential drug withdrawal.

## What is the Victorian Government doing?

- Supporting an extensive treatment service system for heroin users from withdrawal and rehabilitation to the full range of pharmacotherapies.
- Funding VIVAIDS to deliver workshops for injecting drug users to reduce the risk of overdose and increase their knowledge and skills in managing overdose emergencies.
- Conducting the Illicit Drug Community Awareness and Advertising Campaign that targets ecstasy, heroin and cannabis use.
- Conducting a 'heroin drought' campaign warning users of the increased risk of overdose if heroin supply was to suddenly return.
- Supporting a comprehensive community-based pharmacotherapy system for more than 10,000 clients.
- Established Australia's first Pharmacotherapy Advocacy and Complaints Resolution Service (PACS) to assist in resolving issues between clients and GPs/pharmacists.
- Established the Pharmacotherapy Dispensing Support Program to fund the cost of pharmacotherapy to clients who are 18 years and under, or under a Juvenile Justice Order. This program aims to remove cost as a disincentive to treatment.

## Volatile substance abuse

In Victoria, the rise of inhalant abuse in the past few years is well documented (ADIS; Victoria Police reports; Drugs and Crime Prevention Committee's *Inquiry into the inhalation of volatile substances*).

In September 2002, the Inquiry into the Inhalation of Volatile Substances handed down 16 recommendations relating to national response; state intervention; the law; supply reduction; research and evaluation; statewide services; local initiatives; education; information and training; youth specific response; Aboriginal and Torres Strait Islanders; the media; product development and modification; and funding. The Victorian Government has provided in-principle support for all the recommendations.



### Current trends

- Volatile substances were the main drug of concern in 15 per cent of courses of treatment delivered to clients aged 15 years and under in 2002–03 (ADIS 2004).
- Two per cent of respondents to the National Drug Household Survey 2001 reported ever using inhalants. Thirty-five per cent of those that reported ever using inhalants reported doing so for the first time before the age of 16.
- In 2003, Ambulance Services attended 197 cases (in the metropolitan area) where there was evidence of inhalant use; a 22 per cent increase from the previous year.
- The percentage of Victorian Secondary School students (12–17 years old) that use inhalants has decreased from 27 per cent in 1999 to 19 per cent in 2002 (Victorian Secondary School Students Survey 2002).
- The prevalence of inhalant misuse in the Indigenous community is disproportionate for the size of the population. For example, in 2002–03, Indigenous clients accounted for 15 per cent of clients presenting with inhalant use problems (ADIS).
- Anecdotal reports indicate that inhalant abuse is higher among child protection and juvenile justice clients, compared to the general population.

## Treatment

- Services can be accessed through DirectLine on 1800 888 236.
- Counselling, support, residential and specialist youth services are available as part of a treatment response. It is important to provide prevention and other activities that divert young people from inhalant use.

### What is the Victorian Government doing?

- Retailers campaign: A kit, *Responsible sale of volatile solvents*, was developed in consultation with retailers to prevent the sale of volatile solvents to people who may abuse them. More than 4,500 kits have been distributed. See [www.drugs.vic.gov.au/solvents](http://www.drugs.vic.gov.au/solvents)
- Response to inhalant use: Guidelines for the community care and drug and alcohol sector were distributed in February 2003, to provide staff working with children and young people with principles for managing and responding to inhalant use.
- Volatile substance abuse legislation: The *Drugs Poisons and Controlled Substances (Volatile Substances) Act 2003* which came into effect on 1 July 2004, allows Police, under certain circumstances, to confiscate inhalant equipment and detain young people for their own welfare and safety. The legislation does not criminalise inhalant abuse.
- The Koori chroming kit: Launched in September 2003, the kit is a resource for Koori health and community workers, including a community development approach and information for the Koori community.
- Research into product modification: CSIRO is researching a trial product that adds bittering agents to volatile substances subject to inhalant abuse.
- Kit for teachers: *Volatile solvents—a resource for schools* was distributed in 2002–03 by the Department of Education and Training to assist teachers to address this issue more effectively.
- Chroming information resources: This pamphlet provides information on inhalant use and what to do in an emergency. It is available for parents and health professionals.
- National Inhalant Abuse Taskforce: Following a proposal from the Victorian Minister for Health, the intergovernmental Ministerial Council on Drug Strategy agreed to the establishment of a taskforce to develop a national approach to inhalant abuse.

## Medication abuse

Many prescription and over-the-counter medications (opioids, tranquillisers and sleeping medications) act on the central nervous system and alter mood and behaviour. While intended for oral use, many of these drugs can be pulverised and dissolved for injection.

Most heroin-related drug deaths and almost all methadone-related deaths are due to combined drug toxicity involving commonly misused prescription drugs. Other serious consequences of prescription drug abuse include severe tissue and blood vessel injury when tablets are injected, behavioural and memory problems, and risk of overdose.

### Current trends

- There has been a marked increase in diversion, misuse and injection of medications since the onset of the heroin shortage in late 2000 (IDRS 2003).
- In 2003, 83 per cent of injecting drug users reported that they had used morphine (76 per cent injected); 70 per cent had used other opiates (23 per cent injected); and 95 per cent had used benzodiazepines (66 per cent injected) (IDRS 2003).
- Six per cent of the Australian adult population has engaged in the non-medical use of analgesic drugs, and 3.2 per cent have misused tranquillisers or sleeping medications (The National Drug Strategy Household Survey 2001).
- DirectLine responded to 1,372 calls where benzodiazepines and other tranquillisers were identified as a drug of concern during 2003, a 2 per cent increase from the previous year.
- In 2002–03, there were 2,323 in-patient hospitalisations resulting in 4,656 hospital bed days that were attributable to the consumption of benzodiazepine and other sedative/hypnotic drugs.



## Treatment

- Services can be accessed by ringing DirectLine on 1800 888 236. It is important for polydrug users to identify the types of drugs they use so that specific prescription drug dependencies can be addressed as part of their general treatment.
- GPs can treat people who are misusing or dependent on prescription drugs.

### What is the Victorian Government doing?

- Designed and introduced the Temazepam Injection Prevention Initiative to decrease the prescribing and dispensing of temazepam capsules and reduce the incidence of serious harm to injecting drug users. This resulted in an initial 52 per cent drop in prescribing of Temazepam capsules in Victoria.
- As a result of the Victorian campaign, the Pharmaceutical Benefits Scheme (PBS) imposed a restriction on prescribing of temazepam, requiring doctors to obtain an authority prior to writing a PBS prescription for temazepam capsules. This resulted in a 99 per cent decrease in prescribing from January 2001 to January 2004.
- In addition, the Department of Human Services:
  - oversees poisons information services to deal with potential poisonings
  - administers controls over manufacture, packaging, labelling, distribution and use of drugs and poisons
  - operates a permit system to coordinate the treatment of patients with addictive drugs that carry a risk of diversion to illicit use, injection and trafficking
  - receives notices of drug dependence from medical practitioners and pharmacists that assist in identifying individuals who may divert and misuse prescription drugs.

## Section two—Treatment options and prevention services

The Victorian alcohol and drug treatment service system has a philosophy of harm minimisation, aiming to reduce the harms associated with inappropriate drug use to individuals and their families and to society as a whole.

The alcohol and drug treatment service system comprises a range of organisations that provide voluntary alcohol and drug treatment, rehabilitation, education and prevention services for adults, young people and Indigenous Victorians, including:

- residential and non-residential withdrawal services
- residential and home-based rehabilitation services
- supported accommodation services
- counselling consultancy and continuing care services
- peer support programs
- pharmacotherapy services
- forensic programs

Services can be accessed by ringing DirectLine on 1800 888 236.

### Residential services

**Residential rehabilitation** services provide a 24-hour staffed residential treatment program of an average of four months duration. Residential rehabilitation assists clients to develop skills that enable them to re-enter the community and links them to ongoing community-based services. Victoria has 199 beds available for adult and youth residential rehabilitation.

**Withdrawal services** include:

- home-based and outpatient withdrawal services where clients are managed without admission to a residential service
- residential and rural withdrawal services where treatment is based on a short inpatient stay with follow up managed through community-based treatment services
- linking clients to ongoing services.

### Community-based treatment services

**Counselling, consultancy and continuing care** includes alcohol and drug assessment, information, advice, counselling, emotional or therapeutic psychological support, individual advocacy, referral, service coordination and ongoing case management.

**Alcohol and drug supported accommodation services** provide a drug-free supportive environment to help clients strengthen their recovery and reintegrate into community living. There are 433 beds available in Victoria.

**Continuity of care/post-withdrawal linkage support** ensures that clients discharged from a withdrawal program are linked to post-withdrawal support in a drug rehabilitation program to minimise their chance of relapse and to support their drug-free living.

**Peer support** offers mutual support and information through sharing personal experiences.

**Koori services** include program development activities undertaken by Koori community alcohol and drug workers. Services include health promotion, information, education, developing and maintaining community linkages, referrals, counselling interventions, providing advice to generalist services, liaising with relevant programs and advocating on behalf of young people.

### Youth alcohol and drug services

Services for young people with alcohol and drug problems include:

**Youth outreach workers** engage young people in their own environment. Over 70 youth outreach workers maintain regular contact, provide support and ongoing case coordination and assist the person to build a range of support structures.

**Youth Alcohol and Drug Day program (14–21 years)** complements youth alcohol and drug treatment services by providing short-term life-skills, vocational, employment and recreation programs that provide a client pathway after treatment.

**Youth residential rehabilitation** provides a 24-hour staffed residential program with 15 beds for young people aged 15–20 years whose drug use causes significant harm and who may have other issues such as homelessness, serious health, psychiatric or psychological problems, legal and physical safety issues. The average length of stay is four months.

**Youth residential withdrawal** provides short-term intensive support, time out and drug withdrawal services to young people in a residential setting. These young people may also be experiencing family breakdown, homelessness, serious health or psychiatric problems, psychological issues, serious behavioural issues including offending, and physical safety issues. In Victoria there are six four-bed facilities and one eight-bed facility.

**Youth home-based withdrawal** provides safe and effective drug withdrawal in the young person's home, with medical, pharmacotherapy and supportive care. The six youth home-based withdrawal services support the young person and their carer and family members, and develop links with service systems that have an impact on the young person's life.

**Youth peer support** provides mutual support and information to young people with problem alcohol and drug use. Support is provided by individuals with personal experience of alcohol and drug use.

**Youth counselling, consultancy and continuing care** provides services and supports for young people who have alcohol and drug use problems. Services include assessment, treatment and ongoing case management and may be provided in stand-alone alcohol and drug agencies, community health centres, hospital-based alcohol and drug services or other generalist health and welfare services.

**Rural rehabilitation** provides young adults (18–30 years) in rural Victoria with the opportunity to address their alcohol and drug problems and develop skills to re-enter the community. There is a strong focus on life skills development through establishing support links to accommodation, vocational, health and other community-based services.

## Pharmacotherapy services

**Pharmacotherapy Program (Buprenorphine and Methadone)** is community-based with 458 medical practitioners (mostly community GPs) approved to prescribe pharmacotherapies and 415 approved pharmacies as at July 2004. The pharmacotherapy development team visits doctors and pharmacies to encourage their participation and coordinates training and networking to support the program.

**Dispensing Support** is an initiative designed to assist clients on pharmacotherapies who are 18 years or under and juvenile justice clients to access treatment without having to pay their pharmacists a weekly fee.

**The Pharmacotherapy Advocacy and Complaints Resolution Service** provides an accessible complaints service to consumers and providers of opiate pharmacotherapy programs. The service offers advocacy, debriefing, referral, information and conciliation between consumers and providers. VIVAIDS is funded to run this service.

## Prevention

**Premiers Drug Prevention Council (PDPC)** was established in March 2001 to ensure a greater focus on prevention and to lead the government's prevention efforts.

Drawing together a range of experts, the PDPC provides advice to government on drug prevention, commissions new projects to inform best practice and promotes prevention in the community. The PDPC's approach recognises the need to address individual, family, community and macro-environmental issues, to build community capacity and to view drug use within the context of social wellbeing.

Key priority areas include intelligence gathering to inform advice and policy; increasing community awareness about drug prevention; integrating drug prevention at a community level; and providing training and employment for young people at risk of developing alcohol and drug problems.

**The Community Strengthening Initiative (CSI)** assists communities to strengthen their capacity to prevent alcohol and drug use. Delivered through projects involving cultural, recreational, creative and educational activities in local communities, the CSI builds on existing infrastructure and overlays drug prevention measures. Seventy-six projects were funded across Victoria, including projects for Koori groups and culturally and linguistically diverse communities.

**The Local Drug Strategies Project** focused on five 'hot spot' municipalities in metropolitan Melbourne to address the impact of street-based drug use. Over a three-year period, the cities of Melbourne, Greater Dandenong, Port Phillip, Yarra and Maribyrnong were funded to respond to local concerns about illicit drug use. This included developing drug action plans in consultation with their communities that incorporated prevention and community strengthening initiatives and management of public space and health protection initiatives.

The current focus is on projects that:

- complement existing primary health care services (see 'Health protection services' section)
- address the uptake of problematic drug use among young people.
- enhance existing local drug and alcohol treatment services.

## Health protection services

**The Victorian Needle and Syringe Program (NSP)** aims to reduce the spread of blood borne viral infections among injecting drug users and subsequently reduce the risk of transmission of these infections to the wider community. NSPs are confidential and provide free sterile needles and syringes and other injecting equipment as well as safe disposal facilities, information, education and referral to health services. In 2002–03, approximately five million needles and syringes were distributed in Victoria through 180 needle and syringe outlets.

**Primary health services** were established for street-based drug users in five areas in Melbourne where there was concern about the impact of injecting drug use: Footscray, Melbourne CBD, Collingwood, St Kilda and Dandenong. The services provided vary across the municipalities and include:

- a safe place for street-based drug users to access assistance, receive attention on a non-appointment basis and obtain respite from drug use and the drug-using environment
- pharmacotherapy prescribing services, treatment linkages, needle and syringe provision, wound care, screening for blood borne viruses, sexual health screening and facilities such as showers and washing machines
- mobile outreach services to promote access to treatment and support and to link drug users to home-based and residential withdrawal, counselling and pharmacotherapy options.

All these services work closely with NSPs (in some cases sharing a location) and other health and community services within the local Primary Care Partnership (PCP), to link clients into mainstream services.

**Mobile Overdose Response Services** offer support to non-fatal overdose survivors, information and assistance with access to drug rehabilitation in six metropolitan sites across Melbourne. The service provides mobile, non-medical support to ambulance officers and emergency department staff who encounter people with a drug overdose problem.

**Mobile drug safety workers** provide education on drug safety and distribute sterile needles and other legal supplies in areas of high drug use. Workers are trained in resuscitation and refer drug users to treatment and rehabilitation. They are located at 11 sites across Melbourne and rural Victoria.

## Section three—Targeting specific client groups

### Culturally and linguistically diverse communities

A research project, *Drugs in a Multicultural Community—an assessment of involvement*, funded by the Victorian Government and undertaken by the Burnet Institute made recommendations regarding community and parent education, harm reduction strategies and improving resources and services for people from culturally and linguistically diverse communities. The Drug Policy Expert Committee drew on these findings when reviewing issues relating to culturally and linguistically diverse communities, which in turn informed the Victorian Government Drug Initiative (VGDI). Three initiatives were developed in response to the need to provide improved education and information to culturally and linguistically diverse communities:

- About Better Communication about Drugs Program (ABCD) is a statewide education initiative targeted to parents of young people in years 7 and 8, in particular culturally and linguistically diverse parents. Trained facilitators delivered Turkish, Vietnamese, Arabic, Spanish and Macedonian education programs.
- The 2001 Community Drug Awareness and Advertising Campaign targeted young people through television and other media sources, providing information on ecstasy, cannabis and heroin in eight community languages. Radio and print media advertisements advised parents and communities of the campaign, and fact sheets provided culturally appropriate information regarding drugs issues and the availability of drug services.
- The Cambodian, Laotian, Vietnamese (CLV) Initiative targets the Indo-Chinese community. Four community education workers provide culturally sensitive drug and alcohol information, training and consultation in areas of high need. The workers promote the CLV program to their own communities linking individuals and families into education, prevention, treatment and support groups. The program aims to improve communication and liaison between drug counselling and treatment services and CLV communities.

### Indigenous population

The Koori Drug Strategy develops treatment, early intervention and prevention initiatives, targeting problematic alcohol and drug misuse among Victoria's Indigenous population. Phase 1 of the strategy responded to solvent abuse trends identified by Koori communities. Major outcomes included dissemination of drug-related information to Koori service providers, the submission of seven recommendations to the Inquiry into Inhalation of Volatile Substances and the development of a resource kit on solvent abuse for Koori alcohol and drug workers.

Other priority areas include the development of a youth-specific residential rehabilitation facility; workforce development for staff and management of Koori community-controlled organisations; tobacco projects; family strengthening programs; and strengthening of the Victorian alcohol and drug service system. Victoria also has specific alcohol and drug services within the Koori communities, including seven alcohol and drug resource centres, 16 Koori alcohol and drug workers and a planned Koori youth residential rehabilitation centre.

About Better Communication about Drugs Program (ABCD) that focuses specifically on Koori parenting and young people's drug and alcohol use is currently being developed. The program will aim to strengthen Koori families by addressing parents/carers communication with their young people and is based on the current mainstream parenting ABCD program.

### Dual diagnosis initiative

The increasing prevalence of co-morbid mental health and substance abuse problems in Victoria is recognised as a critical service development issue for statewide mental health and drug and alcohol treatment service systems. The Victorian Government has developed a statewide initiative aimed at building the capacity of mental health and alcohol and other drug services to respond efficiently and effectively to these issues. This initiative is a statewide service that comprises four dual diagnosis lead teams, one in each metropolitan region. Each of these teams is linked to dual diagnosis workers located in each rural region. Key activities include developing local networks; training, consultation and modelling of good practice through direct clinical intervention; and shared care arrangements.

In addition, there is a Youth Dual Diagnosis Strategy, which targets young people (16–25 years old) with a diagnosed mental illness and serious substance abuse issues and aims to:

- promote greater collaboration between child and adolescent mental health services (CAMHS) and youth alcohol and drug treatment services
- enhance the confidence and skills of workers in CAMHS and youth drug and alcohol treatment services in assisting young people with a dual diagnosis
- provide direct treatment and support to a small number of young people who have a complex presentation of both mental illness and problematic alcohol and drug use.

### **Alcohol and drug youth consultants initiative**

Young people clearly have different patterns of substance abuse to adults and need assessment and treatment frameworks and service provision models that are designed around their needs and issues (Success Works 1998). This is particularly true for young people under statutory orders.

Alcohol and drug youth consultants aim to improve outcomes for young people with alcohol and drug use issues in out-of-home care and assist in ensuring high-level drug treatment service intervention by addressing gaps in current service systems. There are six services located in five regions across Victoria.

### **Acquired Brain Injury (ABI) program**

People with ABI often have issues related to drug and alcohol use, which may be pre-existing or in response to their ABI. Their needs are diverse and of varying intensity. The Department of Human Services Statewide Drug Treatment-ABI program:

- advocates on behalf of clients, families and ABI services for access to and treatment in drug and alcohol agencies
- creates links and relationships between ABI and alcohol and drug services (including Indigenous services)
- provides avenues for secondary consultation to workers in the ABI field on drug and alcohol issues

- works with ABI clients with drug and alcohol issues to demonstrate best practice treatment modalities
- assists drug and alcohol workers with history taking and devising, conducting and evaluating appropriate treatment for drug and alcohol issues for people with ABI
- facilitates professional development for alcohol and drug workers on best practice for working with ABI and other types of cognitive impairment

### **Homeless people with drug and alcohol problems**

The Victorian Government funded the Homeless and Drug Dependency Trial (HDDT) initiative, which focused on a more intensively case managed and accessible service approach to assist homeless people who have issues with drug use. This initiative was in direct response to the growing number of homeless people presenting at crisis supported accommodation services in Melbourne with problematic drug dependency issues.

The evaluation demonstrated that the trial effectively used existing crisis accommodation services as sites to engage drug using homeless people. A key finding was that these high-needs clients require a long-term response if they are to build pathways out of homelessness and drug misuse toward secure accommodation and stable lifestyles. The program is now funded on an ongoing basis and services have been expanded to include long-term primary case management treatment options.

## Women

The Victorian alcohol and drug service system aims to provide quality health services that are accessible and appropriate for all. This means ensuring that alcohol and drug services are gender sensitive and responsive to the needs of clients; that choices for treatment and care are available; that services are delivered in a timely manner; that service providers are accountable; that services do not stigmatise patients; and that the best possible standards of care are used.

Gender-sensitive services understand gender issues, improve access through flexible programs and structures, and address gender-related barriers to access, such as child care and safety. These services also demonstrate a greater sensitivity and responsiveness to clients' past and current life situations and an increased awareness of differences in the way people seek help.

Gender-sensitive services view women's alcohol and drug treatment needs within the broader context of the social and economic factors and constraints that impact on their lives. State and Federal funded services in Victoria include:

- Women's alcohol and drug supported accommodation services, which provide short-term support in a safe, drug-free environment to women who have undergone a drug withdrawal program or who need assistance to control their alcohol and drug use. Support is provided for 3–12 months to assist with the transition to independent, drug free living. These services also provide accommodation and support to dependent children, so women can focus on overcoming problematic drug use and developing independent living skills.
- An antenatal and postnatal support service for women and their children.
- A 15-bed residential rehabilitation service for women and their children.
- The New Life Program, a service that provides mutual support groups, counselling and referral, alcohol and drug consultation and community education for women with alcohol and drug issues.

## Family services

Family Drug Help is a statewide service for people concerned about a relative or friend using alcohol or other drugs. Support and information is provided to parents, family members and significant others of someone with problematic alcohol or other drug use. People with similar personal experiences are involved at all levels of the service and aim to:

- empower families and friends to reduce alcohol and drug-related harm to themselves and the person using alcohol or other drugs through mutual support and self-help
- reduce the isolation and stigma often associated with a family member's misuse of alcohol or other drugs by bringing families in contact with others who share these experiences
- provide non-judgemental, empathic support, as well as accurate information on alcohol and other drugs and available treatment options.

The Family Drug Helpline is a 24-hour telephone support service staffed by volunteers with experience of alcohol and other drug issues within their family or professional counsellors.

## Forensic programs

Forensic programs enable offenders with drug-related issues to participate in alcohol and drug treatment, as an alternative to or in conjunction with conventional, correctional measures. These services are available at all points of contact with the criminal justice system, including pre-arrest, pre-sentence, post-sentence and post-prison options. Community Offenders Advice and Treatment Service (COATS) is Victoria's forensic brokerage agency. COATS conducts clinical drug assessments of offenders and purchases appropriate treatment from community-based drug treatment agencies.

### Pre-arrest programs include:

- cannabis and illicit drug cautioning—statewide police diversion programs for adults found in possession of small amounts of cannabis or other illicit drugs
- rural outreach diversion workers—provide an outreach drug treatment service to young offenders (under 25 years old) in rural areas.

**Pre-sentence programs include:**

- Custodial Health and Alcohol and Drug Nurse (CHAD) program—provides drug treatment to prisoners in police cells while they are in detention
- Court Referral Evaluation and Drug Intervention Treatment (CREDIT) program—assesses and refers eligible offenders on bail to appropriate drug treatment
- Deferred Sentencing program—defers sentencing of people under 25 who have been found guilty of an offence and applies a specific condition to attend drug treatment
- Victorian Children’s Court Drug Clinicians program—provides drug assessment and advice to the court and purchases drug treatment for young offenders at youth specific drug treatment agencies.

**Post-sentencing options include:**

- Drug Education for First Offenders—first offenders convicted of use or possession may receive a bond with an undertaking to attend drug education
- Drug Court—a Drug Treatment Order (DTO) is supervised by a Magistrate, which requires the offender to attend the Drug Court and undergo treatment
- Community-Based Dispositions with Treatment Conditions (CBO—Community Based Order or ICO—Intensive Corrections Order)—COATS provides assessment and purchases treatment for offenders who receive community-based dispositions
- Combined Custody and Treatment Order (CCTO)—provides that a sentence of less than 12 months can be served partly in prison, receiving drug treatment, and partly in the community, attending a community-based drug treatment service
- Home detention pilot program—low-level offenders are incarcerated within the community rather than in a formal prison setting
- In-prison treatment—such as drug education, semi-intensive group therapy programs, intensive residential treatment programs, individual counselling and peer support programs.

**Post-prison release options include:**

- StepOUT—an intensive drug treatment service for adults and juveniles, which provides assessment in prison or juvenile justice centres and intensive counselling and case management to people, including parolees, on their release from prison.

**Substance misuse driving programs**

Programs for substance affected drivers are administered by police and the courts across Victoria. These programs aim to detect, modify behaviour and rehabilitate substance-affected drivers. They include:

- Police programs:
  - breathalysers and booze buses to detect alcohol affected drivers
  - pilot roadside saliva-testing for THC (the active component of cannabis) and amphetamines proposed in 2004–05.
- Court programs:
  - alcohol interlocks fitted to the cars of some convicted drink drivers
  - compulsory drink /drug driver education programs prior to licence restoration
  - compulsory drug assessment and treatment for some convicted drink /drug drivers.

## Section four—Research, evaluation and service quality review

Drugs Policy and Services Branch maintains ongoing research, evaluation and review of drug treatment services, projects and programs to ensure continuous improvement in the quality and effectiveness of services offered to clients as well as improved community outcomes.

This ongoing research and evaluation indicates the outcomes and effectiveness of treatment models, the effect of a treatment versus punitive approach to drug use, and whether health-based approaches are reducing disease and preventing injury and death amongst drug users. The research and evaluation also informs service planning and development and predicts drug trends and behaviour in the community and the demand for alcohol and drug services.

### Service system review

Turning Point Alcohol and Drug Centre conducted a review of the alcohol and drug treatment system in Victoria, identifying the changing needs of clients and the community and current gaps in service delivery.

A number of recommendations were made for changes to the alcohol and drug treatment service system to ensure an appropriate and equitable system that can be implemented within the constraints of the limited health care dollar. The main recommendations focused on managing demand for drug treatment services more effectively, ensuring clients receive appropriate support and treatment in a timely fashion, and allocating and prioritising access to treatment based on need.

The Victorian Government will consider these recommendations and is committed to a more joined-up approach to the delivery of treatment services to improve continuity and access for clients.

### Drug trends research

This project uses drug related data from across Victoria's government departments and agencies to examine trends in drug use and identify policy implications.

### Evaluation of the Victorian Government Drug Initiative (VGDI)

The VGDI included new and unique service types and projects that target the needs of a broad range of communities and vulnerable groups. The evaluation of these programs identified the economic and social benefits of the VGDI as well as the effectiveness of drug treatment services and efficient allocation of current resources.

### Accreditation

Quality accreditation of service providers promotes quality outcomes for clients and guides service development, continuous quality improvement, evaluation and accountability. Twenty-nine agencies will receive support from the department over the next three years to complete an accreditation process so that all funded drug treatment agencies are accredited.

### Client Satisfaction Survey (CSS)

The Department of Human Services supports the rights of clients to accessible, high quality drug and alcohol treatment services.

The CSS provides a unique opportunity for clients of drug and alcohol treatment agencies to provide feedback about the quality of service they receive. The client feedback also gives agencies important information on how they can better meet client needs. The CSS has recently been reviewed and improvements to the system are being designed.

### Workforce development

The Workforce Development Strategy incorporates projects that address quality and staffing issues, training and professional development, introduce minimum qualifications and improve awareness of career opportunities in the alcohol and drug sector.

A linked Koori Workforce Training Plan will build on training delivered in the last three years for more than 40 Koori alcohol and drug workers up to a Certificate IV level.

## Appendix 1—Alcohol and drug treatment services in Victoria

Provider type	Service types	
Public funded drug treatment services	Withdrawal	
	Counselling, consultancy and continuing care services	
	Residential rehabilitation	
	Home-based rehabilitation	
	Alcohol and drug outreach	
	Supported accommodation	
	Peer education and support	
	Koori alcohol and drug services	
	Day programs	
	Antenatal and postnatal drug treatment services	
	Youth specific alcohol and drug treatment	
	Health protection services <ul style="list-style-type: none"> <li>• mobile overdose response</li> <li>• needle and syringe program</li> <li>• primary health drug services</li> <li>• mobile drug safety workers</li> <li>• local drug strategies</li> </ul>	
	Mental health services	Dual diagnosis services
Community-based pharmacotherapy programs (GPs and pharmacists)	Pharmacotherapy program provides: <ul style="list-style-type: none"> <li>• methadone maintenance</li> <li>• buprenorphine maintenance</li> <li>• acamprosate</li> <li>• naltrexone</li> </ul>	
	Specialist pharmacotherapy services	
Criminal justice system	Community-based services <ul style="list-style-type: none"> <li>• forensic assessments (COATS)</li> <li>• Step out</li> <li>• drug education (FOCiS, Cannabis Cautioning)</li> <li>• court diversion (Drug Court; CREDIT; deferred sentencing)</li> <li>• Children’s Court (Clinic Drug program)</li> <li>• police drug cautioning</li> <li>• cannabis cautioning initiative</li> <li>• rural outreach diversion workers</li> <li>• sentencing options (CBO, ICO, CCTO, DTO)</li> <li>• custodial health alcohol and drug nurses</li> <li>• alcohol and drug youth consultants to child protection</li> </ul>	
	Juvenile justice	
	Victorian accredited driver education programs	Drink drive programs
		Drug drive programs
	Telephone support services	QUIT
		Family Drug Help Line
		DirectLine
		Drug and Alcohol Clinical Advisory Service (DACAS)

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