

Victorian Drug and Alcohol Prevention Council

Work plan 2008 - 2010

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Introduction

- The Victorian Drug and Alcohol Prevention Council (VDAPC) was established to succeed the Premier's Drug Prevention Council, which concluded its term in 2007.
- While the Premier's Drug Prevention Council met for the last time in March 2007, funding for Council activities and initiatives continued until the end of June 2008.
- The VDAPC was announced by the Minister for Mental Health in a media release on 16 December 2007.
- The Council is chaired by Professor Jon Currie, Director of Addiction Medicine and Mental Health, St Vincent's Hospital, and comprises high level experts across a broad range of fields, including clinical and social research around alcohol and other drugs, local government, culturally and linguistically diverse, Indigenous, Australian Football League, health promotion, youth sector and Victoria Police.
- Through this collective expertise, the Council is in a strong position to provide expert advice to Government on alcohol and drug prevention issues.
- The Council's inaugural meeting was successfully held on 5 March 2008 at which members agreed to take part in a Planning Workshop to determine how to respond to the initial priorities and set the agenda for the Council to the end of its term, June 2010.
- As a result, this VDAPC Work Plan sets the Council's Priorities for Action until June 2010. The VDAPC Work Plan is a living document. It is envisaged that over time new and emerging priorities and strategies will be added as required.

Terms of Reference

The Victorian Drug and Alcohol Prevention Council (VDAPC) has been established to advise the Victorian Government on strategies to reduce alcohol and drug abuse.

VDAPC's terms of reference

VDAPC's terms of reference are to:

- provide advice on emerging trends in drug and alcohol use;
- provide advice on effective , evidence based prevention programs, drawing on research and best practice;
- advise government on where additional primary prevention efforts should be directed;
- provide advice on the development of policy, regulation and legislation as appropriate;
- inform and educate communities about risk and protective factors associated with drug and alcohol use; and
- develop partnerships with community organisations to develop effective drug and alcohol prevention responses.

VDAPC's work will focus on establishing partnerships with organisations that play a role in alcohol and drug prevention, including local government, research agencies, treatment and medical personnel, law enforcement, community and sporting groups.

The Council will report to the Minister for Mental Health, The Hon Lisa Neville MP. The Premier and the Minister for Health will have a strong connection to the Council, and will refer matters to and seek advice from the Council as required.

Membership

VDAPC membership comprises of*:

- Prof Jon Currie, Director, Addiction Medicine & Mental Health, St Vincent's Hospital (Chair)
- Adrian Anderson - General Manager, Football Operations, Australian Football League
- Abdiaziz Abdi Farah – Somali Community Representative
- Bernie Geary AM - Child Safety Commissioner
- Margaret Harding - Drug Court Magistrate, Dandenong Magistrate's Court
- Todd Harper - CEO, VicHealth
- Dr Shelley Mallet – Melbourne City Mission
- Frank McGuire - Publicis Communication
- David Murray – CEO, Youth Substance Abuse Service
- Prof Robin Room - Director of the Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre
- Det. Super. Wendy Steendam - Crime Strategy Group, Victoria Police
- Bill Stronach, CEO - Australian Drug Foundation (retired)
- Kerry Walker - Director, Neighbourhood Justice Centre

* Vacancies are currently being filled

Initial priorities

The Government has identified a range of initial priorities for VDAPC including:

Prevention of binge drinking

- identifying best practice in preventing alcohol bingeing;
- achieving the right balance between regulation and prevention;
- identifying clearer roles for schools and youth organisations in equipping young people with strategies to say no;
- encouraging greater awareness of the differential alcohol content of products; and
- better support and guidelines for parents who host parties for young people.

Advice on supply of alcohol to minors

- advice to Government on regulatory options including the pros and cons of legislation to prevent secondary supply to minors;
- support and information to parents about their children's introduction to alcohol; and
- advice on awareness campaigns for licensees to prevent sale to minors.

Links between cannabis and mental health

- guiding the Government campaign targeting young people, about links between cannabis and mental health; and
- advice on how to tackle cannabis use among specific groups.

In addition to these priority areas the Government has also asked VDAPC to assist in the development of a four year alcohol and drug prevention strategy.

VDAPC's operating environment

The policy context - Commonwealth

The Ministerial Council on Drug Strategy and the Council of Australian Governments

The Ministerial Council on Drug Strategy (MCDS) functions as the peak policy and decision-making body in relation to licit and illicit drugs in Australia and reports to the Council of Australian Governments (CoAG). CoAG determines national policies and programs intended to reduce drug related harm within the Australian community. Membership comprises Australian, State and Territory Ministers for Health, Law Enforcement, and Education.

National Strategies and Frameworks

Since the establishment of the VDAPC in 2000, the Commonwealth Government has released a number of significant initiatives relevant to preventing alcohol and drug related harm. Key frameworks and strategies include:

- **National Drug Strategic Framework:** The National Drug Strategy *Australia's Integrated Framework 2004-09* provides a framework for a coordinated, integrated approach to drug issues in the Australian community. It aims to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of legal and illegal drugs in Australian society.
- **The National Alcohol Strategic Framework:** The Commonwealth Government has announced the development of the *National Binge Drinking Strategy*, including community level initiatives. MCDS has been asked to prepare a final report for the COAG meeting in December 2008.
- **National Cannabis Strategy 2006-2009:** Provides a framework for reducing the availability and demand for cannabis, and minimising related harms within the Australian community. The strategy focuses on supply reduction, demand reduction and harm reduction, and identifies four priority areas for action.
- **National Amphetamine-type Stimulant Strategy:** The Strategy encompasses a comprehensive approach to addressing problems associated with the use of amphetamine-type stimulants, with a range of actions recommended under each of the National Drug Strategy priorities – prevention, reduction of supply, reduction of drug use and related harms, improved access to quality treatment, the development of the workforce, organisations and systems, and strengthened partnerships.

The policy context – Victoria

At a statewide level key policies and strategies include:

- **The Victorian Drug Strategy 2006-09:** The Victorian Drug Strategy 2006-09 builds on the Victorian Government Drug Initiative (VGDI), seeking to address drug use issues from a 'whole of community' perspective and a whole of government collaborative approach, encompassing committed support to localised solutions and recognising local municipalities as partners in responses.
- **Restoring the Balance – Victoria's Alcohol Action Plan 2008-2013 (VAAP)** is the Victorian Government's response to the challenge of creating an environment and culture that encourages appropriate use of alcohol while acknowledging the needs and support required for those members of our community affected by the inappropriate use of alcohol. The VAAP provides a vision for long term change in the community and identifies clear priorities for action.
- **The Victorian Amphetamines Type Stimulants and Related Drugs Strategy (currently being developed):** As part of a comprehensive response to the use of Amphetamine Type Stimulants (ATS) and related drugs, a whole-of-government strategy is being developed to address supply, prevention, early intervention, and treatment for amphetamines and targeting high-risk groups. It will address community concerns regarding "ice" (crystal methamphetamine) use and will complement national policy.
- **Toward A New Blueprint for Alcohol and Other Drug Treatment Services (A Discussion Paper):** Proposes possible AOD service system changes in Victoria. One of the key goals is to respond to the needs of young people aged 15-18 years, with problematic but not yet dependent substance use by promoting prevention, intervening earlier for young people at-risk, and ensuring treatment and other interventions are relevant, appropriate and sustain recovery.

Alcohol and illicit drugs - trends

Alcohol

Nationally:

- In 2007, nine out of ten Australians aged 14 years and over (89.9%) reported consuming alcohol at some time in their lives.
- The proportion of the population drinking daily fell significantly (from 8.9% to 8.1%) between 2004 and 2007 whereas the average age at which people had tried their first full serve of alcohol remained at 17 years of age.
- In 2007, the proportion of teenagers drinking at least weekly was around 22%.
- In 2007, 10.3% of Australians aged 14 years and over consumed alcohol in a way considered risky or high risk to their health in the long term by the National Health and Medical Research Council.
- In 2007, persons in the 20-29 years age group were most likely to consume alcohol in a way that put them at risk of alcohol related harm in the long term.
- In 2007, females in the age groups 14-19 to 40-49 were more likely than their male counterparts to consume alcohol at risky or high-risk levels for long-term harm. The gap between males and females was widest for teenagers.

(2007 National Drug Strategy Household Survey)

Alcohol

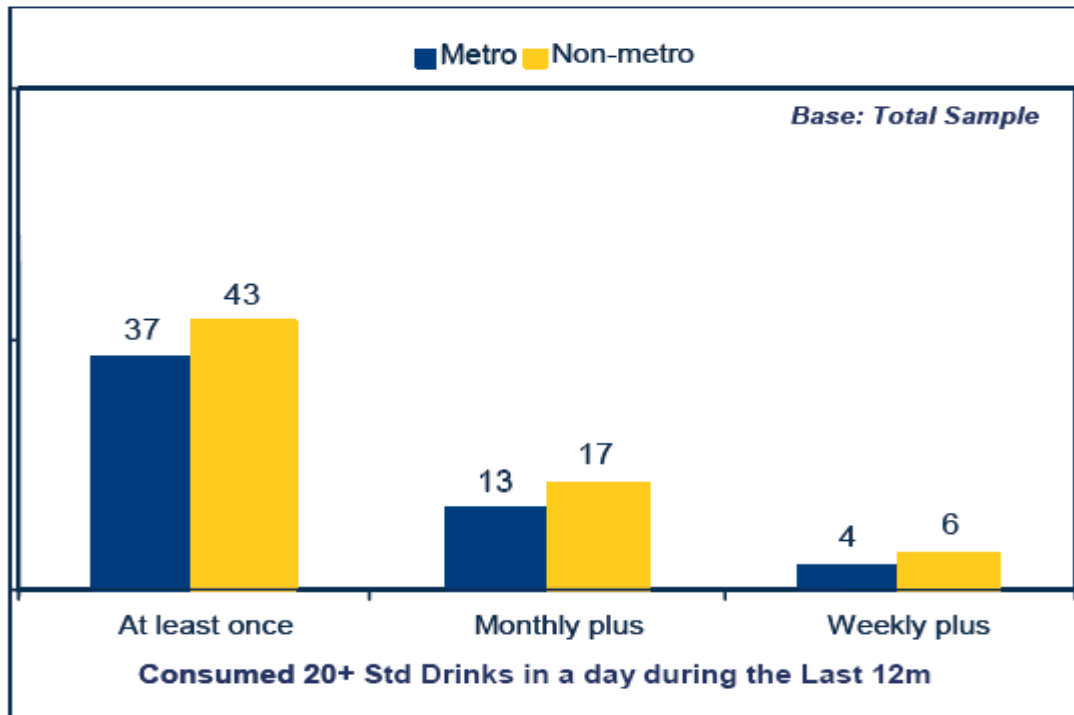
In Victoria:

- Over the past decade, there has been a steady increase in the proportion of Australians who drink.
- In 2005, by the age of 14, approximately 88% of students had tried alcohol and by the age of 16 over 70% of students had consumed alcohol in the past month.
- In 2004, the median age for respondents reporting having their first full serve of alcohol remained at 15 years for both males and females.
- In 2004 more young people (73%, up from 71% in 2003) reported at least one occasion on which they drank alcohol with the specific intention of getting drunk.
- In 2004, 50.8% of young Victorians drank alcohol in a short term risky or high risk way at least monthly.
- The proportion of 22-24 year old young people reporting 'drinking until they couldn't remember what happened' at least once in the last 12 months rose from 31% in 2002 to 43% in 2004.
- In 2004, 27% of females (compared to 21% in 2003) reported at least one occasion during the previous 12 months when they had consumed 20 or more standard drinks in a day (2004 survey).

(2005, Victorian Youth Alcohol and Drug Survey, 2006; Victorian Secondary School Students' Use of Licit and Illicit Substances)

Alcohol

- More young people (16-24 yrs) living in regional Victoria than in metropolitan Melbourne drink at levels which put them at high risk of harm.



Per cent of Victorian young people in rural and metro areas in 2004 who consumed 20+ standard drinks in a day in the previous 12 months

(2005; Victorian Youth Alcohol and Drug Survey)

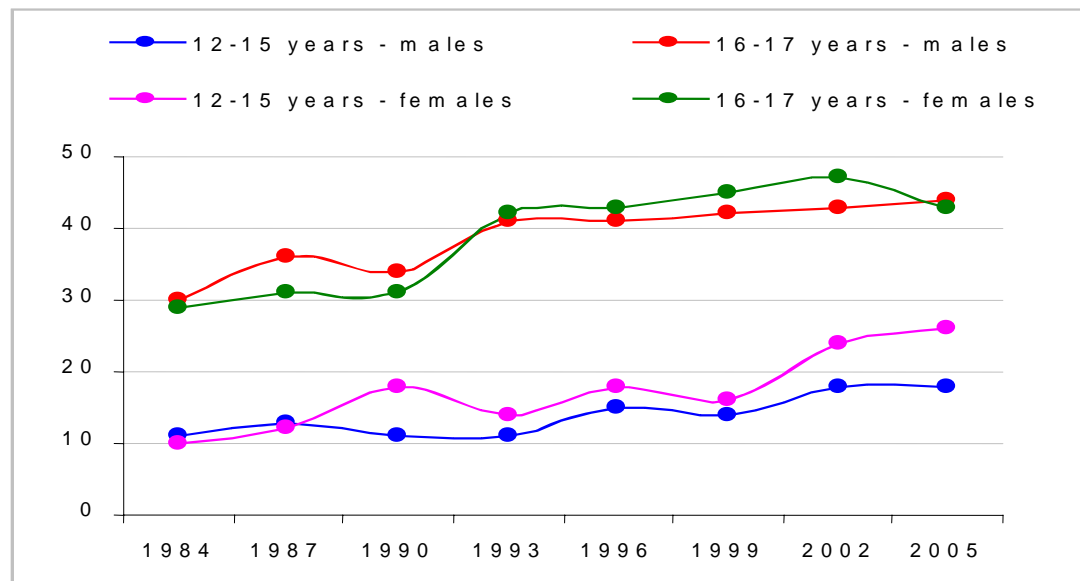
Alcohol

- In Victoria, an estimated 24,714 inpatient hospitalisations were attributable to alcohol consumption during 2005-06, a 6 per cent increase on the previous year's figures.

(Turning Point Alcohol and Drug Centre 2007, *Victorian drugs statistics handbook: Patterns of drug use and related harms in Victoria*, Drugs Policy and Services Branch, State of Victoria, Melbourne)

- There were 2,135 victims of alcohol-related serious road injury aged 18-24 years in the four years of data analysed (2004 survey).

(2005, *Victorian Youth Alcohol and Drug Survey*)



Proportion of Victorian School Students: drinking at risk of short term harm

(2006; *Victorian Secondary School Students' Use of Licit and Illicit Substances*)

Illicit Drugs

Nationally:

- In 2007, almost two in every five Australians (38.1%), aged 14 years or older, had used an illicit drug at some time in their lives and more than one in seven (13.4%) had used illicit drugs in the previous 12 months.
- The most commonly-reported illicit drug used in the previous 12 months was cannabis (9.1% of people aged 14 years or older), followed by ecstasy (3.5%), pain killers/analgesics used for non-medical purposes (2.5%) and meth/amphetamine (which includes 'ice') (2.3%).
- Between 2004 and 2007, there was a significant fall in the proportion of the population aged 14 years or older who had used an illicit drug in the past 12 months, from 15.3% to 13.4%. Recent cannabis use, in particular, had dropped significantly between 2004 and 2007, from 11.3% to 9.1%. Recent use also declined for meth/amphetamine but increased for cocaine.
- In 2007, 2.3 million people aged 14 years or older had recently used an illicit drug. Of these 1.3 million were male and 1.0 million were female.
- The average age at which new users first tried illicit drugs remained close to 19 years of age.
- For all age groups, males were more likely than females to have recently used an illicit drug, with the exception of 14-19 year olds (females 17.7% versus male 15.6%)

(2007 National Drug Strategy Household Survey)

Illicit Drugs

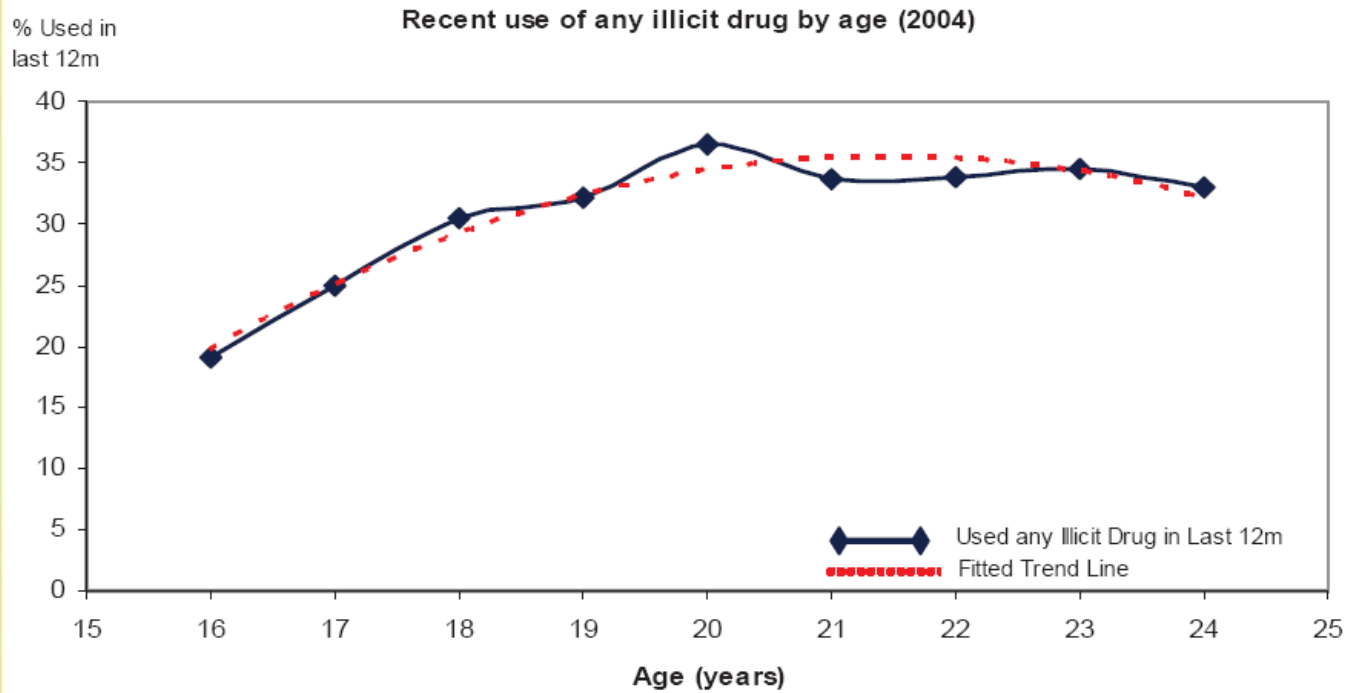
In Victoria:

- Reported lifetime and recent use of any illicit drugs fell from 54 per cent in 2003 to 50 per cent in 2004 (lifetime use) and from 34 per cent to 30 per cent (recent use).
- In 2004, cannabis continued to be the most frequent and widely used illicit drug by young people (16-24yrs).
- Reported use of cannabis showed the most significant fall, with lifetime use down 5 per cent in 2004 to 48 per cent and recent use down 4 per cent to 27 per cent.
- Lifetime use of ecstasy increased slightly from 16 per cent in 2002 to 18 per cent in 2004.
- There was no change between 2003 and 2004 in lifetime use of amphetamines (15 per cent) and cocaine (6 per cent).
- In 2005, less than 10% of Victorian secondary school students aged between 12 and 17 years were reported to have ever used an illicit substance other than cannabis, in their lifetime. When cannabis was included, the percentage of students in 2005 reporting to have used at least one illicit substance in their lifetime was 18%.

(2005, Victorian Youth Alcohol and Drug Survey, 2006; Victorian Secondary School Students' Use of Licit and Illicit Substances)

Illicit Drugs

- Use of illicit drugs appears to peak at around 20–21 years of age.



Recent use of any illicit drug by age (2004)

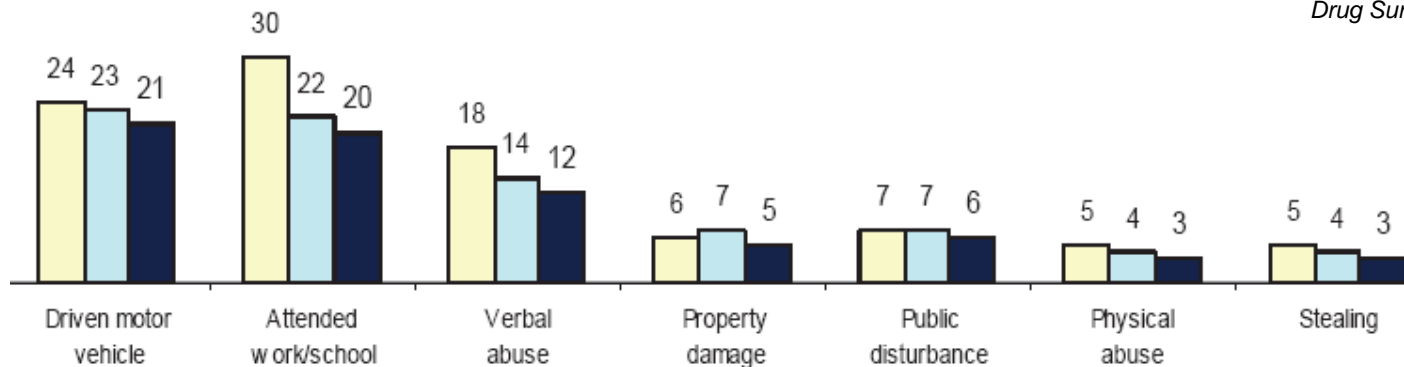
(2005, Victorian Youth Alcohol and Drug Survey)

Illicit Drugs

- There has been a decrease in most types of anti-social behaviour while under the influence of drugs by young people between 2002 and 2004, with the exception for 'creating a public disturbance'.

Behaviours while under influence of drugs (2004)

■ 2002 (n=1379) ■ 2003 (n=2063) ■ 2004 (n=1812)



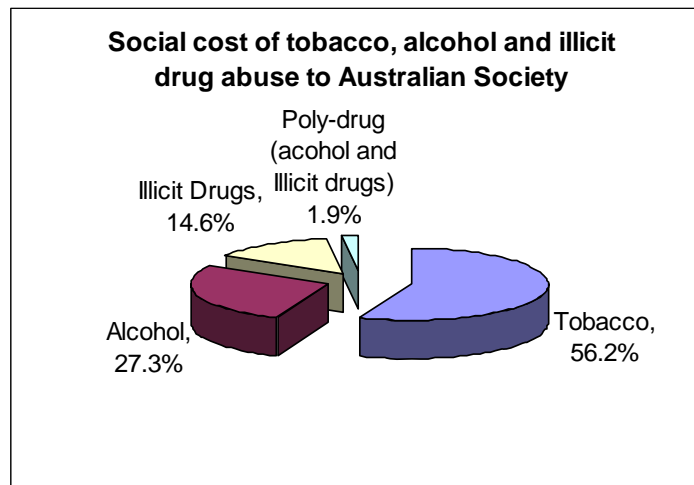
Behaviours while under the influence of drugs: time series (per cent) – Victorian Survey 2004. (2005, Victorian Youth Alcohol and Drug Survey)

Social Costs of Drug and Alcohol abuse

The social costs of tobacco, alcohol and illicit drug abuse to Australian society have risen to \$55.2 billion in 2004/05.

The social costs, including costs to the community from factors such as ill health, premature death, reduced productivity, crime and accidents are:

- Tobacco - \$31.5 billion or 56.2 per cent of total social costs
- Alcohol - \$15.3 billion or 27.3 per cent
- Illicit drugs - \$8.2 billion or 14.6 per cent
- Poly-drug use involving alcohol and illicit drugs consumed together – \$1.1 billion or 1.9 per cent



VDAPC Priorities for action 2008 – 2010*

*It is envisaged that over time new and emerging priorities and strategies will be added to the VDAPC Work Plan as required.

VDAPC's priorities for action

VDAPC members met in March 2008, May 2008 and June 2008 to identify the priorities for action until the end of the Council's term. In determining the priority areas for action, VDAPC members were conscious that the work of the Council should not duplicate work undertaken by other bodies at a state or national level in the area of drug and alcohol prevention.

Leveraging off the current trends and impacts associated with alcohol and drug use, the Council identified three priority areas:

- Priority 1: Responding to current and emerging issues
- Priority 2: Promoting national linkages
- Priority 3: Promoting cultural change

Priority 1: Responding to current and emerging issues

| Key strategies | Timeframes |
|--|------------|
| <p>1.1 Provide advice on the supply of alcohol to minors including:</p> <ul style="list-style-type: none">- advice to Government on regulatory options including the pros and cons of legislation to prevent secondary supply to minors;- support and information to parents about their children's introduction to alcohol; and- advice on awareness campaigns for licensees to prevent sale to minors. | 2008 |
| <p>1.2 Provide advice on the prevention of binge drinking in the community including:</p> <ul style="list-style-type: none">- identifying best practice in preventing alcohol bingeing;- achieving the right balance of regulatory and harm reduction strategies;- identifying clearer roles for schools and youth organisations in equipping young people with strategies to say no;- encouraging greater awareness of the differential alcohol content of products; and,- better support and guidelines for parents who host parties for young people. | 2008 |

Priority 1: Responding to current and emerging issues

| Key strategies | Timeframes |
|--|------------|
| <p>1.3 Provide advice on the links between cannabis and mental health</p> <ul style="list-style-type: none"> - Guide the Government campaign targeting young people, about links between cannabis and mental health; and - Advice on how to tackle cannabis use among specific groups | 2009 |
| <p>1.4 Provide advice on principles, rationale, and theoretical underpinnings relevant to the development of the Victorian government's proposed four year alcohol and drug prevention strategy. This will contribute to the national and state wide prevention agenda.</p> | 2008-2009 |
| <p>1.5 Alcohol and Drug Prevention: information and monitoring systems:</p> <ul style="list-style-type: none"> • Identification of future needs in relation to alcohol and drug prevention data collection and information sources. • Engage with key researchers and bureaucrats to identify knowledge gathering opportunities to inform future alcohol and drug prevention directions. | 2008-2009 |
| <p>1.6 Provide advice to the Minister on emerging trends and issues on an as needs basis</p> | Ongoing |

Priority 2: Promoting National linkages

| Key strategies | Timeframes |
|---|------------|
| <p>2.1 Contribute to the development of national alcohol and drug prevention approaches and responses:</p> <ul style="list-style-type: none">• Contribute to the current national alcohol and drug prevention framework.• Identify opportunities for alcohol and drug prevention partnerships with the community, government and non-government sector, at a national and state level. | Ongoing |

Priority 3: Promoting cultural change

| Key strategies | Timeframes |
|---|-------------|
| <p>3.1 Project 1: <i>Promoting cultural change during Schoolies Week</i> Promote safe and responsible school leavers celebrations at an individual and community level.</p> | 2008-2009 |
| <p>3.2 Project 2: <i>Promoting cultural change through communications</i> Promote effective communication techniques relevant to drug and alcohol prevention in different population groups (e.g. young people, CALD, Indigenous people).</p> | 2009 |
| <p>3.3 Project 3: <i>Promoting Cultural Change through Events, Sports and Arts</i> Promote a culture which supports the prevention of risky alcohol and drug use at specific events.</p> | 2009 – 2010 |
| <p>3.4 Project 4: <i>Promoting Cultural change through local communities</i> Encourage the development of local community partnerships and initiatives that have a specific focus on alcohol and drug prevention.</p> | 2009 – 2010 |

Measuring the success of the VDAPC

The following indicators will be used to assess the performance of the VDAPC during its term:

- Level of attendance by Council members at Council meetings
- Satisfaction of the Minister with the timeliness and the nature of the advice provided
- Responsiveness of the Council to issues referred by the Minister for advice
- Take up of ideas recommended by the Council for action
- Level of representation of the VDAPC views in the media on issues related to alcohol and drug prevention

VDAPC Secretariat

The VDAPC Secretariat is located within the Prevention Policy and Secretariat Support, Policy Planning and Strategy Branch, Mental Health and Drugs Division.

The Secretariat staff provide valuable support to the Council, develop and implement Council initiatives and provides support to Council meetings. This work includes research, developing, managing and monitoring projects, supporting Council sub committees and providing policy advice.

Members of the Secretariat are:

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|--------------------------|-------------------------|
| Estelle O'Callaghan | Manager |
| Diane Edwards | Senior Research Analyst |
| Thomas Roszkowski | Senior Policy Analyst |
| Georgina McKenzie-McHarg | Office Coordinator |

Mailing address

Victorian Drug and Alcohol Prevention Council

PO Box 4057

Melbourne Victoria 3001

E-mail address

vdapc@dhs.vic.gov.au