

East Gippsland

**Alcohol &
Other Drugs**

Action Plan

2008 -2011

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1. Introduction

1.1 Profile of East Gippsland Shire

The East Gippsland Shire is located in the south east section of Victoria with a population of over 40,000 people. It is the second largest Shire in Victoria, covering 21,000 square kilometres.

The Shire features wonderful coastline scenery, a large lakes and river system, rugged high country, extensive national parks and state forests.

The commercial centre is Bairnsdale. The largest towns are Bairnsdale (approx. population 12,000), Lakes Entrance (6,000), Paynesville (3000), Orbost (2000) and Mallacoota (1,200).

Projections indicate that gradual population growth will occur through continuing migration to the region, rather than from natural increase.

People identifying as Aboriginal or Torres Strait Islander accounted for 2.7% of the population, the second highest for any Victorian municipality. Approximately 4% of all Victorian indigenous people live in East Gippsland.

85% of the East Gippsland population was born in Australia. Only 9.2% of the population is Culturally and Linguistically Diverse (CALD).

East Gippsland has very low average personal and household incomes, reflecting a high level of retirees and welfare dependency. In 2001, 59% of the population fell into the lowest category for individual incomes.

The economy of East Gippsland is heavily reliant on tourism and primary production – agriculture, horticulture, forestry and fishing. East Gippsland has a relatively high unemployment rate at 8.8% of the labour force. The East Gippsland Primary Care Partnership's Community Health Plan 2003-2004 states that "the unemployment rate was 9.2 % of the general population, but the indigenous unemployment rate was double that at 19%. Since a further 20% of the indigenous population were on CDEP (Community Development Employment Project) at that time, the effective unemployment rate for indigenous people was 39%".

1.2 Use of Alcohol and Other Drugs

The consumption of alcohol is firmly ingrained in the Australian culture, where alcohol is significant for many economic, social and cultural reasons.

Australians use alcohol and other drugs for a whole range of personal and social reasons.

Drugs and alcohol are used for recreation, because they enjoy the effects, out of boredom or curiosity, because of peer group pressure, for cultural or religious reasons, for medicinal purposes, for socialisation, to escape pain or trauma, or because of dependency where withdrawal symptoms occur if use is discontinued.

People who use illicit (illegal) drugs do so for exactly the same reasons as people who use licit drugs such as alcohol and cigarettes.

The evidence clearly indicates that legal drugs – tobacco, alcohol and pharmaceuticals – are responsible for most harm associated with drug use in the Victorian community.

Together with illicit drugs, the community experiences a substantial number of deaths, considerable illness and injury, accidents, crime, social and family disruption, violence and other negative impacts, including a negative impact on the economy.

In attempting to understand why some people have problems associated with alcohol and other drugs, researchers have focused on “risk” and “preventative” factors which influence the ability of people to cope with the stresses of life and avoid reliance on alcohol and other drugs. Emerging evidence indicates that interventions early in life can have long term impacts on crime and other social problems such as substance abuse.

“Risk” factors are found in a variety of areas, including physiological, relationship and behavioural difficulties in childhood, family and school problems, traumatic life events and community problems such as socio-economic disadvantage, neighbourhood violence, and social or cultural discrimination.

“Protective” factors cover the same areas as above, but include positive attributes, such as good health and social skills, supportive families, a positive school climate and success with school responsibilities. They also include having positive people and opportunities in one’s life at important times and having strong and positive attachments to the local community, which discourages violence and illicit drug use.

1.3 Binge Drinking

The issue of binge drinking was raised again recently by Prime Minister Rudd as a significant health issue facing Australians.

Binge drinking has been broadly defined as “The dangerous practice of consuming large quantities of alcoholic beverages in a single session” (medicinenet).

Binge drinking is typically defined as consuming six or more standard drinks in one session. (Alcohol Education and Rehabilitation Foundation, March 2008). The Australian Secondary School Alcohol and Drug (ASSAD) Survey 2005 defined binge drinking or drinking at risky levels as seven or more standard drinks for males per day and five or more standard drinks per day for females. The survey found that 20% of 16 and 17 year olds drank at risky levels.

In common usage, binge drinking is usually referred to as heavy drinking over an evening or similar time span; sometimes also referred to as heavy episodic drinking.

Binge drinking is often associated with drinking with the intention to become intoxicated, and usually with drinking in groups. It is sometimes associated with physical or social harm.

Currently many young Australian adults view a good night out as one where they can become intoxicated in the company of others, sometimes visiting a series of hotels/nightclubs throughout the course of the night, and remembering little of the experience the following day.

At the present time there is controversy regarding what constitutes “ a large quantity” of alcohol. However there is widespread agreement that binge drinking is a serious problem in Australia that must be addressed.

Extract from Hansard – House of Representatives – 17th June 2008 Mr Debus, Minister for Home Affairs - reporting to the House on a question without notice regarding binge drinking....

“There is unanimous agreement that alcohol related violence and binge drinking is the single biggest drain on police resources across the country, particularly on Thursday Friday and Saturday nights.”

“The police commissioner in New South Wales described (alcohol) abuse as an enormous national problem and said that 70% of every police engagement with a member of the community in the streets of New South Wales has alcohol as a factor.”

“Commissioner Scipione said drinking habits had changed. There had been what he called a normalisation of binge drinking with many young Australians now going out determined to get drunk whatever the consequences, and that involved both men and women. ---Young people who binge drink think they are bullet-proof. Young men get into fights and young women are left vulnerable to sexual predators.”

In March 2008, the Australian Government earmarked \$53 million towards a campaign against binge drinking, citing two studies in the past eight years which showed that binge drinking in Australia was what Prime Minister Kevin Rudd called “epidemic”.

The Rudd Government plans to implement a National Strategy on Binge Drinking that includes a new focus on personal responsibility. It will continue to engage stakeholders on how the community can effectively confront the social problem, and will establish a National protective Health taskforce which will examine ways to reduce the health problems caused by excessive alcohol consumption.

On June 15th, 2008, the Australian Medical Association released new guidelines defining binge drinking as four or more standard drinks a night. This definition has raised considerable discussion in the media, as there appears to be community confusion between what level of alcohol consumption is considered low risk and what level constitutes binge drinking.

“ We understand binge drinking to be drinking to the point of intoxication, and usually with the intent of getting intoxicated. The amount drunk to reach such a state differs depending on the drinkers age, gender, weight, and height, the product being consumed and a myriad of other factors”. John Rogerson, CEO Australian Drug Foundation Melbourne Age 17th June 2008.

1.4 Government Policy Directions:

Over the past decade both Commonwealth and Victorian Governments have committed substantial amounts of funding toward preventing drug use and reducing harm caused by both legal and illegal drugs.

The Victorian Drug Policy Expert Committee recognised the importance of engaging local communities to assist in addressing issues arising at the local level.

The Victorian Government encourages local governments, ...*“to develop formal local drug strategies relevant to the drug use in their communities, including strategies for prevention, treatment and rehabilitation and community safety. Such strategies should be explicitly linked to parallel processes such as municipal corporate plans, municipal public health plans and community safety plans.”*

(Recommendation 1 and 1.2: The Victoria Drug Policy Expert Committee Stage One Report , “ Drugs, Responding to the Issues. Engaging the Community “April 2000)

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

The Victorian Drug Strategy 2006 – 2009 builds on the success of the VGDI, and the increasing awareness of alcohol and drug issues in the community.

The strategy promotes four related objectives:

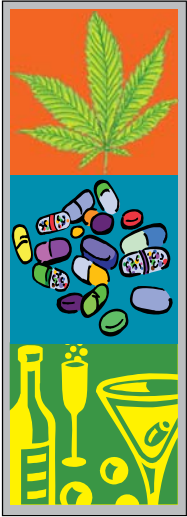
- ✦ Reducing supply
- ✦ Reducing demand
- ✦ Improving access to services
- ✦ Reducing harm

The Victorian Alcohol Action Plan “Restoring the Balance” 2008 – 2013 recognises that alcohol abuse is a significant problem in the community, both socially and economically, and seeks to inform the community about the dangers of alcohol and decrease harm related to alcohol abuse in the community.

The National Alcohol Strategy 2006 – 2009 promotes a framework for partnership actions to support a reduction in alcohol related harm. The actions within ***“Restoring the balance”*** are consistent with the national alcohol strategy’s goals to prevent alcohol related harm in the context of developing a safer and healthier drinking culture.

National Binge Drinking Strategy -2008 announced by prime Minister Rudd in March 2008 aims to address binge drinking among young Australians. It contains the following funding measures:

- ✦ \$14.4 million for community level initiatives
- ✦ \$19.1 million to intervene earlier to assist young people to ensure they assume personal responsibility for their binge drinking
- ✦ \$20 million for an advertising campaign that confronts young people with the costs and consequences of binge drinking.



2. Alcohol and Other Drug Use in East Gippsland

2.1 Legal Drugs

Research indicates that alcohol and tobacco cause more harm than any other drug in Australia and that cannabis is the most frequently used illicit drug, and the second most common reason for people seeking help to manage addiction.

Research also indicates that some population groups are more likely to use particular drugs or to be more susceptible to harm than others. These groups are:

- ✦ Youth
- ✦ Older people
- ✦ Persons with mental illness
- ✦ Persons living with a high degree of stress and social dislocation.

Research clearly indicates that tobacco and alcohol have a huge impact on community health and wellbeing. The 2001 National Drug Strategy Household Survey found that of the 15% of all deaths related to drug use, alcohol and tobacco accounted for over 93% of drug related morbidity.

Community consultations throughout East Gippsland undertaken as part of this project indicate widespread concern regarding issues involving the consumption of alcohol.

Issues of particular concern were:

- ✦ Underage drinking
- ✦ Links between excessive alcohol consumption and participation at sporting clubs
- ✦ Teenage party culture
- ✦ Binge drinking (especially involving spirit drinks and “mix your own” high alcohol drinks)
- ✦ Violence and sexual assault associated with excessive alcohol consumption.

There was less concern in regard to the use of tobacco or illicit drugs.

2.1.1 Tobacco

Tobacco has by far the greatest impact on the health of Australians, and remains the primary cause of premature and preventable death and disease.

Recent measures indicate a decline in daily smoking rates but tobacco remains a highly addictive and dangerous product and it is important that policies be maintained to ensure that the smoking rate continues to decline and that there is not an upsurge in use by groups in the population.

Table 1.
Estimated Number of daily Tobacco smokers in East Gippsland @ June 2003*

Age Group	Females	Males	TOTAL	% Age of Population
14 – 17 yrs	119	123	242	10.3
18+ yrs	2296	2763	5043	16.0

2.1.2 Alcohol

Alcohol is second only to tobacco as a preventable cause of death and hospitalisation in Australia. Alcohol is a significant contributor to public disorder, violence and crime. It continues to be the most common principal drug of concern for which treatment is sought.

Alcohol costs the Australian community \$15.3 billion per year, and raises \$6 billion a year in taxes. It is estimated that \$122 million of excise taxes comes from underage drinkers. (AERF March 2008)

The apparent rise of alcohol related violence is of concern:

- ✦ One in five Australians indicate that they or someone in their life has been affected by alcohol related violence
- ✦ 14 million Australians are concerned about alcohol related violence
- ✦ 14.5 million Australians believe that there is a direct link between increased binge drinking and increased alcohol related violence. (Roy Morgan Research 2008)

Total alcohol consumption has remained relatively stable over the past decade. However the latest statistics from the ABS* indicate a drop in consumption levels of low and mid -

strength beers over the past two years and a significant increase in the consumption of stronger ready to drink “mixed” drinks. Levels of full strength beer consumption rose slightly, and spirits remained steady.

(Australian 16th April 2008)

This trend is concerning, as mixed or “alcopop” drinks are marketed to and largely consumed by young people, especially young women.

(Roche A.M et al 2008)

Recent research indicates that at least 61% of all alcohol consumption in this country is in excess of the National Health and Medical Research Council's Australian Alcohol Guidelines.

Binge drinking appears to be on the increase, particularly among young people, and is occurring at an earlier age than previously.

(Roche A.M. et al 2008)

Some recent data indicates the seriousness of the problem:

- ✦ 1 million children live in a home where one adult binge drinks
- ✦ more than 30,000 youth 15yrs or older binge drink every week
- ✦ 20% of teenagers 16 and 17 yrs old binge drink every week
- ✦ 2 million Australians are at risk of brain damage from excessive alcohol consumption
- ✦ up to 20% of road deaths have alcohol as a factor
- ✦ over 80% of all alcohol consumed by 14 to 17 year olds is done so at high risk levels that lead to acute harm
- ✦ alcohol causes 4,300 deaths and costs almost 400,000 hospital bed days per year
- ✦ one young Victorian dies every week from alcohol related causes
- ✦ 76% of young Victorians have recently engaged in binge drinking.
- ✦ children under 12 are exposed to 1/3 of all alcohol advertisements

The following tables indicate the rates for various alcohol related issues across Gippsland and comparisons with State rates.

Table 2. Summary table of rates of alcohol related problems by Gippsland LGA

Municipality	Licensed Premises 2004	Assaults per year# 2002/04	Family incidents Per year# 2002/04	Medical Hospital admissions# 2003/2004	External Cause hospital admissions# 2002/04	Average Annual rate on deaths# 2002/03	SEIFA score 2001
Bass Coast	60.91	17.18	19.7	28.32	16.95	2.08	931.02
Baw Baw	36.24	14.08	18.32	10.34	11.89	1.53	968.04
East Gippsland	58.49	18.24	37.97	31.48	18.56	2.30	933.56
Latrobe	28.83	18.73	27.29	19.88	15.91	1.75	941.52
South Gippsland	56.97	9.97	13.24	20.52	14.82	2.66	955.70
Wellington	46.77	11.58	21.02	24.02	19.20	1.79	958.47
Gippsland	44.63	15.59	24.22	22.06	16.29	1.93	947.65
Victoria	33.81	9.65	15.80	26.90	16.06	1.49	1,012.03
Surf Coast	73.56	8.26	10.28	14.71	14.32	1.46	1,034.43

per 10,000 residents

(Source: Turning Point Alcohol and Drug Centre – The Victorian Alcohol Statistics Handbook - Vol 7: A summary of alcohol related harm for Victorian Local Government Areas 2005)

Australians living in rural areas drink alcohol at higher levels compared to their metropolitan counterparts. In 2001, males in regional areas were about 30% more likely to engage in risky or high risk alcohol consumption than males in major cities. (Roche. A.M. et al .2008)

Table 2 summarises the data on licences premises, alcohol related violence, hospital admissions and deaths for each LGA in Gippsland and for Victoria. The SEIFA index for advantage and disadvantage is based on variables related to income, occupation, wealth and living conditions. Areas with low SEIFA have a higher level of disadvantage

- ✦ East Gippsland has a higher %age of licensed premises as compared with Gippsland and Victoria as a whole.
- ✦ East Gippsland has the second highest %age of alcohol related assaults of any Gippsland LGA, and higher than the Gippsland and Victorian average.

- ✦ East Gippsland has the highest %age of family incidents, greater than for any other Gippsland LGA and the Victorian average.
- ✦ East Gippsland has a significantly higher rate of alcohol related medical /hospital admissions than for any other Gippsland LGA or Victoria as a whole.
- ✦ East Gippsland has the second highest level of external cause hospital admissions attributed to alcohol of all Gippsland LGA's
- ✦ East Gippsland has a significantly higher %age of alcohol related deaths than any other Gippsland LGA, and greater than the Victorian average.
- ✦ East Gippsland has a low SEIFA score, slightly above Bass Coast and lower than the Victorian average.

2.2. Non Legal (Illicit) Drugs

2.2.1 Cannabis

Cannabis is the most commonly used illicit drug, and the second most common reason for people seeking help for addiction. Use of cannabis can result in acute effects including impairment of motor skills, reaction time and the ability to perform skilled activities. Psychotic illness and symptoms of schizophrenia may be exacerbated by cannabis use.

Anecdotal evidence indicates a significant increase of the use of cannabis in East Gippsland over the past five years, since the estimates in Tables 3 and 4 below were compiled. This is in contrast to the latest national figures which show declining use over the past decade.

Research indicates that currently 750, 000 Australians use cannabis weekly and 300,000 use the drug on a daily basis.

Table 3.

Estimate of the East Gippsland population using cannabis daily @ June 2003

Age	Females	Males	Total	%age of population
14 – 17 yrs	122	148	272	11.5
18+ yrs	2211	2507	4824	15.3

Table 4.

Estimate of the East Gippsland population using cannabis once a week or more @ June 2003

Age	Females	Males	Total	%age of population
14 – 17 yrs	166	275	448	19.1
18+ yrs	2874	4396	7762	24.6

Of concern is the apparent tacit acceptance of cannabis in the community, and the belief that it is harmless to health.

2.2.2 Psycho-stimulants

The evolving nature of the psycho-stimulant market has seen the use of methamphetamine, including crystal methamphetamine and other related substances increase over the past decade.

There are approximately 73,000 dependent methamphetamine users in Australia compared to 45,000 regular heron users.

Methamphetamine is a stimulant drug available in various forms.

- ✦ Powder or “Speed” is usually of relatively low purity and can be snorted, injected or taken orally.
- ✦ Methamphetamine base, a damp oily substance, is of higher purity and typically injected.
- ✦ Crystalline methamphetamine (“crystal” or “ice”) is methamphetamine in its purest form and is usually smoked or injected.

Methamphetamines may produce an initial sense of wellbeing and euphoria but dependence can lead to methamphetamine- induced psychosis. Three in ten users will experience psychotic episodes with paranoia and hallucinations. More than three-quarters of dependent users suffer serious mental health problems.

Methamphetamines cause significant harm to the individual and the community through the dangerous methods used to manufacture the drug, the health and psychological harm to individuals and the violence associated with its use.

Of particular concern are users who present to emergency departments of hospitals often in a violent and out of control state, posing a threat to medical staff and requiring additional resources to manage them.

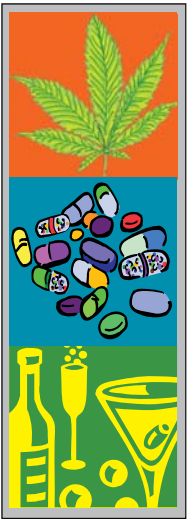
Current data indicate that the prevalence of cocaine use in East Gippsland is relatively low. There are indications however that injecting of cocaine and methamphetamine may have increased in recent years in East Gippsland.

2.2 Inhalants

Inhalants refer to a range of products that, when inhaled, can cause intoxication. The long term use of inhalants can have significant health and social effects on an individual. Inhalants are predominantly used by young people aged 10 to 16 years, and their abuse is more prevalent among young people who suffer disadvantage. There are a large number of readily available products that can be inhaled- volatile solvents, aerosols, gases and nitrates – and these can have a range of effects on the individual, depending on the substance, method of administration, the users age and personality, and length of use.

The 2001 National Drug Household Survey found that 2.6% of Australians aged 14 yrs and over used inhalants at some stage in their life.

Very little statistical data is available regarding the prevalence and patterns of inhalant use, given the age of predominant users. Some usage has been reported from time to time in East Gippsland, being mainly found in the Lakes Entrance and Bairnsdale areas.



3. Principles that Underpin the Action Plan

The following principles underpin this Action Plan:

- ✦ Harm minimisation
- ✦ Social model of health
- ✦ Community development
- ✦ Informed approach
- ✦ Respect for all people

3.1 Harm Minimisation

The Working Party recognises that many people in East Gippsland will continue to use alcohol and other drugs, and that this can cause harm to themselves and others in the community. Harm minimisation seeks to reduce the harm associated with the use of such substances at individual, family and community levels, and result in safer healthier outcomes for all.

Harm minimisation aims to improve the health and well being for both the community and the individuals involved, and encompasses a broad range of integrated approaches including:

- ✦ Supply reduction strategies
- ✦ Demand reduction strategies
- ✦ Targeted harm reduction strategies

3.2 Social Model of Health

The Social Model of health concentrates on improving the health and well being of the community by addressing the social, cultural, environmental, biological, political, economic and medical determinates of health. This model underpins Victoria's current public health policies and the *East Gippsland Community Wellbeing Plan 2005 – 2008*

“the health and wellbeing of people depend on a range of factors beyond having access to health services .Peoples wellbeing depends on personal and lifestyle factors—as well as a range of factors in our environment-“ (EGCWP 2005-2008)

“ The Community Wellbeing Plan provides an overarching framework that reflects a long term vision for the improved health and wellbeing of our community” (EGCWP 2005 – 2008)

3.3 Community Strengthening

This approach seeks to involve the community in local decision making through the process of consultation and collaboration. Community development involves the creation and implementation of structures and processes that assist communities to fulfil their own requirements on an ongoing basis.

Community development is particularly effective when addressing alcohol and other drug issues, as it involves all sectors of the community and allows them to be represented, considered and involved in the development and implementation of strategies. This model of action involves the community throughout the process, from consultation through to completion and evaluation of initiatives and programs.

The Working Group that met together to formulate this Action Plan was made up of representatives from a range of agencies, community and business groups, including the East Gippsland Shire Council. By working together on the project, community links have been strengthened and new partnerships developed. These relationships will grow as the Plan begins to be implemented.

3.4 Informed Approach

Initiatives developed to address local alcohol and drug issues need to be based on relevant information, including recent data. In addition, strategies adopted should be based on evidence based research. Initiatives should incorporate the latest theoretical developments and use current best practice.

Decisions made in regard to alcohol and other drug strategies need to be consistent with the National and State Government policy directions.

Prior to the Plan being adopted, advice and feedback will be sought from relevant agencies and organisations to ensure a consistency of approach, and to avoid negative or unintended consequences.

3.5 Respect for all People

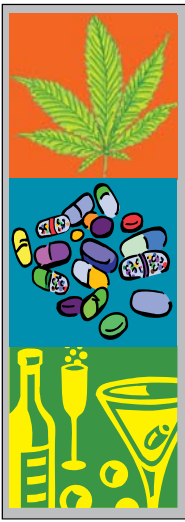
The East Gippsland Shire Council values all people living in the community, and is respectful of all individuals.

✦ The Vision of the EGSC - (EGCWP 2004-2008)

It is important to acknowledge that there are numerous people in our local communities with drug and alcohol issues and that these issues affect not only the individual themselves but also their family and the wider community.

It is also important to recognise that there are people living in our community who have been adversely affected by individuals under the influence of drugs and alcohol. These people include families, partners, children, agencies, shop owners, businesses, people who have experienced or are victims of crime or people who have been verbally or physically assaulted by others under the influence of drugs or alcohol.

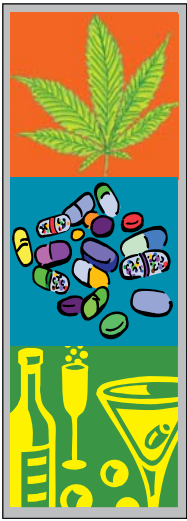
The Working Party supports the local community in building tolerance, respect and harmony within our communities. It supports the participation of all residents in community life, including younger and older residents and people of culturally and linguistically diverse backgrounds.



4. Objectives of the Action Plan

This Action Plan has the following objectives:

- ✦ To identify local drug and alcohol issues and actions required to reduce harm related to these issues in East Gippsland.
- ✦ To promote a collaborative interagency approach to planning and service delivery of alcohol and other drug services in the local community.
- ✦ To promote a greater understanding of alcohol and other drug issues within the local community.
- ✦ To develop a coordinated approach to existing and emerging issues related to alcohol and other drugs.
- ✦ To liaise with other committees and agencies to share learnings.
- ✦ To work with and advise East Gippsland Shire Council of emerging drug and alcohol issues within the Shire.
- ✦ To promote a community approach to minimising harm.
- ✦ To be guided by the Commonwealth and Victorian policy documents.



5. Benefits of a local Alcohol and Other Drug Strategy

It is anticipated that the development and implementation of this Action Plan will have the following benefits:

- ✦ Reduced alcohol and drug related harm in East Gippsland.
- ✦ Ability to respond pro-actively and strategically to initiatives by state and federal governments.
- ✦ Minimised gaps in service provision.
- ✦ Residents and service agencies are better informed regarding alcohol and other drug issues.
- ✦ Opportunity for local knowledge and expertise to be harnessed.
- ✦ Opportunities to develop local initiatives that respond to alcohol and other drug issues.
- ✦ Continued development of happier and healthier communities.

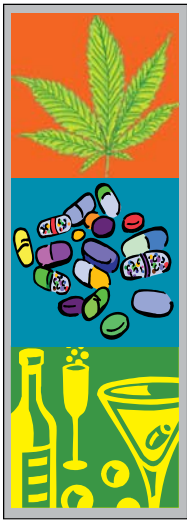


6. Methodology

This Action Plan was developed over a number of months and involved several stages:

- ✦ Extensive literature search undertaken
- ✦ A number of one to one discussions and small focus meetings were held through out East Gippsland
- ✦ Larger community Meetings
- ✦ Formation and regular monthly meetings of the Action Plan Working Group
- ✦ Review and refinement of the draft plan
- ✦ Submission of the final Plan to the East Gippsland Shire Council for endorsement

Bairnsdale Forum – held on 6th March – was attended by 35 people from a range of services, and agencies (Police, Justice, Shire, Mental Health, Community Health, TAFE, Secondary Schools, AOD services, Koori communities, and outlying communities)



7. Identification of the Issues

The issues identified were raised at community forums, discussions with focus groups and with individuals throughout the Shire.

The issues were collated and discussed by the Working Group, prior to being included in the Action Plan. The fourteen key issues addressed by this Action Plan are included in Table 5 below in the order they appear in the Plan.

Table 5. Key Issues in the order they appear in the Action Plan

(Note: Issues not necessarily in priority order)

- 1 There is a general lack of understanding of the extent and harm caused by alcohol and other drugs in the local community.

2	There is no defined group responsible for having an overview of AOD issues across the Shire.
3	Relationships between mainstream AOD services and indigenous AOD services are fragmented.
4	There is a need to develop organisational partnerships across the sector.
5	The community needs to take more responsibility for AOD issues.
6	There are uncertainties around procedures for referring persons with AOD to mental health services.
7	There is a need for greater cohesion between service providers and strategies related to the health and welfare of residents across the Shire.
8	Underage youth accessing alcohol and other drugs.
9	Underage and excessive drinking at sporting clubs (especially football and cricket clubs)
10	A high incidence of family violence is reported in East Gippsland with a significant relationship to excessive use of alcohol and other drugs.
11	There is a lack of community awareness of services that deal with the impact of alcohol and other drugs and how to access these services.
12	There is a general lack of understanding of referral pathways in East Gippsland.
13	There is a need for staff training, for staff working in community agencies and some educational institutions regarding awareness of AOD issues, identification of persons at risk, awareness of available services and referral processes.
14	There is minimal local AOD data available.



8. Action Plan Strategies

8.1 Key Strategies

The Following **Key Action Plan Strategies** have been identified by the Working Group in a response to the issues raised above.

- ✦ Increasing community understanding of AOD related harm
- ✦ Building partnerships
- ✦ Links with other strategies
- ✦ Supply reduction
- ✦ Reduction of harm and risk
- ✦ Access to treatment services
- ✦ Education and training
- ✦ Research and data development

8.2 Goals, Actions and Timelines

Key Strategy: No 1. Increasing Community understanding of AOD related harm

Issue: *There is a general lack of understanding of the extent and harm caused by alcohol and other drugs in the local community.*

1.1. Increase the level of understanding of alcohol and other drug related harm and provide opportunities for the community to respond to these issues			
Goal	Responsible Agency	Proposed Action	Timeline
<p>The development of an annual program of community awareness through local forums, workshops and other activities. One of these to be an annual youth event linked to the East Gippsland Youth Strategy.</p>	<p>East Gippsland Alcohol and other Drugs Committee (EGAODC)</p>	<p>Preparation of a brief strategy outlining the aims and objectives of the community education programs</p> <p>Conduct (minimum 3) community AOD awareness programs in the Shire each year. One to be held during Drug Action Week (June)</p>	<p>Commence by June 2009</p>

1.2. Provision of information regarding the location and availability of support services			
Goal			
Strategy	Responsible Agency	Proposed Action	Timeline
<p>Development and distribution of credit size information card, providing details of services available.</p> <p>Support this by the printing of posters promoting the information cards.</p> <p>Promote "It is OK to seek help" in posters</p>	<p>EGAODC with support from local service clubs and businesses</p>	<p>(a) Develop and print an attractive folding card and distribute widely through out the Shire.</p> <p>(b) Review each year.</p> <p>(c) Ensure AOD service information on the EGSC website is current and corresponds to information on the cards.</p>	<p>1st July 2009</p> <p>Review each July</p> <p>1st July 2009</p>

Goal**1.3. Increase the awareness and understanding by students of the implications of using alcohol and other drugs and an acceptance of the need to make careful and responsible decisions.**

Strategy	Responsible Agency	Proposed Action	Timeline
(a) Promote recognised education programs targeted to young people across the LGA (b) Promote GWHS postcards and posters	GLCH (AOD and Reconnect) Omeo H S Mallacoota DHSS GWHS	(a) Support the promotion of the Quit Program within local secondary schools (b) Establish protocols with schools re the management of students identified with tobacco/ alcohol/ cannabis issues (c) Promote treatment options (d) Establish links with Statewide programs- eg Party Safe	ongoing October 2009 July 2009

Goal 1.4. To reduce the incidence of and harm associated with binge drinking.			
Strategy	Responsible Agency	Proposed Action	Timeline
(a) To develop an awareness raising program (b) Partner with the local Police Youth Assist Program to implement a "Your Choice" program as an option for offenders under 18 yrs. (c) To promote the National Binge Drinking Strategy 2008 +	Police Community Health Schools Sports Associations and clubs Salvation Army Link with Police Youth Assist Program (YAP) Bairnsdale Rotary Club	(a) Information promoted to parents, schools, community groups, and health service providers. (b) Promote responsible drinking. Run Alcohol Awareness sessions in secondary schools (c) Support local police to develop and deliver "Your Choice" program in East Gippsland (d) Utilise national advertising and materials (e) apply for appropriate project funding	August 2009 Commence Feb 09. Ongoing

Key Strategy No. 1 Key Performance Indicators:

Annual survey of (2008 year 9 secondary school cohort in Orbost, Lakes Entrance and Bairnsdale) student alcohol use over a two year period indicates a trend toward more responsible use of alcohol, measured by a reduction in the reported frequency of binge drinking episodes, and the amount of alcohol consumed in such episodes.

Key Strategy: No. 2 Building Partnerships

Issue: *There is no defined group responsible for having an overview of AOD issues across the Shire*

2.1. Establishment of a reference group for Alcohol and other Drug related issues across the LGA, with particular reference to the implementation of this Action Plan.			
Goal	Responsible Agency	Proposed Action	Timeline
To appoint a representative group that will form the East Gippsland AOD Committee (EGAODC)	EGSC	Appoint a representative committee The EGAODC to meet quarterly to review and support the implementation of the AOD Action Plan, and to consider any other related issues that may arise.	Members to be appointed by March 2009

2.2. Establish and maintain the East Gippsland Alcohol and Other Drugs Network (EGAODN)			
Goal	Responsible Agency	Proposed Action	Timeline
Develop a data base of persons, services, agencies across the LGA who work in or have an interest in AOD issues.	EGAODC	Data for network contacts obtained from AOD Action Plan Project Worker, and maintained by the EGAODC Secretary	Dec 2008

Goal 2.3. Improve information exchange across the sector			
Strategy	Responsible Agency	Proposed Action	Timeline
Publish a quarterly eNewsletter	EGAODC	Produce and distribute a Quarterly eNewsletter	First Edition April 2009

Key Strategy: No.2 Building Partnerships

Issue: *Relationships between mainstream AOD services and indigenous AOD services are fragmented*

Goal 2.4. Develop relationships with and support to indigenous AOD services			
Strategy	Responsible Agency	Proposed Action	Timeline
(a) Regular meetings between GLCH and GEGAC	GLCH AOD service	Maintain regular meetings between GLCH , GEGAC and DHS	In progress. Ongoing
(b) make AOD service information available to local indigenous communities	EGAODC and Koori services	Development and distribution of a culturally sensitive service card (same style card as 1.2)	Sept 2009

Key Strategy: No 2 Building Partnerships

Issue: There is a need to develop organisational partnerships across the sector

Goal 2.5. To build partnerships in order to strengthen service provision			
Strategy	Responsible Agency	Proposed Action	Timeline
(a) Explore opportunities for developing joint funding applications	EGAODC and member services	Consider collaborative approaches to appropriate funding opportunities.	ongoing
(b) Identify joint training and professional development opportunities.	EGAODC	Open appropriate training to partner agencies/services.	ongoing
(c) Effective collaboration to be developed between EGPCP and EGAODC	EGAODC And EGPCP	Ensure EGAOD has representation at EGPCP meetings	August 2009

Key Strategy: No 2 Building Partnerships

Issue: The community needs to take more responsibility for AOD issues

Goal	2.6. To engage the community by seeking their support		
Strategy	Responsible Agency	Proposed Action	Timeline
To seek resources and support from Council, local business, community groups and organisations to assist in the implementation of this Action Plan	EGAODC And local Lions Clubs	Approach Lions Clubs to assist with funding and distribution of materials (Goal 1.4) Link with Australian Lions Drug Awareness Foundation	May 2009

Key Strategy: No.2 Building Partnerships

Issue: *Uncertainty around procedures for referring persons with AOD to mental health services*

Goal	2.7. Promote pathways for referral to mental health services.		
Strategy	Responsible Agency	Proposed Action	Timeline
Pathways promoted pictorially by way of a brochure	BRH – Community Mental Health	Development of a brochure (link to goal 1.4)	August 2009

2.8. Improve service access assessment and case management coordination for dual diagnosis clients			
Goal			
Strategy	Responsible Agency	Proposed Action	Timeline
Develop relationships between local AOD services and local mental health services as per Dual Diagnosis "Key Directions and Priorities"2007 doc	GLCH AOD Service BRH –Community Mental Health Link with GEGAC Social and Emotional worker	Commence regular joint meetings between the services to develop service collaboration. Implementation of services Dual Diagnosis Key Directions and priorities Plans	Feb 2009 ongoing

Key Strategy No.2 Key Performance Indicators:

- (a) A representative community group known as "The East Gippsland Alcohol and Other Drug Committee" (EGAODC) formed, and operating effectively, with the support of the East Gippsland Shire. (Evidence of regular meetings)
- (b) Increased collaboration between secondary schools, police and AOD services in East Gippsland. (Evidence of joint projects).
- (c) Increased collaboration between mainstream AOD services and Koori services. (Evidence of regular meetings)

Key Strategy: No 3. Develop links with other strategies

Issue: *There is a need for greater cohesion between service providers and strategies related to the health and welfare of residents across the Shire*

3.1. To create strong links between groups and agencies dealing with alcohol and drug related issues across the Shire			
Goal	Responsible Agency	Proposed Action	Timeline
Development of a communication network across services dealing with AOD issues in East Gippsland	EGSC East Gippsland Alcohol and Other Drug Committee	EGSC to be represented on the EGAODC Link with the EG Youth Strategy / Action Plan That the E G Primary Care Partnership be linked to the EGAODC to ensure exchange of information That EGAODC is represented on the Omeo and District Youth and Alcohol Action Plan Group	February 2009 May 2009 February 2009

Key Strategy No.3 Key Performance Indicator:

The revised East Gippsland Shire Health and Wellbeing strategy has links to the East Gippsland Alcohol and Other Drugs Action Plan strategies.

Key Strategy: No.4 Supply reduction

Issue: *Underage youth accessing alcohol and other drugs*

Goal 4.1. To reduce the provision of alcohol to minors			
Strategy	Responsible Agency	Proposed Action	Timeline
Maintaining and promoting the Bairnsdale and Lakes Entrance Liquor Accords	Police Licencees EGAODC	Support and extension of the current Liquor Accords	Ongoing

Goal 4.2 To support parents of first time users and binge drinking problematic youth			
Strategy	Responsible Agency	Proposed Action	Timeline
Development and promotion of support strategies for parents	EGAODC East Gippsland Community College GLCH Reconnect	Promote and support a local "Tough Love" support group for parents Promote support materials for parents. Investigate BEST Plus program for parents of 14 to 22 year olds with AOD use problems	Commence Sept 2008 Sept 2008 August 2009

Key Strategy No. 4 Key Performance Indicators:

- (a) "Your Choice" youth alcohol diversion program operating in Bairnsdale, Lakes Entrance and Orbost.
- (b) A parent support group with a focus on problematic youth is meeting regularly.

Key Strategy: No 5. Reduction of harm and risk

Issue: *Underage and excessive drinking at sporting clubs (esp. football and cricket clubs)*

5.1. That East Gippsland sporting clubs (with focus on football and cricket clubs) play a positive role in the development of a responsible approach to alcohol and other drugs			
Goal	Responsible Agency	Proposed Action	Timeline
<p>(a) In association with GippSport, to encourage East Gippsland sporting clubs to embrace the principles and guidelines of the “Good Sports” program, sponsored by the Australia Drug Foundation</p> <p>(b) To increase the number and range of East Gippsland sporting clubs who are participants in the GoodSport program from the current eleven.</p>	<p>EGFNL Gippsport East Gippsland Shire Council East Gippsland Shire Council</p>	<p>(a) Review of club involvements to date.</p> <p>(b) Encouragement of club committees to become involved by holding open forum meetings with support of local police and GippSport</p> <p>(c) EGSC encourage sporting clubs using Council facilities to become accredited through the Goodsport program .</p> <p>(d) That a selection criteria for local government financial support for cultural and sporting events be that clubs and associations demonstrate the implementation of responsible alcohol management strategies.</p>	<p>March 2009 August 2009 August 2009 August 2009</p>
<p>(c) Encourage the establishment of new sporting/and or cultural clubs/events for young adults that promote AOD free environments</p>	<p>Community College East Gippsland Links to EG Youth Strategy/Action Plan</p>	<p>Establishment of a local over 18’s soccer club, that promotes an AOD free environment</p>	<p>June 2009</p>

Key Strategy: No 5. Reduction of Harm and Risk

Issue: *a high incidence of family violence is reported in East Gippsland, with a significant relationship to excessive use of alcohol and other drugs*

Goal 5.2. To increase the awareness of family violence, and the relationship between AOD			
Strategy	Responsible Agency	Proposed Action	Timeline
(a) Promotion of post cards and posters developed by GWHS to Secondary Schools	East Gipps Family Violence Network GWHS East Gippsland Secondary schools	Distribution of "STOP family violence" cards Linking domestic/youth violence with alcohol abuse in school alcohol awareness sessions	Ongoing Feb 2009
(b) Link to EGPCP Integrated Health promotion Plan	EGAODC	EGAOD to be represented on EGPCP	June 2009

Key Strategy No.5 Key Performance indicator:

An increase in the number of sports clubs in East Gippsland involved in the Goodsport program.

Key Strategy: No 6 Access to Treatment Services

Issue: *There is a lack of community awareness of services that deal with the impact of alcohol and other drugs and how to access these services*

Goal			
6.1. Improve awareness of and access to AOD services and treatment			
Strategy	Responsible Agency	Proposed Action	Timeline
(a) Improve referral protocols between agencies and service providers (Link to goals 2.7 and 6.3)	Community Health Services Bairnsdale Regional Health Service Mental Health EGPCP	Distribution of cards as outlined in Strategy 1.2 above. Revision of inter-service referral protocols to reduce duplication.	1 st July 2009 December 2009
(b) Recognition of the importance of timing – some immediate support to prevent waiting referrals “dropping out “	Community Health Services Community Mental Health	Discussions to commence between the two services to address issue	March 2009

Key Strategy: No 6. Access to Treatment Services

Issue: There is a general lack of understanding of referral pathways to AOD services in East Gippsland

Goal 6.3. Improve community understanding of referral pathways in East Gippsland			
Strategy	Responsible Agency	Proposed Action	Timeline
Develop an information card clarifying referral pathways to AOD services. Links to goal 2.7	GLCH	Development and distribution of an information card listing AOD services in East Gippsland.	August 2009

Key Strategy No.6 Key Performance Indicator:

Increased referrals to AOD services in East Gippsland, both mainstream and indigenous.

Key Strategy: No 7. Professional Education and Training

Issue: *The need for staff training for community agencies and some educational institutions re awareness of AOD issues, identification of persons at risk, awareness of available services and referral processes*

7.1. Community service/agency staff and volunteers to develop an awareness and understanding of issues involving AOD			
Goal	Responsible Agency	Proposed Action	Timeline
Extend training workshops and programs to staff of relevant community agencies and networks. (eg. Managing difficult clients)	GLCH A&D team SNAP BRH LRH Orbost RH GEGAC LTHS Moogji AC Ramahyuck DAC	(a) Survey relevant community agencies to determine specific AOD training needs. (b) Develop programs for specific groups that meet the needs as identified by the survey, where possible using local presenters.	July 2009 July 2009

Key Strategy No.7 Key Performance Indicator:

Across-agency AOD training occurring.

Key Strategy: No 8 Research , Data Development and Review

Issue: *Due to the limited local data available, it is important that local AOD data is collected over time and compiled in order to assess the effectiveness of strategies outlined in this Action Plan*

Goal 8.1. To create a data base which records relative statistics and other data relating to AOD issues in the LGA			
Strategy	Responsible Agency	Proposed Action	Timeline
(a) Development of a strategy to ensure accurate information and statistics on AOD related issues are available	EGAODC	Data collection and analysis. An annual questionnaire be completed by secondary school students over a three year period to capture trends/changes (esp. in binge drinking)	May 2009
(b) Identification of data to be collected	EGAODC	Data required identified, and questions formulated.	May 2009

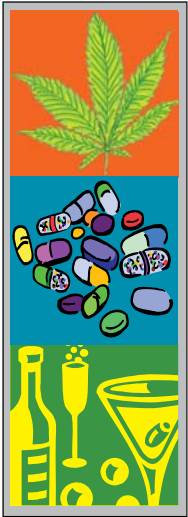
Goal 8.2. To assess the effectiveness of the Action Plan			
Strategy	Responsible Agency	Proposed Action	Timeline
To conduct an annual review of strategies outlined in the Action Plan	EGAODC	Annual review	Annual.

Data to be collected will include but not be limited to:

Number of referrals to AOD services
Number of youth referred to Your Choice program
Number of youth attending Your Choice program
Number of sports clubs involved in the GoodSport program in East Gippsland
Data from annual secondary school surveys
Number of secondary school students attending Alcohol Awareness sessions
Number of licensed premises in East Gippsland
Number of members of liquor accords

Key Strategy No.8 Key Performance Indicator:

Local AOD data collected and collated by the East Gippsland Alcohol and Other Drugs Committee.



9. Monitoring and Evaluation

The East Gippsland Alcohol and Other Drug Committee will be responsible for monitoring and evaluating the EGAOD Action Plan.

The Committee will:

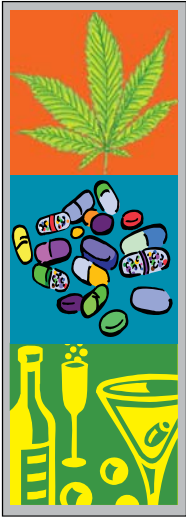
Monitor each strategy and associated action.

Evaluate each strategy against its intended outcome.

Conduct an annual review of the Action plan to ensure that all strategies and actions are still appropriate.

Key performance indicators have been developed for each Key Strategy.
They appear at the end of each Key Strategy.

Data collected through Key Strategy No.8 will assist in the measurement of key performance indicators and the assessment of the overall effectiveness of the Action Plan.



10. Appendix

10.1 Abbreviations used in the Plan

Table 6: Abbreviations

Abbreviation	Full name
ABS	Australian Bureau of Statistics
ASSAD Survey	Australian Secondary School Alcohol and Drug Survey
CAMS	Child and Adolescent Mental Health Service
CNS	Central Nervous System
DHS	Department of Human Services
EGAODC	East Gippsland Alcohol and other Drug Committee
EGPCP	East Gippsland Primary Care Partnership
EGSC	East Gippsland Shire Council
GEGAC	Gippsland and East Gippsland Aboriginal Cooperative
GLCHS	Gippsland Lakes Community Health Service
GPs	General Practitioners
GWHS	Gippsland Womens Health Service
LGA	Local Government Area
LRHMHS	Latrobe Regional Health Mental Health Service
LTAT	Lake Tyers Aboriginal Trust
PCP	Primary Care Partnerships
VGDI	Victorian Government Drug Initiative

10.2 Acknowledgements

This Action Plan was guided and reviewed by an enthusiastic number of interested persons from a range of organisations and agencies who met together on a regular basis over an eight month period.

The project was coordinated by Peter Payne, Project Worker employed by Gippsland Lakes Community Health.

The Working Group consisted of the following persons

Name	Position	Agency
Angelo Lando	Liquor Licensing	Victoria Police, Bairnsdale
Bruce Smith	Social Planner	East Gippsland Shire
Carla Smith	Youth Worker	Omeo Health Service
Chris Adorna	Community Mental Health – Dual Diagnosis	Latrobe Regional Health
Gus Morgan	Community Services	Salvation Army, Bairnsdale
Jan Tracey	Health Promotion Project Worker	Gippsland Womens Health Service
Jenny Coutts	Personalised Adult General Education Manager	East Gippsland Community College
John Ireland	School Focussed Youth Support	Gippsland Lakes Community Health
Karen Scott	Student Welfare Teacher	Lakes Entrance Primary School
Liz Allen	AOD Counsellor	Gippsland Lakes Community Health
Lyn Neville	Welfare Teacher	Bairnsdale Secondary College
Merryn Padgett	East Gipps TAFE student	Trainee Youth Worker
Peter Burslem	Regional Youth Resource Officer	Victoria Police, Bairnsdale
Robyn Browne	DHS Program and Service Advisor	Department of Human Services
Ros Kempton	Learning Manager, Social Sciences	East Gippsland TAFE
Vernus Mobourne	Tanderra AOD Worker	Gippsland East Gippsland Aboriginal Cooperative

Agencies/Services consulted in the development of this Plan

Agency/Service	Contact/s
BRH – Community Mental Health	Liz Kennedy
Anglicare Gippsland	Phillip Owen
Kilmany Uniting Care	Susie Egan
East Gippsland Division of General Practice	Pauline Bommer - CEO
Buchan Bush Nursing Assoc	Ann Brewer
Cann Valley Bush Nursing Centre	Mary Filmer
LRMH – Dual Diagnosis Program	Chris Adorna
Gippsport	Dawn Martin, Brodi
Community Corrections - Bairnsdale	Linda Twite
East Gippsland Football/Netball League	Rod Twinning
Gippsland Womens Health Service	Kerry Hamer
SNAP	Jesse Goodwin/ Alex Couley
East Gippsland Shire Council	Bruce Smith, Lee Holmes
EG TAFE	Ros Kempton, Di Deppler
Lakes Entrance Primary School	Karen Scott
Lakes Entrance Secondary College	Tenille Anderson, Bernie Mc Hugh
Bairnsdale Secondary College	Lyn Neville
Mallacoota District Health and Support Service	Ceila Wallace - Manager
Victoria Police - Bairnsdale	Sgt Angelo Lando, Peter Burslem
Victoria Police – Lakes Entrance	Ben Mc William
Omeo District Health service	Bill Newcomen, Lou-anne Mooney
Salvation Army –Bairnsdale	Daniel Templeman Twells, Gus Morgan
Victorian Aboriginal Legal Service	Lyn Morgan
Orbost Regional Health	Steve Siers, Peter Quinn, Erin Murphy
BRH – Early Psychosis	Helen Rawlins
Bairnsdale Rotary Club	Hedley Porter
Metung Lions Club	George Radford, Joyce Radford.
Bairnsdale AA	Lindsay Rowe
East Gippsland PCP's	Prue Stone
Lake Tyers Health Centre	Barry Sellings
Lake Tyers Aboriginal Trust	Kaylene Wickham, Laurie Thorneloe
Latrobe Community Health Service	Geoff Williamson, Owen Connolly
Koori Court - Bairnsdale	Linda Twite
St Brendans School, Lakes Entrance	Debby Milburn
GEGAC	Peter Ryan (AOD Team), Jason King (CEO) Sarah Morris (AOD), Larry Levi

Moogji Aboriginal Council-Orbost	Michelle Smith
Ramahyuck District Aboriginal Cooperative	Brett Walker (AOD worker)
Tanderra	Vernus Mobourne
Victoria Police - Sale	Rosemary Basford
Gippsland Lakes Community Health	Kerstin Bichel and the AOD Team
Gippsland Lakes Community Health	Peter Muldoon – Health Promotion and Koori Health
Gippsland Lakes Community Health	Carla McDonald – Health promotion
Gippsland Lakes Community Health	Phyllis Andy – Koori Healing Centre
Gippsland Lakes Community Health	Jacinta Crealy - Reconnect
Gippsland Lakes Community Health	Shelly Wormald – Administration assistance
Orbost Secondary College	Peter Seal
Lakes Entrance Secondary College	Bernie Mc Hugh

10.3 Bibliography

"2001 National Drug Strategy Household Survey" Australian Institute of Health and Welfare 2002, Canberra

"AFL Victoria, Alcohol Management Policy and Club Template," Australian Football League, Melbourne

"Alcohol Consumption in Amateur Australian Rules Football Clubs: Evidence from A Rural Region" Health Promotion Journal of Australia. Vol 10 No 3. December 2000

"Apparent Consumption of Alcohol, Australia 2006 – 2007" . Australian Bureau of Statistics Canberra

"A Summary of Alcohol Related harm for Victorian Local Government Areas, 2005" Victorian Alcohol statistics handbook Vol 7 – Turning Point Alcohol and Drug Centre

"Aussie Drinkers in Denial", Alcohol Education and Rehabilitation Foundation media release, 17th March 2008

Blyth.A, Bamberg J, Toumbourou J.W. *"Behaviour Exchange Systems Training- A Program for Parents Stressed by Adolescent Substance Abuse"* ACER Press Melbourne 2000

"Creating a new Culture" The Sporting Club's Alcohol Project 1996 – 1997. Public Report July 1999. Australian Drug Foundation and Centre for Youth Drug Studies

Dibley Ged. *"Prevention of Harm from Alcohol consumption in Rural and Remote Communities"*, Issues paper no.4, February 2008. DrugInfo Clearing House, Melbourne

Drugs; Responding to the Issues, Engaging the Community" The Victorian Drug Expert Committee – Stage One Report , April 2000

"East Gippsland Primary Care Partnership's Community Health Plan 2003 – 2004"

“East Gippsland Community Wellbeing Plan 2005 – 2008”, East Gippsland Shire Council, Bairnsdale, Vic.

“East Gippsland Early Years Plan 2005 – 2006” East Gippsland Shire Council, Bairnsdale Vic.2005

“Gippsport Sixteenth Annual Report 2006 – 2007”, Gippsland Regional Sports Assembly Inc. October 2007.

“Good Sports Gippsland Football Leagues Alcohol project – Final Report”, May 2000
Australian Drug Foundation and Centre for Youth Drug Studies

“Improving Health, Reducing Harm. Victorian Drug Strategy 2006 – 2009”, Department of Human Services, Melbourne 2006

Ireland A. *“Myth busting alcohol: a guide for Families with Young Teenagers”*
Carnegie: Family Drug help 2007 Drug Info Clearing House.

Kearney. Sue *“Goodsports Gippsland Football Leagues Alcohol Project”* Vic Health, May 2000

Lyndal Bond, Lyndal Thomas, John Toubmourou, George Patton and Richard Catalano

“Improving the Lives of Young Victorians in our Community: A Survey of risk and protective factors” Centre for Adolescent Health, 2000

Roche. Ann M, Bywood. Petra, et al
“ Young People and Alcohol – the role of cultural influences”
National Council for Education and Training on Addiction (NCETA)
Flinders University of South Australia. 2008

Rudd sets aside \$53 million to tackle binge drinking.
(<http://www.abc.net.au/pm/content/2008/s2185516.htm>) Australian Broadcasting Corporation, March 10, 2008.

“The Koori Alcohol and Drug Plan 2003 – 2004.” Rural and Regional Health and Aged Care, Department of Human Services, Melbourne September 2003

"The National Drug Strategy: Australia's Integrated Framework 2004 – 2009"
Ministerial Council on Drug Strategy, Canberra, May 2004

Toumbourou John W *"Implementing Communities That Care in Australia: A Community mobilisation Approach to Crime Prevention."* July 1999. Australian Institute of Criminology.

"Victorian Alcohol Strategy, Stage One" A report for the Minister of Health, Department of Human Services, Melbourne, June 2002.

"Victorian Drug Strategy 2006 – 2007", Department of Human Services, Victoria 2006

Ward Bernadette and Snow Pamela *"The Role of Families in Preventing Alcohol-Related harm among Young People"* *Prevention Research Quarterly, Drug Info Clearing House* June 2008

"Wellbeing and Lifestyle – the evidence 2006 – Gippsland Region" Department of Human Services, Melbourne 2008

White V and Hayman J *"Australian Secondary School Students' use of Alcohol in 2005"* Dept. of Health and Aging, Canberra 2006

10.4 Related Websites

Alcohol and Other Drugs Council of Australia	www.adca.org.au
Australian Institute of Health and Welfare	www.aihw.gov.au
Alcohol Related Brain Injury Australian Services (ARBIAS)	www.arbias.com.au
Australian Domestic and Family Violence Clearing House	www.austdvclearinghouse.unsw.edu.au
Centre for Adolescent Health	www.rch.org.au/cah/index
Victorian Alcohol and Drug Association	www.vaada.org.au
Koori Community Alcohol and Drug Resource Centre (Ngwala Willumbong)	www.ngwala.org.au
Koori Drug Information Website	www.kooridruginfo.adf.org.au
Victorian Government Drug Initiative	www.drugs.vic.gov.au
Australian Department of Health and Aging	www.health.gov.au
Victorian Aboriginal Community Controlled Health Org. (VACCHO)	www.vaccho.com.au
InfoXchange: Drug and Alcohol	www.infoxchange.net.au
Australian Government Department of Health and Aging/Alcohol	www.alcohol.gov.au
Australian Drug Foundation (ADF)	www.adf.org.au
Australian Drug Foundation Info. Network	www.adin.com.au
Centre for Youth Drug Studies	www.cyds.adf.org.au
Community Alcohol Action Network	www.caan.adf.org.au
Good Sports	www.goodsports.com.au
Drinkwise Australia	www.drinkwise.com.au
Alcohol Education and Rehabilitation Foundation (AERF)	www.aerf.com.au
Australian Institute of Criminology	www.aic.gov.au/research/drugs
Turning Point Alcohol and Drug Centre	www.turningpoint.org.au
Alcoholics Anonymous	www.aatimes.org.au
Gippsland Womens Health Service	www.gwhealth.asn.au
Victorian Drug Guide	www.vicdrugguide.org.au
Youth Substance Abuse Service (YSAS)	www.ysas.org.au
Family Drug Help	www.familydrughelp.com.au
Parenting Resource Centre	www.parentingrc.org.au
ABCD Parenting	www.abcdparenting.org

Strong Bonds	www.strongbonds.jss.org.au
National Drugs Strategy	www.nationaldrugsstrategy.gov.au
Resilience Education and Drug Information	www.redi.gov.au
Dept of Human Services –Drugs	www.health.vic.gov.au/drugservices
Youth Action and Policy Association (NSW)	www.yapa.org.au
West Australian Parent Drug Information Service	www.doa.health.wa.gov.au
Australian Indigenous Health Infonet	www.healthinfonet.ecu.edu.au/indigenous
Rethinking Drinking	www.rethinkingdrinking.org
Victorian Aboriginal Legal Service	www.vals.org.au
Koori Services Unit - DHS	www.health.vic.gov.au/koori/
Cooperative Research Centre for Aboriginal Health	www.crcah.org.au
Office of Aboriginal and Torres Strait Islander Health	www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih
Onemda Vic Health Koori Health Unit	www.onemda.unimelb.edu.au
Better Health	www.betterhealth.vic.gov.au
Dept of Families, Housing Community Services and Indigenous Affairs.	www.facsia.gov.au
Reach Out	www.reachout.com.au
Beyond Blue	www.beyondblue.org.au
Youth Beyond Blue (Ybblue)	www.ybblue.com.au
Life Line	www.lifeline.org.au
SANE Australia	www.sane.org
GROW	www.grow.net.au
Suicide Help Line	www.suicidehelpline.org.au
Somazone	www.somazone.com.au
Kids Help Line	www.kisdhelpline.com.au
AA	www.aa.org.au
Family Drug Support	www.fds.org.au
The Right Mix	www.therightmix.gov.au
Drug and Alcohol Services Council (South Aust.)	www.dasc.sa.gov.au
The Ted Noffs Foundation	www.noffs.org.au
National centre for Education and Training on Addiction (NCETA)	www.nceta.flinders.edu.au
Of Substance Magazine	www.ofsubstance.org.au
Centre for Drugs and Alcohol Studies	www.udel.edu/cdas/