



# Reducing the alcohol and drug toll: Victoria's plan 2013 – 2017

Issued February 2013

*This document, prepared by the Victorian Alcohol and Drug Association (VAADA) summarises some of the key features from the report entitled 'Reducing the Alcohol and drug toll: Victoria's plan 2013 – 2017' (the RAD Plan).*

**Introduction:** The RAD Plan has emerged from approximately 18 months of consultation and deliberation under the banner of the Whole-of-Government Victorian Alcohol and Drug Strategy, which included a call for submissions in 2011, assistance from the expert advisory group and a rapid community wide consultation held for six weeks during January-February 2012.

The RAD Plan contains a 15 point plan with an emphasis on five key areas: **alcohol, pharmaceuticals, illegal drugs, care, treatment and recovery and leadership**. It has also highlighted mortality as a significant issue, which has been a key theme in VAADA's advocacy activities for a number of years. Each of the 15 points can be measured against milestones and are divided into two year allotments.

**Alcohol (5 points):** alcohol related violence, drink driving/boating, licensing, planning and online support are the key themes with an emphasis towards acute harms and prevention based activities. Specific mention of AOD treatment is largely absent from this section.

VicHealth will lead a program of changing the 'drinking culture' in Victoria which will involve a range of government bodies, service sectors and agencies. The government will also implement a range of generally youth base prevention and early intervention programs. The emphasis on early intervention is evident with the RAD Plan calling for a range of health providers to undertake brief interventions as well as the ongoing use of online self-assessment tools.

**Pharmaceuticals (2 points):** regulation, misuse and mortality are underlying themes for pharmaceutical misuse with actions including hosting a summit, pressuring the Commonwealth to introduce a real time prescription monitoring system (both of which have been key advocacy areas for VAADA), continuing strong enforcement on illegal use of prescription drugs, providing support to prescribers regarding managing patients with chronic and acute pain, enhanced pathways into AOD treatment and various public education-based initiatives.

**Illegal drugs (3 points):** The RAD Plan broadly adheres to the pillars of harm minimisation and takes a relatively unspectacular route rejecting initiative such as injecting centres and decriminalisation.

Workplace drug testing is supported by the RAD Plan which asserts the government's willingness to work with those employers who choose to implement drug testing regimes. The response to synthetic drugs remains largely unchanged, with criminalisation of these substances.

The government will continue to support and expand on various diversion-based initiatives, and will develop a new corrections alcohol and drugs strategy.

Cross agency coordination will be improved and partnerships will be improved to provide for better outcomes for aboriginal people. The forensic AOD treatment system will be enhanced through improving screening and assessment of forensic clients, introducing brief interventions as well as more intensive options.

Regarding harm reduction, NSP availability will be enhanced, with growth corridors noted in the RAD Plan. An area-based model will supplant the current approach to pharmacotherapy, with greater flexibility for prescribers and dispensers, and GPs will have capacity to prescribe suboxone to up to five patients without training. The RAD Plan also indicates a willingness to increase the use of naloxone by providing it to overdose witnesses.

**Care, Treatment and recovery (4 points):** provides an overview and synopsis of the process for Sector Reform (*New directions for alcohol and drug treatment services: a roadmap*), highlighting accessible, evidence informed service delivery, family-based practice, workforce development, early intervention and sector recommissioning.

The RAD Plan also articulates the need for linkages between different services and service systems and specifically mentions *Service Connect*, *Vulnerable Children: our shared responsibility* as well mental health, homelessness and financial issues. A number of initiatives for 'at risk' young people were also listed.

The RAD Plan asserts that government will work with Aboriginal communities in a range of measures, including prevention, access to information and service linkages.

Engagement with CALD communities in developing community-based responses is also listed as is reducing stigma towards drug use and ensuring that community beliefs are well informed.

**Leadership (1 point):** The RAD Plan articulates the development of three separate committees: a ministerial committee to oversee implementation and progress on reducing the AOD toll. A drug advisory board will also be established, consisting of not more than 12 non-government stakeholders will advise the government on a range of AOD issues. A committee of senior executives from government departments (justice, health, education, police, human services and Vicpol) will drive the delivery of the initiatives.

The RAD Plan will be measured through AOD mortality and morbidity, single occasion risky drinking and daily drinking, alcohol related hospitalisation, rates of illegal drug use and the number of AOD users who seek to reduce or stop using.

Data collection and access is noted as an action. Finally, The RAD Plan outlines the development of a new research fund, which will guide AOD research spending with a view to advancing the RAD Plan.

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The RAD Plan provides information on the implementation and progress of these initiatives which is located on pages 53 – 56.

To access to the RAD Plan, go to <http://www.health.vic.gov.au/aod/strategy/>