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Inquiry into Drug Law Reform:

Report of the Law Reform, Road and Community Safety Committee, Victorian Parliament

Summary and response:

Youth Affairs Council Victoria

April 2018

**About Youth Affairs Council Victoria**

YACVic is the leading advocate for young people aged 12–25 in Victoria. As a peak body, we work closely with young Victorians and the sector that supports them to deliver effective advocacy, events, training, resources and support – so that young people can live their best lives.

Our vision is that young Victorians have their rights upheld and are valued as active participants in their communities. As Victoria’s youth peak body, we work across the state in the best interests of young people and the youth sector to:

* lead policy responses to issues affecting young people
* represent the youth sector to government
* resource high quality youth work practice
* research and advocate on youth issues.

We value our members and prioritise their needs.

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**Executive summary**

YACVic welcomes the release of the report of the Inquiry into Drug Law Reform, by the Law Reform, Road and Community Safety Committee, Parliament of Victoria (March 2018). This wide-ranging report calls for drug use to be treated as a health issue rather than a criminal justice issue, and addressed with targeted treatment, prevention and education. The inquiry focused on illegal drugs and illicit use of prescription medication; however, the report recognises that the health, social and economic costs of alcohol and tobacco are much higher. YACVic finds much that is encouraging in the report, and we support its call for “effective and humane responses that prioritise health and safety outcomes”.

Drug use is an issue highly relevant to young people; according to the report, nearly 30% of Victorians in their 20s had used an illicit drug in the past year, as had 14% of teenagers. The report recognises that young people use drugs for different reasons and under different circumstances. Most youthful drug use is recreational; while not without risk, it does not typically involve dependence and most young people “grow out of it”. In his evidence, Mick Palmer AO APM, former commissioner of the Australian Federal Police, told the Committee that drug use falls into two categories:

“One is recreational drug users, most of whom are young people holding down decent jobs who go about productive careers or otherwise live fully productive lives but as young people always do take risks and explore – stretch the boundaries … They represent many of our children, friends and so on. At the other end, you’ve got problematic drug use. Not many recreational drug users finish up suffering problematic drug use.”

This minority of young drug users can be highly vulnerable and engaged in multiple unsafe behaviours. Peter Wearne, Chair of the Yarra Drug and Health Forum and Director of Services at the Youth Support and Advocacy Service (YSAS), told the Committee:

“I would be amazed if the last thousand people that have died from an overdose did not have youth justice, child protection and out-of-home care in their background. I would be really shocked. I am not saying that the rich and the well off do not have that tragedy; they do. But the majority of people we see come from … pretty distinctive backgrounds in terms of deprivation and lack of opportunity.”

The report recognises that a range of education, early intervention and treatment options are needed for different cohorts.

Of particular interest to the youth sector are the report’s recommendations concerning drug education, young people’s community connections, and drug-testing at entertainment venues. They include:

* **Recommendation 10:** The Victorian Government enhance its existing prevention measures that target children and young people including:
* School education programs and resources for young people around resilience and life training skills, in addition to appropriate, age-specific and evidence-based drug education programs that focus on preventing drug use, as well as being relevant to young people’s real life experiences and perspectives. This should also include ensuring that school policies align with prevention goals.
* Specific programs within schools that aim to build protective factors, particularly for young people identified as at-risk or requiring enhanced support.
* Programs and resources for parents to build resilience and life skills, and enhance protective factors.
* Explore the effectiveness of the Iceland model further, particularly the role of communities and families in prevention, in addition to encouraging participation of young people in meaningful recreational opportunities.[[1]](#footnote-1)
* **Recommendation 48:** The Victorian Government work with the Department of Health and Human Services, Victoria Police, Ambulance Victoria and DanceWize to facilitate the availability of an onsite drug testing unit for health and law enforcement authorities at an appropriate music festival to be used in the event of a suspected overdose or other serious adverse effects due to an illicit substance. The unit would not be public facing and its purpose is to test substances to determine their composition to assist health authorities treat the patient and, where appropriate, release a public alert to prevent further incidents.
* **Recommendation 49:** The Victorian Government refer to the proposed Advisory Council on Drugs Policy the issue of drug checking services [at entertainment venues], and request that it monitor overseas and domestic models to obtain relevant evidence to inform consideration of a trial in Victoria. If appropriate, the Council should develop guidelines for such a trial (and include appropriate messaging e.g. not condoning drug use nor indicating that drug use is safe, appropriate technology, data collection and clear liability safeguards). The Council should also consider an evaluation framework to measure the future trial’s effectiveness in minimising drug‑related harms.
* **Recommendation 27:** Identify further funding options through mapping the current capacity and gaps within AOD service delivery against existing and future demand for services. Particular attention to be provided to all treatment options to ensure flexibility in service delivery, acknowledging diversity and differing needs among potential clients. Specific opportunities should be identified for different cohort groups such as clients with co-existing mental health issues and substance use disorders, culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander communities, and those from rural and regional areas.

YACVic would add that youth workers have a critical role to play in supporting these proposed reforms and others in the report. More trained and supported youth workers, especially in rural and regional areas, would make a positive difference to young people’s awareness, help-seeking behaviours and access to interventions.

One topic missing from the report was youth justice – a curious omission, given the high rate of dangerous drug use amongst youth justice clients. Possibly the topic was left out in recognition of the concurrent work being done on youth justice policy elsewhere. Still, YACVic would hope that any reforms undertaken as a result of this report would incorporate relevant recommendations from the 2017 *Youth Justice Review and Strategy* (Armytage and Ogloff) and the parliamentary inquiry into youth justice centres (2018). For example, Ogloff and Armytage called for priority access to alcohol and drug rehabilitation and detox services for young people in youth justice, while the parliamentary inquiry called for better assessment of the AOD needs of youth justice clients, and for a continuation of AOD services for young people released from youth justice centres.

**Background**

The inquiry was set up to look into the effectiveness of laws, regulations and procedures relating to illicit and synthetic drugs and the misuse of prescription medications in minimising drug-related health, social and economic harm. There was a focus on comparing Victoria’s approaches with those of other jurisdictions. The Committee received 231 submissions and made a study tour of Switzerland, Portugal, the UK, Canada and the US.

This is a critical time for drug policy and practice, following the release of the Victorian Government’s $180 million *Ice Action Plan* (2015) and the *Drug Rehabilitation Plan* (2017). Key recent announcements by the Victorian Government have included 100 new adult residential rehabilitation beds to assist 400 people a year; an 8-bed rapid withdrawal and rehabilitation model in Melbourne, designed to support up to 100 people a year; a medically supervised injecting room trial in North Richmond; more investment in the drug and alcohol workforce; new security measures for health services; and cracking down on private providers of unsafe drug treatments.

The recent report into drug law reform acknowledges these new developments, while also pointing to areas for future action.

**Drug education and schools**

The report recognises that schools play an important role. YACVic concurs with the report’s broad message: that school-based education programs should be relevant to young people’s real life experiences and perspectives, should aim to build young people’s resilience and healthy decision-making, and should be linked to initiatives to better engage families.

Victoria’s *Ice Action Plan* describes our state’s drug education curriculum and resources for schools as “world leading”. The Department of Education and Training (DET) told the Committee that DET’s policies and programs are based on a harm minimisation framework, and that schools must provide all students with drug education prevention and intervention programs and involve families in drug-related curriculum and wellbeing issues. One example is Creating Conversations, a program that supports students to facilitate discussions with their parents about drug-related issues. From YACVic’s perspective, this is commendable, but what is less clear is how consistently the approach has been implemented, given the many other pressures on schools.

Stakeholders who testified to the Committee held a range of views about how best to approach drug education. For example:

* Drug Free Australia called for mandatory, comprehensive education for all students about the dangers of drug use.
* UnitingCare Regen argued that schools should teach students mood management and cognitive behavioural therapy to help them deal with difficult emotions and build resilience.
* Drug treatment specialist Dr John Sherman called for psychologists in every school to pick up on signs of mental illness, as a third of his patients had psychiatric issues and were using drugs to self-medicate.
* The Alcohol and Drug Foundation called for more investment in early childhood spaces to build excellent parent-child relationships as a protective factor. (The Triple P Positive Parenting Program and the Resilient Families program were mentioned as having good results.)
* Dr Peta Malins, Lecturer in Justice and Legal Studies at RMIT University, argued that education must recognise that many young people do experiment with drugs and find it enjoyable.
* The University of Melbourne branch of Students for Sensible Drug Policy Australia warned that drug education which relies heavily on negative messaging runs the risk of alienating students, if the worst-case scenarios depicted seem nothing like their own experiences.
* The drug consultancy firm 360Edge argued that while scare campaigns dissuade some young people from drug use, they actually *encourage* drug use amongst some other young people, by making it seem risky, rebellious and exciting.

Meanwhile, the Committee observed that positive school engagement is very important to building young people’s resilience and reducing their risk of drug taking. Here, the Committee raised the controversial topic of school expulsion, in relation to drug issues. Without making specific recommendations on the subject, the Committee acknowledged the work of the Victorian Ombudsman in the 2017 *Investigation into Victorian Government School Expulsions*. This investigation found that drug offences were the fourth most common reason for school expulsions, with great inconsistency in how different schools handled the issue. The Ombudsman argued that expulsion was, at best, a short-term solution; it does not address the drivers of a student’s behaviour, and may serve to escalate drug use by causing the student to become disengaged or distressed. YACVic supports the continued implementation of the Ombudsman’s recommendations.

**Strengthening young people’s protective factors**

Along with school engagement, other protective factors recognised by the Committee included vocational training and employment, strong parent-child relationships, firm attachment to positive adult role models, and “future-oriented recreational pursuits”. (YACVic would add that strengthened engagement with family, community and culture is also an important protective factor, notably for Aboriginal young people.) The Icelandic strategy for reducing adolescent drug use was cited as successful, in part because of its numerous, systemised recreational activities for young people.

YACVic would observe that youth work professionals can play a key role here. Youth workers are well placed to develop trusting relationships with young people and plan communities where young people are well connected and engaged in a range of positive recreational pursuits. In particular, more youth workers and related resourcing in rural communities could expand young people’s options for connection and recreation beyond traditional sporting clubs (which do not engage all young people). We will continue to promote these points via our Youth Work Matters campaign.[[2]](#footnote-2)

**Young people’s access to treatment**

The report recognises that a “one size fits all” model of drug treatment would be ineffectual; specific approaches are needed, including for young people. Vulnerable groups highlighted in the report include:

* Aboriginal Victorians, who may be dealing with related issues such as intergenerational trauma and grief, poverty, discrimination, housing problems, legal and child protection issues, and lack of appropriate service provision. (Note: the Victorian Government’s 2017 budget invested $14.1 million to employ 34 Aboriginal health workers to provide specialist AOD treatment.)
* People from refugee and migrant backgrounds, whose drug use may be exacerbated by trauma, loss, unemployment, dislocation, family stresses, and community stigma surrounding drug use. They may also find AOD services difficult to access. (The Committee called for greater research into substance use issues in multicultural communities, and prevention options.)
* People with coexisting mental health problems and psychological distress. Peter Wearne, Chair of the Yarra Drug and Health Forum and Director of Services at YSAS commented “The lives of these young people that we treat every day, they are using a cacophony of drugs … up to five or six different substances a week. They are dealing with the real effects of trauma and pain in their lives, and they will do anything to mitigate that.”

The report outlines the publically-funded youth-specific drug services available in Victoria, which include a mobile outreach service; home-based withdrawal, residential withdrawal and rehabilitation; a day program with therapeutic and recreational options; information, advice and referrals via the Youth Drug and Alcohol Advice service (YoDAA); and a spectrum of services provided by YSAS, which recognise the need to deal with issues like housing, mental health, employment and social engagement.

However, significant gaps remain. The report notes that drug treatment services are “overwhelmingly” located in metropolitan areas, despite the higher prevalence of drug use in rural and regional Victoria. Encouragingly, the Victorian Government’s *Drug Rehabilitation Plan* has committed that over 50% of new residential rehabilitation beds will be in rural and regional Victoria. New therapeutic day rehabilitation programs are being made available in Mildura, Warrnambool, Bendigo, Geelong, Shepparton, Moe and Ballarat, while new residential rehabilitation beds are being made available in Bendigo and Ballarat, and land is being acquired for rehabilitation facilities in Gippsland, Hume and Barwon. This is very welcome, but we wait to see how well these new models will serve the needs of young people.

YACVic would argue that a youth work approach should inform the way treatment services work with young people. In our experience, young people seeking help in relation to drug use want support workers who are experienced, consistent and reliable, who take the time to form trusting relationships with the young person, and who understand the broader context of the young person’s life – e.g. family, culture, housing, education. YSAS told the Committee that many young people need ongoing support and connections after their acute drug use is treated; there is a need to “build stimulation, encouragement, support and social and economic viability into young people’s lives” and help them to form “a significant adult connection in their life”.

YACVic also supports strengthening the cultural competence of youth AOD services, as well as expanding options for Aboriginal-controlled AOD services for young people. The Committee’s report draws attention to the successful approach of the Bunjilwarra Koori Youth Alcohol and Drug Healing Service in Hastings: “Bunjilwarra’s approach is guided

by a respect for and promotion of the traditional Aboriginal worldview as it applies

to youth and ‘[a] holistic approach embedded in culture and inclusive of family and

community and connected to country’.” We would add that the Wulgunggo Ngalu Learning Place (for adult men) in Gippsland is also highly regarded; the findings of both models could be drawn upon to improve and expand service provision elsewhere. There is a particular need for better service options for Aboriginal young people in rural and regional communities – including young women, who have not been well served by the traditional AOD system. Aboriginal young people also need culturally safe detox models to prepare them for rehabilitation; at present, this is extremely hard to access.

**Compulsory drug treatment for young people**

The report also raises (without making recommendations) the sensitive topic of mandatory drug treatment for young people. It refers to the Churchill Fellowship research undertaken by Her Honour Jennifer Bowles, a magistrate with the Children’s Court of Victoria, who visited mandated drug treatment centres for young people in overseas jurisdictions. Magistrate Bowles concluded that some young people with complex histories of trauma, abuse, neglect and mental illness, who have tried voluntary options without success, may need secure, intensive treatment to end their addiction and connect them with health services and education. She proposed a model whereby a young person could be sent to a secure therapeutic residential service by way of a Youth Therapeutic Order, with a focus on young people who are before the Criminal Division of the Children’s Court.

Several other stakeholders supported the proposal, including Magistrate Tony Parsons of the Drug Court of Victoria and Dr Stefan Gruenert of Odyssey House Victoria. Magistrate Parsons said mandatory treatment could be valuable for “young people who are completely out of control … the very worst cases”. Dr Gruenert commented that mandatory models could prove necessary “when voluntary treatment fails for someone who is really out of control and causing harm to themselves”; Gruenert suggested that there could be a model where the “front end” of a service is secure and over time young people progress through to less secure settings, “where the boundaries are really set by themselves and their desire to get better and get well.”

The Victorian Government’s *Drug Rehabilitation Plan* commits to consult with experts about compulsory treatment models for adults with high and complex needs. However, we are not aware of any plans to extend this to young people. YACVic recognises that there are some very vulnerable young people for whom a well-designed mandatory model could, potentially, prove helpful, for example if the young person is facing the possibility of incarceration in the justice system. In any such model, there would need to be a genuine commitment to uphold the human rights of young people, and we suggest the model should be informed by the [Code of Ethical Practice for the Victorian Youth Sector](https://www.yacvic.org.au/resources/code-of-ethical-practice/). We would also note two other points made by Magistrate Bowles: that a compulsory treatment model is only as good as its accompanying therapeutic and supportive services, and that historically there has been a grave shortage of *voluntary* supports for young people. Magistrate Bowles commented “When I wrote the report there were only 33 detox beds for young people in the whole of Victoria. There are very few residential programs for young people.”

**Drug checking at music venues**

Another controversial topic raised in the report is the question of whether to offer drug-checking facilities at music festivals, raves and nightclubs, where use of illicit drugs is common and drug-related illnesses and deaths have occurred.

According to the report, most people who use drugs at music venues are young and will mature out of this behaviour. However, their recreational drug use is risky. Ambulance Victoria told the Committee that drug use at public events is increasing, there is little regulation of the venues (many of which are in rurally isolated areas with no large hospital or intensive care unit nearby), and there have been overdoses and deaths:

“These events are occurring increasingly in regional and remote areas where access to suitable medical facilities, including intensive care, is both limited and delayed by distance. These events resultantly impact not only on health of patrons, but also on the availability of ambulance services to the broader community.”

The Alcohol and Drug Foundation argued that young festival-goers tend to see drug use as normal. (During adolescence and young adulthood, a person’s inclination towards risk-taking behaviour tends to be stronger, and their ability to evaluate long-term risk is still developing.) A young individual who testified to the Committee said:

“Us young people have the belief that ‘it won’t be me, there is such a small chance I will die, I know what bad drugs look like’ etc. But in reality, this is not true … they are so used to being ‘safe’ when taking drugs that any caution is now irrelevant. Nightclubbers will still take drugs, festival goers will still dance for three days under the influence of drugs, because they are used to doing it … ‘it won’t be them’, ‘I took this last week and it was fine’.”

The Victorian Government Code of Practice for running music festivals and events supports a harm reduction approach at festivals and an emphasis on delivering health messages there. In particular, the Victorian Government funds DanceWize, a program of Harm Reduction Victoria which provides outreach, harm reduction education, and safe, non-judgemental support at music events, festivals and universities. DanceWize is well regarded. However, at present, no drug-checking facilities exist in Victoria and the Victorian Government has voiced strong opposition to such an approach, fearing that it might send the message that illicit drug use is acceptable and that tested drugs are “safe”. (They are not; the limitations of testing equipment mean that not all substances are detected, and tested drugs can still be used in dangerous ways.)

The report acknowledges the different perspectives on drug-checking at music venues. However, the Committee observed that the many submissions they received on this topic expressed “strong consensus” in favour of drug-checking facilities. For example, the National Drug Research Institute, the Alcohol and Drug Foundation, Professor Margaret Hamilton (Melbourne School of Population and Global Health, University of Melbourne), and Associate Prof David Caldicott (consultant emergency physician) all cited evidence that drug-checking helps to reduce harm, as some young people will discard drugs if told they are contaminated. A 2017 study through the National Drug and Alcohol Research Centre surveyed 851 Australians who had used illicit drugs at a music festival or venue in the past year, and found that 94% agreed they would use a mobile drug-checking service at a venue, and the vast majority would be prepared to pay a small amount and wait up to an hour for results. Similarly, Students for Sensible Drug Policy Australia told the Committee that a survey of 550 students at the University of Melbourne found that 92% said they would discard a drug if a test told them it had been adulterated. Of course, surveys cannot give a complete picture – arguably, people who are reckless or indifferent about a topic are less likely to respond to surveys about it – yet nonetheless the results are striking.

To be effective, a drug-checking initiative must be backed by strong partnerships between event organisers, police, health authorities, ambulances and harm reduction services. Typically, drug-checking facilities will test a sample of the drugs, provide results about the drugs’ contents and effects, offer harm reduction / counselling advice, share public health alerts and warnings about particular drugs, and gather data about drug use trends. (This, in turn, can be useful to health services and police.) An high quality drug-checking initiative should *not* give people the message that a tested drug is safe to use.

In their submission, the City of Port Phillip indicated they would support a trial of drug-checking facilities at clubs, festivals and dance parties in their jurisdiction.

The report appears to reach a compromise in its recommendations, calling for “back of house” testing at venues. As part of such a model, health authorities, police and harm reduction organisations would test substances that have been found or seized at a venue; they would not have direct contact with the public. Any concerning results can be shared with emergency services, staff and patrons, for example via social media and signage at the venue. The Committee also called for further research into drug-checking models with the possibility of developing pilot programs as a result.

YACVic would consider this a positive step forward. We would also like to see a stronger presence of trained youth work professionals in festival settings, to support harm reduction and health messaging there.

We would also support another of the report’s recommendations: that Victoria Police commission an independent evaluation of the use of drug detection dogs at music festivals and other public spaces to determine their effectiveness in deterring the use and trafficking of illicit substances, and any unintended consequences or risk of harms resulting from this strategy.

Research by the NSW Ombudsman and Dr Peta Melins (RMIT) suggested that the success rate of sniffer dogs in the crowded environment of a festival is not high, and that their presence can inadvertently encourage dangerous behaviours by patrons, such as swallowing all their drugs immediately, “pre-loading” before arriving at the festival, hiding drugs internally, or buying drugs from unknown dealers inside the venue. Concerns were also raised that the punitive atmosphere created by a police presence may make young people less likely to approach authorities for help if a problem occurs.

**Drugs in the (adult) justice system**

The report makes a number of recommendations concerning drug use and the adult justice system. In 2015-16, young people aged 18-24 made up 12% of prisoners in Victoria’s adult system; in March 2015 there were 751 young people in adult prisons.[[3]](#footnote-3) Therefore, these recommendations should be of interest to the youth services sector.

The Committee supported the proposal by the Adult Parole Board that the Board should have the power to suspend (rather than cancel) a prisoner’s parole if the parolee is found to have used drugs but otherwise not re-offended. Drug use is the most frequent reason why parole gets cancelled, especially in cases involving young people with long-term drug use issues; returning to live in the community exposes the young person to many temptations. The Board argued that in such cases, the parolee could go back into custody for several months, where they would be urged to undergo treatment; upon further assessment, they might be judged to be ready to resume their parole.

Considerable evidence was also presented in favour of offering needle and syringe programs (NSPs) in prisons; in other jurisdictions, this has resulted in improved health and safety outcomes. The Committee recommended the Victorian Government monitor data from screening processes and international programs to consider the value of introducing NSPs in Victoria’s adult prisons.

The Committee also recommended that the Victorian Government expand the number of Drug Courts in Victoria, and expand access to the Magistrates’ Court of Victoria Court Integrated Services Program (CISP), which connects people awaiting sentencing with case management, priority treatment access and community support. At present, these models are well regarded, but hard for people in rural and outer metropolitan areas to access, due to isolation, transport disadvantage, and a shortage of services, social workers and psychologists where they live. Consequently, the Committee’s report also called for enhanced funding for support services and AOD treatment in underserviced localities. YACVic suggests this is another space where more specialised and trained youth workers could have a significant impact; for example in supporting young adults to successfully access regional Drug Courts.

Additionally, the Committee called for an investigation into Victoria’s drug driving laws and procedures, to determine their effect on road safety. The report suggested it would beneficial to explore other drug driving regimes which use impairment limits / thresholds, expand the types of drugs captures by the tests, and take into account the possible impacts of medical cannabis use on drug driving tests in the future.

YACVic welcomes the exploration of these topics, but we were surprised that the Youth Justice system was not discussed. The Youth Parole Board has found that two-thirds of young people detained on sentence and remand have a history of alcohol and drug misuse, and a further 18% have a history of drug misuse alone.[[4]](#footnote-4) The *Youth Justice Review and Strategy* (Armytage and Ogloff, 2017) found that services often struggle to deal with this issue. Methamphetamine use is contributing to more severe and violent crimes, and to more young people entering the justice system with an established drug dependence. Meanwhile, very few young people in the justice system successfully access detox options; many choose to leave detox settings within a few days, and detox services are not necessarily flexible or appropriate to meet young people’s needs.

Armytage and Ogloff recommended that, as part of multi-agency care planning, young people’s access to alcohol and drug rehabilitation and detoxification services be promoted and prioritised. YACVic would hope that such findings and recommendations would be incorporated into any actions resulting from the Inquiry into Drug Law Reform.

**Other key issues**

This extensive report puts forward several additional key messages. These include:

* **Improving communication:** the report urges the need to frame public conversations about drug use in terms of health issues and recovery, and to combat the stigma against people who use illicit drugs. At present, social stigma can discourage people with drug dependence from seeking health care, treatment, employment or social support. The report recommends a public awareness campaign by the Victorian Government to reduce negative labelling associated with people who misuse illicit and prescription drugs.
* **Planning for new and re-emerging drugs:** the report calls for an emergency action plan to respond to potential increase in deaths or overdoses as a result of drugs like fentanyl and carfentanil, which have had devastating effects in the US. Meanwhile, heroin is re-emerging in Australia; the Victorian Government’s *Drug Rehabilitation Plan* (2017) noted that the number of heroin-associated deaths are now the highest in almost twenty years. 190 Victorians died of heroin overdose in 2016. Peter Wearne of YSAS told the Committee that the only reason heroin use is rare amongst drug-dependent young people is because of its high cost; “but I can tell you this: if heroin becomes cheap again, 99 per cent of all the young people we see at YSAS will be using heroin.”
* **Strengthening GPs’ competence and referral pathways**: GPs can be an important point of contact for people using drugs, but the report found that not all GPs are knowledgeable about addiction or confident supporting their patients to navigate the AOD treatment sector. YACVic supports the idea of improving GPs’ capacity. However, we would add that action is also needed to improve young people’s access to GPs in the first place – in some rural communities, GP services are scarce – and to provide more youth-friendly environments where young people can seek help, such as headspace centres. In smaller rural communities in particular, many young people do not feel confident approaching a local GP about a sensitive matter.
* **Reviewing Victoria’s needle and syringe program (NSP)**: the report urges that NSP availability be improved in underserviced areas, and that NSP staff be supported to work appropriately with Aboriginal and multicultural clients. YACVic would welcome this, but we would specify that 24/7 NSP options are especially needed in rurally isolated areas.
* **Regulation of private AOD providers:** A number of submissions to the Committee raised concerns that there has been a recent proliferation of private AOD services (at a time when public AOD support can be hard to access). Some of these services charge exorbitant fees and do not have an evidence base. Professor Margaret Hamilton stated:

“Anyone at the moment can put up a shingle and say, ‘I do drug treatment’. Some of them in my experience, which includes having been a health complaints investigator on drug treatment complaints for another jurisdiction, will charge $50 000, $100 000, to desperate families and provide mush — an absolutely appalling response that is not evidence‑based, that has no support.”

Victoria's *Drug Rehabilitation Plan* (2017) states that it intends to address the issue of poor quality, unsafe private AOD treatment, including by providing additional support to the Victorian Health Complaints Commissioner to step up monitoring and investigations.

YACVic welcomes this thoughtful and forward-thinking report, which contains much material of relevance to young people and the youth services sector. We wait to see how its recommendations will be received by the Victorian Government and Victoria Police.

1. The Icelandic Model (also known as “Youth in Europe”) has been running since the 1990s and has shown strong success in reducing young people’s use of alcohol and other drugs and promoting social cohesion. Under this model, substantial state funding is provided for extra-curricular activities for young people, such as sport, music, art, dance and martial arts, aiming to strengthen their sense of belonging and promote “natural highs”. This is accompanied by bans on alcohol and tobacco advertising and concerted efforts to involve parents in school communities and promote positive family functioning. The focus is not on telling young people not to use drugs, but rather to change their environment so that drug use is no longer appealing. A comprehensive annual survey of secondary students informs this work.

   [↑](#footnote-ref-1)
2. For more on YACVic’s advocacy concerning the value of youth work – see "Youth Work Matters to Victoria: Strengthening young people’s access to youth workers across the state", February 2018, <https://www.yacvic.org.au/advocacy/youth-work-matters-to-victoria-strengthening-young-peoples-access-to-youth-workers-across-the-state/> [↑](#footnote-ref-2)
3. Corrections Victoria, *Annual Prisoner Statistical Profile 2006-07 to 2015-16*, <http://www.corrections.vic.gov.au/utility/publications+manuals+and+statistics/annual+prisoner+statistical+profile+2006-07+to+2015-16>; Victorian Ombudsman, *Investigation into the rehabilitation and reintegration of prisoners in Victoria, Melbourne*, September 2015 [↑](#footnote-ref-3)
4. Youth Parole Board, *Annual Report 2016-17*, Melbourne, 2017 [↑](#footnote-ref-4)