Alcohol and Other Drugs Policy 2017-2021

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Introduction

Addressing the harms associated with alcohol and other drug use has been a long-term, complex problem for all levels of government. The misuse of alcohol and other drugs is widely recognised in Australia as a major health problem, and one that has broader social and economic costs.

Local governments play an important role in balancing the contribution that licensed premises make to the vitality of our local areas, with management of the social, economic and health impacts of alcohol and other drug misuse in local communities. The responsibilities of Council in regards to the management of alcohol and other drugs issues are defined within various State legislation, including the Victorian Public Health and Wellbeing Act 2008 and the Victorian Local Government Act 1989, the Victorian Planning and Environment Act 1987, the Liquor Control Reform Act 1998 (in relation to licensed premises) and the Tobacco Act 1987.

Maribyrnong City Council has a strong history of taking action on the harms caused by misuse of alcohol and other drugs, beginning with the first strategic policy response in 1998. This was at a time when street-based heroin use and dealing escalated in Footscray as well as a number of other Melbourne locations. The State Government recognised these ‘hot spots’ and together with four other local governments, Maribyrnong City Council received funding to develop and implement an Illicit Drug Strategy over the early 2000’s.

Since this time Council has adopted iterations of its Alcohol and Other Drugs Strategy, including a specific Public Drinking Strategy to address problematic public drinking occurring in some parts of Footscray in the mid 2000’s.

Growth, gentrification and imminent residential development, combined with changing patterns of alcohol and other drug use over the last decade, has prompted Council to research the local policy context and re-affirm its position on managing alcohol and other drugs within the municipality.

Consistent with National and State Government policy and evidence-based practice, Council’s policy position is strongly informed by a harm minimisation approach. Harm minimisation aims to reduce the adverse health, economic and social consequences of drug use for individuals and the broader community. In achieving this aim harm minimisation encompasses a wide range of integrated approaches, including supply-reduction to disrupt the production and supply of drugs; demand-reduction to prevent the uptake of harmful drug use; and harm-reduction strategies to reduce the harm experienced by drug users and the broader community.
Purpose

The purpose of this policy is to outline Council’s overall position and guiding principles in the management of harms caused by the misuse of alcohol and other drugs (AOD).

Scope

This policy:

- Provides information on the use and impacts of alcohol and other drug use in the municipality through a Discussion Paper at Attachment 1.
- Focuses on the harmful use of alcohol, licit and illicit drugs; not the responsible consumption of licit substances.
- Recognises that local governments can only address part of the complex issues raised by misuse of alcohol and other drugs, meaning strong local partnerships are crucial.
- Informs a framework for local action that focuses on five priorities: advocacy, research, partnerships, information provision and leadership.

Problem definition

The City of Maribyrnong, and Footscray in particular, has a history of illicit drug use and trafficking and heroin use is still relatively high. But it is the two most widely available and socially acceptable drugs, alcohol and tobacco, that cause the most drug-related harm.

Maribyrnong continues to have areas of high disadvantage, which puts parts of the population at an increased risk of being affected by issues associated with alcohol and other drugs. At-risk groups include people experiencing homelessness, unemployment, people with mental illness, young people, middle aged and older men, Indigenous people and those from other culturally diverse backgrounds.

The following provides a brief summary of the key issues in the City of Maribyrnong, with more detailed data and analysis provided in the Discussion Paper at Attachment 2.

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1 This policy is currently in draft form and expected to be finalised mid 2017.
**Alcohol**

Local governments must balance the positive part that alcohol plays in Australian society with the risks to health, safety and wellbeing its misuse can pose for the community. On the one hand, alcohol often accompanies socialising and celebrations, generates employment and revenue, activates streetscapes and enhances local identity as an entertainment and tourism destination. On the other hand, alcohol misuse contributes significantly to health and social issues. Alcohol is a major contributor to morbidity and mortality rates, with alcohol-related harm accounting for 3.2% of the total national burden of disease and costing an estimated $36 billion per year.

Over the last decade, the consumption of alcohol by Maribyrnong residents and the alcohol-related ambulance rates (particularly for 40-64 and 65+ age groups) have increased and are above metropolitan averages.

The number and density of alcohol outlets in the municipality have also increased, which is likely to continue given population projections and development plans within the municipality. Managing amenity issues through the planning process, such as ensuring appropriate venue location and design, noise, hours of operation, patron numbers, car parking and public transport, is key to maintaining and improving the city.

**Tobacco**

Maribyrnong mirrors the national and Victorian trend in terms of a decline in the prevalence of smokers for both men and women. The proportion of current smokers in Maribyrnong is also similar to the Victorian average; 16% of residents aged 18 and older smoke daily or occasionally.

Despite the declining trend, tobacco smoking is the single most preventable cause of ill health and death, being a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and various other diseases and conditions. Smoking disproportionately affects disadvantaged population groups, with smoking rates higher among Aboriginal people, people who experience psychological distress, people with a lower level of education, and people on low incomes or who are unemployed.

**Other Drugs**

Illicit drug use is a major risk factor for ill health and death, being linked with HIV/AIDS, hepatitis C, low birth weight, malnutrition, poisoning, mental illness, suicide, self-inflicted injury and overdose. Social impacts of illegal drugs can include relationship breakdown, child neglect and family violence.

Prescription and over-the-counter drugs, in particular the use of opioids, codeine and benzodiazepines are increasing and are emerging as an issue of concern.

The focal point of illicit drug use within Melbourne’s west has shifted away from Footscray, towards the outer western areas, but many services are still concentrated in Maribyrnong and in particular, Footscray.
Heroin is still the primary drug of choice for many accessing alcohol and other drug services but is often combined with alcohol, methamphetamine or other substances.

Drug-related ambulance rates are higher in Maribyrnong compared to metropolitan Melbourne for most drug types including heroin, crystal meth, cannabis and benzodiazepine.

**Broader policy context**

**National**

At the national level, the Intergovernmental Committee on Drugs is currently developing a new National Drug Strategy 2016-2025. The draft strategy describes a nationally agreed harm minimisation approach to reducing the harm arising from alcohol, tobacco and other drug use. It aims to “contribute to ensuring safe, healthy and resilient Australian communities through minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.”

The National Ice Taskforce, established in 2015, has also been set up to provide advice on the impacts of ice in Australia and guide appropriate actions. The Taskforce has recommended that government action on reducing the demand for ice and reducing the harm it causes, while enhancing efforts to disrupt supply in key areas.

**State**

The *Victorian Public Health and Wellbeing Plan 2015–2019* identifies 'smoke free living' and 'reducing harmful alcohol and drug use' as two of its six priority areas for action and emphasises the key role of local government in community health and wellbeing. On the advice of Victoria Police and health and legal experts, $45.5 million was announced in 2015 for Victoria's Ice Action Plan.

Following a state government review, a major change in the delivery of drug treatment services has recently taken place in Victoria. The alcohol and drug treatment services sector and mental health community support services sector (MHCCS) went through a reform process which resulted in substantial components of both sectors being re-commissioned. The responsibility for both screening, initial comprehensive assessment and referral is vested with the intake and assessment provider. This change has resulted in considerable adjustments for old and new clients and their families with support needs and for the existing alcohol and drugs service providers.

**Local**

Local governments have the capacity to decrease alcohol-related harm through a variety of demand-side, supply-side and harm-minimisation activities, including: controlling the location and design of licensed premises through planning; providing adequate infrastructure around licensed venues to minimise amenity issues; building
community awareness; managing liquor consumption on Council land (e.g. through lease arrangements with sporting clubs); and promoting alternative, non-alcohol related activities to young people and young adults in a local area to reduce harm and change local drinking culture.

There is a statutory responsibility to assess the impacts of licensed premises in their municipality under the Victorian Planning and Environment Act 1987, and local governments have the option to respond to applications to the Victorian Commission for Gambling and Liquor Regulation (VCGLR) in their municipality.

Local governments play an important role in managing the harms caused by illicit drug issues through activities including needle and syringe disposal, education, design principles, community engagement programs and partnerships (including with Victoria Police and local service providers).

Inner city councils that have established an extensive night time economy in their municipality, have a variety of alcohol- and drug-related responses including syringe management, community safety committees, liquor forums, campaigns aimed at reduce harmful drinking, safe taxi ranks, and work closely with Victoria Police to prevent crime and violence.

**Role of key stakeholders**

Local government is limited in what it can do to address the complex issues surrounding alcohol and other drugs. There are a range of other organisations that have an important and complementary role in this space:

- Victoria Police addresses the demand, supply and harm associated with alcohol and other drugs through a number of processes and initiatives, including monitoring and enforcing compliance with liquor licenses, enforcement approaches and proactive policing. Victoria Police has partnered with Council on *A Shared Approach to Safety in the City of Maribyrnong 2015-17*, which prioritises minimising the impact of alcohol and other drugs on the community.
- The regional intake and assessment provider for Maribyrnong is Odyssey House Victoria & UnitingCareReGen. They work in partnership with a range of community local health and welfare organisations to deliver treatment services across North and West metropolitan Melbourne, including those located within the City of Maribyrnong such as Western Health Drug and Alcohol Services, Mackillop Family Services, Joseph’s Corner and cohealth.
- cohealth – Health Works program supports the health and wellbeing of people who inject drugs by providing them with medical and general health care, safer using equipment, and education.
- Research institutes have a role in undertaking research related to alcohol and other drugs (AOD). A key example of this is the University of Melbourne recently completing a ‘changing trends in AOD patterns’ report for the City of Maribyrnong via the Hotspots partnership. The Burnett Institute have also actively participated in local AOD research.
• The Alcohol and Drug Foundation has a link with the City of Maribyrnong through the ‘Good Sports’ program in local sporting clubs and 'The Other Talk' workshops for parents.
• The Victorian Health Promotion Foundation (VicHealth) is active in the alcohol space and has identified ‘preventing harm from alcohol’ as one of its five health promotion priorities. VicHealth works to promote effective interventions, improving community awareness and enabling all Victorians to take responsibility for alcohol harm reduction. VicHealth has recently released its Alcohol Cultures Framework and has announced funding for local government action under this framework.

Council's current response

Council’s current focus is on minimising the harms caused by alcohol and other drugs. Action is taken across a broad range of departments and work areas, as summarised below.

| Policy and legislation | • The Planning and Environment Act 1987 enables councils to address amenity impacts resulting from licensed premises and the Liquor Control Reform Act 1998 allows councils to make submissions regarding amenity and social impacts including community safety.  
• Council’s implementation and enforcement of the Tobacco Act 1987 contributes to further declines in active and passive smoking.  
• The local Licensed Premises Policy will help licensed premises maximize positive community benefits and minimise negative impacts by directing licensed premises to activity centres, away from residential areas, and ensuring appropriate venue design, operating capacity, hours of operation, and sufficient transport accessibility.  
• The General Purpose Local Law deals with the consumption of alcohol in public places. There is currently one alcohol exclusion zone in Maribyrnong located in Footscray CBD and near surroundings.  
• The Festival Policy, which contributes to the prevention of AOD issues by offering residents an alternative to AOD and opportunities to participate in and connect with their local area.  
• The Night Time Economy Action Plan which seeks to promote a vibrant, safe and prosperous night time economy.  
• A Shared Approach to Safety Strategy 2015-17 which includes four goals: minimising the impact of alcohol and other drugs on the community, preventing violence against women, building strong and safe communities through inclusion and participation, and providing public spaces than enhance safety and reduce anti-social behaviour. |
| --- | --- |
| Information, advocacy and partnerships | • Sharing information about the services available to disadvantaged families including those who face alcohol and other drug issues and providing programs that reach disadvantaged families, reduce social isolation and enhance social connections.  
• Support of local community health services in the delivery of relevant AOD programs and services, including needle and syringe programs, to prevent spreading blood borne viruses among people who inject drugs and in turn protect the wider community. |
• Participation in relevant AOD networks and partnerships, including the Western Region AOD Network, MAV AOD Network and the Whole of Government Hotspots project (focusing on changing trends in patterns of AOD use and night-time economies research).

Programs and services

• Needle/syringe collection, including free disposal containers to community members, and street cleansing activities.
• Influencing sport clubs’ alcohol cultures by limiting the hours of consumption and sale of alcohol on Council’s grounds, encouraging sport clubs to participate in the Good Sports Program and in forums and courses around liquor licensing, gender equity, and responsible serving of alcohol.
• Offering many programs and events for young people which are alcohol, drug and smoke free regardless of age.
• Family Strengthening Strategy, which includes facilitation of ‘The Other Talk’, a workshop delivered by the Alcohol and Drug Foundation designed for parents to supports them in talking about alcohol and other drugs to protect their children from associated harms.

Policy Statement

Maribyrnong City Council recognises the important role it plays as a leader, partner, advocate, decision-maker and service provider in addressing the harms caused by alcohol and other drugs.

Council remains committed to a harm minimisation approach, which is strongly aligned with both the national and state policy context, and aims to reduce the adverse health, economic and social consequences of alcohol and other drug use for individuals and the broader community.

In addressing the local impacts of alcohol and other drug use, Council acknowledges that it is limited in what it is able to achieve and relies on a wide range of partners working together to implement effective supply-reduction, demand-reduction and harm-reduction strategies.

Council also acknowledges that licensed venues make a positive contribution to the economic vitality of the municipality and that this will be supported alongside efforts to reduce the harms caused by alcohol misuse.

Council’s framework for action will focus on the areas most amenable to local government action: advocacy, research, partnerships, information provision and leadership.

Guiding principles

Key policy principles underpinning this policy are: harm minimisation, social justice & human rights, and a shared approach.

Principle 1: Harm minimisation
Like national, state and previous local drug strategies, this policy promotes a harm minimisation approach used by Council and key stakeholders in addressing the complex issues associated with alcohol and drug use. Harm minimisation aims to reduce the adverse health, economic and social consequences of drug use for individuals and the broader community. To achieve this aim, harm minimisation incorporates three approaches: 1) demand reduction, to prevent uptake of harmful drug use; 2) supply reduction, to disrupt the supply of drugs; and 3) harm reduction, to reduce the harm experienced by drug users and the broader community.

**Principle 2: Social justice & human rights**

Council upholds the rights for everyone and acknowledges that disadvantaged populations are most at risk of harms associated with alcohol and other drugs. In developing responses to minimise alcohol and other drug harms, Council will take into account the needs and issues of people experiencing homelessness, unemployment, people with mental illness, young people, Indigenous people and those from other culturally diverse backgrounds. Council’s actions should not further contribute to their marginalised status.

**Principle 3: A shared approach**

By implementing this policy, Council contributes to the work of other levels of government and local stakeholders to reduce the supply, demand and harm of alcohol and other drugs.

Council cannot achieve change on its own. Further work and strong partnerships between Federal, State and local governments, Victoria Police, community health providers, drug and alcohol service providers, research institutes, health promotion agencies, the education sector, sporting clubs, the hospitality sector and the community will be required to see positive change in this area.
Framework for Action

Following a review of relevant data and evidence and stakeholder consultation, Council has developed a **Framework for Action** – see **Attachment 1**.

The five action areas in the framework are:

- Advocacy
- Research
- Partnerships
- Information Provision
- Leadership

Responsibilities

- Delivery on this strategy is an *all of Council* responsibility.

Key stakeholders

- City of Maribyrnong community
- Victoria Police
- Local Drug and Alcohol services, including Cohealth, Western Health Drug and Alcohol Services, McKillop Family Services, Joseph’s Corner, Odyssey House
- Research institutes including the University of Melbourne, Victoria University and Burnet Institute
- Department of Health and Human Services
- HealthWest Partnership
- Alcohol and Drug Foundation
- Victorian Health Promotion Foundation
- Local sporting clubs
- Hospitality sector
- Local primary and secondary schools
- Neighbouring councils

Related Documents

- Council Plan 2017-2021 that incorporates the Municipal Public Health and Wellbeing Plan
- A Shared Approach to Safety in the City of Maribyrnong 2015-2017
- Maribyrnong Licensed Premises Policy
Related legislation

- Victorian Local Government Act 1989
- Victorian Planning & Environment Act 1987
- Liquor Control Reform Act 1998
- Victorian Tobacco Act 1987
- Victorian Charter of Human Rights and Responsibilities 2006
- The Public Health and Wellbeing Act 2008

Review of the Policy

The policy will be reviewed four years from the date of approval, or whenever Council determines that there is a need to amend the policy.

Definitions

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<tr>
<th>Term</th>
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<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
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<tr>
<td>Benzodiazepines</td>
<td>Sedatives that affect the central nervous system by slowing down the body physically, mentally and emotionally. Prescribed by doctors to treat anxiety, sleeping problems, epilepsy, alcohol withdrawal, and muscle spasms.</td>
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<td>Cannabis</td>
<td>A depressant that comes from the hemp plant, Cannabis sativa. When taken at high doses it can have hallucinogenic properties. Marijuana, hashish and hashish oil come from this plant. The active chemical in cannabis is THC (delta-9 tetrahydrocannabinol).</td>
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<td>Crystal meth</td>
<td>A slang name for crystalline methamphetamine. See also Ice and Methamphetamine.</td>
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<td>Current smoker</td>
<td>Smoking daily or occasionally</td>
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<td>Ecstasy</td>
<td>A street term for a range of drugs that are similar in structure to the synthetic stimulant MDMA (methylenedioxyamphetamine). The chemical structure of MDMA is related to stimulants and some hallucinogens. Drugs sold as &quot;ecstasy&quot; often contain a range of drugs such as amphetamine, amphetamine derivatives, caffeine, aspirin, paracetamol, ketamine, in addition to, or in place of MDMA.</td>
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<td>GHB</td>
<td>Gammahydroxybutyrate (GHB) is a drug that has a depressant effect on the brain and central nervous system. It was originally developed as an anaesthetic but was withdrawn due to unwanted side effects. GHB is used as a &quot;party drug&quot; and has been used to facilitate sexual assault. Liquid ecstasy is another name for GHB.</td>
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<tr>
<td>Harm minimisation</td>
<td>Harm minimisation aims to reduce the adverse health, economic and social consequences of drug use for individuals and the broader community. To achieve this aim, harm minimisation incorporates three approaches: 1) demand reduction; 2) supply reduction; and 3) harm reduction:Includes strategies and actions that prevent the uptake of drug use, delay the first use of drugs, and reduce the harmful use of alcohol, tobacco and other drugs in the community. It also includes supporting people to recover from</td>
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- **Demand reduction**
  Dependence and enhance their integration with the community. This can be achieved by influencing consumption patterns through for example community education, social norms, availability of alternate activities and pricing of licit drugs.

  Includes strategies and actions that prevent, stop, disrupt or otherwise reduce the production and supply of illicit drugs; and control, manage or regulate the supply of alcohol, tobacco and other licit drugs. This can be achieved by influencing the availability and accessibility of AOD through for example police presence, smoking bans, restricted alcohol areas, and influencing the location, opening hours and management of outlets, venues and sporting clubs.

- **Supply reduction**
  Harm reduction strategies aim to reduce the negative outcomes from alcohol, tobacco and other drug use when it is occurring by encouraging safer behaviors, creating supportive environments and reducing preventable risk factors. This can be achieved by mitigating negative impacts through for example alcohol and drug services, treatment, programs, and built environment interventions such as transport, lighting, and security.

- **Harm reduction**

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<td>Heroin</td>
<td>One of a group of drugs called opiates, which are derived from the opium poppy. A depressant that affects the brain by slowing down the activity of the central nervous system and messages going to and from the brain. See also Opiate.</td>
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<tr>
<td>Illicit drugs</td>
<td>Illegal drugs, drugs and volatile substances used illicitly, and pharmaceuticals used for non-medical purposes.</td>
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<tr>
<td>Liquor Control Reform Act 1998</td>
<td>Allows councils to make submissions to the VCGLR regarding amenity and social impacts including community safety.</td>
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<tr>
<td>Local Government Act 1989</td>
<td>Confers a role on local government to represent the needs and advocate on behalf of the local community.</td>
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<tr>
<td>Methamphetamine</td>
<td>A stimulant drug, also called speed or amphetamine. Most commonly it is found as a colourless crystalline solid, sold under a variety of names, such as crystal meth, crystal or &quot;ice&quot;.</td>
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<td>NSP</td>
<td>An acronym for needle and syringe program. A public health measure, consistent with the principles of harm minimisation, to reduce the spread of infections, such as HIV and hepatitis C, among people who inject drugs. NSPs provide sterile injecting equipment, education on reducing drug use, health information, and referral to drug treatment, medical care and legal and social services. Programs do not supply drugs or allow people to inject drugs on the premises.</td>
</tr>
<tr>
<td>New psychoactive substances</td>
<td>New psychoactive substances (NPS) are a range of drugs that have been designed to mimic established illicit drugs, such as cannabis, cocaine, ecstasy and LSD.</td>
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<td>Overdose</td>
<td>When the amount of a drug taken exceeds the body's ability to cope with the drug. Results in acute adverse physical or psychological effects, including stupor, coma, respiratory depression or death.</td>
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<tr>
<td>Over-the-counter drug</td>
<td>Drug that can be sold or administered without a prescription</td>
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<tr>
<td>Pharmaceutical drug</td>
<td>An over-the-counter or prescription drug available through a pharmacy.</td>
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<tr>
<td>Planning &amp; Environment Act 1987</td>
<td>Gives Councils the framework to address amenity impacts resulting from licensed premises.</td>
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<td>Poly drug use</td>
<td>Using two or more drugs at the same time.</td>
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<tr>
<td>Prescription drugs</td>
<td>Pharmaceutical drugs that legally requires a medical prescription to be dispensed.</td>
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<tr>
<td>Public Health &amp; Wellbeing Act 2008</td>
<td>The Act requires each council to create Municipal Health &amp; Wellbeing Plans to protect and promote health and wellbeing including taking steps to prevent and control public health risks.</td>
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<tr>
<td>VCGLR</td>
<td>Victorian Commission on Gaming and Liquor Regulation</td>
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Council's framework for local action focuses on five priorities: advocacy, research, partnerships, information provision and leadership. Maribyrnong City Council commits to the following goals and actions in support of the policy over the next four years:

### Priorities, goals & actions

#### 1. Advocacy

**Rationale:**
*The services and programs that address drug misuse, are funded and delivered by Federal, State and the community based sector. To maintain and improve programs it is crucial that Council and local stakeholders adopt a proactive advocacy role to ensure local needs are met.*

**Goal:**
Maribyrnong City Council will in partnership with other organisations advocate for policy and program changes to all levels of government and to relevant services to address locally identified drug issues and seek external funding and resources to implement future actions.

- Council will participate in regional advocacy efforts for improved Alcohol and Other Drug (AOD) service coverage in the Western Metropolitan Region.

- Consistent with the *Municipal Strategic Statement and Licensed Premises Policy*, Council will:
  - Encourage licensed premises to be located in activity centres and be complementary to the role of those centres.
  - Ensure good venue design providing a high level of public safety and surveillance.
  - Use the *Licensed Premises Policy* to assist in the assessment of planning applications for licensed premises. This includes consideration of the full range of factors that can unreasonably impact on amenity, including venue type, design, noise, operating hours, patron numbers, location and access, clustering of licensed premises.

- Where appropriate, Council will take a proactive participatory function at the VCGLR, objecting to liquor licenses where evidence indicates additional premises would diminish public amenity or packaged liquor outlets would contribute to the misuse or abuse of alcohol.
• Council will consider advocacy, as appropriate, to enhance the influence of local governments on liquor licensing decisions.

• Council will seek additional funding in partnership with other organisations to:
  • develop strategies to support young migrants and migrant families to manage situations where they will be exposed to AOD.
  • address the complex issue of alcohol misuse, mental health problems, poor housing and social isolation in middle-aged and older men.

2. Research

Rationale:
*Given the limited resources available to our local area and the complexity of the alcohol and drug problems, it is important that we determine our local action based on sound information, thorough assessment and knowledge of what is likely to produce the outcomes we want to achieve.*

Goal:
Maribyrnong will support AOD research initiatives, monitor AOD misuse and related harm, and develop policies and recommendations based on accurate, relevant and recent data, information from stakeholders and evidence-based interventions.

• Council will regularly monitor, analyse and present data on AOD misuse, ambulance attendances, hospitalisations, treatments, crime statistics perceived safety data, and availability of alcohol in the City.

• Council will provide analysis of Local, State and Federal policy initiatives, which have implications for the Council and the community.

• Council will research and evaluate evidence-based information that will assist in responding to AOD-related issues.

• Council will engage with stakeholders in the development of responses that impact on AOD harms.

• Council will continue to participate and support existing and upcoming local AOD research initiatives.

3. Partnerships

Rationale:
*Many stakeholders and all levels of government are working towards dealing with the problems of alcohol and drug use. It is important that local action integrates with the work of others, including the work of neighbouring councils, and is well coordinated at a local level.*

Goal:
Maribyrnong City Council will engage actively with key stakeholders and will acknowledge and strengthen partnerships in developing AOD responses.

- Council will continue to participate in the western metropolitan region AOD network, the MAV AOD Issues forum, the northern and western region health and wellbeing planners network, and convene the Maribyrnong Workers with Young People Network and community safety forums in partnership with Victoria Police.

- Council will continue to work with other local governments and the State Government on key AOD issues, including follow-up actions from the Whole of Government Hotspots Changing AOD Trends project and Hotspots Night Time Economy project.

- Council will continue to provide support where required to local community health services in the delivery of relevant AOD programs and services, including needle and syringe programs.

- Council will support the Alcohol and Drug Foundation, Victorian Health Promotion Foundation, and local schools in facilitating AOD prevention measures such as workshops for parents and programs and campaigns for young people in Maribyrnong.

4. Information provision

Rationale

There are a lot of myths and facts available on the net about drug use and issues, treatments and services. To help our local community to find and understand up-to-date and correct information about prevention, harms, services and programs, it is important that council collects, checks and shares this information with our diverse community.

Goal:
Maribyrnong City Council will provide and share information on AOD prevention and related issues and the services available to the community on Council’s website and through its networks.

- Council will make information about AOD prevention and support available and accessible via its website and through its networks.

- Council will regularly update the services and contact details of the alcohol and drug services available for residents in Maribyrnong.

- Council will update information about Council’s syringe collection services and the safe handling of syringes.

- Council will explore options for the local libraries to deliver an annual display, speaker, and activities to educate and raise awareness about preventing and minimising AOD harms.
• Council will invest in staff training for relevant staff who regularly deal with residents and visitors that are under the influence of AOD, to provide them with an overview of procedures and techniques.

• Council will continue to provide individual support and referrals for young people to AOD services when applicable.

5. Leadership

Rationale

Local government is the tier of government closest to the community. Council partners with an abundant amount of community organisations to support community life. Council is in the position to encourage good practices in the prevention of AOD misuse and related harm and responsible consumption of alcohol. Council has the opportunity to lead by example and thus act as a role model.

Goal:

Maribyrnong City Council will be a role model for the community and the organisations that Council works in partnership with in the prevention of AOD misuse and related issues.

• Council will work together with the Alcohol and Drug Foundation with the aim of having all sport clubs becoming a Good Sports member.

• Council will work together with the Alcohol and Drug Foundation to ensure all sport clubs where juniors are present become a Good Sports Junior members (which aims to restrict/prohibit alcohol sale and consumption during junior matches and training).

• Council will require all clubs to have an updated Alcohol Management Plan as part of their seasonal usage agreements (including consideration of the sale and consumption of alcohol during junior matches where relevant).

• Council will promote Club Development Programs on liquor control and responsible service of alcohol in sport club publications.

• Council will offer sport clubs free RSA training once a year.

• Council will update the Conditions of Use for Sport Facilities to document Victoria’s Tobacco Act 1987 that prohibits smoking within the vicinity of Sport Facilities.

• Council will continue to support local food and wine festivals and carefully assess any applications for advertising, sponsorship or festival funding from alcohol companies on a case by case basis, with regard to the nature of the event, and particularly whether there are children and young people present.
• Council continues to refuse funding applications, sponsorship and advertising from tobacco businesses.

• Council ensure that responsible drinking messages are promoted and responsible service of alcohol occurs including the availability of food and non-alcoholic drinks at all festivals.

• Council continues to deliver the New Year’s Eve fireworks event as an alcohol free event.

• Council will continue to provide and promote drug and alcohol free events and activities for young people.

• Council will explore and support arts lead initiatives that address community health and wellbeing, including AOD use and misuse.