Discussion Paper

Informing the Maribyrnong AOD Policy 2017-2021

# An analysis of the current environment related to Alcohol and Other Drugs

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# Executive summary

### *Background*

Addressing the harms associated with alcohol and other drug (AOD) use has been a long-term, complex problem for all levels of government.

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. This role is supported by the *Victorian Public Health and Wellbeing Act 2008* and the *Victorian Local Government Act 1989.* Councils also have obligations under the *Liquor Control Reform Act 1998*, the *Victorian Planning and Environment Act 1987* (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. Previous strategies have adopted a harm minimisation approach and acknowledged that drug misuse is a very complex issue that disproportionally affects the most marginalised in our community.

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 review its position on managing alcohol and other drugs within the municipality. This discussion paper analyses the current environment related to alcohol and other drugs and includes recommendations for a Maribyrnong City Council Alcohol and Other Drug Policy and Action Plan.

### *The misuse of AOD is a health problem*

Although the vast majority of people who use alcohol and other drugs do not become dependent or develop serious problems, the misuse of alcohol and other drugs is widely recognised in Australia as a major health problem, and one that has wider social and economic costs.

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.

Excessive alcohol intake is a major risk factor for morbidity and mortality. Short episodes of heavy alcohol consumption are a major cause of road and other accidents, crime, and a contributing factor for the frequency and severity of domestic and public violence. Long-term heavy drinking also has a major link with chronic disease, including liver disease and brain damage, and family breakdown and other social problems. Drinking to excess appears to be behaviour associated most heavily with the 16-29 age group and many young people feel pressured by their peers to drink.

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.

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.

### *Alcohol*

- 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.
- National and state trends showed a decline in drinking between 2010 and 2013. More young Australians choose to abstain from alcohol, the average age at which young people start drinking continues to increase, and the proportion of Australians that consume alcohol in risky quantities is declining.
- Conversely, in contrast to the slight increase in alcohol consumption in the North-Western metropolitan region, more significant increases in alcohol consumption by Maribyrnong residents have been observed, in both men and women.
- The alcohol-related ambulance attendances rate in Maribyrnong has almost doubled in the last five years and is well above the Metropolitan average. The alcohol-related ambulance attendance rates are particular high for the 40-64 year olds and 65+ year olds.
- Although the alcohol-related emergency department presentations rate has dropped over the last five years in Maribyrnong, it remains well above the state rate average. The presentations rate for males is particularly high in Maribyrnong.
- The total alcohol-related hospitalisations rate in Maribyrnong is comparable with the Victorian rate, but the rates for 15-24 year olds and males are much higher than the state averages.
- The total alcohol-related death rate in Maribyrnong is somewhat lower than the state average, but the alcohol-related death rates for the 40-64 age group and 65+ age group are above state averages.
- The rates of males, females and 40-64 age group seeking treatment for alcohol-related use problems is relatively high in Maribyrnong compared with averages elsewhere, which can be partially explained by the number of services available in the municipality.
- The alcohol-related family violence incidents rate has doubled in Maribyrnong in the past five years, but remains slightly below state average.

- The number and density of alcohol outlets in our municipality have increased in the past four years.

### *Other drugs*

- The average age at which young people smoke their first cigarette has steadily risen in the past decade in Australia.
- 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.
- The rate of decline has not been experienced equally across the whole population. 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, those on low incomes and the unemployed.
- The proportion of Victorians aged 14+ having used any illicit drug - including misuse of pharmaceuticals and other psychoactive substances - has remained relatively stable over the past decade (14%). People aged 20–29 were most likely to have used an illicit drug (27%).
- The proportion of Victorians aged 14 and over who had misused a pharmaceutical rose from 4% in 2010 to 5% in 2013.
- Other national trends show that the most common drug used remains cannabis, the use of ecstasy, GHB and heroin is declining, and the age at which people first use illegal drugs is increasing.
- In 2013, approximately 2% of Victorians had used methamphetamine. The use of powder fell dramatically, while the use of ice more than doubled between 2010 and 2013.
- The drug-related ambulance attendances rates for most drugs are higher in Maribyrnong compared to metropolitan Melbourne.
- The heroin-related attendance ambulance rate has dropped, but remains very high in Maribyrnong (ranked 2 of the 31 LGAs in metropolitan Melbourne). The benzodiazepine-related attendance rate has dropped as well, but remains high (ranked 8). The cannabis-related and crystal meth-related attendance ambulance rates have increased and are very high in Maribyrnong (both ranked 5).
- Alcohol is involved in at least 4 out of 10 cannabis-related and benzodiazepine-related attendances and 2 out of 10 heroin-related and crystal meth-related attendances.
- The rates of illicit drug-related and pharmaceuticals-related emergency department presentations and hospitalisations have declined in Maribyrnong in the last decade and are now closer to state averages.
- The rate of people seeking treatment for illicit drug-related problems has declined, but remains relatively high in Maribyrnong, which can be partially explained by the number of services available in the municipality. Treatment rates are highest for the 15-24 year age group.

- Pharmaceutical-related treatment rates for males, females and most age groups in Maribyrnong are above state level.

### *Broader policy context*

- 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. 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 *Victorian public health and wellbeing plan 2015–2019* identifies 'tobacco-free living' and '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. Another call for urgent action came from the State Governments' Department of Premier and Cabinet in March 2015 with 'Victoria's Ice Action Plan'.
- The Victorian Health Promotion Foundation (VicHealth) who is also active in the alcohol space and has identified alcohol as one of its five health promotion priorities.
- The alcohol and drug treatment services sector in Victoria went through a process of reform in 2014. 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, their families with support needs, and for the existing alcohol and drugs service providers.
- The role of local government in managing the social, economic and health impacts of alcohol and other drugs use in their local communities is supported in the *Victorian Local Government Act 1989*, the *Victorian Public Health and Wellbeing Act 2008* and the *Tobacco Act 1987.*
- Local governments also have a statutory responsibility to assess the impacts of licensed premises in their municipality under the *Victorian Planning and Environment Act 1987* and have the option to respond to applications to the Victorian Commission for Gambling and Liquor Regulation (VCGLR).
- 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, promoting alternative, non-alcohol related activities to young people and young adults, and change local drinking culture.
- Local governments play an important role in managing illicit drug issues through activities including needle and syringe disposal, education, design principles, community engagement programs and partnerships 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.

### *Council's response*

Maribyrnong City Council has the following strategies in place and tools to prevent and minimise harms:

- *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.
- The draft 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 ensures appropriate venue design, operating capacity, hours of operation, and sufficient transport accessibility.
- The *Planning and Environment Act 1987* enables councils to address amenity impacts resulting from licensed premises and the *Liquor 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 *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 2014-2017*, 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.
- 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.
- Offering an online directory of support services and programs for young people 12 to 25 in the City of Maribyrnong with information and contact details for young people, their parents, or support workers seeking help for AOD issues.
- Offering counselling services for young people and individual support and referrals for young people to AOD services when applicable.
- Runs a leadership program in some secondary schools in which issues and concerns raised by young people including questions around AOD are discussed

and participants are provided with tools and skills to access ongoing support and information on this and other topics.
- Convenes the Maribyrnong Workers with Young People Network (MWWYPN), a forum for service providers to discuss emerging issues for young people, share information on upcoming activities and hear from guest speakers on a range of topics, including Alcohol and Other Drugs.
- 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.
- *Family Strengthening Strategy* (2015-2018), 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.
- Needle/syringe collection, including free disposal containers to community members, and street cleansing activities.
- Council's support to 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).

### *Role of key stakeholders*

A range of other partners are involved in addressing AOD within the City of Maribyrnong. Council 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.

- Victoria Police addresses the demand, supply and harm associated with AOD 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, which has minimising the impact of AOD on the community as a priority area.
- 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 is a not-for-profit community health organisation that provides local health and support services including drug and alcohol services across

Melbourne's CBD, northern and western suburbs. Cohealth takes a harm minimisation approach to supporting people who use alcohol and other drugs and offer a range of services for people to support this approach, including medical and health care service for injecting drug users, NSP programs, non-residential withdrawal nurse programs, family drug support services and provide support to General Practitioners (GPs), pharmacists and practice staff to improve health and wellbeing outcomes for people with an opioid dependence.

- Research institutes have a role in undertaking research related to 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.

### *Recommendations*

The AOD related policy environment, changing trends in use and harm, and options for Council have been discussed with internal and external stakeholders including Victoria Police, alcohol and drug service providers, health promotion agencies and research institutes during interviews and forums in 2016. In addition to that, the draft report '*Changing Trends and Patterns in the Use of Alcohol and other Drugs in the Maribyrnong Local Government Area'* that the University of Melbourne has compiled includes relevant and valuable advice for Council to consider. The options outlined below describe the action Council can strengthen and implement to minimise and prevent alcohol and drug related harms.

- Strengthen Council's advocacy role in liquor licensing decisions, pricing and taxation, and enforcement of liquor license provisions
- Advocate for improved AOD service coverage in the Western metropolitan region.
- In partnership with organisations, advocate for funding and action to address identified gaps, such as:
    - the complex issue of alcohol misuse, mental health problems, poor housing and social isolation in middle-aged and older men
    - support for CALD communities including young migrants and their families to manage situations where they will be exposed to AOD.
- Support AOD research initiatives, analyse AOD misuse and related harm, and develop responses based on relevant data and evidence, informed by stakeholders that takes the broader policy context into account.
- Engage actively with key stakeholders and acknowledge and strengthen partnerships in developing AOD responses, including Victoria Police, community health services, research institutes, health promotion agencies, local schools and other governments.

- Provide and share information on AOD prevention, related issues, and the services available to the diverse Maribyrnong community on Council's website and through its networks and local libraries in a health literate way.
- Encourage good practices and be a role model for the community and the organisations that Council works in partnership with, including festival and event organisations, sporting clubs, in the prevention of AOD misuse and related issues.

# 1. Introduction

## 1.1 Background

Addressing the harms associated with alcohol and other drug use has been a long-term, complex problem for all levels of government. Although the vast majority of people who use alcohol and other drugs do not become dependent or develop serious problems, the misuse of alcohol and other drugs is widely recognised in Australia as a major health problem, and one that has wider social and economic costs.

Local governments have an important role in managing the social, economic and health impacts of alcohol and other drug misuse in local communities. This role is supported by the Vic*torian Public Health and Wellbeing Act 2008* and the *Victorian Local Government Act 1989.* Councils also have obligations under the *Victorian Planning and Environment Act 1987* (in relation to licensed premises).

Maribyrnong City Council has a strong history of taking action on 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 Drug 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.

This discussion paper aims to analyse the current environment related to alcohol and other drugs and establishes the need for a Maribyrnong City Council Alcohol and Other Drug Policy and Action Plan. It is largely based on desk research, academic and grey literature, secondary data analyses, and informed by and discussed with internal and external stakeholders.

## 1.2 Structure of the paper

The remainder of this paper is divided into the following sections:

- **Section 2: Problem definition**, it explores the risks, costs and harms associated with the misuse of alcohol, tobacco, illegal drugs and pharmaceuticals and discusses the variety of reasons for people to use. It also provides a municipal snapshot and discusses current and future populations at risk in Maribyrnong.
- **Section 3: Changing trends** explores data available about alcohol and other drug use and related harms, including information on alcohol-related and drug-

related ambulance attendances, hospitalisations, treatments and violence, as well as data on alcohol supply and density of alcohol outlets, crime statistics and perceived safety.

- **Section 4: Broader policy context** provides a discussion of alcohol and other drugs strategies and responses from the federal, state and other local governments.
- **Section 5: Maribyrnong City Council's current response** details Council's current efforts in minimising the negative impacts of alcohol and other drugs.
- **Section 6: Role of key stakeholders** provides an overview of Council's partners and how they contribute to minimising AOD-related harms.
- **Section 7: ''How can Council strengthen its approach?**' makes policy recommendations for Maribyrnong City Council based on a synthesis of the preceding chapters, the consultations that have been undertaken, and the evidence that is available about successful harm minimisation interventions. It helps to understand how Maribyrnong City Council could influence the negative impacts of alcohol and other drugs in the community.

# 2. Problem definition

### *Key findings*

- Although the vast majority of people who use do not become dependent or develop serious problems, the misuse of alcohol and other drugs is widely recognised in Australia as a major health problem, and one that has wider social and economic costs.
- 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.
- Excessive alcohol intake is a major risk factor for morbidity and mortality. Short episodes of heavy alcohol consumption are a major cause of road and other accidents, a reinforcing factor for domestic and public violence, and crime. Long-term heavy drinking also has a major link with chronic disease, including liver disease and brain damage, and family breakdown and other social problems.
- Drinking to excess appears to be behaviour associated most heavily with the 16-29 age group and many young people feel pressured by their peers to drink.
- In metropolitan Melbourne, alcohol outlet density, and in particular packaged liquor outlets, is associated significantly with rates of domestic violence over time.
- 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 are also widely misused within the community. In particular use of opioids, including over-the-counter codeine and benzodiazepines are increasing and are emerging as an issue of concern.
- People use alcohol and other drugs for a variety of reasons: to relax, to function, for enjoyment, to be part of a group, out of curiosity or to avoid physical and/or psychological pain. Many may also use AOD to cope with problems, relieve stress or overcome boredom while others may experiment out of a sense of curiosity, excitement or rebellion.
- 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.

## 2.1 The misuse of AOD is a health problem

Although the vast majority of people who use AOD do not become dependent or develop serious problems, the misuse of alcohol and other drugs is widely recognised in Australia as a major health problem, and one that has wider social and economic costs.

Tobacco smoking, alcohol and illicit drug use imposes a heavy financial burden on the Australian community.[1] It was estimated that the economic costs associated with licit and illicit drug use in 2004–2005 amounted to $56.1 billion[2].

### *Tobacco*

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. It is responsible for more drug-related hospitalisations and deaths than alcohol and illicit drugs combined.[3] Tobacco accounts for 25 per cent of all deaths in Victoria.[4] International evidence shows that stopping smoking before the age of 40 avoids more than 90 per cent of later risk.[5] Death rates in adults can be reduced by preventing young people from beginning to smoke and enabling adults to quit smoking.

### *Alcohol*

It is important to acknowledge that alcohol plays a positive part in Australian society; it is consumed by many, often accompanies socialising and celebrations, generates employment and revenue, activates streetscapes and enhances local identity as an entertainment and tourism destination.

Despite the positive impacts, alcohol also contributes significantly to health and social issues, both to the individual and the community. Alcohol-related harm accounts for 3.2% of the total national burden of disease.[6] The harms associated with alcohol consumption to both drinkers and others is estimated to amount to $36 billion per year nationally.[7] This figure corresponds with the increasing harms associated with alcohol consumption in Victoria, detailed in table 1.

Excessive alcohol intake is a major risk factor for morbidity and mortality. Short episodes of heavy alcohol consumption are a major cause of road and other accidents, domestic and public violence, and crime.[8] Long-term heavy drinking also has a major link with chronic disease, including liver disease and brain damage. It also contributes to family breakdown and other social problems.

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[1] Australian Government, National Drug Strategy Household Survey detailed report 2013
[2] Collins D & Lapsey H 2008. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004-2005.
[3] Australian Institute of Health and Welfare 2014. Australia's health 2014: in brief. Cat. no. AUS 181. Canberra: AIHW.
[4] Collins D, Lapsley H 2011, The social costs of smoking in Victoria in 2008/09 and the social benefits of public policy measures to reduce smoking prevalence, Quit Victoria and the VicHealth Centre for Tobacco Control and Cancer Council Victoria, Melbourne.
[5] Doll R 2004, 'Mortality in relation to smoking: 50 years' observations on male British doctors', *British Medical Journal*, vol. 328, no. 1519, pp. 1–9.

[6] Preventative Health Taskforce 2009
[7] Fare, Foundation for Alcohol Research and Education,, About alcohol's 36 billion costs, viewed on 16 May 2016, http://www.fare.org.au/wp-content/uploads/research/36-Billion.pdf
[8] MCDS (Ministerial Council on Drug Strategy) 2011. The National Drug Strategy 2010-2015. Canberra: Commonwealth of Australia.

**Table 1: Trend analysis - Measures of alcohol-related harm in Victoria**

| | Trend | Trend per 100,000 |
|---|---|---|
| Alcohol treatment episodes 2003-04 to 2012-13 | 28% ↑ | 10% ↑ |
| Alcohol-related ambulance attendances 2003 to 2011 | 146% ↑ | 112% ↑ |
| Alcohol-related hospital admissions 2001-02 to 2010-11 | 53% ↑ | 33% ↑ |
| Alcohol-related assaults 2001-02 to 2010-11 | 30% ↑ | 13% ↑ |
| Alcohol involvement in family incidents 2003-04 to 2012-13 | 85% ↑ | 59% ↑ |
| Alcohol-related serious or fatal road injuries 2001-02 to 2010-11 | 36% ↓ | 45% ↓ |

*Source: Fare 2014, The state of play: alcohol in Victoria*

Drinking to excess appears to be a behaviour associated more heavily with the 16-29 age group than with those 30 years and older. Young people feel often pressured by their peers to drink while socialising at clubs or bars.[9] The National Health and Medical Research Council (NHMRC) recommends that children and young people under the age of 18 do not drink. Drinking contributes to the three leading causes of death among adolescents – unintentional injuries, homicide and suicide. Dangerous behaviour is more likely among young people when they drink than among older drinkers. Drinking alcohol when young is associated with risky behaviours such as: riding in a car with a drunk driver, risky sexual behaviour, increased risk of sexual coercion, violence, using illicit drugs and self-harm. Young people are also generally physically smaller and have a lower tolerance for alcohol, all of which can contribute to the risk of death due to an alcohol overdose. The brain is still developing in the teenage years. Drinking early may damage the area of the brain that is responsible for decision-making, memory, and emotions. It could affect person's memory, ability to learn problem-solving skills, mood and mental health.[10]

Localities with high density of liquor outlets experience higher rates of (family) violence, accidents, sexual transmitted diseases, morbidity, underage drinking, child abuse and local amenity issues.[11] [12] [13] It is important to understand that the relationship between family violence and alcohol is not a causal relationship. Indeed, alcohol is a feature in a disproportionate number of police call-outs to family violence, and is correlated with a higher number of, and more severe, incidents of violence against women. However alcohol

9 VicHealth 2013, 'A snapshot of Victoria's Alcohol Culture', selected findings.
10 Alcohol and Drug Foundation 2015, Fact sheet, Young people and alcohol, http://www.druginfo.adf.org.au/attachments/article/188/20151124%20factsheet%20Young%20People%20and%20Alcohol%20Fact%20Sheet%20FINAL%20AWT.pdf
11 Michael Livingstone, 2008, 'A longitudinal analysis of alcohol outlet density and assault', Alcoholism: Clinical and Experimental Research, Vol. 32, No. 6, pp 1074-79.
12 VAADA (Victorian Alcohol and Drug Association) 2015, Position Paper: Preventing alcohol-related harm.
13 VAADA (Victorian Alcohol and Drug Association) 2012, Position Paper: Connections: family violence and AOD

does not itself cause violence against women; not all people who drink are violent, and many people who do not drink are violent. While alcohol can increase the frequency or severity of violence, on its own it does not explain the gendered dynamics of violence against women.[14]

### *Illicit drugs*

Also, 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.[15] Social impacts of illegal drugs can include relationship breakdown, child neglect and family violence.

### *Pharmaceuticals*

Prescription and over-the-counter drugs are also widely misused within the community. They are easily accessible and this contributes to their overuse. In particular use of benzodiazepines, opioids including over-the-counter codeine, have been reported to be increasing and are emerging as an issue of concern.

It is estimated that one in 50 Australians are currently taking a benzodiazepine and have been taking the drug for longer than six months. People over 65 have the most scripts written for benzodiazepines, most commonly for sleeping problems. Women are prescribed benzodiazepines at twice the rate of men. Temazepam, Diazepam, Alprazolam and Oxazepam are the most common benzodiazepines prescribed in Australia. Even when benzodiazepines are used as prescribed, they can cause a range of harms including: dependence, depressed mood and cognitive impairment.

Medically, opioids are used to treat pain, as cough suppressants and substitution treatment for opioid dependence. In Australia, the most commonly used opioids used to treat pain include: codeine, morphine and oxycodone. Methadone and buprenorphine are the two main pharmacotherapies used to treat opioid dependence. Even when opioids are used as prescribed, they can cause a range of harms including: dependence, reduced fertility, low sex drive, irregular periods in women, erectile dysfunction in men, reduced ability to fight infection and increased levels of pain.[16]

Over the counter drugs such as analgesics that contain codeine are emerging as a problem. The drugs that cause the most problems are combinations of codeine with paracetamol or ibuprofen. Codeine belongs to the opioid group of drugs. Other opioids include opium, heroin, oxycodone and methadone. Misusing codeine, increases the risk of side effects and puts a person at risk of an overdose. Serious side effects and complications can occur, especially when codeine is taken with other drugs—particularly paracetamol and ibuprofen: gastro-intestinal bleeding and/or perforation, renal failure, low potassium levels, anaemia, opioid dependence and death. The high

14 http://www.ourwatch.org.au/News-media/Latest-news/Let-s-bust-some-myths-about-what-drives-violence
15 Australian Institute of Health and Welfare 2010. Australia's health series no 12. Cat. no. AUS 122. Canberra: AIHW.
16 Alcohol and Drug Foundation, Factsheet Misuse of Pharmaceuticals, June 2013 (http://www.druginfo.adf.org.au/fact-sheets/misuse-of-pharmaceuticals-web-fact-sheet)

levels of codeine available in non-prescription analgesics contribute to their misuse and health prevention agencies such as the Australian Medical Association have called for have called for tighter controls on them.[17]

## 2.2 Why people use drugs

People use alcohol and other drugs (AOD) for a variety of reasons: to relax, to function, for enjoyment, to be part of a group, out of curiosity or to avoid physical and/or psychological pain. Many may also use AOD to cope with problems, relieve stress or overcome boredom while others may experiment out of a sense of curiosity, excitement or rebellion. AOD use is influenced by a number of factors but most people use them to feel better or different. They use AOD for the benefits (perceived and/or experienced), not for the potential harm. This applies to both legal and illegal substances. Some drugs are prescribed by medical practitioners or sold over-the-counter to treat medical conditions. The vast majority of people who use AOD do not become dependent or develop serious problems as a result of using them:

- Experimental use: a person tries a substance once or twice out of curiosity.
- Recreational use: a person chooses to use AOD for enjoyment, particularly to enhance a mood or social occasion.
- Situational use: AOD is used to cope with the demands of particular situations (e.g. peer group pressures, overcoming shyness in a social situation).
- Intensive use or 'bingeing': a person intentionally consumes a heavy amount of AOD over a short period of time, which may be hours, days or weeks.
- Dependent use: a person becomes dependent on AOD after prolonged or heavy use over time. They feel the need to take the substance consistently in order to feel normal and/or to avoid uncomfortable withdrawal symptoms.
- Therapeutic use: a person takes a drug, such as a pharmaceutical, for medicinal purposes.[18]

A definition list including all types of drugs and abbreviations used in this document can be found in the appendices.

## 2.3 Who are most at risk?

Disadvantaged populations are most at risk of harms associated with alcohol and drug misuse. This includes people experiencing homelessness, unemployment, people with mental illness, young people, Indigenous people and those from other culturally diverse backgrounds.[19] There is strong evidence of an association between the social determinants of health and alcohol and drug use.[20]

Over the last decade, the City of Maribyrnong has experienced rapid demographic and structural transformations, amid heavy infrastructural investment and a shift from predominantly industrial to residential land-use within the area. Reflective of this,

17 Alcohol and Drug Foundation, Factsheet Misuse of Pharmaceuticals, June 2013 (http://www.druginfo.adf.org.au/fact-sheets/misuse-of-pharmaceuticals-web-fact-sheet)
[18] Alcohol and Drug Foundation, Factsheet why do people use alcohol and other drugs, February 2015 (http://www.druginfo.adf.org.au/attachments/article/1774/FS_WhyDoPeopleUseAOD_Feb2015.pdf)
[19] Victoria's Alcohol Action Plan 2008-2013 (2008) Victorian Government.
[20] National Drug Strategy; A framework for action on alcohol, tobacco and other drugs 2010-2015.

between 2003 and 2014 the population grew from 59,770 to 81,859 (37% increase).[21] This trend is set to continue with forecasts predicting population increase to 132,636 by 2031.[22] There are concerns about the distribution of economic and social benefits to the broader community following processes of gentrification.[23] Table 2 displays a snapshot of a few demographic, social and economic indicators and compares averages in Maribyrnong with averages in Greater Melbourne and Victoria.

**Table 2: Snapshot of Maribyrnong compared with Greater Melbourne and Victoria**

| | Maribyr-nong | Greater Melbourne | Victoria | Year | Source |
|---|---|---|---|---|---|
| Born overseas | 40% | 31% | 26% | 2011 | a |
| Speaks a LOTE | 10% | 5% | 4% | 2011 | a |
| Low English proficiency | 10% | 5% | 4% | 2011 | a |
| Median age | 34 | 36 | 37 | 2011 | a |
| 65+ | 10% | 13% | 14% | 2011 | a |
| Weekly household income | $1257 | $1333 | $1216 | 2011 | a |
| Low income households | 22% | 19% | 21% | 2011 | a |
| Children in low-income families | 23% | 21% | 23% | 14/15 | f |
| Residents 65+ receiving an age pension | 78% | 68% | 70% | 14/15 | f |
| Housing stress | 12% | 11% | 11% | 2011 | a + e |
| Households renting | 37% | 27% | 26% | 2011 | a |
| Unemployment | 7% | 6% | 6% | 2014 | d |
| Bachelor or higher degree | 28% | 24% | 21% | 2011 | a |
| SEIFA index score of disadvantage | 974 | 1020 | 1010 | 2011 | c |
| Average self-rated wellbeing (range 0-100) | 75 | 77 | 78 | 2011 | b |

*Sources: a= ABS Census, b = VicHealth Survey, c= Victorian Population Health Survey, Victorian Government, d= Australian Government, Department of Employment, e= National Centre for social and economic modeling, f=Centrelink Data*

Compared to Greater Melbourne, Maribyrnong has a young population. The median age (34 year) and percentage of 65+ year olds (10%) are well below the metropolitan averages (36 year and 13%).

The City of Maribyrnong has also an extremely culturally and linguistically diverse population, representing in excess of 80 language groups from over 135 different countries. Approximately 40% of our residents are born overseas (31% in metropolitan Melbourne; 26% in Victoria) and 43% speak a language other than English (23% in metropolitan Melbourne; 19% in Victoria). Moreover, 10% of the population is considered to have low English proficiency, compared with 4% Victoria wide. The largest language groups include Vietnamese, Cantonese, Mandarin, Greek and Italian.[24]

21 Australian Bureau of Statistics (2011), *Regional Population Growth, Australia, Maribyrnong City: Estimated Resident Population*.

22 Id. Population Forecast, September 2015, http://forecast.id.com.au/maribyrnong

23 University of Melbourne (2016), Draft report 'Changing Trends and Patterns in the Use of Alcohol and Other Drugs in the Maribyrnong Local Government Area', July 2016.

24 Id. Community Profile, based on ABS Census 2011, http://profile.id.com.au/maribyrnong/

Similarly, the unemployment rate remains relatively high: 7% within Maribyrnong in 2015 compared to 6% in metropolitan Melbourne and Victoria.[25] Furthermore, the 2011 Census Data despite the influx of higher income earners, Maribyrnong has pockets of relatively high prevalence of low-income workers. For instance, the percentage of low income households in Maribyrnong was 22% compared with 19% in Greater Melbourne, and very high percentages were seen in Braybrook (33%) and Footscray (27%). In 2011, 12% of households experiencing housing stress, with 18% in Braybrook and 16% in Footscray, above the state average of 11%.[26] In addition to that, 37% of households currently rent their residence, well above the metropolitan average of 27%.

According to the SEIFA index of disadvantage, the City of Maribyrnong was the fourth most disadvantaged municipality in 2011, and Braybrook the fourth most disadvantaged suburb, in the metropolitan area (see also figure 1).[27] Most of the indicators listed in table 2 are based on the 2011 Census Data and therefore do not show the effects of the continuing trend of more high income earners moving into the City of Maribyrnong. The percentages of low income households, people renting and the average SEIFA score is likely to be more positive and closer to the averages in Metropolitan Melbourne. However, this does not necessarily mean that a decline in the *number* of disadvantaged households, e.g. in the *number* of households living on low incomes, in the *number* of households facing housing stress can be or will be observed. Maribyrnong continues to have pockets of high socially and economically disadvantaged populations, which puts parts of the Maribyrnong population at an increased risk of being affected by issues associated with alcohol and other drugs. Besides, AOD misuse can also lead to intergenerational patterns of disadvantage.

Through statistical analysis (see Section 6: Changing trends) and internal and external consultations, a cohort of middle-aged and older men have been identified as vulnerable group at increased health risk. Besides drinking at harmful levels and poly-drug use, poor housing, mental health issues and social isolation, are other factors that impact on the health and wellbeing of this particular group.

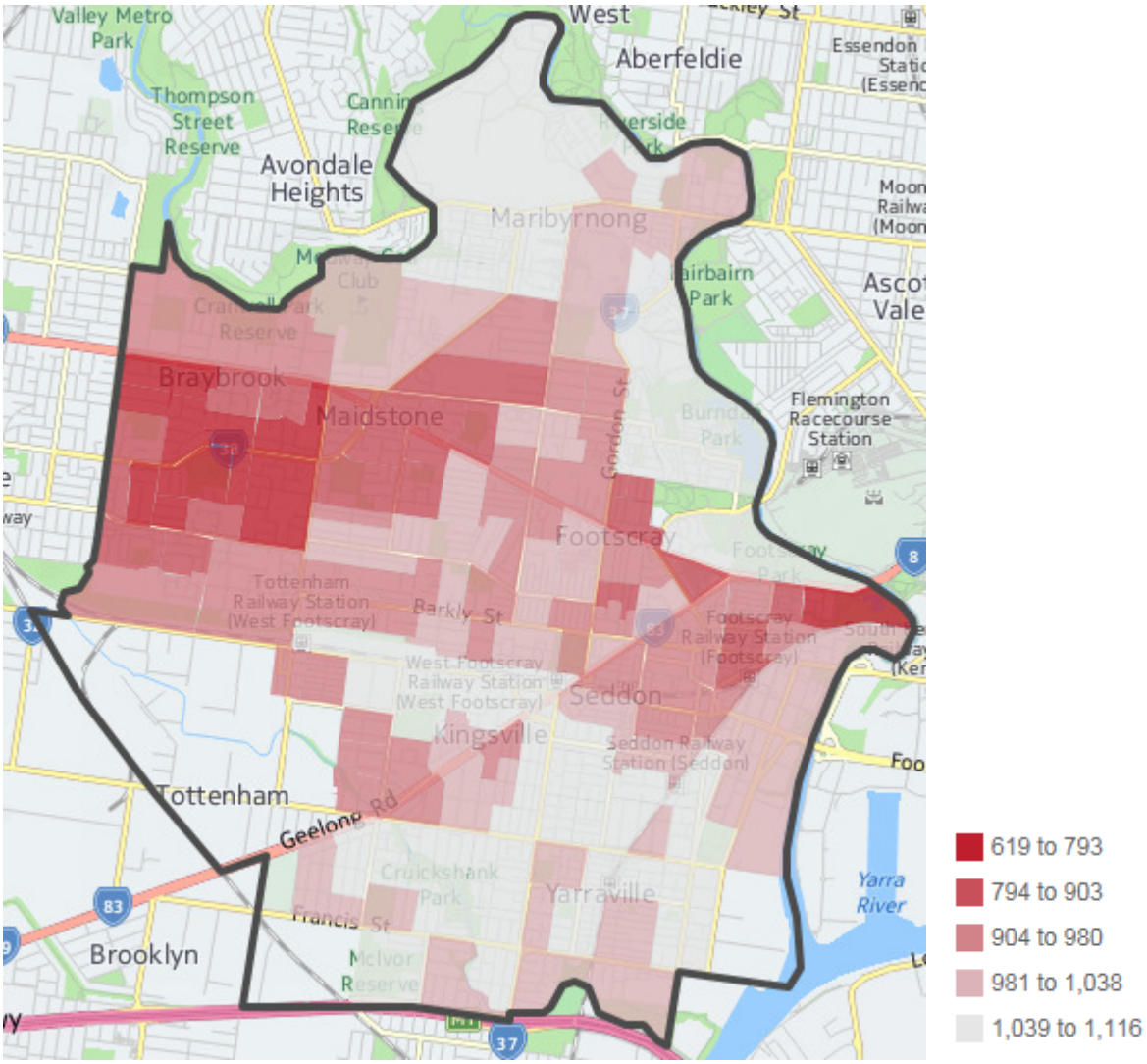
The coming decades will see a vastly growing number of primary and high school aged children that are likely to come into contact with alcohol and other drugs. In the meantime, other popular parts of inner-city Melbourne for young people such as students and young professionals have become less affordable, Maribyrnong has seen an increase in population in these particular groups over the last decade, which is likely to continue into the next decade.[28]

25 Department of Employment, Unemployment Data accessed via www.socialstatistics.com.au

[26] Id. Social Atlas, based on ABS Census 2011 and calculated by the National Centre for social and economic modeling

27 Id. Community Profile, based on ABS Census 2011, http://profile.id.com.au/maribyrnong/

[28] Id. Population Forecast, September 2015, http://forecast.id.com.au/maribyrnong




*Source: http://atlas.id.com.au/maribyrnong*

**Figure 1: SEIFA scores 2011 in smaller areas in Maribyrnong**

# 3. Changing trends

## 3.1 Alcohol

### *Key findings*

- National and state trends showed a decline in drinking between 2010 and 2013. More young Australians choose to abstain from alcohol, the average age at which young people start drinking continues to increase, and the proportion of Australians that consume alcohol in risky quantities is declining.
- Conversely, in contrast to the slight increase in alcohol consumption in the North-Western metropolitan region, more significant increases in alcohol consumption by Maribyrnong residents have been observed, in both men and women.
- The alcohol-related ambulance attendances rate in Maribyrnong has almost doubled in the last five years and is well above the Metropolitan average. The alcohol-related ambulance attendance rates are particular high for the 40-64 year olds and 65+ year olds.
- Although the alcohol-related emergency department presentations rate has dropped over the last five years in Maribyrnong, it remains well above the state rate average. The presentations rate for males is particularly high in Maribyrnong.
- The total alcohol-related hospitalisations rate in Maribyrnong is comparable with the Victorian rate, but the rates for 15-24 year olds and males are much higher than the state averages.
- The total alcohol-related death rate in Maribyrnong is somewhat lower than the state average, but the alcohol-related death rates for the 40-64 age group and 65+ age group are above state averages.
- The rates of males, females and 40-64 age group seeking treatment for alcohol-related use problems is relatively high in Maribyrnong compared with averages elsewhere, which can be partially explained by the number of services available in the municipality.
- The alcohol-related family violence incidents rate has doubled in Maribyrnong in the past five years, but remains slightly below state average.
- The number and density of alcohol outlets in our municipality have increased in the past four years.

More detailed research findings, including supporting tables and figures can be found in the Appendix.

## 3.2 Drugs

### *Key findings*

- The proportion of Victorians aged 14+ having used any illicit drug - including misuse of pharmaceuticals and other psychoactive substances - has remained

relatively stable over the past decade (14%). People aged 20–29 were most likely to have used an illicit drug (27%).

- The proportion of Victorians aged 14 and over who had misused a pharmaceutical rose from 4% in 2010 to 5% in 2013.
- Other national trends show that the most common drug used remains cannabis, the use of ecstasy, GHB and heroin is declining, and the age at which people first use illegal drugs is increasing.
- In 2013, approximately 2% of Victorians had used meth/amphetamine. The use of powder fell dramatically, while the use of ice more than doubled between 2010 and 2013. Among ice users, more frequent use of the drug was also reported.
- Approximately, 8% Victorians had been a victim of an illicit drug-related incident in 2013.
- It is obvious that the consumption of alcohol only caused by far the most ambulance attendances - and the rate is very high in Maribyrnong -, however the drug-related ambulance attendances rates for most drugs are also higher in Maribyrnong compared to metropolitan Melbourne.
- The heroin-related attendance ambulance rate has dropped, but remains very high in Maribyrnong (ranked 2 of the 31 LGAs in metropolitan Melbourne). The benzodiazepine-related attendance rate has dropped as well, but remains high (ranked 8). The cannabis-related and crystal meth-related attendance ambulance rates have increased and are very high in Maribyrnong (both ranked 5).
- Alcohol is involved in at least 4 out of 10 cannabis-related and benzodiazepine-related attendances and 2 out of 10 heroin-related and crystal meth-related attendances. A vast majority of the drug-related ambulance attendances are being transported to the hospital.
- The rates of illicit drug-related and pharmaceuticals-related emergency department presentations has dropped significantly in Maribyrnong the last decade and are close to state averages.
- The illicit drug-related hospitalisation rate has declined in Maribyrnong in the last decade, but remains above the state average.
- The pharmaceutical-related hospitalisation rate has also dropped significantly in Maribyrnong and is now comparable with the state average.
- The rate of people seeking treatment for illicit drug-related problems has declined, but remains relatively high in Maribyrnong, which can be partially explained by the number of services available in the municipality. Treatment rates are highest for the 15-24 year age group.
- Meth/amphetamine-related treatment rates for Maribyrnong and Victoria are similar and both have gone up in the past five years. Treatment rates are particular high for males, 15-24 year olds and 25-39 year olds.
- Pharmaceutical-related treatment rates for males, females and most age groups in Maribyrnong are above state level. Treatment rates are highest for the 25-39 year age group.

More detailed research findings can be found in the Appendix.

## 3.3 Tobacco

### *Key findings*

- 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.
- The average age at which young people smoke their first cigarette has steadily risen in the past decade in Australia.
- While smoking rates have significantly decreased over the past 30 years in Victoria and Australia, the rate of decline has not been experienced equally across the whole population. 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, people who live in rural areas, and people on low incomes or who are unemployed.
- One in eight women continue to smoke while pregnant and in five Victorian children aged 5–12 years live in a household with a smoker. Children in areas of least disadvantage are about three times less likely to live in a household with a smoker than those in most disadvantaged areas.
- Some studies have shown that the Arabic-speaking population and certain communities like the Lebanese, Vietnamese and Burmese communities living in Australia have higher than average tobacco smoking rates.

More detailed research findings can be found in the Appendix.

## 3.4 Community safety

### *Key findings*

- Maribyrnong residents feel slightly less safe walking alone during the day and during the night than in the rest of Victoria, however the perceptions of safety in various locations in the municipality – including in and around Highpoint Shopping Centre, Braybrook Shopping Centre, Footscray CBD and in trains – have increased significantly over time.
- Historically, Maribyrnong crime statistics have been relatively high and most offence rates are well above the Victorian average. However, the total rate of all offences has declined significantly (40%) in Maribyrnong over the last decade, whereas Victoria saw an increase of 5% in that same period.
- Maribyrnong property offence rate dropped drastically in the last decade. The violent offence rate remained unchanged in Maribyrnong, though it increased significantly in Victoria. The drug offence rate dropped substantially in Maribyrnong, but increased considerably in Victoria.

More detailed research findings can be found in the Appendix.

# 4. Broader policy context

### *Key findings*

- 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. 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 *Victorian public health and wellbeing plan 2015–2019* identifies 'tobacco-free living' and '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.
- A call for urgent action came from the State Governments' Department of Premier and Cabinet in March 2015 with the launch of 'Victoria's Ice Action Plan'.
- The Victorian Health Promotion Foundation (VicHealth) is also active in the alcohol space and has identified alcohol as one of its five health promotion priorities.
- The alcohol and drug treatment services sector in Victoria went through a process of reform in 2014. 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, their families with support needs, and for the existing alcohol and drugs service providers.
- The role of local government in managing the social, economic and health impacts of alcohol and other drugs use in their local communities is supported in the Victorian Local Government Act 1989 and the Victorian Public Health and Wellbeing Act 2008.
- Local governments have a role in implementing and enforcing the *Tobacco Act 1987.*
- Local governments also have a statutory responsibility to assess the impacts of licensed premises in their municipality under the Victorian Planning and Environment Act 1987 and have the option to respond to applications to the Victorian Commission for Gambling and Liquor Regulation (VCGLR).
- 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, promoting alternative, non-alcohol related activities to young people and young adults, and change local drinking culture.
- Local governments play an important role in managing illicit drug issues through activities including needle and syringe disposal, education, design principles,

community engagement programs and partnerships with Victoria Police and local service providers.

### 4.1 National

At the national level, the Intergovernmental Committee on Drugs is currently developing a new National Drug Strategy 2016-2025.[29] The draft strategy describes a nationally agreed harm minimisation approach to reducing the harm arising from alcohol, tobacco and other drug use. The National Drug Strategy 2016-2025 continues to build on the collaboration of health and law enforcement agencies in leading the implementation of the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction. 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 key principles of the National Drug Strategy 2016-2025 include the importance of partnerships; coordination and collaboration; implementation of evidence informed responses; and national direction and jurisdictional implementation. The priorities for the next ten years are described as follows:

- increasing processes for community to identify and respond to key alcohol, tobacco and other drug issues
- improving national coordination
- developing and sharing data and research that supports evidence-informed approaches
- developing innovative responses to prevent uptake, delay the first use and reduce harmful levels of alcohol, tobacco and other drug use
- restricting or regulating the availability of alcohol, tobacco and other drugs
- enhancing harm reduction approaches.

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. In response to the findings of the Taskforce, and in consultation with the Australian National Advisory Council on Alcohol and Drugs, the Commonwealth Government developed a comprehensive package (300 million in new funding) of action to tackle this problem focussing on five key areas:

- Empower local communities and more support for families
- Target prevention and education to those most at risk
- Further investment in treatment and workforce support
- Focused law enforcement
- Better research, evidence and guidelines.[30]

29 Intergovernmental Committee on Drugs, National Drug Strategy 2016-2025, Draft: For public consultation, October 2015.
30 Australian Government (2015), Taking Action to Combat Ice, December 2015 accessed via: http://www.health.gov.au/internet/main/publishing.nsf/Content/tatci

## 4.2 State

The *Victorian public health and wellbeing plan 2015–2019* identifies 'tobacco-free living' and '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.[31]

The Victorian Auditor-General also concluded in 2012 that there was no effective plan across Victorian Government agencies to reduce the harm from alcohol and drugs. [32] A call for urgent action came from the State Governments' Department of Premier and Cabinet in March 2015 with 'Victoria's Ice Action Plan'. The government, on the advice of Victoria Police and health and legal experts, announced $45.5 million available to reduce the supply, demand and harm of the drug ice.[33]

VicHealth has undertaken various research, ran campaigns and fund projects aimed to encourage a better drinking culture in the last decade and had identified preventing harm from alcohol as one of its five health promotion priorities.[34] [35] VicHealth works to promote effective interventions, improving community awareness and enabling all Victorians to take responsibility for alcohol harm reduction.

In the last year and a half, a major change in the delivery of drug treatment services has taken place in Victoria. The alcohol and drug treatment services sector and mental health community support services sector (MHCCS) went through a process of reform. Substantial components of both sectors were re-commissioned through a competitive tender process and newly appointed drug treatment services commenced in September 2014. 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.[36]

## 4.3 Local government

Local government have an important role in managing the social, economic and health impacts of alcohol and other drugs use in local communities. This role is supported in the Victorian Local Government Act 1989, which requires Councils to provide the best

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31 Victoria State Government, Victorian public health and wellbeing plan 2015-2019, September 2015.
32 Victorian Auditor-General's Office (2012), Effectiveness of Justice Strategies in Preventing and Reducing Alcohol-Related Harm
33 State Government Victoria (2015), Ice Action Plan.
34 VicHealth's Action Agenda for Health Promotion 2013–2023, viewed 16 May 2016 at accessed via https://www.vichealth.vic.gov.au/about/what-we-do
35 VicHealth 2013, Drinking-related lifestyles: exploring the role of alcohol in Victorians' lives, Research summary, viewed 17 May 2016 accessed via https://www.vichealth.vic.gov.au/media-and-resources/publications/drinking-related-lifestyles
36 *An independent review of MHCSS and drug treatment services was undertaken by Apex Consulting for the Department of Health and Human Services in September 2015. The intent of the review was to identify those aspects of reforms which are working well, identify areas where there are issues or challenges and consider options and potential solutions for mitigation and resolution.*

outcomes for the community, while having regard for the long term and cumulative effects of decisions. Local governments are also required to protect and promote health and wellbeing under the Victorian Public Health and Wellbeing Act 2008.

Local governments are responsible for implementing and enforcing the *Tobacco Act 1987*, which contributes to further declines in active and passive smoking.

Local governments also play an important role in managing 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).

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.[37] Hobsons Bay City Council has recently developed an extensive background paper to support their liquor licence policy, which includes a great summary of what Victorian Councils do to manage liquor (see box 1).

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.

**Box 1: Local Government approaches and responses to managing liquor**

The liquor licensing policies of metropolitan Melbourne councils each have a different focus. This reflects the different problems associated with alcohol in each municipality. Inner city and middle ring councils have largely focused their policy responses on noise and amenity issues related to licensed venues. Suburban municipalities, such as those in southeast Melbourne, have sought to address alcohol related domestic violence and assaults, driven by packaged liquor outlets. It should be noted that the scope of local policies has been limited by the roles and responsibilities that are allocated to local government through state and federal level legislation.

A number of policy directions are common to liquor related policies amongst other councils:

1. Holistic approaches to addressing alcohol related harm – these include 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 (through lease arrangements, for example), and working with partner organisations and other levels of government to minimise harm. These policies seek to mitigate alcohol related harm through a mix of demand-side, supply-side and harm-minimisation approaches. In other words, responding to alcohol-related harm needs to be 'joined up' and go beyond planning interventions.

[37] Hobsons Bay Liquor Licensing Policy Statement, Background Paper

2. Recognising the benefits of licensed venues in the community and that drinking is a legal activity, seeking to maximise the social and economic benefits, while reducing social and health related harms.

3. Controlling the design of venues and liquor outlets through the planning scheme to mitigate alcohol related harms. In other words, many of the issues related to licensed venues might be mitigated through design decisions such as a venue's relationship with public spaces, floor space and capacity, or encouraging the seating of patrons.

4. Requiring further information from planning applicants who are seeking approval for licensed premises. For council planners to understand the potential impacts of a licensed venue, they will often request/require information from the applicant that is not generally provided with a planning application. This might include noise, social and economic impact assessments. These application requirements could be integrated into any future planning scheme amendment.

5. Promoting alternative activities for young people and younger adults. Some councils have sought to promote alternative, non-alcohol related activities to young people in a local area to reduce harm and change local drinking culture. This has been achieved through both grants to community groups or programming in council facilities. It has also been achieved through limiting alcohol consumption or sale at sporting facilities located on Council managed land, especially those facilities that are frequented by local young people.

The 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 or accords[38], campaigns aimed at reduce harmful drinking, safe taxi ranks, and work closely with Victoria Police to prevent crime and violence.[39] The City of Maribyrnong is in its infancy regarding a night time economy and Council is currently in the process of preparing a night time economy strategy and can benefit from the learnings from other inner city areas. Below are the responses of the cities of Melbourne, Yarra and Port Philip described (see box 2).

**Box 2: Alcohol- and drug-related responses of other inner-city councils**

The *City of Melbourne* has a vast and variety of alcohol-related responses, including a 'Beyond the Safe City' Strategy (that covers a broad range of issues including community safety, enhancing Melbourne's late night economy, crime and violence prevention, drugs and alcohol harm minimisation, syringe management and public space improvement), Policy for Licensed Premises, Melbourne Safer Communities Committee, Youth Street Teams, Licensees Forum Steering Committee, Melbourne Licensees Forum, CCTV Program, Safe Taxi Ranks, 'No excuses' campaign, provision of alcohol management information for venues ('Responsible Practice Guidelines for licensed Premises'; 'Run a Better Venue Resource Pack'), compulsory membership of the Good Sports Program for sporting clubs using Council owned facilities.

The *City of Yarra* has various alcohol-related responses, with implementation and responsibility spanning across several areas of Council. Yarra's Municipal Health and Wellbeing Plan has priority areas relating to community safety, along with reducing the harms from alcohol, tobacco and other drugs. Additionally,

[38] The establishment of liquor licensing forums and accords in local communities is a pro-active means by which Responsible Alcohol Victoria, Victoria Police, licensees, councils and community representatives can work together to improve community safety. These meetings enable licensees to raise questions associated with liquor licences and local issues and are an opportunity to engage with the local community to help reduce alcohol-related issues in and around the licensed premises. Local government, business and community groups can agree to a voluntary set of harm minimisation practices as well as a code of conduct. This may result in practices such as more regular identification checks and the adoption of responsible service of alcohol practices (VAADA 2015, Position Paper: Preventing alcohol-related harm.)

39 Based on internal documents and interviews with officers at Melbourne City Council, Yarra City Council and Port Philip City Council.

Yarra's Night Time Economy Strategy contains objectives and actions relating to achieving a safe, vibrant and functional night time economy. Planning applications for licensed premises are assessed against the local policy in the planning scheme (which is currently being revised) and Council's expectations relating to venues seeking an exemption to the liquor licence freeze are outlined in a practice note. Yarra City Council has also established an internal referral protocol to achieve a consistent approach across Council for planning and liquor licensing referrals and decision-making. Yarra City Council works closely with Victoria Police, the VCGLR and licensees to run effective and engaging liquor forums. It also established a Local Safety Reference Group which has identified safety within activity centres, and alcohol and other drug use and associated impacts on individuals and the broader community as priority areas. Yarra City Council actively encourages all clubs to join the Good Sports Program and applies discounted season fees for members.

The *City of Port Philip* has included alcohol and other drugs as a priority in their municipal health and wellbeing plan. This council does not have a stand alone licence premise policy, however they do have an internal planning application referral process for liquor licenses and refer to the planning scheme and MSS. The City of Port Philip is involved in the national Night Time Economy Research and supports Port Phillip Licensee Association and facilitates Health and Wellbeing Alliance meetings. The City of Port Philip has also begun a research project to understand the extent and nature of family violence in and around licensed venues and entertainment precincts. To date many family violence responses are developed with the home as the key setting. Council is working with Victoria Police to understand how venues and agencies may better respond to situations of family violence that occur in the public domain.

# 5. Maribyrnong City Council's response

### *Key findings*

- Maribyrnong City Council has a strong history of taking action on alcohol and other drugs. Previous strategies have adopted a harm minimisation approach and acknowledged that drug misuse is a very complex issue that disproportionally affects the most marginalised in our community.
- Maribyrnong City Council has currently the following strategies in place and tools to prevent and minimise harms:
  - *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.
  - The draft 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 ensures appropriate venue design, operating capacity, hours of operation, and sufficient transport accessibility.
  - The *Planning and Environment Act 1987* enables councils to address amenity impacts resulting from licensed premises and the *Liquor 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 *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 2014-2017*, 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.
  - 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.
  - 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.
  - *Family Strengthening Strategy* (2015-2018), 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.
- Needle/syringe collection, including free disposal containers to community members, and street cleansing activities.
- Council's support to 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).

## 5.1 History of taking action

Maribyrnong City Council has a strong history of taking action on 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. [40] Since this time Council has adopted iterations of its Drug Strategy including a specific Public Drinking Strategy to address problematic public drinking occurring in some parts of Footscray in the mid 2000's.

Like the alcohol and drugs strategies developed by state and federal governments, all Maribyrnong alcohol and drug strategies have adopted a harm minimisation approach and acknowledged that drug misuse is a very complex issue and that many of the people participating in public drinking and public drug use are the most marginalised in our society.

## 5.2 Current strategies

Although, the previous local drugs strategies are expired, Council does have a range of strategies, laws, policies and services in place aimed at minimising and preventing the negative impacts of alcohol, tobacco and other drugs and works together with stakeholders in achieving this.

### *Community Safety Strategy*

In June 2015, Council has adopted 'A Shared Approach to Safety in the City of Maribyrnong 2015-2016'. The development and implementation of this shared approach demonstrates the commitment between Victoria Police and Maribyrnong City Council to '*build a safe, welcoming, and well-maintained community for everyone to enjoy'*. One of the four stated community safety goals relates directly to AOD: 'minimise the impact of alcohol and other drugs on the community' and the other three community safety goals formulated in this shared approach contribute indirectly to the prevention of AOD issues:

[40] Maribyrnong City Council Drug Strategy 2005-2006

'prevent violence against women through equal and respectful relationships between all men and women', 'build strong and safe communities through inclusion and participation', and 'design and provide public spaces than enhance safety and reduce anti-social behaviour and injury'. Several actions have been formulated in the action planning 2015-2017 to achieve this and one of them is to 'Develop a municipal AOD policy'.

### *Draft Licensed Premises Policy*

The Victoria Auditor-General has discussed local governments' role in regulating the availability of alcohol and recommended that councils develop licensed premises local policies to guide decision-making on planning permits.[41] Maribyrnong City Council recently prepared a draft Licensed Premises Policy[42] and a reference document[43] in to address the full range of amenity matters that can be considered throughout the planning process for licensed premises. Amendment C141 will implement the local policy and reference document into the Maribyrnong Planning Scheme. The draft 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 ensures appropriate venue design, operating capacity, hours of operation, and sufficient transport accessibility. Maribyrnong City Council has requested Ministerial authorisation to prepare and exhibit Amendment C141 to the Maribyrnong Planning Scheme. The policy is expected to be presented at Council before the end of 2016.

### *Planning and Environment Act 1987 & Liquor Reform Act*

The responsibility for regulating the sale and consumption of alcohol is shared between the *Liquor Control Reform Act 1998* and the *Planning and Environment Act 1987*. While there is some convergence between the two, there are also fundamental differences. The *Liquor Control Reform Act 1998 r*equires a license for the operation of licensed premises and the *Planning and Environment Act 1987 (*Maribyrnong Planning Scheme) requires a planning permit to use land to sell or consume liquor.

The *Planning and Environment Act 1987* enables councils to address *amenity impacts* resulting from licensed premises and the Liquor Reform Act 1998 allows councils to make submissions regarding amenity and social impacts (including community safety), and various internal and external stakeholders including Victoria Police contribute to these submissions. However, it is important to note that both are not open to Council for managing other impacts such as health and wellbeing. These are to be managed through other means such as the Municipal Health and Wellbeing Plan, the Council Plan, local laws, or a specific Alcohol and Other Drugs policy or strategy.[44]

### *Tobacco Act 1987*

41 Victorian Auditor-General's Office (2012), Effectiveness of Justice Strategies in Preventing and Reducing Alcohol-Related Harm
42 Maribyrnong City Council (June 2016), Licensed Premises – Amendment C141
43 Maribyrnong City Council, Managing the Impacts of Licensed Premises, September 2015
44 Maribyrnong City Council, Managing the Impacts of Licensed Premises, September 2015

Maribyrnong City Council supports the *Tobacco Act 1987* and will carry out implementation and enforcement of the Act as per Council's service level agreement with the MAV, who is the administrator, and the Department of Health and Human Services. Council receives funds from the Department to carry out specific education and enforcement in relation to the Tobacco Act. e.g. visiting convenience stores who sell tobacco and assessing their compliance.

The minister for Health and Human Services has announced that the Victorian Government would proceed with developing legislation to introduce outdoor dining smoking bans from 1 August 2017. This initiative will bring Victoria in line with all the other states which already have them. Many stakeholders including local governments have been involved in advising on the initiative. At this point in time, it is not clear yet how the final legislation will look like and which resources will be available for Council to carry out education and enforcement.

### *General Purpose Local Law*

The *General Purpose Local Law* exists for the purpose of providing peace, order and good government of the municipal district and includes a part that 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 (see figure 2). This means that a person is not allowed to consume alcohol or be in possession of alcohol other than in a sealed container within the zone. Maribyrnong City Council has updated the GP Local Law last year and the current alcohol exclusion zone is in place until the GP Local Law expires, which will be until 17 November 2025.[45]

45 Maribyrnong City Council, General Purposes Local Law, 2015

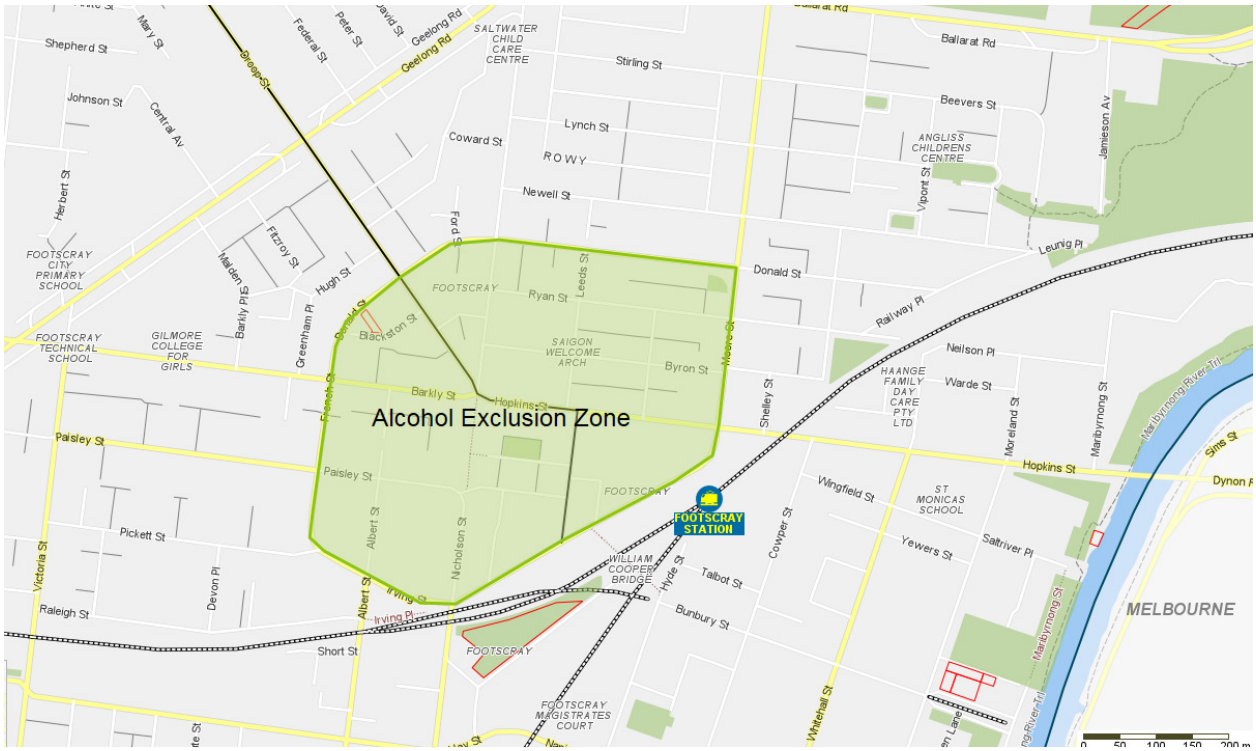



**Figure 2: Alcohol Exclusion Zone in Footscray**

### *Festival Policy*

Council's *Festival City Policy 2014-2017* 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. Council produces festivals and also partners with other organisations to provide festivals. Festivals are an important contributor to improving the wellbeing of Maribyrnong residents and the livability, community harmony and economic prosperity of the municipality.[46] All Council-only produced festivals in the public realm are currently alcohol and tobacco free, e.g. the New Year's Fireworks Festival. Needle/syringe collection, including free disposal containers to community members, and street cleansing activities.

### *Influencing sport clubs' alcohol cultures*

The current conditions of use of Council's sportsgrounds and pavilions include sections about tobacco and liquor licence.[47] It states that smoking is permitted in the pavilion and that clubs need to obtain a permit for the sale or consumption of alcohol. The conditions of use further include times on liquor licenses that must be strictly adhered to, which are: Monday to Wednesday: 5.00pm-10.00pm, Thursday & Friday: 5.00pm-11.00pm, Saturday: 12pm-12.00am and Sunday: 12pm-8.00pm.

46 Maribyrnong City Council, Festival City Policy 2014-2017
47 Maribyrnong City Council (2010), Conditions of Use for Maribyrnong City Council sports grounds and pavilions

As of January 2016, there are 53 sporting clubs in our municipality with 34 of them holding a liquor licence and 18 of them are registered as a Good Sports member. See table 3 for an overview of the sporting clubs in our municipality, their licence, and whether they are a good sports member, and if so, which level of membership.[48]

**Table 3: Sport clubs that have liquor licences and Good Sports membership**

| | Liquor License | Good Sports Membership | Level Good Sports Membership |
|---|---|---|---|
| Barkly Street Uniting Church Cricket Club<br>Footscray Baseball Club<br>Footscray Lacrosse Club<br>Footscray Rugby Union Club<br>Footscray United Soccer Club<br>North Footscray Football Club<br>Rosamond Bowling Club<br>Seddon Cricket Club<br>Sunshine Football Club Inc<br>Yarraville Cricket Club<br>Yarraville Seddon Eagles Football Club | Yes | Yes | Level 3 |
| Braybrook Sporting Club<br>Footscray ANA Cricket Club<br>Footscray Hockey Club<br>Parkside Football Club<br>West Footscray Football Club<br>Kingsville Baptist Cricket Club | Yes | Yes | Level 2 |
| Sunshine Druids Cricket Club | Yes | Yes | Level 1 |
| Sunshine YCW Cricket Club<br>Kingsville Tennis Club<br>Maidstone United<br>Rosamond Tennis Club<br>Braybrook Royale<br>Footscray Canoe Club<br>Footscray City Rowing Club<br>Footscray Edgewater Cricket lub<br>Footscray Park Bowling Club<br>United Sporting Club<br>Maribyrnong Greens<br>St Andrews Cricket Club<br>Yarraville Club Cricket Club<br>Yarraville Footscray Bowling Club<br>Yarraville Glory Soccer Club | Yes | No | - |

*Sources: Alcohol and Drug Foundation – Good Sports Program, Victorian Commission for Gambling and Liquor Regulation*

Council works closely together with the sporting clubs in the municipality and recommends to become a Good Sports Program, to participate in forums organised by

48 Good Sports level 1 accreditation focuses on compliance with the relevant state or territory liquor laws. Level 2 assists clubs by putting in place a range of practices on responsible alcohol management. Level 3 puts everything into practice from levels 1 and 2 to create a comprehensive alcohol management policy for the club.

Maribyrnong City Council around liquor licensing (2015), gender equity (2016) and to attend courses organised by Maribyrnong City Council about Responsible Serving of Alcohol (2016). A special project to increase gender equity in sport - She's game - was run in 2015 and 5 clubs received a grant to help implement strategies to increase female participation and inclusion. One of the many barriers that females face is in becoming a member of a sport club, is the alcohol culture in some clubs.[49] The She's Game project that ran in 2015, the grants that followed, and the Forum about 'gender equity in sport' indirectly assist in changing the club culture around alcohol by increasing female participation in sport.

### *Providing family and youth services*

Council's offers many programs and events for young people which are alcohol, drug and smoke free regardless of age. In order words, Council offers alternative activities for young residents and opportunities to connect with others. Maribyrnong City Council's Youth Services is funded by the Department of Health and Human Services for a FReeZA program for 2016-2018. The FReeZA program is an innovative youth development program that provides opportunities for young Victorians aged 12-25 across metropolitan, regional and rural Victoria to enjoy live band gigs, dance parties and other cultural, recreational and artistic events that are drug, alcohol and smoke-free in supervised and safe venues.[50]

The Maribyrnong Youth Directory is an online directory of support services and programs for young people 12 to 25 in the City of Maribyrnong. The Directory is kept up to date with the latest information and contact details for young people, their parents, or support workers seeking help for AOD issues.[51] Council's Youth Services provide counselling services for young people and individual support and referrals for young people to AOD services when applicable.

Council's Youth Services runs a leadership program in some secondary schools. The Leadership program addresses issues and concerns raised by young people in a youth-friendly format using a peer support model. Questions around AOD are discussed and participants are provided with tools and skills to access ongoing support and information on this and other topics.

Council's Youth Services also convenes the Maribyrnong Workers with Young People Network (MWWYPN), a forum for service providers to discuss emerging issues for young people, share information on upcoming activities and hear from guest speakers on a range of topics, including Alcohol and Other Drugs.

A recent action in line with Council's Family *Strengthening Strategy 2014-2017* was 'The Other Talk Workshop' that was ran by the Alcohol and Drug Foundation and facilitated by Maribyrnong City Council in May 2016. he workshop supports families in talking openly

49 Forum Gender Equity in Sport, Maribyrnong City Council, 24 February 2016.
50 http://www.youthcentral.vic.gov.au/freeza
51 www.maribyrnongyouthdirectory.com.au

about alcohol and other drugs to protect their children from associated harms and is especially designed for parents with children between 8 and 15.

Council facilitates the Vulnerable Children Working Group and the Maribyrnong Early Years network. The focus of these networks is on keeping services including Maternal and Child Health, Early Years education and care, ChildFirst and Child Protection connected and encouraging professionals working in those services to share information with each others and with the families they support, including those who face alcohol and other drugs issues.

Parenting in the early years is often the first time families need to use universal services such as Maternal and Child Health services and Kindergarten. Council has several outreach projects and strategies in place to connect those harder to reach families and provide parents with practical information, modelling of how to read to children to promote literacy, support to register for kindergarten and to make MCH appointments. All this work contributes to the prevention of alcohol and other drug harms. Having support from and being connected to services and other families is an important protective factor. Furthermore, Council is also been funded by the Department of Education and Training to enhance the connections in the community as a protective factor through supported playgroups. For many parents and families, reducing social isolation is a key outcome.

### *Providing needle/syringe collection services*

Council provides needle/syringe collection services, including free disposal containers to community members, and street cleansing activities. In March 2016, a brochure with information about the syringe pickup service and how to safely handle needles and syringes was reviewed and updated. The brochures have been distributed throughout the municipality and an electronic version can be found on Council's website.
Council has seen changes over time as hotspots in the municipality have diminished and the number of used needles and syringes in public places lessened over the years. For example, in 2013 roughly 600 pro-active sweeps and 188 re-active sweeps (customer service requests) were undertaken by the team, which has dropped to 100 pro-active sweeps in the second half of 2015 (or roughly 200 a year) and 29 re-active sweeps (or roughly 60 a year).[52]

Council is not the only body that does sweeps in the municipality. Cohealth at the Braybrook Hub & Footscray (Nicholson Street) where clean needles/syringes are handed out in person or can be dispensed from the needles and syringes dispenser machines also do regular sweeps around their buildings. According to Cohealth NSP distribution data, in 2015, almost 345,000 needles and syringes were distributed from the sites at Footscray and almost 330,000 in Braybrook. The concern of Victoria Police is that injecting drugs takes place more often in people's residences and in cars, which could be

52 Presentation from Rapid Response at the 'Needles and Syringes in the Community - Information Session', February 9, 2016.

part of the explanation for the drop in the number of needles and syringes that are found in public places and collected by the pick-up services.[53]

### *Providing support to service providers*

The Victorian Needle and Syringe Program (NSP) is a public health initiative that aims to minimise the spread of blood-borne viruses such as human immunodeficiency virus (HIV) and hepatitis B and C among people who inject drugs and the wider community.[54] Council's supports local community health services in the delivery of relevant AOD programs and services, including exploration for more flexible access to needle and syringe equipment programs. For example, Maribyrnong City Council has supported Cohealth to trial 'after hours' access to injecting equipment via a Secure Syringe Dispensing Machine at the Braybrook Hub as part of the Needle and Syringes Program (NSP). Figure 3 maps the locations and types of NSP's in Maribyrnong.

### *Participation in AOD networks and partnerships*

Council participates in relevant networks and partnerships, including the Western Region AOD Network, MAV AOD Network and the Whole of Government Hotspots project led by the University of Melbourne. The latter focuses on night-time economies research and changing trends in patterns of AOD use. The night time economy project will produce a night time economy framework which can be used for local governments as a toolkit for developing or evaluating a night time economy strategy.

The Changing Trends in AOD project's objective was to provide an evidence-based picture of patterns of AOD use, service utilisation and 'at-risk' populations within the local government area of Maribyrnong, and detail the implications this has for ongoing policy, service and partnership design in reducing harms amongst 'at-risk' populations. [55] Council contributed a small amount of financial resources towards the project in addition to helping to frame the initial research questions and contributing relevant information. The draft report '*Changing Trends and Patterns in the Use of Alcohol and Other Drugs in the Maribyrnong Local Government Area'* has recently been discussed with Council. The findings of this report have been included in this discussion paper and will help inform the development of Council's AOD work (including the development of an AOD policy) and municipal public health and wellbeing planning more broadly.

53 Discussion during the 'Needles and Syringes in the Community - Information Session', February 9, 2016.
54 State Government, Victoria's hub for health services and businesses (https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/aod-prevention-harm-reduction/needle-and-syringe-program)
55 University of Melbourne (2016), Draft report 'Changing Trends and Patterns in the Use of Alcohol and Other Drugs in the Maribyrnong Local Government Area', July 2016.

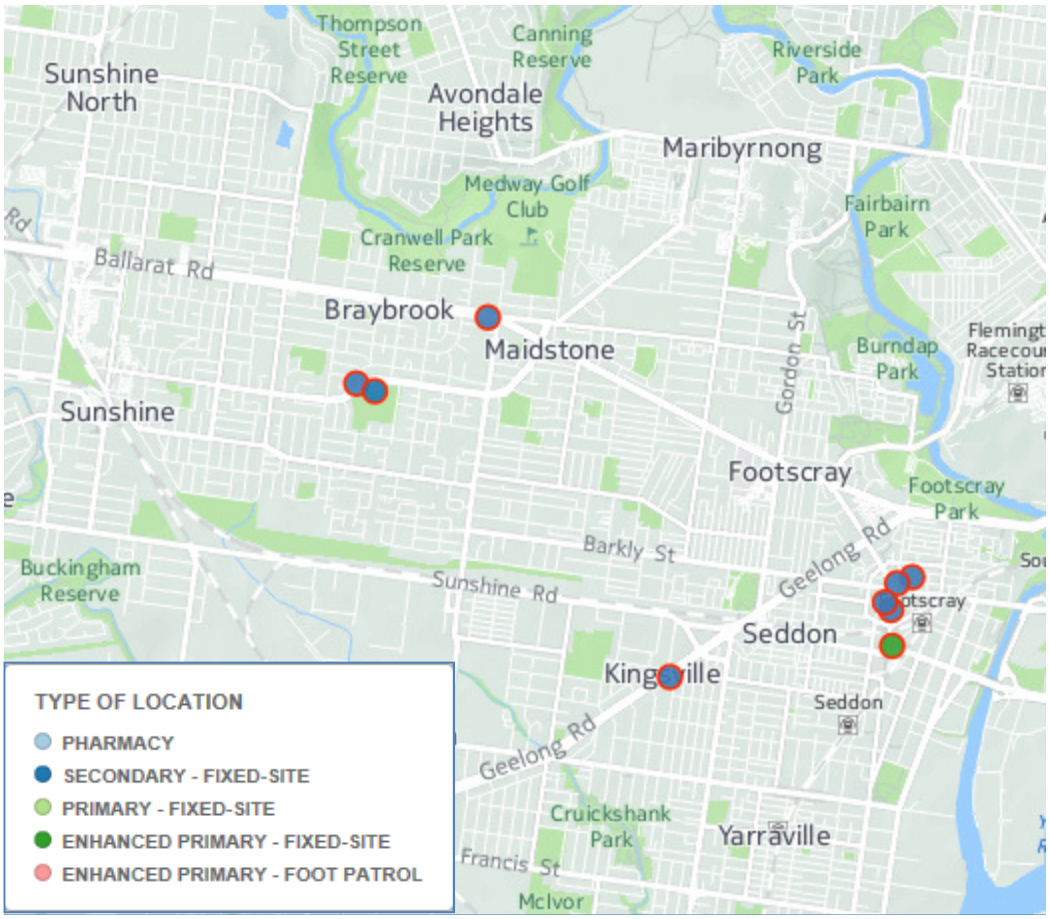



**Figure 3: NSP Service Delivery in Maribyrnong**

# 6. Role of key stakeholders

A range of other partners are involved in addressing AOD within the City of Maribyrnong. Council 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. By implementing a local AOD policy, Council contributes to the work of other levels of government and local stakeholders to prevent and minimise harms.

Key stakeholders have played an important advisory role in developing this discussion paper that has informed the Maribyrnong City Council Alcohol and Other Drug Policy 2016-2020. Council has consulted with a wide range of stakeholders during various stages through interviews, forums and requests to review draft research and policy documents.

### *Victoria Police*

Victoria Police works towards minimising the harm and impacts that alcohol and other drugs have on the local community by a number of processes and initiatives to impact the demand, supply and harm of illicit drugs. Through a number of proactive and enforcement approaches (e.g. referral service), Victoria Police also works with stakeholders to assist those affected by alcohol and drugs. Victoria Police also monitors and enforces compliance with liquor licences within the municipality. In June 2015, Council and Victoria Police adopted *A Shared Approach to Safety in the City of Maribyrnong 2015-2016*. The development and implementation of this shared approach demonstrates the commitment between Victoria Police and Maribyrnong City Council to build a safe, welcoming, and well-maintained community for everyone to enjoy. One of the four stated community safety goals is to *'minimise the impact of alcohol and other drugs on the community'*. Several actions have been formulated in the action planning 2015-2017 to achieve this and one of them is to 'Develop a municipal AOD policy'.

### *Alcohol and drug services*

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*

Cohealth is a not-for-profit community health organisation that provides local health and support services including drug and alcohol services across Melbourne's CBD, northern and western suburbs. The people who use cohealth services often face significant health disadvantages, have ongoing and complex health and support needs, and are frequently at risk of falling through gaps in health services and funding systems.

Cohealth takes a harm minimisation approach to supporting people who use alcohol and other drugs and offer a range of services for people to support this approach. Cohealth's 'Health works' offers medical and health care service for injecting drug users (current or past). The specialised care offers support for related issues such as homelessness, food deficiency, financial, child protection and family violence. The drop in space in Footscray offers hot drinks and meals, shower, toilet, laundry, computer and phone. Cohealth's Needle and Syringe Program (NSP) provides confidential and non-judgemental access to safe injecting equipment, condoms and lubricant, education and information and referral to treatment and welfare when appropriate. Cohealth in Footscray and Braybrook provide these programs in the City of Maribyrnong. Cohealth's non-residential withdrawal nurse program provides help for anyone wanting to stop or limit their alcohol or drug intake. Cohealth has also Family Drug Support workers that work with family members and loved ones of people with problematic alcohol and other drug use. Cohealth also leads the North West Melbourne Pharmacotherapy Network. The purpose of this partnership is to support General Practitioners (GPs), pharmacists or practice staff to improve health and wellbeing outcomes for people with an opioid dependence.

### *Research Institutes*

Research institutes have a role in undertaking research related to 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 changing patterns of AOD use and the gaps in services and partnerships in Maribyrnong have been identified through this project and relevant findings for Council are included in this discussion paper. The Burnett Institute and Victoria University have also actively participated in local AOD research.

### *Alcohol and Drug Foundation*

The Alcohol and Drug Foundation (ADF) is involved in Maribyrnong in multiple ways. The ADF works together with the sporting clubs in the City of Maribyrnong that hold a liquor licence and offer them to become a 'Good Sports' member. 'Good Sports' is a program developed and delivered by the ADF that is aimed at educating sporting clubs to deal with alcohol in a more responsible way, thus minimising the risk of intoxication or harm. The ADF also delivers 'The Other Talk' workshops for parents with children aged between 8 and 15 in Victoria and delivered the first one in the city of Maribyrnong in May 2016.

# 7. How can Council strengthen its approach?

### *Key recommendations*

- Strengthen Council's advocacy role in liquor licensing decisions, pricing and taxation, and enforcement of liquor license provisions
- Advocate for improved AOD service coverage in the Western metropolitan region, including more outreach services for complex patients to link them back to relevant services.
- In partnership with organisations such as cohealth, VicHealth, Alcohol and Drug Foundation, advocate for funding and action to address identified gaps, such as:
    - the complex issue of alcohol misuse, mental health problems, poor housing and social isolation in middle-aged and older men
    - support for CALD communities including young migrants and their families to manage situations where they will be exposed to AOD.
- Support AOD research initiatives, analyse AOD misuse and related harm, and develop responses based on relevant data and evidence, informed by stakeholders that takes the broader policy context into account.
- Engage actively with key stakeholders and acknowledge and strengthen partnerships in developing AOD responses, including Victoria Police, community health services, research institutes, health promotion agencies, local schools and other local and levels of government.
- Provide and share information on AOD prevention, related issues, and the services available to the diverse Maribyrnong community on Council's website and through its networks and local libraries in a health literate way.
- Encourage evidence based practice approaches (e.g. alcohol free events, good sport programs (ADF), alcohol culture change projects) in the prevention of AOD misuse and related issues.

The AOD related policy environment, statistics and issues have been discussed with internal and external stakeholders including Victoria Police, alcohol and drug service providers, health promotion agencies and research institutes during interviews and forums in 2016.[56] In addition to that, the draft report '*Changing Trends and Patterns in the Use of Alcohol and other Drugs in the Maribyrnong Local Government Area'* that the University of Melbourne has compiled includes relevant and valuable advice for Council to consider. Recommendations based on the research and consultations as to how Council can strengthen its role can be structured around five areas: advocacy, research, partnerships, information provision and leadership. The options outlined below describe what can be done by local government to reduce alcohol and drug related harm and support Maribyrnong City Council in making evidence-informed decisions.

56 Including the Information Session Needles and Syringes in the Community on 9 February 2016, the Internal Sounding Board Session on 22 April 2016, the Maribyrnong AOD Forum on 6 June 2016.

## 7.1 Advocacy

### *Council could strengthen its advocacy role in liquor licensing decisions, pricing and taxation, and enforcement of liquor license provisions.*

Compared to other inner-city LGAs, the City of Maribyrnong has not an extensive Night Time Economy yet, however, our latest population forecasts show that especially in Footscray, the younger and middle age groups 18-24 year olds, 25-34 year olds and 35-49 year olds are expected to increase rapidly. With the increases in these particular populations, the demand for services in the hospitality sector will keep growing and an increase of restaurants, pubs, bars, nightclubs and liquor outlets can be expected to meet future needs. Whilst this is a positive trend in terms of economic activity and vibrancy, the misuse of alcohol (and other drugs) can lead to health and safety issues. Although more young Australians choose to abstain from alcohol[57] and the average age at which young people start drinking continues to increase[58], young people are at increased health risk [59] as binge drinking[60] and peer pressure remain issues[61].

There are no signs that young people living in Maribyrnong are drinking less than anywhere else based on ambulance attendance and hospitalisations rates. With the growing number of young people in our municipality, there is need to increase and strengthen AOD prevention efforts.

Local governments have a role to play in developing policies to manage alcohol outlet density including packaged liquor outlets, although current legislative frameworks offer Victorian local governments limited powers to act on alcohol.[62] It is therefore recommended that local governments advocate at the state level for legislative changes with the purpose of providing local governments with more concrete powers to influence liquor licensing decisions as this would better enable them to fulfil their role.[63] Another important reason for Council to advocate for these legislative changes is the associative relation between alcohol and family violence and between alcohol density - and

57 Michael Livingstone, 2014, Research Report, Trends in non-drinking among Australian adolescents, http://ndarc.med.unsw.edu.au/sites/default/files/newsevents/events/Livingston%20young%20drinkers%20in%20Australia.pdf

58 Australian Institute of Health and Welfare 2014. National Drug Strategy Household Survey detailed report 2013. Drug statistics series no.28. Cat. no. PHE 183. Canberra: AIHW.

59 VicHealth 2013, 'A snapshot of Victoria's Alcohol Culture', selected findings.

60 VicHealth 2013, Drinking-related lifestyles: exploring the role of alcohol in Victorians' lives, Research summary, viewed 17 May 2016 accessed via https://www.vichealth.vic.gov.au/media-and-resources/publications/drinking-related-lifestyles

61 VicHealth 2013, Drinking-related lifestyles: exploring the role of alcohol in Victorians' lives, Research summary, viewed 17 May 2016 accessed via https://www.vichealth.vic.gov.au/media-and-resources/publications/drinking-related-lifestyles

62 Streker, P. 2012,'Under the influence: what local governments can do to reduce drug and alcohol related harms in their communities'. Prevention Research Quarterly, vol. 19, pp 1-16.

63 VicHealth 2014, Young adults and alcohol: developing local government policy responses in inner and outer-urban settings, Full Report, Victorian Health Promotion Foundation, Melbourne.

packaged liquor outlets in particular - and (family) violence.[64] This suggests a need for licensing policies that pay more attention to off-premise alcohol availability.[65]

Price differentials between off-premise takeaway alcohol and alcohol purchased at venues are influential in young adults' tendency to pre-drink.[66] It is therefore recommended that local governments lobby at a Commonwealth level for this differential to be reduced by introducing minimum volume alcohol pricing policies that aim to increase the price of alcohol sold at off-premises related to on-premises outlets. As many young people feel that the best value for money in venues is to buy shots, which get them drunk very quickly, it is advisable that state and local governments explore a ban on on-premises venues selling shots late at night.[67]

As young people are still entering venues in Melbourne while they are intoxicated and continue to be served alcohol, it is suggested that local governments and community members can lobby at the state level for enhanced enforcement where a need for this is indicated in relation to Responsible Service of Alcohol.[68]

### *Council could advocate for improved alcohol and drug services coverage in the Western metropolitan region.*

An important trend that was observed previously[69] and confirmed throughout the AOD Hotspots Changing Trends project is that illicit drug users have been pushed outward from the traditional hotspots within Footscray and Maribyrnong more broadly, to other local government areas like Brimbank, Melton and Wyndham. Whilst there are relatively well-established service networks to support AOD users in our local government area, there is growing concern that beyond this area, the AOD services are limited and do not meet latent and future demand of population growth in outer western areas and the outward shift in user placement.[70] Without a commensurate shift in service coverage to accommodate these changes, AOD user access to a range of services and treatment avenues is disrupted. Ideally the AOD service system must be geographically responsive and cater for demand beyond Footscray/Maribyrnong. The AOD service system is funded by Federal and State government. To ensure that local needs are met it is recommended that Council and local stakeholders advocate for improved service coverage across the Western metropolitan region generally. Service providers have

64 VAADA (Victorian Alcohol and Drug Association) 2015, Position Paper: Preventing alcohol-related harm.
65 Michael Livingston 2011, A longitudinal analysis of alcohol outlet density and domestic violence, in: Addiction, Volume 106, Issue 5, pages 919–925, May 2011.
66 Maclean S. & Callinan S. 2013, 'Fourteen Dollars for One Beer!', Pre-drinking is associated with high-risk drinking for Victorian young adults', Australian and New Zealand Journal of Public Health, vol. 37 (6), pp 579-585.
67 VicHealth 2014, Young adults and alcohol: developing local government policy responses in inner and outer-urban settings, Full Report, Victorian Health Promotion Foundation, Melbourne.
68 VicHealth 2014, Young adults and alcohol: developing local government policy responses in inner and outer-urban settings, Full Report, Victorian Health Promotion Foundation, Melbourne.
69 HealthWest Partnership (2013), No longer an inner City Issue Report.
70 University of Melbourne (2016), Draft report 'Changing Trends and Patterns in the Use of Alcohol and Other Drugs in the Maribyrnong Local Government Area', July 2016.

also noted that there is a service gap in outreach activities for complex AOD patients and funding is needed to do this work and link residents back to services. [71]

***Advocate for funding in partnership with other organisations to address the complex issue of alcohol misuse, mental health problems, poor housing and social isolation in middle-aged and older men.***

Harmful drinking have increased in the past decade in Maribyrnong. A cohort of middle-aged and older men with alcohol dependence have been identified as a group at increased health risk. The alcohol-related ambulance attendance rates, alcohol-related treatment and alcohol-related death rates of this age cohort is high. Besides drinking at harmful levels, poor housing, mental health issues and social isolation, are other factors that impact on the health and wellbeing of this particular group.[72] There is a need to further explore how a targeted approach can reduce the health risks of this group.[73]

***Advocate for funding in partnership with other organisations to develop strategies to support CALD communities including young migrants and their families to manage situations where they will be exposed to AOD.***

The Maribyrnong population is extremely culturally diverse. [74] CALD communities and newly arrived young migrants and their families in particular have also been identified as 'at-risk populations'.[75] Young people from families and cultures where alcohol was not used can feel unprepared for exposure to alcohol and other drugs and are therefore at an increased health risk.[76] [77] There is a need for developing strategies to support them in managing these situations. Although Council is not best-placed to develop those strategies, it can advocate for funding and support partners in identifying specific CALD communities with a support need and advocate for CALD-oriented and CALD-driven initiatives.[78]

## 7.2 Research

[71] Conversations with Cohealth AOD team, October 2016.
72 Consultations Maribyrnong AOD Forum on 6 June 2016 & Interviews with Council's Aged Care Services.
73 http://www.turningpoint.org.au/Media-Centre/Latest_News/Alcohol-concern-for-middle-aged-and-older-men.aspx
74 Id. Community Profile, based on ABS Census 2011, http://profile.id.com.au/maribyrnong/
75 University of Melbourne (2016), Draft report 'Changing Trends and Patterns in the Use of Alcohol and Other Drugs in the Maribyrnong Local Government Area', July 2016.
76 VicHealth 2014, Young adults and alcohol: developing local government policy responses in inner and outer-urban settings, Full Report, Victorian Health Promotion Foundation, Melbourne.
77 https://cohealthartsgenerator.com/category/be-a-brother/
78 Draft Report Changing Trends and Patterns in the Use of Alcohol and Other Drugs in the Maribyrnong Local Government Area', University of Melbourne, July 2016.

### *Support AOD research initiatives, analyse AOD misuse and related harm, and develop responses based on relevant data and evidence, informed by stakeholders that takes the broader policy context into account.*

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 Council want to achieve. Therefore, it is recommended that Council continues to: support local AOD research initiatives; monitor and analyse AOD misuse and related harm data; develop responses based on relevant data and evidence, informed by stakeholders, and takes into account the broader policy context.

## 7.3 Partnerships

### *Engage actively with key stakeholders and acknowledge and strengthen partnerships in developing AOD responses, including Victoria Police, community health services, research institutes, health promotion agencies, local schools and other local and levels of governments.*

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 our partners and is well coordinated at a local level. It is therefore crucial that Council continues to engage actively with key stakeholders and acknowledge and strengthen partnerships in developing AOD responses, including Victoria Police, local community health organisations, alcohol and drug services, research institutes, health promotion agencies, local schools, and other local and level of governments.

As identified previously, based on the growing number of children and young people in our municipality and their increased risk of AOD related harms, there is need to increase and strengthen AOD prevention efforts. Furthermore, as identified previously, prevention efforts are also needed for CALD communities including young migrants and their families.

The Alcohol and Drug Foundation (ADF) has developed 'The Other Talk' website and workshop for parents with children aged between 8 and 15 and delivers workshops in Victoria. This evidence-based workshop is designed for parents to supports them in talking about alcohol and other drugs to protect their children from associated harms.[79] Council could support the Alcohol and Drug Foundation and local schools in the delivery of the information and workshop to parents living in the City of Maribyrnong. Furthermore, Council could link the Alcohol and Drug Foundation with local schools, community leaders from CALD backgrounds to explore if more targeted, cultural and language appropriate workshops about AOD for specific communities can be developed. Building community

79 http://theothertalk.org.au/

relationships to design interventions and projects with target communities was also one of the priorities identified during the consultation process.[80]

Key partners also encourage Council to continue convening forums to share and discuss data, research, evidence and responses related to AOD and community safety. [81] Cohealth has also offered their support – possibly in partnership with Victoria Police - in engaging in community conversation regarding AOD use and misuse as a prevention strategy.

### 7.4 Information provision

***Provide and share information on AOD prevention, related issues, and the services available to the diverse Maribyrnong community on Council's website and through its networks and local libraries in a health literate way.***

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. To help Council staff who regularly deal with residents and visitors that are under the influence of AOD, training to support them with an overview of procedures and techniques has been identified as beneficial.[82]

Substance misuse appears to be high within CALD communities, however these groups are not reflected in service utilisation data.[83] This raises questions about the accessibility of the services in terms of awareness of the services, language barriers, and cultural appropriateness for these particular groups. Furthermore, the re-commissioning of the AOD service sector has resulted in considerable adjustments for clients, their families with support needs, and for the alcohol and drugs service providers.[84] Alcohol and drugs service providers in Maribyrnong have raised the concern that not all (vulnerable and CALD) communities are reached. Information provision about AOD prevention and related issues and the services available to the Maribyrnong community need to be improved and presented in a CALD-oriented and health literate way.

80 Maribyrnong AOD Forum Report, June 2016.
81 Idem.
82 Internal Sounding Board AOD, 22 April 2016
83 Draft Report Changing Trends and Patterns in the Use of Alcohol and Other Drugs in the Maribyrnong Local Government Area', University of Melbourne, July 2016.
84 Aspex Consulting 2015, *Independent review of MHCSS and Drug Treatment Services, September 2015*

## 7.5 Leadership

***Encourage good practices and be a role model for the community and the organisations that Council works in partnership with, including festival and event organisations, sporting clubs, in the prevention of AOD misuse and related issues.***

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 therefore in the position to encourage good practices in the prevention of AOD and the best way of doing this is by leading by example and thus act as a role model.

Council could strengthen that role by continuing to organise alcohol and drug free festivals and events, by discouraging alcohol advertising and alcohol misuse at events organised by others in partnership with Council, by ensuring that responsible drinking messages are promoted and that responsible service of alcohol occurs including the availability of food and non-alcoholic drinks.

Council could strengthen that role by actively encouraging sporting clubs to become a 'Good Sports' member (e.g. by introducing a discount scheme on Sports Facilities Fees and Charges), not to sell or consume alcohol during junior training and matches and promote Club Development Programs on liquor control and responsible service of alcohol. The 'Good Sports' program is developed by the Alcohol and Drug Foundation and aimed at educating sporting clubs to deal with alcohol in a more responsible way, thus minimising the risk of intoxication or harm. The program contributes successfully in reducing alcohol misuse in communities.[85] Apart from changing the drinking culture within sport clubs, other positive consequences have taken place: clubs have more people and players participating, increased their memberships, boost in sponsorship revenue, and more welcoming environment for children and families.[86]

Council could strengthen that role by including AOD prevention interventions at the existing family services that can contribute to positive changes in alcohol cultures and the alcohol-related family violence incidences in our communities. Identify opportunities and Councils 'touch points' (Maternal and Child Health, Youth Services, Libraries) for building the capacity of parents in 'role modelling' has been identified during the consultation process.[87] The Alcohol and Drug Foundation has found that the key people who can provide positive influences to the 0-5 year olds are parents, to the 6-10 year

85 Kingsland M, et al. (2015), Tackling risky alcohol consumption in sport: a cluster randomised controlled trial of an alcohol management intervention with community football clubs, in: J Epidemiol Community Health 2015; 0: 1–7.
86 Alcohol and Drug Foundation, Good Sports, 2012, A New Game Plan, Changing the alcohol focus in Australian sport.
87 Maribyrnong AOD Forum Report, June 2016.

olds are parents and teachers, and to the 11-17 year olds are coaches, peers, teachers, parents, grandparents and siblings.[88]

To learn from successful initiatives elsewhere in Victoria and find opportunities for funding projects aimed at changing alcohol cultures, the Victorian Health Promotion Foundation is a valuable source. VicHealth has undertaken various research, ran campaigns and fund projects aimed to encourage a better drinking culture in the last decade, the Name That Point campaign, the No Excuse Needed campaign[89] and the Innovation Challenge project included the finding of four successful projects: #SoberSelfie, Enough is Enough, Peer Modelling, and Be a Brother.[90] The latter project has been developed and led by Cohealth Arts Generator in Footscray and consists of an innovative social marketing campaign supporting young African Australian men in Melbourne's West to drink less alcohol.[91]

The Alcohol Cultures Framework that was recently developed by VicHealth, the Alcohol and Drug Foundation and the Centre for Alcohol Policy Research, provide guidance on public health action on drinking cultures. Alcohol culture change is one strategy of many for reducing alcohol-related harm. Norms about drinking are not uniform so it is important to consider the various subpopulations of people in which alcohol's role differs dramatically depending on a wide range of structural, environmental, social, economic and individual factors. The framework targets efforts at the subpopulation level, such as settings or subculture approaches which complement whole-of population strategies, such as regulation through taxation. Promising results have been seen in a small but growing number of health promotion programs in Australia and elsewhere that work with subpopulations to influence their drinking practices by shifting expectations, beliefs and social norms around alcohol.[92] Guided by the Alcohol Cultures Framework, VicHealth has announced $1.3 million Alcohol Culture Change Grants Initiative and is seeking applications from local councils to work with researchers, community partners and others to design, implement and evaluate initiatives to improve cultures of risky drinking.[93]

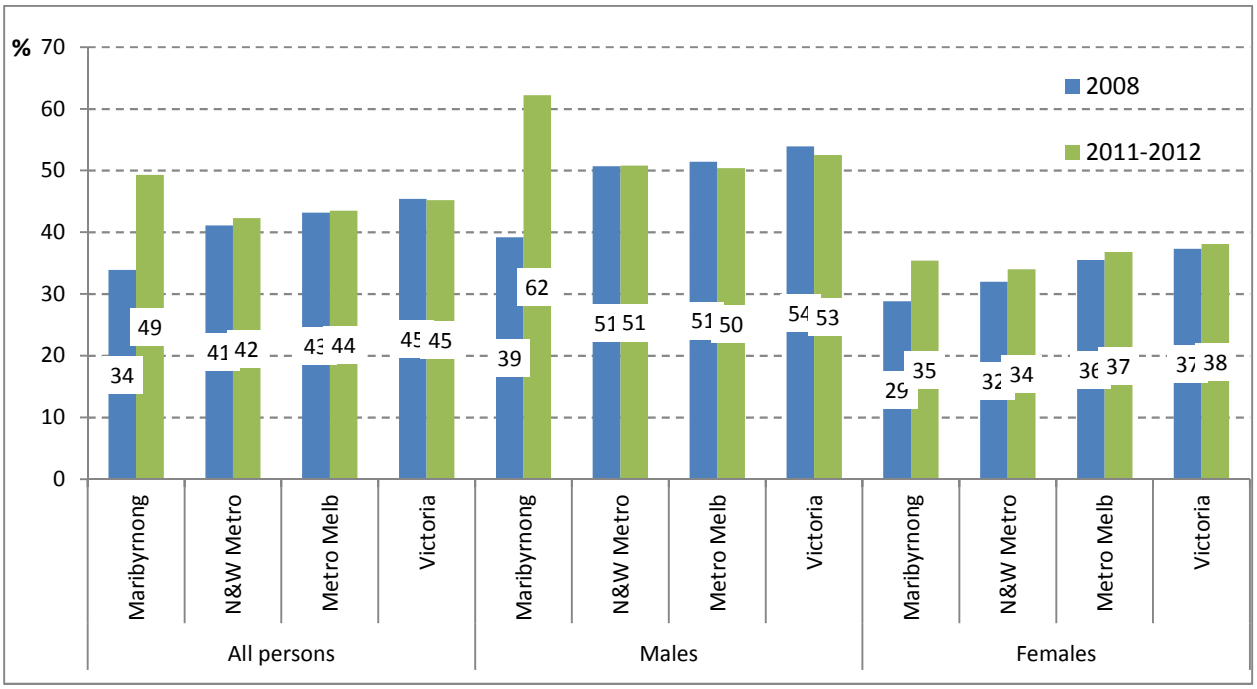
88 http://www.adf.org.au/images/stories/CEAP/WEB_AustDrug_AoD_LifeCycle.pdf
89 VicHealth, viewed on 16 May 2016 accessed at https://www.vichealth.vic.gov.au/programs-and-projects/name-that-point
90 https://www.vichealth.vic.gov.au/programs-and-projects/innovation-challenge-alcohol
91 https://beabrother.net/
92 VicHealth, Centre for Alcohol Policy Research and Alcohol and Drug Foundation 2016. Alcohol Cultures Framework background paper. A framework to guide public health action on drinking cultures, Victorian Health Promotion Foundation, Melbourne, Australia.
93 Announced on 22 July 2016 & launch of the VicHealth's new Alcohol Strategy and the Culture Change Grants Initiative will be on 9 August 2016.

# Appendix: Changing Trends – detailed findings

## Alcohol

### *Alcohol consumption*

Figure 4 shows the prevalence of short-term risk of alcohol-related harm, which refers to the acute effects of excess alcohol consumption that can result in death or injury due to road traffic accidents, falls, drowning, assault, suicide and acute alcohol toxicity. Overall, slightly fewer men and slightly more women living in Victoria and metropolitan Melbourne drank at the short-term risk level in 2011-2012 compared to 2008. However, obvious increases in proportions of persons, both men and women that drank at short-term risk levels can be observed in Maribyrnong in that same period. In 2008, 39% of males in Maribyrnong drank at risky levels, which increased to 62% in 2011-2012. In 2008, 29% of women drank at risky levels, which increased to 35% in 2011-2012.




*Source: Victorian Government, Victorian Population Health Survey 2008 and 2011-2012*

**Figure 4: Prevalence of short-term risk of alcohol related harm**

Long-term risk of harm due to alcohol consumptions attempts to measure the risk associated with developing an illness such as cirrhosis of the liver, dementia, other cognitive problems, various cancers and alcohol dependence.[94] In Victoria, the prevalence of long-term risk of alcohol-related harm remained unchanged between

94 Department of Health and Human Services, 2014, Victorian Population Health Survey 2011-2012, Survey Findings.

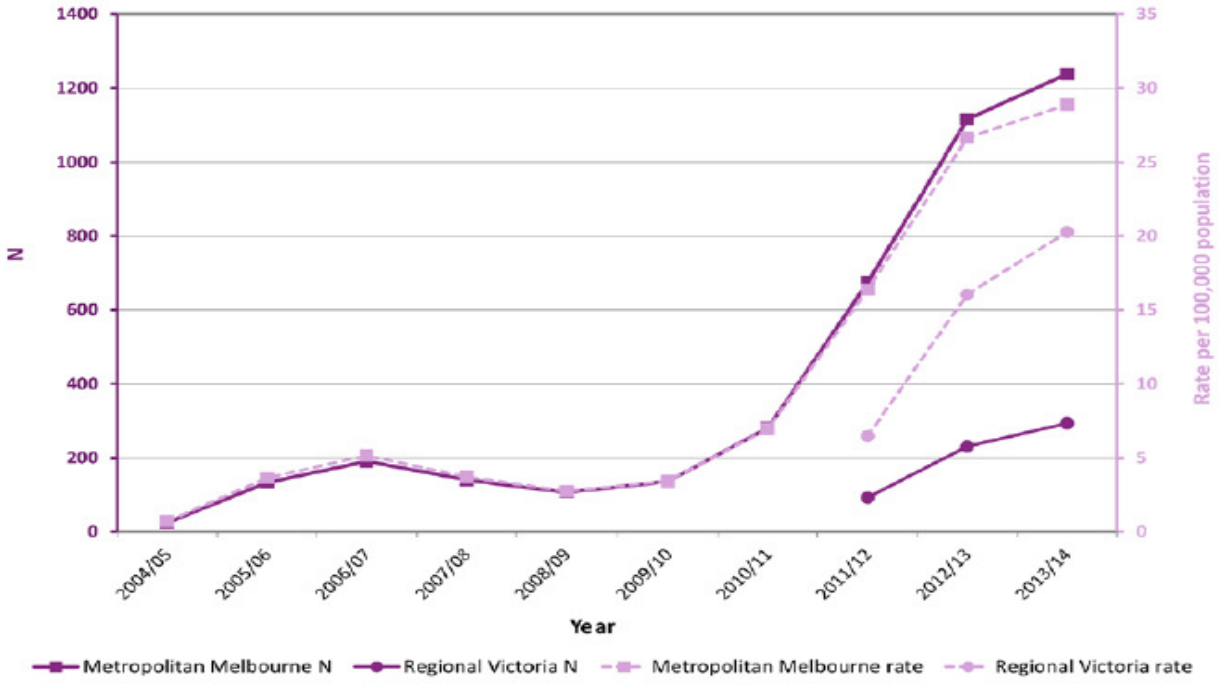
2003 and 2011-2012. Approximately 3% of Victorians have been drinking at long-term risk levels and the same percentage was found in 2011-2012 for Maribyrnong.
The Victorian Health Population Surveys (2011) revealed a local increase in the prevalence of short-term risk and no change in the prevalence in long-term risk of alcohol-related harm, whereas national and state trends based on the National Drug Strategy Household Survey (2013)[95] showed a decline in drinking between 2010 and 2013:

- In 2013, about four-fifths of Australians aged 14 or older reported they had consumed alcohol in the past year and 6.5% drank on a daily basis (5.5% in Victoria).
- A lower proportion of Australians aged 14 or older consumed alcohol in risky quantities in 2013 compared to 2010. Almost 1 in 5 (18%) Australians (and 16% Victorians) aged 14 or older consumed more than 2 standard drinks per day on averages.
- Adults aged 18–24 were more likely to drink at harmful levels on a single occasion of drinking at least monthly than the rest of the adult population (47% in Australia and 43% in Victoria).
- The proportion of young Australians aged 12-17 choosing to abstain from alcohol rose between 2010 and 2013 (from 64% to 71%).
- Younger people are continuing to delay starting drinking with the average age among those aged 14–24 trying alcohol for the first time increasing from 14.4 in 1998 to 15.7 in 2013.

### *Alcohol-related ambulance attendances*

Figure 5 shows that the numbers and rates of alcohol-related ambulance attendances in metropolitan Melbourne have almost doubled in the last five years: from 6,204 (155.3 per 100,000 residents) in 2009-2010 to 12,482 (291.4 per 100,000 residents) in 2013-2014. Alcohol-related cases are defined as those cases attended by ambulance where only alcohol (no other drugs) was involved in causing the attendance. These cases usually relate to alcohol intoxication and poisoning, but may include alcohol-related injuries.

95 Australian Institute of Health and Welfare 2014. National Drug Strategy Household Survey detailed report 2013. Drug statistics series no.28. Cat. no. PHE 183. Canberra: AIHW.




*Source: Turning Point, Ambo Project: Alcohol and Drug Related Ambulance Attendances*

**Figure 5 : Alcohol-related ambulance attendances in metro Melbourne and Victoria**

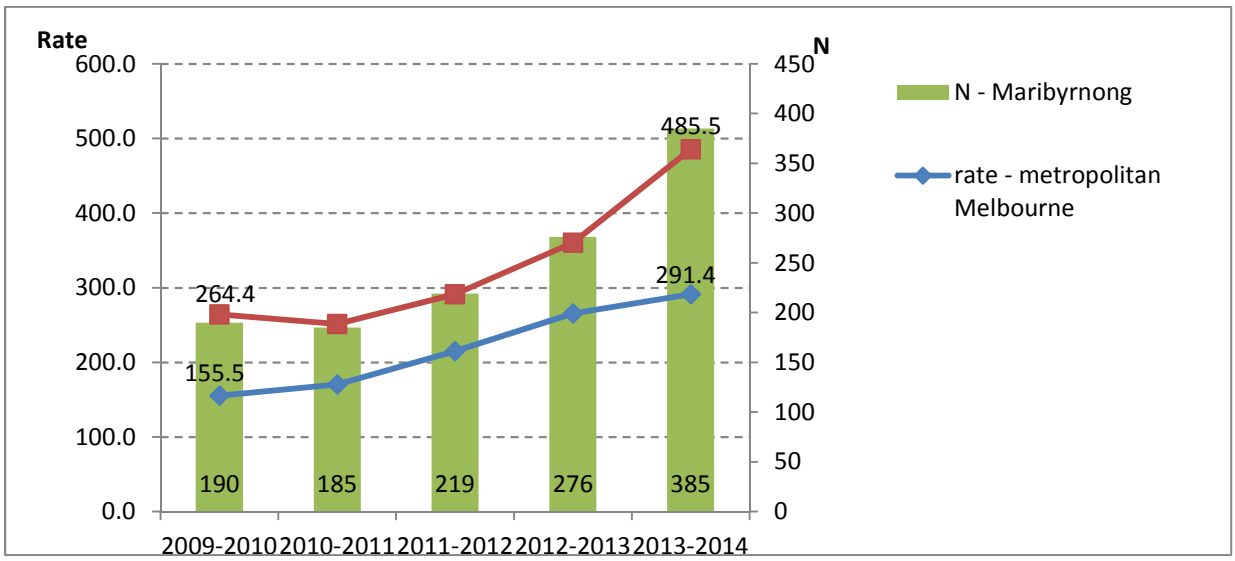
The data displayed in table 4 shows the characteristics of alcohol-related ambulance attendances in metropolitan Melbourne for the last 5 years. Roughly two thirds of the patients are male. The mean and median ages of patients increased in the last five years. Other trends include an increase in the proportion of attendances co-attended by police from 18% in 2009/2010 to 26% in 2013-2014, an increase in the proportion of attendances that were transported to hospital and a decrease in the proportion of attendances in public spaces from 55% in 2009/2010 to 50% in 2013-2014 in metropolitan Melbourne. Peak times in terms of alcohol-related ambulance attendances are Friday and Saturday nights (between 6pm and 6am) and the December and January months.

**Table 4: Characteristics of alcohol-related attendances in metro Melbourne**

| | 2009-2010 | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014 |
|---|---|---|---|---|---|
| attendances - N | 6204 | 6946 | 8824 | 11168 | 12482 |
| attendances – per 100,000 population | 155.3 | 170.3 | 214.8 | 266.5 | 291.4 |
| mean per day – per 100,000 population | 8.6 | 10.1 | 11.1 | 13.5 | 14.4 |
| age – mean / median | 38/36 | 37/35 | 38/37 | 41/40 | 41/40 |
| male | 65% | 66% | 65% | 66% | 66% |
| public space (%) | 55% | 55% | 52% | 49% | 50% |
| police co-attendance | 18% | 21% | 20% | 21% | 26% |
| transported to hospital | 68% | 68% | 70% | 71% | 70% |

*Source: Turning Point, Ambo Project: Alcohol and drug related ambulance attendances in Victoria*

Figure 6 shows that the numbers of alcohol-related ambulance attendances in Maribyrnong have more than doubled in the last five years: from 190 in 2009-2010 to 385 in 2013-2014.

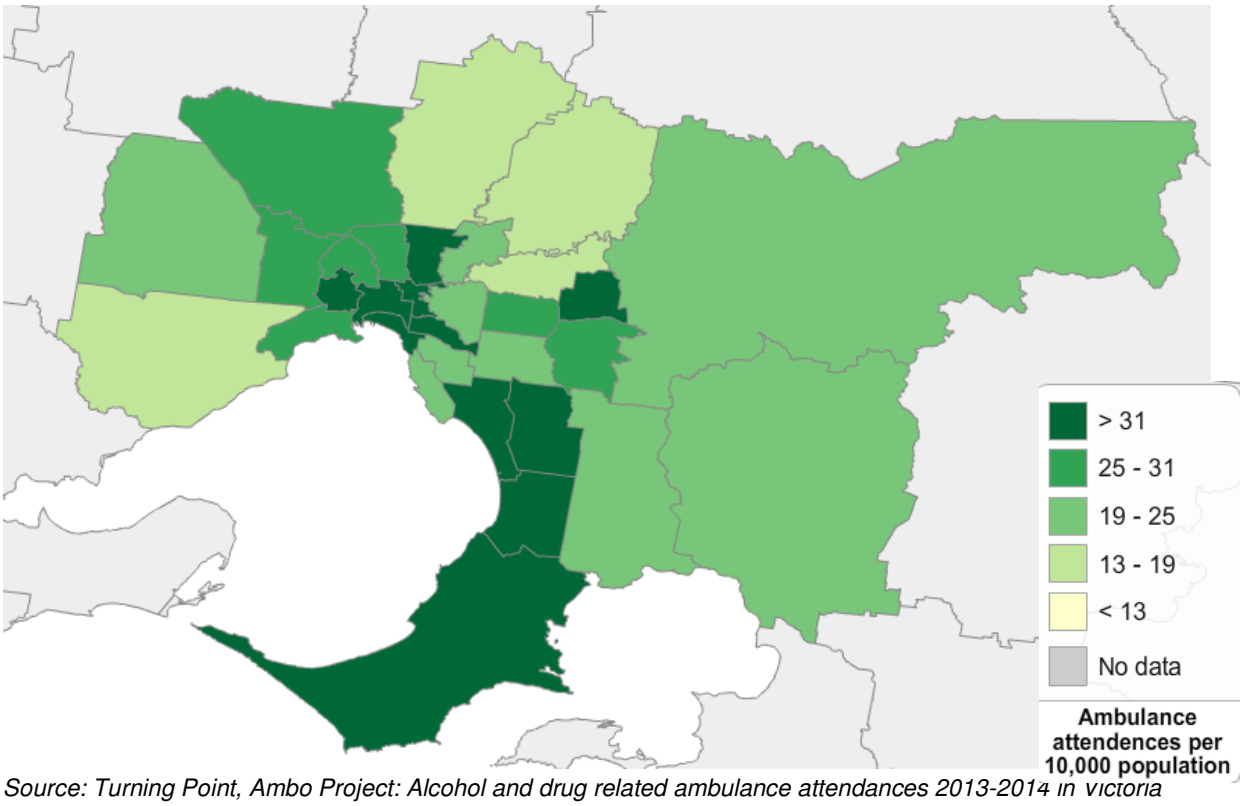



*Source: Turning Point, Ambo Project: Alcohol and drug related ambulance attendances in Victoria*

**Figure 6: Alcohol-related ambulance attendances in metro Melbourne and Maribyrnong**

It also shows that the alcohol-related ambulance attendance rate in Maribyrnong have increased rapidly (from 264.4 in 2009-2010 to 485.5 in 2013-2014) and is well above the average rate in metropolitan Melbourne (291.4 in 2013-2014). Melbourne retained its ranking as the LGA with the highest rate of alcohol-related attendances in metropolitan Melbourne (1), followed by Port Philip (2), Yarra (3), Maribyrnong (4) and Frankston (5).

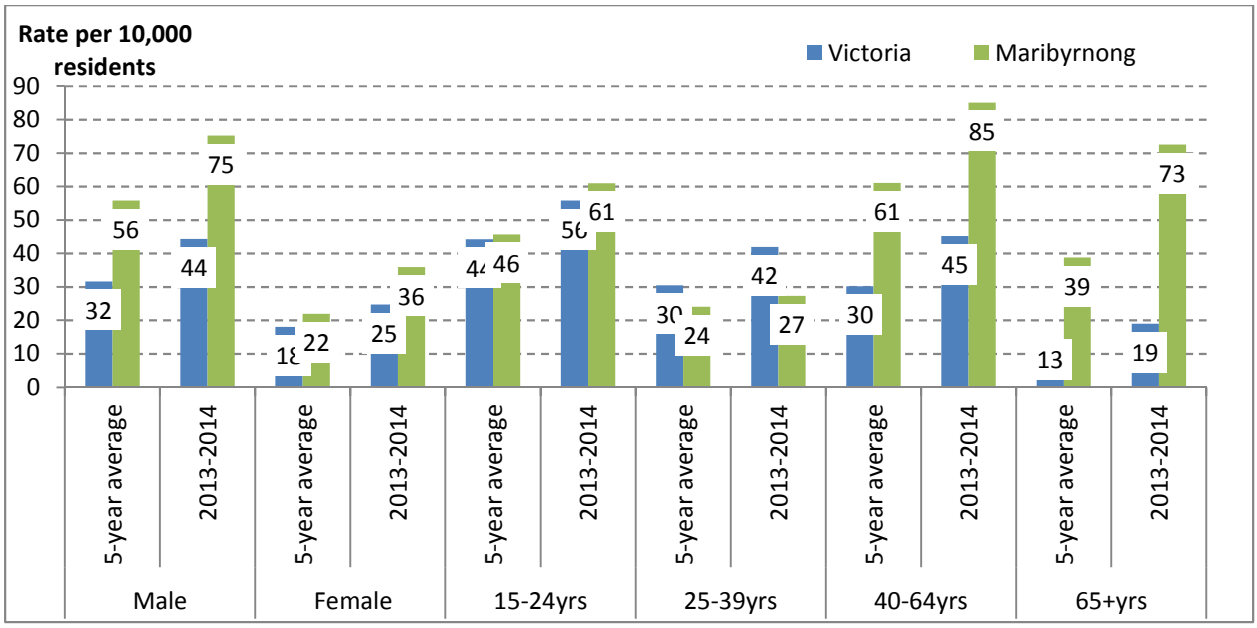
Figure 7 provides a map of the LGAs in the metropolitan area and compares the total alcohol-related ambulance attendance rates. The dark green coloured LGAs have the highest rates, the lighter green areas the lowest rates.




*Source: Turning Point, Ambo Project: Alcohol and drug related ambulance attendances 2013-2014 in Victoria*

**Figure 7: Alcohol-related ambulance attendance rates in metro Melbourne compared**

As mentioned earlier, the total alcohol-related ambulance attendance rates have increased substantially in the last five years in Victoria, metropolitan Melbourne and Maribyrnong. The alcohol-related ambulance rates have increased for males, females, and all age groups. However, the increase in the alcohol-related ambulance attendance rates are particular high in Maribyrnong for the 40-64 year olds and 65+ year olds as figure 8 shows. We see a similar trend elsewhere and in particular in Melbourne, Yarra, Port Philip, Greater Dandenong, and Frankston.




*Source: Turning Point, Ambo Project: Alcohol and drug related ambulance attendances in Victoria*

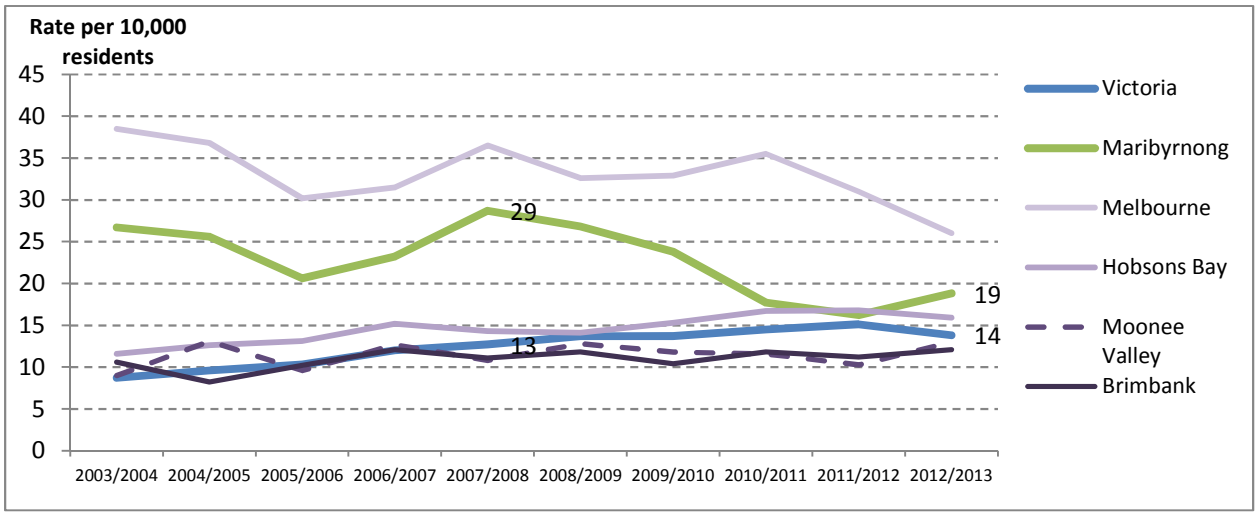
**Figure 8: Alcohol-related ambulance attendance rates in metro Melbourne compared**

### *Alcohol-related emergency department presentations*

Figure 7 illustrates that the total rate (per 10,000 residents) of alcohol-related emergency department presentations has dropped significantly over the last five years in Maribyrnong from 29 to 19, although it remains well above the state rate average (14).[96]

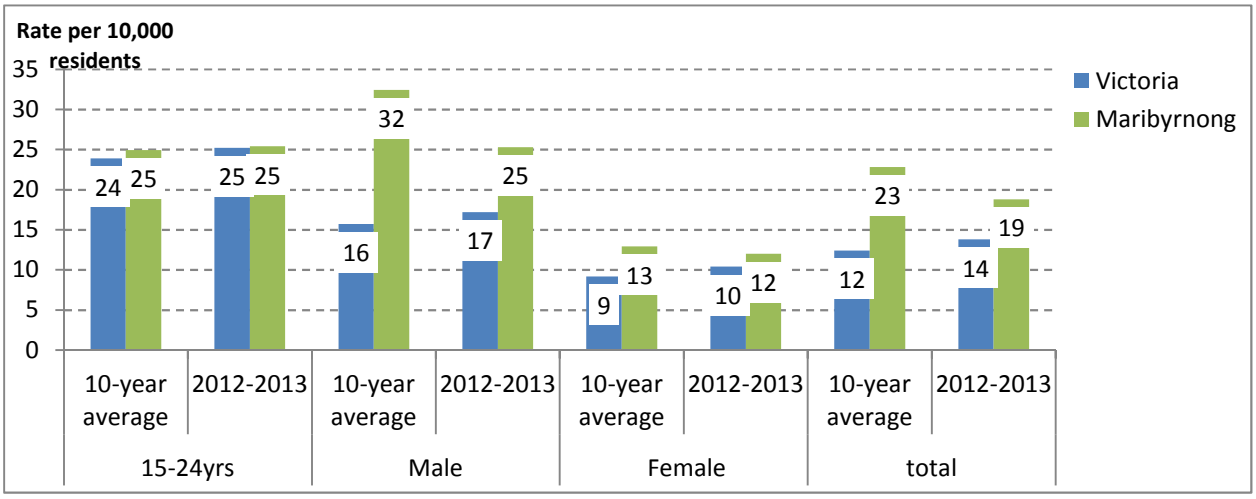
Figure 9 shows that the ED presentations rates for males have been particular high in the last decade in Maribyrnong: 32 per 10,000 residents, which is twice as much as the Victorian average. These differences have been decreasing over the last few years. In 2012-2013, the rate for males had dropped to 25 in Maribyrnong and remained unchanged in Victoria. Fairly high rates – 25 per 10,000 residents - can be observed for the 15-24 age group, both in Victoria and in Maribyrnong.

96 Data on presentations to Emergency Departments were obtained from the Victorian Emergency Minimum Dataset (VEMD). The VEMD is a database maintained by the Victorian Department of Health and contains detailed demographic, clinical and administrative information on all presentations to Victorian public hospitals with 24-hour emergency departments. This includes a range of fields regarding the reason for each presentation (using ICD10 diagnoses), as well as age, sex, postcode and other variables (http://aodstats.org.au/Documents/AODstats%20Methods_final%202014.10.02.pdf).




*Source: AODStats, Victorian Emergency Minimum Dataset (VEMD), http://aodstats.org.au/VicLGA/*

**Figure 9: Alcohol-related ED presentations total rates in past decade**



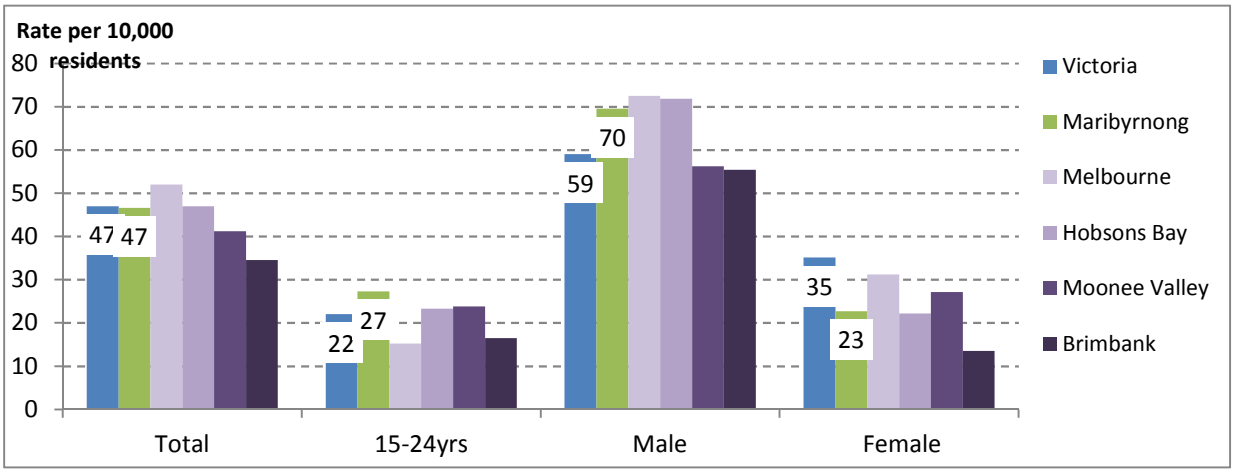

*Source: AODStats, Victorian Emergency Minimum Dataset (VEMD), http://aodstats.org.au/VicLGA/*

**Figure 10: Alcohol-related ED presentations average 10-year rates and 2012-2013**

### *Alcohol-related hospitalisations*

Figure 10 compares the alcohol-related hospitalisation rates 2012-2013 in Maribyrnong, Victoria and bordering LGAs.[97]

97 Alcohol-related hospitalisations may include a range of conditions such as alcoholic liver cirrhosis, alcoholism, cancers, stroke, road injuries, falls, assaults, alcohol-poisoning and suicides. Information on alcohol-related and drug-related hospital admissions were obtained from the Victorian Admitted Episodes Dataset (VAED). The VAED is a database maintained by the Victorian Department of Health and contains details of all acute hospital separations in Victoria including information on the cause of the admission, as well as the age, sex and resident local government area (LGA) of the admitted patient. Care provided in the Emergency Department is no longer counted as a VAED admission (http://aodstats.org.au/Documents/AODstats%20Methods_final%202014.10.02.pdf).




*Source: AODStats, Victorian Admitted Episodes Dataset (VAED), http://aodstats.org.au/VicLGA/*

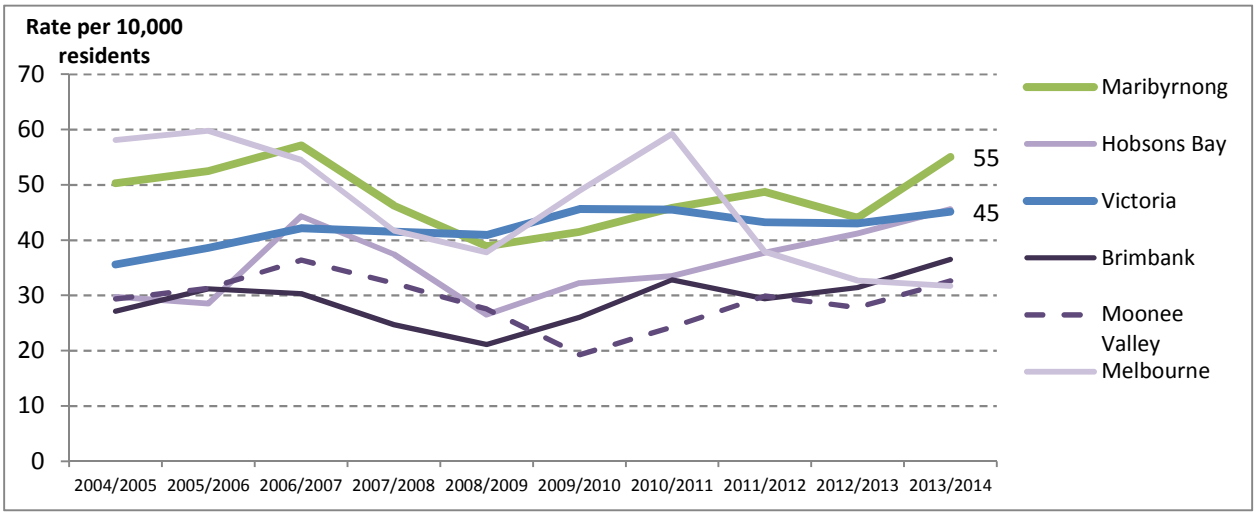
**Figure 11: Alcohol-related hospitalisation rate 2012-2013**

Although the total alcohol related hospitalisations rate per 10,000 residents in Maribyrnong is comparable with the Victorian rate (both 47), the rates for 15-24 year olds (27) and males (70) are much higher than these averages in Victoria (22 and 59).

### *Alcohol-related treatments*

Figure 12 illustrates that the total rate per 10,000 residents of people seeking treatment for alcohol-related use problems in the past decades is relatively high in Maribyrnong (55 in 2013/2014) compared with average rates in Victoria (45 in 2013/2014) and the bordering LGAs.[98] This can be partially explained by the number of alcohol and drug services available in the municipality. The total rate in Maribyrnong belongs to metropolitan Melbourne's top five; only Frankston, Cardinia, Yarra, and Yarra ranges have higher alcohol-related treatment rates.

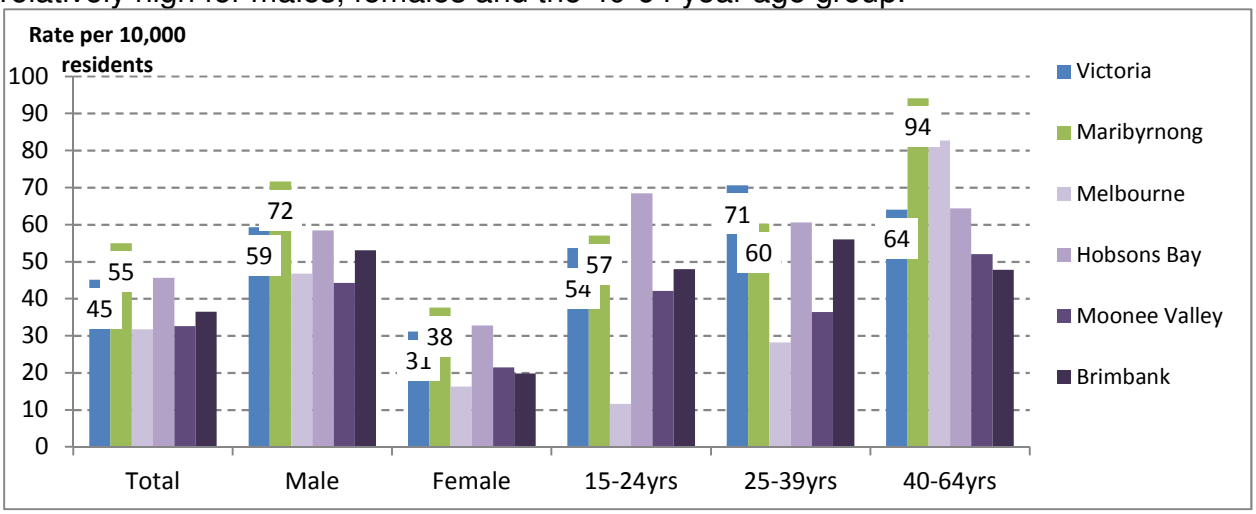
98 The data presented have been downloaded from AODstats and derived from ADIS-contributing specialist drug and alcohol agencies (including community health centres) in Victoria. Unit level data were obtained from the Department of Health (http://aodstats.org.au/Documents/AODstats%20Methods_final%202014.10.02.pdf).




*Source: AODStats, Alcohol and Drugs Information System (ADIS), http://aodstats.org.au/VicLGA/*

**Figure 12: Alcohol related treatment episodes of care rates in past decade**

Furthermore, figure 13 shows that alcohol-related treatment rates in Maribyrnong are relatively high for males, females and the 40-64 year age group.




*Source: AODStats, Alcohol and Drugs Information System (ADIS), http://aodstats.org.au/VicLGA/*

**Figure 13: Alcohol related treatment episodes of care rates 2012-2013**

### *Alcohol-related deaths*

Table 5 shows that the total alcohol-related death rate per 10,000 residents in Maribyrnong (12) is lower than the state average rate (15) in 2012, which was also the case in the previous eight years. However, it also shows that the rates for 40-64 age group (10) and 65+ age group (90) in Maribyrnong are above the state averages (8 and 80) in 2012 (and this is the case since 2009).[99]

99 Data is derived from the confidential Cause of Death Unit Record File (COD URF) data file holds information on all deaths that occur in all residents. In AODstats, all numbers are based on deaths of persons who usually reside in

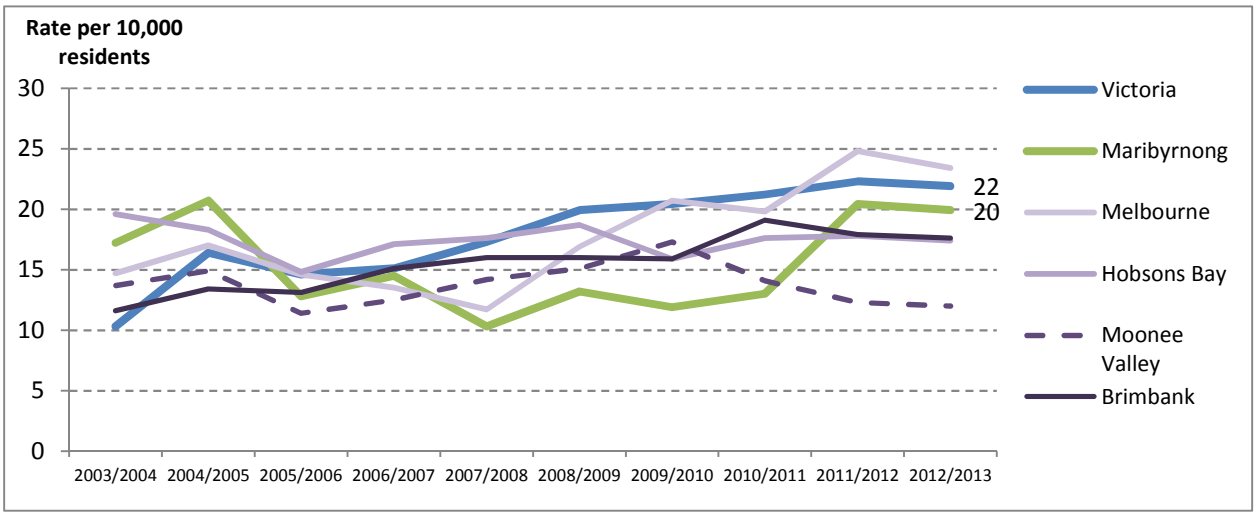
### Table 5: Alcohol-related death rates in 2012

| | Total | Male | Female | 40-64 yrs | 65+ yrs |
|---|---|---|---|---|---|
| Victoria | 15 | 13 | 17 | 8 | 80 |
| Maribyrnong | 12 | 12 | 13 | 10 | 90 |
| Melbourne | 8 | 7 | 8 | 10 | 78 |
| Hobsons Bay | 12 | 12 | 12 | 7 | 61 |
| Moonee Valley | 14 | 12 | 17 | 7 | 72 |
| Brimbank | 10 | 10 | 11 | 6 | 66 |

*Source: AODStats, Cause of Death Unit Record File (COD URF) , http://aodstats.org.au/VicLGA/*

## *Alcohol-related family violence incidents*

Figure 14 shows the alcohol-related family violence incidents rate in Maribyrnong has been below the state average since 2005/2006. However, the Maribyrnong rate has doubled in the past 5 years: from 10 (per 10,000 residents) alcohol-related family violence incidents in 2007/2008 to 20 in 2012/2013.[100]




*Source: AODStats, Victoria Police, Law Enforcement Assistance Program (LEAP)., http://aodstats.org.au/VicLGA/*

### Figure 14: Alcohol-related family violence rates in past decade

Caution should be exercised when interpreting these statistics, as only those incidents which become known to police and for which a crime report has been completed are included. Since the introduction of the Victoria Police Code of Practice for the Investigation of Family Violence in late 2004, reporting of family violence incidents has

Victoria for the year in which the death occurred. (http://aodstats.org.au/Documents/AODstats%20Methods_final%202014.10.02.pdf).

100 Data were obtained from Victoria Police. The Victoria Police collate statistics on the number of reported incidents recorded for a variety of offence types on the Law Enforcement Assistance Program (LEAP). Reported incidents of assault and family incidents (a measure of domestic violence) are recorded along with information on the location of the assault. (http://aodstats.org.au/Documents/AODstats%20Methods_final%202014.10.02.pdf).

increased.  Victims of family violence are gaining more confidence to tell someone what has happened and to receive help.[101]

According to the 2013 National Drug Strategy Household Survey[102], more than 1 in 4 Australians aged 14 and over had been a victim of an alcohol-related incident in 2013. Most of these incidents involved verbal abuse (22%), although this proportion declined from 2010 (from 24% to 22%). While there was no change in the proportion of people experiencing physical abuse between 2010 and 2013, the number of people who were physically abused rose. Certain groups were also more likely to have undergone alcohol-related incidents than others. Males were more likely than females to experience verbal (26% compared with 19%) or physical abuse (10% compared with 7%) in the past 12 months, but a greater proportion of females were put in fear (14% compared with 11%). People aged 18–24 were more likely than other age groups to experience verbal abuse (35%), physical abuse (15%) or be put in fear by someone under the influence of alcohol (19%). Females were more likely than males to report their abuser being their current or former spouse or partner, while males were more likely to report their abuser being a stranger.

### *Number and density of alcohol outlets*

Table 6 displays the number and density per sq km of total liquor licenses, packaged liquor licenses, on-premises licenses, and restaurant and café licenses in the municipalities in the North & Western Region. In 2016, Maribyrnong has 48 outlets where alcohol can be bought to consume off the premises (compared to 36 in 2012[103]), 54 outlets where alcohol is served on the premises only (compared to 40 in 2012), and 87 outlets where alcohol as well as food is served on the premises. The total number of outlets and number of packaged liquor outlets per square kilometer and per 100,000 residents is relatively high compared with the neighboring LGAs Hobsons Bay and Brimbank and comparable with Moonee Valley.

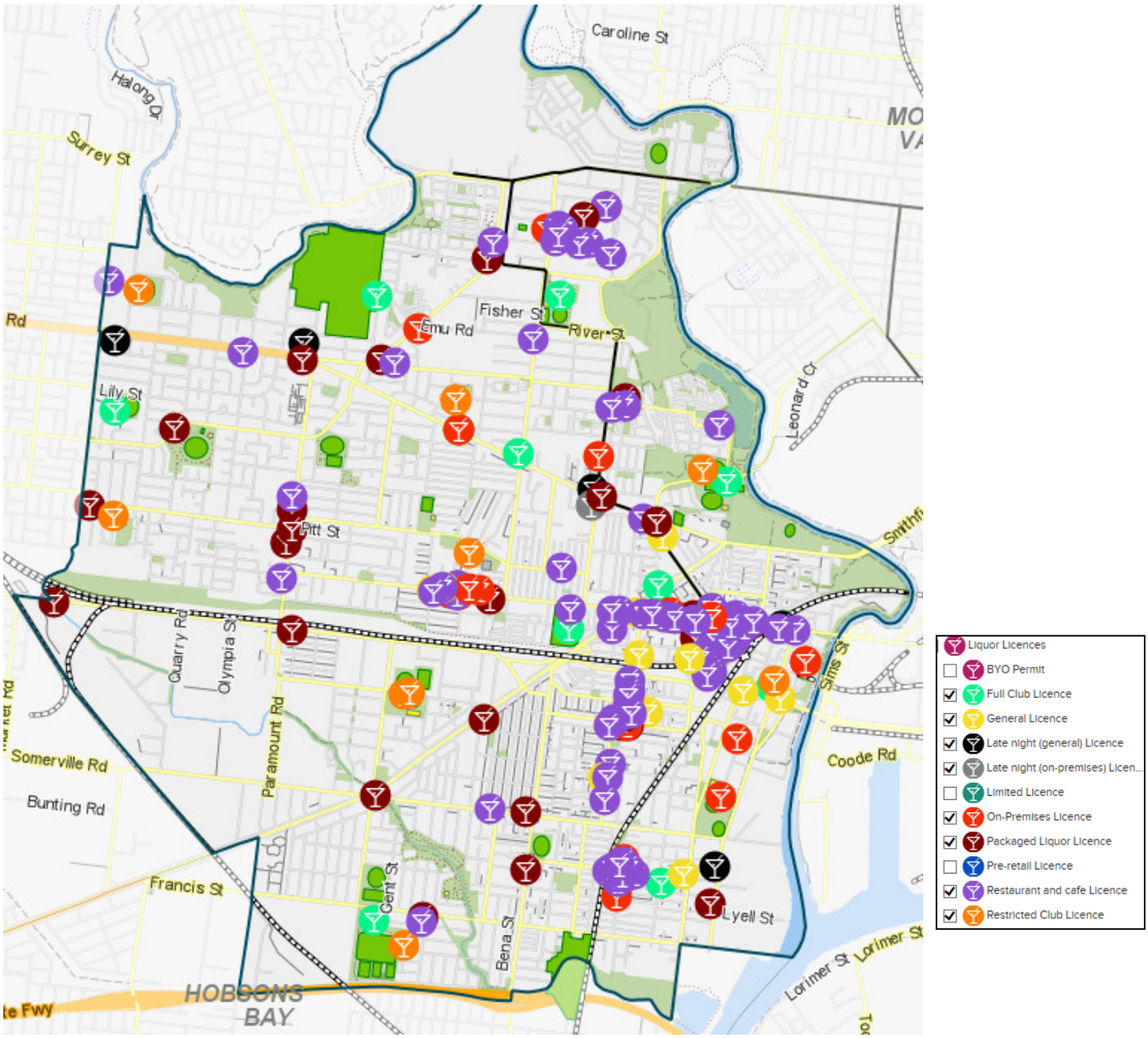
101 Community indicators Victoria (http://www.communityindicators.net.au).
102 Australian Institute of Health and Welfare 2014. National Drug Strategy Household Survey detailed report 2013. Drug statistics series no.28. Cat. no. PHE 183. Canberra: AIHW.
103 HealthWest Partnership, Alcohol and Other Drugs Environment Scan, May 2012.

### Table 6: Number and density of alcohol outlets in the North West Region per 1-1-2016

| | Total | Packaged liquor outlets including general licenses | On-premises licenses | Restau-rant + café licenses | No. of Packaged liquor outlets per sq km | No. of Packaged liquor outlets per 100,000 population | Total no. of outlets per sq km | Total no. of outlets 100,000 population |
|---|---|---|---|---|---|---|---|---|
| **Melbourne** | **1768** | **348** | **483** | **937** | **9.6** | **284.8** | **48.8** | **1446.7** |
| Yarra | 624 | 160 | 168 | 296 | 8.2 | 185.0 | 32.0 | 721.3 |
| **Moonee Valley** | **285** | **69** | **77** | **139** | **1.6** | **58.8** | **6.5** | **242.9** |
| Moreland | 260 | 78 | 70 | 112 | 1.5 | 47.7 | 5.1 | 159.0 |
| **Maribyrnong** | **189** | **48** | **54** | **87** | **1.5** | **58.6** | **6.0** | **230.9** |
| Banyule | 117 | 31 | 32 | 54 | 1.3 | 24.7 | 4.8 | 93.2 |
| Darebin | 265 | 56 | 77 | 132 | 1.1 | 37.7 | 5.0 | 178.2 |
| **Hobsons Bay** | **182** | **54** | **58** | **70** | **0.8** | **59.2** | **2.8** | **199.7** |
| **Brimbank** | **211** | **74** | **69** | **68** | **0.6** | **37.4** | **1.7** | **106.7** |
| Hume | 232 | 81 | 81 | 70 | 0.2 | 42.9 | 0.5 | 122.9 |
| Whittlesea | 234 | 74 | 75 | 85 | 0.2 | 39.6 | 0.5 | 125.1 |
| Wyndham | 169 | 63 | 40 | 66 | 0.1 | 31.5 | 0.3 | 84.6 |
| Nillumbik | 119 | 30 | 33 | 56 | 0.1 | 47.7 | 0.3 | 189.3 |
| Melton | 76 | 28 | 19 | 29 | 0.1 | 21.9 | 0.1 | 59.5 |

*Sources: Victorian Commission for Gaming and Liquor Regulations, Australian Bureau of Statistics*

The next map shows where all the licensed liquor outlets as per 1 January 2016 are in the City of Maribyrnong.




*Sources: Victorian Commission for Gaming and Liquor Regulations, Australian Bureau of Statistics*

**Figure 15: Licensed liquor outlets in the City of Maribyrnong per 1 January 2016**

## Drugs

### *Drug use*

The proportion of people aged 14 and over in Australia (15%) and Victoria (14%) having used any illicit drug (including misuse of pharmaceuticals and other psychoactive substances) in the last 12 months has remained relatively stable over the past decade. As table 7 shows, across Australia and Victoria, people aged 20–29 were most likely to have used an illicit drug in the previous 12 months.

**Table 7: Recent illicit use of any drug in Australia and Victoria by age**

| Age group | Australia (in %) | Victoria (in%) |
|---|---|---|
| 14–19 | 17.6 | 16.0 |
| 20–29 | 27.3 | 27.4 |
| 30–39 | 17.6 | 16.5 |
| 40–49 | 13.6 | 11.8 |
| 50–59 | 11.1 | 10.3 |
| 60+ | 6.4 | 6.3 |
| 14+ | 15.0 | 14.3 |

*Source: Australian Institute of Health and Welfare, National Drug Strategy Household Survey*

The proportion of people aged 14 and over in Australia and Victoria who had misused a pharmaceutical rose from 4% in 2010 to 5% in 2013. Other national trends in drug use include:

- The use of ecstasy, GHB and heroin declined in recent years.
- The most common drug used both recently and over the lifetime remained cannabis, used by 10% Australians and 9% Victorians aged 14 and over in the past 12 months.
- Approximately 2% of Victorians (and Australians) have used meth/amphetamines in 2013.
- The age at which people first used cannabis and meth/amphetamines increased between 2010 and 2013.
- Cannabis and meth/amphetamine users were more likely to use these drugs on a regular basis with most people using them at least every few months, while ecstasy and cocaine use was more likely to be infrequent, with many users only using the drug once or twice a year.
- Among meth/amphetamine users, use of powder fell dramatically in 2013, while the use of ice more than doubled.
- Among ice users, more frequent use (daily or weekly) of the drug was also reported from 12% in 2010 to 25% in 2013.

### *Drug-related ambulance attendances*

Table 8 displays the ambulance attendance rates of 2013-2014 per alcohol and other drugs in metropolitan Melbourne and Maribyrnong. Clearly, the consumption of alcohol only caused by far the most ambulance attendances. Ambulance rates are higher in Maribyrnong compared to metropolitan Melbourne for most other drug types.

### Table 8: Ambulance attendance rates per 100,000 residents 2013-2014 per cause of drug

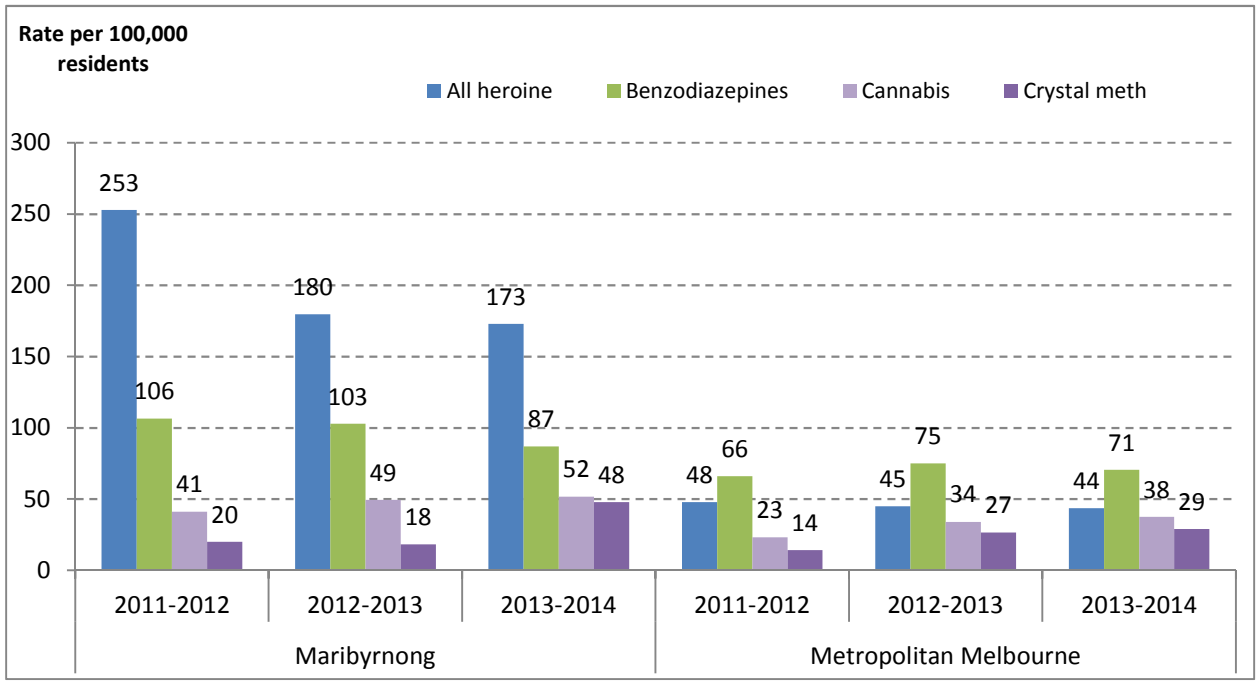
| | Metropolitan Melbourne | Maribyrnong |
|---|---|---|
| Alcohol | 291 | **486** |
| All amphetamine | 40 | **54** |
| -crystal methamphetamine | 29 | **48** |
| -other amphetamine | 11 | 6 |
| Cannabis | 38 | **52** |
| Cocaine | 3 | Not available |
| Ecstasy | 8 | 9 |
| GHB | 15 | 10 |
| All heroin | 44 | **173** |
| -heroin (with response to naloxone) | 23 | **101** |
| -other heroin | 21 | **72** |
| Anticonvulsant | 7 | Not available |
| Antidepressant | 26 | 21 |
| Antipsychotic | 29 | 18 |
| Benzodiazepine | 71 | **87** |
| Inhalant | 3 | Not available |
| Opioid analgesic | 16 | 14 |
| Other analgesic | 40 | 39 |
| Methadone | 5 | Not available |

*Source: Turning Point, Ambo Project: Alcohol and Drug Related Ambulance Attendances*

Figure 16 compares the four highest drug-related ambulance attendance rates in Maribyrnong to those in Metropolitan Melbourne in the past three years: heroin (1), benzodiazepine (2), cannabis (3), and crystal meth (4).

Heroin-related attendance rates have dropped, but are still very high in Maribyrnong (173 per 100,000 in 2013-2014, only one LGA, Yarra, has higher rates). Benzodiazepine-related[104] attendance rates have dropped as well in Maribyrnong (87 per 100,000 in 2013-2014) but remain above the metropolitan Melbourne average. Rates in Yarra, Frankston, Mornington Peninsula, Melbourne, Port Philip, Stonnington and Melton are higher than in Maribyrnong. Cannabis-related attendance rates have increased in Maribyrnong and metropolitan Melbourne, and the rate in Maribyrnong (52 per 100,000 in 2013-2014) remains above the metropolitan Melbourne average and in the top five; only Melbourne, Frankston, Yarra and Port Philip have higher rates. Crystal meth-related[105] attendance rates have more than doubled in the past three years in Maribyrnong (48 in 2013-2014) and metropolitan Melbourne (29 in 2013-2014). In metropolitan Melbourne, the top five ranking LGAs in rates of crystal methamphetamine-related ambulance attendances in 2013-2014 were Melbourne, Frankston, Port Phillip, Yarra and Maribyrnong.

104 This category includes drugs such as alprazolam, bromazepam, clobazam, clonazepam, diazepam, flunitrazepam, lorazepam, midazolam, nitrazepam, oxazepam, temazepam and triazolam. This category also includes the sedatives zolpidem and zopiclone. Alcohol and other drugs may have also been ingested.
105 These cases are selected on the basis of ambulance paramedic mention of the involvement of crystal methamphetamine, established through patient self-report or information provided by someone else at the scene, such as family, friends or associates.




*Source: Turning Point, Ambo Project: Alcohol and Drug Related Ambulance Attendances*

**Figure 16: Heroin, benzodiazepines, cannabis and crystal meth-related attendance rates**

The data displayed in table 9 shows the characteristics of these four drug-related ambulance attendances in metropolitan Melbourne.

**Table 9: Characteristics drug-related related attendances in metro Melbourne 2013-2014**

| | Heroin | Benzo-diazepine | Cannabis | Crystal meth |
|---|---|---|---|---|
| attendances - N | 1,869 | 3,021 | 1,608 | 1,237 |
| attendances – per 100,000 population | 44 | 71 | 38 | 29 |
| mean per day – per 100,000 population | 5.1 | 8.3 | 4.4 | 3.4 |
| age – mean / median | 37/35 | 39/38 | 30/28 | 30/28 |
| male | 70% | 43% | 67% | 62% |
| alcohol involved | 19% | 42% | 45% | 20% |
| public space | 59% | 22% | 30% | 42% |
| police co-attendance | 20% | 25% | 23% | 34% |
| transported to hospital | 37% | 90% | 73% | 80% |

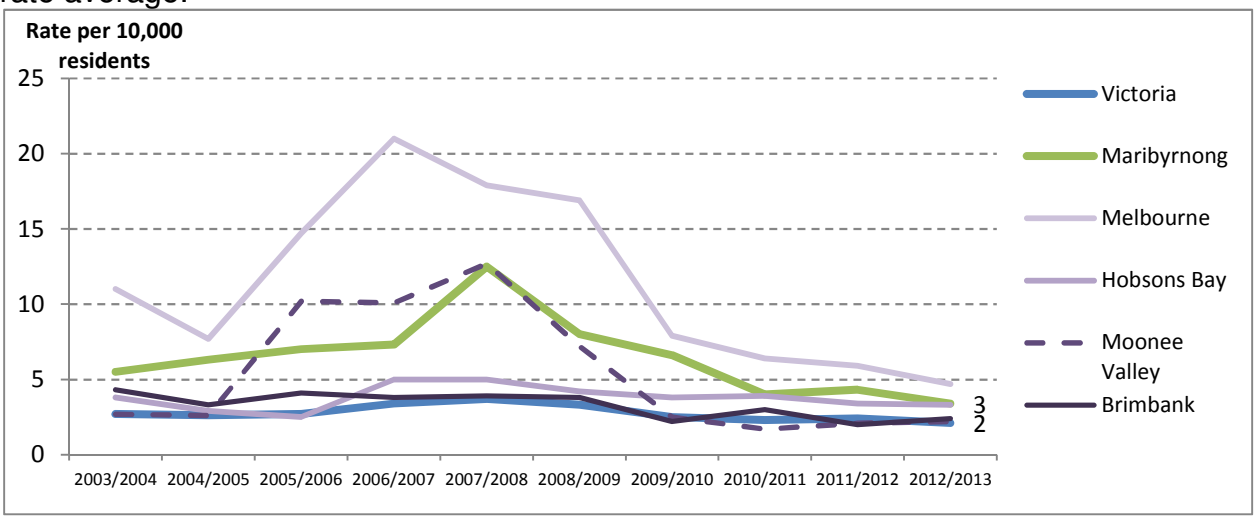
*Source: Turning Point, Ambo Project: Alcohol and Drug Related Ambulance Attendances*

Roughly two thirds of the patients using heroin, cannabis and crystal meth are male. The mean and median ages of patients using heroin and benzodiazepine are higher than those using cannabis and crystal meth. However, significant increases in patient's age are observed for all four drug categories in the past three years. Alcohol was involved in at least 4 out of 10 cannabis-related and benzodiazepine-related attendances and 2 out of 10 heroin-related and crystal meth-related attendances. The

proportion of attendances co-attended by police varied from 20% (heroin) to 34% (crystal meth). A vast majority of the benzodiazepine-related (90%), cannabis-related (73%), and crystal meth-related (80%) attendances and 37% of heroin-related attendances were transported to hospital in 2013-2014.

### *Drug-related emergency department presentations*

Figure 17 illustrates that the total rate of illicit drug-related (excluding pharmaceuticals) emergency department presentations has dropped significantly over the last five years in Maribyrnong from 12.5 to 3.4 per 10,000 residents in 2012-2013, just above the state rate average. [106]

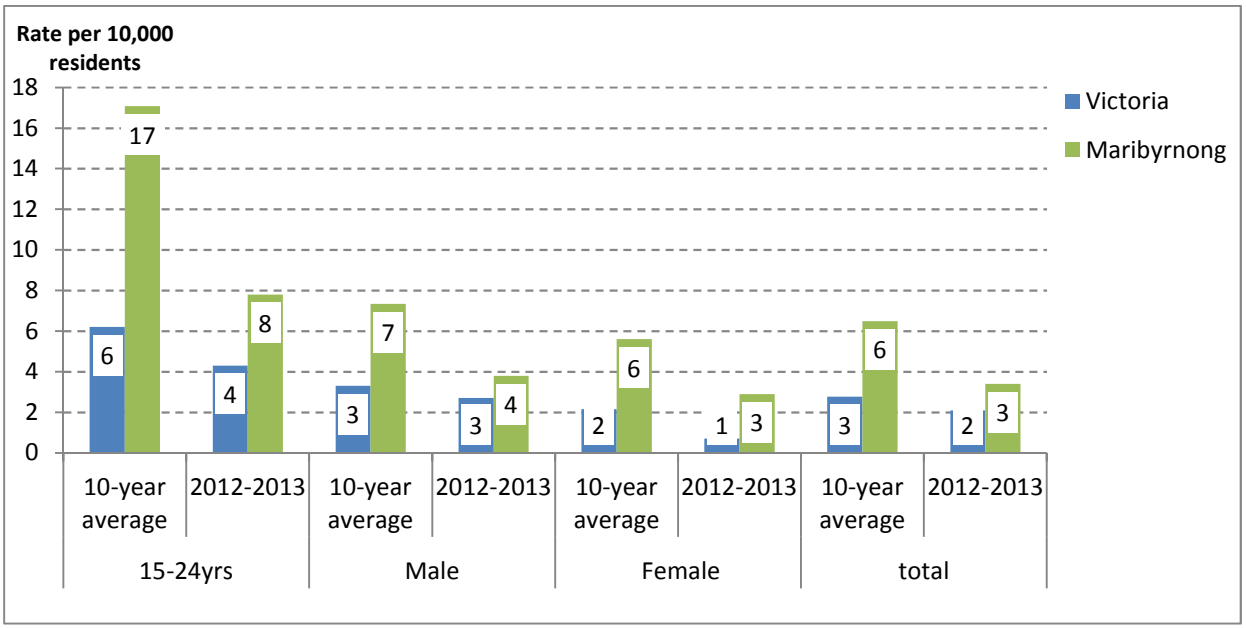



*Source: AODStats, Victorian Emergency Minimum Dataset (VEMD), http://aodstats.org.au/VicLGA/*

**Figure 17: Illicit drug-related ED presentations total rates in past decade**

Figure 18 compares the 10-year average ED presentations rates in Maribyrnong and Victoria with the 2012-2013 averages. Over the last decade, total rates (6 versus 3), rates for males (7 versus 3), females (6 versus 2) and 15-24 year olds (17 versus 6) have been at least twice as high in Maribyrnong compared to those rates in Victoria. However, these differences have become much smaller in the last few years.

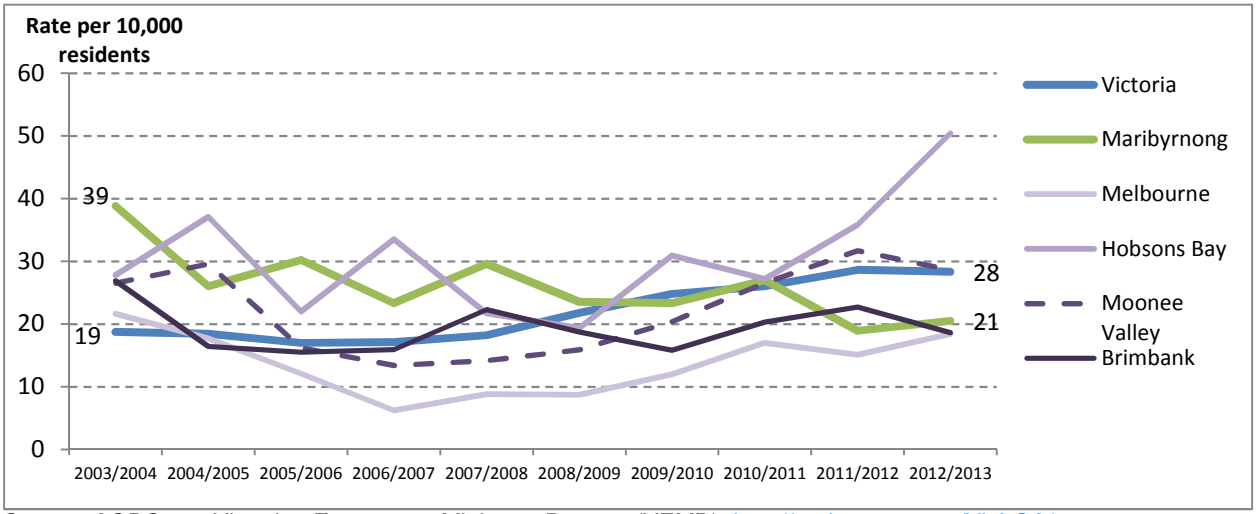
106 Data on presentations to Emergency Departments were obtained from the Victorian Emergency Minimum Dataset (VEMD). The VEMD is a database maintained by the Victorian Department of Health and contains detailed demographic, clinical and administrative information on all presentations to Victorian public hospitals with 24-hour emergency departments. This includes a range of fields regarding the reason for each presentation (using ICD10 diagnoses), as well as age, sex, postcode and other variables (http://aodstats.org.au/Documents/AODstats%20Methods_final%202014.10.02.pdf).




*Source: AODStats, Victorian Emergency Minimum Dataset (VEMD), http://aodstats.org.au/VicLGA/*

**Figure 18: Illicit drug-related ED presentations average 10-year rates and 2012-2013**

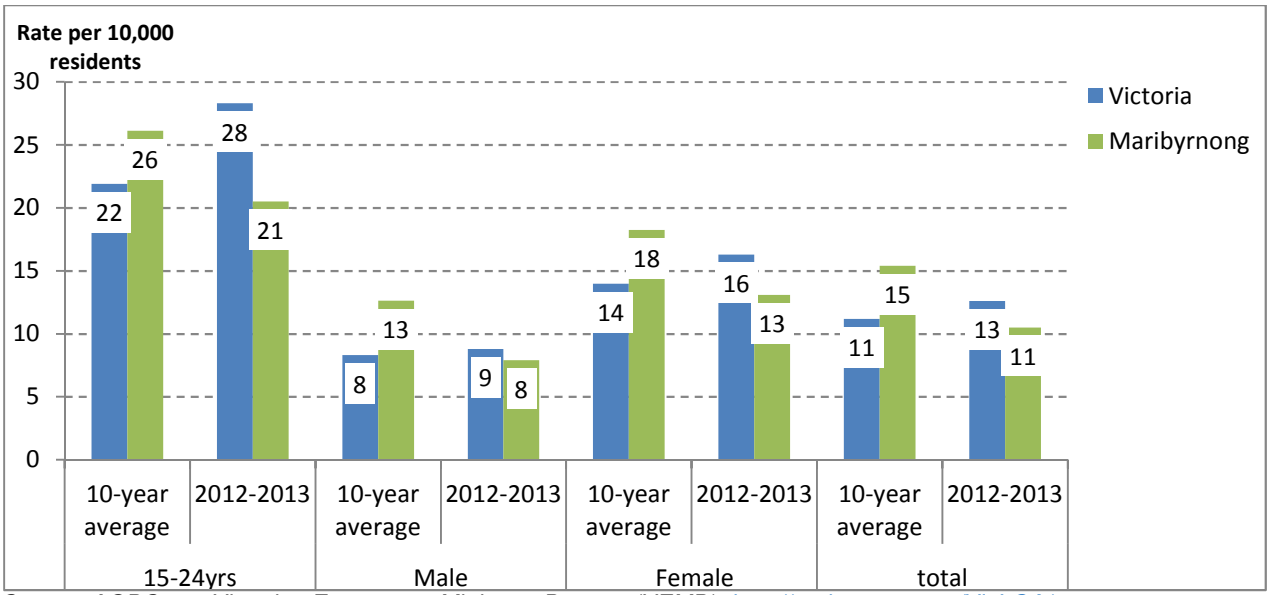
Figure 19 illustrates that the total rate of pharmaceutical-related emergency department presentations has – in contrast to the upwards trend in Victoria - dropped significantly in the last decade in Maribyrnong from 39 to 21 per 10,000 residents.




*Source: AODStats, Victorian Emergency Minimum Dataset (VEMD), http://aodstats.org.au/VicLGA/*

**Figure 19: Pharmaceutical-related ED presentations total rates in past decade**

Figure 20 presents the 10-year average ED presentations rates in Maribyrnong and Victoria with the 2012-2013 averages.



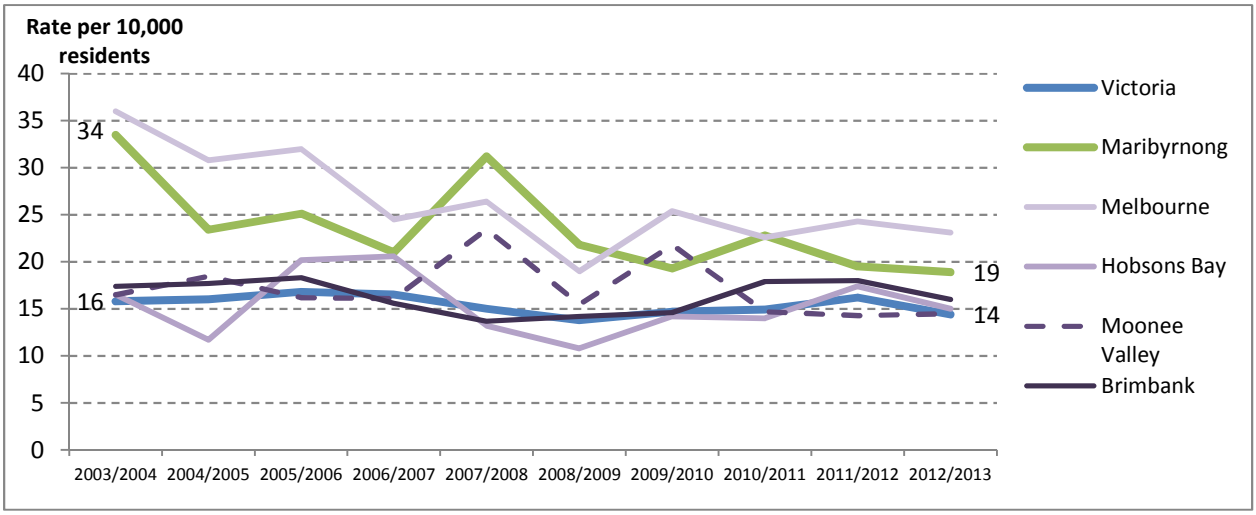

*Source: AODStats, Victorian Emergency Minimum Dataset (VEMD), http://aodstats.org.au/VicLGA/*

**Figure 20: Pharmaceutical-related ED presentations average 10-year rates and 2012-2013**

Clearly, pharmaceutical-related ambulance attendances rates for young people, males and females in Maribyrnong have been relatively high in the past, but appear to have dropped and were below state level in 2012-2013.

### *Drug-related hospitalisations*

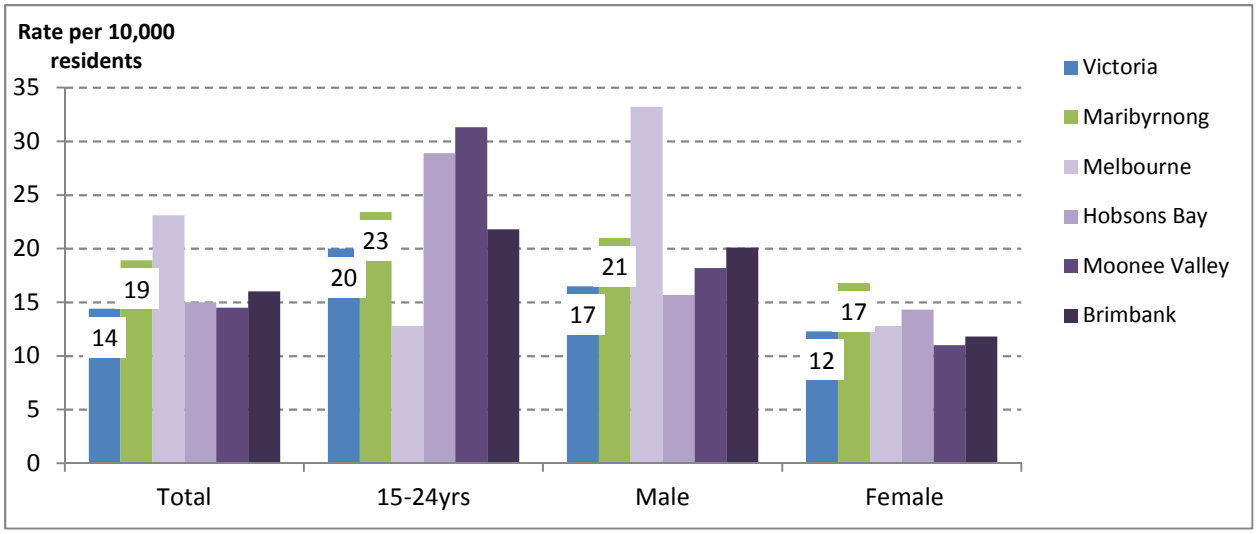
Figure 21 illustrates that although the total illicit drug-related (excluding pharmaceuticals) hospitalisation rate has declined in the last decade in Maribyrnong from 34 to 19, it remains above the state average (14).




*Source: AODStats, Victorian Admitted Episodes Dataset (VAED), http://aodstats.org.au/VicLGA/*

**Figure 21: Illicit drug-related hospitalisation rate**

Figure 22 presents the illicit drug-related hospitalisation rates 2012-2013 in Maribyrnong, Victoria and bordering LGAs.[107] It shows that the hospitalisation rates in Maribyrnong for men, women and young people are all above state averages (and belong to the metropolitan Melbourne top). The total rate in the inner city LGAs Port Philip, Stonnington, and Melbourne is higher than in Maribyrnong and Yarra.



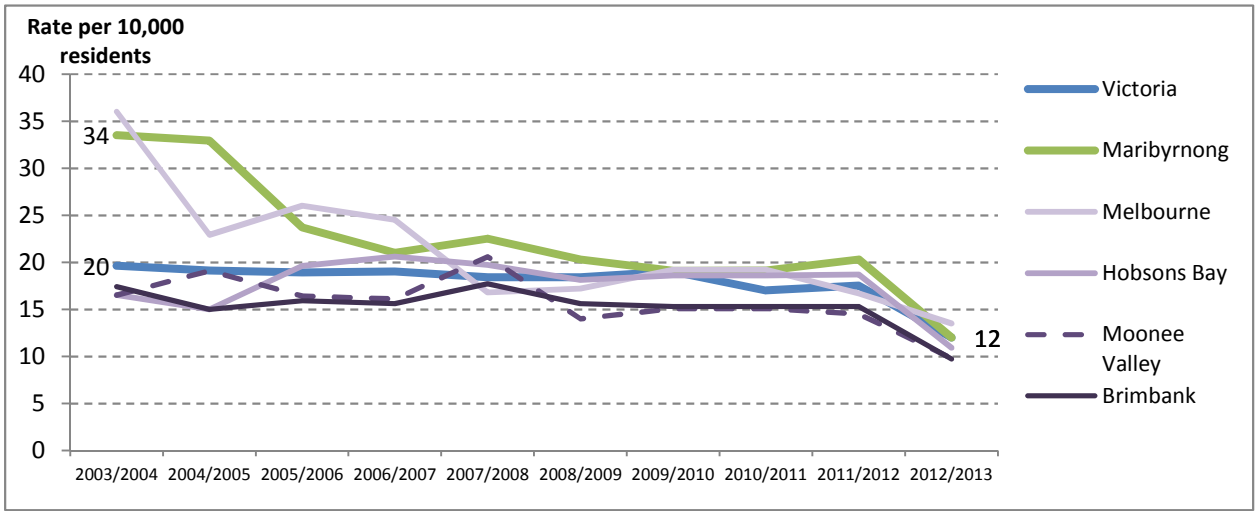

*Source: AODStats, Victorian Admitted Episodes Dataset (VAED), http://aodstats.org.au/VicLGA/*

**Figure 22: Illicit drug-related hospitalisation rate 2012-2013**

Figure 23 illustrates that the total pharmaceutical-related hospitalisation rate has dropped significantly in Maribyrnong from 34 to 12 towards the state average (12).

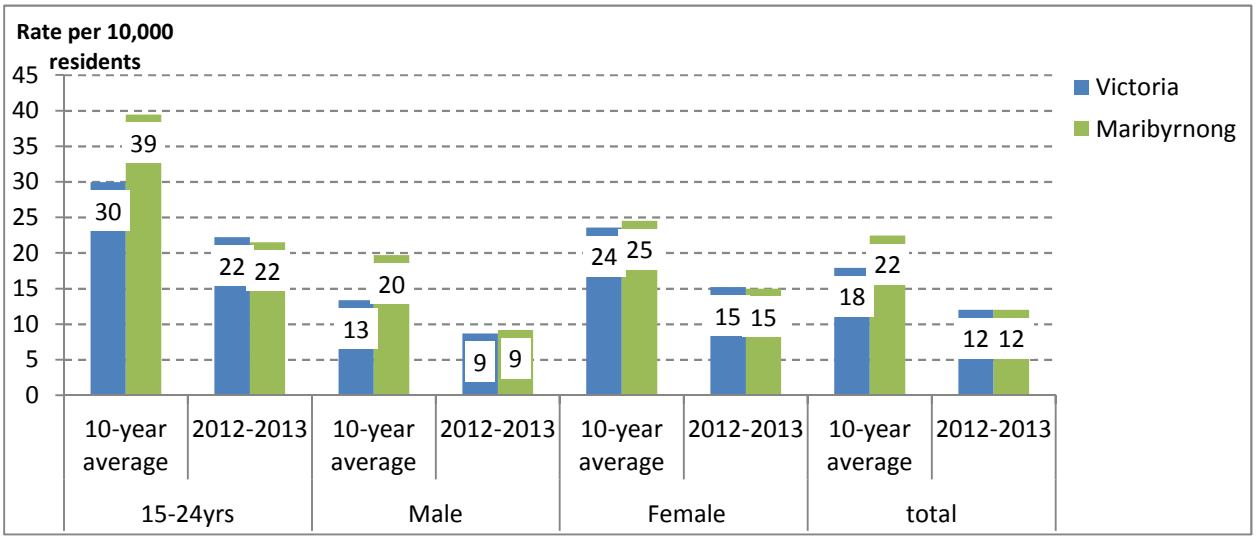
Figure 24 shows that the pharmaceutical-related hospitalisation rates in Maribyrnong for men, women and young people have all dropped and are now comparable with state averages. Although, Maribyrnong's total rate belongs to the metropolitan Melbourne top 10 and is one of the highest in the Western Region (only Melbourne's rate is higher), the rate in the inner city LGAs of Port Philip, Stonnington is also higher than in Maribyrnong (and Yarra).

107 Information on drug-related hospital admissions were obtained from the Victorian Admitted Episodes Dataset (VAED). The VAED is a database maintained by the Victorian Department of Health and contains details of all acute hospital separations in Victoria including information on the cause of the admission, as well as the age, sex and resident local government area (LGA) of the admitted patient. Care provided in the Emergency Department is no longer counted as a VAED admission (http://aodstats.org.au/Documents/AODstats%20Methods_final%202014.10.02.pdf).




*Source: AODStats, Victorian Admitted Episodes Dataset (VAED), http://aodstats.org.au/VicLGA/*

**Figure 23: Pharmaceutical-related hospitalisation rate**




*Source: AODStats, Victorian Admitted Episodes Dataset (VAED), http://aodstats.org.au/VicLGA/*

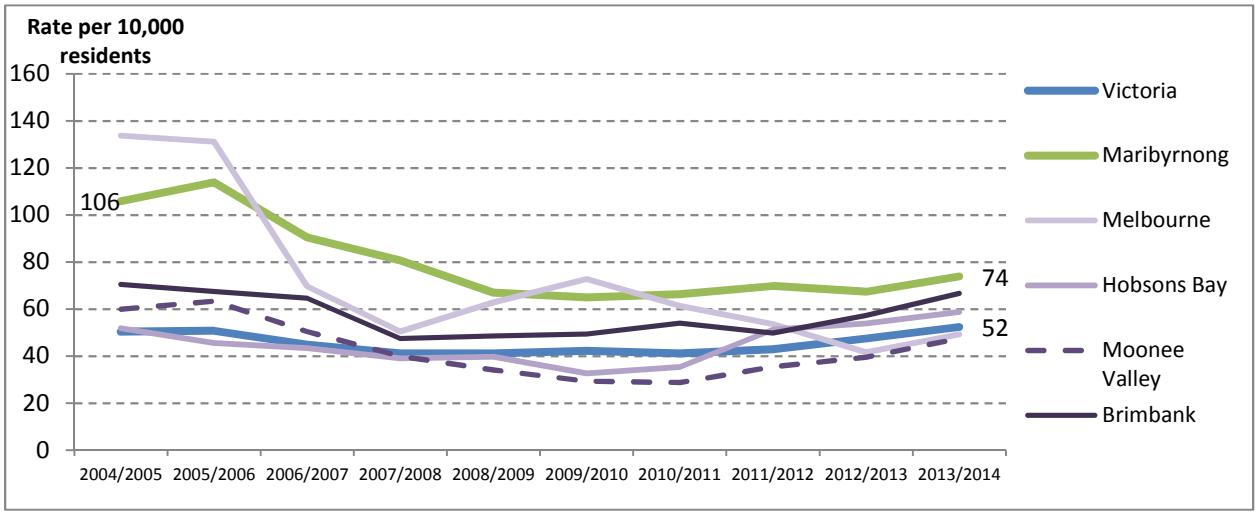
**Figure 24: Pharmaceutical drug-related hospitalisation rates**

### *Drug-related treatments*

Figure 25 illustrates that the total rate per 10,000 residents of people seeking treatment for illicit drug-related (excluding pharmaceuticals) problems has declined but is relatively high in Maribyrnong (74 in 2013/2014) compared with average rates in Victoria (52 in 2013/2014) and the bordering LGAs.[108] This can be partially explained by the number of alcohol and drug services available in the municipality. The total rate in Maribyrnong

108 The data presented have been downloaded from AODstats and derived from ADIS-contributing specialist drug and alcohol agencies (including community health centres) in Victoria. Unit level data were obtained from the Department of Health (http://aodstats.org.au/Documents/AODstats%20Methods_final%202014.10.02.pdf).

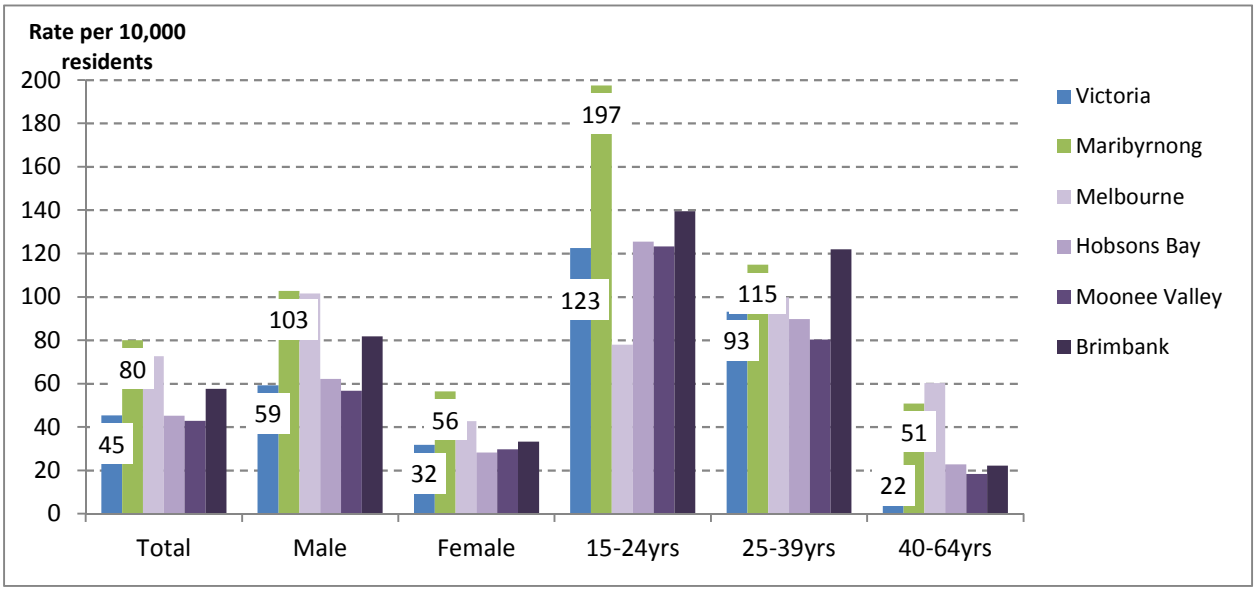
belongs to metropolitan Melbourne's top 5; only Yarra, Cardinia and Frankston have higher illicit drug-related treatment rates.




*Source: AODStats, Alcohol and Drugs Information System (ADIS), http://aodstats.org.au/VicLGA/*

**Figure 25: Illicit drug-related treatment rates in past decade**

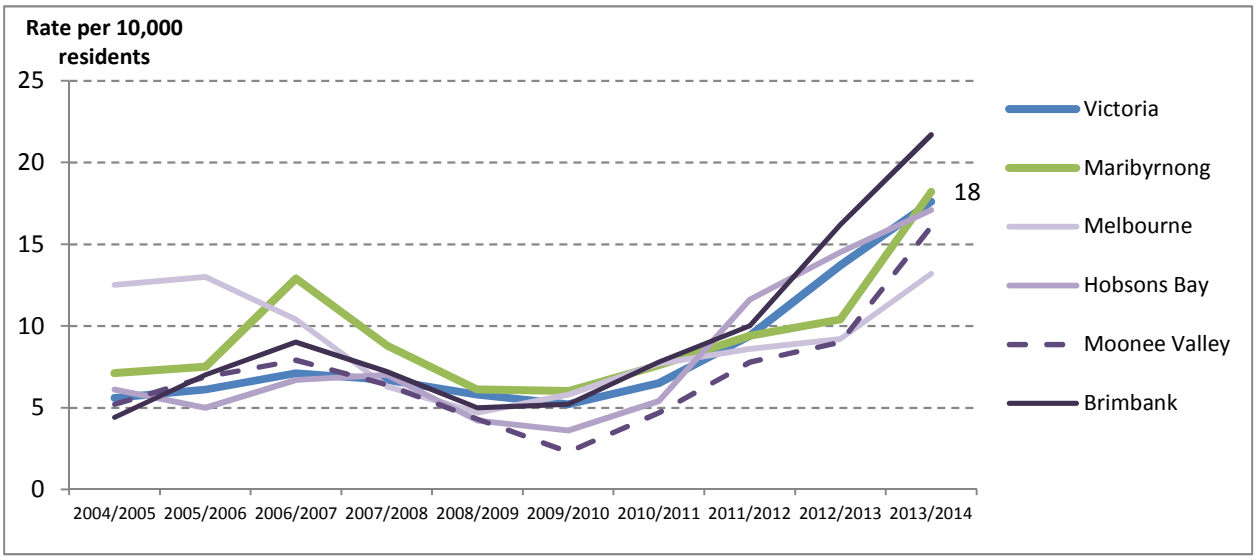
Furthermore, figure 26 shows that the 10-year average illicit drug-related treatment rates for males, females and most age groups are relatively high in Maribyrnong. Treatment rates are highest for the 15-24 year age group in Maribyrnong and elsewhere.




*Source: AODStats, Alcohol and Drugs Information System (ADIS), http://aodstats.org.au/VicLGA/*

**Figure 26: Illicit drug-related treatment rates 10-year average rates**

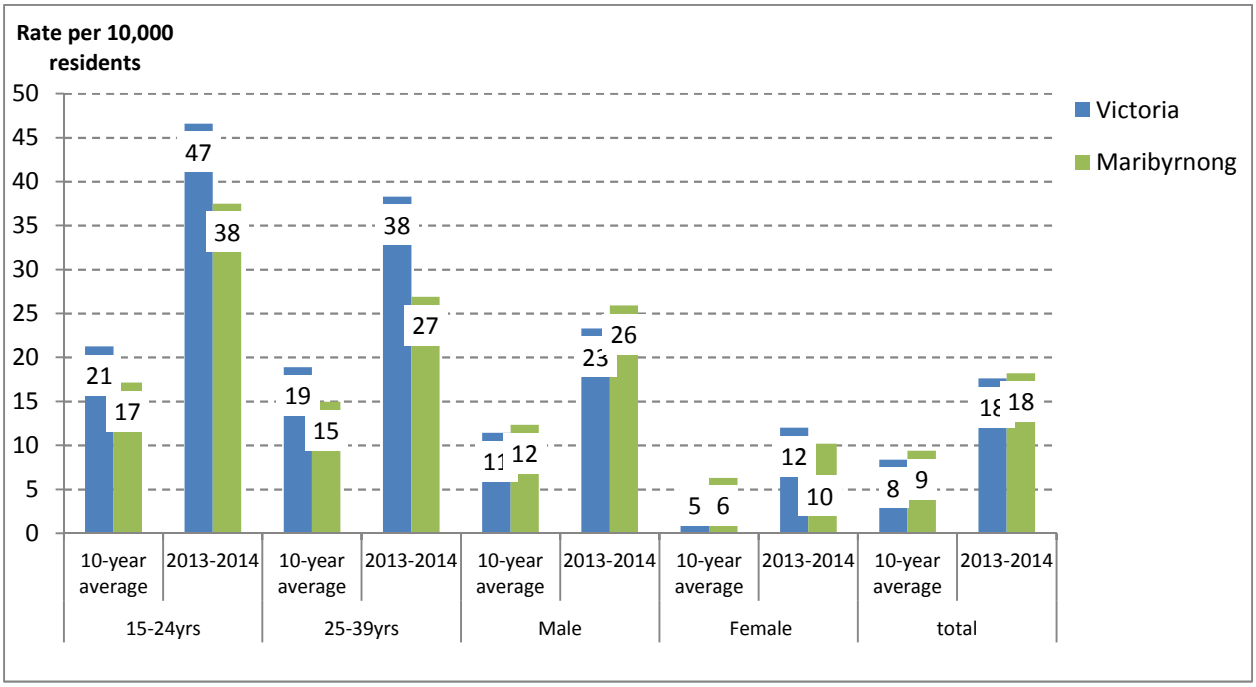
Figure 27 displays the total meth/amphetamine-related treatment rates for Maribyrnong, Victoria and surrounding LGAs. It shows that the rates have gone up everywhere and the rate in Maribyrnong is similar to the state average.




*Source: AODStats, Alcohol and Drugs Information System (ADIS), http://aodstats.org.au/VicLGA/*

**Figure 27: Meth/Amphetamine-related treatment in past decade**

Figure 28 presents the 10-year average and 2013-2014 meth/amphetamine-related treatment rates.

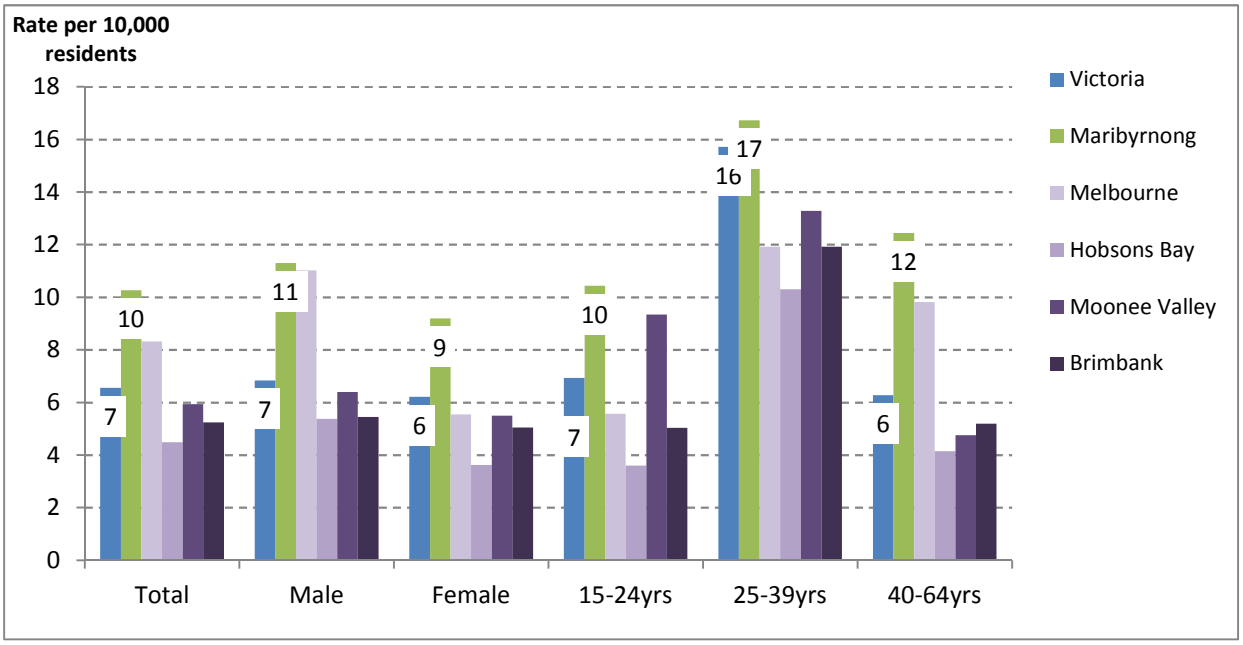



*Source: AODStats, Alcohol and Drugs Information System (ADIS), http://aodstats.org.au/VicLGA/*

**Figure 28: Meth/Amphetamine-related treatment rate 2013-2014 and 10-year average**

It shows that the total rate in Maribyrnong is comparable with the total rate in Victoria - 18 per 10,000 residents in 2013-2014 – which brings Maribyrnong just in metropolitan Melbourne's top 10 meth/amphetamine-related treatment rate. The only other inner city LGA that has a spot in the top 10 is Yarra; other LGAs include Cardinia, Frankston, Melton, Moreland, Knox, Brimbank, Wyndham and Hume. Figure 26 also demonstrates that meth/amphetamine-related treatment rates are particular high for males, 15-24 year olds and 25-39 year olds.

In 2013-2014, the total pharmaceutical-related treatment rate in Maribyrnong is the highest in metropolitan Melbourne; other LGAs that belong to the top 5 are Port Philip, Maroondah, Yarra and Yarra Ranges. Figure 29 also shows that the 10-year average pharmaceutical-related treatment rates for males, females and most age groups are above state level and neighbouring LGAs. Treatment rates are highest for the 25-39 year age group in Maribyrnong and elsewhere.




Source: *AODStats, Alcohol and Drugs Information System (ADIS), http://aodstats.org.au/VicLGA/*

**Figure 29: Pharmaceutical-related treatment 10-year average rates**

### *Drug-related incidents*

According to the 2013 National Drug Strategy Household Survey findings, 8% of Australians and Victorians had been a victim of an illicit drug-related incident. Verbal abuse was the most frequently reported incident. The proportion experiencing physical abuse by someone under the influence of illicit drugs rose from 2% in 2010 to 3% in 2013.

## Tobacco

The Victorian Health Population Surveys reveal the decline in the prevalence of smoking in Victoria for both in men and women. The proportion of male smokers declined from 24% in 2003 to 19% in 2012; the proportion of female smokers declined even more from 19% in 2003 to 12% in 2012.

Figure 30 compares the smoking status of communities living in Maribyrnong with those in the North & West Metropolitan region, Metropolitan Melbourne and Victoria in 2008 and 2011-2012. Overall, the prevalence of current smokers have declined everywhere between 2008 and 2011-2012 and the proportion of current smokers in Maribyrnong is similar to the Victorian average; 16% of residents aged 18 and older smoke daily or occasionally.

The 2013 National Drug Strategy Household Survey also shows the decline in daily tobacco smoking in Australia including Victoria. Other national trends include: the average age at which young people smoked their first cigarette has steadily risen since 2001, smokers smoked fewer cigarettes per week in 2013 compared to 2010, and dependent children were far less likely to be exposed to tobacco smoke inside the home in 2013 compared to 1999.


*Source: Victorian Government, Victorian Population Health Survey 2008 and 2011-2012*

**Figure 30: Prevalence of current smokers in 2008 and 2011-2012**

While smoking rates have significantly decreased over the past 30 years in Victoria and Australia, the rate of decline has not been experienced equally across the whole population – 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, people who live in rural areas, and people on low incomes or who are unemployed. One in eight women continues to smoke while pregnant, with rates three times higher for Aboriginal women. One in five Victorian children aged 5–12 years live in a household with a smoker. Children in areas of least disadvantage are about three times less likely to live in a household with a smoker than those in most disadvantaged areas.[109]

Although smoking rates in Australia show that people from English-speaking backgrounds are more likely to smoke than those from non-English speaking backgrounds, within some smaller population sub-groups the smoking rates appear to be higher. For example, some studies have shown that the Arabic-speaking population, the Lebanese community, male members of the Vietnamese community and Burmese refugees living in Australia have higher tobacco smoking rates.[110] [111]

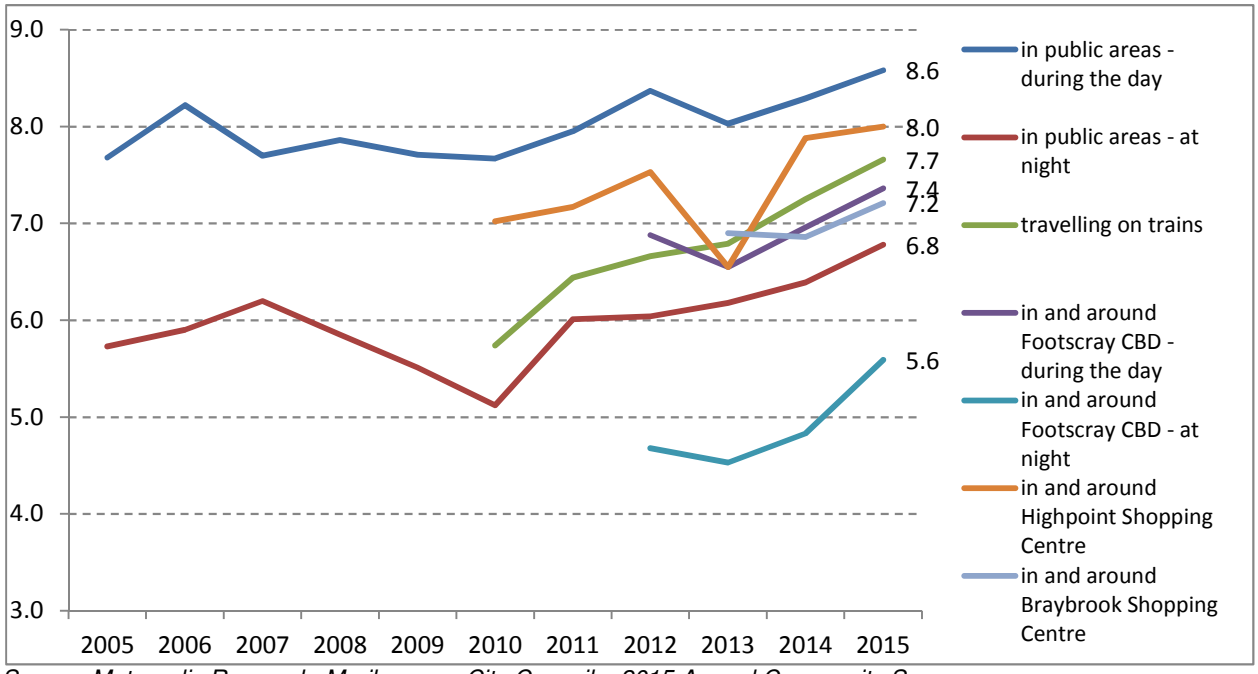
## Community Safety

### *Perceived safety*

Figure 31 shows the perception of safety in various locations according to the Maribyrnong community.

Over time, feelings of safety have increased significantly everywhere in the municipality. In 2015, residents felt very safe in public areas in the City of Maribyrnong during the day (8.6), in and around Highpoint Shopping Centre (8.0) and travelling on trains (7.7). Residents felt solidly safe in and around Footscray CBD during the day (7.4), in and around Braybrook Shopping Centre (7.2), and in the City of Maribyrnong at night (6.8). Residents felt the least safe in and around Footscray CBD at night (5.6).

109 Victoria State Government, Victorian public health and wellbeing plan 2015-2019.
110 Furber S. et al, 2013, A qualitative study on tobacco smoking and betel quid use among Burmese refugees in Australia, University of Wollongong, Papers Faculty of Science, Medicine and Health, Research Online.
111 Greenhalgh, EM, Bayly, M, & Winstanley, 2015, MH. 1.8 Trends in prevalence of smoking by country of birth. In Scollo, MM and Winstanley, *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria; 2015.




*Source: Metropolis Research, Maribyrnong City Council – 2015 Annual Community Survey*

**Figure 31: Perception of community safety in public areas in Maribyrnong 2005-2015**

However, table 10 shows that residents in Maribyrnong feel slightly less safe walking alone during the day and during the night than average.

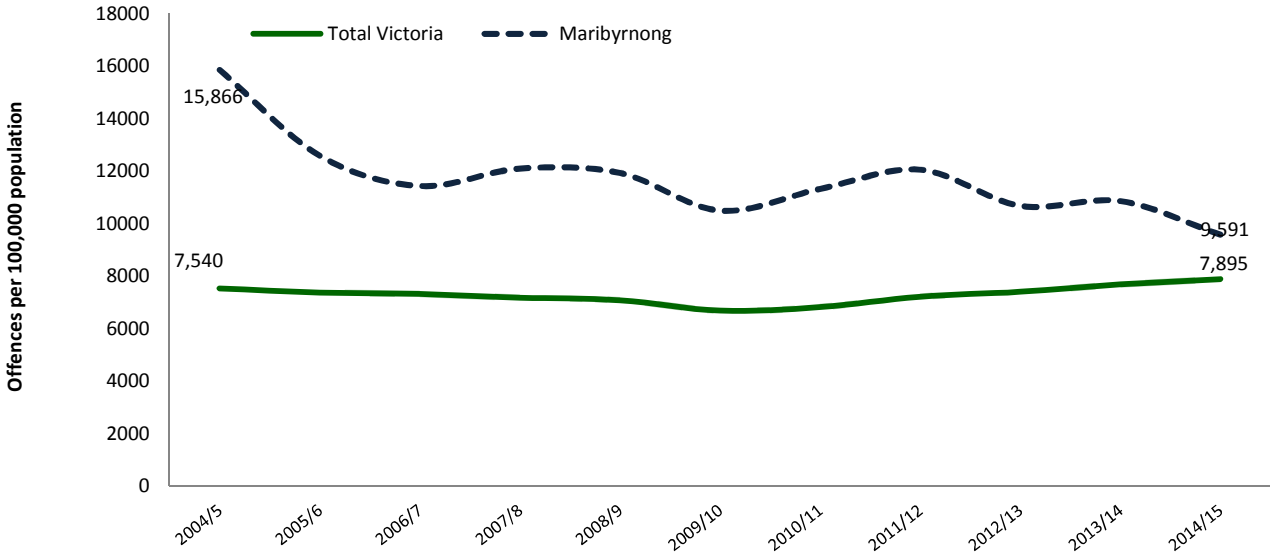
**Table 10: Perception of safety Maribyrnong and Victoria in 2012**

| | Maribyrnong | Victoria |
|---|---|---|
| % Adults who feel safe walking alone during the day | 95.5 | 97.0 |
| % Adults who feel safe walking alone during the night | 64.1 | 70.3 |

*Source: VicHealth Survey 2012, accessed via www.communityindicatorsvictoria.com.au*

### *Crime statistics*

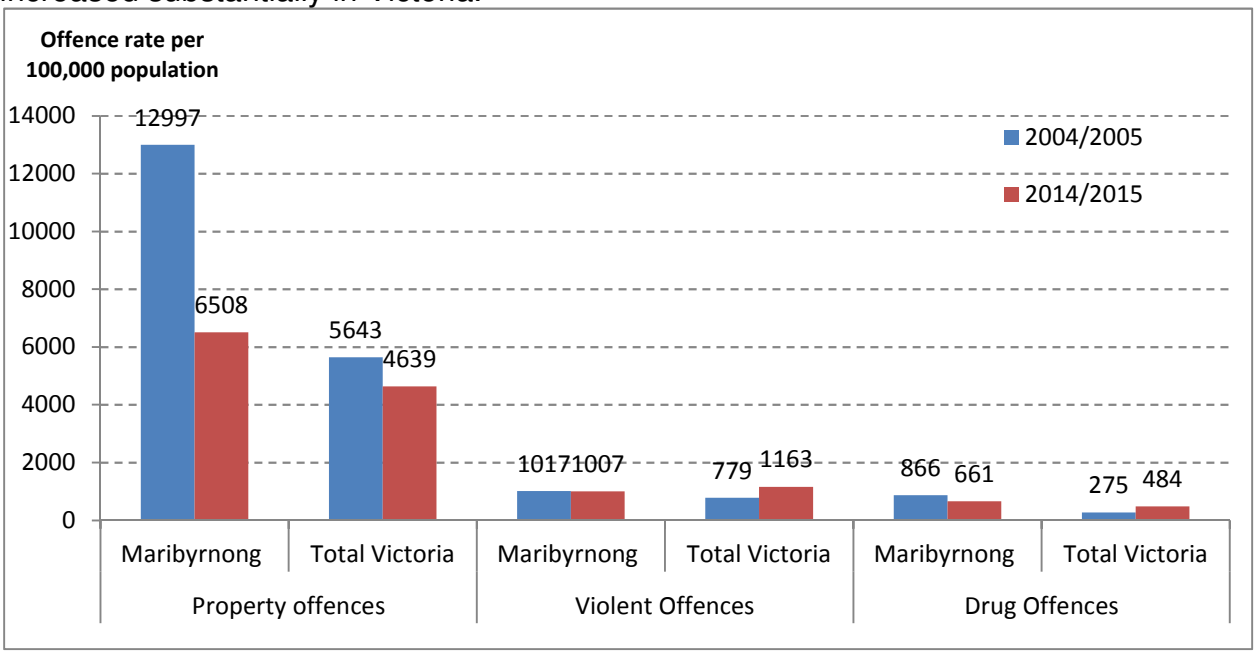
Historically, Maribyrnong crime statistics have been relatively high and most offence category rates are well above the Victorian average. However, the total rate of all offences has declined significantly (40%) over the last decade in Maribyrnong from 15,866 per 100,000 population in 2004-2005 to 9,242 in 2014-2015, whereas Victoria saw an increase of 5% in that same period (from 7,540 to 7,895 per 100,000 population) as figure 32 shows.




*Source: Crime Stats Agency, Victoria Police LEAP Database, accessed via www.socialstatistics.com.au*

**Figure 32: Total Offence rates in Maribyrnong and Victoria in the past decade**

Figure 33 compares the three important category offence rates (property, violent, drug) in 2004/2005 and 2014/2015 in Maribyrnong and Victoria. In comparison to crime trends in Victoria, Maribyrnong property offence rate dropped drastically in the last decade. The violent offence rate remained unchanged in Maribyrnong, though it increased significantly in Victoria. The drug offence rate dropped substantially in Maribyrnong, but increased substantially in Victoria.




*Source: Crime Stats Agency, Victoria Police LEAP Database, accessed via www.socialstatistics.com.au*

**Figure 33: Property, Violent and Drug Offence rates in Maribyrnong and Victoria**