

Table of Contents

1. EXECUTIVE SUMMARY & RECOMMENDATIONS	1
2. INTRODUCTION.....	3
2.1 PROFILE OF THE CITY OF PORT PHILLIP.....	3
2.2 POLICY BACKGROUND.....	5
2.3 LOCAL INITIATIVES IN THE CITY OF PORT PHILLIP.....	7
2.4 CONSULTATION FOR THE DEVELOPMENT OF THE LOCAL DRUG STRATEGY	7
2.5 DRUG ISSUES WITHIN THE CITY OF PORT PHILLIP	8
3. THE LOCAL DRUG STRATEGY	10
3.1 KEY PRINCIPLES.....	12
3.2 GOALS	13
4. THE FIVE ELEMENTS OF THE LOCAL DRUGS STRATEGY.....	14
4.1 PREVENTION/EARLY INTERVENTION.....	17
4.1.1 <i>Youth-focused early intervention</i>	18
4.1.2 <i>Community Support</i>	21
4.1.3 <i>Community education</i>	24
4.2 SAVING LIVES	27
4.3 CRIMINAL JUSTICE.....	34
4.4 PUBLIC PLACE MANAGEMENT.....	39
4.5 TREATMENT/REHABILITATION	42
5. IMPLEMENTATION OF THE LOCAL DRUG STRATEGY.....	45
6. REFERENCES.....	48
7. APPENDICES	49
7.1 LIST OF DRUGS ROUND TABLE MEMBERS.....	49
7.2 RECOMMENDATIONS FOR THE TRIAL OF A SUPERVISED INJECTING FACILITY IN THE CITY OF PORT PHILLIP ..	50
7.3 RESOURCE REQUIREMENTS	57
7.4 SERVICE MAPPING	61

1. EXECUTIVE SUMMARY & RECOMMENDATIONS

In November '99 the Victorian Government established the Drug Policy Expert Committee (DPEC) to provide advice on the implementation of its drugs policy. The City of Port Phillip, along with the Cities of Yarra, Melbourne, Maribyrnong and Dandenong were invited to participate in the development of local drug strategies and to consider the establishment of a supervised injecting facility as part of an 18 month trial. These municipalities were chosen because they have a high level of street drug activity.

A Drugs Round Table of community leaders and key stakeholder representatives in the City of Port Phillip was established to advise on the development of the Local Drug Strategy. The strategy that has been developed by the Drugs Round Table is described in this report.

The City of Port Phillip Local Drug Strategy will build upon the previous work undertaken within the municipality regarding drug and alcohol problems. It represents a new long-term commitment, to addressing drug-related problems within the local community. It will provide a focus for community involvement and action to address drug related problems in the community.

The Local Drug Strategy will address the health and social problems associated with both illicit and licit drugs. The major focus of the initial work will be upon heroin use and related problems. An initial 3 year time frame will be set. The strategy will have a broad focus covering the following five elements:

- Prevention/early intervention,
- Saving lives,
- Criminal justice,
- Public place management, and
- Treatment/rehabilitation.

The initiatives that comprise the Local Drug Strategy will include advocacy, coordination and the establishment of new programs and services. Monitoring and evaluation activities will inform the implementation and refinement of the strategy. The implementation of this strategy will require a substantial commitment of resources.

The Drugs Round Table have made the following recommendations in relation to the implementation of a Local Drug Strategy within the City of Port Phillip:

1. The City of Port Phillip endorses the Local Drug Strategy as the major focus for policy on drug issues within the framework of municipal health plan.
2. The Local Drug Strategy has an initial 3 year time frame with a focus on reducing the impact of illicit drugs on the local community
3. The Local Drug Strategy includes initiatives in the areas of: prevention/early intervention, saving lives, criminal justice, public place management, and treatment/rehabilitation.

4. The activities undertaken within the Local Drug Strategy include advocacy to State and Federal Government in relation to drug policy and service provision, coordinating and supporting local community groups and services, capacity building and the introduction of specific programs to address local needs.
5. A Drug and Alcohol Forum is established as a sub-group of the Healthy and Safer Cities Alliance to support the implementation of the Local Drug strategy. The forum will encourage broad community participation, drawing from the lessons learned by the St Kilda Project, the Port Phillip Drugs Round Table and the Yarra Drug and Health Forum.
6. The City of Port Phillip Drugs Round Table continues to meet during the implementation phase of the local drug strategy. The primary role of the Drugs Round Table will be to provide policy advice and guidance on the monitoring and evaluation of implementation of the LDS. The Drugs Round Table will also advise on mechanisms to ensure sustainability of projects implemented within the strategy. A member of the Drugs Round Table is nominated to sit on the Drug and Alcohol Forum and report back on issues arising from this group.
7. A formal framework is established for including local government in the review and development of drug policy in Victoria.
8. The City of Port Phillip continues to advocate for the establishment of scientific trials of new initiatives to reduce the level of heroin-related death and disease within the community including the prescription of heroin and supervised injecting facilities.
9. Resources are sought from the Victorian Government to implement the strategy.

2. INTRODUCTION

2.1 Profile of the City of Port Phillip



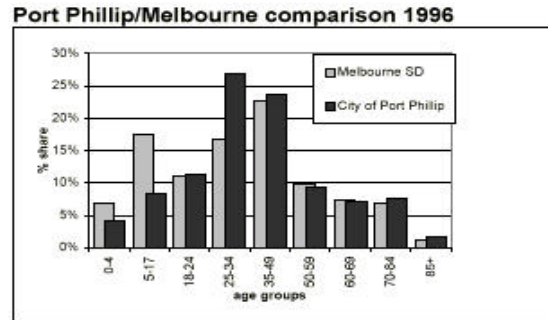
Area: 20.62 km²
1996 population: 73,092
1991 population: 70,124
1996 households: 36,000

The City of Port Phillip is located on the northern shore of Port Phillip Bay to the south of the Melbourne CBD. Prior to European occupation the people of the Kulin nation inhabited the land. The City is one of the oldest areas of European settlement in Melbourne and contains buildings dating from the middle of last century onwards. The City has experienced a significant amount of residential development in the 1990s, particularly in areas close to the foreshore.

The City contains a number of significant employment areas including the St Kilda Road office district and industrial, warehousing and manufacturing districts in South Melbourne and Port Melbourne.

The City is well served by public transport with a substantial tram network, the St Kilda and Port Melbourne light rail lines and two stations on the Sandringham rail line.

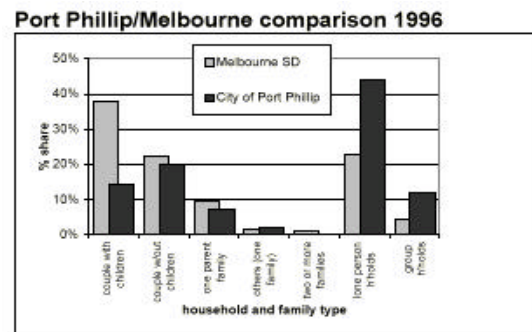
The comparison of the age profile of Port Phillip to Melbourne in 1996 shows that the municipality has a higher proportion of people in the young and middle age adult age groups and a significantly lower proportion of children than for Melbourne as a whole.



Port Phillip has historically been home to significant numbers of post-war migrants from southern and eastern Europe. The City has over 100 different language groups. The main non-English speaking language groups are residents from the former USSR (4%), Greece (2.5%), Poland (1.8%) and China (1%). Twenty-two percent of the non-English speaking background community do not speak English at home.

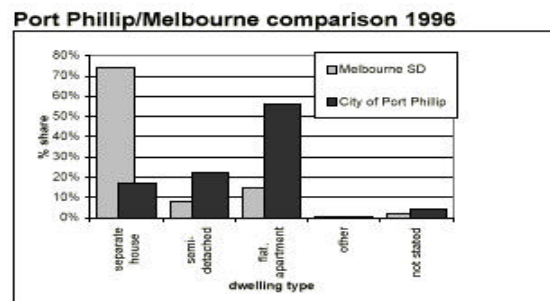
There is significant diversity in the socio-economic status of Port Phillip, with extremes of wealth and poverty. In 1996, there was a higher proportion of households in the highest (26%) and lowest (30%) income groups and a smaller proportion of households in the middle two income groups compared to the Melbourne average.

Port Phillip has a significantly different household and family structure to that of Melbourne overall. Proportionally, there are substantially fewer family households and correspondingly more single-person households. Only 14% of households are couples with children compared with the Melbourne average of 38%.



Port Phillip's unique housing stock is also acc compared to the Melbourne average. Renters dominate Port Phillip, with over half the households renting, while around 24% is the average for Melbourne. In Port Phillip only 40% of households own or are buying their house, whereas the Melbourne average is over 70%.

Port Phillip has a unique housing stock in the Melbourne context. While Melbourne's dwelling stock is dominated by separate houses, over half the dwelling types in Port Phillip are flats or apartments. Port Phillip also has twice the proportion of attached dwellings (including row, terraces and town houses) than the Melbourne average.



Port Phillip has a lower level of car ownership than Melbourne overall. This may be explained, at least in part, by the ready access to quality rail and tram-based public transport, the lower proportion of family households, and the higher percentage of low-income people in the municipality.

2.2 Policy Background

The health and social impact of drug use is one of the most serious issues facing the community. Until recently, State and Federal Government initiatives have dominated the policy response to these issues. While substantial resources have been committed at these levels of government, relatively few resources have been allocated to local community responses to drug problems. In recent years many innovative and effective local initiatives have been developed throughout Victoria, however this has occurred in a context of limited resources. The effectiveness of local community responses to drug issues has also been hindered by the failure to adequately involve local communities in the development of drug policy.

The Victorian Government has made a commitment to supporting local community initiatives as an integral component of a range of new initiatives to reduce the negative individual and community impact of illicit drug use. The government's drug policy articulates the major themes of prevention, saving lives, getting lives back on track, and effective policing of the drug trade. In November '99 the government established the Drug Policy Expert Committee (DPEC) to provide advice on the implementation of its drugs policy. The Committee's first stage report provides recommendations to government about the development of local drug strategies and the implementation of a multi-site injecting facilities trial.

The City of Port Phillip, along with Yarra, Melbourne, Maribyrnong and Dandenong were invited to participate in the development of local drug strategies and to consider the establishment of a supervised injecting facility as part of an 18 month trial. These municipalities were chosen because they have a high level of street drug activity. The committee's second stage report will consider options for strengthening illicit drug prevention, treatment and control strategies. This report is due in October 2000.

The Stage One Report of the committee recommended that "broadly based and multifaceted local drug strategies be implemented as a key element of the Victorian Government's drug policy." The committee noted that local communities have the capacity, skills, experience and momentum to address drug problems and have argued that a systematic approach with more effective support is required. The committee further recommended that particular attention was paid to the needs of municipalities affected by heavy street drug activity and that the State Government should provide additional resources for implementing local strategies in these areas. The committee also recommended that the Victorian Government should provide resources for specific initiatives in the municipalities most affected by street drug activity, including the City of Port Phillip, which may include overdose prevention services, family support, resident and trader information and public place management strategies.

A Drugs Round Table of community leaders and key stakeholder representatives has been established in each of the five municipalities to advise on the development of

local drug strategies. The recommendations from these strategies will be presented for consideration to the Victorian Government.

Recommendations from local drug strategies and the Stage 2 Report of the Drug Policy Expert Committee will be considered for funding by the government as part of its budget process.

The City of Port Phillip's current policy position on injecting drug use is as follows:

“Council sees medically supervised injecting facilities as one means in a range of strategies to reduce drug related harm. These other strategies may include measures to minimise drug use and strategies consistent with State and Federal Government policies including the decriminalisation of injecting drug use, along with heroin trials, adequate primary care and rehabilitation services for injecting drug users, support for family and friends and supportive public policy which addresses social and economic factors underlying drug use.” (adopted at Council meeting 29th November 1999 - Item A6 refers).

The policy framework for Council's position is the Municipal Health Promotion Plan - *Creating a Healthy & Safer Port Phillip*. This plan identifies illicit drug use as primarily a health and social issue. This view has also been informed by Council's support for the Metropolitan Mayor's Statement on Drugs which commits Council to the following principles in addressing drug related harm

- drug use is a health and social issue
- a commitment to a harm reduction approach
- action based on information/evidence
- a diversity of strategies
- commitment of resources.

2.3 Local Initiatives in the City of Port Phillip

The City of Port Phillip has been committed to provide a safer city for its citizens for many years and in relation to illicit drug use, this has included engaging with the philosophy of harm minimisation. The commitment by Council to this philosophy was grounded in the experiences of the St Kilda Project (93-97). This project involved over 30 agencies across the municipality and aimed to explore and promote the concept of harm reduction as a response to the alcohol and drug issues experienced in and by the local community. This collaborative work has provided a framework for an ongoing response to the issues.

2.4 Consultation for the Development of the Local Drug Strategy

A number of initiatives have been undertaken in the last 10 months, which have informed the development of the Local Drugs Strategy. More details on these can be found in CoPP Report to DPEC 2000.

Agency Forum on Drugs - October '99

Over 30 health/welfare agencies attended a forum on appropriate responses to the escalation of injecting drug use. The topics discussed included supervised injection facilities, overdose management, support needs of users, families and friends and law reform.

Public Forums - The Impact of illegal drugs: How we understand this as a community - November '99

Two forums were conducted, one in Port Melbourne and one in St Kilda. A panel of speakers spoke on topics including support needs for families, law reform and human rights, followed by open discussions.

City of Port Phillip Household Survey - December '99

The annual community satisfaction survey included questions regarding drugs, health, and well being. This section asked respondents a number of questions regarding personal experiences of drug use, and sought views on the types of support provided.

Agency Forum – International Models and the Victorian Context – December 99

Presentation of international models of supervised injecting rooms; the Victorian context and findings from user surveys. This was presented by Craig Fry, research fellow, Turning Point Alcohol and Drug Centre.

Public Forums on Injecting Facilities - March 2000

Two forums were conducted, one for the general public and one for traders, where representatives from DPEC spoke about the rationale for consideration of injecting facilities.

Establishment of Drugs Round Table-May 2000

For details regarding membership of the Drugs Round Table refer to Appendix I. The Drugs Round Table developed a comprehensive plan to gather information to feed into the local drugs strategy. The methods by which the Drugs Round Table sought further information and input into the drugs strategy included:

- review of previous qualitative and quantitative data;
- a detailed service mapping and audit of the current situation including of services for young people, families and injecting drug users, which primarily involved face to face interviews;
- requests to local sporting/cultural and church groups to determine their ideas and possible initiatives to encourage involvement by those currently using or at risk of using illicit drugs;
- attendance at trader meetings and invitations to submit further information;
- a consultation session with members of local multicultural groups (20 different groups and 6 language groups represented): and
- feedback from family and friends support group.

2.5 Drug Issues within the City of Port Phillip

The health and social impact of drug use is the one of the most serious issues facing the community. The majority of drug-related deaths and illness in the community are associated with the consumption of legal drugs such as tobacco and alcohol. This is due in part to the higher prevalence of use of these drugs within the community. Port Phillip has one of the highest rates of alcohol-related hospital admission of all the municipalities in Victoria, with a hospitalisation rate of more than 50% higher than the state average (Source: Alcohol Statistics Handbook, 1999).

While the health and social problems associated with legal drugs remain a significant issue, there has been growing community concern regarding the impact of illicit drugs, in particular the use of heroin. Changes in illicit drug markets in recent years have led to a sharp increase in heroin-related deaths. The number of heroin related deaths occurring in Victoria has risen from 59 in 1993 to 359 in 1999, a 600% increase in only six years (Source: Victorian Institute of Forensic Medicine). Such a massive increase in drug-related deaths over a short period is unprecedented in this state. Within the City of Port Phillip alone, 32 people died from heroin-related deaths in 1999. This devastating increase in heroin-related deaths occurred during a period in which there was a substantial increase in the supply of the drug into Australia resulting in the wider availability of cheaper, more pure heroin.

In addition to the risk of death and brain damage associated with overdose, individuals who inject heroin are at risk of illness due to the transmission of blood borne viruses. The introduction of the Needle Syringe Program, involving the distribution of sterile injecting equipment and education about the risks of sharing needles and syringes has produced major public health benefits by successfully averting the spread of the HIV/AIDS among injecting drug users (IDU). Australia continues to have one of the lowest rates of HIV infection among individuals who inject drugs in the world, and a corresponding low rate of transmission of the virus into the wider community. However, efforts to limit the spread of other blood borne viruses have not been as successful. It has been estimated that around 10,000 people in Australia are infected with the hepatitis C virus each year. Individuals who inject drugs are a major risk group - over half of the samples of IDU's who participate in regular surveillance testing within Melbourne are found to have been exposed to the virus.

Some of the key features of illicit drug activity in the City of Port Phillip are:

- The close relationship between street-based sex work and illicit drug markets in St Kilda. There is evidence that the proportion of street-based sex workers who are injecting heroin has increased substantially in recent years.
- Local amenities such as toilets, and laneways have become sites for injecting drug use.
- There has been a dramatic increase in the number of heroin-related overdoses occurring within the municipality over the last five years.
- It is understood that a large number of individuals who inject drugs visit the municipality to purchase and use heroin and/or to engage in street-based sex work to support a drug habit.
- In recent years, an increasing proportion of clients of accommodation, generalist health and welfare services are heroin dependent.

3. THE LOCAL DRUG STRATEGY

The Local Drug Strategy (LDS) will provide a focus for community involvement and action to address drug related problems in the City of Port Phillip. The strategy will build upon the previous work undertaken within the municipality regarding drug and alcohol problems. It represents a new long-term commitment to addressing drug-related problems within the local community. The strategy will support State and Federal Government initiatives by providing an effective local focus for community action, and by supporting an informed and systematic response to this complex issue. The strategy will address the problem at a number of levels, including initiatives that are directed towards:

- prevention/early intervention;
- reducing the risk of death and illness among current drug users,
- support for treatment and rehabilitation,
- reducing the impact of drug use upon community amenity and safety; and
- initiatives within the criminal justice field.

The Drug Policy Expert Committee has proposed that the State Government should provide additional resources for implementing local strategies, with a particular emphasis on providing resources for specific initiatives in the municipalities most affected by street activity. The Local Drug Strategy provides a framework for harnessing the skills and capacity within the community to develop effective local responses. The investment of resources in this strategy will represent a major shift in thinking about how issues might be addressed.

The Local Drug Strategy will represent a coordinated approach to addressing drug problems involving a partnership between local and State Government, residents, the Victoria police, local health and social service agencies, sporting clubs and cultural groups, and traders. The major focus of the initial work will be to address the problems caused by heroin use. In recent years the health and social problems associated with heroin use have grown substantially. The impact has been widespread, affecting individuals who use the drug, their friends and family and the wider community. While all municipalities within Victoria have been affected, the City of Port Phillip has been one of the most seriously affected as demonstrated by the large number of heroin-related deaths that have occurred within the municipality in recent years. The Local Drug Strategy includes a broad range of complementary strategies that are designed to reduce the negative impact of heroin use on the community.

Geographic area: The City of Port Phillip

Drug types: The Local Drug Strategy will address the health and social problems associated with both illicit and licit drugs. While acknowledging the magnitude of the problems associated with legal drugs such as alcohol and tobacco, the major focus of the initial work of the LDS will be upon heroin use and related problems.

Target population: Residents of the City of Port Phillip, businesses within the municipality and visitors to the area. A major focus of the plan will be to target the needs of high-risk groups within the community.

Participants: City of Port Phillip, local residents, local businesses, Victoria Police, local health services, individuals who experience problems with drug use and their families and friends.

Activities: The initiatives that comprise the Local Drug Strategy will be community focused and prioritised according to the needs of the local community. These initiatives will complement regional or statewide initiatives, including drug prevention, law enforcement and specialist treatment services. The initiatives that comprise the Local Drug Strategy will include advocacy, coordination and the establishment of new programs and services. *Advocacy and advice* - to State and Commonwealth Government to address gaps in services and address drug policy issues that relate to the impact of drug use upon the local community. *Coordination* of local responses, community consultation and education. *New programs and services* – the development and implementation of local initiatives to reduce the harm associated with illicit drug use.

Time frame: It is recognised that a long-term commitment is required to address the complex issues of drug problems within the community. An initial time frame of 3 years will be set.

3.1 Key Principles

The Local Drug Strategy will be based on the following set of principles:

Harm minimisation:

The basic principle of harm minimisation is the objective of reducing the harmful consequences associated with the use of drugs. This approach recognises that such a result can be achieved by a variety of means including: actions to limit the supply of drugs; actions to reduce the level of demand for and use of drugs; and actions that facilitate safe drug use among people who are currently using drugs.

In relation to the implementation of harm minimisation within the Local Drug Strategy the following issues will be considered:

- drug problems will be viewed primarily as a health and social issue rather than just a criminal justice issue;
- the broad goal of all the initiatives within the LDS will be to reduce the harm associated with drug use, for individuals who use drugs, their friends and families and the broader community;
- there is a need to address the broad social issues that influence drug use and related problems and respond to specific problems caused by drug use: and
- the elements within the strategy must be integrated and complementary. For example, law enforcement and health-related initiatives should be linked and integrated.

Social cohesion/inclusion

- The elements within the LDS will respect cultural diversity and promote social cohesion/connectedness.
- The LDS will be linked to other local strategies and policies e.g. health promotion plan, safer cities initiative, and the WalkSafe program and needle/syringe collection strategies.

The LDS will be flexible and responsive:

- The LDS must be responsive to new needs and changing circumstances
- Community input and consultation is essential

The LDS as a partnership

- The successful implementation of the LDS requires the cooperation of local agencies and services, local and State Government, local residents and traders. A systematic approach is required involving collaboration between all levels of government and non-government and community groups.
- A partnership approach is required to develop complimentary health and law enforcement strategies
- It is essential that adequate resources are obtained in order to implement the local drug strategy and ensure that community effort is sustained over the long term.

Evidence based approach

- The initiatives developed within the LDS will be evidenced based and appropriate monitoring and evaluation processes will be established.

The three major themes underlying the LDS will be:

- **Pathways** – The LDS will aim to support and build upon existing pathways within the community that provide access to services and support for people experiencing drug problems and their families. The strategy will also explore new opportunities for linking individuals experiencing drug problems and parents and families with relevant services. The strategy will aim to focus community responses on the social causes of drug misuse and the factors that contribute to social isolation and stigma of people who are experiencing problems associated with drug use.
- **Engagement** – The LDS will seek to engage the local community and mobilise resources to address drug problems. It will explore new opportunities for engaging at risk youth/individuals experiencing problems/parents and families in local community activities, including employment, sporting, and cultural activities.
- **Focus on high-risk groups** – The LDS will focus initiatives on high-risk groups including at risk youth, street-based sex workers, and homeless persons.

3.2 Goals

The Goals of the LDS will be to:

1. Reduce the negative health, social and community amenity consequences of drug use within the City of Port Phillip.
2. Enhance the capacity of the local community to respond to drug issues by promoting social connectedness, encouraging participation within community activities and local economic development, and promoting community understanding of drug issues.

4. THE FIVE ELEMENTS OF THE LOCAL DRUGS STRATEGY

The City of Port Phillip Local Drug Strategy represents a broad response to meeting the challenges of drug-related problems within the local community. A comprehensive approach requires action at a number of levels ranging from initiatives that are directed at the prevention of drug problems, to those that aim to reduce the risk of death and illness for individuals who are currently using drugs.

The five elements that comprise the Local Drug Strategy were selected on the basis of the recommendations of the Drug Policy Expert Committee, and an assessment of the particular needs within the City of Port Phillip by the Drugs Round Table.

The elements are:

- Prevention/early intervention
- Saving lives
- Criminal justice
- Public place management
- Treatment/rehabilitation

The City of Port Phillip Council and the Drugs Round Table have developed the initiatives within each of these elements following a review of current services and programs operating within the municipality. These initiatives provide a comprehensive framework for enhancing the capacity of the local community to respond positively to the challenges posed by drug use within the community. The strategy has been designed to augment existing State and Federal Government drug services and programs by undertaking activities that are tailored to the needs of the City of Port Phillip.

There are three types of initiatives that have been included within the Local Drug Strategy. Those involving advocacy, co-ordination or delivery of a specific service or program.

Advocacy

One of the functions of the Local Drug Strategy will be to advocate for changes in policy and programs in order to reduce the impact of licit and illicit drugs upon the local community. Local communities have a unique perspective regarding the effectiveness of existing services and programs in responding to drug problems. It is important that there is a strong role for advocacy in the strategy. The City of Port Phillip Council will take primary responsibility for this task. An important forum for this work will be the Victorian Local Governance Association. It is important that an ongoing process is established for involving local government in the formulation and review of drug policy at the state and national level. The failure to provide a formal process for local community input into drug policy in the past has been a major impediment for effective community responses to drug issues. The appointment

of Councillor Dick Gross of the Port Phillip Council to the Drug Policy Expert Committee established by the Victorian Government in 1999 has been a significant step forward in this regard. It is essential that there is continuing representation of local government in the formal processes of drug policy development and review that are established by the Victorian Government in the future.

The Local Drug Strategy will also involve advocacy at the local level in the form of seeking support for the initiatives that comprise the strategy from local businesses, health and welfare agencies and other relevant stakeholders, and advocacy on behalf of particular groups within the community. Local community agencies and cultural and supporting groups will be encouraged to respond positively to drug issues by undertaking activities that promote social inclusion and exploring new opportunities for 'at risk' young people and other high risk groups to participate in local cultural, recreational and employment activities.

Co-ordination

Many of the actions within the Local Drug Strategy will involve co-ordination and capacity building within existing services and community groups. The City of Port Phillip has a strong history of collaborative partnerships to address health issues including responses to drug and alcohol concerns in the community. A notable example was the 'The St Kilda Project' a highly successful community harm reduction project operated in the municipality from 1993-97. The strategy will support the work of existing local networks and collaborative initiatives by undertaking actions that:

- support positive working relationships among local agencies, businesses, community groups and residents;
- identify joint training/professional development opportunities: and
- focus community action on specific local needs by forming task groups to address these needs.

Delivery of specific programs and services.

The Local Drug Strategy will aim to secure resources for implementing a number of specific initiatives that are designed to address the impact of drug problems on the local community. These will complement existing regional, state and national programs and will make an important contribution to the reduction of drug related problems in the City of Phillip. The major focus for these initiatives is the impact of heroin use in the City of Port Phillip. The substantial increase in heroin-related health and social problems that have occurred in recent years in the municipality call for an urgent and concerted community response. The Local Drug Strategy incorporates plans for important new initiatives to prevent problem drug use among young people and reduce death and disease among people currently using heroin in the City of Port Phillip.

Monitoring and evaluation

In recognition of the importance of monitoring and evaluation, each of the elements within the LDS will be supported by monitoring and data collection. The aim of these processes will be to inform the refinement and implementation of the strategy by providing information about emerging issues within the local community, monitor the implementation of actions within the local drug strategy and examine the impact of these initiatives upon drug-related problems within the City of Port Phillip. An important strategy for ensuring a sustainable long-term approach to addressing drug problems within the facility will be to develop a set of key indicators of drug related harm. The information gathered during the implementation of the Local Drug Strategy will be widely disseminated to enhance community understanding of drug issues and the initiatives that have been designed to address these issues. The monitoring and evaluation activities will also address the broader questions regarding the implementation and functioning of the Local Drug Strategy including: the level of involvement of local agencies and community groups, the types of networks and relationships established (both within the municipality and more broadly), processes of community consultation and feed-back, and decision-making processes.

Resources Required

The implementation of the Local Drug Strategy will require a significant investment of resources by the Victorian Government, as has been recommended by the Drug Policy Expert Committee. The resources required to implement the Strategy are summarised in Appendix 7.3.

4.1 Prevention/early intervention

Background:

An important component of any strategy that aims to address the problems caused by drug use within the community are initiatives that aim to prevent uptake and problematic drug use. A number of such initiatives have been undertaken within the City of Port Phillip within the past few years. These range from drug education initiatives undertaken in schools to services that target young people at risk of developing drug dependence. There is however a widespread view within the City of Port Phillip that insufficient attention and resources have been directed towards prevention and early intervention initiatives.

A major omission of past policy responses to drug issues has been the lack of emphasis upon the underlying causes of dependent drug use within the community such as early school-leaving, failure to make a successful transition from school to work and unemployment and social exclusion. A renewed commitment to responding to the social causes of drug dependence through employment, education and other social capacity and cohesion-building policy initiatives is required as a key part of a comprehensive response to the impact of drugs within the municipality. This requires a long-term commitment from all levels of government. The emphasis placed on this issue by the Victorian Government will make an important contribution to reducing the negative impact of drug use upon the local community.

Surveys of the residents of the City of Port Phillip reveal strong support for State Government prevention initiatives such as drug education programs in schools. In the past there have been some valuable drug education initiatives undertaken within schools within the municipality. The Local Drug Strategy will advocate for the continuing support for such initiatives from the Victorian Government and will argue for an evidence-based approach that is consistent with harm minimisation concepts. It is important that young people continue to be provided with accurate information about licit and illicit drugs. The City of Port Phillip will advocate for a comprehensive, objective approach to drug education such as that which has been advocated by the Australian Drug Foundation. The simplistic “Say no to drugs” approach to drug education has been shown to be ineffective and in some cases even counter-productive. These approaches will not be supported within the strategy.

The Local Drug Strategy will also advocate for continuing support for State Government services and programs that target young people who are at risk of developing drug problems. These include school counsellors and nurses, youth programs and services, and programs that encourage retention at school and address youth unemployment.

The Local Drug Strategy will augment these state and regionally-based prevention initiatives by enhancing local youth based early intervention initiatives, promoting social connectedness, encouraging participation within community activities and local economic development, and promoting community understanding of drug issues.

There are three types of prevention and early intervention initiatives within the Local Drug Strategy:

- youth-focused early intervention
- community support
- community education.

4.1.1 Youth-focused early intervention

A major focus of initiatives within the Local Drug Strategy will be young people at risk of developing drug-related problems. This includes young people who are homeless or are at risk of homelessness, who are in difficult family circumstances and those who have difficulty making a successful transition from school to work.

There are a number of existing programs and services within the City of Port Phillip that make a valuable contribution to preventing the development of problematic drug use among young people (for a list of these services see Appendix 7.4). However, it is clear that more can be done to support at risk youth, and their families and friends within the municipality.

Among the limitations identified in the current approach to this issue in the City of Port Phillip are the following:

- there is a need for more support for intensive case management for at risk young people. There are a number of groups within the local community where additional support for early intervention programs is required as a matter of urgency. These include Koori families, street sex workers, families in which parents are experiencing drug problems, and families and young people who are homeless or at risk of homelessness;
- there is a need for more support for local programs that build links between at risk young people and health and related services;
- there is a need for improved linkages and protocols between services and local police to facilitate outreach work targeting at risk young people: and
- there is a need for capacity building/training in existing services.

Initiatives within the Local Drug Strategy:

The youth-focused early intervention initiative within the Local Drug Strategy will include advocacy for increased support for existing services, co-ordination and capacity building and a new program to increase the level of intensive case management for at risk young people.

The aim of these actions will be to increase the capacity and effectiveness of local youth focused early intervention/outreach initiatives.

Advocacy and advice:

Through the LDS the City of Port Phillip will advocate for:

- increased support for early intervention initiatives targeting young people, including school-based programs, and youth outreach services;
- increased resources and support for programs that address issues such as the transition from school to work and youth unemployment: and
- increased involvement of local sporting and community groups and agencies in youth-based outreach initiatives.

Co-ordination:

The Local Drug Strategy will include initiatives to:

- provide a focus for capacity building and staff training among local services and community groups: and
- enhance existing linkages between police and local youth and outreach services to enhance referral processes.

Specific programs/services:

Resources will be sought to enhance the capacity of local services to provide intensive case management for at risk young people. The focus will be on support for groups within the community where the need for this service is greatest. The target groups will include Koori families, street sex workers, family support directed at drug using parents and families and young people who are homeless or at risk of homelessness.

Monitoring/Evaluation:

These initiatives will be monitored by collating and analysing key indicators such as school retention and youth unemployment rates within the City of Port Phillip and through the evaluation of the capacity and effectiveness of youth focused early intervention initiatives.

The following Table provides a summary of the Youth focused early intervention initiative within the City of Port Phillip Local Drug Strategy.

Youth- focused early intervention – Initiatives to reduce the development of problem drug use among high-risk youth	
Initiatives	Outcomes
<p><i>Advocacy</i> Increased funding from State Government for existing services.</p> <p>Increased involvement of local sporting and community groups and agencies in youth-based outreach initiatives.</p> <p><i>Co-ordination</i> Provide a focus for capacity building and staff training among local services and community groups.</p> <p>Enhance existing linkages between police and local youth and outreach services to enhance referral processes.</p> <p><i>Specific program/ service</i> Intensive case management for at risk young people targeting high-risk groups.</p>	<p>Increased capacity for local services to respond effectively.</p> <p>Broader community involvement in early intervention initiatives.</p> <p>Increased capacity and expertise to target local needs.</p> <p>Increased referral to appropriate services.</p> <p>More effective intervention for at risk youth.</p>

4.1.2 Community Support

Background:

A wide range of health and community services is provided within the City of Port Phillip, and residents have the opportunity to participate in a variety of community activities through recreational, sporting and cultural activities and groups. Local community groups, agencies and businesses make an important contribution to addressing the impact of drugs. By providing opportunities for participation in community activities and local employment they can reduce the social isolation, stigma and marginalisation that is often experienced by individuals with drug problems, or who are at risk of developing drug-related problems. An example of this type of community support is an initiative that is currently being established in the City of Port Phillip in which a local sporting club is developing a program for people referred from a drug support service. Another example is provided by a Maori Cultural Group which has proposed a program of elder support and counselling for at risk young members.

It has been noted by many of the groups and agencies working within the City of Port Phillip that there are a number of barriers which make it difficult for drug dependent individuals and their families to effectively utilise existing services and participate in community activities. These barriers include the cost of services, the failure of agency staff and community groups to understand the needs of these individuals and their families and the inflexibility of the structure of many services and activities.

The Local Drug Strategy will address this issue by working to encourage local employers, community groups, services, agencies and sporting and cultural groups to develop strategies for engaging with these people. The aim will be to facilitate and promote innovative programs that reduce social isolation and to address the barriers that hinder access to services and community participation.

In recent years it has been acknowledged that more can be done to assist families and friends in the support that they provide to individuals who experience drug-related problems. The recent launch of a State Government funded initiative to provide a network to assist support groups for families and friends will make an important contribution in this regard. A support group for the families and friends of individuals who use heroin has been established within the City of Port Phillip. The Local Drug Strategy will aim to facilitate the work of this support group and seek additional resources for this model of family support within the municipality.

Initiatives within the Local Drug Strategy:

The Local Drug Strategy will include a number of actions that aim to enhance the effectiveness of community support. These actions will comprise *The Positive Engagement Strategy* that will aim to promote and facilitate programs conducted by local employers, sporting and cultural groups that engage those at risk in community activities.

The actions undertaken within the Positive Engagement Strategy will include:

Advocacy

- to encourage local services and community groups to undertake activities that facilitate social inclusion and community participation among high risk groups and to reduce barriers to participation: and
- to the Federal and Victorian Governments to ensure that existing employment, education and vocational training programs are able to provide effective support for at risk individuals.

Co-ordination

- improve community understanding of drug issues and the role of social exclusion and marginalisation in contributing to the impact of drug problems within the community: and
- provide opportunities for staff training and capacity building within local services and agencies to improve awareness of needs of high risk individuals and facilitate access to services for this group.

Specific programs/services

Resources will be sought to implement new services that

1. Harness community resources to support at risk youth, and individuals experiencing drug problems by encouraging local services, clubs and community organisations to develop new opportunities to promote participation in community activities.
2. Increase support for families and friends to manage the issues arising from living or associating with a drug user by supporting local support groups (including parent support groups), and conducting drug information forums.

Monitoring/Evaluation

These initiatives will be monitored by developing and analysing key indicators of social inclusion and the level of participation of high risk groups in community activities.

The following Table provides a summary of the community support initiative within the Local Drug Strategy.

Community support initiatives – The Positive Engagement Strategy	
Initiatives	Outcomes
<p><i>Advocacy</i> Encourage local services and community groups to facilitate social inclusion and community participation for at risk groups.</p> <p>To ensure that existing employment and vocational training programs provide effective support for at risk individuals.</p> <p><i>Co-ordination:</i> Facilitate staff training and capacity building within local services and agencies.</p> <p>Improve community understanding of social exclusion and marginalisation.</p> <p><i>Specific program/ services.</i> Harness community resources to facilitate social inclusion and participation.</p> <p>Support for friends and families, targeted for different cultural and ethnic groups.</p>	<p>Increased opportunities for participation in local community activities and employment.</p> <p>Increased access for at risk groups to employment and training opportunities.</p> <p>Increased access for at risk groups to local services and agencies.</p> <p>Increased opportunities for participation in local community activities and employment.</p> <p>More effective local support structures for families and friends.</p>

4.1.3 Community education

Background

A number of activities have been undertaken within the City of Port Phillip in relation to community education and consultation concerning drugs. These have included State Government initiatives such as the distribution of drug information booklets to all households within the *Turning the Tide* Initiative and forums and meetings organised by council. An important initiative undertaken by the Council in 1999 was the inclusion of a number of questions regarding community concerns and attitudes towards drugs in the annual survey of residents and businesses. (Newton, Wayman, Chong 1999).

An important component of the Local Drug Strategy will be to enhance community understanding of the impact of drugs within the municipality and the activities that are undertaken to address drug problems. This will require the provision of information to the local community about the nature and scope of drug problems within the municipality and the progress and impact of initiatives occurring at the local level.

A number of specific needs have been identified in relation to community education within the City of Port Phillip. These include:

- information for local businesses on responding to street-based drug use and associated problems and issues: and
- information for residents regarding the scope and nature of drug problems occurring within the municipality and the development and implementation of the Local Drug Strategy.

Initiatives within the Local Drug Strategy:

In order to address these information needs the Local Drug Strategy will incorporate a communication strategy. This will include the following actions:

Advocacy:

Advocacy to State and Federal Government for effective dissemination of research findings regarding the scope and nature of drug-related problems within the community and education regarding policy initiatives.

Co-ordination:

Initiatives to support community education will include the following:

- information forums for the general community and specific target groups (e.g. traders, parents, residents);
- information provision targeted at cultural and linguistically diverse communities;
- forums for local services and agencies e.g. youth, general health, housing: and
- facilitate information sharing and distribution between local agencies and services.

Specific Programs/Services

The communication strategy will have two main components:

1. The provision of information materials and resources tailored to the specific needs of residents and traders. The materials for traders will provide information and advice in relation to managing issues that arise as a consequence of street based drug activity. This will be a booklet that is based on the resources that have been developed by the City of Melbourne and will be tailored to address the needs of traders within the City of Port Phillip. The information that is provided to residents will include general information about the nature of drug problems within the municipality, how to access services and support groups and details of the development and implementation of the Local Drug Strategy. To ensure a wide distribution, the information resources will be distributed using a variety of mechanisms including community information boards, City of Port Phillip newsletters and Web site.
2. Including articles in the local media to describe the development and implementation of the local drug strategy, to promote community involvement in addressing local drug issues and advertise community forums and consultative processes.

Monitoring and evaluation:

The implementation and effectiveness of the communication strategy will be assessed by monitoring the level of community awareness of drug issues and understanding of the Local Drug Strategy.

The following Table provides a summary of the Community education initiatives within the Local Drug Strategy:

Community education initiatives – Communication strategy	
Initiatives	Outcomes
<i>Advocacy</i> Effective dissemination of research findings regarding the scope and nature of drug-related problems within the community	Improved information base regarding the nature and scope of drug issues within the community
<i>Co-ordination</i> Conduction information forums for the general community and specific target groups (e.g.. traders, parents, residents, local services)	Improved understanding of the impact of drug issues within the local community and the objectives of the initiatives within the Local Drug Strategy
Facilitate information sharing and distribution between local agencies and services	
<i>Specific program/services</i> Communication strategy: production and distribution of information to traders and residents, articles and local media	

4.2 Saving Lives

Background:

An urgent priority for the City of Port Phillip is to address the increasing level of death and disease associated with heroin use within the community. It is estimated that heroin overdose now accounts for over 10% of deaths among adults in the 25 to 34 year age group (Lynskey and Hall, 1998). Within the City of Port Phillip, 32 people died from heroin-related deaths in 1999. This devastating increase in heroin-related deaths occurred during a period in which there was a substantial increase in the supply of the drug into Australia resulting in the wider availability of cheaper, purer heroin. This expansion of the heroin market has been associated with the continuing development of street based heroin markets in many areas of Melbourne including the City of Port Phillip.

In addition to the risk of death and brain damage associated with overdose, individuals who inject heroin are at risk of illness due to the transmission of blood borne viruses. The conduct of the Needle Syringe Program within the City of Port Phillip continues to provide an effective approach to reducing the risk of transmission of HIV/AIDs among individuals who inject. However, there is an urgent need to supplement this program with new initiatives that aim to reduce the risk of transmission of hepatitis C among IDU's.

What should be done?

The devastating impact of heroin-related deaths and disease have been widely felt within the Victorian community. This impact has been greatest in the areas of Melbourne in which heroin markets are most active such as the City of Port Phillip. This problem requires urgent and immediate action. Of particular concern is the fact that this tragic increase in heroin-related deaths and illness among young people in Victoria occurred during a period of increased spending on drug-related treatment, education and law enforcement. These initiatives were introduced as part of the *Turning the Tide* program of the Victorian Government in the late 1990s. It is clear that reversing this disturbing trend in heroin-related harm requires the introduction of new initiatives that are targeted at the prevention of overdose and transmission of blood borne viruses among individuals who currently inject drugs.

A comprehensive and evidence-based strategy is required to reduce the risk of heroin-related deaths and disease among injecting drug users.

Australian research regarding heroin-related overdoses has demonstrated that there are a number of factors that have been found to be related to the risk of overdose including:

- the amount of heroin that is administered. Testing of police seizures shows that the average purity of the heroin that is sold in Melbourne over the past few years is relatively high (around 70% pure). Due to the illicit nature of the drug and varying purity of street heroin, users cannot be sure of the amount of the drug that they are using on any particular occasion;
- the use of sedative-hypnotic drugs such as benzodiazepines and alcohol in conjunction with heroin administration. Very few deaths occur in situations in which heroin was used alone;
- the loss of tolerance to the effects of heroin as a consequence of a period of abstinence or reduced use of the drug. This may occur as a result of participating in treatment or imprisonment: and
- many individuals who die from overdose are alone at the time they injected the drug. The majority of fatal heroin-overdoses occur among experienced heroin users. Social isolation, depression and other mental health problems may play a part in these deaths.

New initiatives to reduce the risk of overdose among individuals who are currently injecting heroin are required. There are a variety of initiatives that have the potential to reduce the risk of death and disease among people who inject heroin by targeting the risk factors described above. All of these initiatives have been trialed in Australia or overseas. While only preliminary research results are available for many of these initiatives the available evidence suggests that these approaches would make a positive contribution as part of a comprehensive overdose reduction strategy.

These initiatives include:

- the prescription of heroin to dependent individuals:-

Trials of the prescription of heroin to dependent individuals that have been conducted in Switzerland have shown that the controlled use of heroin under clinical supervision can significantly reduce the risk of overdose and death. Unlike the heroin that is purchased in illegal markets, the purity of prescribed heroin remains constant. The trials in Switzerland have demonstrated that prescription of heroin has the potential to be a valuable adjunct to other treatment programs.

- supervised injection facilities

Many individuals currently inject heroin in isolated public places such as toilets or laneways where the risk of death from overdose can be high. The provision of a supervised injecting facility provides an area where such individuals can inject heroin

in the presence of medically trained staff who can intervene in the case of an overdose. For further information about the potential benefits of supervised injecting facilities see Appendix 7.3.

- peer-based education and first aid training:-

Peer-based education and first aid training have the potential to reduce heroin-related deaths through increasing awareness of risk factors, promoting safer practices and strategies, providing individuals with the skills to respond effectively to overdose among their peers.

- the provision of the opioid antagonist naloxone to health and workers or to networks of IDU.

Naloxone is a drug that blocks the effects of heroin. It acts to quickly reverse the effects of the heroin overdose in situations in which individuals have become unconscious. Feasibility trials conducted in Australia and overseas suggest that the wider distribution of naloxone to health workers and other individuals who regularly have contact with injecting drug users may be valuable in reducing the risk of death following overdose.

- overdose prevention in treatment services:

An increased emphasis on overdose prevention among providers of treatment services is needed to address the risk of overdose that occurs when an individual uses heroin following a period of abstinence or reduced use. It is important that clients are informed of the risks associated with heroin use following a period of reduced use or abstinence.

- overdose prevention in prisons:-

Many overdose victims in Victoria have died following release from prison. It is essential that greater emphasis is placed on overdose prevention strategies in prison treatment programs and within pre-release programs. For many individuals the risk of overdose could be reduced with more effective support following the release from prison.

In relation to the risk of transmission of Hepatitis C among injecting drug users within the City of Port Phillip, the following issues have identified:

- there is a need for new initiatives to influence injecting practices, particularly in regard to the sharing of mixing equipment etc:
- the disposal of used syringes — the City of Port Phillip is currently implementing the City's Health Promotion Plan. One of the aims of this plan is to reduce the transmission of blood borne viruses within the community. The community can make a positive contribution by making sure that syringes are removed safely from public spaces. Unsafe discarded syringes can expose people to diseases

like hepatitis C and HIV. Fortunately, the Needle Syringe Program within the municipality consistently achieves a very high rate of return of needles (the Inner South Community Health Centre has reported a 99% rate of returned syringes to their program). For syringes that are not returned to such services, the provision of sharp safes enable safe disposal of used needle and syringes. This reduces the risk of harm to the community and the environment. The City of Port Phillip through a contract agency collects and disposes of the material from these safe containers, and the area around the containers is also cleared of discarded syringes, condoms and other material that is a health hazard. The council is currently extending the number sharp safe systems across the municipality. This initiative will result in a four-fold increase in the number of sharp safe units by the end of the year. The sites for installation of the new units have been chosen on the basis of the number of syringes collected from an area over a period of time, proximity to known 'hot spots' and public toilet areas. Council is currently developing a number of community education and information tools. This will provide the community with information on the safe disposal of syringes and other injecting paraphernalia.

It is important that any initiative that is introduced to address heroin overdose would also include strategies that aim to reduce the risk of transmission of hepatitis C. All of the initiatives described above have this potential.

Initiatives within the Local Drug Strategy:

The Local Drug Strategy will incorporate a *Heroin Overdose Reduction Strategy* that addresses the issues heroin-related overdose among people who inject drugs. A comprehensive approach requires a range of strategies that target both individuals who inject drugs in public spaces and those who do so in private premises. The strategy will augment existing initiatives within the municipality by developing new initiatives involving education/information provision regarding safe drug use practices, overdose prevention messages and facilitating the distribution of sterile injecting equipment.

The approach adopted in this strategy will be evidence-based with an emphasis on addressing the factors that contribute to the risk of fatal overdose among injecting drug users and strategies that are informed by current research.

The Heroin Overdose Reduction Strategy will include:

- the establishment of a local overdose reduction task force, drawing on key representatives from local services and community groups such as VIVAIDS;
- the establishment of key indicators and data sets to be used to refine and target local strategies for overdose prevention;
- advocacy to State and Federal Government on the need for the urgent trialing of new innovative programs with the potential to reverse the trend in heroin-related deaths within the community;
- co-ordination of local collaborative initiatives including ambulance, police, hospitals and general practitioners;
- the introduction of a range of local initiatives to reduce the risk of death and disease among individuals who currently inject heroin: and

- this Strategy will also address the risk of blood borne virus transmission through the implementation of a *Blood Borne Virus Prevention Strategy*. The aim will be to enhance the current education and prevention initiatives occurring within the municipality including the Needle Syringe Program, peer-based initiatives and outreach programs.

Advocacy and advice

Advocate to Victorian and Federal Governments for the introduction and trialing of new initiatives to reduce the level of heroin-related illness and death among individuals who inject drugs.

These include:

- the trial of a supervised injection facility;
- the trial of the provision of prescribed heroin to dependent users: and
- the trial of the provision of naloxone to health and outreach workers and networks of IDU.

Advocate for increased resources for education relating to HIV and HCV transmission among injecting drug users, particularly in relation to the risks associated with the sharing of equipment used to mix drugs or through contact with infected blood.

Advocate for greater resources for overdose prevention within prisons and pre-release programs. Including the need for local support agencies to be notified re release, increased resources for group support and more intensive follow up.

Advocate for increased resources for overdose prevention initiatives within treatment programs.

Coordination

A number of co-ordination and capacity building tasks will be undertaken within the strategy including:

- developing key indicators of heroin-related harms through the establishment of a database incorporating overdose data (fatal and non-fatal), Blood Borne Virus surveillance data, and information relating to the Needle Syringe Program and other relevant sources. This will be used to provide a clear picture of heroin-related overdoses and other harms within the municipality including trends over time and location. This information will be used to focus initiatives in the areas of greatest need, to refine and monitor strategies and respond in a timely manner to emerging trends;
- establishing a task force of key individuals to lead the strategies and provide a focus for local community involvement in the strategy: and
- work to improve capacity building and collaboration between existing services and agencies to enhance existing overdose and blood borne virus initiatives. This would include working with the local Division of General Practitioners and local pharmacies to more effectively address the risk associated with prescription drugs such as benzodiazepines. Facilitate a coordinated strategy relating to rooming houses – support local agencies to distribute information materials and encourage the installation of sharp safes. Facilitate a local response to the issue

of mental health. Promote community understanding of risk factors in heroin overdose and blood borne virus transmission – support the distribution of information materials to parents and families and traders.

Specific programs/services:

Resources will be sought to implement a range of initiatives that are directed towards reducing the level of death and disease among individuals who inject heroin.

These initiatives will include:

- providing additional resources to the existing Needle Syringe Program in the municipality to provide basic primary care services and support and counselling to injecting drug users. This would involve the employment of sessional staff;
- providing additional resources for existing outreach services targeting young injecting drug users, street-based sex workers and young people at risk.;
- training and support for the staff of local agencies (homeless services/ emergency accommodation/welfare services) to support staff in responding to instances of overdose among clients and in handling other critical incidents associated with heroin use by clients. A “Train the Trainer” approach will be used to establish a core group of trained staff in local agencies and develop a sustainable education program;
- enhanced local peer-based programs targeting young IDU and street-based sex work. To be developed and implemented in conjunction with VIVAIDS, the Needle and Syringe Program, Prostitutes Collective Victoria and other relevant local services: and
- additional support for local agencies to provide support for high-risk individuals upon release from prisons and detention centres.

Saving Lives	
Initiatives	Outcomes
<p><i>Advocacy</i> Trials of :</p> <ul style="list-style-type: none"> • a supervised injection facility • the provision of prescribed heroin to dependent users • the provision of naloxone <p>Increased support for overdose prevention strategies in prisons, drug treatment programs</p> <p><i>Co-ordination:</i></p> <ul style="list-style-type: none"> • developing key indicators of heroin-related harms • establishing a local overdose task force • capacity building and collaboration between existing services and agencies to enhance existing overdose and blood borne virus initiatives. <p><i>Specific program/ services.</i></p> <ul style="list-style-type: none"> • additional resources to the Needle Syringe Program to enable basic health and other support needs to be met and provide a pathway to treatment. • Additional resources for existing outreach services targeting young injecting drug users and street-based sex workers. • the introduction of the CCI program (see Criminal justice section) to support those facing a criminal conviction to gain treatment assistance with basic support needs. • Training and support for the staff of local agencies • enhanced local peer-based programs targeting young IDU and street-based sex work. 	<p>Reduction in heroin-related death and disease among current injecting drug users in the City of Port Phillip</p> <p>Improved information base to inform strategies Enhanced local responses</p> <p>Reduction in risk of death and illness among current injecting drug users in the City of Port Phillip</p>

4.3 Criminal Justice

Background

Analysis of crime statistics undertaken by local police has shown that there is a long-term trend for a decrease in levels of crime within the municipality. It is not possible to determine trends in drug-related crimes within the municipality as the number of drug offences recorded in a particular time period is influenced by both the underlying trends in drug related crime and changes in law enforcement policies, strategies and operational practices. There has been a long documented history of the operation of a heroin market within the municipality that has been closely associated with street-based sex work.

The policy of the Victorian Government is to put more resources into policing and encourage the extension of the harm minimisation policy endorsed by Victoria Police. This approach is widely supported within the City of Port Phillip.

A key focus of the Local Drug Strategy will be to work towards supporting the ongoing adoption of harm minimisation in the enforcement of drug laws.

The City of Port Phillip has recommended that existing drug legislation should be reviewed to ensure that law enforcement efforts are directed at supply, manufacture and trafficking offences. The effective implementation of harm minimisation within the enforcement of drug laws requires an increased emphasis on diversion and cautioning for individuals who are apprehended in possession of small amounts of drugs for personal use or who are carrying injecting equipment. The experience in Australia and overseas has been that there are considerable benefits for the community if such individuals are referred to health and welfare agencies rather than being prosecuted.

At present there is a range of specific harm minimisation policies and practices conducted by police within the City of Port Phillip. These include:

- drug overdose policy

The *Police Attendance at Incidents of Drug Overdose Policy* was introduced in 1998 to circumvent inaction by users and bystanders in not calling an ambulance for a person who had overdosed because of the fear of police involvement and prosecution. In the majority of cases police do not attend an overdose unless the ambulance crew has requested their attendance for safety reasons. This policy has been effective with police being present in only 12% of ambulance attendances at heroin overdoses. Surveys of injecting drug users in Melbourne have shown that fear of police involvement is not a major concern for individuals in relation to calling an ambulance to attend overdoses.

Diversion programs are programs that divert people who are caught by police using illicit drugs into education, treatment and rehabilitation, instead of jail. Such programs have tremendous potential for breaking the nexus between drug use and crime.

Diversion programs include:

- police diversion at the point of arrest (cannabis cautioning program and the drug diversion program);
- court diversion at the point of bail – CREDIT (Court Referral Evaluation for Drug Intervention and Treatment): and
- and Court Diversion – deferred sentencing.

The Victoria police cautioning program provides a system of cautioning adults detected using and/or in possession of small amounts of cannabis. This program applies to individuals who have no criminal history of drug offences. The offender must admit the offence and consent to being cautioned, and must not be cautioned on more than two occasions. Recently, it has been announced that police diversion at the point of arrest will be further expanded through a joint State and Federal Government initiative to introduce a program of diversion targeting all illicit drugs other than cannabis. Previously this type of diversion had been trialed in some police districts within Victoria but not including the area containing the City of Port Phillip. This new program will be introduced into the City of Port Phillip shortly as a part of a state rollout of the program. In this program individuals who are arrested in possession of small amounts of illicit drugs other than heroin, and who have no previous drug convictions, are referred to assessment and treatment. The credit program operates through the magistrate's court and links offenders to health agencies.

The following issues have been identified in relation to law enforcement activities within the municipality:

- there is a need for more support for diversion programs including the newly announced diversion program;
- there is a strong relationship between street-based sex work and drug use and crime in the St Kilda area. There is a need for improved collaborative approaches in terms of health initiatives and law enforcement: and
- there is a need for improved referral/linkage processes between police and local health agencies for individuals who are released from police custody.

Initiatives within the Local Drug Strategy:

The Local Drug Strategy will support the initiatives of the State and Federal Governments by working with local police, magistrates and corrections officers to develop local strategies to reduce drug-related crime and support harm minimisation initiatives.

These initiatives will include the development of partnerships between local government, police and local agencies to support cautioning and diversion programs and referral to health and other relevant services.

Advocacy

- Continuing emphasis on harm minimisation through reform of drug laws and support for diversion programs.
- Incorporation of effective drug treatment and harm minimisation programs into the Corrections drug strategy.
- Street-based sex work – encourage policies to reduce impact upon community and health problems among street-based sex workers.

Coordination

- Support and enhance existing cooperation between local police and health agencies relating to harm minimisation strategies.
- Develop collaborative local responses to the conduct of law enforcement and health-based outreach in public spaces, and in relation to street-based sex work.

New programs

Resources will be sought to establish a local program linking individuals arrested on drugs charges with health and other relevant services. This will be based on the Care, Collaboration and Innovation (CCI) Program. This is a harm reduction intervention for non-violent drug related offenders at the point of release from police custody. This program is currently being trialled in the City of Yarra with Fitzroy, Collingwood and Richmond police stations. The service works collaboratively with the Police to reduce arrestees' involvement with the criminal justice system and reduce further risk of offending. Involvement with CCI is voluntary, police refer those interested while the arrestee is at the police station. CCI workers are generally able to respond to police stations within 30 minutes. Workers are given access to the

person in custody where they are able to assess their needs.

CCI workers help **facilitate access** to:

- accommodation and housing establishment funds
- health and drug treatment services
- legal advice and representation
- income support
- employment and training services

A CCI model in City of Port Phillip would need to be designed to ensure appropriateness to the particular requirements of the municipality; for instance, a model which was responsive to the welfare and support needs of street-sex workers would need to be considered.

Criminal Justice	
Initiatives	Outcomes
<p><i>Advocacy</i></p> <ul style="list-style-type: none"> • Continuing emphasis on harm minimisation through reform of drug laws and support for diversion programs • Incorporation of effective drug treatment and harm minimisation programs into the Corrections drug strategy • Street-based sex work – encourage policies to reduce impact upon community and health problems among street-based sex workers <p><i>Co-ordination:</i></p> <ul style="list-style-type: none"> • Support and enhance existing cooperation between local police and health agencies relating to harm minimisation strategies. • Develop collaborative local responses to the conduct of law enforcement and health-based outreach in public spaces, and in relation to street-based sex work. <p><i>Specific program/ services.</i></p> <ul style="list-style-type: none"> • Seek resources to establish a local program linking individuals arrested on drugs charges with health and other relevant services (CCI project as a model). 	<p>Increased opportunities for health focused interventions among drug users</p> <p>Increased referral to appropriate services</p> <p>Increased referral to appropriate services</p> <p>More effective local responses to and coordination of health focused approaches and improvement in individual and community safety.</p>

4.4 Public place management

Background

Drug use in public places often has an adverse impact on community amenity and safety. Historically within the municipality there have been problems associated with alcohol use around many of the hotels and entertainment venues. These problems include vandalism, violent and aggressive behaviour and excessive noise. More recently public use of heroin, particularly in areas associated with street-based sex work, has emerged as an issue of concern. In the City of Port Phillip these problems include the inappropriate disposal of condoms, syringes and drug paraphernalia, and the negative impact of street-based sex work including sex tourists /traffic/noise upon residential areas.

The City of Port Phillip has history of developing collaborative, innovative responses to these issues. In relation to the problems associated with alcohol use, local accords were established between local government, police and health agencies through the conduct of the St Kilda Project. More recently the introduction of new approaches to the enforcement of licensing laws and responsible service training of bar staff have substantially reduced the problems associated with public drunkenness. A responsible serving component has been included in the WalkSafe program - a local road safety initiative to reduce pedestrian deaths and injury.

In order to respond to the adverse effects of illicit drug markets on community amenity, the City of Port Phillip has introduced a number of programs including the provision of syringe disposal bins and responsive cleaning of drug related waste.

In relation to these initiatives, the following issues have been identified:

- there is a need to improve capacity of the City of Port Phillip to utilise data relating to cleaning services for the auditing and mapping of drug using areas;
- new initiatives are required to address the problems associated with street sex work activity and impact of sex tourists /traffic/noise upon residential areas;
- there are relatively few public amenities provided in shopping areas, particularly toilets and seating;
- there is a need to address the issue of the management of intoxicated individuals in public places, particularly individuals who are severely intoxicated following heroin use;
- there is a need to enhance resources for cleanups/syringe collection after hours and weekends;
- discarded syringes on beaches due to outfall from Melbourne Water main drains- the cost of installation of litter traps;
- cost for traders/businesses in providing syringe disposal bins: and
- drug and alcohol problems at public /special events.

Initiatives within the Local Drug Strategy:

The LDS will include a new initiative to address the negative impact of drug use in public places upon community amenity and safety and encourage the public use of amenities.

Advocacy:

- Trial of a supervised injection facility
- Encourage local support for initiatives that maximise appropriate disposal of needles and syringes obtained from all sources, including NSP programs and pharmacies.

Co-ordination

- Maintain a data base of key indicators including needle syringe distribution and disposal, inappropriate disposal, drug use patterns in public areas
- More responsible cleaning of infectious waste and implementation of community safety audits
- Encourage a common, positive approach to addressing the impact of public drug use on amenity, encourage public use of facilities. Provide support for local residents and businesses.
- Community education – what is being done, resources available, promote the existing services including syringe disposal services

New programs

Additional resources will be sought to enhance current initiatives relating to appropriate disposal - ensure responsive cleaning, support appropriate disposal, and increase more support for businesses and residents through education and information provision.

Extra health outreach services targetted at street sex workers has been documented in Section 4.2.

Monitoring/evaluation:

Monitoring will occur through the collection and analysis of information regarding patterns of public drug use within the municipality including data relating to the collection of inappropriately discarded equipment and associated material. Community perceptions and concerns will also be monitored.

Public Place Management	
Initiatives	Outcomes
<p><i>Advocacy</i></p> <ul style="list-style-type: none"> • Trial of SIF • encourage local support for initiatives that encourage appropriate disposal, encourage public use of facilities <p><i>Co-ordination:</i></p> <ul style="list-style-type: none"> • maintain a database of key indicators including needle syringe distribution and disposal, inappropriate disposal, drug use patterns in public areas; • Encourage a common, positive approach to addressing the impact of public drug use on amenity, encourage public use of facilities: and • provide support for local residents and businesses. <p><i>Specific program/ services.</i></p> <ul style="list-style-type: none"> • Seek additional resources to enhance current initiatives relating to appropriate disposal • Promote new local initiatives to cleaning up drug related litter • Conduct safety audits in hot spot areas, in consultation with residents, traders and police. 	<p>Improved individual and community health and safety.</p> <p>Effective local responses based on accurate information to ensure safety in public areas.</p> <p>Ensure safe and usable public areas for the community.</p> <p>More responsive cleaning services, particularly after hours and weekends.</p> <p>Targetted response based on information supplied by the audits.</p>

4.5 Treatment/rehabilitation

Background:

A wide range of services are currently available within the City of Port Phillip. In relation to specialist drug treatment services these include withdrawal, counseling, methadone program, residential rehabilitation, therapeutic communities, self-help groups, and specific abstinence-based programs – see Appendix 7.4 for a list of these services. New initiatives that are being explored at present include the trialling of new pharmacotherapies for heroin dependence (conducted by Turning Point) and introduction of new abstinence based programs incorporating the use of naltrexone. The scope of treatment services available within the municipality is impressive. However, the evidence from service providers and clients is that the existing services do not have the capacity to cope adequately with the substantial increase in demand for treatment services that has occurred within the municipality in recent years.

The key issues that have been identified in relation to the provision of treatment services in the City of Port Phillip are:

- barriers to access to services, including the cost of services such as dispensing fees associated with methadone treatment and the cost of naltrexone;
- waiting lists that lead to significant delays in accessing services;
- the capacity of services to manage complex cases including dual diagnosis and situations involving homelessness and financial and legal issues;
- the need for improvement in links and co-operation between different services e.g. mental health services, welfare and drug treatment services;
- the increased impact of drug dependence on wide range of services including accommodation, homeless and welfare services. There is a clear need for training/capacity building within these services. Staff are increasingly required to respond to emergencies and critical incidents associated with drug use among clients e.g. overdose, and drug dealing: and
- the problems faced by local services in coping with the increased demand for treatment of heroin dependence.

The Victorian Government's policy includes a range of initiatives that will be implemented on a state or regional basis. These initiatives include expanding treatment and maintenance programs. A number of new programs have been funded in recent months. These initiatives are welcomed. There is an urgent need to expand treatment programs within the City of Port Phillip. Other recommendations include the:

- support for the provision of a local forum to enhance existing links between local service providers and to facilitate effective referral processes. Including referral and co-operation between general health and welfare agencies, specialist treatment services and mental health agencies and services;

- the need to more effectively promote the range of services that are available within the area to individuals experiencing problems with drug issues and their families and friends;
- the need to explore new pathways for linking individuals with drug and alcohol problems with existing services;
- the need for more locally based residential withdrawal services to augment existing services at Windana. Need to support agencies seeking funding for residential withdrawal services targeting homeless clients.

Initiatives within the Local Drug Strategy:

The Local Drug Strategy will support initiatives by the Victorian Government to expand treatment and rehabilitation services. The following initiatives will be included within the Local Drug Strategy:

Advocacy

- Advocate for an expansion of treatment and rehabilitation programs in the City of Port Phillip so that services can adequately meet the demand for treatment within the community.
- Advocate to State Government and service providers to address barriers and issues impacting on access to treatment.
- Advocate for continuing support for broad range of services ranging from self-help groups, to abstinence based programs and substitution programs for heroin dependence. Continue to advocate for the implementation of new treatment initiatives including pharmacotherapies, and the trialing of the prescription of heroin.

Co-ordination

The LDS will provide a forum for links between service providers in the area, promote these services and explore new opportunities for linking individuals experiencing drug problems with local services. The LDS will work with local services to facilitate more flexible and culturally appropriate services.

Monitoring and evaluation:

The activities will include monitoring of the types of services provided in the municipality, barriers to access, unmet demand, and referral processes.

Treatment / Rehabilitation	
Initiatives	Outcomes
<p><i>Advocacy</i></p> <ul style="list-style-type: none"> • Advocate for an expansion of treatment and rehabilitation programs in the City of Port Phillip. • Advocate to State Government and service providers to address barriers and issues impacting on access to treatment • Advocate for continuing support for a broad range of services for heroin dependence <p><i>Co-ordination:</i></p> <ul style="list-style-type: none"> • Approach will complement state Government based initiatives by developing a locally based initiative that provides a forum for links between service providers in the area • Work with local services to facilitate more flexible and culturally appropriate services. 	<p>Improved access to appropriate treatment and increased treatment options resulting in enhanced treatment outcomes. Improved client-treatment matching.</p> <p>Enhanced referral mechanisms, improved case management processes involving mental health and specialist drug treatment services</p>

5. IMPLEMENTATION OF THE LOCAL DRUG STRATEGY

Developing Community Capacity to Respond to Alcohol and Drug Issues

The successful implementation of the Port Phillip Local Drug Strategy (LDS) requires a strategy for ensuring the community stakeholders (including drug users, residents, traders, human service providers, schools, police and council) establish a mechanism for ongoing dialogue on common issues of concern and interest. Consistent with the rationale of building the capacity for health enhancement within Port Phillip, the implementation and monitoring process should enable community participants to develop skills, deepen their understanding and provide access to decision making which will result in positive policy and program change.

A capacity building approach is highly compatible with the philosophy and practice identified in the City of Port Phillip policy document *Creating a Healthy and Safer Port Phillip* (September 1999).

Bush and Mutch (1998) examined the features of capacity building in the implementation of local harm reduction strategies in the Northern Rivers District of New South Wales. They identify the fundamental shift in understanding that accompanies a capacity building approach:

Capacity building requires a shift in the relationship between the state and the community from one based upon market principles and public choice to one understood through civic engagement and the maintenance of public good. This shift requires us to reconsider harm reduction as a civic matter rather than a health management issue (Bush and Mutch 1998:).

The researchers also sought to operationalise community capacity building, identifying four domains drawn from the literature and field research. These domains described below provide a tool for assessing and evaluating the community circumstances that influence community capacity:

Domains of Community Capacity

- Partnerships - development and maintenance of positive partnerships
- Knowledge transfer - continuous and reciprocal transfer of knowledge about harm reduction between (structures)
- Problem solving - flexible and innovative problem solving by those involved across the structures
- Infrastructure - investment of social, human and financial capital. Social capital is specifically around the mutual trust and obligations between those in the partnership
(*Bush and Mutch 1998:*)

Community Capacity in Port Phillip

Port Phillip has a strong history of collaborative partnerships to address health issues including responses to drug and alcohol concerns in the community. This was particularly apparent through the course of the implementation of 'The St Kilda Project', a highly successful community harm reduction project operated in the municipality from 1993-97. The St Kilda Project used a community development approach, establishing task groups on a number of issues of common interest in the community including housing, issues for general practitioners and pharmacists, and an inhalants advisory committee.

Recommendation:

The Drug Round Table continue to meet during the implementation phase of the local drug strategy. The primary role of the Drugs Round Table is to provide policy advice, guidance on the monitoring and evaluation of implementation of the LDS. The Drugs Round Table can also advise on mechanisms to ensure sustainability of projects implemented within the strategy. A member of the Drugs Round Table be nominated to sit on the drug and alcohol Forum (see below) and report back on issues arising from this group.

Recommendation

In the course of consultation, many people remarked on the need to develop a forum on alcohol and drug issues in the City of Port Phillip. It is proposed that the forum to be established as a sub-group of Healthy and Safer Cities Alliance. The forum will encourage broad community participation, drawing from the lessons learned by the St Kilda Project, the Port Phillip Drugs Round Table and the Yarra Drug and Health Forum. The forum structure and function should support long term sustainability of approaches and continuous capacity building of participants. The specific role of this forum would be to:

- monitor and share information on the alcohol and drug issues in the community;
- develop positive working relationships amongst key stakeholders;
- actively engage in planning the framework for the evaluation of the LDS - developing *locally relevant* harm reduction indicators;
- formulate task groups on issues of interest (an overdose prevention task group would be very helpful to support the 'saving lives' initiatives identified in this report);
- ensuring ongoing dialogue, creative problem solving and "early warning system for drug related issues by the range of community stakeholders: and
- identify joint training/professional development opportunities for Forum participants

Resources for the Drug and Alcohol Forum

- Budget allocated for the administrative requirements of the forum
- Additional resources allocated to the forum be divided amongst key community agencies to enable a few staff to have a role as "community capacity" builders (CCB) on alcohol and drug issues which could work as a team in Port Phillip. Individual CCBs to focus on key groups/issues within the community.

- A small amount of funds to be made available for seeding grants for project areas/activities which the forum has identified as key priority areas of common concern as identified by task groups. Projects to be consistent with the objectives and approach identified in *"Creating a Healthy and Safer Port Phillip"* - the municipal health plan.

6. REFERENCES

Bush, R. & Mutch, A. (1998) Capacity Building at the District Level. Proceedings of the Kettil Bruun Society, University of Auckland, New Zealand.

City of Port Phillip (1999), Creating a Healthy and Safer Port Phillip

City of Port Phillip (2000) Report to DPEC on Community Consultation re the provision of injecting facilities L. Harris

Drug Policy Expert Committee (2000) Drugs: Responding to the Issues, Engaging the Community – Stage One Report. The Victorian Department of Human Services.

Hanlin, K., Cvetkovski, S., Dietze, D., Laslett, A., and Rumbold, G. (1999) The Victorian Alcohol Statistics Handbook, Turning Point Alcohol and Drug Centre Monograph Series 1, Turning Point, Alcohol and Drug Centre, Fitzroy.

Lynskey, M. and Hall, W. (1998) Jurisdictional trends in opioid overdose deaths, 1998-1996. National Drug and Alcohol Research Centre Monograph Number 36. National Drug and Alcohol Research Centre, University of New South Wales.

Newton, Wayman & Chong (1999) Drugs, Health & Wellbeing, C.S.I. Survey of residents and business in the City of Port Phillip

7. APPENDICES

7.1 List of Drugs Round Table Members

Major David Brunt, (Chair) Salvation Army	Julian Hill, Mayor City of Port Phillip
Dick Gross, City of Port Phillip	Mandy Press City of Port Phillip
Kirsty Morgan, VIVAIDS	Kathy Wilson, Inner South Community Health Service
Tony Nicholson, Hanover Welfare Services	Mark Nicklen, Sacred Heart Mission
Learne Durrington, City of Port Phillip	Geoff Oulton, City of Port Phillip
Superintendent Carl Hagan, Victoria Police	Inspector John Potter, Victoria Police
Andrew Stripp, Dept. of Human Services	Sam Harrison, George Cinemas
Paul McDonald, Youth Substance Abuse Service	Professor Steve Wesselingh Alfred Hospital
Craig Fry, Turning Point	Ron Tiffen DPEC
Dr. Simon Cooke DPEC	Sophie Argiriou Dept of Human Services

Writer/Researchers

Dr Greg Rumbold, Jane Bartier, Megan Gregory,	Monash University, Dept of Psychology – Overall Strategy Injecting Facilities Student Social Worker – RMIT – Service Mapping
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7.2 Recommendations for the trial of a supervised injecting facility in the City of Port Phillip

For consideration in the event of legislative enablement.

Why an injecting facility in the City of Port Phillip?

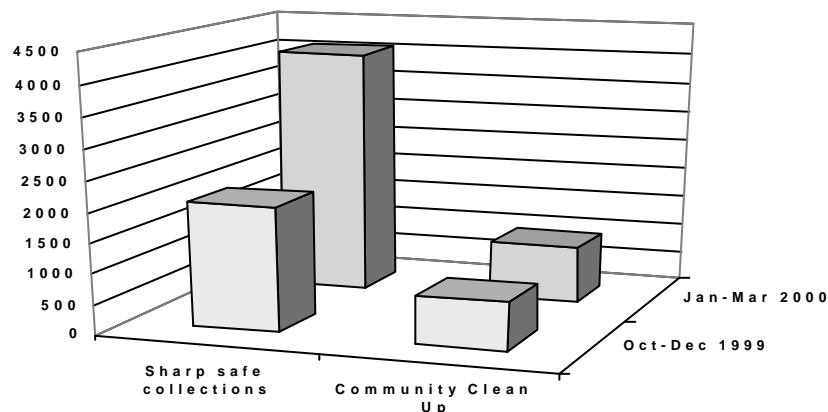
The City of Port Phillip (CoPP) has for more than five years sought initiatives and new strategies to assist in reducing the harm of drug use in its community by reducing the level of public nuisance and the health impacts of drug use. The trial of an injecting facility is such an initiative. (See CoPP Local Drug Strategy sections 2.2, 2.3 and 2.4).

CoPP has a strong record of meeting the needs of its constituents, proudly recognises difference and actively and energetically pursues innovative strategies to meet identified needs. This trial will demonstrate whether the injecting facility in the City of Port Phillip can achieve similar positive outcomes for the community and drug users as already experienced in a number of European cities.

The reality for the CoPP is that in addition to the 32 fatal overdoses in 1999 (referred to in LDS section 2.5), for the eighteen months from June 1998 there were 304 non-fatal heroin-related overdoses. (Turning Point 1999).

The number of needles and syringes on the streets and in public places collected has risen from 2863 in the three months from October to December 1999 to 5023 in the January to March 2000 quarter.

Figure 1: Needles and syringes collected in CoPP from October 1999 to March 2000.



Note: Currently there are 75 sharps safes in CoPP. Community Clean-ups refers to the walking of the streets and monitoring of known places where people inject to collect inappropriately discarded syringes and other injecting waste. Source: Inner South Community Health Service, Needle and Syringe Exchange Collection statistics, 2000.

Consultation

There has been extensive consultation on the development of the local drug strategy, including injecting facilities (see LDS section 2.4). The next stage of consultation will occur in relation to site selection and operation of the injecting facility. This consultation will be undertaken in accordance with the site selection approval process to be described in the legislation. Site and operating details will be negotiated in line with the principles detailed in this plan subject to the legislation and appointment of the provider.

Objectives

The CoPP facility will be underpinned by a harm reduction principle and be approached within a public health framework rather than a medical or treatment framework. The facility aims to minimise the impact of drug use on the health of users and the resulting harms that are experienced by the community.

The objectives of the trial are to achieve:

- a reduction in the number of deaths and serious injury due to overdose among street-based drug users accessing the facilities
- a reduction in the public nuisance resulting from drug use, evidenced by a reduction in the:
 - incidence of injecting in public places
 - injecting equipment litter on the streets
 - disruption to businesses and their customers by people suffering from the effects of drug overdose including bodily fluids on, in and around buildings and public spaces;
- greater availability of access to public spaces that had been at risk of being 'taken over' as a result of the drug use;
- facilitation of access, through the staff of the facility, to drug withdrawal and treatment, and other health services as appropriate including housing, education, employment, social welfare, child and family services, legal, and recreational services: and
- a reduction in the number of infections among drug users, particularly hepatitis B and C, HIV and bacterial infections including abscesses.

Target population

The primary target group for the facility will be adult injecting drug users who use in public places. This group of street-based users will have, as a result of their drug use, health and social needs that the facility will provide a range of responses to.

Children and young people under 18 years old will be excluded from accessing the facility and will be referred to other youth focussed services, (see LDS elements 4.1 Youth-focussed early intervention, 4.2 Saving Lives, 4.3 Criminal Justice and 4.5 Treatment/rehabilitation).

First time users will be linked to other strategies that divert them from the 'heavy using street subculture, (DPEC Stage One Report, page 35), see LDS elements 4.2 Saving lives, 4.3 Criminal Justice and 4.5 Treatment / Rehabilitation.

CoPP has high levels of both street use and home use, 60% occurring in public spaces¹, and 40% in private spaces² in the 18 months from June 1998 (Turning Point 1999). It is however considered that injecting facilities are unlikely to meet the needs of home users (DPEC Stage One Report, page 35). Whilst the injecting facility is primarily a response to the former problem, it also provides a supervised environment for users who would otherwise be using drugs alone or in circumstances that would compromise the response to any overdose. This function would be undertaken by other services and detailed in protocols, for example, with needle and syringe service workers reminding home users of the facility.

City of Port Phillip facility

There will be one facility in CoPP, at a fixed location with its own entrance and used primarily as an injecting facility. A partnership between the CoPP, DHS and the provider will operate during the trial period. The CoPP constituents are represented via the Round Table (see Appendix 7.1).

Functions

The primary function of the injecting facility during the trial period will be:

- a) providing and disposing of injecting equipment;
- b) supervision of the injecting room;
- c) providing an overdose response, if necessary, in a clean and secure space;
- d) providing information and counselling regarding the risks of injecting;
- e) linking users to community and primary health services and treatment by providing basic counselling;
- f) providing sessional services by relevant agencies: and
- g) providing nutritional support for the users.

Service Principles

The service will be underpinned by a culture of engagement fostered by the provider to ensure the objectives of the trial are met and users are linked to the broader service system, including timely access to appropriate treatment and support services. People using the facility will be able to gain related health care, including treatment and education on vein care and information on the effects of poly drug use. Whilst the sole purpose of the facility may be perceived as a safe place to inject, the facility will provide multiple responses to the broad range of health issues evident for the user.

The user population, street drug markets and user practices continually change. The facility needs to be highly responsive to these changes and have capacity to be flexible in altering and developing service delivery. Because this will be a new service type the

¹ street/footpaths, parks/vacant land, car parks, railway stations, vehicles, public toilets, fast food outlets, restaurants, clinics/surgeries, hospitals, police stations, social welfare provide buildings and the space outside flats and units

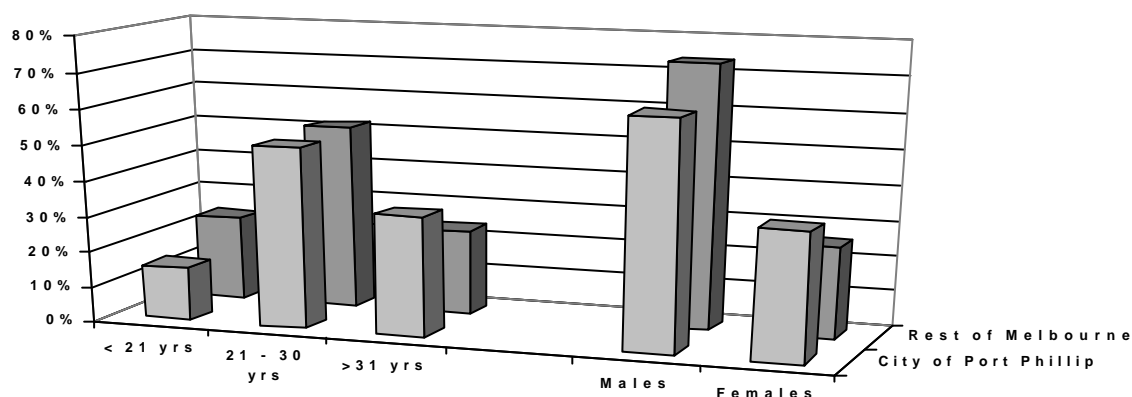
² houses, including front and back yards, and inside flats and units

interface with users will evolve. The service will be required to respond flexibly to user health and support needs.

Users are not and will not be a homogenous group. Users of the facility will include people from cultural and linguistically diverse communities and the Koori community. This will impact on the service model developed and requires some flexibility of service response to meet this diversity.

The age and gender of users will need also to be considered in the operation of the service. Of heroin related overdoses, for CoPP compared to the rest of Melbourne, there were 10% less cases of people over 21 years of age and 10% more cases of people over 31 years of age; and 10% less males and 10% more females.

Figure 2: Non-fatal heroin related overdoses occurring in Port Phillip by Age and Sex, June 1998 to December 1999.



* Note: does not include figures for June 1999. Source: Turning Point Alcohol and Drug Centre 1999, Heroin Overdose Project.

Protocols

Formal agreements and protocols will be developed between the provider and the broader service system for the operation of the service. For the City of Port Phillip, the facility is premised on these protocols being in place with agencies such as the Victoria Police, ambulance, general practitioners and primary health services, drug treatment and support services, mental health services, intellectual disability services, accommodation, child protection and child, youth and family services. The injecting facility trial will be dependant on other services and service types working with drug use in the community.

Operational Aspects

Oversight for operational aspects of the service will be the responsibility of the medical supervisor employed by the Department of Human Services.

Daily operation of the facility will be managed by the provider and supervised by a registered nurse.

The provider will employ security staff to ensure the safety of the client group, staff, neighbours and passers by and to deter theft within the facility.

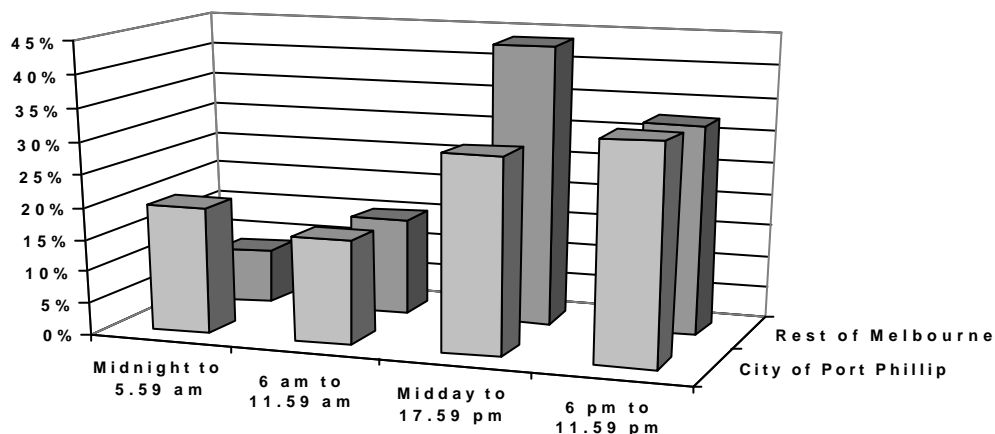
The management of public spaces and dealing within the drug market are identified as important policing issues. The injecting facility provider would work closely with the Victoria Police to support local initiatives (see LDS element 4.3 Criminal Justice and 4.4 Public Place Management).

Operating Hours

Careful planning and associated costing for the injecting facility in relation to operating hours will be needed to develop a response to the following data. Identification of the operating hours, access criteria and referral processes of other services will also influence operating hours.

Compared with the other four municipalities with a high incidence of heroin overdose (Melbourne CBD, Yarra, Maribyrnong & Greater Dandenong), the City of Port Phillip has a similar pattern for day of the week but a markedly different pattern of overdoses for time of day. Between 8.00 pm and midnight, the number of non-fatal overdoses in CoPP increases while it decreases elsewhere, reflecting 'a well-known late-night heroin market in that area'. (DPEC Stage One Report, page 8).

Figure 4: Non-fatal heroin related overdoses occurring in City of Port Phillip by day of the week, June 1998 to December 1999.



* Note: does not include figures for June 1999. Source: Turning Point Alcohol and Drug Centre 1999, Heroin Overdose Project.

Provider Selection

CoPP supports a transparent and accountable process for provider selection. CoPP and DHS will work together in selecting the provider according to the legislative criteria. For CoPP it is a priority that potential providers demonstrate:

- (a) local support and acceptance from key stakeholders including potential service users: and
- (b) capacity to liaise with local residents, users, police and others in their management of services and develop networks and linkages with support services, and have successful strategies to provide services across the range of users.

Site Selection

CoPP and the provider, in consultation with the Round Table, will propose the site according to identified planning procedures and make a recommendation to the Minister for his final decision.

In selecting a site the following information will need to be considered:

- The City of Port Phillip is made up of 9 postcodes. Of heroin related overdoses for the 18 months from June 1998 in three of the postcodes, 3004, 3181 and 3185 there was a total of 7 cases or 2%. A further five postcodes, 3183, 3184, 3205, 3206, 3207 had between 16 and 55 cases each, 30% of the total. St Kilda postcode 3182, where the remaining heroin related overdose cases occurred, had 68% of the total for the City of Port Phillip. (Turning Point 1999). Note: does not include figures for June 1999
- Analysis of the needle and syringe collection data shows that as a general rule people use close to the source of needle and syringes. In CoPP this is usually in the area bounded by Fitzroy, Grey, Barkly, Carlisle and Acland Streets of St Kilda. There are a number of parks, car parks and laneways in this area which provide privacy in public or simply convenience of parking. They are all within a 5 - 10 minute distance from the Needle and Syringe Programs and close to public transport.

Evaluation

The City of Port Phillip supports Department of Human Services program responsibility for commissioning and overseeing the work of an independent evaluator for the Injecting Facility Trial.

The City of Port Phillip requests that the evaluators develop tools that capture resident and trader views on the changes identified over the time of the trial. Additionally, users and related service outreach workers, such as the Prostitutes Collective Victoria (PCV), should be included in the evaluation. The evaluation of the trial will also provide a means of collecting data that will inform the broader service system about the user profile and their needs.

Links between the injecting facility and other elements of the local drug strategy

City of Port Phillip is committed to an injecting facility as a key initiative within its local drug strategy however recognises that such a facility as a single initiative must be coordinated with other components of the local drug strategy. Relevant links with other elements of the drug strategy have been referenced above.

City of Port Phillip endorsement of an injecting facility

At the CoPP Council meeting of 31 January 2000, the following motion was carried unanimously:

"That Council invite the State Government to jointly establish a working party to guide the process of planning, development and implementation of Supervised Injecting Facilities within the policy framework set by the Victorian Government and Council."

The planning round table subsequently endorsed Councils decision and established a working party to develop the preliminary injecting facility operational plan.

Source documents

- Drug Policy Expert Committee, April 2000. "Drugs: Responding to the Issues, Engaging the Community – Stage One Report".
- The Drugs, Poisons and Controlled Substances (Injecting Facilities Trial) Bill 2000 and associated Framework for Service Agreements.
- City of Port Phillip, February 2000. "Report to the Drug Policy Expert Committee on Community Consultation Regarding the Provision of Injecting Facilities Within The City of Port Phillip" prepared by Lisa Harris Research and Consulting.
- VIVAIDS, Victorian Drug Users Group, "Consultations with Injecting Drug Users Regarding Injecting Facilities", December 1999 to February 2000 and "Recommended Model of Injecting Facilities".
- Turning Point Alcohol and Drug Centre 1999, Heroin Overdose Project. Data for the period 18 months June 1998 – December 1999, (excluding June 1999 for lack of data).

7.3 Resource Requirements

The implementation of the City of Port Phillip Local Drug Strategy requires a substantial new commitment of resources. The preliminary costing of the various components of the Local Drug Strategy is outlined below. The five elements that comprise the Local Drug Strategy are:

- prevention/early intervention;
- saving lives;
- criminal justice;
- public place management: and
- treatment/rehabilitation

There are three types of initiatives that have been included within the Local Drug Strategy. Those involving advocacy, co-ordination or delivery of a specific service or program.

Advocacy

One of the functions of the Local Drug Strategy will be to advocate for changes in policy and programs in order to reduce the impact of licit and illicit drugs upon the local community. Local communities have a unique perspective regarding the effectiveness of existing services and programs in responding to drug problems. It is important that there is a strong role for advocacy in the strategy. Port Phillip Council will take primary responsibility for this task.

The Local Drug Strategy will also involve advocacy at the local level in the form of seeking support for the initiatives that comprise the strategy from local businesses, health and welfare agencies and other relevant stakeholders, and advocacy on behalf of particular groups within the community. Local community agencies and cultural and supporting groups will be encouraged to respond positively to drug issues by undertaking activities that promote social inclusion and explore new opportunities for 'at risk' young people and other high risk groups to participate in local cultural, recreational and employment activities.

Co-ordination

Many of the actions within the Local Drug Strategy will involve co-ordination and capacity building within existing services and community groups. The strategy will build upon and support the work of existing local networks and collaborative initiatives by undertaking actions that:

- support positive working relationships among local agencies, businesses, community groups and residents,
- identify joint training/professional development opportunities; and
- focus community action on specific local needs by forming task groups to address these needs.

Delivery of specific programs and services.

The Local Drug Strategy will aim to secure resources for implementing a number of specific initiatives that are designed to address the impact of drug problems on the local community. These will complement existing regional, state and national programs and will make an important contribution to the reduction of drug related problems in the City of Phillip. The major focus for these initiatives is the impact of heroin use in the City of Port Phillip. The substantial increases in heroin-related health and social problems that have occurred in recent years in the municipality call for an urgent and concerted community response. The Local Drug Strategy incorporates plans for important new initiatives to prevent problem drug use among young people, reduce death and disease among people currently using heroin in the City of Port Phillip.

The following section provides an analysis of the budget requirements for implementing the five elements of the Local Drug Strategy. The budget is indicative. The funding required which would be managed at the local level is differentiated from that which would be managed by the State Government as part of their State-wide service initiatives.

The budget requirements for year 1 are summarised in the following table.

Area	Project	Cost-Local Drug Strategy	Cost-State Drug Strategy
1. Prevention			
a) Youth- focussed intervention	Co-ordination/evaluation Intensive case management	\$ 10K	\$ 60K
b) Community support	Positive engagement strategy <ul style="list-style-type: none"> ▪ Including capacity building ▪ Incentives for community groups ▪ Family/friends support group 	\$ 20K \$ 20K \$ 7K	
c) Community Education	Communications strategy <ul style="list-style-type: none"> ▪ information forums ▪ Information materials 	\$ 10K \$ 20K	
Total-Prevention		\$ 87K	\$ 60K
2. Saving Lives	Development of indicators and evaluation/co-ordination/staff training Enhancement for NSP CCI Program Increased Outreach <ul style="list-style-type: none"> ▪ Youth ▪ Street Sex workers Peer based support/education	\$ 40K	\$ 80K \$185K \$120K \$ 15K
Total Saving Lives		\$ 40K	\$400K
3. Criminal Justice	Advocacy/co-ordination Monitoring and evaluation	\$ 20K \$ 20K	
Total Criminal Justice		\$ 40K	
4. Public Place Management	Database development and monitoring Extra cleaning, safety audits/co-ordination	\$ 20K \$ 20K \$ 20K	
Total Pub. Place Mangt		\$ 60K	
5. Treatment/ Rehab	Advocacy/ co-ordination/ Capacity Building	\$ 20K \$ 20K	
Total Treatment/Rehab		\$ 40K	
Total all areas		\$247K	\$460K

Prevention/Early intervention

Youth-based early intervention

Resources required:

The total cost of this initiative is \$70,000 as follows:

Implementation (\$10,000). This includes the cost of staff and program support for the advocacy and coordination tasks and support for monitoring and evaluation.

Intensive case management for at risk youth (\$60,000) This includes the cost of staff, running costs, training and other program support.

Community support

Resources required

The total cost of this initiative is \$47,000 as follows:

Implementation (\$20,000). This includes the cost of staff and program support for the advocacy and coordination tasks and support for monitoring and evaluation.

New services.

Harness community resources to promote social inclusion and new opportunities to participate in community activities (\$20,000). This includes the cost of staff, program resources and expenses and incentives for local community groups to develop new programs (i.e. to subsidise the cost of equipment, staff etc).

Increased support for families and friends to manage the issues arising from living /associated with a drug user by supporting local support groups (\$7000).

Community education

Resources required:

The total cost of this initiative is \$20,000 as follows:

New services. The communication strategy will require a total of \$20,000 including \$10,000 for providing information booklet for traders, \$10,000 for the provision of information to residents. These costs include the costs of the production and design of materials, translation and printing and distribution costs.

- **Saving Lives**

Resources required:

\$40,000 for advocacy, co-ordination, monitoring and evaluation.

\$400,000 including salary and program costs of new initiatives.

Additional staff resources for Needle Syringe Program \$80k

CCI program = \$185k

Additional outreach programs focussed on young people and street sex workers \$120k
Peer based education/support \$15k

- **Criminal Justice**

Resources required:

\$40,000 for advocacy, co-ordination, monitoring and evaluation to support diversion and health responses. Funding for the CCT project has been included in the 'Saving Lives' strategy.

- **Public place management**

Resources required:

\$60,000 for co-ordination, monitoring and evaluation, more responsive cleaning of infectious waste and community safety audits

- **Treatment/rehabilitation**

Resources required:

\$40k for advocacy, co-ordination and evaluation

7.4 Service Mapping

The Service Map initially was developed to identify youth oriented services. The map was later expanded to include specialist drug treatment services, crisis accommodation and other services who cater for clients with drug and alcohol problems. The list is not intended to be exhaustive. Most services are locally-based. Statewide services are listed where services are made available to local residents.

ALFRED CHILD AND ADOLESCENT MENTAL HEALTH, 64
ARDOCH YOUTH FOUNDATION, 64
ARGYLE STREET HOUSING SERVICE, 65
BUOYANCY FOUNDATION OF VICTORIA, 65
DIRECT LINE, 65
EMERALD HILL MISSION, 66
GALIAMBLE, 67
GOOD SHEPHERD, 67
HANOVER FAMILY SERVICES, 68
HANOVER SOUTHBANK, 68
HANOVER YOUNG ADULTS SUPPORT SERVICE, 69
INNER SOUTH COMMUNITY HEALTH SERVICE PRAHRAN, 69
INNER SOUTH COMMUNITY HEALTH SERVICE ST KILDA, 71
INNER SOUTH COMMUNITY HEALTH SERVICE STH MELBOURNE (ISCHS), 70
JEWISH COMMUNITY SERVICES, 71
ODYSSEY HOUSE, 72
OPEN FAMILY AUSTRALIA, 72
PCV, 73
SACRED HEART MISSION, 74
SALVATION ARMY, 74
SALVATION ARMY CROSSROADS, 75
SOUTH PORT COMMUNITY HOUSING, 77
SOUTHERN METROPOLITAN ADDICTION CONSULTANCY CLINIC, 76
ST KILDA GATEHOUSE, 77
ST KILDA LEGAL SERVICE CO-OP. LTD., 78
ST KILDA POLICE AND CITIZENS YOUTH CLUB, 78
ST KILDA YOUTH SERVICES INC., 79
THE ALSO FOUNDATION, 79
THE FIRST STEP PROGRAM, 80
TURNING POINT ALCOHOL AND DRUG CENTRE, 80
VIV AIDS, 81
WINDANA SOCIETY, 82
WINJA ULUPNA, 82
YOUTH SUBSTANCE ABUSE SERVICE (YSAS), 81

COMMUNITY HEALTH	PAGE
INNER SOUTH COMMUNITY HEALTH SERVICE- PRAHRAN	69
INNER SOUTH COMMUNITY HEALTH SERVICE- STH MELB.	70
INNER SOUTH COMMUNITY HEALTH SERVICE- ST.KILDA	71
CRISIS COUNSELLING & SUPPORT	
DIRECT LINE	65
EMERALD HILL MISSION	66
GOOD SHEPHERD	67
SACRED HEART MISSION	74
SALVATION ARMY CROSSROADS NETWORK CRISIS SERVICE	75
ST KILDA GATEHOUSE	77
PCV- INNER SOUTH COMMUNITY HEALTH SERVICE	73
DRUG AND ALCOHOL SERVICES	
BUOYANCY FOUNDATION OF VICTORIA	65
GALIAMBLE	67
ODYSSEY	72
SALVATION ARMY- THE BRIDGE CENTRE	74
SOUTHERN METROPOLITAN ADDICTION CONSULTANCY CLINIC	76
THE FIRST STEP PROGRAM	80
TURNING POINT ALCOHOL AND DRUG CENTRE	80
VIVAIDS	81
WINDANA SOCIETY	82
GAY AND LESBIAN	
THE ALSO FOUNDATION	79
HOUSING	
ARGYLE STREET HOUSING	65
HANOVER FAMILY SERVICES	68
HANOVER SOUTHBANK	68
HANOVER YOUNG ADULTS SUPPORT SERVICE	69
SOUTH PORT COMMUNITY HOUSING	77
INDIGENOUS SERVICES	
GALIAMBLE	67
WINGA ULUPNA	82
LEGAL	
ST KILDA LEGAL SERVICE CO-OP. LTD	78
MENTAL HEALTH	
ALFRED CHILD AND ADOLESCENT MENTAL HEALTH	64
MULTICULTURAL	
JEWISH COMMUNITY SERVICES	71

YOUTH

ARDOCH YOUTH FOUNDATION	64
OPEN FAMILY AUSTRALIA	72
ST KILDA POLICE AND CITIZEN YOUTH CLUB	78
ST KILDA YOUTH SERVICES	79
YOUTH SUBSTANCE ABUSE SERVICE (YSAS)	81

*** Many of the above agencies overlap and cater for a range of these services. They are all seeing service users experiencing Drug and Alcohol related issues.**

ALFRED CHILD AND ADOLESCENT MENTAL HEALTH (ALFRED CAMHS)

LOCATION: 594 St.Kilda Rd,
MELBOURNE 3000

TELEPHONE: (03) 9526. 4400

HOURS: Monday to Friday, 9.00am - 5.00pm

SERVICES:

- psychiatric assessment, treatment and referral ,
- individual, family and group therapy,
- community education and consultation

AGE: 18 years and under

ELIGIBILITY: Emotional, behavioural, developmental, psychiatric serious issues.

WAITING LIST: No

ARDOCH YOUTH FOUNDATION

LOCATION: Level 1, The Arcade,
232 Carlisle Street,
BALACLAVA 3183

TELEPHONE: (03) 9537. 2414

HOURS: Monday to Friday, 9.00am - 5.30pm

SERVICES:

- provide advocacy, support, assistance and referral;
- material aid;
- counselling;
- accessing and overcoming barriers to education;
- consultancy with schools: and
- community education

COST: No cost

**TARGET GROUP/
ELIGIBILITY:** Young people of all ages, particularly to students and their families who are experiencing homelessness. Ardoch youth services work with preschool, primary, secondary and tertiary students.

WAITING LIST: No

ARGYLE STREET HOUSING SERVICE

LOCATION:	52 Argyle Street, ST KILDA 3182
TELEPHONE:	(03) 9593. 9349
HOURS:	Monday to Friday 9.00am - 5.00pm
SERVICES:	<ul style="list-style-type: none">• transitional housing;• crisis Accommodation: and• housing Information and Referral.
ELIGIBILITY/ TARGET GROUP:	People who are experiencing homelessness
WAITING LIST:	Yes

BUOYANCY FOUNDATION OF VICTORIA

LOCATION:	293 Punt Road, RICHMOND 3121
TELEPHONE:	(03) 9429 3322
HOURS:	Monday to Friday 9.30am to 5.00pm
SERVICES:	<ul style="list-style-type: none">• counselling, consultancy and continuing care;• therapeutic services- (including art, yoga meditation etc.);• Parent and Partners Support Group;• 'Queer' user's of illicit drugs (Buoyant Program);• money management worker;• needle exchange program: and• information to professionals working in the field
ELIGIBILITY/ TARGET GROUP:	Will see anyone with drug and alcohol dependencies including, family and friends and professionals.
WAITING LIST:	Yes, about a week

DIRECT LINE

TELEPHONE:	(03) 9416 1818
SERVICE:	<ul style="list-style-type: none">• 24 hour telephone counselling service, available to people wishing to discuss any drug and alcohol related issues;• confidential Information and Referral;• Interpreter service available, (13 1450)
HOURS:	24 hr, 7 days a week

EMERALD HILL MISSION

LOCATION:	375 Dorcas Street, SOUTH MELBOURNE 3205
TELEPHONE:	(03) 9696. 0644
HOURS:	Monday to Friday 9.00am - 5.00pm
SERVICES:	Help to get into drug rehabilitation <ul style="list-style-type: none">• court advocacy;• material aid;• recreation activities;• help to get back into education & employment;• help to find accommodation;• family mediation: and• counselling
AGE GROUP:	12years of age and above
ELIGIBILITY/	
TARGET GROUP:	Anyone in distress
WAITING LIST:	No

GALIAMBLE

LOCATION: 66 Grey Street,
ST KILDA 3182

TELEPHONE:

HOURS: 24 hr, 7 days

SERVICES:

- drug and alcohol residential rehabilitation: and
- counselling

AGE GROUP: 18+

**ELIGIBILITY/
TARGET GROUP:** Indigenous males with drug and alcohol related issues

WAITING LIST: Yes

GOOD SHEPHERD YOUTH AND FAMILY SERVICES INC.

LOCATION: Suite 5/22-28 Fitzroy Street,
ST KILDA 3182

TELEPHONE: (03) 9537. 1416

HOURS: Monday to Friday 9.00am - 5.00pm

SERVICES: counselling & support

AGE GROUP: 15 - 30 years

ELIGIBILITY: People living in, or having links with the City of Port Phillip

TARGET GROUP: Individuals with drug related problems, people who are in trouble with the police, people experiencing homelessness and individuals who are self harming

WAITING LIST: Yes, a few weeks

HANOVER FAMILY SERVICES

LOCATION:	217 Cecil Street, SOUTH MELBOURNE 3205
TELEPHONE:	(03) 9696 5044 (Service) (03) 9699 4566 (24 hr, 7 days)
HOURS:	Monday to Friday 9.00am - 5.00pm After Hours Service
SERVICES:	<ul style="list-style-type: none">• crisis accommodation;• short term supported housing;• transitional housing;• support to families: and• children's worker
ELIGIBILITY/ TARGET GROUP:	Families experiencing homelessness
WAITING LIST:	Hanover, does not keep a waiting list, however obtaining housing for families is extremely challenging & often a room is not available.

HANOVER SOUTHBANK

LOCATION:	52 Haig Street, SOUTH MELBOURNE 3205
TELEPHONE:	(03) 9699 4566 (Services) (03) 9699 6388 (Admin)
HOURS:	24 hr, 7 days
SERVICES:	<ul style="list-style-type: none">• emergency/crisis accommodation;• one family room: and• ongoing support and referral to find appropriate accommodation.
AGE GROUP:	18+
ELIGIBILITY/ TARGET GROUP:	Adult male and females (without children) who are homeless
WAITING LIST:	Hanover does not keep a waiting list, however, often there is not a bed/s available for a person/family in desperate need of accommodation.

HANOVER YOUNG ADULTS SUPPORT SERVICE

LOCATION:	129 Wellington Street, WINDSOR 3181
TELEPHONE:	(03) 9533. 6099
HOURS:	Monday to Friday 9.30am - 5.00pm
SERVICES:	supported accommodation
TARGET GROUP/ ELIGIBILITY:	Homeless at risk, support needs
AGE GROUP:	16 - 25 years of age
WAITING LIST:	Does not hold a waiting list.

INNER SOUTH COMMUNITY HEALTH SERVICE PRAHRAN (ISCHS)

LOCATION:	240 Malvern Road, PRAHRAN 3181
TELEPHONE:	(03) 9525.1300
HOURS:	Monday to Friday 8.00am - 6.00pm
SERVICES:	<ul style="list-style-type: none">• duty worker;• counselling, consultancy & continuing care;• outreach illicit drug project counsellor;• needle exchange;• mental health program;• paediatric psychologist;• podiatry;• dental service;• occupational therapy;• speech therapy,• physiotherapy: and• aged health services
AGE:	Any
TARGET GROUP:	Can work with any target group, in relation to youth specific services, likely to see young people:- with drug issues, in trouble with the police, whom are homeless, self harming etc.
WAITING LIST:	Yes, approx 2 to 6 weeks (it varies) <u>note:</u> There is no waiting list for outreach.

INNER SOUTH COMMUNITY HEALTH SERVICE STH MELBOURNE (ISCHS)

LOCATION:	341 Coventry Street, SOUTH MELBOURNE 3205
TELEPHONE:	(03) 9690 9144
HOURS:	Monday to Friday 9.00am to 5.00pm
SERVICES:	<ul style="list-style-type: none">• duty worker;• needle and syringe exchange;• legal aid service;• counselling, consultancy and continuing care;• sexual and reproductive health clinic;• case management;• health education;• support and advocacy for people with severe psychiatric problems;• occupational therapy for older people and younger people with a disability: and• groups.
AGE GROUP:	Any
ELIGIBILITY/ TARGET GROUP:	People who live in or have associations with South Melbourne, Port Melbourne, Middle Park, Albert Park and Garden City.

INNER SOUTH COMMUNITY HEALTH SERVICE ST KILDA (ISCHS)

LOCATION:	18 Mitford Street, ST KILDA 3182
TELEPHONE:	(03) 9534 0981
HOURS:	Monday to Friday 9.00am - 5.00pm
SERVICES:	<ul style="list-style-type: none">• duty worker;• counselling, consultancy and continuing care;• drug and alcohol counselling and information;• psychiatric disability support/case management/housing support;• aids prevention team;• sexual health service;• needle and syringe exchange;• homeless young persons health access program;• indigenous access program;• groups and courses;• outreach: and• home visits.
AGE GROUP:	Any
ELIGIBILITY/ TARGET GROUP:	People who are holders of health care cards and are living in or going to school within the City of Port Phillip.
WAITING LIST:	Yes, waiting lists for some services, i.e. counselling

JEWISH COMMUNITY SERVICES

LOCATION:	25-27 Alma road, ST KILDA 3182
TELEPHONE:	(03) 9525 4000 (24 hours)
HOURS:	Monday to Thursday, 9.00am - 5.00pm Friday, 9.00am - 4.00pm
SERVICES:	<ul style="list-style-type: none">• family & counselling services;• disability services;• aged services;• employment program; and• housing officer.
AGE GROUP:	Open age
ELIGIBILITY/ TARGET GROUP:	Jewish people living in Victoria.
WAITING LIST:	Yes, varies for services.

ODYSSEY HOUSE

LOCATION:	173 Greville Street, PRAHRAN 3181
TELEPHONE:	(03) 9510 5394
HOURS:	Monday to Friday, 9.00am to 5.00pm
SERVICES:	<ul style="list-style-type: none">• outpatient & residential programs;• assessment, counselling & referrals;• OASIS Program (Youth);• parent support services;• specialist family program: and• outreach counselling.
AGE GROUP:	14 - 20 years of age and their parents
ELIGIBILITY/ TARGET GROUP:	Young people with drug and alcohol related issues

OPEN FAMILY AUSTRALIA

LOCATION:	ALBERT PARK 3206
WEB SITE:	www.openfamily.com.au
TELEPHONE:	(03) 9699 5588
HOURS:	24 hrs, 7 days
SERVICES:	<ul style="list-style-type: none">• outreach & intensive support and assistance; and• referrals to other youth support services
AGE GROUP:	12 - 18 years of age
ELIGIBILITY/ TARGET GROUP:	Young people who are alienated and excluded from mainstream supports and services.
WAITING LIST:	No

<p style="text-align: center;">PCV aka 10 Inkerman St. (Inner South Community Health Service)</p>
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LOCATION:	10 Inkerman Street, ST KILDA 3182
TELEPHONE:	(03) 9534 8166
HOURS:	Monday to Friday, 10.00am to 6.00pm
SERVICES:	<ul style="list-style-type: none">• free confidential service-phone & drop in;• provision of needle exchange, condoms, lube, etc;• support, debriefing, advocacy & referrals;• counselling by appointment;• advice-legislation, policing, health;• information-health, legal, housing, welfare etc;• outreach;• access to extensive resources;• NESB information and referral;• ugly mugs report and distribution to street, brothel and escort workers: and• Worker Girl/Worker Boy- sex industry magazine• Community Connections-homeless persons program, case coordination and linkage.• Mental health- assertive outreach.• Health Education services to the sex industry.
ELIGIBILITY/ TARGET GROUP:	PCV can be accessed by sex industry workers- male, female, transgender, who are current or ex-sex workers. PCV also provide support and information services to licensed operators (brothel and escort), approved managers, clients of sex workers and extended families of sex workers.
WAITING LIST:	No

SACRED HEART MISSION

LOCATION:	87 Grey Street, ST KILDA 3182
TELEPHONE:	(03) 9537 1166
HOURS:	Monday to Friday, 9.00am - 5.00pm
SERVICES:	<ul style="list-style-type: none">• meal program;• housing;• the women's program;• outreach;• emergency relief/food parcels;• home care,• The Clinic (voluntary chiropractors, hairdresser, podiatrist, masseuse, psychologist, yoga instructor);• sports recreation;• community support program;• arts program: and• Op Shop.
AGE GROUP:	Open age
ELIGIBILITY/ TARGET GROUP:	Residents of St Kilda who are holders of healthcare card. Meal Program open to anyone
WAITING LIST:	Do not hold a waiting list, however, housing extremely challenging to obtain (due to huge demand). If there is nothing available housing workers will try to allocate accommodation elsewhere.

SALVATION ARMY- THE BRIDGE CENTRE

LOCATION:	12 Chapel Street, ST KILDA 3182
TELEPHONE:	(03) 9521 2770
HOURS:	Monday to Friday, 8.00am - 6.00pm (After Hours by appointment)
SERVICE:	<ul style="list-style-type: none">• counselling, consultancy and continuing care;• rehabilitation;• home based withdrawal: and• youth outreach (The Bridge Program)
AGE GROUP:	Open Age (under 25yrs of age for youth)
ELIGIBILITY/ TARGET GROUP:	People with Drug and Alcohol or other addictions
WAITING LIST:	Yes, (up to a month if not longer for rehabilitation).

SALVATION ARMY CROSSROADS NETWORK CRISIS SERVICE

LOCATION:	29- 31 Grey Street, ST KILDA 3182
TELEPHONE:	(03) 9525 4100 (24 hr, 7 days) (03) 9534 6056 (Admin) 1800 627 727 (freecall)
HOURS:	Monday to Sunday, 10.00am - 12 midnight
SERVICES:	<ul style="list-style-type: none">• crisis accommodation, (5 female beds, 8 male beds, 1 family room and one after hours bed-which is strictly 1 night);• needle exchange;• health information;• domestic violence outreach;• Royal District Nursing Homeless Program (very flexible);• Centrelink (3 days a week);• Legal Aid (1 afternoon a fortnight);• Maternal Child Health Program (Friday afternoon),• Argyle Street housing (new development);• Material Aid: and• Advocacy, support and referral
AGE GROUP:	Open Age
ELIGIBILITY/ TARGET GROUP:	Statewide service to people in crisis
WAITING LIST:	Yes, varies for all services, housing is often unavailable and referrals elsewhere is tried.

**SOUTHERN METROPOLITAN ADDICTION CONSULTANCY CLINIC-
(SMACC)**

LOCATION: 1ST Floor
61-69 Brighton Road,
(Entrance Hennessy Ave)
ELWOOD 3184

TELEPHONE: (03) 9525 7399

EMAIL: smacc@smacc.isemdgp.org.au

HOURS: Monday to Friday, 10.00am - 6.00pm

SERVICES:

- medical services, pharmacy and pathology;
- counselling and case management;
- group support: and
- court reports

**TARGET GROUP/
ELIGIBILITY:** The service helps those who live in the southern metropolitan region of Melbourne, who are dealing with issues relating to heroin and/or other drug use and various pharmacotherapy treatments such as methadone and naltrexone.

COST: As smacc is funded by the Department of Human Services and the Inner South East Melbourne Division of General Practice, there are no costs for the services provided.

REFERRAL: As smacc is a specialist service, a referral from a person's current treatment agency or doctor is required.

SOUTH PORT COMMUNITY HOUSING GROUP

LOCATION:	259 Dorcas Street, SOUTH MELBOURNE 3205
TELEPHONE:	(03) 9696. 1128
HOURS:	Mon, Tues, Thurs. & Fri, 9.30am - 4.30pm Wed, 2.30pm - 4.30pm
SERVICES:	<ul style="list-style-type: none">• support for young people at risk of becoming homeless: and• long term rooming house accommodation
AGE GROUP: ELIGIBILITY/	Young people
TARGET GROUP:	Preference given to people with connections to South & Port Melbourne
WAITING LIST:	No waiting list for support, there is a high demand for housing, which is challenging to find

ST KILDA GATEHOUSE

LOCATION:	36 Greeves Street, ST KILDA 3182
TELEPHONE:	(03) 9534. 2500
HOURS:	Mon, Tue, Thurs & Friday, 11.00am - 5.00pm
SERVICES:	<ul style="list-style-type: none">• counselling;• food distribution;• outreach: and• drop-in centre
AGE GROUP: ELIGIBILITY/	Open
TARGET GROUP:	Preventative work with young people in schools as well as school refusers, people with drug related issues, individuals in trouble with the police and those experiencing homelessness and mental health issues, including self

harming.

ST KILDA YOUTH SERVICES INC.

LOCATION: 5 Duke Street,
ST KILDA 3182
TELEPHONE: (03) 9534 3685
HOURS: Monday to Friday, 9.00am - 5.00pm
SERVICES:

- counselling and mediation;
- pre-employment training;
- peer support, referral and advocacy;
- housing: and
- recreation programs,

AGE GROUP: 12- 25 years
WAITING LIST: Yes, only for housing

THE ALSO FOUNDATION

LOCATION: Level 1, 35 Cato Street,
PRAHRAN 3181
TELEPHONE: (03) 9510 5569
HOURS: Monday to Friday, 9.00am - 5.00pm
SERVICE: A generalist service for can refer people on to appropriate drug and alcohol services

AGE GROUP: Open
**ELIGIBILITY/
TARGET GROUP:** Gay & Lesbian, Bisexual, Transexual and Transgender Community Groups

WAITING LIST: No

THE FIRST STEP PROGRAM

- LOCATION:** 42 Carlisle Street,
ST KILDA 3182
- TELEPHONE:** (03) 9537 3177
- HOURS:** Monday to Friday, 10.00am - 4.00pm
- SERVICES:**
- A rapid detoxification program, (naltrexone): and
 - advising our patients of “after treatment” facilities available to assist them regain control of their lives and raise their self esteem
- ELIGIBILITY/
TARGET GROUP:** First Step will treat addicts regardless of financial circumstances, although addicts or their families will be requested to donate \$200.00 to The First Step when they are financially able to do so.
- WAITING LIST:** Initial appointment approximately a month

TURNING POINT ALCOHOL AND DRUG CENTRE

- LOCATION:** 54-62 Gertrude Street,
FITZROY 3065
- TELEPHONE:** (03) 9254 8050 (Service)
(03) 9254 8061 (Admin)
- HOURS:** Monday to Friday, 9.00am - 5.00pm
- SERVICES:**
- advice and referral;) Not available to
 - outpatient referral;) City of Port Phillip
 - counselling and therapy;) residents
 - education and training: and
 - research and development
- AGE GROUP:** Open
- ELIGIBILITY/
TARGET GROUP:** People with drug dependence issues

VIV AIDS

LOCATION:	765a Nicholson Street, CARLTON NORTH 3054
TELEPHONE:	(03) 9381 2211
WEB SITE:	avoca.vicnet.net.au/~viv aids
HOURS:	Monday to Friday, 10.00am - 5.00pm
SERVICES:	<ul style="list-style-type: none">• advocacy;• information and education;• needle exchange: and• policy work
AGE GROUP:	Open
ELIGIBILITY/ TARGET GROUP:	No restrictions
WAITING LIST:	No

YOUTH SUBSTANCE ABUSE SERVICE (YSAS)

LOCATION:	18 Brunswick Street, FITZROY 3065
TELEPHONE:	(03) 9244 2450 (Service) (03) 9415 8881 (Admin) (03) 1800 014 446 (Free call from outside metropolitan area)
HOURS:	Monday to Friday, 9.00am - 5.00pm
SERVICES:	<ul style="list-style-type: none">• youth home based withdrawal;• residential withdrawal;• outreach;• training and support: and• 24 hr telephone service,
AGE GROUP:	12 - 21 years of age
ELIGIBILITY/ TARGET GROUP:	Young people with drug related issues
WAITING LIST:	Will, but generally do not usually take on St.Kilda area.

WINDANA SOCIETY

LOCATION:	88 Alma Road, ST KILDA 3182
TELEPHONE:	(03) 9529 7955
HOURS:	Monday to Friday 9.00am - 5.00pm
SERVICES:	<ul style="list-style-type: none">• residential drug withdrawal service;• youth drug withdrawal service;• therapeutic community;• supported accommodation: and• community integration & Windana Community Centre:- counselling, peer support & self help groups, parenting group.
ELIGIBILITY/ TARGET GROUP:	People with drug related problems, not resourced to accept individuals with severe psychiatric disabilities
WAITING LIST:	Yes, there are waiting lists for each region for the therapeutic residential program

WINJA ULUPNA

LOCATION:	14 Charnwood Crescent, ST KILDA 3182
TELEPHONE:	(03) 9525 5442
HOURS:	24hr, 7 days
SERVICES:	Drug and Alcohol Residential Rehabilitation
AGE GROUP:	18+
ELIGIBILITY/ TARGET GROUP:	State wide service for Indigenous women with drug and alcohol related issues
WAITING LIST:	Yes

Summary of current drug and alcohol related issues and service delivery gaps, identified by community agencies within the City of Port Phillip.

This summary was obtained from information provided by staff members from different community agencies working closely with service users, based on questionnaire responses. Information was also obtained via face to face interviews.

Community agencies are seeing complex multiple issues within their organisations in which drug and alcohol issues are generally seen as one 'symptom' among many of the underlying problems. These problems include; alcohol and drug related brain injury, overdose, service users' taking drugs on premises, unsafe injecting practices, homelessness/transience (with a lot more families becoming homeless), relationship breakdown, family problems, social isolation, depression, anxiety, anger, violence, mental health issues, child protection issues, low self-esteem, legal issues, financial difficulties, consistent and large numbers of referral for counselling. Young people are particularly vulnerable within our community and are least likely to access generalist services.

Organisations identified that further resources were required in all areas of prevention, treatment, rehabilitation and law reform. Agencies spoke of the importance of attending to the basic needs of service users - food, income, stable housing, employment and education. Significance was also given to building social networks and promoting services within the community, specifically targeted to young people who have little knowledge of the local agencies and services available to them.

Community agencies within the City of Port Phillip, have identified a range of preferred strategies which they believe will address the broader underlying social and economic issues of drug use. These are:-

- Establishing diversionary programs, (initiatives such as The Credit Program at Melbourne Magistrates Court. The CCI project, run by Turning Point, which aims to link people who have been arrested with non-violent drug offences. This project only operates in The City of Yarra). Programs that support drug users, as opposed to those where users are charged by the police and forced into the criminal justice system.
- Programs to divert young people away from the criminal justice system and towards rehabilitation and support should be used.
- An increase in the availability of withdrawal programs, (for some individuals using this service more time was needed for withdrawal).

- Intense support between withdrawal and rehabilitation, (the wait between the two is far too long, does not assist people to succeed, therefore a high relapse rate ensues.)
- An increase in outreach & case management,
- Access to emergency and crisis accommodation within the City of Port Phillip, for which there is a high unmet demand, resulting in homelessness.
- Preventative education/awareness,
- Educating users on safer using practices,
- Cultural awareness for professionals working with people within the community and with community groups,
- Recreational programs, More community linkages,
- More services needed for families and young people, (for people accessing the Koori Rehabilitation Accommodation, there are no services to support families/children).
- Services to be culturally appropriate.