



CITY OF PORT PHILLIP

LOCAL DRUG STRATEGY 2006

DRAFT

1. Introduction

Drugs have played a role in most, if not all, societies worldwide. The legality and status of a drug depends on the cultural mores and politics of each society. Both legally sanctioned drugs, such as alcohol and caffeine, and illegal drugs are used widely throughout our communities. It was estimated in 2003 that 160,000 people regularly used illicit drugs in Australia, with countless others using occasionally (Burnet Institute's Centre for Harm Reduction, 2005).

Billions of dollars have been spent in an effort to eradicate drugs locally and internationally over many years. Some methods have attempted prohibition, others targeted supply or demand reduction. None have successfully eliminated drug use in our community.

A long history of drug use also exists amongst the residents of Port Phillip. The use of illicit drugs has always been more heavily concentrated in St Kilda. The sly grog outlets set up in the 1920s also helped distribute cocaine in the 1930s and marihuana, opium, morphia in the 1950s. New synthetic stimulants such as dexedrine, methedrine, LSD and purple hearts brought by some US servicemen on recreation leave from Vietnam was said to be 'spreading like wildfire' throughout St Kilda in the 1960s. Cannabis also became a favourite during this time and police pressure on drug distribution networks in Carlton and Brunswick induced dealers and users to move to St Kilda and Prahran. Heroin began to appear in larger quantities in St Kilda during the 1970s and street prostitution was part of the distribution network (Longmire, 1989).

During the 1980s to early 1990s, Fitzroy Street was known as the most notorious place in Victoria to buy drugs easily and openly. To counter this, the Victorian Police set up a 24 hour, foot patrol police station in Fitzroy St known as the 'Annexe' that operated between 1986-1989. This was later disbanded due to the street drug trade declining. This was due to a number of factors including increased policing, the gentrification of the area and the entry of Indochinese criminal elements into the drug trade. Although heroin was still available in St Kilda, the street drug market moved to Footscray (Hauer, Lewis and Hallam, 2005).

Heroin related overdoses and deaths soared in Port Phillip in 1999 due to an increase in high quality and cheap heroin. At least one Port Phillip resident died from a drug-related overdose every fortnight during 1999 with 359 Victorians dying overall.

By 2001, heroin supply had considerably reduced, and a 'drought' was said to exist. Long term drug users said it was less a drought, more the end of a 'boom' having ridden out fluctuations in heroin supply before. The availability and quality of heroin had decreased. This led to an increase in amphetamines, designer drugs, alcohol and benzodiazepines creating health concerns such as psychoses, an increase in assaults and vein damage problems. By 2002, heroin availability and prices had returned to pre-1999 levels. Two of Port Phillip suburbs - St Kilda and East St Kilda had a combined total of 52 fatal heroin overdoses from 1999 to 2003, the third highest toll of any region in the state (Victorian Institute of Forensic Medicine and Dept of Forensic Medicine). Port Phillip also ranks three in the state for number of drug related events attended by ambulances between 5/2002 – 4/2004. Other drug attendances were the most common in CoPP which corresponds with the increase in amphetamine use (Turning Point, 2005).

Each year an average of 2500 people are convicted of charges concerning use and possess of drugs in St Kilda a year and 300 sex workers are charged for loitering a year. Many drug users and sex workers were sent to jail at a public cost of approximately \$57,000 per year (RhED, 2004). (More detail on the history of drug use in the City of Port Phillip is presented in Section 4)

The City of Port Phillip's Local Drug Strategy (LDS) was first written in 2000 in response to the State Government's decision to fund the five drug hotspots including the Cities of Maribyrnong, Melbourne, Greater Dandenong and Yarra to develop new approaches to local drug issues. The strategy was written by external consultants and developed by speaking with local agencies, traders, and residents.

In November 2003, the State Government agreed to continue to fund the five hotspots, but at reduced levels, proposing to end their commitment in 2006. Prevention and public place management initiatives were no longer funded and establishing primary health care facilities in each of the municipalities became a priority. Funding of Local Drug Strategies by the State Government has been extended to June 2007 and the City of Port Phillip will assume responsibility for the continuation of the Community Education Initiative. (Please see appendix 2 for an overview of state funded initiatives in the City of Port Phillip)

It was decided to update the Local Drug Strategy to reflect these changes and outline new directions and programs. We have attempted to make this policy accessible to the general public and recognise that it is an opportunity to educate the community about the broader social and contextual issues surrounding drug use.

2. Philosophical Framework

This strategy aims to address local drug issues within the context of our city's unique social, cultural, historical and political context. We have included the views of community members in this strategy, particularly those who are most affected by drugs, but seldom heard – drug users, their friends and families. We have also drawn information from localised and specialised research and evaluation, including recent research on the Port Phillip drug scene from Monash, RMIT and Curtin (WA) universities.

This strategy does not just focus on the negative outcomes of drug use, but also pays attention to the underlying factors that contribute to problematic use. Port Phillip Council acknowledges that we must work within political constraints and some of the directions we believe would have the most positive impact on drug related harms in our community require major changes in State and Federal policies and legislation.

The City of Port Phillip promotes a community approach to reducing drug related harm in our city, and encourages a culture where the community works together to prevent harmful drug use and provides a range of meaningful alternative activities. We are not involved in the direct provision of health or counselling services but support the work of agencies that do.

Although we acknowledge the magnitude of problems associated with tobacco and prescription drugs, the major focus of the strategy will be on illicit drugs and alcohol. Any reference to drugs in this policy also includes the use of alcohol.

The City of Port Phillip's Drug Strategy supports the following principles and actions:

- Minimise the impact of drug use on the broader community
- Save the lives of those at risk of drug-related harm
- Ensure that health services reach the people who need them most
- Intercept those who appear to be at most risk of developing problematic drug use in the future
- Provide pathways out of drug use
- Build a strong, connected, well-informed and active community

Port Phillip Council strongly supports a harm minimisation approach to drug use, which has been Australia's official illicit drug policy since 1985. It is a pragmatic approach that aims to minimise risks to all people by keeping drug users as healthy and crime free as possible, recognising that abstinence is not always possible.

3. What factors lead to people using drugs?

“Could it be that people take drugs because they, ah, like them? It feels great. The best feeling I have ever had in my life. Better than sex, better than anything. This is the only time I feel safe, warm and in control” (The Age, 14 April, 2001).

Port Phillip's LDS is a part of the City's Municipal Public Health and Safety Plan and uses a socio-environmental model of health. This encompasses a broader vision of health based on the World Health Organisation definition, which recognises that good health is more than just the absence of disease.

This broader view recognises that good health involves people:

- ☆ Feeling energised and vital
- ☆ Experiencing a sense of control over their life
- ☆ Having good social relations with other people
- ☆ Being able to do things that they enjoy
- ☆ Having a sense of purpose in life; and
- ☆ Feeling a sense of belonging and connectedness to their community

When we look at health through this lens, we can see how people might use drugs to help them experience some or all of these healthy states of being.

This perspective also helps us understand how drugs can be used to tackle some of the most powerful health problems. For example, drugs provide an opportunity for alternative employment and income for people faced with unemployment or poverty. Underground drug economies thrive in practically every poor neighbourhood in the urbanised Western world. Not only do these settings accommodate lots of people seeking higher incomes, they also provide a mass market of people who are looking for something to help them feel better.

Drugs can provide people with stress relief and help them regulate strong emotional experiences. They can pick people up who are feeling down and calm people down who are feeling uptight. This is particularly helpful for those struggling with the emotional repercussions of trauma.

Drugs are also one of the cheapest and most available forms of escape from difficult or dangerous working and living conditions. Drugs can enable people who experience powerlessness feel a greater sense of power and status. People who are isolated can become connected to new social networks through drugs.

“It’s starting to get cold and dark, so I’m beginning to feel a sense of urgency to find my mates. Maybe they will have a hit of hammer for me to ease the pain and anguish. It’s great too, cos it helps shield me from this bloody cold.”(Homeless resident, Substance 2001).

However, we also know that drug taking is not exclusively a health promoting activity. It can also lead to a variety of negative feelings, serious illness or injury, broken relationships, poverty and death. Many people who become physically dependent on drugs say that despite these risks, they feel compelled to keep taking drugs just to feel normal. Drugs can facilitate negative and positive health experiences – sometimes both at the same time. For example, some people may increase their risk of cancer in the long term to reduce their stress in the short term.

The Port Phillip LDS acknowledges that if we really want to make a significant impact on reducing the level of drug-related harm in the community, it is important that we address the social and living conditions that nurture the health related problems that drugs are called on to solve. It is likely that the more opportunities we have to lead a meaningful and dynamic life, the less we will need to resort to drugs to improve our health.

Our best chance to produce significant changes are through a long term, multi-layered approach that requires Federal, State and Local Government to work in conjunction with the community in tackling issues such as poverty, unemployment and child abuse.

These types of social issues are woven into the fabric of Port Phillip’s development and history. It is important to remember that drug use has long been a part of our city’s identity, both enhancing and detracting from its liveability.

4. A place by the sea... An Historical and Cultural Context of drugs in the City of Port Phillip

“They wandered by its sane sea because it was a generous city, not as mean as others where they would be singled out as being queer if their lipstick was skew whiff, or buttons undone, or speech slurred, or hands shaky and yellow with nicotine” (quote from Longmire, 1989).

The three former cities of South Melbourne, St Kilda and Port Melbourne were united in 1994 to create the City of Port Phillip. Each area has its own distinct flavour and rich history. All have experienced considerable gentrification in recent years and there has often been tension between the established residents and the newly arrived.

Port Melbourne was the city that greeted almost all Melbourne’s immigrants as they came ashore at Port Melbourne's Station Pier until 35 years ago. It had a strong working class culture and was known as the haunt of the old Painters and Dockers union. Its history is stained with the blood of those slain in gangland wars as they

battled over protection rackets and drug distribution networks. In the 1990s, Port Melbourne experienced an extreme makeover with the development of Beacon Cove and the old housing estates became valuable property.

South Melbourne was the suburb with a pub on every corner and home to the tallest 30-storey high-rise public housing estate in Australia called Park Towers, which has sweeping panoramic views of the bay. Many of the pubs have now been converted into housing, their role as social hubs for residents only a dim memory. Only twenty-eight of the original ninety-two pubs remain.

St Kilda is also a suburb historically associated with entertainment including public drug use and sex work. When St Kilda Council decided to promote the area as Victoria's leading 'pleasure resort' in the early 1900s, they did not predict that this would become associated with illicit sexual activity! St Kilda was said to be "honeycombed with sly-grog shops", with more cocaine being sold on its streets than anywhere else in the state in the late 1920s (*quote from Longmire, 1989*). St Kilda continues to retain her reputation as being home to criminals, drug users and prostitutes; however many must now travel to the suburb to conduct their business.

Port Phillip carries scars from its colourful history. It still has a lower life expectancy than average in Victoria and a higher crime rate, although these have both improving markedly over the past five years.

Gentrification has highlighted the polarity of views on drug use and street sex work in St Kilda. The tension between residents who see the seaside suburbs as a place for families and those who see these 'newcomers' as destroying the character of the area was very evident in the debate over introducing tolerance zones and safe house for street sex workers in the St Kilda area.

Some residents are keen to punish drug users as harshly as possible (and assume all others share their views):

"Residents feel terrorised by junkies and their pimps. If they overdose they won't call the paramedics anymore. They think it's rough justice if they die. Someone overdosed a little while ago and no one would call a paramedic" (Resident, 2001).

Other residents are repulsed by this attitude. A letter to a local paper titled "Pushers we don't want in St Kilda" captured the sentiment of the 'old guard.'

"The root cause of the conflict [over street sex workers and drug users] is the pram-pusher crowd who have recently moved in [to St Kilda]. . . They are stifling and sedating an area that was once vibrant and diverse" (Stenbo 2002).

The residents of Port Phillip are far from homogeneous. The official CoPP profile reflects a diverse range of households and incomes. Single person households are significantly higher in Port Phillip than other LGAs (41.9 %) and there has been a major rise in the 25 to 34 age group. This group is often very transient, renting apartments and working within the region. Families with young children (13.4%) form a small percent of the population (Census Data, 2001).

"It's funny though, because as I look around at the affluence in many parts of Port Phillip, I still feel a sense of solace in my own community made up of others who

are homeless. It's because I belong, that's why" (Homeless resident, Substance, 2001).

Studies digging deeper than the conventional categories provided through the ABS Census identified over 20 per cent of people living in St Kilda as 'gay', more than the percentage of families with children (Saulwick 1993). The gap between the wealthy and poor in Port Phillip widens each year with high rents pushing low income earners out of the area (CoPP 2003).

5. How did the City of Port Phillip develop their Local Drug Strategy in 2000?

When the Victorian Labour Government was first elected in 1999, supervised injecting facilities (SIF) were explored as an option to be trialled for 18 months in five municipalities with the highest drug overdose rates. This required legislative changes requiring the support of the Liberals and Independents. This support was not forthcoming and SIFs could not proceed. The State Government decided to fund the formation of Local Drug Strategies to find other ways of tackling drug issues in each of the five overdose hotspots, which included the Cities of Maribyrnong, Melbourne, Greater Dandenong, Yarra and Port Phillip.

The Local Drug Strategy was developed by consulting with local agencies, traders, and residents to respond to people's concerns regarding drug issues in the City of Port Phillip. Six initiatives were created to address the health and social problems associated with drug use.

Local Drug Strategy Initiatives 2000 –2003

Issues identified:	Initiative:
<p><i>There are extremely high numbers of drug-related overdoses.</i></p> <p><i>There is an association with street sex work and the financing of heroin dependencies.</i></p>	<p>Mobile Health Outreach Service (MHOS) - a seven-day a week service targeting intravenous drug users in the City of Port Phillip. It provided a Mobile Needle Exchange Program, a Mobile Overdose Response Service counselling, support and referral to other agencies. MhOS was a partnership between the Salvation Army Bridge Program and the Inner South Community Health Service.</p>
<p><i>There is an overwhelming demand on</i></p>	<p>a) Connecting –City of Port Phillip Youth</p>

<p><i>the local service system and few prevention services.</i></p>	<p>Services</p> <p>b) Active Intervention and Support (AIM) – Odyssey House Community Services</p> <p>Preventative programs that aimed to provide assistance to young people in difficult situations who may be at risk of developing drug problems.</p>
<p><i>Family and friends of drug users wanted more support.</i></p>	<p>The Family and Friends Support Group. Offered practical assistance and information for drug specific issues and support to people affected by others drug use. The groups were run by Family Drug Help (SHARC) at the Elwood Learning Centre.</p>
<p><i>People wanted more information and support.</i></p> <p><i>People wanted improved safety in public places.</i></p>	<p>a) Community Education and Engagement</p> <p>A number of projects were developed to involve the local community in generating solutions to local problems. The Drugs and Community Partnerships Forum was one example.</p> <p>c) Public Place Management</p> <p>Involved community consultation about pragmatic ways to improve resident's sense of safety including reviews of 'hotspots' and park design-ins. Both initiatives were managed by the City Of Port Phillip</p>

The Council took responsibility for the Community Education and Engagement and Public Place Management initiatives. The underlying philosophy of these initiatives was based on the framework provided by the Department of Human Services (DHS) in 2000. DHS formally recognised that a *whole of community* effort was required to address drugs in local communities over the long-term, particularly in communities where drug-related problems were deeply entrenched.

This approach acknowledged that drug-related problems required more than the provision of withdrawal and counselling services. It appreciated that people who were attempting to escape the revolving door of chronic relapse back into treatment services would be better served by a well informed community that understood their predicament, supported them and provided them with real opportunities to build their skills and self confidence and get their lives back on track.

The Council's **Community Education and Engagement program** served a critical aspect of this approach. The activities of this program include:

- Facilitated information sharing amongst the general community and specific groups
- Provision of networking opportunities
- Provision of resources to smaller agencies

- Provision of opportunities that lead to employment for ex- and current drug users
- Help to reconnect marginalised people to the general community
- Linking residents and agencies to other Council activities such as the Liquor Licensing Accord and Healthy and Safer City Alliance

The Drugs and Community Partnerships Forum was formed in July 2001 to provide a mechanism for residents, agencies, traders, drug users and police to learn about drug related issues and contribute to projects, activities and policy decisions about drug use. There are more than 150 members of the Local Drug Forum network and more people who attended special forums (e.g., a drug education trivia night for parents of local schoolchildren).

Many of the local drug projects that have been undertaken in the past four years have been born from ideas sparked at the Local Drug Forum and carried out by its participants. (For a more detailed account, see Appendix 1)

6. Evaluation of the LDS

The Department of Human Services commissioned an evaluation of the five 'hot spot' Local Drug Strategies and the results were released in October 2003. Overall, the policy of involving local communities in addressing local drug issues was judged a success. The report found that the environment had changed significantly since the Local Drug Strategies were first conceived including the reduced availability of heroin, fewer overdoses, less public dealing and an increase in the use of other drugs including benzodiazepines and amphetamines. The Local Drug Strategies had promoted understanding of drug issues within local communities and enhanced the relationships between local communities and their councils. They have also reduced community prejudices about, and stereotyping of drug users.

An independent report by RMIT's School of Social Science and Planning that researched health networks in Australia, focussed on CoPP's Community Education and Engagement Program. They interviewed participants of the Drugs Round Table, The Drug Forum and other projects such as *Substance* and the community education performances.

Professor Bruce Wilson reported that:

- Some people had little more direct contact than attending meetings of the Forum, or being part of the audience for performances and exhibitions. Even for some of those people, they acknowledged being moved profoundly by some of the experience, with a significant shift in their perspectives on members of the vulnerable groups or on some of the associated issues.
- The complexity and range of activities which occurred within this arena meant that learning and knowledge took place at several different levels. Interestingly, it was important also for many people to 'teach', and this took a number of different forms. For example, some people with particular knowledge of aspects of the history of sex work and drug use in the district were very keen to have their knowledge captured and recorded so that it became more accessible and was preserved.

- For members of vulnerable groups, the recognition that their knowledge of street life and that their perspectives on service accessibility were important and 'new' to professional members of the arena was surprising. It confirmed their membership and positive sense of value in the community. At the very least, the activities exposed the powerful outcomes that can be achieved when people from all walks of life are brought together.

7. How does the community view local drug issues?

"I've lived in St Kilda for a long time and accept that sex workers and drug users have always been around. But why should I put up with the condoms and syringes that get thrown in my front yard?" (Resident, 2004)

Although Port Phillip residents are a diverse group, a number of local studies in 2001-2003 revealed considerable agreement on a range of drug related issues; including the need for a safe and welcoming community. Drug users in particular are distressed about the stigma and stereotyping by others in the community and want opportunities to contribute and be accepted. Residents want opportunities to generate and implement solutions to local problems and to learn strategies to prevent drug uptake in young people (Rowe 2003, CoPP 2003).

There is an understanding of the strong link between street sex work and drug use and people want pragmatic strategies to address the issues. There is also general agreement that the broader social issues that influence drug use such as education, training and employment and homelessness need to be addressed (Rowe 2003, CoPP 2000-3). Community members are distressed by discarded syringes and used condoms in the streets and parks, and sex workers are distressed about the lack of basic amenities in the neighbourhood as well. (For a more detailed account see Appendix 3)

8. What are the current drug trends?

Poly drug use has increased in Port Phillip, with heroin often being used in combination with benzodiazepines and anti-depressants. The 'heroin drought' precipitated the use of other drugs such as amphetamines and people switched easily between the two. Some community members and agencies thought that the 'drought' would result in less drug use overall but the constant statistics at local syringe exchanges soon disproved this theory. Problematic drug use is so deeply entrenched that users simply adapt to whatever is available.

In Port Phillip heroin related offences continue to dominate, followed by cannabis and amphetamines. Buying drugs on the street has decreased and users buy from mobile dealers or dealers' homes. Only the less experienced users or those new to the area tend to buy off the street (Hauer, Lewis, Hallam, 2005).

A trend that has been noticed by community groups is that many of their client group have identified Collingwood as the best place to obtain drugs as they are regarded as being of better quality. Heroin is still easily obtained in Port Phillip and the price and quality has remained consistent.

These anecdotal trends are confirmed by other sources. Turning Point Alcohol and Drug Centre conducts a regular analysis of drug related events attended by ambulance in Melbourne. Over the last five years, the City of Port Phillip generally

ranks third in Melbourne Local Government Areas (LGAs) for number of drug related events attended by ambulances. However the latest analyses from Turning Point showed there was a decrease in the numbers of heroin overdoses in Port Phillip, displacing the area from the top five ranking LGAs for the first time since records were kept. However there has been a slight increase in alcohol affected and other drug related case attendances.

The average age of a person in the CoPP who received ambulance care for heroin related causes was 32 years. The average age of an alcohol affected patient in COPP was 38 years and 34 years for other drug related causes. More heroin and other drug related attendances occurred indoors, while more alcohol affected attendances occurred outdoors (Turning Point 2005). Although the deaths from heroin overdose have declined dramatically in Port Phillip, problematic use of both illicit and licit drug use is still seriously prevalent. The next section outlines the City of Port Phillip's approach to one of the most problematic drugs, alcohol.

9. I don't use drugs but I don't mind the odd drink! The City of Port Phillip's Alcohol and Nightlife Policy

Residents near the Village Belle complain about intoxicated men and women yelling and fighting, of loud juke boxes in coffee lounges, the use of lanes and private gardens as urinals and men selling wine wrapped in paper bags from cars. (Police report in 1947, cited in Longmire, 1989).

Alcohol is more available to Victorians in 2006 than ever before with the number of licensed liquor outlets increasing by 30% since 1995. There are currently 614 licensed premises in the City of Port Phillip – a seventy three percent increase over the last ten years. Licensed premises tend to be concentrated in South Melbourne (89), St Kilda (147), Port Melbourne (62) and Balaclava (16). These restaurants, bars and cafes add vibrancy to our city and attract people from diverse backgrounds from all over Melbourne.

For the majority of residents, a visit to one of our entertainment centres is seen as a good night out, and they do so responsibly and safely. For a minority, a visit to a licensed premise will result in far more negative consequences than a hangover the next morning. In the months January – April 2004, there were 129 cases of ambulances attending alcohol-affected people. This was up from 110 people in the January – April 2002 period. Port Phillip ranks second in local government areas with the most frequent alcohol affected ambulance attendance and third for rate of alcohol related assaults which was 19 per 10,000 residents compared to a rate of 10 per 10,000 residents for the rest of Victoria (Turning Point 2005).

As a tourist destination, CoPP attracts residents from other suburbs, states and countries in search of entertainment. This often involves excessive drinking that can culminate in violence, road crashes and pedestrian fatalities and disturbance to nearby residents.

Council adopted a policy framework for managing nightlife in November 2004, which aims to provide a comprehensive and co-ordinated framework for an effective response to issues late at night in activity centres and entertainment precincts in the City of Port Phillip.

The key principles identified by the policy are as follows:

- Acknowledge the positive contribution that evening and late night uses make to the economic health and cultural vitality of our city. Our policy will aim to enhance these positives and minimize any adverse impact on residential amenity.
- Harm minimisation, collaboration, partnerships and holistic approaches guide our response to improve the management of our entertainment precincts. We will invest heavily in building trust and supportive relationships between all stakeholders.
- Best practice standard planning conditions will be developed and promoted to assist owners to take a preventative approach to noise and other issues.
- Recognize and support the CoPP Licensees Accord as a major influence and partner in achieving better outcomes for all.
- Acknowledge that behavioural change cannot wholly be achieved by legislation and promote the (behavioural) responsibilities of patrons in and around licensed venues.
- Promote and work towards the provision of public transport services including taxis after midnight until dawn on weekends and public holidays.
- Ensure safe urban design and provision of amenities, especially lighting and public toilets.
- Promote a mix of retail, culture and entertainment late in to the night which attracts a diverse range of groups through the adoption of structure plans for each activity area which address the clustering of particular uses such as bars.
- Ensure a coordinated and compassionate response to critical incidents, which aims to understand what went wrong and maximise learning for prevention.

The research and consultation for the development of this policy framework has revealed that a holistic response involving partnerships between the key players will be more effective than identifying single solutions such as more police on the beat or targeting licensees as wholly responsible for the antisocial behaviours that may disturb local residents.

The range of actions proposed in the policy are targeted at preventing problems occurring but with protocols developed to resolve any problems that do emerge. Actions to address the issues include legislative/planning Scheme reform, improved coordination and enforcement of permits, an affordable and networked transport system late at night, and addressing behavioural issues.

(See appendix 4 for a more detailed description of the Licensees Accord)

10. 2006: A drug strategy for everyone

Port Phillip's Community Education Initiative

“One good thing is that there is more understanding about drug users than before. It is not just the grubby little feral living around the corner. They can be very caring and sensitive but just don’t cope well or are in the wrong spot at the wrong time” (Parent, Substance, Spring 2002).

This initiative recognises the limitations of focussing exclusively on a person’s physical health. Psychological issues in drug treatment also needs to be recognised. It is important that the rehabilitative process addresses the social, cultural and emotional aspects of drug use

Drug users need to engage in meaningful activities that will encourage them to change their lifestyle and allow a foundation for employment, multiple connections to their community and a genuine sense of feeling valued. Motivation for lifestyle changes decreases rapidly when people experience boredom and loneliness while attempting to give up drugs.

The strategy aims to assist drug users reintegrate into the general community and to utilise their expertise and experiences as a way of educating the community about drug related issues.

1. Create sustainable pathways out of drug use

I don’t have that many skills. You find yourself going back to prostitution. I would love to get a straight job - I don’t use drugs anymore. I am straight but everyone I know is a drug addict or a crim or a pro. I am so lonely because I don’t know any straight people and it is really hard to even have a conversation with them (Substance 2004).

This strategy aims to foster a community culture that helps provide pathways out of drug use and intercept the pathways in. The project will continue to adopt an assets based approach that recognises drug users’ talents and potential contribution to the community.

The LDS will assist drug users to reintegrate into the general community and utilise their expertise and experiences as a way of educating the community about drug related issues. It will continue to connect with drug users through existing relationships with Port Phillip agencies.

Objectives:

- Facilitate and promote innovative programs that help drug users reduce social isolation and address barriers that hinder access to participation in services and community life.
- Generate new activities that enlist the support of residents, local businesses and the police to develop a culture that is well informed, tolerant and active in reducing local drug related harm.
- Provide opportunities for participation in meaningful community activities and local employment to reduce the social isolation, stigma and marginalisation often experienced by drug users or those at risk of problematic drug use.

2. To improve the community understanding of drug issues

This strategy aims to deepen the community's understanding of complex drug related issues.

Objectives:

- Develop mechanisms for ensuring the community stakeholders (including drug users, residents, traders, human service providers, schools, police and council) are well informed about drug issues and have opportunities for ongoing dialogue and problem-solving on common issues of concern and interest.
- To advocate that the social causes of drug dependence such as poverty, employment, education, social isolation be addressed.
- Improve community understanding of drug issues and the role of social exclusion in contributing to the impact of drug problems in the community.
- Provide specialised information for residents and local businesses on drug related issues.
- Provide a mechanism for drug users' voices to be heard.
- Ensure accurate information is disseminated to the media and broader community
- Present information in a manner that encourages community members to want to be pro-active about drug issues

3. To develop practical strategies with health/welfare agencies, drug users, residents, police and traders to reduce the negative impact of drug related activity

This approach is based on Council being in a unique position to support agencies and act as a critical link between them and the broader community. This strategy also co-ordinates forums such as the Drugs Round Table and the Drugs and Community Partnerships Forum that allows input into the future of drug policies by agencies and the general community and provides structures and resources to activate new ideas.

This position is located in a team at the Council that focuses on the health, safety and well-being of the CoPP community. Therefore, it is ideally situated to tap into many other relevant projects, such as the Liquor Licensing Accord, Inner City Entertainment Precinct Taskforce, the Intergovernmental Committee on Drugs Local Government sub-committee, employment, housing, food security and social cohesion projects.

Objectives:

- Provide support for local residents and business by exploring pragmatic solutions to reducing the impact of drug related activity
- Liaison with other departments of Council to co-ordinate services to facilitate positive outcomes for different groups in the community
- Provide community education

- Liaison with agencies, traders, police and residents using a place management model to resolve contested public space

Activities

1. Small Grants Program

This program provides funds for smaller agencies and drug users to implement their own projects and targets marginalised groups that have been difficult to engage in other activities of the LDS.

The last round of projects included research into the needs of drug using parents and their children in CoPP. Other projects included a drama group culminating in a school performance by disadvantaged young people, residents from the Winja Ulupna rehabilitation program creating the “Deadly” Exhibition of Aboriginal Art and the “One Step off the Street” Rooming House Survival Guide by rooming house residents with substance problems.

2. Substance is a 8 page newsletter that provides opportunities for drug users to write on all aspects of drug use and receive acknowledgement from a broader audience. It challenges people’s negative perceptions of drug users and aims to reduce the stigma associated with drug use. *Substance* provides a pathway to employment for contributors. Many have used their work to gain employment, entry into an education course or newfound respect from their family, friends and community.

The newsletter has been used in educational settings for secondary school students and newly arrived residents learning English. It also allows the latest information on agencies and drug trends to be disseminated to the general community. We aim to produce three 8 page publications yearly with 2000 copies each run that will be distributed for free to outlets such as libraries, cafes, agencies, laundromats, GP waiting rooms and the South Melbourne Market.

3. Community Forums will continue to bring people together to learn about drug related issues and provide opportunities for them to work on emerging issues.

4 Connecting Drug Users with other local opportunities. The strategy will continue to create partnerships and co-ordinate resources from other sources such as employment programs, police, business groups, food security, youth projects, social connectedness projects, CoPP’s Liquor Licensing Accord, Street Sex Work Services Group and Healthy & Safer Cities Alliance

5. Supporting the DRT and Drug and Alcohol Services in CoPP by co-ordinating and providing administrative support to structures such as the DRT which:

- Monitors indicators of drug related harm to identify relevant trends and changes
- Examines emerging needs and works to reduce service gaps that have an impact at the local level
- Receives regular reports on all local drug strategy components
- Contributes to and advocates for locally relevant drug policy and program development

6. Alcohol Awareness Projects will be developed focussing on minimising alcohol related harm in our community. As a tourist destination, CoPP attracts residents from other suburbs, states and countries in search of entertainment. This often involves

excessive drinking that can culminate in violence, road accidents and pedestrian fatalities. Projects will include 'Looking after our Mates' program run by Good Sports Association through local sporting clubs, distribution of Party Safe kits and offering Responsible Serving of Alcohol Training Courses.

7. Broad liaison with the community, including work with marginalised groups such as people from culturally and linguistically diverse backgrounds, indigenous groups and residents from supported accommodation and rooming houses

8. Practical Strategies – coordinate among agencies and other community groups to minimise drug related harms such as begging, drug related vandalism and injecting in public places.

9. Community education performances - designed to educate the community about drug related issues and involve the participation of marginalised groups.

11. Future directions: What else is needed?

The City of Port Phillip also recognises that the following programs and policies would improve the lives of all community members. It is suggested that Council advocates for the implementation of these programs and Dr Moore's recommendations.

1. Drug Substitution Programs

This approach has included strategies such as ensuring that people addicted to or dependent on drugs have access to drug substitution programs such as methadone and buprenorphine programs with the future including heroin by prescription for long term users.

2. Supervised injecting facilities

Supervised injecting facilities help reduce the likelihood of overdose and infectious disease for street based users who are often young and homeless. Users have to prepare the syringe and inject where they can – in back lanes, parks, toilets, cars and illegal shooting galleries. These conditions are often unsanitary, have poor lighting and injecting must be done in a hurry.

The community benefits from supervised injecting facilities by being exposed to fewer discarded syringes and drug related litter and there are fewer demands on emergency services. Twenty-four hour access to syringes and condoms via dispensing machines is important for users who live nocturnal lives and are involved in late evening or all-night sex work.

3. Dr Moore's recommendations

Dr Moore conducted a two-year research project focussing on street based heroin use and related harm in St Kilda. He suggested a number of policy and practise recommendations as a result of this work.

1. That St Kilda's 24-hour street drug market requires:
 - Extended needle and syringe distribution via vending machines
 - Extended condom distribution via vending machines

- Staggered services to avoid duplication
 - Extended operating hours for services
2. That assertive outreach to and engagement with street-based injectors and workers be extended.
 3. That some services be delivered on the streets.
 4. That community development initiatives be maintained.
 5. That existing research/policy/practice partnerships be maintained and new partnerships established.
 6. There is an urgent need to:
 - Expand public housing programs so that crisis accommodation as well as longer-term housing is available
 - Renew labour market training programs
 - Design innovative policy and practise that increases social capital amongst marginalised groups, such as street-based injectors and sex workers
 7. That creating safer working environments for street work be reconsidered.

Appendix 1:

Port Phillip Community education and Place Management Projects for 2000 – 2003

Substance: a newsletter developed largely by drug users to communicate their experience of drug related issues to the wider community

Drug Forum Small Grants provided funding for projects by marginalised groups such as rooming house residents, sex workers and the indigenous community

Parent Trivia Night was an entertaining educational night aimed at teaching parents communication skills around issues of drug use

Art is the Ultimate Drug and The Art of Staying Alive Exhibitions which demonstrated the complexities of drug use to tens of thousands of participants at the St Kilda Festival and Global Garden Party (a community festival) and provided drug users with an opportunity to display their talents to a huge crowd.

National Overdose Awareness Day in partnership with the Salvation Army distributing more than 12,000 badges across Australia and offered friends and relatives an opportunity to publicly grieve and overcome the stigma associated with drug use

The Public Place Management initiative encouraged residents to contribute to decisions regarding safety in public places, including people involved in drug use and the street sex work.

Some of the projects included:

Park Design-Ins – Talbot Reserve and Jim Duggan Reserve were re-designed by local residents and advocates of sex workers, drug users and the homeless to create a safer park without designing any group out.

Hambleton House- Support Residential Service. Traders and residents in Albert Park complained about challenging behaviours including begging, stealing food and public urination by residents they believed to live in Hambleton House. A community approach was developed to educate traders about reasons behind these types of behaviours and strategies for managing them.

Housing estates - The Local Drug Strategy provided funds for the St Kilda Police and Citizen's Youth Outreach van at the Park Towers and Emerald Hill Estates. This outreach project provided recreational and sporting activities to disadvantaged young people in their own environment and resulted in a decrease in drug related incidents and improvements in elderly residents' sense of safety and security.

The Sex and Drugs Historical Tour was an educational promenade theatre piece about cycles of prostitution and drug use that have existed in St Kilda since the 1880s. It aimed to encourage residents to reclaim their streets, increase their understanding of sex workers and drug users lifestyle and promote understanding of people's different circumstances.

Appendix 2

State government funded projects of the Municipal Drug Strategy 2003 - 2006

SALVATION ARMY CRISIS SERVICES ACCESS HEALTH - PRIMARY HEALTH SERVICE

Salvation Army Crisis Services

The Crisis Services operate in Victoria to serve people in need of practical assistance, crisis support and a confidential response. Crisis Services work with individuals and families who have difficulty gaining access to mainstream community services. The services maintain a commitment to providing crisis and transitional support that is accepting and responsive.

Access Health complements and value-adds to other Crisis Services programs based in St Kilda. These include:

- Crisis Contact Centre
- Health Information Exchange (needle/syringe exchange program)
- Inner South Domestic Violence Service
- Crisis Accommodation Service
- Out-posted services such as legal aid, Centrelink and transitional housing

Aim

The aim of Access Health is to provide accessible, responsive primary health care that enhances the health and well being of:

- Marginalized/ street- based injecting drug users

- Street sex workers
- People experiencing homelessness

The service endeavours to collaborate with a range of relevant health and support services in order to provide quality health care that facilitates eventual client linkages into mainstream services. Primary health care will be offered from a social health framework, with a focus on multidisciplinary teamwork, research and client involvement.

Objectives

Access Health is committed to the Salvation Army Crisis Services' pursuit of positive outcomes in four key areas:

- The provision of practical and responsive services
- Transparent and accountable program delivery
- The development strong and active community partnerships
- Advocacy for an equitable and just society

Target Group

The target group of the service consists of:

- Marginalized/ street based injecting drug users
- Street sex workers
- People experiencing homelessness who have links to the City of Port Phillip.

Philosophy

All individuals have the right to holistic health care that is:

- Accessible
- Equitable
- Empowering
- Encourages inter- sectorial collaboration
- Self determined

McMurray (1991) conceives that structural inequalities in our society impact upon people's life choices. The principles of justice, equity, collaboration, advocacy and empowerment should be reflected in all aspects of the health care.

The Access Health interpretation of primary health care is drawn from the World Health Organisation (1978). The service provides accessible primary health care with a focus on participation and self determination. Health care is offered as close as possible to where the target group congregates, and therefore often becomes the first point of contact with the health system, constituting the first element of a continuum of health care processes.

Access Health is committed to the principles outlined in the Ottawa Charter for Health Promotion:

- Creating Supportive Environments
- Building Health Public Policy

- Strengthening Community Action
- Developing Personal Skills
- Reorienting Health Services
- Enabling, Mediating and Advocating

The Need For Primary Health Service

Marginalised individuals and populations, (such as street based injecting drug users, street sex workers and people experiencing homelessness) have lower health status than other members of the community. Compounding this inequality, are barriers (both existent and perceived) to mainstream health service access.

In 2001, the Victorian Government committed financial support to local drug strategies in five metropolitan 'hotspots'. Responsibility for administration of funding was delegated to the Victorian Department of Human Services (DHS) who released a policy document that outlined the directions and priorities to be considered by the relevant municipalities (DHS, 2001).

One of four primary aims listed was:

- 'To respond to the health and welfare needs of street based injecting drug users and facilitate links with appropriate support, health and treatment services.'
-

The goal for the provision of local services was identified as:

- 'To provide a primary care service to enhance the health and welfare of street based injecting drug users and reduce the nuisance associated with street drug use'

To achieve this goal, each area is expected to provide 'a safe place for street-based injecting drug users to access assistance, receive health care on a non-appointment basis and to obtain respite from drug use and the drug-using environment as required.' On this basis, it was determined that, as a minimum requirement, the following services should be provided:

- Two health professionals (at least one general practitioner or nurse) to provide primary health care services to street-based injecting drug users, including a response to biomedical health needs
- Capacity to provide interventions such as mental health, nutrition, women's health, and counselling
- Provision of a low-stimulus, non-clinical environment in which street-based drug users can recover from acute, unwanted drug effects
- Provision of first-aid training to all relevant staff

The department also recommended increasing the capacity of already existing services to address the needs of street based injecting drug users. However, it must be shown that the agency can appropriately provide services for drug users. At the same time, the DHS acknowledged that the specific design of each

primary health care facility would vary depending on the specific needs of users in each of the identified 'hotspots'.

Core Business

Access Health offers services that are flexible, free of cost and non-appointment based. These include:

- General practitioners (including pharmacotherapy prescribers)
- Community health nurses
- Women's health nurse
- Drug and alcohol counsellors
- Generalist counsellor
- Health promotion worker
- Duty/ social worker
- Researcher

Access Health is a multifunctional service capable of addressing a range of health issues- The 'one-stop-shop' concept is enhanced by the fact that clients may be directly referred to employment, housing, Centrelink, material aid, legal and domestic violence services within Crisis Services at the same site.

The site of Access Health offers:

- Shower, toilet and laundry
- Limited kitchen facilities
- A "group room"
- Waiting room with couches, television etc

RELATIONSHIP WITH OTHER HEALTH/ WELFARE PROVIDERS

Many of the services listed above are provided by other agencies, either in a co-location or fee for service capacity. This builds inherent links into the service and facilitates access of clients to mainstream or specialist services. Current partners include:

- RDNS Homeless Persons Program
- Inner South Community Health Service
- Salvation Army Bridge Program

CCI – Arrest Referral Program

Inner South Community Health Centre

CCI is an arrest referral program providing advocacy, education and support to people who are arrested/charged by police for non-violent drug related and street sex offences in the City of Port Phillip (COPP)

The aim of the program is to work in partnership with Victoria Police and the courts in a harm minimisation framework to reduce drug users and street sex workers involvement with the Criminal Justice System (CJS).

The CCI program was developed as a local community initiative with a broad range of key stakeholders involved in its implementation - Inner South Community Health Service, City of Port Phillip (COPP), and Community/Health agencies

This model of service delivery needs particular qualities:

- Capacity to respond quickly to the target group and agency staff who works with them. It is a flexible **outreach** model not an appointment based service
- Ability to utilize the '**window of opportunity**' that occurs when drug users/street sex workers become involved with the CJS – at the court or police station
- Ability to understand and act on the broader issues facing the target group, such as homelessness, serious health problems and poverty

A vital aspect of the program is to work with key stakeholders in the City of Port Phillip regarding street sex work and the use of illegal drugs especially in relation to the recommendations of the Attorney Generals Street Prostitution Advisory Group (AGSPAG)

Also in partnership with the City of Port Phillip organise training for community agency staff working with drug users and street sex workers i.e. Community Law workshops

Outreach Lawyer St. Kilda Legal Service

Services provided and activities undertaken through this project include:

- Free and accessible expert legal advice and support to drug users;
- Free legal advice clinics at places where drug users already gather in Port Phillip through a flexible outreach model (i.e. emergency accommodation providers, health services, drug & alcohol agencies);
- Free legal representation at the Street sex work list at Melbourne Magistrates' Court, first Tuesday of the month
- Referrals to appropriate agencies for ongoing support (eg. detoxification, counselling etc);
- Advocacy with police and Courts that drug users proceed through diversionary justice stream instead of conventional justice stream;
- Training, education & support for drug & alcohol support workers about supporting their clients through legal issues;
- Contributing to debate on drug policy and law reform.

The primary objective of the project is to provide legal support to drug users.

To achieve this the project aims to improve:

- 1) reduction in drug related harm by assisting drug users to quickly and effectively resolve their legal issues;
- 2) access and overcome barriers for drug users to legal assistance by providing a flexible outreach legal service;
- 3) community connectedness, health and wellbeing of drug users through timely and supported referrals to appropriate agencies;
- 4) access to existing illicit drug diversion programs through advocacy for inclusion on behalf of drug users;
- 5) effectiveness of drug support workers to assist their clients with legal issues through provision of training, support and education;
- 6) drug laws, legal policy and other legislation impacting on drug users through advocacy for reform.

How do you work in with other agencies in CoPP?

The Drug Outreach Lawyer has weekly contact through outreach to other agencies in the City of Port Phillip including: The Salvation Army Bridge Program, Hanover Southbank, The Windana Society, ISCHS/RhED Hustling to Health drop-in, Sacred Heart Mission and Galliamble (please see attached the current timetable of outreach locations).

The Drug Outreach Lawyer also participates fortnightly in health-time with other agencies at The Gatwick, has been gone out with the Mobile Health Outreach Service on a number of occasions and has contact with other local agencies through cross-referral of clients.

MhOS - Mobile health Outreach Service

- Needle and syringe delivery and collection daily 7.30pm -11.15pm
- Extended street based outreach to 2.30am.
- Education and referral for the COPP community.
- Street sweeps, syringe disposal hotline and community sharp safe clean-ups and disposal
- Support and information
- Assertive outreach
- Arrest referral for people with non violent crimes

Target group is people who inject drugs.

Service is based on philosophies of harm minimisation and health promotion. Objectives are to provide client group with options for change.

Network is strong with other agencies, particularly working closely with PHCF.

Appendix 3: Research detailing community concerns about drug issues in CoPP

Feedback regarding drug related concerns in CoPP were provided in the past 12 months by participants of the Drug Forum, Drugs Round Table, Street Sex Worker Services meeting; Monash University Focus Group; James Rowes' 'Who's Using' study; David Moore's study into St Kilda's Drug User Culture; Kathy Wilson's research investigating a St Kilda-based Primary Health Care facility, Kath Mackay's study into the Needs of Drug Using parents and their children in CoPP. Participants who were interviewed in these various studies included drug users, street sex workers, service providers and residents. A summary of the main outcomes is listed below:

Concerns of Drug Users

- Distressed about stigma and stereotypes attached to drug users
- Want opportunities to contribute to and be accepted by the community
- Opportunities to have direct and meaningful input into policies, direction of service provision and gaps in service
- Require more recreational activities and pathways to employment opportunities
- Still concerned about lack of understanding and judgemental attitudes amongst some service providers
- Want opportunities to improve the community's general knowledge of drug related issues, their capacity for understanding and responding in a positive manner
- Need services that are flexible to their needs

Concerns of the General Community

- People report feeling distressed by evidence of discarded drug and sex work paraphernalia littering the street
- Want the consequences of drug related behaviour including crime, effect on safety and use of amenities reduced
- Would like opportunities to deepen their understanding of drug issues and participate in specialised training
- To have opportunities to generate and execute solutions to local problems and learn strategies to prevent drug uptake in young people
- Recognise that support is needed for families and friends affected by drug use
- Require treatment services that are readily accessible for drug users and their families
- Understand the strong link between street sex work and drug use and want pragmatic strategies to address the issues
- Want an opportunity to advocate and participate in reducing drug related harms in the community
- Think that the broader social issues that influence drug use such as education, training and employment and homelessness need to be addressed
- Would like police to concentrate less on prosecuting street sex workers and more on responding to residents calls about serious crimes
- Would like the council to advocate for harm minimisation policies such as heroin trials and decriminalisation of street sex work

Appendix 4: Port Phillip's Licensees Accord

What is the Licensees Accord?

The Licensees Accord was established in 2001 to encourage and promote best practice in licensed premises in the City of Port Phillip.

The Accord consists of licensees within the City and is supported by Victoria Police, Consumer Affairs Victoria (Liquor Licensing), VicRoads and the City of Port Phillip.

Our mission statement

The Accord acknowledges that the partners involved have a responsibility and interest in the safety and well being of the local community. The Accord encourages the promotion of responsible service of alcohol and the maintenance of high standards of behaviour in and around licensed premises.

Aims and objectives of the Licensees Accord

- ❖ To promote the City of Port Phillip and its licensed venues as a safe and enjoyable location for our local community and visitors to the area
- ❖ To encourage best management practices by all licensees to ensure responsible and safe premises for staff and patrons

- ❖ To promote responsible standards of behaviour by patrons
- ❖ To develop strategies for the improvement of road safety, and in particular pedestrian safety around licensed premises in our community
- ❖ To build and foster a partnership between licensed premises, Victoria Police, Consumer Affairs Victoria (Liquor Licensing), VicRoads, City of Port Phillip and the community
- ❖ To meet regularly to discuss and develop strategies to address issues which impact on the City of Port Phillip community.
- ❖ To encourage a membership of supportive and responsible people who believe in the provision of high standards of hospitality with mutually beneficial community and economic benefits.

References

Centre for Applied Drug and Alcohol Research (2003) Evaluation of the Five 'Hot Spot' Local Drug Strategies. Monash University

City of Port Phillip (1997a) Towards a Healthier and Safer Port Phillip

City of Port Phillip (2000b) Community response to proposal for a safe injecting facility in St. Kilda. Submission to DPEC

City of Port Phillip (2000c) *Local Drug Strategy*

City of Port Phillip (2003a) *Unpublished research* - interviews with key informants on history/current perceptions on street sex and drug issues.

City of Port Phillip (2003b) *Community Profile*

City of Port Phillip (2005) *Alcohol and Nightlife Policy*

City of Port Phillip (2004) *Licencees Accord*

Cvetkovski S, Dietze P, & McElwee P (2005) *“Surveillance of Drug Related Events Attended by Ambulance in Melbourne, Quarterly Report no.5,”* Turning Point Alcohol and Drug Centre

Drug Policy Expert Committee (2000) *DPEC Stage 1 and Stage 2 Reports*. Dept of Human Services, Victoria, Melbourne.

Hauer J, Lewis R & Hallam, W (2005) *Illicit Drugs in the City of Port Phillip Comparison Study*. Victoria Police

Longmire, A, (1989) *The Show Goes On-The History of St. Kilda* .Vol 3 1930-1983.Hudson, Melbourne.

Moore, D & Dietze, P (2004) *Responding to street-based overdose, injecting drug use and sex work: A risk environment approach*. Final Report

Press M & Szechtman R. *Whose place is this? Shifting policy responses to illegal street sex and drug use in St Kilda* in Mendes P & Rowe, James. Harm minimisation Zero Tolerance and Beyond. Pearson, NSW.

Rowe, J. (2003) *Who’s using? The Health Information Exchange-St. Kilda and the development of an innovative primary health care response to injecting drug users*. St Kilda: Salvation Army Crisis Services

Saulwick, I (1993) *A Survey of St. Kilda Residents*. The City of St Kilda.

Stenbo (2002) *Pushers we don’t want in St Kilda*. Age, Letters, 13 Aug, p.10

Substance, December, 2001

Substance, Spring 2002

Substance, Summer 2003

Substance, Spring, 2004

The Age, 14 April, 2001

Wilson, B (2005) *CRITICAL: Port Phillip Drugs Roundtable Case Study Report*, RMIT