

Queensland Alcohol and Other Drugs Action Plan 2015–17

Thriving communities

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Help and support

The Alcohol and Drug Information Service (ADIS) provides confidential and anonymous telephone counselling and information for individuals, parents and concerned others.

ADIS can undertake telephone assessments, provide information about the effects of specific drugs and provide advice on various treatment options. They can also help clients contact the best service for their needs.

ADIS is available 24 hours, seven days a week by calling **1800 177 833** (free call).

Foreword

Minister for Health and Minister for Ambulance Services

For many Queenslanders the impact of alcohol and other drugs is a major concern. It affects the health of individuals, can cause significant distress to families and impact community safety.

The Queensland Government is committed to reducing the impact of alcohol and drug use on individuals, families and our communities. We have committed to a wide range of initiatives including establishing more smoke-free places and tackling alcohol-fuelled violence.

New laws and improved treatment services play a significant role in reducing the impact of alcohol and other drugs on Queenslanders, but more is needed. To prevent young people drinking alcohol, particularly binge drinking, we need to change the way we think about alcohol consumption. We also need to raise awareness about harms to enable young people and other Queenslanders to make an informed decision about using drugs, including smoking tobacco.

The *Queensland Alcohol and Other Drugs Action Plan 2015–17* (this Action Plan) sets out a framework for how government, non-government organisations and the community can work together to prevent and reduce the adverse impacts of alcohol and other drugs on the health and wellbeing of Queenslanders.



The Honourable Cameron Dick MP
*Minister for Health and Minister
for Ambulance Services*



Foreword

Queensland Mental Health Commissioner

Not everyone who uses alcohol and drugs will experience harm. However when harms do occur they can have a significant impact on the health and wellbeing of Queenslanders. For some, who become dependent, drug use can affect their ability to function, cope with everyday stresses and make a contribution to the community. It can also have a profound impact on their families, their friends and the broader community.

People who become dependent can and do recover. With the right support they can reconnect with their community and live lives with purpose.

This Action Plan has been developed following extensive consultation undertaken by the Commission and the Queensland Network of Alcohol and other Drug Agencies (QNADA). I would like to thank the over 200 service providers, current and past service users, their families and friends

for sharing their personal experiences which have shaped this Action Plan's development. I would also like to thank QNADA for its support and members of the Queensland Mental Health and Drug Advisory Council who have contributed to developing this Action Plan.



Dr Lesley van Schoubroeck
*Queensland Mental Health
Commissioner*



Executive summary

Although there have been improvements over a number of years, Queenslanders continue to drink alcohol and smoke tobacco at levels which exceed national levels. Our overall use of illicit drugs has remained relatively stable although the type of drug used has changed with cannabis, cocaine, heroin and ecstasy use dropping and synthetic drug use increasing. While the proportion of meth/amphetamine users has remained relatively stable, more are using the drug in the form of crystal methamphetamine (also known as ice).

Not everyone who uses drugs will experience harm or become dependent. However, when harm does occur it can have wide ranging impacts on the mental and physical health of the individual, on their families, communities and on the economy through increased demand on government services and lost productivity. The risk and extent of harm is often influenced by the age when a person starts using or is exposed to a drug, the amount and how often it is used.

The *Queensland Alcohol and Other Drugs Action Plan 2015–17* aims to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders. Based on extensive consultation with service providers, and those who have experienced drug-related harm, their families and support persons, it outlines actions under the policy framework of the current and draft National Drug Strategy's three pillars:

- Demand reduction
- Supply reduction
- Harm reduction.

The Action Plan recognises that treatment services and law enforcement alone cannot achieve our shared goal and that a coordinated, whole-of-government approach that focuses on prevention (including tailored approaches for vulnerable groups) and addresses the social factors that contribute to drug-related harm is required.

Our actions build on commitments made by the State Government to reduce alcohol-related violence, establish more smoke free-zones, reinstate Murri Court and the Special Circumstances Court Diversion Program and a commitment to reintroduce the Drug Court based on national and international best practice.

A Queensland Alcohol and Other Drugs Reference Group which involves a partnership between government agencies, non-government organisations and professional bodies will oversee this Action Plan's implementation, identify emerging issues and good practice.

The Commission will monitor levels of alcohol, tobacco use and the use of other drugs and will also report on this Action Plan's implementation in an annual report on implementation of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019*.

Reform will be continuous. Over the next year, a new National Drug Strategy, the National Ice Strategy and the Queensland Mental Health, Alcohol and other Drug Services Plan will be finalised. The Commission will review this Action Plan after 12 months to ensure it aligns to these new initiatives and approaches.

While this Action Plan includes specific initiatives addressing the needs of vulnerable groups, the Commission will also be developing action plans focused on improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, and people living in rural and remote Queensland.

Our significant actions

This Action Plan commits to 54 actions that will be implemented by agencies across State Government. Some of this Action Plan's significant actions include:

Demand reduction—Preventing and reducing the number of Queenslanders using drugs, and supporting recovery

- **Conduct a three year multimedia education and awareness campaign** targeting young people about safe drinking practices, the impact of alcohol-related violence, changes to alcohol service times and increased enforcement of liquor regulations (Department of the Premier and Cabinet and Queensland Health).
- **Implement the Alcohol and Other Drugs Education Program to support young Queenslanders in Years 7 to 12** (Department of Education and Training).
- **Increase access to alcohol and other drug treatment and support services by Aboriginal and Torres Strait Islander young people** (Queensland Health).
- **Commence research to identify effective ways of reducing stigma and discrimination which has a negative impact on the mental health and wellbeing of people experiencing problematic drug use** (Queensland Mental Health Commission).
- **Establish additional Drug and Alcohol Brief Intervention Teams at Logan, Townsville and Rockhampton Hospitals' Emergency Departments** (Queensland Health).
- **Support *Project Hope* within the South West Hospital and Health Service** (Queensland Health).
- **Develop clinical statewide training and resources for workers responding to ice and other substances** (Queensland Health).

Supply reduction—Reducing harmful access to legal drugs and access to illegal drugs

- **Enforce criminal drug laws in Queensland and undertake activities focused on targeting criminal networks involved in the production and supply of illicit drugs (including ice)** (Queensland Police Service).
- **Enhance the Responsible Service of Alcohol (RSA) in the Queensland liquor industry by leading a review and upgrade of the provision of RSA materials** (Department of Justice and Attorney-General).

Harm reduction—Reducing harm related to drug use

- **Provide additional frontline treatment responses in Cooktown, Weipa, Logan, Gold Coast and Rockhampton** (Queensland Health).
- **Develop a model and integrated framework for the delivery of Specialist Courts and Court Diversionary programs in Queensland that recognises the links between offending, drug and alcohol use, child protection and domestic violence** (Department of Justice and Attorney-General).
- **Reinstate the Murri Court and the Special Circumstances Court Diversion Program to commence in 2016** (Department of Justice and Attorney-General).
- **Investigate drug driving in Queensland and consider the effectiveness of existing penalties and sanctions and other countermeasures such as diversionary programs** (Department of Transport and Main Roads).
- **Trial the delivery of a quick response substance misuse intervention for offenders on community-based orders in south-east Queensland for people on probation or parole** (Department of Justice and Attorney-General).

Introduction

Thriving individuals, families and communities are the foundation of our State. We are able to build a thriving state and economy when Queenslanders are healthy and able to make a contribution, families are stronger, and communities are connected and safe.

For many Queenslanders and their families, the impact of alcohol and other drugs can affect their physical health and their ability to be productive and cope with the normal stresses of life.

People use alcohol and other drugs for a wide range of reasons including to experiment, for recreation, to cope with the demands of a situation, or because they are physically and/or psychologically dependent.

Not all Queenslanders who use alcohol and other drugs will become dependent or experience drug related harm.

When harms do occur they have wide ranging impacts. These harms have led to community concerns about how to reduce the use of drugs and harm, particularly relating to alcohol-fuelled violence and the use of crystal methamphetamine (also known as ice).

All of us have a role to play in preventing and reducing the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders. Many people, with the right support, who become dependent and who experience alcohol and other drug related-harm can and do recover.

The State Government is committed to actions that will reduce alcohol-related violence, establish more smoke-free zones, reinstate Murri Court and the Special Circumstances Court Diversion Program and a commitment to reintroduce the Drug Court based on national and international best practice.

The *Queensland Alcohol and Other Drugs Action Plan 2015–17* brings these commitments together with other initiatives and actions to achieve a shared goal for our State.



Our shared goal

Our shared goal is to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders.

About this Action Plan

This Action Plan realises a commitment made under the whole-of-government *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan) to implement actions to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders. It is supported by initiatives being undertaken within other Action Plans developed as part of the Strategic Plan including the:

- *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* that addresses many of the socio-economic factors that contribute to problematic alcohol and other drug use
- *Queensland Suicide Prevention Action Plan 2015–17* which aims to reduce suicide and its impact on Queenslanders.

This Action Plan outlines actions under the three pillar framework adopted by *National Drug Strategy 2010–2015* (the National Strategy) and its 2016–2025 draft (the draft National Strategy): demand, supply and harm reduction. Actions outlined in this Action Plan are complemented by strategies undertaken by the Australian Government including taxation on alcohol and tobacco, tobacco advertising bans and plain packaging, education and awareness campaigns, subsidies through the Pharmaceutical Benefits Scheme, and funding primary health care and Medicare services.

To ensure it meets the needs of Queenslanders, this Action Plan identifies actions under each of the three pillars taking into account the current levels and trends of drug use, what we heard in consultations and research into what works.

What is a drug

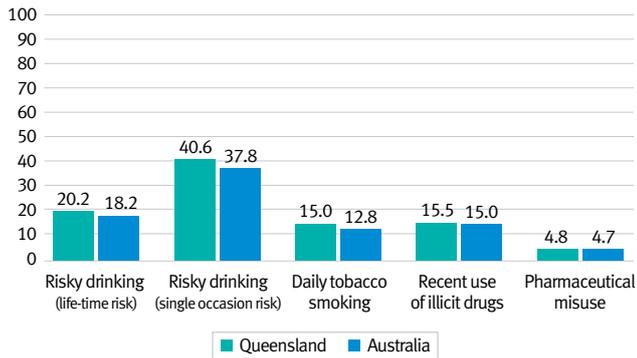
This Action Plan adopts the definition of a ‘drug’ used in the National Strategy which includes legal substances such as alcohol, tobacco, pharmaceuticals (available over-the-counter or by prescription from a pharmacy), and illicit or illegal substances (prohibited from manufacture, sale or possession), for example cannabis, cocaine, heroin and amphetamine-type stimulants (ecstasy, meth/amphetamine). It also includes other substances that mimic the effect of legal or illegal drugs such inhalants, kava and new synthetic drugs¹.

This Action Plan refers to ‘problematic drug use’ which is any drug use which leads to immediate or long-term harm.

Drug use in Queensland

Risky alcohol consumption, tobacco smoking, recent use of illicit drugs and pharmaceutical misuse in Queensland exceed national levels².

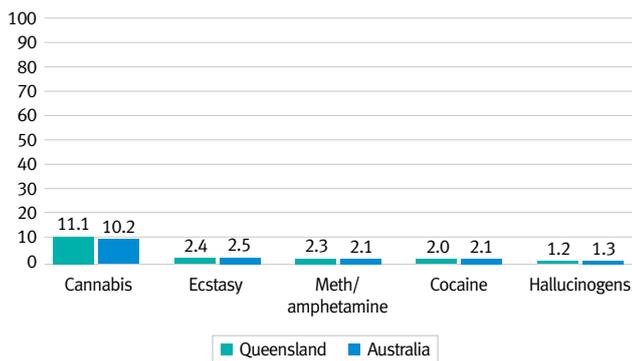
Table 1: Percentage of Queenslanders aged 14 years and older who reported using drugs in the past 12 months, 2013



Source: Australian Institute of Health and Welfare

Although the overall rate of reported illicit drug use exceeds the national rate, this is mostly due to higher levels of cannabis and meth/amphetamine use. Less than one per cent of Queenslanders aged 14 years and older reported using heroin (less than 0.1 per cent) or inhalants (0.8 per cent)³. Outlined in the table below are the levels of use of different illicit drug types.

Table 2: Percentage of Queenslanders aged 14 years or older who reported recent use of illicit drugs, 2013



Source: Australian Institute of Health and Welfare

Trends in drug use

Greater proportions of Queenslanders drink alcohol (80.4 per cent compared to 78.2 per cent) and drink on a daily basis (7.4 per cent compared to 6.5 per cent) than other Australians⁴.

There has been a significant decrease in the proportion smoking tobacco daily since 1998, when almost a quarter of Queenslanders smoked daily (24.4 per cent)⁵.

Overall there has been no significant increase in the proportion of people reporting having used illicit drugs in Queensland or nationally over the last decade. However there has been a significant change in the type of drug used, with the use of cannabis decreasing over the last ten years, and ecstasy use also decreasing between 2010 and 2013⁶.

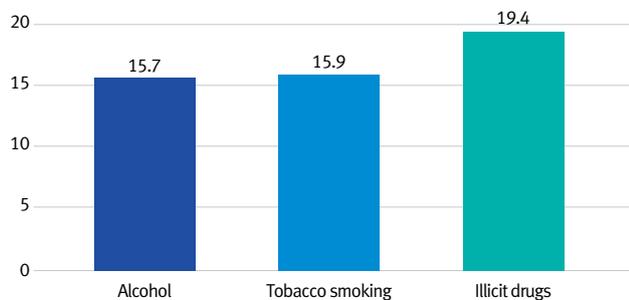
While the proportion of Queenslanders using meth/amphetamines has remained relatively stable between 2010 and 2013, the type of meth/amphetamines being used has changed during this period. The proportion of regular meth/amphetamine users who use ice, as opposed to less pure forms of meth/amphetamine, has more than doubled from 19.9 per cent in 2010 to 45.5 per cent in 2013. Those using meth/amphetamines also report using the drug more frequently⁷.

Nationally, the misuse of pharmaceuticals has increased from 4.2 per cent in 2010 to 4.7 per cent in 2013⁸. The emergence of synthetic drugs has become a cause for concern internationally, nationally and in Queensland. As noted by the Crime and Corruption Commission Queensland, there has been a very significant increase in the number of new substances being identified⁹.

Age of first use

The age when a young person starts using drugs can increase the risk of harm and is also an indicator of future adult use. Many young people aged between 14 and 24 years reported that they had their first alcoholic drink and smoked their first full cigarette before they turned 18, when they are legally able to purchase these substances.

Table 3: Average age when people start using drugs, Australia, 2013



Source: Australian Institute of Health and Welfare

Young people are however starting to use drugs at an older age. Nationally, there have been significant increases in the age that 14 to 24 year olds first try alcohol (from 14.4 years in 1998) and smoking their first full cigarette (14.2 years in 1995). Nationally, the average age when people first use illicit drugs has also increased from 19.0 in 2010¹⁰.

In 2013, fewer young Queenslanders reported smoking tobacco than other age groups and fewer were drinking alcohol with 72 per cent abstaining. However, Australians in their late teens and twenties are more likely to consume amounts of alcohol that place them at very high risk, with one third reporting they had consumed 11 or more standard drinks on a single occasion.

Vulnerable groups

While Queenslanders from all walks of life and all ages use drugs, some groups experience higher rates of drug use and are at greater risk of harm, including Aboriginal and Torres Strait Islander peoples, people living in rural and remote communities, people from culturally and linguistically diverse backgrounds and Lesbian, Gay, Bisexual, Transgender and Intersex people.

Aboriginal and Torres Strait Islander Queenslanders

Aboriginal and Torres Strait Islander people are more likely to abstain from drinking alcohol (23 per cent) than non-Indigenous people. Those who report drinking alcohol do so at life-time risky levels (20 per cent) and over half (57 per cent) report drinking alcohol at single occasion risky drinking levels¹¹. A larger proportion than the national rate also report smoking tobacco daily (44 per cent)¹² and using illicit drugs (23 per cent)¹³.

Rural and remote communities

Nationally, people living in remote and very remote communities are two times more likely to drink alcohol in risky quantities, to smoke tobacco daily and use meth/amphetamines than those living in major cities. Cannabis was also more commonly used in regional and remote/very remote communities than in major cities¹⁴.

People from culturally and linguistically diverse backgrounds

People from culturally and linguistically diverse backgrounds (CALD) report low levels of drug use. However this may be due to under reporting influenced by cultural and religious attitudes¹⁵. Research indicates that many newly-arrived migrants, particularly refugees and asylum seekers, experience many of the risk factors associated with problematic drug use, for example the stress of settlement, adapting to a new culture and previous experiences of trauma¹⁶.

Lesbian, Gay, Bisexual, Transgender and Intersex people

There is growing evidence that Lesbian, Gay, Bisexual, Transgender and Intersex people are at greater risk of experiencing problematic drug use. A greater proportion of Lesbian, Gay and Bisexual (LGB) people drink alcohol at risky levels and smoke tobacco¹⁷. Over a third (34.7 per cent) of recent illicit drug users identify as LGB¹⁸.

People living with mental illness and mental health problems

Nationally, 17.5 per cent of people aged 18 years and older who reported using illicit drugs also reported experiencing high/very high levels of psychological distress; compared to 8.6 per cent of those who had not used an illicit drug. The highest level of psychological distress was experienced by people using meth/amphetamine with 26.5 per cent experiencing high/very high levels¹⁹. One in five (20.7 per cent) illicit drug users reported being diagnosed or treated for a mental illness including 29 per cent of meth/amphetamine users²⁰.

Impact on health and wellbeing

Levels of psychological distress experienced by people who use illicit drugs suggests that drug use is both influenced by, and impacts on, a person's mental health and wellbeing. It can affect their ability to realise their own potential, cope with the normal stresses of life, work productively and make a contribution to the community.

Problematic alcohol and drug use can also lead to mental illnesses. For example the National Ice Taskforce reported that ice users are at increased risk of psychosis and mental illness²¹. Problematic drug use is also a significant risk factor for suicide and suicidal behaviour²².

Problematic drug use is also a significant contributor to physical illness, injury, disability and in some cases early death. Internationally it is recognised that alcohol use, tobacco smoking (including second-hand smoke) and use of illicit drugs are significant contributors to the years of productive life lost due to disability. Problematic drug use can also compound existing disability and illness. For example in 2007–08 people with disability (profound/severe and other) reported smoking at higher levels and consuming alcohol at risky levels (profound/severe disability) substantially more often than those who do not have a disability, leading to chronic health conditions²³.

In Queensland, drug use accounts for an estimated 4,300 deaths and more than 65,000 hospital admissions each year²⁴ with alcohol and tobacco contributing to the majority of physical health conditions and death.

One in seven (3,700) people die from tobacco-related conditions in Queensland²⁵. High levels of tobacco smoking is associated with higher lung cancer rates experienced in rural and remote communities, as well as high levels of chronic disease and early death in Aboriginal and Torres Strait Islander communities²⁶. Alcohol is responsible for just under half of all overdose ambulance call outs²⁷ and is the most common contributing factor to fatal road crashes²⁸.

Long-term use of other drugs such as ice can lead to increased risk of stroke and heart failure²⁹. The long-term health impacts of novel and new psychoactive substances are largely unknown but their use has resulted in death, serious injury and suicide³⁰.

The age when a person is exposed to or uses a drug can increase risk of harm. Alcohol consumption during pregnancy can lead to low birth weight, miscarriage and premature birth as well as a range of physical and neurodevelopmental problems including foetal alcohol spectrum disorders. After birth, exposure to second hand smoke can cause a range of conditions such as sudden infant death syndrome and asthma³¹.

The way a drug is used and the combination of drugs used (poly-drug use) can increase health risks. Unsafe injecting drug use is a major driver of the transmission of blood-borne viruses such as hepatitis B, hepatitis C and HIV, and particularly affects those living in risky environments such as prisons.

Social and community harms

For individuals, problematic drug use can lead to social isolation, stigma and discrimination leading to or compounding existing social disadvantage. The World Health Organisation indicates that illicit drug dependence is the most stigmatised health condition in the world³². This stigma creates barriers to people seeking help to address problematic drug use and hinders their ability to find employment and reconnect with the community.

Problematic drug use can lead to increased involvement in the criminal justice system both as offenders and victims. The Department of Justice and Attorney-General reports that more than half of released prisoners in Australia return to custody due to re-offending strongly linked to dependency on alcohol and other drugs and social disadvantage.

For families, drug-related harm includes family breakdown, domestic and family violence, child abuse and neglect and housing issues. Analysis undertaken by the Department of Child Safety in 2007 and reported in the *Taking Responsibility: A Roadmap for Queensland Child Protection* report indicated that 47 per cent of all substantiated child protection notifications involved one or both parents experiencing a current drug and/or alcohol problem³³. As noted by the *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* report, alcohol and drug use is not a primary factor in predicting future violence, however it becomes a significant aggravating factor when it exists with other causes such as social norms about violence³⁴. Alcohol was also considered an issue within Aboriginal and Torres Strait Islander communities, as the risk of an Indigenous person becoming a victim of domestic or family violence increases with high risk alcohol use³⁵.

These harms flow onto the community and the economy through lost productivity and increased demand on government services such as health, hospital and justice system administration. A conservative estimate of the cost of alcohol misuse alone in 2010 was around \$14.3 billion nationally including costs to the health system, the criminal justice system, lost productivity and costs relating to alcohol-related road accidents³⁶.

What works

Research and those consulted consistently indicated that there was a need to focus on prevention, addressing social factors and better integration and coordination. These areas were seen as central to preventing and reducing the adverse impact of alcohol and other drugs on Queenslanders.

Prevention

Prevention is widely accepted as the most cost-effective way of reducing drug-related harms, targets different groups according to their needs, and can be implemented through universal, selected and indicated approaches³⁷.

Universal prevention targets all Queenslanders and particular age groups such as children and young people. It usually focuses on preventing or delaying the first use of drugs. This can be achieved through a multi-layered approach that includes school programs based on the facts about drug use and harm, adopting a whole-of-school approach and broader cultural change in relation to alcohol and tobacco smoking³⁸.

Selective prevention targets those at greater risk of experiencing problematic drug use, for example Aboriginal and Torres Strait Islander peoples and people living in rural and remote communities. This requires a tailored approach that addresses the unique circumstances and needs of these different groups. It is widely recognised that it is essential to focus on social and emotional wellbeing to address the underlying causes of high levels of drug use and harm for Aboriginal and Torres Strait Islander communities.

Indicated prevention targets those at high risk of harm such as injecting drug users and prisoners³⁹.

Addressing social factors

Socio-economic factors play a significant role in influencing whether a person will experience problematic substance use⁴⁰. These factors are similar to those which influence overall mental health and wellbeing and include education, training and employment, social inclusion, family relationships and access to services such as housing. Many social determinants which influence whether a person will engage in problematic drug use, including dependency, can be addressed by focusing on mental health and wellbeing initiatives such as those within the *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17*.

Good Practice Spotlight save-a-mate

save-a-mate (SAM) is an alcohol and other drugs education program run by and for 12–25 year olds that equips them with the knowledge to prevent, recognise and respond to alcohol and other drug emergencies. Workshops are highly interactive and encourage participants to learn practical strategies which may help them to reduce their own or a mate's risk of experiencing an alcohol or other drug emergency.

The SAM workshop uniquely combines elements of drug and alcohol education with basic first aid and overdose response training. SAM can be delivered alongside mental health education programs such as the Red Cross's Talk OUT Loud program, a practical, hands-on, education workshop for young people to build confidence in understanding and communicating about their mental health. Combining the elements of substance use, first aid and mental health training aims to give young people skills and confidence to respond to a broad range of situations they may be confronted with in their peer groups. SAM is run by trainers who are experienced in working with young people, which creates a safe, trusting, and non-judgemental environment. The Australian Red Cross delivers SAM training to more than 10,000 young people annually.

Coordinated approach and partnerships

Preventing and reducing the adverse impact of alcohol and drugs on Queenslanders requires all parts of the community and governments at all levels to take coordinated action. For example, continuing care is the most effective way to support people to recover. This requires a full continuum of care, and supporting people through transition points including from detoxification to rehabilitation services and into the community.

Effective actions are those taken by communities or in partnership with communities. Communities and community groups such as sporting clubs can play a very significant role and have been shown to be effective in influencing cultural norms, reducing stigma and addressing those factors which contribute to drug dependency⁴¹.



Our actions

This Action Plan outlines the Queensland Government's actions to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders.

It adopts the National Drug Strategy's three pillars of reform as priority areas, focuses on prevention, and adopts a coordinated whole-of-government approach that supports community action.

Demand reduction

Demand reduction strategies include actions to prevent the uptake and delay onset of drug use, reduce the use of drugs, and support those who are dependent to recover and reconnect with their communities.

Our focus

Based on the levels of drug use in Queensland, research about what works, and consultation results, our demand reduction actions will seek to:

Prevent the uptake and delay onset of drug use

- Reduce the number of children and young people using drugs
- Reduce the uptake of drugs in the broader Queensland community
- Focus on those communities with the highest rates and at greatest risk.

Reduce the use of drugs

- Change Queensland's drinking culture
- Support more Queenslanders to quit smoking
- Improve access to treatment and support services.

Support people to recover from dependency and reconnect with the community

- Promote social inclusion and reduce stigma and discrimination
- Support people to recover and transition into education, training or employment
- Support service users' engagement and leadership in the alcohol and other drug sector.

What is recovery

In 2015 a network of representatives of government and non-government alcohol and other drug treatment agencies in Queensland defined recovery as:

'any approach that seeks to identify and achieve goals that are meaningful to the client, which may include safer using practices, reduced use or abstinence. For many people, recovery describes a holistic approach that offers greater opportunity for positive engagement with families, friends and communities'.

Good Practice Spotlight

Tailoring services for Aboriginal and Torres Strait Islander young people

Dovetail has released a series of good practice guides to support Queensland's youth alcohol and drug sector including the *Learning from Each Other: Working with Aboriginal and Torres Strait Islander Young People* good practice guide. The guide aims to support workers and agencies working with Aboriginal and Torres Strait Islander young people who use alcohol and other drugs. It focuses on the importance of understanding history and the context of Aboriginal and Torres Strait Islander communities, and the need to build individual and organisational cultural awareness.

Good Practice Spotlight

Improved services for people from culturally and linguistically diverse backgrounds

In 2015 the Queensland Network of Alcohol and other Drug Agencies published the *Helping asylum seeker and refugee background communities with problematic alcohol and other drug use: A guide for community support and AOD workers*. It was developed in partnership with the Ethnic Communities Council of Queensland, the Queensland Program of Assistance to Survivors of Torture and Trauma, the Multicultural Development Association Ltd and the Mater Integrated Refugee Health Services. The guide provides information for:

- workers supporting people from refugee backgrounds across the general health and community services sector who may not have specific training or experience in alcohol and other drugs service provision
- those working in the alcohol and other drugs sector to support effective treatment.

What we will do

- 1. Conduct a three year multimedia education and awareness campaign targeting young people about safe drinking practices, the impact of alcohol-related violence, changes to alcohol service times and increased enforcement of liquor regulations.** The Queensland Government has committed to conduct the campaign with the first phase involving a broad alcohol-related campaign which was released in July and ran until September 2015. This phase involved targeting the whole-of-population to raise awareness by asking Queenslanders to consider their relationship with alcohol and highlighting a number of harmful alcohol-related scenarios including drink driving and alcohol-fuelled violence. The campaign will be delivered across a number of mediums including a television commercial and posters (Department of the Premier and Cabinet and Queensland Health).
- 2. Implement the Alcohol and other Drugs education program to support young Queenslanders in Years 7 to 12** to develop a greater understanding of the impacts and consequences of alcohol and drug use; build their capacity to make responsible, safe and informed decisions; and develop their ability to effectively manage challenging and unsafe situations. The program was developed by the Department of Education and Training and the Queensland Curriculum and Assessment Authority, and is available to all Queensland schools. The program for Years 11 to 12 was designed as a stand-alone pastoral care program. The program for Years 7 to 10 is aligned to the Australian Curriculum for Health and Physical Education, allowing delivery as part of the formal curriculum or as part of a school's pastoral care program. The Australian Curriculum for Health and Physical Education includes a specific focus on alcohol and other drugs. The Australian Curriculum: Health and Physical Education will be available for implementation in Queensland state schools from 2016 (Department of Education and Training).
- 3. Enhance support for people to recover from drug dependence and reconnect with their community through the state-wide AOD Outclient Treatment Program.** Queensland Health will provide approximately \$1 million over three years to June 2017 for non-government organisations to provide inreach/outreach alcohol and drug outclient treatment services to young people aged 12–25 years, Aboriginal and Torres Strait Islander people and people with multiple and complex needs, who are experiencing problematic alcohol and other drug use which can be appropriately managed without admission to a residential service such as a residential rehabilitation or hospital (Queensland Health).
- 4. Establish additional Drug and Alcohol Brief Intervention Teams (DABIT) at Logan, Townsville and Rockhampton Hospitals' Emergency Departments (ED).** Queensland Health will provide approximately \$3 million annually to support the work of ED staff by screening all patients for problematic substance use, providing brief interventions and referral to specialised alcohol and other drug services. These teams expand upon already funded DABIT teams at Gold Coast University Hospital and Royal Brisbane and Women's Hospital, established as part of Queensland's 2007 Ice Breaker Strategy (Queensland Health).
- 5. Support *Project Hope* within the South West Hospital and Health Service.** Queensland Health has provided \$385,314 annually for this project which aims to provide more holistic and coordinated health, social and economic support to Charleville and Cunnamulla. It addresses the social determinants of health and the psychosocial issues affecting communities which can have an impact on reducing uptake of substances within a community (Queensland Health).
- 6. Increase access to alcohol and other drug treatment and support services by Aboriginal and Torres Strait Islander young people.** Queensland Health will provide approximately \$1 million over two years to June 2017 through the Indigenous Youth Alcohol and Other Drug Treatment Program, for two non-government organisations to provide inreach/outreach alcohol and other drug treatment services to Aboriginal and Torres Strait Islander young people aged 12–17 years with substance misuse problems in Central Queensland and the Brisbane local government area. Funding primarily targets the priority area of "Healthy Transition to Adulthood" under The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (Queensland Health).
- 7. Deliver clinician-led quit smoking interventions for inpatients by implementing the Quality Improvement Payment (QIP).** The Smoking Cessation Clinical Pathway, developed by the Statewide Respiratory Clinical Network, is being used to guide clinicians through a quit smoking brief intervention which includes provision of free nicotine replacement therapy and referral to Quitline. Hospital and Health Services can receive an incentive payment for increased delivery of quit smoking brief interventions (Queensland Health).

Demand reduction (continued)

8. **Support Queenslanders who wish to quit smoking by providing information, advice and assistance via the Quitline Service.** Quitline (13 78 48) is a confidential, free, telephone-based service with counsellors available from 7am–10pm, seven days a week. Tailored intensive programs are available for pregnant women and their partners, sole parents, blue collar workers and unemployed Queenslanders. A tailored support program is also offered to Aboriginal and Torres Strait Islander Queenslanders. Quit smoking social marketing campaigns provide a strong call to action for people to contact the Quitline for support to quit smoking (Queensland Health).

9. **Provide alcohol and drug awareness information to public service employees and volunteers.** A number of State Government agencies provide information to their employees by providing access to the Australian Drug Foundation *Aware* online alcohol and drug awareness program and supporting employees to quit smoking (Queensland Health and the Department of Environment and Heritage Protection).

10. **Support the Good Sports initiative to encourage Queenslanders to reduce risky alcohol consumption.** Good Sports is an evidence-based accreditation program that supports amateur community sporting clubs to introduce, improve, and maintain alcohol management policies and practices in order to create a culture of responsible drinking in sporting clubs. Implementation of this national program in Queensland is funded by the Queensland Government (Queensland Health).

11. **Support community-level prevention strategies focused on reducing harmful alcohol consumption.** The non-government organisation Lives Lived Well is being funded to support community-based groups and partnerships to implement effective prevention strategies to address identified local needs related to the harmful consumption of alcohol (Queensland Health).

12. **Enhance health professionals' skills to deliver alcohol, tobacco and other drug brief intervention by providing an online training program.** This includes the 5A's brief intervention model, case studies, tips, demonstrations, resources and useful links and modules on applying learning to practice. Two specialised courses are available focusing on the general population and maternal and child health. Both courses are accessible online at no cost, participants receive a certificate of attainment on completion and can apply for continuing professional development points (Queensland Health).

13. **Support the youth and alcohol and other drug workforce to deliver better family-responsive youth alcohol and other drug practice by publishing the *Good Practice Guide 5 – Working with families and significant others in early 2016*** (Metro North Hospital and Health Service—Dovetail).

14. **Undertake a two year Mental Health Demonstration Project in Brisbane's Inner-North to test a new integrated housing, health and social welfare support model to improve housing stability outcomes for people living in social housing who are experiencing mental illness, mental health and wellbeing issues or related complex needs (including drug and alcohol dependencies).** The State Government has committed funding of \$2 million to this project which will be implemented from 2015–2017 (Department of Housing and Public Works, in partnership with Queensland Health).

15. **Commence research to identify effective ways of reducing stigma and discrimination which has a negative impact on the mental health and wellbeing of people experiencing problematic drug use.** There is currently very limited research into the most effective way of reducing stigma and discrimination which impacts on the ability of service users to be socially connected and to participate in education, training and employment, or how it acts as a barrier to members of the community seeking help when they need it. The Commission will undertake a project to research this issue and identify options that may be implemented in Queensland (Queensland Mental Health Commission).

16. Increase the number of medical practitioners providing the opioid treatment program which provides treatment of opioid dependence including prescription opioids.

This will be achieved by making the training program available online and promoting the option of shared care between alcohol and other drug services and general practitioners (Queensland Health).

17. Continue to work with pharmacists to develop models of care that assist pharmacists to identify and manage people suspected of over-the-counter drug misuse (Queensland Health).

18. Continue to promote the S8 Enquiry line for medical practitioners and clinicians managing patients prescribed drugs of dependence such as oxycodone and morphine.

Queensland Health operates a confidential telephone enquiry service for medical practitioners which is currently available 24 hours, seven days a week (Queensland Health).

19. Invest in a new youth support service model to deliver three key types of activities: access services, support services and integrated response services.

Access services include information, advice and referral to services that young people need, in particular for drug and alcohol issues, mental health, housing, legal, education and domestic and family violence services. Integrated response services will also be provided through intensive and coordinated assistance for young people with particularly complex needs (Department of Communities, Child Safety and Disability Services).

20. Develop clinical statewide training and resources for workers responding to ice and other substances.

Queensland Health will allocate \$1.2 million over two years to oversee the development of specific training, clinical guidelines and resources to support frontline workers across the state who are responding to ice and other substances (Queensland Health).

Supply reduction

Supply reduction strategies prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs, and control, manage and/or regulate the availability of legal drugs. They aim to restrict availability and access to alcohol, tobacco and other drugs in order to prevent or reduce their inappropriate and harmful use.

Our focus

Reduce the supply of illicit drugs including emerging drugs

- Work with communities to identify and prevent the supply and production of illicit drugs
- Enforce drug laws.

Control and manage the supply of alcohol, tobacco and other legal drugs

- Further limit the places where Queenslanders can smoke
- Enforce liquor laws.

What we will do

- 21. Work with communities to encourage reporting of organised criminal activity.** The Queensland Police Service will continue to work with communities to report organised criminal activity related to the supply, trafficking and production of illicit drugs (Queensland Police Service).
- 22. Enforce criminal drug laws in Queensland and undertake activities focused on targeting criminal networks involved in the production and supply of illicit drugs (including ice).** These activities seek to reduce the supply of illicit drugs in Queensland and across interstate and international borders (Queensland Police Service).
- 23. Use existing communication methods to provide information to the public about changes to alcohol service times and increased enforcement of liquor regulations and the State Government's Tackling Alcohol-fuelled Violence policy framework** (Queensland Police Service and Department of Justice and Attorney-General).
- 24. Enhance the Responsible Service of Alcohol (RSA) in the Queensland liquor industry by leading a review and upgrade of the provision of RSA materials.** A RSA refresher package has been developed for new and existing licensees and their staff that emphasises compliance with RSA provisions under the *Liquor Act 1992*. The *Follow the Law* campaign comprises five animated learning modules based on common scenarios that highlight RSA requirements, including checking identification, service of unduly intoxicated patrons, and unacceptable practices and promotions, with a quiz for completion at the end. The material is live on the Queensland Business and Industry Portal RSA Training (Department of Justice and Attorney-General).
- 25. Reduce alcohol service hours throughout Queensland and ban the sale of rapid consumption and high-alcohol content drinks after midnight.** The Queensland Government, as part of its commitment to introduce measures to tackle alcohol-fuelled violence, has introduced legislation which from 1 July 2016 will stop the service of alcohol at 2am state-wide, other than in approved 3am Safe Night Precincts. Venues in 3am Safe Night Precincts, with the required individual venue approvals, will be able to continue alcohol service until 3am, with a 1am lock out. After the sale of alcohol ceases, venues will be able to remain open to serve food, non-alcohol drinks and provide entertainment. Sale and supply of high-alcohol content and rapid consumption drinks will be banned after midnight in all venues, except for specialised high-end venues with an approved exemption (Department of Justice and Attorney-General).
- 26. Undertake activities designed to ensure compliance of liquor laws by industry.** These activities seek to reduce the excessive consumption of alcohol in licensed venues and reduce alcohol-fuelled violence in the community (Queensland Police Service and the Department of Justice and Attorney-General).

Harm reduction

Harm reduction strategies aim to reduce the negative outcomes from drug use when it is occurring. They address adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs on individuals, families and communities. Harm reduction strategies encourage safer behaviours, reduce preventable risk factors and can contribute to a reduction in health and social inequalities among specific population groups.

Our focus

Improve community safety

- Reduce alcohol and drug-related road accidents
- Reduce alcohol and drug-related violence and offences
- Reduce reoffending by supporting those in the criminal justice system to recover.

Provide additional support to families

- Improve access to information and support for families
- Increase the capability of families to identify and support a person who is experiencing problematic drug use
- Improve integration between family support, child protection services and alcohol and other drug services.

Support people to reduce harms to themselves

- Raise awareness in workplaces to promote better links to treatment and support
- Support peer-based approaches to support people to reduce harm associated with drug use
- Sustain efforts to prevent drug overdoses and other harms related to drug use.

Good Practice Spotlight

Foetal Alcohol Spectrum Disorder Diagnostic Clinic

In 2014 the Gold Coast Hospital and Health Service established Australia's first Foetal Alcohol Spectrum Disorder (FASD) Diagnostic Clinic. It is now one of only three diagnostic centres operating in Australia. The clinic is staffed by a specialised multidisciplinary team that assesses children with identified pre-natal alcohol exposure and clinical concerns around possible FASD. Since opening, the clinic has diagnosed more than forty children with FASD. The clinic provides post-diagnosis support to children and their families and has established two family support groups with the support of the Gold Coast Community Child Health Service. In order to build clinical skills to identify and treat FASD the clinic offers education to health professionals by providing bi-annual FASD diagnosis courses.

Harm reduction (continued)

What we will do

- 27. Provide additional frontline treatment responses in Cooktown, Weipa, Logan, Gold Coast and Rockhampton.** Additional funding of \$1.9 million annually has been allocated by Queensland Health to the Torres and Cape, Metro South, Gold Coast and Central Queensland Hospital and Health Services for clinical services to better respond to ice by specifically targeting vulnerable and at risk population groups, for example, young people, substance-using parents and Indigenous people living in rural and remote Queensland (Queensland Health).
- 28. Continue to divert minor or moderate illicit drug offenders from the criminal justice system to assessment, education and treatment programs through the Police Diversion Program and the Illicit Drugs Court Diversion Program.** The programs are implemented in partnership between Queensland Health which has provided around \$18.9 million over three years to June 2017 for government and non-government organisations to provide alcohol and drug treatment diversion assessment and education sessions to people found in possession of substances, utensils, syringes and things associated with drug use (Queensland Health, Queensland Police Service and the Department of Justice and Attorney-General).
- 29. Provide assessment and education sessions to people over 18 on bail for offences committed in a public place while being adversely affected by an intoxicating substance through the state-wide Drug and Alcohol Assessment Referral Program.** The Drug and Alcohol Assessment Referral program supports the *Safe Night Out Strategy* which seeks to address alcohol and other drug-related violence in Queensland nightspots. It seeks to change the current culture and restore responsibility. Queensland Health invests approximately \$4.9 million to June 2018 to provide assessment and education sessions (Queensland Health, Queensland Police Service and the Department of Justice and Attorney-General).
- 30. Develop a model and integrated framework for the delivery of Specialist Courts and Court Diversionary programs in Queensland that recognises the links between offending, drug and alcohol use, child protection and domestic violence.** The State Government has committed to reintroduce diversionary processes and programs as soon as fiscally practicable. This will be guided by the development of the framework which will consider best practice, both nationally and internationally, and stakeholder consultations, as well as budget allocations. The framework will inform the reinstatement of the Murri Court and the Special Circumstances Court Diversion Program (Department of Justice and Attorney-General).
- 31. Reinstatement of the Murri Court and the Special Circumstances Court Diversion Program to commence in 2016.** The reinstatement will be based on the specialist court and court diversionary programs framework (Department of Justice and Attorney-General).
- 32. Continue to support the Queensland Magistrates Early Referral Into Treatment (QMERIT) Program in Maroochydore and Redcliffe.** QMERIT is a bail-based diversion program that requires eligible adult offenders with drug-related problems to attend a 12 to 16 week rehabilitation and treatment program as a condition of their bail (Department of Justice and Attorney-General and Queensland Health).
- 33. Comprehensively review the former Drug Court commencing in 2015–16 based on national and international best practice models and development of the specialist court and court diversionary programs framework** (Department of Justice and Attorney-General).
- 34. Map the extent of alcohol and other drug service users' engagement in the co-design, delivery and management of services, programs and policy development.** The map will consider service user engagement and leadership in publicly-funded hospitals and health services, private health services and non-government organisations (Queensland Mental Health Commission).
- 35. Develop best practice principles for engagement of alcohol and other drug service users in the co-design, delivery and management of services, program and policy development** (Queensland Mental Health Commission).
- 36. Continue to target drink driving and drug driving offences across Queensland through random and targeted drug and alcohol testing of road users.** The Queensland Police Service will continue to intercept drivers in an effort to reduce the harms associated with road-related trauma where drivers are impaired by alcohol or other drugs (Queensland Police Service).
- 37. Investigate drug driving in Queensland and consider the effectiveness of existing penalties and sanctions and other countermeasures such as diversionary programs.** This action forms part of the *Queensland Road Safety Action Plan 2015–17*. It targets those drivers who drive while either being under the influence of a drug or have a relevant drug present. The action will be completed by 30 June 2017 (Department of Transport and Main Roads).

38. **Investigate options to refer drink drivers to screening and counselling services.** This action forms part of the *Queensland Road Safety Action Plan 2015–17* and focuses on both first-time and recidivist drink drivers. The action will be completed by 30 June 2017 (Department of Transport and Main Roads).
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39. **Trial the delivery of a quick response substance misuse intervention for offenders on community-based orders in south-east Queensland for people on probation or parole.** The one-on-one intervention will be delivered by the Salvation Army and consists of a two-and-a-half hour session that will occur within 72 hours of a referral being received from probation and parole (Department of Justice and Attorney-General).
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40. **Continue to deliver the Changing Habits and Reaching Targets (CHART) program for young people on youth justice orders and supervised bail.** The CHART program includes a module to address drug and alcohol issues if they are identified in the young person’s case plan. The module uses motivational interviewing and provides detailed information about drug use and safety issues. The sessions aim to develop an understanding of thinking patterns that support alcohol and other drug use and increase self-control in high risk situations. The case plans include safety planning, providing harm minimisation information and supported referrals to specialised adolescent drug and alcohol services (Department of Justice and Attorney-General).
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41. **Deliver the Take Control, Know Your Limits Program for young people in youth detention.** The ten session program is delivered at the Brisbane Youth Detention Centre and is provided to young people who have decided to give up alcohol and other drugs. The program is targeted at young people in detention and aims to provide young people with a framework to cease alcohol and other drug misuse (Department of Justice and Attorney-General).
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42. **Deliver a drug and education program to young people in youth detention.** The program is delivered at the Cleveland Youth Detention Centre and aims to address issues related to substance misuse and educate young people about the dangers of drug use and chronicling. The program was developed in an educational capacity so that young people are well informed about the effects that drugs and/or alcohol can have on them, and how regular use can lead to addiction and health implications (Department of Justice and Attorney-General).
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43. **Provide antenatal health assessments for all women accessing public health services,** focusing on identifying mental health difficulties, alcohol and drug use, domestic and family violence or financial stress. This will include, where required, referrals to appropriate services to address issues identified through the assessment process made with the person’s consent (Queensland Health).
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44. **Support the Danny Green national coward’s punch campaign.** The campaign addresses alcohol-fuelled violence and seeks to bring about a cultural change by demonstrating that violence is not acceptable (Department of the Premier and Cabinet).
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45. **Support compliance with smoke-free laws at hospitals and health facilities.** Smoking is prohibited at all Queensland public and private hospitals and health facilities and five metres beyond their boundaries. Patient, staff and visitor compliance with the non-smoking requirements is reinforced by prominent signage, public education, quit smoking support and compliance audits (Queensland Health).
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46. **Establish more smoke-free places by implementing tobacco legislative reforms and continuing enforcement of Queensland tobacco laws.** Indoor and outdoor smoking bans reduce exposure to second-hand tobacco smoke and support social change by reducing the opportunity to smoke and creating an environment where non-smoking is the norm. Queensland was the first jurisdiction to introduce smoking bans for outdoor eating places and to comprehensively regulate electronic cigarettes (Queensland Health).
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47. **Develop the Violence Against Women Prevention Plan.** This whole-of-government plan will commit to eliminating all forms of violence perpetrated against women, of which domestic and family violence is one of the most common forms. It aims to bring consistency and collaboration to addressing other forms of violence against women with consideration of its causes and how the different forms of violence against women are interconnected (Department of Communities, Child Safety and Disability Services).
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Harm reduction (continued)

48. **Invest in resources to ensure that families experiencing challenges can access appropriate supports in a timely manner to avoid unnecessary contact with the statutory child protection system.** Family and Child Connect services are being funded in 20 catchments across Queensland to assist families to engage with the services they need to safely care for their children at home. Intensive Family Support services are being funded in the same catchments to expand the range of options for families with multiple and complex needs requiring support for a period of up to nine months. These services are funded to operate as part of a network of local agencies, including drug and alcohol services, to ensure that families receive holistic responses to their various needs (Department of Communities, Child Safety and Disability Services).
49. **Update the ‘My Child has Foetal Alcohol Spectrum Disorder (FASD)’ publication aimed at parents of children with disability.** The booklet for Queensland families of young children is intended to answer some of the questions concerning a child who has foetal alcohol spectrum disorder (FASD) or a child who has recently been diagnosed with FASD (Department of Communities, Child Safety and Disability Services).
50. **Expand the rest and recovery services within designated Safe Night Precincts to reduce alcohol-related violence and create safer entertainment precincts.** Funding of \$10.8 million will be provided over three years to expand these services (Department of Communities, Child Safety and Disability Services).
51. **Continue to invest in public intoxication services to respond to adults affected by alcohol, targeting Aboriginal and Torres Strait Islander peoples.** The Department of Communities, Child Safety and Disability Services will continue to invest \$14.4 million in 2015–16 for these services which provide immediate and ongoing support to Aboriginal and Torres Strait Islander men and women who are affected by alcohol, and are either in police custody or able to be diverted from police custody. Support may include assistance to people (and their families and friends) to sober up safely and access the necessary services and support they need to improve their safety, health and wellbeing (Department of Communities, Child Safety and Disability Services).
52. **Invest in specialised online ice training resources for frontline child safety workers.** This online training module aims to increase staff skills and knowledge of ice’s attributes and effects, and assist them to recognise and respond to the signs of ice use in the community (Department of Communities, Child Safety and Disability Services).
53. **Continue to work with Aboriginal and Torres Strait Islander discrete communities to improve the effectiveness of Alcohol Management Plans (AMPs) and reduce sly grog in the communities.** AMPs are a combination of supply reduction and demand reduction strategies. Supply reduction strategies implemented as part of AMPs include alcohol restrictions, dry place declarations, and home brew bans. The Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP) has invested in a Sly Grog and Home Brew Communication Strategy. This strategy aims to focus on the harmful effects of sly grog and home brew and promote the Sly Grog Hotline. To date, evaluation of this strategy indicates that it has raised awareness of the problem and started conversations regarding sly grog and home brew. DATSIP is also working in partnership with DJAG on a strategy to promote dry place declarations including a factsheet, web content, an operational procedure, and a regional engagement strategy (Department of Aboriginal and Torres Strait Islander Partnerships).
54. **Queensland Rail continues to increase its Alcohol and other Drugs testing and education focus on high risk areas and safety critical workers.** An education and awareness campaign is being developed to help mitigate the use of Alcohol and other Drugs in high risk areas (Queensland Rail).

Governance

The Commission has established the Queensland Alcohol and Other Drugs Reference Group to monitor and oversight this Action Plan's implementation, identify emerging issues and good practice. Members of the reference group include representatives from the following government and non-government agencies:

- Department of Communities, Child Safety and Disability Services
- Department of Education and Training
- Department of Justice and Attorney-General
- Department of the Premier and Cabinet
- Dovetail
- Gold Coast Hospital and Health Service
- Public Safety Business Agency
- Queensland Health
- Queensland Indigenous Substance Misuse Council
- Queensland Injectors Health Network
- Queensland Mental Health and Drug Advisory Council
- Queensland Network of Alcohol and other Drug Agencies
- Queensland Police Service.

The reference group will include representatives from primary health care.

Monitoring and reporting

Consistent with the draft National Drug Strategy, the Commission will monitor levels of recent use of any drug as reported in the National Drug Strategy Household Survey. Other measures such as the average age of uptake of drugs by drug type are currently only publicly available at the national level. The Commission will investigate options to identify and report on the Queensland average age for starting alcohol and other drug use.

The Commission will also investigate options to monitor and report on levels of harm, for example hospitalisation due to drug use and new hepatitis C infection rates for Queensland.

Progress made towards implementing the Action Plan and levels of recent drug use and other measures will be reported as part of the Commission's annual report on implementation of the Strategic Plan.

Continuing reform

Preventing and reducing the adverse impact of alcohol and drugs on Queenslanders requires continuous reform to address new and emerging issues. There are a number of significant reforms currently underway which will influence Queensland's approach to addressing this issue.

To support continuous reform and improvement, the Commission will review the Action Plan after 12 months to align with the national approaches including the new National Drug Strategy and the National Ice Action Strategy.

The review will also take into account the new Queensland Mental Health, Drug and Alcohol Services Plan being developed by Queensland Health as a commitment under the Strategic Plan.

While the Action Plan includes actions focused on vulnerable groups, the Commission will be developing an Aboriginal and Torres Strait Islander social and emotional wellbeing action plan and a rural and remote action plan in 2016.

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Further information

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Translation

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the Action Plan, you can contact us on **1300 855 945** and we will arrange an interpreter to effectively communicate the report to you.



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