



# PREMIER'S DRUG PREVENTION COUNCIL

Annual Report 2003–2004



Premier's Drug  
Prevention Council

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# CHAIRPERSON'S REPORT – DR ROB MOODIE

Reflecting an ongoing commitment to drug prevention, the Premier, the Hon Steve Bracks MP, formally announced the second term of the Premier's Drug Prevention Council (PDPC) for a three-year period, commencing on 1 January 2004. I would like to formally acknowledge the honour of continuing in the role of Chairperson, and highlight the important contribution of those members from the first term in laying the foundations for continued innovation and development in the drug prevention field.

The PDPC will continue to draw on the expertise and experience of those members who remain on the council from the first term: Paul Briggs, Professor Neil Comrie, Professor Margaret Hamilton, Phong Nguyen and Peter Wearne. New members welcomed to the PDPC include Janine Kirk, Cathy Lamble, Frank McGuire and Kay Rundle. With such a broad range of talent and skills I am confident that the PDPC will make a significant contribution to drug prevention efforts in this state.

Building on the work of the PDPC's first term and following an intensive planning forum, the PDPC has identified five strategic priorities for its current term. These are:

- Intelligence gathering – to ensure that drug prevention directions and activities are informed by comprehensive intelligence and evidence based practice. Strategies related to this include evaluation, benchmarking and monitoring, and research.
- Communication – to promote community awareness about alcohol and drug related issues and how they are prevented. Major strategies include the support of the DrugInfo Clearinghouse, promotion of DirectLine 1800 888 236, support for ongoing community awareness campaigns, and providing training to over 200 workers on drug prevention.



- Community drug prevention – to develop a model on how communities can embed drug prevention in programs addressing similar risk and protective factors and leverage change at a population level. This will include working with the Department of Victorian Communities, Crime Prevention Victoria, Office for Youth, the Department of Education and Training, Victoria Police, local government, and the Department of Human Services, including Neighbourhood Renewal and Primary Care Partnerships.
- *Connectus* – working with the business sector to institutionalise a major employment and mentoring program.
- Advocacy – to provide leadership at a state and national level in relation to drug prevention policy, strategic directions and activities. This includes building links with the national research centres and fostering partnerships with relevant agencies in Victoria and other states.

This Annual Report highlights the work that has continued from the first term of the PDPC and the new initiatives that are being undertaken by the PDPC in line with its five priority areas. The PDPC will continue to work hard to promote the importance of drug prevention and make strategic investments in program areas to deliver the best outcomes in preventing harmful alcohol and drug use in Victoria.

**Dr Rob Moodie**  
**Chairperson**

## ABOUT THE PDPC

The PDPC was established in May 2001 following a joint sitting of Parliament that examined drug issues in Victoria. The PDPC was appointed to provide advice to the government on drug prevention, commission new projects to inform the best approaches to prevention, and promote prevention in the broader community. The PDPC is now in its second term for a three-year period to 31 December 2006.

The PDPC aims to prevent alcohol and drug related problems from occurring in the first place.

The PDPC's approach to prevention involves a framework based on:

- addressing drug related issues at an individual, family, community and macro-environmental level
- increasing the community's capacity to address drug related issues at a local level
- viewing the drug issue in a broad health context.

Three complementary models underpin this framework:

- Influences model  
This model highlights the need to address risk and protective factors at a range of levels of influence in person's life, including individual, family, community and macro-environmental levels.
- Community capacity building  
This emphasises the need for local communities to develop their own solutions to their own problems. Critical elements include building capacity, increasing connectedness, partnerships with key stakeholders, an emphasis on 'bottom-up' community initiatives, and the development of sustainable strategies.
- Social model of health  
This model places alcohol and drug issues within a broader context of health and social wellbeing. It acknowledges that health is broader than the absence of disease, and involves equitable policies on education, employment, housing, and social justice issues.

*The PDPC aims to prevent alcohol and drug related problems from occurring in the first place.*

## Terms of reference

The terms of reference for the second term of the PDPC are to:

1. Provide expert advice on effective, evidence based prevention programs, drawing on international research and best practice, and which are appropriate to the Victorian context.
2. Advise government on where additional primary prevention efforts should be directed.
3. Commission or contribute to research and other projects to inform best practice on prevention.
4. Inform and educate the Victorian community about risk and protective factors associated with drug use and effective drug prevention responses.
5. Engage the business, media and philanthropic sectors to harness and further support drug prevention strategies.

## Membership



### **Dr Rob Moodie, Chief Executive Officer, VicHealth (Chairperson)**

Chief Executive Officer of the Victorian Health Promotion; Editor of the *Australian Health Promotion Journal*; and board member of the *Medicins Sans Frontieres*. Dr Moodie has professional appointments in Public Health at Melbourne and Monash universities and is currently a member of several boards. He is also Vice-President of the International Union of Health Promotion and Education.



### **Paul Briggs OAM, President, Rumbalara Football and Netball Club and consultant on Indigenous issues**

Convenor, Victorian Aboriginal Leadership network; Chairman, First Nation Credit Union and a board member of the Victorian Qualification Authority.



### **Professor Neil Comrie AO, APM**

Visiting Professor, Faculty of Business and Law, Victoria University; former Commissioner, Victoria Police, led the Delta Taskforce 1982–84 into child exploitation; former member of the Board of Directors of Open Family. Professor Comrie has had a strong interest in and commitment to drug policy and education for over 20 years.



### **Professor Margaret Hamilton, Chair, Multiple and Complex Needs Panel**

Member of the Prime Minister's National Council on Drugs; member of the National Expert Advisory Committee on Illicit Drugs; Deputy Chair of the National Expert Advisory Committee on Alcohol; Chair of the Drug Advisory Committee – Council of Capital City Lord Mayors; and Chair of the Royal Women's Hospital Ethics Committee.



### **Janine Kirk, Executive Director, Committee for Melbourne**

Chairman of the Melbourne Convention and Visitors Bureau (MCVB); immediate Past President of Berry Street Victoria; advisory board member of the University of Sydney/ANU Centre for the Mind Management Board; board member of the Victorian Endowment for Science, Technology and Innovation (VESKI); and member of the Victoria Harbour Advisory Group.



**Cathy Lamble, Magistrate**

Magistrate for eight years currently based at Heidelberg. Ms Lamble’s legal background includes 26 years as a lawyer, initially in private practice, then at the Victorian Aboriginal Legal Service, followed by 10 years with Victoria Legal Aid. Ms Lamble has also been a part-time member of the Social Security Appeals Tribunal, Mental Health Review Board and Workcare Appeals Board.



**Frank McGuire**

Managing partner of *george*, a corporate think tank specialising in strategy, communications and advertising; former journalist, producer and communications advisor; winner of a Walkley Award, a Human Rights Award and nominated for a United Nations Media Peace Prize.



**Phong Nguyen, Director, Springvale Indo-Chinese Mutual Assistance Association**

President of the Vietnamese Community in Australia – Victorian Chapter; Director of the Springvale Indo-Chinese Mutual Assistance Association; extensive community involvement through Westernport Drug and Alcohol Services, Coordinator South Eastern Region’s Indo-Chinese Young Offenders Program, and Chairperson of the Ethnic Communities Council Victoria.



**Kay Rundle, Chief Executive Officer, City of Greater Geelong**

Various roles in eight different local councils over 20 years, including Manager of Family and Children’s Services at St Kilda Council, and Chief Executive Officer of Maribyrnong in 1999. Kay is the first female to be appointed as the Chief Executive Officer for the City of Greater Geelong, Victoria’s second largest city.



**Peter Wearne, Manager, Residential Unit and Special Projects, Youth Substance Abuse Service**

Youth Worker with the Youth Substance Abuse Service and Chairperson of the Yarra Drug and Health Forum. Peter has a strong interest in drug treatment and prevention issues.

See Appendix 1 for PDPC Secretariat

See Appendix 2 for PDPC Financial Statement

## WORK OF THE PDPC RECOGNISED

The work of the PDPC was recognised in two significant events during the year.

### National Inaugural Alcohol and Drugs Awards

The PDPC was nominated as a finalist for the Prevention Award in the 2003 National Inaugural Alcohol and Drugs Awards. The awards were hosted by the Ted Noffs Foundation, the Alcohol and other Drugs Council of Australia, the Australian Drug Foundation, and the Australian National Council on Drugs, with a gala dinner being held in Sydney to announce the winners. Being selected as a finalist places the PDPC as a leader in drug prevention in Australia and is an important recognition of the directions and work of the council.

### AES Evaluation Development Award

The PDPC was also awarded the Australasian Evaluation Society's (AES) 2003 Evaluation Development Award for its *Guide to evaluating drug prevention projects in Victoria*. This award for leadership or innovation in evaluation was won jointly with BearingPoint (formerly KPMG Consulting), which was commissioned to undertake the work. The guide helps program managers develop and undertake the evaluation of drug prevention programs, and is used as a basis for the evaluation of PDPC funded projects. Julie Rolfe, Manager of the PDPC, represented the council in collecting the award at the AES's annual award dinner held in New Zealand. The prize is testament to the PDPC's commitment to evaluation to help inform good practice and future directions.



*Julie Rolfe and Kate Wright, PDPC Secretariat, attending the National Alcohol and Drug Awards Ceremony*



*Julie Rolfe and Andrew Dare from the PDPC with the Evaluation Development Award*

## COMMUNICATION

*... now offering the most comprehensive range of high quality information resources and online services of any comparable state-based or national service.*

### DrugInfo Clearinghouse

The DrugInfo Clearinghouse is one of the PDPC's major communication initiatives. At its inception in 2001, the Clearinghouse aimed to become the central source of drug prevention information, research and resources for workers and the broader Victorian community. This goal has been achieved with the Clearinghouse now offering the most comprehensive range of high quality information resources and online services of any comparable state-based or national service. The DrugInfo Clearinghouse is managed by the Australian Drug Foundation with support from the Centre for Adolescent Health and the Centre for Youth Studies. It includes a Resource Centre, a Prevention Research Register, a website, and expert support staff to assist with access and interpretation of information.

In the period July 2003 to June 2004, the Clearinghouse Resource Centre provided services to almost 9,000 people. While this is a decrease from the previous year, it reflects the increasing number of workers, students and other community members accessing information directly from the website. Website visits have steadily increased from about 9,000 per month to between 20,000–25,000 visits each month as the Clearinghouse's online services continue to improve and expand.

The Clearinghouse has continued to produce regular suites of drug prevention resources. Suites produced during the year include:

- Family intervention in the prevention of drug related harms
- Prevention issues in communities characterised by cultural and linguistic diversity
- Law, regulation and policing
- Drug prevention strategies for Koori communities.

Each suite was complemented by a forum or seminar for workers. These have proved popular, with registrations numbering between 90–120 participants.

Alcohol is the most frequently requested topic for information, both through the Resource Centre and the website. Cannabis, ecstasy, heroin, amphetamines and other party drugs are also high frequency enquiries.

## Koori and CALD access projects

To ensure that the DrugInfo Clearinghouse services are accessible to everyone, the PDPC funded two projects targeting the Koori and culturally and linguistically diverse (CALD) communities.

The Koori project has resulted in the inclusion of an Indigenous webpage on the Clearinghouse site. In addition, computers have been installed in areas of identified need to provide workers and the Indigenous community with access to the Clearinghouse website and services.

Similar activities are underway with the CALD project and both projects have established effective working partnerships with Koori and CALD workers.

## Future directions

The key activity for 2004–05 is the integration of the DrugInfo Clearinghouse with the Australian Drug Foundation (ADF) shop. The Clearinghouse will retain its separate identity but service users will be offered a single entry to all ADF information services. This will provide a more efficient and effective customer service to professionals who are seeking a broad range of information resources. In addition, the current Australian Drug Information Network (ADIN) website will be redeveloped to complement the DrugInfo website. This will provide access to more than 1,500 alcohol and drug related websites, enabling the provision of a broader range of sources through the Clearinghouse.



Cindy Van Rooy, InfoDesk Coordinator, DrugInfo Clearinghouse

*This will provide access to more than 1,500 alcohol and drug related websites, enabling the provision of a broader range of sources through the Clearinghouse.*

*To help understand the impact of ringing DirectLine, the PDPC has provided funding for a two-tiered research project to investigate the help-seeking behaviour of drug users accessing DirectLine for help.*

## Support of DirectLine

As part of its communication efforts, the PDPC wants to reach the point where every Victorian knows where to get help for alcohol and drug issues. To achieve this goal, the PDPC has provided support to DirectLine, Victoria's key telephone counselling, information and referral service. Operated by Turning Point Alcohol and Drug Centre, DirectLine was relaunched with a new freecall number (1800 888 236) in September 2002, in a collaboration between the PDPC and the Victorian Government. The relaunch of DirectLine also benefited from corporate support via an extensive media campaign, with close to \$1 million of print, radio and television advertising contributed to raise the profile of DirectLine in the community. In the past year, DirectLine responded to approximately 56,000 calls from the Victorian community seeking help.

While those calls were made, very little is known about what then happens to the people ringing, particularly given the one-off nature of the contact and the anonymous and confidential service that is provided. To help understand the impact of ringing DirectLine, the PDPC has provided funding for a two-tiered research project to investigate the help-seeking behaviour of drug users accessing DirectLine for help. This research is intended to improve our understanding of how, why and when drug users call DirectLine and to establish some baseline data in relation to referral uptake. This will assist in planning DirectLine service delivery, and also identify how the service adds value to the broader alcohol and drug service system.

The first component of the study will incorporate a detailed examination of the population of drug users accessing DirectLine, with particular reference to where DirectLine fits within users' continuum of contact with treatment services. The second component of the study will look at the role of DirectLine as a point of referral to treatment and support services in the community. Using a follow-up methodology, DirectLine callers will be re-contacted following their initial call to establish referral uptake and identify factors that impact on treatment uptake.

The project will be completed in April 2005.

## VAADA Binge Drinking Symposium

### 'Is getting pissed getting pathetic?'

As part of its commitment to Drug Action Week, the PDPC provided support to the Victorian Alcohol and Drug Association's 'Is getting pissed getting pathetic?' Youth Binge Drinking Forum held on 21 June 2004 at the Melbourne Town Hall.

Leading experts, both nationally and within Victoria, presented on a range of alcohol related issues including current trends, community issues associated with alcohol, and strategies to reduce the harms associated with alcohol use. One hundred and twenty delegates attended the forum from the alcohol and drug, youth, education, law enforcement and government sectors.

A range of issues were highlighted at the forum including:

- recognition that alcohol is an inherent cultural problem affecting both young people and adults and that we need to change perceptions that binge drinking is acceptable within the cultural context
- interest in alcohol pricing and taxation controls
- the importance of properly enforced liquor licensing laws
- strategies to regulate sponsorship, advertising and the media in relation to alcohol
- the need for a range of treatment options in relation to alcohol.

The full report can be accessed on <http://www.vaada.org.au>



*The PDPC Chairperson, Dr Rob Moodie, speaking at the VAADA symposium on binge drinking*

# RESEARCH AND PROJECTS TO INFORM GOOD PRACTICE

## Drug prevention data collection and monitoring framework

In recognition of the importance of having a rigorous data collection and monitoring system to inform policy development and program directions, the PDPC commissioned the Centre for Adolescent Health to design a drug prevention monitoring system for Victoria. In particular, the PDPC was interested in the development of a data collection strategy that incorporated a range of indicators including:

- **coincident indicators** to measure current patterns in drug use behaviours
- **lead indicators** to measure predictors of future drug use patterns
- **lag indicators** to measure the consequences or harms that follow from drug use behaviour.

Major principles underpinning the work included that:

- multiple data sources will provide the most useful picture for informing prevention
- new data collection initiatives should complement existing series
- new data collections should address current information gaps
- collaborative investment across government in prevention monitoring will provide the most efficient and sustainable system
- data monitoring should provide a basis for promoting health and reducing harms amongst active drug users.

A three-year cycle has been developed, which builds on existing data sets and also includes the development of additional sources:

- **Year 1 (2004)** – Victorian Youth Alcohol and Drug Survey (with investigation of the possibility of this survey being incorporated into the National Drug Strategy Household Survey from 2007).
- **Year 2 (2005)** – Australian School Survey of Alcohol and Drug Use.
- **Year 3 (2006)** – Development of a Healthy Youth Development Survey with a focus on state, regional and local government trends in modifiable risk and protective factors for harmful drug use, to be undertaken jointly with other relevant government departments.
- **Annually** – to supplement the above surveys a new reporting system, the Youth Drug Reporting System, will be developed to monitor drug use trends and harms in vulnerable youth populations.

The PDPC has commissioned the 2004 Victorian Youth Alcohol and Drug Survey and has also engaged Turning Point Alcohol and Drug Centre to develop a feasibility and technical report on the development and implementation of a youth drug reporting system.

## Victorian Alcohol and Drug Survey

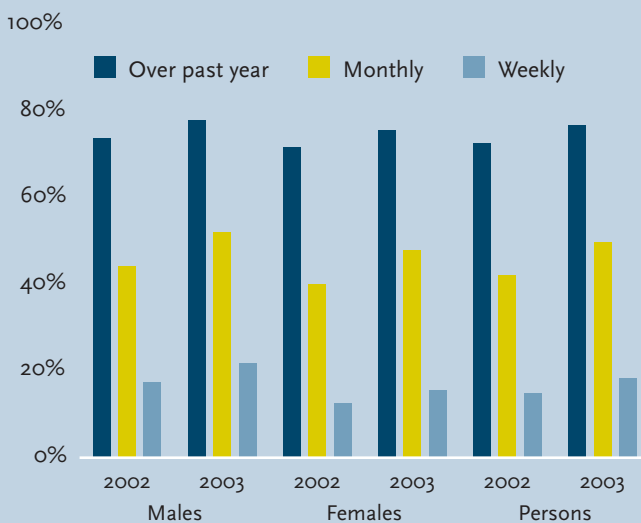
The PDPC funded the second Victorian Alcohol and Drug Survey in 2003. No other research in Australia targets the alcohol and drug use behaviours of young Victorians aged 16 to 24. The survey provides a valuable indicator of alcohol and drug use among young people and helps to inform the prevention work of the PDPC.

More than 6,000 young people were surveyed, resulting in two major reports on the *Alcohol findings* and *Illicit drugs findings*. Both reports showed an increase in alcohol and illicit drug use by young people since the previous year.

As well as drinking more often, young people indicated they are drinking larger amounts, thus increasing the numbers potentially 'at risk' of harm. The percentage of young people putting themselves at risk of short-term harm on a weekly basis rose from 15 to 18 per cent and on a monthly basis the percentage rose from 42 to 50 per cent.

*More than 6,000 young people were surveyed, resulting in two major reports on the Alcohol findings and Illicit drugs findings. Both reports showed an increase in alcohol and illicit drug use by young people since the previous year.*

**Figure 1: Levels of potential short-term harm due to alcohol – males and females 16–24 years old**



A significant change from the previous year was the increase in 16–17 year old girls who had tried alcohol (94 per cent compared with 90 per cent in 2002). Another significant finding was that one in every five young people surveyed said they intended to get drunk most times or every time they drink.

Of those under 18 who had consumed alcohol in the 12 month survey period, half had parents buy it for them.

The survey showed that the later young people start to drink, the more likely they were to see themselves as light or occasional drinkers and the less likely they are to be heavy or binge drinkers. This finding has significant implications for the PDPC’s prevention strategies. Delaying the onset of drinking could result in less problematic use of alcohol in later life.

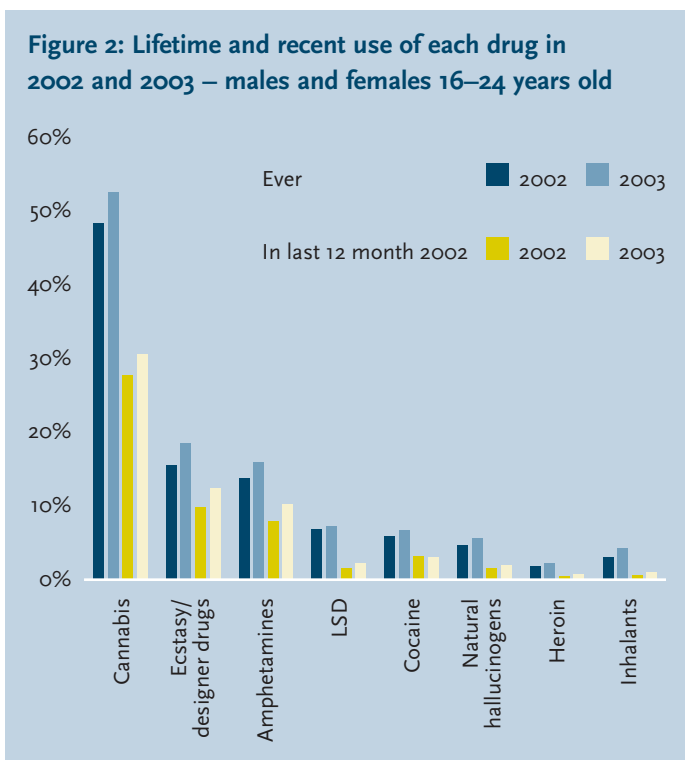
Cannabis was the most frequently and widely used drug by young people in 2003 with over half of all those surveyed admitting to using it at some stage. A major difference from the previous year’s survey was that 18–21 year olds now perceive cannabis to be more of a problem drug than heroin.

More than one in five young people surveyed have used ecstasy or other designer drugs, with use in the 12-month survey period increasing from 10 to 12 per cent. This increase in use is not evident among 16–17 year olds but is significant in the 18–24 year old age group.

Use of amphetamines has increased in the last 12 months from 8 per cent to 10 per cent. As with ecstasy, there is no increase among 16–17 year olds, but significantly higher use is recorded in the 18–24 age group.

‘Curiosity’ was the most frequently mentioned reason for first using an illicit drug (68 per cent).

Interestingly, the number of young people who were not using drugs at the time of the survey and who stated they were not interested in trying illicit drugs has increased since the 2002 survey.



## Breaking Cycles – Building Futures

The PDPC provided enhancement funding to the State Government's Best Start program to develop the project 'Breaking Cycles – Building Futures'. Best Start aims to improve the health, development, learning and wellbeing of all Victorian children. Breaking Cycles – Building Futures aimed to further develop our understanding of how best to engage vulnerable parents more effectively in the universal early years service system, particularly in relation to parenting, home visiting and quality child care.

The PDPC approach to prevention includes the funding of selective preventative activities aimed at specific at-risk groups. Supporting Best Start is synergistic with this approach. It is known that young children who are exposed to multiple risk factors are far more likely to experience poorer health, education, employment and social wellbeing, including drug use and associated problems, than those with a lesser risk burden. It is also known that programs that target multiple risks early in life can be successful in reducing those risks and building resilience.

Breaking Cycles – Building Futures, which was implemented by the Brotherhood of St Laurence (BSL), was set within an evidence based context. It combines research, community consultation and program implementation and evaluation. The project has four stages: development of a literature review; consultation with parents, service providers and peak bodies; documentation of strategies suitable for adoption by Best Start Partnerships to assist in the provision of more inclusive services; and implementation and evaluation of the strategies in three communities.

Findings from the literature review and consultation process reveal that barriers to service use are multiple and interactive, with many vulnerable families experiencing concurrent barriers. Barriers to access impact at a structural, service, individual, family and community level and include cost, local availability, location, staffing levels, hours of operation, and preferences and beliefs about the necessity and value of services.

The final component of Breaking Cycles – Building Futures involved the implementation of specific projects in three Best Start sites. The aim of this phase of the project was to pilot strategies to promote more accessible and engaging antenatal and universal early childhood services. Project workers were funded in Maribyrnong, Shepparton and Whittlesea and each area developed its own response according to local needs and issues.

A local advisory group was established in each of the three project sites – with membership drawn from parents, local agency representatives, and representatives from the Best Start Partnership and the BSL – to work together to collectively determine an action agenda.



*Young children absorbed in play at preschool*

In Maribyrnong, the project focused on kindergarten enrolment and retention rates and increasing parent participation in their child's kindergarten. A range of actions were identified including:

- the development of collaborative planning processes to link kindergarten staff, parents, the broader community and services
- the provision of opportunities for parents to meet together and with their community
- the establishment and strengthening of linkages between local services
- the development of a multi-lingual promotional flyer
- a facilitated playgroup at a local primary school.

This work was underpinned by an exploration of current kindergarten models, looking at how they may or may not impact on vulnerable families and identifying possible ways to be more flexible.

The Shepparton project sought to promote more inclusive maternal and child health (MCH) services and involved:

- the development of improved linkages between the MCH nurses and other staff and services through planning opportunities to work collaboratively around issues of vulnerability and practice
- the establishment of a facilitated playgroup during open sessions, and a promotion strategy for the playgroup
- training MCH nurses
- the creation of an additional mini open session within the current session timetable.

In Whittlesea, the priority is to work with the local Indigenous community to assist families, particularly young parents, to access and participate in culturally sensitive MCH services. An Indigenous worker was recently employed to support this project. Appropriate strategies, including joint home visits, will be developed to encourage more Indigenous mothers to visit the MCH service with their children more often, particularly at key ages and stages.

The program is due for completion in December 2004.

## Healthy Communities Program

The PDPC made a major investment in piloting an innovative model of working with communities to implement drug prevention projects. The Healthy Communities Program (HCP) was based on a unique design, and involved a constant re-assessment of proposed processes based on an action learning approach.

The intention was for a centrally based Resource Team with expertise in drug prevention to work with a range of communities in Victoria to develop and implement drug prevention projects. The key steps in the development of the program were:

- 1) **Selection of community**
- 2) **Establishment of the steering committee** – comprising representatives from a wide variety of backgrounds, including local government, business, health, education and welfare.
- 3) **Engagement of key stakeholders** – using a variety of methods including workshops and one-to-one interviews.
- 4) **Consultation with community** – including existing groups as well as community members from a range of backgrounds, ages, genders and ethnicity.
- 5) **Needs assessment and/or strengths assessment** – using existing documentation in addition to consultation which involves the community as facilitators to build community capacity.
- 6) **Agreement on two/three year vision** – based on the views of a range of key stakeholders, including those involved in the consultation.
- 7) **Action plan with prioritised projects and budget** – including involvement of a range of key stakeholders and those participating in the consultation.
- 8) **Project implementation** – leading to greater engagement of the broader community and contributing to a deeper understanding of drug prevention.
- 9) **Ensuring sustainability** – developing a strategy for preparing funding submissions, developing products for earning income and/or integrating the work into the agency.
- 10) **Evaluation and reporting** – including the involvement of participants in an action research approach.

Ten communities, from 28 expressions of interest, were selected to participate in the program to develop and implement drug prevention initiatives within their community.

The communities that participated in the program:

- **African communities** – western suburbs
- **Arabic community** – northern suburbs
- **Baw Baw**
- **Benalla**
- **Bendigo** – Heathcote
- **Bendigo** – Primary Care Partnership
- **Casey** – Cranbourne
- **Five neighbourhoods** – Craigieburn, Roxburgh Park, Greenvale, Somerton and Oaklands Junction
- **Healesville**
- **Otways** – Apollo Bay
- **Vietnamese community** – Springvale, Greater Dandenong

The HCP commenced in June 2002 and was originally due for completion in June 2003 but, in response to feedback from participating communities, the timelines were extended to December 2004.

The PDPC funded projects that were identified within each community's action plan. These individual projects involved a range of prevention approaches including capacity building, neighbourhood renewal, mentoring and leadership, participation and engagement of young people, community education, parenting and social connectedness.

At a community level, some of the project outcomes included:

- building and redevelopment of facilities targeting young people and the building of a 'men's space'
- community celebrations and festivals
- training youth leaders and peer facilitators to collect and disseminate information
- building on existing drug prevention and community building initiatives and programs to increase their reach within the community
- young people participating in steering groups and implementing their own ideas, including a local film festival
- parenting programs implemented in partnership with existing programs
- implementation of community mentor programs working with young people and children
- training community representatives/volunteers to disseminate and collect information within their communities.

The HCP was evaluated at three levels – the communities evaluating the projects they implemented, the Resource Team evaluating their work with the communities, and an external evaluation of the program conducted in parallel with the program implementation.

Key lessons from the three-tiered evaluation include:

- program intention should be explicit – that is, drug prevention should be clearly communicated as the underlying aim of the program
- appropriate time and resources must be allocated to the program
- information, education and activities that are implemented should be based on good practice and the available evidence
- existing drug prevention resources and evidence should be shared and promoted
- assistance should be given to mainstream organisations to work with multicultural communities through partnership approaches, but this is best done within a culturally appropriate framework
- there is no ‘one size fits all’ approach; community drug prevention requires a variety of approaches
- sustainability needs to be developed by building individual, organisational and community capacity
- organisational commitment to the program is required at a senior and policy level
- the evaluation framework must be applied at the beginning of the program to assist with both planning and evaluation.

The lessons learnt from the implementation and evaluation of the HCP are informing the PDPC’s current focus in working across government to implement community drug prevention initiatives.



*A mentor talking with young boys*

*The cost to our community of not keeping young people at school is great. Young people leaving school early are at much greater risk of drug related harm, crime and violence and are less likely to obtain a secure place in further learning or employment.*

## Guide for keeping young people connected to school

The School Retention project was a joint initiative between the PDPC and the Department of Education to develop guidelines to help keep young people connected to school and to learning.

The cost to our community of not keeping young people at school is great. Young people leaving school early are at much greater risk of drug related harm, crime and violence and are less likely to obtain a secure place in further learning or employment.

The Centre for Adolescent Health, in collaboration with the Centre for Youth Drug Studies and the Youth Research Centre, was commissioned to undertake the project and to develop the *Guide for keeping young people connected to school*.

A team of researchers worked with practitioners, young people and their families in the three communities of Bendigo, Mornington Peninsula and Barwon from May 2003 to March 2004 to learn about and pilot strategies in relation to:

- young people's experiences of education in school and at alternative community education settings
- what schools and communities do to prevent young people under 15 years becoming disconnected from school, and how they re-engage young people who have already left
- key transition points for young people and families and issues of access to education and support services
- how the program/solution was developed and sustained
- the pathways of young people into, within and from their setting and how this is managed
- how schools, other education providers and agencies have worked together.

The research team interviewed people in the communities, attended meetings in schools, agencies and networks, observed programs in action and consulted on emerging evidence. Many innovative practices that aim to address problems in communities rarely find their way into the literature. This project worked with communities to try and find out what works, why it works, how others could learn from their experience, and how practice connects with the literature.



*The importance of young people staying connected to education has been recognised by the PDPC*

Initiatives piloted in the participating communities, which are outlined in the guide, include a Home School Liaison program for young people not attending school; the development of community networks to share information and develop practical solutions for schools, community agencies and young people; trialling an alternative learning model involving life, academic and work skills for young people disconnected from school; and the development of individual learning plans for young people at risk of dropping out of school.

It is anticipated that schools and community agencies will use the guide to review and reflect on their current practice and develop approaches that will assist in keeping young people connected to school and to learning.

The guide documents strategies and tools that the school community can use to keep young people connected to school. These strategies are designed to:

- provide innovative and flexible learning environments through expanding options in education for young people under 15 years
- increase young people's participation, engagement and achievement in learning
- strengthen the quality of support to young people and their families, especially during periods of transition and times of difficulty
- promote a culture of partnerships between schools and other education providers and agencies in the provision of education and services
- create supportive environments in which all can thrive and learn
- enhance the positive mental, social and emotional wellbeing of all who work and learn in schools.

The guide will be available for the commencement of the 2005 school year.

## Foetal Alcohol Syndrome

The World Health Organisation, the US Institute of Medicine, the Australian National Drug Strategy, Aboriginal and Torres Strait Islander Supplement and the PDPC have identified Foetal Alcohol Syndrome (FAS) as a significant issue in infant and maternal health.

In Australia, FAS has also been identified as an issue among Indigenous communities. While projects to raise awareness of FAS have been undertaken among Aboriginal people in Western Australia and Cape York, the PDPC has now funded a FAS research and awareness project within Victoria.

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is leading a consortium of health and research organisations, including the Victorian Aboriginal Health Service, the Koori Health Research and Community Development Unit, University of Melbourne, Ngwalla Willumbong, and the Children's Hospital, to undertake this two-phased project. The first stage involves researching the levels of awareness of FAS in Victoria. The second stage is aimed at developing culturally appropriate resources to raise community awareness about FAS, complemented with a training package for health care providers.

The first phase of the project has resulted in a national and international literature review of FAS and consultation in Indigenous communities regarding the levels of FAS awareness. Based on the findings from this work, the second phase will be undertaken, with the project due to be completed in 2005.

# ENGAGEMENT WITH THE BUSINESS SECTOR

## Connectus

Connectus is a unique prevention program funded by the PDPC offering real employment opportunities for disengaged young people, and providing realistic employment solutions to industries and communities.

This program is an intrinsic part of the PDPC's wider strategy to prevent young people from developing problematic drug and alcohol use through the provision of training and employment opportunities.

Connectus recruits and trains at-risk young people aged 16–21 years to be job-ready for entry level positions in a range of industries. Young people participating in the program must successfully complete a pre-employment training program. They are then employed in traineeships that have been committed by various employers. In the context of Connectus, 'at risk' young people are defined as those having difficulty at school because of attendance, behaviour or academic performance issues, or are currently engaged with existing employment or support agencies (such as housing, counselling and Local Learning and Employment Networks) and who would not be competitive in the labour force.

The estimated lifetime cost (1999 value) to the country of each early school leaver is \$74,000.

Report commissioned by Dusseldorp Skills Forum, prepared by A King, National Centre for Social and Economic Modelling (1999)

The three-week pre-employment training involves the development of life and work skills and a wilderness trek. This training culminates with a graduation ceremony where young people are formally recognised as they celebrate their journey and success with family, friends and community partners.

*This program is an intrinsic part of the PDPC's wider strategy to prevent young people from developing problematic drug and alcohol use through the provision of training and employment opportunities.*

## Case study: Felix

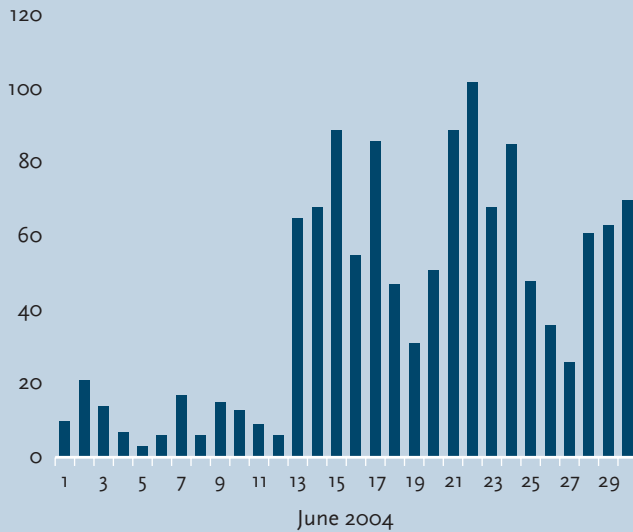
Felix is a 20 year old who is currently employed by a large food chain.

Felix was referred to the *Connectus* program by a community volunteer working with young people at risk. Felix had left school halfway through Year 10 and presented as withdrawn and introverted. While he had previously managed to complete a Certificate 2 in Hospitality, he had not been able to secure employment. After interview the employer expressed concerns that Felix may not be outgoing enough for the type of work. Felix has now been employed with the company for seven months and his employer feedback report last month stated that he is coping magnificently, except that he now 'talks too much'.

Commencing programs in April 2004, *Connectus* has, to date, operated in three local government areas – Hume, Casey and Brimbank/Melton. A total of 53 young people have successfully graduated from the training course.

To increase community and business awareness of *Connectus*, a highly successful communication campaign was run during June on television, radio and in the print media. Since then, staff have been busy responding to the many requests for information from employers, interested communities, parents and young people themselves. Figure 3 below shows the increase in *Connectus* website visits during the campaign, highlighting its success in increasing awareness of the program.

Figure 3: Website visits for June 2004



Evaluation findings from the first three programs implemented highlight that:

- within each community collaborative partnerships must be developed and maintained with key stakeholders
- employment opportunities must be sourced and committed prior to program commencement
- the mentoring component of the program be reviewed according to employer and young person's requirements and circumstances
- the 'work preparedness' of a young person needs to be clearly defined and documented
- post program support requires clarification regarding the type and length of support provided to young people and employers.

Planning and implementing the next phase of the *Connectus* program will be a key focus in upcoming months, with attention being directed towards developing a sustainable model that can be implemented by interested communities across Victoria.

For more information on *Connectus* please visit [www.connectus.com.au](http://www.connectus.com.au)



*Connectus participants from the City of Casey at their graduation ceremony*

## Case study: Shona

Shona is a 17 year old currently employed by a local government agency.

Shona had dropped out of school and was mixing with 'the wrong crowd' who were experimenting with drug usage and some low level criminal activity. Shona was unmotivated, hostile towards her parents, physically violent and admitted to using marijuana and ecstasy. During the *Connectus* pre-employment training program, Shona was able to develop a great deal of introspection and motivation. Shona was matched with a workplace mentor who attended the Mentor Training Day and Shona formed an instant rapport with her. Shona has been employed for eight months and the mentor has been pivotal in workplace support.

## APPENDIX 1 – PDPC SECRETARIAT

The PDPC Secretariat provides policy and administrative support to the PDPC and is responsible for implementation of the council's strategic directions and initiatives.

Members of the PDPC Secretariat are:

Julie L Rolfe	Manager
Kate Wright	Project Manager
Diane Edwards	Senior Research Analyst (March 2004)
Maree Tehan	Project Leader – Communications (March 2004)
Melanie Selvaratnam	Office Manager

Previous members of the Secretariat included:

Andrew Dare	Project Officer (until January 2004)
Catherine Doherty	Project Officer (until January 2004)

# APPENDIX 2 – PDPC FINANCIAL STATEMENT 2003–04

The Premier’s Drug Prevention Council’s income and expenditure forms part of the general purpose financial report of the Department of Human Services. The Department’s report has been prepared in accordance with the *Financial Management Act 1994*, Australian Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and Urgent Issues Group Consensus Views. It has been audited in accordance with Australian Accounting Standards by the Auditor General Victoria.

The PDPC’s income is determined by a budget allocation made by the Department. The PDPC does not keep separate books of account and, therefore, does not have any financial statement separately audited. The financial statement attached to this report is derived from the cost centre report provided to the PDPC by the Department.

## Financial statement 2003–04

Expenses	Expenditure
Secretariat costs	\$393,667
Operating costs	\$348,204
Externally purchased services	\$1,390,708
<b>TOTAL OPERATING EXPENSES</b>	<b>\$2,132,579</b>

