

4 February 2022

Dr Amanda Beem
Committee Secretary
Mental Health Select Committee
Parliament House
George Street
Brisbane Qld 4000

By email mhsc@parliament.qld.gov.au

Dear Dr Beem,

Re: The Alcohol and Drug Foundation's Submission to the inquiry into the opportunities to improve mental health outcomes for Queenslanders

On behalf of the Alcohol and Drug Foundation (ADF), I thank you for the opportunity to submit the attached evidence to the Mental Health Select Committee's inquiry into the opportunities to improve mental health outcomes for Queenslanders.

The ADF is Australia's leading evidence based, preventative health organisation in the alcohol and other drug sector. Our community programs, policy work and information services are creating a healthier and more informed Australia. In Queensland we fund over 52 Local Drug Action Teams and support over 1 1000 Good Sports clubs to reduce alcohol and drug harm in their communities.

The ADF's CEO, Dr Erin Lalor, would like to appear as a witness before the committee.

Yours sincerely,



Martin Milne
State Manager Queensland
Alcohol and Drug Foundation

Attach.

Level 10/ Suite 1001
490 Upper Edward Street
Spring Hill QLD 4000



adf.org.au ABN 66 057 731 192




Inquiry into the opportunities to improve mental health outcomes for Queenslanders

Alcohol and Drug
Foundation

Submission

4 February 2022

Level 10 / Suite 1001, 490 Upper Edward
Street, Spring Hill, QLD, 4000


adf.org.au
ABN 66 057 731 192

ABOUT THE ALCOHOL AND DRUG FOUNDATION

The Alcohol and Drug Foundation (ADF) delivers evidence-based approaches to minimise alcohol and other drug harm. We recognise the power of strong communities and the important role they play in preventing problems occurring in the first place. A community-centric approach is at the heart of everything we do.

The ADF would like to thank the Committee for the opportunity to contribute to this inquiry.

EXECUTIVE SUMMARY

This inquiry comes at an important time and is addressing a topic of significant concern for Queenslanders. Research conducted in January 2022 by the Alcohol and Drug Foundation found that 54% of people in Queensland reported mental health as the social issue of greatest concern to them.

We are also expecting to see the full impacts of COVID-19 continue to emerge in the coming years, which are likely to include ongoing negative impacts on mental health and alcohol and other drug (AOD) use, particularly the use of alcohol. 2020 was a record-breaking year for alcohol sales,¹ and recent industry reports show that even more Australians drank alcohol in 2021 than in 2020.² Considering that mental health is already the primary issue of social concern, this trend towards increased alcohol consumption is worrying because of the intimate connection between AOD use and mental ill-health. The increase in AOD harm during COVID-19 has also been reflected in public opinion. A recent survey found that over 50% of Queenslanders are now more concerned with AOD harms than before the pandemic.

Mental health is the result of interactions between a range of determinants of health across a person's life course. One of these determinants is if, when, and how a person uses alcohol and other drugs. This relationship between AOD use and mental health is complex and bidirectional. The consumption of AOD, either episodically or over an extended period, can precipitate and/or exacerbate a mental health condition, and people with a mental health condition or who are experiencing shorter-term acute mental distress can turn to alcohol and other drug use as a coping strategy in response to those symptoms or feelings.³

AOD use can also contribute to other life stressors such as challenges with employment, finances, housing, and maintaining relationships, and so contribute to mental ill-health in this manner as well. Nor are these experiences mutually exclusive. Tragically, there are strong links between AOD use and suicide. A recent report from the Australian Institute of Health and Welfare has found that AOD use is the second and third leading modifiable risk factors for suicide and self-inflicted injury in men, and the third and fourth modifiable risk factors for the same in women.⁴

Investing in prevention initiatives to reduce these harms is more important now than ever. We can't reverse harm once it's happened – but we can prevent it before it does. Through COVID-19, we have witnessed how critical it is to reduce pressure on our health systems and we are likely to see future spikes in demand on those system because of climate-related events like bushfires, droughts, and floods. Supporting Queenslanders to avoid, cease, or reduce their consumption of AOD will contribute to reducing AOD-related harms as well as incidents of mental ill health, in turn alleviating pressure on the health system as a whole and making it easier to respond to future crises.

This will also reduce pressure on the systems tangential to health, such as emergency services, law enforcement, and the justice system. By additionally re-evaluating how AOD use and dependence

is approached in Queensland, and shifting towards treating AOD use as a health issue, we can continue to improve outcomes for individuals, services, and society as a whole.

Adopting a multi-pronged approach will yield the best results. This means working proactively to prevent harms in the future through prevention initiatives, providing consistent screening and access to early intervention in primary healthcare to support people as soon as possible, and addressing current harm through increasing funding for treatment services and shifting to a health-based approach to AOD use.

This inquiry is a well-timed opportunity to assess where Queensland is at now, so we can plan how to create a stronger and healthier future.

AOD USE AND MENTAL ILL-HEALTH

Mental health and substance use disorders significantly affect the people of Queensland and the state's system of healthcare. Nearly half of the Australian population aged 16-85 years will experience a mental health condition during their lifetime, and 20 per cent will do so in a twelve-month period.⁵

The Australian Institute of Health and Welfare analysis of the burden of disease in Australia considers the impact of mental health conditions such as depressive, anxiety and mood disorders in combination with substance use disorders (alcohol and/or other drug dependence). In 2018, these conditions combined were responsible for 13% of the total burden of disability-adjusted life years (DALY) – that is, the number of years Australians have lost due to ill-health, disability and early death.⁶

For people aged 25-44, mental health and substance use disorders are the leading cause of burden of disease.⁶ For adolescent males, suicide and self-inflicted injury is the leading cause of burden of disease, with alcohol use ranked second, and we also know that alcohol and other drug use contributes to those suicides and self-inflicted injuries. Alcohol and other drug use are the second and third leading risk factors for male suicide and self-harm, and the third and fourth risk factors for women.⁴

Preventing, delaying, and reducing the consumption of AOD can help to reduce these harms.

The relationship between alcohol and other drug use and mental health conditions is complex and bi-directional, and will be different both between individuals and during different stages of an individual's life.^{3, 7}

For example, a person experiencing a dependence on alcohol may start to experience alcohol-related issues in their personal and work life.⁸ The end of a relationship, or the loss of a job, may result in symptoms of anxiety and depression on top of the existing dependence on alcohol.⁹ A person's physical health can also be affected. For example, alcohol can disrupt sleep,¹⁰ which may contribute to some symptoms increasing.¹¹ Nutrition and exercise can also be affected, contributing to poorer health.

Conversely, a person experiencing either a chronic mental health condition or short term acute mental distress may use AOD as a means of coping. For example, a person with an anxiety disorder may find that in the short-term alcohol helps to alleviate their symptoms. However, in the long term consistent alcohol consumption can make those symptoms worse and potentially disguise the severity of that person's condition.³

In each case the result can be a co-occurring alcohol and other drug dependence and mental health condition which creates a worse impairment and more challenging prospects for management than people with either condition alone.¹² People with dual conditions face higher rates of relapse and subsequent hospital visits, incarceration, unemployment, and family

difficulties.^{3, 13, 14} They are also more likely to be a victim of violence than the general community, particularly if their mental health condition is severe, and they are more likely to experience homelessness and discrimination.^{15, 16}

Additionally, stigma is attached to both conditions and is responsible for further marginalisation. Stigma is a significant barrier to help seeking and can negatively impact every aspect of a person's life, including their relationships, employment, and housing.

PREVENTION

The pandemic has been a traumatic experience for the world, but it has offered valuable lessons about the fragility of our healthcare system and the value of preventative measures. Prevention initiatives are more important now than ever. Our healthcare systems, including our mental healthcare systems, have been significantly strained the past few years and we expect that the full impact of the pandemic on both mental health and AOD use has yet to be fully realised. Unfortunately, the reality of the ongoing climate variations will also mean increases in the frequency and severity of extreme weather events such as fire, drought, and flood that negatively impact mental health and therefore support services.

Building resilient and healthy communities is a powerful way that we can act now to protect our physical and mental health in the future. Initiatives designed to prevent and delay the uptake of alcohol and other drugs not only prevent AOD harms but also decrease the likelihood of people experiencing the distress and crisis points that can be engendered or exacerbated by AOD use, such as job loss, relationship breakdown, and unstable housing. Prevention initiatives also reduce risk factors for mental ill-health, including suicide and self-inflicted injuries. This is important because we know that AOD use is the second and third leading modifiable risk factors for suicide and self-inflicted injury in men, and the third and fourth in women.⁴

In addition to reducing the burden of mental ill-health, AOD prevention can also contribute to reducing the burden on the physical healthcare system that is affected by AOD-related harms including acute intoxication, accident and injury, AOD-related chronic disease, and generally poorer physical health. Investing in prevention initiatives now will mean that the burden on our physical and mental healthcare systems will be reduced, enabling those systems to respond to future crises more easily.

Prevention is also a cost-effective strategy with excellent return on investment. A systematic review found that alcohol impacted such a wide variety of factors in communities that every dollar invested in effective prevention initiatives returned up to \$14 of long-term health, social, economic, and justice savings.¹⁷

The case for investment in AOD preventative health is compelling. However, the AIHW reports that disease expenditure is approximately \$117 billion per annum across the three tiers of government; that around 50 per cent is spent on chronic conditions. In contrast, AIHW reports that Australia spends around \$2 billion on prevention each year. Therefore, preventative health represents less than two per cent of the total public health budget.

The ADF believes that Health & Wellbeing Queensland, whose objective is to improve the health and wellbeing of the Queensland population through activities to prevent illness and promote health and wellbeing,¹⁸ is well placed to commission mental health and AOD prevention activities, and should be funded to do so.

Place-based prevention

Place-based prevention initiatives focus on increasing the protective factors and reducing the risk factors that affect a person's likelihood of using alcohol or other drugs or experiencing harms from alcohol and other drug use. By helping people to avoid, reduce or modify AOD use, prevention seeks to avoid problems developing to the point where acute treatment or an emergency response is required.

Protective factors interact with risk factors in complex ways. For example, they may moderate the influence of risk factors to reduce the likelihood of AOD use in young people, delay the uptake of AOD by young people, and reduce harm should young people engage in AOD use. Prevention program that focus on socialisation and social competence, resilience, and connectedness - particularly in young people - can help mitigate risk factors that can result in personal and social dysfunction, mental and physical health problems and the need for complex interventions through the health, legal and justice systems.

By strengthening and supporting personal and social protective factors the likelihood that people will engage in problematic AOD use is reduced, thus promoting mental and physical health and improving their life chances.

It is important to understand how 'bottom up' approaches are important for prevention work. Empowering communities to be knowledgeable and confident in developing and undertaking local prevention work is critical to enhancing whole of system approaches. Communities that understand local health and wellbeing issues and opportunities, and actively work and advocate for improvements, contribute significantly to systemic change.

An example of evidence informed, community-based drug prevention is the Local Drug Action Team (LDAT) Program. There are currently 54 LDATs in Queensland.

LDATs create partnerships between community-based organisations from the public, private, not-for-profit and community sectors. The projects led by these partnerships are evidence informed practice and represent collaborations that build upon longstanding, inter and cross sector relationships. They reflect a common interest of participants in early intervention and prevention activities to address social inclusion, intergenerational substance use, stigma and protective factors in marginalised and high-risk groups.

The ADF's Good Sports program is Australia's largest preventative health initiative in community sport and is adopted in 10,000 clubs nationally. There are currently over 1100 Good Sports Clubs and Associations in Queensland.

The program focusses both on individual and peer protective factors such as attitudes, knowledge, and connection as well as societal protective factors such as building healthy culture and norms, awareness about and the reduction of stigma, and establishing clear participant expectations through policies and plans. Promoting the role of a healthy sporting club can be of particular importance in country areas where clubs often play a central role in social life, especially in smaller communities.

Further examples internationally and domestically of the success that community-based prevention can have include the Icelandic Plant Youth Model and the Communities that Care approach originating in the USA and currently being implemented in Australia.

The Planet Youth approach has demonstrated significant impacts on AOD use amongst young people. The approach is modelled around strengthening protective factors in four domains: parents, peers, extracurricular activities the school environment. Since implementing Planet Youth, substance use amongst Icelandic youth has dropped from amongst the highest in Europe to the lowest.

The Communities that Care (CTC) model applies a prevention and early intervention framework to guide communities, families and schools to identify, implement and evaluate interventions that promote bonding with young people. This is facilitated by participation in a social group (e.g., family or classroom, or community), possessing the skills to participate, and being recognised for participating. The program aims to foster healthy behaviour and social commitment among children and youth to prevent and reduce youth problem behaviours.

The role of local government

Local governments play an important role in developing and supporting the amenity, connectedness, and resilience of a community. They have a unique perspective into their local areas and are well placed to work directly with their residents to create safe and healthy spaces.

Feelings of belonging and connectedness to the community, pro-social opportunities, positive engagement with peers and role models, and having a strong network and social supports all work as protective factors to reduce the likelihood of serious mental health issues and AOD harms. Conversely, low attachment to community, high prevalence of alcohol and other drug use, and poor amenity can work as risk factors.

Opportunities for local governments include organising or supporting healthy community events and celebrations that are not focused on the consumption of alcohol, providing opportunities for young people to participate in civic life, developing strong municipal health and wellbeing plans that include alcohol management, and engaging in amenity building such as, providing adequate lighting at night and shade in the daytime, and ensuring that walking and cycling are safe and accessible options for transportation.

The Alcohol and Drug Foundation has worked with VicHealth to produce *The art of community alcohol management guide*. The ADF has proposed a partnership with Queensland Health to develop a Queensland version of the guide and already 20 Queensland local councils the LGAQ have expressed a desire to work with the ADF to reduce AOD harms in their local communities.

Available from: <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-art-of-community-alcohol-management>

PRIMARY CARE AND EARLY INTERVENTION

Primary care is usually a person's first encounter with the health system, and the one which will manage the majority of their health needs across their lifetime. Because most people will engage with primary care at some point in their life this represents an opportunity to consistently provide screening and early intervention for alcohol and other drug use.

The regular provision of screening, brief intervention, and referral to treatment (SBIRT) through primary care would enable people to get information about their AOD use, including steps they can take to reduce harm and how to access treatment if they want it. SBIRT is a flexible intervention that determines if an individual's AOD use patterns merit a brief intervention, such as an individual who is at risk of developing dependence, or a referral to more intensive treatment if the person is already experiencing dependence.¹⁹

This can facilitate people accessing support at an earlier stage than they otherwise might, which can prevent their AOD use from becoming entrenched or prevent them developing a dependence. Reducing or ceasing AOD use can have positive flow-on effects to mental health too, in some cases avoiding the precipitation or worsening of either the symptoms of a mental health condition, or the exacerbation of other life stressors around employment and relationships that can also affect mental health.

This has natural implications for the treatment sector as services need to be appropriately resourced.

ACCESS TO TREATMENT

Prevention works proactively to reduce AOD harms in the future, but we also need to address harms in the present through increasing funding for treatment services.

Expanding access to treatment is a critical component of improving health outcomes. Evidence-based treatment options need to be well funded and available for people to access as soon as they want it. Providing treatment on demand – a policy supporting immediate entrance into treatment for anyone requesting it – should be available across the state. This will require an analysis of treatment gaps and likely additional funding.

Rapid access to treatment can mean a less challenging and more supportive experience for people looking to reduce or cease their AOD use. Anecdotally, we have heard through our community members that long wait times for public treatment are a frustrating and disheartening experience for the individual and their loved ones. Some people will continue using AOD or resume using AOD while on waitlists, and it is tragic but not unheard of for people to experience significant harms including overdose during this time.

Funding treatment on demand would provide the best healthcare possible for a vulnerable population when they reach out for help.

No Wrong Door approach

A key priority for specialist AOD and mental health practitioners and services is to take a 'no wrong door' approach. This ensures that individuals who present for support or treatment to one specialist can also be treated for their dual diagnosis by another specialist, or multiple specialists, sometimes across a number of organisations.

Services that adopt a 'no wrong door' approach are committed to ensuring any door into the health care system will lead a person to the treatment that is appropriate for them. This helps prevent people with a dual diagnosis and other complex needs from falling through the cracks.

More information: <https://nowrongdoor.org.au/>

REMOVING CRIMINAL PENALTIES FOR DRUG POSSESSION

Drug use is a health issue, and when people want to reduce or cease their use of drugs support will be most effective when delivered through the various AOD treatment services and other healthcare options. The justice system does not specialise in providing healthcare and as such, is not an effective tool for helping people manage a health issue.

Interactions with the justice system often exceed the harms that may be associated with drug use itself. In addition to the stigma experienced by people who use drugs, which delays or prevents help-seeking, people who become involved in the justice system because of drug use can also experience long term negative impacts on their social, employment, housing, and travel opportunities which can further contribute to mental ill health.

These harms are disproportionately experienced by some of our most vulnerable communities such as Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse communities, and young people.

Adopting an approach that frames drug use as a health issues can reduce the stigma and discrimination experienced by people who use drugs, making it more likely that people will reach out for help with their AOD use when they want it.

Australian public opinion is also in favour of this approach.

The National Drug Strategy Household Survey 2019 asked Australians what action they believed should be taken against people found in possession of selected drugs for personal use. For each drug type, over two-thirds of Australians 18 years and older endorsed one of the following responses:

- a caution/warning/no action
- referral to treatment or education
- a fine.

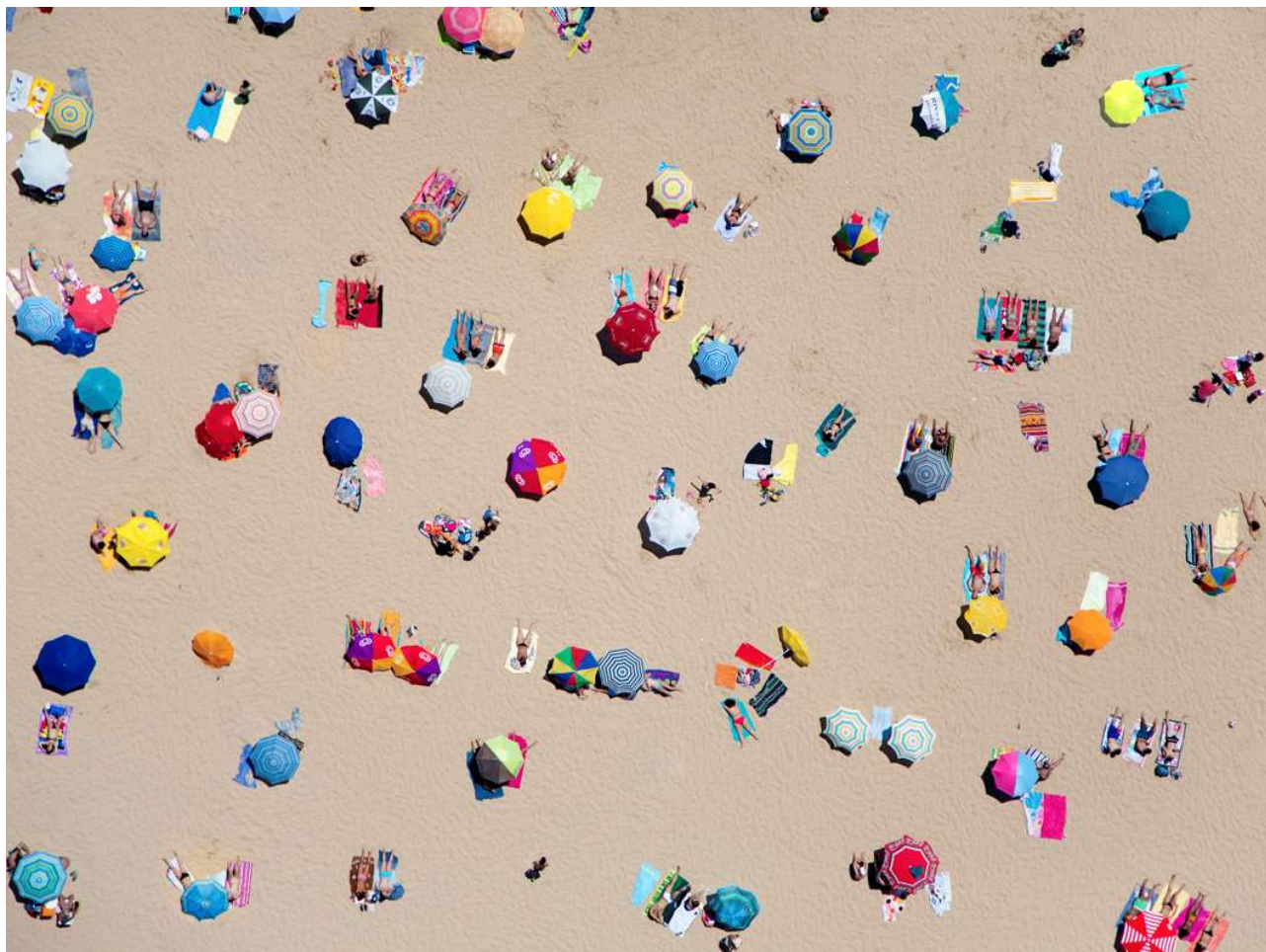
For ecstasy (MDMA), 80.5% of people supported one of those three options. For meth/amphetamine – arguably the most stigmatised drug in Australia – 68.4% of people supported one of those three options. For cannabis, 92% of people supported one of those three, with over half supporting a caution/warning/no action.

Australians do not want to see their community members – their family, friends, colleagues, and neighbours - who use drugs criminalised for it.

Health issues are best managed through the health system when support is asked for.

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Queensland Government budget submission

Summary
proposals

10 February 2022

Level 10
490 Upper Edward Street
Brisbane
QLD 4000

M [REDACTED]
adf.org.au

ABN 66 057 731 192

Introduction:

Alcohol and other drug (AOD) related harms pose an ongoing threat to our community's health, wellbeing, and resilience. Prior to the COVID-19 pandemic, problematic AOD use was trending down. But now it's spiking again. Of the 16 million Australian adults who drink alcohol, 4.7 million of them are drinking at harmful or hazardous levels, and 1.9 million would be classified as dependent.

If this spike in alcohol and other drug use is not addressed quickly, we are likely to see corresponding increases in mental health issues, suicide, crimes, road traffic accidents, domestic violence, emergency department presentations, housing insecurity, and unemployment. This would take decades to address – but strong prevention and early intervention options are available to us.

The increase in AOD harm during COVID-19 has been reflected in public opinion. A recent survey found that over 50% of Queenslanders are now more concerned with AOD harms than before the pandemic.

Established over 60 years ago, the Alcohol and Drug Foundation (ADF) is Australia's leading evidence-based, preventative health organisation in the AOD sector. Currently, the ADF has a significant reach in Queensland, working with 54 Local Drug Action Teams and over 1100 community sporting clubs.

To ensure the health and wellbeing of Queenslanders, the ADF proposes three evidence-based initiatives for consideration in the next State Budget. These are:

1. [REDACTED] over three years for the expansion of the highly successful Good Sports Program to respond to COVID-19 related emerging issues.
2. [REDACTED] over three years to increase local government capacity and impact in alcohol and drug harm prevention.
3. The introduction of the proven Icelandic Prevention Program to support Queensland Youth.

1. [REDACTED] over three years for the expansion of the highly successful Good Sports Program to respond to COVID-19 related emerging issues.

The Good Sports program has been demonstrated to reduce risky drinking by 37% and overall harms by 42%. What is even more remarkable is that the Good Sports program has not only changed the behaviour of those at the club, but these same people are taking this change into their homes. Members of Good Sports clubs were tracked over a 12-month period following the club's participation in the program. The results showed that risky drinking at home decreased.

A 2013 economic analysis by KPMG shows that the program is cost effective. The study estimated that in 2011-2012 the Good Sports program averted around 1,000 assaults, falls, and road accidents (combined) and saved the Australian community around \$10 million. The anticipated saving would increase to over \$21 million by 2016-2017. Overall, the study found that for every dollar invested \$3.10 is returned in savings.

Since the onset of the COVID-19 pandemic, new issues have been seen on the ground by Good Sports Clubs. These are increased prevalence of mental ill health, increasing use of illicit drugs, and the continuing need for road safety support. In response, the ADF has developed and proposes to amplify efforts in these three areas, increasing support for clubs, targeting clubs in at risk communities and providing training for club leaders.

Priority areas	Benefits to the Club and Community
Alcohol and Tobacco Management	Offers clubs free tools, resources and practical support so they can more easily implement policies around alcohol management, tobacco and safe transport.
Junior	Enables clubs to strengthen initiatives around alcohol, tobacco, healthy eating and positive playing environments in the context of junior competitions to reduce junior player exposure to alcohol and drugs. Working also with parents, the result is stronger, healthier and more family-friendly community sporting clubs.
Illicit Drugs	Provides clubs with information and expert support to best prepare for potential drug-related issues and support clubs to develop and implement an illegal drugs policy.
Mental Health	Recognising the link between mental health and AOD use, this aspect seeks to enable clubs to build environments where there are healthy and inclusive conversations around mental health, strong and positive support networks, support for members who seek help when they need it, and a reduction of stigma.
Safer Transport	Good Sports clubs can extend their practices in Safe Transport by delivering messages in the club setting to promote road safety, running a specific Road Safety week in Good Sports Clubs and using club social media and other communication channels to extend the reach of Safe Transport messaging to the club and wider community.

As noted above, Good Sports has a strong return on investment, and is cost effective. The cost of developing and rolling out these new modules is outlined below:

	Year 1	Year 2	Year 3
Expenditure			
Total over three years			

2. [REDACTED] over three years to partner with local governments and prevent AOD harms through grassroots community engagement.

The ADF has a longstanding history in the national and local delivery of programs and services to support communities to develop and deliver evidence-based strategies to prevent and reduce alcohol-related harms.

In 2020/21, the ADF undertook a project with VicHealth to work with Victorian stakeholders to develop a 'How to Guide' to enable Victorian local governments to address alcohol-related harms. The program involved the development and implementation of the 'How to Guide' through stakeholder consultation, forums, tools and resources, supported by the ADF's knowledge and expertise. The 'How to Guide' recognises the critical role that local government plays in preventing alcohol and drug harm at a local level and ensures the resources they are directing to reduce this harm are focused on evidence-based efforts that will have a significant impact.

The 'How to Guide' enables local governments to work through a staged-strategy development approach that encourages the use of local data, formation of partnerships, evaluation methodologies, and evidence-based approaches.

49 councils across Victoria participated in forums and supporting activity to adopt and implement the 'How to Guide' within their jurisdiction. The ADF provided tools and resources and facilitated partnerships and local networks as part of the project. The 'How to Guide' has been downloaded 944 times within the past 12 months. Evaluation of the program indicated that participating local governments benefited from upskilling in alcohol-related prevention strategies, and through the partnerships and networks facilitated by the ADF.

This project aims to strengthen local government capacity to prevent alcohol and drug related harm by

1. Creating a Queensland version of the guide that can be used by local governments to build plans to reduce AOD related harm through programs and policy
2. Supporting a number of local governments in using the guide through workshops and local level support and facilitation. The number of LGAs involved will be determined in the proposal development phase and will depend on the level of funding available. Twenty Queensland local governments have already expressed interest in working with the ADF to reduce AOD harm in their communities.

The project will result in greater leadership and action by local governments with more local partnerships and strategies to address AOD related harm in their local areas. The overall impact will be improvements across a range of outcomes, including their community health and wellbeing (e.g., injuries, illnesses, death), crime rate (e.g., assaults, property damage), road fatalities, reputation, and a reduction in associated costs.

The project will deliver a local government guide, a series of workshops and a self-assessment tool for local governments.

	Year 1	Year 2	Year 3
Expenditure			
Total over three years			

3. The introduction of the proven Icelandic Prevention Program to support Queensland Youth.

In the 1990s, Iceland had some of the highest rates of youth alcohol and other drug use in the world but has seen a significant decline over the past 20 years due to their concerted efforts to prevent and delay uptake amongst youth (see figure 1).

The Planet Youth program is being piloted in Australia by the ADF through its Local Drug Action Team (LDAT) program at sites in New South Wales and South Australia.

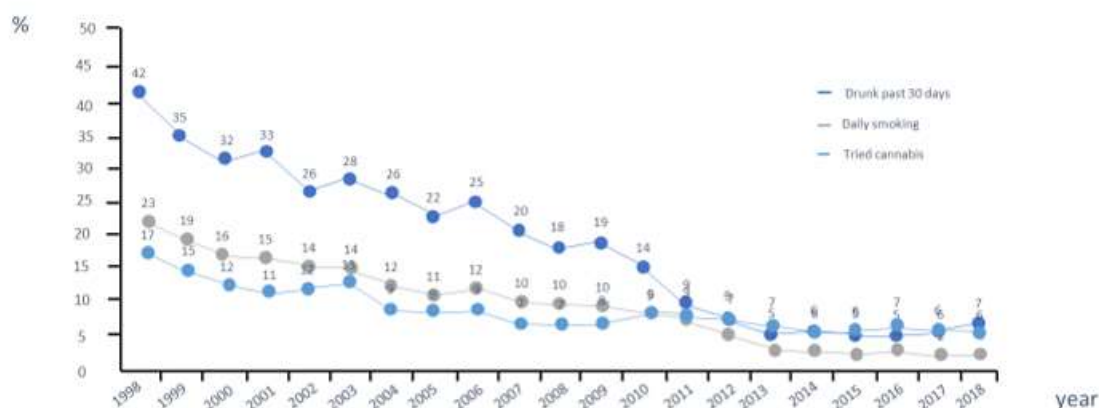


Figure 1: Reduction in youth drug use trends in Iceland over 20 years with Planet Youth

The Planet Youth Model uses local data, collected through Youth and Community surveys, to direct evidence informed community-based action on the ground. The Planet Youth Model also successfully creates and maintains a dialogue between research, policy and practice to enhance favourable outcomes. This model relies on key stakeholder commitment between local government, local schools, parents and other community stakeholders.

While there are differences between Iceland and Australia, many AOD risk and protective factors are the same. As well as substantial reductions in alcohol and other drug use, Iceland has seen reduced rates of bullying and juvenile crime.

Due to the model's focus of building protective factors within communities, the LDAT program, using similar methodology, is well placed as a mechanism for piloting the model in Australia.

The Planet Youth process

The Planet Youth approach includes four key steps:

- A Youth survey and Local Infrastructure survey
- Sharing of the results to stakeholders in the community
- Stakeholder workshop drawing on survey data to inform the development of a community action plan and delivery of activities to address identified priority issues and identified gaps
- Process and impact evaluation of community action, and preparation for the next round of Youth surveys.

Youth surveys

Youth surveys are conducted and provided to the local community within 8 weeks of completion. They collect information on all categories of substance use, indicators of risk and

protective factors in the municipality, lifestyle and leisure time activities, physical and mental well-being, health status, parental factors, local community networks, peer groups, studies and school, anxiety and depressive symptoms, and violence and delinquency.

The data for each local community in the report is categorised by individual participating schools or school districts to enable benchmarking within and between communities. Each community is provided with a report containing recommendations for action.

Local Prevention and Capacity Infrastructure (PCI) survey

The PCI Survey is done at a local government level and includes data collection and assessment of policies and action plans; funding; perceptions of youth substance use; external cooperation; existing methods and interventions; availability of substances; barriers to prevention work; state of preparedness for starting prevention work; awareness and communication; and internal organisation. The tool provides an index allowing the ADF to work with local governments to build prevention capacity ensuring greater sustainability of community efforts.

Workshopping the data

Following each report, local groups workshop their local data and plan ongoing activities within their communities. Their activities are outlined in a Community Action Plan. A second survey measures change over time and allows local groups to refocus efforts and monitor successes.

Funding

The ADF has not developed detailed costing for the delivery of Planet Youth in Queensland but based on costing for the program in NSW, an initial estimate is approximately [REDACTED] a year per site, with a minimum of five sites over five years. The developers of the Planet Youth model advise that the optimal commitment period is five years (to enable adequate time to see trends emerge) and to conduct the Youth survey annually. Delivery of the Planet Youth program in Queensland would require approval from the Department of Education to deliver the Youth Survey into schools.