

2021-2022 Drug Action Strategy



Artist – Rachel Apelt



ACKNOWLEDGEMENTS

Fairfield City Council acknowledges the Cabrogal people as the traditional custodians of the Fairfield City Local Government Area and pays its respects to its Elders both past, present and emerging. The Cabrogal clan takes its name from the 'cobra grub' a staple food for the clan, which can be found in local creeks and estuaries in the area. Deerubbin and Gandangara are the names of the Local Aboriginal Lands Council's (LALCs) within the Fairfield City Council LGA.

Fairfield City Council would like to acknowledge the contributions of the many groups of individuals consulted to develop the Fairfield City Council's Drug Action Strategy 2021-2022. The acknowledgements include local residents, NSW Police Force, Fairfield Businesses, the Mayor's Crime Prevention Reference Group, Fairfield City's Local Drug Action Team, Fairfield Community Drug Action Team, the Fairfield Youth Workers Network, government and non-government agencies. All involved attended and contributed their wisdom and insights in the consultation process.

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ABBREVIATIONS

ADF	Alcohol and Drug Foundation
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other Drugs
BOCSAR	NSW Bureau of Crime Statistics and Research
CALD	Culturally and Linguistically Diverse
CDAT	Community Drug Action Team
CPO	Community Project Officer
CSCPS	Community Safety and Crime Prevention Strategy
CSPC	Community Safety Precinct Committee
FCC/Council	Fairfield City Council
FDAS	Fairfield Drug Action Strategy
KPA	Key Priority Area
LDAT	Local Drug Action Team
LGA	Local Government Area
LGCSCPN	Local Government Community Safety and Crime Prevention Network
LHD	Local Health District
MCPRG	Mayor's Crime Prevention Reference Group
NDS	National Drug Strategy
NSW	New South Wales
SPCD	Social Planning and Community Development
SWSLHD	South Western Sydney Local Health District



MESSAGE FROM THE MAYOR



It is my pleasure to introduce Fairfield City Council's Drug Action Strategy 2021-2022. The strategy is a result of extensive research and consultation with the community and other key stakeholders to develop strategies that minimise alcohol and other drug related harm in our City.

Through our partnerships with the police, local business and government and non-government agencies, we have delivered successful projects and programs that prevent and/or reduce the incidence of alcohol and other drug related harm.

Our collaborative efforts over the years have achieved significant improvements to Fairfield City's drug profile and over the next two years, we will continue to develop and deliver a diverse range of evidence informed initiatives and programs to reduce alcohol and other drug related harm.

Frank Carbone
Mayor of Fairfield City

MESSAGE FROM THE CITY MANAGER



Fairfield City Council has a long-standing commitment to community safety and reducing alcohol and other drug related harm. Safety is fundamental to the liveability of a city. The actual and perceived safety of our residents, businesses and visitors continues to be a priority for our City.

The Drug Action Strategy 2021-2022 outlines the strategic direction that Council and its partners will take to deliver targeted initiatives that address alcohol and other drug related harm and associated risk factors.

Council recognises that partnership based strategies are the key to improving community safety outcomes, and we thank all parties involved for their time, resources and input.

We look forward to continuing to support these partnerships to work toward a safe, connected and inclusive Fairfield City for everyone.

Alan Young
City Manager of Fairfield City

EXECUTIVE SUMMARY

Fairfield City Council's Drug Action Strategy 2021-2022 sets out the Key Priority Areas (KPAs), objectives and actions that will be implemented to address alcohol and other drug (AOD) related harms in Fairfield City. Fairfield City Council has a long-standing commitment in working towards implementing early intervention, prevention and harm minimisation strategies in partnership with Police, government and non-government agencies. Fairfield City Council's Drug Action Strategy 2021-2022 continues that commitment, providing a framework to collectively respond to community concerns about AOD related harm. This Strategy aims to develop and deliver a diverse range of evidence informed initiatives and programs to reduce AOD related harm.

The Strategy is identified as a key deliverable in Council's yearly Operational Plan. Moreover, it builds upon the strengths and partnerships between Council and Police, the Fairfield community, local businesses, government and non-government service providers. The diversity of Fairfield City is also reflected in this Strategy to ensure inclusivity and strengthen the social cohesion of the community.

To identify the key AOD related harms and trending issues in the community, a Fairfield City Drug Profile was created. The data was collected and analysed from a number of sources such as the NSW Bureau of Crime Statistics and Research (BOCSAR), Australian Bureau of Statistics (ABS), NSW Health and Fairfield City Police Area Command. Over the last five years, there has been an increase in the possession and/or use of amphetamines, narcotics and 'other drugs' in Fairfield City (NSW BOCSAR 2019). 'Other drugs' is defined by BOCSAR as 'drugs other than cocaine, narcotics, ecstasy, amphetamines and cannabis, such as prescription drugs'. Further analysis of local, state and federal policy documents and strategies identified smoking, alcohol consumption and methamphetamine use as significant concerns in South Western Sydney Local Health District (SWSLHD), which includes Fairfield City.

While data provides a statistical analysis of AOD related harms and trends, consultation offers an additional insight into the main community concerns. Community members and stakeholders reinforced the importance of strong partnerships in addressing AOD related harms and associated risk factors. Community concerns, combined with the analysis of data helped inform the direction in developing the Key Priority Areas (KPA's) that are the focus of this Strategy. The four KPA's include alcohol, tobacco, illicit and prescription drugs.

Objectives and actions have been developed in direct response to the identified KPAs that emerged from the data analysis and community feedback about AOD related harms. Such objectives and actions will be implemented over the next two years. Continual monitoring and evaluation of this Strategy will be done to analyse the effectiveness of it and address any emerging concerns.

COUNCIL'S COMMITMENT TO REDUCING THE IMPACTS OF ALCOHOL AND OTHER DRUG USE

Fairfield City Council's Drug Action Strategy 2021-2022 sets out priority areas and actions that will be implemented over the next two years. The strategy will assist in the identification of, and response to, community priorities that align with Fairfield City Council's broader vision of the City as a ***'Welcoming, Safe and Diverse Community, where we are proud to belong, invest and prosper.'***

As a Local Government body, Council is committed to providing strategic direction and leadership in reducing the social, economic and health-related harms associated with AOD use. To achieve this, an early intervention, prevention and harm minimisation approach is adopted to ensure all individuals are provided with the necessary and specialist support they require. This approach also aligns with the National Drug Strategy 2017-2026 that outlines the three pillars of harm minimisation:

- **Demand reduction:** working collaboratively towards reducing, preventing and responding to emerging drug related concerns in the community and implementing supportive measures to reduce intake
- **Supply reduction:** working collaboratively with law enforcement agencies and service providers to monitor trends, control availability and accessibility to drugs
- **Harm reduction:** working collaboratively to raise awareness and reduce the risks and harms associated with drug use and misuse

Fairfield City Council understands the importance of community action in responding to local priorities and interests. This strategy is no exception and will see partnership initiatives in place to strengthen community action in responding to AOD use and related harms. Working collaboratively with those who live, work and visit Fairfield City offers the opportunity to implement a multifaceted strategy that aligns with the variation of AOD use. It is important to recognise that there is no one 'typical' AOD user. Instead, all age and cultural population groups are susceptible to excessive or inappropriate AOD use, related harms and drug-induced deaths. With this in mind, the priority populations of this strategy include cultural and linguistic diverse communities, young and older people.

Council will work with community stakeholders, as well as utilise an early intervention, prevention and harm minimisation approach to address four key areas of AOD use: alcohol, tobacco, illicit and prescription drugs. Each is a specific KPA where actions have been devised to have a tangible impact on Fairfield City and the lives of each community member. For areas that require additional support, Council will advocate and represent the local community needs to State and Federal Governments. On the following page, a visual representation of the framework of this Strategy is provided.

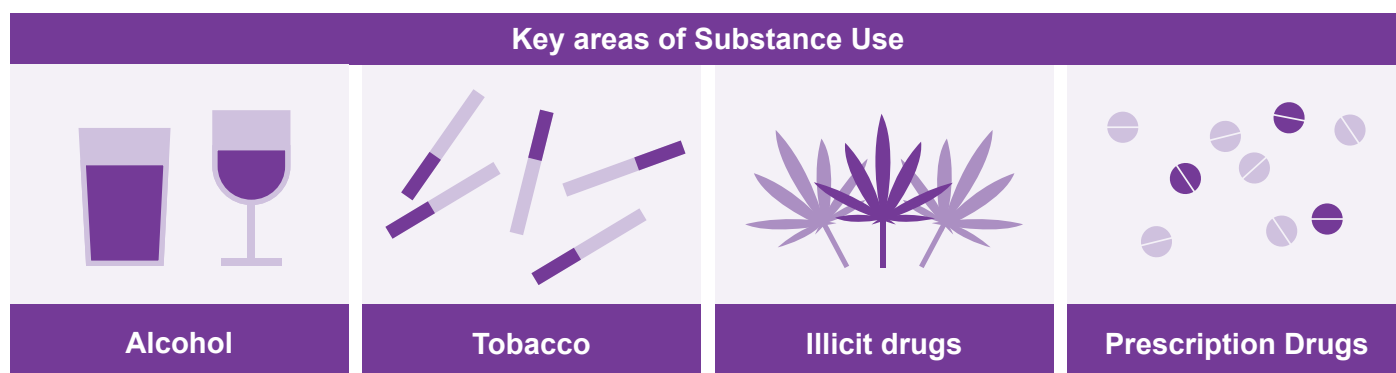
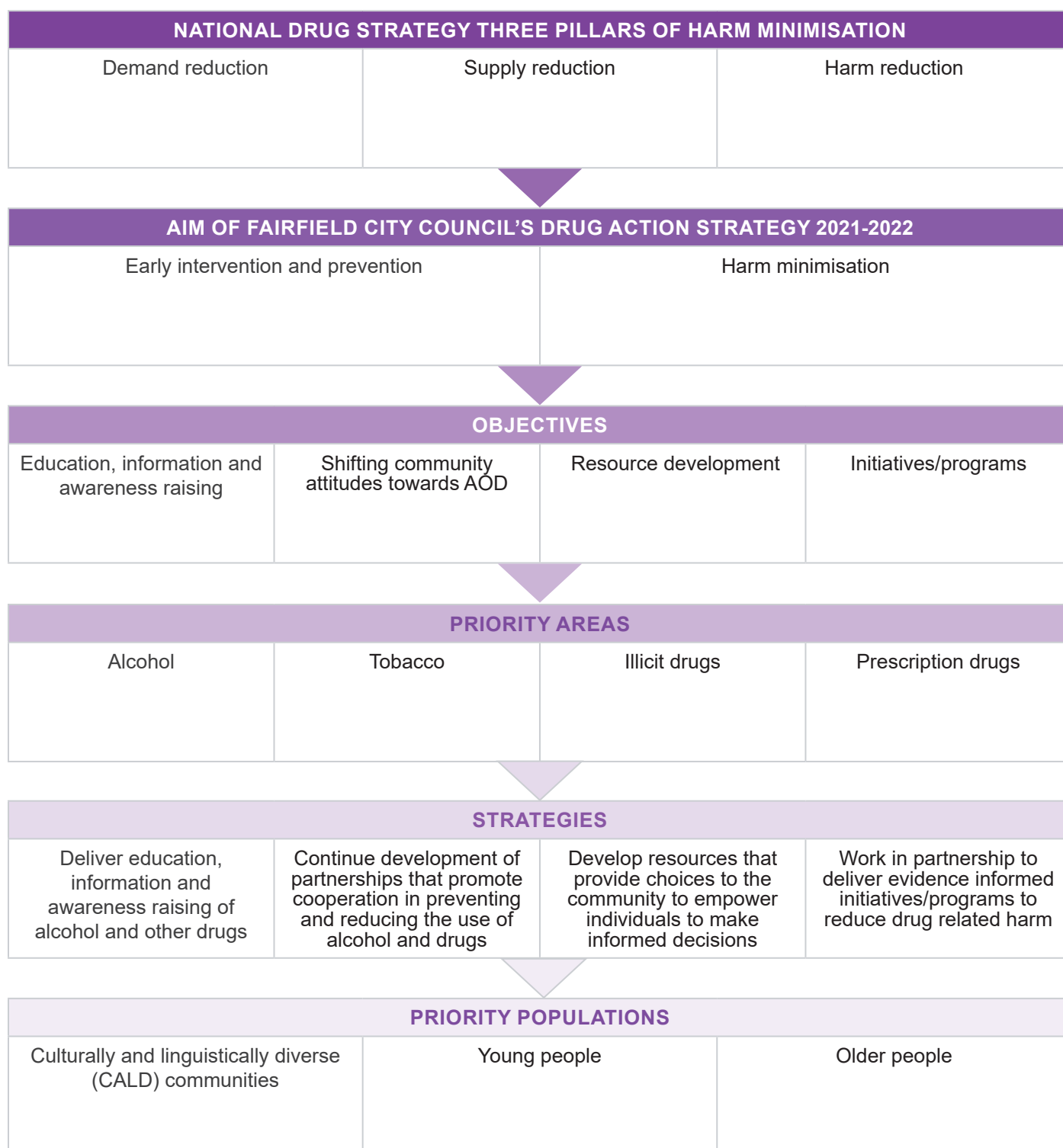


Figure One – The Four Key Priority Areas of Fairfield City's Council Drug Action Strategy 2021-2022

FRAMEWORK OF THE DRUG ACTION STRATEGY 2021-2022



POLICY AND STRATEGY CONTEXT

Fairfield City Council's Drug Action Strategy 2021-2022 was informed by a range of Local, State and Federal policies and strategies. The Strategy aligns with the key themes, priority areas, goals and targets of relevant alcohol and drug policies and strategies while also providing a context of the issue of alcohol and drug use in Fairfield City, NSW and Australia. Table One below outlines the relevant alcohol and drug policies and strategies in greater detail.

Table One – Policies and Strategies Informing the Strategy

ALCOHOL AND OTHER DRUG POLICIES AND STRATEGIES	KEY THEMES, PRIORITY AREAS, GOALS, TARGETS
Fairfield City Plan 2016-2026	Theme One: Community Wellbeing
	Theme Two: Places and Infrastructure
	Theme Three: Environmental Sustainability
Fairfield City Community Safety and Crime Prevention Strategy 2021-2022	Key Priority Area Two: Engaging Diverse Groups in Crime Prevention
	Key Priority Area Three: Informing and Educating the Community about Domestic Violence, Alcohol and Other Drugs, and Gambling
	Key Priority Area Four: Building Bridges Between Peoples, Services and Agencies to Improve Community Safety
Strategy for Young People in Fairfield City 2021-2022	Key Priority Area Two: Health and Wellbeing
	Key Priority Area Three: Education and Employment
	Key Priority Area Four: Safety and Awareness
NSW Youth Health Framework 2017-24	Goal One: The health system responds to the health needs of young people, including targeted responses for vulnerable young people – The Framework supports the provision of a holistic and integrated approach to healthcare for young people across NSW
	Goal Three: Young people are support to optimise their health and wellbeing – NSW Health has an important role to support young people to make healthy choices and to be healthy now and into adulthood
NSW Police Force Alcohol Strategy 2014-2018	Priority Area Two: Preventing and Reducing Antisocial and Violent Behaviour – Improve community safety and public amenity, particularly in the night-time economy
	Priority Area Three: Preventing Alcohol-Related Road Trauma – Reduce the incidence of alcohol-related crashes, fatalities and injuries on NSW roads
	Priority Area Four: Protecting 'At-Risk' and Vulnerable Individuals and Communities from Alcohol-Related Harm – Minimise the potential long-term and short-term harms associated with alcohol use among those communities disproportionately affected
	Priority Area Five: Supporting Culture Change Around Excessive Drinking – Increase awareness as to the significant harms associated with alcohol misuse

ALCOHOL AND OTHER DRUG POLICIES AND STRATEGIES	KEY THEMES, PRIORITY AREAS, GOALS, TARGETS
National Drug Strategy 2017-2026	Priority Area One: Enhancing Access to Services and Support
	Priority Area Three: Preventing Uptake, Delaying First Use and Reducing Use
	Priority Area Four: Supporting Community Engagement in Identifying and Responding to Alcohol, Tobacco and Other Drug Issues
	Priority Area Five: Reducing Adverse Health, Social and Economic Consequences
The National Alcohol Strategy 2018-2026	Priority One: Improving Community Safety and Amenity – Working to better protect the health, safety and social wellbeing of those consuming alcohol and those around them
	Priority Three: Supporting Individuals to Obtain Help and Systems to Response – Facilitating access to appropriate treatment, information and support services
	Priority Four: Promoting Healthier Communities – Improving the understanding and awareness of alcohol-related harms in the Australian community
National Pharmaceutical Drug Misuse Framework for Action 2012-2015	Goal One: To reduce the misuse of pharmaceutical drugs and associated harms in Australia
National Tobacco Strategy 2012-2018	Priority Area Two: Strengthen mass media campaigns to: motivate smokers to quit and recent quitters to remain quit; discourage uptake of smoking; and reshape social norms about smoking
	Priority Area Four: Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people
	Priority Area Five: Strengthen efforts to reduce smoking among populations with a high prevalence of smoking
	Priority Area Nine: Provide greater access to a range of evidence-based cessation services to support smokers to quit
National Road Safety Strategy 2012-2021	Target: NSW is committed to achieving a 30 per cent reduction in serious injuries by the end of 2021

PROFILE OF FAIRFIELD CITY – DEMOGRAPHICS

Fairfield City is located in South West Sydney, approximately 32 kilometres from the Sydney Central Business District, and covers an area of 102.5 square kilometres. Fairfield City incorporates 27 suburbs with a population of 210,612 in 2018. However, Figure Three that outlines the population overview is representative of the ABS 2016 data. Furthermore, Fairfield City Council acknowledges the Cabrogal clan of the Darug nation as the traditional custodians of the land.



Figure Two – Map of Fairfield City LGA

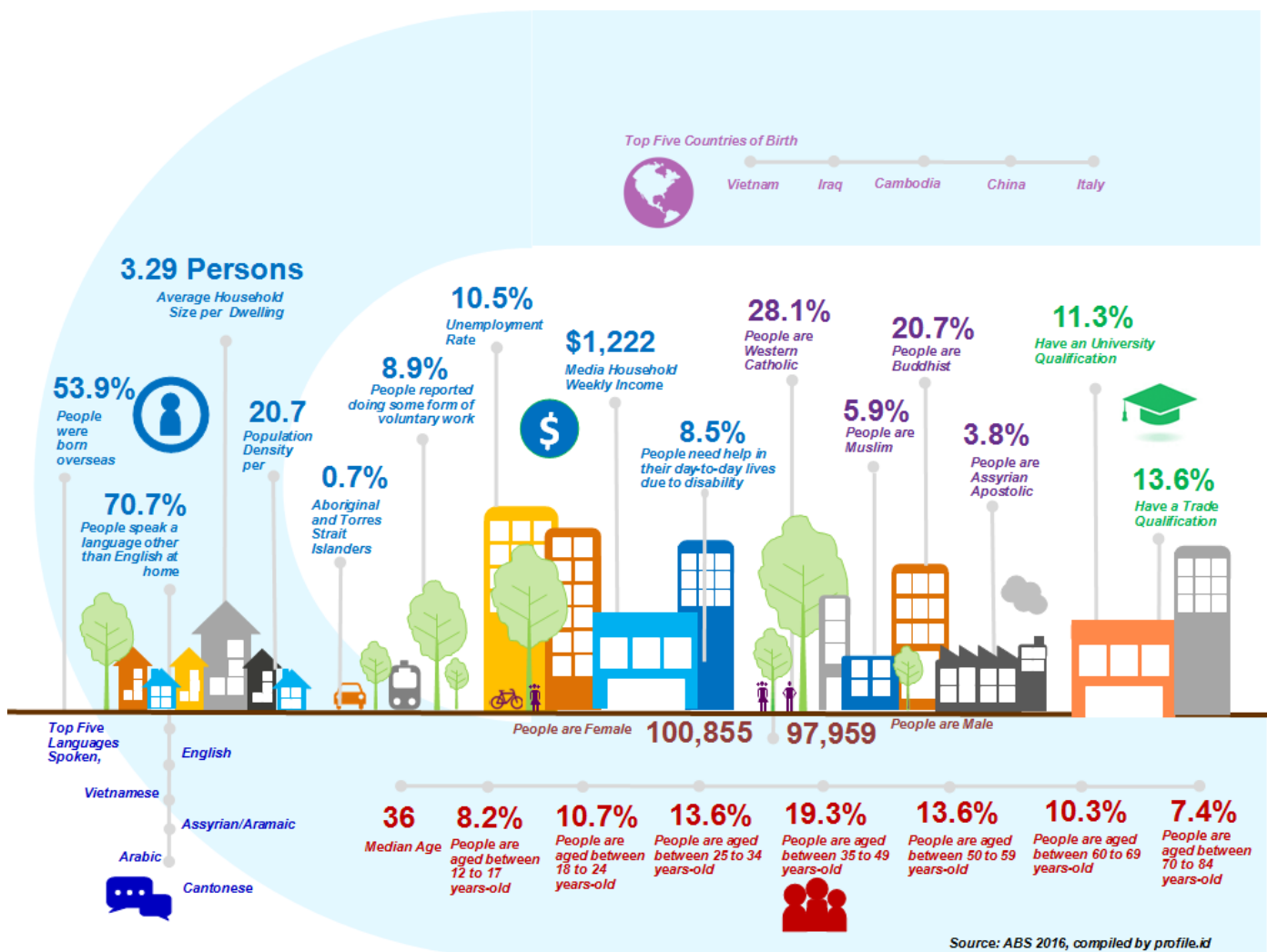


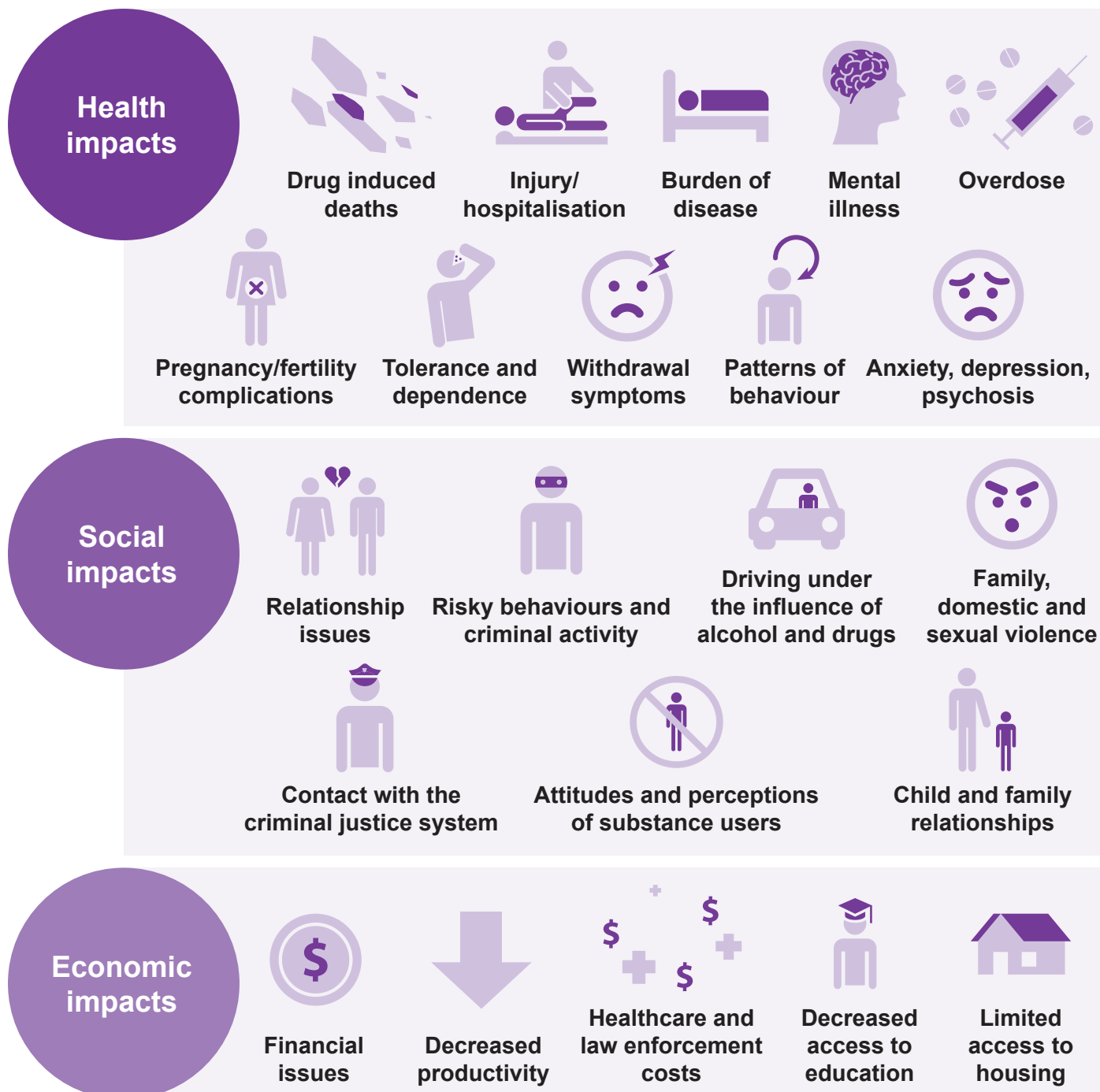
Figure Three – Population Overview

CULTURAL, LANGUAGE AND RELIGIOUS DIVERSITY

Fairfield City is one of the most culturally diverse communities in Australia. According to the 2016 Census, 54% of residents were born overseas and about 70% speak a language other than English at home. Between 1 January 2016 and 30 June 2019, Fairfield City accommodated over 10,000 people arriving under Australia's Refugee and Humanitarian Program (data.gov.au*). Data from the Department of Human Services (Centrelink) suggest that there is a significant number of humanitarian entrants moving into Fairfield City after initially settling elsewhere in Australia. Recently, the Fairfield City Settlement Action Plan 2017-2019 has responded to the influx of refugees, humanitarian entrants and migrants with complex needs settling in Fairfield City (ABS 2016). The Settlement Action Plan identifies eight key action areas to raise awareness, expand access to services and advocate for the needs of recently settled communities and shape government settlement policy.

IMPACTS OF ALCOHOL, TOBACCO, ILLICT AND PRESCRIPTION DRUG USE

The consumption of alcohol, tobacco, and other drugs can have a considerable impact on an individual's health, social life and financial security. The impacts can be both short- and long-term and are exacerbated when individuals either become addicted or consume alcohol and drugs in excess. The health, social, and economic burden of alcohol and drug use are outlined in the diagrams below.



Reference: AIHW, ADF

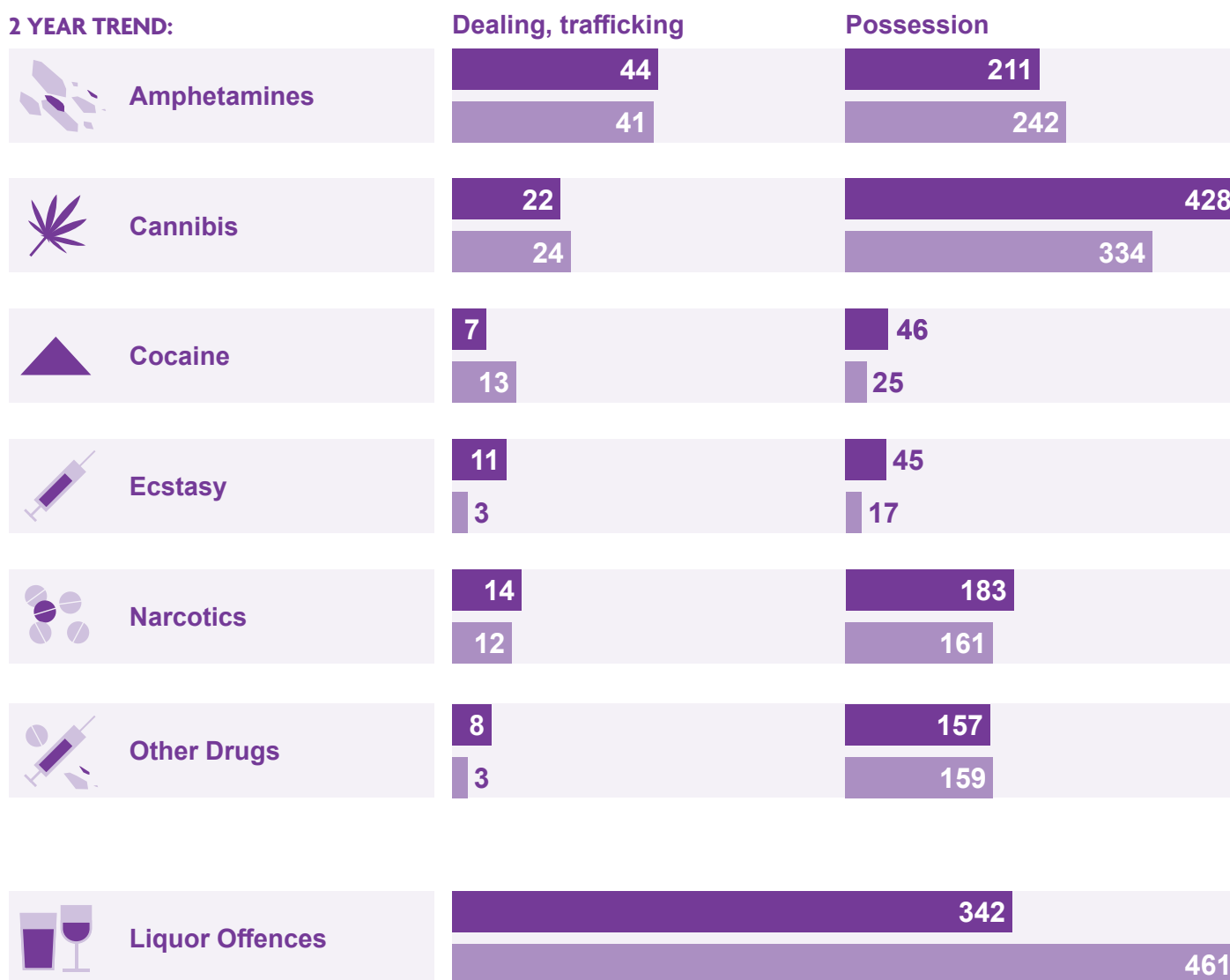
Reference: NSW Health Drug Health Services Strategic Plan (2016-2021), AIHW

FAIRFIELD CITY PROFILE – ALCOHOL AND OTHER DRUG USE

In developing the 'Fairfield City Profile – Alcohol and Drug Use', data was collected and analysed from a range of sources. Quantitative and qualitative data was collected from NSW Bureau of Crime Statistics and Research (BOCSAR), NSW HealthStats (NSW Health) and South Western Sydney Local Health District (SWSLHD). Data was also collected from the consultations conducted with community, members, stakeholders, government and non-government agencies. The data collected is centred upon the alcohol, tobacco, illicit, and prescription drug use and related concerns. The data below provides a snapshot of AOD use in Fairfield City.

CRIME TRENDS

2 YEAR TREND:



April 2017 to March 2018

April 2018 to March 2019

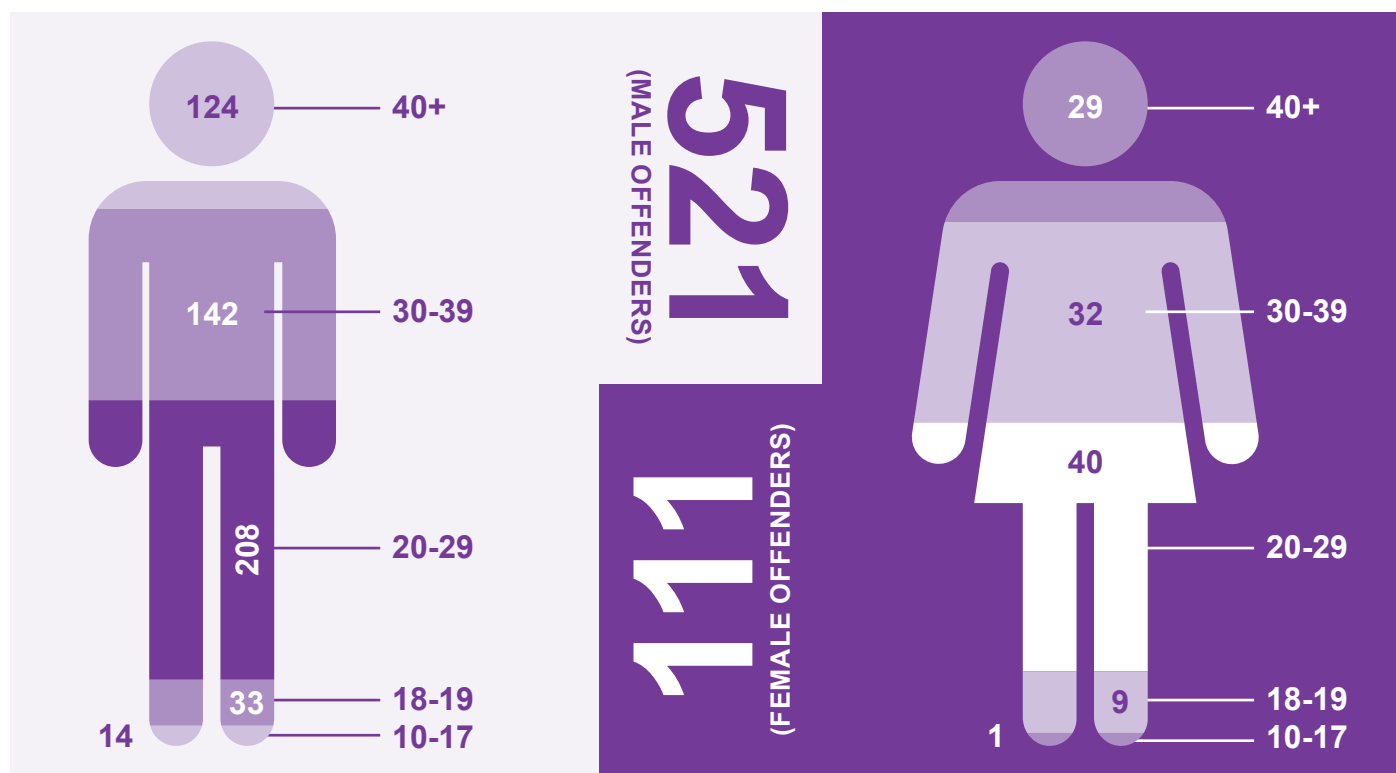
5 YEAR TREND:



April 2014 to March 2015

April 2018 to March 2019

OFFENDER DEMOGRAPHICS (2018)



AREAS OF HIGH SUBSTANCE/DRUG USE IN FAIRFIELD CITY – CARRAMAR AND VILLAWOOD

Drug offences are of significant concern in the Villawood, Carramar and Lansdown (2163) area with statistics highlighting that drug offences are 4 times higher in Villawood/Carramar than the rate for NSW. Crime data shows that drug offences in 2163 have increased by 63.2% per year (64.4% in Villawood and 24.4% in Carramar) over a 3-year period to June 2017, compared to 3.3% across NSW and 15.7% for Bankstown, with Fairfield remaining stable.

Table Two – Drug Offences Perpetrated in the Area of 2163, Carramar and Villawood

LOCATION	3 YEAR TREND TO JUNE	YEAR TO JUNE 2015		YEAR TO JUNE 2016		YEAR TO JUNE 2017	
	2017	Count	Rate	Count	Rate	Count	Rate
2163	up 63.2% per year	159	1652.8	310	3210.4	425	4401.4
Carramar	up 24.4% per year	22	598	26	708.3	34	926.2
Villawood	up 64.4% per year	134	2264	264	4425.8	365	6119

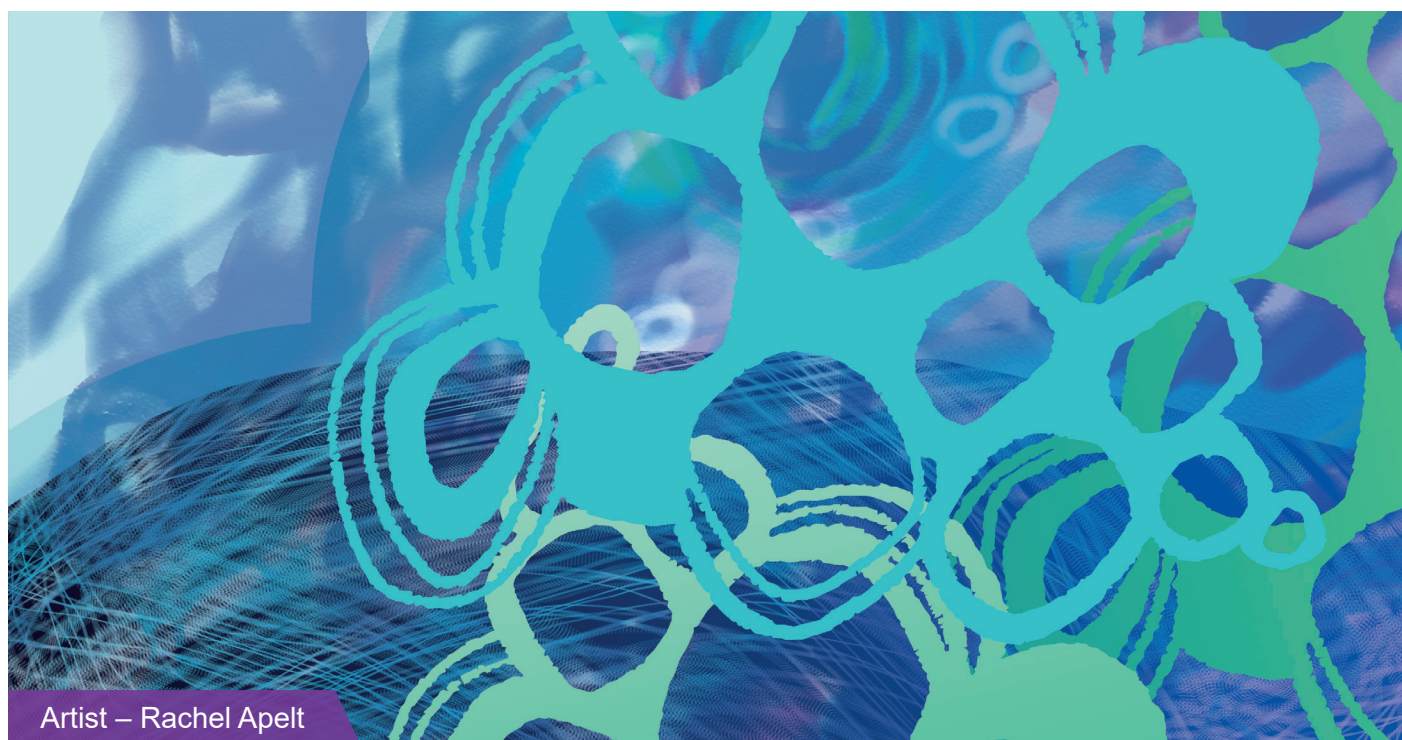
Drug offences and issues surrounding crime and safety remain a major concern in the 2163 area. Council will aim to actively work towards reducing drug related offences in Villawood and Carramar over the next two years. Initiatives tailored at education and awareness raising, strengthening interagency approaches and consulting with residents will be key focus areas.

SNAPSHOT OF DRUG USE OF YOUNG PEOPLE AGED 12-24 YEARS-OLD

Data sourced from NSW BOCSAR revealed that in 2018, young people in Fairfield City were less likely to be charged with possession and/or use of amphetamines and ecstasy when compared to the NSW state average. However, when compared to the NSW state average, young people of Fairfield City were more likely to be charged with dealing or trafficking cannabis and cocaine. Table Three below summaries the number of reported drug offences committed by young people aged 12-24 years-old in Fairfield City.

Table Three – Reported Drug Offences Committed by Young People in Fairfield City and NSW in 2018

Drinking frequency	FAIRFIELD		NSW	
	Count	Rate per 100,000	Count	Rate per 100,000
Dealing, trafficking in amphetamines	2	5.1	231	18.3
Dealing, trafficking in cannabis	10	25.4	213	16.9
Dealing, trafficking in cocaine	21	53.3	371	29.4
Dealing, trafficking in ecstasy	6	15.2	367	29.0
Dealing, trafficking in narcotics	0	0.0	13	1.0
Dealing, trafficking in other drugs	0	0.0	99	7.8
Possession and/or use of amphetamines	22	55.8	913	72.2
Possession and/or use of cannabis	205	520.2	6,557	518.8
Possession and/or use of cocaine	26	66	682	54.0
Possession and/or use of ecstasy	22	55.8	1,575	124.6
Possession and/or use of narcotics	3	7.6	49	3.9
Possession and/or use of other drugs	22	55.8	816	64.6



COUNCIL AND COMMUNITY NETWORKS IN FAIRFIELD CITY

Council works in partnership with relevant stakeholders, networks and community members to identify concerns and implement initiatives that meet the needs of the community. This is imperative to ensure a coordinated and effective approach in addressing AOD use, as well as the implementation of intervention, prevention and harm minimisation initiatives. The key Council and community networks are summarised.

FAIRFIELD CITY'S LOCAL DRUG ACTION TEAM (LDAT)

Fairfield City's Local Drug Action Team (LDAT) was established in late 2018 in partnership with Fairfield City Police Area Command, Community First Step, Community Corrections, Family Drug Support, Fairfield Community Corrections, Vietnamese Drug and Alcohol Professionals (VDAP) and South Western Sydney Local Health District Drug Health Services (SWSLHD). LDAT receives support and resources from the Alcohol and Drug Foundation (ADF) to implement and deliver evidence-informed initiatives at a local level to respond to community concerns about AOD.

MAYOR'S CRIME PREVENTION REFERENCE GROUP (MCPRG)

Mayor's Crime Prevention Reference Group (MCPRG) is a formal Council committee and has been established as a formal partnership between Council, Police, government agencies, community organisations and local residents to work together to improve community safety across Fairfield LGA. MCPRG has been in existence since 1998 and has been responsible for facilitating the development and implementation of a range of crime prevention and community safety initiatives.

FAIRFIELD COMMUNITY DRUG ACTION TEAM (CDAT)

Fairfield Community Drug Action Team (CDAT) covers the region of Fairfield LGA and works in partnership with agencies, community representatives and government through a harm minimisation approach. Fairfield CDAT has been in existence since 2000 and continues to work towards identifying and responding to the

diverse needs of the local community, increasing community awareness and promoting protective factors in the community to reduce the impact of Alcohol and Other Drug (AOD) related harms. The Fairfield CDAT has been successful in implementing a range of local community activities and initiatives to reduce drug-related harm in a proactive manner.

FAIRFIELD CITY POLICE COMMUNITY SAFETY PRECINCT COMMITTEE (CSPC'S)

Fairfield City Police Community Safety Precinct Committees (CSPC's) provide a forum for Fairfield City Council and the communities to meet with Fairfield City Police Area Command (PAC) and discuss local crime and safety issues. CSPC's provide an avenue to improve communications between Police Area Commands and local communities, strengthen partnerships and develop collaborative responses to local crime concerns.

FAIRFIELD CITY HEALTH ALLIANCE

Fairfield City Health Alliance is a partnership between the Primary Health Network (PHN), South Western Sydney Local Health District (SWSLHD) and Fairfield City Council. The purpose of the alliance is to support, shape and sustain a healthier Fairfield Community through developing health strategies and strengthening collaboration with health providers and organisations in Fairfield.

FAIRFIELD HEALTH PARTNERSHIP (FFHP)

FFHP is a partnership between South West Sydney Local Health District Population Health (SWSLHD). This partnership focuses on health promotion and includes projects to minimise harm from tobacco use.

DEVELOPMENT OF FAIRFIELD CITY COUNCIL'S DRUG ACTION STRATEGY 2021-2022

Fairfield's City Council's Drug Action Strategy 2021-2022 was developed using a number of sources. Data was collected and analysed from a range of agencies to identify the trends and prevalence of AOD use in Fairfield City. Additionally, Council partnered with community members, government and non-government agencies and staff to obtain a thorough understanding of AOD related issues in Fairfield City. The analysis of statistics, combined with the feedback and input from community stakeholders, informed the development of the Strategy and the actions that encompass it.

COLLECTION AND ANALYSIS OF DATA

Data related to drug offences, crime statistics and AOD use was collected and analysed from the NSW Bureau of Crime Statistics and Research (BOCSAR), Australian Bureau of Statistics (ABS) and NSW Health. Additional analysis of Federal, State and Local policies and strategies informed the direction for observing trends in AOD use and related-harms in Fairfield City, NSW and Australia. The analysed data assisted in the identification of the key drug-related concerns for Fairfield City.

STAKEHOLDERS – COMMUNITY SURVEYS AND NETWORKS

Council developed an online survey targeting the whole community to explore the prevalence and use of alcohol, tobacco, illicit and prescription drugs. The online survey helped identify the types of drugs that are of high concern in the community.

A consultation was also carried out with the Fairfield Seniors Network. The consultation was carried out to identify the types of drugs that they believe are the biggest concerns in Fairfield City. Alcohol, tobacco, prescription drugs and Ice were identified and some participants felt that AOD use becoming increasingly normalised in younger generations. Data shows increase use of AOD by older groups of residents.

STAKEHOLDERS – YOUNG PEOPLE

A survey targeting young people aged 12-24 years-old was developed to understand their concerns around AOD use. The survey explored AOD use, influences and their personal experiences with

drug-related educational programs carried out in schools across Fairfield City. The survey was carried out in three separate focus groups which included the Youth Advisory Committee (YAC), Community First Step and Youth off the Streets.

STAKEHOLDERS – COUNCIL

The internal consultation involved an online survey that was disseminated to various Council departments. This internal survey aimed to identify the responsibilities and actions of different Council departments in addressing and reducing drug related harm. It also helped identified ways in which different Council departments can work together to strengthen the coordination of services and programs in reducing drug-related harms in Fairfield City.

IDENTIFICATION OF KEY PRIORITY AREAS

The research conducted by Fairfield City Council provides an insight into the drug-related issues that are the most prominent within the LGA. The analysed data, as well as the consultations with stakeholders, helped developed four key priority areas (KPAs) centred upon drug harm minimisation, early intervention and prevention.

COMMUNITY PERSPECTIVE ON ALCOHOL AND OTHER DRUG USE

Fairfield City Council's Drug Action Strategy 2021-2022 has been informed and developed through consultations with networks, staff and community members. The consultations were conducted with focus groups to explore community perceptions and attitudes of AOD use and related issues. The responses helped inform the key actions undertaken in this Strategy and are described in greater detail below.

COMMUNITY PERSPECTIVES FROM THE CONSULTATIONS

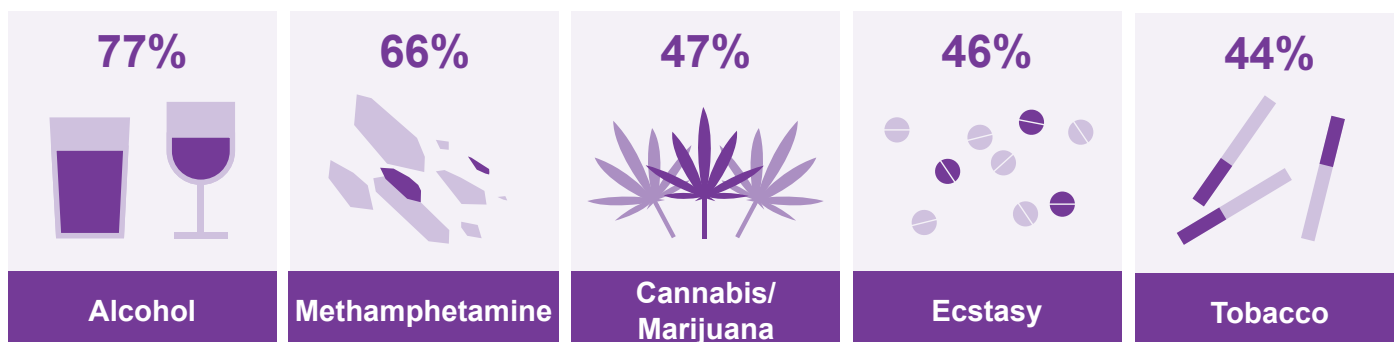
Council's drug and alcohol survey captured residents' concerns about AOD in Fairfield City. Results show that more than half (53%) of residents expressed that they were very concerned about AOD in Fairfield City, with 38% reporting being somewhat concerned and 8% reporting not being concerned at all. Survey data from the Community Safety and Crime Prevention Strategy consultations found similar results, with 57% of residents expressing that they were very concerned about drugs.

Figure Four – Community Concern about Drugs



Residents who completed the online survey ranked alcohol, methamphetamine, cannabis/marijuana, ecstasy and tobacco from most to least concerning.

Figure Five – AOD of most concern according to community members



YOUNG PEOPLE'S PERSPECTIVE

Three focus groups were consulted, exploring and identifying concerns about AOD use in the community. The consultations further explored perceptions towards the accessibility of drugs, effectiveness of AOD educational programs in schools and how relevant stakeholders can be more involved in reducing drug misuse in the community. Four areas of concern emerged from the consultations with young people of Fairfield City.

- **Prescription Drug Misuse**
Young people overwhelmingly felt that pharmaceutical drug misuse has become increasingly common because of ease of accessibility
- **Peer Pressure**
Young people identified that peer pressure was the main influence of drug use in Fairfield City
- **Marijuana/Cannabis**
Young people discussed the easy accessibility of marijuana/cannabis in the community. Some participants mentioned that in many cases marijuana/cannabis is cheaper than purchasing alcohol
- **Ineffectiveness of Educational Programs**
When asked about the effectiveness of educational programs about drug use and harms in schools, most young people felt that were ineffective in achieving a deterrent effect.

Young people of Fairfield City expressed the need for Council, Police and the broader community to be more active in educational and awareness initiatives. The aim of the initiatives would be to educate young people and parents about the harmful effects of AOD use and support services available.



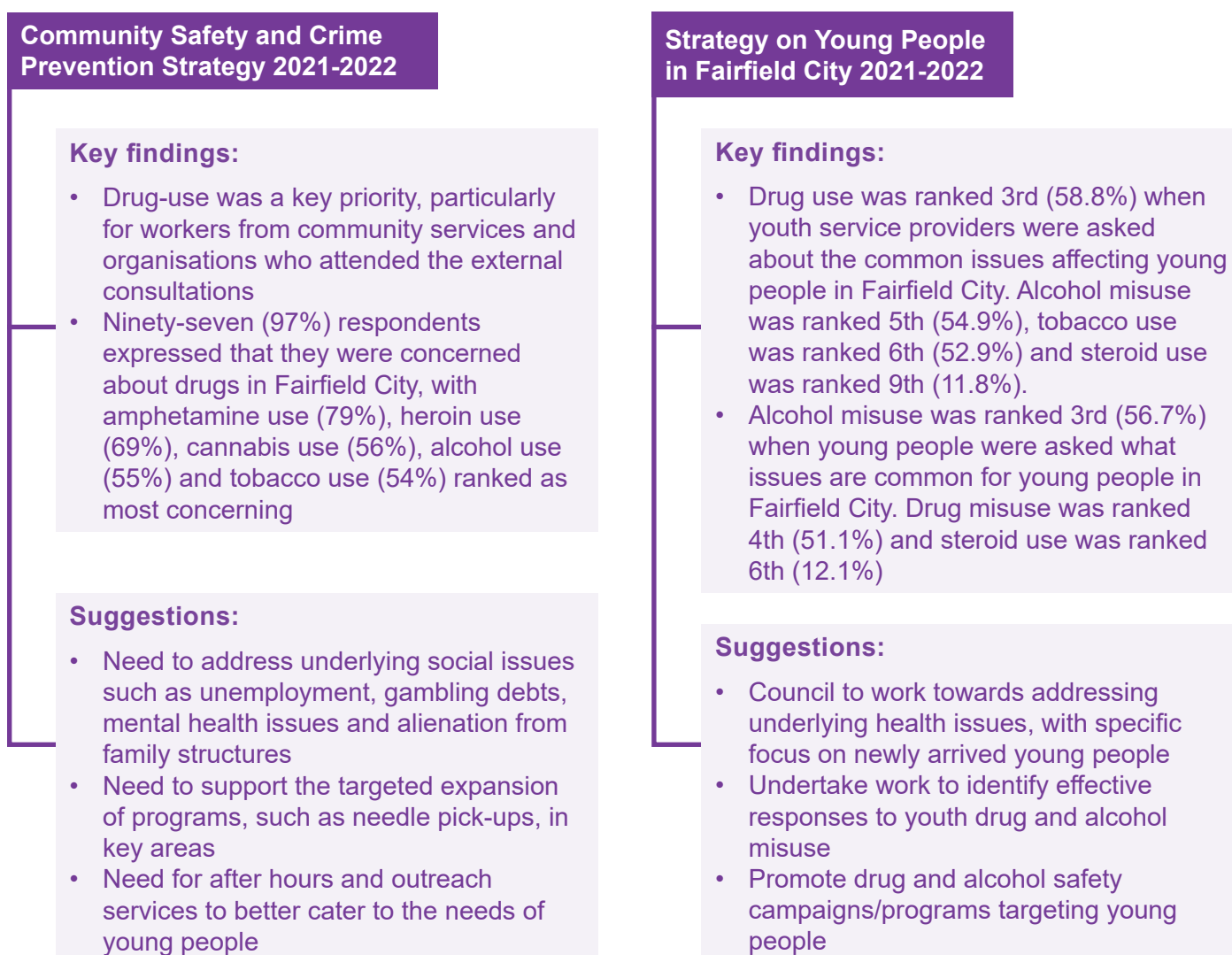
General Volunteers Putting Up No Smoking Poster

COMMUNITY PERSPECTIVES AS EXPRESSED IN OTHER COUNCIL PLANS AND STRATEGIES

Findings from the Fairfield Community Safety and Crime Prevention Strategy 2021-2022 (CSCPS) and the Strategy for Young People in Fairfield City 2021-2022 highlight many AOD related concerns in Fairfield City. The CSCPS provides an overview of AOD related harms and offences in Fairfield City, and key suggestions as expressed by community members and local service providers. Additionally, the Strategy for Young in Fairfield City 2021-2022 scopes an overview of the issues affecting young people aged 12 to 24 years in Fairfield City. The consultations conducted with young people, workers in the local youth sector and community members found that AOD use is a significant barrier for young people achieving optimal health.





Figure Six below outlines the key AOD related harms and concerns in the CSCPS and the Strategy for Young People in Fairfield City 2021-2022. The figure demonstrates the importance of adopting a holistic approach in addressing local AOD related harms and concerns and how no single Plan or Strategy can do it in isolation.

Figure Six – Key drug related harms and concerns in the CSCPS and the Strategy for Young People in Fairfield City 2021-2022



KEY PRIORITY AREAS FOR 2021-2022

Information gathered from consultations and analysis of crime statistics and drug related data has informed the key objectives and actions for the Fairfield City Council's Drug Action Strategy 2021-2022. The key objectives actions are scoped within an early intervention and prevention and harm minimisation framework, working towards reducing demand, supply and harm associated with AOD misuse. The Fairfield City Council's Drug Action Strategy 2021-2022 focuses on four KPAs:

1.	2.	3.	4.
			
Alcohol use	Tobacco use	Illicit drugs use	Prescription Drugs misuse



KEY PRIORITY AREA ONE – ALCOHOL USE

Alcohol remains the most widely used drug in Australia (NSW Police Force). Approximately, each year in Australia ‘5,500 people die from alcohol related injuries, illness and accidents and the cost to the community is estimated to exceed \$15.3 billion per year’ (ADF). The widespread effects of alcohol use on the individual and broader community at large stresses the need for evidence-based responses to minimise harm-related risks.



**Around 1 in 3 (37%)
Australians aged 14 and over
exceeded the single occasion
risk guidelines by consuming
more than four standard drinks
in one sitting (AIHW 2018)**

44 years

**Harmful consumption is the
leading contributor to the
burden of illness and deaths
in Australia for people up
to 44 years of age (NSW
Ministry of Health 2016)**



**From 2013-2016, there
was an increase in people
in their 50's consuming 11
or more standard drinks
in one drinking occasion
(National Drug Strategy
Household Survey 2016)**

ALCOHOL USE IN SWSLHD

In 2017, data collected from the NSW Population Health Survey found that South Western Sydney is ranked second lowest amongst 15 LHD's in consuming alcohol at levels that pose immediate risk (13.5%) and long-term risk (24.1%). When analysing the frequency of alcohol consumption, males tend to drink more on a weekly (30.3%) and daily (7.1%) basis in comparison to females (17.9% and 3.2%, respectively). Notably, 39.0% of respondents reported never drinking alcohol. The frequency of alcohol consumption in SWSLHD is outlined in the table below.

Table Four – Alcohol drinking frequency in adults by sex, SWSLHD

Alcohol drinking frequency in adults by sex, South Western Sydney local health district, NSW 2017-2018					
Drinking frequency	Sex	Number of Respondents	Actual estimate (Per cent)	95%	95%
Never	Males	801	33.4	29.1	37.8
	Female	950	44.4	40.4	48.5
	Persons	1,751	39.0	36.0	41.9
Less than weekly	Males	801	29.1	25.0	33.2
	Female	950	34.5	30.6	38.4
	Persons	1,751	31.8	29.0	34.7
Weekly	Males	801	30.3	26.4	34.3
	Female	950	17.9	14.9	20.9
	Persons	1,751	24.1	21.6	26.5
Daily	Males	801	7.1	5.1	9.1
	Female	950	3.2	2.0	4.5
	Persons	1,751	5.2	4.0	6.3

ALCOHOL USE IN FAIRFIELD LGA

Council's online drug and alcohol survey found that 77% of residents ranked alcohol as the most concerning drug in the community. Eighteen (18%) of respondents reported consuming more than four standard drinks on one occasion. Additionally, data sourced from a sample youth survey in 2019 found that 57% of respondents reported being non-drinkers, with 22% as party drinkers, and 16% as occasional drinkers. The survey highlighted that most common place where alcohol was consumed was at parties.

ALCOHOL USE IN YOUNG PEOPLE

Young people across NSW are increasingly more likely to drink at levels that pose immediate risk than any other age group (NSW Police 2014-18). In Australia, alcohol remains a key factor in the three leading causes of death among adolescents; unintentional injury, homicide and suicide (NSW Police 2014-18). In 2016, alcohol use amongst school students (aged 12-17 years) in the SWSLHD remained marginally lower when compared to the population of school students in NSW. Findings include:

- 61.9% of school students aged 12-17 in the SWSLHD have drunk alcohol compared to 65.1% for NSW
- 20.7% of school students aged 12-17 in the SWSLHD have drunk alcohol in the past 4 weeks compared to 23.6% for NSW
- 12.1% of school students aged 12-17 in the SWSLHD have drunk alcohol in the past 7 days compared to 14.0% for NSW

ALCOHOL-RELATED OFFENCES IN FAIRFIELD LGA

In 2017, data sourced from NSW BOCSAR found that most reported criminal offences in Fairfield LGA were not related to alcohol consumption. However, alcohol still remains a concerning risk for some incidents of crime, such as domestic violence related assault, non-domestic violence related assault, stealing from a person and malicious property damage.

Table Five – Top 10 Alcohol Related Offences in Fairfield LGA 2017

OFFENCE TYPE	TOTAL NUMBER OF OFFENCES	ALCOHOL RELATED OFFENCES	ALCOHOL RELATED %
Domestic violence related assault	727	152	21%
Non-domestic violence related assault	667	98	15%
Steal from person	101	8	8%
Malicious damage to property	1,121	71	6%
Steal from retail store	356	14	4%
Robbery	126	4	3%
Break and enter non-dwelling	136	1	1%
Motor vehicle theft	355	2	1%
Break and enter dwelling	539	2	0%
Steal from motor vehicle	845	3	0%

Source: NSW Bureau of Crime Statistics and Research 2017

ALCOHOL ATTRIBUTABLE HOSPITALISATIONS AND DEATHS IN FAIRFIELD LGA

- From 2015-17, there were 375.5 alcohol attributable deaths per 100,000 population in Fairfield LGA compared to 580.6 in NSW
- From 2016-18, there were 325.0 hospitalisations per 100,000 population alcohol-attributable hospitalisations in Fairfield LGA compared to 555.6 for NSW

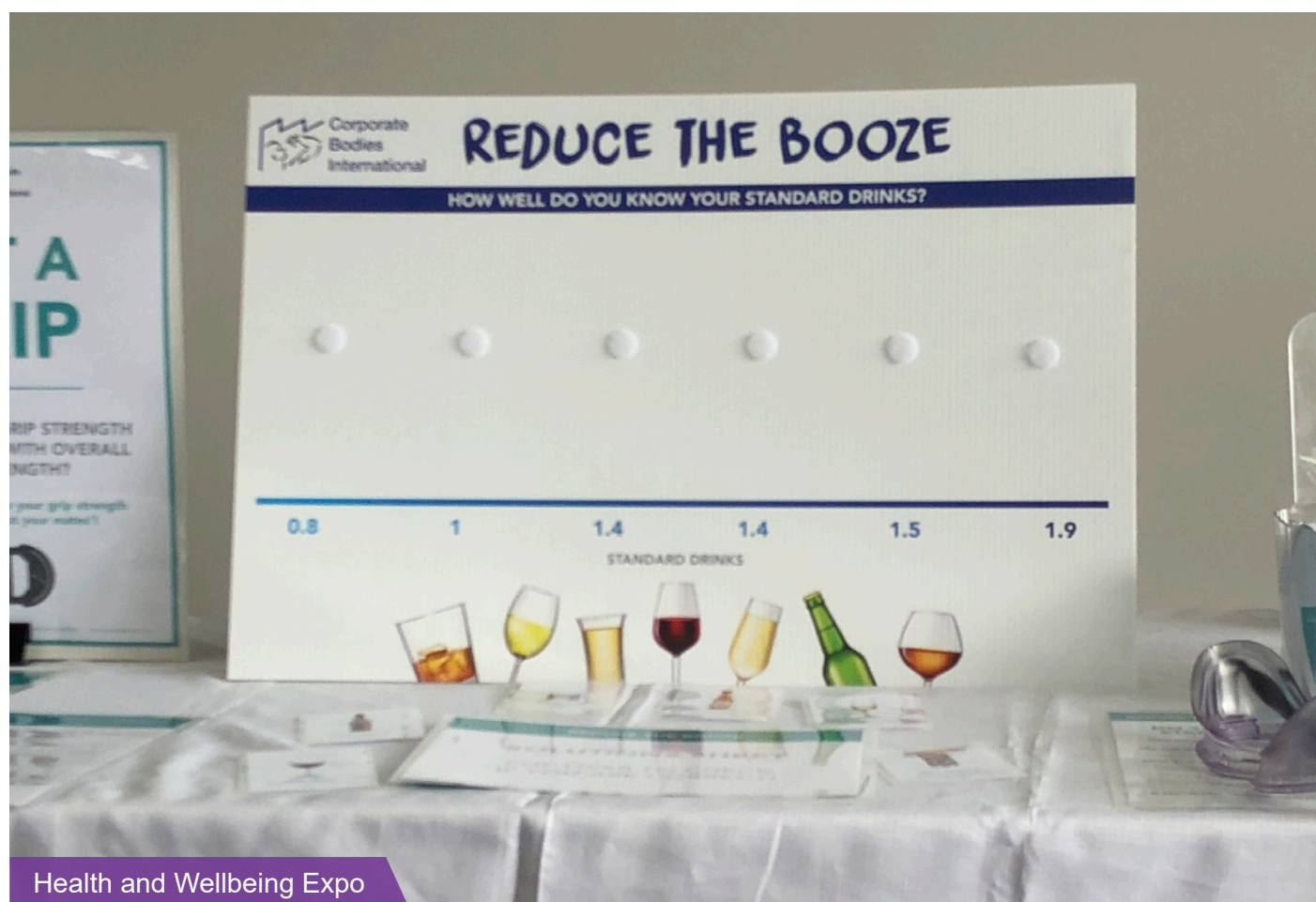


KEY PRIORITY AREAS – ALCOHOL

Information gathered from consultations and analysis of crime statistics and drug related data has informed the key objectives and actions for the Fairfield City Drug Action Strategy. The key objectives actions are scoped within a harm minimisation framework, working towards reducing demand, supply and harm associated with drug misuse. The key action areas align with the broader Fairfield City Strategy and the five themes.

OBJECTIVE	ACTIONS	RESPONSIBILITY	OUTCOMES	TIMEFRAME	RESOURCES
Promote the message of responsible drinking to young people	<ul style="list-style-type: none"> Support existing alcohol campaigns by disseminating information at Council run events Provide local safe and alcohol free recreational opportunities for young people Work with schools to increase education opportunities for young people Advocate for alcohol free environments for sporting and cultural events 	Social Planning and Community Development Team (SPCD) Fairfield Community Drug Action Team (CDAT)	<ul style="list-style-type: none"> Increased awareness of alcohol free recreational opportunities for young people in the community 	Ongoing	Within existing resources
Encourage and promote healthy lifestyles	<ul style="list-style-type: none"> Support programs that promote healthy and active lifestyles for children and/or young people 	SPCD Leisure Centres	<ul style="list-style-type: none"> Increased participation of young people in healthy and active lifestyle programs 	Ongoing	Within existing resources
Increase awareness of the long term effects of alcohol use	<ul style="list-style-type: none"> Work in partnership with relevant stakeholders to develop and deliver awareness raising initiatives and projects that demonstrate long term effects of alcohol use 	CDAT	<ul style="list-style-type: none"> Increased awareness of the long term effects of alcohol use 	Ongoing	Explore potential funding opportunities

OBJECTIVE	ACTIONS	RESPONSIBILITY	OUTCOMES	TIMEFRAME	RESOURCES
Comply with the requirements of the Liquor Act 2007	<ul style="list-style-type: none"> Respond to applications to the Liquor and Gaming NSW 	SPCD	<ul style="list-style-type: none"> Increased involvement in responding to applications that require social impact studies 	Ongoing	Within existing resources



Health and Wellbeing Expo

KEY PRIORITY AREA TWO – TOBACCO USE

Tobacco use remains a significant health concern in Australia and New South Wales despite decades of strategies minimising the related-harms. Tobacco is the leading cause of preventable death and disease in Australia and New South Wales. As expressed in the National Tobacco Strategy 2012-2018, tobacco use is responsible for more drug-related hospitalisations and deaths than alcohol and illicit drugs combined. Exposure of smoking can also be damaging particularly for older people, children and pregnant women (AIHW 2018).

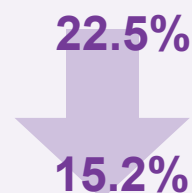
Fortunately, the rates of tobacco use in Australia and New South Wales have significantly decreased over the years. Since 2001, the prevalence of adults who smoke daily reduced from 22.3% to 12.8% in 2017-2018 (ABS National Health Survey). Of the population who use tobacco, disadvantaged, marginalised and discriminated population groups consume tobacco in a greater quantity in comparison to the broader population. Indigenous Australians, people experiencing or at risk of homelessness, single parents, people experiencing mental illness and people who identify as lesbian, gay, bisexual or transgender, are a few population groups that report high consumption of tobacco (ACOSH).



Tobacco use is responsible for more drug-related hospitalisations and deaths than alcohol and illicit drugs combined (National Tobacco Strategy)

**62,979
DEATHS**

From 2016-17, a total of 62,979 hospitalisations and 6,850 deaths were attributed to smoking (NSW Health)



From 2002 to 2017, tobacco use in NSW declined from 22.5% to 15.2% (NSW Health)

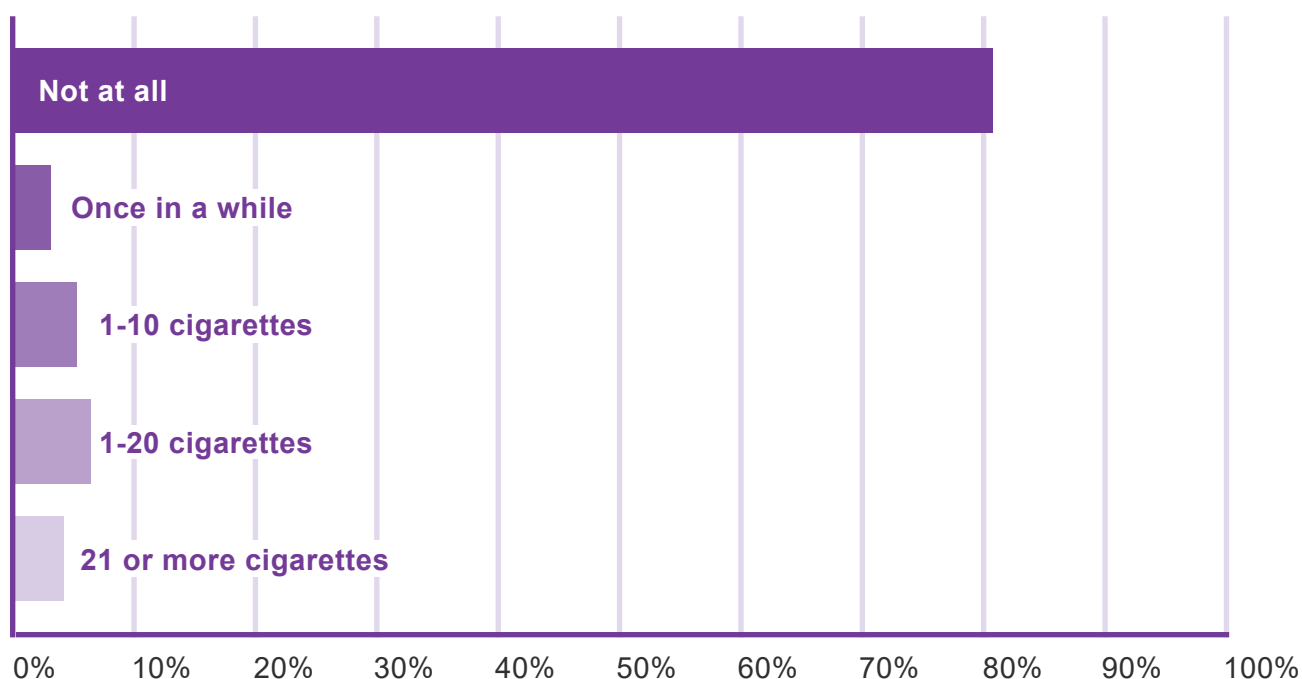
TOBACCO USE IN SWSLHD

Tobacco smoking continues to remain a prominent concern in SWSLHD which includes Fairfield City. According to NSW Health Statistics, in 2017:

- SWSLHD had a higher rate of smoking in adults (20.4%) than the rate across all LHDs in NSW (15.2%)
- Males had a higher rate of smoking daily (18.3%) compared to females (13.3%)
- 46.9% of males reported having never smoked and 58.4% of females reported having never smoked
- Smoking in young people remains a concern in SWSLHD. In 2016, school students in SWSLHD had higher rates of smoking (6.4%) than that of the rate in NSW (4.8%).

TOBACCO USE IN FAIRFIELD CITY

The rates of tobacco use in Fairfield City reflect the decreasing national and state trend. Data collected from an online consultation, completed by local residents, highlighted that 81% of respondents did not smoke cigarettes. Of the remaining 19% of respondents who do smoke, 12% reported smoking daily. Within this online consultation, people who smoke identified a range of reasons were they were not able to quit. Reasons identified included: enjoyment; relaxation; and the ineffectiveness of previous attempts. The figure bellows displays the variations of tobacco use in Fairfield City.



SMOKING ATTRIBUTABLE HOSPITALISATIONS AND DEATHS IN FAIRFIELD CITY

Data collected from NSW Health has shown a longitudinal decline of smoking attributable hospitalisations and deaths in Fairfield City. From 2001-2003, smoking attributable hospitalisations has decreased by 26.8% from 1,412 to 1,033 in 2016-2018. In comparison with the NSW rate, Fairfield City has much lower smoking attributable hospitalisations rate per 100,000 populations (49.9 compared to 646.7 in 2016-2018). Table Six below provides the number of smoking attributable hospitalisations from 2001-2003 to 2016-2018.

Council have identified groups in Fairfield who have higher smoking rates than the broader community. There have been targeted programs for these groups (Vietnamese, Arabic). Council were involved in the Vietnamese Quit Smoking Project through the Fairfield Health partnership.

Table Six – Smoking attributable hospitalisations in Fairfield City

SMOKING ATTRIBUTABLE HOSPITALISATIONS, FAIRFIELD LGA, 2001-03 TO 2016-18					
	Fairfield LGA				Total NSW
Year	Spatially Adjusted Number of Separations per Year	Spatially Adjusted Rate per 100,000 population	95%	95%	Spatially Adjusted Rate per 100,000 population
2001-03	1,412	754.6	736.6	772.9	781.2
2002-04	1,403	753.0	736.4	770.6	772.1
2003-05	1,365	734.5	717.6	752.1	766.0
2004-06	1,319	710.1	692.3	726.9	745.8
2005-07	1,319	707.6	690.8	724.2	729.1
2006-08	1,377	732.5	715.1	750.3	733.3
2007-09	1,461	766.5	749.7	785.1	733.8
2008-10	1,422	735.7	719.7	753.0	723.1
2009-11	1,303	667.9	652.8	684.1	709.1
2010-12	1,325	673.8	658.0	688.3	707.9
2011-13	1,355	682.8	667.6	698.0	711.7
2012-14	1,195	596.2	581.9	609.5	666.8
2013-15	1,066	526.7	513.9	539.9	627.8
2014-16	1,065	520.9	508.0	533.3	635.4
2015-17	1,051	509.8	497.4	522.1	647.8
2016-18	1,033	497.9	485.8	509.6	646.7

Source: HealthStats NSW Smoking Attributable Hospitalisations Fairfield LGA

While smoking attributable deaths have declined from 2001 to 2016, it has not been a consistent annual decrease in comparison to smoking attributable hospitalisations. For example, there were 146 smoking attributable deaths in 2010 which increased to 150 in 2012 and 165 in 2014. However, in 2016 the number of smoking attributable deaths decreased to 136. This inconsistency is also reflected in a comparison of smoking attributable deaths per 100,000 between Fairfield City and NSW. In 2016, Fairfield City had a lower smoking attributable death rate per 100,000 compared to NSW 66.1% and 71.1%, respectively.

Table Seven – Smoking attributable deaths in Fairfield City

SMOKING ATTRIBUTABLE DEATHS, FAIRFIELD LGA, 2001 TO 2016					
Year	Fairfield LGA				Total NSW
	Spatially Adjusted Number of deaths per Year	Spatially Adjusted Rate per 100,000 population	95%	95%	Spatially Adjusted Rate per 100,000 population
2001	159	84.6	75.0	93.9	88.7
2002	180	96.4	86.7	105.8	87.8
2003	175	93.9	85.1	103.5	83.3
2004	169	91.0	82.1	101.6	83.2
2005	146	78.7	70.9	87.7	78.8
2006	153	82.3	74.4	91.8	75.6
2007	154	82.2	74.4	91.6	78.0
2008	138	72.6	65.2	81.0	76.7
2009	144	74.5	66.7	82.3	74.0
2010	146	74.7	67.2	82.8	74.1
2011	142	72.3	65.0	80.1	74.5
2012	150	75.7	68.1	83.0	74.3
2013	135	67.3	60.5	74.6	71.9
2014	165	81.4	74.0	89.5	71.2
2015	147	72.2	65.7	79.7	71.9
2016	136	66.1	59.3	72.7	71.1

Source: HealthStats NSW Smoking Attributable Hospitalisations Fairfield LGA



KEY PRIORITY AREAS – TOBACCO

OBJECTIVE	ACTIONS	RESPONSIBILITY	OUTCOMES	TIMEFRAME	RESOURCES
Increase awareness of the harms associated with tobacco smoking	<ul style="list-style-type: none"> Strengthen partnerships with service providers to raise awareness of the harms associated with tobacco smoking Distribute CALD appropriate resources at events Increase awareness of the harms associated with second hand smoking Support targeted anti-smoking campaigns run by SWSLHD 	SPCD	<ul style="list-style-type: none"> Increased awareness of the harms associated with tobacco smoking 	Ongoing	Within existing resources
Increase the number of smoke free environments in Fairfield LGA	<ul style="list-style-type: none"> Promote the legislative requirements that prohibit smoking in various locations and venues 	SPCD	<ul style="list-style-type: none"> Increased awareness of the harms associated with second hand smoking 	Ongoing	Within existing resources



KEY PRIORITY AREA THREE – ILLICIT DRUG USE

Illicit drug use impacts all individuals, families and communities either directly or indirectly. The associated harms of illicit drug use can be both short- and long-term and affect all areas of life such as an individual's health, financial and job security, social and family life, and criminal associations (AIHW 2018; Department of Health 2017). The severity of the associated harms can vary from injury and poisoning, to heart damage, mental illness, unemployment, homelessness, criminal records and social isolation (AIHW 2017; Parliament of Australia). The use of illicit drugs can vary between population groups and geographical locations, however, there are some consistent trends that require action. The use of particular drugs such as methamphetamine is increasing in Australia and cannabis remains the most commonly used drug.



Cannabis is the most widely used illicit drug in Australia (AIHW 2018)

4x

Methamphetamine use and methamphetamine related deaths are increasing in Australia. The death rate in 2016 was four times higher than that in 1999 (AIHW 2018)

4,788

Methamphetamine related hospitalisations

In 2015-16 there were 4,771 emergency department presentations and 4,788 hospitalisations relating to methamphetamine in NSW (HealthStats)

DRUG RELATED CRIMINAL OFFENCES IN FAIRFIELD CITY

Data relating to illicit drug use is quite limited and difficult to obtain. Data was sourced from South West Sydney Local Health District (SWSLHD) this data was the most comprehensive about methamphetamine use and attributable hospitalisations. Methamphetamine attributable hospitalisation has significantly increased in the SWSLHD. Data pertaining to South West Sydney sourced from NSW Health found that:

- In 2009-10, the rate of methamphetamine-related hospitalisations per 100,000 was 6.0, with a total of 38 hospitalisations
- In 2016-2017, the rate of methamphetamine-related hospitalisations per 100,000 was 134.3, with a total of 928 hospitalisations.
- Persons aged 16-34 years had the highest hospitalisation rate

DRUG POSSESSION AND/OR USE IN FAIRFIELD CITY

Recorded drug possession and/or use offences vary in prevalence and drug type in Fairfield City. In 2018, possession and/or use of cannabis were the most reported criminal offence with 342 incidents. This was followed by possession and/or use of amphetamines with 248 incidents, narcotics (178), other drugs (165), cocaine (29) and ecstasy (12). It must be noted that a context to this data must be included to understand the trends in the possession and/or use of specific drugs in Fairfield City.

Despite the possession and/or use of cannabis being the most commonly reported criminal offence, the number of incidents have decreased by 25.8% in a two-year time frame. However, the possession and/or use of amphetamines, narcotics, and other drugs have all increase in two years. The data highlights the variation of drug possession and/or use in Fairfield City and the importance of a multifaceted strategy to support all individuals. The table below outlines the recorded possession and/or use drug offences for Fairfield City from 2014-2018.

Table Eight – Recorded possession and/or use drug offences for Fairfield City from 2014-2018

		JANUARY - DECEMBER 2014		JANUARY - DECEMBER 2015		JANUARY - DECEMBER 2016		JANUARY - DECEMBER 2017		JANUARY - DECEMBER 2018	
Offence Group	Offence Type	Number of incidents	Rate per 100,000 population	Number of incidents	Rate per 100,000 population	Number of incidents	Rate per 100,000 population	Number of incidents	Rate per 100,000 population	Number of incidents	Rate per 100,000 population
Drug Offences	Possession and/or use of cocaine	12	5.9	37	18.2	27	13.1	45	21.6	29	13.9
	Possession and/or use of narcotics	109	54	135	66.3	158	76.8	174	83.5	178	85.4
	Possession and/or use of cannabis	455	225.5	494	242.8	513	249.4	461	221.1	342	164.1
	Possession and/or use of amphetamines	171	84.7	226	111.1	228	110.9	207	99.3	248	119
	Possession and/or use of ecstasy	8	4	11	5.4	30	14.6	47	22.5	12	5.8
	Possession and/or use of other drugs	117	58	135	66.3	105	51.1	142	68.1	165	79.1

Source: NSW Bureau of Crime Stastics and Research.

DRUG POSSESSION AND/OR USE OFFENCES COMMITTED BY YOUNG PEOPLE

As stated in page 17, data obtained from the NSW BOSCAR (2018) found that young people in Fairfield City were less likely to be charged with possession and/or use of amphetamines and ecstasy when compared to young people in NSW. However, young people of Fairfield City were more likely to be charged with the possession and/or use of cocaine, narcotics, cannabis, and other drugs. The data reinforces the need of actions and initiatives to be implemented that address illicit drug use and

possession by young people in Fairfield City. The data also emphasises the importance of having young people as a priority population for this Strategy. The table below shows the number of recorded possession/and or use drug offences committed by young people aged between 12 to 24 years-old in Fairfield City, in 2018.

Table Nine – Recorded possession and/or use of drugs by young people aged between 12 to 24 years-old in Fairfield City, in 2018.

OFFENCE TYPE		FAIRFIELD		NSW	
		Count	Rate per 100,000 population ^{^^}	Count	Rate per 100,000 population ^{^^}
DRUG OFFENCES	Possession and/or use of cocaine	26	66.0	682	54.0
	Possession and/or use of narcotics	3	7.6	49	3.9
	Possession and/or use of cannabis	205	520.2	6557	518.8
	Possession and/or use of amphetamines	22	55.8	913	72.2
	Possession and/or use of ecstasy	22	55.8	1575	124.6
	Possession and/or use of other drugs	22	55.8	816	64.6



KEY PRIORITY AREAS – ILLICIT DRUGS

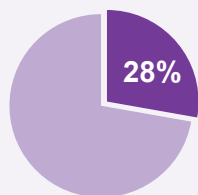
OBJECTIVE	ACTIONS	RESPONSIBILITY	OUTCOMES	TIMEFRAME	RESOURCES
Increase awareness amongst young people about the effects of illicit drugs	<ul style="list-style-type: none"> Distribute drug awareness resources at events targeting young people Provide information through youth services, libraries and Council website 	SPCD	<ul style="list-style-type: none"> Increased awareness amongst young people about the effects of illicit drugs 	Ongoing	Within existing resources
Monitor data on trends related to drug offences	<ul style="list-style-type: none"> Monitor changes in the number of arrests made in various drug categories in Fairfield LGA 	SPCD	<ul style="list-style-type: none"> Increased understanding of trends in illicit drug offences 	Ongoing	Within existing resources
Investigate opportunities to support campaigns and programs that raise awareness of drug-related harm	<ul style="list-style-type: none"> Develop a social media campaign to raise awareness on drug-related harm Work with AOD services to raise awareness and promote campaigns and programs 	SPCD Communications	<ul style="list-style-type: none"> Increased awareness of AOD related campaigns and programs in the Fairfield LGA 	Ongoing	Within existing resources

OBJECTIVE	ACTIONS	RESPONSIBILITY	OUTCOMES	TIMEFRAME	RESOURCES
Increase opportunities for residents living in Villawood/ Carramar to have access to AOD education and engage with services, programs and initiatives	<ul style="list-style-type: none"> • Work with local service providers and agencies to deliver AOD education programs/ initiatives and support in Villawood/ Carramar • Explore opportunities to increase community engagement in Villawood/ Carramar 	CDAT	<ul style="list-style-type: none"> • Increased understanding of AOD services, programs and initiatives 	Ongoing	Explore additional funding opportunities



KEY PRIORITY AREA FOUR – PRESCRIPTION DRUG USE

The escalating misuse of prescription drugs in Australia is a significant concern where all efforts must be made to address this health issue. Opioids and benzodiazepines are the most commonly consumed prescription drugs, these drugs are usually prescribed to treat chronic pain and research suggests they can be addictive resulting in dependence, accidental overdoses and hospitalisation (AIHW 2018; Roxburgh, Bruno, Larance and Burns 2011).



The misuse of prescription drugs is perceived to be acceptable by 28% of Australians, higher than the perceived level of acceptability for the use of other drugs (AIHW2018)



In 2016, 1 in 20 (4.8%) Australians aged 14 and over reported misusing a pharmaceutical drug in the previous 12 months, with 26% misusing daily or weekly (AIHW 2018)



Pharmaceutical opioids are the most commonly misused pharmaceutical (3.6%), followed by sedatives (1.6%) (AIHW 2018)

Available data regarding current prescription drug misuse in SWSLHD and Fairfield LGA is limited. For the development of the Fairfield City Council's Drug Action Strategy, data was sourced through the development of an alcohol and drug survey. The survey targeted community members and young people and included questions related to prescription drug misuse. Through the focus group consultations, prescription drug misuse was expressed as a growing issue due to easy accessibility and affordability.

It is important to note that the data is reflective of a small sample of residents in Fairfield LGA and prescription drug misuse remains under reported by many. The issue of prescription drug use has been raised as a key area of concern by residents, seniors, youth and service providers and requires further data collection.

PRESCRIPTION DRUG MISUSE IN OLDER PEOPLE

To provide the context of the increasing concern of prescription drug misuse, according to ABS, 'In 2016, an individual dying from a drug induced death in Australia was most likely to be a middle aged male...who is misusing prescription drugs such as benzodiazepines or oxycodone in a polypharmacy (the use of multiple drugs) setting' (ABS 2016). This not only challenges the stereotypical perception of a drug user in Australia, but represents a shift in the types of drugs causing death. Among younger age groups, illicit drugs such as heroin and methamphetamines are the leading causes of drug-induced deaths (ABS 2016). In contrast, the prescription drugs of opioids and benzodiazepines are the leading causes of death among the older population (ABS 2016).

It is evident that prescription drug-misuse, particularly amongst the older population, is a health concern that requires immediate action. Council is committed to responding to this issue and has developed a specific KPA in Fairfield City Council's Drug Action Strategy 2021-2022. Actions were created to decrease the number of prescription drug-induced deaths and hospitalisations, strengthen the coordination of support services available, deliver educational initiatives and programs tailored to all population groups, and collect valuable data to use for future projects and programs.



KEY PRIORITY AREAS – PRESCRIPTION DRUG MISUSE

OBJECTIVE	ACTIONS	RESPONSIBILITY	OUTCOMES	TIMEFRAME	RESOURCES
Increase awareness of the harmful effects of prescription drug misuse	<ul style="list-style-type: none"> • Work with local schools to educate young people • Work with relevant service providers to develop and deliver awareness raising initiatives to educate the Culturally and Linguistically Diverse Communities (CALD) and older residents on prescription drug misuse 	SPCD	<ul style="list-style-type: none"> • Increased understanding of the harmful effects of prescription drug misuse 	Ongoing	Within existing resources
Increase evidence-based data on prescription drug misuse in Fairfield City	<ul style="list-style-type: none"> • Work with local service providers and NSW Health to gather evidence based data on prescription drug misuse in Fairfield City • Monitor changes in consumption of prescription drugs and target groups most affected 	CDAT SPCD	<ul style="list-style-type: none"> • Increased understanding of prescription drug misuse in Fairfield City 	Ongoing	Within existing resources
Increase efforts to bring prescription drug misuse to the forefront of drug education	<ul style="list-style-type: none"> • Work in partnership with agencies to develop and deliver awareness raising initiatives 	CDAT	<ul style="list-style-type: none"> • Increased understanding by the community of the harms associated with prescription drug misuse 	Ongoing	Within existing resources

PARTNERSHIPS

The outlined KPAs will be undertaken by networks and partnerships that focus on across the board drug related issues in Fairfield LGA. The networks and partnerships will work towards raising awareness of drug related harm, shifting community attitudes towards AOD, developing resources and delivering initiatives and programs that reduce demand, supply and harm through a multidisciplinary approach. The actions areas have been developed within an early intervention and prevention framework to work towards harm minimisation.

OBJECTIVE	ACTIONS	RESPONSIBILITY	OUTCOMES	TIMEFRAME	RESOURCES
Increase understanding of local drug and alcohol services in Fairfield LGA for residents and service providers	<ul style="list-style-type: none"> Work in partnership with Community Drug Action Team (CDAT) to develop a resource directory of alcohol and drug services in Fairfield LGA Translate resource directory into relevant community languages 	CDAT SPCD	<ul style="list-style-type: none"> Increased understanding and access to support services Development of a resource directory in priority languages 	2019-2020	CDAT \$3,000 CORE grant
Build capacity of community and religious leaders to respond to AOD issues in CALD communities	<ul style="list-style-type: none"> Convene the Fairfield Local Drug Action Team (LDAT) to deliver the 'Community and Religious leaders – leading stronger and connected communities' project Develop a culturally appropriate resource tool kit to equip community and religious leaders and frontline workers with the resources, tools and knowledge Explore opportunities to extend training to frontline workers 	LDAT steering committee SPCD	<ul style="list-style-type: none"> Increased capacity of community and religious leaders to respond to emerging substance-related issues in CALD communities 	2019-2020	ADF \$40,000 funding grant

OBJECTIVE	ACTIONS	RESPONSIBILITY	OUTCOMES	TIMEFRAME	RESOURCES
Support Police with crime prevention and educational initiatives to emerging and refugee communities	<ul style="list-style-type: none"> • Work with Police and emerging and refugee communities to identify and create opportunities for police visits and information sessions on alcohol and other drugs • Engage with community and youth leaders in emerging and refugee communities to promote education on Australian laws and challenge norms around illegal activity • Continue to work with Police and legal service providers to raise awareness of the law 	<p>SPCD</p> <p>Fairfield City Police Area Command (PAC)</p>	<ul style="list-style-type: none"> • Increased understanding of the law among emerging and refugee communities 	Ongoing	Explore additional funding opportunities
Strengthen networks and services that support the safety and wellbeing of young people	<ul style="list-style-type: none"> • Continue the work of the CDAT in delivering projects and programs that educate, inform and minimise harm of alcohol and other drugs • Work with services to identify opportunities for new recreational and diversionary programs for emerging and refugee communities and other groups 	CDAT	<ul style="list-style-type: none"> • Increased knowledge of alcohol and other drugs and their impact 	Ongoing	Within existing resources

OBJECTIVE	ACTIONS	RESPONSIBILITY	OUTCOMES	TIMEFRAME	RESOURCES
Create opportunities for the community, government and non-government agencies to exchange information on AOD issues	<ul style="list-style-type: none"> • Support and convene the CDAT meetings • Develop evidence based strategies and initiatives in partnerships that will reduce AOD • Respond to review of legislation, policies and procedures • Exchange information and AOD emerging issues via networks 	CDAT	<ul style="list-style-type: none"> • Improved partnerships and collaboration across the Fairfield LGA 	Ongoing	Explore additional funding opportunities



MONITORING PROCESS

The Drug Action Strategy 2021-2022 will be implemented over the next two years and Fairfield City Council will collaborate with a range of organisations to ensure the goals and objectives are met. The Strategy will be monitored through Council processes and within the relevant frameworks, specifically the Integrated Planning and Reporting Framework (IPR). The Drug Action Strategy 2021-2022 also links with the Fairfield City Council's Delivery and Operational Plans.

Council will regularly report the achievements associated with specific KPAs of the strategy in the outlined reports and plans. Council will also seek feedback on the implementation of this Strategy from community stakeholders. Actions in this Strategy will be reviewed and if necessary changed in response to feedback from stakeholders and will address new issues as they emerge.



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