Alcohol and Drug Foundation

PREVENTING HARM IN AUSTRALIA

Pre-Budget Submission 2020-21.

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The ADF is well placed to reduce the burden of harm associated with alcohol and other drugs and help drive the Australian Government's agenda by:

- Supporting the Australian Government's Ten Year National Preventive Health Strategy, part of its Long-Term National Health Plan.
- Supporting the Prime Minister's and Health Minister's strong focus on mental health and suicide prevention. As the Health Minister said June 2019, there is a "very significant overlap between mental health and drug and alcohol abuse".
- Supporting implementation of the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan.
- Supporting the National Alcohol Strategy and the soon to be released NHMRC Alcohol Guidelines.
- Ensuring that regional and Indigenous Australia, disproportionately affected by the harms of alcohol and other drugs (AOD), receive access to information and preventative AOD programs.
- Facilitating access to early intervention and reducing demands on the treatment sector.

About the Alcohol and Drug Foundation

Celebrating 60 years of service to the Australian community, the Alcohol and Drug Foundation (ADF) is one of the most respected bodies in the alcohol and other drug (AOD) sector. Our community programs, policy advocacy and information services are creating a healthier and more informed Australia. As an independent, evidenced-based organisation, the ADF is constantly searching domestically and internationally for programs that work.

The AOD challenge

Alcohol and other drugs (AOD) are a major issue in our society with an estimated cost in Australia of $55.2 billion annually. Costs include those on the health and hospitals system from injuries and trauma, chronic disease and disability, crime, lost workplace productivity and mental health impacts.

The AOD treatment sector is under significant pressure, with approximately 200-500,000 people unable to access treatment each year. Estimated costs of meeting demand are around $1.3 billion per annum. In the Northern Territory alone, around 19,000 people are not accessing screening and brief interventions. [1]

AOD harms impact individuals, their family, other loved ones and members of the community, and they place significant burden on our healthcare system.

Levels of consumption are high

Currently there are relatively high levels of consumption in Australia with 17% of people aged 14 years and older consuming enough alcohol to increase their lifetime risk of adverse health outcomes, and 26% of people consuming enough alcohol on a single occasion to increase risk [2]. In addition, up to 13% of people who have recently used illegal drugs (i.e. within the last 12 months) reported that they could not stop or cut down even if they wanted to. [3]

- Three quarters (77%) of Australians consumed alcohol in the last 12 months and a quarter of them exceed the single occasion risk guidelines (four standard drinks) at least monthly [4]. The burden of harm is carried by the heaviest drinkers with 3% of drinkers consuming 20% of alcohol and 10% of drinkers consuming 40% of alcohol consumed in Australia. [5]
- Forty-three per cent of people have used an illicit drug at some point in their life and 15.6% have done so in the last 12 months.[6]
- Cannabis is the most commonly used illicit substance amongst young people with 8% of secondary students having used it in the past month. Use increases with age.[7] Approximately 13% of all alcohol and other treatment services clients are aged 10-19. [8]

Associated harms are high

The harms associated with alcohol and other drugs are well recognised:

- Alcohol contributes to all the leading causes of death among young people; suicide, land transport accidents, accidental poisoning, and assault. Of the young Australians aged 14–19 years who are drinking at risky levels, 83% reported being injured as a result of that drinking in the past year. [9]
- Over the past decade there has been a substantial rise in the number of deaths with a prescription drug present and there were 1,612 unintentional drug induced deaths in Australia in 2017. [10]
- Around one in five and one in 10 people have been victims of alcohol related violence and illicit drug related violence respectively. [11]
- Alcohol contributes to one third of charges of violence, almost one third of traffic charges and one in five property-related charges. Illicit drugs contribute to one in eight violence and traffic charges, and more than one in three property charges. Combined, alcohol and illicit drugs contribute to 42% of violence and traffic charges and more than half (52%) of all property charges [12].
- Days of work lost to injury or illness attributed to AOD were estimated at around 11.5 million days and roughly $3 billion. [13]
- Crystal methamphetamine ("Ice") is a well-documented problem (particularly in regional Australia). According to the AIHW, in 2017-18 amphetamines was a principal drug of concern in 27% of closed treatment episodes, the second most common principal drug of concern behind alcohol.[14]

Link between AOD use and mental health

Co-occurrence of mental health disorders in people who are substance dependent is also a concern. At least 55% of people with a substance disorder have a co-occurring mental health disorder and 60% of people with a mental health disorder have a co-occurring substance dependence[15]..

There is a strong bi-directional link between mental health and AOD harm[16]. The consumption of one or more psychoactive drugs, either episodically or over an extended period, can generate and/or exacerbate a mental health disorder and people with a mental disorder can turn to drug use as a coping strategy in response to the symptoms of their underlying mental condition[17]. People with those dual problems face higher rates of relapse and subsequent hospital visits, incarceration, unemployment, and family difficulties [18]. Additionally, stigma is attached to both conditions and is responsible for further marginalisation of individuals as it inhibits help seeking behaviour for substance use problems and mental health conditions alike. Common factors which may precipitate problematic drug use and mental health problems include genetic factors, personality, biology, and social and environmental characteristics [19]

Co-occurrence of mental health and drug problems creates more substantial problems [20]. People with conjoint substance use disorders and severe mental health conditions such as schizophrenia, bipolar affective disorder and antisocial personality disorder are less likely to have their substance use issues successfully treated; they are more likely to be arrested and incarcerated and to spend more time imprisoned, than those with a substance use problem alone.[21]

Knowledge is low

Despite the high prevalence of AOD use and associated harm, knowledge about alcohol and other drugs, their harms and where to seek help is limited.

- Only 58% of people are aware of the drinking limits recommended in NHMRC guidelines. Concerningly, only 38% of people are able to correctly estimate the number of standard drinks associated with reduced long-term harm and only 7% are able to correctly estimate the number of standard drinks associated with reduced short-term harm.[22]
- Only 29% of the general public seek information on alcohol and/or drug use [23]. Given that more than 80% of Australians consume alcohol, this leaves more than 50% of Australians who are alcohol consumers and not seeking any information on prevention or risks.
- About two thirds of Australians are not aware of how to access support outside the specialist care system [24].

Contributors to use, harm and demand for treatment

The levels of use, harm and demand for treatment are thought to be driven by many factors, some of which include:

HIGH RISK/LOW PROTECTIVE FACTORS: Weak protective factors, more prevalent risk factors for AOD dependence and a lack of robust prevention strategies in the community.

LACK OF EARLY INTERVENTION: A lack of awareness of and access to information and interventions that target the early stages of AOD use.

DELAY: There is a delay of up to 18 years from the onset of dependence to initiating help seeking behaviour, at which point people require longer, more intensive treatment.

PERCEPTION OF HARM: Perception of harm can also lead people to believe that particular drugs carry more or less harm than they actually do. All drugs carry some level of risk (including alcohol and pharmaceutical drugs). There is a widespread misconception that illicit drugs place more harm on the community than alcohol and pharmaceutical drugs.

IGNORANCE: People do not recognise the early warning signs of problematic use and thus only initiate help-seeking behaviours when alcohol and other drug use is at crisis levels.

STIGMA: People do not seek support because they feel ashamed of their AOD use. About one in five people report they have felt stigmatised for their alcohol use and 10% of people report similar feelings of stigma for their use of illegal and legal drugs [25]. Most of these people reported the source of this stigma was from their family and/or friends.

CONFUSION: Family members and loved ones do not know where to go for information and help or how to provide support.

Solutions

Alcohol and other drug use are complex issues and solutions need to be multifaceted. A health approach supports measures that focus on prevention, early intervention and treatment.

Ensuring people have information about alcohol and other drugs, their harms, how to recognise the early signs of dependence and where to go for help are important in reducing levels of harm and in preventing and delaying uptake.

By focusing early, in prevention and early intervention, we can reduce the need for treatment.

Prevention

Preventing and delaying uptake amongst young people

Alcohol and other drug harms are influenced by a range of modifiable factors that are likely to predict or prevent substance use during adolescence.[26]

Risk factors can increase the likelihood of a young person using alcohol and other drugs or experiencing harm from alcohol and other drug use [27]. They include living in a household or community where alcohol or other drugs are readily available [28] [29], parental substance use [30], favourable parental attitudes toward substance use [31], family dysfunction [32] , associating with peers who have favourable attitudes toward alcohol and other drugs [33] and school failure.[34]
Protective factors may mitigate risk factors for AOD use and harm in young people. [35] Protective factors include parental supervision and communication[36], participation in supervised leisure activities[37], social and emotional competence[38], sense of belonging/connectedness to community, school and family and participation in positive activities with adult engagement.[39]

Efforts to prevent and delay AOD use amongst young people seek to strengthen protective factors and weaken risk factors. Internationally, models such as the Icelandic Planet Youth approach have demonstrated significant impacts on AOD use amongst young people. The Planet Youth approach is modelled around strengthening protective factors in four domains: parents, peers, extracurricular activities the school environment (See Fig 2.). Since implementing Planet Youth, substance use amongst Icelandic youth has dropped from amongst the highest in Europe to the lowest [40] (Fig 1.).

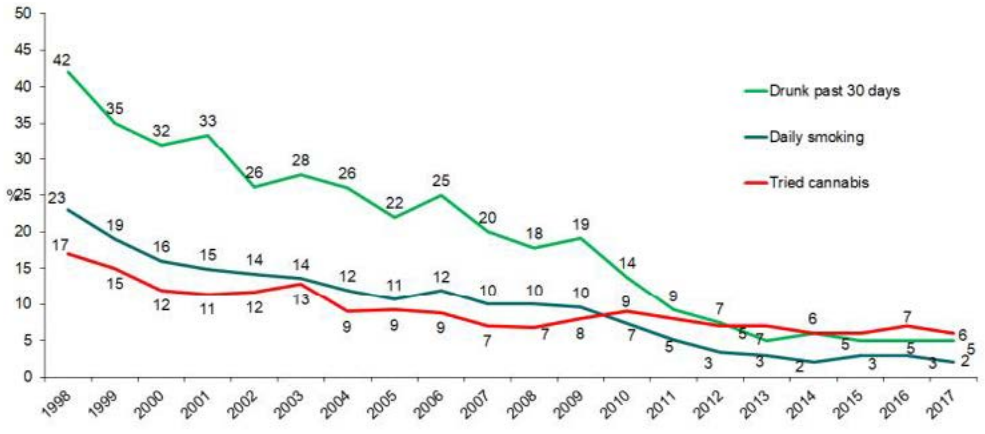

Figure 1. Substance use decrease among 15-16 year old adolescents in Iceland.

The model has had internationally recognised impacts. From 1998 to 2016, the percentage of 15-16 year old Icelandic youth drunk in the past 30 days declined from 42% to 5%; daily cigarette smoking dropped from 23% to 3%; and having used cannabis one or more times fell from 17% to 5%. Iceland has demonstrated an ability to amplify community-led prevention efforts by appropriately targeting the strongest risk factors and weakest protective factors.

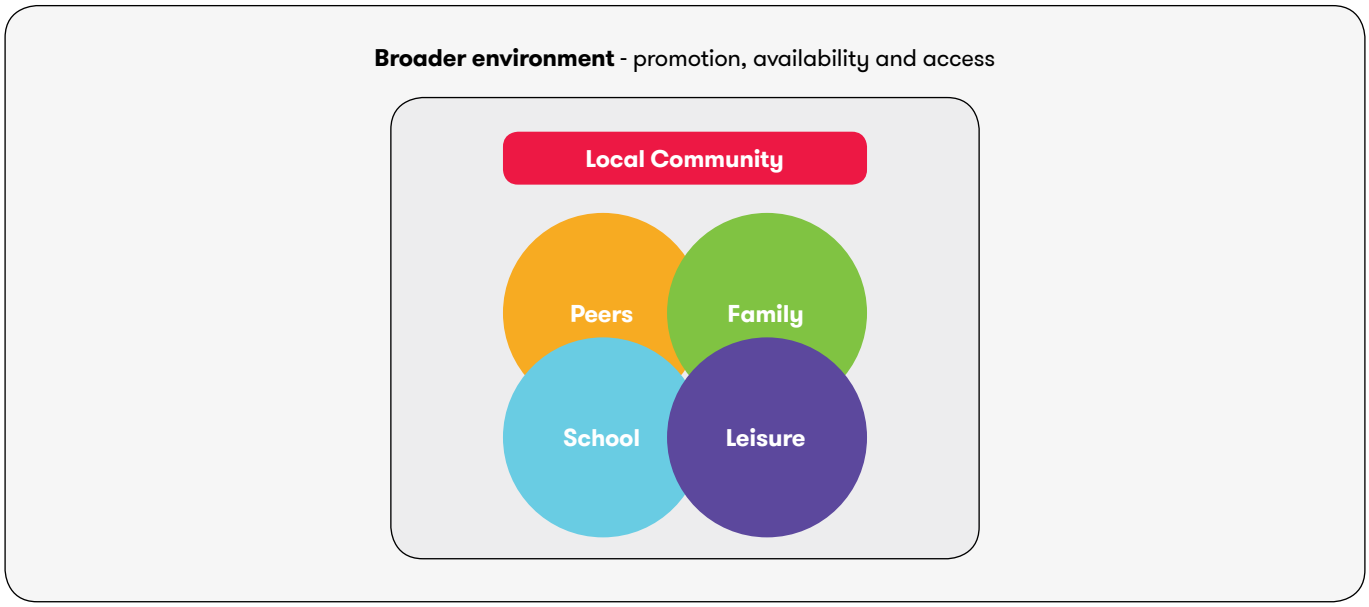

Figure 2. Planet Youth model of prevention among young people

Preventing Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD) is disorder related to alcohol consumption during pregnancy. A person with FASD may have neurodevelopmental difficulties and difficulty regulating their emotions with subsequent increased risk of poorer education outcomes, inappropriate sexual behaviours, increased risk of AOD use and greater risks of being involved in the legal system as offenders and victims.[41]

Despite known links between alcohol and FASD, around half of pregnant women consume alcohol during pregnancy.[42] And whilst prevalence of FASD is difficult to determine, it has been documented as high as 19.4% in one at risk Australian community.[43]

FASD is preventable. Education campaigns, product warnings and other methods to raise awareness of the harmful nature of alcohol consumption during pregnancy are key measures to address it.[44] Additionally, the National Fetal Alcohol Spectrum Disorder Strategic Action Plan from 2018-2028 has identified prevention of FASD as a key goal.

Efforts to prevent FASD should include broad health promotion campaigns and efforts to educate and engage with pregnant women, particularly those at risk. Educational approaches should target the community and health professionals, as well as specific population groups such as women of childbearing age, pregnant women, women at high risk of alcohol consumption and partners of pregnant women. Health workers should be having conversations with women during pregnancy about alcohol use and increasing the use of Screening, Brief Intervention and Referral to Treatment (SBIRT). This involves the use of a validated screening tool for alcohol use (e.g. the AUDIT-C) on each occasion.

The role of the environment in prevention

The environment is also important as a driver of alcohol and other drug use. Alcohol use is heavily influenced by price, promotion and accessibility.[45] The World Health Organization recognizes these levers as some of the "best buy" intervention strategies to reduce alcohol related harm.[46]

Improved prevention reduces costs, as well as AOD related harms. In the UK, AOD interventions targeted at young people save £4.3 million in health costs and £100 million in crime costs, per year. Public Health England estimates that a 7-10% reduction in the number of young people continuing their dependence into adulthood would save between £49-£159 million. This equates to £5-£8 benefit for every £1 invested.[47]

The AIHW reports that disease expenditure is approximately $117 billion per annum across the three tiers of government and that around 50% 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 2% of the total public health budget.

A major study concluded "the health of Australians could be improved both by reconfiguring existing preventive health activities, and by increasing spending on those activities shown to be the most cost-effective."[48]

Increasing knowledge and access to early intervention

The way in which alcohol and other drugs are used varies across a "continuum of use" starting with first/ experimental use, moving to regular use and then into problematic and dependent use. Many do not encounter the full continuum while others move up and down the continuum throughout their life.

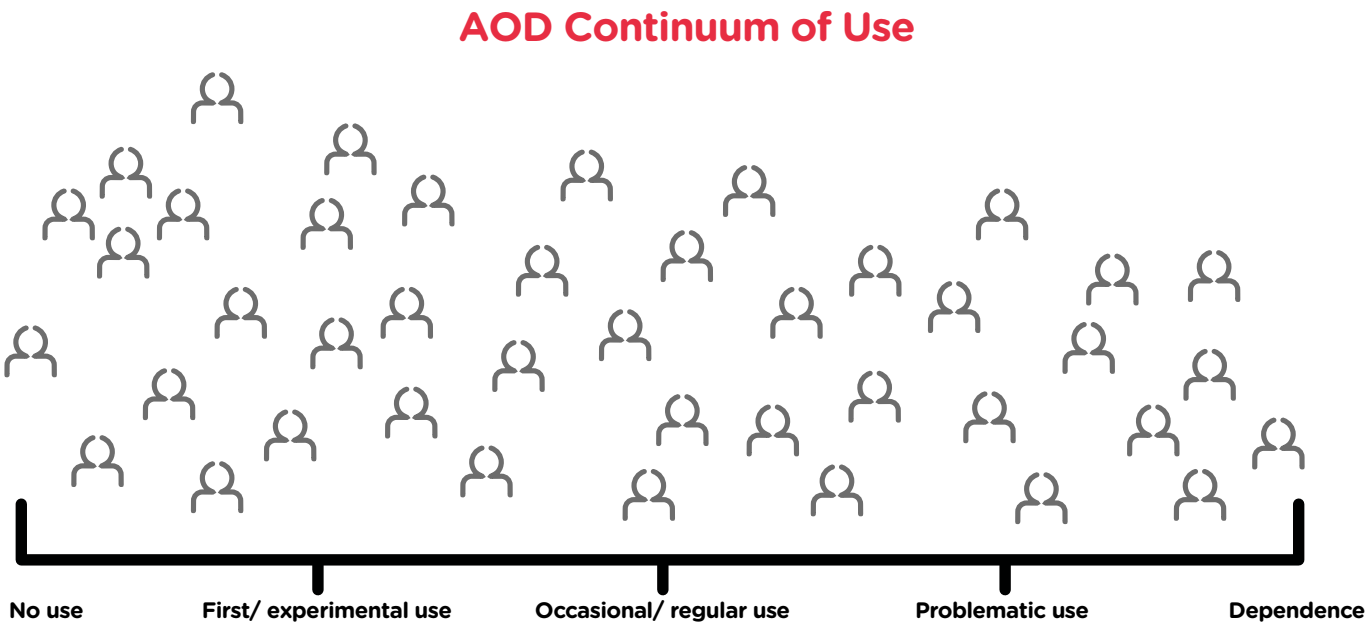

Figure 3. Continuum of use diagram

Efforts to prevent and reduce alcohol and other drug related harms seek to reduce the number of people progressing to the problematic and/or dependent stage of the continuum. They include increasing an understanding of AOD including awareness of the potential harms; signs of early dependency; and where to go to get help.

People seek information in various ways and have different information needs depending on the way they are using AOD and whether they are seeking assistance for themselves or for others. Information services based on presenting complex subjects using simple, everyday language can help to reduce the barriers to access and may greatly help to increase knowledge about AOD harms.

Stigma and lack of knowledge are major barriers to seeking help. Effective efforts to encourage early help seeking behaviour use non stigmatising language and images. Given the stigmatising nature of the topic, anonymous channels are very important. Live chat is growing in popularity as it provides instant anonymised access to information.

Increasing awareness of support services and screening and brief interventions

Encouraging help seeking is a key part of reducing and preventing AOD related harm. As many people delay help seeking behaviour, treatment can be more difficult and prolonged, increasing demands on the treatment sector. Increasing knowledge about the importance of early intervention and directing people to services that provide screening and brief interventions will ultimately reduce demand on the treatment sector.

Brief interventions such as web-based and telephone services, are cost-effective options for delivery of evidence-based programs to support people reduce their alcohol and drug consumption and minimise harm. Screening and brief interventions for alcohol are effective in reducing hazardous drinking and the average number of drinks per week, as well as increasing the percentage of people drinking at safe or moderate levels. [49] [50] [51] Notably, screening and brief interventions are a cost-effective strategy to address alcohol consumption. [52] [53] [54]

Online programs to deliver brief interventions have been shown to be effective. Hello Sunday Morning's Daybreak[55] program has had positive impacts on participants' alcohol use and psychological distress, particularly for those with greater engagement levels, who are female, older and partnered. Turning Point's Counselling Online[56] program has delivered promising results in preliminary evaluation. It has been found to be accessible and reduce by 50% participants' initial score on the AUDIT [57]. That program is currently undergoing a full evaluation; final data is expected to be collected by the end of 2020.[58]

Access to alcohol brief interventions has also been identified as a key contributor to suicide prevention. In Scotland there was a 20% reduction in the suicide rate between 2002-2006 and 2013-2017. A key ingredient of success was efforts to tackle problem drinking, especially through brief interventions in primary care.[59]

Recommendations

Invest in Prevention

1. Extend and broaden the Good Sports Program

For almost 20 years Good Sports has been Australia's largest preventative health initiative in community sport and is helping nearly 10,000 clubs across the nation build healthier and more family friendly environments.

Good Sports offers clubs free tools, resources and practical support to implement policies around alcohol management, tobacco and safe transport. It focuses on several areas of priority in preventing and minimising AOD harms within a sporting club setting.

Priority area	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.
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.
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.

Benefits

Preventing alcohol harms

Research in 2019 found that up to 70% of non-Good Sports clubs think their communities do not consider alcohol use an issue, have little or no knowledge about this issue and believe there are no resources available for support. Club representatives also reported very low readiness to address and change alcohol use within their clubs.

A 2012 survey of 1,500 community sporting club members showed that one sixth were concerned with underage drinking at their club and 75% of participants surveyed in 2009 felt that community sporting clubs would be more family friendly if alcohol sales and consumption was decreased.[60] Therefore, the cultural environment of sporting clubs heavily influences drinking behaviours of its adult members[61], and this influence extends to shaping the attitudes and beliefs of its younger members.[62] [63]

Good Sports is proven to reduce risky drinking at participating clubs by 37% and has seen a reduction of alcohol-related accidents among Good Sports club members and supporters by 42%.

Increased participation in community sport

Studies have also found that Good Sports has contributed to supporting positive and inclusive community sporting environments. On average, Good Sports clubs have experienced:

- 17% increase in number of non-players
- 12% increase in number of junior teams
- 11% increase in number of females
- 9% increase in number of club members

Improving mental health

In response to the prevalence of mental health issues the ADF partnered with Beyond Blue to develop and pilot a program. It was delivered to 400 sport clubs in rural and regional Victoria and NSW between 2009 and 2011. The pilot program was effective in raising awareness of available support and mental health issues among members of rural sport clubs. The evaluation found:

- 70% increased awareness of mental health issues
- 90% reduced stigma
- 80% increased intention to engage in help-seeking behaviour
- 75% increased support capability of clubs

Good Sports encourages clubs to implement strategies designed to reduce stigma and increase awareness of mental health. The activities are based on high-quality, peer-reviewed evidence and have been assessed for effectiveness through evaluations of previous versions of the program.

Cost effective

An economic analysis by KPMG shows that the program is also cost effective. The 2013 KPMG 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 in developing a club to level 3, $3.10 is returned in savings.

Good Sports Digital

In 2019 a digital model for delivery of the Good Sports program was trialed and found to improve the efficiency and sustainability of the program and ensure continued reductions in harms arising from alcohol and other drugs in the community sports setting. The online model was preferred by volunteers in Good Sports Clubs and by ADF staff.

Benefits of the Digital Model

The digital model provides clubs with greater flexibility to choose actions relevant to them and was the preferred method of program delivery for both staff and clubs. The model has also enabled significant efficiencies in the operational model.

The Good Sports digital model:

- Offers all participating clubs an opportunity to address not just alcohol and illegal drugs, but also mental health and junior competition.
- Provides greater insights into club behaviour better targeting resources to those clubs most in need.
- Provides a platform to communicate with club members more broadly, using this to deliver targeted messages around alcohol and other drugs.
- Enables greater reach into the community for a similar level of funding.
- Provides a digital platform that can be used to work with clubs on other public health initiatives.

Proposal

Support the Good Sports program for four years, enabling over 10,000 community sporting clubs to adopt practices, tools and resources that reduce harm from alcohol and other drugs, improve mental health, increase participation in community sport and create a positive club environment for junior players.

Option 1: Deliver Good Sports into an additional 1800 clubs over 4 years with a total of 11,800 Good Sports Clubs by 2024:

Cost: $23.9m over four years

Option 2: Deliver Good Sports into an additional 6000 clubs over 4 years with a total of 16,000 Good Sports Clubs by 2024:

Cost: $28.5m over four years

2. Enhance the Local Drug Action Team Program

The Local Drug Action Team (LDAT) Program has been developing and evolving to support and meet the needs of LDATs in the delivery of evidence-based activities to prevent and minimise alcohol and other drug-related harm. There are 244 LDATs nationally. Around 25% of LDATs include Indigenous partners and have a specific focus on Indigenous communities. Nearly all the LDATs now have activities either completed or underway.

LDATs work to prevent AOD harms by strengthening protective factors and create stronger and healthier communities by such as:

- connection to community, school and local sport/recreational clubs;
- developing skills and creating employment opportunities;
- enabling early engagement into support services when required;
- building resilience in individuals and communities; and
- working towards reducing stigma and increasing access to local support services.

Early indicators of success reported from activities being completed by LDATs include increased engagement and participation, increased social connection and inclusion, increases in knowledge, shifts in reported confidence, and intentions to continue involvement in activities designed to create stronger and healthier communities.

The majority of LDATs are progressing well, some, particularly in regional and remote areas, are facing challenges because

- Many third-party programs are quite specific, and purpose built, consequently many do not directly meet community needs identified by LDATs, requiring them to be further adapted.
- Often content from existing programs is not easily adapted to suit community needs and many rural and regional LDATs are finding the work required to develop and adapt content quite challenging.
- Third-party programs often require the program provider to deliver content, which can be prohibitive for LDATs due to cost or accessibility. It is often difficult to access suitable experts to support program delivery.
- Some LDATs are choosing less suitable activities that are easier to deliver based on available content, or adapting content that is not purpose built, which can result in misinterpretation, or risk not addressing community need.

The ADF recommends that purpose-built content to support LDATs will increase the efficiency of LDATs in delivering their activities and ensure the delivery of more effective and consistent education and awareness raising activities nationally. The focus should be on preventing FASD and strengthening protective factors amongst young people.

Proposal

Development of a series of 'off the shelf' packages for LDATs to deliver:

1. **Mentoring programs** (select, train, support mentors, link to mentees).
2. **Peer programs** (select, train, support peers, link to peers through appropriate activities).
3. **Alcohol in pregnancy** (support communities to provide information/education and activities on the risks of alcohol in pregnancy drawing on evidence-based programs and campaigns).
4. **Communicating with teenagers** (the risk of secondary supply, how to talk to teenagers about AOD, parenting as a protective factor).

The four topics have been selected as some of the most commonly chosen activities out of the 13 toolkits available to LDATs, which if delivered poorly, have the potential for harm. They are also focusing on protective factors and approaches which form part of the Planet Youth model.

Development of these 'off the shelf' packages will reduce the cost of supporting LDATs to deliver these activities, strengthening the sustainability and quality of the Program.

Cost of the proposal: $1.2m over two years.

Increase knowledge about AOD, their harms and help seeking services

Establish a National Drug Information Service

Accurate, timely information about alcohol and other drugs is vital to preventing and minimising harm. People should be able to identify possible effects, signs of increasing dependence and strategies for getting help. The type of information and support required depends on where people sit on a 'continuum of use'. A 'one size fits all' approach is not effective for all people. Prevention is essential for ensuring effective outcomes across the population.

Easy and timely access to reliable, evidence-based, non-sensationalised information is crucial to aide in preventing or delaying uptake in young people. It also aides in the reduction in consumption amongst regular users, decreases stigma, prevents dependence and ensures those at risk seek assistance and support early. If this is achieved, healthier outcomes can be affected with a greater chance of success.

Unfortunately, much information that Australians currently source is sensationalised and not based on appropriate evidence. Further, Australians access this information via a fragmented and confusing system. For example, information often relates to a single drug despite drug use typically involving several substances. Websites provide conflicting information, and sensationalism from the media acts to reinforce stigma and exacerbate fear, confusion and uncertainty.

The currently available state-based services, accessible through the National AOD Hotline, are tailored for people who are in crisis or with significant dependencies. These services are not typically used by people seeking general information in earlier stages of use. For instance, groups such as parents of children experimenting with AOD, young adults initiating use, and health professionals seeking the latest evidence, have few reliable and useful sources from which to seek valid information. Stigma also reduces the likelihood that these services targeted at those in crisis will be used.

Further, currently available information services are not well targeted. They do not adequately reflect demographic characteristics, type of drug use or an individual's relative position on the continuum of use. Digital innovations exist in some areas but are poorly used and often fail to point people in the right direction to receive appropriate support or fail to provide urgent responses when they are required.

What is desperately missing is a wholistic, national service which provides comprehensive, evidence-based information on a complex range of issues and addresses needs across the continuum of use for the general public and health professionals.

Next year's release of the NHMRC's Australian Guidelines to Reduce Health Risks from Drinking Alcohol, the first in a decade, will be a significant development that offers much potential in reducing the burden of alcohol related harm in Australia. A National Drug Information Service, run by an established and authoritative NGO such as the ADF, would immediately have the capacity to target the three groups identified in the Draft Guidelines: Healthy men and women; Children and young people; and Pregnancy and breastfeeding. Furthermore, the ADF's National Drug Information Service would have the ability to rapidly and effectively respond to the inevitable misinformation and sophistry directed at the NHMRC Guidelines by vested interests.

Proposal

In addressing alcohol and other drugs, we seek to;

- raise awareness about the harms of AOD on individuals and families so people understand these harms and avoid use;
- raise awareness of the warning signs of problematic use so people who use drugs, their family and friends recognise these and seek help early;
- increase knowledge of information and support services so people can access the right information at the right time;
- increase access to information about effective early intervention, guiding people who use drugs, their families and friends to accessible programs such as Turning Point, Hello Sunday Morning etc.; and
- initiate help seeking behaviour early to prevent problematic use and burdens on the health sector, police and treatment services.

We must do this in the context that many people are;

1. not aware that they need information, as they are not aware of harms of even low levels of consumption or higher levels of use;
2. do not know where to go for information; and
3. are accessing inaccurate, stigmatising and sensationalised information.

Investment - $2.5m per year for four years

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