

UPDATE ON THE ROTARY YOUTH PREVENTION INFLUENCER PROGRAM

The Rotary Youth Prevention Influencer program in Oceania is currently seeking views, strategies and experience in ways to respond to the changing risks facing young people, from drug use. This includes vaping as well as social media and AI.

The risks facing young people today are multifaceted, including illicit drug use, gambling, vaping, gaming, social media, and AI. To effectively respond to these risks, it is essential to:

- **Educate and Inform:** Provide clear information about the risks associated with gambling, vaping, gaming, social media, and AI. This includes understanding the potential harm and how to navigate these platforms safely. [More here.](#)
- **Promote Healthy Alternatives:** Encourage young people to explore healthier alternatives to gambling and illicit drug use/vaping, as per YPI Eva's presentation to the recent UN Convention on Narcotic Drugs in Vienna. Here is a video of Evs's presentation, with some great ideas to be considered. [More here.](#)
- **Encourage Open Communication:** Foster open conversations about online risks with young people, helping them understand the benefits and harms of engaging with these platforms. Key approaches include:
 - why they might choose to seek online avenues
 - if they have learned anything helpful
 - if they feel that some information was unexpected or even suspect
 - if anyone suggested the sites to them, and if so, who?
 - if they would be able to share the sites with you as the interested by stander
- **Implement Regulations:** Advocate to those in control (i.e. government officials, your local member, police, social workers) for the implementation of regulations and policies that protect young people from the harmful effects of gambling and vaping, as well as the risks associated with social media and AI.
- **Support Parents and Caregivers:** Provide support and resources for parents and caregivers to help their children navigate the online environment safely.

Note that by addressing these risks proactively, communities can help young people stay safe and healthy in the digital age.



PEOPLE WHO USE DRUGS MOST OFTEN OBTAIN THEM FROM A FRIEND OR DEALER

- According to the 2022–2023 National Drug Strategy Household Survey (NDSHS), almost 2 in 3 (61%) people aged 14 years and over who had recently used cannabis reported their usual source as friends, while 1 in 5 (21%) usually sourced cannabis from a dealer (AIHW 2024, Table 5.35).
- Around 4 in 5 (79%) people who regularly use stimulant drugs reported obtaining drugs from a friend, partner, colleague or relative in the last 12 months in 2025, and 66% had obtained drugs from a known dealer (Sutherland et al. 2025a).

Among people who regularly inject drugs or regularly use stimulants, the most common modes for arranging the purchase of illicit or non-prescribed drugs include face-to-face, via social networking or messaging applications (such as WhatsApp or Telegram), via text message or by phone call (Sutherland et al. 2025a, Sutherland et al. 2025b).



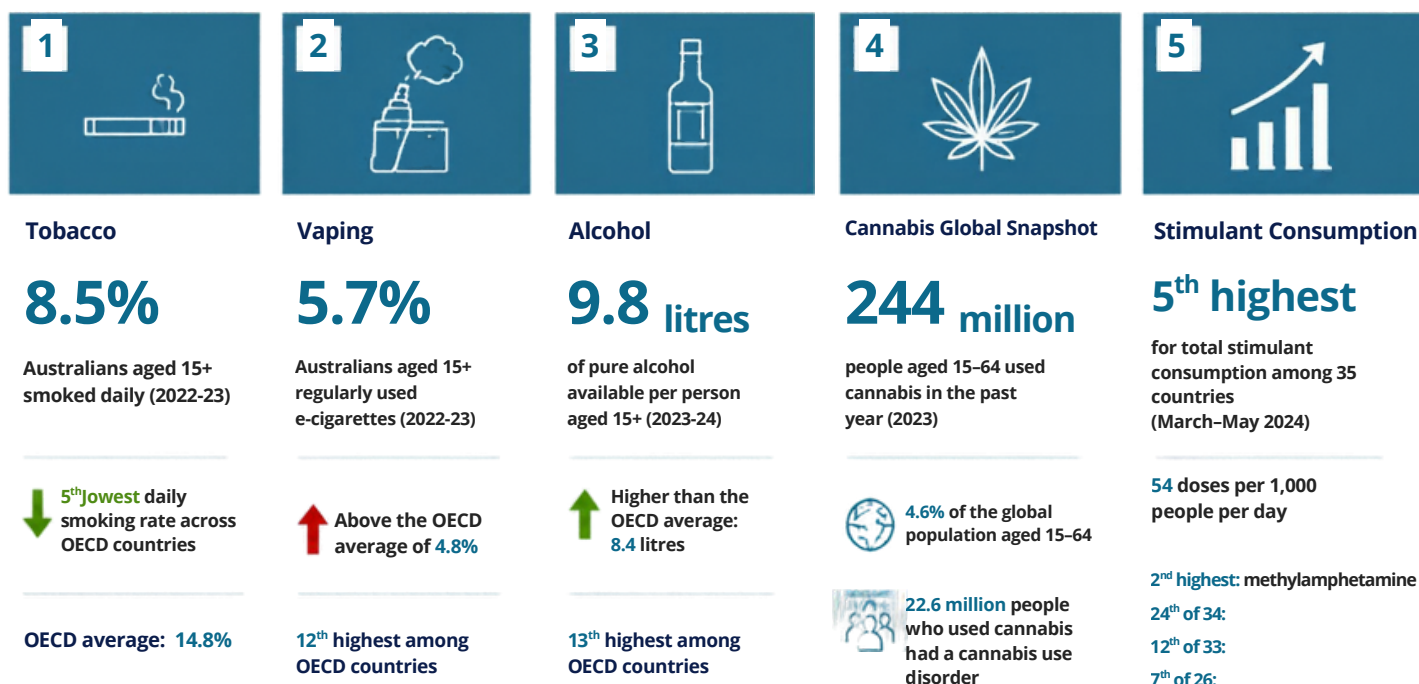
Sources: AIHW 2024, Table 5.35; Sutherland et al. 2025a, 2025b.

DRUG USE IN AUSTRALIA, COMPARED TO OTHER REGIONS/COUNTRIES

AIHW

International Alcohol & Other Drugs Data

How does Australia compare?



Source: Australian Institute of Health and Welfare, Alcohol, tobacco & other drugs in Australia — International data (updated 1 July 2026). Data sources include OECD Health Statistics 2025, UNODC World Drug Report 2025 and ACIC National Wastewater Drug Monitoring Program Report 25.

Current Status of Drug Use in Australia

The current status of drug use in Australia reveals a dynamic and resilient drug market, driven by transnational supply chains and innovative concealment methods. The Australian Criminal Intelligence Commission's report highlights the highest levels of methylamphetamine consumption recorded since the program's inception, with cocaine consumption reaching record highs nationally. MDMA use peaked in late 2024 before moderating, while heroin consumption has fluctuated, with record capital city consumption in October 2025 and regional consumption in August 2025. Regional areas continue to record higher per capita consumption of methylamphetamine, cannabis, and oxycodone compared to capital cities. The report underscores the crucial role of wastewater intelligence in Australia's national security and public health architecture, enabling agencies to identify emerging threats and forecast shifts in the drug market.

Source: Australian Institute of Health & Welfare [More here.](#)

KERRYIN'S KORNER



New AFL Illicit Drugs Policy

I have recently drafted an email for the AFL regarding this policy.

Here are some of my thoughts.

The most significant change to the current Illicit Drugs Policy is the removal of random urine testing, to be replaced by bi-annual hair testing. Hair testing detects drug use over the previous three months. However, it does not detect very recent or current drug use. Only urine testing can cover recent drug use.

I firmly believe that both forms of testing should be included, with the urine test being totally random. And of course, the players should be clearly informed of this practice. If we really want to stamp out illicit drug use and potentially prevent drug-related harm or death, this would be the appropriate measure.

[This link](#) contains an official statement verifying the infallibility of hair testing.

"One key point is that hair testing does not detect current impairment or very recent drug use. It typically takes about 7 to 10 days after drug use for the affected hair to grow out of the scalp where it can be cut and tested. In other words, if someone used a drug yesterday, a hair test today would likely still be negative. Hair testing is therefore unsuited for detecting spur-of-the-moment use or determining if someone is under the influence at the time of testing."

As an example, using only hair testing to detect illicit drug use clearly implies that a player or players could potentially use performance-enhancing drugs before the AFL Grand Final and not be detected until months later. Is this what we want?

IT APPEARS THAT THE NUMBER ONE PRIORITY IS TO KEEP PLAYERS ON THE FIELD.

This might sound inflammatory, but the truth is, there is a lot of money involved in the AFL in general and I believe keeping the players on the field is a cost-saving strategy. Of course, the response to that suggestion would be that it is best for their mental health, and in some cases, this may have some relevance, but in general I believe it is bad policy for the entire team.

This practice will only show other players that illicit drug use is not that serious, which of course could encourage further drug use by other players.

As a regretful former drug user, who has been scarred for life, and a person who lived with a husband who battled addiction for many years, and of course having studied much on the topic, I strongly support the stance of 'tough love' as the best strategy to help any drug user to overcome their addiction, and to keep the reputation of the AFL respected. This is a well-tried and proven strategy.

1. **Tough** – A. Immediate suspension from play. B. A fine, i.e. a significant consequence to the individual player. All players should be 100% aware that these measures would be the consequences of any positive illicit drug test result.
2. **Love** – Full club support to educate and rehabilitate a player, with the potential to return to play after a series of stages have been fully satisfied.

KERRYIN'S KORNER CONTINUED

If we really care about players' physical and mental health and safety above all else, these measures should be mandatory.

Illicit drug use, particularly cocaine use, is well known to be the drug of choice among many AFL players. Cocaine is not only performance enhancing, but also very addictive and detrimental to health. Its use can lead to severe side effects and even death. Tragically, the death of former AFL player, Chris Mainwaring, is one clear reminder of that.

With this new regime of drug testing, I am convinced that players will be able to very successfully figure out when they are able to 'safely' use cocaine while managing to avoid being caught with drugs in their system. I have recently read Ben Cousins' book, and he stated that back in his playing days, a player could quite easily work this out and the results of Ben's drug use have been made very public.

Sadly, after first being introduced to stimulant drugs by another player, Ben developed a severe methamphetamine addiction which almost destroyed him and severely impacted his AFL career and included three stints in prison. Thankfully, Ben has finally recovered and is currently doing well.

This is a really serious issue. Beyond the fact that illicit drug use can tarnish a player, a team or the AFL, whether they like it or not, AFL players are looked upon as role models by many younger fans.

I understand that not all players use illicit drugs and some of those who don't participate could find these tests confronting, but these players are paid very generous wages and simply need to cooperate for the benefit of the whole club and indeed the AFL.

Of course, we all want to reduce harm and helping players to recover from any illicit drug use disorder or addiction is essential. However, to many people in the AOD field, the new focus on harm reduction ahead of Demand reduction (a more prevention-focused approach), is not the best way to achieve the goal of greatly reducing illicit drug use among AFL players. It is clear that a policy with a primary focus on harm reduction will be better at identifying and managing drug use than at preventing it from occurring in the first place. Just because demand reduction/prevention hasn't worked 100% doesn't mean it hasn't worked at all. Surely, "Prevention is better than Cure".

Lastly, regarding the recent shocking incident involving five Sydney Swans players. Although naturally these players deny any cocaine use on the night, the claim has been made that they asked the topless dancers in their hotel room to 'snort' cocaine off each other's bodies.

As one with much experience in this field, I would be extremely surprised if none of the players had also indulged in the use of cocaine. Of course, this will most likely never be revealed. Perhaps I am wrong; however, if the accusations are true, they would clearly indicate how this stimulant can easily affect a user's judgement and that the current deterrents have not been enough. Of course, we are all hoping that this devastating situation will serve as a great warning to other AFL players.

In summary, I can't stress enough that prevention or Demand reduction should be the primary focus and that both hair testing and urine testing should be implemented.

*Kerryn Redpath
Executive Committee Member
Drug Free Australia*

WHAT'S HAPPENING IN AUSTRALIA?

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WHAT'S HAPPENING IN THE WORLD?

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Australia vs the World: The Drug & Alcohol Stats That Might Surprise You



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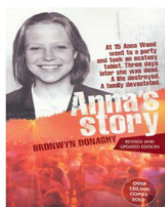
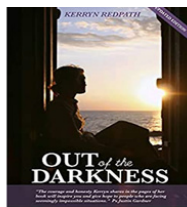


RESOURCES

Click on the images below to access the online resources



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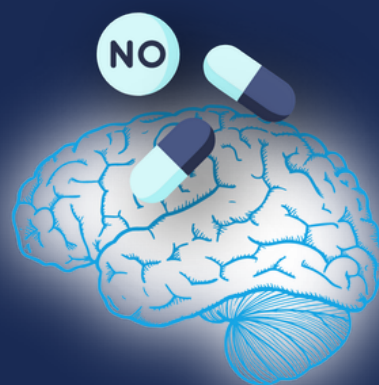
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