



VICTORIAN ALCOHOL & DRUG ASSOCIATION

ENEWS – daily electronic news, views and drug information
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A Fairer Victoria: Alcohol, Drugs and Hidden Disadvantage and Beyond

The Premier has described *A Fairer Victoria* (AFV) as Victoria's most significant policy statement since 2004 – aimed at promoting and ensuring social sustainability and making Victoria a better place to live for disadvantaged members of the community.

Given AFV is the Government's centrepiece response to reducing disadvantage over the next 5-10 years, it is of concern to VAADA and the member organisations with whom we consulted, that disadvantage linked to the use of alcohol and other drugs is not reflected in the document.

Clearly, any policy to address disadvantage that fails to recognise and respond to the harms caused by alcohol and other drugs, is missing a significant piece of a complex picture.

VAADA engaged a number of strategies to address this omission, including meetings with key ministers' offices, where we sought to highlight:

- The clear relationship between social disadvantage and AOD use.
- The shared right of substance users to universally accessible services, freedom from discrimination and the right to be treated with dignity and respect.
- The community disadvantage arising from AOD-related preventable illness and death, violence, disruption to families, lost productivity, and crime.

Overwhelmingly, the Government's view is that it has invested significantly in strategies to tackle problematic drug and alcohol use, independent of AFV, and inclusion of AOD issues in the document is therefore not warranted.

While acknowledging that government *has* invested significantly in the AOD sector in recent years, this investment was a crisis-driven

response assisting it to deal with a spate of heroin-related deaths after having been starved of resources for many years by various governments.

The drug strategies that resulted mainly focussed on reducing drug-related deaths and the social disruption associated with illicit drug use – particularly injecting drug use.

These were significant and greatly needed changes, but as crisis responses, they were underpinned by prevention measures aimed at reducing drug use and physical harm (death), rather than the more explicit aim of addressing social disadvantage – an approach more likely to be underpinned by notions of social justice.

The focus on illicit substances also detracted from a more integrated response to other substances, especially alcohol, which remains the primary drug of concern for most seeking treatment, and continues to create a significant cost burden to the community.

AFV represents an opportunity to broaden the scope of drug policy by more creatively addressing the relationship between AOD use and social disadvantage for individuals, families and communities. So far these opportunities are not being effectively harnessed.

Further, the absence of alcohol & other drugs from AFV is an indication that the issue is again slipping from the 'mind' of the government.

In response to these issues, VAADA has recommended that:

- AOD issues be included in AFV as a dedicated priority area, with clearly articulated links to other priority areas.
- The AOD sector be recognised as a specialised service system contributing to the reduction of social disadvantage.

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Month in Review

- That the AOD sector be adequately resourced to fulfil this role.
- A more coordinated and integrated policy response to AOD issues be developed, possibly through the creation of a centralised coordinating unit.
- A clearer articulation of the Government's vision for a whole-of-government response to disadvantage, including strategies for how this will be achieved must be included in *AFV*.

VAADA would like to thank those organisations that informed VAADA's response to *AVF*, by providing both valuable written input and time in our face-to-face consultation process.

VAADA PCP Discussion Forum

VAADA initiated an ongoing consultation process, examining Primary Care Partnerships (PCPs), with a discussion forum on 21 March 2006. The introductory PCP consultation examined the alcohol and other drug (AOD) sector's specific involvement with PCPs.

PCPs have been in place for a number of years in Victoria and their aim is to broadly improve health outcomes for consumers and reduce the unnecessary use of hospital services. Currently 31 PCPs are in existence across the state.

VAADA invited a cross-section of its regional and metropolitan membership to participate in the initial discussion forum.

The forum was facilitated by Dr Lynda Berends (Lynda Berends Consulting).

Key issues that forum attendees were asked to comment on included:

- How do AOD services fit into the PCP model? What examples of PCPs exist to illustrate the relationship?
- What do PCPs have to offer for AOD services? When are they effective and when not?
- What are the future directions for PCPs and AOD services in Victoria?

A diverse range of views were expressed by attendees which was perhaps indicative of the varying levels of involvement with PCPs that member agencies have: ranging from a wide-ranging systemic involvement to virtually no involvement at all.

Lynda Berends will give a detailed report of the findings in the May *VAADA News* 'Your Say' piece. Further details of ongoing consultations will be given to the VAADA membership as they become available.

Regional Voices: AOD Consultation

VAADA will be conducting a series of regional consultations across Victoria throughout May and June this year.

Forums are planned for each of the DHS regions across the State, and we seek input from all services within the alcohol and drug sector as well as others with a key interest in alcohol and drug program and policy issues.

The consultations aim to:

- Consult with the alcohol and drug sector on key issues of importance to each region.
- Build a body of knowledge about the broad issues affecting key stakeholders in regard to alcohol and other drugs.
- Inform government and departments about program and policy issues emerging in each of the regions, and State-wide patterns.
- Build relationships and partnerships between VAADA, regional DHS offices and key interest groups.

The regional forums will be facilitated by Janine Bush (VAADA Executive Officer) and Jason Rostant (VAADA Policy Officer). For more information, or to register your interest, please email Jason Rostant at jrostant@vaada.org.au.

AOD Agencies & Workchoices Forum

The Federal governments sweeping changes to the Australian industrial relations landscape (Workchoices) came into effect on 27 April 2006. The new legislation will have immediate implications for Victorian employees and employers, as Victoria has referred its industrial relations powers to the Commonwealth.

VAADA is holding a briefing on the new Workchoices legislation and its implications for agencies in the AOD sector - Wednesday, 19 April 06, from 9.30 till 12.00 at the Monash Conference Centre, Level 7, 30 Collins Street, Melbourne. Entry to the forum will be free for VAADA Members and \$20 for non-members. Please RSVP to Sarah Keogh (vaada@infoxchange.net.au / 9416 0899).

YOUR SAY

Local government in alcohol and drugs: being clear about our role (Mark Boyd Community Health and Safety Project Coordinator, Darebin City Council)

In recent years - as a policy worker at Darebin Council - I have witnessed a greater expectation of local government to play a role in the Alcohol and Other Drugs (AOD) sector. But what niche role can local government offer? Community education and treatment service provision are best handled by AOD agencies. Where local government can make a difference is in “adding value” to the sector and in looking at the structural determinants that influence substance use behaviours.

“Adding value” means doing the sorts of things that AOD agencies need but are not resourced to do. An easy one is network facilitation: bringing together local agencies on a regular basis to discuss trends, new projects, opportunities, and to reflect on community needs. I have been encouraged at how network facilitation often leads to new partnerships between agencies.

Alcohol Accords are another form of network facilitation that local governments have been involved in, to varying degree. They seem to work best when they meet regularly and encourage relationship-building between venue operators and the police in particular. Having local government being a key player in the network, rather than an invited participant, facilitates a more robust and effective Accord. Accords provide project opportunities for the AOD services involved in them. Examples I know of include: a Centre Against Sexual Assault offering an Accord partnership the opportunity to work together on a drink spiking project: and in Darebin we are selecting Accord members to pilot interventions to address intoxicated pedestrian harms.

The other key “value adding” role is research and data collection. At Darebin, we prepare a tri-annual population health data report, which includes data on substance related harms. Paul Dietze has compiled a comprehensive map of data sources that has been crucial to collating data. Collated data includes: alcohol consumption patterns; alcohol-related crime; and emergency and alcohol-related ambulance presentations. Such data is crucial for AOD services when writing grant applications and planning for future service provision.

Statistics only provide part of the picture. The opportunity to consult with the community is another area of research and data collection that

local government can help AOD agencies access. Ethical consultation respects the lived experiences of those consulted with; avoids a blaming-approach towards drug users; and encourages input from culturally and linguistically diverse communities.

Local governments are also best-placed to influence the structural determinants that can positively impact on substance use behaviour. Alcohol issues are an obvious example of this.

Liquor outlet density is a key structural determinant over which local government could theoretically play a part, as the greater the liquor outlet density in a given area, the higher the alcohol consumption. This requires having the power to decide how many outlets there should be, which types of businesses should be able to sell alcohol and whether there can be checks or balances in the system to make it less appealing to run an alcohol-related business.

At the moment, liquor licensing approval laws limit local government’s powers in managing outlet density across a municipality, with limited provisions for refusing liquor licenses, mostly based on amenity grounds. The lack of knowledge around a benchmark outlet density per head of population and the diversification of liquor availability into a range of business types, where liquor sales aren’t core business, further complicate potential licensing assessment by local government.

There are opportunities to enhance resources for alcohol-related work through increasing rates or adding surcharges on alcohol-related businesses which may also act to deter the over abundance of liquor outlets in a particular area. These additional charges could even be hypothecated and directly fund Alcohol Accord activities, such as providing responsible service of alcohol training and initiatives aimed at reducing alcohol-related harms.

Local government has a rich history of strategic planning and community engagement, and before committing to a place at the alcohol and drug sector table, it is essential to work out how this contribution can be most effective by clearly defining local government’s role.

Please note that these are the opinions of the author and do not necessarily reflect the views of Darebin Council.

Calendar of Events

April 7	<p>Projecti-homeless young people in Melbourne and Los Angeles Professor Doreen Rosenthal, Director, and Shelley Mallett, Research Director Projecti, the Key Centre for Women's Health, University of Melbourne Training Room, 142 Gertrude Street, Fitzroy. All welcome, bookings essential: call 03 8413 8413 or email info@turningpoint.org.au</p>
April 11	<p>DrugInfo seminar - Peer education as a drug prevention strategy: what works? Australian Drug Foundation. Tuesday, 11 April 2006 from 10.00 am to 12.30 pm (registration & refreshments from 9.30 am) at Angliss Conference Centre William Angliss Institute of TAFE Level 5, 555 La Trobe Street (cnr King St) Melbourne. For more information, or to book your place, tel. 1300 85 85 84 or send your name, organisation and contact phone number to e-mail druginfo@adf.org.au</p>
April 12	<p>How I do what I do - Working with non-using partners Family Alcohol and Drug Network (FADNET), 9.30-11.30am, Richmond Library, 415 Church Street, Richmond, cost: gold coin donation. RSVP to Judy Cain of Mary of the Cross Centre on email jcain@maryofthecross.org.au</p>
April 18	<p>Bloody Serious Facts: An introduction to Hepatitis C Facilitated by Piergiorgio Moro, Jenny Kelsall and Jacqui Richmond at 2-5pm, Suite 5, 200 Sydney Road, Brunswick. Cost: \$20.00, bookings essential. Call Genevieve Dickson on 9380 4644 or email info@hepcvic.org.au</p>
April 19	<p>AOD Agencies & Workchoices Forum VAADA is holding a briefing on the new Workchoices legislation and its implications for agencies in the AOD sector. This will be held at the following time & place: Date: Wednesday, 19 April 06, 9.30 till 12.00 at the Monash Conference Centre, Level 7, 30 Collins Street, Melbourne. Cost: VAADA Members–No Charge Non-Members–\$20. Please RSVP to Sarah Keogh (vaada@infoxchange.net.au / 9416 0899).</p>
April 26-28	<p>Partnerships towards Recovery: Mental Health Conference 2006 VICSERV and Richmond Fellowship ASPAC are now receiving registrations. For more information go to http://partnerships2006-rfv.vicserv.org.au/</p>
April 27	<p>Parenting under pressure - Women's Alcohol and Drug Service Training 2006 Tuesday 27 April from 9.00am to 1.00pm. All sessions held in the Supper Room and available to all professionals from hospitals and community organisations. For bookings and enquiries contact Tony on 9344 3631 or email womens.ads@rwh.org.au</p>
May 1	<p>Counselling skills using Cognitive Behavioural Therapy (CBT) for anxiety and depression: Difficulties and Solutions TRANX/PADA training, 9.30am-4pm, South Eastern Training Services (SEATS), Desailly Street, Sale. Contact Anne Smarrelli on 9886 0955 for more information or to register</p>
May 1-2 & 8	<p>Trainer Training A three-day training program oriented to the human services field. Providing information and practical resources to cover the design and delivery of training that is engaging and effective. Opportunity for practice and feedback is provided. Cost: \$485 (includes manual and lunches) Times: 9.00 - 5.00 Venue: The University of Melbourne, Hawthorn Campus (Free parking). For more information contact Liz Olijnyk or Tony Norquay at 03 9817 4094/ 03 97274848. Email: info@teamtraining.com.au</p>
May 8	<p>Counselling skills using Cognitive Behavioural Therapy (CBT) for anxiety and depression: Difficulties and Solutions TRANX/PADA training, 9.30am-4pm, Deakin University Waterfront Campus 1 Gheringhap Street, corner Western Beach Road, Geelong. Contact Anne Smarrelli on 9886 0955 for more information or to register</p>

Contributions to “Your Say”

VAADA is seeking contributions for the *Your Say* feature throughout 2006. If you are interested in having your thoughts published and incredibly well read, please email Chris McDonnell at cmcdonnell@vaada.org.au with a brief description of your chosen topic.