

Inquiry Into Strategies to Reduce Harmful Alcohol Consumption

The Victorian Government has released the final report of the Drugs and Crime Prevention Committee's (DCPC) *Inquiry Into Strategies to Reduce Harmful Alcohol Consumption*.

The Committee's Chair, John Schaeffer, MLC, stresses in his Forward that the report investigates harmful alcohol consumption not the alcohol industry. He also notes that 90 percent of Australians don't view alcohol as a drug. In light of this, it is not surprising that the Committee are of the view that: "In an area as complex as alcohol and other drug policy it is neither possible nor desirable to achieve sustainable and long term change overnight. Incremental or gradual change is not only the most feasible ways of moving forward but also the most desirable."

Given the complexity of both the culture and laws surrounding alcohol in Australia, the Committee believe that a coordinated response is the most efficient way to address the harms associated with alcohol. The Committee add that this would be best achieved through a coherent framework, such as a state-wide Alcohol Framework that articulates directions and goals for a coordinated response. The Committee believe that this framework should be overseen by a new body - the Office of Alcohol Policy and Coordination. Such a body would be ideally located in a department that encompasses a wide range of ministries.

These two recommendations are considered by DCPC to provide the "foundations which support the rest of this Report's 'superstructure'." The Committee also views community input as essential, to developing effective alcohol policy, and recommends the establishment of an Alcohol Advisory Reference Group, comprising a range of representatives with expertise in the area of alcohol policy. The report is divided into three Parts over two volumes.

Part A, *Contextualising Harmful Alcohol Consumption* has the following sub-headings:

- The Nature and Extent of Harmful Alcohol Consumption
- The Causes and Cultures of Misuse
- The Positive Contributions of the Alcohol Industry and the Costs of Harmful Alcohol Consumption

Part B, *Strategies to Reduce Harmful Alcohol Consumption* with the following sub-headings:

- Developing Alcohol Strategies: Policy Debates, Controversies and Frameworks
- Law and Legal Issues
- Collaborating with the Commonwealth: Strategies to be addressed at a Macro Level
- Advertising, Marketing and Promotion
- Harmful Alcohol Consumption: Strategies to Address Environmental Issues
- Prevention, Education and Information Strategies
- Treatment Strategies
- Strategies to Address Harmful Alcohol Consumption Among Young people
- Strategies for Specific Populations, Cultures and Harms

Part C, *The Way Forward*, with sub-heading: *Implementing the Strategies; Service Delivery, Coordination and Research*. The recommendations revolved around a number of key themes, including:

- A change in culture is required
- Coordinated and integrated strategies
- Evidence based strategies are essential
- Targeted and population polices are the correct mix
- Aim to tailor strategies to local conditions
- Incrementalism is important
- Policy success depend on a balance of factors
- Share responsibility for preventing and addressing problems associated with harmful alcohol consumption

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Month in Review

The report is over 1400 pages long and makes 165 recommendations. Some recommendations of particular interest are outlined below.

► That there is increased research into the extent and patterns of alcohol use, especially among certain risk groups in view of the importance of evidence based research.

► That specific strategies be developed that meet the needs of particular groups, for example culturally and linguistically diverse communities (CALD), gay, lesbian, transgender communities, Indigenous people, the homeless, older people, young people, rural and regional communities.

► That there are improved links between all tiers of government; especially in the development of local drug action plans and strategies, and alcohol accords. Developing uniform, state-wide liquor licensing laws, investigation of late-night “lock-outs” and improved access to late night public transport.

► That the commonwealth undertake a wide-ranging inquiry into the taxation of alcohol, and suggests eight areas that could be included in the terms of reference and questions the rationale of considering alcohol as an ‘ordinary commodity’ under Australia’s National Competition Policy (NCP).

► That there be increased training for health professionals, drug and alcohol workers, public transport providers, and the police, as well as mandatory “responsible service of alcohol” training for anyone supplying alcohol.

► That training is provided to primary health care professionals to screen patients and deliver brief interventions, (such as information provision).

► That more specialist services be provided and recognises the important part that specialist treatment services currently provide in dealing with harmful drinking and will play in the future.

► That the links between harmful alcohol consumption and alcohol advertising and sponsorship – especially at sporting events be investigated.

A copy of the report can be found at <http://www.parliament.vic.gov.au/dcpc/>

Prisons Reference Group

VAADA has convened a Prisons Reference Group in response to a number of initiatives currently being undertaken by the Department of Justice (DOJ). The Group has met twice so far. The DOJ is currently conducting an evaluation of the Victorian Prison Drug Strategy and the

Opioid Substitution Therapy Program, which builds upon a number of previous and ongoing evaluations of prison and post-release drug treatment programs. To date the DOJ has consulted with stakeholders within Corrections, and is planning to undertake consultations with the community sector, most likely in May.

DOJ is also in the process of developing a draft Community Correctional Services (CCS) Drug Strategy, and has held stakeholder forums around the state throughout April. Input into the first draft is required by the end of the month, with the first draft strategy to be released for comment in mid-May. VAADA is providing input at all stages of this process.

To date, a number of issues have been raised through VAADA’s Prison Reference Group. With regard to prison drug treatment programs these broadly relate to:

- impact of prison cultures on access to drug treatment programs and their efficacy;
- barriers to participation in drug treatment
- coordinated transitional planning upon release, especially where those releases are unplanned;
- wait lists;
- availability of flexible programs to meet individual need
- inconsistency between various prison sites

With regard to CSS the issues raised relate to:

- clarity of roles and language between different service providers involved in corrections
- need for improved transitional arrangements
- case management approach that provides stronger continuum of care, recognises complex needs in offenders’ lives, and their diversity
- need for workforce development that jointly engages CCS and AOD providers

If you would like to provide input as VAADA develops its response to each of these initiatives, please contact VAADA Policy Officer, Jason Rostant at jrostant@vaada.org.au or 9416 0899

Ethical employment under Workchoices

On 19 April, VAADA held a briefing on the changes for employers with the new IR regulations that were introduced on 27 March 2006. A key theme of David Amesbury’s (of Specialised Workplace Solutions) briefing was the importance of ethical employment practices for retaining a strong workforce.

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YOUR SAY

Women, Domestic/Family Violence and Problematic Substance Use Bree Oliver, Project Officer, Domestic Violence Victoria (DV Vic)

Although it is widely accepted that problematic substance use does not cause domestic/family violence, there is a clear overlap between the two issues. Firstly, women may begin or increase their substance use in response to domestic/family violence. 'Women often report that in addition to medicating the emotional and physical pain of trauma, substance use helps to reduce or eliminate their feelings of fear.'¹ Substance use therefore becomes part of their day to day safety strategies.

Secondly, substance use may be encouraged or even forced by the perpetrator as a mechanism of control. In addition, a woman's efforts to address substance use that becomes problematic may be sabotaged by the perpetrator.

For example preventing the woman from keeping appointments; ensuring availability of substances; ensuring proximity to triggers that prompt or facilitate her problematic substance use; and restricting her ability to fulfil support plans.

Perpetrators may also intensify their use of violence in order to re-establish control; use the woman's substance use to excuse their violence; may threaten to expose her substance use to friends, family or authorities.

The perpetrator may also be the primary supplier of the drugs, increasing her dependence on them by exploiting her dependence on drugs².

Thirdly, factors related to victimization 'are low self esteem, guilt, shame, powerlessness and/or depression' which also provide a foundation for the development of problematic substance use.

And finally, a woman who experiences domestic/family violence who has substance issues is at increased risk. Being substance affected may prevent the woman from assessing the level of danger posed by the perpetrator. Under the influence of substances, women may feel a sense of increased power and may erroneously believe in their ability to defend themselves or their power to change the perpetrator. Problematic substance use may impair judgment and thought processes so that victims may have difficulty with adequate safety planning. Women may be reluctant to contact police in violent situations for fear of their own arrest or notification to Child Protection. Finally, women who misuse substances 'are less likely to be believed or taken seriously by others; they are more likely to be blamed for the violence'.

It is recognised that an "address substance use first" approach fails to recognize that women often rely on substances as part of their coping strategies as they face ongoing violence. In reality women may be particularly resistant to engage in support to address problematic substance use until they are confident that they can achieve genuine safety.

It seems obvious to state that drug and alcohol services are not specialist in domestic/family violence and that domestic/family violence services are not specialist in drug and alcohol issues. It is for this precise reason that collaborative practice between the service types can enhance the support provided to women.

Effective collaborative practice is more than a women getting support from both service types and needs to be supported by a range of policies, procedures and protocols.

There are challenges to effective collaboration including differing philosophical standpoints and views on appropriate support. This makes transparent communication and establishing common ground essential to effective collaboration between workers and services. Positive collaborative practice is based upon mutually understood perspectives, expertise and experiences. Clarity of roles and responsibilities ensures there is no confusion, consistency and prevents double up. Collaborative practice is also aided by services taking a "solution-seeking" approach to partnership and collaborative activities.

Please note - while there are commonalities in the forms of abuse used by perpetrators (for instance sexual assault, physical violence and psychological abuse) how the violence is carried out and the subsequent experiences of women are diverse and unique to the individual. On this basis while there is general information available regarding the impact of violence on women, assumptions can never be made about the experiences of individual women. This is particularly important where workers seek to inform themselves about specific issues such as women who experience domestic/family violence who (mis)use substances. Please keep this in mind as you read this article.

1 Jones & Schechter (1992) in Zubretsky (1995) pp 2 2 Zubretsky (1995) 3 Illinois Department of Human Services (2002) p1 4 Aramburu & Leigh (1991) in Zubretsky (1995) pp2 5 Minnesota Coalition Battered Women (1992) in (1995) Illinois Department of Human Services (2002) 'Best Practices: Addressing Substance Use in Domestic Violence Agencies' Illinois, USA.

Calendar of Events

May 8	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
May 9	Ouch: How to manage the pain with drug and alcohol issues - Women's Alcohol and Drug Service Training 2006. Tuesday 9th May 2006, 9.00am to 1.00pm. All sessions held in the Supper Room (Royal Women's Hospital) 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
May 10 to June 7	VAADA Regional Voice - Statewide Regional Consultations VAADA is seeking to consult with those who work in or have a key interest in AOD issues. VAADA will be consulting at a number of sites (please see insert). For further information or to register, please contact Jason Rostant on 9416 0899 or email: jrostant@vadda.org.au
May 12	Talking Point Seminar Series - Co morbidity of substance use and depression: the diagnosis, management and outcome of depression in general practice (diamond) longitudinal study Dr Gail Gilchrist Senior Research Fellow, Department of General Practice, University of Melbourne. Turning Point Training Room, 142 Gertrude Street, Fitzroy. Bookings essential: call 03 8413 8413 or email: info@turningpoint.org.au
May 16	Women & Drugs A free half day forum held by Women's Health In the North (WHIN) in partnership with Turning Point Alcohol that will explore the impacts of drug use on women's health and wellbeing. Northcote Town Hall on Tuesday 16 May, 2006, 9.30a.m – 1.00p.m. For more information please contact: Kerryln Lewis, Health Promotion Worker Women's Health In the North, ph: 03 9484 1666, email: kerryln@whin.org.au
May 17 Session 1 & 2	Turning Point Seminars Session 1: A critical look at drug policy. Session 2: Consumption beyond control? Drinking and drug use among young Britons. Presented by leading British expert, Professor Howard Parker. Session 1 9.30am-11am – Session 2 11.30am-1pm at the Turning Point Alcohol and Drug Centre, 142 Gertrude Street, Fitzroy, 3065. Cost Free. Due to a limited amount of seats, bookings are essential. Please RSVP by email to Anna Guthrie (anna.guthrie@turningpoint.org.au) to reserve your space.
May 26	Talking Point Seminar Series-Justice, juice and juveniles: the use and abuse of alcohol and other drugs by the young offender Dr Andy Lovett, Paediatrician and NH&MRC PhD Scholar, Centre for Adolescent Health & Royal Children's Hospital Turning Point Training Room, 142 Gertrude Street, Fitzroy. All welcome, bookings essential: call 03 8413 8413 or email: info@turningpoint.org.au
May 25	Who is looking out for number one?? Health professionals, self care and the workplace. Thursday, 25th May 06, 9.00am to 1.00pm. All sessions held in the Supper Room (Royal Women's Hospital) 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
May 26	Essential Psychoeducation for anxiety and depression Presented by Joe Bolza for TRANX/PADA at the Kingston Arts Centre, 979 Nepean Highway, Moorabin, 9.30am-4pm: Contact Anne Smarrelli on 9886 0955 for more information or to register.

Ethical employment under Workchoices – continued from page 2

The new regulations are extensive and complex. The immediate issue for employers, however, relates to compliance with the regulations. There is an amnesty period of four months that will enable organisations to bring their employment procedures and practices into line with the Workchoices regulations.

Two recommendations were made at the briefing in regard to compliance. Firstly, employers should undertake a compliance audit to map their pay and conditions in the context of the new regulations – and to think strategically about where to next? Secondly, getting advice from an industrial body about the changes is recommended. For further information, relevant websites to visit include: Office of the Employment Advocate – 1300 366 632 or www.oea.gov.au; Workchoices Infoline – 1300 363 264 or www.workchoices.gov.au Australian Industrial Relations Commission (for fact sheets) – www.airc.gov.au