



NEWS

VICTORIAN ALCOHOL & DRUG ASSOCIATION

March 2007

ENEWS – daily electronic news, views and drug information
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VAADA Conference 2007

Health for All – Advocating for people who use alcohol and other drugs was held at The Spring Street Conference Centre on 13 & 14 February 2007 with over 200 people attending.

The conference theme was about adopting a holistic or “whole person” approach when addressing the mental, physical, social and general health issues experienced by people who use alcohol and other drugs. Specifically, it explored issues relating to the accessibility of health services for those who have substance misuse issues. Issues relating to stigma and discrimination were explored in the context of drug user’s interactions with, or attempts to access the health system.

Paul Smith (Director, DPSB) opened the conference and spoke about the special responsibility the AOD sector has to deliver non-judgemental services. He added that beyond the immediate sector, the broader health system must be mindful of the impacts judgemental attitudes can have on marginalised members of the community. The first plenary session had three keynote speakers and examined addiction and health from both a societal and personal view, and strategies to reduce health inequalities for those who use drugs.

Suzie gave conference participants an insight into how current drug users (or those in recovery), may experience the health care system. She noted a number of reasons why drug users may not prioritise their own health, and highlighted how feelings of shame and stigma acted as brakes to these groups accessing health care.

Dr Richard Eckersley noted that the causes of health inequalities are complex and derive from more than just economic factors. He also discussed the link between rising affluence and diminished social well being, and the pessimism experienced within the community around the quality of life we lead.

Dr Helen Szoke discussed what the new Victorian Charter of Human Rights means, and how the model adopted is framed and operates. She outlined the obligations of public authorities under the charter and the relevance it will have to those with substance misuse issues.

The afternoon session examined strategies to improving access and health outcomes for specific sections of the community.

Professor Ian Anderson noted that Kooris comprise 6.8% of clients who access DHS funded AOD services. Strategies that can improve access for Kooris include: creating safe and comfortable environments that provide convenient access; emphasis on relationship building with individuals; having active strategies at hand to address problems as they arise; and the adoption of active service models.

Kathleen Walsh described what a gendered approach is and why it’s needed. She highlighted that health issues can be gender specific, and that health policy is failing when it is characterised by a “one size fits all” mentality. The morning plenary examined how health for those within the prison system may be improved.

Dr Richard Mathews outlined the myriad of health problems faced by those incarcerated in prison and some of the strategies employed by NSW Health to address these issues. In particular he noted the health benefits methadone maintenance programs provided to NSW prisoners with substance use issues.

Dr Stuart Ross discussed the range of health and social issues that face prisoners upon their release and outlined strategies to improve prisoner health upon release. In particular, he highlighted that successful interventions must begin by first addressing the basic needs of released prisoners, such as housing, income and reconciliation within family groups.

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Month in Review

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The Minister for Mental Health, the Hon. Lisa Neville was the last speaker for the day and expressed her enthusiasm for working with the sector in the future.

Playback Theatre closed the conference with a piece in which the actors and musicians reflected the audience's stories in a performance that was both funny and moving.

VAADA would like to thank everyone who helped to make the conference such a success. Copies of the conference papers are available on the website at www.vaada.org.au

Priorities Planning Workshops

A priority setting day held on the 25 January 2007 extrapolated from the Regional Voices Consultations three priority areas that would inform VAADA's work and advocacy throughout 2007.

The three identified areas are:

- Service system design
- Partnerships/integration between Alcohol and other drug (AOD) and other sectors
- Resourcing/capacity of the AOD sector

These issues were used as themes for three concurrent sector priorities planning workshops held at the 2007 VAADA conference. Each workshop produced a number of themes that will assist the VAADA Board in formulating action plans for the priority areas.

Service System Design

Four themes were identified by participants in the *Service System Design* workshop.

1) Case Management

This could involve VAADA providing a definition and review of case management models.

2) Flexible Funding

This theme proposes that an advocacy campaign be undertaken to support the implementation of funding models based on need, rather than arbitrary budget amounts.

3) Brokerage

This goal aims to collate the funding stream opportunities available to service providers, and would seek to effectively disseminate the information back to the sector.

4) Pharmacotherapy

The goal explores the potential of VAADA partnering with relevant stakeholders to advocate for the improved delivery/funding of pharmacotherapy programs.

Partnerships / integration between AOD and other sectors

Three areas were identified by participants in *Partnerships/integration between Alcohol and other drug (AOD) and other sectors*.

1) Promotion Campaign

If adopted, VAADA would coordinate a promotional campaign around partnerships and integration that aims to:

- Increase knowledge around issues pertaining to partnering
- Increase sector unity
- Highlight inconsistencies/inefficiencies in current partnering practices within the sector

2) Database/Register/Mapping/Role of regional coordinators

This may involve the development of a stakeholder database and a complementary sector register; which aims to help facilitate links with allied sectors by providing knowledge of what services and resources they have available.

3) Showcasing existing models

This goal would seek to collate data of current best practice for partnering from within AOD and allied sectors.

Resourcing/capacity of the AOD sector

Three areas were identified by participants in *Resourcing/capacity of the AOD sector* for consideration by the Board.

1) Data collection regarding wait lists

If undertaken this goal would seek to explain the discrepancy that exists between experienced wait times for service providers and consumers, and the claimed wait times reflected by current methods of data collection.

2) Continuity of care/case management

This may involve an exploration of case management models in allied sectors (and within AOD), their effectiveness and relevance to the AOD sector. This may involve advocacy that highlights the improved outcomes that would flow to the community from integrated case management within the AOD sector.

3) Funding for infrastructure costs recruitment, retention of staff

This goal would seek to accurately portray the cost of current service delivery (including service provision that can't be measured by current data collection systems) within the AOD system. This data would help inform advocacy on the issue.

Details of the action will be disseminated by VAADA as they become available.

YOUR SAY

The Victorian Human Rights Charter and the Alcohol and other Drugs Sector Stan Winford - Lawyer / Legal Projects Officer - Fitzroy Legal Service Inc.

It may be difficult to give a comprehensive account of what the Victorian Charter of Human Rights and Responsibilities will mean for the AOD sector in the coming months and years, but it is almost impossible to do so in brief and without resorting to “legalese”. Nonetheless, it’s probably worth starting out by pointing out what it won’t mean. Some of the common expectations are that it will allow individuals to go to Court US-style and sue for compensation, claiming that their human rights have been violated. To have legislation declared invalid and struck down by the Courts. It won’t allow this.

The way in which the Charter will affect this sector – service users, service providers and government agencies alike – will be something more akin to a gradual sea-change. The gradual sea-change will occur as a result of the paradigm shift of language and thinking about drugs and alcohol and how to deal with them in our community. The Charter is based on a dialogue model of human rights, which means that while Government action and the actions of “public authorities” will be subject to scrutiny, based on their compliance with a human rights framework, there is no overriding power for Courts to impose particular changes.

The Charter means that the human rights implications raised by a particular policy, program or issue can now be considered within a consistent set of standards regarding what is expected of government and agencies carrying out functions “of a public nature,” which in many cases will include AOD services, particularly those funded by government. The Charter will require that human rights are accorded consideration and attention in the development of policies, and provide a clear way of assessing whether particular departures from human rights can – or cannot - be justified.

Under the Charter, rights are not absolute: they may be restricted where reasonable and necessary and often balanced against competing rights. The benefit of this new approach for policy making is first that human rights are explicitly a consideration in forming policies to deal with drug and alcohol treatment, legal regulation of drugs and so on, but also to make the best possible decisions about these policies. While a previous government considering legislation to commit people for involuntary or

coerced drug treatment would probably have thought about these sorts of issues, they will now be required to make such legislation compatible with the human rights of the person who may be treated involuntarily.

Using the Charter to help make these decisions will also lead to the development of knowledge and experience across public authorities and agencies charged with implementing laws and policies to do with drugs and treatment. They will come to understand what types of issues might give rise to human rights concerns, and how those concerns might be then addressed in the development, design and implementation of policies, services or laws.

What does all of this mean in practical terms? An important point to note at the outset is that the Charter means quite different things for different groups in the sector. For drug users, it may mean greater observance of their rights by public authorities, in ways that lead to less explicit discrimination, stigma and social exclusion.

For drug user groups and advocates, it may be another means of advocating on behalf of their constituents and peers to call for an end to discrimination in the provision of opiate substitution therapies (OST) by pharmacists, or to call for an end to laws or practices that undermine harm reduction strategies.

Human rights provide a framework for assessing and moderating the impact of legislation, policies and practices on the interests of a range of often marginalized groups whose voices can be absent from, or drowned out in, an environment where other values or needs often take precedence: whether budgetary, administrative, bureaucratic or crisis-driven.

For services and government, the Charter clearly means increased obligations: to comply with the rights in the Charter and more explicitly take them into account both in what they do and in how they operate. It might mean that public authorities such as Victoria Police – who will now have a duty to promote and protect human rights as well as uphold the law – will think carefully before implementing enforcement or supply reduction strategies that result in the exclusion of users from geographic areas and therefore disrupt access to treatment services or needle exchanges. (Continued on page 4)

Calendar of Events

March 20	<p><i>Supporting care for Aboriginal clients and families - Women's Alcohol and Drug Service</i> This session is provided by the Aboriginal Women's Health Business Unit and will introduce key organisations in Aboriginal Health. To be held from 9am to 1pm 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>
March 21	<p><i>FADNET (Family Alcohol and Drug Network) Seminar - Directions in family alcohol and other drug research</i> to be held from 9.30am – 11.30am at 1st Floor, Richmond Library, 415 Church Street, Richmond. Sound interventions in the area of problematic substance use are based on evidence provided by research. So what research is being undertaken in Australia related to families and drug and alcohol use? What sorts of things do we need to know? How do we go about finding out? What are the barriers to doing research in this area? Cost: Gold coin donation. RSVP: by 19 March to Robyn Davies: Robyn.Davies@mackillop.org.au</p>
March 21	<p><i>Build your clients' self esteem and confidence - TRANX/PADA</i> Presented by Tomi Redman. This workshop is designed to demonstrate and discuss how to assist clients build their self-esteem and confidence. A structured program will be outlined, including a description of assertiveness training, conversation skills and anxiety management. Participants will be encouraged to practice their skills through discussion, case studies and group work. The workshop will run from 9.30am to 4.30pm Wednesday 21 March, at the Darebin Arts and Entertainment centre, corner St Georges Road and Bell Street, Preston. All full day workshops are \$190.00, for more information or to register contact Anne Smarrelli on 9886 0955.</p>
April 13	<p><i>Talking Point Seminar – New directions in dual diagnosis – everything you need to know but were afraid to ask</i> Greg Logan, State-wide Coordinator Dual Diagnosis Education & Training Unit & Chris Hynan, Manager, Northern Nexus Dual Diagnosis Service, 1-2 pm, 142 Gertrude St, Fitzroy. The seminar is free. All welcome, bookings essential, ring 8413 8413 or email info@turningpoint.org.au</p>

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The desire to reduce supply or demand will have to be appropriately limited by upholding the right to health for drug users. The police may also begin to think about the use of public searches of individuals that don't appropriately take into account the right to privacy and the additional harms such a search might cause.

When government considers how to allocate money across programs and services, the human rights framework could lead to significant shifts in focus across supply, demand and harm reduction strategies.

For services involved in developing and delivering drug treatment, the Charter will require human rights to be respected and protected. These rights include the right of people who use drugs to enjoy the highest standard of physical and mental health; patient rights, including confidentiality and the right to receive information regarding one's state of health; the right to informed consent to treatment and the right to withdraw from treatment; and the right to non-discrimination in health care and to be free from torture or other cruel, inhuman or degrading treatment. These considerations must inform the types of programs that are undertaken and the procedures and regulations that govern their operation. For a primary health centre considering whether to ban someone from the service, the Charter may impose an obligation to provide a fair process, one that includes a right to be heard, the provision of reasons and an avenue of appeal.

Finally, what's the point of all this? Apart from getting a handle on the new compliance obligations, why should we do it? One of the main reasons is that it works. When taken into account early in policy making processes or in the design and provision of services, human rights tend to generate policies and services that ensure reasonable objectives are achieved by fair and just means. They contribute to social cohesion, which is in turn an important aspect of the promotion of health and well being. Policies or services which respect and reflect human rights are more likely to be inclusive, equitable, robust, durable and of good quality. And that's surely a change for the better.

The views expressed by contributors to the VAADA News are not necessarily those held by VAADA.