



Submission to the development of a Victorian Gender Equality Strategy

VAADA Vision

A Victorian community in which the harms associated with drug use are reduced and general health and well being is promoted.

VAADA Objectives

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

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Introduction

The Victorian Alcohol and Drug Association (VAADA) welcomes the Victorian Government's commitment to the development of a comprehensive Gender Equality Strategy and the opportunity to provide a submission to this process.

VAADA is a non-government peak organisation representing publicly funded Victorian AOD services. VAADA aims to support and promote strategies that prevent and reduce the harms associated with AOD use across the Victorian community. VAADA's purpose is to ensure that the issues for people experiencing harms associated with substance use and the organisations who support them are well represented in policy, program development and public discussion.

This submission highlights a number of issues in relation to achieving gender equality for women in the Victorian Alcohol & other Drug (AOD) sector. It is not a comprehensive appraisal of all yet it considers a number of issues from the perspective of women employed in the Victorian AOD field, and for women seeking access to treatment and support from Victorian AOD services. VAADA believes the factors contributing to gender inequality in Victoria are interconnected and that only by addressing the overlapping and interrelated nature of many of these issues can we achieve gender equality.

Recommendations

- The Victorian Gender Equality Strategy consider the particular needs of women who use alcohol and other drugs and recognise they are likely to face multiple health and social disadvantages which are interconnected with broader issues of gender equality.
- The Victorian Government resource and support AOD services to assess their level of gender responsiveness and ensure services are trauma-informed, family-inclusive and offer women safe and supportive environments to address their alcohol and other drug use.
- The Victorian Government build capacity within the AOD system to offer women-only group and other interventions and innovative service delivery models which account for women's roles as primary care givers and address the lack of treatment options available to women with children.
- The Victorian Government provide opportunities for formal mentoring of women within the AOD workforce and across community sector to encourage women into leadership positions.

Gender equality within the AOD workforce

The Victorian AOD workforce, like the health and community services sector more broadly, is predominantly female. Figures from the 2013 Victorian AOD workforce survey show that women make up 68.7% of those employed in the AOD sector (Department of Health 2015). The top three most occupied positions in the AOD workforce include AOD counsellors (22.7 per cent), AOD workers (11.0 per cent) and nurses (10.2 per cent) (Department of Health 2015, p.11).

VAADA believes the historical under-valuing of the work of the 'caring professions' and the social and community services sector, has meant that women employed in these professions over the course of their working lives are likely to be facing significant disadvantage in their retirement savings and financial security in retirement and older age. These issues may be compounded for women who have moved in and out of the workforce due to family and caring responsibilities.

Women in senior and leadership roles

Women are underrepresented in senior management and leadership roles within the community sector broadly, and this is likely to be true of the AOD sector as well. While official data on the number of women in senior positions across the Victorian AOD workforce is not available, anecdotal feedback from AOD service providers suggests women are underrepresented at senior levels within the field.

Feedback from AOD service providers suggests women face particular barriers to career progression and to taking-up leadership roles. These barriers include the limited availability of quality part-time work options, a lack of family friendly and flexible working conditions, and a lack of senior female role models. Mentoring may be one mechanism to assist women in the AOD sector into leadership roles. Opportunities to implement formal mentoring and leadership programs for women in AOD and the community sector more broadly may go some way to address this issue. At the present time, it appears that much mentorship occurs at an informal level. VAADA acknowledges a number of initiatives to enhance and develop leadership skills within the AOD sector and across Victoria more broadly through initiatives like the Change Agent Network and the work of Leadership Victoria and we would encourage greater focus on how these mechanisms could be used to enhance female leadership within the AOD field.

Given women constitute around 70% of the Victorian AOD workforce, there is a need to address the structural barriers to women progressing into senior management and leadership roles. To ignore the barriers to women entering leadership positions fails to provide equal opportunities for women working in the field and to capitalise on the talent and experiences of women in the field.

Enhancing flexible work arrangements

One of the particular barriers facing women in relation to career progression, is the lack of flexibility within workplaces afforded to women balancing caring/family and work responsibilities. Feedback from AOD service providers suggests that while there may be substantial good will to provide flexible working arrangements, opportunities for part-time work remain limited at all levels, but particularly at more senior levels within AOD agencies. There remains a lack of flexibility to allow for part-time or job-share arrangements across the sector. Feedback from service providers suggests agencies may be struggling to provide flexibility in working hours for women while also striving to provide continuity of care for the clients in their programs. AOD agencies need to be better supported by Government to build capacity to allow more flexible working arrangements at all levels, including at management and senior levels.

There is also a need to build capacity across the AOD sector to broaden options for experienced staff to remain in clinical service delivery roles, such as senior counselling roles. At the present time, there is a cap on the financial progression that can be made for those choosing to remain in clinical service delivery over the longer-term. These roles need to be appropriately remunerated to recognise expertise, experience and qualifications.

Women in the AOD sector may also benefit from opportunities to undertake training in governance and board of management roles to encourage gender equity across Boards of Management. However, VAADA acknowledges that training opportunities alone are insufficient to address any gender imbalances across Boards of Management. Addressing broader structural issues which prevent women's participation on Boards is also required.

Gender equality for women using AOD treatment services

VAADA believes the development of a Gender Equality Strategy is an important opportunity to consider how gender equality impacts on women seeking treatment and support for AOD issues.

Substance use and treatment service utilisation is influenced by gender. Data from national prevalence surveys shows that women are less likely than men to use either licit or illicit substances (AIHW 2014) and women access treatment services at lower levels than men. In 2013/14, a total of 56,392 treatment episodes were provided to approximately 29,877 clients in Victoria. Of those seeking treatment for their own drug use, 69% of treatment episodes were provided to male clients while female clients made up only 31% (AIHW 2015). This is consistent with national data about women's underrepresentation in treatment. However, it is important to recognise that women are more likely than men to be accessing treatment services for someone else's drug use (55% compared to 45%). This points to the need to ensure AOD services offer family-inclusive responses.

The varied needs of women

The UN Commission on Narcotic Drugs has formally recognised the adverse impacts of drug use on women's health and the particular needs of women with respect to drug use and drug-treatment (Malinowska-Sempruch & Rychkova 2015). Australian research has found, "Gender shapes substance use and misuse in relation to initiation, access, consumption, experiences of dependence, AOD-related risk behaviours and AOD treatment outcomes" (NADA 2015, p.1).

VAADA believes the Victorian Government must consider the particular needs of women with substance use issues in the development of a gender equality strategy given these women are likely to face numerous health disparities and may be among the most disadvantaged in the community, in terms of their health, safety and wellbeing. While women with substance use issues share a number of important commonalities, it is crucial that the Gender Equality Strategy recognise and address the varied experiences and disadvantages faced by different groups of women. In particular, a Victorian Gender Equality Strategy must consider the health disparities and needs of Aboriginal women.

Women with AOD issues are likely to be experiencing myriad challenges to their health and wellbeing, including present and past experiences of violence and trauma, lower levels of education and employment, lower income and are more likely to be financial dependent on a partner or other person (NADA 2015). Experiences of violence, discrimination and insufficient income are considered drivers of women's ill-health, according to the Victorian Department of Health. Gender equality contributes to, and exacerbates many of these issues.

Women entering AOD treatment, according to NADA, have a more severe clinical profile with higher levels of mental health problems and psychological distress,¹ problems with family and interpersonal relationships, and challenges with employment and physical health (NADA 2015). They may also have child protection involvement and partners who also use substances (NADA 2015, p.3). Studies have also found women who use drugs are more likely to have suffered physical and/or sexual abuse and violence.

Less is known about the particular experiences of Victorian women with substance use issues and their experiences of AOD treatment. There is a need for greater data interrogation on the basis of gender and further research to build the evidence base for best practice in AOD treatment for women.

Barriers to accessing treatment

It is well recognised that women face numerous barriers to accessing AOD treatment, including discrimination and stigma associated with their gender. NADA, in their practice framework for working with women in AOD treatment, note women are more likely to face disapproval for their substance use and participation in treatment. Women face particular stigma around substance use and pregnancy and parenting. The stigma of being a 'substance using mother' is a significant barrier to treatment alongside the fear of child protection involvement (Malinowska-Sempruch & Rychkova 2015; NADA 2015). The stigma and discrimination experienced by pregnant women is particularly concerning, especially where this impedes access to appropriate pre-natal care and AOD intervention and support.

A recent International Women's Day (IWD) 2016 event hosted by a Victorian AOD service focused on issues associated with stigma, discrimination and barriers faced by women in AOD treatment. One consumer spoke of the fear and shame she felt as a mother when first accessing treatment for her alcohol issues. Once women enter treatment, there are some particular gender-based challenges to be overcome. The extent to which services incorporate considerations of gender and provide a gender-responsive service is variable. Some agencies will have greater capacity to incorporate gender responsiveness and ensure gender equity across their organisation and the services they deliver. VAADA believes that services need support and investment from the Victorian Government to ensure they can achieve gender equity in the provision of services to women.

Providing gender responsive and family-inclusive AOD services

One of the major gender equity issues identified in the research literature and by AOD service providers, is the lack of treatment places for women with children. This is particularly apparent for women attempting to access residential treatment options, particularly residential withdrawal services, yet it also extends to other forms of non-residential treatment such as counselling and day-programs.

At the current time, women are unable to attend residential withdrawal programs with their children.² While there are a number of longer-term residential rehabilitation services specifically for women, the number of places available to women with children remains limited. Family options in residential services across Victoria also remain limited.

¹ In particular, research has found women who use alcohol and other drugs have a higher prevalence of PTSD, anxiety and mood disorders and eating disorders (Covington et al 2008 cited in NADA 2015).

² With some exceptions for young babies who may be able to attend a residential withdrawal program with their mother.

The lack of childcare options precludes many women from engaging in treatment. Even attending a weekly counselling session can be a significant challenge for a woman without childcare support and particularly those on lower incomes who rely on public transport to attend appointments. Enhancing capacity for AOD services to provide after-hours appointments may be one mechanism by which treatment may become more accessible for women, however, this raises concerns around women's feelings of safety and security travelling on public transport at night.

A significant proportion of women in AOD treatment are likely to have experiences of family and domestic violence. We know that family violence can exacerbate a woman's problematic substance use and prevent women from seeking support for their AOD use. Violence against women is a critical issue that deserves attention when considering barriers to accessing treatment services. In 2015, VAADA made a submission to the Royal Commission into Family Violence which considered these issues in detail (VAADA 2015). The VAADA submission argued for the need to enhance cross-sectoral collaboration between AOD and family violence services to better support women and children. As women may be involved in multiple service systems, coordination and collaboration is critical. The Victorian Gender Equality Strategy must be coordinated across government to ensure the interconnectedness of issues can be adequately addressed.

For some women, particularly those with histories of violence and trauma, attending a mixed-gender group program or a residential service with men may raise concerns around safety and security. Women may not feel that their particular issues as mothers, or issues related to women's health or trauma experiences can be adequately explored and addressed in mixed-gender settings. It is important we build capacity within the AOD service system to provide for women in these circumstances where possible.

There is a clear need to explore innovative treatment options for women, particularly mothers, such as group-based programs with childcare support or making childcare options more readily available to women with children so they can attend one-one counselling sessions and day based programs. Such programs need to be adequately resourced by the Victorian Government.

Ensuring the AOD system has capacity to provide family-inclusive treatment and support is also necessary given that women are also seeking support from AOD treatment around someone else's substance use. There are numerous sites of strong, innovative practice for and with families currently occurring in AOD services across the state, yet these practices are often not embedded within and across services and often rely on funding received from sources such as 'one-off' grants or supplemented through federal as well as state based funding. In September 2014, the Victorian AOD treatment sector was recommissioned with significant changes to how services are delivered across the state of Victoria. Feedback from AOD services suggests that these changes may have impacted on the capacity of AOD services to deliver family inclusive programs. It is critical that AOD services have capacity to continue this important work.

We also need to recognise the strength and resilience of women who use substances. Theresa Lynch, Manager of the Women's Alcohol and Drug Service at the Royal Women's Hospital spoke on IWD 2016 of the tendency to characterise women in AOD as victims – of violence, of inequality, of pharmacology. She proposed a more nuanced understanding of women's experiences and their agency in shaping their behaviour, choices and decisions. The importance of a strengths-based approach is well-recognised in the AOD field generally and is especially important in working with women.

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