ADCA
Alcohol and other Drugs Council of Australia

Response to the Report by the Department of Health

Whole-of-government Victorian alcohol and drug strategy

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Whole-of- government Victorian alcohol and drug strategy
Community Consultation

The Alcohol and Other Drugs Council (ADCA) appreciates the opportunity for public comment on the Community Consultation Paper for the *Whole-of- government Victorian alcohol and drug strategy.* ADCA is the national peak body representing the interests of the Australian non-government sector for alcohol and other drugs (AOD). It works collaboratively with the government, non-government, business and community sectors to promote evidence-based, socially just approaches aimed at preventing or reducing the health, economic and social harm caused by alcohol and other drugs to individuals, families, communities and the nation. In developing its response to the above report, ADCA consulted with the Victorian Alcohol and Drugs Association (VAADA), the peak body for the non government AOD sector in Victoria.

From ADCA's perspective, it is encouraging to see that addressing the harms arising from the use of alcohol and other drugs issues are still significant issues for governments. At the Federal level, the National Drug Strategy 2010-2015 was introduced earlier this year. This strategy, aimed at 'improving health, social and economic outcomes for Australians by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in our society', is a cooperative venture between Australian, state and territory governments (and the non-government sector). It would therefore make sense to see some synchronisation between the Victorian Government's approach and that of the National Strategy. In WA, the Education and Health Standing Committee has just closed consultation on its very comprehensive report on reducing the harms from alcohol and curbing the culture of excess, which was developed over a number of years with broad consultation both within Australia and overseas.

These are very promising signs of the commitment of governments to continue to address these issues in a meaningful way and seek advice from those 'on the ground'. The Victorian Government may benefit from consultation with these and other governments in Australia and possibly overseas, to identify successful approaches to addressing the harmful use of alcohol and other drugs, and consider how they might work in the Victorian context.

There are no quick solutions to solving the problems around alcohol and other drug use. These are complex issues and more effective solutions can be achieved by taking the time needed to develop the right approach. ADCA suggests that the Victorian Government consider extending the consultation period to allow adequate consideration of all of the issues in this very wide reaching exercise and enable broad consultation so that a better understanding of cross sectoral AOD issues is possible. The Government might also take into consideration the work of the National Drug and Alcohol Community Care Packages

(DA-CCP) project that is currently underway. Due to finish in early 2012, the DA-CCP project is a population-based AOD planning model that provides the clinical and epidemiological evidence base to estimate the need for AOD services by state and territory, including prevention and early intervention. Further down the track, the findings of a research project being led by Turning Point Alcohol and Drug Centre in Victoria on behalf of the Commonwealth might be informative. *Locating alcohol and drug prevention and treatment interventions within National Healthcare Reform: Research for change (Patient Pathways)* is looking into the current AOD prevention and treatment systems in Australia and understanding pathways through care.

ADCA understands that VAADA will be addressing in detail many of the questions raised in the consultation document. Hence, ADCA's submission will focus on key principles and raise a number of issues of concern nationally. Overarching principles include:

- AOD use is an issue for everyone, not just socially disadvantaged groups (although socially disadvantaged groups are at greater risk of harms from alcohol, tobacco and other drug misuse)
- Policies should reinforce a harm minimisation approach that are evidence based; politics should be put aside when addressing AOD issues
- Prevention activities form a key component of any AOD program
- Policy should shift from a law enforcement approach to health and human rights
- Consideration is given to the following when developing policies and strategies around AOD:
    - The impact on families and in particular the children in these families,
    - The range of areas that are relevant to addressing problematic AOD use, from health and housing to social welfare, law enforcement, employment, and community
- Cooperation between, and seamless integration of, services both within the AOD sector and between sectors
- Involvement of the client in planning and decision making regarding approaches to treatment and that consideration is given to their social and cultural environment and history
- Inclusion of family and/or friends in planning, treatment and post treatment, subject of course to privacy requirements and mutual agreement between parties on respective participation.
- The need to refocus community attitudes away from shame and stigma to those that offer support and understanding
- Providing appropriate services for all people, regardless of whether they live in metropolitan, rural or remote locations
- The importance of ensuring sustainability for the sector and its workforce

Alcohol

Alcohol is the most widely used drug in Australia. Next to tobacco, excessive alcohol consumption is a major risk factor for morbidity and mortality, and has been associated with a wide range of diseases. Responsible for over 3000 deaths and 70000 hospitalisations annually across Australia, alcohol is a key area of action for ADCA. In working to address the harms from alcohol use, ADCA's priorities are outlined below.

1. *Pricing and taxation*
   Alcohol taxation is seen as one of the most cost-effective policy interventions to reduce the level of alcohol-related harms, including mortality, road crashes, violence and other crimes. The current system is complex and inequitable, resulting in a range of inconsistencies and disparities, and is not well suited to reduce social harm. It also encourages the production of low priced wine which contributes to a wide range of health and social problems

2. *Access and availability*
   Availability of alcohol has progressively increased over the years as liquor control laws have been deregulated. This has resulted in not only an increase in the trading hours of premises that sell alcohol but also in an increase in the number of outlets at which alcohol can be purchased. A link has been established between high densities of alcohol outlets and alcohol-related violence and extended trading hours and alcohol-related problems. Other evidence indicates that a reduction in these hours can contribute to a reduction in these problems (NAAA 2010). Governments at all levels should resource the collection and evaluation of data on alcohol outlets and sales and consumption to inform the development of policy and programs.

3. *Marketing and promotion*
   ADCA recommends that self-regulation of alcohol advertising and promotion is replaced with a system of alcohol advertising and promotion that is independent of the alcohol industry. In addition, restrictions should be imposed on the way alcoholic beverages are advertised and marketed, especially to young people, and the hours during which advertising of alcohol products is allowed. Sponsorship of sporting and other events by the alcohol industry should also be reviewed, with the aim of removing alcohol sponsorship from sporting events altogether.

Labelling is another area in which work can be done to influence the level of consumption. While a national responsibility, it is important that state and territory governments consider the implications of current arrangements. ADCA recommends that:

- exemptions for alcohol products under the *FSANZ Code* be removed
- appropriate labelling be introduced

- standard drink and alcohol content information in logo format be standardised and mandated, and
- nutritional information panels are included on labels.

Sustainability of the AOD sector and workforce

AOD services in Australia are generally under-resourced and operate in a state of uncertainty. AOD services need adequate resources and stability of funding to allow them to focus on achieving better outcomes for clients and to provide assurances for staff. Greater resources and longer term contracts (minimum of 3 years) will enable service providers to plan ahead, support policies that aim to enhance the skills of the workforce and respond to changing needs, give some certainty and security to staff, and reduce the workload associated with short term contracts.

Workforce development strategies should be comprehensive and target not only individual workers, but also the systems and organisations that support them. AOD workforce development is not achieved simply through the provision of additional education and training but also through workplace policies, culture and infrastructure. This is particularly relevant in the context of moves towards cooperation and seamless integration between services and sectors, and greater understanding of the life context of the client and possible inclusion of families and/or friends in planning and decision making processes.

Apart from education and training issues associated with family/friends inclusive practice, implications for service providers include additional time required with these approaches, accommodation of family members in service settings, and structural changes both physically and organisationally. However, the added benefit of involving families and/or friends in the treatment approach to clients is that often it provides an opportunity for early intervention or prevention in the client's support networks.

It is self evident that the opportunity to participate in education and training activities will enhance the skills and understandings of the workforce to better identify and respond to people with AOD problems. Such opportunities need to be available through a range of mechanisms, both on and off premises, so that all workers can have access to them, and particularly those in rural and remote settings. They also need to be flexible so that content can be tailored to workplace needs.

The capacity of the generalist health workforce to identify and understand substance use problems may be increased if AOD-related units and streams were offered within the structure of generalist medical, nursing and social welfare undergraduate studies.

Stronger partnerships both within the sector and between sectors are essential. Cross sectoral training eg mental health would allow greater understanding of those services and their issues which could inform practice, enhance communication between sectors and potentially result in addressing issues early and more effectively. Secondments to other services and sectors would facilitate sharing of knowledge and experience and further enhance the benefits outlined above. Such relationships should be supported by good data that is easy to understand, simple to use and easily shared.

Forensic AOD system

The forensic AOD treatment system needs some reform to ensure sustainability. Like AOD services outside the forensic system, it is difficult to achieve successful outcomes without adequate investment. The increase in the number of AOD users has not been reflected in an increase in the funding for treatment and diversion activities within the criminal justice system.

People in prisons are a highly disadvantaged group and should have access to the same health services available to the rest of the community. With over 3500 Needle and Syringe program outlets around Australia and not one in a prison environment, injecting drug users within prisons are even further disadvantaged.

Needle and syringe programs play an important role in reducing harm within the community and have been proven to be successful in reducing the risk of sharing blood borne viruses and other health risks associated with sharing needles. In the prison environment they have been shown to reduce sharing of needles, not increase the risk to staff, and are cost effective. Such programs do not provide access to, or condone the use of, illicit drugs, they simply provide access to clean needles and syringes. Within the prison environment, a needle and syringe program would *support* the supply, demand and harm reduction strategies already operating within the prison environment, not replace them.

Prisoners require support not only while within the prison environment, but also in transitioning to the community and while establishing themselves back into daily life without the structure of the prison environment. Prisoners are particularly vulnerable when they first leave prison and therefore it is important that we support them to connect with treatment programs outside the prison and with other support networks.

Consultation and coordination

Representation of the NGO AOD sector within the formal avenues of inter-governmental consultation through peak bodies such as VAADA may improve communication and provide

additional insights to enable better understanding of drug consumption patterns, service delivery challenges, and staff workload.

Consumer views should also be represented within consultation processes to draw on their experiences and provide a different perspective. User, or ex user involvement would enable valid debate around the policies and programs that will successfully reduce the harms from AOD use in our community. For individuals, the challenge will be to gain their trust in the AOD system and that their feedback will be taken seriously and acted upon. At a community level, a number of organisations have been established to represent users in issues surrounding AOD.

In addition to the AOD sector, the following Government and cross sector interests should be brought together in any consultation/ planning for an integrated strategy to deal with alcohol and other drug use:

- Local Government (planning, management and declaration of alcohol-free zones, waste removal, anti-graffiti, public amenities)
- Housing (integration of AOD treatment services with housing support post treatment episodes)
- Family/ Community services (integration of AOD issues with child support/welfare services)
- Mental Health service providers (enabling better integration for people suffering Mental Health and AOD disorder co-morbidities)
- Justice/ Liquor licensing (to integrate consistent harm minimisation principles across State/ Territory jurisdictions with respect to liquor licensing)
- The Wider Health/ Wellbeing/ Community Services NGO sector (to further enhance inter and intra-sectoral collaboration and shared understanding of better ways to manage complex needs patients)
- Media organisations (to reduce media comment based on sensationalism and replace this with evidence-based commentary)
- Sports and fitness sectors (to illustrate how healthy lifestyles can aid in reducing harmful alcohol consumption)
- Advertising (to create greater understanding of the spirit and intent behind regulating alcohol advertising, promotion of “lifestyle” issues)
- Insurance industry (to discuss AOD treatment industry insurance as well as health insurance for people with AOD-related issues/ dependence),
- Indigenous health and community organisations (to develop culturally appropriate and community based strategies), and
- Immigration/ Migrant/ Refugee advocacy groups (to engage in culturally appropriate harm reduction measures for Culturally And Linguistically Diverse (CALD) and migrant groups).

Abuse of pharmaceuticals (prescription and over the counter medication)

There is increasing community unease over the abuse of prescription and over the counter drugs. Real time online prescription and other medication records (including for some over-the-counter medicines) would not only enable identification of problematic medication seeking/prescribing, including 'doctor shopping', it would also reduce diversion of pharmaceutical drugs from licit to illicit supply and offer a number of other health benefits. Complete and accurate medication records, would enable monitoring of drug interactions and allow greater continuity of care when people are transitioning between services (including in and out of hospital).

We would be pleased to discuss ADCA's response in more detail. Please contact Meredythe Crane at meredythe.crane@adca.org.au or on 02 6215 9808.

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