Drug & Alcohol Recovery

Response to the *Consultation Draft for the National Alcohol strategy 2018 - 2026*

National Drug and Alcohol Forum
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Alcohol is the primary or secondary substance of concern in over one third of the service users engaging in the range of treatment programs conducted at Windana Drug and Alcohol Recovery (Windana) over the past three years. To that end, the development of an effective and robust National Alcohol Strategy (NAS) is central to the key business of Windana and the wellbeing of our service users.

Windana is a leading Melbourne-based drug and alcohol treatment centre specialising in holistic, client-focused recovery services programs. Clients choose from residential and a range of supportive community-based recovery and rehabilitation programs. We help people rebuild their lives in a safe, caring environment and support our clients wherever they are in the recovery process.

Windana assists close to 2,000 people across Victoria per annum by providing AOD treatment services including residential withdrawal services, residential rehabilitation and a suite of non-residential services.

Alcohol has endured as a leading cause of demand for AOD treatment across Victoria, with cascading related harms echoing through the community and spanning generations. We see first hand the impact of alcohol on our service users, their families as well as employment and broader community harms. We see the value in population wide evidence informed policies, such as increasing the cost of alcohol, curtailing advertising and reducing availability through restrictions on the sale and availability of alcohol. There is a clear need to prioritise not only these endeavours, but also the needs of those engaging in alcohol and other drug (AOD) treatment where alcohol is a substance of concern as well as those experiencing alcohol dependency but not engaging in treatment. Broadly the National Alcohol Strategy (NAS) consultation draft identifies the range of harms and a number of

means of measuring alcohol related harm demonstrating coherence through the four priorities contained therein. There are, however, a number of elements which can be fine tuned to provide greater clarity and direction. We note that while there is value in strategies such as the NAS, there are risks regarding how responsibilities or certain activities filter through the various levels of government and the risk of unforseen consequences if seamless coordination is not achieved.

We will provide brief feedback on each of the priorities and conclude with additional comment.

- *Priority 1: improving community safety and amenity:*

The opportunities for action detail a range of means to generate positive outcomes within the community. Additional items for consideration include the need to support and encourage treatment and other innovations with seed funding which includes resourcing for an evaluation. Following a positive evaluation, the NAS should provide for the continuation and expansion of successful programs. Currently, in Victoria, Windana and other partners have been running a successful innovation which involves diverting alcohol affected people into treatment and waiving what are often significant infringements. This program has met with success in creating pathways from the justice system to treatment for a highly complex cohort of individuals experiencing severe alcohol related issues including dependency. This program is currently not funded and has operated through the good will of the various partners cobbling together capacity to provide for its' continuance.

We also note that a number of reforms within Victoria, including changes to licence restoration programs for drink and drug drivers, will likely create additional demand for the AOD treatment sector. Although engaging in treatment beyond the licence restoration programs will bring about better results, funnelling additional people into AOD treatment in the absence of further resourcing will create bottlenecks in the service system. Consideration should always be lent to the downstream impact on AOD treatment and other related services in light of increased demand generated through these reforms.

We would suggest that AOD treatment engagement, coupled with measures of demand and wait times be added as indicators of change.

- *Priority 2: managing availability, price and promotion:*

The current oversight of liquor licences is very weak in Victoria – the regulating body rarely implements any effective enforcement measures, has limited capacity to address social media and other means of promotion and the current system of obtaining a liquor licence is strongly in favour of the applicants, to the degree where even opposition from the police does not prevent the applicant from being successful. While price is an evidence informed means of reducing demand and therefore harm, increases in price should be implemented with a clear sense as to the expected changes in consumption and any adverse impacts should be considered and mitigated.

Alcohol promotion should be curtailed with any programming or public areas frequented by young people devoid of alcohol related marketing and promotions.

Consideration should also be given to preventing heavy alcohol consumption at venues through restricting alcohol promotions and banning tabs, which at present allow the customer to start a bar tab with little means of monitoring their drinking or the expense.

The relevant indicators of change all reflect consumer behaviour without any clear attribution to specific policy activity. With the indicators of change it would be difficult to discern between prevailing cultural mores impacting substance use including alcohol consumption or the implementation of specific policies. Measures of policy activity, such as a reduction in licences, increased penalisation of negligent licensees, increased surveillance, a reduction in advertising and a reduction in the opening hours of both packaged liquor outlets and bars should also be measured.

Reform regarding the process of applying for a licence where the experiences and views of the community and relevant experts are given greater weight should be progressed.

- *Priority 3: supporting individuals to obtain help and systems to respond:*

While content detailed under this priority highlights the value of AOD treatment services and the value in providing for workforce development and capacity building, both the indicators for change and opportunities for action do not list specific detail on the application of any capacity building programs within the AOD workforce. There is no measure provided regarding the expectations and support to drive the necessary capacity building exercises within the AOD workforce nor is there any clear detail on who is responsible for driving this activity.

The indicators of change do not contain any measurements as per AOD treatment access, outcomes or waiting times.

- *Priority 4: promoting healthier communities:*

This priority highlights the need to promote the evidence with regard to alcohol related harm and details a range of measures aligned with levels of harmful consumption as indicators of change. The promotion of the evidence while permitting the proliferation of alcohol advertising and marketing at a range of community and national events sends contrary and confusing messages to the community. To establish consistency, the necessary limitations and subsequent legislation should be prioritised to reduce access and advertisement of alcohol.

A key aim should be to increase community awareness of AOD treatment, how to access it and more broadly to reduce the experience of stigma to those who are dependent who may also be engaging in AOD treatment. Stigma deters individuals from seeking help, including discussing their dependency issues with family and friends, impacting upon community health.

Additional comment

- *Governance and implementation:*

Despite the draft NAS containing a range of commendable objectives, the implementation, responsibility and measurement of these objectives is less clear. We would suggest that responsibility for each item is clearly detailed, with a timeline. Furthermore, with the extensive period which the NAS covers, there should be a clear set of objectives listed which will be implemented in the first three years and reported on by way of progress, with greater detail than that currently listed in the NAS for this period. A further set of objectives should be detailed for completion by the sixth year.

- *A small target*

The 10% reduction in harmful alcohol consumption listed as a target for this strategy is too small and may be achieved through broader social change irrespective of the strategy and any elements which are implemented. A reduction of 20% should be set, with expected reductions in harm aligned with the implementation of various elements within the NAS. We note that the National Road safety strategy aims to reduce road fatalities and injuries by both 30% over 10 years.

- *The impact of the alcohol industry*

This NAS should detail the impact of the alcohol industry on the political process through lobbying and donations. It should contain actions associated with curtailing lobbying from the industry, reducing their reach into the political process.

- *Model the NAS on the National Road Safety Strategy (NRSS)*

The NRSS provides a clear framework for which to model the NAS with state/territory based strategies/plans operating in tandem with the NRSS. Similarly, states/territories should develop specific strategies to reduce alcohol related harm which should be aligned with the NAS.

Alcohol continues to generate a huge amount of demand for Windana treatment services and causes serious harm in the community. Alcohol creates complexity within our client base with many service users experiencing high levels of difficulty in achieving positive outcomes from treatment. Lubman et al (2014) note that alcohol presents greater challenges in deriving positive outcomes in treatment settings when compared to other substances such as methamphetamine, with those receiving treatment for alcohol least likely to achieve abstinence compared to those using other substances. This highlights the need to continue to support the development of treatment innovations as well as ongoing workforce capacity building activity.

We note also that among those experiencing the most chronic harms associated with alcohol, a range of other morbidities and adverse social circumstances are often prevalent. Regrettably, we have seen those with chronic enduring alcohol dependence, co-occurring mental illness and homelessness experience highly punitive responses in various forums. For instance, currently, within the City of Port Philip, there has been a ‘crack down’ on public drinking where less than a dozen

highly vulnerable likely alcohol dependent homeless people have been targeted by police. They are directed to upend any liquor they are consuming and issued infringements for public drinking, despite evidence presented which rejected this approach. This is an example of a counter productive policy response which will create animosity between police and the targeted vulnerable cohort, generating further stigma and creating additional barriers to treatment and other health and welfare services. The NAS should ensure that these types of harmful localised approaches are prevented and to that end, local government should be involved in implementing elements of the NAS.

We commend the development of the NAS and look forward to the progression of the development of positive health and social policy to address the harms associated with alcohol to maximise good outcomes for both our service users and the wider community.

References

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