



NADA
network of alcohol and
other drugs agencies

Submission to the
***Standing Committee on Social Policy
and Legal Affairs Inquiry into Family,
Domestic and Sexual Violence***

July 2020

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non government alcohol and other drugs services in NSW. As a member driven peak body, NADA's decisions and actions are informed by the experiences, knowledge and concerns of its membership.

We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, as well as actively contributing to public health policy.

NADA strives to reduce the stigma and discrimination experienced by people who use alcohol and drugs. We also work to ensure that services provided by the sector are informed by people with a lived experience.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP). NADA is governed by a board of directors elected from the NADA membership.

Further information about NADA and our programs and services is available on the NADA website at www.nada.org.au.

PREPARATION OF THIS SUBMISSION

The comments provided in this submission have been prepared by NADA staff, on behalf of its members.

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SUMMARY

NADA has a significant history of supporting its members specifically in relation to workforce capacity building, and this includes the issue of family, domestic and sexual violence with activities such as:

- Specific training workshops on identifying and responding to family and domestic violence
- The development of a Practice Guide: [*Working with women engaged in alcohol and other drug treatment*](#), which has specific mention of supporting women who have experienced family, domestic and sexual violence
- The inclusion of screening tools that explore the experience of family and domestic violence in the client data platform supported by NADA – NADAbase, and accompanying training support
- Dedicated support of a network of specific NADA members who provide alcohol and other drug (AOD) services specifically for women, who provide specialist advice to NADA and the broader membership on a range of issues including domestic, family and sexual violence experienced by women
- Current *Healthy Relationships* Project – designed to develop resources that are tailored to the AOD treatment sector relating to 'Healthy Relationships' across the complete spectrum of relationships, including effective responses to those who experience violence and who may use violence

NADA acknowledges the gendered nature of family, domestic and sexual violence (FDSV) and while we would posit that there is a clear intersection between FDSV and AOD use, we caution against implying that AOD use, in and of itself, causes FDSV. NADA respects the specialist Family, Domestic and Sexual Violence sector as the experts in this field and will therefore limit its submission to two specific aspects of the Terms of Reference that relate to in the involvement of the AOD sector:

c) The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business.

j) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

NB: NADA has also contributed to the AADC (Australian Alcohol and other Drugs Council) submission on this enquiry and acknowledges that some of the content, including recommendations are shared.

c) The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business.

NADA provided a submission to the 2020 NSW Government *Special Inquiry into Ice*, in relation to DFV and methamphetamine use, and agree with the Inquiry's recommendation that strategies to prevent violence against women and children must engage with the social determinants of drug use, the risk factors that lead people to problematic use of AOD, and the protective factors that can prevent it from occurring¹.

Research shows that problematic AOD is an established risk factor for many types of violence, including DFV². Therefore, it is likely a high number of clients accessing AOD treatment services have either experienced violence perpetrated by a significant other or have been a perpetrator of DFV³. DFV is predominantly perpetrated by men against women and their children, and it is the leading cause of death and injury in women under 45⁴. Recent research suggests that as many as one in four women have experienced violence by an intimate partner, and this figure is even higher for Aboriginal and Torres Strait Islander women⁵.

Women who use AOD and are victims/survivors of DFV can experience greater stigma and discrimination because of their drug use, which can create barriers for them when reaching out for assistance. For example, women who use AOD can be less likely to have their reports of DFV taken seriously by police, and women who wish to go to refuges can be refused access if they are AOD dependent⁶ ⁷. Fear and mistrust of systems such as justice and child protection, can also result in them avoiding support services.

Due to the complex and multifaceted nature of problematic drug use and its link to DFV it can be a challenging issue for AOD professionals to address and enhanced responses and a greater awareness of this issue are required⁸. Domestic and family violence is preventable but to prevent it workers need to understand it⁹. Therefore, more resources and training are required for AOD services to build their general skills and knowledge around DFV to support their clients, particularly around identifying DFV, risk and referral pathways.

Additional resources and training will support AOD services to collaborate with other services and sectors to identify and work with perpetrators of DFV, and open opportunities to reduce the risk

¹ NSW Government. 2020. *Special Commission of Inquiry into crystal methamphetamine and other amphetamine type stimulants*, Report volume 3 of 4.

² Dowling, C. & Morgan, A. 2018, 'Is methamphetamine use associated with domestic violence?', *Australian Institute of Criminology trends and issues in crime and criminal justice*, vol 563, no.1.

³ White, M, Roche, AM, Long, C, Nicholas, R, Gruenert, S & Battams, S 2013, 'Can I Ask...? An alcohol and other drug clinician's guide to addressing family and domestic violence'. *National Centre for Education and Training on Addiction (NCETA)*. Flinders University, Adelaide, SA.

⁴ Department of Child Safety, Youth and Women 2018, Practice paper: DFV and Child Protection

⁵ Ibid.

⁶ Ibid.

⁷ Yates, 2019.

⁸ Can I Ask...? An alcohol and other drug clinician's guide to addressing family and domestic violence.

⁹ Our Watch 2018, Understanding Violence: Facts and Figures, Our Watch, Melbourne

they pose to family members¹⁰. Working in partnership with specialist DFV services is key to making a difference. NADA acknowledges that DFV services are the specialists in DFV, but it is not only their responsibility to respond to this issue. It is important therefore that responses to preventing violence against women and their children, need to be coordinated and informed by a collaborative approach across all areas of governments, organisations, and health and human services sectors.

With greater cross-sector training the different sectors can work together to develop skills in other disciplines, to better respond to DFV and the multifaceted and complex issues that are linked to this serious problem. However, both the AOD and DFV sectors are poorly resourced and under considerable pressure due to demand and therefore additional resourcing is essential.

Recommendation

1. Fund the development and implementation of a comprehensive, nation-wide capacity-building project to support the AOD sector to improve its capability to work with clients who have experienced or used violence in therapeutic AOD settings with the goal of reducing the frequency and severity of DFV amongst clients, enhancing treatment outcomes, and contributing to clients' overall wellbeing and safety. *(Also noted in the AADC submission)*
2. Ensure training and professional development is available to AOD professionals that builds their general skills and knowledge around DFV to support their clients, particularly around identifying DFV, risk and referral pathways. and strategies to ensure their safety and wellbeing.
3. Address the funding inequity in the specialist Alcohol and Other Drug Sector services in accordance with the findings of the *New Horizons Report*¹¹ in order for enhanced detection, support and linkages to be made for addressing the experience and use of violence.

j) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

NADA strongly advocates for specific consultation with frontline services, experienced clinicians from both the specialist DFV and AOD sectors, and victims/survivors of DFV. Hearing firsthand experiences from victims/survivors of DFV, frontline services and others, is key to understanding the models of care that work best and where barriers exist.

A recent example of a collaborative consultation that brought together the DFV and AOD sectors in Australia occurred in the ACT. The Alcohol, Tobacco and Other Drug Association (ATODA), NADA's sister peak in the ACT, were commissioned to research, scope and design a pilot project to provide more effective responses for people with AOD use issues and those who either experience domestic and family violence (DFV) or are at risk of using DFV. This project was referred to as the AOD Safer Families Project and it allowed for cross-sectorial learning and the development of specific tools that could enhance the response to DFV in the AOD sector.

¹⁰ Vlasis, R 2018, 'Family violence perpetration and AOD services - why it's relevant to your core work', Advocate, no. 2, pp. 10-12.

¹¹ Ritter et al, 2019.

Recommendation

1. Invest in further consultation with consumers of DFV and AOD services, frontline workers and advocacy groups, to identify barriers and enablers to specialist support, and to inform strategies to overcome the issues identified.

SUMMARY OF RECOMMENDATIONS:

1. Fund the development and implementation of a comprehensive, nation-wide capacity-building project to support the AOD sector to improve its capability to work with clients who have experienced or used violence in therapeutic AOD settings with the goal of reducing the frequency and severity of DFV amongst clients, enhancing treatment outcomes, and contributing to clients' overall wellbeing and safety.
2. Ensure training and professional development is available to AOD professionals that builds their general skills and knowledge around DFV to support their clients, particularly around identifying DFV, risk and referral pathways. and strategies to ensure their safety and wellbeing.
3. Address the funding inequity in the specialist Alcohol and Other Drug Sector services in accordance with the findings of the *New Horizons Report*¹² in order for enhanced detection, support and linkages to be made for addressing the experience and use of violence.
4. Invest in further consultation with consumers of DFV and AOD services, frontline workers and advocacy groups, to identify barriers and enablers to specialist support, and to inform strategies to overcome the issues identified.

¹² Ritter et al, 2019.

REFERENCES:

Department of Child Safety, Youth and Women 2018, *Domestic and family violence and its relationship to child protection practice paper*, Queensland Government.

Dowling, C. & Morgan, A. 2018, 'Is methamphetamine use associated with domestic violence?', *Australian Institute of Criminology trends and issues in crime and criminal justice*, vol 563, no.1.

NSW Government 2020, *Special Commission of Inquiry into crystal methamphetamine and other amphetamine type stimulants*, Report volume 3 of 4.

Our Watch 2018, *Understanding Violence: Facts and Figures*, Our Watch, Melbourne.

Ritter, A, Berends, L, Chalmers, J, Hull, P, Lancaster, K & Gomez, M 2014, 'New Horizons: Final Report', Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW.

Vlais, R 2018, 'Family violence perpetration and AOD services - why it's relevant to your core work', *Advocate*, no. 2, pp. 10-12.

White, M, Roche, AM, Long, C, Nicholas, R, Gruenert, S & Battams, S 2013, 'Can I Ask...? An alcohol and other drug clinician's guide to addressing family and domestic violence', National Centre for Education and Training on Addiction. Flinders University.

Yates, S. 2019. "'An exercise in careful diplomacy": talking about alcohol, drugs and family violence', *Policy Design and Practice*, vol. 2 no. 3, pp. 258-274.