



**Submission on the draft *ACT Alcohol, Tobacco and  
Other Drug Strategy 2016-2020***

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*Enquiries on this submission may be directed to:*

Executive Director: Marcia Williams

[ed@wchm.org.au](mailto:ed@wchm.org.au)

PO Box 385, Mawson, ACT, 2607

Phone (02) 6290 2166

Facsimile (02) 6286 4742

[admin@whcm.org.au](mailto:admin@whcm.org.au)

[www.wchm.org.au](http://www.wchm.org.au)

# 1. Introduction

The Women's Centre for Health Matters is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We acknowledge that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a whole-of-life and social approach to women's health that is also firmly situated within a human rights framework.

WCHM focuses on groups of women who may be vulnerable to experiencing disadvantage, social isolation and marginalisation and uses social research, community development, advocacy and health promotion to:

- Provide women with access to reliable and broad ranging health-related information which allows informed choices to be made about each woman's own health and wellbeing
- Advocate to influence change in health-related services to ensure responsiveness to women's needs

WCHM welcomes the opportunity to give feedback on the draft ACT Alcohol, Tobacco and Other Drug Strategy 2016-2020. WCHM has chosen to limit its response to an area in which it has the most knowledge and expertise. This submission has therefore been written with a particular focus on Action 29 of the Strategy as it correlates with our current research on domestic violence

## Comments

*Action 29 - Engage affected women, service providers, researchers and policy makers in the ACT to gain a better understanding of the paradigm differences underlying AOD treatment provision and services responding to domestic family violence for women, and propose ways to improve the compatibility of models of care and link services within and between sectors to better meet the needs of affected women and reduce the harms they currently experience.*

It is well documented that alcohol use is a factor in domestic violence, with alcohol estimated to be involved in up to 65 per cent of family violence police reported incidences across Australia.<sup>1</sup> With this in mind, it is critical that any discussion and strategy implementation be careful in the use of language regarding the relationship between alcohol and violence.

Research identifies that alcohol is often used as an excuse for violence, however, the idea that alcohol is a causal link has been roundly dismissed.<sup>2</sup> Alcohol exacerbates pre-existing violent attitudes and behaviours and we believe the Strategy can play an important role in preventative measures to ensure that this is made clear.

We know that the use of alcohol can increase the severity of a victim's injuries and that the risk of violence can increase but we also know that domestic violence is complex and presents itself in a myriad of ways<sup>34</sup> Harm experienced can take many forms, including physical, verbal, emotional, psychological, financial and sexual.

In addition, women who experience violence may themselves resort to consuming alcohol and other drugs to 'dull the pain'.<sup>5</sup> Ensuring that there is awareness and understanding within the Strategy that alcohol and substance misuse have been recognised as coping mechanisms for women dealing with experiences of physical, emotional and sexual trauma is important. There is a large amount of evidence linking the experiences of intimate partner violence and sexual abuse with the higher rates of alcohol and substance abuse.

Many women identify substance use as a way to cope with gender based abuse and trauma. In recognising the strong link between experiences of domestic violence, sexual abuse and alcohol and substance abuse in women implementation of the Strategy needs to ensure that women are easily able to access appropriate services and that both AOD and FDV service providers are aware of the potential links between these issues, and supported to have the skills, capacity and resources to allow them to work collaboratively with them.

We also encourage and hope that the engagement proposed in Action 29 will not only work to better understand and meet both short-term and long-term needs of affected women and validate the long-held expertise of the ACT women's sector but confront the reality that more work with perpetrators is needed in this space. This is an embedded social and cultural issue in which policy decisions and service provision must factor in the role of people who use violence by incorporating them at primary, secondary and tertiary levels.

In recent research conducted by WCHM on improving accessibility to domestic violence services for lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) clients, judgements made by alcohol and other drug services was raised as an issue.<sup>6</sup> Whilst unequivocally the majority of domestic violence is perpetrated by heterosexual men against women and children, it is essential that the Strategy, particularly Action 29, include people whose experience of domestic violence falls outside the heteronormative context.<sup>7</sup> Evidence suggests that a significant proportion of LGBTIQ communities experience some form of domestic violence throughout their lives.<sup>8</sup> ACT services, including AOD treatment provision and service, must be responsive to this by providing appropriate response and care.

Thank you again for the opportunity to provide feedback on the Strategy.

Should you have any questions regarding this feedback, please contact WCHM Executive Director Marcia Williams by email [ed@wchm.org.au](mailto:ed@wchm.org.au) or phone 6290 2166.

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<sup>1</sup> Foundation for Alcohol, Research & Education 2015, 'Family Violence', *Foundation for Alcohol, Research & Education* website, accessed 11/12/2015: <<http://www.fare.org.au/policy/family-violence/>>.

<sup>2</sup> National Symposium on Alcohol Misuse and Violence: Violence Against Women in the Home Report, No. 4., 1-3 December 1993. p iii in McCarthy, T 2003, *Public Health, Mental Health and Violence Against Women Report*, VicHealth, p. 16, accessed 15/12/2015: <<http://www.ncsmc.org.au/wsas/Documents/VAW%20scoping%20report%20for%20web.pdf>>.

<sup>3</sup> Graham, K., Bernards, S., Wilsnack, S., & Gmel, G. 2011, 'Alcohol May Not Cause Partner Violence But It Seems to Make It Worse: A Cross National Comparison of the Relationship Between Alcohol and Severity of Partner Violence', *Journal of Interpersonal Violence*, Vol. 26, No. 8, p. 1503.

<sup>4</sup> World Health Organisation 2002, *World Report on Violence and Health*, WHO, Geneva, p 98 in McCarthy, T 2003, op. cit., p. 15.

<sup>5</sup> Partnerships Against Domestic Violence 1999, *Against the Odds: How Women Survive Domestic Violence*, Office for the Status of Women, May in McCarthy, T 2003, op. cit., p. 16.

<sup>6</sup> Greenhalgh, M & Roberts, A 2015, *Transforming domestic violence support in the ACT: Improving accessibility for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) clients*, Women's Centre for Health Matters, Canberra, p. 40.

<sup>7</sup> Ibid. p. 5.

<sup>8</sup> Ibid.