
VAADA Vision

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

VAADA Objectives

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

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The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA’s Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA’s purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.

Introduction

VAADA believes that the Victorian Charter of Human Rights and Responsibilities Act (2006) (the Charter) should be enhanced in order to combat and reduce the preventable harm and mortality which is currently reflected in a number of the Victorian Government responses to the challenges arising from harmful AOD use.

The principle aims of AOD treatment include, at the forefront, saving lives and reducing harm, through a variety of treatment modalities which embrace harm reduction at one end of the spectrum and abstinence at the other. The Charter plays an important role in supporting these principles and therefore its retention is important.

The Charter is still in its infancy and so it is too early to precisely ascertain its impact on the AOD treatment sector. However, we are confident that it has had a positive impact upon AOD treatment agency service users and provides crucial legislative and policy safeguards.
We have responded to the following terms of reference:

1. Whether the Charter should include additional human rights under the Charter, including but not limited to, rights under the —

   (a) International Covenant on Economic, Social and Cultural Rights

Contemporary key research indicates that ‘unemployment, poverty and marginalization’ can lead to increased drug use in both wealthy and developing nations (The Nossal Institute for Global Health (2010:5)). Articles 6, 7, 9 and 11 of The International Covenant on Economic, Social and Cultural Rights (ICESCR) provide some protection against these adverse social determinants. It is therefore VAADA’s view that the ICESCR should be incorporated in the Charter.

**Recommendation 1: Incorporate the ICESCR into the Charter.**

   (b) Convention on the Rights of the Child

VAADA is of the view that this Convention on the Rights of the Child (CRC) should be incorporated into the Charter. The incorporation of CRC would solidify the rights of the child and provide compulsion for the resourcing of family inclusive practise. Key evidence supports the development and implementation of family inclusive practise (see Martin, Lewis, Josiah-Martin and Sinnott 2010, Bamberg, Toumbourou and Marks 2008, French, Zavala, McCollister, Waldron, Turner and Ozechowski 2008, Copello, Templeton and Velleman 2006 and McComish, Greenberg, Ager, Essenmacher, Orgain, Back 2003). Family inclusive practise requires AOD treatment workers to be aware of the presence and role of family in a client’s life and strengthen referral pathways as appropriate (Turning Point 2004:3, 9). It involves working not only to address the needs of the client, but also their families.

Family inclusive therapy currently is not broadly undertaken by the AOD treatment sector as the current funding model restricts flexibility in the application of different treatment modalities. The inclusion of this convention would provide compulsion for the development of family inclusive treatment approaches which would create greater stability and cohesiveness of the family, and work to maximise the wellbeing of children.

**Recommendation 2: Incorporate the CRC into the Charter.**

3. Whether there should be mandatory regular auditing of public authorities to assess compliance with human rights?

VAADA believes the public authorities should be audited for compliance with human rights.
4. Whether the Charter should include further provisions with respect to legal proceedings that may be brought or remedies that may be awarded in relation to acts or decisions of public authorities made unlawful by the charter?

VAADA believes that there is value in building in a free standing cause of action as a remedy into the Charter. We believe that this would enhance compliance with the Charter from public authorities.

Recommendation 3: A free standing cause of action must be built into the Charter.

5. What have been the effects of the Charter Act on –

b. The consideration of statutory provisions by Parliament;

VAADA believes that the Charter has contributed to the development of a discourse of rights by Victorian parliamentarians, in part through the consideration of human rights in the drafting of new legislation via means of a statement of compatibility. For instance, the statement of compatibility for the Severe Substance Dependence Treatment Bill 2010 illustrated the aims of the legislation within the context of human rights, and those rights which are likely to be engaged. The statement highlights those rights which will be enhanced (in this case, the right to life) and those which will be temporarily curtailed (including freedom of movement and the right to liberty and security of person) (Victoria, Legislative Council 2010:838-9).

It would be useful for the Victorian Government to provide a summarised statement of compatibility which would be more comprehensible to the community.

Recommendation 4: Statements of compatibility should be summarised and written in plain English to maximise the accessibility and comprehension of human rights.

e. The availability to Victorians of accessible, just and timely remedies for infringements of rights?

Breaches of human rights, combined with a lack of appropriate remedies, reduces the effectiveness of AOD treatment.

From the perspective of the AOD treatment sector, this is a key factor in determining the efficacy of the Charter. Many AOD service users are in need of a range of services yet often experience challenges with access (including but not limited to AOD treatment services), or perceived discrimination based on assumptions associated with their substance dependence issues. Seeking
remedies can be difficult due to a lack of community knowledge. Further, the legal system is complex and even with many of the non-adversarial dispute resolution options available, it can be time-consuming and confronting.

A lack of access to remedies combined with challenges in access to appropriate service provision contributes to the perpetuation of harm with a run on cost to the community through symptoms of long term disadvantage such as homelessness, substance use, crime and entrenched welfare dependence.

The Charter has directed government departments to comply with human rights and has the capacity to add weight to existing legislation by ‘piggybacking’ on said legislation where appropriate. Neither of these outcomes provide a remedy per se, but rather quiet, yet pervasively, contribute to an enhancement of human rights through the public service. Therefore, VAADA believes that the Charter requires expansion (such as inclusion of the ICESCR) combined with a free standing cause of action.

Finally, there is a need to ensure that a comprehensive education campaign is undertaken to ensure that the community is aware of how the Charter can advance and protect their rights.

Recommendations

1. Incorporate the ICESCR into the Charter.
2. Incorporate the CRC into the Charter.
3. A free standing cause of action must be built into the Charter.
4. Statements of compatibility should be summarised and written in plain English to maximise the accessibility and comprehension of human rights.
References


Patterson, J. and Clapp, C. 2004 *Clinical Treatment Guidelines for Alcohol and Drug Clinicians No 11: Working with Families*, Turning Point Alcohol and Drug Centre Inc. Victoria.