



# *focus*

**Issue 1, 2018**

**New Drug Court**

**Domestic and Family  
Violence**

**Member spotlight on  
Drug ARM**

**2017**



**2018**

## A NOTE FROM OUR CEO



Hi all and welcome to the 1st edition of QNADA focus for 2018.

I trust you have had a relaxing and suitably festive break and are feeling refreshed and ready to take on all that this year will bring!

There will be some big developments nationally this year, with both the national quality framework and the national treatment framework projects underway. We're working closely with our colleagues across the State and Territory AOD Peaks Network, as well as our colleagues in Queensland Health and the Commonwealth Department of Health to ensure both frameworks reflect the realities of our work.

In other exciting news, we explore the re-establishment of the QLD alcohol and other drug treatment court, which kicks off later this month. Check out page 6 to see what's new and where the pilot court will operate.

Our theme this month is criminal justice responses, so we take a look at Drug ARM's diversionary programs in our member spotlight on page 3.

We also investigate harm reduction strategies currently being used in QLD prisons (page 9), as well as providing a summary of the Domestic and Family Violence Death Review and Advisory Board 2016-17 Annual Report (page 12) which explores coronial findings of deaths that have occurred as a result of domestic and family violence.

We're edging closer to an outcomes framework, so keep your eye out for an invitation to a second Qld AOD Sector Convention in the next couple of months, where we'll seek your endorsement of the draft framework and take a look at the Qld AOD Treatment Service Delivery Framework and to refresh its currency.

Until next time, take care and stay in touch.

*Rebecca*

If you would like to stay in touch with what is happening in the sector, please remember to like us on [facebook](#) and follow us on [twitter](#).



### QNADA Team

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Sector and Workforce Development  
Officer



QNADA acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. We wish to pay our respect to Elders past and present and extend this to all Aboriginal and Torres Strait Islander people reading this message.

# Member Highlight

## Spotlight on Drug ARM

This month's Member Spotlight highlights the work of Drug ARM Australasia, in diversionary programs across Queensland.

### A public health approach vs a criminal justice approach

Diversion is an integral part of the strategy to improve health and social outcomes at the nexus of the alcohol and other drug sector and the criminal justice system. A diversion is provided with the view that instead of entering the criminal justice system, eligible participants are able to access health, education and treatment responses to their illicit drug use.

Diversion was brought to Queensland by the Beattie Government after decades of strong advocacy from the alcohol and other drug sector, notably the Alcohol and Drug Council of Australia and the Australian National Council on Drugs.

Since then, the mix of interventions has been changed by successive QLD Governments. Currently, the recommendations of the Drug and Specialist Courts Review is being implemented by the Palaszczuk Government.

In Queensland we have both pre and post court interventions, with the most well-known being Police Court Diversion. Interventions involving information and education only are the most prevalent treatment type in Queensland (33%). In 2014-15, there were 10,402 criminal justice referrals to information and education only treatment services.

### Drug ARM diversion

This month, we had the opportunity to chat with Drug ARM's National Programs Manager, Richard Norman about their work in the diversion space. The chat ranged from what they are doing on the ground to provide treatment through to the models that underpin their service delivery and the future of diversion.

*Increasing public health oriented approach*

*Decreasing criminal justice involvement*

Drug ARM have been offering diversionary programs for



many years in partnership with Lives Lived Well. Currently, Drug ARM offers three diversionary programs across Queensland:

**Drug and Alcohol Assessment and Referral** in partnership with Lives Lived Well as lead agency to assist defendants who identify substance use as a contributing factor in their offending behaviour but who may or may not be alcohol and

other drug dependent. **Locations:** Brisbane South, Ipswich, Mackay, Southport, Sunshine Coast and Toowoomba.

**Police and Court Diversion** provides a brief health intervention to help clients address drug use and associated behaviours as an alternative to prosecution. **Locations:** Mackay

**Women's Diversion Program** (pilot in conjunction with Our PHN) aims to break the cycle of offending by working with women experiencing alcohol and other drug issues to develop an understanding of healthy relationships and their beliefs, emotions, attitudes and thoughts. **Locations:** Woorabinda.

Drug ARM has delivered alcohol and other drug solutions in the community for over 150 years as part of the Healthy Options Australia group through education, outreach, diversion, prevention and treatment.



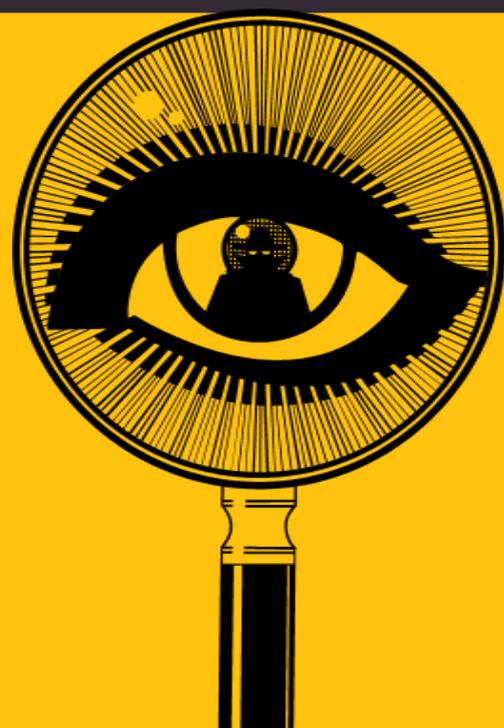
### The future of diversion

Queensland Police Commissioner Ian Stewart last year highlighted that there is a need to look at policies, procedures and legislation around police diversion. Commissioner Stewart said to the Ice Regional Community Engagement Summit in April last year that, "There is a lot of discussion and debate now going on in this country and certainly in this state to open that up to small amounts of other drugs, for instance ice. I think that's a discussion that we need to have."

The Drug and Specialist Courts Review recommends that the Government improve current responses to low-level offending and target limited resources more effectively. In their final report, they recommend "that police should be provided with access to an expanded range of options to respond to minor drug offences, drawing on models that exist in other Australian jurisdictions. Such an approach will also have the benefit of reducing people's formal involvement with the criminal justice system and ameliorating the effects of a criminal record on future employment, while reducing demand on the providers of such services and on the courts."

Drug ARM agrees. National Programs Manager Richard Norman said, "Diversion is just one of a range of strategies that works within a continuum to reduce the harms from alcohol and other drugs. It reduces the criminal justice harms while providing our clients with a positive health focused alternative."

**DID YOU KNOW?** Drug ARM is made up of a staff of 72 FTEs who work alongside over 400 students and volunteers?



## Changing the Game: 30 Years of Drug and Alcohol Research

To mark its 30th anniversary the National Drug and Alcohol Research Centre (NDARC) at UNSW has released a report looking back at 30 years of drug and alcohol research in Australia. The report, Changing the Game: 30 Years of Drug and Alcohol Research, covers highlights from NDARC's history and explores the social and political context behind some of the Centre's biggest projects. The report is organised into four decades: the 1980s, 1990s, 2000s and 2010s and looks at the social and political context which drove its research programs.

## Chancres Coffee and Clinical Updates: Australasian Chapter of Sexual Health Medicine Annual Scientific Meeting

The Australasian Chapter of Sexual Health Medicine (AChSHM) is holding their Annual Scientific Meeting (ASM) on Saturday, 17 March 2018 at the Novotel in Melbourne. The event details can be found on the ASM [website](#).

# CAN AUSTRALIA RESPOND TO DRUGS MORE EFFECTIVELY AND SAFELY?



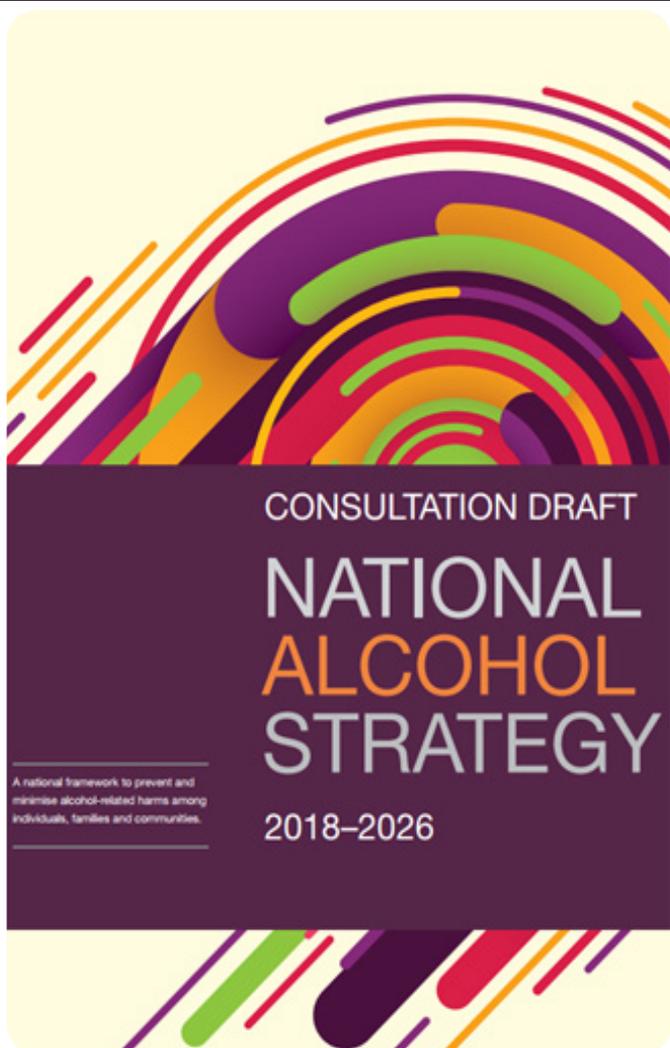
## Did you see...

'Can Australia Respond to Drugs More Effectively and Safely'? This report has been developed as a result of a day-long roundtable led by 17 experts and practitioners held at the University of Sydney in September 2015. The purpose was to consider drug law reform in Australia. Mick Palmer, Chair of the Roundtable and Deputy Chair of Australia21, stated that the question addressed in this roundtable was "If changes were to be made to our current illicit drugs policy, what options and processes would be most likely to reduce harms to users and increase the effectiveness of our policy?"

Participants included retired judges, prosecutors, senior police, prison and parole administrators, drug law researchers and advocates. Discussion focused on ways Australia could develop safer and more effective illicit drugs policies. The roundtable followed two Australia21 reports in 2012 that documented the failure of the International War on Drugs and explored the range of alternative options to prohibition, including initiatives introduced in other countries.

# Consultation Draft

## National Alcohol Strategy 2018-2026



**1 in 4** Australians are drinking alcohol at risky levels

Alcohol can be purchased for **less than 40 cents** per standard drink



**10–15%** of emergency department presentations are alcohol-related

**25%** of all frontline police officers' time is taken by alcohol-related crime



**1 in 2** women who are pregnant consume alcohol during their pregnancy



Alcohol was involved in **34%** of intimate partner violence incidents; and **29%** of family violence incidents

Alcohol is a **leading cause of drug-related death**—with more than **5,500** deaths estimated to be attributed to alcohol in any year



**1 in 4** of all road fatalities can be attributed to drink driving



In Australia there is **1 licenced venue** for every **317** people

Alcohol was the **most common drug of concern** for people accessing specialist treatment in 2015–16 accounting for **32%** of episodes

COAG's Ministerial Drug and Alcohol Forum has invited public submissions on the Consultation Draft of the National Alcohol Strategy 2018-2026. The strategy outlines Australia's agreed approach to preventing and minimising alcohol-related harms.

As a sub-strategy of the National Drug Strategy 2017-2026, the National Alcohol Strategy is overseen by the Ministerial Drug and Alcohol Forum. The Forum consists of Ministers from across Australia with responsibility for alcohol and other drug policy from the health and justice / law enforcement portfolios from each jurisdiction.

QNADA will be preparing a submission. We welcome contribution from our members to ensure we accurately reflect the sectors diverse views and concerns. Submissions a close on the 11th February 2018. If you would like to contribute to QNADA's submission, please conact [Amanda](#) or [Holly](#).

# AOD Treatment Court

## What's changed?



The New Year brings the reinstatement of Queensland Drug Court, which will be operational in early 2018. The re-establishment of the Queensland Drug Court was an election commitment by the Palaszczuk Government. This commitment acknowledges the increasing pressure on the criminal justice system to address the underlying causes of drug-related offences in Queensland communities.

A comprehensive reimagining of the program took place in preparation for the new drug court launch, post the previous drug court closure in 2012. The Drug and Specialist Courts Review was led by Arie Freiberg, Jason Payne, Karen Gelb, Anthony Morgan and Toni Makkai in consultation with over 140 government and non-government stakeholders which commenced in 2015. The final report was released in June 2017.

The review acknowledged that incarceration provides an immediate though temporary solution. Drug Courts seek to treat the under-lying problems contributing to an individual's offending such as substance use, mental illness, acquired brain injury, intellectual disability and problem gambling and allow the offender opportunity to voluntarily participate in a treatment program.

The review made recommendations for;

- Extension of the model to include offenders at an earlier point in their drug use and offending;
- Inclusion of people who were identified as likely to fail while on parole;
- Inclusion of alcohol as a drug of dependence;
- Manage the tension between justice system requirements and treatment services to ensure cohesive, holistic service provision; and
- Include access to education and employment programs to develop participants' social and daily living skills.

The government committed to a four-year pilot program to be named the Alcohol and Drug (AOD) Treatment Court. This court will operate from the Brisbane Magistrates Court.

Since June 2017, relevant government departments have been working collaboratively to develop a range of legislative and policy documents that will inform and support the delivery and operation of the Alcohol and Drug (AOD) Treatment Court.

### Fast Facts:

#### Australian Prisons

The number of prisoners in adult corrective services custody increased by 6% from 38,845 prisoners at 30 June 2016 to 41,202 at 30 June 2017

Between 2016 and 2017 the national imprisonment rate increased by 4% from 208 to 216 prisoners per 100,000 adult population

Sentenced prisoners increased by 6% from 26,649 to 28,199 prisoners

# AOD Treatment Court

## What's changed?

### So what's new?

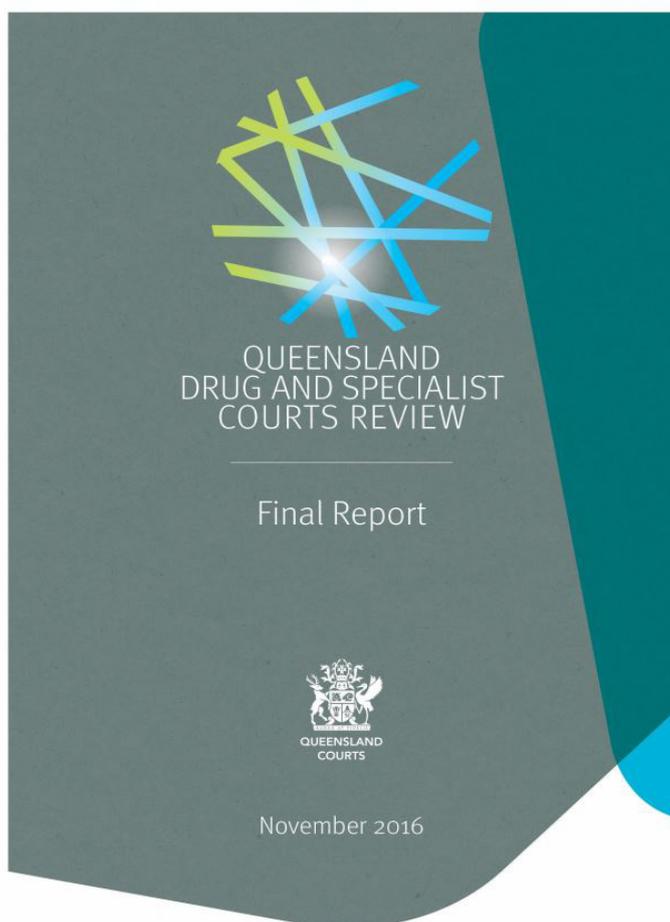
The new AOD Treatment Order will be assigned initially for a period of two years. Referrals will be accepted from Brisbane, Sandgate, Wynnum, Holland Park and Richlands Magistrates' Courts.

Eligibility for the program requires people to reside in the Brisbane local government area upon referral and intake. However, if a person wishes to move outside of the Brisbane area, approval may be granted if the order can be practically maintained.

The AOD program will have scope to accept referrals that include people who have been charged with violence-based offences within specific limitations, but will continue to exclude people who have committed crimes of a sexual nature.

Whether drug court is aimed at people with substance dependence who offend, or career criminals who also use drugs, individualised treatment was the common predictor to assess the probability of successful program completion.

You can find a copy of the full Drug and Specialist Court Review Report here- [http://www.courts.qld.gov.au/\\_data/assets/pdf\\_file/0004/514714/dc-rpt-dscr-final-full-report.pdf](http://www.courts.qld.gov.au/_data/assets/pdf_file/0004/514714/dc-rpt-dscr-final-full-report.pdf)



### Fast Facts: Australian Prisons

The most prevalent offences were Acts intended to cause injury (9,344 or 23%) and Illicit drug offences (6,155 prisoners or 15%)

Since 2016, these two offences had the largest increases in number of prisoners and accounted for the majority (81%) of the national increase in the prison population (6% or 2,357 prisoners)

# LLW Free Training

## Screening for Problem Gambling

### Screening for Problem Gambling: Free Workshops

Are you a counsellor, clinician or GP working with people with problematic substance use, mental health concerns or both? If so, it's likely there will be underlying issues with problem gambling.

To support clinicians to better detect and help their clients with risky gambling behaviors, **Lives Lived Well**, through funding from the Queensland Government, is offering free Problem Gambling Screening Workshops in your region. Workshops can be arranged to take place in your workplace. The full details are below.

### Why Screen For Problem Gambling?

Research shows that of those people who have a gambling problem, 58% will also have a problem with drinking or drugs, while 38% will have a mental health condition. In addition, of those undergoing substance use treatment, 20-30% will have gambling problems. People need support for each problem if they are to make a full recovery and prevent relapse.

The 90 minute workshops are delivered by Lives Lived Well's Clinical Services Manager, Gerard Moloney and cover:

- ▶ the interactions of substance use, mental health and problem gambling
- ▶ characteristics of people with problem gambling
- ▶ the groups most at risk for problem gambling in Queensland
- ▶ the use of the Problem Gambling Severity Index
- ▶ practice-based strategies including the role of brief interventions and self help.

If an in-person workshop doesn't suit, we also offer an e-learning platform: Lives Lived Well Education Online (LEO) at <https://liveslivedwell.docebosaa.com/>

### Want More Information?

For further information or to organise a workshop in your workplace or region, please contact **Gerard Moloney** on **0407 285 615** or email [gerard.moloney@liveslivedwell.org.au](mailto:gerard.moloney@liveslivedwell.org.au)

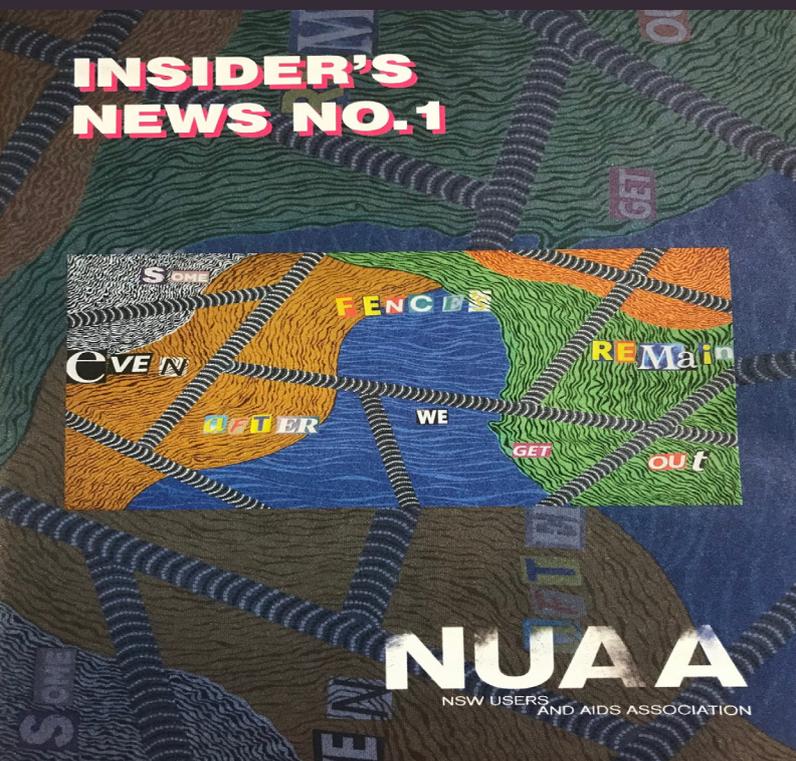
Presented by:



**Queensland  
Government**

# Australian prisons

## supply, demand & harm reduction strategies



*“For a variety of reasons many offenders do not access appropriate healthcare in the wider community and therefore incarceration presents an opportunity to deliver a range of health-based ... interventions.”*

In 2012 the National Drug and Alcohol Research Centre was commissioned by the Australian National Council on Drugs (ANCD) to provide an update on the supply, demand and harm reduction strategies utilised in Australian Prisons. The resulting publication was the last of its kind to provide a comprehensive review and comparison across all prisons in Australia. In revisiting this report we identify which strategies are still valid six years on and what the current prison statistical landscape in Queensland looks like.

The research paper was composed from formal interviews and questionnaires with representatives from each state and territory prison department. For the purpose of comparison across jurisdictions, the paper defined each harm minimisation strategy in the following manner;

### **Supply reduction**

- Drug detection dogs
- Mobile phone detection dogs
- Pat downs
- Cell searches
- Urinalysis

### **Demand reduction**

- Drug free units and Therapeutic Communities
- Detoxification
- Methadone and other pharmacotherapies
- Inmate abstinence-based programs and counselling

### **Harm reduction**

- Harm reduction education programs
- Blood-borne virus testing
- Hepatitis A and B vaccination
- Condom provision
- Disinfectant provision
- Needle and syringe programs

The research results showed a strong bias towards supply reduction strategies across all jurisdictions with only NSW, VIC, WA and ACT having conducted evaluations on the effectiveness of this strategy. Due to a paper-based record system at the time, Queensland prisons were unable to report on the statistics or outcomes for their use of drug detection dogs, urinalysis programs, drug seizures, drug-free units or condom and disinfectant provision. Investigating demand and harm reduction approaches, 100% of Queensland prisons provided HIV and Hepatitis C testing as well as offering both moderate and high-intensity substance treatment programs.

In relation to pharmacotherapies, only the female prison service offered methadone and buprenorphine maintenance treatment. Six years on there have been few changes in the harm minimisation strategies listed. To date, harm reduction methods such as condom and disinfectant provision are still not offered within Queensland prisons.

Queensland Corrective Services released a review of the Queensland Parole System in March 2017. Most significant is the approval to introduce opioid substitution treatment programs into all prisons.

**Alcohol is the  
most common  
drug linked  
to principal  
offences**

# Australian prisons

## supply, demand & harm reduction strategies

Furthermore, there is a proposed investment to increase the number of high-intensity AOD rehabilitation programs.

In summarising its review of prisons across the country the ANCD research paper made its own recommendations aimed at broadly steering system reform. These recommendations still hold today; the rhetoric of which is echoed in the 2017 Queensland Parole System Review.

These such recommendations include taking a balanced approach to harm minimisation with equal investment into supply, demand and harm reduction strategies. Further the research paper encouraged equity of service whereby community based programs should be supported as an extension of those available in prison, particularly those which promote a continuity of care.

Programs which focus on the transitional phase pre and post-release are most recommended to ensure areas such as accommodation, health, legal and social connections are maintained.

A commitment to policy and program initiatives for Aboriginal and Torres Strait Islander peoples was also strongly articulated in both the ANCD research paper and the 2016 Queensland Parole System Review. The Queensland Government in response to the review has recently agreed to amend legislation to ensure the parole board includes Aboriginal and Torres Strait Islander representation.

### Current examples of prison based alcohol and other drugs programs in Australia

- Harm Reduction Magazines (Insider's News – NSW Users and AIDS Association; Tracks – QLD Injectors Health Network; TX! Magazine – Hepatitis NSW).
- Lives Lived Well have a number of programs which they offer within prisons and in the community. These programs provide opportunities for assessment and referral, treatment and community re-entry.
- Artius provide low to moderate intensity substance use intervention across 11 of QCS' 14 prisons sites.
- Bindal Sharks provide an Indigenous Leadership Program in both the men's and women's prisons in Townsville.

- ATODS run a Moral Reconciliation Therapy group in Lotus Glen Prison.
- Queensland Corrective Services manage the Criminal Conduct and Substance A\*use: Pathways to Self-Discovery and Change, a 120 hour in-prison program run by their program staff.
- Pathways: High Intensity Substance A\*use Program is a 21 week, in-prison program run in both QLD and WA.

### Overview of AOD programs in QLD Correctional Centres

#### *Pathways High Intensity Substance A\*use Program*

This 21 week program is offered at Townsville Men's

## Snapshot of State and National Prison Demographics

- 8,476 people currently in prison across 14 prisons throughout Queensland;
- Queensland prisoners make up 21% of all prisoners nationally;
- 15% of Queensland prisoners have a primary conviction for illicit drug offences. Illicit drug offences have increased by 90% since 2010;
- Nationally, the median age of prisoners with an offence/charge of illicit drug offences was 36 years;
- Nationally, 94% of prisoners charged with an illicit drug offence were non-indigenous and 89% were male;
- The median aggregate length of sentence for prisoners with a charge of illicit drug offences nationally is 4.8 years;
- The most prevalent offences were acts intended to cause injury (23%) and illicit drug offences (15%); and
- Since 2016, acts of injury and illicit drug offences had the largest number of prisoners, accounting for 81% of the national increase in the prison population

*Inmates rate urinalysis as having the greatest drug deterrent effect*

# Australian prisons supply, demand & harm reduction strategies

Correctional Centre, Capricornia, Maryborough, Woodford, Southern Queensland, Brisbane Women's and Wolston Correctional Centres. The program follows a cognitive therapy framework to encourage change towards prosocial thinking and develop skills in self-assessment, processes of change, patterns of AOD use, relapse prevention and effective interpersonal relationships.

## **The Positive Futures Program**

A culturally-specific program for Indigenous offenders which centres around holistic strategies to address alcohol and other drug use. This program is offered in most correctional centres and probation and parole offices.

## **External Provider Services**

### **CREST (Community Re-Entry Services Team)**

This program delivered by Lives Lived Well is for those who are about to be released on parole and need support with re-integrating into community life. The program operates in Far North and Central Queensland through Capricornia and Lotus Glen Correctional Centres. The team supports participants of the program by providing links to housing, accommodation, alcohol and other drugs counselling, treatment and education and assistance in building community based supports and connections.

### **Moral Reconciliation Therapy**

The program is offered by Queensland Health Alcohol Tobacco and Other Drugs Services and follows a workbook-based, cognitive behavioural framework across a 16 unit program; 12 of which are run in a group setting. The program aims to challenge criminal patterns of thought and improve decision making skills and moral reasoning around crime and drug and alcohol use.

### **Strong Together**

A new program offered by YETI for young people currently involved with the justice system as well as their families. The program provides seven-days a week therapeutic case management and phone support to assist participants in reconnecting with education, culture and their community.

### **Introduction of Opioid Substitution Treatment in Queensland Correctional Centres**

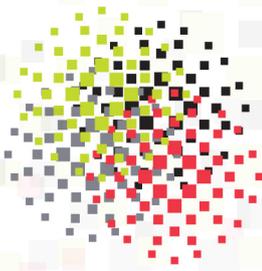
As part of the Queensland Government response to the Queensland Parole System Review, Queensland Health is working with Queensland Corrective Services to introduce OST in a phased implementation across all Queensland adult correctional centres. We got in touch with Peter Cochrane who is the Project Officer from the Mental Health Alcohol and Other Drugs Branch in Brisbane managing this initiative to gather some information.

Peter stated that new funding has been allocated to support introduction of OST across all Queensland adult correctional centres. For many prisoners, the introduction of the OST program will make a positive impact to their health and well-being while in prison and on release to the community. Peter went on to say that 'implementation is going to be phased, commencing in north Queensland in 2018 and that currently there is a small number of prisoners who have been accessing OST in the Brisbane Women's Correctional Centre. These prisoners have been accessing OST for many years and this program will be expanded and introduced to all women's prisons as part of this initiative'.

We look forward to reporting on the OST roll out as it gathers momentum across the state in 2018.



*Inmates who  
use drugs  
reported  
feeling more  
"prisonised"*



# SHAPING OUR FUTURE

**2018 ATDC  
CONFERENCE**

**21-22 MAY 2018  
HOBART**

The 2018 ATDC Shaping Our Future Conference,  
will be held from 21 -22 May 2018  
at the Hotel Grand Chancellor, Hobart.

The 2018 ATDC Conference is ready to challenge ideas,  
frameworks and practices in the  
Tasmanian alcohol and other drug sector.

Visit the conference website at [atdcconference.com.au](http://atdcconference.com.au)  
to find out more information about the conference.

## 2018 Keynote Speakers



### **Prof Robin Room**

Robin Room is a sociologist who has directed alcohol and drug research centres in the United States, Canada, Sweden and now in his native Australia. He is a Professor at the Centre for Alcohol Policy Research at La Trobe University in Melbourne and also has an appointment at Stockholm University.



### **Prof Paul Dietze**

Professor Paul Dietze is the Director of the Behaviours and Health Risks Program at the Burnet Institute. With over 20 years' experience he is one of the leading researchers in the alcohol and other drug sector in Australia with an extensive history of significant and innovative research into the impact of alcohol and other drugs in the community.



### **Andrew Bruun**

Andrew Bruun (ADCW, BSW, Dip AOD Work, Hon Fellow, Dept Psychiatry, Uni of Melb) is Chief Executive Officer at YSAS, the Director of The Centre for Youth AOD Practice Development and an honorary fellow at the University of Melbourne, Department of Psychiatry.



### **Dr Stephen Bright**

Dr Stephen Bright has worked as a clinically-trained psychologist within the Mental Health & AOD field for the past 18 years. He is currently Senior Lecturer of Addiction at Edith Cowan University and Adjunct Research Fellow at Curtin University's National Dug Research Institute.

**More speakers to be announced**

The 2018 ATDC Shaping Our Future Conference aims are to; challenge existing ideas, frameworks and practices and encourage reflection and innovation across the Tasmanian ATOD sector; enrich the quality, currency and reach of ATOD practice through discussions of evidence-based theory and practice; contribute to the strategic positioning of the Tasmania ATOD service system to address challenges into the future; create an environment in which delegates share knowledge and build relationships; and to provide an opportunity for the Tasmanian ATOD workforce to grow and develop.

## **REGISTRATION NOW OPEN**

Visit the conference website at [atdcconference.com.au](http://atdcconference.com.au)

**atdc**

Alcohol, Tobacco  
and other Drugs  
Council Tasmania Inc.

If we can be of assistance,  
please do not hesitate to contact us.  
[hello@eventsphere.com.au](mailto:hello@eventsphere.com.au) 0418 325 927  
[atdcconference.com.au](http://atdcconference.com.au)

# Domestic & Family Violence

## Death Review & Advisory Board Report

Did you know that since 2006 there have been 263 women, children and men who have been killed by a family member or someone with whom they were, or had been, in an intimate partner relationship with in Queensland? This figure equates to 44% of the state's homicides for the period. The impact of these deaths are immense and widespread, not only affecting loved ones and those who were close to the victim, but also services that the victim may have come into contact with. The Queensland Domestic and Family Violence Death Review analysed 29 deaths in Queensland between the 2011 and 2016.

The Domestic and Family Violence Death Review and Advisory Board was established in 2016 by the Coroners Act 2003 to undertake systemic reviews of domestic and family violence deaths in Queensland. The purpose of the review was to develop ways of improving the systems, practices and procedures to prevent future domestic and family violence and the impact that it has on our society. The cases analysed in the report demonstrate the scope and impact of domestic and family violence by investigating the events leading up to the deaths, the presence of risk indicators, and the instance of service contact.

The report acknowledges that many deaths occurred prior to, or during the early implementation of significant reforms. In consideration of this, information was gathered on the circumstances leading up to these deaths. While some of these reforms need time to achieve their intended outcomes, it is clear that we can, and should, do more to protect victims and their children. Some of the key findings from the report deliberate that;

- Coercion and control were frequently overlooked due to the covert and non-physical nature of this type of violence;
- Social isolation, harassment, threatening behaviour, possessiveness and verbal abuse were often disregarded by responding services as possible signs of abuse;
- Victims were less likely to report non-physical violence;
- In almost all of the recorded intimate partner homicides, obsessive/possessive behaviours including sexual or morbid jealousy were present.

Some of these episodes were overlooked when reported as 'arguments about infidelity' thereby minimising the indicators of harm;

- The majority of the deaths reviewed were in the context of actual or pending separation highlighting the increased risk of harm during this period;
- Perpetrators used children present in relationships as a means of control and abuse during and after separation;
- Harassment and abuse via text, email and social media was noted as an emerging trend; and
- In the cases of filicide (i.e., the deliberate act of a parent killing their own child) there was a prevalence of systems abuse whereby perpetrators used the processes in the course of domestic and family violence proceedings to gain advantage or continue the abuse.



**Did you know?**  
On average, one woman a week is murdered by her current or former partner in Australia

# Domestic & Family Violence

## Death Review & Advisory Board Report

### So how can we develop a responsive system to combat domestic and family violence?

Through the investigation it was apparent that often both the victims and perpetrators had contact with services offering support and specialist intervention before their death. These services included all the usual suspects;

- Health services in relation to assault related injury;
- Health services in relation to suicidal and/or self-harming behaviour;
- Alcohol and other drug treatment services;
- Mental health services;
- Maternity and anti-natal care;
- Police and the criminal justice system in relation to domestic and family violence (interaction was noted for some in both current and past relationships); and
- Specialist domestic and family violence services including women's refuges or perpetrator intervention programs.

The significance of an integrated service system response cannot be overstated. When working at its best, an effective systems response will save lives. However, when it fails the consequences can be tragic.

So how can we respond to the diverse and nuanced experience of those exposed to violence? Access to comprehensive care and treatment across the combined expertise of alcohol and drug, family and domestic violence agencies, and the plethora of other services may help to keep the individual and their family safe. This includes rehabilitation programs that deal with family issues, alcohol and drug, and other relevant issues concurrently.

### Strengthening the system

Service providers need to be equipped to respond in a safe and sensitive way. While there are significant reforms rolling out across the state, tackling the issues associated with domestic and family violence will require cross-sectoral collaboration and proactive engagement. The review identified opportunities for improvement through;

- Strengthened screening and risk assessment processes;
- Coordinated and transparent collaboration between services;
- Improved follow-up and continuity of care;

- Introduction of standards and accreditation for practitioners and services working with victims and perpetrators;
- Further training for service providers and practitioners to understand the nuanced indicators of harm;
- Tailored response to individual needs;
- Early detection and targeted interventions; and
- Consideration of opportunities to intervene, and potentially prevent, these deaths.

While services have been proactive in responding to victims presenting in crisis, this review highlighted the importance of acting on opportunities for intervention when the risk presents as low to medium. Responding before a crisis point is reached has the potential to reduce the risk of future harm or lethality.

### What does this mean for you?

While the AOD sector is aware of the association between family and domestic violence and AOD issues, it can be challenging to address. 'Can I Ask' is a resource developed by Odyssey House and NCETA for AOD treatment services. The resource examines the relationship between AOD and family and domestic violence, with a focus on how the AOD sector can provide support to clients, and minimise harms to them and their children. The guide explores strategies around how to address issues presented by clients who experience family and domestic violence, including why, who and how to ask, and how to respond to disclosure, including safety planning and referral. It also includes a list of "tips and traps", information on why clients may stay with an abusive partner, and the importance of identifying and responding to the needs of children.

While the AOD sector in Australia has come a long way in responding to this issue in the past decade, we need to continue to work together in strengthening our service response to improve outcomes for people experiencing family and domestic violence.

### Did you know?

Women are 5 times more likely to require medical attention or hospitalisation resulting from DFV

# NIDAC18

## Save the Date



# NIDAC18

5<sup>th</sup> National Indigenous Drug & Alcohol Conference

## RESPONDING TO COMPLEXITY

PRE CONFERENCE WORKSHOP

Stamford Plaza Adelaide 6<sup>th</sup> November 2018

NIDAC18 CONFERENCE

Adelaide Convention Centre 7<sup>th</sup> - 9<sup>th</sup> November 2018

FOR MORE INFORMATION VISIT

[WWW.NIDACONFERENCE.COM.AU](http://WWW.NIDACONFERENCE.COM.AU)

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DRUG & ALCOHOL COUNCIL (SA)  
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# App for the Queensland Needle & Syringe Program

Have you seen the mobile phone application (app) for the Queensland Needle and Syringe Program released by the Pharmacy Guild of Australia? The FREE app allows clients to search for public and pharmacy NSPs across Queensland. It contains useful information about safe injecting practices, blood borne viruses and overdose.

To download the app clients can search 'QLD Needle & Syringe Program' in the Google Play or Apple Store or scan the QR Code provided.

## UPCOMING EVENTS

### Family Drug Support

What: Stepping Forward sessions offer an opportunity for families to learn and connect.

When: Multiple sessions throughout January 2018

Where: Wynnum West

More information: [http://webadmin.greenivymedia.com/uploads/qnada/Past%20Events/Ext\\_20171122\\_FDS%20Wnnum%20fliers.pdf](http://webadmin.greenivymedia.com/uploads/qnada/Past%20Events/Ext_20171122_FDS%20Wnnum%20fliers.pdf)

### SMART Recovery: Group Facilitator Training

What: Skill development and training for health professionals wishing to be able to deliver group program.

When: 20th of February 2018

Where: Toowoomba

More information: <https://smartrecoveryaustralia.com.au/course-list/19-toowoomba-facilitator-training/>

### SMART Recovery: Group Facilitator Training

What: Skill development and training for health professionals wishing to be able to deliver group program.

When: 27th of March 2018

Where: Brisbane

More information: <https://smartrecoveryaustralia.com.au/course-list/15-brisbane-facilitator-training/>

### Western Australian Alcohol and other Drugs Conference 2018

What: With national and international speakers, delivered by WANADA and the Mental Health Commission, this conference will engage people around the country in the sector.

When: 20 - 21 March 2018

Where: Perth

More information: <http://2018aodconferencewa.com.au/event-information.html>

### 2018 Australian and New Zealand Addiction Conference

What: National conference with topics on all types of addiction, including prevention, treatment, systematic responses, behaviours, mental health and harm reduction.

When: 28-29 May 2018

Where: QT Gold coast

More information: <https://addictionaustralia.org.au/>

### Delivery of Global Drug Survey

What: International survey of current or past drug users to gather up to date information to inform policy.

When: April 2018

Where: Online

More information: <https://www.globaldrugsurvey.com/>

### SAVE THE DATE—NADA Conference 2018: Exploring therapeutic interventions

What: This conference will showcase evidence based practice that improve the lives of clients, consumers and the community.

When: 7th and 8th of June 2018

Where: Sydney

More information: <http://nada.org.au/eventdetails?event=1182>

### Febfast- Pause for a Cause

What: Australians to pause from alcohol, sugar or something of your choice for the month of February in support of disadvantaged young people aged 12-25 across the country.

When: February 2018

Where: Your community

More information: <https://www.febfast.org.au/about>