

# Submission #27

Inebriates Act 1912

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## Submission

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## Attachments

Currently being involved in the co-ordination and review of the Victorian equivalent of the Inebriates Act - Alcoholics and Drug-dependent Persons Act; I see that the main consideration is whether to remove the ability for A&D clients to be held involuntarily or to rewrite an Act removing the redundant provisions and to establish compulsory treatment with appropriate appeal and oversight mechanisms.

Re-writing a new Act around compulsory treatment for non-offenders would necessitate a significant workload and protracted timelines. The value of re-writing a new Act is also questionable given the small client population that may well fit better in other legislation provided better assessment services are available. Creating a new Act also creates an ethical dilemma. On the one hand we have a client group being diverted into treatment services they would not ordinarily seek or choose to connect with. On the other hand you have clients trying to access treatment that they are unable to, based on limited availability, despite valid need and personal commitment. Another unintended consequence may result in net widening of clients who are frustrated or unable to engage the service system voluntarily and may see a new Act with provisions for compulsory care as a fast track into the treatment system.

While voluntary cooperation is the primary way to obtain compliance with public health measures, where voluntary strategies fail public health officials need a full range of powers to assure compliance with health and safety standards. Thus Government and health workers have a responsibility to ensure that a person with a debilitating condition gets every treatment available even if it is imposed. Anecdotal evidence from the sector in Victoria suggests that while there are procedural difficulties in applying for intervention in this manner ? most would volunteer that such orders act as circuit breakers and are life saving for the individual.

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