

A health-led response to Public Intoxication in Victoria

Authors:

*Andrea Fischer*¹, *Danny Jeffcote*¹, *Amy Hubbard*¹, *Melissa Donovan*²

¹cohealth, Melbourne, Australia, ²Victorian Aboriginal Health Service, Melbourne, Australia,

Presenter's email: andrea.fischer@cohealth.org.au

Background: November 7th, 2023, Victoria implemented the decriminalisation of public drunkenness, replacing a criminal justice response with a health-led response. This legislation was a key recommendation from the 1991 Royal Commission into Aboriginal Deaths in Custody.

Description of Model of Care/Intervention: The Public Intoxication Response (PIR) consists of a statewide centralised dispatch service, an outreach and sobering up centre for the general population in Metropolitan Melbourne and a series of Indigenous led targeted interventions for First Nations people in Metro and Rural Victoria.

Effectiveness/Acceptability/Implementation: This presentation will outline the Victorian PIR model and present data on utilisation of each component of the program. It will discuss the characteristics of clients and key lessons learnt in the first years of operation. These lessons include workforce needs and training, the role of outreach vs the use of sobering up centres or safe houses, community engagement, cultural safety, understanding informed consent while intoxicated and the role of wrap around services in the response to public intoxication.

Conclusion and Next Steps: Health-led responses to public intoxication are multi-faceted, and complex. The populations accessing this program vary across locations, days of the week/seasons, ages and levels of alcohol or other drug dependency.

PIR is not well understood by law makers, the media and public. Robust evaluation of the program, presentation of data and open dialogue with the public is required to garner support for this life saving intervention.

Implications for Practice or Policy: Programs like the PIR fill a gap in our response to alcohol use and play a critical role in alcohol harm reduction and are of particular relevance to at-risk population such as indigenous people, migrant populations and those sleeping rough.

Disclosure of Interest Statement:

The PIR is funded by the Department of Health, Victoria. The authors have no other disclosures to make.