



Workforce Development: A VAADA Priority in 2003

VAADA will focus significant attention on workforce development in 2003. The following projects highlight this focus.

VAADA Part of National Workforce Development Project

VAADA will be a part of a nation wide workforce development project funded by the the Alcohol Education and Rehabilitation Fund (AERF). The project is a collaboration between VAADA, the NSW Network of Alcohol and Drug Agencies (NADA), the Western Australian Network of Alcohol and other Drug Agencies (WANADA), the National Centre for Education and Training on Addiction (NCETA) and the Alcohol and other Drugs Council of Australia (ADCA).

This project is critically important to the drug and alcohol sector, particularly given that it is currently experiencing major difficulties in maintaining a skilled workforce. Another key issue for the sector, and particularly for non government organisations, is the difficulty in recruiting appropriately qualified staff. These difficulties exist at both service provider and management levels.

There is also a clear need to ensure the availability of an adequate range of accessible, affordable and sustainable workforce development strategies to underpin the specialist alcohol and other drug workforce.

The Alcohol and Other Drug Workforce Development in Australia project will:

- Identify workforce development needs amongst the specialist workforce alcohol and drug sector in Australia
- Determine what workforce development strategies are available in metropolitan and rural areas of each state and territory.

- Identify the gaps in current workforce development needs in each state and territory.
- Identify effective, evidence based, workforce development strategies; and
- Make recommendations for improving state/territory and national workforce development approaches aimed at the specialist alcohol and other drug workforce.

At the conclusion of this project, we will have an accurate assessment of the strengths and weaknesses in the current level of skills, training and support of AOD sector workers in Australia, as well as a detailed picture of the situation in each state and territory.

VAADA will be conducting workforce development workshops with the sector in metropolitan and rural Victoria in 2003, as well as consulting with the drug and alcohol sector in Tasmania and South Australia.

VAADA Discussion Papers

VAADA is working on two discussion papers for the sector. The first relates to policies and practices for the induction of new workers to drug and alcohol sector. The second focuses on policies and practices for employing people in the drug and alcohol sector who are, or have been, in drug treatment.

In preparing these papers, we are looking forward to hearing and incorporating the views and practices of agencies. VAADA will be consulting members on both these issues early in 2003. If you would like to contribute your own or your agency's experiences and opinions, please contact Amanda at VAADA by phone (03 9416 0899) or email (abolleter@vaada.org.au).

We look forward to your input to VAADA's Workforce Development projects in 2003.

January in Review

Diversion Funding

On December 31 2002, the Commonwealth Government announced that it will allocate over \$215 million over four years for a second phase of the Council of Australian Governments Illicit Drug Diversion Initiative. This funding brings the Commonwealth's total commitment to the Diversion Initiative to more than \$325 million. It also recognises the achievements of the Initiative to date and reaffirms the government's commitment to the diversion program as part of the National Illicit Drug Strategy.

The announcement was welcomed by key stakeholders in the alcohol and drug sector and by the Federal Opposition. Interviewed on ABC radio, VAADA Executive Officer Carol Bennett, said that funds provided by the Federal Government are a welcome and much needed investment in the expansion and improvement of drug programs in Victoria. "This funding will help stop the merry go round of drug use, crime, courts and prison. We know that if we can get people into drug treatment rather than or in addition to prison, we can substantially reduce drug use and crime."



Pharmacists Irvine Newton, Michael Beehan and Russ Grosvenor at the VAADA Christmas celebrations

Chroming Guidelines

The Department of Human Services report 'Management Response to Inhalant Use – Guidelines for the Community Care and Drug and Alcohol Sector' was released to alcohol and drug service providers in December 2002. The guidelines preclude residential or Alcohol and Other Drug workers from monitoring or supervising inhalant use by young people.

The Guidelines set out a three stage process in managing inhalant users in out of home care and drug and alcohol agency settings. The Guidelines concentrate on management strategies and interventions for regular and chronic inhalant users, with less attention to experimental inhalant use. They are concerned primarily with the use of chrome paint and butane as inhalants. The guidelines are available from the DHS website (www.dhs.vic.gov.au/phd/dts).

Costs of Drug and Alcohol Use

New figures released by the Commonwealth Government in January showed that the social cost of alcohol, tobacco and illicit drug use has escalated to more than \$34 billion annually. The report, 'Counting the cost: estimates of the social costs of drug abuse in Australia in 1998-99' calculates tangible costs such as lost productivity, health care, road accidents, fires, crime, prisons etc and intangible costs including loss of life and pain and suffering.

The report found that most of the social costs of drug use are caused by legal drugs which account for 83.2% of all costs (tobacco accounts for 61.2% or \$21 billion and alcohol 22% or \$7.5 billion). Major findings from the study, conducted in 1998-99, include:

- Crime related to drug use cost almost \$4 billion
- Health care costs amounted to nearly \$1.5 billion
- Work and household productivity losses amounted to almost \$7.7 billion
- Drug related road accidents cost \$1.5 billion
- Fire related to tobacco cost \$26.3 million

On the release of the report, VAADA Executive Officer Carol Bennett, said "this report is a wake up call for all governments. Drug problems are draining government coffers through increased costs for police, hospitals, emergency services, prisons and the broader community. Unless we are prepared to make a real investment in drug treatment and prevention programs, governments and every person in our community will continue to pay huge costs in taxes, insurances and lost productivity, not to mention the destruction of families and loss of human potential."

In Victoria, less than 1.5% of our health budget is directed to providing drug treatment and prevention programs. It is startling to consider that while drug problems costs Victoria around \$8 billion annually, we only spend around 1% of that amount to treat and reduce drug problems.

"All the research tells us that if we want to reduce these costs, we need to invest more in effective drug treatment and prevention programs" Carol Bennett concluded.

Your Say

Terry Laidler, Adult Parole Board

'A Path Too Often Trodden'

Psychologist and communications consultant, Terry Laidler, is a member of the Adult Parole Board of Victoria. Terry will facilitate the upcoming VAADA forum 'Drug services and the Prison System' (see page 4 for more information).

I suppose in some ways it's a thankless task: the recidivism rate is high. But the two years I have spent as a member of the Adult Parole Board of Victoria have also been enormously rewarding, challenging and eye opening.

I knew in theory when invited to join the Board that illicit drug use had changed the nature of the prison and corrections system. Of the three and a half thousand men and several hundred women imprisoned in Victoria at any one time, even the official statistics indicate that the overwhelming majority (70% give or take some) are in gaol for drug related offences. A few are there because they traded in illegal drugs; very few these days simply because they used them. Most of them are there because they have committed crimes to pay for their habits.

When we see people at the Parole Board, we're given their criminal history. The pattern is unmistakable: minor offences in their early teens, the signs of early polysubstance abuse and social dysfunction followed by drug use convictions and the beginnings of serious property crime by their late teens, ending in chronic dependence, serious criminal activity and a gaol sentence by the time they're in their early twenties.



Mercifully, good sense has prevailed and there's no "three strikes and you're out" rule in Victoria. You almost admire the magistrates' patience as you read the sheet: convictions not recorded (presumably with the appropriate warnings), fines and community-based orders, intensive corrections orders and suspended sentences. But, finally, six to ten appearances down the track, that first gaol sentence.

The prisons themselves try to cope. They are remarkably good at limiting and almost eliminating the supply of illegal drugs these days. "Positives" appear sometimes early in a person's prison term, more often cannabis and prescription drugs wrongly obtained, but later in someone's sentence they are rare. There is medical help available for the "compulsory detox" that accompanies imprisonment and even limited methadone programs for those on them when incarcerated. The custodial task is,

however, expensive (\$60,000 odd per year) and so, there are only limited resources available for the drug and alcohol programs and the post-release linkages that might make a difference.

If people remain substantially drug free in prison, and they have reasonable social networks to return to, they almost invariably get parole at their earliest release date for the first couple of offences. My own theory is that it's almost always better to have someone released with a measure of the supervision and support community corrections officer try to offer over a few months than to cast them adrift at the end of their sentence without either.

Far too many breach the conditions of their parole, usually when, jobless and desperate, they return to old social networks and to using to kill

the depression and pain. I admire my colleagues at the Parole Board who try to recognise the difference between people using while still struggling to manage their dependency problem, and those who have returned to using in a way that makes their remaining in the community too much of a risk.

If our community were designing a system from scratch to minimise the harm associated with drug dependency,

we wouldn't build the criminal justice system. The new "Drug Courts" may well be the seeds of something better, but at the moment all that's realistically available to us is the possibility of "tweaking" the system to make it work better.

If like me, you believe that drug dependency rests on a complex mixture of physical, emotional and social drivers, you've probably identified where I think any additional or freed-up resources should be spent. We could get substantial "bang for buck" if we invested wisely in the social support needed, especially by the most wounded and vulnerable among those we currently imprison, those with psychiatric and intellectual disabilities, and those who have suffered abuse themselves. \$60,000 a year would go a long way to providing the accommodation, basic necessities, education, counselling and social support that those who currently receive \$11,000 a year in Centrelink payments cannot find for themselves.

Calendar of Events

12 February	<p><i>TRANX Training - Benzodiazepine Reduction and Withdrawal Support (including analgesics)</i> Presenter: Tomi Redman, Psychologist. Counsellor and Education and Training Officer with TRANX. 9.30am-12.30pm Community Room, St. Paul's Lutheran Community Centre, 711 Station St Box Hill (Cnr Elland Ave). \$50 plus \$5 GST. Contact Tomi Redman, phone (03) 9889 7355 tomi@tranx.org.au</p>
14 February	<p><i>TRANX Training - Advanced Cognitive Behavioural Therapy (CBT) skills for working with Anxiety Disorders</i> Presenter: Joe Bolza, Clinical Psychologist, Panic and Anxiety Disorders Assistance (PADA), specialising in Anxiety Disorders. 9.30am – 3.30pm. Community Room, St. Paul's Lutheran Community Centre, 711 Station St Box Hill (Cnr Elland Ave). Morning tea, lunch and afternoon tea will be provided. Cost: \$130 + \$13 GST. Contact Tomi Redman, (03) 9889 7355 tomi@tranx.org.au</p>
20 February	<p><i>Pharmacotherapies Training – Turning Point</i> Pharmacological interventions for the treatment of opiates, alcohol and psychostimulants. 9.30am – 4pm, Ararat. Contact Mal Doreian, (03) 8413 8721, mald@turningpoint.org.au Other dates and locations include: 26 February, Warrnambool; 5 March, Bairnsdale.</p>
28 February	<p><i>Preventing Risky Drug Use and Harm: What are Best Bets for Policy?</i> A one-day conference by presented by the National Drug Research Institute, Curtin University, Western Australia, for researchers, practitioners, policy makers, users and anyone else involved or interested in the prevention of risky drug use and drug related harm . The Esplanade Hotel, Fremantle, Western Australia. The conference will be preceded by the international research symposium “Preventing Substance Use, Risky Use and Harm: What is Evidence-based Policy?” from the 24th to 27th of February. Registrations close 7 February 2003. For more information, contact the National Drug Research Institute, (08) 9426 4200, email enquiries@ndri.curtin.edu.au</p>
4 March	<p><i>Talking About Alcohol Public Forum – Turning Point and the Australian Drug Foundation</i> A public forum featuring Prof. Sally Casswell, Head of the Centre for Social and Health Outcomes Research and Evaluation in New Zealand, Prof. Robin Room, Centre for Social Research on Alcohol and Drugs in Stockholm, Ms. Leanne Riley, political scientist with the World Health Organisation. 9.30am – 11.30am, Lecture Theatre, Aikenhead Wing, St. Vincent's Hospital, Fitzroy. RSVP by 28/2 to Melissa/Kate/Anne on (03) 8413 8413.</p>
18 March	<p><i>Alcohol Training Project – Turning Point</i> One day seminar from 9.30am – 4.30pm. Dept. of Rural Health, 49 Graham St, Shepparton, phone (03) 5823 4500. For more information and registration contact Sandra Roeg (03) 8413 8702 or email sandrar@turningpoint.org.au</p>
19 March	<p><i>Alcohol Training Project – Turning Point</i> One day seminar from 9.30am – 4.30pm. Nange Gnulle, 40 Harley St, Bendigo, ph. (03) 5443 7891. For more information and registration contact Sandra Roeg (03) 8413 8702 or email sandrar@turningpoint.org.au</p>

Drug services and the prison system ... a special issues discussion forum

Presented by VAADA in conjunction with the Office of the Correctional Services Commissioner, Department of Justice and Department of Human Services.

Monday 24th March 2003 (note change of date), 9am – 5pm, Melbourne Museum, Treetops Room.

This forum is for alcohol and drug professionals interested in the management and treatment of correctional services clients and will provide an opportunity for discussion of new developments in corrections.

A light lunch will be provided. The forum is free – places are limited. For more information, or to reserve your place, contact Amanda at VAADA (03) 9416 0899, abolleter@vaada.org.au.

