

VAADA meets Minister Pike

Neos Zavrou (VAADA President) and Carol Bennett (VAADA Executive Officer) met with Minister Bronwyn Pike in late March.

High on the agenda were the key issues raised in VAADA's Budget Submission and in particular:

- 3 year funding for the AOD sector
- CPI for AOD agencies
- government priority given to ensuring the capacity of intensive specialist AOD services to meet the needs of complex clients
- workforce development for the AOD sector
- enhancing and resourcing the capacity of services to collect data around client profiles, drug trends and efficacy of treatments to inform policy directions.

Minister Pike expressed an appreciation of the issues facing the sector (perhaps a reflection of the time she has spent working in community services) and a commitment to ensuring that AOD services are adequately funded and supported to meet the needs of people with drug problems.

There was an honest exchange about political reality and the way that community perceptions and media debates have often been a driver for government priorities in the drugs area. The reduction in heroin availability and its impact on the community perception (and consequently on political priorities) that drugs are no longer a problem was highlighted as a concern by VAADA. Minister Pike assured VAADA that she will advocate within government for priority to be placed on drug services.

In a formal response to VAADA's Budget Submission, Minister Pike confirmed her support for the key aims outlined by VAADA. She noted that the priorities highlighted will be taken into account as part of the annual budget development process.

VAADA is hopeful that the core concerns of the sector around sustainable funding through 3 year agreements and access to CPI will be responded to as part of the 2003/04 State Budget.

In the meantime, we look forward to working with Minister Pike in advancing the capacity of the Victorian alcohol and drug sector to respond to the needs of people with drug problems.



Neos Zavrou, VAADA President, Minister Bronwyn Pike and Carol Bennett, VAADA Executive Officer

Response from Premier Bracks regarding VAADA's 2003 Budget Submission

In response to VAADA's 2003 Budget Submission, VAADA received an encouraging letter from Premier Bracks' Office indicating the Bracks Government's commitment to VAADA and the AOD sector.

'The Bracks Government is committed to a strong and viable alcohol and drug sector and greatly appreciates VAADA's valuable work.'

State Budget Briefing

VAADA will co-host with the Department of Human Services (DHS) a State Budget Briefing on Wednesday 7 April at midday (invitation enclosed).

Month in Review

Funded Agency Partnership Project

VAADA is now represented on the Funded Agency Partnership working party (FAPP).

An agreement has been developed jointly by representatives of the Department and peak bodies for the health, housing and community services sectors. The aim of the agreement is to effect better working relationships between the department, the health, housing and community services sectors and local government.

To meet its aims, the project will put into place:

- three-year service agreements commencing 2003-04 (this currently does not apply to the AOD sector)
- an annual survey of funded agency and department staff
- a framework for funded agency support and development
- practice changes and improved training to support partnerships at agency and regional levels.

Broad consultation has seen more than 1,100 people participate in 25 regional forums held across Victoria. Further consultations and a survey will be conducted in May as part of the project. VAADA urges AOD agencies to participate in order to enhance our capacity to influence positive changes in the way that DHS and its funded agencies work together.

Consulting the Sector

In the last month, VAADA met with staff from Oxford Houses, Depaul House, Odyssey House, the Salvation Army Basin Farm Rehabilitation Centre, SHARC, APSU and EACH to hear their views about induction for new workers and employing people who have been in alcohol and drug treatment.

Many thanks to all who took the time to share their experiences with us. We look forward to providing you with copies of the papers arising from these consultations in the near future.

Evaluation of the National Drug Strategy Framework (NDSF)

VAADA hosted the Victorian NGO consultation workshop for the evaluation of the NDSF on 2 April 2003. The evaluation is being conducted by Success Works in association with The Odyssey Institute.

VAADA's session was well attended, with representatives from treatment agencies, NSPs, corrections and pharmacy.

Some of the drug and alcohol trends and issues raised included the increased use of amphetamines, alcohol, volatile substances, cannabis and pharmaceuticals and associated issues for managing complex clients.

Attendees argued that the sector needs to be comprehensively resourced to address the complex needs of people with alcohol and drug problems.

Some key issues raised included:

- unit costing and its impact on service delivery
- need for post treatment follow up
- NSP issues (eg. 24 hour access)
- workforce development (particularly the capacity to attract and recruit qualified staff)
- resourcing of agencies to provide data to inform policy decisions
- transparency and accountability of policy agendas at the national level
- research into client expectations of services and cultural groups needs.

There was general support for the 3 'pillars' of the NDSF - harm minimisation, demand reduction and supply reduction. Participants urged that the next NDSF be based on strong evidence of what works and have built-in evaluation mechanisms.

Senate Inquiry into Poverty

During March, VAADA made a submission to the Senate Inquiry into Poverty titled 'The Links Between Alcohol and Drug Use and Poverty.' VAADA views this as an opportunity to highlight how integral drug and alcohol issues are in contributing to poverty levels and vice versa.

VAADA structured the submission around five key points: access to employment and education, health costs, legal and financial security, access to housing and emotional and social support.

As a result of the submission, VAADA has been invited to give evidence before the Senate Inquiry into Poverty and Financial Hardship, which is a further opportunity for VAADA to highlight the need to deal with drug and alcohol issues in any effective attack on poverty.

Your Say

Bev McIlroy, Manager of Glenelg Southern Grampians Drug Treatment Service, Portland. “Reviews from a rural perspective.”

How timely are the current reviews that relate to the provision of drug treatment services?

A service system review, episodes of care review and workforce review are currently underway. It seems that 2003 is the year that we are going to see an examination of the changes that have been made, the changes that need to be made and the infrastructure and resources required to accommodate these changes in drug treatment and support services (DTS). I hope that we will find out just what it takes to “make a difference” in individual settings and communities. I would like to mention just a few of the issues that are of particular significance in our rural withdrawal and support service.

Quamby Drug and Alcohol Treatment Service provides specialist alcohol and drug services to the communities of the Glenelg and Southern Grampians Shires. Located in the Far South West of Victoria, on the border with South Australia, both Shires are diverse in their population, economy and geography, and strong in their community spirit.



From our bases in Portland and Hamilton it can be a four-hour round trip (unproductive hours) to attend to our clients in remote outreach settings. These clients do not have access to public transport to attend appointments in any realistic time frames. Case management is essential to be able to facilitate ITP's in any meaningful way. Post withdrawal follow up is impossible with the resources available. Affordable and accessible therapeutic resources in the community setting are stretched to the limit and thus unable to support the volume of clients.

Over the past three years, we have been fortunate to receive funding for several projects including a dual-shire drug action plan; community strengthening initiatives for workforce development and underage drinking, binge drinking and nicotine and cannabis use in the 12 to 25 age group; needle syringe initiatives; community training initiatives and assistance and support to industry and community groups. These have all been reasonably successful, however, success brings with it the expectation that this form of support and skilled intervention will continue to be available to our communities in the future.

The reality is that these initiatives are usually funded for one-off periods and, thus, the activities are not sustainable, e.g. without further commitment of funds the Drug Action Plan will be another document gathering dust on shelves.

Diversion, forensic and methadone programs need to be sustainable and all require time and travel that is not factored into allocated funds. Pharmacotherapy outreach funds are about to come to an end and this has been one of the most successful initiatives in our area. The project has had an impact on issues such as inappropriate prescribing of opiates, doctor shopping, coercion, and diversion of medication (which has major significance in our small communities where confidentiality and anonymity are difficult to maintain).

In 1995, the management of this service was a matter of keeping stats and reporting on time. In 2003, management is far more complex. This is nothing new to any DTS, however, I am hoping that these various reviews will be able to define the impact of increased service delivery taking into account travel time, distance, unproductive time, time and resources to change/accommodate the culture of small rural communities, and indeed the variations within the communities themselves.

Certainly there are some very positive aspects to rural settings and services that need to be identified in any realistic review.

From a rural perspective it is essential to take into account that there is no “one size fits all” best practice DTS. Much thought needs to be given to what would constitute a workable “rural model”. To do this in reality the reviews will need to identify the various issues that arise, both positive and challenging, in the different rural settings.

Finally, these reviews must relate to each other, to form a comprehensive overview of the needs of DTS' and some clear indications of where resources should be best placed to continue to grow a ‘best practice’ DTS.

We have changed so much over the past ten years, I hope that instead of continually playing catch up, these reviews will show us some proactive planning to prepare for the next ten years.

Calendar of Events

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| 2 May | <i>Hepatitis C Issues in Prison - UnitingCare Moreland Hall Lunchtime Seminar Series</i> Lunchtime seminar from 12.30 – 1.30pm talking about harm reduction in an abstinence environment. To register call Liz on 9384 8836 seminarseries@morelandhall.org . |
| 2 May | <i>Drug Treatment Service Providers' Conference– 'Offenders, the Justice System & You'</i> Held from 9.30 am – 3.30 pm at Darebin Arts & Entertainment Centre, Cnr Bell Street and St Georges Road, Preston. For all enquiries contact Elma Rabago on 9637 4097. |
| 7 May | <i>2003 State Budget Briefing</i> VAADA will co-host with DHS a State Budget Briefing on Wednesday 7th May at 12pm. To register or for further information contact Litsa at VAADA on 9416 0899 or vaada@infoxchange.net.au |
| 9 May | <i>Future Directions for Aboriginal Youth – Turning Point Talking Point Program</i> Lunch time seminar from 1pm-2pm. Presented by Paul Briggs, Convenor, Victorian Aboriginal Leadership Network and President, Rumbalara Football Netball Club. Held in the Turning Point Training Room, 142 Gertrude Street Fitzroy. Bookings essential – call Turning Point on 8413 8413. |
| 26-28 May | <i>4th International Conference on Drugs and Young People</i> Wellington Convention Centre, New Zealand. For more information, contact the Conference Secretariat, Australian Drug Foundation, ph 9278 8101 |
| 23 June | <i>Advance Notice: Drug Action Week 2003 – Youth Party Drugs Symposium</i> VAADA will be hosting a symposium focusing on Youth Party Drugs. Speakers will include Paul Dillon, Dr Cameron Duff, Louisa Degenhardt and other invited speakers. Further details will be provided in coming weeks. To register your interest, please contact Litsa at VAADA on 9416 0899. |

VAADA Welcomes New Non-Metropolitan Board Member

VAADA would like to welcome Stephen Mihaly as the newest member of the VAADA Board. Stephen brings a wealth of experience to the position. He is the Clinical Coordinator of the Adolescent Mental Health/Drug and Alcohol Service at Barwon Health and has been employed in the sector since 1982.

Drug Services and the Prison System Report

The report from VAADA's Drug Services and the Prison System forum is now available. If you would like a copy of the report please visit the VAADA website at www.vaada.org.au.

What's the Deal? The Cost of Heroin use in Victoria

Carol Bennett and Litsa Roussakis attended the launch of the Premier's Drug Prevention Council (PDPC) report detailing the total economic cost of heroin use in Victoria. The report included a consideration of costs related to health care and social services, social security, prison, lost tax revenue and crime. Apart from the costs, the PDPC also detailed the human face of the heroin problem. As part of the research, 12 case studies on people who had a history of regular heroin use were included providing the reader with some insight into the life of a person with a heroin dependence.

Following the release of the report and its finding that heroin addiction costs Victoria \$845 million per annum, the State Government has decided to re-evaluate its drug strategies.

VAADA supports the need for drug prevention, however, we also urge the Government not to increase its investment in early prevention at the expense of treatment programs. VAADA Executive Officer Carol Bennett said in an article in *The Age* newspaper that "*investment in prevention and treatment would help avert the high cost to the community [of drug related harm] - It shouldn't be an either/or .*"