



## Government CPI offer not good enough says NGO sector

There has been extensive debate over the government's proposed productivity cuts for NGO's.

VCOSS and all its member peak bodies (including VAADA) have commenced a major joint campaign formally rejecting the proposal put forward by DHS for embedded productivity cuts to CPI for all base recurrent and non-base fixed term funding.

Urgent further negotiations between NGO sector representatives from the Funded Agency Partnership Working Group (VAADA is on this group) and DHS have taken place in recent weeks.

The sector is eagerly awaiting a revised offer to be put forward by DHS. **VAADA strongly urges members NOT TO sign three year agreements** until these negotiations have concluded at a broader system level.

VCOSS and peak bodies have joined in a campaign which includes a major media strategy and further negotiations with key government representatives.

VCOSS have established a fighting fund to cover direct costs of the media strategy, legal advice and other campaign costs. VCOSS will continue to invest core staff time to resource this campaign. VAADA will also continue to devote core resources to this issue following a decision of the VAADA board to support VCOSS and other peak bodies in the broader campaign.

In the meantime, there is significant unity across the sector on this issue and **all peak bodies are advising their members NOT to sign three year agreements until the price index issue is resolved.**

If you have any queries on this very important issue and how it affects your organisation please contact VAADA.

## Party drugs: a Victorian approach

The final report detailing the key issues, outcomes and recommendations from VAADA's Youth Party Drugs Symposium '*Beyond 'e': exploring the impact of party drugs on current day youth and culture*' is now available.

There are 21 recommendations across three contexts: the individual, environment and social/community.

Some of the recommendations aimed at reducing party drug related harm include:

- Ensure the availability of strategic and targeted information about party drugs that is tailored to a range of users in different settings and contexts (eg clubs, raves, polydrug users, occasional users etc).
- Resource strategic research that will provide important data such as emergency statistics, prevalence of use, the effects of drugs (in particular newer drugs), who is using them and why they are being used.
- Resource the formulation of guidelines for promoters and venues to provide a safer environment to users.
- Develop more sophisticated and informed responses and advocacy to the media on the issue of party drugs.
- Provide funds to the AOD workforce to offer training and education to professionals who may come into contact with party drugs users.
- Due to the constant changing nature of party drugs, their users and the context they are used in, ensure better partnerships are developed (for example between pill testing agencies and police forensic departments) to provide current and up to date information to users, law enforcement bodies, health professionals and government.

The symposium report is available on VAADA's website at [www.vaada.org.au](http://www.vaada.org.au).

## Month in Review

### **Pay and conditions the key to workforce development**

VAADA's consultations in three states for the AERF funded national NGO workforce development project have been well attended by NGO AOD workers. As a result, VAADA is now in the process of finalising jurisdictional reports that outline the issues facing the sector in this area.

The major themes to arise from consultations were relatively similar across the three states. The key issue to emerge is attracting, training and keeping qualified staff in the AOD sector through the provision of adequate levels of remuneration, flexibility (terms and conditions of employment) and professional development.

VAADA is currently working towards a launch strategy for the reports and will make details available as soon as they are finalised.

Meanwhile, draft reports of the Tasmanian and Victorian consultations are now available on the VAADA website and feedback from participants is welcome. Please contact Amanda at VAADA to provide feedback.

### **Politician's visits to AOD agencies**

VAADA organised over 25 visits to agencies by politicians as part of Drug Action Week. VAADA thanks all politicians who participated including:

- Jenny Mikakos, Member for Jika Jika Province
- Jeannette Powell, Member for Shepparton
- Alistair Harkness, Member for Frankston
- Tony Plowman, Member for Benambra
- Ted Baillieu, Member for Hawthorn
- Bruce Atkinson, Member for Koonung
- Helen Buckingham, Member for Koonung
- Johan Scheffer, Member for Monash Province
- Robert Doyle, Member for Malvern
- Richard Dalla-Riva, Member for East Yarra Province
- Steve Herbert, Member for Eltham
- David Davis, Member for East Yarra Province
- Bob Smith, Member for Chelsea Province
- Tim Holding, Member for Lyndhurst
- Gavin Jennings, Member for Melbourne
- Noel Pullen, Member for Higinbotham
- Daniel Andrews, Member for Mulgrave (representing the Premier)
- Lisa Neville, Member for Bellarine
- Dymna Beard, Member for Kilsyth
- Jude Perera, Member for Cranbourne
- Noel Maughan, Member for Rodney
- Tammy Lobato, Member for Gembrook
- Wendy Lovell, Member for North Eastern

### **New directions in Corrections**

Litsa Roussakis (VAADA Project Officer) attended the Corrections Victoria Stakeholders meeting in July. The forum highlighted the new home detention project and the introduction of an opioid substitution therapy program, both of particular interest to VAADA.

#### *Corrections Victoria Home Detention Project*

VAADA has welcomed this trial and has been invited to be involved in the implementation of the home detention program which will commence on 1 January 2004 and will provide rehabilitation and re-integration of low risk offenders and prisoners into the community. Access to the program will be restricted to low risk, minimum security offenders who will be assessed as being suitable. Not only will the program help with re-integration but it will help alleviate pressures on prison bed numbers and will aim to address issues which contributed to offending behaviour.

#### *Opioid Substitution Therapy Program*

With the introduction of the new opioid substitution therapy program, the previously very strict criteria about sentence length and when a prisoner will be placed on a methadone program has now been relaxed and prisoners can continue on methadone programs started before entering prison. Previously, there were six prisons that offered such a program, but there are now nine some of which offer both methadone and buprenorphine programs.

VAADA welcomes the changes in the Corrections Victoria system and in particular the introduction of these two new projects that will play a key role in tackling drug and alcohol problems among Victorian prisoners.

### **Volatile substances protocols**

VAADA's Executive Officer, Carol Bennett has been invited to participate in DHS' Volatile Substance Protocols Advisory Committee.

The committee will develop protocols to support legislation recently passed by the Victorian Parliament.



*Victorian Consultations for VAADA's Workforce Development Project.*

## YOUR SAY

Irvine Newton, Board of PSA Victoria and practicing pharmacist

***“Opioid Substitution Pharmacotherapies – who pays?”***

People complain that the cost of pharmacy methadone or buprenorphine services is beyond their means whilst pharmacist providers (and potential service providers) say that the services don't provide sufficient financial returns to justify their involvement.

Both sides surely can't be right – or can they?

Any discussion around pharmacotherapy service fees is by its nature, an emotive one, so let's try to get to the real issues.

Many drug dependent people looking to start treatment confront a multitude of problems. Staring them in the face are the requirement to attend a pharmacy (at least initially) every day, and a need to establish immediately a stability in their lives around accommodation, family, food and clothing. Even more importantly is the requirement to come up with the cash to finance the medical and pharmacy aspects of the service. On the one hand, society expects these people to change from their former ways to become 'good, law-abiding citizens' whilst on the other hand we put barriers in their way by requiring them to pay fees with money that they simply don't have.



On the other side of the ledger, pharmacists are becoming increasingly disgruntled about the lack of support for what many perceive as an extremely valuable and important function. ***Victorian pharmacy program fees have remained exactly the same for around 20 years.*** It would be hard to imagine another single instance where this is the case.

To those in regular work, \$30 per week may not represent a huge problem. But to people on health care cards and pension benefits, perhaps with family to support and reliance on public transport, the \$5 for their daily dose might just as well be \$50 or \$500 or \$5000.

A number of surveys have been conducted both locally and overseas in recent years looking at fees and subsidies and comparing both client and pharmacy involvement and retention rates and various other outcomes. They all provide interesting reading which supports the anecdotal evidence. The single biggest reason why people don't get started or soon drop off their treatments is that they simply can't afford it!

A number of funding support initiatives have been developed which are worth looking at. The Pharmaceutical Society of Australia campaigned from 1996 to trial a system that pays the full service fees for all clients 18yrs and under and an equivalent system for people who are subject to juvenile justice orders. This gives drug dependent and extremely vulnerable young people an opportunity to get some stability back into their lives at such a critical stage of their development. The DHS has now extended the trial for a further 12 months which will allow for meaningful evaluation of its worth. We know already though, that there are a number of young people who are doing well on their programs and this would be impossible without the funding. From a pharmacy perspective, the need for fees to increase remains but the issues around fee collection are removed and at least we have the satisfaction of making a meaningful contribution to the lives of these people.

In the ACT, NSW and Tasmania there are various funding arrangements to subsidise the costs of providing community pharmacy services. These have all been successful in increasing the number of pharmacies involved and reducing the costs to clients.

In the UK, methadone dispensing is fully funded under the NHS and in Glasgow, the local Health Board is providing an additional fee for supervised dosing. Clients pay nothing. The results include an 80% increased participation rate for pharmacies together with a methadone related death rate which fell from 36 in 1996 to 4 in 1999. Like the Australian experience, retention rates for community pharmacy clients are higher than for large clinics, and outcomes show measurable improvement in the community setting.

Victorian pharmacists provide methadone & buprenorphine therapies to over eight thousand dependent Victorians. The system deserves its recognition around the world as a model of best practice. Nationally, we fund the Pharmaceutical Benefits Scheme to the tune of more than \$4 billion. As a wealthy, sophisticated and caring society, we should surely expect (and indeed demand) something more than the present levels of Government funding for these programs.

## Calendar of Events

5 August	<p><b><i>Responding to sexual assault – CASA House (Centre Against Sexual Assault) training</i></b>  Held from 9.30-4.30 at the University of Melbourne, this workshop will assist those working with victims/survivors of sexual assault examine the nature and consequences of sexual assault. Cost is \$30. To register contact CASA House on 9347 3066.</p>
6 August	<p><b><i>Understanding benzodiazepines and appropriate use, benzodiazepine reduction and withdrawal support. Understanding analgesics and management of analgesic dependency – TRANX training</i></b>  Presented by Tomi Redman from TRANX, this workshop is aimed at health practitioners wishing to improve their knowledge of the risks associated with inappropriate use of benzodiazepines. Held between 9.30-4.30 at St Paul's Lutheran Community Centre, 711 Station St Box Hill. Cost \$50+GST. To register contact TRANX on 9886 0955.</p>
8 August	<p><b><i>Parental Alcohol and Drug Use: Keeping the kids in mind -Turning point Talking Point Seminar</i></b>  Lunch time seminar from 1pm-2pm. Presented by Dr Lynda Campbell and Menka Tsantefski from the Melbourne University, School of Social Work. The seminar will be held in the Turning Point Training Room, 142 Gertrude Street Fitzroy. Bookings essential – call Turning Point on 8413 8413.</p>
14 & 15 August	<p><b><i>From rhetoric to reality – VCOSS Congress 2003</i></b>  To be held on 14 and 15 August at the Stamford Plaza, the VCOSS congress will focus on ways to achieve greater equity and social justice in Victoria. For a copy of the registration form, please visit the VCOSS website <a href="http://www.vcooss.org.au">www.vcooss.org.au</a> or contact VCOSS on 96545050.</p>
22 August	<p><b><i>Work in progress...inaugural research symposium for Victoria – Turning Point Alcohol and Drug Centre</i></b>  Being held at Michael Chamberlain Lecture Theatre, St Vincent's Hospital the aim of this work in progress is to present an array of research work currently in progress at Turning Point. The cost of the symposium is \$60 full rate and \$30 for concession hard holders and full time students. To register your interest contact Paul Gardiner on 8413 8427 or <a href="mailto:paul.gardiner@turningpoint.org.au">paul.gardiner@turningpoint.org.au</a>.</p>
22 August	<p><b><i>Psychotherapeutic group treatment for intellectually disabled drug users – UnitingCare Moreland Hall</i></b>  Lunchtime seminar from 12.30 – 1.30pm. Presented by Philip Andrews and Cathy Hupperd - giving an overview of the links between substance use by people with intellectual disabilities and their involvement in the criminal justice system. To register call Liz on 9384 8836 or <a href="mailto:seminarseries@morelandhall.org">seminarseries@morelandhall.org</a>.</p>
28 & 29 August	<p><b><i>2003 Rural Victorian Alcohol and Drugs Conference – WADAC</i></b>  A two day annual conference focussing on alcohol and drug related health promotion, community development, project development and research in a rural setting. Registrations for the conference are essential. The cost is \$130 (inc GST) plus \$30 for the conference dinner. For further information or for a copy of the registration form contact Suzan Morey at <a href="mailto:suzanm@wadac.wrad.org.au">suzanm@wadac.wrad.org.au</a> or phone 0417103420.</p>
1 & 2 September	<p><b><i>Adolescent Mental Health Conference – presented by Ausmed publications</i></b>  To be held at Hotel Ibis, Therry Street Melbourne this conference will focus on adolescent mental health issues, teenage binge drinking, youth drug use, drink spiking and chroming. Registration cost is \$328.90 inc GST. For further information contact Ausmed publications at <a href="mailto:ausmed@ausmed.com.au">ausmed@ausmed.com.au</a>.</p>
<b><i>Advanced Notice:</i></b> 24 September	<p><b><i>VAADA Annual General Meeting</i></b>  VAADA's AGM will this year be held between 3-5pm on Wednesday 24<sup>th</sup> September. Further details will be available shortly to VAADA members. To register you attendance please contact Litsa on 9416 0899.</p>
<b><i>Advanced Notice:</i></b> 1 & 2 December	<p><b><i>2003 VAADA Annual Conference</i></b>  VAADA will be hosting its annual conference to be held over two days on Monday the 1<sup>st</sup> and Tuesday the 2<sup>nd</sup> of December. Watch this space for details of the conference theme, workshops and venue information!</p>

