



VICTORIAN ALCOHOL & DRUG ASSOCIATION

ENEWS – daily electronic news, views and drug information
email vaada@infoxchange.net.au to register or unsubscribe

211 Victoria Parade Collingwood VIC 3066

Phone: 03 9416 0899 Fax: 03 9416 2085

vaada@infoxchange.net.au

www.vaada.org.au

VAADA submission to the State Budget 06-07

In its submission to the State Budget 06-07, VAADA will address the omission of substance misuse from Government's social and health policy agenda. With the Government currently prioritising its social policy to reduce disadvantage and its health reform strategies – VAADA believes it is timely to consider the harms associated with AOD use in this context. In addition to health and social policy, VAADA will urge the Government to consider issues of sector capacity and workforce development.

A Fairer Victoria and the AOD Sector

In last year's State Budget, the Government launched its social policy statement – *A Fairer Victoria*. The Government claims this statement will underpin its directions in program development and spending in social policy initiatives for the next 5 to 10 years.

VAADA welcomed the strategy to create a fairer Victoria to reduce disadvantage. *A Fairer Victoria* included initiatives for children, young people, families, older Victorians, Indigenous Victorians, people with disabilities and mental health issues. VAADA was concerned that the implications of disadvantage caused through the harms associated with AOD use were not addressed in *A Fairer Victoria*. In its pre-budget statement, VAADA will urge the Victorian Government to acknowledge that the harms associated with AOD are a key factor of disadvantage amongst Victorians. Issues include the need to fund continuity of care beyond treatment (to ensure a continuum of care between AOD and other service systems), adequate funding for agency responses to changes in legislation protecting children and ongoing funding for local government hotspots.

AOD Sector and health policy

In recent years, the Government has progressed an agenda of health reform – aiming to reduce hospital admissions and increase community based care. In this context, VAADA will urge

the Government to embed issues relating to AOD harm more firmly in the context of health care responses. Issues include the capacity to support the employment of GPs in AOD services and the need to promote GPs as pharmacotherapy providers.

AOD services involved in health promotion, community education and early intervention need to be adequately funded – for example, with young people and within newly emerging CALD communities.

Sector capacity and workforce development

The Victorian AOD sector plays a vital role in providing support and resources to those experiencing the harms associated with substance use. The sector has in-depth knowledge and experience about the practices and projects that work well to enhance the health and wellbeing of people impacted on by substance misuse. It also has a key role in challenging disadvantage related to AOD use.

The health of the AOD sector is critical to the effective implementation of government funded programs and policy directions. When funding does not reflect the true costs of service provision, compromises for sector capacity occur at the expense of a section of the community that is particularly vulnerable and disadvantaged. AOD sector services are being forced to consider reducing staff numbers, tightening eligibility criteria, reducing available services and operating with long waiting lists.

A range of service areas are feeling the impact of funding constraints. Those experiencing inappropriate funding models and / or funding that doesn't contain growth provisions include: counselling, consultancy and continuing care programs, residential rehabilitation, pharmacotherapy services, supported accommodation and withdrawal services.

Submission can be found at www.vaada.org.au.

VAADA Special General Meeting – Constitutional Review

As part of a broader review of VAADA's governance structures, the VAADA Board instigated a review process of the Victorian Alcohol and Drug Association's (VAADA's) Constitution. A Special General Meeting was convened for 15 November 2005 at 10.00am to consider adopting a draft constitution to replace the existing constitution.

VAADA President Jenny Blakey welcomed those attending the meeting and pointed out that the two biggest changes proposed in the draft constitution were:

- That the Executive of the VAADA Board would no longer be directly elected by the membership, and appointed internally by the Board.
- That the requirement contained in the present VAADA constitution, for four general meetings a year, would be removed.

Ms Blakey highlighted to the meeting that the option for members to call special meetings as required was retained in the draft constitution. She added that arising out of the comments provided by the membership, and from discussions within the Board, that a number of amendments be included in the draft constitution. Following discussion, proposed amendments were drafted. Ms Blakey spoke to the proposed amendments, which were that:

- the Board shall meet not less than five times a year
- that a quorum for a Board meeting shall be 5 elected members of the Board
- the Board shall establish sub-committees and working parties as required sub-committees will have terms of reference that define a) the purpose, roles and responsibilities of sub-committees; b) membership and c) quorum.
- to delete Sections 7(m) and 9(f) of the draft constitution
- to include a definition of 'Posted' in the definitions
- under s14(e) that a Board member shall refrain from voting in any matter regarding a contract between that member and the organisation for which there is remuneration

A motion to accept the amendments to the draft constitution was passed unanimously.

The issue of the VAADA Board Executive, no longer being directly elected by the membership, drew a detailed debate from those attending the meeting.

A general consensus was reached by the meeting, that due to the responsibilities of the Board, and the need for an Executive with demonstrated skills and experience, that it was preferable to select the executive from within the Board.

A final motion put to the meeting to adopt the draft constitution with amendments was carried unanimously.

VAADA Conference 2006

VAADA's conference 2006 will be held in Melbourne on 7 and 8 February. It will look outside the alcohol & other drugs (AOD) sector to examine the partnerships that are central in responding to the harms associated with alcohol and other drugs. The conference will focus on diversity, integration and partnerships – how do we harness this diversity and move beyond the rhetoric of intersectoral collaboration into partnerships that serve our clients and the community?

The conference will examine partnerships through the lens of four broad themes, which focus on the issues that currently frame the 'drugs problem'.

- Drugs – the health issue
- Drugs – the social issue
- Drugs – the justice issue
- Drugs – the policy issue

Keynote speakers for the conference include:

- Emeritus Professor Ian Webster (Chief Patron ADCA);
- Associate Professor Carol Bacchi (University of Adelaide);
- Jelena Popovic (Deputy Chief Magistrate Melbourne Magistrates Court);
- Martin Jackson (LaTrobe University);
- Marc Williams (VACCHO);
- Damon Brogan (Manager, VIVAIDS);
- Karenza Louise-Smith (Manager, APSU); and
- Donna King (VACRO).

Please find included a registration form. For further inquiries please contact Chris McDonnell on 9416 0899 or email:

cmcdonnell@vaada.org.au

YOUR SAY
Pharmacotherapies (Methadone and Buprenorphine) –
Time for Government to step up to the plate!
Irvine Newton OAM
Chairman Harm Minimisation Committee PSA (DacVIC)

Some years ago, in an article penned for “Your Say” entitled “*Opioid Pharmacotherapy Services – who pays?*” we looked at pharmacotherapy service charges and payments. The question was relevant then, it remains relevant today, but has now become critical if this world best practice program is to survive. In one sense, nothing has changed – many people simply can’t afford the daily fees and as we predicted then, pharmacists are now starting to withdraw services because, at the present rate of return, they can no longer justify providing them. In fact, it’s costing them money to be involved!

When media reports recently described a Melbourne pharmacy closing down their pharmacotherapy service, it sent warning bells ringing loud and clear. For those of us trying to recruit and convince pharmacists to provide these services, it was a reminder of just how fragile the community pharmacy Methadone and Buprenorphine program is.

In asking the question, “who pays?” last time, I was trying to make the point that it was about time the Federal Government faced up to their responsibilities in respect of funding.

The Pharmaceutical Benefits Scheme unfairly discriminates against these clients and it’s high time that situation was remedied. **The PBS exists to provide subsidised medicines at an affordable price to all Australians. Subsidies contribute to both dispensing fees and ingredient costs.**

The pharmacotherapy professional service fee (a miserable \$5 a day/ \$30 a week generally) is supposed to cover dispensing, counselling, case management and the essential support that pharmacists provide. Unlike other PBS medicines, it is paid in full by the clients themselves.

To address this situation, the Pharmacy Guild is currently conducting a study to develop and trial various funding model options for providing pharmacotherapies. A number of State government subsidies and overseas examples have been looked at and whilst it is too early to predict just what recommendations the study will produce, there is certainly reason for optimism. Today, we have approximately 10,700 clients on

programs in Victoria and around 40,000 nationally. At the current rates, to fund those clients’ professional service fees in full, would cost around \$70 million. At first glance, that may sound like an enormous amount of money and a pipe dream but considering the total annual PBS expenditure of more than \$6 Billion yearly, perhaps it’s not entirely out of the question. If we consider all those other costs around illicit drug use – crime and incarceration, policing and law enforcement, insurance, etc – the \$70 million may look like a very good investment. Even allowing for an increased number of people in treatment and a more realistic professional fee structure that would reward pharmacists appropriately for their expertise and involvement, we are still only talking in the order of \$100M – again, is that really so far out of reach?

Australia is a wealthy, modern, sophisticated society. The demands on government expenditure are ever growing. But against that, the pragmatic response is that it makes perfect financial sense to support these people. From a health care viewpoint on the other hand, can we reasonably deny so many people who are so committed to recovery? Is it too much to suggest that these people are entitled to the same level of support as other people in our community.

In conclusion, we might consider the following:

- The single biggest reason for people not entering programs or dropping out is cost
- Pharmacists’ service fees have remained much the same for over 20 years
- Pharmacists are closing down their programs for financial reasons
- Community pharmacy methadone and buprenorphine programs are very effective in helping people to recovery.
- Funding models now being developed will provide a basis for subsidy payments

Our Federal Government must take a lead. On the world stage, our support for people affected by disasters has been outstanding. We have a proud tradition of supporting people in need. The time has come for the same compassion and support for drug dependent people in this country. Surely we owe them at least that much.

Calendar of Events

December 5	<i>Prevention and recreational drug use: What are we doing?</i> DrugInfo's free quarterly interactive seminar and forum. The program will feature presentations from Mr Netzach Goren, Ms Jennifer Johnston, Associate Professor John Fitzgerald, and Dr David Caldicott. The forum will be held from 10.00 am to 12.30 pm (registration & refreshments from 9.30 am) Monday, 5 December at the Angliss Conference Centre, Level 5, 555 La Trobe Street (cnr King St.) For more information email druginfo@adf.org.au or telephone 1300 85 85 84
December 5	<i>Vicarious Traumatization and Self Care- Caraniche</i> Fee: \$220 per participant per day, includes morning tea, lunch and afternoon tea, hand books and other training materials are included. To be held at Caraniche 47 Moor Street Fitzroy 3065. For further details please call on 03 8412 7111.
December 6	<i>Alcohol Issues in the Hospitalised Patient: Awareness, Innovation, Improvement</i> To be held the Department of Veteran's Affairs (DVA), 300 Latrobe Street, Melbourne. For further details please contact Tony Hoare on 03 9284 6249.
December 7	<i>Pharmacotherapy Training Course 2005</i> To be held at Dept Primary Industry, 110 Natimuk Rd, Horsham between 9.30am-4.00pm. For more information please contact Mal Doreian on 03 8413 8721.
December 7	<i>Australian Child Poverty Conference</i> This conference conducted by the Brotherhood of St Laurence is to be held on 7 December 2005 from 8.30am to 5.00pm at the Dallas Brookes Conference Centre, 300 Albert Street, East Melbourne. European countries are making the eradication of child poverty a national priority. It's time Australia did too. The Brotherhood of St Laurence wants to put child poverty on the agenda in Australia. The Conference will include the launch of the Brotherhood's Social Barometer - Children's chances, a new indicator of child poverty in Australia. For further information contact Catharine Hydon, phone 9483 2458 or email chydon@bsl.org.au
December 15	<i>Pharmacotherapy Training Course 2005</i> To be held at Nanga Gnulle, 40 Harley St, Bendigo between 9.30am-4.00pm. For more information please contact Mal Doreian on 03 8413 8721.
Advance notice February 7 - 8	<i>Matrix of Diversity - The AOD Sector and Beyond</i> VAADA's conference 06 will be held in Melbourne on 7 and 8 February 2006. It will look beyond the alcohol & other drugs (AOD) sector to the matrix of partnerships that are central in responding to the harms associated with alcohol and other drugs. The conference will be held at Rydges Richmond, 649 Bridge Rd. For further information or to register, please contact Chris at VAADA on 9416 0899 or cmcdonnell@vaada.org.au

SEASON'S GREETINGS!

We would like to thank you for your support in 2005 and wish you all the best for a safe and happy festive season.

We look forward to working with you in 2006!

The Board and Staff of VAADA

**The VAADA office will be closed from the 23 December 2005 until
3 January 2006**