

## ***Matrix of Diversity: the AOD Sector and Beyond***

Almost 170 people attended the VAADA Conference 06 in Melbourne on 7 and 8 February to discuss partnerships across health, social and justice sectors responding to the harms associated with alcohol and other drugs.

Key areas of focus included collaboration between AOD services and those working in hepatitis prevention, primary health, community health, supported accommodation, and with Indigenous communities. Issues involving families, courts, pharmacotherapy and mental health/ABI dual diagnoses were also highlighted.

The Minister for Health, the Hon. Bronwyn Pike opened the conference and launched a parenting toolkit developed by the Victorian Parenting Centre and Odyssey House Victoria, which provides tools for AOD workers in their support for parents addressing AOD issues. The Minister also announced the release of the Victorian Drug Strategy for 2006-09. (VAADA will raise the issue of lack of consultation with the Minister's office.)

In the first plenary session, three keynote speakers presented on policy and drugs. Firstly, Professor Ian Webster (Chief Patron of ADCA) summarised the philosophies underpinning AOD responses over time, and advocated for an increased focus on the harms caused by alcohol, as well as the need for broad-based 'communities of interest' to harness their collective energy.

Associate Professor Carol Bacchi (University of Adelaide) followed, suggesting that a critical analysis of drug policy reveals how drug 'problems' are framed within the bounds of certain assumptions and values, and that this knowledge is crucial for those seeking policy reform and social change.

Dr James Rowe (RMIT) then discussed current Victorian drug policy, highlighting the absence of AOD issues in the Government's key policy

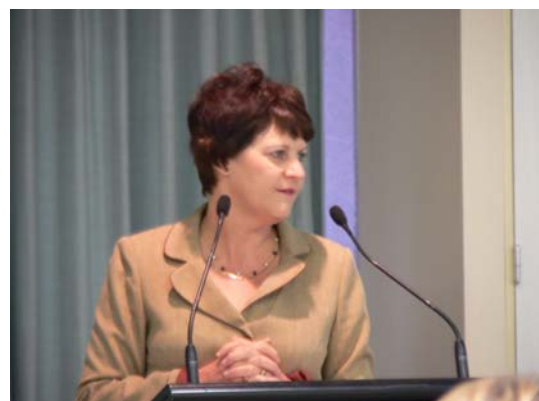
response to disadvantage – *A Fairer Victoria*. He stressed the importance of effectively partnering with drug users.

In the afternoon session, keynote speakers addressed the issue of meeting the health needs of drug users. Martin Jackson (La Trobe) examined collaborative approaches to meeting the needs of complex clients with dual diagnoses and advocated an interdisciplinary model to address the common cognitive problems experienced by those with ABI, mental health and AOD issues.

Dr Rodger Brough and Sharyn Amos (WRAD) discussed opportunities for collaboration between AOD services and GPs. They proposed strategies for engaging with medical practitioners and provided a thought-provoking case study.

The first day closed with an enjoyable meal at the Kanzaman Restaurant where mid-east geography dominated the quiz and several people demonstrated their belly-dancing skills.

Paul Smith (Director, DPSB) opened day two with an overview of DHS policy and program priorities and strategies for the future. Paul spoke of VAADA's key role as an advocate for the sector. He announced plans for development of a blueprint to set new directions for the drug treatment sector.



Health Minister Bronwyn Pike launches VAADA conference

Three keynote speakers followed. Marc Williams (VACCHO) spoke powerfully about the poor state of Koori health. He encouraged mainstream services to proactively seek partnerships and collaboration with Indigenous communities and organisations.

Damon Brogan (VIVAIDS) and Karenza Louis-Smith (APSU) discussed the range of benefits arising from improved consumer participation in the formation of service delivery and policy. Both urged that clients be recognised as experts of their own lives.

The final session explored different perspectives in justice. Donna King (VACRO) shared her personal experience of prison, ongoing post-release discrimination, and the need for better responses to social disadvantage that increase the likelihood of re-offending.

Finally, Jelena Popovic (Melbourne Magistrates Court) spoke of some of the achievements of the Court in collaboration and her vision for furthering the Court's role as a contributor to social change.

VAADA would like to thank everyone who helped to make the conference such a success. Copies of the conference papers are available on the website at [www.vaada.org.au](http://www.vaada.org.au)

VAADA will soon begin planning for next year's conference and is seeking input on possible themes. If you have suggestions, please email Leonie at [lfarrell@vaada.org.au](mailto:lfarrell@vaada.org.au)

### **VAADA Election Priorities**

The VAADA conference closed with a presentation by Board President Jenny Blakey, and conference feedback, on VAADA's key priorities for the coming state election.

The VAADA Board developed the priorities as part of a facilitated media marketing and positioning workshop held in January – a challenging process given the very broad range of issues confronting the AOD sector, consumers and their families.

Ultimately, they were chosen for their alignment to current government policy objectives, and capacity to be packaged as simple messages likely to have resonance in the community and traction in the media.

VAADA's election campaign will be guided by two overarching principles focusing on AOD as a broad health and wellbeing issue rather than one individual's drug 'problem' and, secondly, the costs of AOD to the Victorian community

The four key priority areas are:

- Impact on diverse families (including CALD and Indigenous families)
- Need for improved integration of services
- Access to GPs and pharmacists for drug users
- Needs of older substance users

VAADA will be seeking sector input over coming months as key messages and campaign strategies are developed. If you would like to contribute or be kept informed, email Jason Rostant, Policy Officer, at [jrostant@vaada.org.au](mailto:jrostant@vaada.org.au)

### **Changes to Working with Children in Vic**

With the pending changes to standards for working with children in Victoria, concerns have emerged regarding the implications for those with criminal records in AOD services working with young people under 18 years.

The Department of Justice website has an information page titled "Working with Children Check", which provides extensive information about the new standards. Try a google search or go to: [www.justice.vic.gov.au](http://www.justice.vic.gov.au)

### **Health Act Review**

In January VAADA submitted to the review of the Health Act 1958. VAADA supported the recommendation that the Act take a broad view of health beyond the absence of disease, and that health be defined as a positive condition inclusive of other health and wellbeing factors.

While VAADA recognises the need to balance the rights of individuals with those of the community on matters of public health, VAADA believes current Review recommendations are weighted too heavily in favour of administrative bodies without adequate protection of individual rights.

Particular areas of concern included powers relating to search and seizure, compulsory testing orders, contact tracing and public health orders, 'nuisance' cost recovery measures without the need to prove a nuisance has occurred, and limited appeal and review mechanisms.

The full VAADA submission can be accessed from the website.

### **VAADA News Feedback**

Thank you to all of those who responded to the call for feedback on VAADA News.

Overwhelmingly the response indicates that the current format, frequency and content of VAADA News is appreciated and meeting need.

## YOUR SAY

### Searching for a new approach to the chronically alcohol dependent

(Mark Powell, Dual Diagnosis Clinician and Sharyn Amos, Alcohol and Drug Acquired Brain Injury Clinician)

This article presents a rural client file review, which formed the context of a joint response to the *Alcoholics and Drug-dependent Persons Act 1968* review by AOD/ABI clinicians and the Victorian Rural Dual Diagnosis Forum.

It briefly describes some of the issues of the chronic alcohol dependent person – often described as “frequent flyers” and “non-compliant” by withdrawal units, and suggests a need to rethink service responses to these clients.

Key features of the client group generally include chronic alcohol use, acquired brain injury related to long-term alcohol use and head trauma; chronic physical health issues (liver, hypertension); mental health (anxiety and depression); and family carer involvement.

The file review highlighted some key issues experienced by this group, which is by no means an exhaustive list. One client had 46 withdrawal episodes in less than 10 years, another had a number of alcohol related medical admissions that included liver disease, pancreatitis, and several broken bones from falls related to his peripheral neuropathy. Some clients have died since beginning the audit with an age no more than 54 years.

Despite such significant disability and impairments these people often continue to drink. Self-determination is impacted by the presence of significant ABI’s limiting clients’ understanding of alcohol related harms, and influencing how they are perceived and treated by agencies.

Trauma and grief issues for families are significant, and they often have a far greater understanding than services of how the dependent person relates to their alcohol use.

If a different intervention somewhere along those 46 withdrawal episodes had occurred, could the outcome have been different? It is impossible to know, but thought should be given to researching alternative approaches for those who only fleetingly engage with one aspect of the drug treatment system.

In the case highlighted, the clients’ connection with the counselling arm of drug treatment was very sporadic and comparatively insufficient when compared to the episodes of withdrawal.

There appeared to be a gap in service connection, which raises the question as to whether centre-based counselling was the most appropriate intervention?

A number of explanations could be put forward, but the client is often characterised as “pre-contemplative”, difficult to engage, and is tagged as a “non-compliant frequent flyer”.

These issues led to the joint submission to the ADDP Act review. There appears to be a lack of accountability from the client and the services involved, and recognition that for some of our client group, alternative interventions need to be considered. It is clear we don’t have the answers but believe consideration should be given to further investigating some form of “mutual obligation” between the client and the service provider.

The needs of the family would benefit from a more proactive intervention that addresses their sense of powerlessness and a perceived lack of service response to their needs.

Families participating in a study of dual diagnosis carers identified that what they most wanted was to be listened to, to be educated about the disorder, be offered problem solving assistance and social support, and to be involved with the treating team. Families caring for an alcohol dependent person have similar concerns.

It is nonsensical that families aren’t more engaged in treatment given they provide financial support and housing, can be exposed to episodes of violence and intimidation, and often live on a tight rope facing family break down, despair, hopelessness, frustration and having to accept that their significant other will die from their continued alcohol use and associated chronic health issues.

As suggested in the past, substance dependency and the cycle of addiction is a family concern where everyone is affected and everyone has a role to play in either maintaining the dependence or assisting with change.

This discussion really raises more questions than answers but we look forward to hearing the debate develop.

## Calendar of Events

March 6-7 March 9-10	<b>Mental Health Emergencies Workshop</b> The Association for Australian Rural Nurses invites RN's, En's and Aboriginal health workers to this workshop, 9am-5pm, Century Inn, Cnr Princes Highway & Airfield Rd, Traralgon (March 6-7) Wyndahmere Hotel, Wyndham Street, Shepparton (March 9-10), contact Tina Philip on 02 4472 3775 for more information
March 8	<b>Are you a man interested in reducing violence in our community?</b> The Men's Referral Service is offering men the opportunity to become volunteer telephone counsellors to assist other men to end violence and abuse towards family members. Information evening 7-9pm, Richmond Town Hall. RSVP to 9428 3536 or email <a href="mailto:mrs@ntv.org.au">mrs@ntv.org.au</a>
March 8	<b>School Responses to Drug Use</b> Family Alcohol and Drug Network, 9.30-11.30am, Richmond Library, 415 Church Street, Richmond, cost: gold coin donation. RSVP to Judy Cain of Mary of the Cross Centre on email <a href="mailto:jcain@maryofthecross.org.au">jcain@maryofthecross.org.au</a>
March 9	<b>Mindfulness based CBT for depression</b> TRANX/PADA training, 9.30am-4pm, Darebin Arts and Entertainment Centre, cnr St Georges Road and Bell Street, Preston. Contact Anne Smarrelli on 9886 0955 for more information or to register
March 9	<b>Public Space: at the crossroads</b> The Council to Homeless Persons invites all of those with an interest in public space issues to attend this forum. Cost \$25-\$50, bookings essential. 9am-2pm, Yarra Room, Melbourne Town Hall. For more information call CHP on 9419 8699
March 15	<b>Party Drugs</b> Presented by the Inner West Drug and Health Forum with guest speakers from Ravesafe and Living Room. 1-2.30pm, RDNS HPP 113 Rosslyn Stree, West Melbourne. Call Nicola at Youth Projects on 9662 4488 or email <a href="mailto:ncowling@youthprojects.net">ncowling@youthprojects.net</a>
Beginning March 22- 24	<b>Certificate IV Community Services – Alcohol &amp; Other Drugs</b> The Odyssey Institute of Studies is offering courses in Geelong, Bairnsdale, Warragul and Warrnambool throughout 2006. Cost: \$600. For more information go to <a href="http://www.odyssey.org.au/institute/education/cert_iv_rural.asp">http://www.odyssey.org.au/institute/education/cert_iv_rural.asp</a> or contact the Odyssey Training Coordinator on 03 9420 7610 or <a href="mailto:training@odyssey.org.au">training@odyssey.org.au</a>
March 28	<b>Drug and alcohol use during pregnancy: A dangerous mix for babies and mothers</b> A full day session on the impact of drug and alcohol use in pregnancy and the complexities involved. Tuesday, 28th March 2006, 9.00am to 4.00pm Venue: Supper Room. For further information <a href="http://www.rwh.org.au/wads">www.rwh.org.au/wads</a>
March 29	<b>Better sleep and relaxation training</b> TRANX/PADA training, 9.30am-4pm, Darebin Arts and Entertainment Centre, cnr St Georges Road and Bell Street, Preston. Contact Anne Smarrelli on 9886 0955 for more information or to register
April 18	<b>Bloody Serious Facts: An introduction to Hepatitis C</b> Facilitated by Piergiorgio Moro, Jenny Kelsall and Jacqui Richmond at 2-5pm, Suite 5, 200 Sydney Road, Brunswick. Cost: \$20.00, bookings essential. Call Genevieve Dickson on 9380 4644 or email <a href="mailto:info@hepcvic.org.au">info@hepcvic.org.au</a>
April 26-28	<b>Partnerships towards Recovery: Mental Health Conference 2006</b> VICSERV and Richmond Fellowship ASPAC are now receiving registrations. For more information go to <a href="http://partnerships2006-rfv.vicserv.org.au/">http://partnerships2006-rfv.vicserv.org.au/</a>

### Contributions to "Your Say"

VAADA is seeking contributions for the *Your Say* feature throughout 2006. If you are interested in having your thoughts published and incredibly well read, please email Chris McDonnell at [cmcdonnell@vaada.org.au](mailto:cmcdonnell@vaada.org.au) with a brief description of your chosen topic.