

## ***Victorian Government State Budget 06-07 announcement***

The Government has again failed to address the disadvantage associated with substance use in the Victorian community in its' 2006-07 budget announcement.

The budget contains virtually no new money for the alcohol and other drug (AOD) sector, after years of increasing demand and shrinking funds.

VAADA welcomed the \$818m allocated to 82 initiatives to support *A Fairer Victoria* in addressing disadvantage in Victoria.

Apart from the small amount of funding for the Koori Youth Alcohol and Drug Healing Service, however, there are no new initiatives addressing disadvantage arising from addiction to alcohol and other drugs.

We know, however, that substance misuse is strongly interlinked with health and social inequality – and that strategic spending in this area is critical to achieving the broader objectives of *A Fairer Victoria*. Areas included in *AFV* for 2006-07 (that were not considered in 2005-06) include initiatives for multicultural communities, addressing homelessness and improving community transport.

Some of the notable spends in allocations to the Health budget were

- **\$56.3 million** to double the size of the Royal Melbourne emergency department
- **\$3.6 million** to upgrade emergency departments

Mental Health received the largest allocation of funding under initiatives relating *A Fairer Victoria*.

- **\$136 million** over four years (\$170 million over five years) for mental health initiatives including prevention and early intervention programs, community-based and hospital-based services, housing services for the mentally ill

In view of this allocation to mental health, it is notable that the government has not taken the opportunity to more effectively address the intersections across mental health and substance use.

In June 2005, the Acting Minister for Health, Gavin Jennings, issued a media release titled *Initiatives Give Mental Health Focus to Hospital EDs* (20 June 2005). Contained within this media release, the Acting Health Minister referred to an independent study by Jonathan Knott (a research fellow based at the Emergency Medicine Research Unit at the Royal Melbourne Hospital).

Of key interest in this research was the finding that 33% of more than 3700 patients with mental illness who presented at the Alfred, Dandenong, Geelong, Maroondah and Royal Melbourne hospitals from April to September 2004, were affected by substance use when they arrived.

In view of an allocation within the health budget of \$136 million dollars to mental health (funding 16 new initiatives), and \$59.9 million to upgrade hospital EDs, it is disappointing that the opportunity to more effectively address the inter-relationship between substance use and mental health in the acute and primary health sector.

In commenting on these findings Mr Jennings said that “The study found that those who were intoxicated were more likely than others to stay in the emergency department for an extended period, which probably indicated that doctors were reluctant to actively manage their illness until their condition had stabilised”.

During 2006, VAADA is committed to ensuring that AOD issues are integrated into key government policies addressing disadvantage. VAADA's budget submission and media release responses to the 2006-07 State Budget can be found on its website: [www.vaada.org.au](http://www.vaada.org.au).

## Month in Review

### 2006–07 Federal Budget

The 2006–07 Federal Budget announced more than \$214 million in funding to address drug and alcohol issues.

As in last year's Federal Budget, the largest allocation of funding went to addressing mental health and drug issues, with \$73.9 million being allocated over 5 years to improve services for people experiencing co-morbid drug and mental illness issues. A further \$21.6 million will be allocated over four years to alerting the community to links between illicit drugs and mental illness.

Other areas of spending include:

- Establishment of counsellors on university campuses — \$19.8 million over four years
- Illicit drug use — combating emerging trends \$34.4 million over four years
- The establishment of the National Cannabis Control and Prevention Centre — \$14.0 million over four years and \$25.2 million over four years for the National Safe Use of Alcohol Strategy, media campaign
- Strengthening Indigenous Communities — reducing substance abuse (petrol sniffing) \$55.2 million over four years and \$20.5 million over four years to improving Indigenous health worker employment

Controversially, a \$5 million contribution was made to Drinkwise (an alcohol industry funded organisation) to develop a new \$10 million, mass marketing campaign, aimed at changing youth views and behaviours around problematic alcohol use.

### Suspended Sentencing

The Sentencing Advisory Council released their Final Report (Part 1) on the operation of suspended sentences in the Victorian context. The report proposes the phasing out of suspended sentences over a three year period. The Council will report back to the government, at a later date, on proposed new orders to replace suspended sentences.

In a recent media release the Victorian Attorney General, Rob Hulls, said that the Bracks Government will act immediately to restrict the use of suspended sentences for serious crimes. "The Government agrees that suspended sentences should not be used for serious offences and will act immediately to limit the use of suspended sentences for these crimes," Mr Hulls said.

Speaking on Lateline (26/05/06) Rob Starry, of

The Criminal Defence Lawyers Association, disagreed with the State Government's intention to abolish suspended sentences commenting that "We don't think they're overused and we don't think they're flawed. We think they're a legitimate tool in the armoury of the judiciary" and added that "You must remember that the statistics show that 70 percent of people who are given the benefit or opportunity of suspended sentences, comply with those suspended sentences. It's a much greater success rate than if you incarcerate someone, where there's a 70 percent chance that they will commit a crime so serious that they will return to the prison system."

### Agency Visits by politicians DAW®

As part of Drug Action Week® 2006, VAADA is coordinating visits by politicians to VAADA member agencies. This is a great opportunity for agencies to showcase their work. To participate please contact Sarah at VAADA on 9416 0899 or email to: [vaada@infoxchange.net.au](mailto:vaada@infoxchange.net.au).

Event organisers wishing to list their activities on the Drug Action Week® National Calendar of Events, (a searchable database of all registered Drug Action Week® activities) can do so by following the link to the following website: [www.drugactionweek.org.au/addevent.html](http://www.drugactionweek.org.au/addevent.html)

### 7<sup>th</sup> Rural Conference

This year's conference will be held in Warrnambool from Thursday 9<sup>th</sup> May until Friday 11<sup>th</sup> May 2006. The conference has a strong rural focus and will be of great interest to all. It provides a timely opportunity to share and participate in a range of complex issues facing the A&D field.

Speakers will include Dr Alex Wodak from St Vincents Hospital, Sydney, Dr John Howard from the Ted Noffs Foundation and Professor Rob Moodie from Vic Health.

Full details of the conference will be available shortly. For further information call Helen Bayne on 5564 5754 or Carmel Brady on 5564 5711.

### National recognition for Rural Youth Program

BAYSA recently received notification from The National Drug and Alcohol Committee that the Youth Access Program is a finalist in the Excellence in services to young people category to be announced on the 23<sup>rd</sup> of June in Sydney.

## YOUR SAY

### The PCP Strategy and the AOD Sector: 'Getting on the Agenda' (Lynda Berends, Evaluation and Program Development Consultant)

The Primary Care Partnership Strategy (PCP) is about capacity building across and beyond the health sector, to support better client outcomes and the judicious use of healthcare services. It relies on the goodwill of health service staff and their vision regarding the benefits that can be achieved by working in a coordinated fashion.

The PCP is about better practice, but particularly the formalisation of coordinated approaches to caring for clients. Recent policy developments indicate that the PCP is an ongoing component of the primary health system in Victoria, with recurrent funding to be delivered at the beginning of the 06/07 financial year and decision-making capacity regarding local health priorities and ways of operating.

The PCP highlights an ongoing tension for the Alcohol and Other Drug (AOD) sector. Should AOD services be closely aligned with other services and part of the system of access and referral that occurs to match clients to care programs according to their needs? Is their role 'different', involving a two pronged approach where a) clinicians reach out to potential clients through outreach as well as b) stepping in after clients have been identified as needing AOD services?

This issue is further compounded by the complexity of those suffering from drug problems, who are likely to have many and diverse concerns. AOD services need linkages with other sectors to facilitate client access, but is this the same as what is on offer through the PCP? Then again, there is the range of settings from which AOD services operate, some supporting an integrated approach (e.g., community health centres) while others focusing exclusively on AOD programs.

In March 2006, AOD services from across the state were asked to take part in a discussion forum.

Invitees were targeted to ensure representation from different locations, service settings, and target client groups, while keeping the group to a size that facilitated an interactive approach to addressing the issues. Fourteen people attended, from rural and metropolitan agencies, community health, hospital and AOD centres and targeting adults, women, and youth.

#### What did participants think about the PCP?

- The PCPs exist as a network or set of relationships. Their effectiveness varies by location, with participants from regional and rural Victoria tending to be more involved than their metropolitan counterparts. As expressed by one participant, "The effectiveness of the PCP Strategy is localised, it depends how intensively local agencies wish to utilise them".
- Some participants highlighted the progress made through the PCP in regard to health promotion activities. There was a general view that this area is useful for AOD agencies, particularly for getting their target client groups "on the agenda".
- One participant talked about the 'averaging of health concerns' that occurs by health plans that target the dominant health needs of the local populace, while others felt it was important to be involved in the PCP for this reason.
- Guidance and leadership on the role and direction of AOD agencies in the PCP would be welcome. Resource implications of involvement and funding negotiations should reflect what is being sought in terms of involvement.
- A number of technical and process issues require attention in the ongoing development of the PCP, such as the SCoTT referral tool and systems for information sharing and transmission.

Those who participated in the forum, identified a number of benefits deriving from the PCP strategy, including:

- the development of integrated health plans; shared care;
- the scope to work in an information setting to create strategic directions around AOD problems;
- meeting government demands; input into service coordination, health promotion and prevention strategies for AOD;
- access to funding sources;
- and larger AOD agencies advocating on behalf of smaller agencies and acting as a conduit of information on the PCP.

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## Calendar of Events

June 8	<b>VAADA Regional Voice – Loddon Mallee</b> VAADA is seeking to consult with those who work in or have a key interest in AOD issues. VAADA will be consulting the Reception Room, Bendigo Town Hall, 189-193 Hargreaves Street, Bendigo. For further information or to register, please contact Jason Rostant on 9416 0899 or email: <a href="mailto:jrostant@vadda.org.au">jrostant@vadda.org.au</a>
June 9	<b>Modelling the consequences of adolescent amphetamine use -Talking Point Seminar Series</b> Presented by Dr Andrew Lawrence, Senior Research Fellow, Howard Florey. Turning Point Training Room, 142 Gertrude Street, Fitzroy. All welcome, bookings essential: call 03 8413 8413 or email: <a href="mailto:info@turningpoint.org.au">info@turningpoint.org.au</a>
June 8	<b>Breastfeeding: is it safe with drug and alcohol use?</b> Thursday, 9.00am to 1.00pm. All sessions held in the Supper Room (Royal Women’s Hospital) and available to all professionals from hospitals and community organisations. For bookings and enquiries contact Tony on 9344 3631 or email <a href="mailto:womens.ads@rwh.org.au">womens.ads@rwh.org.au</a>
June 22	<b>How to Analyse Financial Statements</b> a workshop by Dr Ron Kluvers (Victoria University). All you need to know about financial statements without having to become an accountant. To be held between 4.30pm till 6.30 at the VAADA office, 211 Victoria Pde, Collingwood. To register your interest, contact Chris on 9416 0899 or email <a href="mailto:cmdonnell@vaada.org.au">cmdonnell@vaada.org.au</a>
June 30	<b>Post Release Support for Prisoners and their Families - Moreland Hall Lunchtime Seminar Series 12.30-1.30pm</b> Presented by Melanie Field-Pimm, Family and Children’s Services Co-ordinator VACRO (Victorian Association for the Care and Resettlement of Offenders). Seminars will be held Moreland Hall, 26 Jessie Street Moreland. To make further enquiries please call 03 9386 2876 or email <a href="mailto:seminarseries@morelandhall.org">seminarseries@morelandhall.org</a> .
July 5	<b>“The Politics of Need Interpretation”: human service workers and drug-using clients within the community and drug services sector – ACU’s Quality of Life and Social Justice Flagship Seminar</b> Presented by Lea Campbell and invites for critical discussion afterwards. Held from 12.30 – 1.30 pm, Australian Catholic University, 115 Victoria Parade, Fitzroy, Room 5.29. Please RSVP to <a href="mailto:leacampbell76@hotmail.com">leacampbell76@hotmail.com</a> by June 28 <sup>th</sup> .
July 17	<b>Withdrawal and beyond: Integrating Hospital and Community AOD Services – Presented by VAADA and the Addiction Medicine Hospital Liaison Group</b> This conference will introduce tertiary hospital addiction medicine consultation liaison services, their role within teaching hospitals Need to add RSVP details
August 3-4	<b>VCOSS Congress - Strong Foundations:</b> Working for a fairer future to be held on Thursday 3rd and Friday 4th August 2006 at the RACV Club Conference Centre, 501 Bourke St, Melbourne. Early bird registration closes 1 June 2006.
August 10	<b>2006 FADNET Conference - Widening the Lens: Families in the AOD Picture</b> to be held at the John Scott Meeting House, La Trobe University on 10th August 2006. For more details please visit the website: <a href="http://www.familydrughelp.sharc.org.au/fadnet">www.familydrughelp.sharc.org.au/fadnet</a>
August 10-11	<b>7th Rural Victorian Alcohol &amp; Drug Conference - Warrnambool, 10 &amp; 11 August 2006.</b> This year's Conference explores the commonalities and disparities between Indigenous and non-Indigenous alcohol and other drug issues and services. Registrations open late May, to take advantage of early-bird rates and preferences, send an e-mail with your contact details to <a href="mailto:enquiries@wadac.wrad.org.au">enquiries@wadac.wrad.org.au</a> soon!

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And finally, AOD agencies need the flexibility to engage with the PCP in ways that are meaningful and useful – less concerned with service coordination issues. They need to be able to engage in health planning where it is relevant to AOD clients, to be able to link to existing priorities within plans, bring a special focus to AOD clients and shape the focus of individual PCPs to be more inclusive.

### **Conclusion**

In my view, engagement with the PCP is useful for AOD agencies, although the extent of this engagement will vary by location, agency setting and need. While some agencies may be part of an integrated approach to health care delivery, others will engage at strategic points to advocate on behalf of AOD clients. Being ‘on the agenda’ at local level and visible at policy level provides the opportunity for agencies to be part of the decision-making processes that determine future directions for healthcare in Victoria.