



# NEWS

VICTORIAN ALCOHOL & DRUG ASSOCIATION

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ENEWS – daily electronic news, views and drug information  
email [vaada@infoxchange.net.au](mailto:vaada@infoxchange.net.au) to register or unsubscribe

211 Victoria Parade Collingwood VIC 3066

[vaada@infoxchange.net.au](mailto:vaada@infoxchange.net.au)

Phone: 03 9416 0899 Fax: 03 9416 2085

[www.vaada.org.au](http://www.vaada.org.au)

## VAADA Submission to the National Amphetamine-Type Substances Strategy

VAADA invited its membership to contribute their opinions and views to help inform its submission to the National Amphetamine-Type Substances (ATS) Strategy Project Management Group. VAADA's submission does not reflect any one individual response – but rather is a reflection of the broader sector response to ATS.

The submission advocates for a strategy that will better cater to both the needs of ATS users and the broader community.

Currently there is a dearth of research around ATS use in the Australian context. VAADA's submission places ATS orientated research and data collection as central planks in any effective strategy to reduce ATS use/harms. Many of those that VAADA consulted repeatedly emphasised that not enough is known about the patterns of ATS use, those that use, or the harms that may derive from such use.

Such diversity VAADA noted makes consultation with ATS users vital, in any attempt to accurately assess the needs of ATS users, and in the conception of effective harm minimisation strategies around ATS use.

The submission notes that only a small proportion of ATS users currently take up treatment options. This and the diversity of the user population indicate the need for targeted responses, which reach, and provide effective options for the spectrum of ATS users.

VAADA also strongly advocates that responses need to be construed in a manner that is mindful of the human rights of ATS users, and which doesn't seek to demonise them.

VAADA made nine recommendations.

**Recommendation 1:** That data collection mechanisms be developed to enable the collection of thorough, reliable information about all facets of ATS use.

**Recommendation 2:** That any data collection mechanism developed to investigate ATS use include tools for establishing the rights and self-described needs of ATS users; and that data obtained through consultation with ATS users inform all aspects of the National ATS Strategy.

**Recommendation 3:** That research be conducted to establish the full extent of and patterns of ATS use, across different demographic groups and different ATS.

**Recommendation 4:** That research be conducted to establish what harms are associated with use of different amphetamine-type substances, and with different patterns of use, and to establish the extent of those harms in the community.

**Recommendation 5:** That research into which types of prevention, treatment, and harm reduction services are most effective in addressing the effects of ATS use continue, preferably in an expanded form.

**Recommendation 6:** That any response to the use of ATS be based on reliable knowledge about best practice in educating people about preventing, treating, and reducing the harms associated with ATS use.

**Recommendation 7:** That responses to ATS use address the harms associated with ATS use and be developed in accordance with the evidence.

**Recommendation 8:** That responses to the use of ATS take into account diversity among users and potential users of amphetamine-type substances, and diversity in patterns of use of different amphetamine-type substances.

**Recommendation 9:** That responses to the use of ATS take into account equally both the human rights of ATS users and the need to protect them from stigmatisation, and the need to reduce ATS use.

The full submission is available at <http://www.vaada.org.au>

## Month in Review

### **Stronger Community Organisations Project**

VAADA's Executive Officer, Sam Biondo recently attended the inaugural meeting of the Stronger Community Organisations Project (SCOP). SCOP was announced as an initiative of *A Fairer Victoria*.

The project aims to improve the capacity and sustainability of the not-for-profit sector, and plan strategically for the challenges and growth of the not-for-profit sector over the next decade.

Some of the issues that the project will focus on are:

- Social innovation
- Strong governance
- Workforce development
- Fostering collaborations at a local level

SCOP aims to re-imagine the partnership between the community sector and government to better enable it to meet the complexity of service delivery.

The project will involve a range of stakeholders including:

- Community sector organisations
- Philanthropic trusts
- Business leaders

SCOP will report its findings to the Minister for Victorian Communities by 27 October 2007.

### **Better Enabling the Sector with Technology - VCOSS and Monash University**

VAADA attended the initial half day workshop, *Better Enabling the Sector with Technology*; a joint project undertaken by VCOSS and Centre for Community Networking Research (Monash University).

The three-year project recognises the essential role that information technology (IT) has in the work of community organisation work, but also acknowledges the frustrations and drain on financial resources it can exact.

The workshop asked participants to identify their IT priorities as a way of gauging what outcomes would be useful for the project to deliver. A subsequent meeting will be held to consider the terms of reference, and to consider a report of the findings from the initial workshop.

The project aims to build a strong case for more direct support of IT needs in the sector by government, business, and philanthropic trusts.

Ultimately, the project aims to work with the community sector to develop and maximise its capacity to utilise IT, and enhance the core work and service delivery it undertakes.

### **DCPC Inquiry into Benzodiazepine Misuse/Abuse**

The Drugs and Crime Prevention Committee has tabled its initial report from its *Inquiry into the Misuse/Abuse of Benzodiazepines and Other Forms of Pharmaceutical Drugs in Victoria*.

The report has a series of question and issues attached to chapters contained within it, the Committee is inviting further responses and submissions.

View the interim report at [www.parliament.vic.gov.au/dcpc](http://www.parliament.vic.gov.au/dcpc). Further submissions are requested by 26 May 2007.

### **CLD and BBV: Issues and Priorities Forum**

VAADA Policy Officer, Chloe Duncan recently attended a meeting that outlined findings from the *Culturally and Linguistically Diverse (CLD) and Blood Bourne Virus (BBV): Issues and Priorities Forum* a joint initiative of Anex, the Ethnic Communities Council of Victoria (ECCV), the Hepatitis C Council of Victoria and the Multicultural Health and Support Service.

It was noted at the meeting that although specific services currently exist to undertake BBV work within CLD communities, a more thorough mapping of current services/projects is required.

The forum identified a range of challenges that currently exist to delivering BBV services in CLD communities, including: Lack of culturally appropriate and sensitive information; A lack of relevant services; the difficulty in translating concepts and language from English to other languages barriers; and a lack of expertise within mainstream services to access and respond to the needs of CLD communities.

Forum participants identified a range of activities and strategies, which aim to improve the delivery of BBV services to CLD communities, and will be discussed in more detail at meetings to be held in June.

The findings noted that effective responses will require broad level support, which builds on current capacity, and a strategy to engage with allied services to provide multilayered responses.

## YOUR SAY

### ***Dual Diagnosis: Key directions and support for the AOD sector***

**Greg Logan State-wide Coordinator Dual Diagnosis Education & Training Unit Northern Nexus**

With the imminent launch of the *Dual Diagnosis: Key directions and priorities for service development* document by the Department of Human Services, we thought it timely to provide the AOD sector with information about the supports available to agencies as they implement the five Service Development Outcomes described in the document.

***Dual diagnosis – the expectation not the exception*** People presenting with co-occurring mental health and substance use disorders are the ‘*expectation not the exception*’ in both drug treatment and mental health settings - albeit often with different predominant mixes of disorders, severity and treatment needs in either sector.

When an individual experiences both a mental health and a substance use disorder the disorders tend to influence each other in their development, their severity, their response to treatment and their relapse circumstances (Croton, 2005). If a clinician attempts to treat either disorder without recognising and responding to the co-occurring disorder the treatment of the ‘target’ disorder is likely to be less effective. Recognising and responding to co-occurring disorders is likely to improve the effectiveness of treatment of ‘target’ disorders.

*The Victorian Dual Diagnosis Initiative (VDDI)* commenced in 2001 as a result of the successful trial of SUMITT (Substance Use and Mental Illness Treatment Team) in the late 1990’s. The VDDI is a statewide service provided by four Dual Diagnosis Teams of more than 40 dual diagnosis clinicians based in metropolitan Melbourne and in rural Victoria.

The dual diagnosis clinicians assist mental health services and alcohol and other drug services across the State to achieve better outcomes for clients with dual diagnosis. They will continue to assist AOD services and clinicians to build their capacities to care for clients with a dual diagnosis.

In 2006 DHS implemented three projects in an effort to build dual diagnosis capability in the mental health and AOD workforce.

**1) Reciprocal Rotations Project** Reciprocal rotations between mental health and alcohol and other drug services that will rotate staff between two sectors with a target of 156 staff rotations over three years.

**2) Increased psychiatrist support** Expansion of consultant psychiatrist time and increased input into the training of psychiatrists and other senior clinical staff in dual diagnosis;

**3) Enhanced state-wide education and training**

Development of the Dual Diagnosis Education and Training Unit (ETU) to develop and deliver accredited and non-accredited courses in dual diagnosis.

***Key Directions and Priorities*** The Dual Diagnosis: Key directions and priorities for service development document states: *the responsibility for the treatment and care of dual diagnosis clients as core business now sits more squarely with the managers and clinical leaders in each sector.*

Further it sets out five Service Development Outcomes that must be achieved. These Service Development Outcomes are:

1. Dual diagnosis is systematically identified and responded to in a timely, evidence-based manner as core business in both mental health and alcohol and other drug services.
2. Staff in mental health and alcohol and other drug services are ‘dual diagnosis capable’, that is, they have the knowledge and skills necessary to identify and provide integrated assessment, treatment and recovery.
3. Specialist mental health and alcohol and other drug services establish effective partnerships and agreed mechanisms that support integrated care and collaborative practice.
4. Outcomes and service quality for dual diagnosis clients are monitored and regularly reviewed.
5. Consumers and carers are involved in the planning and evaluation of service responses.

As stated earlier the responsibility for achieving these outcomes will now be with the managers of mental health and AOD services.

### ***Dual Diagnosis Teams support is available***

The Dual Diagnosis Teams are developing or have in place tools and supports to assist you and your service to achieve the outcomes. If you need assistance the details of each team is listed at the end of this article. Listed below are examples of tools and services that are available.

### **Resources for managers**

Dual diagnosis clinicians are currently developing a range of resources for managers including:

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## Calendar of Events

May 21	<b>'Drugs and the media' - Yarra Drug and Health Forum Community Forum</b> Guest speakers are Jon Faine - ABC Radio, and Alison Dean - The Melbourne Times. For more information or to RSVP contact Sally Mitchell on 9416 2459. To be held from 1.30pm to 2.30pm at The Wellington Centre, corner Otter and Wellington Sts, Collingwood.
May 22	<b>Amphetamine use in pregnancy &amp; treatment interventions - Women's Alcohol and Drug Service</b> This session will explore amphetamine use and the impact in pregnancy. To be held from 9am to 1pm in the Supper Room. To book contact Tony on 9344 3631.
June 15	<b>Talking Point Seminar – Community wellbeing: Challenges trends and opportunities</b> Presented by John Wiseman, Director, VicHealth Centre for the Promotion of Mental Health & Social Wellbeing. The seminar is free, bookings essential, ring 8413 8413 or email <a href="mailto:info@turningpoint.org.au">info@turningpoint.org.au</a>
June 20	<b>Cognitive behavioural approaches to treating anxiety &amp; depression in clients using drugs &amp; alcohol - TRANX/PADA</b> Presented by Tomi Redman. This workshop will help a range of community workers in assisting you to address the anxiety and depression that often underlies a client's substance use. 9.30am to 4.30pm Kingston Arts Centre, 979 Nepean Highway, Morrabbin. To register contact Anne Smarrelli on 9886 0955.
June 27-28	<b>FADNET 3rd Annual Conference Drugs. Families. Solutions Getting On With Family Work</b> The FADNET National Conference is a not-to-be-missed opportunity for alcohol and drug clinicians, health and welfare workers, family clinicians, researchers, policy makers, students, and others to get together under the one roof to share family based practices. For more information go to <a href="http://www.odyssey.org.au/fadnet/">http://www.odyssey.org.au/fadnet/</a> or call Stefan Gruenert (03) 9420 7619 or Felicity Hunt (03) 9721 3624

**The views expressed by contributors to the VAADA News are not necessarily those held by VAADA.**

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- Screening & Identification tools
- Assessment tools
- Partnership & Protocol development guidelines
- Policies & Procedures
- File audit tools
- Orientation kits
- Staff appraisals
- Treatment guidelines for each of MH / AOD / Youth / Aged / Other populations

All resources are available at [www.dualdiagnosis.org.au](http://www.dualdiagnosis.org.au)

**Reciprocal Rotations** The Reciprocal Rotations Project, funded by DHS for three years provides for a three month rotation of MH and AOD staff into 'the other' service. Part of the project is a 12 month professional development plan where the rotation participant engages in education and develops a plan for their service to better cater for clients with a dual diagnosis.

### Education and Training

The Dual Diagnosis ETU has, in partnership with Gippsland TAFE developed a dual diagnosis course using the nationally recognised competencies. Dual diagnosis clinicians in conjunction with Turning Point Alcohol and Drug Centre will develop and deliver mental health and dual diagnosis training at a postgraduate level to senior AOD clinicians.

These subjects once completed can be credited to the Graduate Certificate/Diploma in AOD Studies.

For further information and support, please contact your local Dual Diagnosis team as listed below.

Agency	Areas Covered		Phone
	Metro	Rural	
Eastern Dual Diagnosis Team	Central East, Outer East	Eastern Hume	9843 1277
Northern NEXUS	Yarra, Boroondara, Banyule, Nillumbik	Loddon and Northern Mallee	9288 3824
Southern Dual Diagnosis Service	Port Phillip, Kingston, Bayside, Greater Dandenong, Casey, Cardinia, Mornington Peninsula, Frankston, parts of Monash, Glen Eira, Stonnington	Gippsland and La Trobe Valley	8792 2330
Western SUMITT	Maribyrnong, Wyndham, Brimbank, Hobsons Bay, Melton, Moonee Valley, Moreland, Hume, Darebin, Melbourne City, and Whittlesea	Grampians, Barwon, South West and Goulbourn Valley	8345 6682

### References

Croton, G. (2005) Senate Mental Health Inquiry Submission: [Australian treatment system's recognition of and response to co-occurring mental health & substance use disorders](#)