



NEWS

VICTORIAN ALCOHOL & DRUG ASSOCIATION

April 2007

ENEWS – daily electronic news, views and drug information
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VAADA objectives 2007

Five broad areas were identified as being of concern to the Alcohol and Other (AOD) sector through VAADA's *Regional Voices* consultations conducted during 2006, including:

- Funding models and partnership issues
- The service system
- Workforce development
- Specific workforce issues and
- Issues related to the consultation process

These areas formed three themes for sector priorities planning workshops at the recent VAADA conference. The selected themes were:

- Service system re-design
- Partnerships/integration
- Resources & capacity

The VAADA Board have further refined these themes, and will now form the focus of VAADA's work for the coming twelve month period. In selecting these areas, the VAADA board considered: the importance of the selected areas to the AOD sector; that the selected areas contain realistic advocacy goals; and that the areas are within VAADA's resources and capacity restraints.

Flexible Funding

Flexible funding was selected because of its relationship to the development of better outcomes for clients through the development of innovative AOD programs.

Successful flexible funding would require:

- Re-assessment of the strictures of the episodes of care approach
- Acknowledgment and support for the level of community development and liaison work undertaken by the sector
- Acknowledgment of the breadth of work undertaken by the AOD sector
- Adequate funding for partnership development
- Support to achieve the desired levels of case management of complex service users
- Recognition and progress in addressing the 'real cost of service'

Cost of Service

This exercise would seek to explore the true cost of service delivery. Inevitably such an exploration would raise issues around infrastructure, the recruitment and retention of staff, and have some synergies with the objectives and priority areas contained in the Blueprint discussion paper.

VAADA believes that the body of work lying ahead during 2007 will contribute positively to the blueprint process, and will help improve outcomes for service users.

Blueprint discussion paper launch

The discussion paper was launched by Minister Neville at the recent Service Providers' Conference.

The discussion paper contained five objectives:

1. A client-centred system
2. Improved accessibility
3. Improved service quality
4. Promotion of prevention/early intervention
5. Stronger partnerships & linkages

The document contained three priority areas:

1. Responding to the needs of young people – promoting prevention, intervening earlier for young people at-risk and ensuring treatment and other interventions are relevant, appropriate and sustain recovery.
2. Improving interventions and services for adults and young people – improving the accessibility and quality of alcohol and other drug treatment services and interventions and build better client pathways through the system.
3. Building partnership – building stronger inter-agency and inter-sectoral linkages so that there is "no wrong door" for any client, earlier intervention for those who may be reluctant to access formal treatment and more integrated delivery to better meet client needs.

DHS is accepting submissions on the discussion paper until 11 May 2007.

Month in Review

House of Representatives Illicit drug use impact on families' inquiry

VAADA invited its membership to contribute their opinions and views to help inform its submission to the Family and Human Services Committee's *Inquiry Into the Impact of Illicit Drug Use on Families*.

VAADA received many expressions of concern at the narrow definition of problematic drug use (impacting on families), as adopted by the inquiry in limiting its terms of reference to illicit drug use.

While acknowledging the need to examine the impact that illicit drug use has on families, it was felt that the distinction between illicit and illicit drugs is artificial; creating a missed opportunity to accurately appraise the impact drug use has on family life.

VAADA's submission noted that the families of drug users currently receive very little support, and encounter a number of barriers when seeking support, including:

- Scarcity of AOD services directed at supporting families of drug users, and the scarcity of generalist family services with an AOD component
- Services not being open at the right hours for family members to access them
- Stigma attached to using family-oriented AOD services, especially in rural areas

VAADA highlighted that the families of drug users often meet the multitude of financial, social and personal costs of a family members' drug use in isolation from systemic support. It added that responding effectively to these families requires an integrated service system that reaches across all levels of government.

The submission highlighted the critical role that harm minimisation programs (and the continuum of services they offer) have had in helping the families of drug users.

Some of the identified benefits to families are:

- Giving families an alternative to letting a family member reach rock bottom
- Helping keep drug users engaged with generalist health care and welfare services
- Improving child safety, including the safety of unborn children
- Reducing healthcare costs for families
- Reducing spread of blood-borne viruses associated with injecting drug use

In light of this, Recommendation 11 specifically states that any policy aimed at minimising the impact of illicit drug use on families be framed

in terms of a harm minimisation strategy. The submission can be found at www.vaada.org.au

Ice initiatives

Premier Steve Bracks recently announced in the *Human Services' News*, more detail around the Government's response to ice, which will include:

- Re-focusing drug prevention from heroin to ice and amphetamines
- New police powers and new laws to crack down on dealers and manufacturers
- A new amphetamines taskforce to develop a long-term strategy to tackle ice and amphetamines in Victoria
- An extra four years of funding to help drug users get the treatment and healthcare they need in drug hotspots across Melbourne
- Advertisements detailing the harms of ice.

Premier Bracks noted that much of the funding had been earmarked for health promotion around heroin, which government had decided to redirect the focus of the funding to ice and amphetamines.

\$14 million would now be spent on awareness and prevention programs directed at those who use ice and amphetamines.

Some of this money will also be used to provide the latest data and information around ice and amphetamines to the Australian Drug Foundation.

Mr Bracks added that a further \$19.1 million would be allocated to Primary Health Centres in drug hotspot areas across Melbourne (Yarra, Port Phillip, Maribyrnong, Melbourne and Dandenong), and is intended to emphasise and meet the needs of injecting drug users.

Other responses include the ramping up of the powers available to Victoria Police in relation to ice and other amphetamines.

The Government also plans to strengthen the Code of Practice for dance parties and release clinical guidelines for amphetamine treatment produced by Turning Point.

Mental Health Minister Lisa Neville said the Government's new Amphetamines Taskforce would help guide the Government's strategy to tackle ice. 'We have gathered leading experts to provide high-level policy advice to the Government to ensure we have the right long-term strategy in place to stop ice gaining a foothold in Victoria.'

YOUR SAY

“The Wicking Project – Forgotten Faces”

Dr Alice Rota-Bartelink – Research Manager Wintringham

At present the most frequent drug of abuse among the elderly is alcoholⁱ. Long term alcohol abuse, particularly among the elderly can result in complex physical, psychological and social problems such as premature ageing, depression and social isolation. In a recent study in Melbourne, 43% of the elderly (50+YA) homeless population reported having issues with alcoholⁱⁱ. In another Melbourne study, 75% of older homeless service clients were reported to have a cognitive impairment; the majority being alcohol related brain disorders (ARBD)ⁱⁱⁱ. There is evidence that older people with multiple needs may be particularly unwilling to use specialist or mainstream services^{iv}. In providing care and support to these individuals, there remains a difficult balance between human rights and intervening where the client is unable to make a "rational" decision about their own welfare or poses a risk to others. Wintringham is a specialised welfare company established in 1989 to support elderly homeless people in accessing mainstream aged care services. By focussing on the age-related aspect of their client's need rather than their homelessness, Wintringham today has grown to provide a wide range of aged care services including housing, low and high care residential care, community based services, outreach and advocacy.

Many of Wintringham's clients suffer the effects of long term alcohol abuse and homelessness and in response; the Wintringham model of care has evolved to support the consequent complexity of need. It would be naive to believe that the issue of alcohol abuse is isolated to the older homeless population with the incidence among the older population being grossly under diagnosed^v. This is due in part, to the awareness of ARBD being low among frontline workers in health and social care resulting in alcohol problems not being identifiedⁱ. Other factors contributing to an under diagnosis include; the symptoms of ARBD being masked by dementia or other age-related conditions, the social stigma attached to ARBD – eg hidden by relatives, and the inaccuracy or inappropriateness of currently available generic assessment/evaluation tools.

In Australia, there is a distinct lack of statutory provision for the older homeless population and there continues to be a lack of higher level supportive accommodation, i.e. 24 hour staffed

hostel. Most rehabilitative projects within the community have an emphasis that can overlook the needs of homeless people, particularly with coexisting complex mental health issues resulting from ARBD. There is a shortage of services with the skills-base and expertise to manage the complexity of need associated with advanced ARBD.

The difficulty in case management and providing appropriate accommodation for elderly homeless persons with high and complex needs has posed a problem for health care providers, social support agencies and housing agencies for decades, especially since the introduction of social policies involving deinstitutionalisation and the promotion of community-based living. The people to whom we refer somehow fall in the jurisdictional cracks created by division and structure of funding for health and social care. These people tend to transiently shuffle between organizations that cannot provide long-term care management solutions. Their mental well-being and chronic health status incrementally deteriorates to such a point that the increased reliance on hospital and emergency services reaches crisis level at which stage institutionalization remains as the only viable option.

A few organisations, most notably in the USA, UK and Australia, have developed services specifically for homeless older people, and a growing number of homeless service organisations are developing specialised services and hostels for older people. Despite all efforts, there remains a fragmented and uncoordinated service system approach to homelessness in Australia. Complex funding processes mean that resources are spread over Commonwealth and State and Territory portfolios, non-government organisations and service providers, creating practical obstacles to agencies comprehensively addressing an individual's complex needs^{vi}. Specialised services often have restrictions on the longevity of their care, minimum age of eligibility and the degree of behavioural disturbance that they are capable of facilitating. When dealing with older people with complex needs, services need to be more flexible, accessible and creative when supporting those with enduring mental illness, particularly in association with older age and homelessness.

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Calendar of Events

April 13	Talking Point Seminar – New directions in dual diagnosis – everything you need to know but were afraid to ask Greg Logan, State-wide Coordinator Dual Diagnosis Education & Training Unit & Chris Hynan, Manager, Northern Nexus Dual Diagnosis Service, 1-2 pm, 142 Gertrude St, Fitzroy. The seminar is free. All welcome, bookings essential, ring 8413 8413 or email info@turningpoint.org.au
April 17	Mental health issues and pregnancy - Women’s Alcohol and Drug Service This session will explore some of the issues around health issues and pregnancy. To be held from 9am to 1pm in the Supper Room. To book contact Tony on 9344 3631 or email womens.ads@rwh.org.au
April 20	Postnatal depression - TRANX/PADA Presented by Lynne Little. This workshop will present a structure for running an 8 week treatment group for postnatal depression. The workshop will run from 9.30am to 4.30pm at room 2114, level 2, Melbourne University Hawthorn campus, 442 Auburn Road, Hawthorn. For more information or to register contact Anne Smarrelli on 9886 0955.

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They need to recognise that a person’s mental health needs can and do change over time, and therefore require ongoing assessment. Interventions should not be short-term, as potential "change" is often a long-term process and they need to take into account that homeless people may have multiple needs and therefore are not suited to inflexible systems and working practices.

Wintringham advocates for elderly homeless people ensuring equal access to services and that the voice and needs of the individual are respected and heard. Wintringham in partnership with *arbias*, have recently commenced a four-year project funded by The JO & JR Wicking Trust which is managed by ANZ Trustees. This project will investigate, design and trial a purpose-designed ‘Specialised Model of Residential Care’ specifically aimed at providing long-term care and support to older homeless people with severe acquired brain injury.

The major aims of The Wicking Project are to: develop and trial a psychosocial model of long term residential care for older people with advanced ARBD; determine the most effective & appropriate tools of assessment and evaluation of this population group; influence government and policy makers with a view to changing the systemic response to older people with ARBD; and to provide an information platform from which other service providers can develop appropriate service delivery responses to older clients with ARBD.

The trial will recruit four individuals with severely affected behaviours arising from ARBD who will be housed and supported together in a dedicated Wintringham hostel. The participants will be selectively recruited for a history of unsuccessful tenancies arising from challenging or anti-social behaviours. Individualised and specialised care, support and behaviour management strategies will be provided by highly trained and skilled personnel eg *arbias* case management. And all participants will be supported to maximally utilise intensive recreation and diversional activities. This project presents us with the opportunity to extend Wintringham’s philosophical principles of “Options, Rights and Dignity” to a group of impoverished people who have been existing outside mainstream services.

A successful trial will provide us with evidence and hopefully enough leverage to influence a change in policy and funding structure to allow us to continue to provide this much needed support to a disadvantaged and marginalized client group. If you are interested in finding out more about this project, just visit Wintringham research site at www.wintringham.org.au

ⁱ McCabe, L. (2005) *Alcohol related brain damage: Knowledge and attitudes of frontline care staff*. Department of Applied Social Science, University of Stirling

ⁱⁱ Lipmann, B., Mirabelli, F & Rota-Bartelink, A. (2004) *Homelessness Among Older People: A Comparative Study In Three Countries Of Prevention And Alleviation*, Wintringham, Australia.

ⁱⁱⁱ Hecker, K. (2002), *Salvation Army services to older clients*. *Parity: Meeting the needs of older people*. 15(10):pp 29 –30

^{iv} Australian Institute of Health and Welfare (2005). *Australia’s Welfare 2005*. AIHW cat. no. AUS65. Canberra: AIHW.

^v Thomas, V. & Rockwood. K. (2001) *Alcohol abuse, cognitive impairment and mortality among older people* *Journal of the American Geriatric Association*. 49:pp 415 – 420.

^{vi} Parker, S., Limbers, L. & McKeon, E. (2002) *Homelessness and Accommodation Models for People Living with Mental Health Problems* *Homelessness and mental illness: Mapping the way home*. Mental Health Coordinating Council
<http://www.mhcc.org.au/projects/homelessness.htm> Accessed 15/05/06