

VAADA submission to the Blueprint discussion paper

VAADA's submission is based on consultations with our membership, findings from our 2006 Regional Voices consultations, and findings from the Regional Blueprint Consultations held by DHS. VAADA's submission does not reflect any one individual response – but rather is a reflection of the broader sector response.

In considering the Blueprint document VAADA acknowledges that public resources should be used efficiently, and supports the Blueprint's aim to deliver efficiency gains to the drug treatment service system.

VAADA's submission stresses that efficiency gains can only go so far in delivering capacity to the AOD sector. However, many of those VAADA consulted highlighted the need for more resources to increase service capacity. They identified a number of areas in which resource constraints were impacting on the delivery of services and, how this limits client access to treatment services.

VAADA's submission advocated for the Drug Treatment System (DTS) to be better equipped to respond to CALD and emerging communities. It recommended that any strategy aimed at CALD communities, needs to acknowledge as a starting point, the large portion of the Australian population that CALD communities comprise. Furthermore, it recommended that successful strategies aimed at helping CALD communities, are dependant on robust consultation and collaboration with them.

VAADA's submission noted that the Blueprint discussion paper does not discuss emerging communities other than CALD communities. It points out that there is significant population growth in the outer metro regions of Melbourne, and that current planning fails to provide for adequate future health and welfare services. Shortfalls in local health services are compounded by inadequate public transport and the geographic remoteness of many outer

suburban developments. Many of these same issues are highly relevant in rural and regional areas. Consequently, any future AOD treatment planning, must consider growth corridors in its formation.

VAADA broadly supports the establishment of a centralised residential vacancy management (CRVM) system. It believes that a CRVM could help clients locate treatment places more quickly, and assist in establishing a mechanism that measures sector capacity to meet demand.

VAADA has some reservations around the adoption of CRVM, and recommended that clients not be penalised if they refuse a placement on reasonable grounds – such as geographical distance/transportation problems or, service incompatibility. It was also felt that successfully rolling out a CRVM was dependant on attaining an understanding of currently operating CRVM, and extensive stakeholder (including client) consultation.

The submission recognised the significant achievements that have been made in delivering Pharmacotherapy services in Victoria. It suggested a number of improvements to the system to improve access and equity. It identified shortages of pharmacotherapy prescribers/providers as posing the biggest challenge to the systems. Ultimately a lack of prescribers and providers limits places for clients seeking to access pharmacotherapy programs.

VAADA recommends that the Victorian government consider extending funding to pharmacotherapy programs, while considering a range of dispensing/prescribing models that address the shortfalls that arise from current dispensing/prescribing models.

VAADA looked at a number of areas in its submission including workforce development, flexible funding and case management. The full submission is available at <http://www.vaada.org.au>

Month in Review

Pharmaceutical drugs inquiry

VAADA welcomed the Victorian government's inquiry into the misuse of benzodiazepines and other pharmaceutical drugs.

VAADA noted in its submission that The International Narcotics Control Board (INCB) has released data indicating that misuse of pharmaceutical drugs continues to increase worldwide, and that the misuse of pharmaceutical drugs now exceeds the misuse of illicit drugs in some regions.

Locally, analysis of Turning Point ambulance surveillance data has indicated that in Melbourne between February 2005 and February 2006 ambulance staff attended twice as many overdose incidents caused by misuse of pharmaceutical drugs as overdose incidents caused by misuse of illicit drugs

Furthermore, consultations with the VAADA membership have indicated that they are seeing an increasing numbers of clients who are reporting misusing pharmaceutical drugs, and that the misuse is occurring within a polydrug context, which contributes to the complexity of working with these clients.

The submission notes that there are large gaps in information and data around the misuse of pharmaceutical drugs. In particular there is a need to know which groups are using them, the context of use, and the how what and why.

Despite these knowledge gaps, the elderly have been identified as an at risk group, especially in relation to the use of benzodiazepines. Some of the harms associated with use of benzodiazepines by the elderly include: Psychomotor impairment (could contribute to risk of falls and accidents); Amnesia (may exacerbate memory loss); and Depression of central nervous system (could heighten risk of pneumonia and infections).

VAADA highlighted that given Australia's ageing population base that the misuse of pharmaceutical drugs among the elderly, could prove to be a serious and widespread public health problem in the near future.

VAADA's submission stressed its preference for any measures to be proactive rather than reactive. In particular, it calls for the development of guidelines, to help pharmaceutical companies assess the abuse potential of current and new medications that are available to the public.

It also calls for the development of educational and training materials aimed at a range of stakeholders. Resources should aim to empower consumers to be more knowledgeable about their own health, and encourage the responsible prescription and dispensing of medications. Information should make clear to consumers and professionals, what treatment and support options are available when the use of pharmaceuticals becomes problematic. Clear referral pathways made clear in any information or educational materials.. The full submission is available at <http://www.vaada.org.au>

Cost of service and flexible funding.

On 31st May VAADA held Reference Group meetings to progress work on their two Regional Voices strategic priorities, Cost of Service and Flexible Funding.

VAADA hopes to produce a report on each of their strategic priority areas that will feed into the October/November 2007 State Budget submission process. The Reference Groups were convened to steer the work that will inform the report and budget process.

The Cost of Service Reference Group met to discuss how VAADA might produce a report that could assess the true costs of delivering services in the AOD sector. The Group explored barriers to assessing the true cost of service, the most important of which were variance among service agencies and the failure of Episodes of Care to measure all service-related costs. Ultimately the Group decided it needed to explore different models that describe costing structures in the community health sector. The Group's next step will be to collect data about different costing structure models.

The Flexible Funding Reference Group met to discuss the role of flexible funding in the AOD sector. The Group's first task was to define what was meant by the term 'flexible funding'. It was agreed that there were two likely interpretations of the term: flexible funding within an organisation, which allows services to develop new programs to address client need; and flexible funding along the community health funding model, where services have flexibility to choose from among a range of pre-set services which services they will deliver. The group saw value in both these models of flexible funding. The Group's next step will be to seek clarification from DHS around it definition of 'flexible funding'.

YOUR SAY

Georgie Hill - Maribyrnong City Council Health Promotion Officer

The impact of the changing nature of drug use on local government and local communities

The negative impact of the changing nature of drug use varies across different communities. The degree of impact is usually in direct proportion to the level and intensity of problematic drug use experienced by residents in the public realm such as; Obvious drug dealing; Discarded drug litter; Aggressive behaviour; Unusual behaviour; and Crime.

This impact is exacerbated indirectly by the often unbalanced reporting of problematic drug use and its cost to the community in the popular media. Over time, this has resulted in an overall lowering of the tolerance of drug use and its associated behaviours by the general community, and in some communities generates open hostility where high drug related activity exists.

Although problematic drug use is a national and statewide issue, referring angry and frightened residents to State and Federal MP's is an unsatisfactory response. As such, local government have had to adapt their responses, service and budgets to respond to the emerging and immediate impacts associated with drug and alcohol misuse, especially in the public realm. Negative impacts on amenity (noise), public behaviour, perceptions of safety, poor image, economic downturn and the complex nature of these issues are often exacerbated by specific local conditions. As such, responses, investments, approaches and policies by local government can vary significantly across municipalities (from zero tolerance to harm minimisation).

The City of Maribyrnong was identified as a local government area drug 'hotspot' by the state government in 2000 initially due to the high rate of deaths associated with heroin overdoses. Although, the drug market has since changed, the level of problematic drug use including alcohol has continued.

At the same time, changing community expectations due to gentrification and the increasing density of the population, have led to higher demands on Maribyrnong Council from residents, agencies, drug users and their families.

As such, Council has developed a local multi-levelled harm minimisation approach to address the complexity of issues. The Maribyrnong Drug Strategy Action Plan, developed in partnership with key stakeholders, identifies the following key issues and objectives:

- Advocacy, partnership and collaboration
- Community information
- Positive opportunities and primary prevention
- Drug related harm
- Access to services
- Drug use in public places
- Local image and community safety

Planning and responding to the impacts of local drug and alcohol issues in the community requires a holistic approach. However, it is often difficult to plan and respond to issues when the transient nature of public drug use is dependant on the complex interaction of a number of factors.

Resident complaints notwithstanding, usually local government is one step removed from the signs and signals of the local drug use activity experienced by service providers and outreach workers.

To address this, Maribyrnong City Council has resourced the Drug Reference Group, and the Drug and Alcohol Service Provider Network to both monitor this unique changing environment, and generate collective solutions to Maribyrnong's particular problems.

For Maribyrnong Council, our local Drug Strategy Reference Group and Drug and Alcohol Service Provider Network provides invaluable forums for keeping Council officers and other services in touch with what is happening "on the streets".

A holistic approach requires both longer term strategies and flexible tactical responses that can only be achieved by regular monitoring, realigning and evaluating action on the ground by a range of key stakeholders. Maribyrnong Council's role in this integrated approach includes a suite of responses including:

- High level of funding allocated to public amenity including awareness raising, education and 24 hour syringe collection hotline
- Tailored responses to the quality, quantity, nature of drugs available at the time
- Ensure capacity for the sector to understand, adapt and respond quickly to changes
- Address complex issues including multiple co-morbidities ie mental health issues
- Ensure local knowledge informs public policy research and enforcement practice
- Advocate for adequate funding and service mix

(Continued on page 4)

Calendar of Events

June 15	<p><i>Talking Point Seminar – Community wellbeing: Challenges trends and opportunities</i> 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 info@turningpoint.org.au</p>
June 20	<p><i>Cognitive behavioural approaches to treating anxiety & depression in clients using drugs & alcohol - TRANX/PADA</i> 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.</p>
June 27-28	<p><i>FADNET 3rd Annual Conference Drugs. Families. Solutions Getting On With Family Work</i> 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 http://www.odyssey.org.au/fadnet/ or call Stefan Gruenert (03) 9420 7619 or Felicity Hunt (03) 9721 3624</p>
June 28-29	<p><i>Arbias Professional Training Program - June 2007.</i> Arbias is a specialist provider in the area of alcohol and other substance related brain impairment, providing expertise, training and information products across Australia and internationally. This training program is designed for health care professionals working with people with alcohol and other substance related brain impairment and associated complex care needs.</p> <p>28 June - MODULES 1 & 2 <i>1) An Introduction To Alcohol Related Brain Impairment (Arbi) 10 May 2007</i> <i>2) Strategies For Working With A Person With Arbi</i></p> <p>29 June - MODULES 3 & 4 <i>3) Working With People With Arbi And Challenging Behaviour</i> <i>4) Working With People With Arbi Who Have Complex Needs</i></p> <p>Fees include: seminars, participant handouts, arbias information products distributed on the day and certificate of participation. Morning, afternoon tea and lunch are provided. Accessibility: Located at 27 Hope Street Brunswick, the Martin Jackson Training Room has disability access. For queries in relation to bookings please contact Michelle Barry, Administration Services on mbarry@arbias.com.au or telephone (03) 8388 1222. For additional or tailored training sessions, please contact Dr Richard Cash, Principal Researcher on rcash@arbias.com.au or telephone (03) 8388 1222 to discuss your training requirements.</p>
August 2	<p><i>Centre for Adolescent Health - Skin Deep - Self harming young people explained</i> To be held at RCH Parkville on Thursday 2 August 2007 from 9.00 to 12 noon. What does this mean and why do they do it? This will be of interest to anyone who works with young people. Speakers include: Prof George Patton - Centre Adolescent Health; Dr Andrew Chanen -ORYGEN Youth Health; and Janet Stone - Centre Adolescent Health and a young person perspective. For further information contact Merran Guest on 03 9345 6671 or merran.guest@rch.org.au</p>

Continued from page 1

The impact of the changing nature of drug use on local government and local communities

As the first tier of government, councils often feel the immediate impact of shifts in drug use patterns first and most acutely. They are also mindful of the long term negative impacts of the local economy and image of their cities. Although the extent of the problem requires additional state and federal government support, local governments are well placed to develop local responses, create an integrated package of services and programs with local partners and advocate for greater commitment from state and federal government.

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