

DoHA State Peaks Briefing

In late January 2008, State AOD peaks were invited to attend a 2 day 'Department of Health and Ageing' (DoHA) briefing giving a broad overview of federal government COAG initiatives relating to the Alcohol and Other Drug (AOD) and Mental Health (MH) sectors. For your information a synopsis of presentations is provided below.

Australian General Practice Network (AGPN)

This presentation outlined the 'Can Do' model (a multidisciplinary model of joint learning which seeks to improve the capacity of GPs, through cross sectoral training and education). Information outlined AGPN links to recent COAG initiatives, such as the roll out of the MH Nurses program and issues arising from this rollout in remote and rural areas.

Mental Health Council of Australia (MHCA)

Sebastian Rosen spoke about MBS items and how they related to AOD and MH. He indicated that while MH is about 15% of the disease burden (which includes AOD) up to 60% of those with a mental illness get no care in any one year. It appears that Doctors still overwhelmingly refer to clinical based services and that MH and AOD referrals lag behind. More information around the impact of MBS items is available at the MHCA website.

State Health and AOD Services – Various verbal presentations were given by different State AOD and Health Department representatives. Robin Fisher from the Department of Human Services (DHS) gave a good overview of the successes of the Victorian Dual Diagnosis initiative, its structure, broad aims, method of delivery, and vision of where the initiative will be from 2008 into 2009.

Communio – Data Collection Project for the Federal Comorbidity grants program

Communio have been engaged by DoHa to explore ways in which the Federal Comorbidity grants program can be measured. Communio is developing a data model and a broad tool based around either COMPASS or DDCAT.

National Co-Morbidity Guidelines being developed by NDARC

NDARC is developing National Co-Morbidity Guidelines, which will fill in gaps in some jurisdictions where none exist. They are expected to be complete by July.

Workforce development and training

– Prof. Anna Roach noted that the National Centre for Education and Training on Addiction (NCETA) are currently doing a gap analysis examining professional development opportunities within AOD. A number of current funding opportunities to extend professional development within AOD services were identified. For additional information contact NCETA

Involving Consumers and Carers in Co-morbidity Treatment Planning

– Jim Hales discussed a treatment planning process and research work they had undertaken. This work is available in CD format.

Clinical supervision of Postgraduate Psychologists

– Helen Lidner from LaTrobe University presented on the Postgraduate Psychology placement program which will see some 128 student placements for 2008. Placements are being targeted at AOD services and are for 2 days per week for 20 weeks.

Month in Review

National Perspectives on COAG

– Nathan Smyth spoke about a \$5B increase in funding arising from recent COAG initiatives which will be focussed on a range of initiatives including clinical services, early intervention, and MH Nurses. More information is available via www.mentalhealth.gov.au.

DoHa Office for Aboriginal and Torres Strait Islander Health. OATSIH – Kate Gilbert gave an extensive presentation of OATSIH initiatives (see VAADA Website). She also indicated that the substance abuse program was recently allocated \$27M in 2007–08

MH Nurses incentives program – Fran Barry indicated that this is a \$131M program. Nurses are intended to have a flexible role in how they function and that AOD services could access nurses through Divisions of General Practice. She indicated that currently 280 organisations are registered with Medicare to use the program, and that the program is also focussed on Rural and remote Australia, subject to human resources

Day to Day living in community – Natasha Ploenges provided an overview of this program and its operation in a range of community settings. The program provides \$46M over 5 years for people with persistent MH issues living in isolation.

Personal Helpers and Mentors Program (PHAMS) – Ian Boyson from the MH Branch in FAHCSIA indicated that the PHAMS program provides: \$224M over 5 years for respite care; \$284.8 over 5 years for personal helpers; and MH community based programs received \$45M over 5 years.

Interestingly, program referral pathways from the AOD sector are only 2%, but 35% of program participants present with an AOD problem. The sole eligibility criteria is that people need to be willing to address Dual Diagnosis issues

Psycheck – Nicole Lee from Turning Point gave a presentation on the ‘Psycheck’ tool being designed for clinicians with no psychology background. The tool is intended to be a first step to pick up issues, and provide some intervention strategies. It could also be combined with telephone and telemedicine interventions.

Please note that many of the presentations are available (though not all) on the VAADA website:

<http://www.vaada.org.au/resources/recent.chtml>

Equal Opportunity Submission

VAADA welcomed the ‘*Equal Opportunity Review: Discussion Paper*’ as a significant opportunity to address the widespread discrimination faced by people who use alcohol and other drugs, which contributes to trapping them into a cycle of disadvantage and marginalisation.

VAADA’s submission made a number of recommendations which was followed by an analysis that is divided into four major sections: Discrimination faced by users of alcohol and other drugs; Problems with the existing law; Reforming discrimination law; and Ways to prevent and resolve discrimination. The submission can be downloaded at:

<http://www.vaada.org.au/>

Victorian State Budget Submission

VAADA State Budget Submission made a number of recommendations with a particular focus in three main areas including:

- Alcohol in the Victorian Community
- Alcohol Drugs and Mental Health
- Pharmacotherapy

Other recommendations were made around:

- Funding and Data Collection
- Partnership issues
- The Service System

Many of these recommendations related to addressing funding and capacity shortfalls. The submission called for the Government to support the Victorian community in dealing with AOD issues through appropriately resourcing the AOD sector and the services it delivers.

VAADA believes that addressing these issues is critical if the Victorian AOD sector is to continue to respond to the direct impacts that AOD issues have on the general health, safety and well being of all Victorians.

The submission highlighted that many of the initiatives outlined would be of little additional cost to Government.

The submission can be found at:

<http://www.vaada.org.au/>

YOUR SAY
Setting the Example
Regina Brindle - APSU Executive Officer

I believe in people getting a fair go - an overarching right that applies regardless of any transgression. This right rises above our sense of right and wrong, which for most of us, are borne out of Judo-Christian values that are not necessarily complementary to the times we live in. I believe that these values can pervade our judgment when encountering people who are in need of help in relation to around the alcohol and other drug issues. One of the more damaging ways such judgments manifest is through excluding those with AOD issues (especially those with a criminal record) from participation within the community by denying them access to work and education.

For historical, political and economic reasons, alcohol is the acceptable drug in our culture, with disdain around its usage only brought about when continuous inebriation affects the community's amenity or has negative economic impacts.

Then there are the illicit; when people find themselves in trouble using them, we are often presented a slanted view of their problems, that complements the stereotype that the wider community has of illicit drug user: druggies: junkies who are part of an undesirable subculture that really we don't want to be part of the community, that should be removed from the legitimate community.

We want to exclude people who have participated in behaviour that to some of us, is completely abhorrent. Even though I am an ex drug user I have experienced these feelings myself more accentuated because of shame perhaps perpetuated in part by societal mores.

We only need to turn to the example of the media treatment of drug usage amongst our footballers or our sad complacency when drug traffickers are put to death to get a sense of the open nerve that our society has regarding illicit drug users. Illicit drug users and dependent drinkers whose intoxication leads them to unlawful behaviour, along with the refugees and the aborigines, and people who are and have experienced imprisonment, and people who have been caught breaking the law, are out in the cold when it comes to the all Australian sense of a Fair Go.

certain groups reminds me of James Joyce's description of hell in 'Portrait of an Artist', where there is an eternity of damnation for transgressors - vividly portraying our (the communities) need for punishment.

Often illicit drug users break the law because they are using an illegal substance and depending on the drug and how much the individual earns, the usage is often beyond an individual's financial means.

For those who build up an addiction, that they are unable to finance legally, then it's more likely that a list of convictions will accumulate; which may or may not turn up on their records check - depending on the jurisdiction in which they were acquired or when the convictions happened.

People break the law more readily when they are intoxicated, drive cars under the influence, start fights and destroy public property. Many of these convictions can be read as uglier than what they really are; trafficking, which sounds bad, doesn't it, but this is part and parcel of using illicit drugs; or a conviction under the terrorism act after burning down a government building when pilled and pissed.

The anxiety over having such a record is enough to stop people with a seemingly controversial past applying for a job or beginning an education; both of which are tickets into the community.

The Human Rights and Equal Opportunity Commission Discussion Paper (2004) *Discrimination in Employment on the Basis of Criminal Record*, cited studies that found that many people with criminal records experience social and economic disadvantage that has led to little or no education and a scanty employment history. This is too tough, bordering on Dickensian even, barring people from establishing pathways into employment, realizing financial goals, and having the opportunity to give back to the community - even if this is simply through paying taxes.

Without these essentials a good percentage of people are more likely to find themselves either
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Calendar of Events

March 3	Team Leaders' Workshop Team Training Services A practical day to learn and enhance your team leadership skills Venue: Hawthorn Campus, The University of Melbourne, 442 Auburn Road, Hawthorn. Time: 9.00 – s.00. Fee: 203.00 (including GST, lunch & manual). For more information contact Liz Olijnyk (03) 9817 4094 or Tony Norquay (03) 9277 4848. Email: info@teamtraining.com.au
March 14	Talking Point Seminar <i>Dual Diagnosis in a Drug Rehab</i> Yvonne Devey, Manager Birribi, YSAS 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 3 & 4	National Conference on Anxiety & Depression. Reconnexion (formerly TRANX/PADA) is holding its 3rd Biennial National Conference on Anxiety & Depression on Thursday 3 & Friday 4 April 2008 at the Melbourne Exhibition & Convention Centre. The conference titled 'diverse pathways to effective treatment' has a range of impressive speakers from the UK, Australia and New Zealand. Full cost \$440. For more information or to register online, visit www.reconnexion.org.au/conference or ring us on 03 9886 9400.
April 11	Talking Point Seminar <i>Substance use and the adolescent brain</i> Dr Dan Lubman, Senior Lecturer, Substance Use Research & Recovery Focused (SURRF) Program, ORYGEN Research Centre 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 14	Reconnexion – Professional Development Sessions for Health Practitioners <i>Cognitive Behavioural Therapy for Anxiety and Depression</i> This workshop will be invaluable in assisting counsellors, case managers, MH workers, nurses, youth workers or other health & welfare professionals working with clients with psychological distress. Presented by Cath Walker. To be held at the Big Hill Winery, 3 Belvoir Park Road (cnr Calder Highway) Bendigo from 9.30am-4.30pm. For more information contact Annie Smarrellie at annie@reconnexion.org.au or 9886 0955

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homeless or in prison, an inhumane outcome for the individual, and an expensive outcome for the community.

When people come to The Association of Participating Service Users, the first or second thing that comes out of their mouth is Police Check. Because they know, just as others with police records know that such records are the most effective means of excluding them from the community.

This is what I hear: 'Can I do some work here as I know I won't get a job elsewhere with my record? Or: 'When I finish my course I won't get a job as my record is bad'. Or: 'I won't get a placement as soon as they see my police check.' Or: 'Will I get into the course with my record?'

Disconcertingly, I hear those refrains frequently from those trying to enter the alcohol and other drug sector.

At one of the first regional meetings I attended, I challenged a representative from a local TAFE regarding students having to complete a police check upon enrolling in the Certificate IV in AOD.

It seemed to me at the time that participants of that meeting were surprised at my dissidence on this issue, perhaps because this is accepted practice, a risk management tool.

Perhaps it is, but truthfully, what judgment comes into play when we read the list of transgression easily forgetting the lifestyles that attaches itself to drug usage, a lifestyle that can be very foreign to a person who has never even dabbled.

Are we allowing for the impact that such judgments may have, and how if it is unfavourable to the applicant it can inadvertently remove people from education or employment; keeping the exclusive inner circle that is the Australian sense of a fair go, forgetting that inclusion is universal - for all of us - and not just Australians for that matter? I know that there are alcohol and drug agencies that have practices that are mindful of this discrimination, knowing the ramifications of criminalizing what is agreed to be a health issue. However, I have to say that I am surprised at that extent that people with records have been excluded, especially by those who should be setting the example for the wider community.

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