



September 08

Key Directions -
navigating our way through

MSIC community forum

Letters from the sector

Key Directions - Navigating our way through



There is a growing disquiet within the AOD sector that *Key Directions* may be losing its way. There are few who would dispute the importance of this initiative and the need to build capacity in services to respond to people with alcohol and drug and mental health problems. There are equally few who would argue that the implementation will be straightforward or trouble-free. Under *Key Directions*, the Department of Human Services has identified that dual diagnosis will become 'core business' within AOD and mental health:

'Delivering responses to dual diagnosis clients as part of core business in each sector ensures that people of any age are not excluded from a service because of their dual problems. It also requires that their needs are addressed within the most appropriate service setting, by suitably trained staff and that the treatment they receive is best practice. (DHS 2007, p.1).

What are the implications for AOD services as dual diagnosis moves to core business? How are services meeting the key priorities as outlined in the Dual Diagnosis action plan 2007-10? What further support is needed for services to implement the changes required under *Key Directions*? VAADA recently sought feedback from the sector on these and other questions and we found some interesting results.

Whilst a number of agencies agree with the overall aspirations of *Key Directions*, there is concern that the gap between expectations and available resources places considerable pressure on services and impedes their ability to meet the targets set out in the Key Directions Action Plan. It has been reported that the Initiative requires substantial change to practice and service delivery in the absence of additional resources.

The primary service development task as outlined under service outcome two in the *Dual diagnosis - Key directions* and priorities for service development document is the development of dual diagnosis capable staff across AOD and mental health services.

AOD agencies expressed grave concerns about the feasibility of meeting service development outcomes within the tight timelines. There was also concern related to access to training required to implement practice change; limited resources for backfill; selection and implementation of screening and assessment tools; remuneration for staff that become dual diagnosis capable and the implications for the provision of supervision within AOD agencies.

Some agencies feel strongly that service targets should be adjusted as an interim measure in acknowledgement of the complexity of implementing new practices such as the use of new screening tools.

Major challenges that lie ahead for many AOD services include improving coordination between AOD and Mental Health services through the establishment of partnerships, shared understandings about the needs of target groups and establishing referral pathways and protocols.

Some agencies are concerned that further work needs to be done both centrally and locally to bring together and effectively manage the different philosophical and professional approaches of AOD services and mental health agencies.

A number of agencies asked whether the process improved or reinforced existing divisions between AOD and mental health? Services noted that while relationship building is generally supported it is constrained by limited resources and leadership to move the process forward.

However, it is important to note that there is considerable variance across the State. Some agencies report that progress has been made with informal arrangements between local mental health and AOD for referral and secondary consults with moves towards formalising partnerships and protocols. Yet many remain unsure how to progress and navigate through the service development outcomes.

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It seems considerable work still needs to be done before integrated treatment is provided in a way that is appropriate for the client and respects the philosophies and professional approaches of both AOD and mental health. For instance, AOD agencies feel it is important not to medicalise clients and their drug and alcohol problems but to continue to work in a manner that takes into account the social, cultural and structural determinants of drug use.

Other issues of concern related to improved data collection; time required for collaborative meetings and policy/procedural development, opinions that there exists a differential resource allocation between Mental Health agencies and the AOD sector, and limited financial support for the level of supervision clinical governance required to support dual diagnosis.

The implications of screening were also highlighted by agencies, particularly the impact on service demand and service capacity to identify and access pathways for the person experiencing the comorbidity of drug and alcohol and mental health issues.

This may also raise important ethical concerns about the duty of care for AOD services who identify someone as at risk of mental health issues but are unable to refer them.

Perhaps most importantly, some within the AOD sector are concerned that this initiative is not an equal partnership between AOD and mental health. Rather they fear it is a mental health initiative, driven and supported by Mental Health with AOD hauled along behind.

AOD services recognise their role in responding to clients with mental health and AOD issues, and many have done so for a long-time already. However, the expertise, wisdom and skill of the AOD sector needs to be supported and maintained as the Key Directions continues.

Implementing the Key Directions and priorities for service development will be a time consuming process and will require significant investment and commitment from AOD services as well as ongoing support and resourcing from the State Government to ensure we create a service system that can respond to clients with dual diagnosis in an appropriate and meaningful way.

The current situation provides an important opportunity for DHS and the AOD sector to take stock of how things have developed with Key Directions. The 'on the ground experience' provides a valuable insight into the practicalities of implementation and some suggestions for areas requiring further support and attention.

The themes expressed above have been identified as significant issues by the Victorian Alcohol and Drug sector. The time and commitment put into the initiative from the AOD sector has yielded many positive results to date. It is important that the issues identified by AOD services are listened to and acted upon.

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Community forum MSIC - Kings Cross

VAADA in partnership with the Yarra Drug and Health Forum recently held a community forum titled Medically Supervised Injecting Centre (MSIC) – Kings Cross, to which over 130 people attended. Attendees were diverse, coming from local government, drug treatment services, needle syring programs, police and the Fitzroy community.

The purpose of the forum was to hear how the Kings Cross community responded to the flood of heroin overdoses at the end of the 1990s and to offer a constructive solution to public injecting.

Presenters at the forum included:

- Dr Ingrid van Beek Founding Director MSIC
- Ms Colette McGrath Clinical Services Manager MSIC
- Ms Linda Mearing General Manager Kings Cross Partnership (Business/Traders Association)
- Superintendent Frank Hansen Commander Drug & Alcohol Coordination, State Crime Command NSW Police
- Cr Shayne Mallard City of Sydney Councillor



MSIC Community Forum speakers from L to R: Cr Shayne Mallard (City of Sydney), Ms Linda Mearing (Kings Cross Partnership), Superintendent Frank Hansen (NSW Police), Sam Biondo (VAADA), Collette McGrath (MSIC), Dr Ingrid van Beek (Kirketon Road Centre), Peter Wearne (Yarra Drug & Health Forum) and Vera Boston (Yarra Community Health Centre)

Presenters reported that since the inception of the MSIC, ambulance callouts to heroin overdoses in the area have decreased by 80%, and MSIC staff have successfully treated over 2,458 drug overdoses onsite. The MSIC has also provided the opportunity for more than 7,000 referrals for drug users to other services, including drug treatment.

Presenters noted that 80 per cent of long term local Kings Cross residents and 68 per cent of local business managers support the MSIC.



Dual diagnosis stand and deliver

Well, what's happening to Drug Treatment in Victoria? And why are we as clinicians within the sector - working for both government funded services and those outside of that system - allowing dual diagnosis to characterise drug treatment and determine how we deliver it.

There are many things presently wrong with our current drug treatment service system, but why as a sector are we quietly allowing mental health through its comparatively very well formulated, researched, coordinated and best practice delivery of service - both at a State and Federal level - use dual diagnosis as a pretext to influence and shape how we deliver our treatment?

Mental Health caters for acute mental illness, and as I have found out over the years, drug treatment caters for those whose mental disorders don't fit the acute mental health system, either because of their substance use or because of the disorder itself.

Please don't tell me that dual diagnosis will fix this.

How can focussing on Dual Diagnosis fix the flawed fundamental mismatch of service systems that is mental health and addiction?

So if we as a sector are going to take over the main share of treating mental health within the community, then isn't it about time that Addiction was recognised and given all the resources and \$\$'s that mental health always seem to gather.

A long time ago in Turning the Tide days, a system was conceived that was about choice for the patient which was to be fundamental to our system. Instead, today we have a system that is largely short-sighted, and derives from a narrow framework that is nothing about choice.

So this will leave us within the sector, well informed on the latest dual diagnosis outcome measurement tools, educated to what mental illness is, (all of which are of importance) left working with and indentifying those with a mental disorder - doing it for the same pay, same conditions, same non recognition of skills and same non career path.

While for the client NOTHING has changed. Except, that the boxes have been ticked, because we have all completed the set tasks and OH, we can identify the disorder or illness, but we don't have anywhere to send our patients or support their families, because the current system structure doesn't allow it.

I haven't worked in the DHS structure for 2 1/2 years but am still working in addiction, and if we as a sector don't start determining how we deliver our service, and start creating and demanding a voice, then the only people who lose out in all of this are the patients we see and their families.

Sharyn Amos - Independent member of VAADA for 3 years

NSP service for vulnerable closing

In 2007, DHS provided funds to the Health Information Exchange in St Kilda to support the development of a 24-hour NSP pilot project.

The overnight project has been operational since November 2007 and has played a vital role in not only harm reduction to the general IDU population, but as a public health response to a particularly vulnerable group of street sex workers.

The program has been an outstanding success, offering service to a large volume of clients each night (mean: 46, range: 33 – 62). This includes the provision of injecting equipment, safe sex consumables and information / referral around a number of drug related issues. At this stage, we are unsure whether DHS will continue funding this project past 29th October 2008.

**Regards, Sue White - Manager – Health Services
Salvation Army Crisis Services**

Letters from the Sector provides a forum to air views and raise issues about the Victorian AOD sector. Letters should be as brief as possible and include the name of the author emailed to cmcdonnell@vaada.org.au. By submitting your letter for publication, you agree that we may edit the letter for space or legal reasons and may republish it on the VAADA website.

DATE	EVENT
October 8 & 9	Practice Research Network Workshop Turning Point This two-day workshop is part of an exciting new initiative to establish a Practice Research Network in Victoria. It is funded by the Alcohol Education and Rehabilitation Foundation and it aims to develop a stronger working partnership between researchers and clinicians, encouraging clinicians to have input into research processes and increase clinicians knowledge about AOD research and the translation of research into practice. Workshop attendance is supported by the AER Foundation and is free to participants, but registration is essential. Venue: Metropole Hotel and Conference Centre, 44 Brunswick Street, Fitzroy. Time: 9:30am – 4:30pm For more information go to http://www.turningpoint.org.au/ Enquiries: Please contact Lisa Johns at lisa.johns@turningpoint.org.au or 0425 757 307
October 13	Turning Point Symposium Working Together with Alcohol and Drug Issues in Culturally and Linguistically Diverse Communities - "What's Happening Forum?" A Turning Point and the Multicultural Centre for Women's Health forum has been scheduled to bring together representatives from AOD and CALD groups to share stories and experiences so we can increase our capacity to work together and better respond to the AOD needs of those from a CALD background. Wednesday 15th October 2008 Northcote Town Hall 189 High St Northcote Roof Top Room 1.30pm – 4.00pm Refreshments provided at 1.30pm. RSVP Phoebe Spry-Bailey at phoebes@turningpoint.org.au or (03) 8413 8713
November 13 & 14	Healthy Start to Life - 'Alcohol in Pregnancy: Is any too much?' Healthy Start to Life conference entitled 'Alcohol in Pregnancy: Is any too much?' held at Monash University, Melbourne on the 13th - 14th of November 2008. This national conference will feature some of Australia's leading researchers as well as representatives from the public health sector and will focus on the effects of drinking alcohol during pregnancy, addressing the critical question: is there any safe level of exposure? Please visit our website www.healthystarttolife.monash.org for more information and registration details. Dr. Hayley Dickinson, BSc (Hons) PhD, Centre for Women's Health Research, Monash Medical Centre Ph: 9594 5372
November 23 & 26	The Australasian Professional Society on Alcohol and other Drugs - 2008 Conference Evidence, Policy and Practice APSAD 2008 will feature an exciting programme of international and national keynote speakers who will focus on new treatment prevention and policy approaches to the drug and alcohol field. A broad range of papers will be presented in the latest cutting-edge drug and alcohol research. Sydney Convention & Exhibition Centre, Darling Harbour 23rd – 26th November Early Bird Registration closes: 30th September, 2008 More information Liz Baxter APSAD Ph: (02) 9331 7748 exec.officer@apsad.org.au www.apsad.org.au
November 25	Improving Service Access For Clients with a Mental Health issue Banyule Community health are conducting a seminar about improving access to services for clients with a mental health issue. November 25th 9.30am – 12.00pm at Banyule Community Health. Registration by 19th November. More information contact Sally Berger 9450 2616 sally.berger@bchs.org.au

CALL FOR ABSTRACTS
DIARY NOTE: VAADA CONFERENCE
Direction in a time of change
19 & 20 February 2009 Melbourne

We are inviting abstracts for presentations and workshops and are particularly interested in abstracts that focus on one, or a combination, of the following areas:

- **Changing drug trends – what does this mean for practice?**
 - **Policy paradigms**
 - **Integrated practice & working with intersecting systems**
- **Priority populations (families, young people, emerging communities, older people)**
 - **Practice change and its implications for services**
 - **Training, professional development and workforce issues**
 - **Special issues**

For more information or to submit an abstract please follow the link: <http://www.vaada.org.au/news/items/2008/09/229501-upload-00001.pdf>

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