

October 08

State budget submission

VAADA AGM

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State budget submission

VAADA has recently finalised our State Budget Submission for 2009/10. It has been prepared earlier this year to maximise the opportunity for alcohol and other drug (AOD) issues to be considered as the State Government finalises the forthcoming budget. Our budget submission has been formulated with the assistance of members and the VAADA Board and outlines what we believe to be the priorities for government spending in next May's Budget.

As we move towards the 2009/10 financial year, the AOD sector faces a number of challenges ranging from changing drug trends and patterns of use to the increasing difficulty of recruiting and retaining skilled staff in a sector that is often undervalued. We are seeking a commitment from Government to adequately support the Victorian AOD sector through the appropriate resourcing of programs and services to meet the needs of people with drug problems, their families and ultimately the broader community.

It is our strong view that drug treatment services are often overlooked in funding priorities and decision-making and we urge the Victorian Government to rectify this situation in the 2009/10 Budget. The Victorian Government has invested only a modest amount in the public AOD drug treatment system in recent years suggesting a trend towards prioritising prevention and law enforcement strategies over and above drug treatment.

Regrettably, government spending on drug treatment remains a small proportion of the total Human Services budget accounting for 0.9 per cent of the DHS budget of \$13,101.7 million.

While VAADA believes that broad-based prevention and education strategies are important in addressing alcohol and drug-related harm, investment in these initiatives should not come at the expense of investment in drug treatment services. We must continue to build a strong, effective and quality drug treatment system across Victoria.

Drug treatment remains a cost-effective means of preventing and reducing alcohol and drug-related harm in the community (VAADA 2002). Economic analyses of the cost-effectiveness of drug treatment services have demonstrated that drug treatment services provide positive returns on investment (Cartwright 2000). While such analyses are complex utilising a range of methodologies and research designs, research indicates that drug treatment services are effective in reducing harmful drug use

as well as drug-related crime, violence, hospital costs and welfare costs. VAADA believes allocation of budget dollars across the drug treatment sector will provide longer-term savings to the Victorian Government.

The most pressing issue for alcohol and drug services in Victoria is the continued growth and sustainability of the sector. Continued and substantial investment in AOD services during 2009/10 is of vital importance not only to support continued growth but to build a system that can provide flexible responses to changing client needs.

Our budget submission calls on the Government to support the AOD sector through improved funding formulas and data collection methods, investment in workforce development and training, ongoing infrastructure and capital investment and addressing issues impacting on the pharmacotherapy system. Meeting these challenges requires both policy leadership and government investment.

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VAADA AGM – 21st Nov, VicHealth

VAADA will be holding its AGM on the 21st of November between 2.00pm and 4.00pm, at VicHealth, Ground Floor, 15–31 Pelham St, Carlton South.

Guest Speaker: Peter Norden SJ

Topic: *'Alcohol, Drugs, Social Justice and the Criminal Justice System'*

Peter Norden SJ is a high profile Jesuit priest based in Melbourne who has actively pursued social justice on a range of Social issues. Peter has been a Pentridge Chaplain, advocate for the Victorian Criminal Justice Co-alition past Director of Jesuit Social Services and a long time friend of the community sector.

RSVP: Chris at 9416 0899 - email cmcdonnell@vaada.org.au

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VAADA's recommendations to the Victorian Government include the need for:

- Significant and improved financial investment in the alcohol and drug treatment system. Any funding increase must account for inflation and population growth estimates
- Adequate indexation of funding to reflect any Consumer Price Index changes
- Establishment of an improved method of collecting data on waiting times and the establishment of a mechanism to provide regular and timely feedback to the sector on agency wait times
- Ongoing infrastructure and capital investment as part of agencies core funding together with a pool of funds (available to all agencies on an application basis) to undertake special capital works projects
- Investment in the development of flexible funding models to allow services to respond to emerging and changing client needs
- Exploration of options to improve funding models which adequately captures the full spectrum of activity undertaken by AOD services as an alternative to the current model which is largely output driven
- Funding to ensure AOD workers have access to required training at the minimum qualification strategy (MQS) level
- Investment in innovative training delivery modes that provide access to workers in rural and remote regions
- Funding to support the provision of clinical supervision within the sector.

VAADA hopes that the issues and priorities outlined in our Budget submission will be considered by Government as part of its continued commitment to reducing the harm associated with alcohol and other drugs.

References:

Cartwright, W. (2000) 'Cost-benefit analysis of drug treatment Services: A Review of the Literature', The Journal of Mental Health Policy and Economics, vol.3, pp.11-26.

Victorian Alcohol and Drug Association (2002) Tough on crime versus Drug Treatment: A VAADA Briefing Paper, VAADA, Melbourne.

Work related bullying and violence

VAADA is working in conjunction with Victorian Council of Social Services (VCOSS) and Worksafe to increase awareness of occupational health and safety issues in selected social and community service sectors – and more specifically for VAADA, the AOD sector.

Work related bullying and violence is an issue for community sector services across the board, and these workplace issues occur in the AOD sector just as they do in a range of other community sectors.

Workplace violence can be inflicted by colleagues, clients, intruders or third parties known to services. Those who work in AOD have specific challenges that can place them at risk of violence being perpetrated against them.

Some of the circumstances which place AOD workers at risk include:

- Extensive waiting times – where reception or other staff are placed in a situation of having to tell clients who are stressed or in crisis, that counsellors or program places aren't available
- Working with clients who are intoxicated
- Outreach – visiting clients at home – or street based outreach
- Inadequate funding of capital works - leading to poorly designed reception areas that either isolate reception staff or force clients who may not like each other, to be in close proximity for extended periods

Though it is hard to pin down specific conditions or situations within the Alcohol and Drug sector that lead to the bullying of staff, the sector would in many regards be not too dissimilar to other work environments by sharing many circumstances that may contribute to bullying, such as staff shortages, ever increasing productivity demands, or heavy workloads in stressful environments.

What is occupational violence

Occupational violence is defined as any incident where an employee is physically attacked or threatened in the workplace. Within this definition:

“threat” means a statement or behaviour that causes a person to believe they are in danger of being physically attacked

“physical attack” means the direct or indirect application of force by a person to the body of, or to clothing or equipment worn by another person, where that application creates a risk to health and safety

The term **“occupational violence”** applies to all forms of physical attacks on employees, including:

- Striking, kicking, scratching, biting, spitting or any other type of direct physical contact
- Throwing objects
- Attacking with knives, guns, clubs or any other type of weapon
- Pushing, shoving, tripping, grabbing
- Any form of indecent physical contact

“Physical attack” is defined without consideration of the attacker’s intent. The definition of occupational violence covers situations where an employee is attacked by a person who may not be able to form intent, but is capable of violence.

For example, a nurse is punched by a patient who has an acquired brain injury. It is unclear whether the patient made a conscious decision to punch the nurse.

What is bullying

Bullying can occur wherever people work together. Under certain conditions, most people are capable of bullying. Bullying is not always intentional. Sometimes people do not realise that their behaviour can be harmful to others.

Defining workplace bullying

Workplace bullying is repeated, unreasonable behaviour directed toward an employee, or group of employees, that creates a risk to health and safety.

Within this definition:

“**unreasonable behaviour**” means behaviour that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten

“**behaviour**” includes actions of individuals or a group, and may involve using a system of work as a means of victimising, humiliating, undermining or threatening

“**risk**” to health and safety” includes risk to the mental or physical health of the employee

The following types of behaviour, where repeated or occurring as part of a pattern of behaviour, could be considered bullying:

- Verbal abuse
- Excluding or isolating employees
- Psychological harassment
- Intimidation
- Assigning meaningless tasks unrelated to the job
- Giving employees impossible assignments
- Deliberately changing work rosters to inconvenience particular employees
- Deliberately withholding information that is vital for effective work performance

Employers and employees both have obligations to prevent bullying and violence in the workplace, more information can be found at: www.worksafe.vic.gov.au

The FIT peer model

The Peer Model as a means to service user participation has been promoted by the Association of Participating Service Users since July 2008.

Our objective is that this model be available to people who use and provide services throughout the Alcohol and other Drug sector.

Presently, and as far as I know, opportunities for participation are chiefly available for people who use services in Melbourne. However we do know of two projects that are in the process of being established in the Hume Region.

Along with promotion, the Peer Model campaign has enabled us to draw upon APSU’s 8 years of experience in working to establish the practice of service user participation in the sector. The outcome of these learning is the three pronged FIT Peer Model. This is the Peer Helper Training Project, The Experts by Experience Workshops and the Speaker Bureau.

Peer Helper Training is 40 hours of training to help another person who is new to recovery or just embarking upon a transition with their drug usage and stabilising their mental health. The Experts by Experience is four workshops designed to develop the skills necessary to participate in governance and/or policy development. The speaker bureau is a database listing service users by region who are interested in engaging in meetings, forums or the delivery of presentations. They receive financial remuneration for their services.

These three prongs go to form a trajectory that people can undertake as a means to contributing to the community; such participation that has proven to benefit quality of life. What’s more, they enable three types of participation: the peer helper training as a means of helping a peer, experts by experience as the knowledge needed to meaningfully participate in services and the speaker bureau as an opportunity to have a contributing voice to the advancement of alcohol and other drug service provision.

All of these aspects are open to people who are experienced in drug use or drug use and mental health issues. All three of these aspects are there for the service provider to enable service user participation in their services as stipulated in The *Dual Diagnosis Key Directions and Priorities* document.

If you want to find out more about this model come to our workshop at the Service Providers Conference on the 7th of November - 9:10am to 3:00 pm, to be held at the Darebin Arts & Entertainment Centre, Corner Bell Street and St Georges Rd, Preston 3072.

Regina Brindle
(Manager of The Association of Participating Service User)

DATE	EVENT
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 19	AL-ANON family groups invites you to an information evening for professionals with guest speaker Professor Greg Whelan. Professor Whelan has extensive background in addiction medicine and in particular alcohol and drugs. Addiction to alcohol is a chronic relapsing brain disease. (Ref: Prof Greg Whelan from the Victorian Young People in AA (VicYPAA) conference 2008). Alcoholism is an addiction and is a three-fold disease; it is physical, mental and spiritual and can affect the whole family. Time: 6.30 for 7pm start - 8pm finish Venue: St Mary's Parish Centre, 116 Cecil Street, Williamstown, VIC 3016. Melway Ref: P56 D10 Parking: RSVP: 12th November 2008 Barbara - District 5 Representative: 0437 757 258 Pamela - Williamstown Al-Anon Family Group Representative: - 0422 214 288 Tristan - Williamstown Group member: - tristan.hughes@live.vu.edu.au
November 19	Pharmacotherapies Training For Alcohol & Other Drug Workers Turning Point Alcohol and Drug Centre has been contracted by the Drugs Services and Policy Branch, Department of Human Services to provide a number of professional development training courses. These are intended as a supplement to the competency based training and assessment courses provided as part of the DHS Minimum Qualification Strategy. To be held at 142 Gertrude St Fitzroy. For more information contact Mal Doreian 8413 8721
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
February 19 & 20	VAADA Conference Direction in a time of change seeks to identify the key drivers of change in the AOD field - how we effectively respond to change that is driven by diverse stakeholders, with competing interests and different objectives? Is client need and benefit the key main motivator for changing the AOD service system? To be held at the Hotel 489 Elizabeth Street Melbourne

DIARY NOTE: VAADA CONFERENCE

Direction in a time of change

19 & 20 February 2009 Melbourne

Some of the themes that will be explored at the conference include

- 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 contact