



January 09

Making sense of it all in 2009

Blueprint: What VAADA is doing

Health and Safety Representatives

Making sense of it all in 2009 - Sam Biondo VAADA Executive Officer



As the New Year begins and we think of all that might lie ahead for us in 2009 within the Victorian AOD sector, it may be hard not to be distracted by the obvious noise arising from the long gestated and recently released Blueprint for Alcohol and other drug treatment services 2009-2013. As significant as this document is, I would like to suggest that it remains critically important for the Victorian AOD sector to remain focussed on the aspirational as well as the practical day to day minutiae which drives our work in this vital and complex sector.

For VAADA the year ahead will necessarily involve substantial efforts in communication, leadership, representation, advocacy and information sharing. We will need to do this better not just amongst our own sector but cross-sectorally with stakeholders and other strategic allies.

From where we sit at VAADA the diversity of the Victorian AOD Sector is both a strength and weakness. The composition of this sector is virtually unique, it is overwhelmingly NGO based, has a spread of service types and a range of treatment modalities. Furthermore, it has a diverse staffing mix located across a range of operational sites. These issues and many other factors give a depth and a range of benefits to our community. On the other hand this diversity can make it hard to consolidate our learnings, advocate and balance a range of at times, competing interests. For VAADA as a peak organisation one of our key aims is

to clear a path and facilitate the development of a consensus view amongst our members, and at the very least provide opportunity to hear and consider the various views. It is a certainty that this year will be a crucial year in this sector's future.

Recent activities adding to the already complex nature of this sector include the AOD and Mental Health merger. In terms of largish structural shifts, the partnering/marriage of Mental Health and Drugs Services into one department 'The Mental Health and Drugs Division' is up there not only in terms of symbolism but also what it may end up delivering to the Victorian Community.

While there are many issues impacting on the Victorian AOD sector what I would like to do for the rest of this article is to quickly highlight a few current and possible future issues

The Global Financial crisis

What does it mean for our clients, our agencies and our community? The not so distant past experience of the 1980s & 1990s have left a range of scars on all of us collectively Will we collectively as a community and a specialised service sector be confronted with another Damocles sword?

Changing drug markets

Our sector will be required to continue to respond and address issues arising from the changing market conditions. This not only places organisations under a continual cycle of adaptation and change but has a very real impact on staffing skills, and a range of other practical organisational issues.

Alcohol

While VAADA welcomes the increased focus on alcohol at both a national and state level, we need to ensure that governments and communities work together to find solid lasting solutions rather than quick fixes which often have a range of unintended consequences. The Victorian AOD sector adds its voice to the call for a comprehensive response to alcohol.

Families

While there has been something of a trend in using the 'family card' as a synonym for systemic change in our sector, the time has now come for a more concerted contribution in this area. This should however, not be at the neglect of other groups such as single men and women. It is most important to consider ways of addressing intergenerational dependence and the sorts of measures required

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Notice: Shane Barnes

On January 7th 2009 VAADA staff were notified of the untimely and unexpected death of Shane Barnes who had been employed as the VAADA 2009 Conference organiser. Shane was making a great contribution to our work, he was a wonderful work colleague and will be sadly missed.

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to break the cycle. The emerging debate on social inclusion which is being entered into by the current Federal Government will no doubt provide opportunity for our sectors contribution to this and associated issues.

Older people with AOD issues and treatment

While not necessarily at crisis point in the public’s mind this is an issue which is clearly on our doorstep. In large part it is a hidden issue and one which needs more focus and deconstruction. The impact is real, it is here but in many ways it is hidden. We as a sector will be required in time to develop our response.

Prisons

The level of health care and treatment provided to prisoners must be improved. There must be a concerted state and national effort to address if not the overall general medical and health condition of prisoners at least the issue of blood-borne viruses within these settings. It is difficult to think of ourselves a civilised community when we tolerate a Hep C rate of 57% within our prison system, and we do nothing to prevent its spread. Measures to deal with this are simple and obvious ... but the political will appears to be absent. That these institutions should be kept as an incubator of infection for the rest of the community is illogical and appalling. This issue requires urgent and immediate attention.

Pharmacotherapy

Pharmacotherapy is a critically important tool in addressing the needs of over 11,000 individuals in Victoria who are seeking to reduce their dependence on opiates. The system has served both individuals and the community very well. Currently there are a number of pressures at the prescriber and the dispenser end for which solutions must be found. The time has come for a good and thorough independent review which looks at the complexity of issues and the range of solutions including variations to the existing model. DHS has indicated that it is committed to a review of the system under the new Blueprint, VAADA has argued that such a review should be undertaken by an independent external reviewer and with a specified timeline.

Also of concern and in need of action is the fact that individuals participating in pharmacotherapy programs continue to be charged dispensing fees for service. This is anachronistic giving the appearance more of punishment than rehabilitation.

Emerging communities

We need to ensure that the emerging and growing AOD needs of new settlers, immigrants and refugees does not bypass our treatment services with individuals going directly into our criminal justice system as largely occurred in the 70’s into the 80’s and beyond. There is a resounding need for more effort and resources in this area for preventative work.

Urban sprawl and isolation

There are a vast number of issues related to the outer city and

isolation. That enormous numbers of young people and people living in mortgage stress who are located in vulnerable, isolated areas with little or no infrastructure is a clear recipe for disaster. There is a need for improved planning and extension of AOD services into these new communities to minimise harm.

Concluding remarks

So what does all this mean for us and what does it mean for the year ahead? It is essential to champion ‘political courage and leadership’ to address significant areas of concern with a repertoire of initiatives which have become glaring and inexcusable ‘Policy Voids’ and ‘no go zones’. We need to put on the table the things that work rather than simply the things that sound good. What this means for our sector is that we need to develop both our own political leadership and ensure that we continue to enhance and support those elements of the political leadership and bureaucracy which cultivate a better understanding of complex issues even if this means tackling a sometimes hostile media which is often the driver of debate rather than the presenter of facts.

Blueprint: What VAADA is doing

As most of us are aware the long gestated DHS “blueprint for alcohol and drug treatment services 2009-2013” has been released.

In response VAADA would like to invite AOD sector CEO’s and Managers to a forthcoming meeting to discuss the report and it’s implications for our sector and how we respond. Details of the meeting are as below.

Date: Friday Feb 6th 2009
 Time: 1.30pm
 Location: Richmond Town Hall, Meeting Room 1



Health and Safety Representatives and Consultation

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.

A safe workplace is more easily achieved when employers and employees talk to each other about potential problems, and work together to find solutions. While providing a safe and healthy workplace is the legal responsibility of employers, it is also essential that decisions around Occupational Health and Safety (OHS) include the involvement of staff and Health and Safety Representatives (HSRs) as well as volunteers and contractors. Consultation with staff on OHS issues is essential to ensure employers comply with their obligations under the Occupational Health and Safety Act 2004 (OHS) and allow staff to give valuable input into safety in their workplace.

In any organisation, employees are best able to identify the gaps in a workplace that can contribute to poor occupational health and safety. Consultation with staff also allows an employer to pick up on more intangible issues such as workplace stress or bullying.

What matters must be consulted about?

The OHS Act 2004 states that employers must consult on the following health and safety matters with those who are (or are likely to be) directly affected:

- identifying or assessing hazards or risks
- making decisions on how to control risks
- making decisions about the adequacy of facilities for employee welfare (such as dining facilities, change rooms, toilets etc)
- making decisions about procedures to:
 - o resolve health and safety issues
 - o consult with employees on health and safety
 - o monitor employees' health and workplace conditions
- provide information and training
- determining the membership of health and safety committees
- when proposing changes that may affect employees' health and safety, such as changes to:
 - o the workplace
 - o plant, substances or other things used in the workplace
 - o the work performed at the workplace

What does consultation involve?

Consultation should be a two-way exchange between employers and employees that involves:

- sharing information about health and safety,
- giving employees a reasonable opportunity to express their views, and
- taking those views into account.

Employees can be consulted in a variety of ways including

by setting up a health and safety committee or by holding regular staff meetings. If employees have elected a health and safety representative (HSR), the HSR must also be involved in consultation.

Health and Safety Representatives (HSRs)

For many workplaces, the election of a Health and Safety Representative is a good way of communicating staff concerns about workplace health and safety back to managers and supervisors. The OHS Act 2004 recognises the important role HSRs play in representing the health and safety interests of employees and it is widely acknowledged that they make a real difference in having issues addressed and achieving better health and safety outcomes. It is for this reason that the role of workplace HSRs should be encouraged, supported and protected.

Therefore by taking on the role HSR, employees are giving an invaluable contribution to improving the health and welfare of employees within their workplace.

In the AOD sector, workers often face demands for increased productivity, through increased workloads and demands on services. Employees are also often required work in situations where they are in uncontrolled environments (such as outreach work) and it is for this reason that the role of Health and Safety Representatives is so crucial. HSRs give employees the opportunity to feed information and concerns about their working environments back to managers and supervisors that they may be unable to do themselves.

The powers of a Health and Safety Representative include the right to:

- Speak up and act on behalf of the employees they represent on OHS issues;
- Monitor the health and safety actions taken by the employer;
- Look into anything that might be a risk to the health and safety of the employees they represent;
- Attempt to resolve issues with the employer on any health and safety issue that could affect staff;
- Inspect any part of the workplace;
- Inspect the workplace immediately if there is an incident or a serious risk;
- Accompany a WorkSafe inspector during an inspection
- Request that a health and safety committee be set up
- Issue a Provisional Improvement Notice (PIN)

Employers are also obliged under the act to allow HSRs to attend approved training, including paying for the cost of training taken on paid work time.

The booklet Information For Health and Safety Representatives gives more detail on consultation, the rights roles and responsibilities of HSRs.

Other useful links and publications:s can be found at: <http://www.worksafe.vic.gov.au/>

DATE	EVENT
February 19 & 20	<p>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? The Conference locatin is the Jasper Hotel 489 Elizabeth Street Melbourne</p> <p>Some of the themes that will be explored at the conference include</p> <ul style="list-style-type: none"> • 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 <p>For more information contact VAADA staff. E-mail: conference@vaada.org.au Phone 03 9416 0899 Fax 03 9416 2085</p>
February 27	<p>Heroin usein the local Vietnamese community: Different perceptions of risk - Talking Point Peter Higgs, NHRMC Post Doctroal Fellow, Viral Hepatitis Epidemiology & Prevention Program, National Centre in HIV Epidemiology & Clinical Research, Universit of NSW. 1-2pm Training Room, 142 Gertrude Street Fitzroy. Bookings essential, Call Turning Point: 03 8413 8413</p>
March 18	<p>7th Annual Allied Health and Homelessness Outreach Forum Keynote Speakers include: Professor Helen Keleher, Monash University/ Peninsula Health. Dr Alex Holmes Senior Lecturer & Consultant Psychiatrist, Royal Melbourne Hospital Also: Amy Barry-Macaulay Homeless Person's Legal Clinic/Public Interest Law Clearing House "Harnessing the Charter of Human Rights for the Homeless" WHERE: Peninsula Community Theatre, Mornington Corner Wilson's Road & Nepean Highway, Mornington WHEN: Wednesday March 18th 2009 (NB, This is an all day event)COST: FREE For further enquiries please contact: Carolyn Flanagan, Youth Health Worker, Frankston Community Health Service - Ph: 9784 8167</p>
Advance Notice April 20 - 23	<p>Harm Reduction 2009 – Thailand The conference will be held at the Imperial Queen's Park Hotel over four full days - Monday 20th April –Thursday 23rd April. More information is contained in Professor Stimson's letter. Please visit www.ihra.net/Thailand/News to view the open letter from Professor Gerry Stimson.</p>
Advance Notice May 27 - 28	<p>Reconnexion National Conference 2009 Following on from the overwhelming success of Reconnexion's 2008 conference the 4th National Conference on Anxiety & Depression is scheduled for Wednesday 27 May and Thursday 28 May 2009 at the Melbourne Exhibition & Convention Centre. A workshop conducted by Associate Professor James Bennett-Levy will be held on Friday 29 May 2009 at the same location. Cost of registration \$440 with a reduction for early bird registration.</p> <p>For more information contact Education & Training Manager janet@reconnexion.org.au/phone 03 9886 9400.</p>

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

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