



Forensic Drug Treatment review

Forensic drug treatment services are an important and valuable component of both national and state diversion programs for drug and drug-related offenders.

VAADA has been in conversation with many agencies across the sector and we've heard a range of views about the operation of the forensic service system. VAADA, together with a number of larger service providers, has been in conversation with the Department around the cost of service delivery and the financial pressures faced by many agencies. Agencies have reported losses of between \$15,000-\$20,000 per EFT for the delivery of forensic CCCCs. It is with this in mind that VAADA and a number of agencies have suggested that the unit cost issue should be separated from the broader service system review and be addressed as a matter of priority. Given the recent release of the state budget for 2009/10, it is unlikely that any new money will flow into the system over the coming financial year.

We are also committed to contributing to the broader review process and responding to the *Discussion Paper on the Forensic Drug Treatment System* released by the Department of Human Services (DHS) in April 2009.

The review has been welcomed by many within the sector as a critical step towards addressing a number of perceived flaws within the current forensic service system. We hope this process affords service providers and other stakeholders an opportunity to enhance the strengths of the current forensic service system and to identify options for improvement and reform.

In the course of framing our submission, VAADA consulted with our membership and the broader AOD sector, some of whom have been providing forensic drug treatment services for over a decade.

Not unlike other segments of the drug treatment system, we discovered variation in the services offered; problems facing individual agencies and varying opinions on how best to move forward. Notwithstanding this, we identified a number of consistent themes and a range of issues that unite the sector.

The DHS Discussion Paper did not consider many of the broader systemic issues affecting the delivery of forensic drug treatment services. VAADA believes it is important to identify the barriers to good practice that are created by system design rather than focussing solely on individual agencies.

Agencies have identified some significant issues and flaws within the current forensic service system including difficulty achieving the current 110 Episode of Care target. This model emphasizes throughput and restricts the time available for clinicians to work with clients who require longer-term treatment and support. It also limits opportunities for follow-up with clients.

Achieving the 110 target contributes to financial losses for agencies and stress and burnout amongst staff, according to information gathered through VAADA's consultations.

Recruitment and retention issues add further stress to the system. It is difficult to recruit suitably trained clinicians and agencies with limited remuneration and career pathways.

A new forensic model which reduces the 4Cs target from 110 completed EOC per year to 70-75 per year is one possible option for reform.

A new funding model would ideally provide for the operating costs of service delivery. Such a model could also provide opportunity for clinicians to participate regularly in supervision and other forms of self-care and reflective practice. Providing clinicians with the opportunity to attend training and professional development is also important as well as networking opportunities and peer support. The development of a forensic AOD network has been suggested as a mechanism to support clinicians.

Many agencies support options for enhancing communication and collaboration between AOD and criminal justice personnel. Options for staff rotations, secondments and exchanges between AOD and criminal justice are supported. Specific funding would need to be made available to implement a rotation program and clear guidelines and supervision provided to support learning.

Ongoing concerns about the role of ACSO COATS in determining an EOC and reviewing clinical judgements need to be addressed through the review.

There is considerable expertise and experience among service providers within the forensic drug treatment system and we are grateful to all those who provided input and advice and informed VAADA's response to the Discussion Paper. We are currently finalising our response and are committed to working with agencies and Government to address the issues identified by the sector.

Staffing changes at VAADA

VAADA Policy Officer Chantel Churchus will be taking a three month leave of absence from VAADA, commencing on the 25th of May.

During that time, VAADA would like to welcome Sarah Kerwick and James Henshall, who will be taking over the policy position in Chantel's absence.

New Amphetamine Strategy for Victoria

On 16 April 2009, The Hon Lisa Neville, Minister for Mental Health launched the *Victorian Amphetamine-Type Stimulant (ATS) and related drugs strategy 2009-2012* at DHS head office. The launch was attended by invited guests including members of the Taskforce who oversaw the development of the strategy.

Stakeholders represented at the meeting included the Metropolitan Ambulance Service, Harm Reduction Victoria (formerly VIVAIDS), the Australian Medical Association (AMA), Odyssey House Victoria, the Australian Drug Foundation (ADF) and Youth Substance Abuse Service (YSAS) among others. VAADA President Simon Ruth and Executive Officer Sam Biondo were also in attendance.

In launching the four-year strategy, Minister Neville emphasised the alignment of this strategy with the work to be undertaken as part of the *Blueprint for alcohol and other drug treatment services*.

Minister Neville noted that the strategy aims to prevent and reduce the supply, use of and demand for ATS and related drugs and minimise the harms associated with the use of these drugs in the Victorian community. Five priority areas have been identified for action within the strategy:

- Prevention and early intervention
- Treatment
- Workforce development
- Justice and law enforcement
- New knowledge collection and dissemination

The strategy, initially due to be released in late 2008, has been under development for over 2 years.

In 2007, agencies were invited to respond to a Discussion Paper on the development of an ATS strategy for Victoria. VAADA, like many other organisations, provided a written submission and put forward a series of recommendations for consideration by government. We are pleased to report that some of the issues raised in our submission have been incorporated into the final strategy document.

In particular, we were pleased to see a commitment to building the evidence base in this area through further research regarding prevention, early intervention and treatment responses for ATS. Action 5.3, which outlines a commitment to providing practical advice and information to the media in an effort to promote responsible and appropriate reporting, will go some way toward promoting a more informed public debate. Providing the media with sensible and evidence-based messages is particularly important given the critical role the media play in shaping popular perceptions of drug use and drug users.

Six key actions are identified in the strategy that relate specifically to treatment. These include the development of partnerships to provide services to CALD communities; workforce development to strengthen capacity of agencies to provide psychological interventions and working with hospital specialist addiction medicine units to improve responses to high-risk ATS users.

We note the government's commitment to working with families of drug users and in particular, parents of young people who may be using ATS. Parents require clear, non-sensationalised, practical information and advice and we encourage the production and dissemination of such information.

Initiatives which strengthen the ability of AOD agencies to respond to CALD communities are welcome. However, agencies require support to partner effectively with other local agencies to provide services to CALD communities (see Action 2.1). There needs to be clarity in the purpose of partnerships and appropriate resourcing to help build links between different agencies.

The strategy provides a useful starting point but more work is needed. Drug trends continue to change over time and, overall, ATS use remains relatively low. We encourage the sector to engage with the strategy, identify areas requiring further work and continue a dialogue with Government about how best to respond to ATS and other drugs.

References:

Department of Human Services (2009) *Victorian Amphetamine-type stimulant (ATS) and related drugs strategy 2009-2012*, Melbourne: DHS.

VAADA receives two-year funding to assist with Blueprint implementation

Last month, the Minister for Mental Health, Hon Lisa Neville announced a major funding boost for VAADA of \$300,000 over two-years. The funding enhances VAADA's capacity to assist with the implementation of the Blueprint for Alcohol and other Drug Treatment Services. As the peak body, VAADA has a role to play in facilitating sector-wide involvement with the implementation of the four year strategy.

Many agencies have already expressed their interest in contributing to the Blueprint's implementation and this funding will provide VAADA with the necessary resources to work with agencies to meet some of the requirements of the Blueprint. More importantly, VAADA will work proactively with agencies to capitalise on the various sector development opportunities





DATE	EVENT
May 21	Workshop for AOD workers on the frontline Alcohol and violence project: Responding to clients impacted by alcohol-related violence, an integrated approach Are you interested in the relationship between alcohol use and violence and its impact on your clients? What about tailored strategies you can use to respond? The Victorian Alcohol and Drug Association in collaboration with Odyssey House and UnitingCare Moreland Hall is running a one-day workshop on this issue. To be held at Latrobe Community Health Service 81-83 Buckley Street, Morwell. Cost \$50 RSVP by 19 May For more information or to register go to www.vaada.org.au or contact Chris McDonnell. Ph. 9416 0899 Email cmcdonnell@vaada.org.au
May 26	Workshop for AOD workers on the frontline Alcohol and violence project: Responding to clients impacted by alcohol-related violence, an integrated approach Are you interested in the relationship between alcohol use and violence and its impact on your clients? What about tailored strategies you can use to respond? The Victorian Alcohol and Drug Association in collaboration with Odyssey House and UnitingCare Moreland Hall is running a one-day workshop on this issue. To be held at 26 May UnitingCare Ballarat (Peart Wing) 103 Lydiard Street South, Ballarat. Cost: \$50. RSVP by 22 May. For more information or to register go to www.vaada.org.au or contact Chris McDonnell. Ph. 9416 0899 Email cmcdonnell@vaada.org.au
Advance Notice May 27 - 28	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. For more information contact Education & Training Manager janet@reconnexion.org.au /phone 03 9886 9400.
June 12	Workshop for AOD workers on the frontline Alcohol and violence project: Responding to clients impacted by alcohol-related violence, an integrated approach Are you interested in the relationship between alcohol use and violence and its impact on your clients? What about tailored strategies you can use to respond? The Victorian Alcohol and Drug Association in collaboration with Odyssey House and UnitingCare Moreland Hall is running a one-day workshop on this issue. Colac Area Health, - Otway Blue Room, 2-28 Connor St, Colac. Cost: \$50.RSVP by 16 June. For more information or to register go to www.vaada.org.au or contact Chris McDonnell Ph. 9416 0899 Email cmcdonnell@vaada.org.au

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Analysis of real spending increases, adjusted for inflation and population growth is:

DEPARTMENTAL OUTPUT AREA	2008/09 Target	2009/10 Target	Real Effective Change ¹
Drug Services	123.9	127.5	-.7%
Drug Prevention and control	22.5	24.1	3.36%
Drug treatment and rehab	101.4	103.4	-1.6%

References: Collins, J. & Lapsley, H. (2008). *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05*, Canberra: Commonwealth of Australia.

VCOSS (5 May 2009). 'Decent Spending in Tough Times', *Media Release*: Melbourne: VCOSS.

(Footnotes)

¹ Real spending increases figures have been calculated by the Victorian Council of Social Services.

February 09

State budget analysis

Forensic DTS

Staffing changes at VAADA

New amphetamine strategy

VAADA funding

Tough times take a toll on AOD investment

We had been warned that spending in the 2009/10 budget would be wound back and this was certainly the case for Drugs Services. VAADA was disappointed with the limited investment in AOD services in this year's state budget, at a time when the government has declared its commitment to building a strong safety net by bolstering a range of social supports for vulnerable Victorians.

In their study of the costs of drug abuse in Australia, Collins & Lapsley (2008) estimated the total social costs of drug abuse in 2004/05 at \$55.1 billion. Alcohol accounted for \$15.3 billion and illicit drugs for \$8.2 billion (Collins & Lapsley 2008). Yet investment in AOD services including prevention and drug treatment has dropped in real terms in the recent state budget. According to figures calculated by the Victorian Council of Social Services (VCOSS), overall funding to DHS Drugs Services has dropped by .7% in the 2009/10 Budget. A total of \$103.4 million was allocated to drug treatment and rehabilitation, which amounts to an overall funding decrease of -1.6% when adjusted for inflation and population growth estimates. Drug prevention and control strategies fared better receiving an overall increase of 3.36% with the \$24.1 million budget allocation.

VAADA's pre-budget submission recommended a broad range of measures to enhance the capacity of the AOD sector. These included recommendations for ongoing investment in capital infrastructure, improved data collection systems, funding formulas and methods for counting wait times.

We also sought further investment in innovative training delivery methods that provide access for AOD workers in rural and regional Victoria as well as funding to review the current pharmacotherapy system, commission research and pilot alternative pharmacotherapy models. Many of these recommendations flowed directly from the sector through our budget consultation process.

While some of these issues will be considered as part of the implementation and roll-out of the Blueprint, this will occur in the absence of additional financial resources.

With parts of the service system already under significant financial strain, this year's budget allocation adds to the challenges facing agencies as they strive to meet community demand and to continue to offer a full range of services. As philanthropic and charity coffers dry up, opportunities for additional revenue raising look grim. Investment from government now would boost the capacity of AOD services to support vulnerable Victorians and their families through these difficult financial times.

However, a much welcome lift has been delivered to wider community sector services with the State Government's recent announcement of annual indexation for funded community services to 3.14% for three years. These funds will go some way to helping a number of services with immediate funding pressures and to ensure funding keeps pace with costs over time. Also welcome is the recent funding provided to VAADA to assist the sector with the implementation of the AOD Blueprint. Significant issues related to unit costing, workforce development and sector capacity building persist and many agencies will continue to face significant challenges in subsidising their programs and services.

The Victorian Government has invested only a modest amount in AOD services in recent years with a drop of investment in the 2009/10 Budget. Despite this, the sector continues to provide treatment and support to many Victorians with AOD problems. Services also continue to work with Government on the development and implementation of a range of policy and programs. VAADA will continue to advocate on behalf of the sector over the coming year.

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