



State Budget Submission 2009/10

VAADA Vision

A Victorian community in which the harms associated with drug use are reduced and general health and well being is promoted.

VAADA Objectives

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

October 2008

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The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.

VAADA's consultation process

As the peak body on alcohol and other drug issues in Victoria, VAADA has undertaken consultation with the Victorian AOD sector to determine their views on priorities as we move into the 2009/10 financial year. Feedback from the sector has been integrated into our final submission.

VAADA would like to acknowledge that this submission is based on a diverse range of opinions and we extend our thanks to those VAADA members as well as the VAADA Board who have generously given of their time during the development of the submission.

Some comments may not reflect the individual opinions of all those who have generously provided input into VAADA's response. In order that the Victorian Government obtain a clear and faithful view of sectoral responses to the consultation paper, VAADA has represented differences in opinion among the Victorian AOD sector to the greatest extent possible. However, the final analysis in this submission represents the views of VAADA.

Overview

The Alcohol and Other Drugs (AOD) service sector operates in an environment that is complex, multi-dimensional and continuously changing. The past decade in particular, has seen changes in the nature of drug use and client demand and also in subsequent policy and program responses (Victorian Government 2008, p.7).

Each year in the lead up to the Victorian state budget, VAADA prepares a summary of the key challenges facing the AOD sector. As we move towards the 2009/10 financial year, the 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 and poorly remunerated.

This submission focuses on the specific challenges facing Department of Human Services (DHS) funded drug treatment services. We emphasise that drug treatment services are often overlooked in funding priorities and decision-making and urge the Victorian Government to rectify this situation in the 2009/10 Budget.

VAADA believes that with adequate and appropriate resourcing of the Victorian drug treatment system, we can build capacity within and across agencies to ensure that the system provides responsive and inclusive drug treatment to diverse groups and populations.

There is a need to build a system that is both culturally competent and also able to respond to the needs of varying age groups, particularly in light of Australia's ageing population. As the baby boomer generation moves into the older age groups there will be implications for Victoria's health system and AOD sector. Figures released by the Australian Bureau of Statistics (ABS) show that between 1995-2004 the population aged 40-64 years increased at the fastest rate while population growth was highest among those aged 65 years and over between 1987-1993 and again from 2005 onwards (ABS 2007). Currently in Victoria, no AOD services exist that specifically target older people and there is a significant absence of treatment options to cater for the needs of older persons. This issue is a significant one and must be built into our service planning for the future. Investment which aims to strengthen and provide for future growth of the AOD sector, including an ageing clientele, will reap considerable benefits to individuals, their families and the broader Victorian community.

Re-prioritising government spending

The Victorian Government has invested only a modest amount in the public AOD drug treatment system in recent years, accounting for 0.9 per cent of the DHS budget of \$13,101.7 million in 2008/09. Drug treatment services received \$123.9 million in the 2008/09 budget amounting to a 6.1% variation on 2007/08 (\$116.8million). The real effective change accounting for inflation (3%) and population growth (1.5%), translates to an increase of only 1.47%. VAADA believes that a 1.47% funding increase is not sufficient to ensure services are able to cover wages growth, meet operating costs and keep pace with demand.

Despite the relatively small investment, drug treatment remains a cost-effective means of preventing and reducing alcohol and drug-related harm in the community (Cartwright 2000; 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). 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

(Cartwright 2000; Flynn et al 1999; Reuter & Pollack 2005; Rowe 2008). Allocation of budget dollars across the drug treatment sector will provide longer-term savings to the Victorian Government.

Recent government investment suggests a trend towards prioritising prevention and law enforcement initiatives over and above drug treatment. The package of measures announced under the *Victorian Alcohol Action Plan (2008-2013)* provides an example. VAADA is very supportive of the Government's focus on alcohol and addressing alcohol-related harm, yet is concerned that there is a heavy investment in policing and licensing initiatives including \$18.7 million over 4 years to strengthen controls on the sale and marketing of alcohol of which \$17.6 million is to be directed to the establishment of a Liquor Licensing Compliance Directorate. By comparison, \$2.5 million is to be invested over 4 years in the establishment of a medium-intensity community based rehabilitation model with an additional \$1.8 million over 4 years for family therapeutic interventions.

There has also been major spending on prisons in recent times as pointed out by the Victorian Council of Social Service (VCOSS) in their 2009/10 Budget submission :

Rather than focusing on tackling the complex causes of offending such as substance abuse, mental illness and homelessness, the 2008-09 Budget provided \$600 million towards new prison beds and a record police budget despite a continuing decrease in crime and the failure of the prison system to prevent re-offending (VCOSS 2008, p.112).

VAADA recognises that there is a high correlation between drug misuse and crime with disproportionate numbers of prison entrants reporting alcohol and drug misuse in their recent past. In addition to the high rates of alcohol and drug use among prisoners (research has found that as many as 78.8% of offenders in custody had used illicit drugs in the six months prior to their prison term), there are also high rates of co-occurring mental health and substance use problems among prisoners (National Drug Strategy 2008).

Research undertaken by the Australian Institute of Criminology indicates that offenders who report being addicted to drug and/or alcohol also report high levels of criminal activity and are more likely to attribute their recent offending to their drug use (Payne & Makkai 2003). It has been estimated that between 41% and 70% of violent crimes are committed under the influence of alcohol (National Drug Strategy 2008).

Each year, governments across Australia spend between \$50,000 and \$73,000 for each offender in custody (National Drug Strategy 2008). This money could be better invested in community programs and supports to prevent offending in the first instance. This includes drug treatment services.

We endorse the views of VCOSS in this area and similarly argue that funding needs to be re-prioritised as a matter of urgency to reverse this trend. We call on the government to direct funding to programs that engage with Victorians who are misusing alcohol and other drugs to prevent offending and reduce re-offending. This includes investment in drug treatment programs and services that can offer support and assistance to people before they move into the criminal justice system.

Recommendations

VAADA asks that the Government strengthen the alcohol and drug treatment system to better meet the needs of people who use alcohol and drugs problematically. In particular, we make the following recommendations:

1. VAADA recommends that the Victorian Government commit to a significant funding increase to the alcohol and drug treatment system in the 2009/10 Budget. Any budgetary increase should take into account inflation and population growth estimates and seek to address the issues of unmet community demand for AOD services.
2. VAADA recommends that the Victorian Government establish an improved method of collecting data on waiting times at agencies across the state and establish a mechanism for providing regular feedback to the sector on wait times.
3. VAADA recommends that the Victorian Government provide ongoing capital infrastructure support as part of agencies core funding. In addition, the Victorian Government should make a pool of funds available to all AOD services (on an application basis) to undertake special projects and capital works.
4. VAADA recommends that the Victorian Government invest in the further development of flexible funding models to allow services to respond to emerging and changing clients needs.
5. VAADA recommends that the Victorian Government, at a minimum, apply a 4.2% index for all funding and service agreements with AOD funded agencies and programs across State Government.
6. VAADA recommends that the Victorian Government explore options for improving the current funding model (including possible alternative funding models) to capture the breadth of activity undertaken by AOD services given the limitations of the current output-driven model. The review would involve extensive consultation with AOD services and their peak body, VAADA.
7. VAADA recommends that the Victorian Government provide additional resources to VAADA to work with the Department of Human Services to 'identify options for improving data collection, reporting and performance measures and improving data capabilities for service planning and development' as outlined in the Blueprint discussion paper.
8. VAADA recommends that the Victorian Government provide funding to ensure AOD workers have access to required training at MQS level.
9. VAADA recommends that the Victorian Government provide funding to support AOD workers to pursue qualifications beyond the MQS in a relevant field.

10. VAADA recommends that the Victorian Government further invest in innovative training delivery modes that provide access for AOD workers in rural and remote regions.
11. VAADA recommends that the Victorian Government provide funding for the provision of clinical supervision across the AOD field. This should include opportunities for independent and external supervision.
12. VAADA recommends that the Victorian Government provide financial resources to AOD agencies to achieve the service development outcomes expected under *Key Directions*. This includes funding to support partnership arrangements; implementation of new screening processes, staff training; and consumer and carer involvement in service planning, development and review.
13. VAADA recommends that the Victorian Government resource and fund VAADA to provide project support and assist with the coordinated implementation of major Government initiatives being implemented across the AOD sector.
14. VAADA recommends that the Victorian Government commit to an immediate review of the Forensic Drug Treatment System and the current funding model associated with forensic service delivery.
15. VAADA recommends that the Victorian Government immediately move to extend the subsidisation of opioid maintenance programs from those under the age of 18 and those subject to Juvenile Justice Orders to all financially vulnerable clients (i.e. those with health care cards).
16. VAADA recommends that the Victorian Government commit to an independent and timelined review of Victoria's pharmacotherapy system. The review should involve consultation with the AOD sector and VAADA.
17. VAADA recommends that the Victorian Government commission research and pilot alternative pharmacotherapy models in addition to the current GP prescriber model.

The Policy context

The Victorian Government's Social Policy Agenda, *A Fairer Victoria*, highlights the Government's commitment to improving outcomes for people with alcohol and drug problems by improving access to vital services; strengthening assistance for disadvantaged groups and places; reducing barriers to opportunity and ensuring that people get the help they need at the time they need assistance (Victorian Government 2007, p.6). Timeliness of service provision is particularly relevant to the AOD service system and for people experiencing problems with their alcohol and/or other drug use.

Within this context, the Victorian Government has committed to the establishment of a new Blueprint for AOD services which will provide a framework for AOD service delivery over the coming years. While the Blueprint had not been released at the time of writing this submission, the earlier Blueprint discussion paper outlines a vision for Victorian AOD services which seeks:

To ensure Victorians with alcohol and other drug issues have access to appropriate, timely, effective and quality alcohol and other drug (AOD) treatment services and interventions to reduce the harms caused to individuals, families and communities. The Blueprint that emerges from the discussion paper aims to achieve a Victorian drug treatment system that is client centred, accessible, and focused on quality in the provision of services, one that promotes prevention and early intervention and builds partnerships and linkages to improve outcomes for clients' (Victorian Government 2007, p.7).

This Blueprint discussion paper sets an ambitious agenda and one which has been put forward on an ill-conceived assumption of cost-neutrality. The discussion paper states very clearly, 'improvements proposed within this discussion paper are to be achieved within existing resources' (Victorian Government 2007, p.5).

VAADA awaits the release of the final Blueprint with both interest and concern. We are eager to see the final document and the future directions and priorities for the sector contained therein. VAADA and the sector contributed to the development of a new Blueprint in good faith and gave considerable time, energy and resources to the consultation process across 2006-07. We have now been waiting almost 18 months for the release of the final document.

Therefore, this pre-budget submission is provided in the absence of an overarching policy framework for the AOD service system and we note that the Blueprint will almost certainly carry with it significant financial implications for the sector. This is despite the Government's view that any changes to the AOD service system resulting from the Blueprint will be cost neutral. VAADA therefore urges the Government to consider the issues outlined in this submission as part of the 2009/10 Budget process.

VAADA calls for a commitment from Victorian Government to ongoing investment in the AOD sector so that the needs of Victorian's with alcohol and other drug problems can be met now and into the future.

AOD Sector development & sustainability

A key issue for alcohol and drug services is the continued growth and sustainability of the sector. Continued and significant investment in AOD services during 2009/10 is of vital importance to support growth. VAADA believes that increased funding is necessary to support alcohol and drug agencies to cater for the needs of illicit drug users as well as those people who are misusing alcohol and other licit substances such as pharmaceutical drugs.

We believe that a relatively modest financial investment will reap considerable benefits including significant longer-term cost savings in avoided health-care costs but also reduced mortality and morbidity as well as reductions in drug-related crime and violence.

System capacity

Issues of availability, proximity and timeliness need to be addressed to ensure equity of access to AOD services across Victoria, particularly in outer urban growth corridors and across rural and regional parts of Victoria. Put simply, to be effective AOD services need to be available *when* and *where* people need them.

In 2006-07 for example, Victorian drug treatment agencies provided 48,668 closed treatment episodes with alcohol remaining the principal drug of concern in 42% of these episodes (AIHW 2008). Yet, it is currently estimated that the number of Victorians receiving treatment for alcohol problems accounts for only around 3-6 per cent of problematic alcohol users (Victorian Government 2008, p.21).¹ These figures suggest that a large proportion of people with alcohol problems are either unwilling or unable to access treatment.

In a major review of the Victorian Drug Treatment System in 2003, Ritter and colleagues undertook a detailed examination of potential unmet across within the Victorian AOD sector. The report indicated that there is a moderate to large shortfall in the number of clients with alcohol problems served through the Victorian specialist drug treatment sector. In 2003, between 142,000 and 351,000 Victorians were estimated to be using alcohol at risky or high-risk levels, yet only about 9,100 Victorian received treatment for alcohol-related problems (Ritter et al 2003, p.16).

The Salvation Army, a major provider of drug treatment services across the state, has long held the view that:

...the AOD sector is under-capacity by about 50%, having arrived at this conclusion by an analysis of unmet demand at the intake and assessment processes across the nineteen separate Salvation Army AOD services in Victoria...*An under-capacity treatment sector builds double inefficiencies into the system.* After a client has accessed an element of the service system, particularly a withdrawal service, he/she is likely to drop out of the service system because the next stage is not available. Upon re-entry to the service system he/she will then have to repeat the element that has already been completed (Salvation Army 2007) (VAADA emphasis).

¹ It should be noted that a proportion of people will not seek any treatment for their drug or alcohol use or may seek assistance outside of the public treatment system.

Waiting times data – an indicator of unmet need?

While it is difficult to measure unmet need for AOD services across Victoria (see for example discussion pertaining to measuring unmet need in Ritter et al 2003), VAADA believes that data on service waiting times can provide an indication of some of the existing pressure points. Waiting times data may also serve as a marker of potential unmet need.

VAADA has been running a monthly wait-times survey since April 2008. Each month we distribute the survey to DHS funded drug treatment services to gather information on service wait times. Despite limitations of collected data, such as a small sample size and variable recording and counting methods across agencies, the data collected does indicate that there are significant waiting times for AOD services across the state.

Our data is in contrast to that presented in the 2008/09 State Budget paper No. 3 which indicates that clients waited an average of 6 working days for access to residential-based drug treatment and only one working day for access to community-based drug treatment. Rather, our data suggests that wait times vary from as few as one or two days through to several months, depending on the type of service accessed. Perhaps not surprisingly, our data indicates waiting times are longest for residential rehabilitation, family rehabilitation, specialist pharmacotherapy and AOD supported accommodation.

VAADA's research suggests that people who seek treatment for their drug and alcohol use are often unable to access services in a timely manner. Individuals who are motivated to address their drug and alcohol problems can find themselves placed on a waiting list for weeks or sometimes months. Demand for publicly funded AOD programs far outstrips capacity.

Recommendations:

VAADA recommends that the Victorian Government commit to a significant funding increase to the alcohol and drug treatment system in the 2009/10 Budget. Any budgetary increase should take into account inflation and population growth estimates and seek to address the issues of unmet community demand for AOD services.

VAADA recommends that the Victorian Government establish an improved method of collecting data on waiting times at agencies across the state and establish a mechanism for providing regular feedback to the sector on wait times.

Ongoing infrastructure and capital investment

Limited funding for infrastructure and capital works reduces the capacity of services to provide safe and attractive working environments for staff, clients and visitors. Under the *Victorian Alcohol and Drug Quality Framework* DHS has noted that 'ensuring staff and client safety is a critical component of daily clinical practice across the sector, from withdrawal settings, to outreach and needle & syringe programs and counselling services' (Victorian Government 2008, p.9).

We commend that State Government for the recent investment to allow capital work to be undertaken across the AOD sector. This injection of resources has allowed a number of agencies to upgrade IT and software, undertake work on building and other capital works. However, there is a need for continued investment in infrastructure and capital investment to ensure services can maintain and upgrade buildings and other organisational infrastructure as required.

Recommendation:

VAADA recommends that the Victorian Government provide ongoing capital infrastructure support as part of agencies core funding. In addition, the Victorian Government should make a pool of funds available to all AOD services (on an application basis) to undertake special projects and capital works.

Funding models & data collection

Many agencies continue to raise concerns about the utility of the current Episode of Care (EOC) as a unit of measure for service activity, client success, and a determinant of funding.

Current concerns with the EOC include:

- the degree to which a model that was developed over 10 years ago² can adequately capture the diversity and complexity of work undertaken by the current drug treatment system;
- consistency of application of EOC and what constitutes an episode (or significant treatment goal);
- complexity of clients across different service settings;
- Issues related to target-setting and unit-costing.

Agencies report that the model does not capture the spectrum of activity undertaken in working with clients to address their drug and alcohol problems. The enormity of this issue became apparent during VAADA's *Regional Voices* consultations in 2006. At that time, agencies argued that the EOC model was inconsistently defined, inflexible, and increasingly inadequate as a measure of client success. The Department of Human Services (DHS) acknowledged these issues in the AOD sector blueprint discussion paper in 2006:

There are also tensions between measuring outcomes for the client and recording effort and activity undertaken by services when working with clients. Current Episode of Care targets are often cited by agencies as an impediment to service innovation and partnership...Some agencies argue that focusing treatment efforts solely on behaviour change designed to achieve therapeutic goals of preventing, ceasing or reducing problematic substance use will make the achievement of episodes of care more challenging, if the parallel efforts to engage clients in other issues relevant to their harmful substance use are not recognised in performance efforts (Victorian Government 2007, p.31).

These issues remain unresolved. Agencies continue to raise concerns about the EOC and stress that a discrepancy exists between the *actual* work that they do and the way data is *captured* and *reflected* via the EOC. VAADA is eager to see some resolution of these issues that have negatively impacted on the sector for a number of years.

Moreover, the multiple treatment needs for AOD clients with complex issues – including clients with acquired brain injury, co-occurring mental health and/or medical conditions, older client groups, polydrug users, and clients experiencing family violence – requires a level of

² The 2003 *Episode of Care Review* undertaken by the Drugs Policy and Services Branch resulted in some changes to the EOC model including the introduction of Significant Treatment Goal Attachments (STGAs) in 2003 but the EOC continues as the primary measure for client outcomes.

resources and time that is not adequately reflected or captured within existing data collection and funding models.

Clients with multiple needs are likely to have a range of social and health issues that require attention, many of which need to be addressed before a client's drug and alcohol use can expect to be improved. There may be a hierarchy of need which includes housing, food, and addressing social isolation and exclusion. VAADA believes one way in which we can improve responses to clients with multiple needs is to develop flexible funding models to allow services to respond to emerging needs and trends.

VAADA believes the 'complexity' of particular clients, is at least in part, caused by the system itself with inflexible service delivery models, multiple reporting mechanisms and requirements, limited integration with interfacing service systems and demand for services that outstrips capacity. VAADA believes the 2009/10 Budget provides an opportunity to address some of the long-standing 'system' issues affecting AOD services.

VAADA calls for a funding model that will assist rather than detract from good work and practice. We also argue that there is a need for a review of the EOC. The Victorian AOD sector needs a funding model that reflects the full cost of service delivery, allows agencies to respond to emerging needs and trends and adequately captures the work undertaken by AOD services.

Price Indexation

VAADA agrees with the comments and recommendations pertaining to Price Indexation as outlined in the budget submission of Victorian Council of Social Services (VCOSS). They note that 'adequate price indexation for funding provided by the Government for the delivery of community service is essential to ensure that the value of the funding keeps pace with costs' (VCOSS 2008, p40). VAADA reiterates this point and their recommendation that an NGO Price Index of 4.2 per cent be applied to all funding agreements between the government and community service organisations. This should include AOD agencies.

Recommendations:

VAADA recommends that the Victorian Government invest in the further development of flexible funding models to allow services to respond to emerging and changing clients needs.

VAADA recommends that the Victorian Government, at a minimum, apply a 4.2% index for all funding and service agreements with AOD funded agencies and programs across State Government.

VAADA recommends that the Victorian Government explore options for improving the current funding model (including possible alternative funding models) to capture the breadth of activity undertaken by AOD services given the limitations of the current output-driven model. The review would involve extensive consultation with AOD services and their peak body, VAADA.

We note the Government's intention to '...work with VAADA to identify options for improving data collection, reporting and performance measures and improving data capabilities for service planning and development' (Victorian Government 2007, p.31). With the imminent release of the Blueprint, we are eager to see if this commitment remains in the final policy

framework. If so, VAADA will require funding to positively participate and contribute to the process:

Recommendation:

VAADA recommends that the Victorian Government provide additional resources to VAADA to work with the Department of Human Services to 'identify options for improving data collection, reporting and performance measures and improving data capabilities for service planning and development' as outlined in the Blueprint discussion paper.

Workforce development

Many of the workforce development issues raised by VAADA in our 2008/09 submission remain pertinent as we move towards the 2009/10 financial year.

VAADA has welcomed previous government investment in a range of workforce development initiatives such as the Minimum Qualification Strategy (MQS) and other training investments including the roll-out of the clinical supervision training program of recent years. We also welcome the development of 'a refreshed' workforce development strategy for 2006-10 (Victorian Government 2007). We are supportive of the concept of building workforce capacity around the three strategic areas that have been identified by the Department of Human Services, namely, supportive environments, workforce capacity and future capacity (Victorian Government 2007).

We believe that continuing to build a competent, capable and effective AOD workforce is vital to the future sustainability of the sector.

There is a need to continue to invest in workforce development across the sector including increased financial support to utilise technology and other innovative methods of training delivery such as distance training, online training, and practice-based learning and training. There is also a need to invest in the ongoing professionalization of the workforce by moving beyond the MQS where appropriate and providing opportunities for clinical supervision, both within and external to agencies.

Recruitment and retention of adequately qualified staff

AOD agencies continue to report that it is difficult to *recruit* and *retain* appropriately qualified staff. Remuneration rates are relatively low – even compared to remuneration rates in other community sectors.

Low remuneration rates contribute to a high rate of staff turnover, and as agencies are not funded to compensate for the high turnover rate, they must shift resources from other areas to attract and train new staff. Additionally, employers in the AOD sector repeatedly comment that there are significant problems attracting staff to work in an area such as AOD. The AOD field is often perceived a low status career choice with limited opportunities for ongoing professional development and limited career pathways.

Training needs of AOD professionals

AOD workers are presented with a number of training and professional development challenges due to:

- The client-centered approach of working in the AOD sector;
- The evolving nature of treatment modalities;
- Changes in patterns of problematic substance use; and
- Developments in the evidence base around effective treatment³

Recent research indicates that AOD workers are particularly interested in future training opportunities that address:

- Dual Diagnosis;
- Advanced Counselling;
- Families;
- Pharmacotherapies; and
- Dealing with Aggression and ABI (Turning Point Alcohol and Drug Centre 2008).

Moving beyond the minimum qualification

The recent AOD qualifications review undertaken by Turning Point Alcohol & Drug Centre demonstrates that the sector has made enormous progress towards achieving MQS. Over half of the AOD workforce now hold an AOD specific qualification (Certificate IV or above). This figure has grown dramatically from only 8% in 2002 and up from 24% in 2006 (Turning Point 2008). Seventy per cent of the 492 participants currently meet the minimum qualification strategy requirements. The current MQS level of Certificate IV was supported by 78%. It is also important to note that 67% of participants indicated an interest in pursuing qualifications beyond the MQS. It is essential the Victorian Government continue its commitment to support the development of a broad range of competencies and skills at MQS level and above. Continued investment in AOD workforce development and training helps build a highly-skilled and competent workforce.

Clinical Supervision

Clinical Supervision, especially in the early years of practice, is widely accepted as being important for professional development and to ensure optimal client outcomes (Bambling, 2003). It is also acknowledged as an important key lifelong learning activity for many in the health care setting (Mc Mahon, 2006). The relevance of Clinical Supervision to workforce development and as a quality control/improvement measure is acknowledged in many sectors including the AOD sector (NSW Health 2006; Kavanagh et al 2002). Recent Turning Point research indicates that Clinical Supervision is not routinely provided to sector staff. Almost 45% indicated that they never or rarely receive clinical supervision.

Professional development opportunities within isolated, rural and/or small agencies.

Rural and regional based services because of size and distance have particular and special workforce development needs. These relate to issues such as clinical supervision, cost of attending training in Melbourne and back-fill of staff.

³ These themes emerged from VAADA *Regional Voices* consultation in 2006.

It is imperative that these agencies be better supported systemically and financially so that they and their communities can also benefit from training and a range of professional development opportunities.

Recommendations:

VAADA recommends that the Victorian Government provide funding to ensure AOD workers have access to required training at MQS level.

VAADA recommends that the Victorian Government provide funding to support AOD workers to pursue qualifications beyond the MQS in a relevant field.

VAADA recommends that the Victorian Government further invest in innovative training delivery modes that provide access for AOD workers in rural and remote regions.

VAADA recommends that the Victorian Government provide funding for the provision of clinical supervision across the AOD field. This should include opportunities for independent and external supervision.

Resourcing major government initiatives

The rollout of Government strategies (particularly those focused on different drug types or populations of users) invariably requires agencies to shift resources, fine tune policies and procedures and often train the workforce in a new area or set of skills. A recent example is the implementation of the *Dual Diagnosis: Key directions and priorities for service development* (Victorian Government 2007b). Under *Key Directions* the Department of Human Services has identified dual diagnosis as 'core business' within Victorian AOD and mental health services. Few would dispute the need to build capacity across both service systems in order to respond to people who are dually diagnosed, however, making dual diagnosis 'core business' will not be a straightforward or simple task.

The initiative requires significant change to everyday practice and will require specialist training of staff, implementation of new screening processes, creation of referral pathways and the establishment of formal partnerships as well as engagement of consumers and carers and changes to data collection and monitoring processes. All of this is to be achieved in the absence of additional resources and financial investment.

VAADA supports the Victorian Government's commitment to improving responses to people with co-occurring AOD and Mental Health issues; however the implementation requires flexibility and resourcing to assist agencies to meet the service development outcomes. VAADA consulted the sector in September 2008 and found some serious misgivings about how to move forward and implement the significant changes required under *Key Directions* without financial support and resourcing. Issues of relevance to this submission include questions about pay parity and what reward will be provided to AOD workers who undertake extra training. Agencies are also concerned that significant work already undertaken including improved data collection; collaborative meetings and partnership building as well as policy and procedural development has not been recognised financially.

Each of the service development outcomes carry with them financial costs for AOD services. Agencies are very concerned about the financial implications of establishing and strengthening mechanisms/processes for consumer, carer and family involvement in the

planning, review and ongoing development of services and the education and training of staff. Specific funding will be required to support participation of consumers and carers who cannot be expected to volunteer their time to agencies to assist with service planning and development.

Responding to dual diagnosis in a meaningful and appropriate way will be a time consuming process and will require significant commitment from AOD services that are already stretched as well as ongoing support and resourcing from the State Government.

Recommendation:

VAADA recommends that the Victorian Government provide financial resources to AOD agencies to achieve the service development outcomes expected under *Key Directions*. This includes funding to support partnership arrangements; implementation of new screening processes, staff training, and consumer and carer involvement in service planning, development and review.

Resourcing quality improvement

The Quality Framework for AOD services (released April 2008) also carries with it financial costs. The requirements and quality standards outlined in the framework, while generally welcomed by VAADA, will require financial support in order to build capacity.

In the absence of additional investment, the sector cannot be expected to 'develop a culture of continuous quality improvement' (Victorian Government 2008b, p.25). The thirteen requirements contained within the Quality Framework cover a broad range of quality issues including the need for consumer participation, responding to diversity, evidence-based practice, ensuring continuity of care, embedding a culture of continuous quality improvement, quality accreditation of services and a range of governance, policy and procedural issues.

Both of these examples raise a broader issue of capacity building within the AOD sector and the need to provide support to AOD services as they implement new Government policies and initiatives. VAADA is well-placed to provide support to agencies and to build capacity across services on a range of issues. Initiatives such as the *Key Directions* require coordinated support in order to build capacity within the sector.

Recommendations:

VAADA recommends that the Victorian Government resource and fund VAADA to provide project support and assist with the coordinated implementation of major Government initiatives across the AOD sector.

Forensic Drug Treatment System

VAADA is concerned about the continued viability of the current forensic services system. The system at a minimum is in need of significant review. In VAADA's opinion, it requires substantially increased resources to address serious financial concerns impacting on a large number Victorian AOD services. The scope of the problem is serious and requires immediate attention from Government.

A growing number of AOD agencies would argue that the cost of providing forensic drug treatment services is unsustainable and an immediate review of funding levels is required across all treatment types. Agencies have expressed concern that the current funding model

(which is now almost 10 years old) does not incorporate a range of administrative and infrastructure costs associated with forensic service delivery. This includes items such as rent, leave entitlements and vehicle costs to name but a few.

The forensic drug treatment system has developed into a highly complex and specialised system with its own clinical and administrative requirements that are complex and changing. Indeed, the Blueprint discussion paper notes that 'demand for the drug treatment services brokered by the Community Offenders Advice and Treatment Services (COATS) has continued to increase as the range of initiatives developed and implemented has been enhanced' (DHS 2007, p.48). Yet a growing number of agencies would argue that while demand has increased, the system has not kept pace with this demand.

Recommendation:

VAADA recommends that the Victorian Government commit to an immediate review of the Forensic Drug Treatment System and the current funding model associated with forensic service delivery.

Pharmacotherapies

Evidence shows that opioid maintenance treatment is 'one of the most successful treatment interventions for problematic and/or dependent illicit opioid users' (Rowe 2008, p.1) yet it remains difficult to access and difficult to maintain due to cost.

Shortage of prescribers and dispensers

As of June 2006, a total of 459 pharmacies throughout Victoria participated in the program, representing nearly 40% of all pharmacies in Victoria (Rowe 2008).

However, the difficulties in collecting dispensing fees is a major disincentive to pharmacists' involvement and retention in pharmacotherapy programs (Rowe 2008). VAADA believes the current system is fragile and the loss of one prescriber or dispenser can have devastating consequences within a local area as evidenced in Fitzroy when a local pharmacy withdrew their services:

One example occurred in late 2005 when the Fitzroy branch of pharmacy chain *My Chemist* closed its program. This was one of a few pharmacies dispensing pharmacotherapies for opioid dependent clients in the immediate area – leaving prescribers and service agencies desperately attempting to relocate 80-100 clients. The reason for the closure was the inability to justify providing pharmacotherapies given the associated costs (Rowe 2008, p.56).

Despite the State Government's commitment to training 70 new prescribers during 2008/09 (Victorian Government 2008), this will not necessarily translate to an additional 70 GPs prescribing pharmacotherapies. Unfortunately, not all GPs who undertake training will go on to prescribe and of those that do, there is great variation in the number of clients they will accommodate. Some GPs may be prescribing to only a few clients. The problem of access to prescribers is even more pronounced in rural and regional parts of Victoria.⁴

⁴ Many agencies reported the scarcity of prescribers and dispensers as a significant problem in VAADA's regional voices consultations in 2006.

Some of the limitations of the Victorian pharmacotherapy system were outlined by Matthew Frei at the *From Hospital to Community Forum* co-hosted by VAADA and VAILA on the 22nd July 2008. They include:

- Difficulty in recruiting new prescribers
- Succession planning for existing prescribers
- Skewed distribution of prescribers
- Limited addiction medicine specialist support (Frei 2008).

A number of the issues outlined by Dr Frei have also been raised by VAADA's membership, including:

- There simply are too few dispensers of pharmacotherapies in Victoria. The scarcity of pharmacotherapy dispensers affects clients as pharmacotherapy dispensers tend to be concentrated in certain areas, with clients in other areas – particularly rural and outer metro areas. Potential clients living in these areas are often dissuaded from taking up treatment because of transportation and time issues.
- The scarcity of pharmacotherapy dispensers also presents serious workforce issues for AOD service providers, as dispensers become overloaded with clients. This exacerbates low levels of recruitment, as the high workloads of dispensers discourage other GPs and pharmacists from dispensing.
- Clients on pharmacotherapies are often on lower incomes or in receipt of Centrelink payments. Dispensing fees for pharmacotherapies can therefore represent a significant proportion of clients' income, making pharmacotherapies effectively unaffordable for some clients.
- Clients may drop out of pharmacotherapy programs for a number of reasons. Currently, there is no provision for continuity of care for Victorians who drop out of pharmacotherapy programs, and so these clients may fail to re-access treatment (VAADA 2007).

Impact of dispensing fees

A recent report released in July 2008 *A Raw Deal? Impact on the Health Consumers relative to the cost of pharmacotherapy* examined the impact of dispensing fees on pharmacotherapy clients and demonstrates that the costs of subsidising dispensing fees would be easily outweighed by the savings to Commonwealth, State and Territory Governments. The report recommends that:

As an emergency interim measure, the Victorian Government immediately move to extend the subsidisation of opioid maintenance programs from those under the age of 18 and those subject to Juvenile Justice Orders to *all* financially vulnerable clients (i.e. those with health care cards) (Rowe 2008, p.2).

The Pharmaceutical Society of Victoria has similarly proposed that the Victorian Government subsidise dispensing fees to encourage retention of clients in pharmacotherapy treatment (Rowe 2008).

VAADA agrees with the recommendation contained in *A Raw Deal? Impact on the Health of Consumers Relative to the Cost of Pharmacotherapy*.

Recommendation:

VAADA recommends that the Victorian Government immediately move to extend the subsidisation of opioid maintenance programs from those under the age of 18 and those subject to Juvenile Justice Orders to all financially vulnerable clients (i.e. those with health care cards)

Furthermore, government planning for the future delivery of pharmacotherapies needs to be prioritised given the problems identified with the current system. VAADA understands that a review of Victoria's pharmacotherapy system is imminent however VAADA is not aware of the parameters of the review or the process for any consultation with drug treatment services as part of the review.

Recommendation:

VAADA recommends that the Victorian Government commit to an independent and time lined review of Victoria's pharmacotherapy system. The review should involve consultation with the AOD sector and VAADA.

Specialist Pharmacotherapy

VAADA is also concerned about specialist pharmacotherapy services in Victoria. Specialist pharmacotherapy supports some of the most vulnerable clients within the pharmacotherapy system including clients who are dually diagnosed, pregnant clients and people on very high doses of pharmacotherapies. In 2005/06, specialist pharmacotherapy accounted for approximately 2% the state government's investment of funding in drug treatment (Victorian Government 2007).

There may be a need for further investment in specialist pharmacotherapy to support those clients with multiple and complex needs.

Extension of the current pharmacotherapy system could see a range of positive social outcomes including a reduction in drug-related crime; reduced imprisonment rates; reduced drug diversion and improved health and social outcomes for drug using individuals. Indeed research has found that the longer a person remains in pharmacotherapy treatment, the better the outcomes for the individual and the broader community (Rowe 2008).

VAADA believes that one way to reduce some of the current pressures within the system could be to explore a range of additional models for the delivery of pharmacotherapies.

Recommendation:

VAADA recommends that the Victorian Government commission research and pilot alternative pharmacotherapy models in addition to the current GP prescriber model.

Extension of Needle & Syringe Programs

VAADA welcomes the recent government announcement that the 24-hour needle syringe program in St Kilda has been refunded until June 2010. Our members continue to report that there is a broader need for 24-hour access to NSPs across Victoria. Recent research has found that ‘...syringe dispensing machines and mobile vans are promising modalities of NSPS, which can make services more accessible to the target group and in particular to the harder-to-reach and higher-risk groups’ of injecting drug users’ (Islam & Conigrave 2007).

Vending machines have been trialled with success in a number of Australian jurisdictions including New South Wales, Queensland, the Australian Capital Territory, and Western Australia. The final report of the ACT syringe vending trial concluded that the trial had gone well and been accepted by the community (Hughes 2008).

VAADA believes that there may be a need to investigate a range of options to improve access to sterile injecting equipment after-hours including the option of trialling syringe vending machines across Victoria where access remains limited after business hours, on weekends and on public holidays.

Concluding remarks

This submission has provided a broad overview of the investment needs of AOD services in the 2009/10 financial year. While there have been some considerable gains for AOD agencies in recent years, services continue to operate in a system that is comparatively under-resourced. Current funding to drug treatment accounts for 0.9 per cent of the total human services budget despite evidence that drug treatment provides considerable longer-term savings to government’s via avoided health care costs, crime and violence as well as a range of positive social outcomes (Cartwright 2000; Flynn et al 1999; VAADA 2002). Further research is needed to develop mechanisms to measure the multiple social and economic outcomes of drug treatment services.

VAADA requests that the Government consider the recommendations contained within this submission as part of the 2009/10 Budget process. We urge the Victorian Government to continue its commitment to reducing the harm associated with alcohol and other drugs by considering the issues outlined in this submission. A well resourced AOD sector is vital if we are to respond to the enormous challenges posed by alcohol and drug use in the Victorian community.

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