



December 2016

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Time to reflect

As another busy year for the AOD sector comes to a close, it's a good time to reflect on our collective achievements and plan for what lies ahead.

Despite some ongoing issues associated with sector reform, most services settled back into a productive and effective routine in 2016, making a difference to thousands of Victorian lives. Crystal methamphetamine appears to have overtaken alcohol as the primary presenting issue, and service integration became a key focus as we continued to experience increasing complexity in presentations, service delivery and stakeholder expectations.

While AOD treatment providers supported holistic client recovery, VAADA remained mindful of the additional expectations being placed on our workforce to better respond to family violence, children and parenting, mental health, justice, and housing issues. VAADA received feedback about workforce difficulties associated with staff retention, training, recruitment and remuneration, and we remained committed to advocating for adequate funding models.

As the peak body for the Victorian AOD sector, VAADA was central in identifying multiple system challenges, whilst contributing to new solutions and facilitating opportunities for cross sector collaboration. For example, VAADA's Data Integrity Project provided input into the evolving data capture system. It also confirmed current inconsistencies across service providers in their reporting of funded activities, and that performance monitoring should take this into consideration. Likewise, VAADA's forensic issues paper has provided valuable input into the government's current review of forensic AOD work.

Looking ahead into 2017, decisions relating to the ASPEX's recommendations appear imminent. VAADA hopes that any changes will improve the accessibility and flexibility of the system for service users, without losing local data and coordination gains that have arisen from sector reforms. With State government accountability requirements set to increase in 2017, we are likely to see higher levels of performance management, accreditation, and measurement of outcomes. Although positive developments, VAADA will stay alert to any unintended consequences.

Early in 2017, we expect to hear about the future composition of both NGOTGP and SMSDGF streams of Commonwealth funding. These would have a significant impact on Victorian service delivery if removed. VAADA will also be watching the funding allocations related to The National Ice Strategy, as a number of positive opportunities emerge through the PHNs. These new resources are welcomed and should help to meet the needs of many targeted populations. However, the tight submission timelines and diverse commissioning frameworks have provided several challenges, especially for state-wide services operating across multiple PHN regions.

Seminal pieces of work such as the Royal Commission into Family Violence are also set to take centre stage across the broader human services sector in 2017. VAADA will continue to meet with government and training providers to support the necessary training and sector development requirements. It is important that the sector continue working together, highlighting the significant contribution we make to the community. Furthermore, we must continue to prosecute the case that a therapeutic approach to many community problems is far more effective than a punitive one.

The direction of VAADA relies heavily on the ideas of its membership and the perspectives that its Board brings. Consequently, I would like to express our gratitude to outgoing Board Directors Cheryl Sobczyk and Sharon O'Reilly for their significant contribution to VAADA over many years. In turn, we welcome Alan Murnane to the role.

The work of the AOD sector is incredibly important, but it can be exhausting. I hope that staff who are taking leave over Christmas and the New Year are able to spend some time with those they love, and practice some self-care.

Lastly, I'm looking forward to the VAADA conference in February next year, which is shaping up to be a stellar event. I hope to see you all there!

Stefan Gruenert
Chair, VAADA

Farewell 2016... Santa's gifts for the new year

As we enter the festive season it is a good time to reflect on the past year's achievements and look to the year ahead. The Victorian AOD treatment system has been through a huge transition brought about by sector reform and consolidation, and some degree of stabilisation. The workforce continues to drive ahead with client work, and agencies strive to address new and emerging needs as well as smooth the remaining rough edges impacting client access to and the efficiency of our system.

The rate of work is unrelenting and the multiple layers of demand are increasingly apparent. If one is to take stock of the range of immediate and future issues we get an insight into the complexity of our world in the AOD sector. I think it is important to consider a number of the issues that will occupy us as a sector in 2017. To start off with a golden oldie, there is a need to address a range of recommendations sitting within the ASPEX review of September 2015. At this stage, it appears that some change may possibly be imminent in relation to the Intake and Assessment system. One way or another, this issue will persist into 2017.

Another key area of activity relates to the implementation of recommendations from the Royal Commission into Family Violence, and revised legislation seeking to protect vulnerable children. Proposed changes to information sharing with regard to child safety, as well as a number of recommendations flowing from the Royal Commission, will likely impact on AOD services and the way they interact with other authorities and sectors. Sector capacity issues need to be considered as do workforce development and training. On another front, the re-development of the forensic treatment system as it comes to terms with burgeoning numbers of people in the Corrections and Justice arena will require a big effort and investment going forward if we are to get this system right and fulfil the potential of our work in this space. For a number of years VAADA has been listening to the sector and its concerns about broad system design and functionality which we highlighted in a discussion paper in June. The time has now come to ensure that these issues are addressed.

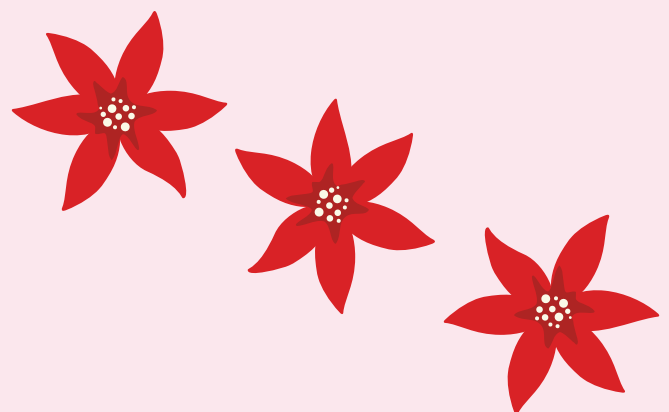
Within the realm of broad welfare system issues, we along with other services will be hearing a lot more about 'Performance Frameworks', 'Outcomes', payment systems, data, evidence informed practice, competencies, capabilities and integration of services. Of course none of these words

are new, but the time of applying the theory into practice appears to be getting closer. Other issues leading into 2017 include the wave of law and order reforms in the juvenile justice area. While I give due recognition to the complexity of dealing with some of the issues the government has sought to deal with arising from recent riots and violence in the Juvenile Justice system, I remain perplexed that some of the simplistic legislative reforms and prison based solutions have been determined as a reasonable solution. These knee jerk punitive solutions offer little in addressing the myriad complexities evident with many of these people. Applying such an approach system-wide with more law and order will only make the issues more difficult in the future.

Elsewhere in this newsletter you will find an overview of some research VAADA has undertaken on how our services address data collection issues and the obvious need for some investment in both hardware and sector capacity to do this better. Sarah Jackson of the Alcohol Policy Coalition (APC) in her article gives an overview of the APC response to the review of Liquor Control Reform Act, and we also draw your attention to the forthcoming VAADA Biennial AOD Sector Conference on 16-17 February 2017.

Lastly I would like to pass on my gratitude and thanks to the many agencies, staff, colleagues and stakeholders that myself and VAADA have engaged with over the past year and to wish you all a great Christmas and season's greetings and the hope that in 2017 we again meet and engage in our ongoing and unfinished work.

Sam Biondo
CEO



VAADA data project

In September 2016, VAADA undertook a survey of AOD agencies on the recording and reporting of AOD treatment data. The survey was undertaken in response to enquiries from AOD service providers regarding the complexity in defining and recording activity across treatment types against Drug Treatment Activity Units (DTAUs) in the adult non-residential treatment system. AOD services had also raised concerns at the June CEO and Managers' meeting about the variability in the way data is being recorded.

The survey responses were then discussed with a working group to test and refine the issues. Key findings from the project are as follows:

- There is significant variability in the way AOD services are recording data in the absence of clear guidelines and Business Rules being developed by the DHHS;
- The multiple IT systems and data platforms in use across AOD agencies is contributing to variability in the way data is recorded. Overlaying and adding to the complexity of the issue is the use of different platforms for forensic AOD treatment and the introduction of supplementary spreadsheets when AOD services were recommissioned in 2014.
- Some data collection systems have greater sophistication and capability than others which limits what some AOD agencies can capture in their data collection
- The complexity of the activity-based funding model ie. Drug Treatment Activity Units (DTAUs) is taking considerable time to interpret and manage and has added additional administrative burden to recording of data
- A 'course of treatment' needs to be clearly defined for each treatment type
- There is variability within and across agencies in how 'direct' and 'indirect' work is defined for various treatment types
- There is also variability in how, if it all, indirect work is recorded in various data systems

The survey responses showed that a substantial amount of clinical work is being undertaken that is not captured in data collection systems and is not reported to DHHS.

VAADA made a number of recommendations to the DHHS following the completion of the project, including:

- Consideration of issues arising from this project in the development of a new AOD data system
- Collaborate with the AOD sector to develop Business Rules for the recording of data to ensure consistency in the way data is recorded and collected across the state. They should include:
 - o Definitions of what constitutes a 'course of treatment' for each treatment type
 - o Guidance around when to 're-episode' a client and re-classify a client's 'complexity status' to ensure integrity in the way 'complex clients' are tracked through the system.
- Adoption of a coordinated approach to various projects currently underway in relation to AOD data including integrating the findings of this work into the redevelopment of an AOD data collection system and linking data projects to a broader discussion about outcomes and the development of the performance management framework.
- Discussion of outcomes with the AOD sector to determine how we move towards a system of measuring client outcomes.
 - o including a number of additional data items to allow greater capture of the work undertaken in a course of treatment, including: allowing Brief Interventions and Bridging Support to be recorded by all AOD agencies not just Intake & Assessment Providers; adding secondary consultation as an additional separate data item; capturing Did-Not-Attends and, importantly, capturing indirect client work

VAADA also emphasised that consistent data collection is required before the Department of Health and Human Services use data as a measure of performance. VAADA therefore also recommended a non-punitive approach to reviewing individual agency-level data until greater clarity and consistency has been achieved.

For further information please contact Chantel Churchus at VAADA.



Introducing Livesofsubstance.org

A new website presenting personal stories of alcohol and other drug addiction, dependence or habit

In 2014 Curtin University's Social Studies of Addiction Concepts (SSAC) research team began work on an innovative project that would underpin Australia's first dedicated website presenting carefully researched personal stories of alcohol or other drug addiction, dependence or habit – www.livesofsubstance.org. The website's aim is to generate and present much-needed new insights into the range of experiences that make up life for people with drug use experiences of this kind. How do people manage this aspect of their lives? How do they cope with the stigma associated with addiction? What challenges do they face and how do they cope and thrive? In addressing these questions, Livesofsubstance.org offers new perspectives on people often dismissed or stigmatised as dysfunctional, dangerous or sick.

Drawing on in-depth qualitative interviews, the website presents detailed life stories of people who consider themselves to have an addiction, dependence or drug habit. Also presented are key themes found in the interviews:

- How alcohol and other drug use fits into everyday life
- Coping with stigma and discrimination
- Looking after health and well-being
- Seeking help or initiating change

And much more. These themes are presented using video re-enactments, original audio recordings and written extracts from the interviews. Planned and designed with the help of a large national advisory panel, Livesofsubstance.org aims to support people who take drugs, inform the public about their many different life experiences, and act as an information and training resource for professionals.

Alcohol Policy Coalition – *Liquor Control Reform Act 1998*

In March the Royal Commission into Family Violence recommended that the Victorian Government ensure that the terms of reference for the review of the Liquor Control Reform Act 1998 (the Act) consider family violence and alcohol-related harms. The review of the Act has now opened.

The Alcohol Policy Coalition's (APC) submission to the review will highlight the range of alcohol harms affecting Victorians, such as assault, domestic violence, dependency, road crashes, and child maltreatment.

The APC will also highlight the proliferation of liquor outlets in Victoria over the past three decades, and the dramatic increase in alcohol harms over this period.

The APC will refer to evidence linking alcohol availability (in terms of liquor outlet density and trading hours) with harms, including violence, family violence and health problems. In particular it will emphasise the strong evidence linking packaged liquor licences (e.g. bottle shops) in an area with rates of family violence over time

The submission will call for the Government to introduce a range of licensing reforms to better regulate the availability, supply and promotion of alcohol in Victoria, making the case

that this would have considerable effect on reducing alcohol harms, including family violence.

Key recommendations will include the following:

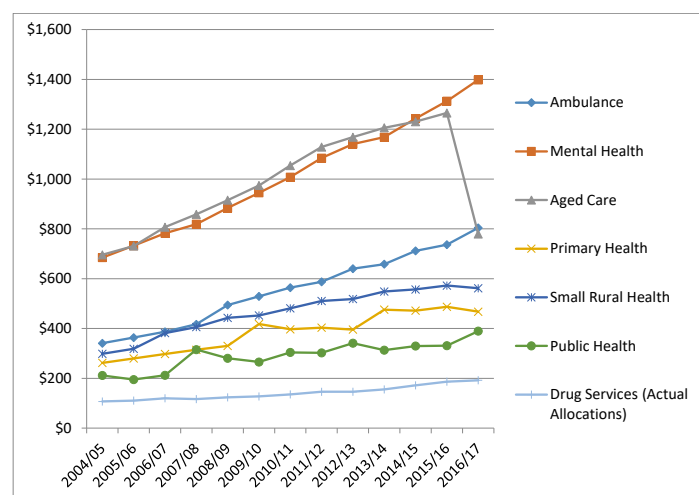
- 1.** Reverse the onus of proof in licence applications, and require applicants to show that licences will not contribute to harm and will be in the public interest. This would help to change the current weighting of the system in favour of licence applicants, which results in almost all applications being granted. It would also ensure that harms caused by alcohol are given more weight in licensing decisions.
- 2.** Broaden the grounds for members of the public and local councils to object to licence applications to better allow community engagement in decisions.
- 3.** Create a power for the Minister to designate 'alcohol harm' or saturation zones where there is a high level of alcohol supply or harm in an area. This would prevent the grant of further liquor licences in the area, or require licences to be subject to conditions such as reduced trading hours.
- 4.** Require bottle shops to finish trading at 10pm, and pubs, bars and clubs to finish trading at 2am.

VAADA state budget submission – 2017/18

The VAADA 2017/18 state budget submission, reflecting on the outcomes from the VAADA 2016/17 Sector Priorities survey, identified funding, access and workforce as the key thematic challenges facing the sector at this time. These themes provided the foundation for the development of the state budget submission and the items contained therein. To provide further guidance, VAADA was gratefully supported by a sector working group who advised on the development of this submission.

This submission highlights, what has been an enduring challenge, the chronic lack of funding allocated to the sector, which is exemplified when considered in light of other state funded health sectors:

Output funding (health) 2004/05 – 2016/17 (in \$millions)



Specifically, the VAADA 2017/18 state budget submission recommends the following:

- The provision of funding to support the implementation of ASPEX , including the resourcing of any changes to Intake and Assessment as well as the support to enhance AOD data systems;
- To increase the capacity of Victoria’s residential rehabilitation services to a level commensurate with the rest of Australia through the implementation of a plan which will involve, over a five year period, the development of approximately 300 new beds;
- To address the burgeoning AOD demand in Victoria’s growth corridors in light rapid population growth;

- To increase rural and regional AOD treatment capacity reflecting on service gaps identified in catchment planning;
- The provision of a specialist AOD treatment outreach service to address unmet need among older people experiencing dependency;
- To enhance pathways into AOD treatment for currently underserved CALD community members through the employment of bicultural workers;
- Additional resourcing to provide for necessary workforce development and training;
- To enhance the AOD sector’s response to dual diagnosis, through additional Addiction Psychiatry capacity at DACAS as well as increased dual diagnosis specific residential rehabilitation capacity; and
- The establishment of an innovation fund to test and implement new and innovative treatment approaches.

VAADA again appreciates the assistance of the subcommittee overseeing this endeavour, consisting of Geoff Soma, Sally Mitchell and Steve Bright, as well as the sectors contribution more broadly, through the VAADA Annual Priorities Survey.



VAADA conference 2017 - Complexity, Collaboration, Consumers and Care

With only 9 weeks to go before the VAADA conference, now is the time to register at conference.vaada.org.au/registration

We have extended the early bird rates until Friday 20 January 2017, as we know how busy December can get! Still, you will need to get in quick or you may miss out.

The conference program is soon to be released as we have worked through a huge amount of high quality abstracts. Needless to say, in light of the high quality, it has been very difficult for the Conference Reference Committee and VAADA staff to finalise the abstracts and we truly appreciate the efforts of all who have submitted.

The program is shaping up to cover a wide range of key areas within AOD including at risk groups, family and peer programs, pharmacotherapy and a range of policy areas. Treatment innovations, harm reduction, justice, media and system related content is also included.

We are also pleased announce that we have secured the following keynote speakers:

- **Ms Jill Gallagher AO**, is confirmed as a keynote speaker for the 2017 VAADA conference. Ms Gallagher is a Gunditjmara woman from Western Victoria who has worked within, led and advocated for the Victorian Aboriginal community all her life and for close to two decades, she has been the CEO of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). In 2010 Ms Gallagher was inducted in the Victorian Honour Roll of Women and in 2013, she was awarded an Order of Australia in recognition of her strong and effective leadership in Aboriginal health.
- **Dr Vanessa Caldwell**, is also confirmed as a keynote speaker. Vanessa has worked in the addiction sector for more than 23 years as a psychologist and service manager in residential and outpatient addiction services in the Wellington (NZ) area. Prior to joining Matua Ra i to lead the methamphetamine initiatives, Vanessa was Executive Director of Instep, a national behavioural healthcare company that assists organisations to respond to mental health and addiction issues in their workplaces.

- Other keynotes will be announced via the conference website

We are very pleased to be having such remarkable individuals present at our conference

While confirmation letters have been emailed out, please contact James on conference@vaada.org.au if you have are uncertain on the status of your abstract.

For more information, go to: conference.vaada.org.au

For registration go to: conference.vaada.org.au/registration

See you at the conference!



VAADA Conference
16 - 17 February 2017

Victorian Alcohol & Drug Association

211 Victoria Pde, Collingwood 3066
Ph: (03) 9412 5600 Fax: (03) 9416 2085
vaada@vaada.org.au, www.vaada.org.au
ISSN: 1835-8284 (Print) ISSN: 1835-8292 (Online)