VAADA Vision

A Victorian community in which alcohol and other drug (AOD)-related harms are reduced and well-being is promoted to support people to reach their potential.

VAADA Objectives

VAADA leads AOD policy, workforce development, and public discussion across membership, related sectors and the community to prevent and reduce AOD harms in Victoria.

What we heard – Summary Report from the AOD Sector Consultation on the Development of the Statewide Wellbeing Plan

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Background

The Mental Health and Wellbeing Promotion Office in its task to develop a Statewide Wellbeing Strategy, following the recommendation from Victoria's Mental Health Royal Commission, sought submissions from various communities.

The Victorian Alcohol and Drug Association (VAADA) conducted a 2 hour consultation with 28 representatives of the Victorian alcohol and drug Sector in an attempt to highlight the specific wellbeing needs of those who use substances within our community.

The session was facilitated based on the questions outlined in the Community engagement toolkit prepared by the Mental Health and Wellbeing Promotion Office. Feedback was provided via the survey link and the following section provides a summary of key themes from this consultation.

A note on language:

A note on language: The following document uses the term 'people who use substances'. Through the use of this term, we acknowledge that the experience of substance use for people is on a spectrum that ranges from occasional use to dependent substance use. Further to this, the harms of substance use also range from minimal to severe. It is also acknowledged that family, friends and community members can be adversely impacted by an individual's substance use. Understanding this use of language and distinctions along these spectrums will enable the development of a wellbeing strategy for all.

The WHY – Why is wellbeing important to people who use substances and what does 'wellbeing' look like for people who use substances?

Connection and engagement

Participants strongly reflected a sense of connection as being core to wellbeing for people who use substances. This included connection to self, community and people. Linked to a sense of connection, participants also identified a sense of 'meaningful engagement' in an individual's life of choice as key to wellbeing.

Freedom to be themselves, societal acceptance and freedom from prosecution

The issues of shame and stigma were central in terms of barriers to wellbeing for individuals who use substances, therefore the freedom from all elements of stigma and shame and the systems and culture that enables it is essential to all who use substances, and those impacted by someone's substance use, sense of wellbeing. The issue of drug laws was specifically noted as a barrier to wellbeing for people who use substances.

Cultural Safety

Connected to the freedom to be oneself without negative outcomes, participants reflected cultural safety as a significant factor in an individual's wellbeing. It is important to note the need for both the AOD service system and the community to be supportive of cultural diversity. Whilst there is growing acknowledgement of the need for culturally specific services for those of Aboriginal descent, there is a significant need for cultural sensitivity to be embedded within mainstream services. The need for cultural safety is also strongly linked to the need for connection and engagement, acknowledging that connection to culture can be integral to healing.

Access to high quality care, treatment and support that is reflective of the social determinants of health and inclusive of the needs of families separate from the person who uses drugs.

Easy access to options for support and/or treatment, wherever an individual is and irrespective of age and circumstances was considered a key ingredient to wellbeing. Challenges to access that are potentially reflective of stigma promote disconnection, cause further disability and psychosocial issues and entrench an individual's difficulties. The inclusion and need for focus on family support and intervention were also specifically noted. Addressing gaps in a range of biopsychosocial factors identified as risk factors for the development of substance use issues requires prioritization within the strategy. Issues such as housing instability, poverty, family violence, trauma and intergenerational family difficulty were all noted as factors that impede wellbeing. Too often substance use is perceived as a problem that requires 'fixing' and this culture detracts attention from the functionality of substance use for people experiencing social disadvantage and/or difficulty. Resourcing strategies that target the identified risk factors will subsequently reduce the need for individuals to find ways of managing difficult situations, limiting reliance on substances and alleviating some of the barriers to wellbeing for people who are experiencing substance dependence.

It is also important to acknowledge the multi-directional relationship between other biopsychosocial issues and substance use. For individuals who use substances, freedom from these 'extra' difficulties significantly enables wellbeing.

The WHAT – What needs to change and what currently works?

Health promotion and early intervention focus, particularly in groups with high vulnerability

The need to intervene early to prevent harm from substance use and enable wellbeing to be optimized was identified as an area that required greater investment. As well as resourcing service systems and early intervention in areas connected to social determinants of health, enhancing the skills of these allied workforces to identify the risk of substance use harm is essential. Harm from substance use rarely occurs in isolation from other compounding factors. Enabling all systems of care to screen and assess substance use risk, particularly in populations with high vulnerability to harm, can have multiple benefits. From an individual perspective, for example, a young person within the out-of-home care system could be provided with screening for problematic substance use and provided with psychoeducation and support within that system supported by the AOD specialist sector. From a systems level, ensuring there is a base level understanding of a harm reduction framework will enable improved referral pathways and inter-sector collaboration and reduce the severity of AOD harm amongst individuals accessing any health and welfare service. Lastly, at a societal level, the ability for greater capacity for early intervention and harm reduction within other sectors can reduce stigma through increased literacy within the wider community on substance use.

A shift to collaborative leadership with funders, policymakers, researchers and lived experience experts

The creation of a wellbeing plan will be optimized by a shift in collaborative leadership away from funding bodies as sole determinants of change to an inclusive collective style of leadership. This approach is essential in light of the multiple, bi-directional and cross-sectoral factors that can influence one's wellbeing. Many participants have been involved in collaborative activities and have a first-hand experience of the benefits of shared and collective leadership, purpose and delivery.

Greater focus on cross-sector collaborative service system design and delivery which places the AOD sector as partners rather than providers.

Similar to the above point, it was reflected that the limited involvement across all systems of the AOD sector was a barrier to ensuring the wellbeing of people who use substances. As reflected by Recommendation 35 of the Mental Health Royal Commission, the provision of integrated mental health and AOD treatment is the gold standard. To achieve the vision of the Royal Commission, however, the AOD sector needs to be an equal partner in meeting this goal. Good cross-sector collaborative service design and delivery require equal partnership across the spectrum of leadership, design, delivery and review. Enabling the AOD sector to be partners rather than providers will enable meaningful, sustainable, collaborative relationships and implementation of integrated treatment across all mental health and wellbeing and AOD services. The consequences of this will enhance outcomes for individuals and their families, build bridges over gaps between systems and strengthen the response to this common purpose.

Funding and strategy that provides an AOD service system that can deliver a spectrum of responses across early intervention, prevention, treatment, harm reduction, health promotion and culture change that is timely and easy to access for all.

The system and infrastructure of the current AOD service system were highlighted as significant barriers to wellbeing for those with substance use issues. Participants highlighted the below sub-themes within these broad challenges as follows:

Access: Difficult access to AOD treatment due to long waiting lists, difficulty navigating the entry to the system (including different processes in different program areas) and workforce shortages (specifically in community-based pharmacotherapy programs). Discrimination was also cited as a factor impacting the wellbeing of certain consumer cohorts. Individuals who have had a history of perpetrating family violence or other violent offences (and not court-ordered) or mental health issues that were considered high risk are often unable to access some services within the AOD treatment system. Further to this, these same groups can be discriminated against as a result of their substance use within the service system, particularly in their presentations.

Choice: As a result of limitations to AOD treatment access, choice was often not afforded to individuals that are seeking support. This limitation has a particular impact on the culturally diverse and those from rural and regional communities who may be forced to compromise on the style and location of their treatment to get treatment. Despite the harm reduction focus of the AOD sector, many service systems outside of AOD favour an abstinence model of care. Some necessary support services are therefore denied for people who continue to use substances. As reflected earlier, the sense of wellbeing is often reliant on the freedom to be the person one chooses to be and not to be penalized for being unable to maintain abstinence, especially if they are struggling with recovery from substance dependence. Enforcing abstinence approaches is in direct opposition to this essential ingredient of wellbeing for some people who use substances.

Funding: A continual challenge with the current AOD service system relates to funding. Both in terms of adequacy and the systems involved in funding. Without sufficient funding across these different branches of prevention, health promotion, early intervention and treatment issues relating to access and freedom of choice will continue to occur. Participants also highlighted the need to consider this spectrum as one 'system' rather than individual and disparate programs. Invariably within the AOD sector, despite the siloed funding streams, the workforce is united in its efforts to support those who use substances and their families and supporters. This unification is a prime environment for the appropriate allocation of funding as a system rather than placing the different areas in competition for the same cause. It should be noted that in previous years the AOD treatment sector was provided funding to deliver community education and health promotion activities. Arguably, this connection between treatment provision and harm reduction and prevention activities strengthened the system of care and allowed us to break down some barriers to wellbeing for everyone collectively.

Review of AOD-related policy and laws

Contact with the justice system is a significant barrier to the achievement of wellbeing for people who use substances. The criminalization of drug use within Victoria often compounds the complexity of individuals' lives and inhibits their wellbeing. As explained earlier, it is often not the use of substances that individuals perceive as the main barrier to wellbeing, but the associated psychosocial factors that create the most harm. Not only can interactions with the criminal justice system impede motivation to changes an individual may want to make, it also is in direct opposition to the concept of freedom to be oneself as a core ingredient of wellbeing. Further to this, within Victoria, instances of contact with the justice system can impede wellbeing and connection even when the person is no longer using substances, as criminal records follow the individual for at least 10 years.

Further, some government laws and policies relating to behaviors associated with substance use also act as barriers to wellbeing. For example, management of intoxication, liquor licensing, diversion programs, child protection and treatment access can all factor into an individual's wellbeing. It is important to note that for some of these policies, the impact on other members of the communities' wellbeing is also affected (i.e. children, first responders, health workforce, families etc.) and therefore a balanced and collaborative approach is required when considering these issues.

A statewide stigma strategy and/or focus on culture change

Perhaps underpinning all these barriers is the issue of stigma. Substance use remains a highly stigmatized health issue within Australia. Community attitudes towards substance use are far reaching in terms of influencing an individual's wellbeing. Aside from the obvious issue of marginalization as a result of stigma, the current culture regarding substance use has been shown to reduce help seeking behaviors, embed cycles of hopelessness and worthlessness that drive substance use and significantly influence government policy that further impacts cultural views. We need to prioritise campaigns that are positive towards lifting the barrier of AOD-related stigma to enhance wellbeing. A comprehensive, bi-partisan, cross-portfolio and cross-sector stigma strategy for Victoria could ensure the systemic layers of cultural belief towards individuals who use substances.

The HOW: What enablers are missing?

A focus on human rights, values-based service delivery and social determinants of health to direct any wellbeing plan.

The rights of individuals within society need to be at the center of any wellbeing strategy. The following two human rights principles should continuously be the benchmark for the development of any wellbeing strategy. Ensuring that these tenets are always met in a non-discriminatory, non-compromised and sustainable way will ensure that the wellbeing plan is truly for all.

- Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control
- The right of everyone to the enjoyment of the highest attainable standard of physical and mental health[1]

Shared values and principles of care can also be significant enablers in the development and implementation of the wellbeing plan. Focusing on a principled care system will allow for the plan to be grounded in common goals that can be easily relatable to different people, systems, professions and sectors in the health and wellbeing space.

The enhanced connection between the health promotion, early intervention services system and treatment services system so that wellbeing becomes everyone's business.

As reflected in early consultations on the wellbeing plan, placing the responsibility of achieving wellbeing on all, is core to ensuring success. At present there are multiple gaps between systems of care, early intervention, lived experience perspectives and government. These gaps can result in denial of service and present an obvious risk to ensuring the success of a wellbeing plan. Within the AOD sector alone, many different organisations work individually on common but nuanced issues (E.g. harm reduction, treatment, early intervention and lived experience). Whilst there is a connection between these different branches of the system, there is a lack of strategic unity as a result of the funding, location and purpose, etc. To enable a wellbeing plan to be considered 'core business' by all involved within this wider system, the greater impetus must be generated by the mental health promotion office for connection within and between systems.

[1] https://www.ohchr.org/en/health