vaada news
Victorian Alcohol & Drug Association

September 2016

In this issue

Terrible Two's - Time for action

It is now two years since the recommissioning of the Victoria's new AOD system and 12 months since the ASPEX review into the functioning of the Victorian AOD sector was publically released. The report titled 'Independent Review of New Arrangements for the Delivery of Mental Health Community Support Services and Drug Treatment Services' clearly identified a plethora of shortcomings arising from the re-commissioned AOD Treatment Services and the Community Based Mental Health system. While many of us are aware of the impacts of changes in the mental health area and the associated impact besetting various elements of the community services sectors as the NDIS takes shape, the current VAADA focus is on the continuing systemic challenges confronting the Victorian AOD sector.

It is clear from the ASPEX review and VAADA's broad ranging consultation 'Regional Voices: The impact of AOD sector reform in Victoria' that many key components of the new system are not functioning as intended. The increased focus on marketization of community services has served to further disrupt the AOD sector which was already experiencing challenges. The emergence of the reformed sector has resulted in a level of upheaval which, in some cases, will take years to rebuild. As I observe it, many of the issues have arisen from fundamental design flaws, underinvestment in key components of service delivery such as 'Care and Recovery', and the lag time of system readiness because of adherence to unrealistic recommissioning timelines. Key system areas like 'Intake and Assessment' have, in some regions, posed significant challenges in terms of the intention to streamline access. This area has not only been the focus of the ASPEX review and the VAADA Regional Voices consult but also that of other stakeholders including the judiciary, corrections, general practitioners and community services. The impact of a much more centralised intake system is clearly palpable not just for a number of agencies but for many consumers confronting a more complex and difficult journey through the 'front door' of a system where the door is not always as open as it used to be.

The current system from many accounts is being held together with workarounds and temporary 'fix it' solutions as agencies try desperately to address system shortfalls. Ironically the multiple approaches attempting to make things work have done little to eliminate the prevailing concerns aired in the Victorian Auditor-General's 2011 report 'Managing Drug and Alcohol Prevention and Treatment Services' about a fragmented AOD system. It is imperative that two years on from the date of recommissioning, urgent action be taken to address a raft of ongoing challenges raised by VAADA and others about system dysfunction. Any delay in doing so has dire consequences for those seeking access into publicly available services. The growing human and community wide toll that can arise from this failure to act has many clear consequences which we must all try and avoid. While the issues are significant and complex VAADA will continue its engagement with Government and Department as a means of making the desired progress that we all seek.

This edition of the VAADA Newsletter provides an update on the VAADA 2017 Conference 'Complexity, Collaboration, Consumers and Care' as well as an update on the welcome developments in Hepatitis C treatment. There is also a 'Q&A' with a senior police member on the concerning trends emerging around drink and drug driving.

Finally, I would like to acknowledge the outstanding contribution of Brad Pearce, who in his various roles of Sector Development and Program Manager has recently left VAADA after seven years of concerted commitment. Brad's contribution utilised a technical knowledge of AOD subject matter and a deep understanding of our sector. VAADA will miss Brad but we wish him well in his new AOD related position at the North West PHN.

Sam Biondo

Progress with new hep C treatment

Great progress has been made in a relatively short space of time since the new hepatitis C treatments were made available in March this year.

Data released by the Kirby Institute on 28 July show 22,470 patients in Australia have accessed the treatment since March. It has been reported that the take up has been the highest in Victoria where 13% of the state's 65,760 people with hepatitis C have begun treatment.

While these numbers are very positive, they also highlight the fact that around 55,000 Victorians and over 212,000 Australians living with hepatitis C remain untreated.

The progress to date is due to the wave of already engaged people who have desperately been waiting for the new miracle cures jumping at the chance to access them. However there is a risk that momentum will slow if we don't connect with those living with chronic hepatitis C but who are yet to be diagnosed.

The broader health sector needs to be proactive in developing pathways to treatment for those unengaged and undiagnosed cohorts.

Anyone is eligible for treatment, as long as they have a Medicare card. People who inject drugs (PWID) are no exception. New treatments not only provide a cure, they also help to prevent transmission of hepatitis C to others so engagement with this group and their networks is vital.

We know that one of the biggest roadblocks for PWID is that the critical services they need are hard to access – especially the first access point. Many don't have a GP. So one of the most practical things the AOD workforce can do is find a treatment pathway that will work for their clients, and make sure that they know about it.

The **consensus statement**[1] developed by the Gastroenterological Society of Australia, and other professional organisations also references the "integration of HCV therapy with addiction therapy…as an opportunity to enhance HCV treatment uptake", and "the education and training of clinical staff [in this approach as being]…an important priority".

It should be reinforced that there is a risk of reinfection post treatment should unsafe injecting practices continue, although treatment can be accessed. Alcohol consumption is also an ongoing risk factor for those who have successfully received treatment but are living with liver cancer or ongoing cirrhosis/fibrosis.

Hepatitis Victoria has developed the HEPReady Essentials course to equip workers to have conversations about reducing risk, getting tested and getting treated. A better-informed workforce will enable the better management and care of people living with hepatitis C.

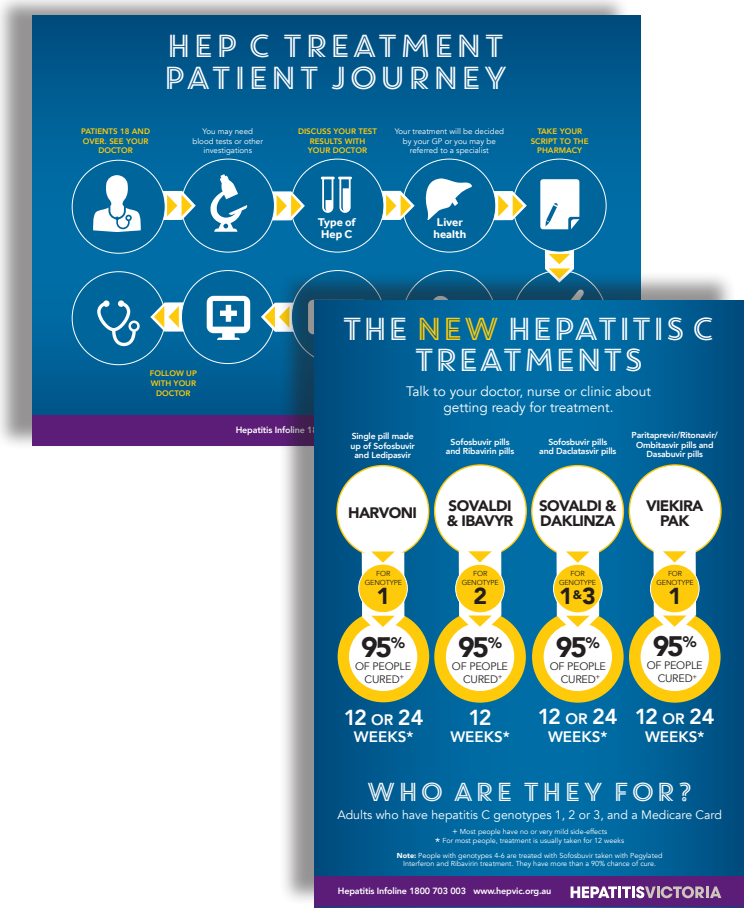
BE FREE FROM HEP C - a community awareness campaign to encourage Victorians living with hepatitis C to seek access to the new treatments - was launched at the end of May. The largely grass roots campaign, including a website, targeted advertising, printed collateral, and intensive social media activity, has encouraged a number of people to seek treatment.

The state government recently launched a specific hepatitis C strategy that aims to increase prevention, testing and access to treatment, and to reduce stigma and discrimination experienced by people living with hepatitis, and to eliminate hepatitis C by 2030.

So while there has been positive progress, we need to keep the foot on the pedal to engage with priority populations and build the capacity of our workforce to respond.

For further information:
www.befreefromhepc.org.au
hrvic.org.au/hepatitis-c/getting-treated-for-hep-c-a-simple-guide/

[1]Refer to section 2.5 "Models of care for PWID and for opiod substitution treatment centres":http://www.gesa.org.au/files/editor_upload/File/PBS%20and%20MBS/Hepatitis%20C%20virus%20infection%20a%20consensus%20statement%202016.pdf



AOD and community legal service co-location

Peninsula Health Alcohol and Other Drug Services will partner with the Peninsula Community Legal Centre to provide the local community with a co-located after hours service commencing on Wednesday 31st August. The Peninsula Community Legal Centre operates a Fines Clinic, and is able to provide free legal advice to community members with a broad range of outstanding fines including tolls, parking offences and public transport fines.

Providing high quality services that are accessible and responsive to the needs of the local community have driven this partnership; through consultation it has been identified that a significant number of the clients presenting to the fines clinic have substance use issues, and conversely, a common theme presented at AOD clinical review has been the overwhelming financial burden that outstanding fines place on our clients.

Peninsula Legal Centre will accept referrals directly from the client as they currently do in the community, however they have established a referral pathway for Peninsula Health to allow our clinicians to make appointments that coincide with their AOD treatment times. The aim of this partnership is to provide clients with the opportunity to address the significant financial and social costs associated with outstanding fines; these include loss of licence, wheel clamping, cancellation of registration and potentially imprisonment.

We are anticipating that the relationship between the services will assist vulnerable and disadvantaged members of our community to address complex issues in the one location.

Mel Thomson
AOD Services Program Manager, Community Health
Peninsula Health

Sector priorities survey 2016/17

The Victorian AOD sector generously took time to respond to VAADA's 2016/17 sector priorities survey during June/July 2016. This survey aimed to collect the views and experiences of the AOD sector on key elements of the sector and AOD related issues in order to assist VAADA in a range of endeavours spanning the next 12 months.

The survey was administered to senior managers within the AOD sector. There were 44 responses, representing agencies across Victoria and responses provide some strong quantitative data and rich qualitative data which will take some time to analyse.

A number of key themes emerged from this survey:

- Demand has increased significantly in the past 12 months with over 60% of all responders noting an increase in client demand and 16% indicating that there had been a decrease in demand. Approximately half of all responders noted an increase in capacity with just over 20% indicating a reduction in capacity.
- A recurrent theme within the survey is the challenge in accessing AOD services in Victoria. This was made evident throughout the responses, and associated with this was extensive commentary on elements of the intake and assessment system with respondents adopting a range of perspectives.
- Responders reflected on funding levels, sources and risks. It was noted by most responders that between 5 – 30% of AOD funding is at risk in the next 12 months, with the associated uncertainty impacting broadly throughout the workforce. Various sources were identified, with some emphasis on Commonwealth funding streams.
- Recruitment and retention of staff were also recurrent issues throughout the survey, associated with funding security and sector stability. There was significant confidence expressed in the skill and competence of the workforce.

The results of this survey are being further analysed and will feed into current endeavours such as VAADA's state budget submission.

VAADA would like to express our appreciation to the sector for taking the time to respond to this survey.

Q&A with Victoria Police on drink/ drug driving in Victoria

There has been much reporting on and growing awareness around drug driving in Victoria. A number of media reports have revealed a high rate of drug driving in Victoria. In 2015, the Victorian Ice Action Plan provided for a significant increase in the number of drug driving tests to be undertaken, from 42,000 to 100,000 per annum.

In light of these developments, VAADA put forward some questions to Victoria Police on the matter. Inspector Boorman, Impaired Driving and Programs Advisor, kindly took the time to respond, which has been published for this newsletter.

1. Can you please provide us with the rate of positive drink drive and drug drive tests (Vic) (targeted and non-targeted)?

Drink drive tests:

- targeted – 1 positive result: 66 tests
- non-targeted – 1 positive result: 550 tests

Drug drive tests:

- targeted – 1 positive result: 10 tests
- non-targeted – 1 positive result: 44 tests

Can you please provide us with the rate of drug drive positive results by drug type (Vic)?

Drug prevalence by type:

- Methamphetamine - 80%
- THC (cannabis) - 37%
- MDMA (ecstasy) - 5%
- More than one of the three drugs present (poly) - 19%

2. Does the current drug testing regime differentiate between low & high level use where drivers who are more severely impaired are detected & subject to higher penalties?

The current drug driving regime in Victoria has two main components. One component is the roadside drug testing of drivers for methamphetamine, THC (cannabis) and MDMA (ecstasy). This is a risk based program. The second component involves the detection of drug impaired drivers using a drug impairment assessment process. Drivers detected driving while impaired by drugs face a higher penalty. The current penalties can be viewed at - www.vicroads.vic.gov.au/safety-and-road-rules/road-rules/penalties/drug-driving-penalties

3. In undertaking a saliva screen is there a possibility of a false positive? If so, is there any available data outlining the number of false positives & cases where the accused has successfully appealed a drug driving conviction on the basis of a false reading?

There is no possibility of a person being wrongly convicted following a positive roadside drug screening test. A roadside screening test is exactly that, a screening test. When a roadside screening test indicates an illicit drug is present, the driver is required to provide a second sample of oral fluid for testing. When the screening of the second sample indicates the presence of an illicit drug, a proton of the second sample is sent for confirmatory analysis by an approved laboratory. If the laboratory analysis confirms the presence of an illicit drug the driver is prosecuted. It is the laboratory analysis that is the basis for the prosecution of the driver not the roadside screening test result. As the laboratory result is the basis of the prosecution there have been no successful appeals on the basis of a false positive test in Victoria.

4. Saliva screening currently detects the presence of cannabis, amphetamines and MDMA. Are there any plans to expand this to other substances (e.g. benzodiazepines &/or prescription opioids)?

The current roadside drug screening devices used by Victoria Police are specific to the detection of THC (cannabis), methamphetamine (speed/ice) and MDMA (ecstasy). Victoria Police is not seeking to change the current roadside testing program at this time.

5. Can you please provide us with trend data (ideally, over the past 10 years) on road mortality and trauma rates for separately drug and alcohol related accidents?

Prevalence of alcohol and illicit drugs in fatally injured drivers and riders in Victoria:

	2010	2011	2012	2013	2014
Alcohol ≥ .05	20%	17%	23%	20%	16%
Illicit Drugs	24%	28%	21%	32%	23%

6. Can you please provide us with data on the recidivism rate for both drink and drug driving (including any trend data for the past 10 years)

Recidivism rates – drink driving is 17% and drug driving is 14%

7. What would you suggest should be done to reduce the rate of drug and drink driving?

The combination of enforcement and education is the most effective way to change behaviour and reduce alcohol and drug related road trauma. Working to encourage potential drink and drug drivers to separate drinking and drug using behaviour from driving will reduce drink and drug driving.

8. What changes, if any, should be made to Victoria's licence restoration process? For example, do you see a need for more targeted responses to drink & drug driver education enabling providers to stream first time & repeat (higher risk) offenders into separate programs?

VicRoads is the responsible authority for the driver licence restoration process and the drink and drug drivers education programs. This question should be referred to VicRoads.

9. Can you please provide us with data (if available) cross-referencing the rate of reoffending for drink & / or drug driving with the number of drivers who have been caught driving while unlicensed

Not available.

10. Are there any capacity issues associated with the doubling of drug drive testing with regard to policing and drug treatment resources?

There are no Victoria Police capacity issues. Comment on the drug treatment resource capacity cannot be made. DHHS is the responsible authority for the drug treatment resources. This question should be referred to the DHHS.

Farewell to Brad Pearce

After seven years of committed and dedicated work as the VAADA Sector Development and Program Manager, Brad Pearce has resigned from VAADA to take up the position of Alcohol and Other Drugs Coordinator, Mental Health, Alcohol and Drug Service Redesign at North West Primary Health Network.

Brad has had a deep commitment to the Victorian AOD treatment sector. He has made a considerable contribution to assist many individuals, networks and agencies seeking advice and support with a plethora of issues, questions and activities. He worked across a broad range of areas spanning Pharmacotherapy, vulnerable children, family violence, mental health and harm reduction. He was instrumental in the establishment of VAADA's sector networks; organised several AOD sector service providers' conferences; facilitated activities during sector reform, and built strong relationships within and across sectors including links with the Aboriginal community, children and families sector, harm reduction services and consumers.

Brad has made an outstanding contribution to the work of VAADA and the broader AOD sector, and leaves a considerable legacy. While he will be missed, we wish all him all the best and look forward to working with him in his new role.

Primary Health Network update

Representatives from the Victorian Primary Health Network (PHN) Alliance presented broadly on the role of PHNs and more specifically on their role as it relates to the AOD sector, at the VAADA CEO Forum held on 19 August 2016.

Recommendations contained within the National Ice Taskforce report resulted in the allocation of $241.5M (nationally) over a four year period to increase access to AOD treatment services. This funding will be disseminated through PHNs, which will undertake regional AOD commissioning, planning and coordination process.

The presentation from the PHN Alliance identified priorities including the need to address the increased demand for access to AOD treatment (including methamphetamine related), as well as to support various regional cross-sectoral approaches to AOD issues and facilitate evidence-based treatment for AOD.

There is an emphasis in promoting linkages with related support sectors, including mental health services and ensure culturally appropriate AOD services are available to Aboriginal and Torres Strait Islander people which link in with broader Aboriginal health services.

It was indicated that the commissioning process is still being developed and that it will be an ongoing process, in part due to the fluid nature of the system to maximise best practice. To this end, there is a need to ensure that there are strong relations between agencies and PHNs.

It was emphasised the all regions are likely different so the expectation is that there will be varying priorities which are responsive to each specific region.

VAADA will keep the sector informed as developments occur.

Calendar

7 OCTOBER

Thinking 'addiction': Social Studies of Addiction Concepts Research Program October Symposium

Monash Faculty of Law and NDRI

Melbourne

Registration: SSAC@curtin.edu.au

11 – 14 OCTOBER

Showing Initiative: AOD responses required to close the gap by 2030

Aboriginal Drug & Alcohol Council SA

Adelaide – SA

Information and registration: http://nidaconference.com.au/

19 OCTOBER

Melbourne Consumers & Carers Forum

Turning Point and Spectrum Consumer and Carer Committee

Fitzroy

Registration: http://www.eventbrite.com.au/o/turning-point-8430074318

25 OCTOBER

VDDI state-wide forum

NEXUS

Parkville

Information: (03) 9231 2083 or nexus@svha.org.au

Registration: https://vddi.eventbrite.com.au

30 OCTOBER – 2 NOVEMBER

APSAD Conference 2016

APSAD

Sydney

Information and registration: https://www.eiseverywhere.com/ehome/apsadconference16/360666/

21 – 23 NOVEMBER

ATCA 2016 gathering "come sit together"

Australian Therapeutic Communities Association

Melbourne

Information and Registration: http://events.atca.com.au/

16 – 17 FEBRUARY 2017

VAADA Conference 2017: complexity, collaboration, consumers and care

VAADA

Melbourne

SAVE the DATE – abstracts now open

Information: http://conference.vaada.org.au/

The VAADA website now hosts an online calendar where events can be uploaded and sighted. To access this free online service, go to www.vaada.org.au/events

VAADA 2017 Conference Update

The **Victorian Alcohol and Drug Association's bi-annual conference** is again quickly approaching. Under the theme **"complexity, collaboration, consumers and care"** hundreds of people from across our sector will be gathering at the Jasper Hotel, 498 Elizabeth Street Melbourne at the start of next year. The conference will be taking place over 2 days (**16 – 17 February 2017**) to take stock, showcase best practice and reflect on strategies which highlight the depth, maturity and competence of the AOD sector in addressing increasing complexity, both with service provision and policy.

Abstract submissions for the conference are open until Monday October 10 and we encourage interested parties to send in submissions. We are accepting submissions on a diverse range of topics from clinical treatment through to cross sectoral collaboration and consumer perspectives. If you are interested in submitting an abstract please fill out the form on the conference website at **http://conference.vaada.org.au/.** The conference is a great opportunity to showcase your work and receive feedback.

Along with submitting abstracts, conference registration is now open and people should likewise register through our website. Payment may either occur via credit card or in special circumstances through paying invoices which are sent upon registration. Because the conference takes place soon into the New Year we strongly encourage people to buy tickets before the end of 2016 and to that end we are offering an early bird special for people who register AND pay by December 16 2016. The conference dinner which is a conference highlight has limited places available so we strongly recommend people book in advance for that.

Finally, as we move closer to the conference, we will have confirmed keynote speakers, the conference agenda (post abstract selections) and so on. Please check back with us regularly through our e-news, social media and the conference website.

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