vaada news
Victorian Alcohol & Drug Association

April 2016

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State initiatives – coming quick and fast

The perpetual cycle of change within the Victorian community services sector and changes derived from reforms within Mental Health and AOD remain front and centre for their possible application across other parts of Victoria's community sector.

There is little doubt that despite the AOD intake and assessment system creating well-recognised problems in the AOD sector this past 18 months, centralised intake mechanisms may remain a lasting feature within the growing 'systems integration' discourse which is taking shape across the Victorian community sector.

In relation to outcomes, the Department of Health and Human Services is currently considering the best way to monitor, measure and manage the performance of funded services in a future system that is more focused on better outcomes for all clients. The Department will shortly be engaging with the sector around the development of an outcomes-focused performance framework. So in coming weeks and months please keep an eye out for opportunities to have input into this complex piece of work.

As a corollary to the 'performance monitoring' and 'outcomes' agenda, within the AOD sector there is currently a renewed focus on the development of data specifications, collection and reporting. Undoubtedly, data will be essential to identify not only what is happening with clients but to also assess performance and outputs. Importantly it will also assess if investments are located in the right place to meet community need.

In this month's newsletter we cover a range of issues arising from the recent State Budget. We are pleased to note that both real time prescription monitoring, an increase in residential beds and expansion of the drug court have been supported with new or increased funding. In addition there has been an allocation to the AOD renewal fund to improve treatment facilities. All these items have been supported by VAADA over recent years.

Issues surrounding the need to develop a response to the large number of pharmaceutical deaths has been of growing concern over many years and while we recognise that a real time prescription monitoring system may not be the silver bullet, it will provide an additional safeguard for some. The introduction of such a system will need to be linked to other community and treatment supports which will be essential for its effective operation.

Elsewhere, we refer to Coroners Court data, which identifies that 2637 individuals have fatally overdosed between 2009 – 2015. This data highlights the alarming contribution from pharmaceuticals to overdose fatalities as well as the increasing contributions from illicit substances. Disturbingly, 2015 saw the death toll rise to 420, up from 387 the previous year.

In this edition, we also consider some of the findings from VAADA's CALD project, briefly reflecting on some strategies for reducing AOD harms within CALD communities while at the same time improving service access. In another article we consider some of the AOD related recommendations arising from The Final Report of Royal Commission into Family Violence. The report clearly highlights the need to enhance capacity of specialist family violence services, as well as interconnected systems, such as mental health and AOD services, in responding to family violence.

Sam Biondo

Overview - service providers conference

VAADA was funded to organise two AOD Services Providers Conferences in the 2015/16 financial year. The second of these events took place on Thursday 14 April 2016 at the Darebin Arts and Entertainment Centre in Preston. The theme for the forum, developed in consultation with the Department of Health and Human Services, was 'Priority Populations'. The agenda for the day sought to explore current issues for the AOD sector, as well as provide opportunities for skills based development for working with key target populations.

The program included an AOD update from Judith Abbott, Director, Drugs, Policy and Services at DHHS; an update from Beth Allen, Assistant Director, Child Protection Unit at DHHS on recent changes to child protection legislation; an update from Moses Abbatangelo on the Change Agent Network; a panel discussion focussing on pharmaceuticals, harms and responses; and a series of afternoon workshops. Topics for the afternoon workshops included working with young people; working with older adults; working with CALD communities; and building relationships with Aboriginal Community Controlled Organisations.

281 people registered to attend the conference, with a diverse range of delegates attending from metro, regional and rural locations, including CEOs, managers, clinical staff and representatives from DHHS. Participants were encouraged to complete an evaluation form at the end of the day, giving them an opportunity to put forward suggestions for future events. 96% of respondents agreed or strongly agreed that the conference was valuable overall and 96% of respondents also agreed that the conference provided them with a good opportunity to network with their colleagues. Overall, the feedback was very positive and seemed to support the ongoing delivery of the event.

An additional feature of the conference was the availability of service provider display tables. 19 agencies participated and had the opportunity to distribute information, resources and promotional material to delegates in attendance. This proved to be an excellent networking opportunity for all involved.

VAADA would like to thank all of the presenters who volunteered their time, as well as members of the AOD sector and other interested parties who attended and contributed to make the day a success.

CALD AOD Project – strategies for reducing AOD harms

In the last project update (December 2015) we reported on the CALD AOD forum – Crossing the Cultural Divide – one of the final activities undertaken during the CALD AOD Project. Now that the project has come to an end we thought this would be a good opportunity to briefly reflect on some strategies for reducing AOD harms within CALD communities while at the same time improving service access.

These strategies were drawn from a thematic analysis of the literature as well as follow-up consultations with AOD and allied health practitioners, bi-cultural workers, CALD community members and other interested parties.

Taking account of the person's ethnicity, cultural identity, pre-migration and settlement experience

If AOD and other mainstream service providers are to accurately gauge service demand, plan and cater for the specific health needs of CALD populations, existing data collection tools need to be reworked. At present, data collection tools used by AOD treatment agencies generally rely on country of birth and preferred language spoken. What is required is a broader data set – also accounting for the person's migration experience (if born overseas), including their year of arrival, reasons for migrating and who they migrated with, as well as how they define for themselves their ethnicity and cultural identity.

Special attention paid to engagement, addressing confidentiality concerns and promoting safety

Building rapport and trust is especially important when working with people from CALD backgrounds, given the shame and stigma associated with AOD use and what is often a reluctance to come forward due to concerns about being identified in the community. Workers are therefore advised to emphasise client-worker confidentiality, client consent, choice and control. Allowing more time for engagement is therefore likely to be required.

For asylum seekers and refugees it is important to be trauma aware, as enquiring about their pre- and post-migration experience may be overwhelming for the client. Workers should therefore proceed with care – drawing on their knowledge of trauma informed models of practice.

Flexible service delivery – tailoring one's approach to match clients' help seeking behaviours

Many people from CALD backgrounds are either unaware of the existence of AOD supports or are reluctant to present for assistance. If this problem is to be addressed, AOD agencies need to tailor their approach accordingly. Examples of suitable measures include:

- Offering to meet with the client and/or their family in a location of their choosing and/or offering drop-in appointments (where possible)
- Being aware of any cultural practices or norms which may challenge the client's decision to cease or control their AOD use. Tailoring one's relapse prevention messages accordingly is strongly advised

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Working in partnership with CALD community leaders, bi-cultural workers and other representatives

In order to meaningfully engage with CALD communities it is necessary to work in partnership. Identifying and seeking support from CALD community leaders, bi-cultural workers and other representatives is essential. This approach demonstrates respect while creating opportunities for seeking community input as well as a sense of community ownership in program design and service delivery.

Examples of useful community engagement activities include:

- Meeting with community representatives using formal and informal networks to raise awareness of available AOD supports while seeking their perspectives on CALD AOD issues
- Attending community events and social gatherings to establish oneself in the community and build trusting relationships
- Recruiting bi-cultural workers to facilitate access and promote culturally appropriate models of service delivery

Here we have briefly outlined a few of the key strategies which emerged during the project. These and other strategies are drawn from a broader and more comprehensive framework in the project's final report – available to download along with other project materials and resources at **www.vaada.org.au/cald-aod-project/**

For more information about the recently completed CALD AOD Project please contact John Quiroga (Project Officer – Sector Development) on jquiroga@vaada.org.au or VAADA directly.

Summary of Final Report of the Royal Commission into Family Violence

The Final Report of Royal Commission into Family Violence 'the Report' was tabled in Parliament on 30 March 2016. The seven volume report contains 227 recommendations detailing a raft of changes and priorities for reform to reduce the risk of family violence and improve responses for those experiencing family violence.

The report clearly highlights the need to enhance capacity of specialist family violence services, as well as interconnected systems, including mental health and alcohol and other drug (AOD) services, to respond to family violence.

A number of recommendations contained within the report are of direct relevance to AOD, including, but not limited to:

- The establishment of specialist family violence advisor positions to be located in major mental health and drug and alcohol services;
- The implementation of the revised Family Violence Risk Assessment and Risk Management Framework and whole-of-workforce training for AOD as one of a number of priority sectors;
- The trial and evaluation of a range of interventions for perpetrators that include the adoption of practice models that build coordinated interventions, including cross-sector workforce development between men's behaviour change, mental health, drug and alcohol and forensic sectors;
- The Victorian Government encourage and facilitate mental health, drug and alcohol family violence service to collaborate by resourcing and promoting shared casework models and ensure that mental health and drug and alcohol services are represented on Risk Assessment and Management Panels and other multi-agency risk management models at the local level;

A number of other recommendations contained within the report may have the potential to impact on the work of AOD services. These include the major reform of establishing Support and Safety Hubs in local communities across the state as well as more general recommendations pertaining to data systems and information sharing and recommendations to increase access to group-based or individual counselling for people who have been affected by family violence, among others.

VAADA has welcomed the Royal Commission's final report and broadly supports the recommendations contained therein, but notes any additional demands on the AOD workforce must recognise the complex and specialist work AOD services already do to reduce AOD related harm and the capacity issues that exist within the AOD system.

In our submission to the Royal Commission, VAADA called for the resourcing of cross-sector capacity building and we welcome recommendations related to building cross sector workforce capacity. However, we note that enhanced collaboration should not come at the cost of reduced capacity within the AOD sector to address overall AOD related harms.

VAADA will be running a series of cross-sector forums in May and June to bring together key stakeholders from AOD services, Family Violence and Men's Behaviour Change Programs to discuss how services across the sectors can work together to improve outcomes for our shared clients. This will be the beginning of important work into the future.

VAADA looks forward to working with government and associated stakeholders in progressing the many vital recommendations and findings of the Royal Commission.

State budget wrap up

On 27 April the Victorian Government handed down the state budget for the financial year of 2016/17. Key AOD related budget items include:

- $32M for the expansion of the Victorian Drug Court, to cater for an additional 170 individuals per annum, operating from the Melbourne Magistrate's Court;
- $29.5M for the implementation of a real time prescription monitoring system, to be operational by 2018;
- $6M for the development of an 18-20 bed residential rehabilitation unit in the Grampians region;
- $10M allocation to improve AOD treatment facilities;
- $4M allocation for the four year extension of the Aboriginal Ice pilot program; and
- $5.5M for additional training and support to frontline workers.

No specific allocation is apparent in relation to actions or recommendations emerging from the Aspex Report. Drawing on the VCOSS CPI/wage indexation analysis, the Victorian AOD sector will endure a 1.1 percent reduction in overall funding in real terms.

Figure 1: Average annual rate of growth (%) 2004/05 - 2016/17

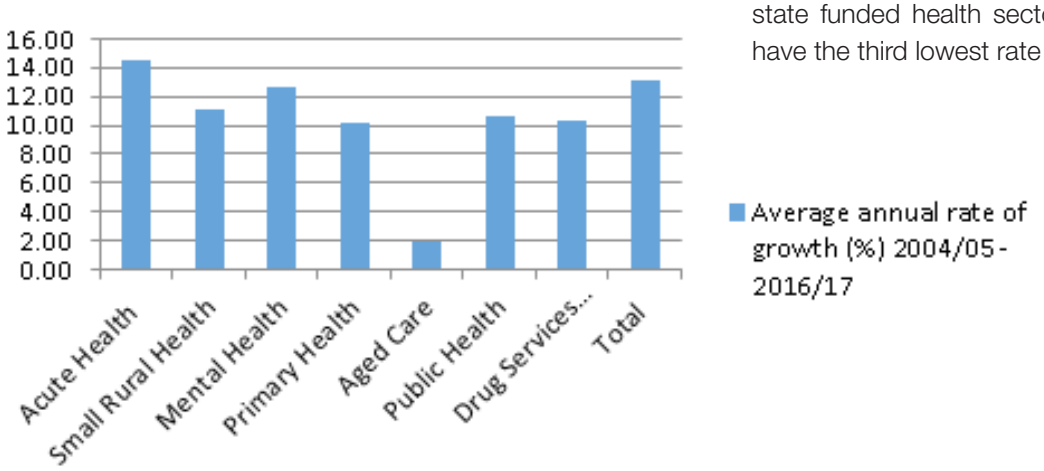
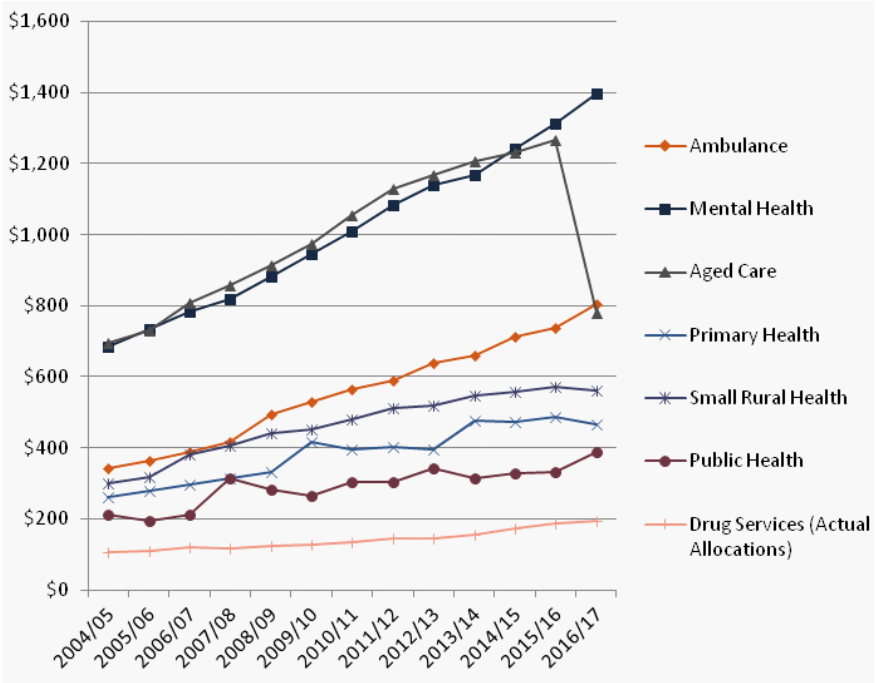


Figure 1 (left) reveals the annual average rate of growth for state funded health sectors and notes that AOD services have the third lowest rate of growth.

Figure 2 (right) reflects on annual budget allocations for the AOD sector and notes that AOD services have consistently received the lowest level of state funding in comparison to other state funded health services.

Figure 2: Victorian State Funding - Health - 2004/05 - 2016/17



Calendar

MAY - JUNE

Service integration workshops

Turning Point

Metro & regional Victoria

Registration and information: http://www.turningpoint.org.au/Education/Professional-Development/Service%20Integration%20Workshops.aspx

24 MAY

Collaboration and Innovation Forum – Building Bridges

Stepping Up

Cranbourne

Registration and information: https://www.eventbrite.com.au/e/collaboration-and-innovation-forum-building-bridges-tickets-22753991802

25 MAY

The brain disease model of addiction

Turning Point

Fitzroy

Registration: https://www.eventbrite.com.au/e/talking-point- 25-may- 2016-tickets- 25147216000

27 MAY

2016 National Lesbian, Bisexual and Queer Women's Health Conference

Victorian AIDS Council

Melbourne

Information: http://www.vac.org.au/LBQWHC2016

During May and June 2016 VAADA will be running a series of family violence forums. Further information relating to dates and venues will be advertised on eNEWS when it becomes available.

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

Acute drug toxicity mortality – Victoria 2015

According to the Coroners Court, 2637 individuals have fatally overdosed between 2009 – 2015. Pharmaceuticals have solely been present in 40 percent of deaths; illegal substances have solely contributed to almost 14 percent of all deaths while alcohol has solely contributed to one in 20 deaths. Pharmaceuticals, in contribution with other substances, have contributed to 80 percent of deaths

Just over 70 percent of all deaths involved more than one substance.

Acute drug toxicity mortality: 2009 - 2015

	2009	2010	2011	2012	2013	2014	2015
All overdose deaths	379	342	362	367	380	387	420
Single drug deaths	127	122	13	114	118	101	121
Multiple drug deaths	252	220	229	253	262	286	299
Pharmaceutical contributions	295	266	275	306	313	316	330
Illegal drug contributions	147	149	153	133	166	164	217
Alcohol contributions	94	85	88	80	94	94	97

Benzodiazepines have, since 2012, contributed to over half of all overdose deaths with diazepam being the most frequent contributing drug in all deaths since 2012. There has been a significant increase in the contributions of some illegal substances from 2014 to 2015, including heroin (137 to 168), methamphetamine (53 – 67) and cocaine (7 to 15).

This data was sourced from the Victorian Coroners Court; for further detail see: **http://www.coronerscourt.vic.gov.au/home/coroners+written+findings/finding+-+408012+frank+edward+frood**

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