

MEDIA RELEASE
Monday 7, 2013

Rising drug death toll fails to get relief from stagnant AOD budget

The latest figures available from the Victorian Coroners Court indicate that 367 individuals died due to acute drug toxicity in 2012 – more than one person per day. Medically prescribed pharmaceuticals now account for more deaths than the road toll (304 and 282 respectively). These alarming figures should be the clarion call to government to appropriately resource an overburdened AOD treatment sector which remains one of the primary accessible means by which to reduce this toll.



The Victorian Government's recent strategy *Reducing the Alcohol and Drug Toll* provides long awaited recognition of these issues, yet there has been no action or direct investment to reduce the toll. The 2013/14 Victorian Budget offers no remedy to this crisis.

Mr Sam Biondo, EO of VAADA, says, 'the Victorian Alcohol and other Drug treatment sector was hoping that this budget would have provided the necessary resources to reduce this toll and ensure that the sector is adequately resourced to navigate the significant complexities arising from sector reform and the recommissioning process'. It falls far short of what is required to meet community demand.

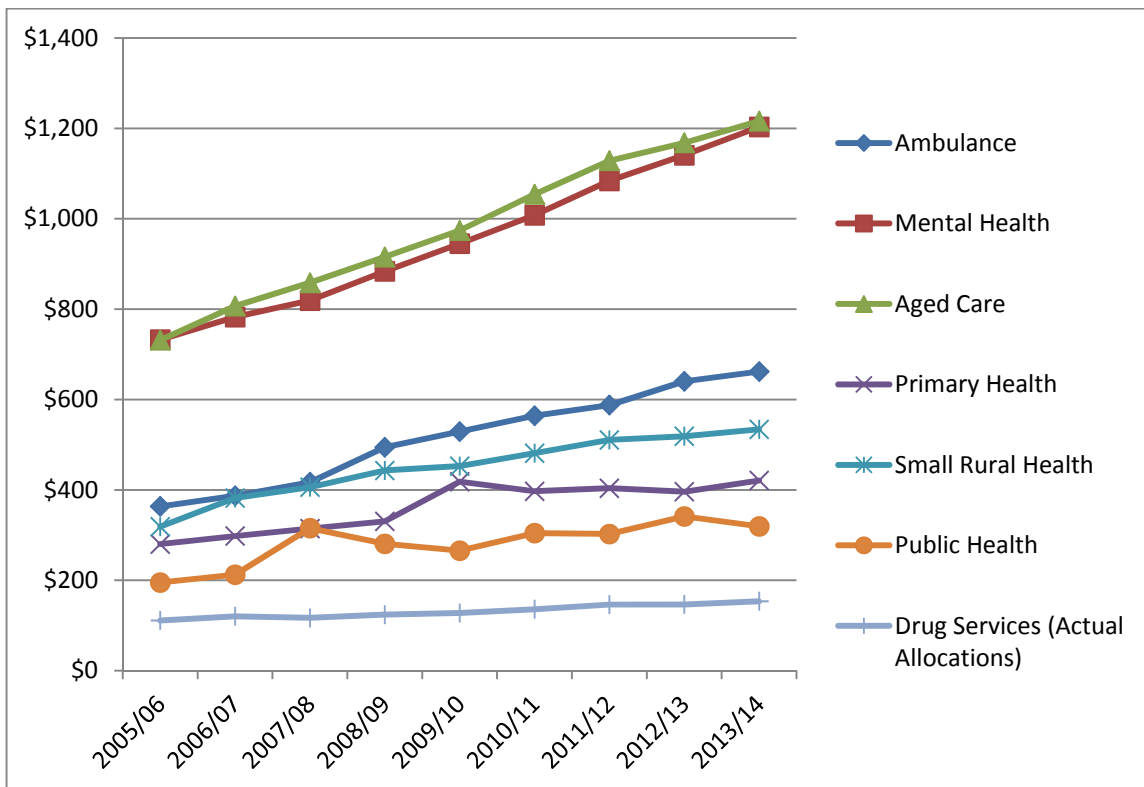
Given that the government has achieved a surplus, VAADA would have expected there to be greater recognition during a time when the system is being rebuilt in this reform phase so as to meet community needs. Undertaking reform 'on the cheap' results in weak foundations for any new system.

Over recent decades there has been a growth in client complexity, an increase in polydrug use as well as greater demand from extensive methamphetamine use and continuing growth in alcohol treatment demand. We are dismayed that the Government's response to these complexities appears once again to be met by increased expenditure in prisons and police, rather than those services which prevent and reduce crime.

There are a range of capacity issues in Victoria's treatment system which require immediate attention. Some of these include: waiting times, access to rehabilitation beds, and timely access to counselling and supports.

There are however, a number of positives included in the 2013 – 14 Victorian Budget with some one-off funding to address some of the challenges arising from methamphetamine use in the Victorian community, as well some one-off funding to assist agencies through the transition resulting from the recommissioning process.

The chart below, based on Government budget figures, details the historic funding outlay (millions) to the various streams under health. As can be seen alcohol and other drugs experience a near flatline funding when compared with other state funded health sectors.



Alcohol and other Drug treatment services have consistently experienced the smallest financial growth coupled with a small base when compared with other health areas. For far too long the alcohol and other drug treatment system in Victoria has been the poor cousin of the medical system.

VAADA is the peak body that represents over 100 Alcohol and other Drug services across Victoria. On a daily basis these services are dealing with the effects of harmful alcohol and other drug consumption.

For more information or to arrange an interview please contact Sam Biondo on 0414 974 121 for comment or if unavailable, David Taylor on 0413 914 206.

07 May 2013

Cherry-picking Budget misses the big picture

Today's State Budget cherry-picks a few big-ticket projects, but doesn't sufficiently invest for the long term to improve opportunities and wellbeing across the community, according to the Victorian Council of Social Service.

According to VCOSS analysis, large areas of spending have fallen in real terms per capita, with only a few areas improving.

'We welcome some specific initiatives, especially funding for out-of-home care, disability services and implementing the equal pay decision', said Carolyn Atkins, Acting CEO of VCOSS.

'We also commend the government on providing additional resources to refugee and dental health, school support services, early childhood intervention services, and growth area bus services.'

'We are disappointed that many of the Government's new spending initiatives do not address the causes of disadvantage, instead mostly focusing on the consequences. For instance, the Government is making significant investments in acute health services, but failing to do the same for preventative measures. Likewise, the ongoing fall in resources for Vocational Education and Training continues the decline in the sector which is still bearing the impact of last year's budget decisions.'

'The Government is continuing its 'record prison investment', costing the community millions of dollars which could be better spent on rehabilitation and crime prevention – protecting the community before crime occurs – rather than waiting until after a crime is committed. Similarly, the vast expenditure on the East-West tunnel and other road projects is not the best use of public funds to build the capabilities and opportunities for Victorians in the future.'

VCOSS welcomes:

- \$61.8 million for Indigenous Health to close the gap for Aboriginal Victorians
- \$22.1 million for refugee and asylum seeker health needs
- \$35 million for a new mental health facilities in Western Melbourne
- \$9.4 million for three five-bed Mother and Baby units in regional Victoria

- \$9.7 million for dental health in Western Region Health Service
- Additional funding to implement the equal pay decision
- \$34.3 million for an additional 1000 early childhood intervention service places
- \$7 million capital funding to build and upgrade children's centres and kindergartens
- \$4.6 million in scholarships to upgrade qualifications of early childhood educators
- \$20.6 million for student support services in schools
- \$50.9 million for support for students with disabilities, including transport to school
- \$91 million over 4 years for Children in out-of-home care money, including the expansion of therapeutic foster care
- \$107 million for new Individual Support Packages for people with disabilities
- \$9 million for the expansion of Services Connect to improve community service delivery
- \$16 million for accommodation options for families experiencing or at risk of homelessness – ensuring the continuation of an existing program
- \$17.5 million for street workers and after hours support (child protection outreach)
- \$7.4 million to boost the servicing of gas heaters in public housing, which improves safety and will likely reduce energy use
- \$62.4 million for increasing disability accommodation support for government residents
- \$30.2 million in increased funding for Victoria Legal Aid, and expanding the victims of crime help line, although we are concerned the number of grants of legal assistance by VLA are targeted to fall
- Funding for additional train services, as well as additional bus services in growth areas
- \$140 million in growth funding for the Home and Community Care program which assists people to stay in their homes and avoid residential facilities.

VCOSS is concerned at the following announcements:

- Commitment to beginning construction of the East-West tunnel, particularly when full funding for the project has not be secured
- \$131.5 million for 357 additional prison beds and an expansion of Barwon High Security Prison
- The lack of investment into diversion, community support and crime prevention programs
- Large projected falls in bus and tram patronage

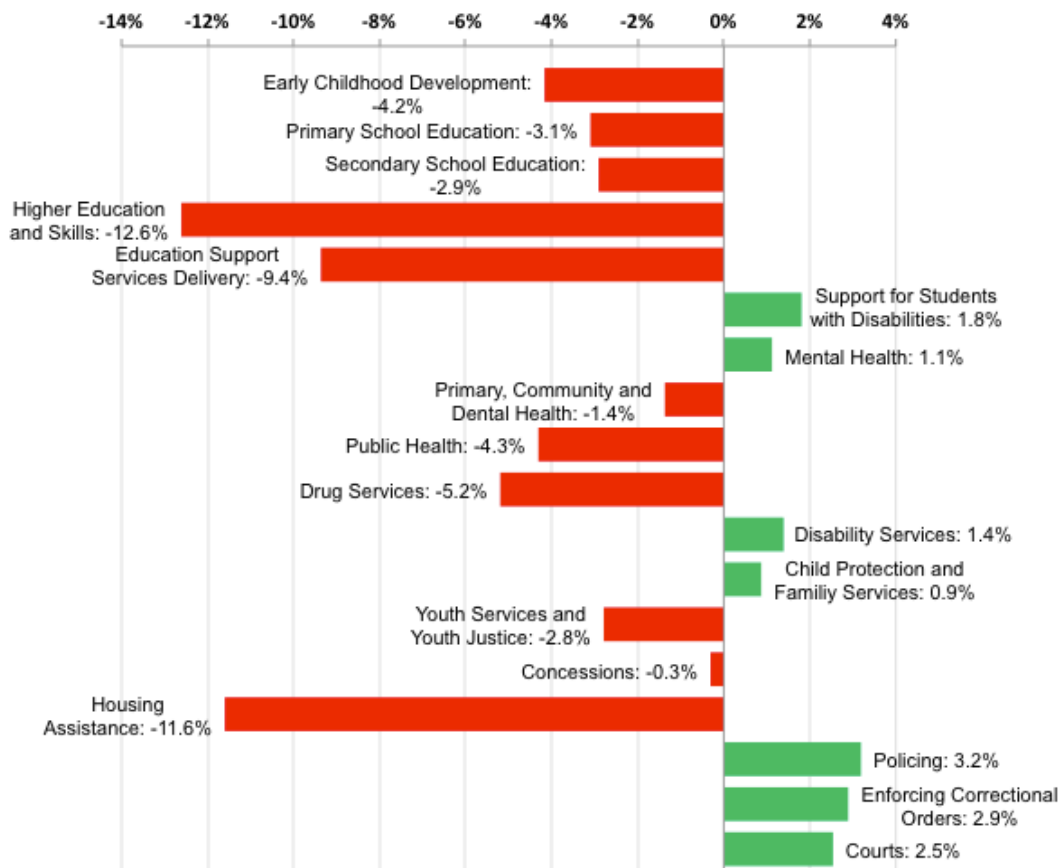
VCOSS

Level 8, 128 Exhibition Street, Melbourne VIC 3000

T: 03 9235 1000 F: 03 9654 5749 W: vcoss@vcoss.org.au E: vcoss@vcoss.org.au

- The lack of investment in increasing energy efficiency for low-income households to avoid high energy bills
- No additional investment in early intervention family support services
- The ongoing fall in resources for Vocational Education and Training, which continues to show the impact of last year's budget decisions
- No real expansion of alcohol and drug treatment services
- A real fall in housing assistance expenditure
- No increase in water concession cap to compensate for increased water prices.

Victorian State Budget 2013-14 real effective change table
 Percentage change in real expenditure per capita



For more information, or to arrange an interview with Carolyn Atkins, contact John Kelly on 0418 127 153

Changes to the output structure

The Department has made no changes to its output structure for 2013-14.

The following table summarises the Department's total output cost.

Table 2.8: Output summary

(\$ million)

	2012-13 Budget	2012-13 Revised	2013-14 Budget	Variation ^{(a) (b)} %
Acute Health Services ^(c)	9 332.3	9 331.8	9 836.0	5.4
Ambulance Services	640.3	623.6	661.9	3.4
Mental Health ^(d)	1 140.6	1 141.3	1 203.2	5.5
Ageing, Aged and Home Care	1 168.1	1 166.5	1 216.1	4.1
Primary, Community and Dental Health ^(e)	396.0	409.3	420.9	6.3
Small Rural Services	518.6	523.8	534.0	3.0
Public Health ^(f)	341.3	319.5	319.3	-6.5
Drugs Services ^(g)	146.4	154.9	153.5	4.9
Total	13 683.6	13 670.7	14 344.9	4.8

Source: Department of Health

Notes:

- (a) Variation between 2012-13 budget and 2013-14 budget.
- (b) The movement in the Department of Health's 2013-14 budget compared with the 2012-13 budget is primarily due to:
- funding provided for government policy commitments including the full-year effect of initiative funding announced in previous years budgets;
 - output price increases arising from price escalation for anticipated cost increases;
 - output price increases for depreciation and capital asset charge costs associated with the approved asset investment program for 2013-14;
 - increased Commonwealth funding due to the expansion of a number of programs; and
 - increases in anticipated income from sales of goods and services.
- (c) The movement in the 2013-14 Target reflects increased funding for government policy initiatives and output price increases arising from price escalation for anticipated cost increases.
- (d) The movement in the 2013-14 Target reflects increased funding for growth in mental health beds capacity.
- (e) The movement in the 2013-14 Target reflects increased funding for government policy initiatives and funding for the implementation of the equal remuneration order in the Social and Community Services sector.
- (f) The movement in the 2013-14 Target reflects a revision to phasing of funding provided under the National Partnership Agreement for Preventative Health.
- (g) The 2012-13 revised is higher than the 2012-13 Target as it reflects a revision in sentencing reform funds received from the Department of Justice for the drug and alcohol program and funding for the implementation of the equal remuneration order in the Social and Community Services sector.

Amounts available

The following tables detail the amounts available to the Department from Parliamentary authority and income generated through transactions.

Table 2.9 outlines the Department's income from transactions and Table 2.10 summarises the sources of Parliamentary authority available to the Department to fund the provision of outputs, additions to the net asset base and payments made on behalf of the State.

Drug Services

Drug Services outputs provide programs to promote and protect the health and wellbeing of all Victorians by reducing death, disease and social harm caused by the use and misuse of licit and illicit drugs. This output group contributes to the Department's priority of achieving the best health and wellbeing for all Victorians through reform to mental health and drug and alcohol services to meet client needs.

Major Outputs/Deliverables <i>Performance measures</i>	Unit of Measure	2013-14 Target	2012-13		2011-12 Actual
			Expected Outcome	2012-13 Target	

Drug Prevention and Control

Encourages all Victorians to minimise the harmful effects of illicit and licit drugs, including alcohol, by providing a comprehensive range of strategies, which focus on enhanced community and professional education, targeted prevention and early intervention, and the use of effective regulation.

<i>Quantity</i>					
Contacts through Family Drug Help	number	5 000	5 000	5 000	5 325
Licences and permits issued to health services or businesses for the manufacture, use or supply of drugs and poisons	number	1 380	1 400	1 380	1 388
Needles and syringes provided through the Needle and Syringe Program	number (000)	8 800	8 800	7 300	8 344
<p><i>The 2012-13 Expected Outcome and the 2013-14 Target are higher than 2012-13 Target to reflect current increased demand for the program and funding available. New Needle and Syringe Program (NSP) sites continue to be registered, particularly in growth corridors with a pilot project currently underway to extend NSP access to 24-7 in Melbourne's south-eastern and western suburbs.</i></p>					
Number of telephone, email, website contacts and in person responses to queries and requests for information on alcohol and drug issues (through the Australian Drug Foundation)	number	450 000	450 000	11 000	6 744
<p><i>This performance measure amends the 2012-13 performance measure 'Number of telephone, email and in person responses to queries and requests for information on alcohol and drug issues (through the Australian Drug Foundation)' to include website contacts to more accurately reflect the way in which people are accessing the Australian Drug Foundation's DrugInfo services.</i></p> <p><i>The 2012-13 Expected Outcome and 2013-14 Target are higher than 2012-13 Target due to a change in definition which now more accurately reflects the way in which people are accessing the Australian Drug Foundations DrugInfo services.</i></p>					

Major Outputs/Deliverables <i>Performance measures</i>	Unit of Measure	2013-14 Target	2012-13 Expected Outcome	2012-13 Target	2011-12 Actual
Treatment permits issued to medical practitioners or nurse practitioners to prescribe Schedule 8 drugs, including pharmacotherapy	number	40 700	48 000	40 700	nm
<i>The 2012-13 Expected Outcome is higher than the 2012-13 Target due to the higher prescription rates of Schedule 8 medicines that is occurring in Victoria. Prescription of these drugs is increasing significantly across the country, hence the development of a national framework to address prescription drug misuse.</i>					
Quality					
Pharmacotherapy permits processed within designated timeframe	per cent	100	100	100	100
Cost					
Total output cost	\$ million	28.1	28.9	25.9	26.7
<i>The 2012-13 Expected Outcome is higher than the 2012-13 Target as it reflects a revision to carryover and funding for the implementation of the Social and Community Services (SACS) award funding.</i>					
<i>The higher 2013-14 Target reflects funding for indexation and the implementation of the Social and Community Services (SACS) award funding.</i>					

Drug Treatment and Rehabilitation

This output aims to assist the community and individuals to control and reduce the harmful effects of illicit and licit drugs, including alcohol, in Victoria through the provision of residential and community based services, which include withdrawal services, rehabilitation, supported accommodation, education and training, counselling and support.

Quantity					
Clients on the pharmacotherapy program	number	13 000	14 083	13 000	13 666
<i>The 2012-13 Expected Outcome is higher than the 2012-13 Target due to increased demand.</i>					
Commenced courses of treatment: community-based drug treatment services	number	37 905	36 000	37 465	44 757
<i>The higher 2013-14 Target reflects the full year effect of funding provided in 2012-13 for the Therapeutic Counselling, Consultancy and Community Care program (Therapeutic 4Cs program).</i>					
Commenced courses of treatment: residential based drug treatment services	number	6 062	5 800	6 062	6 024
Number of new residential withdrawal clients	number	2 200	2 200	2 200	2 323
Residential bed days	number	107 310	107 310	107 310	155 628
Quality					
Percentage of new clients to existing clients	per cent	50	50	50	60

Major Outputs/Deliverables <i>Performance measures</i>	Unit of Measure	2013-14 Target	2012-13		2011-12 Actual
			Expected Outcome	Target	
Percentage of residential rehabilitation courses of treatment greater than 65 days	per cent	50	50	50	29.82
Successful courses of treatment (episodes of care): community-based drug treatment services	number	34 897	34 800	31 085	39 838
<i>The 2012-13 Expected Outcome is higher than the 2012-13 Target due to an increase in community-based drug treatment services being provided. Targets will be realigned as part of reform activities.</i>					
<i>The higher 2013-14 Target reflect the impact of 2010-11 and 2011-12 funding that has not previously been included.</i>					
Successful courses of treatment (episodes of care): residential-based drug treatment services	number	5 636	5 000	5 636	4 939
<i>The 2012-13 Expected Outcome is lower than the 2012-13 Target due to a related increase in uptake community based options.</i>					
Trained Alcohol and drug workers	per cent	85	85	85	67
Timeliness					
Average working days between screening of client and commencement of community-based drug treatment	days	3	1	3	1
<i>The 2012-13 Expected Outcome is less than 2012-13 Target as there are more community-based drug treatment services being provided to clients than targeted. Targets will be realigned as part of reform activities.</i>					
Average working days between screening of client and commencement of residential-based drug treatment	days	6	6	6	7
Cost					
Total output cost	\$ million	125.4	126	120.5	115.3
<i>The higher 2013-14 Target reflects funding for indexation and the implementation of the Social and Community Services (SACS) award funding.</i>					

Source: Department of Health