

September 2017
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AOD budget initiatives; making progress

Welcome to the August edition of the VAADA Newsletter!

The last couple of months have been a busy time for the team at VAADA, firstly in Sam's absence, I stepped into the Acting Executive Officer role and I am happy to say we have survived and we have also managed to progress our work in a number of key areas. The team at VAADA has been terrific in supporting both me in my role and work of VAADA, while managing the demands in a transitional context. I thank them for their great work and ongoing commitment to the AOD sector. Additionally we have been busily recruiting to build the VAADA team and the new recruits are introduced later in the newsletter. At the beginning of August we welcomed Sam back to work and we are making sure his transition back to the VAADA workplace and workload is as smooth as possible.

While we were delighted with the recent investments in the Victorian AOD Sector in the 2018 budget, it does mean significant additional activity across the sector as we contribute to planning for the implementation of these projects and programs. The additional funding will focus on services working with clients in the areas of Family Violence, Child Protection (Reunification orders specifically), Harm Reduction Initiatives and a new Forensic AOD Treatment Framework. In light of these and other emerging initiatives, attracting and developing a skilled, competent workforce is currently the number one priority for the AOD sector. VAADA therefore welcomes the proposed DHHS 'boost' to Workforce Development through a range of initiatives over the next 12 months; we recognise that the sector needs this workforce support as a matter of urgency. VAADA will continue to advocate for greater investment into workforce

development and resources required, and to ensure best outcomes are achieved for those clients who seek our help.

On another funding note you will be aware that Commonwealth funding for the Substance Misuse Service Delivery Grants Funds (SMSDGF) has transitioned from co-occurring capacity building roles to direct treatment in the funded agencies and will be managed through the Primary Health Networks (PHN). It has been great to see that the State and Territory Peaks (including VAADA) retained capacity building funding until June 2019. To plan for best use of these resources, the National AOD Peaks Network met in Adelaide to develop a set of collective priorities for the AOD sector across jurisdictions. The Network produced the National AOD Peaks Network Capacity Building Priorities 2017 – 2019. These priorities provide a structure and focus for the peaks around the ongoing capacity building, working collectively and in our own jurisdictions. This is the first time the network has done this and we look forward to working with our National AOD Peak Network colleagues on joint projects to achieve a truly collaborative leadership model.

This newsletter includes standing pieces such as the sector update and features an update on the development of the Real Time Prescription Monitoring system in Victoria. We also look at content on the Drugs, Poisons and Controlled Substances Miscellaneous Amendment Bill 2017 and a compelling guest article from Judith Ryan – President of the Victoria Street Resident's Association, advocating for the establishment of a trial of a fixed site Medically Supervised Injecting Centre (MSIC) in Richmond. Enjoy the read.

Sharon (Molly) O'Reilly
Acting Executive Officer
VAADA

Sector update

Assessment and Intake

A lot of activity has been taking place over the intervening months, not the least being the disaggregation of Intake and Assessment leading to the separation of the Intake function from the Comprehensive Assessment function; the Comprehensive Assessment function has now transitioned back to treatment providers.

This process has been supported by DHHS in a number of ways, the most helpful as reported by the sector was the weekly teleconferences convened by Ross Broad – Assistant Director – Drug Policy and Reform DHHS. There have been a range of issues identified and VAADA has been working with the Intake providers to clarify and prioritise these issues and provide summary feedback to DHHS ahead of the Scheduled Intake and Assessment Implementation Monitoring Forum on 20 September. Going forward VAADA is committed to working with both the Intake and the Assessment providers.

New Forensic AOD Treatment Model

The new forensic AOD Treatment model is due to be released soon, with a range of activities in this area of work. VAADA has participated in the Clinical Typology Advisory Group, and the SACS review to look at the qualifications, experience and competencies required to work with forensic clients that require AOD treatment. This project will develop a workforce strategy that will focus on accreditation, scope of practice, and training and professional development.

Family Violence

VAADA will be funded to work with the AOD sector to support the Specialist Family Violence Advisor – Capacity Building Pilot Program. This program develops an approach to acquit the Royal Commission recommendations 98 and 99. The work will support consultations and information sharing around assessment and pathways across the sectors, to drive and implement change. This work will be done in advance of the appointment of Specialist Advisors in the AOD sector. It is anticipated that 17 Specialist Advisors will be appointed in 2018.

VADC

Work continues on the implementation of the Victorian Alcohol and Drug Collection (VADC). VAADA delivered a sector VADC information sharing session in July where a number of agencies showcased their data platforms and Client Management systems. This allowed participants to share information about which platform could work well in their agency in the VADC context. Some agencies can incorporate the VADC requirements into existing platforms, whereas other will require new platforms. Agencies will be able to opt in to uploading data to the VADC from any time now and its use will be mandatory by October 2018. DHHS will be convening a VADC Implementation Advisory Group to receive advice from the sector around the ongoing implementation of the new system.

New staff

Naomi Carter recently commenced with VAADA as Project Officer, Workforce Development and Stakeholder Engagement. Naomi came to VAADA after 18 months in Community Mental Health in Victoria, and prior to that a lengthy mix of mediation, management and professional development within Corrections in Western Australia. A large component of Naomi's experience in Corrections involved building and maintaining inter and intra-agency networks, both in metropolitan and regional areas, along with implementing a variety of projects to achieve strategic workforce development outcomes.

Caitlyn Wilson recently commenced at VAADA as a Project Officer at VAADA. Caitlyn spent the last six years working for Incolink as a Special Projects Officer. She was initially involved in the development and implementation of health promotion programs within the commercial construction industry before transferring to the marketing team to work with stakeholders

within commercial construction on the creation of a phone app and a new Incolink member card.

Scott Drummond joins VAADA as Program Manager responsible for coordinating network meetings, sector development, stakeholder engagement and capacity building. Prior to starting at VAADA, Scott was employed as a Senior Policy Officer within the Department of Justice & Regulation with responsibility for AOD policy and service monitoring of AOD treatment programs in the Victorian public prison system. During his seven years in corrections, Scott also delivered AOD programs to prisoners at the Metropolitan Remand Centre and the Melbourne Assessment Prison. Scott's AOD background also includes working for 10 years at Odyssey House's therapeutic community where he worked as a group therapist, co-ordinated the recreation program and finally as the Therapeutic Community Administrator.

Living in a “government-sanctioned drug ghetto” in Melbourne, 2017

Victoria’s Opposition mental health spokeswoman, Emma Kealy, was recently quoted as saying she doesn’t want “government-sanctioned drug ghettos” in our suburbs.

The Residents for Victoria Street Drug Solutions (RVSDS) agree with her, that’s why we are demanding an urgent trial of a supervised injecting facility in North Richmond.

Residents and traders are living in a “government-sanctioned drug ghetto” right now, 2km from Spring Street, the result of decades of inaction by successive State Governments.

Imagine the following scenarios in your electorate, suburb or town across Victoria ... (Warning: kids and the elderly are also exposed to these daily realities)

- attending the overdose death of a woman whilst walking home from work, on the same street as the local Primary School
- a regular visitor to your street bleeds to death in between two parked cars after injecting in a nearby pub on Easter Monday
- walking home from a local restaurant and seeing an emaciated male sitting on a walker/trolley, and another bent over – like a scene from a zombie movie
- people with jeans around their knees, injecting in their groin as you go shopping
- seeing and hearing injecting activity in the laneway, separated only by a timber-paling fence, in the line of sight from your lounge room
- stepping over discarded drug consumption paraphernalia as you walk to work - little coloured balloons that contained heroin, syringes, orange caps, bloodied swabs, needle disposal containers
- blood trails on your footpath, and diarrhoea in laneways and up corrugated iron fences
- drug dealing and injecting right in front of your eyes hourly, daily, constantly
- MFB, MICA and ambulance units blocking thoroughfares for up to 90 minutes responding to an overdose
- a consultation with your GP at the local Community Centre is, once again, interrupted by a Code Blue - a drug overdose in the car park - necessitating the mass exodus from the centre of nurses, doctors and outreach workers (10 - 12 professionals)

- your GP urges you to be vaccinated against hepatitis due to your living in drug injecting zone
- social media trolls suggesting that “residents should have the SIFs in their own homes” when that’s already happening with people injecting in your carport, garden and laneway, and on your veranda
- you’re on constant high alert when leaving your home because some young people are in your laneway and you won’t be home to call 000 if they drop

Welcome to our lives in a “government-sanctioned drug ghetto” ... in Melbourne... in 2017.

Residents live this soul-destroying reality every day: people injecting and overdosing in public places. This community’s durability is being sorely tested, under pressure from the constant trauma and chaos. The sound of sirens is constant.

People who have been entrusted to the leadership of our State have imperilled the lives of its citizens: people who use drugs, their families, residents as first responders, emergency services, traders and their employees, and visitors to the area.

Residents feel punished, abandoned by their MPs. It’s taken for granted that we’ll keep other people’s kids alive at a huge personal cost. Too much is expected of us because we are compassionate human beings.

Three Coroners’ reports in five months call out this dire situation. In May, Coroner Audrey Jamieson highlighted that a safe injecting centre would “lessen the traumatic impact of overdose and death on residents”.

What is the tipping point?

How many more deaths?

Parliamentarians have been talking for too long.

Enough is enough.

Establish a trial MSIC now and stop the deaths.

Judy Ryan

Secretary

Residents for Victoria Street Drug Solutions Inc

#YouTalkWeDie

www.vicstreetdrugsolutions.org

Facebook: Victoria Street Drug Solutions

Twitter: rvsds1

Sector priorities survey 2017

In June 2017, VAADA administered an online survey to senior management of the AOD treatment sector with a view to identifying key sector issues. The development of the survey was informed by a subcommittee consisting of senior AOD staff and a VAADA board member and secretariat.

40 senior employees within the AOD sector responded to the survey.

The survey sought to collect data on the catchment, consortia and funding arrangements, as well as the spread of services

provided and size of the AOD elements of each agency. The survey also sought data on service demand and capacity, innovations and challenges, elements relating to changes in the sector, new arrangements with the Commonwealth and priority populations.

Table 1 below aggregates and compares some of the response from the 2016 and 2017 surveys, highlighting some of the key findings and trends from the survey.

TABLE 1: SECTOR SNAPSHOT

	2016	2017
Responses from sector	44	40
Not in a Consortia	23.26%	18.92%
In one Consortium	34.88%	40.54%
In five Consortia	9.3%	10.81%
Portion of agencies with 5 – 19 employees	38.64%	50%
Service demand - past 12 months	61% of agencies noted an increase demand	71% of agencies noted an increase in demand
Service capacity – past 12 months	53% of agencies noted an increase in capacity	40% of agencies noted an increase in capacity
Service capacity to meet demand		80% of agencies noted that they do not have adequate capacity to meet demand
Adequacy of DTAU to meet needs of service users		85% of agencies stated that DTAU are inadequate
% of agencies indicating a risk to funding over the next 12 months	80%	45%
The AOD sector easy to navigate?		85% of agencies did not agree with this statement

The survey identified an increase in demand over the past 12 months with 7:10 responders citing an increase in demand in 2017 compared to 6:10 in 2016. At the same time, there has been a reduction in responders citing an increase in capacity. Of concern, 8:10 responders noted that they do not have adequate capacity to meet demand. Furthermore, 17:20 responders asserted that DTAU are inadequate.

Other notable trends include:

- Significant increase in demand in Care and Recovery and Coordination, Counselling and Non Therapeutic Day Program demand from 2016 to 2017;
- Increasing confidence to work with CALD and LGBTIQ communities as well as those who have experienced family violence;
- Significant and diverse concerns regarding workforce; and
- A greater sense of security regarding funding arrangements.
- We are grateful to those in the sector who took the time to complete this annual survey.

Real-time prescription monitoring in Victoria

Harm from non-medical use of prescription medicine is a rapidly evolving public health problem in Australia. For the last five years more Victorians have died from overdose involving prescription medicines than from traffic accidents or overdose involving illicit drugs.

Currently a person can obtain high-risk medicines from many different doctors and pharmacies without each knowing about the supply by others, and potentially receive unsupervised, uncoordinated, and risky high doses of these medicines beyond therapeutic need.

To reduce deaths and harm from prescription medicine misuse, the Victorian Government is implementing a real-time prescription monitoring system, an essential tool to provide information during a consultation to doctors and pharmacists about their patient's up-to-the-minute dispensing history of high risk prescription medicines, to support safe prescribing and dispensing of these high-risk medicines and ensure better patient safety.

The system will monitor prescription medicines that are causing the greatest harm to the community. Based on local and international research and recommendations by an expert advisory group, the system will monitor all Schedule 8 medicines, all benzodiazepines, Z-drugs (zolpidem and zopiclone), as well as quetiapine. A literature review report is published on the RTPM site go to <https://www2.health.vic.gov.au/about/publications/factsheets/real-time-prescription-monitoring-report-literature-review>

Due to the limitations of the existing Commonwealth software, specific fit-for-purpose software will be built for Victorian clinicians allowing minimal disruption to their workflow so they can maximise their time with patients. At the same time, Victoria will continue to work with Commonwealth and other jurisdictions towards a solution to share data nationally to prevent cross-border prescription drug-seeking.

A significant part of the initiative is the development of comprehensive training and education for doctors and pharmacists. Western Victoria Primary Health Network has been engaged as lead for a consortium comprising all Victorian Primary Health Networks together with NPS MedicineWise, to develop and deliver this training. Prescribers and pharmacists will be able to access online modules on demand. A number of face-to-face workshops will also be offered based on priority and demand.

Prior to the implementation of the software, a comprehensive campaign will be launched to raise public awareness about the problem and prepare consumers for the change.

To reduce deaths and harm from prescription medicine misuse, the Victorian Government is implementing a real-time prescription monitoring system...

The system will be rolled out in phases commencing in 2018 and made available to GPs, community pharmacists, prescribers and pharmacists in Emergency Departments and Outpatient clinics across Victoria.

The system will be rolled out in phases commencing in 2018 and made available to GPs, community pharmacists, prescribers and pharmacists in hospital Emergency Departments and Outpatients clinics across Victoria.

For more information refer to the Real-Time Prescription Monitoring System website or go to <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/real-time-prescription-monitoring>

RTPM Implementation team, DHHS.

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
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Calendar

OCTOBER

Trauma Informed Practice Training (NWMPHN region AOD providers only)

VAADA

Dates to be advised

3 - 4 OCTOBER

2017 NDARC Annual Research Symposium

NDARC

NSW

Registration: <https://ndarc.med.unsw.edu.au/content/2017-ndarc-annual-research-symposium>

18 OCTOBER

Three sides of the coin: theatre to create change

Turning Point

Fitzroy

Registration: <https://www.eventbrite.com.au/e/three-sides-of-the-coin-using-theatre-to-create-change-talking-point-seminar-tickets-36086395380>

NOVEMBER

Trauma Informed Practice Training

VAADA

Dates and venue to be advised

NOVEMBER

LGBTIQ Sensitivity and Cultural Competence

VAADA

Dates and venue to be advised

9 NOVEMBER

Family work and keeping kids in mind

Turning Point

Fitzroy

Registration: <https://www.eventbrite.com.au/e/family-work-and-aod-keeping-kids-in-mind-workshop-14-tickets-29809196108>

12 – 15 NOVEMBER

APSAD Conference

Melbourne

Registration & information: <https://www.apsad.org.au/apsad-conference/current-conference>

DECEMBER

CALD Forum – Managers and Senior Practitioners (NWMPHN region AOD providers only)

VAADA

Dates and venue to be advised

DECEMBER

CALD Training (NWMPHN region AOD Providers only)

VAADA

Dates and venue to be advised

7 DECEMBER

Mindfulness: the practice, the benefits and the neuroscience

Turning Point

Fitzroy

Registration: <https://www.eventbrite.com.au/e/mindfulness-the-practice-the-benefits-and-the-neuroscience-workshop-16-tickets-30316618823>

Co-occurring Capacity Building (CCB) project update

VAADA has welcomed the opportunity to continue its capacity building activities across the AOD sector, with its Co-occurring Capacity Building (CCB) project having been re-funded by the Australian Department of Health (DOH) for a further two years, until June 2019.

The Substance Misuse Services Delivery Grants Fund (SMSDGF) and the Non-Government Organisation Treatment Grants Program (NGOTGP) funding streams have been consolidated into the Alcohol and Drug Program, and the management of the contractual arrangements with funded agencies has been devolved from DOH to the six regionally based Primary Health Networks. In addition, from January 2018 SMSDGF funds that were previously utilised for capacity building will now be directed solely into service delivery. This leaves VAADA as being one of the very few agencies directly funded to undertake capacity building activities, which will present some challenges for the sector in terms of maintaining the resources required for effective sector development. VAADA will attempt to engage the PHNs and AOD agencies within each PHN region to establish local partnerships and collaborations to encourage ongoing mutual support and information sharing.

During the next 12 months VAADA will also continue to develop resources such as its immensely popular prompt cards, and it will facilitate training events with topics identified through workforce development surveys and needs analyses. Training events scheduled for the remainder of 2017 will include LGBTIQ cultural sensitivity and how this translates to clinical practice, and managing trauma for the many new clinical staff in the AOD sector. VAADA will also be collaborating with the AOD peak bodies from other states on a range of shared projects relating to the evaluation of capacity building activities, informing the national research agenda, and supporting the collection of data to promote quality improvement.

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