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In this issue

- 2 VAADA 2016/17 state budget submission
- 3 VAADA Forensic Forum
- 4 Engaging families - Cardinia
- 4 VAADA AOD family and domestic violence project
- 5 It's time for pill testing at dance festivals
- 6 Regional Voices
- 6 Calendar

Past issues & new challenges



This edition takes a look at VAADA's latest state budget submission, which highlights the cost effectiveness of AOD treatment and broadly seeks to redress the challenges associated with access to AOD treatment. Areas in focus

include the need for increased residential rehabilitation capacity in rural and regional areas of Victoria, measures to address the issues identified in the Aspex review such as intake and assessment and care and recovery coordination. There is also a focus on a range of workforce issues and capacity building initiatives requiring additional investment. Other areas such as AOD issues with older adults, community drug action teams, expansion of the Drug Court and the development of an innovation fund have also been highlighted.

Over the past 12 months, much has been written about the Victorian AOD sector reform and many of the concerns raised have been captured in the Aspex review of the operation of the AOD and community based mental health systems. To this effect, an initial meeting of the Department auspiced AOD sector reference group looking at the Aspex report recommendations has occurred and future activities involving the sector are currently being planned. It is vital that this engagement with the department delivers the necessary changes to rectify systemic shortfalls. The report identified a 21 percent reduction in AOD client throughput during the review period and this acts as an indicator of some of the impacts being felt across the community. In relation to this VAADA is eager to represent the findings from its' own Regional Voices research which gathered crucial information from different regions in Victoria on the varied challenges and solutions as raised by the sector.

There are a range of federal and state initiated activities which will have a direct impact on the function and form of Victoria's AOD system in the near future. Federally, we have seen an investment of some \$241M over four years announced as part of the Ice Taskforce initiative. The manner in which the funding will be distributed is now integrally linked with the newly established Primary Health Care Networks (PHN) which are currently seeking to establish systems and procedures and build a knowledge base around both AOD, mental health and other areas which interface with primary health. VAADA has sought to establish links with various PHNs and will work to building linkages between PHNs and AOD service providers.

As most of us are aware, the Victorian Royal Commission into Family Violence is to soon release its' report and recommendations and it is expected that it will provide a watershed opportunity to address issues associated with how the service system works in an integrated manner to address these challenges. As part of this, VAADA has commenced a project building cross sectoral relations and processes to enhance the joint efforts of the AOD and family violence sectors.

On 24 February, I participated at the inaugural National Family Drug Support Day held at the Victorian Parliament. At this event, I took the opportunity to highlight the need to implement innovative harm reduction measures to help reduce the impact of AOD related harm and the important role which bipartisan political efforts could bring to the challenges which families face every day with AOD issues. At the subsequent Canberra Drug Summit the importance of decriminalization and broadening the repertoire of accepted harm reduction measures became a key and obvious theme for discussion and one which for most of those present is developing in acceptance across the community.

Sam Biondo

VAADA 2016/17 state budget submission

Earlier this year, the 2016/17 VAADA state budget submission was released. This submission detailed a number of significant challenges in the AOD space and provided a number of means to address these challenges. In line with previous state budget submissions, underpinning this submission was the cost effective nature of the solutions provided.

The submission notes that AOD treatment provides a cost benefit ratio of \$8 for every \$1 spent equating to a significant saving to government and community. It also details a 16 percent reduction in demand for acute health services in the year proceeding engagement with AOD treatment, highlighting improved health outcomes.

The majority of the items outlined in the submission reflect entrenched and long standing issues which continue to afflict the sector. There are, however a number of new items, including a key recommendation outlining activity required to address some of the deficits which emerged following the AOD reforms.

Each of the items are summarized below.

Addressing service gaps in the sector

The Victorian Government commissioned an independent report into the reformed service sector which outlined a range of issues and proposed a number of remedies. VAADA's submission highlights the need to expedite the implementation of these recommendations and ensure that adequate resourcing is available to ensure that any changes are seamlessly enacted in a manner which causes minimal disruption to the sector. There are a number of specific areas of activity which have been noted in the submission including:

1. Provision of additional resources to increase capacity for

care and recovery coordination;

2. Improving AOD data systems;
3. Ensuring that individuals who are screened out of the system still receive support; and
4. Enhancing non-residential withdrawal services.

The submission notes that AOD treatment provides a cost benefit ratio of \$8 for every \$1 spent equating to a significant saving to government and community.

State wide access to the Victorian Drug Court

There are a range of Drug Court Models which are operating in international jurisdictions that have delivered significant benefits to the community. The Victorian model, which has been operational

in Dandenong for over a decade was assessed in late 2014 and found to reduce reoffending by 34 percent over a two year period in comparison to a similar cohort of offenders and provided a saving to Victoria of 4492 prison days over the same period (this conservative figure does not account for the additional savings of reduced recidivism, increase wellbeing and reduced acute health costs). This submission calls for state wide access to the Drug Court.

Sector Development

There are a range of disadvantaged cohorts which for a range of reasons, experience disproportionately high AOD related harm and in some cases, are under-represented in AOD treatment. This submission has called for the development of a recurrent fund to provide for services to engage in capacity building endeavours, workforce

development and cross sector engagement.

Community AOD action teams

VAADA's submission calls for the implementation of multi-disciplinary community AOD action teams, which would

operate in each DHHS region, identifying and responding to local issues. They would draw stakeholders together to foster solutions to local issues. They would also collect data and contribute to local policy development activity.

Increase residential rehabilitation capacity in rural and regional Victoria

VAADA's submission highlights the absence of residential rehabilitation in much of rural and regional Victoria and calls for the provision of an additional 60 beds. This would increase the provision of local residential rehabilitation capacity to parts of rural and regional Victoria and reduce the exhaustive waiting times currently evident with this treatment type.

VAADA's submission contains a number of additional elements, which include:

- additional resourcing to NSPs providers to create greater access to this necessary program.

VAADA's submission highlights the absence of residential rehabilitation in much of rural and regional Victoria and calls for the provision of an additional 60 beds.

- reiterating VAADA's earlier calls for outreach support for older adults experiencing AOD dependency, noting that the needs of older adults in this space are becoming more pressing as the older population increases.
- Seeking the establishment of an innovation fund, which could provide an allocation to assist services in running and evaluating pilot programs to incentivize innovative best practice within the treatment sector.

This submission illustrates some of the key issues facing the sector and provides solutions requiring only modest allocations. The next Victorian state budget will be

handed down in early May 2016.

VAADA's 2016/17 state budget submission can be found on the VAADA website at:

<http://www.vaada.org.au/wp-content/uploads/2016/02/State-Budget-Submission-201617.pdf>

VAADA forensic forum

On Wednesday 2 March 2016 VAADA hosted a statewide forum to discuss current challenges and opportunities in forensic AOD service provision. The forum was well attended with over 60 participants from senior management and clinical roles and representing AOD services from across rural and regional Victoria and metropolitan Melbourne.

VAADA hosted the statewide forum in response to a number of queries from AOD service providers which prompted us to undertake some initial consultations. Those early discussions identified some key areas requiring further exploration: funding requirements, pre-payments and fee-for-service; workforce needs and capacity; and administrative pressures.

The event commenced with an informative presentation from Heather Carmichael, Senior Manager, Community Offender Advice and Treatment Service (COATS) on the Evolution of Forensic Funding with particular attention to more recent

changes associated with recommissioning in September 2014. Attendees then had an opportunity to identify key issues and challenges which formed the basis of in-depth smaller group discussion and problem-solving.

VAADA will use the information gathered at this forum to develop an Issues Paper and will seek opportunities to engage the Department of Health and Human Services, Department of Justice and COATS to explore ways forward.

VAADA would like to thank all participants for a robust discussion, and particularly to those colleagues who travelled many hours to participate in this important event.

If you have any questions or comments about the VAADA Forensic Forum, please contact Chantel Churchus or Brad Pearce on 9412 5600.

Engaging families - Cardinia

In 2013/14 in the south east Victorian growth corridor there were 19 family violence incidents reported to police each day, 7 of which had children present. Comorbidity between family violence, alcohol and other drug (AOD) usage and mental health conditions are readily identifiable. The problem is escalating with demand for support services exceeding supply.

Engaging Families Cardinia (EFC) – funded through Communities for Children (DSS) and through Anglicare - is a partnership between Windermere Children and Family Services and TaskForce Community Agency to support families experiencing comorbid family violence and AOD and/or Mental Health issues. The program provides a holistic, integrated and flexible response for families. Commencing in November 2015, Engaging Families Cardinia draws on the strength of TaskForce specialist AOD and Mental Health experience, Windermere's breadth of Family Violence and Family support services and Anglicare's networking ability across the South East.

Engaging Families crosses the service divide between Family Violence and AOD/Community Mental Health by combining accessible outreach support, centre based counselling, family therapy where appropriate, parent support and group work. By providing a wraparound support program which includes care coordination, trauma counselling, AOD support and linkages with a number of group work innovations, families are not only able improve safety but address the complex issues associated with family violence. In situations where separated couples are maintaining relationships due to shared parental care arrangements staff are able to support them to address the trauma and immediate safety concerns. Perpetrators of Family Violence are linked in with various treatment services and groups to address behavioural change, substance abuse

and Mental Health issues. Currently there are 12 families in the program with both organisations committing extra resources to cope with the demand.

Challenges faced in developing and implementing Engaging Families Cardinia have included; Developing an understanding of each alternate field of practice, understanding the evidence base, developing outcome measures and creatively matching funding streams and guidelines to provide a holistic service. By developing a shared philosophy and organisational values, using strength based approach, curious minds and appreciative inquiry we have overcome these barriers and implemented an innovative and creative response to a serious community issue. Our "read, meet, discuss, map" approach has allowed us to collaborate and bring together shared learning across the organisations for a continuous quality improvement model of practice. Each organisation has significantly invested in training / workforce development and ongoing support / supervision across the specialities. Co-location opportunities, improved service delivery and collaboration have all been made possible through transparent communication and shared values.

Substance abuse and/or mental illness do not cause family violence, and cessation of substance use will not alone prevent this violence – nor are these conditions an excuse to use violence. These conditions can though, exacerbate a violent situation. By recognising the issues and by providing holistic, tailored support to families and children that are impacted by these often comorbid issues, we begin to break the cycle of violence and address the behaviour and trauma associated for a sustainable solution.

Danny Alcock
Taskforce

VAADA AOD family and domestic violence project

The association between family and domestic violence (FDV) and alcohol and other drugs (AOD) has been well documented, particularly with regard to alcohol. Over the past 10 years there have been initiatives within the Victorian AOD sector to address the issue, however recent reforms in the AOD sector have seen significant changes in approaches to practice. The level of co-ordinated or integrated approach to clients presenting with co-occurring concerns is currently entirely reliant upon the individual relationships of workers in their own local areas.

Utilising its funding from the Australian Government Department of Health, VAADA has convened a reference group comprised of representatives from AOD agencies, and other services including Domestic Violence Victoria, The Men's

Referral Service, Relationships Australia, Aboriginal Family violence Prevention and Legal Service Victoria and Kildonan UnitingCare. The reference group has already met twice, and plans are currently being made to facilitate 4 regional forums (2 metropolitan and 2 rural) in April and May 2016 to encourage staff from all sectors to meet and engage with one another. The forums will include expert speakers from each sector, followed by a panel discussion to explore the issues experienced by workers in both sectors when working with clients with co-occurring problems. By following a process of identifying what works and what doesn't, VAADA can begin to plan the development of further initiatives and resources in this domain in the future.

It's time for pill testing at dance festivals

This article has been prepared by Dr Steve Bright, a clinically trained psychologist currently employed at Monash Health as a Senior Dual Diagnosis Clinician, who has been practising for 12 years. In this article, Dr Bright reflects on his experience of recently volunteering with DanceWize at the Rainbow Serpent Festival held in Victoria in January 2016.

During the Australia Day long weekend, I volunteered for Harm Reduction Victoria's DanceWize program at the Rainbow Serpent Festival (RSF). The RSF is a mass gathering of individuals who enjoy listening and dancing to electronic music that, for some is enhanced through the use of drugs like LSD and MDMA.

DanceWize utilises a peer education model in order to promote health and harm reduction education, particularly in relation to safer partying and safer drug use. My role as volunteer with DanceWize was to provide festival attendees with harm reduction information, in addition to psychological support to those individuals that were experiencing difficulties related to the ingestion of psychedelic drugs.

Through DanceWize, we are able to maintain a finger on the pulse of what drugs are currently available, the names people are using to describe them and how to best support individuals within the psychedelic space.

Over the past decade there has been an exponential increase in the number of psychoactive drugs and some entrepreneurial individuals are putting these drugs on blotter tabs or pills and then selling them as LSD or Ecstasy. Most of the people that I met at RSF were well informed of this fact and were actively seeking information to reduce their risk of unintentionally ingesting toxic adulterants. Accessible means of 'pill testing' would provide a means of informing festival attendees of any harmful adulterants.

Critics of pill testing have stated that it encourages drug use. It should be noted, however, that pill testing means would only be accessible at festivals where there is already a high prevalence of substance use. Approximately 16,000 people

attended the RSF, many of whom had clearly consumed drugs. There were police at the event, though their focus seemed to be on maintaining the safety of attendees from violence and theft. One police officer I spoke to said he would much rather be at this event than having to deal with alcohol intoxicated people. After all, they only dealt with four assaults and three thefts – it is likely that there would be much more antisocial behaviour at an event where 16,000 people were consuming alcohol.

Harm reduction endeavours are based on the notion that some people are going to use drugs, irrespective of specific interventions. Australia was a global leader in the implementation of harm reduction strategies in the 1980's, though we have rapidly fallen behind. There is a need to

respond to the fact that more ecstasy is consumed per capita in Australia than any other nation. It has been stated many times that we cannot arrest ourselves out of this situation, and we therefore need to support the development of various harm reduction initiatives including the sophisticated analysis of substances at events such as festivals where there is a high prevalence of substance use.

One police officer I spoke to said he would much rather be at this event than having to deal with alcohol intoxicated people. After all, they only dealt with four assaults and three thefts – it is likely that there would be much more antisocial behaviour at an event where 16,000 people were consuming alcohol.

Pill testing is being effectively rolled out across the European Union, and when people find out that a pill contains dangerous adulterants they often discard them. When they find out that their pills contain high levels of MDMA, they only take one instead of two or three. This is an example of an effective means to reduce AOD related harms and provides an opportunity for Victoria to boldly take the lead in putting Australia back on the harm reduction map.

I would like to acknowledge the work done by Stephanie and Joel, who are employed by HRV to coordinate the training of the Peer Educators and organise the DanceWize facilities that are set up at dance festivals around Victoria.

Calendar

21 MARCH

Foundation Workshop: Understanding & treating people with a diagnosis of BPD

Turning Point
Fitzroy

Registration and information: <http://www.turningpoint.org.au/Education/Professional-Development.aspx>

1 APRIL

What gets counted gets done: development and validation of a system for routine monitoring of deaths after release from prison

Turning point
Fitzroy

Registration and information: <https://www.eventbrite.com.au/e/talking-point-friday-1-april-2016-tickets-22377919961>

29 APRIL

Sleep & substance use: effects, assessment and intervention

Turning Point
Fitzroy

Registration and information: <http://www.turningpoint.org.au/Education/Professional-Development.aspx>

5 MAY

Settlement, trauma and addiction: understanding needs of refugees and migrants

Turning Point
Fitzroy

Information and registration: <http://www.turningpoint.org.au/Education/Professional-Development.aspx>

27 MAY

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

Victorian AIDS Council
Melbourne

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

Between March and June 2016 VAADA will be running a series of training opportunities relating to new and emerging substances, personality disorders and working with complex forensic clients. 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

Regional voices

In 2015 VAADA contracted the Australian Catholic University (ACU) to facilitate a series of face to face consultations with staff from funded Victorian AOD services, following major reform of the Victorian AOD sector in 2014.

The project documents service provider perspectives on benefits of the reform and major issues that have arisen, one year on. Forums were held in each of the eight DHHS regions the opportunities and challenges directly as the AOD sector sees them. The consultations undertaken with AOD service providers identified six priority areas necessitating action as follows:

- Intake and assessment
- Treatment types and restrictions
- Disrupted professional relationships due to the process of change
- Adverse impacts upon the broader AOD workforce
- Various limitations relating to funding and Drug Treatment Activity Units
- Increased administration and bureaucratic demands

A lack of service user involvement and minimal scope for evaluation were also identified as areas of concern.

The final project report, *Regional Voices: The impact of alcohol and other drug sector reform in Victoria* can be found on the VAADA website at: <http://www.vaada.org.au/wp-content/uploads/2016/02/VAADA-Regional-Voices-Final-Report.pdf>

If you have any comments or queries please contact Brad Pearce at bpearce@vaada.org.au

Advance Notice:

AOD sector conference Thursday 14 April 2016.
More information forthcoming via ENEWS

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