

January 2018
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Looking back to look forward

Another year has passed, and who would have thought that this year the Victorian AOD sector would have been the recipient of what can only be described as historically high investment across most of the sector.

The many years of advocacy has either directly or indirectly borne fruit. Announcements over the past year include 100 new beds (\$8.7M), treatment places for parents to support family re-unification (\$17M), support for those at risk of overdose (\$12.4M) and 3 new resi units located in rural Victoria (\$9.7M). Furthermore there has been investment in early access to AOD treatment (\$6M), AOD treatment Data Systems (\$4m), Facilities renewal grants (\$10M), Youth and adult Aboriginal AOD workers (\$14.2M), and Family Violence specialist advisors (\$17.1M). As well as these there has also been investment in a Medically Supervised Injecting Facility, the progression of Real Time Prescription Monitoring (RTPM) and the establishment of a new Drug Court.

In spite of these wonderful announcements, we should not forget the historically low base the Victorian AOD system found itself through the many drought years of underinvestment. For example, if we look at the number of Resi Beds available in Victoria compared to other jurisdictions we are the second lowest per capita nationally, and while the investment is most welcome, the per capita ratio while moving in the right direction simply moves from 0.45 to 0.69 per 10000 population.

Despite the welcome growth, issues still remain. Clearly the bloated size of the Victorian prison system is a case in point. There has been an exponential increase in numbers on the back of 'remand, parole and bail reforms' as well as an overall law and order push. The large number of AOD related issues presenting in the prison system and the overall limited range of prison based treatment programs impedes rehabilitation and integration. So much more needs to be done on the inside in relation to AOD programs, as well as post release.

Areas of immediate focus should include an expansion of post release pharmacotherapy subsidies, more widespread provision of naloxone, and better, enhanced transition support post release.

It is no secret that Victoria is currently in the midst of rapid population growth. As such the demands on areas impacted by such growth are clearly problematic. The provision of improved and enhanced treatment service provision which can meet demand in growth corridors is an obvious area of need. The impact of AOD among our ageing population is quietly becoming more problematic as this cohort increasingly makes its presence felt in our expensive health system.

In the compendium of articles presented in this month's newsletter you will notice an overview of some of VAADA's Sector Development work ranging from network activities, workforce development, PHN activity and the recent Service Providers Forum, bringing the sector together to work on issues in common and find solutions going forward. Within this space the efforts of recently appointed staff Scott Drummond, Naomi Carter, and Caitlyn Wilson provide a welcome boost to VAADA. Other articles in this edition focus on the specialist Family Violence Advisor and RTPM where we provide some insight into current activity and thinking as these programs roll forward. Lastly we provide a review of our state budget submission. With many of our past items funded, we have refocused on some remaining asks as other issues which we will factor into our future focused demands for the sector.

In some ways it is always both sad and at the same time exciting to come to the end of another year. As such I would like to sincerely thank all those who have personally supported myself over this past and often difficult year. Also, on behalf of all of us at VAADA, I thank our many stakeholders and friends and extend to you all best wishes for the New Year ahead.

Sam Biondo

Sector update December 2017

Network meetings

VAADA coordinates a number of network meetings aimed at supporting and strengthening the work of key cohorts within the AOD sector. These include a Non-residential Withdrawal Meeting; a CEOs and Manager's forum; Catchment Planner's meeting and an Intake and Assessment Meeting. The meetings also provide an opportunity for staff to share practice experience and network.

VAADA is presently consulting intake and assessment providers to understand the best form and function of the Intake and Assessment network meeting since the separation of the Intake function from the Comprehensive Assessment function in July 2017. VAADA is also looking at establishing a Specialist Pharmacotherapy Services Network meeting.

Workforce development

Recently VAADA has been focussed on advocating for an increase in workforce resourcing to match the investment in AOD treatment. Without attracting new staff to the sector, there is a risk there will not be the staff to fill the increasing number of roles likely to come on line in coming months and beyond. Further, VAADA is keen to see the existing workforce adequately supported through more sector development opportunities, training and education. To understand these issues better, VAADA coordinated a workforce roundtable with key sector agencies representing a mix of services and regions. The resultant report was provided to the Department of Health and Human Services to inform their development of a revised workforce development strategy.

Recently DHHS announced an immediate workforce lift totalling \$2.5m to support the recruitment of new positions and to provide new workers with appropriate supports and professional development. As part of this, VAADA will re-design its website jobs board and develop a new education and training page to make it easier to see what education and training opportunities exist in the sector.

Service Provider's Conference

DHHS funds VAADA to organise and facilitate a twice-yearly Service Provider's Conference for funded AOD treatment services. The November Conference was titled 'Change &

Sector Intersections'. Approximately 280 staff attended. VAADA has begun work on the 2018 conferences including themes, content and speakers.

VAADA PHN Activity

VAADA is well-positioned to work with Primary Health Networks (PHNs) to support PHN-commissioned AOD treatment services by providing a range of workforce development and capacity building initiatives. VAADA is presently working with the North Western Melbourne PHN and the Western Victoria PHN on two workforce projects.

The Northern Western Melbourne project aims to build the capacity of service providers in the region via workforce development and sustainability initiatives. Having assessed workforce needs in the North Western region, VAADA is hosting three forums in the first half of 2018. The first is a forum on **20 February 2018** focussed on effective ways to engage with Culturally and Linguistically Diverse Communities at both an organisational and therapeutic level. This will be followed by forums on Family Violence in April and LGBTIQ in June. These forums are aimed at agencies providing AOD services in the North Western PHN region, however subject

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to availability there may be opportunity for staff from other regions to attend. The forums will be augmented by skills based training on the same themes, creating the best possible opportunity for sustainable

systems and clinical change leading to responsive and effective service provision to these priority populations. A crucial element of this project is in supporting individuals to translate skills gained in training to enhance workplace practice and by doing so, promote organisational capacity building and support retention of qualified staff.

The Western Victoria project has seen VAADA coordinating and supporting the PHN funded AOD services through network meetings and activities including stakeholder identification workshops and to assist agencies to identify regional pathways and develop strategies to integrate their models within the already existing service environment. VAADA will also support the region's AOD services articulate and refine the primary health focussed service delivery model of a number of Brief Intervention programs designed to improve access to AOD services in the region, particularly targeting populations who would otherwise not be accessing AOD services.

Specialist Family Violence Advisor – Capacity Building Program In a Nutshell

The Royal Commission into Family Violence (2016) found that mental health and drug and alcohol services must play a more direct role in identifying and responding to family violence, noting that their family violence capability would need to be boosted and that closer relationships must be built between all relevant services. Significantly, the Commission found that workers in mental health and alcohol and other drug services wanted to increase their knowledge and capability with respect to family violence. Similarly, workers in the family violence sector were keen to increase their knowledge and capability in relation to mental health, drug and alcohol and other individual risk factors for family violence.

The Commission proposed that the best way to achieve increased knowledge and capability was to establish cross-sector collaboration through:

Providing access to family violence expertise in key mental health and alcohol and drugs services by establishing family violence advisory positions in major services across metropolitan and regional Victoria.

- **Recommendation 98:** The Victorian Government fund the establishment of specialist family violence advisor positions to be located in major mental health, and drug and alcohol services. The advisors' expertise should be available to practitioners in these sectors across Victoria [within 12 months].
- **Recommendation 99:** The Victorian Government encourage and facilitate mental health, drug and alcohol and family violence services to collaborate [within 12 months] by:
 - resourcing and promoting shared casework models; and
 - ensuring 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.

The Specialist Family Violence Advisor Capacity Building Program (SFVACBP) is the response to these recommendations and is being implemented in a staged approach. Aspex Consulting has been engaged by DHHS to develop the Program Guidelines for Stage 1, with a level of transitional planning for Stage 2.

- **Stage 1** is a 12-month initiative that sees the placement of Specialist Family Violence Advisors in specialist family violence auspice agencies across Victoria. Advisors will work with key mental health services and alcohol and drug agencies in their area, with state wide coordination role auspiced by Domestic Violence Victoria; and
- **Stage 2** is a 4-year initiative that will see Specialist Family Violence Advisors located within mental health and alcohol and other drug (AOD) services. The advisor roles will be working with senior management to increase capacity of mental health and AOD services to respond to family violence. Advisors will be involved in providing systemic and organisational responses, and the development of secondary consultation. The Expression of Interest for submissions from AOD service providers to appoint a Specialist Family Violence Advisor in their service (17 positions) has been released.

In Stage 1, Specialist Family Violence Advisors will work at a service development and capacity building level with a focus on supporting the implementation of the government's responses to the Royal Commission into Family Violence as they relate to mental health and alcohol and drug sectors.

The induction of the appointed Specialist Family Violence Advisors commenced with a three day induction 'intensive' in November and there will be a follow up 3 days of training in February that will include both Specialist Advisors and their Managers. The training is being developed and delivered by the Domestic Violence Resource Centre Victoria, in collaboration with VAADA and representatives from the Mental Health Sector. A Community of Practice for the Specialist Advisors is being implemented by the State wide Coordinator and Domestic Violence Victoria.

The Specialist Family Violence Advisor Program Guidelines – Stage 1 are currently being finalised and will be available for distribution shortly. The purpose of the guidelines is to provide operational advice to support the planning and delivery of the Specialist Family Violence Advisor Capacity Building Program.

For more information about the project please contact Molly O'Reilly on 03 9412 5600.

Real Time Prescription Monitoring and AOD treatment

In 2016, the Victorian government committed to the implementation of a real time prescription monitoring (RTPM) system in Victoria by 2018. The name for this new initiative will be Scriptsafe. Since that time, various announcements have been made including the rollout of significant training for pharmacists and general practitioners and a public information campaign in 2018. Various press releases and other public documents have referred to funding being available to make some 'minor enhancements to counselling and treatment services'.

More recently, through reference to Hansard, it has become apparent that the minor enhancements to alcohol and other drug (AOD) treatment sector amounts to \$916,000 over four years, followed by \$416,000 per annum recurrent thereafter. At this stage, there is no detail on the specifics of how this allocation will be utilised or how it will filter throughout AOD treatment providers across the 17 Victorian catchments.

Currently, pharmaceutical substances only make up a small portion of demand for AOD treatment, which is contrary to other measures of AOD related harm.

Reflecting on both ambulance attendances and fatal overdose reveals an unacceptably high and increasing rate of pharmaceutical harm across the state. While these measures do not directly reflect substance dependence, they are indicative of a large at risk cohort, currently not engaged – and likely to be AOD treatment system naïve.

Furthermore, various studies identify that between 12–34% of individuals who consume prescription opiates to address

chronic pain also experience AOD dependency or otherwise engage in high risk substance use.

It is highly probable that RTPM will identify a sizeable cohort which would benefit from AOD treatment at a time when much of the sector is overburdened with many treatment types maintaining long wait times. While there may be an expectation that many individuals identified by RTPM as experiencing dependency on opioids would benefit from opioid replacement therapy, the reality is that there are significant gaps in capacity among those prescribing and dispensing medicines for this essential service and without

a significant and rapid increase in the size and breadth of this workforce, vulnerable Victorians could fall through the gaps. These challenges will likely be further tested with the rescheduling of codeine which will occur in February 2018.

A small survey of VAADA's member agencies report that less than 1 percent of referrals are made to AOD treatment from general practitioners, suggesting that there are significant limitations in referral pathways from primary health to AOD treatment.

Further activity to address this limitation should be prioritised.

While VAADA welcomes the progression of RTPM and the establishment of 'Scriptsafe' as a necessary component to reducing the prevalence of fatal overdose through Victoria, its success will hinge upon the capacity of those service sectors, including AOD, who provide necessary services to the those in need.

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VAADA state budget submission 2018/19 – an overview

VAADA's 2018/19 state budget submission is currently in the final stages of review as we tally up a number of central issues and solutions to address AOD related challenges within Victoria for 2018/19 and going forward into the next term of Government.

There are a number of elements which have featured in previous submissions as well as some new items. There are also items which have emerged in relation to various reforms and new initiatives outlining specific challenges and potential service gaps.

VAADA's state budget is a crucial part of our advocacy materials with a number of items in recent times emerging as government policy. Over the past few years, there has been significant investment in various elements of the AOD sector consisting of additional capacity across a number of service types and regions together with specific initiatives.

The 2018/19 VAADA state budget submission details the following recommendations:

- Additional resourcing across a range of treatment types, including residential rehabilitation and Care & Recovery Coordination as well as a 25% increase on the value of DTAUs and those treatment types which are not covered by DTAU's;
- Additional capacity within growth corridors to generate greater treatment access;

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- Additional capacity to the AOD sector to address demand issues relating to real time prescription monitoring, as well as the necessary associated workforce enhancements;
- Additional funding and loading to respectively increase the capacity and enhance recruitment for rural and regional providers;
- Resourcing to pilot an outreach program for older people experiencing AOD dependency;
- Resourcing to provide support to various at risk CALD communities in enhance AOD service engagement;
- The development of a fast tracked workforce training program together with micro-credentialing in various key areas;
- Additional psychiatric addiction specialists to provide support in addressing the needs of those presenting with co-occurring AOD and mental health issues;
- The establishment of a fund to drive innovation among service providers to address emerging challenges and more effectively respond to contemporary evidence and best practice.

We would like to express our appreciation to the VAADA State Budget working group who have provided advice and assistance in the development of this submission.

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Calendar

13 FEBRUARY 2018

NWM Region Working Effectively with Culturally and Linguistically Diverse Clients Training

VAADA

Kensington Town Hall

Registration: <https://www.eventbrite.com.au/e/nwm-region-working-effectively-with-culturally-and-linguistically-diverse-clients-registration-41370452136>

20 FEBRUARY

The NWM PHN CALD AOD Forum – Managers and Senior Practitioners

VAADA

Melbourne Polytechnic, 77 St Georges Road Preston

Registration: <https://www.eventbrite.com.au/e/nwm-phn-region-aod-cald-forum-tickets-39243517417>

21 FEBRUARY

The dark side of the rainbow – AOD issues for LGBTIQ

Turning Point

Webinar

Info and registration:

<https://www.eventbrite.com.au/e/webinar-dark-side-of-the-rainbow-aod-issues-for-lgbtqi-tickets-41228187619?aff=erelpanelorg>

15 MARCH

Problem gambling for AOD clinicians

Turning Point

Richmond

Registration: <https://www.eventbrite.com.au/e/problem-gambling-for-aod-clinicians-workshop-01-1-day-workshop-thursday-15th-march-tickets-38827596386>

17 APRIL

NWM PHN Family Violence Forum – Managers and Senior Practitioners

VAADA

Melbourne Polytechnic, 77 St Georges Road Preston

Save the date (event registration to come)

NWM PHN Region Family Violence Training for clinicians

VAADA

Date and venue TBC

19 JUNE

NWM PHN LGBTIQ Forum – Managers and Practitioners

VAADA

Melbourne Polytechnic, 77 St Georges Road Preston

Save the date (event registration to come)

NWM PHN Region LGBTIQ Training for clinicians

Date and venue TBC

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

Pending changes in drink and drug driving laws and licence restoration programs

From April 30 2018 and beyond, there will be a number of changes with regard to a various elements relating to drink and drug driving offending.

Either being over 0.05 blood alcohol concentration (BAC) or providing a positive result for a roadside drug test will, even for those providing a low BAC or first time offenders, result in the loss of licence and the need to engage in a drink or drug driving restoration program. Currently, low level drink-driving (a BAC lower than 0.07) and drug driving may not necessarily result in the loss of licence.

Furthermore, any BAC higher than 0.05 will result in the installation of an alcohol interlock.

Effectively this means that any driver over 0.05 BAC will lose their licence, be required to attend a licence restoration program to recover their licence, and will need to have an interlock installed for a period of time.

Drink and drug driver licence restoration programs will be changing with a specific six hour drink and six hour drug driving licence restoration for lower level offending and a 10–12 hour comprehensive drink/drug driving licence restoration program for more serious offending.

Eligibility to deliver drug driver licence restoration programs will expand from funded AOD agencies to include private providers such as those currently providing drink driver licence restoration programs and will still operate under a user pays approach.

Interestingly, all providers will be required to have an affiliation with AOD treatment agencies. Providers will also be expected to have a range of skills with various standards set with oversight for eligibility to deliver these programs shifting from DHHS to VICROADS.