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The importance of evidence

At a time when elections are looming and the desire for ideas over substance may be in the ascendancy it is good to be reminded of the immutable and undeniable link between evidence and outcome. Evidence is not only the backbone of designing a better response to achieve better outcomes, but it provides clarity on what to do and what not to do.

The relevance of evidence based medicine for example is well and truly recognised. However, in some spheres the immutable relationship between evidence and outcome is either ignored or at best has become blurred. The reasons for this are on the one hand complex, for example because the body of knowledge is ill defined and in transition; alternatively, accepted evidence is simply ignored because other objectives are more important, and can be achieved by denying the facts brought by the evidence.

As with other areas, the application of evidence in the alcohol and other drug (AOD) space is well understood, yet often subject to compromise and/or denial in order to minimize public critique. Sadly, the inability to apply pragmatic evidence based responses from the AOD toolkit simply limits what can be achieved, costing innumerable lives (3682 fatal overdoses in Victoria between 2009-2017). A classic example of this approach is the 'war on drugs', another example would be the harms which have arisen because of the difficulties in establishing supervised injecting facilities or real time prescription monitoring systems (the latter which monitor doctor and pharmacist prescribing and dispensing practices).

The call for pragmatic policies and evidence based practice is critically important, and of vital necessity if we are to make a difference in our sphere of work. However, our efforts will only work if we are not stymied, programmatically throttled or subjected to the whims of compromise and the wasteful application of effort to things that might be broadly acceptable but which cannot and will not work.

As you will observe from the collection of articles in this edition a number of very important initiatives are well on their way. In keeping with the focus on the value of evidence the piece by Katinka van de

Ven, Alison Ritter and Ann Roche give an insight into unique Australian research being undertaken around commonly held beliefs that the characteristics of the AOD workforce can impact client treatment outcomes. Of note is the call for local support and participation in this research.

The article on the Living Free project provides an insight into a unique program seeking to change the narrative for females involved in the justice system by addressing the underlying causal factors to their offending and doing this via a flexible, evidence-based outreach model of intervention in order to disrupt the trajectory for women at risk.

After several years of very hard work and effort by Government, Department of Health and Human Services and a range of stakeholders including VAADA, the Victorian Government's Real Time Prescription Monitoring initiative (SafeScript) has started to roll out in Victoria's West. The enormous potential of this initiative cannot be under-estimated, and while there is an expectation that there may be hiccups along the way, there is still a great expectation that many benefits will flow to individuals and the community. This edition contains two articles related to the initiative, one from Reconnexion focusing on Benzodiazepines and the other from the Medication Support and Recovery Service (MSRS) talking about pharmaceutical dependence and client complexity.

The VAADA piece identifies a range of activities occurring across the social services including Family Violence and Child information sharing schemes which commence in late September. Also included is information on the Family Violence Risk Assessment and Risk Management Framework.

Sam Biondo
Executive Officer

Sector update

Information Sharing Schemes

Three reforms, the Child Information Sharing Scheme (CISS), the Family Violence Information Sharing Scheme (FVISS) and the Multi-Agency Risk Assessment and Management (MARAM) Framework come into effect on Thursday 27 September, 2018 for the Alcohol and Other Drug (AOD) Sector. Together, the schemes are designed to promote children's safety and wellbeing, protect family violence victims and ensure reforms are systematic and enduring. VAADA has been working with the relevant government departments to ensure the needs of the AOD sector are understood and that education and training resources prepare our sector for the changes.

A guiding principle of the reforms is that the rights of children to be safe and well and the rights of victims to be safe from family violence takes precedence over any individual's right to privacy.

From 27 September 2018, a portion of the AOD workforce will be prescribed to receive and respond to requests under information sharing reforms. Service providers will have the flexibility to nominate key staff within their organisation to operate under the scheme through delegation. This allows the AOD sector to be brought into the reforms without the burden of training the entire workforce before the end of 2018. The full AOD workforce is expected to come into the schemes from 2020.

Training

The Department of Education and Training (DET) and Family Safety Victoria (FSV) are currently working to develop an integrated training package.

Face-to-face and e-learning training will become available to the AOD sector from 8 October 2018.

DHHS is also working on material to support sectors, to be available via the DHHS internet and through the funded agency channel. This will include:

- Organisation guidance materials including checklists and templates
- A PowerPoint presentation on the reforms for organisations to use with their staff
- A central information exchange unit.

VAADA will disseminate training opportunities through e-news as they are scheduled.

Education and training opportunities for nurses in the AOD sector

The Australian Nursing and Midwifery (Victorian Branch) in partnership with Turning Point are delivering specialist AOD training for nurses. VAADA is part of an advisory committee that has provided advice on curriculum and course content for a series of workshops for nurses in the second half of 2018 and in to 2019. These workshops, and scholarship opportunities, will be promoted through the VAADA education and training pages when finalised.

AT A GLANCE

Family violence information sharing scheme (FVISS)

This scheme authorises a select group of prescribed Information Sharing Entities (ISEs) including delegates in AOD services, to share information between themselves for family violence risk assessment and risk management purposes. The scheme also removes the requirement in existing Victorian privacy legislation that a serious threat to an individual's life, health, safety or welfare must be imminent before information can be lawfully shared. Materials are available online at www.infosharing.vic.gov.au

The Child Information Sharing Scheme (CISS)

This scheme widens the circumstances in which information can be shared between prescribed information sharing entities (ISEs), in order to promote the wellbeing and safety of children. It covers a range of professionals including AOD frontline treatment providers. Consent is not required under the scheme, however professionals should seek the views of the child and relevant family members before sharing their information if it is appropriate, safe and reasonable to do so. All Victorian children and young people from birth until their 18th birthday will be covered by the new Scheme. www.infosharing.vic.gov.au

Multi-Agency Risk Assessment and Management (MARAM) Framework:

The Framework has been developed as a new tool to establish a shared understanding of family violence and risk assessment. It replaces the Common Risk Assessment Framework (CRAF), outlining clearer responsibilities for coordinating and implementing safety and accountability planning.

The MARAM Framework will be supported by a suite of risk assessment tools and operational practice guidance-and should be used as a guide to the two information sharing schemes.

Once released they will be available at:

www.infosharing.vic.gov.au

AOD Forensic online learning course

The increasing number of Community Corrections Orders, many with AOD treatment and rehabilitation conditions, has increased the number of forensic clients requiring community based AOD treatment.

In light of this, and to increase the AOD sector's understanding of forensic treatment and Victoria's forensic AOD service system, DHHS approached VAADA to develop and deliver a forensic online AOD learning module to be hosted on the VAADA website. The course will be available to all AOD staff, and is due to be completed in December 2018.

VAADA Conference 2019

Organising for our conference **VAADA 2019: Jack of all trades, master of one** is well underway and we are excited to announce our first two keynote speakers as Prof. David Nutt from the UK and Prof. Amanda Baker from New South Wales.

David Nutt - In 2010 The Times Eureka science magazine voted David Nutt one of the 100 most important figures in British Science; he was the only psychiatrist in the list. He is the founder and current Chair of DrugScience.org.uk (formerly the Independent Scientific Committee on Drugs - ISCD) and has held many leadership positions in both the UK and European academic scientific and clinical organisations. These include presidencies of the European Brain Council, the British Neuroscience Association, the British Association of Psychopharmacology and the European College of Neuropsychopharmacology as well as Chair of the UK Advisory Council on the Misuse of Drugs. He is a Fellow of the Royal Colleges of Physicians, of Psychiatrists and of the Academy of Medical Sciences. He is also the UK Director of the European Certificate and Masters in Affective Disorders courses and a member of the International Centre for Science in Drug Policy.

David has edited the Journal of Psychopharmacology for over twenty-five years and acts as the psychiatry drugs advisor to the British National Formulary. He has published over 500 original research papers and a similar number of reviews and books chapters, eight government reports on drugs and 31 books, including one for the general public, 'Drugs Without the Hot Air', which won the Transmission book prize in 2014 for Communication of Ideas.

Amanda Baker - Professor Amanda Baker is a clinical psychologist who has worked in mental health, alcohol and other drug and forensic settings in the UK and Australia. Professor Baker leads an internationally renowned program of clinical research trialling novel interventions that target co-existing mental health and substance use problems. She has a special interest in the treatment of smoking and improving physical and mental health among people attending alcohol and other drug and mental health services. She is working with Australian, US and UK collaborators to develop and disseminate comorbidity interventions. She co-edited the book entitled "Clinical Handbook of Co-existing Mental Health and Drug and Alcohol Problems".

In 2017 Amanda was the recipient of the 2017 Inaugural 'Outstanding Academic Mentor Award', Division of Psychological Research, Education and Training of the Australian Psychological Society. In 2014 she received the Distinguished Career Award, Australian Association for Cognitive and Behaviour Therapy.

Jack of all trades – theme

Further, keynotes will be announced over the coming months but the theme of the event will be *Jack of all trades, master of one*.

The past decade has heralded change and growth within the alcohol and other drug (AOD) treatment sector, with a gradual consensus through the broader community that treatment is a vital community service. But what the treatment system looks like remains unclear.

Increased resourcing from State and Commonwealth jurisdictions has seen an expansion in many areas within the sector at least for adult services. Accompanying this growth is an expectation that the AOD sector is capable of working in a more integrated manner across a number of allied community service areas. Some of these include: family violence, child protection, culturally and linguistically diverse communities (CALD), forensic and mental health arenas with a growing realisation of areas such as the NDIS rising over the horizon.

Booking tickets and submitting abstracts

The conference is set to take place on Thursday February 14 and Friday February 15 2019 at The Pullman, Melbourne on the Park Hotel, 192 Wellington Parade East Melbourne. It will be a massive event for the sector with our last few conferences selling out. To make sure you get your tickets, put this in your diary and make the most of the early bird specials on our website.

The conference is a fantastic opportunity for the sector to come together and share skills and experiences. In addition to 20 minute presentations and hour long workshops provided at previous conferences, we are also offering the opportunity for delegates to submit abstracts for 10 minute presentations. So if you would like to talk about a project you are involved in, some research you are undertaking or have information to convey to the sector please consider submitting an abstract. Abstracts can be submitted online; please read the guidelines carefully.

Last but not least, the VAADA conference dinner is taking place on the evening of February 14 at Two Fat Indians, just down the road from The Pullman Hotel. This delicious Indian banquet will be a fantastic opportunity for delegates to socialize and continue discussions from the day's sessions. Tickets to the dinner can be booked alongside tickets for the conference.

To book tickets or submit an abstract to the conference (or if you would just like some more information), check out the website: www.vaada.org.au/conference-2019/

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

Disrupting the pathway from vulnerable young girl to criminalised woman

15-year-old Carly started displaying risk factors in primary school, having long periods of absence from school and difficulties with peer relationships. Her behaviour continued to decline when she was first reported missing at 11 and she started using alcohol and associating with older males. Voluntary services tried to support Carly and her family however their transience and complex needs made engagement challenging. By the time voluntary services were exhausted, Carly was completely disengaged from school, using substances and had come to the attention of the justice system for offending behaviour. Child Protection were in and out of the family however interventions would occur and services put in place, only for them to fall by the wayside after a few months. Carly is now receiving support through the Living Free Program and has embraced the flexible outreach model of care, utilising it to access specialist services, engage in school and recreation. Unfortunately this support wasn't available when Carly first started displaying these risk taking behaviours at age 11. Carly's story is not uncommon.

Girls as young as ten are being reported missing and engaging in risk taking behaviours and the current service system seems to be at a loss on how to respond. In the Frankston Mornington Peninsula (FMP), Victoria Police have indicated an urgency to support these girls, recognising that the risk factors seen for criminalised women are observable in the young females reported missing. These risk factors include early onset substance use, association with older criminalised males and disengagement from education however the current voluntary service system is unable to respond in a manner that manages their complexity.

Funded by the Victorian Legal Services Board Grants Program, the Living Free Project was established in December 2017 to work on improving system responses to females at risk of or in contact with the justice system whilst piloting direct service approaches that can disrupt a women's pathway to offending. Led by Stepping-Up Consortium and delivered in partnership with Peninsula Health, Frankston Mornington Peninsula (FMP) Primary Care Partnership, Youth Support and Advocacy Service, Mentis Assist, Victoria Police, Victoria Legal Aid, Peninsula Community Legal Centre and Frankston Magistrates' Court, this project presents a unique approach to supporting our most vulnerable and at risk young women. For young girls reported missing aged 10-17 or females aged 18-30 in the FMP, a component of the Living Free Project is filling a gap in service delivery by providing flexible access and engagement. The project leverages off strong partnerships established in the catchment to ensure

the young women and their families access the right support at the earliest possible time and to re-direct them away from statutory involvement.

Although the female imprisonment numbers continue to be much lower than for males, the female rate experienced more growth between 2006 and 2016 (45%) than the male rate (Sentencing Advisory Council, 2016). Women in the justice system often present with unique needs and distinct pathways to offending such as trauma, mental health, substance use and often have a history of relationships marked with violence and abuse. Women's substance use is believed to be a defining factor for their offending with a greater percentage of females incarcerated for drug related offending than males (14% compared to 9%). Upon reflection, many women in the justice system presented with identifiable early risk factors that went unaddressed from early childhood and throughout adolescence.

The project co-ordination aspect of the Living Free Project delivered by FMP Primary Care Partnership seeks to develop a more detailed understanding of the patterns young women who enter the justice system as adults, including any barriers that are common with accessing services to support their often multiple and complex needs often beginning in childhood.

Since the project commenced taking referrals in April 2018, 55 referrals have been made, some as young as 10 years of age. Many of the women and their families have had some level of service involvement prior to Living Free however eligibility criteria and inflexible models of service entry have created barriers to engagement. Many of the women, youths and adults, present with intergenerational histories of substance use, violence and engagement in the system. Most have made attempts to engage with services however for a myriad of reasons they have continued to flail through the system until their needs escalate and statutory services or the justice system have become involved.

The Living Free Project is looking to change the narrative relating to females involved in the justice system by addressing the underlying causal factors to their offending through a client centred recovery framework that is utilised across the health services. Supporting young women reported missing through a flexible, evidence-based outreach model of care seeks to highlight the importance of funding early intervention activities in order to disrupt the trajectory for women at risk and re-write their pathways with new narratives of hope and purpose.

Real Time Prescription Monitoring in Victoria

Let's talk about it - Reconnexion

Benzodiazepines are the most implicated drugs when it comes to Victorian overdose deaths, so why do we never talk about them?

The implementation of SafeScript, the Victorian Government's Real Time Prescription Monitoring initiative, provides a long-overdue opportunity to encourage a community conversation about prescription tranquilisers, which will be monitored by the new system. Whether taking benzos as prescribed by a trusted doctor or buying them illicitly, individuals face a very high risk of dependence: up to 30% of those using benzos for just 4 – 6 weeks start to experience withdrawal. For long term users this figure rises to as high as 80%. Regardless of how it has developed, a benzo dependency needs specialised, long-term support.

There is good research telling us that both doctors and patients are often concerned about long term benzo use, but each believes the other will be resistant to deprescribing. What is required is practical strategies and evidence-based treatment options.

SafeScript will bring additional supports to health professionals including an enhancement of Reconnexion services such as an updated and fully referenced manual, the Benzodiazepine Toolkit (online and free). Reconnexion also provides free secondary consultations for those working with benzo patients, and will be providing a masterclass "Benzodiazepines, Anxiety and Insomnia" by request through PHNs.

The current picture of benzodiazepine use is a nuanced one and includes a vast number of people who would not consider themselves to have substance misuse issues, creating greater challenges in helping these people.

As well as the free and confidential telephone support service (1300 273 266), Reconnexion will shortly launch a new website providing fact sheets, resources and links. Face to face benzo withdrawal counselling will also be increased, and will be augmented by the provision of secure video counselling.

What SafeScript won't do is impact on those buying benzos illicitly, nor will it interrupt access for people taking as prescribed (unless a prescriber overreacts through concern about scrutiny) but it will encourage the conversation, both in the consulting room and in the community at large. Reconnexion supports and promotes the safe prescribing of tranquilisers and welcomes the implementation of SafeScript and the opportunities it brings.

Medication support - access health

2018 has already seen the rescheduling of codeine to Schedule 4 (prescription only), and later this year the AOD sector will welcome the introduction of the Victorian Government's first real-time prescription monitoring system, SafeScript. The Medication Support and Recovery Service (MSRS) strongly supports these changes and a greater awareness of the risks and complexity of medication misuse/dependence - but such significant change has not occurred

without challenges. During the past year, the MSRS has received referrals from a diverse group of individuals and families struggling with medication misuse and dependence. The presentations have largely been complex and often involve multiple co-occurring conditions, including chronic pain, physical disability and chronic illness, which the AOD sector is not accustomed to working with. Common themes amongst our clients are the sense of loss of control and the fear that there wasn't any help out there. Many felt that they were the only one with the problem, and were hesitant to speak to their healthcare provider or ask for help.

There appears to be an additional "stigma upon stigma" for people who are misusing medications, who do not typically identify as having a "drug and alcohol problem" and may be even less likely than other clients to seek help from AOD or primary care services.

To date, the focus of discussions about medication misuse have largely centred on opioid pain killers, and benzodiazepines. Yet whilst benzodiazepine and opioid dependency are relatively well documented, the MSRS is seeing people with a broad range of medication misuse and dependence issues, including drugs such as Lyrica, Phenergan, Ritalin, Modafanil, and Seroquel. We anticipate that with the introduction of SafeScript in October 2018, even more people within the community will emerge as having such issues. For many GPs and healthcare providers, they may be surprised to discover a large number of their patients may in fact have issues with medication misuse. Hopefully, SafeScript will encourage open, and frank conversations between patients and their healthcare provider about how best to seek help.

The MSRS is well positioned to help. Through a wrap-around approach with therapeutic counsellors, nurses, nurse practitioners and peer support workers, the MSRS offers hope and help to those who may feel they are in this alone.

We are also very happy to speak with other organisations in the AOD sector who may be apprehensive or unsure about how the introduction of SafeScript will impact their staff, service and clients. We encourage everyone to check out our website www.msrs.org.au or call us directly on 1800 931 101.

The MSRS is commissioned by the Eastern Melbourne PHN and supported by funding from the Australian Government under the PHN Program. The MSRS is delivered by Access Health and Community, in partnership with Carrington Health, Link Health and Community, Banyule Community Health and Inspiro Community Health.

Dr. Tamsin Short is the Senior Manager of Mental Health and AOD Services at Access Health and Community, and has led the development and introduction of the Medication Support and Recovery Service in East and North East Melbourne.

For further information please contact:

Julius Ting (9810 3017) or julius.ting@accesshc.org.au - Project Coordinator, Medication Support and Recovery Service

Dr. Tamsin Short (9810 3078) or tamsin.short@accesshc.org.au

Ten Point Plan for improving the lives of Victorian young people and families experiencing AOD-related harm

Late last month, the Youth Support + Advocacy Service (YSAS), on behalf of the youth AOD sector, launched a Ten Point Plan aimed at improving the lives of Victorian young people and their families experiencing AOD-related harm.

The plan calls upon the state's politicians to make a bigger commitment to funding early intervention and support programs for vulnerable young people dealing with substance misuse.

The plan launches at a time where:

- The current demand for youth AOD treatment is overwhelming
- Substance misuse and dependence continues to be a leading cause of harm for Victorian young people and their families
- Early intervention and treatment work and are cost effective
- Adolescence is the key developmental period for the emergence of substance use disorders (SUD) and problems

Commendably, state government support has already made a huge difference through the \$184M Ice Action Plan and the \$87M Drug Rehabilitation Plan. But, neither of these plans provided for further investment in youth AOD services. Further, investment in the specialist youth AOD treatment system currently sits at just 5% of the overall investment made in AOD treatment in Victoria.

The Ten Point plan:

1. Prioritise young people who are most at risk
2. Intervene early to prevent years of unnecessary harm and cost
3. Focus on proactive engagement and treatment retention
4. Invest in lasting results – interventions of sufficient intensity and duration
5. Modify the existing youth AOD service system for greater performance
6. Further integrate youth AOD services with other youth-specific service systems
7. Systematic involvement of families and carers
8. Expand the youth AOD service system to match population growth – targeting growth communities
9. Address chronic under-servicing of young people living in rural and remote communities
10. Improve service co-ordination and planning to meet the changing AOD-related needs of youth population

Government has the opportunity to enact the Ten Point Plan by investing in a number of programs and services. These can be found within the Ten Point Plan via the YSAS website.

If you have any questions please contact reception@ysas.org.au.

Does workforce matter?

Does workforce matter? Examining the relationship between workforce characteristics and client treatment outcomes in the alcohol and other drug (AOD) field.

While there is a long-standing and commonly held belief that the characteristics of the AOD workforce can impact client treatment outcomes, the available literature to date has not been systematically reviewed. The demand for evidence of 'what works' in relation to AOD staffing and treatment optimisation is growing, and it is therefore critical to synthesize relevant research in this field.

We undertook a systematic review of peer-reviewed research articles that examined the relationship between workforce characteristics and client treatment outcomes. Papers were included if they measured one or more of five workforce characteristics: 1) years of clinical experience; 2) level of education/qualifications; 3) staff turnover; 4) staff-to-client ratio; and/or 5) professional development (incl. clinical supervision and training). And the papers needed to also include treatment outcomes - defined as changes in AOD use, improvements in psychological or social functioning, and/or retention in treatment.

What did we find?

- There is a lack of empirical evidence: Out of more than 1,300 papers, we only found 12 studies that directly examined the relationship between workforce and treatment outcome.
- The methodological quality was very average: Most studies were of low (42%) or moderate (25%) quality, 33% were high quality.
- The outcomes were mixed: Workforce characteristics influence treatment outcome in multiple directions (positive, negative or

no effect on client outcomes), making it difficult to make any firm statements about the relationships between workforce and treatment outcomes

- There were no Australian studies.

While the systematic review did not give us any definitive answers, it did show that more research is desperately needed. Importantly, it illustrates that higher quality and larger scale research that focuses on individual and organisational workforce characteristics, taking a "systems approach", are needed to guide developments in this field. We presented these findings at the ISSDP Conference in May this year and have submitted the work for publication in a journal.

This work is part of a larger project, named "Horizons", which examines how funding approaches, purchasing mechanisms, and workforce characteristics of Australian AOD treatment impacts on client treatment outcomes. This project is aimed at improving the ways in which AOD treatment in Australia is funded and purchased as well as better knowledge about the importance of workforce characteristics. We are currently recruiting in Victoria for this project. More information can be found here: <https://ndarc.med.unsw.edu.au/project/alcohol-and-other-drug-treatment-funding-purchasing-and-workforce-empirical-analyses-inform>

If you are interested in participating in Horizons, have questions or want more information, please contact Dr Katinka van de Ven via email (k.vandeven@unsw.edu.au) or phone (02) 9385 6407. Recruitment in Victoria closes at the end of September 2018.

Katinka van de Ven, Alison Ritter and Ann Roche