

ELECTION ISSUE

November 2018

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Drug treatment - an essential service

Election time always ushers in a period of insecurity across the community due to potential policy change. In this regard, the forthcoming election is no different. Over the past few years the Victorian alcohol and other drug (AOD) sector has been the recipient of many significant and positive policy shifts. These have included additional residential rehabilitation capacity, real time prescription monitoring, medically supervised injecting, as well as an overall increase in investment within the sector.

For our sector, the road ahead will not change much of the work we do. The government, of whatever persuasion, will likely continue to invest in AOD, as it is fundamentally an essential service that saves lives. While the tone and direction may change, the fundamentals of our work will remain constant.

This month's edition covers a series of contributions from associated sectors, which clearly highlight the cross linkages between AOD and the broader community sector. Some of the issues raised include, how we can better work with older people, improving justice responses to reduce the rate of imprisonment and associated AOD harms and increasing access to suitable support for vulnerable cohorts.

As a peak organisation, our role will continue to be to work with government and all parties to promote evidence informed responses and policy to better assist those affected by substance use issues, as well as represent our member treatment services. To that end, our election position, which is summarised in this edition gives an overview of our specific election 'asks', including the need to reduce AOD related harms, the need for innovative justice responses, and improving the response from hospitals to substance affected people.

As many readers would be aware, VAADA has focussed considerably on coronial data for many

years, if for no other reason than the importance of AOD related fatalities as an indicator of community harms. This edition provides an insight into 2017 fatal overdose data in Victoria. These figures are a sad reflection of the widespread level of harms suffered by many across our community.

As noted in our election position, while government has committed to real time prescription monitoring, more work needs to be done in the pursuit of minimising downstream harms that could arise in the operation of this program. We will continue to provide updates on these developments going forward into 2019.

In 2019, VAADA will be holding its biennial conference on 14-15 February at the Pullman Hotel in East Melbourne. As in past years, it is a leading event in Victoria's AOD sector calendar. Keynote speakers include international guests, Professor David Nutt (UK) and Associate Professor Fiona Measham (UK) as well as Australian experts, Professor Amanda Baker (Newcastle University) and Jill Gallagher (AO). Further details are contained in this edition.

At the recent VAADA AGM, we saw the departure of three board members, being Anne-Maree Rogers, Sally Mitchell and Alan Murnane. I would like to acknowledge their significant assistance and support over the years and to welcome the return of Jane Measday as well as new board members Dr Tamsin Short, Shannon Bell and Naomi Rottam.

Finally, in terms of the pending state election, we thank the government for its' considerable support during this term and wish all parties well. We look forward to working with government going forward from 2019.

Sam Biondo
Executive Officer

Pre-election statements

COTA calls for better mental health services for older people

Many people don't think of older Victorians when the misuse of alcohol and other drugs (AOD) is raised. However the misuse of prescription medication and illicit drugs by people aged 50 and over has increased over the past decade. Older people comprise the largest proportion of the population who drink daily and are far more likely to use alcohol with other medications.

COTA Vic is concerned that the misuse of AOD among the ageing population could be symptomatic of issues relating to social isolation and loneliness. We know, for example, that Australian men aged over 85 years have the highest suicide rate in Australia. Older people in rural and regional areas are more likely to be socially isolated due to not having the same access to aged care, transport and other essential services as their metropolitan counterparts. This situation is compounded as more services move online requiring internet access and navigation skills. COTA asserts that further research is needed on the impact of social isolation and mental illness and how these factors may contribute to the misuse of AOD among older people.

Existing AOD services are falling well short of the needs of Victoria's ageing population. Older people are far less likely to access traditional services due to stigma and mobility limitations. At present, there is only one treatment program in

Victoria targeting older people. COTA welcomes the recent announcement of a Royal Commission into Mental Health by the Victorian Government, however there should be no delay in taking action on critical service gaps.

To minimise the harm associated with the misuse of AOD among Victoria's ageing population, COTA is calling on all political parties to support the following measures leading up to the 2018 state election:

- Fund a peer education program to communicate the health effects of alcohol on older people
- Invest in specialist AOD services for older people, including services that are targeted towards the needs of culturally and linguistically diverse ageing populations
- Investigate and take action on the barriers older people currently face in accessing appropriate mental health services in the community, aged care and clinical services
- Develop a state-wide and regionally specific strategy to plan for the ageing of the population to ensure equitable opportunities and assistance for older Victorians

You can access COTA Victoria's full election platform from our website: <https://cotavic.org.au/action-advocacy/2018-state-election-platform/> or phone (03) 9655 2100 for further information.

Centre for Excellence in Child and Family Welfare

The Centre is the peak body for child and family services in Victoria. We call on government to put children at the Centre. Children have the right to grow up in a safe, stable home, connected to family, community and culture. But all too often these rights are not realised – especially for children experiencing disadvantage, cumulative harm, trauma, removal from family and complex circumstances.

Addressing parental substance use results in better outcomes for children. Between 50-80% of parents in contact with child protection have issues with alcohol and drug abuse.

Alcohol and drug services provide an opportunity for families to stay together with active efforts to support parents. When

children are removed, reunification is more likely when parental support is available.

This election we are asking government to invest in early intervention so that all families have access to quality and flexible support that is based in evidence and culturally-informed. Specifically, the Centre is calling for a \$100 million per year investment in integrated family services and a \$5000 investment per-year per-carer from the government to address these needs.

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

from our fellow peaks

Council for the Homeless Persons

This October Council to Homeless Persons has published a Victorian Homelessness Election Platform that highlights the major challenges – and solutions needed – in relation to homelessness in our State (see the www.chp.org.au website).

First and foremost, we raise the challenge of access to housing that is decent and affordable.

For people on low incomes it is almost impossible to access decent housing. Instead people cycle between various forms of living homeless, including rooming houses, temporary visits with friends, sleeping in cars or rough sleeping, or living in substandard accommodation like sheds. We know that the insecurity, despair and stress of these living environments leads to mental ill health, and often to problematic substance use; each of which make it harder to find a pathway out of homelessness.

This is why we put delivering access to housing first in the platform. It is critical to provide a home for those who don't have one so they have a way out of homelessness, but it is also a critical early intervention – as housing people well prevents the despair and ill health that accompanies prolonged homelessness.

Alongside this Platform is an advocacy strategy to help build the pressure for change, because lack of access to housing

is not a new issue, and it isn't cheap to resolve. It will take serious investment by both state and federal governments.

At a national level we have worked with many others to create a national campaign on housing and homelessness called Everybody's Home - www.everybodyshome.com.au. This campaign unites the community, housing and homelessness sectors behind a platform calling for investment in 500,000 social and affordable rental homes. AOD services are welcome, and encouraged to join.

At a state level, Council to Homeless Persons continually raises this issue in the media and exposes the harm that lack of housing causes to people who are vulnerable. We also have a Victorian Everybody's Home 'online action' every Victorian can take to directly email the candidates in their electorate to call on them to invest in social housing.

Sometimes it isn't enough to just say what our community needs, we have to unite and fight for it. I encourage every AOD worker or consumer who has ever struggled to afford housing, or has watched clients lives destroyed by lack of a home, to take up this fight and join the campaign.

Federation of Community Legal Services

The community legal sector is committed to restorative justice approaches that connect people with the help that they need to access justice and thrive. How then do we achieve this, when the deck is stacked against those who need help most? Some of the smart justice initiatives that we are calling on all parties to adopt this election are:

- Expand the Drug Court and the Family Drug Treatment Court (within the Children's Court) including to rural and regional Victoria. Diversion is the best solution based on the evidence: drug diversion programs are proven to reduce rates of offending among participants
- Commit to permanently funding Victoria's safe injecting room. The safe injecting room is a crucial way to keep people safe. People experiencing substance dependence should be able to access the medical and social services they need to assist their recovery.
- Support strong and caring communities, not prisons. Currently, government funding is heavily skewed toward

punishment, rather than toward helping people to keep out of the quicksand that is the prison system. Substance dependence and related mental health issues should be treated as matters of public health. We're calling for funding to be redirected to community and culturally safe services that apply evidence-based alternatives to incarceration.

- Increase funding for CLCs to provide better and integrated legal services. Community legal centres provide a voice for people being targeted by systems that marginalise and criminalise them. We support people holistically – performing our casework with combined teams of lawyers, social workers and financial counsellors, and through partnerships with schools and hospitals. CLCs are a critical part of the services we need to ensure that people are supported and able to heal, recover and thrive.

VAADA 2018 Election Position

VAADA's election position calls on the parties to commit to reducing fatal overdoses and associated harms, enhance positive AOD justice related outcomes, intervene earlier with young people, build a consistent meaningful response from hospitals in relation to hospital presentations where AOD is a factor, enhance the capability of the workforce and increase capacity to work with at risk populations.

In reducing AOD related harms, our paper calls for:

- the continuation of Victoria's Medically Supervised Injecting Room (MSIR) with a view reflecting on the evidence in relation to additional facilities where required for high risk localities;
- additional capacity to the AOD and associated sectors to address need arising from the implementation of Safescript;
- subsidising the opioid replacement therapy dispensing fee, which will increase client retention.

In relation to generating positive outcomes from AOD related justice interventions, short term and long term post release prison supports including harm reduction initiatives such as naloxone provision should be either introduced or enhanced. Further, services in regions experiencing a disproportionate level of disadvantage should be bolstered in order to build community resilience and reduce harms as well as the causes of crime.

The youth AOD sector should receive an uplift to increase capacity to work with at risk young people supported by a broader strategy

that will seek to reduce demand for youth justice interventions.

There is currently a range of preventable AOD harms occurring across Victoria's hospital system. This interfaces with many high risk, frequent attendees experiencing chronic substance related harms and is an essential area requiring increased support and attention. This paper calls for a smarter way of responding to AOD related hospital attendances. There is a clear need to support an enhanced, consistent, robust AOD response from the hospital sector.

The welcome rapid growth across many areas of the AOD sector, combined with increasing vulnerability and complexities in presentations, has created greater awareness of workforce needs, including recruitment, training, retention and capacity building. Current workforce pressures and activities such as the focus of family violence as well as changes occurring in the forensic treatment area are placing considerable pressure on our system. These challenges are exacerbated in rural settings.

The paper concludes with a range of pragmatic recommendations that provide a means to support various at risk and under serviced cohorts including older people, CALD communities and those residing in growth regions in Victoria. It also highlights the need to capitalise on the growth within the sector and seek to cement the positive gains, making a meaningful positive impact on the health and wellbeing of Victorians.

Victorian drug mortality – 2017 data

The Victorian Coroners Court recent release of the 2017 'acute drug toxicity data' has revealed a year on year increase from 2010 (341) to 2017 (523). Pharmaceuticals continue to contribute to approximately 80 percent of all fatalities, with benzodiazepines contributing an increase from five to six in every 10 fatalities.

The contribution from alcohol has increased significantly from 2016 (124) to 2017 (151) and has contributed to 918 fatal overdoses since 2009. During the same period, methamphetamine related fatal

overdoses have decreased from 119 to 93 with a total of 488 fatal overdoses.

Between 2009 to 2017, some 3685 Victorians have fatally overdosed; to put this in context this figure is just shy of the total population of the Local Government Area of West Wimmera (3895).

Benzodiazepines and heroin respectively contribute to 1441 and 1340 fatal overdoses between 2009 and 2017.

Acute Drug Toxicity – Victoria: single and multiple substance contributions

	2010	2011	2012	2013	2014	2015	2016	2017
Single drug	123	134	116	119	101	131	137	123
Multiple drugs	218	228	251	261	286	323	355	400
Total	341	362	367	380	387	454	492	523

Drug type proportion by %*

	2010	2011	2012	2013	2014	2015	2016	2017
Pharmaceutical drug	77.1	75.7	82.6	82.1	81.7	78.4	77.4	79.2
Illicit drug	42.8	41.4	35.4	42.9	42.4	50	53.5	51.8
Alcohol	24.9	24.6	21.8	25	24.3	23.3	25.2	28.9

*annual total surpasses 100 due to the high prevalence of polysubstance use

For further information, see: www.coronerscourt.vic.gov.au/resources/75e1a449-7064-4b8f-a44f-8e95836042c7/samuelfackmorrison_273016.pdf

Intersectionality: what it is and why it matters

VAADA has been commissioned by the North Western Melbourne Primary Health Network (NWMPHN) to run an AOD Workforce Development and Stakeholder Engagement Project across the region. As part of this role we have focussed on coordinating forums, delivering a number of training sessions and establishing various communities of practice as well as a managers network. Our workforce development activities have engaged representatives from across the community sector in the NWM region including AOD, mental health, homelessness, family violence, CALD, LGBTIQ and gambling.

As part of this project VAADA coordinated a forum on 9 October exploring the theme of "Intersectionality: what it is and why it matters". The forum targeted managers and senior practitioners, and focused on providing a consistent understanding of the theory of intersectionality and what it means for current practice.

Intersectionality explains how an individual may experience multiple types of overlapping discrimination, depending on their age, gender, ethnicity, physical or cognitive ability, class or other characteristics that may place them in a minority group. While the link between discrimination, poor mental, and physical health outcomes has been well established in responding to client needs, it is important to be alert and not de-prioritise individuals needs in favour of other treatment targets.

Using an 'intersectional lens', various speakers at the forum highlighted ways in which systems and practice can unwittingly discriminate and disadvantage already marginalised clients. Strategies and frameworks were discussed which can enable a sharper focus on the experiences of marginalised groups, and how to work to correct collective biases, and remove or reduce obstacles to accessing services and improving health outcomes.

Highlights of the day included speaker Nilmini Fernando who outlined the historical basis of intersectionality, the core ideas of an intersectional framework, and outlined the importance of identity and power within this. Three Sides of the Coin, did an evocative performance using storytelling and theatre to demonstrate the harms associated with gambling especially stigma and shame and the need to re-frame this area as a public health issue. Further to this, the forum incorporated an 'expert by experience' panel which was a powerful reminder of the need to increase opportunities for consumers to have a voice in service design and delivery.

The day continued with two panels, one focused on the changes required at an organisational level, and the other explored practice considerations for clinicians.

For more information on the event, please follow the link www.vaada.org.au/conference/intersectionality-what-it-is-and-why-it-matters-presentations-and-resources/



Intersectionality: What it is and why it matters

