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# State budget delivers more of the same



The Victorian Government's 2012-13 state budget was touted to be fairly brutal and was for a number of service sectors. For the AOD sector, the Budget realised an overall 2.2% increase in funding. However, in real effective terms based on VCROSS figures taking into account population growth, inflation and wages it results in a 4.1% reduction in funding to the AOD sector.

On the positive side the budget cemented the \$39M stream of sunset funding which is a mainstay of many AOD treatment services. There was a \$14.2M allocation to hospitals for acute AOD presentation and an allocation to Barwon Southwest for a new CCCC service. The Minister also announced a new central intake service which will incorporate advice and counselling, referral, screening and assessment and will be complemented by a new state-wide central bed register to match people more quickly to available treatment beds. Elsewhere, the budget provides for the continuation of Moreland Hall's Catalyst program and a small allocation for VAADA to assist in consulting with the AOD sector around reform activities.

On the negative side, this budget and continues the trend for an overburdened, under-resourced and neglected sector. The sector continues to endure the smallest increases in funding in the state health service system, with an average gross annual funding increase rate of 4.94% compared with an average of 8.81% for the health sector. The AOD sector also has the smallest funding base of state funded health service sectors.

## Federal government delivers less of the same

DOHA announced the long awaited successful applicants under the reformed and consolidated group of funds, particularly:

- Substance Misuse Service Delivery Grants Fund (SMSDGF);
- Non-Government Organisation Treatment Grants Program (NGOTGP);
- Chronic Disease Prevention and Service Improvement Fund; and
- Communicable Disease Prevention and Service Improvement Grants Fund.

There is considerable concern regarding the removal of funding from many successful and well regarded programs. Of the 46 NGOTGP agencies funded in the recent past only 17 have been successfully shortlisted, with only three new entrants. There are currently 26 ISI funded agencies. Eight succeeded in securing SMSDGF funding. In addition to this, there were six new entrants. The Victorian AOD sector is set to endure an approximate gross loss of \$5M. At this stage several family and child services have been defunded. Some regions will be bereft of federally supported AOD services; early analysis indicates substantial staff losses, service reduction and financial dislocation for agencies. These are rough figures at time of printing.

While there are winners in this process, questions remain regarding service system fragmentation, the level of planning for decision making about the rational delivery of AOD services by government and the human cost for both clients and dedicated staff.

**Sam Biondo**  
EO - VAADA

# Dividing the pie... DHS regionalisation

The Department of Human Services (DHS) is undertaking significant reform activity which will result in a number of major changes to the systemic framework supporting a large portion of Victorian community services. One stream of activity is the regionalisation of DHS services which will result in four regional divisions supporting 17 local areas. These local areas are cited to be based on geographic catchments with reference given to population growth and service demand. The local areas are spatially dissimilar to Medicare Locals, thus continuing the trend of varying regionalisation between many related service systems funded and administered by Commonwealth and State governments.

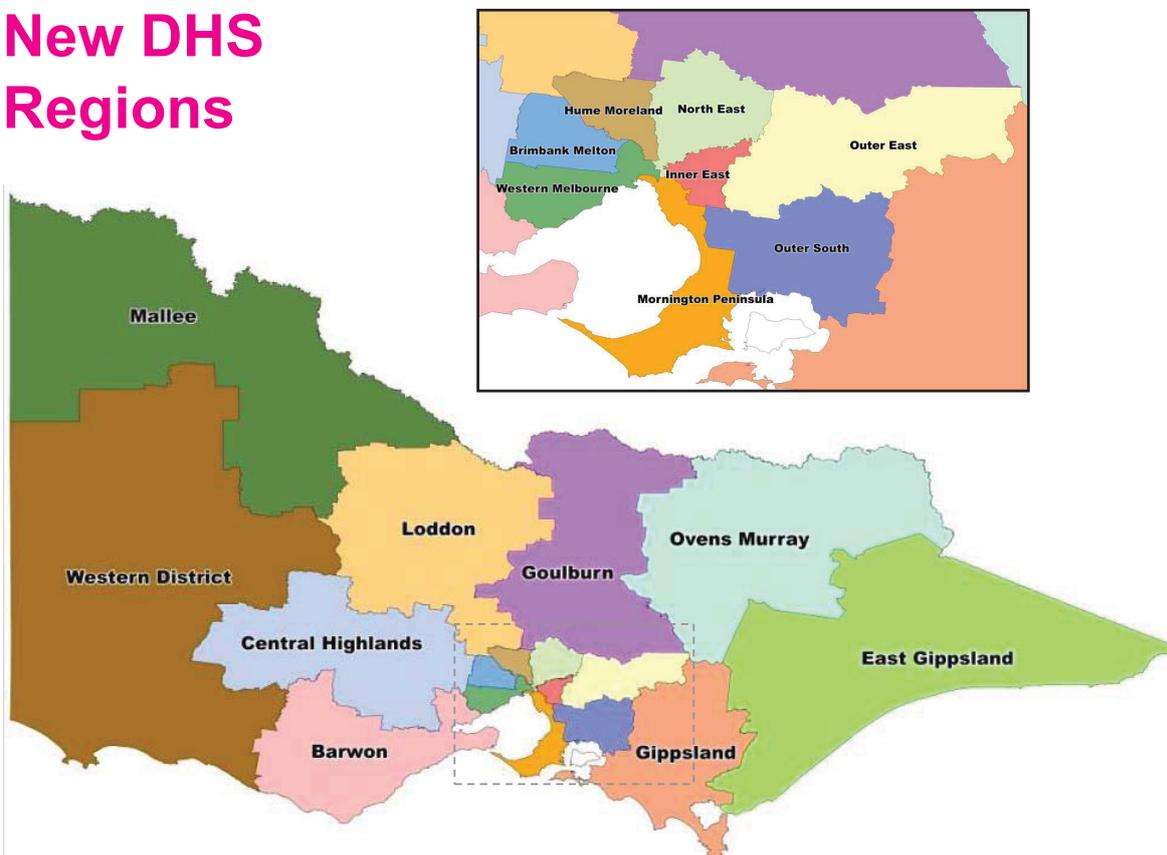
Each local region will have greater control of which services are funded with a view to working in a more integrated manner with local service providers.

Accompanying this reform is the consolidation of the seven divisions of DHS's central office, with the removal of departmental areas with a view to breaking down silos. Emerging from this central office reform would be three divisions: Policy and Strategy; Service Design and Implementation; and Corporate Services.

Although DHS does not oversee the AOD treatment sector, it is likely that the re-shaping of the regions will have an impact on AOD treatment agencies, given the emphasis on whole-of-government responses and families and children. Minister Wooldridge, who is overseeing these reforms, also holds the portfolio for the AOD treatment sector.

The division boundaries resulting from this reform are detailed below.

## New DHS Regions



# Protecting Victoria’s vulnerable children and the AOD sector

The ‘Protecting Victoria’s Vulnerable Children Inquiry’ (the Inquiry) made a call for submissions in 2011 with the final report completed and submitted to government in March 2012. This reform activity is occurring adjacent to the development of the Victorian three year ‘Action Plan addressing Violence against Women and their Children’. This précis of the report provides a summary of the key issues with primary reference to the Victorian alcohol and other drug (AOD) treatment sector.

This expansive report of over 1000 pages throughout three volumes and 90 recommendations covers a wide range of issues, many which are relevant in varying degrees to the AOD treatment sector. The relevance of this important inquiry is underscored by the prioritisation of child protection and family violence by the current government. The key themes emerging from the report which are relevant to the AOD sector are outlined below.

Whole-of-government: At a systems level, there is discussion regarding a whole-of-government response that aligns with recommendation five. This relates to the AOD Whole-of-government strategy and the need for it to account for the impact of AOD misuse on children. It is worth noting that DHS is reforming the case management process of vulnerable families (“One DHS” or “Future State”) with one single care plan for each family to better co-ordinate care and support and to reduce duplication. Although AOD sits outside DHS, it is likely that this reform will have some relevance for the AOD sector. The Cummins report recommends that a range of sectors including AOD, mental health, health

and housing be involved in the governance of ChildFIRST to improve governance, increase accountability and improve integrated service delivery.

Centralised/regional intake: This concept is floated although there is limited discussion on how it would evolve. It is implied that this would be cross-sectoral and that the needs of vulnerable children and their families would be prioritised. Centralised/regional intake is also being discussed within the context of the Whole-of-Government AOD strategy, although there has been only limited details

Centralised/regional intake is also being discussed within the context of the Whole-of-Government AOD strategy...

publicised at this stage. Given the intersect, any intake related initiative would likely involve a range of service sectors.

Case conferencing: the Inquiry has strongly asserted the need for collaboration between a range of service sectors and to increase case conference with other service sectors including AOD. The ramifications of this for the AOD sector

...do we prioritise family-based practice and service users involved in child protection?

are unclear at this stage; do we prioritise family-based practice and

service users involved in child protection? Does this necessitate a care and coordination pathway for service users engaged with child protection? Will the AOD treatment sector receive funding and training to account for the additional burden of case conferencing?

VAADA made a submission to this Inquiry in 2011 and more recently released a position paper entitled Connections: family violence and AOD. We also prepared a summary of the Cummins report for the sector.

These documents can be accessed from:

VAADA Submission: <http://www.vaada.org.au/resources/items/2011/05/369557-upload-00001.pdf>

VAADA position paper: <http://www.vaada.org.au/resources/items/422855-upload-00001.pdf>

VAADA summary of the Inquiry: <http://www.vaada.org.au/resources/items/2012/04/434031-upload-00001.pdf>

# ISI project update

The Improved Services Initiative (ISI) is a federal initiative that aims to build the capacity of non-government alcohol and other drug (AOD) treatment services to effectively address and treat co-occurring mental illness and substance misuse. It is a component of COAG's National Action Plan on Mental Health 2006 - 2011.

With the current funding period drawing to a close, this has been our busiest time yet. Project workers have been tying up loose ends and ensuring all their hard work over the last three to four years is embedded and sustainable.

VAADA supports 26 Victorian services funded by the Department of Health and Ageing under this initiative to build partnerships and improve referral pathways with the wider health sector, identify co-morbidity workforce development and training opportunities and to undertake service improvement activities.

With the current funding period drawing to a close, this has been our busiest time yet. Project workers have been tying up loose ends and ensuring all their hard work over the last three to four years is embedded and sustainable.

At VAADA, the ground work of the Project over the past three to four years has meant we are able to implement a great range of activities in these final few months. We have formed a reference group to produce AOD Prompt Cards, equivalent to the incredibly popular mental health prompt cards, and are developing training to support those cards. The complete set of cards will be available mid-May. We have re-produced the 'Capacity Building and Change Management: A guide for services implementing dual diagnosis processes' manual, developed training, and run three pilot sessions. The training sessions were attended by both Victorian and interstate workers and evaluations were extremely positive. We have also run two personality disorder workshops – the second filled

directly from the waiting list of the first. This topic has proved so popular we are pleased to announce we have scheduled a third workshop for late May.

On 5 June, VAADA will host a cognitive impairment forum run for both AOD and mental health. During Drug Action Week, on 21 June, VAADA is planning a cross sectoral event, in which youth, family, Indigenous and other sectors will have the chance to network with AOD and mental health sectors through an introductory dual diagnosis forum and workshop.

VAADA is disappointed that the previously committed funding to future ISI work has been in part retracted, with many organisations unable to continue their crucial capacity building work.

The current ISI network will have its final meeting in June, which will highlight, consolidate and celebrate the achievements of this great initiative over the past four years.

VAADA is disappointed that the previously committed funding to future ISI work has been in part retracted, with many organisations unable to continue their capacity building work.

For further information, please contact:

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VAADA is reviewing our paper based Newsletter.

Have your say on the VAADA newsletter. By completing this survey you will be in the running to win one of three Coles Myer giftcards!

To complete the survey go to:  
<https://www.surveymonkey.com/s/VAADANewsletterSurvey>

## Kronic Hysteria: emerging drugs and the consequences of prohibition

By tweaking the molecular structure of banned chemicals, new drugs have been developed that circumvent the law. The policy response to these new drugs has often been to ban them, which in turn has led to chemists further tweaking the molecular structure to create more new drugs. Take synthetic cannabis for example. Synthetic cannabis is an inert herbal mixture that is 'laced' with synthetic cannabinoid agonists that emerged as a drug of concern in Australia in 2011 when it became available in head shops, tobacconists, adult stores and online.

The response by most state and federal governments has been to ban individual synthetic cannabinoid agonists. Amongst much media hype, Western Australia was the first to move, banning 7 chemicals. Within days new products were released that claimed to contain new yet-to-be-scheduled drugs with unknown potential for harm. It is reasonable to assume that many people trying these new products would not have been aware of them prior to the government announcing the ban. Indeed, the first round of bans led to a 'smoke 'em up' party in Perth that was shut down by police and allegations that people were stockpiling products in preparation for the bans.

Similar responses by synthetic cannabis manufacturers have been observed following subsequent legislative changes. These well intended policy changes have been considered by some to be reactive, not evidence based, and deficient in their consideration of potential unintended outcomes.

Very little is known about who uses synthetic cannabis in Australia, how they use it, the extent of harms, and how these people react to the above mentioned legislative changes. The National Drug Research Institute recently conducted a survey of 316 users in Australia, finding that they were mostly male with a median age of 27 years, and generally employed and well-educated. They reported an extensive drug history, but were not regular users of drugs other than alcohol, tobacco, cannabis

and synthetic cannabis, indicating that synthetic cannabis mainly attracts cannabis users.

Commonly reported side effects included fast or irregular heartbeat, dissociation, confusion and paranoia. Levels of harm and length of the effects were unrelated to the amount used. This result is consistent with large variation in content and purity within individual brands and between different brands. Reasons for using synthetic cannabis included curiosity, legality, availability, recreational effects, medicinal effects, non-detection in drug testing, and to reduce or quit cannabis use.

The emergence and subsequent legislative response to synthetic cannabis provides a unique case study, highlighting the intersection of media, policy, and drug-related harm. The legislative response has thus far been ineffective. It has led to increased awareness of the products without creating much meaningful change in availability. Even if the new products do not contain new legal chemicals, and in fact contain recently scheduled chemicals, consumers are then at heightened risk of prosecution for possession of a product they believed to be legal. Perhaps this suggests the need to consider new and novel approaches to drug legislation.

### **Stephen Bright**

Psychologist  
PenDAP

### **Monica Barratt**

Research Fellow  
National Drug Research Institute

*Stephen and Monica presented at the Yarra Drug and Health Forum presentation entitled: 'Kronic Hysteria: emerging drugs, the internet and the consequences of legislative controls'. The presentations can be accessed from: <http://www.ydhf.org.au/YDHF2.html>*

## YSAS launches youth-specific alcohol and other drug practice resource

On April 18, the Youth Support and Advocacy Service (YSAS) launched “A resource for strengthening therapeutic practice frameworks in youth alcohol and other drug (AOD) services”. An audience of 200 guests were in attendance at Robert White Hall in Melbourne’s CBD, including senior State and Federal Government representatives, key academics and stakeholders from a range of sectors that engage and assist vulnerable young people.

Keynote speakers Professor Margaret Hamilton (Australian National Council on Drugs), Bernie Geary (Child Safety Commissioner Victoria), and Paul Bird (YSAS CEO) took the opportunity to passionately advocate the need to retain and further develop a comprehensive and diverse youth-specific AOD service system in Victoria.

Key features of the resource include a framework for ‘Resilience Based Intervention’, which emphasises young people’s social and emotional well-being, and a demonstration of what is required to create conditions that enable young people and their families to maximise control over AOD problems and a range of other health compromising behaviours.

For a free electronic copy of the resource, send your request to [admin@ysas.org.au](mailto:admin@ysas.org.au)

VAADA is reviewing our paper based Newsletter.

Have your say on the VAADA newsletter. By completing this survey you will be in the running to win one of three Coles Myer giftcards!

To complete the survey go to:  
<https://www.surveymonkey.com/s/VAADANewsletterSurvey>

## Events Calendar

29 MAY

**Personality Disorder Workshop  
 VAADA (ISI Project)**

Melbourne

Registration: <http://www.trybooking.com/BLKK>

5 JUNE

**Responding Effectively to the Needs of  
 Clients with a Cognitive Impairment Workshop  
 VAADA (ISI Project)**

Melbourne

Registration: <http://www.trybooking.com/BLJE>

13 - 15 JUNE

**DANA Conference**

Melbourne

Registration: <http://www.danaconference.com.au/>

17-23 JUNE

**Drug Action Week**

**There will be a range of events across the state**

21 JUNE

**Australia’s Health 2012 Conference**

Canberra

Registration: <http://www.cvent.com/events/australia-s-health-2012-conference/event-summary-1f2b8c3bd0f949cdb9e5aadbbc9668b5.aspx>

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ISSN: 1835-8284 (Print)

ISSN: 1835-8292 (Online)