

September 2019

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## AOD: where do we fit in the community services puzzle?

Change within the Victorian alcohol and other drug (AOD) sector, is a regular occurrence. Over recent months, VAADA's activity around the Royal Commission into Victoria's Mental Health System (MHRC) has brought light on sector views and the impact that the criminal justice system is having on our system and the broader community. In this regard, VAADA tendered two submissions to the MHRC – taking in to account specific views of the sector in relation to associated issues of mental health and AOD; including drawing light on the term 'integration'. This issue of integration is of clear concern to the MHRC, and both great opportunity, and significant challenges to our system, our clients and the interplay between us and other systems – be it mental health, primary health, or the hospital system.

In VAADA's second submission, we focused more closely on the very large flow of clients entering our system from the corrections and justice areas. This is significant because of the dramatic impact this is having on our voluntary service system, which is facing a higher burden of service delivery due to increased numbers of clients with complex needs. VAADA's submission raised the importance of a broader systemic response across AOD, mental health, housing, family services, employment services and the like if we are to make inroads in to the large numbers entering our prison system.

Other activity described in this newsletter draws attention to VAADA and its work associated with AOD and family violence principles. VAADA is seeking to establish a sector-wide understanding about how our AOD system works with the complexities raised around family violence for clients in our sector.

VAADA has made additional submissions including one on the topic of VicRoads' Drink/Drug Driving Behaviour Change Programs (Behaviour Change Programs). While AOD agencies delivering the Behavioural Change Programs acknowledge its strong course content, there remain a number of challenges in meeting demand and in delivering the course. VAADA's submission raises these challenges, with the aim of working with VicRoads to resolve the issues which prevent many program participants from accessing the Behaviour Change Programs. VAADA has also made a submission to 'Educating the Nurse of the Future': an independent review of nursing education. Given the significant, and growing burden that AOD use places on Australia's public health system, lack of AOD-specific content in undergraduate

nursing degrees means nurses of the future are under-prepared to identify, manage and support patients with AOD problems. AOD problems often underpin, or are implicated, in a range of acute and chronic health problems across the lifespan, meaning almost all areas of nursing will benefit from increased AOD knowledge.

As many of you will be aware, VAADA, in conjunction with the National Centre for Education and Training in Addiction and the Department of Health and Human Services, has undertaken agency and workforce surveys seeking to collect data on the characteristics, distribution and qualifications of the AOD workforce, and identify priority learning needs.

At our most recent Service Providers' Conference, we sought to bring together the AOD sector for a series of informative workshops and presentations on the theme of 'transitions'. A key note address by Dr Jesse Young from the University of Melbourne's School of Global and Population Health, looked at an array of data, drawing attention to the vital connection between housing, mental health and our very own sector work in obtaining successful outcomes for clients involved in the criminal justice system.

While the complexity of policy reform within the AOD space is well understood, the issues and ranking of harms as identified in Professor David Nutts' Australian Drug Harms study, and as expressed in the article in this newsletter, clearly identifies the significant and pervasive harms associated with licit and illicit substances such as alcohol and drugs. While in our everyday work we seek to minimize the effects of legal and illegal substances, it is a pointed reminder to consider the broad societal impact of what undoubtedly is the most harmful substance on a population health basis. ie. alcohol.

Going forward this year, there will be much more work to do around mental health and its relationship with the AOD system. As many of us are aware, the focus on integration is a very real issue with potentially serious implications if mishandled. There is no doubt that we will be exploring the sorts of acceptable integration approaches that we as a sector believe should occur, and in this regard VAADA will be paying close attention to the sector point of view as we wrestle with the question, 'what does it mean for us?'

Sam Biondo  
Executive Officer

# The Australian Drug Harms Ranking Study

If we are to have effective drug policy and program directions then we need to look at the issue of alcohol and other drugs holistically. We need to understand where the greatest impacts, or harms, lie. St Vincent's Hospital Melbourne sponsored an exercise which used multi-criteria decision analysis (MCDA) to compare the harms from a wide range of substances used in the Australian community, examining impacts on both the individual and those around them'. This exercise has been done in other countries including the United Kingdom and the European Union. MCDA is a method that is used to assist decision-making in areas for which there is no one clear 'answer'. It has been used in a number of contexts, not only substance use in the community.

The research involved bringing together twenty-five experts with a range of backgrounds, including health, research, women and children, young people, Aboriginal and Torres Strait Islander, emergency services, police, courts, welfare services and others. Over two days, and led by facilitators experienced in MCDA methodology, each substance was evaluated based on sixteen criteria of harm. These criteria included harms the substance caused not only to users themselves, such as injury and death, but also to others in the community, including violence, relationship breakdown and crime. Criteria were weighted and each substance could then be compared, ranking them from most harm incurred to least harm.

**Of the drugs evaluated in the study, alcohol was deemed most harmful to others, while fentanyl causes the most harm to the user themselves. Alcohol was ranked the most harmful when harms to user and others were combined.**

Prevalence of use in the Australian community was then taken into account as this is an important influence on how harms rank. The following results were found:

Alcohol remained ranked as the most harmful substance overall when harm to users and harm to others were combined. While not surprising to those working in the AOD sector, these results are being shared with the community who often underestimate the negative impacts of alcohol, including economic costs, negative impacts on families, road and workplace injuries etc.

**Methamphetamine ranked next as most harmful in Australia. The harms from methamphetamine in the community were assessed as greatest to the user in terms of:**

- physical ill health (increased risk of stroke, heart attacks)
- death
- mental health problems including depression and psychosis
- addiction
- loss of relationships with family, friends etc
- loss of 'tangibles' such as job, home etc.

**The harms to the community from methamphetamine were identified as:**

- injuries (violence, sexual assault)
- crime
- family adversity
- economic costs (direct such as for healthcare, welfare, policing and indirect such as reduced productivity and increased absenteeism)
- negative impact on community in the form of impacts on social cohesion and community reputation.

**Cannabis was associated with less harms than alcohol and crystal methamphetamine and the opioids heroin and fentanyl so it placed more than halfway down the rankings.**

However, when the prevalence of cannabis use in Australia was taken into account, cannabis moved up to fourth place in the rankings. Cannabis harms that contributed to the score were:

To the user:

- physical health harms (eg lung disease),
- problems with mood, thinking and behaviour
- addiction.

To others:

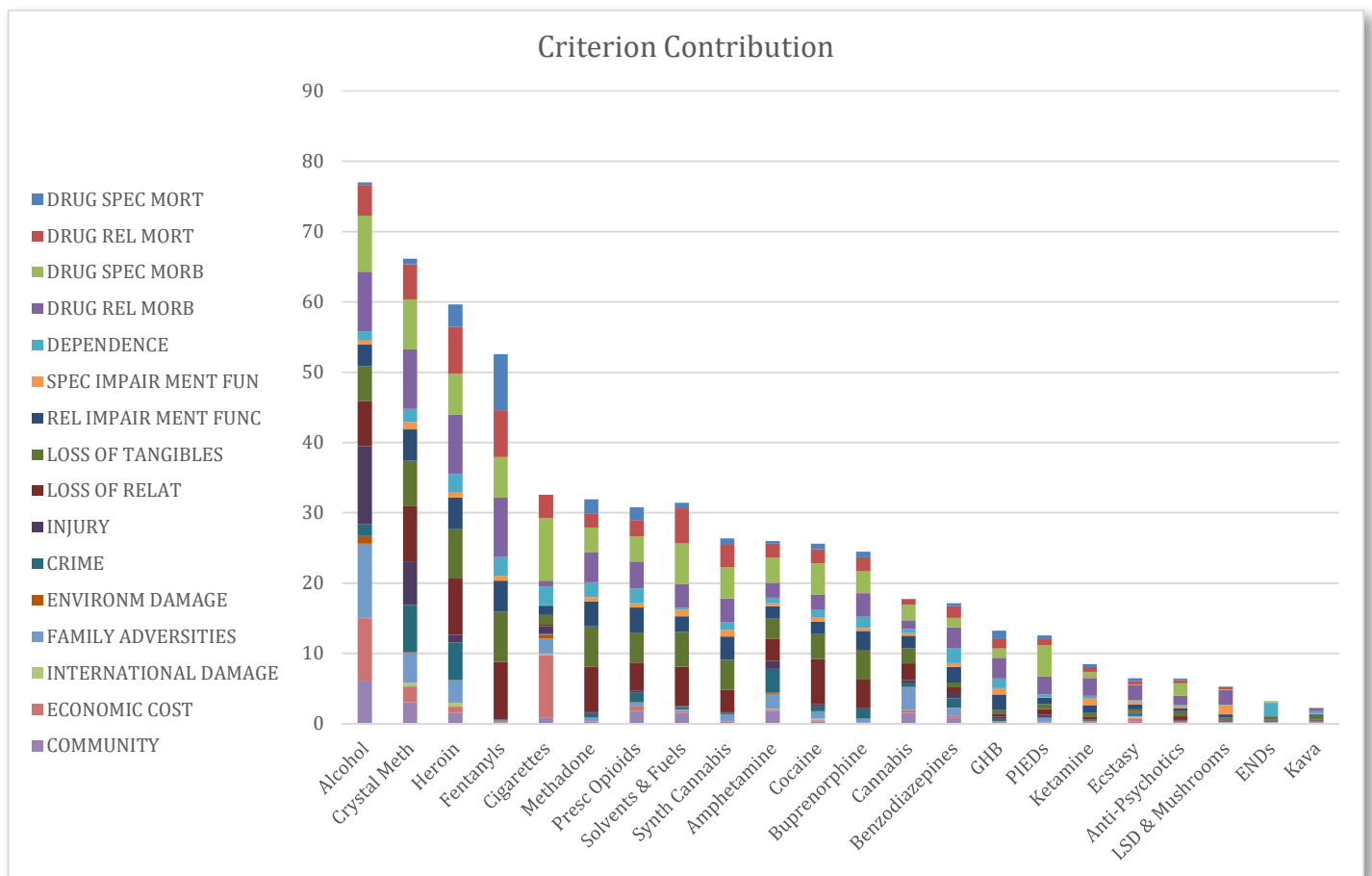
- family adversity with cannabis users neglecting their relationships and roles with regard to family and
- cost to the community in terms of low productivity and absenteeism.

The study highlighted that the alcohol and drug problem is affecting many in the community, not just the drinker or substance user, but also the family, friends and community around them.

St Vincent's Hospital Melbourne funded the research to help inform the community and governments how we can address the harms caused by alcohol and other drugs in Australia. Specifically, policies must be prioritised that drive down the alcohol and other drug related harms that have been characterised and compared in this study. This can only be achieved if the community and the government insist on evidence-based policy and program directions for alcohol and other drugs. It is hoped that the study findings will stimulate discussion and understanding both within the AOD sector and beyond.

1. Bonomo, Yvonne, Amanda Norman, Sam Biondo, Raimondo Bruno, Mark Daglish, Sharon Dawe, Diana Egerton-Warburton et al. *The Australian drug harms ranking study*. *Journal of Psychopharmacology* (2019): 0269881119841569.

**Table 1: Contribution of criterion scores to overall harm**



# Update on Victoria's Mental Health Royal Commission

VAADA has produced two submissions for the Royal Commission into Victoria's Mental Health System (MHRC). Both were submitted to the MHRC on the due date, July 5th.

The first report was titled: **'VAADA Submission to the Royal Commission into Victoria's Mental Health System'**, and canvasses the broad conditions for good mental health, while the latter sections focus on the specific implications this has for the alcohol and other drug (AOD) sector, and its intersection with the mental health system. The submission is underpinned by a population health approach, and argues this is the most effective way to reduce the down-stream impact of problematic alcohol and other drug, and mental health problems. VAADA consulted extensively with the AOD Sector to identify key themes and recommendations. VAADA would like to sincerely thank those people that participated in our sector engagement process, which included:

- 254 sector survey participants in an online Alcohol and Other Drug sector survey
- 54 focus group participants
- 13 key informant interviews.

A strong recommendation from the sector that came through in the consultation process was the need to develop an overarching joint Victorian alcohol and other drug and mental health framework that creates a vision for managing co-occurring issues, and offers clarification on the points of overlap, intersection, and the areas of

specialisation. Corresponding protocols, practice guidelines and training opportunities should be implemented to translate the framework to clinical practice. Additional resources to meet these needs was also recommended.

The second report: **'Inequalities and inequities experienced by people with mental health and substance use issues involved in the criminal justice system'** is a piece of work VAADA commissioned through the University of Melbourne's School of Population and Global Health. This report looks at the nexus between substance use, mental health and the criminal justice system. It argues that a population health approach is necessary to improve outcomes for those with mental health or substance use issues who are entangled in the criminal justice system. It also asserts that improving the integration of, and communication between criminal justice, mental health, AOD services and social services, including housing and employment, is essential.

The MHRC's work will continue until an interim report is handed down later this year. If you wish to contact the MHRC you can do so by writing or ringing:

Royal Commission into Victoria's Mental Health System  
PO Box 12079  
A'Beckett Street, VIC 8006  
PH: 1800 00 11 34

## Déjà Vu?

New data analysis undertaken by Monash Addiction Research Centre has shown that Victoria may be facing a looming heroin crisis, due to a change in the formulation of a prescription painkiller which has made it difficult to inject or snort. According to its recent study, there has been a 25% spike in heroin overdoses in Victoria between 2014 and 2018. There is concern that this trend will continue, and Victoria will face a heroin epidemic similar to that of the 1990s.

Monash attributes these changes to the 2014 re-formulation of the opioid oxycodone which was changed to make it 'tamper-proof'. Instead of being manufactured in tablet form, it is now available as a substance which turns to gel when liquid is added. This makes the painkiller more difficult to inject or snort. As a result, it appears that opioid users are now turning to heroin with devastating results.

The facts appear to show that the timing of Victoria's increase in heroin-related overdoses coincides with the changes to oxycodone, with both beginning in 2014. While the number of heroin-related fatalities has risen sharply, Australian sales of oxycodone dropped by 28% in the five months following its re-formulation. The re-formulation of oxycodone in the United States in 2010 has also been linked to that nation's opioid crisis over the past decade, which also saw a tripling of hepatitis C infection rates.

Recent Coroners Court figures accessed by VAADA indicate that the situation in Victoria is particularly dire when looking at the number of heroin-related deaths amongst those recently released from Victorian prisons. Of some 220 heroin-related deaths examined in 2017, it was found that 41% of the deceased had previously been incarcerated in a Victorian prison. This statistic is especially concerning in light of the Victorian Government's recent budget announcement of its investment in an additional 1600 new prison beds.

The authors of the Monash study have sounded a grim warning that avoiding a similar heroin crisis to that seen in the United States will need a time-critical response: "We caution that this heroin trend should be closely monitored and proactive measures put in place urgently to prevent similar harms in Australia." VAADA continues to advocate for a public-health approach to substance use, and urges the Victorian Government to do the same. Part of this response must address the growing harms and complexity arising from our community's punitive approach to substance users. In relation to prison release we see a 50% recidivism rate for released adult male prisoners. There is little doubt that this figure can be reduced with better reintegration of prisoners back into the community as well as an enhanced focus on treatment rather than punishment.

# VAADA's Murray Primary Health Network (PHN) Project

In February 2019, VAADA was commissioned by the Murray Primary Health Network (PHN) to design and develop an AOD Practice Leadership Hub in the Murray PHN region. The aim is to support AOD practice leadership development through a collaborative partnership model. This will help overcome rural isolation, support best practice approaches through mutual support and professional development and provide local based opportunities for AOD leaders.

Through consultation with the sector, the key features of the model needed to:

- provide opportunities for local networking and collaboration
- combine face-to-face and on line learning
- ensure participants are well supported to apply learning in the workplace
- content is customised to meet regional specific needs.

The need for local agencies to come together in a coordinated and supported way was highlighted. It was felt that experience and learnings could be shared, along with using this collective wisdom to address local challenges and provide targeted services to their communities. There was a strong willingness and commitment to find ways of doing things differently, with the dual aims of providing more integrated care and improved staff support and capability.

Along with this, agencies also recognised that the use of technology alleviated many of the geographical challenges of working in a regional location, and accepted that elements of the model would need to occur online.

The proposed model is as follows:

- 2 x on-line training modules – pre-recorded, or live if possible, training sessions targeting priorities as identified through consultation
- 2 x on-line community of practice – to follow the training sessions, and support application of learning in the workplace
- 4 x Local managers network meetings (2 in the east, 2 in the west) – opportunities for shared learnings, collaboration and targeted resolution to local challenges
- 4 x Local practitioners network meetings (2 in the east, 2 in the west) – opportunities for peer support, critical reflection, debrief and improved service integration.

VAADA will evaluate both learning outcomes and processes to measure the effectiveness of the model, and aims to explore where it can be utilised in other contexts to promote time and cost effective ways of supporting capacity building of staff and organisations.

## Sector Development

### Educating the Nurse of the Future

As part of the 2018/19 Federal Budget, the Federal Government announced an independent review of nursing preparation in Australia, called 'Educating the Nurse of the Future'. In conversation with the Australian Nursing and Midwifery Federation, and AOD nurses within our sector, it became clear to VAADA that the undergraduate nursing curriculum contained very little, if any, dedicated AOD content. This is a significant oversight considering the public health burden of AOD use, and the fact that AOD use is implicated in a range of chronic conditions and accidents. To better educate the nurse of the future, VAADA made a submission

to the review calling for the introduction of AOD education on the nursing undergraduate curriculum, while also highlighting potential subject areas including basic drug types, their effects (pharmacology), acute and chronic risks, patterns of use, tolerance, withdrawal, dependency, harm reduction and treatment/care options. A copy of the submission is available here:

[https://consultations.health.gov.au/office-of-the-chief-nursing-and-midwifery-officer/educating-the-nurse-of-the-future-independent-revi-1/supporting\\_documents/Denham\\_G\\_Victorian%20Alcohol%20and%20Drug%20Association.PDF](https://consultations.health.gov.au/office-of-the-chief-nursing-and-midwifery-officer/educating-the-nurse-of-the-future-independent-revi-1/supporting_documents/Denham_G_Victorian%20Alcohol%20and%20Drug%20Association.PDF)



# Sector Development cont.

## Service Providers' Conference

On 31 May, 2019, VAADA hosted its first Service Providers' Conference for the year. Attended by approximately 300 sector staff, with the theme of 'Transitions', the conference included key note presentations from Dr Jesse Young, Acting Head of the Justice Health Unit, which forms part of the University of Melbourne's School of Population and Global Health, and Dr Paul Likhaitzky, Executive Officer, Mind Medicine Australia. Both keynote presentations are available on the VAADA website. The conference also included inspiring musical entertainment from proud Aboriginal women, Nancy Bates and Allara Briggs-Pattison.

The date for the next AOD Service Providers' Conference is Friday 22 November, 2019. **Remember to save the date.**



## AOD/Family Violence Principles

A number of activities, including the introduction of the Specialist Family Violence advisor positions, and policy directions have started the process of improving the capacity of the AOD sector to respond effectively to service users with family violence involvement. These changes have led to reflection and consideration of the principles underpinning the Victorian AOD sector's response to family violence, and how they might mirror or vary from the Specialist Family Violence sector.

In light of this, VAADA commissioned 360Edge Consulting to work with the AOD sector to draft a set of principles to guide practice in working with service users who have AOD use problems and involvement with family violence.

Consultation with several focus groups has reinforced the value in the AOD sector developing principles to guide practice at the intersection of AOD use and family violence to work collaboratively and effectively with the specialist family violence sector. Over coming months, VAADA will consult more broadly with the AOD sector on the draft principles.

For more information please contact Marije Roos (mroos@vaada.org.au).

## AOD Workforce surveys done. iPads won.

VAADA, alongside DHHS and the National Centre for Education and Training on Addiction (NCETA), conducted two workforce surveys of government funded agencies and AOD sector staff across Victoria. Thank you to the 600+ sector staff who completed the worker survey and the AOD Agencies that completed the agency survey.

This year, Victorian worker survey data is part of a larger national survey commissioned by the Australian Government Department of Health, through NCETA. AOD workforces in other states and territories will be completing a similar survey.

Results of the survey will help inform national, state and organizational policy and practice to ensure a sustainable and effective AOD workforce. VAADA will be working with DHHS to make results of the surveys available to the sector.

Congratulations to Michael Peacock from VincentCare, and Henrique for winning the iPads for completing the AOD worker survey.

## VADC

Data can be both a barrier and enabler of sector development. In consultation with the AOD sector, VAADA identified a range of issues and errors with the Victorian Alcohol and Drug Collection system in its current form and presented these to DHHS. VAADA is working with DHHS and the sector to help problem solve these issues in the coming months (and beyond as necessary).

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](http://www.vaada.org.au/events)

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