Updates and Overview of the Victorian AOD system

August 2022

Victorian Alcohol and Drug Association

Who is VAADA?

➢ The peak body for funded alcohol and other

   drug (AOD) services in Victoria

➢ Membership comprises health and community organisations, as well as individuals who have an interest in prevention, treatment, rehabilitation or research that minimises the harms associated with AOD use

Our vision:

A Victorian community in which the harms associated with alcohol and other drug use are reduced and well being is promoted

We:

Provide advocacy, develop resources, provide training, make submissions………

Today's presentation

➢ Overview of AOD sector funding, State and Commonwealth

➢ What happened during COVID-19 lockdowns and some of the issues now faced by the sector

➢ Mental Health Royal Commission: Update on activities and VAADA's response

Who are our clients?

- Approx 40,000 per year currently

- 63 % live in a metropolitan area

- Two thirds are male

- Alcohol most common primary drug of concern (31% of clients), amphetamines (25%), cannabis (19%): majority of clients poly drug users

(Drug Policy & Reform I Health and Wellbeing Division
Department of Health and Human Services 2019)

- Up to 90% of clients presenting to AOD services have co-occurring MH issues, and up to 71% of clients presenting to MH services have co-occurring AOD issues

Mark Deady, et al., (2015) *Effective models of care for comorbid mental illness and illicit substance use: An Evidence Check* review brokered by the Sax Institute (www.saxinstitute.org.au) for the NSW Mental Health and Drug and Alcohol Office.

AOD sector overview - State

➢ State budget for AOD - $272.5M (Victorian Budget 2022/23 Service Delivery)

➢ 17 areas across Victoria

➢ Up to 3 agencies/consortia in each area, 1 lead agency

➢ Funding for voluntary clients in each area (DTAUs) and Separate funding for forensic clients (ACSO COATS)

➢ https://www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-program-guidelines

AOD Sector Overview - Commonwealth

➢ National AOD treatment funding was announced as being

   $830M (includes ICE Action Strategy funds - $315M) over 4 years from
   2022   *(retrieved from Department of Health website, 30th May 2022)*

➢ Alcohol and Drug Program – funds managed by PHNs
   Statewide programs – VAADA still funded directly by
   Commonwealth, as well as the State

➢ There are 6 PHN Victorian catchments/areas

➢ National Ice Taskforce – funds managed by PHNs for local programs

➢ Alcohol and Other Drug Program Guidelines:
   http://www.health.gov.au/internet/main/publishing.nsf/content/drug-and-alcohol-program

COVID-19 What happened?

- ➢ Response varied depending upon type and location of the AOD service
- ➢ Many outreach and counselling services moved to telehealth
- ➢ The majority of withdrawal units and residential rehabilitation programs remained open but with reduced numbers
- ➢ Changes were made to pharmacotherapy to allow consumers to pick up additional take-aways and for 3rd parties to collect
- ➢ MSIR remained open
- ➢ This year's budget (22/23 year) illustrates a funding cut of 11% to AOD services ($39.8M) - We will lose the 100 positions funded in COVID.
- ➢ 70% of treatment agencies have seen an increase in prevalence and severity of alcohol presentations

VAADA Snapshot survey

❑ The key aim was to determine an accurate measure of the number of people waiting for treatment across all treatment types on any given day

  ❑ *This will assist us in engaging in advocacy activities and articulating issues of demand and capacity*

❑ We intend on resubmitting this survey every quarter to ascertain a longitudinal sense of demand

  ❑ The strength of the advocacy is reliant on sector feedback

Increasing demand for treatment

- **Assessment** has continued to increase to **1607** (12/21) from 1312 (7/21) up from 523 (9/20)
  - 207% increase in the 15 months from 9/20 to 12/21
- **Complex counselling** has increased significantly from 285 (9/20) to 471 (12/21)
  - 65% increase in the 15 months from 9/20 to 12/21
- **Counselling** increased from 156 (9/20) to 267 (12/21)
  - 71% increase in the 15 months from 9/20 to 12/21
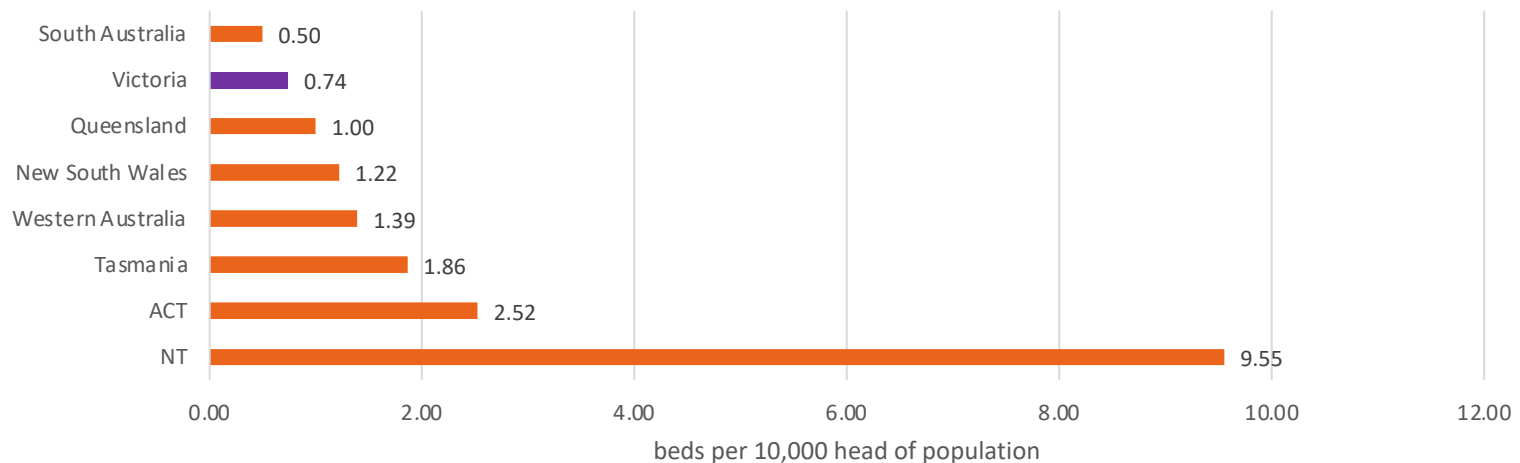
Increase demand for treatment (2)

- **Adult residential rehabilitation** has increased from 230 (9/20) to 452 (12/21)
  - 96% increase in the 15 months from 9/20 to 12/21
- **Youth residential withdrawal** increased from 90 (9/20) to 159 (12/21)
  - 76% increase in the 15 months from 9/20 to 12/21
- **Care and Recovery Coordination** increased from 46 (9/20) to 109 (12/21)
  - 136% increase in the 15 months from 9/20 to 12/21

AOD data

Number of people waiting for AOD treatment each day during the survey-reporting period

Survey reporting period	DAILY wait list	% change from September 2020
September 2020	**2385**	0
December 2020	**2427**	1.7% ⇧
July 2021	**3599**	50.9% ⇧
December 2021	**4088**	71.4% ⇧

Residential rehabilitation beds per 10,000 head of population (2021)

Region	beds per 10,000 head of population
South Australia	0.50
Victoria	0.74
Queensland	1.00
New South Wales	1.22
Western Australia	1.39
Tasmania	1.86
ACT	2.52
NT	9.55

beds per 10,000 head of population

More prevalent and more severe alcohol presentations since COVID-19

- 70% of respondents indicated that the prevalence of alcohol presentations had increased

- 2.7% (1) respondent indicated a decline; the remainder indicated 'no change' or 'unsure'

- 72.5% of respondents indicated that the severity of alcohol presentations had increased

- 0% noted a reduction in severity

Agency observations

- Blow out in residential wait times, with limited resi detox a particular issue

- Staffing issues (recruitment, leave, insufficient resourcing for backfilling), exacerbated byCOPVID-19, impact adversely on waitlists

- Increase in demand in some regional areas, increasing wait times

- More new clients as well as an increase in relapse

- COVID-19 generates adverse resource and capacity implications for youth outreach

Mental Health Royal Commission

- AOD and the MH and Wellbeing Locals:

  – All 60 to be rolled out by the end of 2026

  – Will be required to provide integrated care, including AOD as per the Service Framework – local adult and older adult MH and Wellbeing Services (Aug 2022)   Pg 40. https://www.health.vic.gov.au/mental-health-reform/recommendation-3#msdynttrid=kplEVDrEilwuDVGWiQ6WvKLuUoBAFzOFhbm5_7Rz648

  – Issues to consider include models of care (interdisciplinary, co-location etc.), referral pathways, intake and assessment models and tools (Commonwealth IAR tool?). https://www.wqphn.com.au/uploads/documents/Mental%20Health%20IAR/2021_02_PHN%20IAR%20Snapshot-%20Final.pdf

Mental Health Royal Commission

- AOD and the MH and Wellbeing Locals:
  - First 6 Locals were tendered without the Framework. Could all work from different service models but will likely need to develop partnerships within their catchments with AOD and other services. First 3 (La Trobe, Peninsula and Benalla) to be operational in February 2023 and second 3 in the following months.

  - No clarity at this stage as to how much increased demand will be put onto AOD services or where the workforce is going to come from. Despite $1.3b to be invested in MH in the State budget for 2022/23, there have been no announcements regarding increases in resourcing to the AOD sector.

Mental Health Royal Commission

- Statewide Service (Recommendation 36) :
  - Turning Point was selected as the Statewide Service

  - Consultations with stakeholders have commenced and will continue for the rest of this year.

  - "Turning Point will lead a consultation process with people with lived and living experience, service providers and workers to inform the delivery of the Statewide Service and the development of a roadmap that outlines a phased approach to service reform and offerings over time." (Workplan: Integrated Treatment, Care and Support. Aug 2022) https://www.health.vic.gov.au/sites/default/files/2022-07/Workplan-Integrated-treatment-care-and-support-pdf.pdf

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- Statewide Trauma Service:
  - Tenders now open until September 8th 2022. https://www.tenders.vic.gov.au/tender/view?id=239118

Mental Health Royal Commission – VAADA's response

- Regular meetings with the Dept, and provided considerable input into the Guidance to Support the Delivery of Integrated Treatment, Care and Support (July 2022): https://www.health.vic.gov.au/mental-health-reform/guidance-to-support-delivery-of-integrated-treatment-care

- Gillian Clark is preparing a Discussion Paper addressing our concerns about the MH and Wellbeing Bill currently before Parliament:
  - There is a lack of intersectionality between MH and AOD
  - Ambiguity as to which services are in scope. AOD services will be part of the treatment system by consequence only
  - There will be no further public consultation on the Bill, but the paper will be on VAADA's website and accessible to the sector

Mental Health Royal Commission – VAADA's response

- VAADA will prepare a submission to the public consultation on the Victorian Suicide Prevention and Response Strategy (open until 29th August) This will also be made available on our website. https://engage.vic.gov.au/the-victorian-suicide-prevention-and-response-strategy

- VAADA is reaching out to the 6 successful tenderers of the MH and Wellbeing Locals to ascertain what model of care they will be implementing, and whether they will be establishing AOD roles/teams within those. This will impact workforce development and availability.

Food for thought……..

Drug treatment capacity is insufficient for the many people who need it, with some estimates suggesting that treatment places would need to more than double so that everyone who has a clinical need for treatment has access. Only 26.8 to 56.4 % of those with clinical need for treatment are able to access services each year. Ritter et al (NDARC) therefore estimate that annually between 180,000 and 553,000 Australians in clinical need do not access treatment .

(Ritter, A, Chalmers, J and Gomez, M 2019. Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australian Population-Based Planning Model. Journal of Studies on Alcohol and Drugs. No. 18. Pp. 41 – 50.)

Accessing the system

➢ Directline – 1800 888 236

   Provides information and referral

   Access to a 24/7 service

   Brief interventions within a harm minimisation framework to prevent or reduce problems associated with drug use

➢ Intake

   Intake centralised within each catchment area. Catchments and phone numbers are listed here:

   https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-providers-aod-treatment

➢ 20% flexible funds. Treatment agencies can use these funds to undertake Intake and Assessment for 'walk-ins'

Further Information

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Additional resources

➢ https://www.turningpoint.org.au Turning Point Drug and Alcohol Services

➢ https://www.dacas.org.au/ Drug and Alcohol Clinical Advisory Service (specialist telephone consultancy service that is free of charge for health and welfare professionals)

➢ https://www.hrvic.org.au/pams Pharmacotherapy Advocacy Mediation Support (PAMS). This service is operated by Harm Reduction Victoria (HRV) and provides phone-based information, advocacy and referral for opiate pharmacotherapy consumers and service providers

➢ hthttps://www2.health.vic.gov.au/alcohol-and-drugs Department of Health and Human Services (DHHS) Victoria

➢ https://insight.qld.edu.au/toolkits Has a large range of resources for clinicians

Additional resources

➤ https://whttps://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/aod-prevention-harm-reduction/needle-and-syringe-program DHHS Needle and Syringe Program

➤ https://www.penington.org.au/ Penington Institute

➤ https://adf.org.au/ Australian Drug Foundation

➤ https://www.sharc.org.au/association-of-participating-service-users/ Association of Participating Service Users (APSU)

➤ Turning point, HRV and VAADA all have up-to-date resources on their websites relating to best practice in telehealth and harm minimisation tailored to COVID-19.

Drug Policy & Reform I Health and Wellbeing Division
Department of Health and Human Services 2019