IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

STATEMENT OF JUDITH DORENE ABBOTT

Date of document: 14 July 2015
Filed on behalf of: State of Victoria
Prepared by:
Victorian Government Solicitor's Office
Level 33
80 Collins Street
Melbourne VIC 3000

I, JUDITH DORENE ABBOTT, Director, Drugs, Primary Care and Community Programs Branch, Department of Health and Human Services, SAY AS FOLLOWS:

1. I am the Director of the Drugs, Primary Care and Community Programs Branch (**Branch**) in the Department of Health and Human Services (**Department**).

2. I have held this position since the Branch's establishment in April 2014. Between October 2012 and March 2014, I held other roles that included responsibilities for some elements of drugs policy and reform.

3. Prior to October 2012, I held various positions in the Ageing and Aged Care and Workforce branches of the former Department of Health and its predecessor, the Department of Human Services.

4. I am a member of a range of government committees, including the Australian Intergovernmental Committee on Drugs and its National Drug Strategy Working Group, the DHHS/Victoria Police Collaborative Responses Steering Committee, and a regular participant at the Children's Services Coordination Interdepartmental Committee and the Child and Youth Implementation Working Group. I am also the current chair of the Victorian Ice Action Plan Interdepartmental Committee and between October 2012 and June 2015 chaired the National Pharmaceutical Drug Misuse Working Group.

5. I hold a Bachelors Degree in Science (Optometry), a Masters of Public Policy and Management and an Executive Masters of Public Administration.

6. I have received a notice from the Royal Commission into Family Violence pursuant to s 17(1)(d) of the *Inquiries Act 2014* (Vic.) requiring me to attend to give evidence at the Royal Commission and to provide a written witness statement.

SCOPE OF STATEMENT

7. I make this statement in response to a request by the Royal Commission to give evidence regarding matters the subject of the public hearing for Module 5 (Alcohol and Drugs). I understand that the Royal Commission intends to address in particular the following matters:

   7.1 the role of alcohol and drugs in the perpetration of or seriousness of family violence;

   7.2 the messages that should be conveyed about the role of alcohol;

   7.3 the degree of integration between the alcohol and drug sector and the family violence sector; and

   7.4 issues relating to the use of alcohol by victims of family violence.

8. In this statement, the role of the Branch in respect of alcohol and drug policy and initiatives is described. I also provide an overview of the operation of the State-funded alcohol and drug treatment sector, integration between it and family violence services, and other current State-funded activities that fall within the Branch's responsibility.

INTRODUCTION

Alcohol and drug treatment and support services in Victoria

9. There are a wide range of treatment and support services for people who are experiencing problems with alcohol and drugs. The most appropriate kind of support for people affected by alcohol and drug use will depend on the severity of their use and a range of other factors including their broader life circumstances.

10. Available services include:

    10.1 Information, advice and support services, including phone and web based services. These are services that a wide range of people can access, including those who are experiencing problems with alcohol and drugs, parents and others who may be concerned a family member has started using drugs, or people who are being affected by another person's alcohol and drug use. There are also services to support clinicians and other frontline service providers who may encounter alcohol and drug affected people and are seeking advice on their management.

10.2 Services for people who need more targeted support but for which there is not significant associated harm and/or substance dependence. For these people, tailored education and advice services and some counselling delivered through lower intensity interventions such as 'brief interventions' can assist. These are typically delivered by general practitioners and other providers of primary (general) healthcare, but can also be delivered by other service providers and/or online.

10.3 Services for people who are substance dependent and/or whose substance abuse is associated with harmful behaviour, as assessed by a drug treatment clinician. These are in effect specialist services, delivered by trained drug treatment clinicians, which aim to assist people to both go through the physical withdrawal process and support them to establish and maintain changes in behaviour that prevent relapse.

There are also services for families and other people who are affected by another's drinking and/or drug use at all levels of the service system.

11. These services are funded through a range of sources. The Victorian Government provides funding primarily through its drug services budget administered by the Department. The Commonwealth government funds a range of drug related programs and initiatives, as well as supporting a range of treatment by medical and other professionals through payments made via the Medicare Benefits Scheme. Specialised alcohol and drug treatment and support services are predominantly provided by non-government organisations and some public health services.

12. Similarly, a wide range of organisations and funders are involved in prevention and research activities related to alcohol and drug use. Both the Commonwealth and State governments fund a range of organisations and activities in this area, and a wide range of non-government and private organisations are also involved.

Drugs, Primary Care and Community Programs Branch

13. The alcohol and drug work of the Branch is aimed at promoting and protecting health by reducing death, disease and social harm caused by the use and misuse of both licit and illicit drugs. This work includes:

13.1 administering the State's funds to pay for alcohol and other drug treatment services, which are delivered by non-government organisations;

13.2 State-wide policy development in relation to the effective and efficient delivery of those services;

13.3 broader policy development and advice on current and emerging alcohol and drug related matters; and

13.4 targeted research, harm reduction and prevention activities.

Each of these work areas closely informs the others.

14. The *National Drug Strategy 2010-2015* provides an overarching framework in which this occurs. A copy of this document is at **Attachment JA-1**. The Branch works with other parts of government (including law enforcement) at both State and national levels on alcohol and drug related issues.

15. The Branch's program responsibilities are limited to the operation of State funded alcohol and drug treatment services, and State funded prevention and research initiatives funded through the drugs portfolio of the Department. I also contribute on behalf of the Department to inter-departmental as well as national policy and planning. The State is not involved in the operation or oversight of Commonwealth funded programs and services, and has no role in the regulation or management of private alcohol and drug treatment services.

16. In relation to alcohol, a number of the strategies to minimise alcohol related harm relate to reducing its availability (through changing controls on density of outlets, hours of operation and raising taxes) and promotion (through advertising and other mechanisms). These are areas that fall outside the responsibilities of the Branch.

RESEARCH AND PREVENTION

Alcohol and drug related research

17. The Branch directly funds a modest program of alcohol and drug related research which aims to:

17.1 identify at a population level the main types of drugs being used and the changes in drug use patterns and trends, in order to inform State-wide policy and program priorities; and

17.2 support the development of a more effective and evidence based treatment service system, by guiding the development of service tools and resources.

18. This work is primarily conducted by Turning Point Alcohol and Drug Centre (**Turning Point**) which carries out population based analysis and various research projects targeted to priority areas of focus. Further detail and examples of research projects are provided at **Attachment JA-2**.

19. The Victorian Government also supports alcohol and drug related research through the Victorian Law Enforcement Drug Fund (**VLEDF**), which provides small grants for specific research projects. A summary of projects supported in the 2014-2015 funding round is at **Attachment JA-3.**

20. The largest contribution to alcohol related research, however, is made by the Commonwealth Government. It does this through national data collections, national alcohol and drug research institutes and several other funding bodies.

21. For example, the Australian Institute of Health and Welfare collects major data sets on alcohol and drug treatment across Australia. This includes the National Drug Strategy Household Survey, which includes a survey of reported alcohol consumption patterns (with State and Territory breakdowns). The Commonwealth has also funded the Australian Bureau of Statistics alcohol consumption series (which is national only), which is revealing a fall in alcohol consumption generally across the Australian population and in Victoria.

22. There are three key Commonwealth funded alcohol and drug research institutes:

    22.1 The National Drug and Alcohol Research Centre at the University of New South Wales undertakes significant research into alcohol and drug use during pregnancy, prevention and early intervention, and long-term drug patterns and trends. This includes an extensive body of research into community and other responses to alcohol and alcohol related violence.

    22.2 The National Centre for Education and Training on Addiction (**NCETA**) at Flinders University in partnership with Odyssey House Victoria has produced reports on family violence and alcohol and drug treatment practice, including the 2013 guide for alcohol and drug clinicians, *Can I ask…? An alcohol and drug clinician's guide to addressing family and domestic violence* (**Attachment JA-4**).

    22.3 The National Drug Research Institute at Curtin University focuses on research into the primary prevention and reduction of drug related harm. It has contributed to the national guidelines for responsible drinking, research into liquor licensing laws and extended trading permits, liquor licensing

restrictions in areas where alcohol related harm has had a significant impact on Aboriginal Australian communities, and to the evaluation of alcohol and other drug education programs in schools.

23. In addition to these research institutes, the Commonwealth government funds alcohol and drug related research as part of its broader investments in health and medical research through the National Health and Medical Research Council and other similar funding bodies. The National Health and Medical Research Council also provides a range of resources in relation to alcohol, such as the Australian Guidelines to Reduce Health Risks from Drinking Alcohol.

24. Until recently, the Commonwealth government also funded the National Drug Law Enforcement Research Fund, which had supported a range of research projects focused on promoting quality evidence based practice in drug law enforcement.

Investments in prevention initiatives

25. Prevention of harm arising from alcohol and drugs can involve a combination of reducing the uptake, increasing the age at which people first commence use and reducing the amount used (particularly in relation to alcohol).

26. Key strategies utilised include both broad-based education about harmful drinking and primary prevention that builds effective decision making in young people and targeted (age groups or location) harm reduction initiatives and campaigns.

27. Examples of this that are funded by the Victorian Government include alcohol and drug education in schools (which are the responsibility of the Department of Education and Training) and support for the Australian Drug Foundation's alcohol and drug prevention and education activities.

28. For example, the Victorian Government provides funding to the Australian Drug Foundation for a range of prevention activities including DrugInfo. DrugInfo provides easy access to information about alcohol and other drugs via a website (http://www.druginfo.adf.org.au/), an SMS drug information service and a telephone information line. DrugInfo has a number of free information products and publications, including a prevention research series, a community-based prevention guide and "The Other Talk" – a resource for parents to have conversations with their children about alcohol and drug use. Most of these materials are available on the DrugInfo website. DrugInfo also hosts seminars and forums for the general public.

29. Targeted interventions focus on specific groups or locations for risky drinking. This can include venues and locations where risky drinking is likely to occur (such as some sporting clubs) as well as targeted education campaigns, which to date have largely been focused on young people and binge drinking. There have also been campaigns run specific to other substances, the most recent being the Department's "What are you doing on ice?" campaign which ran over 2014 targeting young people.

30. VicHealth is another organisation that receives State Government funding for preventative and health promoting activities, and one of its five strategic goals is reducing harm from drinking. This has included a range of investments and activities related to changing drinking culture (for example, through offering innovation grants for new culture change initiatives, progressing an alcohol culture change campaign over 2013 and 2014, and progressing various research projects) and supporting Victorians to make informed drinking choices.

31. Similarly, the Victorian Government provides a financial contribution to Good Sports, a program operated by the Australian Drug Foundation that receives funding from a range of sources. This program works with over 2,000 Victorian sporting clubs to change drinking culture and reduce risky drinking at sporting clubs, providing a safer environment for young people, families and other sport participants. It does this by helping community sporting clubs to develop and introduce governance, practice and policy changes that control the use of alcohol and create a health promoting culture throughout the club.

32. Young people are a group often identified as a priority for preventative initiatives, and another targeted prevention program funded by the Victorian Government is the Prevent Alcohol and Risk Related Trauma in Youth (**PARTY**) Program. Based on a Canadian education program, the PARTY Program aims to reduce risky alcohol and drug-taking behaviour among secondary school students by giving them first-hand experience in established trauma centres. Students are given tours, presentations by medical professionals and the opportunity to talk to patients and families who have injuries resulting from risky behaviour. Evaluations of this initiative show that the PARTY Program effectively reduced the incidence of traumatic injuries among its participants.

33. There has also been a specific focus on building community awareness and providing education tailored to alcohol and drug use in Aboriginal communities as part of the range of activities delivered under *Koolin Balit*, the strategic directions for Aboriginal health 2012-2022. Recent funded activities have included funding the

Victorian Aboriginal Community Controlled Health Organisation to deliver local harm reduction workshops for communities across the State and delivery of Mental Health First Aid Training to support local communities, including a 'train-the-trainer' component that trains people to continue to deliver training and support locally. Priorities in the current year include working with Aboriginal young people to raise awareness of risk associated with ice and other drug use, developing a resource for health workers to use when working with expectant mothers who are Aboriginal, as well as a continuing focus on workforce development and information provision.

34. The Victorian Aboriginal Community Controlled Health Organisation has also worked with the Australian Drug Foundation to produce a range of information and resources, and is currently developing a video resource on alcohol and other drug use and pregnancy.

35. While the State Government makes investments in this area, both the Commonwealth Government and a range of non-government organisations also make significant contributions. The latter include new and innovative models, such as Hello Sunday Morning and Febfast which seek to change drinking behaviour, and which have a strong focus on social and peer type supports.

STATE FUNDED ALCOHOL AND DRUG TREATMENT SERVICES

Service delivery arrangements

36. Funded alcohol and drug services are not delivered by the Department. Over 100 agencies, mostly non-government organisations but also some public health services, receive State Government funding to deliver these services. The boards of those organisations employ staff and are responsible for organisational and clinical governance.

37. In respect of funded alcohol and drug services, a service agreement details the (contractual) arrangements between the Department and the organisation receiving funding for service delivery. For health services (such as large health service providers including hospitals), an agreed Statement of Priorities is developed each year which articulates key areas of focus. Service agreements establish minimum and mandatory requirements for a range of matters including:

    37.1 service delivery specifications and arrangements;

    37.2 quality of service delivery;

37.3 risk management attestation requirements;

37.4 performance targets, data collection and financial accountability reporting;

37.5 funding; and

37.6 legislation, policy and practice guidance with which the organisation is required to comply.

38. Service agreements oblige funded organisations to observe the requirements of the Department's policies, including:

38.1 safety screening requirements, including police and working with children checks;

38.2 service guidelines, including program requirements;

38.3 provision for occupational health and safety and Workcover;

38.4 complaints management; and

38.5 records management.

39. An example of the Department's policies is the *Victorian Alcohol and Drug Treatment Principles* (**Attachment JA-5**) which include the principles that:

39.1 treatment is person-centred (Principle 3);

39.2 treatment involves people who are significant to the consumer (Principle 4);

39.3 treatment involves integrated and holistic care responses (Principle 6); and

39.4 the treatment system provides for continuity of care (Principle 7).

40. The board of a funded agency is primarily responsible for ensuring that the terms and conditions of the agreement are met, and has oversight for clinical governance and quality. One of the requirements in these agreements is that alcohol and drug services are accredited within existing generic accreditation frameworks by an entity that is certified by the International Society for Quality Health Care or the Joint Accreditation System of Australia and New Zealand. There are no alcohol and drug-specific quality and safety standards available at national or jurisdictional level.

41. Over 2015/2016, consolidated program guidelines are being developed which will bring together information on the requirements applying across different service types into one set of reference documents.

Services provided

42. There are a range of ways that people who are seeking help for either themselves or someone they are concerned about can access State funded treatment services:

    42.1 Many people self-refer, either by contacting a local service directly or by calling DirectLine, the State-wide support information and advice line (1 800 888 584) or one of the other phone or web based information and advice services.

    42.2 Some people are referred by a health or human service provider, including general practitioners, who might refer directly to their local intake and assessment provider, or send them via DirectLine.

    42.3 Victoria Police refers people to DirectLine, if it believes they may be experiencing alcohol and drug related issues.

43. The 2015/2016 State Budget has allocated $181.3 million for alcohol and other drug programs in the health portfolio, comprising $33.8 million for drug prevention and control (*Service Delivery 2015/16* - Budget Paper No. 3, page 248) and $147.5 million for drug treatment and rehabilitation (*Service Delivery 2015/16* - Budget Paper No. 3, page 249). The key service types provided by State Government funded alcohol and drug treatment services are described briefly below. Some of these service types (such as a dedicated intake and assessment function, and care and recovery coordination) are new service types that have been in operation since September 2014.

44. **Intake and assessment.** Intake and assessment providers are in most cases the first port of call for people seeking access to State funded alcohol and drug treatment services. It is the role of intake and assessment providers to gather information from the client and determine whether a specialist alcohol and drug treatment service is necessary. Importantly, intake and assessment providers will also identify whether other kinds of service referrals might be required. I discuss this in more detail later in this statement.

45. Intake and assessment services deliver standardised, comprehensive assessments and develop initial treatment plans that accompany clients to treatment services.

This may involve a combination of telephone, internet and face-to-face discussions. They also actively refer people to other services, where more appropriate, including self-managed options.

46. While these services provide the main point of entry to alcohol and drug treatment services, some people will enter the system in different ways. For example:

    46.1 There is a separate assessment process for people within the justice system, who are referred to as 'forensic clients'. Offenders gain access to services through the Australian Community Support Organisation, which provides intake and assessment of forensic clients referred to it through the Community Offender Advice and Treatment Services (**COATS**) program. The COATS program refers offenders from a range of justice bodies, including the courts, Community Corrections and the Adult Parole Board.

    46.2 Some clients, such as Aboriginal people, may continue to access services directly via local community based organisations.

    46.3 Other people whose needs or circumstances are more complex may also enter the system through their local community health or other State funded drug treatment provider.

47. **Counselling.** Counselling is an important part of drug treatment, as it helps people work through the factors that contribute to their substance use issues, understand their own triggers and develop strategies to prevent relapse. Counselling can be delivered face-to-face, online and via telephone. Counselling includes specialised therapies such as 'cognitive behavioural therapy' that are helpful in addressing alcohol and other drug use. It can be provided to individuals and in some instances their families, as well as via group counselling and day programs. Counselling can range from a brief intervention or single session to extended periods of one-to-one engagement or group work.

48. **Residential and non-residential withdrawal.** Withdrawal services (sometimes referred to as 'detox') support people to safely withdraw from alcohol and drug dependence in a supervised residential service, a hospital facility or in a community setting. People with more complex needs or those whose family and accommodation circumstances are less stable will be more likely to undertake residential withdrawal.

49. **Rehabilitation.** Residential rehabilitation provides a safe and supported environment for people who are not able to reduce or overcome their drug use

issues through other programs. It provides a structured program of interventions, such as individual and group counselling with an emphasis on mutual self-help and peer community, and supported reintegration into the community. Traditionally provided as a residential program, some more recent models are non-residential and allow people to remain part of their family and community while they complete the program.

50. **Care and recovery coordination.** The Department funds care and recovery coordinators in alcohol and drug treatment services for the most complex clients in the treatment system. Typically these people may be getting support from a range of services or programs (for example, housing, employment programs, family violence services), and these coordinators work collaboratively with others to ensure the client's range of needs is met and the client is actively supported through their drug treatment program.

51. **Youth-specific services.** Youth-specific services help vulnerable young people up to the age of 25 address their alcohol and drug use issues. These are services tailored to younger people who may be relatively early in the course of the substance use, and whose substance use may be occurring alongside a range of other issues. Youth specific services therefore often work closely with a range of other services including mental health, education, health, housing, child protection and family services. Youth-specific services accept referrals from intake and assessment services as well as self-referrals and direct referrals from other services.

52. **Aboriginal services.** The Department funds Aboriginal workers based in some Aboriginal Community Controlled Health Organisations (**ACCHOs**), Aboriginal Community Controlled Organisations (**ACCOs**) and some mainstream alcohol and drug services across Victoria. The role of these specific Aboriginal alcohol and drug workers is to work in a culturally informed way with Aboriginal individuals and families to address problematic alcohol and drug use. Additionally, three rural Aboriginal alcohol and drug nursing teams in Mildura, Shepparton and Bairnsdale provide clinical support to clients and liaising with Aboriginal alcohol and drug workers. Along with Social and Emotional Wellbeing workers, these teams provide Aboriginal clients with a holistic, culturally appropriate level of care. Aboriginal-specific services accept referrals from intake and assessment as well as self-referrals and direct referrals from other services.

53. Pharmacotherapy is provided through the primary care system. This involves medication being prescribed by a general practitioner for a drug dependant person

to manage the symptoms of their dependence. The most well known form is methadone.

54. People may engage in more than one service type during their treatment. For example, a person may require a period of withdrawal before commencing a course of counselling. As well, drug addiction can be a chronic and relapsing condition, and so people can engage with the treatment system multiple times. They may also use a different mix of services as their condition changes over time.

55. There is also a range of on-line and phone based services available for people who wish to seek information or support. For example, Turning Point provides Ready2Change, a structured, phone based program for people negatively impacted by their use of alcohol, cannabis or amphetamines. It is based on Cognitive Behavioural Therapies and Motivational Interviewing, which are used in many face-to-face treatment programs and help people with problematic alcohol and drug use identify motivation for change, develop and learn skills and strategies to change behaviour, and address management of cravings and triggers for use. The program itself is delivered over the telephone for six sessions and is a combination of self-help workbooks and counsellor facilitated exercises. The Ready2Change program provides an alternative option for people who cannot, or choose not to, access traditional face-to-face services. These can be particularly useful for substance misusing parents, because access to childcare or fears about child removal have been identified as potential barriers to seeking help.

Catchment areas

56. The Department introduced 16 area based catchments in September 2014, and funds a catchment based planning function in each of those catchments. The catchment based approach has been established to improve collaboration, planning and service coordination between alcohol and drug services and other health and welfare services. It also seeks to reduce system fragmentation and help local services become more responsive to local needs.

57. Under this approach, annual evidence-based catchment plans are being developed by service providers and other health and human services stakeholders, along with the Department. The plans will identify critical service gaps and pressures and set strategies to improve responsiveness to clients within the catchment area. Whilst the catchment based approach enhances integration between service providers and future planning, it is not intended to restrict client choice and clients are free to access services in a different catchment to where they live.

58. Adult community based services and intake and assessment services are available at a number of locations in each catchment. However, residential services operate on a State-wide basis, accepting clients referred from across the State. Similarly, youth specific services are not available in every catchment.

59. Figure 1 below describes the catchment areas across the State.

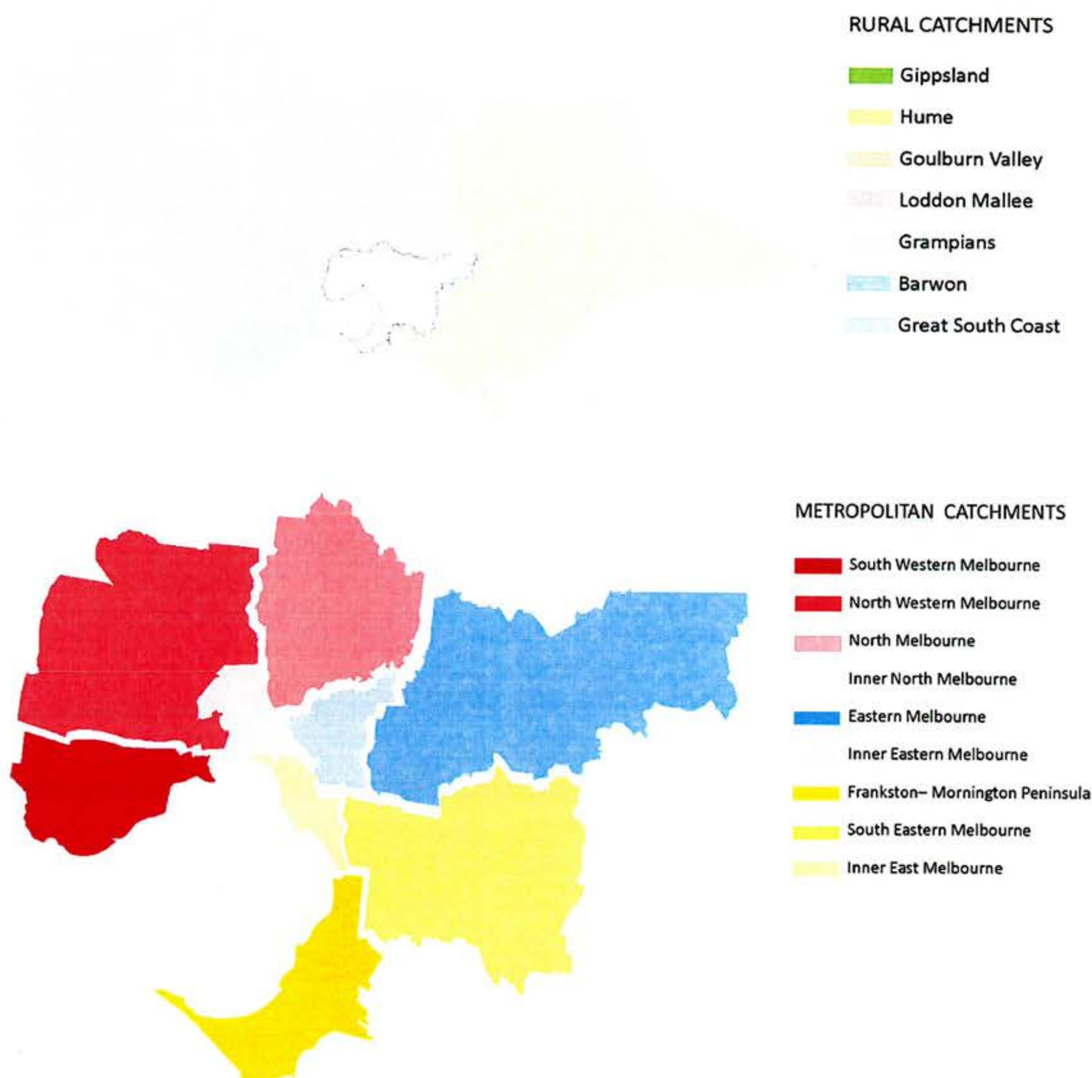


Figure 1: Alcohol and drug treatment catchment areas.

60. Current service delivery arrangements, including the catchment based approach, reflect a range of changes progressively introduced into the service system since

2012, including wide ranging reforms to the adult community based system implemented in September 2014. These reforms aimed to address problems that had been identified in a series of external reports, including the Victorian Auditor-General's 2011 report entitled *Managing Drug and Alcohol Prevention and Treatment Services* (**Attachment JA-6**). That report identified that the existing services were fragmented, confusing and over-stretched, and that there was a need to make services more responsive to individual circumstances and the needs of families and children (see pages 42-43).

61. A staged approach to reform was adopted, hence these arrangements have not been implemented for residential or youth services at this time, although some of those services are utilising elements of these arrangements, such as catchment based intake and assessment, and all services are expected to participate in catchment based planning.

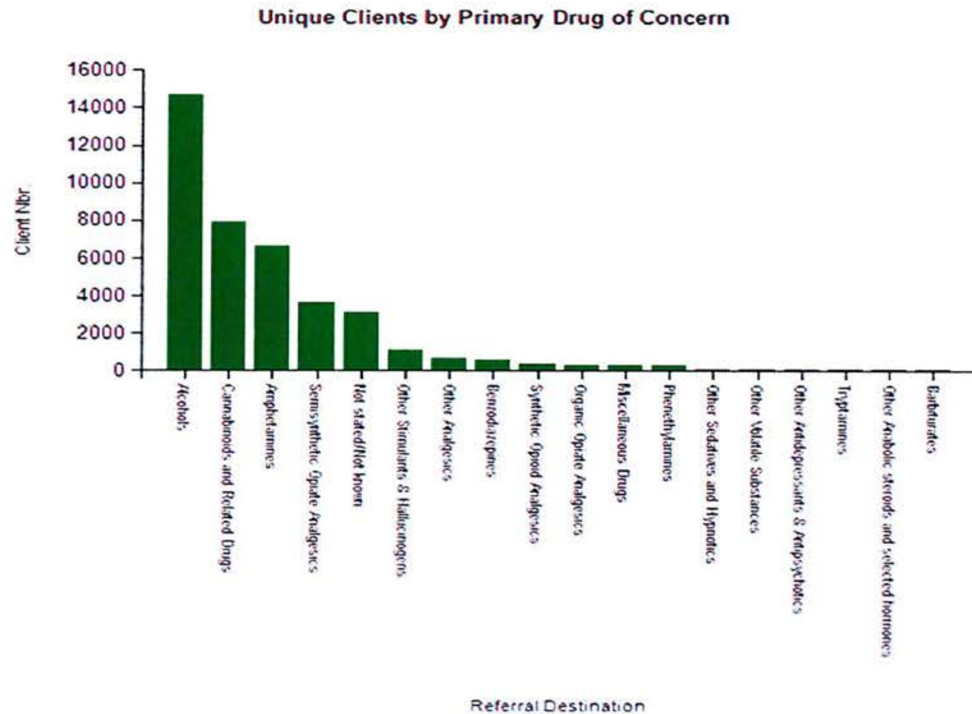
Who uses State alcohol and drug services?

62. Each State funded provider collects a range of de-identified data about the clients they treat and reports this to the Department via the Alcohol and Drug Information System. This is used by the Department to monitor how many services of what kinds are being provided to people. It also allows the Department to better understand the demographics of people in treatment, the kinds of substances that are most problematic, and how both the characteristics of people treated and the kinds of treatment provided change over time. The following information about people in State funded drug treatment services has been drawn from analysis of this data.

63. Analysis of the relevant data has identified that, in 2013/2014, State funded alcohol and drug services provided community based care to about 35,000 people. In the same year, over 3,900 people completed a course of withdrawal, and a further 899 participated in residential rehabilitation. About a third of all clients were women. Sixteen per cent of clients were living with dependent children, and a further 18% reported that they had dependent children, but were not living with them. It was unknown whether or not the person had dependent children in 35% of cases. Sixty-four per cent lived in the metropolitan area.

64. This data includes information about clients' 'primary drug of concern', meaning the substance that they identify as the most problematic in their life. Figure 2 below summarises the data collected in 2013/14 concerning clients' primary drug of concern in State funded treatment services:

Figure 2: Primary drug of concern for clients in State funded treatment, 2013/14



65. Based on the available data, in 2013/14, about half the people in State funded treatment services were using multiple substances ('poly drug users'). The substances people are using tend to change depending on the cost and availability of different drugs at any point in time. For example, there has been a significant increase in the proportion of people in State funded treatment services that report amphetamines as their drug of primary concern, from 8.7% in 2010/11 to 16.6% in 2013/14. Over the same period, the proportion of people identifying alcohol as their primary drug of concern has decreased from 50.6% to 36.7%.

66. State funded alcohol and drug treatment services are intended to have the capacity to address harmful drug use across a range of priority groups and drug types. Although substance-specific strategies are developed from time to time, responding to prevalence, community concern, and the need to address substance-specific symptoms and behaviours, the modes of treatment employed are common across different substances.

67. There has been increased investment in State funded drug treatment services, particularly over the past two State Budgets. The following table shows allocations for drug treatment and rehabilitation services drawn from Budget Paper 3 for the years 2013/14 (page 148), 2014/15 (page 160) and 2015/16 (page 248).

2013-14	2014/15	2015/16
$125.4m	$136.5m	$147.5m

68. Funding for services is being focused on locations where there has historically been lower levels of per capita drug treatment funding, and on the kinds of treatment and supports for which there is established need. This includes:

    68.1 additional withdrawal beds in select rural areas;

    68.2 expansion of youth drug treatment services, with a particular focus on at risk young people; and

    68.3 growth in rehabilitation services and family support services as part of the *Ice Action Plan*.

69. Innovative service models are also being explored as a way to maximise effectiveness and access and to provide a wider range of treatment options. For example, therapeutic day rehabilitation programs are being introduced as part of the *Ice Action Plan* that will provide a structured rehabilitation program over a number of weeks for people with entrenched alcohol and drug problems similar to that provided in residential rehabilitation services. However, as a non-residential program, people will be able to maintain links with family and friends while completing treatment. This builds on promising evaluations of similar programs currently being run in Victoria such as Uniting Care ReGen's 'Torque' program.

How do services assess a person with alcohol and drug problems?

70. It is important to note that a person's motivation and commitment to changing their alcohol and other drug use and behaviours is an important element of achieving successful treatment outcomes. A person contacting a helpline, intake and assessment or treatment service can be a preliminary indication of this willingness to change.

71. Support to change can be provided in a number of ways. Not every person who presents with an alcohol or drug issue will require specialised alcohol and drug

treatment. Some people need guidance and support, including advice and information about drug use or self-managed care options. Other people will require greater intervention and immediate treatment. The screening and assessment process determines the most appropriate course of action for each particular client. A single point of entry also reduces the need for a client to repeat their story to future service providers, and thereby enhances the efficiency with which providers work.

72. New, standardised assessment and screening methods were developed, piloted and then more broadly introduced into State funded alcohol and drug treatment services in 2014. The development of these standard tools was in part a response to the Victorian Auditor-General's view, set out in his report referred to earlier (see **Attachment JA-6**), that standardisation and consolidation of tools would increase agencies' capacity to share assessment information.

73. The following is a description of the screening and assessment methods:

73.1 An initial screening is done to assess the person's needs and goals, and for the clinician to make a preliminary judgement about the level of risk, level of urgency and what treatment types might be suitable. The screening tool can be completed by the client themselves (either in hard copy or on-line) or in conjunction with the clinician.

73.2 As part of the initial screening, a person will first complete a 'pre-screen' and then, if necessary, a 'full screen' (which takes 20-40 minutes). Depending on the person's circumstances, they may at this stage be referred to other services and/or provided with advice and support by the intake and assessment provider. The standard tool used for the initial screening is called the 'Self Complete Initial Screen for Alcohol and Other Drug Problems', and it may be self-completed by the person, or with the support of a worker at the intake and assessment service. A copy of this standard tool is at **Attachment JA-7**.

73.3 If the initial screen indicates that a person may need specialist drug treatment services, they will then undergo a comprehensive alcohol and drug assessment. The comprehensive assessment (**Attachment JA-8**) builds on the initial screen and case summary, and seeks to avoid the client having to repeat details. It includes a number of core elements that focus on assessing the person's needs, as well as a number of 'Optional Modules' which will be utilised by the clinician on a needs basis, guided by

the issues identified in the initial screen as well as their own assessment of the client's presentation. Two of these 'Optional Modules' are:

(a) Optional Module 10 (**Attachment JA-9**), which is designed to identify and record family violence; and

(b) Optional Module 11(**Attachment JA-10**), which explores the impact of alcohol and drug use on family members.

I discuss these particular Modules further below.

73.4 The comprehensive assessment may typically take around an hour, and, where a client is identified as being complex, they may be referred to a care and recovery coordinator to ensure that from the outset, the client is supported to get the help they need (which may involve more than one agency).

74. Through this process, clients are assigned to one of five 'tiers' depending on the complexity of their issues:

74.1 low to moderate risk non-dependent clients suitable for telephone and online supports (Tiers 1 and 2);

74.2 clients who are likely to be alcohol and/or drug dependent and require comprehensive assessment (Tiers 3 to 5);

74.3 complex clients who should be prioritised for comprehensive assessment (Tiers 4 and 5); and

74.4 complex clients for whom connection with a care and recovery coordinator may be appropriate (Tier 5), and are likely to require a 'complex' intervention.

75. It is important to note that identification of risk factors and decisions about appropriate referrals are not solely dictated by the screening tools. In each case, the individual clinician's discretion plays a vital role both in assessing the need for specialist drug treatment and any non-alcohol and drug referrals. A number of clinical and situational factors will be considered by the clinician in allocating a person to a 'complex' treatment, and this will involve clinical judgement as well as an assessment of the 'scored' factors revealed during the initial screen. The tiered approach aims to reduce the burden on specialist services and increase their

capacity to manage the most complex cases, and to ensure that the support provided is commensurate with need.

76. The screening and assessment tools continue to be refined. An updated version that considers a wider range of factors in determining a person's complexity, and more clearly embeds clinician judgement into the process, has been developed and piloted.

Addressing the needs of family members, including dependent children

Introduction

77. The potential impacts of a person's alcohol and drug use on others, particularly family members including dependent children, has been highlighted in a range of publications and reports.

78. In response, the Department has been progressing a range of work to ensure that family members (including dependent children) affected by another's drug use are considered, and safety and other concerns acted upon. It is also recognised that family members can be integral to supporting people with problematic alcohol and drug use into treatment and through their recovery.

79. The focus of this work so far has been on expanding family supports and encouraging the engagement of family members and significant others in a person's treatment where this is appropriate to do so. This is reflected in the content within the new screening and assessment tools (see **Attachments JA-7 and JA-8**) and is supported by workforce development activities that are funded by the Department.

80. I set out below the Department's expectations of service providers in relation to family supports. I also refer to some funding and workforce training initiatives instituted by the Department with a specific focus on family members and women in treatment.

Family support – Departmental policies and expectations

81. *New directions for alcohol and drug treatment services: a roadmap* (June 2012) (**Attachment JA-11**) was developed to guide future developments to alcohol and drug treatment services. It described a system that is able to identify and respond to the range of needs that a person and their family identify and supports them in their recovery from their alcohol and drug related problems. It also described a service

system that is easy for people to access when they need to, and which provides a good quality service delivered by a capable and qualified workforce.

82. This was followed by *New directions for alcohol and drug treatment services - A Framework for Reform* (**Attachment JA-12**) in 2014. This document built on the *Roadmap* and described the need for alcohol and drug services to consider the range of a person's health and social needs, and to work with other services and organisations to ensure that the person receives a service that can meet a range of needs in an integrated way. The document also noted the importance of the person being actively involved in planning their care and their treatment and recovery goals, and being supported by services providing the person with the information they need to make informed choices and decisions.

83. The 2014 service specifications (**Attachment JA-13**) for adult non-residential services outline the Department's expectations of treatment providers in their engagement with families and their responsiveness to families' needs, including the needs of dependent children.

84. The specifications state (at page 9) that the dependent children of a person who is a client of an alcohol and drug treatment service are to be eligible for focused support, and that service providers, as part of their core service delivery, must consider the needs of family members and dependent children throughout the treatment process. In particular, services must provide:

    84.1 information and advice regarding the support role to be played by family members, including information on alcohol and drug dependence or abuse, and how to identify early warning signs and provide positive responses in challenging circumstances; and

    84.2 referrals for family members to a range of relevant community services that can assist them, particularly in respect of their safety and wellbeing.

85. These requirements are reiterated in the Department's alcohol and drug treatment *Catchment-Based Intake and Assessment Guide* (**Attachment JA-14**). The Guide specifies that intake and assessment service providers should be responsive to the needs of families of people affected by alcohol or drugs, including instances where the user is not yet engaged in treatment (see pages 9-10). If appropriate, intake and assessment providers should be equipped to provide brief interventions or single session therapy for families or carers, and to refer them to counselling services

where this need is identified (see page 9). Family members or carers may also seek support through alcohol and other drug services directly.

Family support – funding initiatives

86. The State funds a number of activities to support families who are concerned about and/or affected by another person's alcohol and drug use. Examples of these activities are:

86.1 Family Drug Help, a service with several family help programs such as the Family Drug Helpline and the Action for Recovery Course, which is a six week course to assist family and friends of an addicted person to learn how best to cope with and manage the addiction. The Family Drug Help Action for Recovery Course provides structured support for families and carers, to improve their mental health and provide strategies for coping with the addiction of a loved one. It includes education on navigating the treatment sector, stages of change, behaviour change and establishing boundaries. These are provided through the Self Help Addiction Recovery Centre.

86.2 Additional family oriented programs to be established in each of the 16 catchment areas across the State as part of the *Ice Action Plan* (**Attachment JA-15**), which will be provided by community health services. Funding will go to community health providers in each of the 16 catchments that already provide drug treatment services. These community health providers currently deliver a range of funded health, community and support services to families, including counselling and support services, and are well placed to provide an access point for vulnerable families. Community health providers will expand their family support services in a range of possible ways, including peer support, group based support and support for young people whose parents are affected by drugs. What they choose will depend on local needs and existing services. These services are expected to be operational by later this year.

86.3 A new family drug education program (also funded under the *Ice Action Plan*). This program will provide family and other community members with practical information and advice about what to do when someone has an ice or other drug problem. It will better equip them to recognise when someone has a drug problem, support people to get treatment, and help in a crisis until professional medical help is available. Over 1,000 Victorians will be able to access this education program each year. It will be delivered

by a consortium of Turning Point, the Self Help Addiction Resource Centre and The Bouverie Centre, with programs to commence in late 2015.

86.4 Telephone and web based information support services which include:

(a) DirectLine, a 24 hour a day phone based service that provides help, advice and referral. In 2013-14, 39% of these calls were from an immediate family member, friend or other relative of a person experiencing problems related to their alcohol and other drug use.

(b) The 1 800 ICE ADVICE line, with around 70% of calls to that line in its first 3 months of operation being from a concerned family member or friend.

Family support – specific drug treatment responses for women

87. Whilst all services are expected to design and deliver services in ways that account for the needs of family members, there are a range of drug treatment services providing tailored responses to women with alcohol and drug issues, including those with children. For example:

87.1 The Royal Women's Hospital Women's Alcohol and Drug Service provides medical care, counselling and support to women with complex substance use and dependence, as well as assessment and care of infants exposed to drugs and alcohol during pregnancy. The Service utilises a multi-disciplinary team approach to advance the health and well-being of women and the medical needs of their infants. Support is enhanced through the provision of secondary consultation, including a 24 hour on-call obstetric service, and training targeted to acute and primary health services and the community sector.

87.2 The Odyssey House Therapeutic Community based in Lower Plenty is a residential rehabilitation service that can provide services for pregnant women and women with children up to the age of 12. They have an onsite childcare program and after school program for primary school children and they facilitate access to local primary schools for residents' children. They currently have two dedicated beds available for Family Drug Treatment Court clients who have a large number of family violence issues. They also have four dedicated beds for Aboriginal women with alcohol and/or other drug problems who are in contact with the criminal justice system and any

accompanying children. The available beds are prioritised for women who are at risk of incarceration, including those on remand (by offering an alternative to remand through bail and rehabilitation), on community-based orders, or those completing a program prior to sentencing. They are also available for women as a transition option post-release from prison, including on parole.

87.3 Western Health's Women's Rehabilitation Program provides a safe therapeutic environment to assist women to make changes to a lifestyle of problematic or harmful substance use. The program is a six week residential or day program with participants having contact with the staff over six days per week for relapse prevention and life skills. The program has the capacity to provide care for small children under school age while their mother attends the sessions.

88. In addition, a new service in Victoria, the Community Residential Alcohol and Drug Withdrawal Service for Mothers with Babies, is currently under development. This service will allow a mother with a baby to keep her child with her while she undergoes withdrawal treatments for alcohol and drug dependency. This service is focused on the chemical withdrawal of an addictive substance and as such provides for a 10 day residential service. Although this service is predominantly for the mother with an addiction, it will also provide treatment for a young baby who is medically stable, but who still requires treatment for addiction. The service will be delivered at a new four-bed residential facility, which is to be integrated with an existing community residential adult alcohol and drug withdrawal service delivered by Uniting Care ReGen in Heidelberg. It is anticipated that the facility will be operational by the second half of 2016.

Family support – building workforce capacity

89. Increasing the drug treatment sector's capacity to work with families, including its workforce capacity, has been a key strategy of the Department in recent years.

90. *Victoria's Alcohol and Drug Workforce Framework: Strategic Directions 2012-2022* (**Attachment JA-16**) identified the need for the alcohol and drug workforce to better respond to service delivery and policy changes impacting on the alcohol and drug and broader health service system. The *Framework* notes that service providers must recognise that an individual is part of a family who is affected by, and has an effect on, the individual's alcohol and drug use. It noted the importance of adopting

family inclusive practice that aims to enact lasting change and respond to the needs of vulnerable family members, particularly children.

91. The implementation plan (**Attachment JA-17**) accompanying the *Framework* identified a suite of initiatives to support workforce development and included a commitment to the delivery of family inclusive practice training to the alcohol and drug sector and the development of resources to support the adoption of family inclusive practice. In 2013, for example, 268 workers across the alcohol and drug and mental health sectors participated in family inclusive practice training delivered by the Bouverie Centre. As a result of this training, participants indicated that they felt more confident and knowledgeable about using family inclusive approaches in their work.

92. As part of progressing this work, the Department funded a range of workforce development activities. This has included funding the design and delivery of professional development programs to improve the capacity of the alcohol and drug sector to respond to family violence. For example, the Department funded the Bouverie Centre to provide education and training to alcohol and other drug workforces to assist them in working more effectively with individuals and families, and Turning Point has developed resources to increase practitioners' confidence and skills in working with parents with problematic alcohol and drug use.

93. The Department has also funded Turning Point to develop an evidence based brief intervention for helpline counsellors working with family members. This piece of work which is still under development provides people working on DirectLine and other related phone helplines to provide structured support to family members affected by another's alcohol and drug use. Given a significant proportion of calls to helplines come from family members and others directly impacted by another's alcohol and drug use, equipping these staff to enhance their skills in supporting family members is important.

INTEGRATION BETWEEN ALCOHOL AND DRUG TREATMENT AND FAMILY VIOLENCE SERVICES

Introduction

94. Currently, there is no data routinely reported to the Department on the prevalence of family violence amongst people who are receiving State funded drug treatment services. For alcohol, however, police data regarding confirmed cases of alcohol

related family violence is available on Turning Point's AODstats (http://www.aodstats.org.au).

95. There is nonetheless a body of literature describing the interrelationship between alcohol and drugs and family violence. A wide range of individuals and organisations, including academic and funded research organisations, peak bodies and others with a strong interest, have generated this research.

96. The available literature suggests the relationship between substance use and family violence is not a causal one, but that alcohol and drugs are contributing factors to the perpetration and seriousness of violence. Some researchers suggest that problematic alcohol and drug use and family violence can each increase the risk of the other occurring (see, for example, Bennett and O'Brien, 'Effects of coordinated services for drug-abusing women who are victims of intimate partner violence' (2007) 13(4) *Violence Against Women* 395-411).

97. There is also a significant stigma associated with alcohol and drug problems, which can act as a barrier to people seeking help. Experiencing family violence can also act as a barrier to seeking help and participating in treatment in a number of ways. This can include immediate fears for safety and risk associated with attending a service, including the risk or fear that disclosure may result in escalating or repeating instances of violence. Experiencing family violence can also affects a person's overall confidence and willingness to enter into a therapeutic relationship with a stranger.

98. Intoxication itself poses a very practical, immediate problem, because it affects a person's ability to travel and participate in support services. My understanding is that individual services vary in their policies regarding whether intoxicated people are permitted to be on site or to participate in service provision. These are decisions that individual services make, taking into account the client's needs, safety considerations, and a range of other factors.

99. Historically, the level of integration between the alcohol and drug and family violence sectors has been variable. There have been some strong examples of integration at a local level, however there has been less focus on broader whole of sector (system) change.

100. Examples of local arrangements that facilitate better integration between the sectors, and support early intervention, include:

100.1 LinkHealth (previously Monash Link), which has established strong connections between drug treatment and family violence services;

100.2 community health services funded to provide both drug treatment and family violence services, which in effect provide a suite of services to meet a range of needs, largely focused on people who have complex needs and may be experiencing significant disadvantage; and

100.3 the partnering, and in some cases co-locating, of organisations such as Odyssey House Victoria and Uniting Care ReGen with Child FIRST agencies, to support early intervention strategies.

Local drug treatment agencies are also members of the two current Risk Assessment and Management Panels known as RAMPs.

Strengthening screening and referral processes

101. As part of the recent reforms to the alcohol and drug treatment sector, the Department has been working on ways to better support the State funded alcohol and drug treatment sector to identify potential family violence and safety issues.

102. The newly developed screening and assessment tools (discussed earlier) take into account a range of factors that have been identified as contributing to a person's personal circumstances, including mental health, housing and family violence issues. The 2014 service specifications (see **Attachment JA-13**) require adult non-residential services to use these screening and assessment tools.

103. In relation to family violence, the tools raise relevant questions at multiple stages of a person's assessment, including at the initial screen and during any comprehensive assessment. The elements included in the screening and assessment tools have been adapted from the Comprehensive Risk Assessment Framework (**CRAF**), which is the standard tool used to screen for family violence risk. Advice in the tools, and in the accompanying Clinician's Guide (see below), recommend that the full CRAF be completed if required. It is recommended that the worker only proceed to the full CRAF if they have experience or expertise in dealing with family violence issues. Otherwise, referral to another worker or service is recommended before the full CRAF screen is completed.

104. The tools include two key 'Optional Modules' for clinicians to apply (if deemed appropriate) at the comprehensive assessment stage:

104.1 Optional Module 10: Family Violence (**Attachment JA-9**); and

104.2 Optional Module 11: Impact of AOD Use on Family Member (Significant Other Survey) (**Attachment JA-10**).

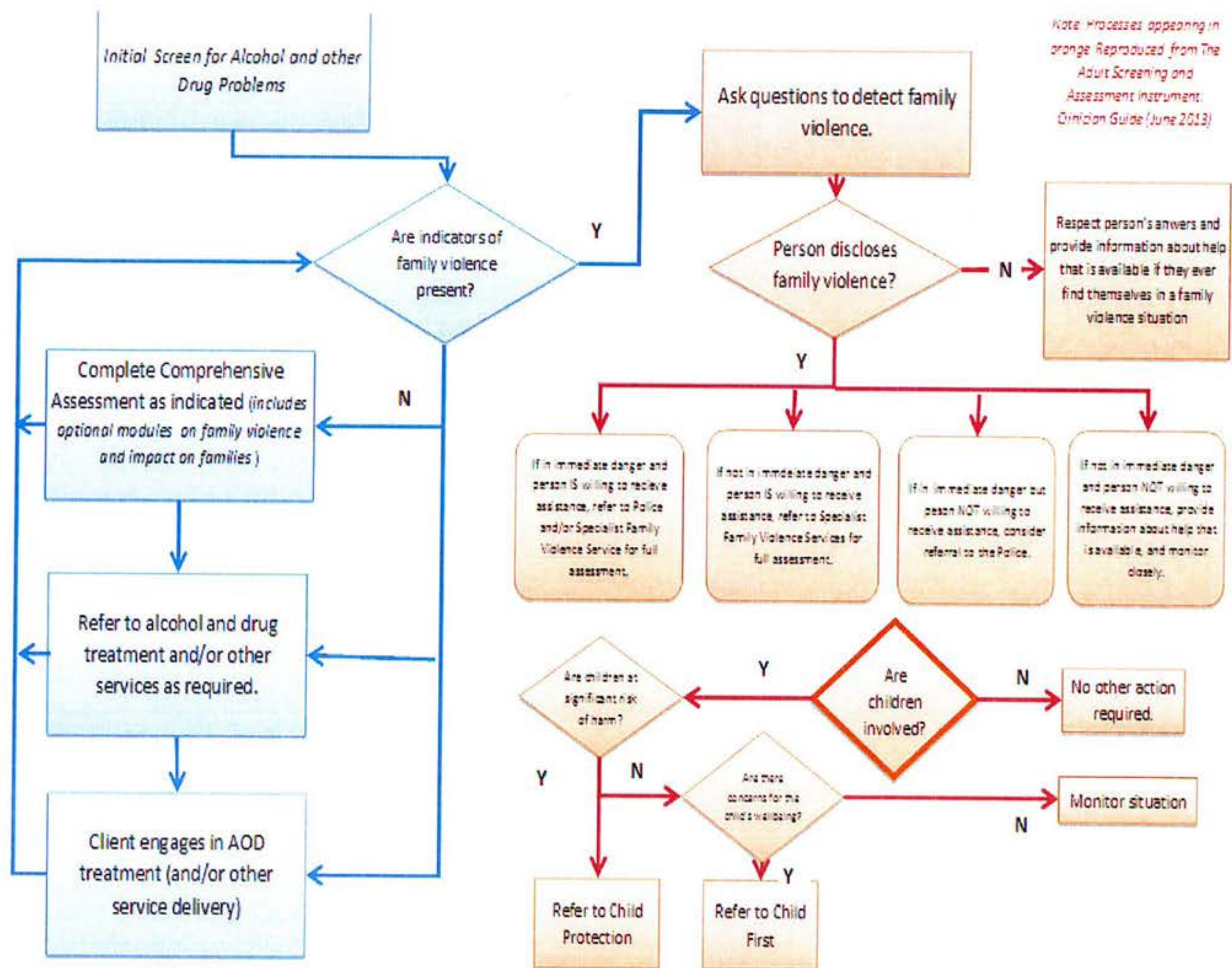
105. Detailed guidance on the screening tools is provided in the Department's clinician guide, *The Adult AOD Screening and Assessment Instrument: Clinician Guide* (June 2013) (**Attachment JA-18**). The Clinician Guide covers all aspects of the screening tools. In relation to family violence screening, it provides a summary of the areas within the tool that deal with family violence (see page 52). It also explains in detail how to effectively use both Optional Module 10 (see pages 42 to 48) and Optional Module 11 (see page 49).

106. As explained in the Clinician Guide, section 4 of the comprehensive assessment addresses risk, and section 4B specifically guides clinicians to ask questions about whether a client has inflicted harms upon others or experienced harm from others (for example, assaults, family violence, threats to kill or sexual abuse) (see pages 33 to 34 of the Clinicians Guide). Section 4B also directs clinicians to Optional Module 10.

107. Optional Module 10 helps clinicians to assess the presence of any possible indicators of family violence, by asking prompting questions if appropriate and recording results in the template provided. It explains indicators of family violence for both adults and children (based on the Common Risk Assessment Framework) and it provides examples of prompting questions (see pages 44 to 46 of the Clinician's Guide). It also gives guidance as to appropriate steps to take if it appears violence is occurring, and if the person indicates that they do not want family violence related assistance (see pages 46 and 47).

108. Optional Module 11 includes a number of questions that may also be directly relevant to family violence. It includes a section addressing any physical violence in the past 30 days, which includes behaviours like pushing and shoving. It also addresses self harm and property damage. The Module explores whether there have been arguments (including any verbal abuse) and any legal or financial issues, both of which may signal family violence issues.

109. The following flowchart provides an overview of the model for identifying and responding to family violence during alcohol and drug screening and assessment.



Capacity for flexible responses

110. Informal feedback received from services that deliver both alcohol and drug and family violence assistance has highlighted that victims of family violence need to know, trust and feel safe with the organisation they deal with. This means that, rather than accessing alcohol and drug treatment through an intake and assessment service, they go directly to another treatment provider such as a community health centre that can provide multiple services (including drug treatment, family violence services and other services). The design of the current service system is intended to allow this flexibility and responsiveness.

Sector guidance and resources

111. There are a range of guidelines and protocols produced by other organisations that are publicly available to assist drug treatment staff to provide effective support to people affected by family violence. These include:

111.1 *Can I ask...? An alcohol and drug clinician's guide to addressing family and domestic violence* (NCETA and Odyssey House Victoria, 2013) (see **Attachment JA-4**). This guide provides assistance to a range of practitioners, from basic level responses for all alcohol and drug workers, enhanced responses by frontline and counselling staff, and intensive responses by specialist alcohol and drug/family violence staff. It also provides guidance for asking questions about family violence, advice for safety planning and guidance for working with perpetrators.

111.2 *Breaking the Silence: Addressing family and domestic violence problems in alcohol and drug treatment practice in Australia* (NCETA, 2012) (**Attachment JA-19**). This report provides an assessment on what alcohol and drug services can do to improve their responses to family violence, including from both a practitioner and organisational level.

111.3 *Familiar Needs: Working with children and families – A resource folder for alcohol and other drug services in Victoria* (VAADA, 2012) (**Attachment JA-20**). This material provides guidance in working with children and families, including working with child and family services such as Child FIRST and Child Protection, as well as explaining obligations under the *Children, Youth and Families Act 2005* (Vic.).

112. In addition, Turning Point has developed a suite of 15 clinical treatment guidelines to support alcohol and drug treatment service providers in every day practice, including a specific guideline on working with families (**Attachment JA-21**).

113. Turning Point has also been funded to develop guidelines for helpline counsellors who provide advice and support to substance-misusing parents. These guidelines, which are still to be finalised, will assist clinicians working on phone help lines to elicit sensitive information about any immediate risks to children, and to provide guidance and support on safe and effective parenting.

Supporting broader connections across the service system

114. Responding effectively to a person's problems with alcohol and drugs and/or family violence often requires a much broader set of supports than those specific to either of those sectors. For example, data collected about people receiving State funded drug treatment services identifies a range of other co-existing issues that typically will require a service response.

115. To make it easier for people with multiple needs to access services and streamline the support they receive there has been an increasing focus on exploring how better connections can be established between drug treatment services and the range of other services a person might need.

116. As discussed above, the Victorian Drug and Alcohol Treatment Principles (see **Attachment JA-5**) and Catchment Based Intake and Assessment Guide (**Attachment JA-14**) require all State funded services to work collaboratively with other services to ensure, as much as possible, that clients receive integrated and holistic support throughout their recovery.

117. Service specifications (**Attachment JA-13**) required providers of adult non-residential drug treatment services to demonstrate how they would establish and maintain active engagement with the wide range of other service providers who may be involved in the care of some of their clients, including mental health, housing and homelessness services, and services related to families and children.

118. Introduction of care and recovery coordination and catchment based planning are also intended to promote stronger connections and integration between the range of services required by people with multiple needs. These measures also support providers of alcohol and drug services to participate in relevant service coordination and planning initiatives managed by other agencies.

119. There is also support for people working with clients who may have problematic alcohol and drug use. For example:

119.1 The Drug and Alcohol Clinical Advisory Service is a 24 hour, 7 day specialist telephone advisory service. It provides clinical advice to health professionals who have concerns about the clinical management of patients and clients with alcohol and other drug problems. Initial enquiries to the Service are handled by professional drug and alcohol counsellors. If the enquiry is medical in nature it will be referred to a consultant with expertise as an Addiction Medicine Specialist. The Service currently receives around 2,300 calls a year, from general practitioners and other doctors, nurses, and pharmacists.

119.2 The newly established 1 800 ICE ADVICE line also provides a support service for anyone who has a query or concern regarding ice related matters, including staff working with ice affected people.

CRYSTAL METHAMPHETAMINE (ICE)

120. I understand the Royal Commission is interested in exploring issues related to amphetamines, in particular crystal methamphetamine (ice), and its involvement in violent behaviour amongst adolescents.

Ice use amongst adolescents

121. Evidence about the prevalence of ice use by Victorian young people is available from a range of sources:

121.1 Victorian data from the Australian Secondary Student Alcohol and Drug survey, most recently conducted in 2011, found that 3% of students aged 12 to 17 years reported having used amphetamines (including ice).

121.2 The 2013 National Drug Household Survey, which provides a whole of population snapshot of alcohol and drug use across Australia, found that 2% of 14-18 year olds had used amphetamine type substances in the preceding 12 months. This represented a significant fall from the peak of 6.2% recorded for this age group in 2001.

121.3 Data from State funded drug treatment services shows that 19.4% of people aged up to 25 years identified amphetamines as their primary drug of concern.

121.4 A census of a sample of young people receiving support from a Victorian youth drug treatment service found that 26% of participants identified methamphetamine as their primary drug of concern (Youth Support and Advocacy Service and Turning Point, *Snapshot March 2014, Young People in Victorian Youth Alcohol and other Drug Services Summary Data and Key Findings* (see page 3)) (**Attachment JA-22**).

122. In 2014, the Parliamentary Inquiry into the supply and use of methamphetamine in Victoria found that the use of ice had increased, ice was now more available and higher in purity, making it more harmful, and it was mostly used by 20-29 year old males. The Inquiry heard from witnesses that ice is increasingly implicated in family violence, and that it is contributing to an increase in the severity and intensity of physically violent incidents.

Responses to concerns about ice use

123. Victoria's *Ice Action Plan* (see **Attachment JA-15**) was developed by the Premier's Ice Action Taskforce, to respond to growing concern about the impacts of ice on Victorian communities. The *Ice Action Plan* is supported by an Ice Action Framework. I am a member (and current chair) of the Ice Action Plan Interdepartmental Committee supporting implementation of that Plan and the associated Framework. A copy of the Ice Action Framework is at **Attachment JA-23**.

124. The *Ice Action Plan* describes a whole of government approach to tackling the issues posed by ice. Initial funding of $45.5 million for new initiatives was announced at the time the *Plan* was released. The initiatives include:

124.1 establishment of an 1800 Ice Advice (1800 423 238) phone line for families and people using ice to get general information, support and referral to treatment;

124.2 $18 million to expand treatment services so more people can get help when they need it, with new services announced in nine locations in late June 2015;

124.3 $4.7 million for family support initiatives including a new Family Drug Education Program and expansion of family supports in each of the 16 catchments across the state;

124.4 $500,000 to support the work of people who know their communities best, through support for grass roots 'Community Ice Action Groups';

124.5 $1 million for increased clinical supervision training and a standard ice training course for frontline workers so they can better respond to people who are using ice;

124.6 $15 million for new drug and booze buses to detect ice users on the road; and

124.7 $4.5 million to expand Victoria Police's forensic analysis capacity to shut down clandestine labs.

125. These initiatives will seek to ensure that people who need treatment, families who need support, or family violence workers, can more easily get the help they need in responding to the use of ice. The *Ice Action Plan* also commits to:

125.1 investigate opportunities to provide treatment and support services into locations where at risk groups can be found, including mental health services and services targeting at risk and/or disengaged youth; and

125.2 build stronger connections between drug treatment services and other health settings, including the 'General Practitioners in Schools' pilot initiative, where doctors will visit 100 secondary schools in disadvantaged areas.

126. Both of these commitments have scope to assist young people who are using ice. In addition, there are some other youth focused initiatives that are being implemented in the drugs portfolio to address concerns about the impacts of ice use. These initiatives include:

126.1 An additional $1.9 million in growth funding has been provided to strengthen community based responses for young people, with a focus on vulnerable young people including those in out of home care. These services will be implemented in 2015/2016 and will involve a combination of increased early intervention and support to vulnerable young people, and training staff in key youth services to better identify and refer young people with substance abuse issues.

126.2 The "What are you doing on ice?" marketing and communications program, which focused on raising awareness. This ran in 2014 and was designed to educate young people about the risks of using ice and to encourage those struggling with addiction to seek specialist help. This was an evidence based campaign, which targeted Victorian men and women aged 18-25 years. This cohort was chosen because available research (such as data regarding methamphetamine related ambulance attendances) was indicating that the average age of people involved in those attendances was 27 years. The project advisory group overseeing the campaign (comprising experts from the drug treatment and harm reduction sections) was supportive of targeting this group to prevent the shift from occasional to problematic use, and felt that if the campaign tested well with people in their early 20s it would also reach younger people. The secondary audience for the campaign was people, particularly families, who were looking for information and help, and concerned community members. During its development, the program was market tested with focus groups to ensure messages were effective for the target audience. Measurement

of the campaign's impacts indicated that it had been successful in its goal of raising awareness of the risks associated with ice, and that during the campaign there was a 14% increase in amphetamine-related enquiries to DirectLine (being the service that the campaign had encouraged people to contact for help).

FUTURE DIRECTIONS AND OPPORTUNITIES

127. Reform to the drug treatment sector and in particular the introduction of new screening and assessment tools has provided opportunities to promote more consistent, systematic consideration of the needs of family members affected by another's alcohol and drug use (including dependent children), including more consistent identification of family violence issues.

128. The reforms have also resulted in a greater focus on integration between drug treatment and other parts of the service system that people with substance abuse issues may be contacting. Establishment of the new care and recovery coordination function, alongside area based catchment planning, have created funded structures to support practical integration and help ensure that clients with multiple needs receive more support. It also ensures that drug treatment services are aware of and responsive to local priorities and need.

129. These are major reforms that have been in place for less than a year, and there is still significant work to be done to refine arrangements, establish new approaches to performance management and data, and address issues raised during the implementation period. The Minister for Mental Health recently announced a review of the current status of the reformed system, which will assist in identifying outstanding areas for further focus.

130. There are some very practical actions the Department intends to take to further strengthen the capacity of the alcohol and drug treatment sector to identify and respond appropriately to family violence. These include:

    130.1 establishing guidelines for staff across the drug treatment sector on working with substance misusing parents, drawing on the work done by Turning Point to support helpline workers;

    130.2 making training in family centred and trauma informed care a continued focus of funded workforce development;

130.3 actively promoting the NCETA/Odyssey House Victoria guidance in their joint report, *Can I ask ... ?* (see **Attachment JA-4**); and

130.4 exploring how future data collections from the drug treatment system can capture data on referral patterns and client outcomes, in order to strengthen our understanding of both client characteristics and pathways.

131. Rolling out additional treatment and support services that have been recently funded will expand access to these services across Victoria, including access for forensic clients. However, one of the challenges faced is that, as discussed, not everyone experiencing alcohol and drug issues needs the same kind of specialist service. Primary care responses, particularly early in the course of someone's drinking or drug taking, have the potential to address problems before they become entrenched.

132. These primary care responses (through general practitioners and other funded agencies) need to be strengthened, so that issues are identified and addressed early and substance dependence is avoided. The *Ice Action Plan* has committed to exploring opportunities to expand early intervention services in community health services. However, the delivery of primary care responses is chiefly the responsibility of the Commonwealth Government.

133. There are also opportunities to strengthen connections between the alcohol and drug treatment and family violence sectors, for example:

133.1 exploring the development of integrated programs for men's behaviour change and drug treatment; and

133.2 supporting the family violence sector through training and provision of resources to build a stronger understanding of alcohol and drug issues.

There are already examples of good local practice (see, for instance, paragraph 100 above). A future drug treatment sector forum, or a joint forum between the two sectors, would also be likely to identify other practical improvements that can be implemented.

134. An increased focus across government on prevention initiatives, gaining a common understanding of risk factors (and their assessment), and better information sharing will also be critical to transforming Victoria's experience of and response to family violence.

135. The Department is committed to supporting improvements that will enhance the funded drug treatment sector's response to family violence, and to supporting that sector to contribute to more effective integrated models. The Department welcomes the Royal Commission's focus on alcohol and drug issues, and will be carefully considering its findings and recommendations.

Signed by **Judith Dorene Abbott**)
at Melbourne)
this 14th day of July 2015)

Before me

An Australian legal practitioner
within the meaning of the
Legal Profession Uniform Law (Victoria)