

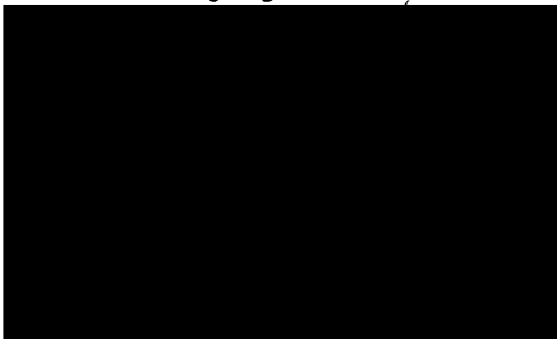
**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT JA-11 TO STATEMENT OF JUDITH DORENE ABBOTT

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This is the attachment marked "**JA-11**" produced and shown to **JUDITH DORENE ABBOTT** at the time of signing her Statement on 14 July 2015.



**An Australian Legal Practitioner within
the meaning of the Legal Profession Uniform Law (Victoria)**

Department of Health

health

New directions for
alcohol and drug
treatment services

A roadmap

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alcohol and drug
treatment services

A roadmap

If you would like to receive this publication in an accessible format please phone the Policy, Planning and Strategy Branch in the Mental Health, Drugs and Regions Division on 9096 5956 using the National Relay Service on 13 36 77 if required.

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Minister's foreword

Effective alcohol and drug treatment changes people's lives. It improves their mental and physical health. It can help them reconnect with their families, rebuild relationships with their children and re-engage with their communities. Effective treatment can put a person back on the path to recovery and reintegration. In short, effective treatment can give a person a new beginning.

Reform of Victoria's alcohol and drug treatment system is overdue. The last significant reform was undertaken by the previous Coalition government over a decade ago. We know from client and community feedback that the system is hard to access and use. A number of government reviews have concluded that it needs to change.

The alcohol and drug treatment system needs to be transformed from a series of multiple, complex, episodic transactions to one that supports people to make the changes they want when they decide to seek help for an alcohol or drug problem.

The system should be centred on the person, family and culturally inclusive and oriented towards helping people to recover, to reconnect with their families and to reintegrate into their communities.

Alcohol and drug workers are passionate, dedicated and committed to making a difference for their clients, but they are working within a fragmented system that hinders rather than facilitates their work.

The Victorian community needs an effective treatment system that is easy to access and to navigate. It should be of a high quality, based on evidence and integrated with the other services that people need. Services should be planned according to population needs, and providers should have enough flexibility to move resources around to respond to the individual needs of clients.

Later in 2012 the Victorian Government will release the whole-of-government *Victorian alcohol and drug strategy*. The strategy will describe how we will work with all Victorians to address the different challenges posed by alcohol, pharmaceutical drugs and illegal drugs. It will set out how we will improve treatment, healthcare and social support for people with alcohol and drug problems. Reform of Victoria's alcohol and drug treatment services is a crucial first step in the strategy and requires immediate action.

This roadmap sets out our framework for the reform of Victoria's alcohol and drug treatment system. We will lay the foundations for reform in the first year by focusing on the things that will make an immediate and significant difference.

There is a big change program ahead of us. Change can be challenging and difficult, but these reforms set a new and exciting direction for alcohol and drug treatment services. There will be mixed views on what we are proposing and how best to achieve it. However, as we progress our reform program we will work with clients, the sector and other stakeholders to achieve a sustainable, coherent alcohol and drug treatment system that works better for the people who need to use it.



The Hon. Mary Wooldridge MP
Minister for Mental Health, Women's Affairs
and Community Services

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Executive summary

Features of a reformed system

- Person-centred, family and culturally inclusive, recovery-oriented treatment
 - Accessible, easy to navigate
 - High-quality, evidence-based interventions
 - Integrated with the other health and human services that people need
 - Intervening as early as possible
 - Sustainable and responsive to community needs
 - Building bridges to treatment
 - A skilled and competent workforce.
-

Victoria's alcohol and drug treatment system helps around 40,000 Victorians every year. The sector comprises a dedicated workforce of alcohol and drug workers, counsellors, outreach workers, nurses, social workers, general practitioners (GP), pharmacists, psychologists and other care and health professionals.

The best efforts of these workers are hampered by structural weaknesses in the treatment system that are exacerbated by the absence of systemic reform or redevelopment over the last decade.

People should be at the centre of what we do. We need to take account of their needs, their preferences, their circumstances, their culture and their families, especially dependent children.

People come to alcohol and drug treatment because they want to make a change. Treatment needs to help people achieve that change. We want treatment to be oriented towards recovery. Our workforce, our culture and our systems should support people in their individual journey towards recovery.

People bring their own skills and strengths to help them make the changes they want. Our job is to deliver high-quality, evidence-based treatment that supports people to access any other help they need. Treatment should build on people's existing strengths and skills, and it should reconnect them with their families and communities so they can sustain change after they leave the treatment system.

The treatment system has become overly complicated and hard to use. It is difficult for people to find help and difficult for them to get a joined-up pathway through treatment. We need to make the system easier to navigate so that it works better for the people who need to use it.

In undertaking a comprehensive reform agenda we must build upon the key strengths of our system. Our workforce is skilled, dedicated and passionate about the rights of their clients. There are many examples of innovation and expertise that can inform the redevelopment of service types. The findings of a number of reviews have informed our thinking. There is a real commitment to reform across key areas of government that will benefit both our clients and our reshaped service system.

Reforming the alcohol and drug treatment system will require sustained effort and redevelopment over a number of years. In 2012 we will prepare the ground for reform by implementing system-wide change through common screening and assessment tools, a new central intake service, a bed vacancy register and new counselling services. We will work with hospitals and human services to intervene earlier to help people at risk. In 2013 we will begin to redevelop the adult treatment system – including forensic programs – by recommissioning non-residential services to achieve joined-up treatment pathways in every region. As part of this process we will examine service pricing and performance measures. The youth system is likely to require a different reform approach than the adult system. Redevelopment will therefore be staged, and reform of the youth system will follow on from the adult system in 2014.

New funding of \$21.2 million over the next four years will help seed reform in critical areas, but we can also do better with the resources that we already have. Alcohol and drug treatment services are now being funded on an ongoing basis providing a solid foundation and opportunity from which to build change.

Throughout the reform process we will work closely with our key stakeholders – including consumers and their families, our workforce and peak bodies such as the Victorian Alcohol and Drug Association (VAADA), the Association of Participating Service Users (APSU), Anex and Family Drug Help – to achieve a high-quality system that is easier to navigate, easier to use, and better connected to the other services and supports that clients and their families need and want.

We aim to create a treatment system that is substantially better than the one we operate today. Victoria will have a redeveloped, recovery-oriented alcohol and drug treatment system delivering alcohol and drug treatment that is:

- centred on the person, family and culturally inclusive, and oriented towards recovery
- accessible and easy to navigate
- of a high quality and based on evidence
- integrated with the other health and human services that people need
- designed to intervene when problems are first detected
- sustainable and responsive to community needs
- connected to services and programs that can help build bridges to treatment
- delivered by a skilled and competent workforce.

Table 1 opposite describes how people currently experience the alcohol and drug treatment system and the experience we want people and their families and carers to have in the future.

Table 1: Changing how a person experiences alcohol and drug treatment

How a person experiences alcohol and drug treatment NOW	→ How a person should experience alcohol and drug treatment in the future
<ul style="list-style-type: none"> x The person and their family do not always have the opportunity, knowledge and confidence to be involved in decisions or planning related to their treatment. x There is a limited focus on planning that supports a person's recovery and wellbeing goals and post-treatment self-management. x There can be frequent, multiple and varied assessments by separate providers to access the range of treatment types available. x Involvement with the person and their family may be quite disconnected. x It is not routinely considered whether the person is also a parent, what support they might need with their parenting, and the implications and risks for any children in their care. x There are multiple entry points and criteria for entry into the treatment system that make it difficult for people to access and navigate. x There are few opportunities for a time-limited, 'fast-tracked' engagement. x There is variable service quality from program to program, agency to agency and location to location. x Treatment is episodic and crisis-driven and not well connected or coordinated with the other health, social and welfare services that people might need. x Multiple providers deliver an array of treatment types and pathways, and coordination is made more difficult because information is not easily shared. 	<p>Person-centred and recovery-oriented treatment</p> <ul style="list-style-type: none"> ✓ People have improved knowledge and confidence to make choices about their treatment and awareness of how to self-manage after formal treatment. ✓ People have high levels of active involvement in their treatment including planning, setting goals and decision making. ✓ People who need specialised alcohol and drug treatment receive a comprehensive assessment and care plan that is oriented towards their goals for recovery and designed with them according to their choices, preferences and changing needs. <p>Family-inclusive treatment</p> <ul style="list-style-type: none"> ✓ Family members and carers are supported, informed and engaged in treatment planning, delivery and recovery planning. ✓ Children of service users are routinely identified and their needs are considered with appropriate referrals to parenting, family or child support services. <p>A system that is easy to navigate</p> <ul style="list-style-type: none"> ✓ There are easily identifiable central and regional entry points that deliver standardised screening and assessment, map out a treatment pathway for the person and direct them to the most appropriate, consistent, cost-effective and efficient treatment for their needs. <p>Evidence-based and high-quality interventions</p> <ul style="list-style-type: none"> ✓ There is earlier access to brief, evidence-based treatment interventions delivered when and where people need them. ✓ High-quality, family and culturally inclusive, evidence-based treatment and interventions are delivered by a competent, stable workforce. <p>Integrated pathways</p> <ul style="list-style-type: none"> ✓ Recovery-oriented, strengths-based and holistic treatment properly considers a person's other mental and physical health needs, their family and cultural needs and their social and economic needs, and treatment is coordinated and integrated with other services. ✓ Information is within the person's control and with their consent is easily shared between providers for improved communication, better treatment pathways and coordination.

Delivering reform

Ahead of us is an ambitious agenda to reshape the treatment system so that it works better for the people who need to use it. We aim to initiate the redevelopment of the adult treatment system by the end of 2013.

Principles guiding reform

There are a number of principles that will guide the reform of the treatment system.

1. Person-centred, family and culturally inclusive, recovery-oriented treatment

Reform must deliver a system that puts the people using it at the centre. This means the needs of individuals and their families including any dependent children should be paramount. It means that services should be culturally safe and inclusive. It means that a person's treatment should take account of and support their personal goals for recovery.

2. Accessible services

Help with alcohol and drug problems should be easy to find. Treatment and support should be easy to access. If a person needs more than one type of treatment intervention, their treatment pathway should be planned and regularly reviewed with them. Their treatment journey should be joined-up and easily navigated.

3. High-quality, evidence-based interventions

People should expect that the treatment they receive is of a high quality and based on evidence. Their needs and preferences should be taken into account. They should get the same quality of service regardless of where in the state they receive treatment.

4. Integrated pathways

Substance use issues are rarely an isolated problem. People's alcohol and drug treatment needs to consider their wider health, social and economic needs. It should connect them with the other services or supports that they might need.

5. A responsive, sustainable system

The treatment system must be responsive to the needs of the community and deliver value for money for the Victorian taxpayer. It needs to be efficient, sustainable and as simple as possible.

6. Intervention at the earliest possible point

Whenever possible a person should receive advice, support and treatment at the earliest point after a substance use issue is identified. For young people, this means delivering treatment interventions in settings where substance use problems first emerge. Brief interventions should be delivered in hospitals, GP surgeries and in other appropriate sectors and settings.

7. Bridges to treatment

Needle and syringe programs (NSPs) and primary health services for injecting drug users will be a bridge to treatment from the service they have grown to trust. Some Victorians commit crimes while affected by alcohol or drugs, or to support a drug habit. Effective, high-quality treatment can help break the cycle of substance use and crime.

8. Treatment delivered by a skilled and competent workforce

Treatment needs to be delivered by skilled and competent staff offering high-quality, evidence-based interventions and support.

Key reform actions

We will work with clients, their families and the sector over the next two years to achieve a better alcohol and drug treatment system for Victoria. Our key actions over the next two years include:

- changing the treatment system's models of practice so that it becomes more centred on the person, more family and culturally inclusive, and oriented towards recovery
- ensuring children of people in treatment become core business for our services
- establishing a central telephone intake and triage service to refer people to the most appropriate service and developing options for regional or area-based intake to support improved treatment pathways
- introducing common screening and assessment tools in specialist alcohol and drug treatment services and in the other settings where people with alcohol and drug problems are likely to present
- putting in place a central bed vacancy register to better utilise bed-based services and ensure joined-up care pathways for clients
- rolling out new counselling programs in Barwon-South Western and Eastern Metropolitan Regions.
- redeveloping pharmacotherapy services
- instituting new hospital and community diversion programs to intervene earlier with people identified as at risk
- strengthening web-based information, self-help and referral services
- working with the Departments of Human Services, Education and Early Childhood Development and Justice, as well as with the Commonwealth, to fully exploit the opportunities for better integrated and joined-up services
- purchasing integrated treatment services at an area/regional level that are connected to statewide and highly specialised services
- developing new service specifications for core treatment types
- redeveloping the youth alcohol and drug treatment system to achieve earlier intervention and better integration with the other services that young people need
- drawing together a quality framework for treatment that builds on existing quality standards
- releasing a new workforce development framework and implementation plan.

Building the foundations for reform

We need to start by building the foundations for a new system. Initially we will focus on the things we can change quickly, but we aim to initiate the redevelopment of the treatment system by the end of 2013. We will work closely with the sector to successfully transition to the new system.

We already have a number of initiatives underway that contribute to our reform agenda, including:

- improving access to treatment
- strengthening our focus on families and children
- expanding harm reduction services
- strengthening hospital-based treatment
- developing web-based information and self-help for improved early intervention and prevention.

Access to treatment

New therapeutic counselling services will benefit people living in the Barwon-South Western Region, in the Cities of Casey, Knox and Maroondah and in the Shire of Yarra Ranges.

We will enhance DirectLine to deliver a centralised telephone-based intake and triage system that will incorporate telephone information, advice and counselling, referral, screening and assessment and brief interventions. This will include a new central bed vacancy register to more quickly match people to available treatment beds.

New funding of \$5.6 million over the next four years will secure the new counselling program in the Barwon-South Western Region and the new central intake and bed vacancy register service.

With substantial investment in Victoria's pharmacotherapy system doubling the pharmacotherapy budget by delivering an additional \$11 million for services, people will be able to access pharmacotherapy treatment more easily, particularly those living in regional and rural areas.

We will continue to provide a strong response to alcohol issues in the community and improve access to treatment by extending the Catalyst day program with funding of \$3.1 million over the next four years.

Standardised screening and assessment tools will ensure people get a consistent and holistic response when they ask for help. These tools will be made available in a wide range of human services settings so that people who have alcohol and drug issues are identified and helped sooner, wherever they present. This work will start by piloting alcohol and drug screening tools in the human services case management demonstration sites in Dandenong and Geelong.

We will deliver better access to treatment and enhanced support for forensic clients.

We will develop new models of treatment for young people that better integrate youth alcohol and drug services with other critical services such as:

- mental health services such as Headspace and the national rollout of early psychosis services for young people
- education programs such as Youth Partnerships
- youth justice programs
- the Department of Human Services case management demonstration sites.

Families and children

We need to do better at supporting and involving family members in a person's treatment. We also need to recognise that clients may also be parents and respond appropriately to support and protect their children. As a first step we will educate our workforce on family-inclusive practice and build their skills to involve family members and respond to the needs of children. A new practice guideline on family and culturally inclusive practice has been developed and will shortly be rolled out to alcohol and drug treatment services through targeted training.

Harm reduction

The government supports an approach of harm minimisation to keep people safer and healthier while building trusting relationships to support them entering treatment. A 24-hour NSP will provide access to needles and health support for injecting drug users living in or frequenting the west and south east of Melbourne. This will complement the existing NSP network that supports harm reduction across the state.

Hospital-based treatment

In 2010–11 more than 290,000 hospital bed days were used for alcohol- or drug-related reasons and there were nearly 26,000 alcohol and drug-related emergency presentations (Department of Health 2011b). The *Victorian Health Priorities Framework 2012–2022* (Department of Health 2011c) identifies the need for people to be better informed about their health and for the system to be more responsive to people's needs. Hospitals are often the front line for responding to crises related to alcohol and drugs, and there is strong evidence of the value of using brief interventions or brief treatments when a person comes into a hospital emergency department or is admitted to hospital for issues related to alcohol or drugs. We will work with hospitals to encourage the delivery of brief interventions in hospital settings so that we can intervene earlier and provide people with information and advice to change risky and harmful behaviour. We will build on existing partnerships between treatment services and hospitals to support step-up and step-down care for people needing specialist medical withdrawal or post-hospital treatment.

New funding of \$12.5 million over the next four years will create new Alcohol and Drug Hospital Liaison and Community Diversion services to increase the identification of patients with comorbid alcohol and drug and mental health issues. The new services will provide early intervention and treatment and divert people to community-based treatment services where appropriate. Some of this work will focus particularly on older Victorians who are less likely to self-refer to alcohol and drug treatment programs.

Self-help

A new web-based self-assessment tool is being launched to help people identify whether they have an issue with their alcohol consumption and to offer them a range of options, including online self-help, to address it. It will help prevent the harms associated with risky drinking and deliver a response to those who are not able or do not wish to access face-to-face treatment services.

Immediate actions

- New counselling services will benefit people living or working in the eastern growth corridor.
 - New funding of \$5.6 million over four years will provide for a new counselling program in Barwon-South Western Region and a new central intake and bed vacancy register to improve access to treatment.
 - Funding of \$11 million has doubled the pharmacotherapy budget and will enhance support for pharmacotherapy, including new GP and pharmacist training to improve access, particularly for people living in rural and regional Victoria.
 - Standardised screening and assessment tools will be piloted in five treatment sites across Victoria in 2012, and alcohol and drug screening will occur in the Department of Human Services case management demonstration sites.
 - New 24-hour NSPs will be piloted in west and south east Melbourne to reduce risk and harms associated with sharing needles.
 - Funding of \$300,000 will be provided to build workforce skills in family-inclusive practice and clinical supervision, to provide better responses and support to families and to improve service quality.
 - The government will work with VAADA and APSU to engage consumers, family members and the sector in reform so that system improvements are designed with input from frontline staff and clients and have a lasting impact.
 - New funding of \$12.5 million over four years will be used to improve hospital and emergency department responses to people with alcohol and drug issues and develop more step-up, step-down hospital treatment partnerships.
 - New funding of \$3.1 million will extend the Catalyst program for another four years.
 - A new web-based tool will help people to assess their drinking habits and consider change.
-

Part One: The case for change

1.1 Introduction

This paper sets out a roadmap for redeveloping the state-funded alcohol and drug treatment system in Victoria. It identifies the key issues driving the need for reform and offers a roadmap to guide a comprehensive program of change. We aim to deliver a new adult treatment system for Victoria in 2013.

The Victorian Government currently invests more than \$116 million each year in over 20 different treatment types. Programs or interventions are delivered to more than 28,000 Victorians annually by over 100 providers, including non-government organisations, community health services and hospital services. These services are commonly referred to as alcohol and drug treatment services. An additional 13,000 people receive pharmacotherapy treatment through community pharmacies and GPs.

Victoria's alcohol and drug treatment system in 2010–11

- Over \$112 million was invested in alcohol and drug treatment services in 2010–11. This grew to over \$116 million in 2011–12.
 - More than 28,000 clients participated in treatment services, 43.5 per cent of whom were new to treatment.
 - More than 13,000 clients participated in pharmacotherapy treatment.
 - Around 49,000 courses of treatment were delivered.
 - More than 100 agencies provided treatment, of which 39 per cent were non-government organisations, 29 per cent were community health services, 20 per cent were health and hospital services and 10 per cent were Aboriginal community-controlled organisations.
 - Two-thirds of clients in treatment were male and one-third were female.
 - More than a fifth of clients were referred through the criminal justice system.
-

Victoria's alcohol and drug treatment system has a youth stream and an adult stream. The youth system provides treatment and interventions to young people aged between 12 and 22 years. The adult treatment system generally caters for people aged over 18 years. The treatment system has some services specifically for Aboriginal Victorians, including a Youth Healing service and funding for Aboriginal alcohol and drug workers and resource centres. In addition to direct service provision some services also provide support, information and counselling services to family members and the children of substance-using parents.

Victoria also has a forensic stream for people who have been referred to treatment through the criminal justice system. Adult forensic clients are generally assessed by the Australian Community Support Organisation's Community Offender Advice and Treatment Service, which can then refer them to treatment.

Victoria supports a community-based pharmacotherapy treatment system that delivers opiate substitution therapy through nearly 400 GPs and approximately one-third of Victoria's community pharmacies.

Support, information and advice is provided to people seeking treatment or using the treatment system, as well as to the treatment workforce and other professionals seeking advice on how to respond to complex needs or issues. This includes telephone helpline services and secondary consultation services.

Victoria's alcohol and drug treatment system operates within a framework of harm minimisation. Every treatment intervention can help reduce the harms caused by substance misuse. The government also recognises that some people will continue to struggle with their use of alcohol or drugs at risky or harmful levels despite the harm it may cause them and their families. For this reason, Victoria supports harm reduction services that keep people safer and healthier.

1.2 Strengths of the current system

Despite its systemic weaknesses the treatment system provides treatment and support to nearly 40,000 Victorians every year. Of these, 28,000 receive help through the alcohol and drug treatment sector and 13,000 receive pharmacotherapy treatment through community-based pharmacies and GPs.

The workforce is dedicated and generally well qualified. Two-thirds hold specialist alcohol and drug qualifications and nearly three-quarters hold a formal health, social or behavioural science qualification. A range of skills, experience and expertise exists in the sector through a workforce comprising alcohol and drug workers, medical practitioners, nurses and allied health and welfare staff, including social workers, pharmacists and psychologists as well as administrative and clerical personnel.

People can choose from a range of treatment philosophies and approaches because Victoria's alcohol and drug treatment is delivered through a diverse range of health, community health and non-government agencies.

Non-government organisations form 39 per cent of treatment service delivery organisations. These organisations bring particular strengths including innovation, a passion for working with very vulnerable people, the skills and input of voluntary board members, additional capacity through committed volunteers, and often significant additional resources drawn from the Commonwealth and from philanthropic and charitable trusts.

Community health services and hospital-based health services play a significant role in providing alcohol and drug treatment services in rural and regional Victoria where access to treatment would otherwise be limited. Many rural community health services also lead the way in providing integrated responses for clients, joining up with other local services to provide a more holistic care pathway and showing us how this can be done more broadly.

Aboriginal community-controlled organisations have improved the take-up of treatment by Aboriginal Victorians and play an important role in helping mainstream treatment agencies to become more culturally inclusive. Many Aboriginal community-controlled organisations also offer a template for the delivery of family-inclusive, recovery-oriented treatment that takes account of a person's and family's whole needs.

Treatment providers work hard to respond to the needs of clients. There are many examples of providers achieving innovative responses for the most vulnerable clients despite rigid funding streams and the lack of systemic reform.

1.3 Context for change

Alcohol and drug treatment providers have successfully delivered treatment services across organisational, planning and service boundaries since the 1997 reforms. However, successive ad hoc initiatives and a failure to act on more than 30 reviews have left the system fragmented and moribund, unable to adapt or to deliver consistent, integrated responses to service users and their families. When people get good quality treatment and connection to the other systems and support that they need, it comes from the dedication and commitment of individuals working in the system, rather than the effectiveness of the system itself.

Clients and their families have told us that the current system is too hard to get into and too difficult to navigate. They observe a system that doesn't take into account the whole family, particularly children, and have commented that services are not always consistent in connecting them with the other systems and supports that they or their family might need.

The Victorian Auditor-General's March 2011 report entitled *Managing Drug and Alcohol Prevention and Treatment Services* confirmed these problems and called for comprehensive reform.

We need to get the most effective treatment for clients and the best value for the Victorian taxpayer – so we need a sustainable system that is centred on the person and family and culturally inclusive. Treatment needs to be of a high quality, based on evidence and deliver value-for-money programs that help people to achieve their goals for recovery and wellbeing so that they can get on with their lives.

The wider context

Achieving better outcomes for our clients requires that the reforms we undertake in the alcohol and drug treatment system link with and complement other reform work being undertaken by the Victorian Government, particularly the groundbreaking reform in the human services system, reforms outlined in the *Victorian Health Priorities Framework 2012–2022*, mental health reform and key strategies in justice.

Reform of Victoria's human services aims to deliver more integrated, family-centred services for vulnerable Victorians. A new approach to case management and service delivery is being rolled out in Dandenong, Geelong and the south-west of Victoria.

New screening tools for alcohol and drug issues will be piloted in one of the demonstration sites with the aim of tackling people's alcohol and drug issues sooner. Many of the people who use our treatment system are also clients of the human services system, so delivering a more coherent and joined-up response for these clients is a key aim.

Alcohol and drug treatment system reform aligns with key elements of the *Victorian Health Priorities Framework 2012–2022*, including developing a system that is responsive to people's needs and improving people's experiences of the health system more broadly. Many alcohol and drug treatment clients have physical health issues linked to their substance use and so will benefit from improvements to the health system. Alcohol and drug treatment reforms will support earlier intervention in hospital and health settings and build step-up, step-down partnerships between health providers and treatment services.

The Australian Bureau of Statistics 2007 *National Survey of Mental Health and Wellbeing* (ABS 2007) found that one in five Australians had a mental disorder in the last twelve months, and just over one-quarter of this group (5.1 per cent) had a substance use disorder, including alcohol dependence, harmful alcohol use and drug use disorders. Substance use disorders are more common among men (seven per cent compared with 3.3 per cent for women). The survey also highlighted the relationship between misuse of alcohol and drugs and mental health. Of the 2.8 million people who drank nearly every day about one in five reported a 12-month mental disorder (13.7 per cent had an anxiety disorder, 7.4 per cent had an affective disorder, and 10.5 per cent had a substance use disorder). Of the 183,900 people who misused drugs nearly every day in the 12 months prior to the survey interview, almost two-thirds (63 per cent) had a 12-month mental disorder (49 per cent had a substance use disorder, 38 per cent had an anxiety disorder, and 31 per cent had an affective disorder).¹

The Victorian Dual Diagnosis Initiative has worked to build the capability in dual diagnosis of both the mental health workforce and the alcohol and drug workforce, and this remains an important objective. Reform of the treatment sector aligns with the mental health reforms set out in the Coalition's *Plan for Mental Health*. Plans for co-investment in Headspace and new Youth Prevention and Recovery Care services will be complemented by reform of the youth alcohol and drug treatment sector to deliver better integrated and joined-up service responses for vulnerable young people.

Corrections Victoria sentencing reforms are expected to increase demand for adult alcohol and drug treatment services. We are working closely with the Department of Justice to assess and plan for this. Delivering a range of evidence-based treatment interventions for forensic clients is a significant part of the agenda for treatment system reform.

Commonwealth plans for national health reform may impact on our treatment system. Proposals for Medicare Locals to play a role in supporting coordination across the primary healthcare sector means that we will need to consider the catchments of Medicare Locals when planning for the recommissioning of treatment services. The Commonwealth will contribute approximately \$10 million in 2012–13 to Victoria's alcohol and drug treatment system through the Non Government Organisation Treatment Grants Program and funds the Victorian Government to deliver NSPs and the Illicit Drug Diversion Initiative.

¹ Note: Misuse of drugs in the survey is defined as the use of illicit substances and the misuse of prescribed medications. A person must have misused the same drug more than five times in their lifetime before being asked about their drug use in the 12 months prior to the survey/interview.

1.4 Snapshot of alcohol and drug treatment clients

Why do people seek treatment?

People's motivations for seeking treatment are individual. It is often the consequences of substance use that prompt people to seek help, for example arrest, relationship breakdown, loss of a job or intervention by the child protection system. In some cases people might be prompted to seek treatment by their family or friends, by their own concerns about their health, or simply because they are 'sick and tired' of their substance use. Whatever the motivation, people seek treatment because they want to make a change.

How do people find their way into treatment?

Two-fifths of those using Victorian treatment services said that they self-referred into the system, but this may understate the role played by family or friends who prompt people to seek help and advice through services such as DirectLine. More than a fifth of service users are referred through forensic pathways. This means that they have been referred to treatment or sought treatment because of a legal issue that may be related to their alcohol or drug use, such as an arrest. One in twenty service users are referred by their GP, presumably due to health or related concerns.

Who uses treatment services?²

Of the 28,000 people who used Victorian alcohol and drug treatment services in 2010–11, the majority were primarily being treated for alcohol (48 per cent) or cannabis (22 per cent) issues. A further 13,000 people accessed community-based pharmacotherapy services (offering methadone or similar treatment for heroin or other opiate addictions) delivered through GPs and local pharmacies.

Up to 13 per cent of all treatment clients were being treated for heroin addiction. However, within the youth cohort (those aged up to 22 years) just five per cent were being treated for heroin, while the vast majority of young people were being treated for alcohol (46 per cent) or cannabis (42 per cent). Over the last decade people seeking treatment for heroin has declined from more than a third of those in treatment in 2000–01 to now just over an eighth. In the same period the proportion of people in treatment for alcohol issues has risen from just over a quarter to just under a half. People seeking treatment for cannabis issues have become the second most common group in treatment in the last few years. The Australian Institute of Health and Welfare's *2010 National Drug Strategy Household Survey report* identified an increase in cannabis use between 2007 and 2010 (AIHW 2011a).

More than half of people in treatment were identified as polydrug users, meaning that while their primary drug might be alcohol they might also be using prescription drugs or cannabis.

Most people using treatment services are adults (aged over 18 years). Those aged between 18 and 22 years can use either youth alcohol and drug treatment services or adult services, depending on their needs or preferences. Less than 10 per cent of treatment clients are under 18 years and some of these are not receiving treatment directly but are the children of service users.

² Unless otherwise stated, data in this section is drawn from the department's Alcohol and Drug Information System dataset 2010–11.

The number of treatment users aged 55 and over is small (seven per cent), but the use of treatment services by this cohort has increased by 14 per cent over the last year. This reflects the ageing population but perhaps also an increasing awareness of alcohol and drug issues among older Victorians and their GPs. It also reflects the findings of the 2010 *National Drug Strategy Household Survey*, which noted that recent illicit drug use increased between 2007 and 2010 among those aged between 50 and 59 years (AIHW 2011a).

A third of treatment clients are female. Aboriginal clients are proportionately well represented in the treatment system with 4.2 per cent of all clients identifying as Aboriginal or Torres Strait Islanders. In terms of ethnicity, people who identified as Vietnamese comprised 2.1 per cent of all clients and were the largest culturally and linguistically diverse group in treatment. There are emerging communities that may need help to access treatment services, particularly recently arrived migrants, refugees and asylum seekers.

Forensic clients form an increasingly significant group of treatment users with 21 per cent of all adult clients (aged 22 years or more) identified as forensic clients in 2010–11. In 2007–08 just nine per cent of adult clients were identified as forensic. There has been an eight per cent increase in forensic-identified clients in the last year (2010–11).

Mental health is a key issue for our clients. Just over 30 per cent of all clients and 26 per cent of youth clients identified that they had a psychiatric condition, but this may be an underestimate, since the definition of a psychiatric condition doesn't include mental health disorders such as anxiety, depression or post-traumatic stress disorder. National data has estimated that two-thirds of people with substance use issues also have mental health issues, including substance use disorders, anxiety disorders and affective disorders.

Within the youth and adult cohorts in treatment in 2010–11, only seven per cent were identified as homeless, but the data may not reflect the number of people with unstable living arrangements. In 2009–10 around 15 per cent of the total support periods provided to people across Australia by homelessness services were related to the use of alcohol or other drugs, and around one-third of people who received this support also had mental health issues (AIHW 2011b).

1.5 Snapshot of Victoria's alcohol and drug treatment system

Table 2: Current program streams and resources 2010–11

Current program stream	2010–11 allocation	Proportion of \$	% of courses of treatment
Counselling, Consultancy and Continuing Care	\$24.1m	21.4%	52%
Therapeutic Counselling	\$1.8m	1.6%	
Residential Rehabilitation (Adult and Youth)	\$9.2m	8.2%	2%
Alcohol and Drug Supported Accommodation (Adult)	\$2.2m	2.0%	
Alcohol and Drug Supported Accommodation (Youth)	\$0.7m	0.6%	2%
Alcohol and Drug Supported Accommodation (Women)	\$0.7m	0.6%	
Youth Outreach	\$5.3m	4.7%	11%
Adult Residential Withdrawal	\$13.8m	12.3%	10%
Youth Residential Withdrawal	\$7.3m	6.5%	
Rural Withdrawal	\$2.5m	2.2%	5%
Outpatient Withdrawal	\$0.9m	0.8%	3%
Home-Based Withdrawal (Adult)	\$1.8m	1.6%	3%
Home-Based Withdrawal (Youth)	\$0.8m	0.7%	
Aboriginal Alcohol and Drug Services	\$4.8m	4.3%	3%
Mobile Overdose Response	\$0.6m	0.6%	<1%
Mobile Drug Safety	\$0.7m	0.6%	N/A*
Specialist Pharmacotherapy Services	\$1.9m	1.7%	2%
Needle and Syringe Program	\$4.3m	3.8%	N/A*
Homeless and Drug Dependency	\$2.3m	2.0%	<1%
Forensic Brokerage (Note: \$8.3m is in addition to prepaid forensic services across all major treatment types)	\$8.5m	7.6%	N/A**
Antenatal and Postnatal Support	\$0.7m	0.7%	<1%
Post-Residential Support	\$0.7m	0.6%	2%
Local Initiatives	\$5.4m	4.8%	N/A***
Other	\$11.4m	10.1%	4%****
Total	\$112.4m	100%	99%

Note: The course of treatment for residential services is of a longer duration (from 7 days to up to 12 months) than for non-residential services. Figures and percentages are rounded.

* Mobile Drug Safety and NSP are delivered as contacts, not courses of treatment.

** Forensic brokerage is delivered as assessment/referral, and 21 per cent of all clients are forensic.

*** Local initiatives are delivered as sessions.

**** 'Other' includes secondary consultation, education, information and family support initiatives.

1.6 Who needs the treatment system?

We need to consider who needs treatment and what type of treatment they need. As demand for treatment increases we need to think about segmenting the treatment-seeking population so that people get the right sort of treatment for their needs, when they need it. Figure 1 below sets out a model showing different types of treatment seekers matched to their most likely treatment intervention.

Figure 1: People who need the treatment system

<p>People who want advice/information</p>	<ul style="list-style-type: none"> • Self-help online • GPs • Education/information/advice • Prevention / harm reduction
<p>People who are concerned about their own or another's substance use and want formal help</p>	<ul style="list-style-type: none"> • Education/information/advice • Telephone helpline screening and referral • GP / brief intervention in hospital or other setting • Brief counselling / group work • Harm reduction
<p>People who have severe substance use issues/dependence with or without other issues</p>	<ul style="list-style-type: none"> • Intake, screening and assessment • Individual counselling / group work • Community withdrawal • Care and recovery coordination: referral / care coordination • Young people may receive residential treatment / case management • Harm reduction
<p>People who have enduring and severe substance dependence/addiction with other issues</p>	<ul style="list-style-type: none"> • Intake, screening and assessment • Individual counselling / group work • Care and recovery coordination: referral / care coordination / case management • Residential withdrawal • Pharmacotherapy • Residential treatment • Harm reduction

1.7 Key problems we need to address

The Victorian Auditor-General's March 2011 report identified a number of issues with the current alcohol and drug treatment system. These issues have informed and shaped our proposals for system redevelopment. The key problems to be addressed and their broad solutions are set out in Figure 2 below.

Figure 2: Key issues and responses

The system is not integrated or responsive to individual needs	<ul style="list-style-type: none"> • Person-centred, family-inclusive, child-responsive, culturally inclusive, recovery-oriented treatment • Holistic treatment planning connected with the other services that people need • New care and recovery coordinators • Integrated service provision for young people
The system is fragmented and complex	<ul style="list-style-type: none"> • Six core treatment types • Clearer, simpler treatment pathways • Recommissioning services for joined-up pathways • Consolidated helplines
The system is difficult to access and navigate	<ul style="list-style-type: none"> • Central telephone intake • Regional/area intakes • Bed vacancy register for residential services • Self-help online screening and support • More work with hospitals, NSPs and the forensic system
Quality of service provision is inconsistent	<ul style="list-style-type: none"> • Quality framework • Recommission for quality • Standardised screening and assessment
The service mix is not aligned to community needs	<ul style="list-style-type: none"> • Future planning based on needs • More flexible funding streams to allow local response and innovation
A workforce strategy is required	<ul style="list-style-type: none"> • New workforce strategy • Focus on family-inclusive practice in first year
Service pricing and performance measures need review	<ul style="list-style-type: none"> • Core services repriced • Performance measures to be adapted over time

Part Two: A redeveloped system

2.1 Person-centred, family-inclusive, recovery-oriented treatment

A reformed alcohol and drug treatment system should place the person using a treatment service at the centre. This means we need to recognise that people who come to treatment to get help with an alcohol or drug problem often have other issues or circumstances that contribute to, or are affected by, their substance use, including their families. It means alcohol and drug treatment needs to consider a person's wider health, social, cultural and economic context. We want to reorient alcohol and drug treatment to build a stronger focus on a person's individual, social and economic recovery. The system needs to work *with* and *for* service users and their families rather than doing something to them in isolation from what else is going on in their lives and communities.

Centred on the person

A person-centred system means services work *with* clients rather than doing things *to* them. Such a system tailors services to fit a person's particular needs and circumstances. Person-centred service providers involve clients and their families in treatment planning, provide them with information to make informed choices, work with them to identify their treatment and recovery goals, and identify the services they will provide. They identify the strengths a person already has and the things they can do for themselves to achieve their goals. A person-centred service takes account of a person's family and cultural circumstances and considers any other needs or supports they require.

Inclusive of family

Family members need to receive better information and support. We will improve information for parents and carers about how to respond to a child's substance use. Engaging families/carers in treatment delivers better outcomes. This will be encouraged and supported through new treatment plans, assessment tools and workforce development that will consider the impact of alcohol and drug issues on family members and carers, how to involve them more effectively in treatment – particularly for young people – and how to give them support.

Responsive to children

A person-centred, family-inclusive treatment system is one that takes into account the needs of children. It is estimated that ten per cent of children live in households where there is parental alcohol abuse/dependence and/or drug dependence (Dawe et al. 2007). Substance use is a key factor in child protection substantiations and out-of-home care placements.

Becoming pregnant, the fear of losing access or custody of children or wanting to be a better parent can be significant factors in motivating parents to seek treatment. Reducing substance use among parents and helping them to improve their parenting skills is a protective factor for children. If a child has a parent with a substance use problem, they have a significantly higher risk of misusing substances while young and later in life, creating intergenerational harms. Treatment services need to identify parents using their services and develop treatment plans that take into account their clients' parenting responsibilities and the needs of their children.

Responsive to children and families

- Children of parents in alcohol and drug treatment will be core business.
 - New assessment tools will require clinicians to consider the best interests of children and refer appropriately to build parenting skills and support children.
 - Workforce development initiatives will support family-inclusive practice.
 - We will work with the child protection and family services workforces to build knowledge, skills and capabilities in recognising and responding sooner and more effectively to substance use problems in parents.
-

Oriented towards recovery

Recovery is about building a meaningful and satisfying life as defined by the person, whether or not they experience any ongoing or recurring symptoms or difficulties. Recovery is a personal journey, unique to each individual. A person's recovery is informed by their strengths, preferences, needs, experiences, values and cultural background.

Recovery approach in alcohol and drug treatment

Recovery is an approach based on 'strengths and hopes'. It celebrates and builds on people's resilience and their own resources. This can include their skills, physical and mental health, relationships, housing situation and values, beliefs and attitudes.

A recovery approach recognises people for who they are, in the context of their achievements, their family and friends and their community. A recovery approach connects people to the other supports and systems that they need to build their resilience and resources. A recovery approach recognises that a person's recovery journey is their own and extends throughout and beyond the time they spend in formal treatment.

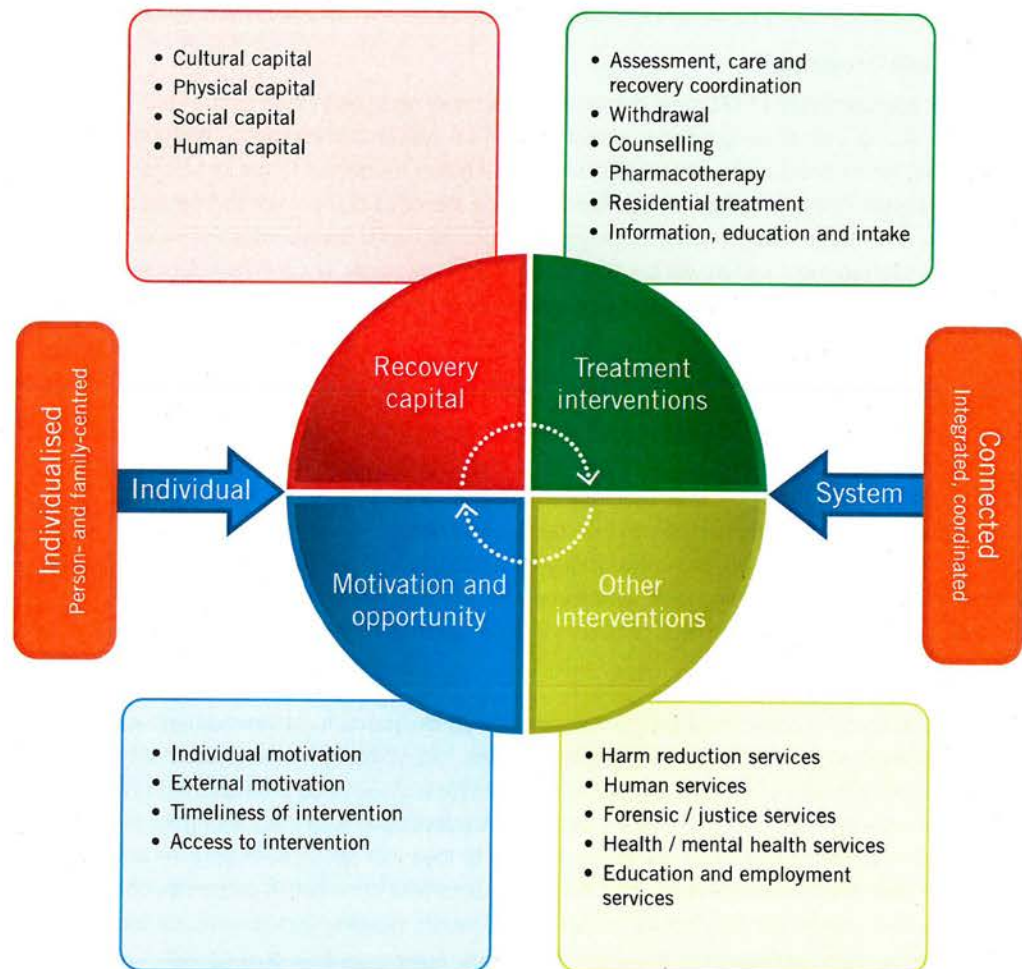
Recovery sits within a framework of harm minimisation that recognises people come to treatment through many different paths and that their goals and their journey towards recovery and wellbeing are individual and unique.

A recovery-oriented approach to alcohol and drug treatment supports people to build and maintain a meaningful and satisfying life regardless of where they are on a continuum. For some people, it can take repeated attempts over a number of years before they can overcome substance misuse. Other people will never access a treatment program but will decide for themselves to stop or reduce their harmful use of a substance. Some people may give up alcohol or drugs entirely, while others may find they can successfully reduce their use of alcohol or drugs to a level where it no longer impacts negatively on their lives. Some people are able to care for their children, work at their jobs, and generally do the best they can to lead healthy and happy lives, but they may still need to work on their alcohol and drug issues and their long-term health outcomes. The fact remains that many people recover and have periods of extended health and wellbeing when they participate effectively in society.

Treatment services need to be oriented towards recovery. This means they need to work with the person and with the other services and systems that will build and sustain the person's path to recovery. These services and systems include housing, mental and physical health services, family support and parenting programs and retraining/employment programs. Regardless of where a person is on their recovery journey they should experience the people involved in their care as hopeful for them and as having faith in their ability to achieve their goals. This means the treatment workforce needs to be optimistic in the language they use with clients and recognise the strengths a person brings with them as well as the goals they have for their recovery.

Figure 3 opposite sets out a framework for person-centred, family-inclusive and recovery-oriented treatment.

Figure 3: Person-centred, family-inclusive, recovery-oriented treatment



2.2 Accessible services

A reformed alcohol and drug treatment system should be accessible for the people who need to use it. It should be easy for people to find help and easy for them to access treatment.

Getting into treatment

Every year approximately 11,000 new clients enter treatment services funded by the state government. More than 40 per cent of people find their own way into a system that has been described as fragmented, inconsistent and complex. We will make it easier for people to get into treatment by developing regional intake systems that will provide one identified point of contact for entry into local treatment networks. In addition we will develop a telephone-based central intake service. Those who are new to the treatment system will be able to find help more easily. Local GPs, hospitals, health services, police, schools and other service providers will also find it easier to refer people who need help with alcohol and drug problems.

Better screening for alcohol and drug problems

Screening can help determine whether a person needs specialised alcohol and drug treatment and what type of information, support or treatment they might need. A person who thinks they might need help with their alcohol or drug use will be able to do their own screening through a self-assessment process. Screening can also be done by nurses, doctors, teachers, social workers, housing workers and other professionals working with people who are using alcohol or drugs. We will make self-help screening tools available online. We will also work with professionals to get better screening for alcohol and drug problems in other settings so we can help people sooner.

Standardised assessment

Every person entering a treatment program undergoes an assessment. At the moment, a person can undergo multiple assessments across multiple agencies. We will standardise assessment for alcohol and drug treatment and make sure it is based on evidence and delivered through a skilled and competent workforce. People will have a treatment plan developed with them that goes with them through the treatment system and that matches them to the most appropriate services and treatment options for their needs and circumstances. A good assessment considers a person's alcohol and drug use within a wider context, including their mental health, housing and forensic issues, cultural considerations, family engagement and parenting issues. Assessments should go with a person (rather than be specific to an agency) and be modified as needed along a person's treatment journey. We will pilot a new standardised screening and assessment tool in five sites across Victoria in 2012.

More ways to access help and support

We will improve information about alcohol and drug treatment for people using treatment services, their family members and the community. People will be better informed about when to seek help, the help available, what types of treatment are most suitable, what they can expect from treatment and where they can access help if they need it.

We will develop online screening and self-help tools so that people can get immediate information and support. These online tools will help people who wouldn't normally seek help from an alcohol and drug treatment service. Information will include advice on when and where to seek professional treatment. This may be help from a GP or from an alcohol and drug treatment service depending on individual circumstances. We will consolidate telephone support services so that people can easily find and speak directly to someone when they are looking for immediate advice and support.

2.3 High-quality, evidence-based, integrated treatment

Treatment needs to be of the highest possible quality. This is achieved in part through a skilled and competent workforce, but it is also determined by setting down clear quality standards for services and by engaging the people who use the system in its design, development and ongoing review.

The system should drive and support the delivery of high-quality, evidence-based treatment services. In reshaping the treatment system we will go back to basics, moving to core treatment types that are backed up by evidence of what works.

Evidence-based treatment means recognising that people using treatment services often have other issues that affect their ability to sustain the gains they've made in treatment. While we do not expect treatment providers to work on issues outside their area of expertise, we do expect that a person's needs are identified, including the needs of any children, as part of treatment planning and appropriate referral and support provided.

High-quality treatment

We will draw together a quality framework for treatment services. This will set out quality performance expectations, including the principles of treatment, client rights and responsibilities, consumer, family and culturally inclusive practice expectations, evidence-based practice, organisational and clinical governance requirements, and workforce development requirements.

In recognition that many service delivery organisations are already accredited against health or human service quality standards, the quality framework will draw from existing standards wherever possible. The capacity and capability to deliver high-quality treatment will be a core consideration in the recommissioning of treatment services.

While we have yet to develop a revised set of outcomes we expect to see from a redeveloped treatment system, they are likely to include:

- prevention of the harms associated with substance use
- ceased or reduced substance use
- improved physical and mental health and wellbeing
- improved family and social relationships
- improved parenting skills and capacity
- improved living/accommodation circumstances
- improved engagement in employment, education or training
- prevention of substance-related reoffending.

We will work closely with service users and their representative organisations to ensure the new system puts the people who use it at the centre.

Evidence-based interventions

The existing treatment system has over 20 different service types delivered by over 100 different agencies. We need to simplify the treatment system so that it is easier to access, easier to understand for families and easier for other agencies and professionals to refer into when they have patients or clients who need help with alcohol and drug issues. Too many funding streams have made the system rigid and complex. We will consolidate the major streams to six core service types: information; support and intake; assessment and care and recovery coordination; withdrawal; counselling; residential treatment; and pharmacotherapy. This will also improve flexibility so that treatment can be tailored to what people need.

We will develop a separate counselling service type so that people receive evidence-based counselling treatment delivered through a skilled and competent workforce.

We will develop a new care and recovery coordination role so that people are supported through treatment and connected with the other services or support that they need. These workers will also help reconnect people with their families and communities. In some regions the role may support people in pharmacotherapy treatment by engaging with GPs, pharmacists, primary health services and other health and human services. These roles may also work closely with peer support workers, or with communities that are underrepresented in treatment or that have particular support needs such as Aboriginal people or people from culturally or linguistically diverse backgrounds. In some cases people will receive care coordination, but for others more intensive case management will be required. The response will be geared to what a person needs and take into account what other services they are already engaged with. This recovery-oriented approach addresses a person's whole needs and circumstances and takes into account what happens after formal treatment ends.

Withdrawal is only a first stage in treatment. If a person is assessed as needing withdrawal, their treatment plan will also focus on treatment after withdrawal. Step-down and shared-care models of withdrawal will connect people to hospital care, local GPs, community health services and other alcohol and drug treatment programs as required. Withdrawal services will participate in the bed register service so that both residential withdrawal vacancies and post-withdrawal treatment options can be more readily identified. Non-residential withdrawal services will be more flexible so that staff can deliver a range of services to support positive and sustained treatment outcomes, including withdrawal and post-withdrawal support, pharmacotherapy and health interventions or treatment outreach into residential services, home-based and community settings.

Pharmacotherapy is a critical component of our treatment system and one that is supported by an extensive evidence base. Making sure Victorians previously addicted to opiates can easily access pharmacotherapy treatment wherever they live and work is a priority because it reduces the harms associated with illicit drug use and helps people on their individual recovery pathway. Pharmacotherapy, particularly specialist pharmacotherapy services, will be redeveloped to build stronger links with NSPs, local hospitals, primary health services, local GPs and pharmacists.

We will encourage Medicare Locals and GPs to consider how they can identify and intervene earlier with patients who have alcohol and drug issues. We will use funding identified in the 2011–12 State Budget to better support GPs through the provision of secondary consultation support by addiction medicine specialists and other resources. We will also consider how Victorians can make better use of Commonwealth-funded programs like Better Access and Access to Allied Psychological Services and improve engagement with their GPs when seeking and receiving treatment for alcohol and drug issues.

Integrated pathways

The most vulnerable Victorians often have a range of interconnected issues, including poor physical and mental health, substance misuse, unstable housing, dysfunctional family relationships and family breakdown, poverty, unemployment, and criminal justice and legal issues. The Department of Human Services is moving to a new way of delivering holistic human services that take account of a person's full life circumstances. Alcohol and drug treatment will be part of this new holistic response. Treatment planning will take into account the broader needs of clients and their families. Adult treatment services will be expected to collaborate with the other services and systems that their clients need. New care and recovery coordinator roles will form a key component of a more integrated system. Youth alcohol and drug treatment services will be integrated with mental health and other youth services wherever possible.

2.4 A responsive, sustainable system

A redeveloped treatment system needs to be sustainable and responsive to the needs of the local community. We will redevelop the funding model for treatment and purchase treatment services in a way that is more sustainable and flexible, with capacity to respond to local and individual needs over time.

Responsive planning

Over time, we will develop regional plans for the future delivery of alcohol and drug treatment services so that they can be more responsive to local community needs. These will be linked to health and hospital plans and to plans for the integrated planning and delivery of human services. They will take account of local population needs, including the needs of Aboriginal communities, culturally and linguistically diverse communities, younger and older age groups and people with multiple and complex needs such as acquired brain injuries, dual diagnosis or forensic issues.

Regional plans will build on work being undertaken at a national level by the Intergovernmental Committee on Drugs to develop a population-based model for alcohol and drug service planning. It is expected that the national model will be completed at the end of 2012.

Recommissioning treatment services

We will release a recommissioning framework in 2013 that will set out plans for the purchasing of integrated treatment services against the core service types with the aim of achieving a joined-up pathway for people who need to use the treatment system. It is likely that residential service types will be purchased for statewide delivery, while other services will be purchased for area or regional catchment delivery. Regional or area intake services will be responsible for facilitating integrated treatment provision.

A new funding model

We will develop a new funding model for treatment that more readily demonstrates to the Victorian taxpayer, to the community and to those who use treatment services what is being bought and the benefits of treatment. The new funding model will provide a clearer, simpler approach to funding services that is easier for services to report on and administer. It will also offer greater flexibility so that services can provide individualised responses to clients.

2.5 Integrated, earlier intervention for young people

Very few young people who come into treatment are dependent users. The majority in treatment now report cannabis (42 per cent) or alcohol (46 per cent) as their primary drug. About 38 per cent of young people using treatment services are aged between 15 and 17 years and nearly 40 per cent are aged between 18 and 21 years. Just over one-half of young people using youth-specific alcohol and drug treatment services are aged 18 years or older. Alcohol and drug treatment services report that a significant proportion of young people in treatment are polydrug users who regularly binge on whatever substances they can acquire, mixing alcohol, cannabis, amphetamines, heroin or diverted pharmaceuticals such as benzodiazepines.

Their substance misuse is often symptomatic of wider social and health issues in their lives, including mental health issues, homelessness, offending, poor educational attainment, low self-esteem, family breakdown, early parenthood, risk of sexual exploitation and trauma. Specialist alcohol and drug treatment for young people needs to target young alcohol or drugs users who:

- have parents that are problem alcohol or drug users
- are not attending school or engaged in further education, training or employment
- are homeless or in unstable accommodation
- are in contact, or have had recent contact, with the criminal justice system
- are in out-of-home care or involved with child protection services
- have disability, health or mental health issues.

These vulnerable young people and their families need an integrated response from all the services they may be in contact with, including alcohol and drug, mental health, education, health, housing, child protection and family services.

There is strong evidence that a family-based approach to treating young people with substance misuse problems delivers significant cost savings in responding to families with complex and multiple needs. Reforms will ensure that whenever possible the families of young people are engaged in treatment planning, delivery and after-care support so that they can support the young person to achieve their treatment goals. We will also work with the Department of Human Services to better target vulnerable young people living in households where adults are engaged in harmful substance use and treat the whole family to prevent intergenerational harms.

Rates of cannabis use among young Victorians have steadily declined since 2001, but rates of binge drinking have increased significantly in the same period. Even so, most young people will never need, or have contact with, alcohol and drug treatment services. They grow out of harmful using or stop of their own accord. Changing the drinking culture is part of the answer and this will be a key focus for the forthcoming whole-of-government *Victorian Alcohol and Drug Strategy*. We also need to intervene earlier with young people experimenting with substance use before problems become entrenched.

Services will be expected to collaborate to connect young people and their families to the other services and supports that they need. Youth alcohol and drug responses will be delivered in settings where young people's substance use issues first become apparent such as Headspace centres, subacute mental health services and youth housing programs.

Youth treatment reform will be staged and will follow reform of the adult treatment system. We will work closely with young people, existing youth alcohol and drug treatment service providers and other youth service providers in the year ahead to consider how best to implement key directions for youth treatment.

Key directions for youth treatment are set out below.

Youth treatment directions

- Earlier intervention will occur in other settings such as Headspace centres, subacute mental health services and youth housing programs.
 - There will be a stronger recovery orientation in treatment, including connecting young people with employment and training programs to help them build a future.
 - Youth outreach roles will be converted to care and recovery coordination.
 - Youth care and recovery coordinators will have skills in delivering brief interventions and motivational interviewing in settings where young people first appear.
 - Young people will get help to access other services, and workers will stay in touch to check how they're doing.
 - Alcohol and drug treatment will be integrated into other settings and with other programs to provide a joined-up response for the most vulnerable young people.
 - Safe and culturally accessible programs will be offered to Aboriginal young people and young people from different cultural and language backgrounds.
 - Youth treatment services will operate with standardised assessment and care planning tools.
 - Every young person will get a treatment plan for the whole of their treatment pathway and support from a youth care and recovery coordinator if they need it.
 - Young people's families will be encouraged and supported to participate in a young person's treatment program whenever possible.
 - Youth residential withdrawal services will be redeveloped to more accurately reflect their role in treatment.
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2.6 Building bridges to treatment

Because people can take time to seek help, harm reduction services are a critical part of Victoria's system. NSPs and specialist primary health services keep people safer and healthier until they are ready to start treatment. Harm reduction services can play a critical role in helping people find their way into treatment when they are ready.

Other people find themselves in treatment because it has been mandated by the justice system. For forensic clients we need to develop a treatment response that addresses the issue that brought them to treatment in the first place.

Harm reduction services

The department funds 20 primary NSPs, 186 secondary NSPs and five primary health services that specifically target injecting drug users. These services provide critical health and support services for people at the margins of society and offer a unique opportunity to build bridges to treatment. We will ensure that all five primary health service sites offer pharmacotherapy treatment services. We will build on existing good practice linking primary health services with local hospitals to provide treatment for hepatitis C and HIV. We will redevelop mobile drug safety worker roles to provide stronger support for pharmacotherapy, hepatitis C and other health treatments to the people who use NSPs and primary health services.

Forensic treatment

People who are referred to alcohol and drug treatment because they have engaged in criminal activity are known as forensic clients. Forensic clients don't generally take up alcohol and drug treatment voluntarily, but in many instances their needs are the same as voluntary clients. The key difference is that treatment needs to help them to address their alcohol- and drug-related offending. Approximately two-thirds of all first offenders who enter the Victorian correctional system report a history of substance use that is directly related to their offending behaviour. For second and subsequent incarcerations, this figure increases to 80 per cent for men and 90 per cent for women (Correctional Services Commissioner, 2002). Effective treatment can prevent people from committing substance-related crimes.

Improving screening and assessment will help treatment providers to identify the relationship between a person's alcohol and drug use and their offending behaviour. We will redesign the forensic treatment system to provide brief interventions and motivational interviewing in a range of settings for those who are less motivated or ready for treatment. We will ensure that issues of substance use, offending behaviour, personality disorders, acquired brain injury and mental illness are treated in an integrated way.

Treatment services and correctional staff will work collaboratively to coordinate treatment across both systems. Stronger cross-program case management, assessment, care coordination and electronic information transfer will ensure more effective treatment for offenders in the community.

More relevant outcome measurement, evaluation and continuous quality improvement processes will be established at the client, agency and community level. This will incorporate reporting that measures the impact of alcohol and drug treatment interventions on offending behaviour.

We will work with the Department of Justice to develop an intensive response for offenders who have a high risk of reoffending and substance dependence. This response will have an explicit focus on reducing substance use and related offending behaviour.

Building bridges to treatment

- All primary health services for injecting drug users will offer pharmacotherapy treatment as one of their suite of services.
 - Redeveloped specialist pharmacotherapy services will build links with NSPs.
 - Mobile drug safety worker roles will be redeveloped to link users of NSPs and primary health services into pharmacotherapy treatment, GPs, hospitals and health services.
 - Improved screening and assessment and new shorter, sharper treatment interventions will be developed for forensic clients.
 - Care and treatment for forensic clients will be better coordinated with strengthened cross-program case management, assessment, and information transfer.
 - There will be a stronger focus on preventing and reducing substance-related offending behaviour.
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2.7 A capable and high-quality workforce

A skilled and competent alcohol and drug workforce is critical to achieving a better quality treatment system and better outcomes for clients and their families.

Treatment reforms aim to achieve integrated and collaborative delivery with other health and human services workforces and a more flexible alcohol and drug treatment system. This provides new opportunities for the specialist alcohol and drug treatment workforce. It offers a platform to build on the strengths of the existing workforce and create better career pathways. It will grow the skills and capabilities of our workforce in critical areas, such as coordinated care for people with complex needs, and treatment that is family and culturally inclusive and oriented towards recovery.

Increased workforce skills and competencies

The provision of high-quality alcohol and drug treatment depends on the availability of a workforce with the necessary knowledge, attitudes and skills to meet the needs of people with substance use issues and their families. We have a highly qualified workforce, but we need to strengthen their skills and capability into the future. This is particularly important as we learn more about what works best in treatment and as the needs of clients and their families change over time. Through the implementation of treatment reforms we will increase opportunities for professional development and education and training. We will improve clinical supervision skills and support clinical leaders to build higher quality practice. We will continue to grow the skills of our workforce in responding to people with a dual diagnosis, acquired brain injury or forensic needs. We will improve and develop the cultural competency of our workforce to ensure our services are welcoming, accessible and responsive to Aboriginal people and people from diverse cultural and linguistic backgrounds. We will build the skills of our workforce to more effectively engage the families of our clients in treatment planning and delivery and to ensure the needs of children with parents in treatment are identified and appropriately dealt with.

Growing the workforce for the future

It is vital for Victorian alcohol and drug treatment services to attract and retain a workforce capable of delivering high-quality alcohol and drug treatment and care. We will work more closely with universities and the education sector to build alcohol and drug content into undergraduate curricula in areas such as medicine, social work, allied health, nursing, youth work and psychology. We will promote alcohol and drug work as a career of choice to school leavers, new graduates and workers in other sectors. We will work with hospitals to increase the number of addiction medicine specialists so that we can build high-quality supervision and support for medical registrars, nurses, allied health practitioners and GPs who are interested in working in alcohol and drug treatment. We will work with other sectors to build their knowledge and skills to effectively screen for, and respond to, alcohol and drug issues.

Building clinical leadership and management

Building the leadership capability of the sector to lead and drive reform is necessary in order to create and maintain cultural change. We will build a stronger culture of clinical leadership within the sector by supporting new and emerging clinical leaders across the treatment sector and encouraging the development of clinical networks to improve practice.

A new workforce framework and implementation plan

In 2011 the department consulted extensively to develop a workforce framework for the specialist alcohol and drug treatment workforce. A three-year implementation plan has also been developed. The framework and implementation plan will be released together. The implementation plan identifies our strategic priorities to achieve a skilled and sustainable workforce into the future. Workforce priorities for 2012–13 will focus on:

- family-inclusive practice that considers the needs of clients' children
- culturally safe and inclusive practice
- improving clinical supervision and access to education and training.

An outline of key workforce development activities to be undertaken in the first year is below.

Priority workforce implementation activities: Year 1

- A new education and training package will be developed to address key skill gaps, respond to reform directions and strengthen leadership and supervision capability and the cultural competence of the workforce.
 - Core competency functions will be developed that build on existing standards, competencies and capability frameworks to strengthen the adaptability, flexibility and capability of the current and future workforce.
 - A student placement program will be established to support students and new workers to develop the requisite skills and knowledge to work effectively in the alcohol and drug treatment sector.
 - A sector-based workforce think tank will be established to advise the department on workforce reform and innovation.
 - A workforce planning program including a workforce census will be established.
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2.8 Next steps

The next steps in moving towards a reformed alcohol and drug treatment system will be to:

- work in partnership with VAADA, APSU and other peak agencies and engage consumers, families, delivery agencies and key partners to explore how we can successfully implement these reform directions and achieve transformational change in the delivery of alcohol and drug treatment services in accordance with the guiding principles
- encourage delivery agencies to prepare for the forthcoming changes and develop their own organisational plans to achieve the directions set out in the roadmap
- work with our key partners to identify people at risk and intervene before they reach the stage of needing specialist alcohol and drug treatment; and to ensure clear referral pathways for alcohol and drug treatment clients that support improved long-term, holistic outcomes for individuals and their families.

A staged approach to reform

In 2012, we will focus on preparing the sector for reform with:

- the redevelopment of the pharmacotherapy system
- the introduction of a bed vacancy register and central intake
- rollout of new counselling services
- further development of common screening and assessment tools
- workforce development programs in clinical supervision and family-inclusive practice
- work with hospitals and human services to improve the identification and early treatment of people with alcohol and drug problems.

In 2013 we will commence the redevelopment of the adult treatment system, including adult forensic programs. Initially we will focus on non-residential services, recommissioning these services to achieve system redesign. In 2014 we will commence redevelopment of youth treatment services.

Throughout this program of change, we will be working with our stakeholders to design and implement improvements that will make the alcohol and drug treatment system better for clients, better for families and better for communities.

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