

A brief history of the AOD sector in Victoria and an introduction to our first Student COE Practicum

Background

The state funded AOD sector in Victoria has been recommissioned in recent years to improve service responses to AOD issues in our community. The focus of this recommissioning has produced many challenges for workers in the sector and for consumers with changes to age, threshold and eligibility requirements, the use of standardised assessment tools and a consortium approach to service delivery, design, and evaluation. Yet many in the sector still see the systems developed and implemented and, in some cases, formally evaluated, not responding adequately to service user and broader community needs and or expectations.

In addition to the state funded service system, we have an additional Federally funded service sector commissioned by Western Victoria Primary Health Network as our local branch of the Federal Department of Health tasked with the responsibility of managing locally tailored AOD service provision to the Geelong community.

Firstly, we need some context here as methamphetamine is not a new drug nor is it novel in its impact as a stimulant drug. Methamphetamines were previously supplied legally as tonics to assist with housework for example, until like other over the counter medications they were found to be highly addictive and hence their supply became illegal without a prescription and or TGA approval. As we know prohibition often leads to an alternative supply source or the development of a replacement drug to supply ongoing demand.

Locally across Australia with Heroin (a depressant drug) being anecdotally in relatively short supply, some posit that the current methamphetamine supply situation is over represented and an increased risk factor due to a number of determinants including the ability to local manufacture and the relative affordability of this drug as being the key driver behind the so-called 'ICE' crisis facing Australian communities.

Previously in Geelong, a community collective grass roots organisation named 'Our Towns Ice Fight' was established to inform the local community and to address this issue however it was disbanded in 2017 following subjectively its criticism of local AOD services and its law and enforcement approach to addiction, including the use of stigmatising imagery. We thankfully know through objective evidence that we cannot solve AOD issues through harsh law enforcement approaches.

In regard to local methamphetamine issues, we as a community services sector need to provide for a workforce enabled to engage with consumers with multiple and complex needs including AOD issues due to relatively high levels of comorbidity. We also need to be able to critically evaluate posited service responses and advocate for our consumers/client's/the people we work with, to ensure that services provided are appropriate, accessible and that they do actually enable recovery with a developing or proven evidence-based approach.

Like the mental health sector, the AOD sector stretches from voluntary community-based support to residential treatment and support, however unlike mental health treatment which may be provided involuntarily using the Vic Mental Health Act of 2014 by a treating Psychiatrist, the AOD sector has no such provisions (most would say thankfully).

People experiencing AOD issues often have a range of comorbidities and other issues yet for this Student COE scenario we are focusing on two recent articles from the Geelong Advertiser on consecutive days of April 2021 which focus on the issue of methamphetamine use and include a service response, a consumer response, and a law sector response.

The task of this COE Practicum is to give the AOD service sector locally and our group of students an opportunity to respond to the case scenario posited below. We also need to reflect upon how this issue could be observed through the lens of an experienced practitioner and consumer panel and what role the media plays in their reporting of local AOD issues and service system gaps.

As well as the attached documents please refer to the website references cited below before coming up with your response to the following scenario/s.

<https://westvicphn.com.au/health-professionals/health-topics/alcohol-and-other-drugs/>

<https://www.vaada.org.au/about/>

<https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/aod-system-overview>

<https://www.narconon.org/drug-information/methamphetamine-history.html>

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

Expert service/s and consumer panel:

BCYF

Odyssey House

Student panel/s:

The Gordon Geelong and BTACH Students

Practicum scenario

After reading the two Geelong Advertiser articles, please answer the following questions using the reading references cited (as necessary) to answer the following scenario questions:

Question 1

How do we determine if there is in fact a methamphetamine crisis in Geelong? And if so, to what use does such an evaluation potentially serve?

Question 2

If we were to support a client with a methamphetamine addiction issue, what steps would we possibly take to support the client to achieve recovery from this issue if we were to engage with them as a community support worker/case management worker?

Question 3

What considerations do we need to explore when using language to describe people with AOD substance dependence issues? How are government funded services expected to respond to media enquiries?

Question 4

What alternatives to a custodial response exist currently in Victoria for people experiencing conviction as a result of AOD possession issues? Do other countries/communities have a different approach?

Question 5

If you were asked to engage in service commissioning for a new recovery service for clients with stimulant addiction issues, how would you go about this? What would be your stated goals and how would success be measured?