HACSU

Health & Community Services Union

Better Mental Health and AOD Responses

Authorised by HACSU State Secretary Paul Healey,
7 Grattan Street, Carlton VIC

About HACSU

The Health and Community Services Union (HACSU) is Victoria's only specialist union for the disability, mental health, and alcohol and other drugs industries. We represent the industrial, political, social and professional interests of over 10,000 Victorian workers.

HACSU's members work across public and private mental health, disability and AOD. We work to improve our member's working conditions and the services they provide to vulnerable Victorians.

We're a strong and growing union, and our links into the sectors we cover give us a complete look at the health and community services systems in Victoria. Our members have unique insight into what's needed to deliver safer services for both workers and consumers.

HACSU was founded in 1911 and our long history has shown that when working people come together, we win. We're proud to be a diverse and vibrant union with members dedicated to fighting and achieving major wins in their jobs, their workplaces, and their sectors.

HACSU acknowledges the Traditional Custodians of the lands on which we live and work, and we pay our respects to their Elders both past and present. As unionists, we pledge our ongoing solidarity with Aboriginal and Torres Strait Islander peoples in their struggle for recognition of sovereignty, historical truths, and justice.

$265/day

is what public rehabilitation beds are currently funded at, while mental health beds are funded between $880 and $1650 per day

20 years

the average time it takes an Australian to seek assistance with addiction — due to fear, shame and stigma

37%

of Australians have used an illicit substance in their lifetime

1/2

of those seeking drug treatment annually are turned away

100%

of HACSU members surveyed say that the lack of rehabilitation options in their region is having a negative impact on their mental health service

$196,000

is what a 12-month prison sentence costs in Victoria – one of the most expensive in the world

1 in 5

will grapple with an AOD or gambling disorder in their lifetime, yet fewer than one quarter of those affected seek professional help

Figures sourced November 2023.

Foreword

As per the recommendations made in the Royal Commission into Victoria's Mental Health System (RCVMHS), the Victorian State government included the opening of drug and alcohol hubs at area mental health services, however, HACSU notes that little has been done to uplift the public alcohol and other drug and harm reduction sector.

Mental ill-health and addiction are inextricably linked and while much has been done to invest in the medical side of addiction, nowhere near enough investment and consideration has been given to the public alcohol and other drug sector. While the Andrews and Allan Labor government must be applauded for more than doubling the public drug and alcohol bed stock, the fact remains that only 2% of the State bed-stock is public.

This means that every day, mental health workers are doing their best to detox and treat addiction in mental health settings without support and in inappropriate settings. When consumers in mental health settings seek assistance and disclose that they need support, it is the mental health workforce who are the bearers of bad news, telling patients that they cannot get into detox or public rehabilitation for months.

It is unsurprising that this often leads to patients not continuing with their rehabilitation journey.

A key tenet of the RCVMHS is the concept of integration. The mental health workforce has told us that to them, integration must mean that patients are able to transition with ease out of a mental health setting into a detox or therapeutic/medical rehabilitation setting, with an alcohol and other drug workforce that is renumerated in line with the mental health workforce.

To achieve this, there must be an urgent uplift in the wages and conditions of the AOD sector and an expansion of public bed stock. Despite spiraling demand for addiction services, staffing increases, and investment, the sector has failed to keep pace, leading to ongoing service breakdowns where staff are unable to meet consumers demand.

Victoria must invest in upskilling the mental health and AOD workforces by offering specialist mental health training, as well as AOD training, particularly in areas with no available public rehabilitation beds. We must upskill the mental health and AOD workforces simultaneously in acknowledgement of the symbiotic relationship of these sectors.

Creating a better future for Victorians

Paul Healey, HACSU State Secretary

Governments have begun to include the concept of a 'wellbeing economy' into their budgets - where the physical and mental health of people, communities, and the planet are key indicators of success — not just GDP. This mentality takes courage, leadership, and strong initial investments to create substantial change. Much of HACSU's position centres on rethinking the current way in which we as a community invest in these issues, and thinking more long term about how current investment can pay dividends in the future. It is our hope that Victoria and, indeed, all states in Australia, will investigate pragmatic solutions to complex problems surrounding risky substance use.

We are calling on the Victorian Government to implement the lessons of the COVID-19 Pandemic as outlined in the Canberra Drug Policy Series discussion by members of the Global Commission on Drug Policy, and to do this through:

- Prioritising public health
- Listening to and acting on evidence
- Working with our most vulnerable
- Mobilising political will and engaging the community

These lessons are easily transferable to drug and alcohol policy, and we believe will go a long way to ensuring our mental health workforces and alcohol and drug workforces are well-supported and well-funded into the future for all Victorians when they need them most.

Paul Healey
HACSU State Secretary

Post-grad AOD Scholarships for all Mental Health Workers

Experts estimate that 1 in 4 Australians will grapple with addiction in their lifetime. Service providers are deeply concerned that these numbers will increase due to the COVID-19 pandemic. Currently there are electorates in Victoria with no rehab beds available. We need more services — but with it taking up to 3 years to open a residential rehabilitation service, we need swift action now.

Our already overstretched mental health & alcohol and other drugs (AOD) sectors are being impacted by the demand for addiction services. Due to the lack of accessible rehabilitation services, community members dealing with a risky substance use issue end up in mental health facilities that are often not adequately staffed or resourced, nor are they always fit for purpose.

We believe that all mental health clinicians and lived experience workers should be offered a government-funded scholarship for a Graduate Certificate in Addictive Behaviours as standard and best practice industry training in harm reduction. This is an effective harm-reduction measure, particularly in electorates with no rehabilitation beds.

There is a workforce shortage within the addiction sector, and we see investing in these scholarships as a way to quickly build up a skilled and confident workforce. Commensurately, there needs to be a build-up of the mental health skills of the AOD workforces as well, given they see an enormous number of dual diagnosis clients. This is an essential part of the rebuild that is required.

of members say that they have not been given the extra resources and support to deal with community members issues with substance use.

of members say that they do not have the appropriate equivalent full-time positions on site to assist with community members grappling with substance use issues

of members say that they do not feel as if they have been offered the appropriate training in substance use issues, indicating that they would partake if it were offered

A Standardised and Progressive Impairment Policy

According to the 2022 Understanding the Cost of Addiction Report, the current alcohol and other drug policy settings cost the country over $80.3 billion per year, with 48% of the total losses ($36.6 billion) attributed to workplace and household productivity losses.

In Australia, it takes an average of 20 years for a person to seek assistance for addiction due to shame and stigma — this is a trend that is appearing in all industries across the state. Often, it is only when a working person fails a drug test or during disciplinary action that the employer or union becomes aware of an addiction.

Employers currently have differing policies regarding when a worker is tested, the benchmark of training required to ensure that general awareness obligations have been met, the length of time in which a sample is held for, and the outcome of a failed test.

For the most part, no conversations are had with the affected worker in relation to their mental health or potential addiction.

It is our view that a standardised and progressive impairment policy must be built for each sector in partnership with unions and industry leaders that promotes early-intervention and builds best-practice, as well as peer-reviewed training to educate working people on AOD and mental health.

Depending on the sector, a no-fault discussion should be had with the employer and trade union and, with the capacity to include a drug and alcohol worker, to foster a culture of disclosure without fear of termination.

Extra procedures and considerations should be made for workers who use medicinal cannabis and where there is accidental occupational exposure such as paramedics failing tests due to spraying ketamine.

Unless the culture of the fear and shame is overcome, it will be impossible to foster of culture of prevention and early intervention for working people.

Example clause

EXTRACT FROM MIRVAC CONSTRUCTIONS PTY LTD / CFMEU COLLECTIVE AGREEMENT 2019-2023

14. i) Workplace Impairment Training/Procedure

(i) The Company will provide, through the BTG Program, regular and on-going awareness, education and impairment training to all employees.

(ii) Impairment awareness and policy information sessions will be delivered to all employees (including supervisors and managers), contactors and labour hire workers and renewed every 5 years.

(iii) An impairment awareness and policy information component will be developed and incorporated into employee contractor, labour hire and visitor induction prior to entering the site for the first time.

(iv) Impairment awareness and policy information will also be provided in a variety of multimedia formats including posters, flyers and regular tool box meetings.

(v) No Impairment testing of any kind, including drug and alcohol testing, will be undertaken until impairment awareness training has been undertaken by Employees. Payment for the training will be paid in advance of the training being held.

Worker-Led Drug, Alcohol, Gambling, and Suicide Prevention Support

Like the COVID-19 pandemic, risky substance misuse and mental ill-health does not discriminate.

It has become abundantly clear that crucial interventions for working people, particularly those in the health sector, are severely lacking. Far too often, trade unions and employers are confronted with the stark reality of what working people and their families are forced to go through when trying to access this critical healthcare.

In Victoria, the largely unregulated private rehabilitation services mean that working people are often confronted with re-mortgaging their house, taking out loans, or withdrawing their superannuation to pay for services that can cost up to $30,000 per month.

Victoria's rehabilitation system is mostly inaccessible for working people, as most stays are between 3 and 12 months. The current system of treatment is not working and requires fresh ideas and methodologies for providing suitable treatment to working people and their families, along with funding models that work for patients, employers, and the government.

Whether it's an employee or a family member of an employee grappling with an addiction, HACSU members know the harmful impacts of not being able to seek timely assistance and the effect this can have on your mental health, relationships, working life, and financial position.

Far too often, we hear stories of working people who want to cease using but opt not to because they cannot afford treatment, or do not have the support of their workplace. For working people there are far too many barriers to accessing treatment when required.

Accessing critical healthcare for you or your family should never cost you your job or be dependent on your bank balance.

HACSU, along with 32 other Victorian unions, is proposing a tri-partisan collaboration with Odyssey House for a 28-day inpatient treatment facility funded and owned by the trade union movement called The Crossing.

The Crossing will include the establishment of an outreach and outpatient service, inclusive of toolbox talks for delegates, health and safety representatives, organisers, and working people from all sectors — created with the support of trade unions, employers, and the government. Importantly, this service will be free for HACSU members and their families.

We need innovative, sophisticated solutions to complex issues such as addiction. We know that we have the most cost-effective, fit-for-purpose model for working Victorians to ease the burden on our already overcrowded healthcare system.

Workplace support and early intervention are crucial in supporting workers combating addiction and mental health struggles. The opening of The Crossing will change the lives of workers struggling with risky addiction — as well as their families, their workmates, and their community.

Rehabilitation Leave

Seeking assistance for drug, alcohol and gambling issues is difficult enough as it is. HACSU believes that a separate leave provision should be offered in all workplaces of at least 30 days for patients and those supporting loved ones through treatment.

This would go a long way to diminishing stigma when seeking assistance for addiction and would ensure that no person in our state is unfairly disadvantaged when applying for leave.

Far too often, people do not engage with treatment due to a lack of leave accrued or they use incorrect leave and are forced to lie about why they are taking leave.

HACSU sees such a provision as an excellent harm reduction measure that would have the capacity to encourage people to seek assistance sooner.

HACSU's clause

XX.1 Leave to Attend Rehabilitation Program:
An Employee may be granted up to 30 days of paid Rehabilitation Leave:

(a) To attend an approved rehabilitation program, where the Employer is satisfied that:
  (i) The Employee is affected by addiction or a related health condition of any kind, including, but not limited to, alcohol or other drug (AOD) use/misuse or other addictive behaviours (e.g., gambling); and
  (ii) The Employee is prepared to undertake a course of treatment designed for the rehabilitation of persons with addiction or other related health conditions.

  OR:

(b) To provide care and support to another Employee or a friend or family member of the Employee who requires care and support due to addiction or a related health condition of any kind.

XX.2 Evidence and Quantum of Leave:

(a) On production of proof of attendance at an approved rehabilitation program in accordance with clause XX.1(a) an Employee will be granted 30 days' paid leave to support completion of the program.
(b) An Employee taking leave in accordance clause XX.1(b) will be granted up to 30 days' paid leave as required.
(c) An Employer may require an Employee taking leave in accordance with clause XX.1(b) to provide evidence that care and support is required. Production of a medical certificate or statutory declaration will satisfy any such evidentiary requirement.
(d) For the purposes of this clause, approved rehabilitation program will include any program any program offered by the Victorian Workers' Health and Wellbeing Foundation (VWHWF) including 'The Crossing'.

XX.3 Other Leave:

(a) An Employee may utilise leave under this clause in conjunction with any other type of leave.
(b) For the avoidance of doubt, any leave granted under this clause will not break (and will count towards) an Employee's continuous service.

XX.4 Supported Return to Work:

(a) An Employee who has utilised leave under clause XX.1 will be supported by the Employer to return to work in a way that is sensitive to their recovery journey and their probable need for ongoing access to AOD support services. As such, the Employer will give due consideration to any reasonable request from an Employee in recovery or their chosen representative to alter the Employee's working arrangements, including but not limited to:
  (i) Flexible working hours to facilitate attendance at appointments or peer support sessions etc.
  (ii) Ability to work from home as needed.
  (iii) Flexible use of personal, annual, or long service leave, including single day or half-day absences.
  (iv) Access to reasonable unpaid leave.

More Public Rehabilitation Beds, Detox, and Integration

The Royal Commission into Victoria's Mental Health System has called for the integration of treatment, care, and support to people living with mental ill-health and risky substance misuse.

While the Andrews Labor government has made a record investment in more than doubling the amount of public residential rehabilitation beds, Victoria still ranks second last in the country by way of residential beds per head of population.

Furthermore, Victoria has a dangerous lack of detoxification beds and serious workforce shortages plagued with inconsistent funding cycles.

HACSU members know that the more that the AOD sector, inclusive of harm reduction services, is underfunded, the more the burden will continue to fall to the mental health workforces.

While HACSU members welcome investments in graduate certificates for the allied health workforce in addiction and interventions such as the newly announced drug and alcohol hubs, there must be an immediate examination of how these sectors should be successfully integrated.

We know that the most urgent concern of HACSU members, service delivery providers, and community members alike, is the potential cannibalisation of the AOD sector. HACSU members are delighted to see further AOD EFT appearing in public area mental health services across the state, however, there are grave fears that this will lead to a migration from the public AOD sector to the public mental health sector.

This will lead to waiting lists being further exacerbated and a further inability for patients who present to mental health services to access alcohol and other drug services quickly and efficiently. The growth of the public mental health sector must be commensurate with the public AOD sector, inclusive of harm reduction services.

The mental health workforce is calling on public drug and alcohol services to be urgently expanded — potentially co-located with area mental health services as a separate service. It is also imperative that there is a major uplift in detox capacity to ensure that places in rehabilitation can be utilised as soon as they become available.

Too often, patients are unable to commence their rehabilitation due to a lack of detox capacity. In Victoria there are just over 100 detox beds that have been earmarked in our hospitals and a severely lacking 'hospital in the home' service for those who do not require a medical detox.

When surveyed, a staggering 100% of HACSU members stated that a residential rehabilitation, outpatient, and outreach service with detox capability attached or close to their area mental health service would positively impact their quality of care. For HACSU members, integration means seamless care between the mental health and AOD sectors. Key to this success is urgently dragging the public AOD sector up to the wages and conditions afforded to the public mental health sector.

Multi-Employer Public Sector AOD Enterprise Agreement

To achieve successful integration, HACSU supports moves towards state-based enterprise bargaining agreements for the AOD sector, and is urging the government to commit to scrapping the funding re-tendering process for services with a proven track record.

Consistently forcing services into tenders for funding that they already receive causes unnecessary stress and inevitably leads to job insecurity, heavy casualisation, more occupational violence incidents, and poor outcomes for community members and the AOD workforces.

The AOD sector is insecure and largely unregulated, leaving the workforce vulnerable to exploitation. Currently, there is limited career progression and a need for additional new graduates to enter the workforce.

To effectively recruit and retain, both government and industry must work together to map clear career progressions with proper wages and conditions. Investing in the AOD workforces will take pressure off the mental health workforces, which currently carry the weight of insufficient AOD services.

Public drug and alcohol bed day rates are unconscionably low at a mere $185 per day, rendering it impossible for any public provider to provide stability of employment and forcing them to fundraise to deliver key services that should be funded.

Both workforces must be bolstered in tandem to cement wages, conditions, and career progression, while simultaneously stamping out bad behaviour from private providers and scrapping tendering. This will halt the over-reliance on private providers.

Australia loses 80.3 billion dollars a year from the impacts of addiction

'Understanding the Cost of Addiction in Australia' KMPG and Rethink Addiction, 2022

Implementation of the 2020 Review of Private AOD Treatment Services

HACSU acknowledges the important work of the Andrews Labor Government in initiating a sector-wide investigation into the private rehabilitation sector with the introduction of the Health Services (Private Hospitals and Day Procedure Centres) Amendment Regulations 2018.

The findings of the report by Health Complaints Commissioner Karen Cusack were damning and disturbing.

It's clear we need action in this space to ensure that private sector providers can operate safely, workers can feel confident in their work, and patients, carers, and families can be confident that the care being provided is safe and appropriate.

It is our firm belief that such regulations should also be extended to denominational services to ensure that they are offering care that is in line with the public sector — inclusive of strong penalties for any findings of wrong-doing and a commitment from the Allan Labor Government that services will not continue to be in receipt of public funds if found to be uncompliant.

We're calling on the Government to urgently introduce:

1. Mandatory registration and/or licensing for all private and denominational AOD providers.
2. A registration scheme for the AOD workforces
3. A framework for the private and denominational sector, guided by leaders of the public sector and peak bodies.
4. Enforceable legislation and penalties for providers who fail to meet industry standards
5. An accessible, approachable, and confidential method for families, friends, workers, and patients to report private and denominational providers who pressure or manipulate clients into accessing their superannuation on compassionate grounds or re-mortgaging their house without independent financial advice, particularly when there are breaches in the duty of care.

"By way of summary, it appears that the intersection between undersupply, vulnerability and the for-profit model is the space where poor consumer outcomes seem most likely to occur and that, by and large, generates complaints to my office.

Such complaints are heightened by the unregulated nature of the sector. With the exception of the 2018 Regulations, private AOD residential rehabilitation providers are largely unregulated which, as evidenced by the case studies in this report, appears to have had a detrimental effect on the health and wellbeing, and financial situation, of clients and their families."

– Karen Cusack
Health Complaints Commissioner , 4 June 2020

Fixed-Site Drug Checking

HACSU supports the recommendations from Coroner Spanos relating to the implementation of drug checking services and an early warning system to prevent fatal overdose.

In line with the Victorian Alcohol and Drug Association's (VAADA) submission to the coroner, a service should have an accessible drop-off, a quick turnaround, and results should be delivered efficiently and in an informed manner, accompanied by harm reduction messaging.

In July 2022, the ACT Labor government implemented a fixed-site drug checking service with the support of the Department of Health, emergency services, CANtest, and Harm Reduction Australia.

In a 12-month period, they have analysed more than 1,000 samples. While many of the usual suspects were detected, such as cocaine, heroin, ketamine, MDMA, and methamphetamine, many samples (up to 40%) did not contain the drug the consumer believed they were in possession of.

In 2023, CanTEST issued its first red-alert public health warning after chemists detected metonitazene, which is also known to be circulating in Victoria and New South Wales. It is a deadly synthetic opioid that can be up to 200 times more potent than morphine and was found in pills that were falsely sold as oxycodone.

It was hailed as a life-saving discovery.

There is overwhelming evidence that such services do not encourage the use of illicit substances. Rather, they create a safe passage for a consumer to get the most comprehensive advice possible from medical professionals and emergency services.

With Queensland implementing comprehensive pill-testing across the state, it is well beyond time that Victoria rolls out this life-saving harm reduction measure.

Inevitably, people are presenting in emergency departments and mental health services having used illicit substances. To assist our members in delivering these life-changing services, HACSU believes that the more our members and our community are armed with information, the better. This will ensure that people will not need to utilise emergency services and mental health services as often as they do now, taking much-needed pressure off the workforce.

The Expansion & Accessibility of Harm Reduction Services

Harm reduction services are crucial safety nets for people who do not want or cannot access treatment yet. Services like peer-to-peer support, lived experience and living experience workers, and needle and syringe practitioners keep community members alive.

Harm reduction services and their workforce meet people right where they're at.

It is imperative that this workforce is supported and linked in with existing mental health services to ensure that support is there when the mental health workforce and the community need them. It is our view that this workforce should be afforded their own multi-employer agreement with special considerations made for those engaged in safe consumption.

With increasing pressure on these services, amplified by huge waitlists for in-patient treatment and escalating demand for non-judgement and confidential assistance, it is urgent that services that keep people safe, wherever they are in their journey, are protected and bolstered.

To promote ease of access to harm reduction products, HACSU is calling on the introduction of vending machines at all train stations, in proximity of hospitals and prisons, and in areas of known high drug-use. These vending machines should include naloxone, fentanyl strips, wound care kits, needle disposal kits, needle and syringe kits, masks, gloves, sanitary products, and tissues.

These harm reduction vending machines have begun rolling out in a plethora of states in the United States and are beginning to lower the rates of accidental overdose and are promoting safe use.

A Health Response in All Police Holding Cells

HACSU emphatically supports the repeal of the public intoxication laws.

It is our firm belief that having repealed this legislation, the government should now move to immediately implement crucial harm reduction measures to ensure that our frontline members are well supported in delivering compassionate health responses in partnership with a well-funded and supported SEWB workforce.

While our unions support the implementation of dry out spaces and a specialised outreach support workforce, it is our view that all police holding cells must be upgraded to be able to effectively deliver a health response for consumers who are intoxicated but who have also committed an offence.

The reality is, that should vulnerable Victorian find themselves intoxicated and then go on to commit an an offence such as violence, they will not be taken to the sobering up shelter. At that point, the offence will trump the level of intoxication and police will be left with no option but to take them to a holding cell.

The level of intoxication will not have changed but health response they require will.

At present there have been no moves made to address this critical service delivery shortfall — with the police force not in a position to offer a health response due to the way in which the holding cells have been designed and no co-located health workers readily available on site.

If a community member is held in a watch house while under the influence of drugs and/or alcohol, it is our belief that the police on site need access to a triage service that has the capacity to provide expert advice. Ambulance Victoria (AV) are in the process of establishing telehealth services which are embedded with a referral service. Connection to Ambulance Victoria's services will assist with prompt upgrading/downgrading of response based on clinical requirements. This service can also assist in making the decision to seek the assistance of an ambulance where required.

This service should comprise of a 24-hour triage service for alcohol and other drugs support, information on harm reduction and mental health support, and should have multiple culturally sensitive options inclusive of access to a funded SEWB workforce. This triage service should also be tasked with monitoring the camera technology within police facilities.

At present, police are not funded to provide a health response for people in custody and the onus should never be placed on this workforce, unqualified to provide it.

Accepting the inevitability that people with substance abuse and other health conditions will at times need to be taken into custody means that there is an obligation to ensure that the police workforce is supported to deliver the government's intent to move toward a health led response.

The 14 Victorian holding cells should be soft cells, with non-invasive medical monitoring that check vital signs and track when a consumer has not moved for a period of time. Addressing this shortfall is pragmatic policy that will reduce alcohol-related harm when consumers need it the most.

MDMA and Psilocybin

There have been no new pharmacological advancements in mental health for over 50 years. Existing psychiatric medicines have suboptimal efficacy, are associated with significant side-effects, require long-term (sometimes permanent) dosing, are overprescribed, and are difficult to cease.

Although enormous strides have been made in destigmatising mental ill-health and in developing patient access pathways, support systems, and advocacy, the lack of new medicines to treat mental ill-health remains the missing piece of the mental health reform agenda.

The time to invest in progressive treatment modalities that offer consumers a solution, rather than long-term treatment with limited efficacy and a high change of relapse, is now.

MDMA and psilocybin have been approved by the Therapeutic Goods Administration in the treatment of treatment resistant depression and post-traumatic stress disorder.

It has been found at Monash University that after 3 MDMA-assisted psychotherapy sessions 67% of patients no longer qualified for a PTSD diagnosis and after 2 psilocybin-assisted psychotherapy sessions 57% of patients remitted from treatment-resistant depression. Studies have commenced in Canberra and the United States testing the efficacy of the drugs in the treatment of eating disorders with promising preliminary results.

It is our view that the time to invest is now.

Victoria is the only place in Australia that has a critical mass of expertise across the spectrum of drug innovation and advances, manufacturing, clinical application, guideline and policy development, and workforce education/ training required to enable an end-to-end rollout of this kind. By investing in the sector, the government will relieve pressure on the mental health workforce by treating chronic mental health conditions and will reduce the rates of consumers seeking these substances on the black market.

Medically Supervised Injection and Consumption Rooms

Since its opening in 2018, the North Richmond Safe Injecting Room has safely managed over 6000 overdoses and saved over 63 lives. Between June 2018 and September 2022, the room has been visited over 350,000 times by more than 6,000 people.

Victoria continues to be the heroin capital of the country; in 2023 alone over 29 people have overdosed in the City of Melbourne. These figures paint a picture of consumption that is not dying down, demonstrating a clear need for an urgent investment in more safe consumption rooms in line with the recommendation of Commissioner Ken Lay's report. Over 700 people successfully commenced opioid treatment via their consumption at the North Richmond Safe Injecting room, and the spread of hepatitis C, ambulance callouts, and pressure on neighbouring hospitals fell dramatically.

HACSU emphatically supports the expansion of the program in the City of Melbourne and urge the Victorian government to open more concurrently to encourage the use of this critical harm reduction measure in areas of need.

Accessible Housing

Our members know that supported housing for adults and young people living with mental illness will lead to better outcomes. HACSU believes that Victoria must encourage partnerships with providers and businesses to offer a structured, long-term approach to meaningful reform in this space.

In line with our work to initiate a worker-led rehabilitation service, HACSU — along with other unions — believe that such moves must be emulated in housing, particularly for community members who are seeking assistance with substance abuse. As it stands, there are crisis care units in Victoria that, when it comes time to discharge a patient, are left to grapple with chronic waiting lists for housing and at times clients are discharged to homelessness.

While we applaud the record investment in social and public housing and mental health, it is our belief that there is a space to create housing in such a way that apprenticeships in manufacturing, construction, electrical, and plumbing, and retraining in mental health, AOD, and lived experience can be offered as of a specialist housing program. This is the missing link between Crisis Care Units and Independent living.

HACSU believes that crucial services such as housing must have mental health and alcohol and other drug support services attached to ensure that we can build community, provide health and social services, and offer job training in partnership with government and business.

This echoes the calls made by the Victorian Inquiry into Homelessness which recommended that a policy of no discharge to homelessness from institutional settings be the new standard and that the government must explore opportunities to include social enterprise and not-for profits into the housing discussion.

Justice and Incentivised Treatment

We need a "health not handcuffs" approach to tackling substance abuse. While we acknowledge that imprisonment rates were down by 12% in Victoria for 2019/20, there's still work to do.

It is estimated that 90% of arrests are for drug use, not supply — this is amplified in Victoria, as we have one of the most expensive prison systems globally, coming in at over $100,000 for a 12-month stay.

Forensic clients present a unique challenge, as per the VAADA, with the impacts of COVID-19 on Victoria's Court system likely to exacerbate challenges. Recently, it was reported that approximately 200,000 cases were backlogged in the court system due to the pandemic. Many of these individuals will be referred to our already pressured AOD system.

Continued expansion of prison beds will only compound the situation further, with people rarely being able to get treatment and support behind bars.

It is well documented that substance abuse issues contribute to a large proportion of criminal convictions and often amplify existing harms for our most vulnerable. It is our view that the prison system is not the appropriate setting for people grappling with substance use issues.

Across Australia, almost 65% of prisoners had used illicit drugs in the 2018 period, with methamphetamine being the most used at an alarming 45%. It is estimated that 40% of Victorian prisoners have a mental health issue and 35% are homeless before entering prison.

Worryingly, a third of female prisoners across the country are Aboriginal and Torres Strait Islander, despite women in this demographic making up just 2% of the female population. Overwhelmingly, evidence suggests that between 70% and 90% of incarcerated women are victims of abuse, inevitably leading to offending.

Issues of homelessness, mental health issues, and instances of physical, sexual, and emotional abuse are inextricably linked to risky substance use.

HACSU is calling on the government to urgently reinvest portions of the justice budget into social and health care programs to halt the cycle of addiction and social disadvantage before offending and rollout a program of incentivised treatment for mental ill-health and addiction in all justice and custodial settings.

Forensic AOD treatment services and harm reduction services (such as Needle and Syringe Programs) should be introduced at every prison. The standard offering in all custodial settings should include uncapped access to pharmacotherapy, an increase to Hepatitis C treatment, and a dedicated post-release health and welfare service to improve the overall wellbeing and return to work prospect of prisoners in the community — inclusive of mental ill-health, disability, addiction and harm reduction support, family violence support, housing, and skills and job training/retraining capability.

Tobacco Harm Reduction

The Understanding the Cost of Addiction Report has found that in 2021, tobacco related harms cost Australia $38.5 billion. While the rates of smoking decreased with the introduction of plain packages and tax increases, rates have subsequently remained steady.

Smoking rates in Australia have plateaued but remain high for people who have a mental illness or addiction. According to the Australian Institute of Health and Welfare, people with mental health conditions are twice as likely to smoke daily and people with high levels of psychological distress were twice as likely to smoke.

A recent study conducted by The Royal Melbourne Hospital for the International Journal of Mental Health Nursing found that their mental health consumers are dying more than 30 years earlier than the general population. This worrying statistic is attributed to the fact that 74% of those surveyed smoked tobacco. The deaths were attributed to such diseases as cardiovascular disease (39%), respiratory conditions (23%), and cancers (20%).

Consumers who smoke and have co-occurring mental health conditions or substance abuse disorders have longer durations of smoking, lower rates of quitting, and do not have adequate access to quit-tools. Worryingly, those with mental health conditions are more likely to die from health complications related to smoking than their mental health condition.

It is reported that Australian men with mental illness live nearly 16 years less and women live 12 years less than those who do not have a mental illness — these figures can be attributed to high smoking rates. From 2013–2016, the reduction in the adult smoking rate in Australia slowed dramatically despite consistent large price increases and the implementation of plain packaging. In comparatively similar countries, rates of smoking are falling further by implementing a broader range of measures, including a range of alternative, lower-risk nicotine-based products. According to a 2019 McKell Institute Report on tobacco harm reduction, 'smoking rates are declining faster in many other countries than in Australia, especially where tobacco harm reduction strategies are available. Smoking rates in the UK and US are lower than in Australia for the first time.'

There has been a longstanding belief that smoking cigarettes can curb and relieve stress, and there is evidence from the mental health workforce that smoking cessation, curfews, and lack of available staff to escort patients to designated smoking areas cause unnecessary stress to their consumers and heightened behaviours of concern.

It is our belief that harm reduction measures should be immediately implemented to aid our members to assist consumers to quit smoking. These measures should include every available tobacco harm reduction measure, inclusive of a readily available and regulated e-cigarette market.

It is a terrible waste of resources and a heartbreaking idea that our members dedicate their lives to helping our community through mental health challenges, only to have far too many die from smoking related diseases.

The National Health Service run by Public Health England have recognised that admission to secure mental health facilities should be viewed as an opportunity to intervene with pragmatic harm reduction measures to reduce smoking rates.

As the use of vaping products is part of the national quitting smoking strategy, specialised vaping products that cannot be used as weapons or to do another harm have been introduced across mental health units with promising results.

These safe e-cigarette options have also been introduced into every prison shop across England and Wales.

It is HACSU's view that trials should be conducted within mental health facilities, much like those conducted by the National Health Service, to investigate the viability of the introduction of e-cigarettes to halt aggression and behaviours of concern from consumers, and to begin to reduce the smoking rates of mental health service consumers.

Furthermore, Australia must follow the lead of New Zealand and the United Kingdom and regulate the vaping market. Like illicit drugs and illicit tobacco products such as chop chop or snus, not regulating the market will only continue to push consumers to access black market products that are not regulated and are not taxed.

Legalisation of Cannabis and Road Safety

State-owned legalised cannabis to fund public health and community services

The war on drugs has never worked and drug, alcohol, and gambling issues continue to wreak havoc on our communities.

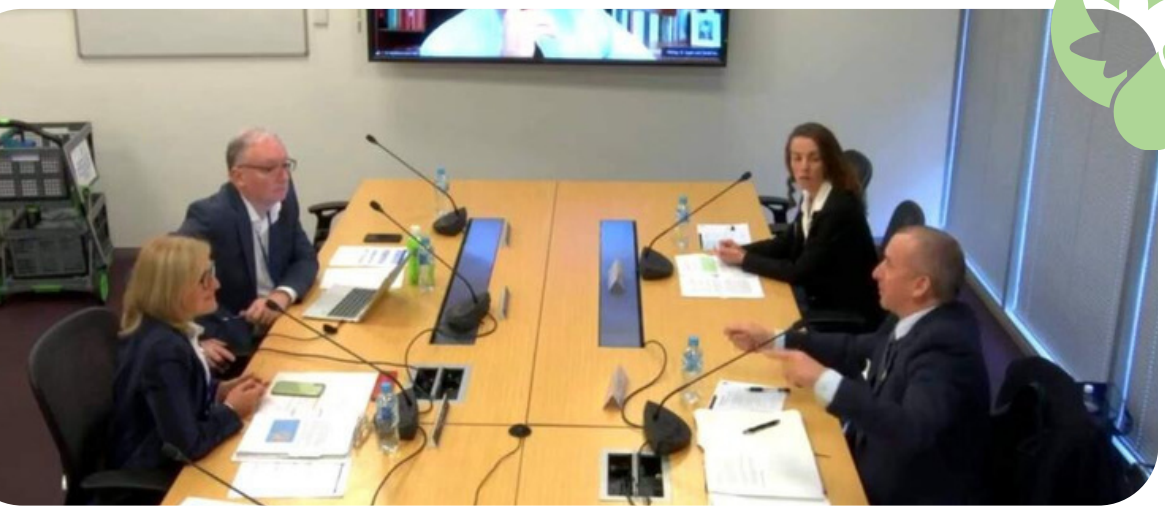
Experts estimate that the annual production of cannabis has a wholesale value of between $1.5 and $8 billion, making it the state's most lucrative illicit industry. Criminals use a large part of this lucrative illegal profit to buy and import other drugs such as cocaine, heroin, and crystal methamphetamine, inevitably creating extensive damage to individuals, their families, and our health and emergency services workforces.

We believe that cannabis, if legalised, taxed, and licensed, would go a long way to funding every recommendation of the Royal Commission into Victoria's Mental Health System and funds would be available to spend on mental health, homelessness, Indigenous health and wellbeing programs, and drug, alcohol, and gambling services.

As evidenced in The United States, the legalisation of this industry has the capacity to create hundreds of thousands of well-paying jobs in retail, manufacturing, agriculture, and health care, and will ensure that the product is used safely with the control of the THC Levels.

There are incredible examples in policy shifts such as in Portugal, where decriminalisation has been used to begin to repair and invest in housing, mental health, and employment.

We are also delighted to see states within the United States and Canada begin to divert profits from cannabis into life-saving initiatives such as more public rehabilitation beds, harm reduction measures such as safe injecting rooms, mental health initiatives, and public education programs. These are the bold, progressive policy platforms of the future and will go a long way to ensuring that our community and workforces are protected and well-funded.



HACSU at the Inquiry into the Use of Cannabis in Victoria

Medicinal cannabis

The use of medicinal cannabis for a range of health conditions is gaining traction in Australia with over 1 million prescriptions being administered. It is well documented that medicinal cannabis can provide effective relief for conditions such as severe epilepsy, symptoms related to chemotherapy, multiple sclerosis, nervous system damage, reproductive health conditions, and mental health disorders.

While we welcome the emerging acceptance of medicinal cannabis as a legitimate medicine, we are acutely aware that the laws relating to road safety and employment are decades behind.

Too often, we hear stories of workers who have been legally prescribed medicinal cannabis failing a drug test and facing termination. Likewise, many drivers are afraid to use their medicine for fear of failing a roadside drug test.

The Victorian State Government must be applauded for initiating a trial in relation to testing impairment on our roads where drivers are utilising medicinal cannabis. It is our view that a similar philosophy should be used when assessing impairment in the workplace.

Warnings about safe driving and safe working should follow the same approach that doctors use when advising patients on how to minimise risk with any other medication that could cause impairment (such as promethazine [Phenergan], benzo-diazepines, and opioids). When accessing these medicines, patients are advised that they cannot drive if impaired.

It is our view that a strong educational element for patients and the community should be adopted regarding the effects of use of either CBD or THC based products, the importance of 'starting low and going slow' with dosage, and the impacts of oral ingestion versus inhaled ingestion. This will be critical because, much like alcohol, impairment differs for every person for a range of reasons. A strong base of education will ensure that all consumers are empowered with the knowledge to assess their limits on the road and in the workplace when accessing this vital medicine.

Investment in Drug and Alcohol Nursing

Alcohol and other drug nurses are critical to fostering a thriving and surviving alcohol and other drug treatment and harm reduction landscape.

These nurses are highly skilled, with the capacity to work across the public and private mental health sectors, the drug and alcohol treatment sector, in community and detox and have the capacity to administer prescriptions such as opioid replacement therapy.

Given the vast array of experiences these nurses have in clinical and educational settings, it is imperative that all approximately 500 drug and alcohol nurses in Victoria are given every opportunity to assist in all clinical and therapeutic settings.

The reality is that most drug and alcohol nurses are underutilized, unable to find meaningful work or are given a tokenistic position within a mental health setting. Often, they are unable to work in therapeutic settings such as residential rehabilitation services because those services are unable to afford to hire them, even on a contractual or casual basis.

Given the dire state of the drug and alcohol landscape in Victoria, HACSU propose the following measures:

- 1 x Drug and Alcohol nurse in each adult in-patient unit and 2 x Drug and Alcohol nurse in each community mental health team funded via the Royal Commission into Victoria's Mental Health System, delivering on 'Integration'.
- A fully funded drug and alcohol nursing team for all therapeutic drug and alcohol rehabilitation services, harm reduction services and the sobering up shelters to support the rollout of the public intoxication reforms.
- A funded service to deliver detox and hospital in the home services, particularly for those on waiting lists to enter therapeutic drug and alcohol rehabilitation services to address the bottleneck.
- The inclusion of EFT in all community settings so that drug and alcohol nurses can prescribe life-saving medicine such as opioid replacement therapy.
- Graduate drug and alcohol nursing positions rolled out by the Centre of Mental Health Nursing and mentored by Drug and Alcohol Nurses of Australia personnel as preceptors.
- The inclusion of drug and alcohol nurses in the MDMA and psilocybin rollout as clinical staff to administer to patients.

It's time to establish Victoria as Australia's leader in the mental health and alcohol, other drugs, gambling and harm reduction sector.

Some people won't seek help for drug or alcohol problems because of stigma, shame, or missing a day's pay. Other people do seek help but get none, because there's not enough support to go around. Victoria can do better than this.

– Dr. Stefan Gruenert
CEO, Odyssey House Victoria