



Victorian Opioid Management - ECHO

February 19th 2025

Acknowledgement of Country

Safer Care Victoria acknowledges the strength, power and resilience of Aboriginal people as members of the world's oldest living culture. We recognise Aboriginal people as Australia's First Peoples and honour the richness and diversity of all Traditional Owners across Victoria.

We respect the lore, customs and languages practised by Aboriginal people in Victoria, and their deep spiritual and cultural connections to land and water. We are committed to a future based on equality, truth and justice and recognise the ongoing systemic injustices faced by Aboriginal people. Victoria's treaty and truth-telling processes offer a chance to address these wrongs, empowering Aboriginal people to make decisions for their communities.

We pay our deepest respects to ancestors, Elders and leaders, past and present, whose strength and fortitude have paved the way for future generations.





Dr Paul MacCartney

MBBS FRACGP FACHAM

Chief Addiction Medicine Adviser

Chief Addiction Medicine Advisor

Based in Safer Care Victoria

Called for in Ryan report, by VAADA, By Dan Lubman!

Scope: Addiction Medicine vs AOD treatment system vs both.

Linkage between community, research, AOD system, primary care, hospitals, department MHWB and Minister.

Chairing Ministerial Advisory Committee

Advice on strategy



Chief Addiction Medicine Adviser

Research –clinical and non-clinical
Specialist AOD system
AMS in hospitals
Mental health sector
MHWD in Department
Primary care GP/NPs
Other AOD adjacent services

10 Year AOD Strategy



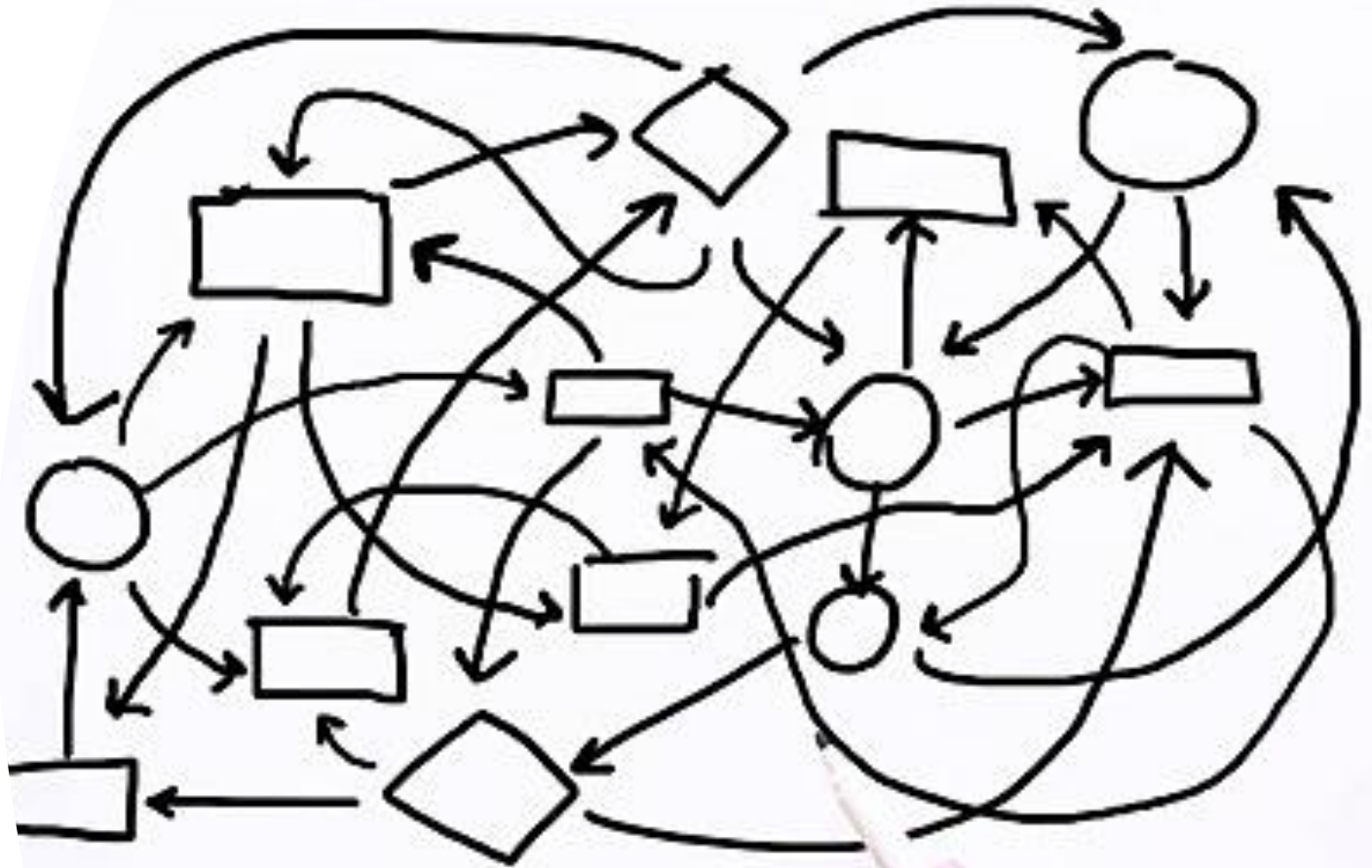
10 YEARS

What is the “AOD system”?

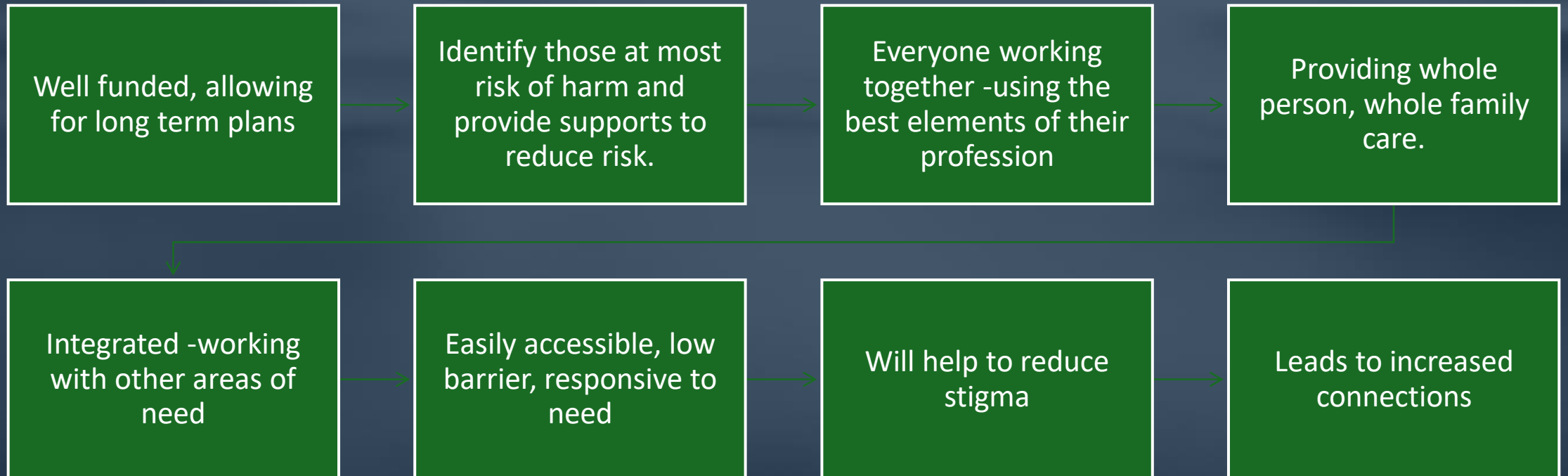
- Public inpatient services
- Counselling
- CRC
- Intake
- Outreach

- NSPs
- MSIR

- Addiction services?
- GPs/NPs
- Private rehabs?
- ED Hubs



A Good system?



Focus

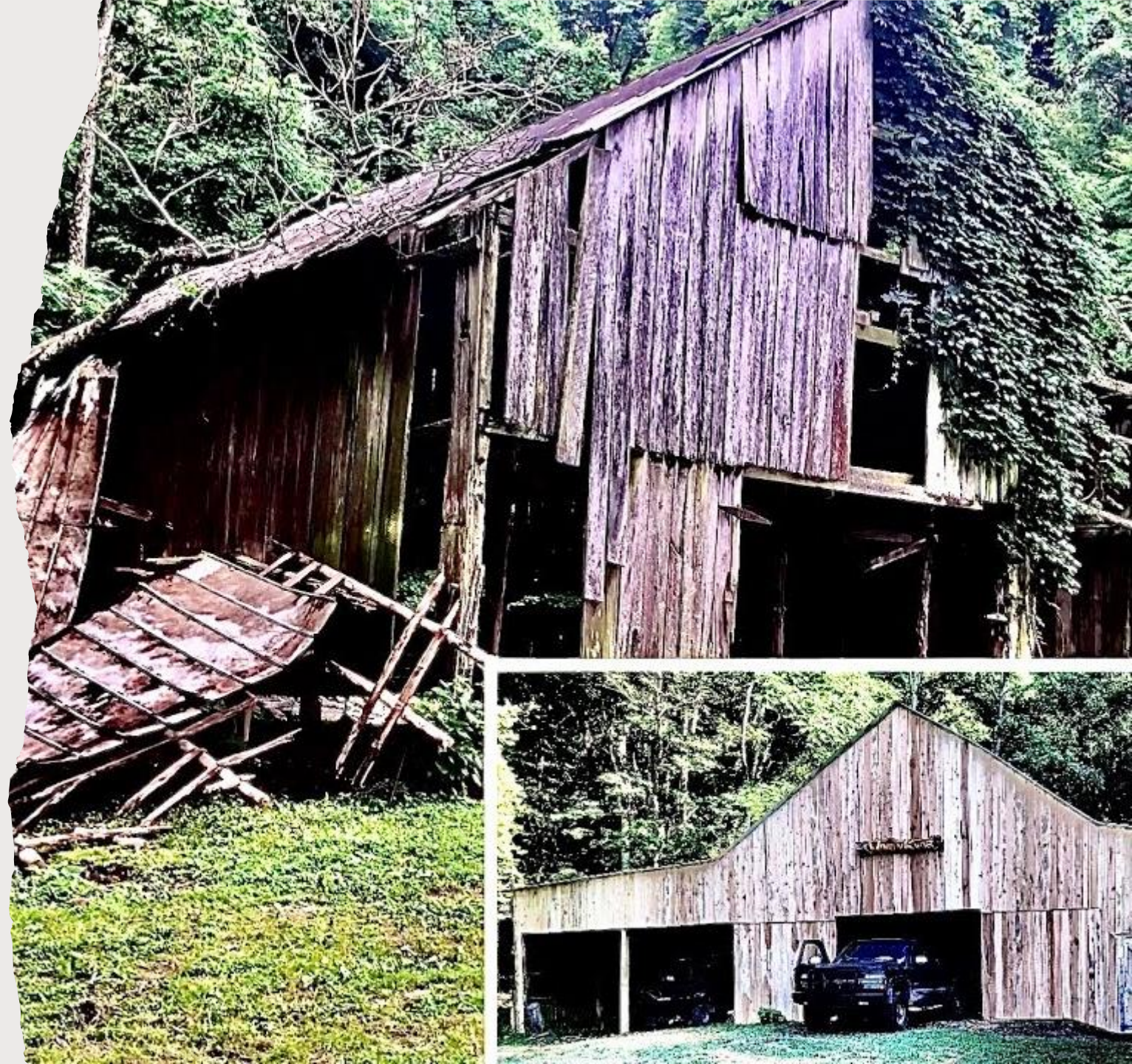
Big issues

- Reducing deaths and other harms from alcohol and other drug use
- Accessibility
- Appropriate funding and being efficient with what we have
- Getting better at what we do, providing best treatments
- Knowing that what we do is helping
- Providing for development of excellent supports for aboriginal people and diverse groups in the community

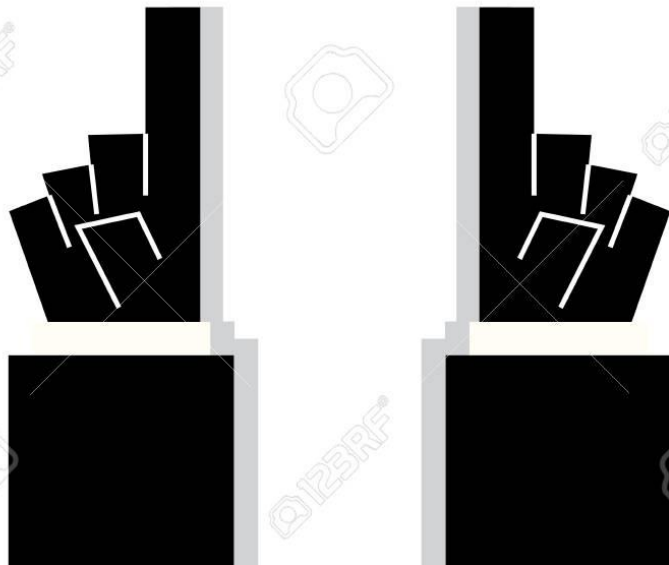


Foundations

- This is the start of the process
- Opportunity to continue to come together to discuss
- Opportunity to innovate



LOTS OF WORK TO DO



Not the Strategy

But still kind of related!

ODTP Reform

- System remains in crisis
 - Band aid solutions
- Longer term reform process underway led by HRV
- Role of community health



ODTP reform

- Review of guidelines
- How did we get here?
 - Can we move on from the Methadone Clinic era?
 - Impact of covid



Alcohol

Alcohol treatment -CAPA



Naltrexone

Acamprosate

Baclofen

Gabapentin

Topiramate

Ondansetron

Suvorexant

GP Education

Community awareness campaigns

Access to prescribers for people attending:

Intake

Withdrawal/detox

Residential and day rehab

General community

Alcohol Policy/Regulation- from Prof Doug Pullman

Marketing	Get rid of it
Price	Increase it
Accessibility	Make it harder
Age to access	Increase it
Driving with alcohol restrictions	Reduce it

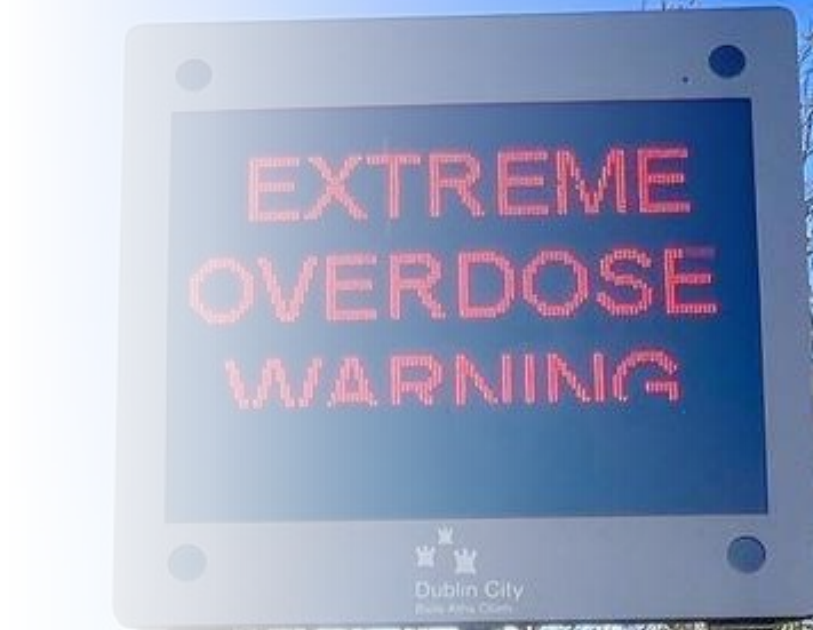
Alcohol Regulation



- Plus increase access to treatment

Early Warning /Surveillance system

- EDNAV
- RAPID –various sites
- Drug checking
- PSDAG



Monitoring community signals of potent synthetic opioids

There has been increased concern about the emergence of potent synthetic opioids like fentanyl and nitazenes in Australia. This project aims to establish a community surveillance system to capture signals of potential presence of these strong opioids to enable a community response and reduce harm.

Please complete the online form if you have information about a signal to report.

This includes information about where the event occurred, what symptoms were observed and what the outcome was. It will take about 5-15 minutes to complete.

Participation in the research project is voluntary.

Only participants who provide online consent will be able to enter data.

Your participation in the study will be confidential.

All the information you provide will be stored securely, accessible only to the research staff. You can provide contact details for clarification of any information you provide if you choose.

What should I report?

The online form will ask questions about the community signal you are reporting, that might suggest novel synthetic opioids are present in the community. For example:

Unusual overdose

Unexpected drug effect

Concerning drug checking result



Access to the online survey

You can access the online survey by visiting the link below or by using the QR Code

<https://redcap.helix.monash.edu/surveys/?s=34TYTLXJAK88DCRN>





Connections - research

- Dr Valentina Lorenzetti –ACU
- Emanuel Kuntsche –CAPR Latrobe
- Dr Andrew Lawrence –MU
- Monica Barratt –VSURF
- James Martin –Deakin
- Burnett etc etc etc

Mental Health Integration

- MHRC –Recs 35, 36
- Hamilton Centre Statewide service
- Transforming Trauma Vic
- Collaborative Centre
- Mental health and Well Being Commission



Safescript

- Compliance
- Research



Nitrous Oxide

- Moved from 8g canisters to 2kg canisters!
- Risk of severe neurological injury
- Affecting young people
- Regulatory options
 - SA
 - WA
 - UK



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Nangs



Connections – Community

Family violence –

- all refuges are abstinence based, no opportunity for home based withdrawal, harm reduction

Reconnexions

MSIR

Mildura advocacy



Thank you