



Victoria Legal Aid – means test review

E: [meanstestreview@vla.vic.gov.au](mailto:meanstestreview@vla.vic.gov.au)

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**Attention: Manager - Means Test Review consultation**

The Victorian Alcohol and Drug Association (VAADA) welcomes the opportunity to contribute to the Victoria Legal Aid Means Test Review Consultation Paper. Our comments will reflect on issues pertinent to individuals experiencing alcohol and other drug (AOD) dependency and their families.

VAADA is a non-government peak organisation representing publicly funded Victorian AOD services. VAADA aims to support and promote strategies that prevent and reduce the harms associated with alcohol and other drug (AOD) use across the Victorian community. VAADA's purpose is to ensure that the issues for people experiencing harms associated with substance use and the organisations who support them are well represented in policy, program development and public discussion.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation or research that minimises the harms caused by AOD.

There are a number of studies which indicate that AOD treatment prevents a range of AOD related harms as well as demand on acute health services and justice services. International evidence indicates a return on investment for AOD treatment in the USA of \$4 in health care and \$7 for justice related expenses for each dollar spent (Office of National Drug Control Policy 2012); evidence from the UK indicates a £2.50 saving for each pound spent (National Treatment Agency for Substance Abuse 2012). A corollary of these benefits is a reduction of demand on legal aid services. In general terms of reducing the demand on legal aid services will assist in providing legal aid to a broader range of people in need.

It is evident that in many legal matters, AOD are seen as a contributing factor. An Australian Institute of Criminology paper notes that nearly half of all police detainees attribute their crime to AOD (Payne and Gaffney 2012). More broadly, AOD use and/or dependence is often viewed as a driver in family violence related issues as well as unemployment and a range of other issues.

Many individuals experiencing AOD issues and dependency also experience a range of other challenges. A recent report from the Australian Institute of Health and Welfare (Australian Institute of Health and Welfare 2016) undertook a study into individuals engaging both AOD treatment and specialist homelessness services between 2011 and 2013. This report found a high level of vulnerability within this cohort, including higher levels of unemployment, an over-representation of Aboriginal and Torres Strait Islanders, over half experiencing a mental health issue and a disproportionate quantity of this population were under the age of 24. These co-occurring vulnerabilities lead to barriers to service engagement and individuals within this type of cohort should be able to readily access funding for legal aid.

One means of managing dependence associated with heroin or pharmaceutical opioids is through accessing the pharmacotherapy program. Through this program, Individuals experiencing dependency to opioids can, through attending an appropriate general practitioner, receive prescriptions for medications which reduce cravings associated with opioid dependence and therefore enjoy greater stability within their lives. In many cases, individuals engaging pharmacotherapy will also experience reduced harms associated with AOD and be able to make a greater contribution to the community.

Individuals engaged in the pharmacotherapy program are required to attend a dispensing pharmacy to receive their medication. There is a dispensing fee associated with this which should be accounted for in the income test for legal aid. This fee is generally somewhere between \$5 – 10 per day. It is of the utmost importance that patients remain on this program and so, where possible, costs associated with legal assistance should be minimised. It is likely that remaining on this program will reduce the need for future legal assistance.

There are also potential challenges facing those individuals who engage in private (for profit) AOD treatment. A growth in private AOD treatment services, with many charging fee of \$30,000 or more, has in part been driven through increasing difficulties in accessing AOD treatment. Many individuals are desperate to access treatment, and are unwilling to wait for publicly funded services, fearing that significant AOD related harm may occur during the extensive waiting times for some treatment types. At times, the families of individuals seeking treatment will borrow money, access their superannuation or otherwise take dramatic action at great financial risk to access these treatment types. In some cases, it is possible that there will be competing legal issues, and additional financial resources may be scarce to fund legal assistance. This results in the wicked problem of either funding AOD treatment which may be viewed as lifesaving, or funding legal assistance.

This is a complex issue with no clear way forward. As a principle, VLA should recognize the need for individuals experiencing AOD issues to receive timely treatment and this should not be impeded by a means test. However, with individuals being able either to save, or otherwise access significant amounts of money to pay for private AOD treatment, it is important to recognize that there will be others seeking

funded legal aid who may not have capacity to access such funds. We therefore raise this as a potentially contentious issue which warrants further consideration.

We look forward to further participating in this process following the development of the options paper.

Sincerely,

Sam Biondo  
Executive Officer  
Victorian Alcohol and Drug Association

**References:**

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Payne, J & Gaffney, A 2012, *How much crime is drug or alcohol related? Self-reported attributions of police detainees*, Australian Institute of Criminology, Trends & Issues No. 439, Canberra.