

2018-19

VICTORIAN BUDGET SUBMISSION

AUSTRALIAN MEDICAL ASSOCIATION VICTORIA

AMA
VICTORIA





WORKFORCE PLANNING

The Victorian Government is strongly advised to support medical workforce planning to ensure that it can meet the current and future health needs of all Victorians.

The Victorian Government should support appropriate planning that will lead to the identification of the:

- number of doctors Victoria needs (both now and in the future)
- type of doctors (specialists and generalists) Victoria needs (both now and in the future)
- locations where there is a shortage of doctors, noting type/specialty, and identify appropriate measures to rectify the maldistribution of Victoria's medical workforce
- incentives and opportunities that will encourage doctors (and their families) to relocate to areas of need
- employment patterns and intentions of prevocational doctors.

The Victorian Government should adopt the recommendations of Health Workforce Australia in its report, *Australia's Future Health Workforce: Doctors!*¹ Workforce planning will lead to the appropriate investment in training doctors, and identify areas of need across the state (geographic and medical specialty) and ascertain the barriers to doctors working in areas of workforce shortage and solutions to this problem.

Recommendations for Treasury

- Provide funding to undertake specific medical workforce planning to ensure Victoria has the necessary medical numbers, training/speciality and distribution across the state.

MEDICAL TRAINING

It is paramount that the Victorian Government invests in junior doctors' ongoing medical training. The Victorian Government must ensure that all Victorian medical graduates can be placed in internship programs, a requirement for obtaining full registration, and that there are sufficient training positions and programs for residents and registrars. Currently we face the situation where skilled junior doctors (often medical school graduates and residents) are unable to find employment - this is a tragic waste of skills and Government investment, and the community is unable to benefit.

To address the maldistribution of the medical workforce across the state, regional hospitals must be funded to train junior resident medical officers - specifically, PGY2+ residents and registrars.

In addition to the above, both senior and junior medical staff need to be supported to undertake medical training, development and research. The continuing professional development of all doctors

results in risk reduction and opportunities for clinical innovation and efficiencies. A specific funding stream is needed to ensure 30% of Victorian hospitals doctors' time can be dedicated to teaching, training, quality assurance and research. Ensuring clinical support time for all doctors, including visiting medical officers and doctors in training, is critical to maintaining our highly skilled medical workforce.

Recommendations for Treasury

- Provide funding to ensure that Victorian doctors can complete their necessary training requirements. In particular, increase the number of medical intern, resident and registrar training positions (including at rural/regional hospitals).
- Provide funding to ensure all public hospitals are appropriately resourced to enable doctors to undertake teaching, training, quality assurance and research pursuits.

¹ Health Workforce Australia, *Australia's Future Health Workforce: Doctors*, 2014.

HEALTH IT

Victoria's health IT infrastructure is archaic and does not meet the expectations of doctors or patients. Faxes and posted mail are still heavily relied upon by GPs, other private practice specialists, hospitals and aged care facilities. Electronic secure messaging is a critical step to ensure the state's health services are well-connected and can deliver patient information in a timely and secure manner (for example, between hospitals, or between a hospital and a patient's GP).

Electronic secure messaging will improve patient outcomes, as important information is less likely to be missed or arrive too late. AMA Victoria has repeatedly called for this infrastructure over the last seven years.² As a matter of priority, the Victorian Government must invest in the state's health IT infrastructure and implement electronic secure messaging (as well as resources to train users): this will dramatically improve patient outcomes and safety, and the health system's efficiency.

AMA Victoria also urges the Victorian Government to develop agreed principles for contracts around IT provision to health services, and to enforce minimum standards for software providers. Government funding needs to support interoperability and interconnectivity of IT systems between one health service and another and between a health service and a GP. The investment must be in IT that is user-friendly.

Recently, the Coroner's Court of Western Australia critiqued the Fiona Stanley Hospital for its unacceptable discharge process leading to a patient's death. A patient's discharge summary detailed the need for critical blood tests to be carried out, however it never reached the patient's GP and the hospital did not follow up. The Coroner found that had the discharge summary been received by the patient's GP, tests would have revealed the low white cell count and led to the patient being taken off a certain medication. Instead, the patient fell critically ill and died.³

Victoria's health IT must be improved to ensure patient safety.

Recommendations for Treasury

- Provide funding to implement electronic secure messaging in Victoria and invest in IT infrastructure to improve communication at the interface between one health service and another, and between health services like hospitals and primary care. This must be integrated with access to My Health Record. Victoria's health IT must be improved to ensure patient safety.

VIOLENCE IN HEALTHCARE SETTINGS

AMA Victoria calls for a uniform response to occupational violence and aggression across public health services in Victoria.

Measures identified that will curb the risk of occupational violence against health practitioners, other staff and patients include:

- ongoing funding for the Health Service Violence Prevention Fund
- a consistent, minimum security training standard for security personnel
- adequate security personnel to be available at hospital entrances, on wards and close to emergency departments
- funding for building and architecture projects to make workplaces safer.

Recommendations for Treasury

- Provide ongoing funding to track, prevent and manage incidents of occupational violence against health practitioners in Victoria.

² Refer to AMA Victoria's budget submissions for the years 2011-12, 2012-13, 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 for more information on secure messaging.

³ "Missing discharge summary denies GP chance to save patient", *Medical Observer*, 9 October 2017.

MENTAL HEALTH SERVICES

Victoria's mental health services are in crisis. AMA Victoria believes the mental health sector is in dire need of significant investment – similar to the Victorian Government's response to family violence.

As a consequence of decades of under-funding, major investment in mental health is now the only answer. This must be across public hospital inpatient capacity, primary care and community mental health services.

Public inpatient psychiatric services

There is a significant shortage of acute hospital services for patients in need of psychiatric care. People living with mental illness often live in distressed circumstances on Victorian streets and face stigmatisation and disadvantage living in the community. The pressure to discharge patients from hospitals often leads to revolving door admissions.⁴ Significant funding for public inpatient psychiatric care is essential across the state, this includes funding for inpatient child and adolescent psychiatry services.

Outpatient psychiatric services

MBS consultation fees for psychiatry are undervalued compared with other specialties, despite the fact that psychiatric patients are often more financially vulnerable and cannot pay gap fees. This creates a barrier to accessing private specialists (psychiatrists) and shifts the cost burden on to the public system. At a state level, AMA Victoria urges the Victorian Government to invest in outpatient psychiatric services to ensure that vulnerable psychiatric patients do not fall through the gaps of our mental health system.

Some Victorian hospitals operate specialised clinics, usually funded by Medicare, such as neuropsychiatry clinics. There are virtually no outpatient consultation liaison psychiatry (CLP) clinics in Victoria. CLP clinics house multidisciplinary teams of health professionals, including psychiatrists, nurses and psychologists. Historically, CLP clinics treated patients with comorbid physical and psychiatric problems. These clinics were closed down in the 1990s, with the establishment of a state-wide system of area mental health services and clinics. This has created a serious service

gap and leaves the most complex and vulnerable patients without access to appropriate care.⁵ Funding should be directed toward psychiatric outpatient services / CLP clinics.

Dual diagnosis conditions

Dual diagnosis remains a largely unaddressed issue in spite of its prevalence. Funding for new models of mental health care is needed, with this funding addressing dual diagnosis conditions to ensure that people receive timely treatment and adequate support, and to reduce the risk of homelessness for people with a mental illness.

Government investment in mental health needs to be closely monitored to ensure it is effectively reaching people with both high and low prevalence disorders with an effective front end response that does not turn people away because of dual diagnosis disorders or other health issues. It also needs to be leveraged by funding a greater variety of treatment pathways and strong homelessness prevention and welfare support responses.

Highlighting the prevalence of dual diagnosis conditions, a 2014 study amongst a segment of Melbourne's community who experience chronic homelessness found that 69% met the criteria for a psychiatric disorder diagnosis and a current alcohol or substance abuse or dependence disorder, while 88% met the criteria for any current psychiatric disorder, including 33% for a current psychotic disorder.⁶

Recommendations for Treasury

- Provide significant funding to address the widespread shortages and inadequacies across the state's mental health sector.
- Provide significant funding to increase public inpatient psychiatric services across the state.
- Provide funding for outpatient psychiatric services, especially consultation liaison psychiatry (CLP) clinics across the state.
- Provide funding for new models of mental health care that address dual diagnosis conditions.

⁴ Allison, S. et al., "Mental health services reach the tipping point in Australian acute hospitals", *Medical Journal of Australia*, 2015; 203 (11): 432-434.

⁵ The Royal Australian and New Zealand College of Psychiatrists, *Proposal for a Victorian Consultation Liaison Psychiatry Model of Service*, 2014.

⁶ O'Donnell et al., *The Trauma and Homelessness Initiative. Report prepared by the Australian Centre for PPosttraumatic Mental Health, in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria*, 2014.

HOSPITAL SERVICES

Victoria's public hospital system is overstretched and under-funded. Significant funding must be directed towards public hospital services, in particular emergency department, elective surgery and outpatient services.

Emergency departments

Greater funding is needed for emergency departments (ED) due to increasing presentations and the complexity of the patient cohort.⁷ ED staff are under significant pressure to see and discharge patients faster than may be clinically appropriate, potentially compromising quality and safe care. Greater funding for ED resources is necessary.

Elective surgery

As at 30 June 2017, there were 36,839 patients waiting for elective surgery in Victoria's public hospitals. AMA Victoria urges the Victorian Government to direct significant funds towards reducing the number of patients waiting for surgery, as well as reducing the lengthy wait times. Highlighting the long waits, a recent Victorian Health Service Performance report confirms that:

- the median wait time to treatment for orthopaedic surgery at Northern Health was 145 days
- the median wait time to treatment for ear, nose and throat surgery at Peninsula Health was 190 days
- the median wait time for ophthalmic surgery at Melbourne Health was 163 days.⁸

Significant funding must be directed towards Victoria's public hospital elective surgery services.

Outpatient services

In addition to elective surgery, the Victorian Government must also prioritise funding towards improving access to specialist outpatient appointments (the specialist consultation that usually occurs prior to elective surgery).

Highlighting the long waits to outpatient specialist services, a recent Victorian Health Service Performance report confirms that:

- the median wait time for an urgent referral to see a gastroenterology specialist at Western Health is 138 days
- the median wait time for an urgent referral to see a urology specialist at Austin Health is 147 days
- the median wait time for a non-urgent referral to see an ear, nose and throat specialist at Barwon Health is 990 days
- the median wait time for a non-urgent referral to see an ear, nose and throat specialist at Ballarat Health is 665 days.⁹

Significant funding must be directed towards Victoria's public hospital specialist outpatient services.

Recommendations for Treasury

- Provide funding to meet public demand for public hospital services – this includes inpatient, emergency department, elective surgery and outpatient services.

PALLIATIVE AND END OF LIFE CARE SERVICES

Significant investment in palliative and end of life care services is needed across the state.

The Victorian Government's 2015 discussion paper on end of life care highlighted the significant desire for end of life care to be provided in the community.¹⁰ For patients to die comfortably in community settings, such as at home or in a residential aged care facility, services such as home visiting doctors and nurses, case workers and care coordinators, and

other health professionals who provide valuable end of life services (from showering patients, to pain relief) must be readily accessible.

Recommendations for Treasury

- Provide significantly increased funding for community palliative and end of life care services across the state, in particular for rural and regional areas.

⁷ "Emergency Department response times blow out at Casey Hospital", Herald Sun, 11 August 2016.

⁸ Victorian Government, Victorian Health Services Performance: Elective Surgery, 2016-17.

⁹ Victorian Government, Victorian Health Services Performance: Specialist Clinics Activity and Wait Time Report, June quarter 2015-16.

¹⁰ Victorian Government, Greater Say for Victorians: Improving End of Life Care, 2015.

PERINATAL, CHILD AND ADOLESCENT HEALTH SERVICES

Perinatal and child health services

Between 2011 and 2031, almost half of Victoria's projected population growth is expected to occur in seven fringe growth suburbs of Melbourne: Cardinia, Casey, Hume, Melton, Mitchell, Whittlesea and Wyndham. An Auditor-General's report found that Melbourne's population growth is placing stress on early childhood and healthcare services, with these fringe growth suburbs bearing the brunt.¹¹ Funding should be directed to ensure growth areas have appropriate access to perinatal and child health services.

There is an increasing prevalence of pregnant women who have chronic conditions that carry significantly greater risks of adverse outcomes.¹² AMA Victoria believes that health literacy in pre-pregnancy (for all parents) is essential to help prevent the next generation from developing obesity and other chronic conditions.

Funding for perinatal and child health services will help support parents to access resources about nutrition and diet, exercise, managing weight gain, sleeping problems, breastfeeding and gestational diabetes.

Youth Education Sessions

AMA Victoria recommends the Victorian Government further invests in adolescent healthcare. We support the funding of Youth Education Sessions (successfully run in WA as "Dr YES"), which facilitates medical student visits to metropolitan and rural high schools to engage in open communication about issues facing young people, including alcohol and

drugs, mental health and sexual health, as well as establishing pathways for adolescents to access medical care - such as general practice. Funding is needed for a similar program in Victoria.

Youth Friendly Doctor service

AMA Victoria recommends the Victorian Government allocate funds towards medical training in adolescent healthcare and effective communication strategies. A Youth Friendly Doctor program (such as the one that has been operating in WA since 2000) would increase the skills of GPs in adolescent health, including sexual health, mental health, eating disorders and obesity, alcohol and other drugs, and connecting with young people.

Recommendations for Treasury

- Provide funding for perinatal and child health services, including resources to assist parents avoid developing obesity and other preventable chronic conditions.
- Provide funding for Victorian-based Youth Education Sessions, targeting adolescents about relevant healthcare issues, including sexual health, alcohol and drug harms, and mental health.
- Provide funding for a Youth Friendly Doctor program, to further enhance doctors' expertise in adolescent healthcare.

¹¹ Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, 2017.

¹² Victorian Government, *Victoria's mothers, babies and children 2014 and 2015*, 2017.

SMOKING

Tobacco harms are well known: smoking kills more Victorians every year than road accidents, alcohol and other drugs combined. Deaths due to tobacco use account for 89% of all drug-caused deaths and around 11% of deaths from all causes.¹³ AMA Victoria supports ongoing Government investment in tobacco reforms.

Smoking ban in outdoor drinking areas

AMA Victoria believes that smoking bans should be extended to all outdoor drinking and dining areas. Queensland is the leader in respect of tobacco law and has adopted a no smoking ban for all commercial outdoor drinking and dining areas: Victoria should follow suit.¹⁴

Enforcement of tobacco laws

AMA Victoria welcomes the smoking laws which have been passed by the Victorian Government but believes that these laws must be enforced. It has been reported that since April 2015, no fines have been issued in Melbourne by the local government councils charged with enforcing these bans.¹⁵

It is local councils' responsibility to enforce smoking laws and this is clearly not working. Councils and the Victorian Government need to look at strategies that will see smoking laws enforced effectively and safely. This will require appropriate funding.

Quit advertising and marketing campaigns

AMA Victoria urges the Victorian Government to resume significant funding towards advertising and social marketing quit campaigns to deter people from taking up smoking and to encourage existing smokers to quit. This should apply to cigarettes, loose-leaf tobacco and shisha/water pipes.

A 2015 evaluation of the National Tobacco Campaign found that 45% of smokers said they had taken some action as a result of seeing the 2015 campaign.¹⁶

Quit campaigns need ongoing funding, with appropriate public messaging regarding the harms of cigarettes, loose-leaf tobacco and shisha/water pipes.

Licensing fees for tobacco vendors

AMA Victoria recommends the Victorian Government introduce licensing fees for tobacco vendors, as recommended in the 2009 Preventative Health Strategy. Victoria and Queensland are currently the only states not to have a licensing system for tobacco sales. Any business in Victoria can sell tobacco products.

Introducing a tobacco licensing fee would discourage some vendors from selling tobacco and this in turn could reduce smoking rates due to potentially reduced availability.

Importantly, knowing which areas have the highest number of tobacco vendors (determined by the licences) could also assist with targeted quit campaigns.

Recommendations for Treasury

- Provide funding to support further reforms to tobacco laws (specifically the ban on smoking should be extended to outdoor drinking areas).
- Provide funding to councils to see smoking laws enforced effectively, especially outside hospitals, healthcare settings, schools and kindergartens.
- Provide funding for advertising, public health information and quit campaigns regarding the harms of cigarettes, loose-leaf tobacco and shisha/water pipes.
- Provide funding to introduce tobacco vendor licensing fees.

¹³ Victorian Government, *Better Health Channel - smoking statistics*, viewed 19 October 2017.

¹⁴ Queensland Government, *Tobacco laws in Queensland*, updated 2 February 2017.

¹⁵ "Victorian councils fail to fine anyone caught smoking near hospitals", *Herald Sun*, 25 June 2017.

¹⁶ Social Research Centre (Australian National University), *2015 National Tobacco Campaign: Research Evaluation*, 2015.

ALCOHOL

While illicit and prescription drug misuse is evident across the Victorian community, alcohol remains the principle substance of concern.

It's a fair estimate to say that all GPs and emergency physicians view alcohol as a far bigger health issue than ice or heroin. The health implications of alcohol are immense and include:

- direct health impacts (stroke, liver disease, cancer, alcohol-related dementia)
- violence (including family violence and king-hits)
- road accidents
- injuries / accidents
- social impacts of alcoholism and problem drinking.

Alcohol treatment services

Despite the enormity of alcohol harms, there are significant shortages in publicly funded alcohol treatment services. Victoria needs increased capacity and responsiveness to problem drinking for people who are alcohol-dependent or experience daily problems with function, mood and social relationships, including family violence. Investment is needed to increase capacity and improve timely access to alcohol programs, and it is essential that services are extended beyond metropolitan areas - rural and regional Victorians must not be excluded.

Public health messaging of alcohol harms

There is widespread ignorance among Victorians of the harms that drinking at "socially acceptable", but medically hazardous, levels can have. Greater investment is needed in public health awareness campaigns.

AMA Victoria supports the recommendations of the Blewett¹⁷ review, including the introduction of warning messages on alcohol labels and at the point of sale for unpacked alcoholic beverages. Energy content should also be displayed on the labels of all alcoholic beverages, consistent with the requirements of other food products.

Recommendations for Treasury

- Provide funding for additional capacity in the state's drug treatment services to respond to patients with problem drinking and to deliver early intervention responses.
- Provide funding for public health messaging of alcohol harms.

¹⁷ Food Standards Australia and New Zealand, *Labelling Logic*, 2011.

DRUG ADDICTION

Opioid replacement therapy

Opioid replacement therapy (ORT, also called pharmacotherapy) is used to provide treatment to those addicted to opiates, such as heroin and fentanyl. When patients successfully stabilise their addiction treatment, ORT can achieve long-term harm minimisation and the prevention of illicit drug use.

Many Victorians with opiate addiction would benefit from access to multidisciplinary health teams, which include access to ORT prescribing GPs, ORT dispensing pharmacists, drug and alcohol counsellors, social workers and other allied health workers. There is a need for the Victorian Government to establish regional public multidisciplinary clinics, to provide ORT and other drug and alcohol services.

Pain management services

Chronic pain will affect one in five Australians during their lifetime, and has significant effects on a person's physical and psychological wellbeing.¹⁸

AMA Victoria calls for greater access to public pain management services. For patients with chronic and acute pain, timely access to public multidisciplinary pain management services, led by pain specialists, is critical to preventing opiate reliance and/or addiction.

Crystal methamphetamine / ice

The impact of ice is evident across the Victorian community, regardless of location or socio-economic status. Ice is a significant comorbidity for mental health patients. It worsens the acute presentations in psychiatric emergency and significantly complicates psychiatric hospital admissions and ongoing follow-up.

Victoria's Ice Action Plan was a welcome response, however there needs to be greater investment in residential rehabilitation. This includes increased public places and the appropriate regulation of private services.

Greater funding is needed to address pressures on medical staff in emergency departments and protect staff against violent behaviour from drug-addicted patients.¹⁹

Private clinics, which families often resort to in desperation, can be very expensive, with courses of treatment running into tens of thousands of dollars.²⁰ This industry requires proper regulation to ensure accountability for patient safety and quality of care, and to protect vulnerable families

from exploitative practices. The Victorian Government needs to create a regulatory framework and standards for private residential drug rehabilitation programs (where they are not already subject to stringent quality standards or funding controls). The Victorian Government currently regulates other private sector activities for vulnerable people, such as Rooming Houses and Supported Residential Services - regulation is also required for private residential drug rehabilitation programs.

Emerging drug trends

Over the last decade a number of 'legal highs' emerged that were subsequently banned. These include salvia divinorum, methcathinone and Kronik. However, these drugs were widely sold and used before they were banned. In some cases, users died prior to the bans taking effect.²¹ It has often required sustained media attention before these substances were banned which had the perverse outcome of informing potential users of the product's existence and increasing demand for these products.

Adequate systems are needed to effectively monitor drug markets and respond rapidly when specific dangers are detected.²² Through careful monitoring of new and emerging drugs, including other substances used to mimic the effects of illicit drugs and the misuse of prescription medications, the Department of Health and Human Services can alert health practitioners about any new drugs that are emerging. By keeping hospitals and health practitioners informed about drug trends they can more effectively treat users who suffer side effects or overdoses when they present to doctors, paramedics or emergency departments.

Recommendations for Treasury

- Provide funding to improve opiate addiction services, including the establishment of public multidisciplinary clinics in regional areas.
- Provide funding for timely access to multidisciplinary pain management services in public settings.
- Provide funding for drug treatment services targeting ice addiction and introduce a regulatory framework for private residential drug rehabilitation programs.
- Provide funding to monitor new and emerging drug trends, and alert health practitioners and healthcare settings of these trends to help ensure effective treatment.

¹⁸ Hogg, M.N. et.al., "Waiting in pain: a systematic investigation into the provision of persistent pain services in Australia", *Medical Journal of Australia*, 2012; 196(6): 386-390.

¹⁹ Hides, L. et.al., "Primary and substance-induced psychotic disorders in methamphetamine users", *Psychiatry Research*, 2014; 226(1): 91-6.

²⁰ Rehab Inc., ABC Four Corners, 12 September 2016.

²¹ "Warning on buying banned drug over web", *The Australian*, 10 October 2006.

²² Bright, D. and Barratt, M., "Is Australia really being flooded by new killer drugs?", *The Conversation*, 30 August, 2016.

SUMMARY

Recommendations for Treasury

1. Provide funding to undertake specific medical workforce planning to ensure Victoria has the necessary medical numbers, training/speciality and distribution across the state.
2. Provide funding to ensure that Victorian doctors can complete their necessary training requirements. In particular, increase the number of medical intern, resident and registrar training positions (including at rural/regional hospitals).
3. Provide funding to ensure all public hospitals are appropriately resourced to enable doctors to undertake teaching, training, quality assurance and research pursuits.
4. Provide funding to implement electronic secure messaging in Victoria and invest in IT infrastructure to improve communication at the interface between one health service and another, and between health services like hospitals and primary care. This must be integrated with access to My Health Record. Victoria's health IT must be improved to ensure patient safety.
5. Provide ongoing funding to track, prevent and manage incidents of occupational violence against health practitioners in Victoria.
6. Provide significant funding to address the widespread shortages and inadequacies across the state's mental health sector.
7. Provide significant funding to increase public inpatient psychiatric services across the state.
8. Provide funding for outpatient psychiatric services, especially consultation liaison psychiatry (CLP) clinics across the state.
9. Provide funding for new models of mental health care that address dual diagnosis conditions.
10. Provide funding to meet public demand for public hospital services - this includes inpatient, emergency department, elective surgery and outpatient services.
11. Provide significantly increased funding for community palliative and end of life care services across the state, in particular for rural and regional areas.
12. Provide funding for perinatal and child health services, including resources to assist parents avoid developing obesity and other preventable chronic conditions.
13. Provide funding for Victorian-based Youth Education Sessions, targeting adolescents about relevant healthcare issues, including sexual health, alcohol and drug harms, and mental health.
14. Provide funding for a Youth Friendly Doctor program, to further enhance doctors' expertise in adolescent healthcare.
15. Provide funding to support further reforms to tobacco laws (specifically the ban on smoking should be extended to outdoor drinking areas).
16. Provide funding to councils to see smoking laws enforced effectively, especially outside hospitals, healthcare settings, schools and kindergartens.
17. Provide funding for advertising, public health information and quit campaigns regarding the harms of cigarettes, loose-leaf tobacco and shisha/water pipes.
18. Provide funding to introduce tobacco vendor licensing fees.
19. Provide funding for additional capacity in the state's drug treatment services to respond to patients with problem drinking and to deliver early intervention responses.
20. Provide funding for public health messaging of alcohol harms.
21. Provide funding to improve opiate addiction services, including the establishment of public multidisciplinary clinics in regional areas.
22. Provide funding for timely access to multidisciplinary pain management services in public settings.
23. Provide funding for drug treatment services targeting ice addiction and introduce a regulatory framework for private residential drug rehabilitation programs.
24. Provide funding to monitor new and emerging drug trends, and alert health practitioners and healthcare settings of these trends to help ensure effective treatment.

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