**FRONT COVER**

Turning Point 2020

**2020 SNAPSHOT**

* Trained 2,719 students and more than 500 community and family members across Australia
* Our websites recorded 2,056,144 page views
* 93% indicated “high” or “very high” satisfaction with our training
* Worked on more than 55 research projects
* Follow up surveys with clients: 85% felt their needs had been met, 87% were satisfied with the service they had received and 88% would come back to our service if needed
* Over 103,400 contacts to our telephone and online support services
* Provided care for 4036 people face to face, 9820 via telephone services and 976 via video conferencing

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**WELCOME**

Welcome to Turning Point 2020, our annual publication recognising the many achievements and progress in the specialty field of alcohol, drug and gambling addiction.

Turning Point is a highly-valued part of Eastern Health’s Statewide Services Program, and despite the many challenges of 2020, has continued to deliver outstanding and innovative research, education and treatment services – proving yet again why it is a state and national leader in the addiction space. 2020 has been a year like no other.

The onset of COVID-19 resulted in an increase in consumers, many of whom needed support for the first time in their lives. Our service model allowed Turning Point to shift with the changes required to keep our staff safe, moving many services from face-to-face to a telehealth model, to continue to provide those most vulnerable with access to treatment and support courtesy of our team’s specialised skills and knowledge in the area of addiction.

In an Australian-first, Turning Point took part in a ground-breaking documentary television series, Addicted Australia. For over six months, ten courageous Turning Point clients allowed award-winning production company, Blackfella Films, to capture their unique journeys of addiction and recovery.

Led by Professor Dan Lubman, Executive Clinical Director of Turning Point, the clinical team implemented a bespoke treatment model to illustrate that when wrap around care is consistently provided, and treatment pathways are clear, recovery is possible.

We are extremely proud of the Turning Point team for their dedication over many hours of filming that culminated in four one-hour episodes on SBS. The series received overwhelmingly positive feedback, and a strong call to action from many organisations partnering to rethink addiction. The Rethink Addiction campaign began as an idea, and now has over 35 organisations on-board to push for change.

The Rethink Addiction vision is for everyone to see addiction as a chronic health disorder that must be treated without judgment and stigma, and a focus on providing the best treatment modality for all

We look forward to the continuation of the campaign in 2021, and are excited to see the sector work collaboratively. In research, Turning Point continues to be held in high regard both locally and internationally for its multi-disciplinary approach to investigating the impact of alcohol and other drugs as well as potential solutions.

With research stretching across addiction and related health and social issues, Turning Point finds itself uniquely placed to influence policy and enhance practice. We acknowledge all Turning Point staff, partners and collaborators for their exceptional work, and extend our congratulations for their continuing achievements.

We also recognise the ongoing efforts and accomplishments of Turning Point’s consumers. The focus of Turning Point is helping people affected by addiction across its treatment, research, education and leadership arms, and we look forward to its continued success over the next year.

Adj Prof David Plunkett

Chief Executive

Eastern Health

Karen Fox

Executive Director

Clinical Operations (Surgery, Women and Children and Acute Specialist Clinics, Mental Health, Medical Imaging and Statewide Services)

**MONASH UNIVERSITY**

Addiction is a complex and challenging societal issue. We know that it does not discriminate. Many of us at some point have known someone affected by addiction, whether it be a friend, a family member or a colleague. Only through our collective efforts can we begin to understand and address these challenges.

Monash University is proud to partner with Eastern Health and Turning Point to deliver excellence in addiction clinical care, education and research that translates into world-class outcomes for the community.

As Australia’s leading national addiction treatment centre, Turning Point has an international reputation for transforming the lives of people touched by addiction through its treatment programs and evidence-based approaches, as well as its education programs that strive to increase workforce and research capacity in addiction-related fields.

"The long-standing partnership between Turning Point, Eastern Health and Monash University is a testament to the way in which clinical and academic expertise can work together to provide innovative solutions to the challenges of addiction for the benefit of the wider community”

The Master of Addictive Behaviours program run by Turning Point and offered through Monash University provides an excellent opportunity for the development of specialist knowledge and professional skills to support individuals and communities impacted by addiction.

Turning Point’s affiliation with the Monash Addiction Research Centre (MARC) also enables it to draw on the expertise of world-leading researchers to conduct innovative research that transforms addiction science, practice and policy.

The long-standing partnership between Turning Point, Eastern Health and Monash University is a testament to the way in which clinical and academic expertise can work together to provide innovative solutions to the challenges of addiction for the benefit of the wider community.

In what has been a very challenging year, Monash University congratulates Turning Point on its outstanding achievements and looks forward to supporting its continued growth and success.

**INTRODUCTION**

It has been another extraordinary year of achievement at Turning Point. Much of this occurred in the context of COVID-19, which makes the efforts of our staff even more impressive. This report highlights many of Turning Point’s important achievements during 2020, across treatment, research and education, but by no means captures them all.

Like all areas across health, a huge amount of work has been done to re-align services to operate safely in a COVID-19 environment, whether that be through adjustments to residential services, utilising telehealth and video conferencing across our clinical services and education forums, or re-aligning research programs.

A demonstration of our work in understanding the impacts of COVID-19 is reflected in the opening piece of this report which tells the story of addiction and homelessness and demonstrates the crucial care that peer support workers can provide.

As a part of improving service access for people with alcohol and drug issues in a COVID-19 world, our federally funded Counselling Online service received additional funding to enhance its scope. Also, with a focus over the last year on increasing group programs, Smart Recovery groups were expanded and transferred to online delivery.

Outcome monitoring is a critical piece in better understanding the outcomes of alcohol and drug treatment. Now with over 12 months of a structured followup program, we have clear evidence of sustained improvements in quality of life for people who engage with our services.

An absolute highlight in Turning Point’s work to reduce stigma and encourage the community to ‘rethink addiction’ is the screening of Addicted Australia on SBS in late 2020. This series was filmed over 6 months from September 2019 to March 2020, and the work and commitment of staff across our team to facilitate this project was immense.

This year also saw the launch of a new service to support dental practitioners – Dental Practitioner Support - which sits alongside the Turning Point operated Nurse & Midwife Support service.

Suicide and mental health have been key concerns arising out of the pandemic, and high-quality timely data is critical to inform policy responses. Turning Point is delighted to be a key contributor of the Australian Institute of Health and Welfare’s (AIHW) National Suicide and Self-harm

Monitoring Project, providing national coded data from state and territory ambulance services as part of our National Ambulance Surveillance System (NASS).

A key focus of our research is informing policy and practice. A good example of this work, was a rapid research project to inform the development of a public health response to public drunkenness in Victoria.

Other research this year included the completion of multiple clinical trials, including a national randomised controlled trial of the Ready 2 Change telephone-based program, which found the service is highly valued by consumers.

We also completed a randomised controlled trial of a low-cost brain training intervention delivered during alcohol withdrawal, which was found to be effective, with researchers now trialling a new smartphone app, called ‘SWIPE’, to help people reduce their alcohol cravings.

This year also saw the commencement of a randomised controlled trial to determine the effectiveness of vaporised nicotine products compared to nicotine replacement therapy following detox

Turning Point continues to offer high-quality education programs to health professionals and the community. The Master of Addictive Behaviours offered by Turning Point, through Monash University, continues to go from strength to strength, with more than 150 students commencing the course to date, and a growing national and international reputation.

The work that we do would not be possible without the support we receive from a diverse range of partners and collaborators and our incredibly dedicated team who continually go above and beyond to deliver the breadth and quality of our work.

Thank you once again for all that has been achieved in 2020 toward transforming and leading change for people affected by addiction in this very challenging year.

Anthony Denham

Program Director

Statewide Services

Eastern Health

Prof Dan Lubman

Executive Clinical Director

Turning Point

Eastern Health

Chair of Addiction Studies and Services

Monash University

**FEEDBACK**

“I can’t speak highly enough about my counsellor, she has given me a reason to live. I feel like I have a purpose now. I have been seeing counsellors and psychiatrists for 20 years and she is the first to make me open up. I could never talk to anyone. She helps me make lifestyle choices. Her advice has helped me so much. She helps me see things.”

“The whole service is incredible, really professional. When you walk in reception you feel like they really care. I can’t believe it’s a government service. I have been through so many public and private services and nothing compares to Turning Point. Everything is just so well thought out and professional… it saved my life.”

“I just spoke to a caller who wanted to thank all of us for supporting him over the years. He wanted to share with everyone that he hasn’t gambled for 8 years now and just became a dad.”

A caller said he has been gambling free for 20 months and really appreciates the work we do. He said that without our help he would be lost, where we shine a light on how to work through the challenges he faces every day.

**SENIOR STAFF**

Prof Dan Lubman

Executive Clinical Director

Anthony Denham

Program Director

Statewide Services

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**LIFE AT THE HOMELESS HOTEL**

Steve\* asks if it’s cold outside. He’s speaking from one of Melbourne’s three-star hotels, a far cry from the streets of Richmond where he’s experienced homelessness, ice and heroin use for much of the last eight years. When COVID-19 hit, support programs were put in place to reduce the risk to homeless people by providing hotel accommodation.

‘I’m doing a lot better than I ever have,’ he says, turning down the TV. ‘I give mum all my dole money and she pays for where I’m staying and buys me food.’

Steve, like many of the State’s homeless, has to make a contribution to his accommodation, around $170 a week. He helps meet that payment by giving his dole money to his mum, a relationship that for over five years was so fractured they could only maintain contact by speaking on the phone.

Today he welcomes his improving relationship with his mum. ‘I was angry for a very long time and it took a while to get past that but now, I don’t want to lose the relationship that we’re starting to get.’

He puts the change down to the regular interaction he’s been having with the clinical team at Turning Point, despite the COVID-19 lockdown. ‘I’m really grateful and happy and starting to feel like I’m part of the family again.

*Peer support worker a crucial piece of care*

The ongoing contact with his peer support worker has been critical. ‘It’s hard at the moment. Help-seeking is all over the phone. But my peer [support] worker is always checking in, that’s lovely, that’s been really great. I really feel like you guys care, which has been great for me, that’s really impressed me. I’m able to reach out and text support, even on people’s day off, they get back. People care.

He still uses drugs occasionally, but much less since the summer. ‘I have a lot more guilt when I do use, and shame I suppose because I enjoy the time with mum and I feel like not only am I letting myself down, I’m letting her down and I’ve never really felt like that before.’

Like all of us, Steve’s life has been impacted by the lockdown. But he’s grateful for the chance to reflect and stay in contact with his peer-support. ‘I get more calls than face-to-face time. It’s like a lifeline. There are pros and cons but in an ideal world, having both would be brilliant.

*Steve’s outlook on his future*

‘I just want my chance at a normal life again. Whatever that may be! I figure first and foremost one- hundred per cent want to do it for myself, but after spending time with mum after so many years of not talking, I don’t want to lose the relationship that we’re starting to get. I feel like I’m coming to the end of this horrible journey and I’m ready for my life again.

*The link between addiction and homelessness*

There are multiple factors and stresses that can lead to a person becoming homeless. Importantly, research consistently shows that experiencing alcohol and other drug related issues is strongly connected to housing instability or homelessness. Indeed, homelessness services in Melbourne have found that 43 percent of their homeless population experience alcohol or other drug problems.

Many of the factors that contribute to homelessness also apply to addiction, including a history of trauma, mental health, unemployment, social exclusion and isolation. It is important that we recognise the multiple challenges that our homeless population struggle with, and work towards a future where stable housing, hope, connection, work and study opportunities, and ready access to mental health support and addiction treatment, are in easy reach.

*\* Name has been changed to protect anonymity*

**TURNING POINT PARTNERS WITH SBS AND BLACKFELLA FILMS TO CREATE DOCUMENTARY, ADDICTED AUSTRALIA**

In 2019, Blackfella Films invited Turning Point to take part in the factual documentary series, Addicted Australia.

Centred on a group of Australians determined to tackle their addiction, the series follows ten brave participants on a very personal journey as they undergo an evidence-based treatment program devised by Turning Point. The six-month wraparound out-patient program offered access to medical and psychological treatment, peer and family support, as well as inpatient care, giving clients the best possible chance of recovery.

Turning Point’s Executive Clinical Director, Professor Dan Lubman said, “The development of the series has been a truly collaborative effort, spanning our Richmond and Box Hill sites, involving all our clinical programs, and supported by staff from across Turning Point and Eastern Health.”

The four-part one-hour documentary series airing on November 10 2020, presents a wonderful opportunity to highlight the unique work that Turning Point does.

For Turning Point, it also serves as a ‘call to arms’ to change the way society sees and thinks about addiction, a key focus of the Rethink Addiction campaign led by Turning Point and its many partners.

“This is a really exciting cross-sector national initiative and a real opportunity to change Australia’s understanding of what addiction is and how we respond,” said Professor Lubman.

The campaign seeks to tell the real stories of addiction and put an end to the damaging stigma that impacts on help-seeking and funding for treatment. It is also calling on key decision makers to commit to addressing addiction as a national priority.

Addiction is one of the most stigmatised of all health conditions. The accompanying shame and stigma can result in a delay of up to 20 years from when somebody starts developing a problem with alcohol, drugs or gambling before they seek help. That is far too long, and consequently many Australians and their families suffer in silence. We must come up with a better way of helping people. We’re hoping this treatment program will not only help the ten participants, but also be a catalyst for systemic change.”

If you haven’t watched it yet all episodes of the documentary are available on SBS on Demand until November 2021.

**TURNING POINT EXPANDS ITS NATIONAL ONLINE ALCOHOL AND OTHER DRUG SUPPORT SERVICE**

In April 2020, the Minister for Health, the Hon Greg Hunt MP announced Turning Point would receive additional funding to scale up Counselling Online to deliver treatment support to more Australians.

Rick Loos, Manager of Turning Point’s Telephone and Online services, said the funding had come at a critical time to enable Turning Point to increase its online support services and improve its ability to offer ongoing support to Australians who need help.

Counselling Online plays a key role in offering immediate assistance to anyone concerned about their alcohol or drug use, their families and support people, and it’s often the first point of contact when people reach out.

Rick said, “These services are more important than ever during times of isolation and uncertainty, and we want people to feel they can reach out for support whenever they need. We know that many people are struggling during these challenging times, and it’s crucial that services are available around the clock.”

The funding has gone towards enabling better integration of the Counselling Online website with primary care providers and help-seekers, including improved accessibility, layout and navigation, easier access to crucial information and a new chatbot feature to help people find the information they need.

**HELPING PEOPLE LIVING WITH PRESCRIPTION OPIOID DEPENDENCE**

There has been growing awareness of the risks of opioid medication when prescribed long-term for people living with chronic pain.

SafeScript, Victoria’s real time prescription monitoring program, became mandatory in April 2020, meaning that for the first time, prescribing practices around high-risk medications became visible to prescribers and regulators. This important step shed light on potential harms, but also raised concerns that individuals struggling with chronic pain may see their medications abruptly ceased.

Across Turning Point, a range of our treatment services provided critical support to people living with chronic pain, from addiction medicine and psychiatry assessments, to residential withdrawal and stabilisation admissions in our addiction medicine unit. In 2019, we were part of the DEBUT national clinical trial of long-acting injectable buprenorphine. We then led the State by introducing a depot clinic, offering this game-changing treatment that enables monthly rather than daily attendance for people with opioid dependence.

Our doctors provided education and training for health professionals on the evidence-based treatment of chronic pain and addiction. In advance of the roll-out of SafeScript, we established the General Practitioners Clinical Advisory Service (GPCAS), a unique model of peer-to-peer advice and support, to enhance the capacity of frontline GPs to respond to addiction more effectively.

Addiction medicine registrar, Dr Ferghal Armstrong, led a publication for GPs on pragmatic strategies to manage prescription opioid dependence, to help support GPs to reduce the risk of opioid-related harm.

We were also funded by Gandel Philanthropy to undertake an innovative pilot on social prescribing models for chronic pain and prescription opioid dependence. Deputy Clinical Director Dr Shalini Arunogiri, who leads the OP-ALMA Project, said, “The project is aimed at addressing loneliness in mature adults, and will support older adults to forge critical social connections within their communities, in a step that could form the pathway out of pain and addiction.”

Across our services, Turning Point is committed to being part of the solution for people living with chronic pain, and to support our health providers to deliver safe, effective and compassionate care.

**SMART RECOVERY GROUPS**

*SMART Recovery (Self-Management and Recovery Training) is a mutual aid group that uses evidence-based tools to empower people seeking assistance for addictive behaviours.*

The groups provide its members with an opportunity to share their experiences and knowledge, and offer social, emotional and practical support to their peers.

In 2019, a team of Turning Point clinicians and peer workers trained to become SMART Recovery group facilitators, and in 2020, Turning Point began offering SMART Recovery groups to clients.

Research shows that mutual aid and peer support can enhance long-term recovery from alcohol and other drug problems, however in the Victorian treatment system, peer support groups are largely restricted to residential treatment services.

Associate Professor Victoria Manning, Head of Research and Workforce Development at Turning Point says, “The meetings benefit participants in so many ways. Participants share tips, tools and resources, provide encouragement and support and hold each other accountable to the goals they set themselves.”

SMART Recovery Australia supported the transition of SMART meetings to online delivery during COVID-19. Since July 2020, Turning Point have been running four online SMART Recovery groups each week. They have been well attended, attracting both regular and new participants each week.

The move to online meetings has brought with it several advantages, including increased accessibility and convenience, and a greater diversity of participants.

Turning Point will continue running SMART Recovery groups both in-person and online when COVID-19 restrictions ease, with plans to expand the number of groups, including those targeted at specific populations such as a women-only group.

**TRACKING TREATMENT EXPERIENCES AND OUTCOMES**

Understanding client outcomes across multiple domains, including physical and mental health and quality of life, as well as their experiences of care, is critical for ensuring we can continue to improve the quality of our service offerings.

Routine outcome-monitoring programs have been shown to be important components for delivering evidence-based and effective health care; however, such programs rarely exist in the addiction sector. Clients who attended Turning Point Eastern Treatment Services (TPETS) are provided with a telephone follow-up call at one, three and 12-months after commencing treatment. They were given an opportunity to complete the outcome monitoring tools, and provide feedback on the service(s) they received.

The feedback received from clients has been instrumental in revising and tailoring treatment delivery and programs to better meet the needs of clients. Follow-ups will continue to be conducted in 2021, and as more data becomes available, the team aim to publish the results in the hope that other services implement routine outcome monitoring programs.

81% of clients reported overall improvements in substance use at one month, increasing to 84% at three months.

Client Satisfaction

1 month

87% agree their needs were being met by the service

87% were satisfied with the service received

88% would return if needed help in the future

84% were involved in making decisions about treatment

89% felt respected by their healthcare professionals

3 months

83% agree their needs were being met by the service

88% were satisfied with the service received

91% would return if needed help in the future

88% were involved in making decisions about treatment

89% felt respected by the healthcare professionals

**LAUNCH OF DENTAL PRACTIONER SUPPORT**

*Launched on 6 July 2020, Dental Practitioner Support is the first national dedicated telephone and online service that provides confidential advice and referral for dental practitioners about their health and wellbeing. The service is similar to the Nurse & Midwife Support service that Turning Point launched in 2016.*

Callers to the service have 24/7 access to an experienced team who can provide advice and referral to dental practitioners on a wide range of health and wellbeing related issues. The service offers support to all dental practitioners, which includes dentists, dental prosthetists, oral health therapists, dental hygienists and dental therapists. The service is also available to dental students, educators, employers, Australian Dental Council exam candidates and concerned friends or relatives.

Anthony Denham, Turning Point’s Program Director, said: “As well as access to immediate confidential support, the service provides dental practitioners with a wide range of free information and resources on its website which includes helpful tips and advice.

“Being a 24/7 service means support is only a quick phone call away to help dental practitioners deal with health and wellbeing issues, especially those which may be affecting their personal lives and their work. These issues may include stress caused by work and workplace issues, family and relationship problems, alcohol and drug-related issues, or mental health concerns.

Development of this service was fast-tracked in response to COVID-19 as many dental practitioners were being affected by practice restrictions.

Dental Board of Australia Chair, Dr Murray Thomas, said: “As the COVID-19 emergency unfolded we recognised quite quickly that the pandemic and associated practice restrictions were affecting all registered dental practitioners, which is why we wanted to bring forward the service’s start date.” The service was developed and launched in 12 weeks. This was made possible through the efforts and dedication of many members of the Turning Point team.

The service runs independently of the Dental Board of Australia, so dental practitioners across regional and metropolitan Australia can have complete confidence in reaching out for confidential support.

**AUSTRALIA’S NATIONAL SUICIDE AND SELF-HARM MONITORING PROJECT**

*In 2020, the Australian Institute of Health and Welfare (AIHW) launched the National Suicide and Self-harm Monitoring Project. This includes national data from state and territory ambulance services coded through Turning Point and Monash University’s National Ambulance Surveillance System (NASS).*

The National Ambulance Surveillance System (NASS), a novel and world-first public health monitoring system for mental health, alcohol and drug harms, and self-harm, is a partnership between Turning Point, Monash University, Eastern Health and jurisdictional ambulance services across Australia, drawing on the vital and life-saving work paramedics do every day responding to health emergencies across the community. Turning Point staff code information gathered from paramedic attendances across the country to inform suicide and self-harm prevention strategies.

Professor Dan Lubman, Executive Clinical Director at Turning Point said, “We are so proud to be able to leverage the critical work that paramedics do every day in our community, by providing unique data that informs national suicide strategies and responses.”

The NASS data will be used as part of the National Suicide and Self-harm Monitoring Project, enabling governments, services and communities to respond to suicide and self-harm through the identification of trends, emerging areas of concern and priority groups enabling policy development, service planning and evaluation of interventions.

Dr Debbie Scott, Strategic Lead of Turning Point’s National Addiction and Mental Health Surveillance Unit said, “The data is timely in providing state and federal governments with key information that will help shape their responses to growing community concerns around mental health, alcohol and drug harms and suicide as a result of COVID-19.

A lack of national ambulance attendance data has been a significant gap in service-level data for populations at risk of suicide. The inclusion of NASS data as one of the AIHW national morbidity and mortality datasets presents a wonderful opportunity for Turning Point to contribute and improve nationally consistent data on ambulance attendances to inform effective public health responses and help save lives.

**A HEALTH RESPONSE TO PUBLIC DRUNKENNESS**

With funding from the Department of Health and Human Services, researchers from Turning Point, Monash University and La Trobe University have explored the experiences and needs of people affected by Victorian State public drunkenness laws.

The project supports the State Government’s commitment to decriminalising public drunkenness and to developing and implementing a public health response.

The team, led by Dr Michael Savic, conducted qualitative interviews and focus groups with people affected by Victorian public drunkenness laws. While participants cited typically negative experiences of law enforcement responses to public drunkenness, they believed public health responses, such as transport, mobile outreach services, safe spaces and the provisions of further support would be valuable.

Dr Michael Savic said, “As public drunkenness occurs in various contexts and relates to people with diverse life circumstances, offering a range of responses that are tailored to the needs of individuals is important.”

Participants felt that responses to public drunkenness should be carried out in a caring and compassionate way regardless of who it is that is providing the care. “Particular care must be taken to ensure that responses take gender and culture into account and are appropriate to the needs of people who are often marginalised,’ said Dr Savic. “However, it is also important to develop communitywide responses such as education and stigma reduction activities, because the ‘public’ nature of ‘public drunkenness’ creates conditions in which any member of the community could be a first responder.”

The project team has delivered recommendations from the findings of the study to the Victorian Government’s Expert Reference Group, which provides advice about decriminalisation and the development of the public health response.

**POSITIVE EXPERIENCES OF TELEPHONE-DELIVERED INTERVENTIONS**

A study by Turning Point and Monash University found that Australians with alcohol use problems report positive experiences of receiving structured psychological interventions by telephone.

Turning Point’s Ready2Change (R2C) program is a telephone-delivered intervention for people with alcohol use problems that offers new opportunities to engage in treatment not typically offered in traditional alcohol and other drug (AOD) treatment settings.

The unprecedented surge in the adoption of telephone and online treatment due to the COVID-19 pandemic has seen the removal of many perceived barriers to its use, highlighting a need to understand how people experience treatment offered in this way.

The qualitative study examined the experiences of 35 participants with mild-to-moderate alcohol use disorder, who engaged in R2C for up to six sessions with the same psychologist.

“The flexibility of the program in providing tailored treatment that met their own treatment needs and goals was essential in facilitating this reduction. Many also reported being able to develop a strong rapport with their psychologist despite counselling being provided via telephone.”

As described by one participant: “I felt very relaxed… like I was talking to a friend but over the phone. I could be open and honest, and I didn’t have to avoid someone’s gaze… It just felt a little bit easier.”

There are many barriers to people seeking help for alcohol use problems, including stigma, time constraints and privacy concerns. Telephone-delivered models of care offer a convenient, cost effective way to treat people with alcohol use problems and provides them with a greater sense of privacy and anonymity.

The study identified several clear advantages of the R2C program, including participants not having to travel to receive treatment, which was particularly important for those living in regional areas, and being able to participate in treatment at times convenient to them, outside of traditional service hours. One participant said, “All you have to find in your day is an hour; you don’t have to add all the travelling time.” Not having to participate in face-to-face counselling sessions was also perceived as an advantage, enabling participants to feel more comfortable when speaking about their alcohol use.

R2C is a well-received intervention that provides opportunities for treatment that are not currently available through traditional services. It also presents a scalable solution that can be readily implemented into existing telephone helpline services, with the potential to reach large populations and thus, encourage help-seeking

**NAXALONE AND PRESCRIPTION OPIOIDS FOR CHRONIC PAIN**

Overdose and drug-related deaths are often attributed to illicit drug use, such as heroin and crystal methamphetamine (ice), making them the focal point of prevention and education strategies. Yet over the past two decades, there has been a dramatic rise in the number of deaths worldwide from prescription opioid use.

A study by Turning Point, in collaboration with the Pharmaceutical Society of Australia and the Monash Addiction Research Centre, and funded by the Department of Health and Human Services (DHHS), reviewed existing training materials for pharmacists and found a lack of resources available to support them in engaging with patients who are prescribed opioids for chronic pain about overdose prevention.

Researchers interviewed people prescribed opioids for chronic pain and pharmacists who dispensed them and discovered there was no consistent understanding of the term ‘overdose’, meaning that existing communication approaches were likely to be ineffective.

“People we spoke to had different views about what prescription opioid overdose is,” said Dr Michael Savic, Strategic Lead of Clinical and Social Research at Turning Point.

“While people commonly understood overdose as taking too much, they were typically unaware of a range of other factors, such as interactions with other drugs or changes in health that can also play a role in overdose.”

Pharmaceutical opioids commonly prescribed for chronic pain include codeine, oxycodone and tapentadol. However, many patients prescribed opioids are unaware of the role of naloxone – a drug used to reverse the effects of opioids. Most pharmacists had also never offered naloxone to patients prescribed opioids for pain, citing overdose as a sensitive topic and low priority and a lack of tools available to support conversations with patients about its use.

These findings led to the development of a range of resources for both pharmacists and patients to encourage conversations on opioid safety. The materials include a poster, a quick-reference leaflet and animations.

“Given the barriers to discussing naloxone with patients, we have designed the materials so that patients feel empowered to discuss and plan for opioid safety with their pharmacist, and pharmacists feel confident to talk about opioid safety in a sensitive way and can tailor discussions depending on the patient’s needs and preferences ,” said Dr Savic.

The new materials are an important tool in educating pharmacists and patients on the use of naloxone for pharmaceutical opioids, and as part of a broader solution to reduce opioid-related deaths.

**REDUCING ALCOHOL USE THROUGH BRAIN-TRAINING**

A recent study by researchers from Turning Point, Monash University and Deakin University has shown that a novel form of computerised brain-training called Cognitive Bias Modification (CBM) can significantly reduce relapse following discharge from inpatient alcohol withdrawal treatment.

For people that drink regularly, alcohol cues such as places, sights, smells, and social situations that remind us of drinking, subconsciously capture attention and drive impulses to drink alcohol. This is what is known as a ‘cognitive bias’. Fortunately, cognitive bias modification (CBM) can reverse this tendency to automatically notice and respond to alcohol cues, and in this way help people to maintain abstinence.

Following a successful pilot trial in 2016, researchers secured funding for a three-year NHMRC-funded trial, conducted with 300 people attending residential alcohol withdrawal at Turning Point, Windana, De Paul House or Monash Health. Patients completed four 15-minute CBM sessions where they repeatedly pushedaway images of alcohol and approached images of soft drinks. The results showed that four sessions reduced early relapse by 17 percent relative to a control group who received a non-CBM version of the training.

Head of Research and Workforce Development at Turning Point, Associate Professor Victoria Manning, says the results, published in JAMA Psychiatry, are encouraging and shows that having CBM routinely offered in inpatient detox settings could help improve client outcomes.

“If we can help clients discharged from inpatient withdrawal maintain their abstinence or reduced drinking, then they are more likely to engage in and benefit from psychosocial interventions that enable people to achieve their longer-term treatment goals.

As a result of the study, the team has developed and is now trialling a world-first personalised CBM app called “SWiPE” where people can upload alcoholic beverages or brands they wish to train their subconscious brain to avoid, while at the same time ‘approaching’ images of more positive, healthier activities they want to do more of.

“We know only a small percentage of people with alcohol problems seek treatment, therefore having low-cost, scalable, evidence-based interventions available outside of traditional treatment settings will mean more people have access to convenient, easy to use and cost effective support tools.

**QUITTING OR REDUCING SMOKING IMPROVES ALCOHOL AND DRUG OUTCOMES**

A study conducted by Turning Point, Monash University and the National Drug Research Institute has found that people who stop smoking are more likely to experience reductions in substance use when seeking treatment for addiction.

Researchers found a 30 percent increase in treatment success amongst those who successfully quit smoking at 12-months and a 21 percent decrease in the severity of drug or alcohol dependence.

Approximately 84 percent of people who seek treatment for addiction also smoke, with cigarettes often triggering alcohol or drug use. However, current addiction treatment often overlooks the need for smoking cessation support to be incorporated into treatment plans.

“The findings contradict the ‘conventional wisdom’ that quitting smoking at the same time as other substances will worsen clients’ treatment outcomes,” says Hugh Piercy, from the Clinical and Social Research team, who analysed the findings from the ‘Patient Pathway’ study.

This is despite the fact that the majority of smokers seeking treatment for drug or alcohol problems expressed concerns about their cigarette use and indicated a desire to quit. Researchers conducted interviews with 559 participants at the commencement of the study, and 377 at 12-months, and assessed participants’ alcohol and drug use over a 30-day period.

While only a small number of participants were successful in actually quitting smoking, the study is consistent with previous research that suggests quitting smoking is associated with improved outcomes in addiction treatment.

“There are the obvious health benefits that come with quitting smoking, which may drive people to want to reduce their substance use and dependence, and when you eliminate triggers like cigarettes it can help reduce the urge to simultaneously drink or take drugs,” said Hugh.

Smokers in alcohol and drug treatment are more likely to die from smoking-related diseases than those related to their primary drug of concern. Given the improved treatment outcomes observed among those who quit smoking, smoking cessation support should be widely promoted in addiction treatment settings.

Following on from a successful pilot study conducted at our residential withdrawal services, Turning Point is currently conducting a large randomised controlled trial, led by our research partners at the University of Newcastle and funded by the NHMRC, to explore the effectiveness of vaporised nicotine products compared to nicotine replacement therapy following detox.

**SUPPORTING THE WORKFORCE**

The Workforce Development team continued to offer leading edge, mental health and addiction related education programs to clinicians and health professionals more broadly. This includes single day training events, short courses, nationally accredited competencies from the alcohol and other drug (AOD) skill set and higher education awards.

The suite of courses on offer caters for the immediate learning needs of new entrants to our sector as well as providing opportunities for more experienced staff to increase their skills by undertaking more advanced courses.

Through their involvement in coordinating the Change Agent Network, a key AOD leadership development program, funded by the Department of Health and Human Services, the team provide additional support to senior leaders in the AOD sector.

Having been active in the delivery of online education for over a decade, the team were able to respond rapidly to the COVID-19 pandemic and have successfully transferred almost all of their courses to online learning. This includes not only the courses targeted to support AOD workers but also family members participating in our BreakThrough family drug education program.

**CHANGES TO THE MASTER PROGRAM**

In 2014, Turning Point, in collaboration with Monash University, enrolled 12 students into a new online course, the Master of Addictive Behaviours. This course has now seen over 150 students commence studies in this academic discipline. These students have come from backgrounds as diverse as psychiatry, psychology, social work, nursing, public health, community and youth work.

To meet the needs of the broader workforce, 2021 marks the expansion of this program into three distinct courses - a Graduate Certificate of Addictive Behaviours, a Graduate Diploma of Addictive Behaviours and the existing Master of Addictive Behaviours.

Master of Addictive Behaviours Enrolments 2014-2020

2014: 12

2015: 20

2016: 19

2017: 24

2018: 45

2019: 67

2020: 58

The course offered by Monash University and Turning Point represents an ideal partnership between industry and education. Students receive an effective and relevant education which is supported by the clinical and research expertise of Turning Point and its national and international partners.

The use of international experts for guest lectures is an important component of the online course delivery that provides flexibility for working students. These guest lectures are well received by students and are one of the reasons for the success of the course.

Over the next seven years, Turning Point aims to cement its position as the premier provider of Higher Education in addiction to the medical and allied health sectors. In addition to continued growth in the domestic market, these courses will be available internationally.

Student feedback:

“I loved that we started off discussing the different definitions of addiction and different treatment modalities. From there through to public policy, harm minimisation and harm reduction strategies and writing a paper every four weeks on a topic that was new to me.”

“It’s opened my eyes to the different ways of looking at addiction and it feels very practical to my work.” “I benefited from the online discussion forums. As a shy student in my previous course I was hesitant to speak up in tutorials but online I felt that barrier was totally broken down.”

“A real strength of the program was having a different lecturer each week showing their expertise in each area. An added bonus was the flexibility of the course.”

“I undertook the research stream and my supervisor was massively supportive, he helped me through the entire project even assisting me with getting it published. The level of support was second to none and couldn’t be improved.”

“I really enjoyed the interdisciplinary nature of the course.”

“I benefited from the online discussion forums. As a shy student in my previous course I was hesitant to speak up in tutorials but online I felt that barrier was totally broken down.”

**BREAKTHROUGH**

Since 2015, BreakThrough has helped families throughout Victoria better understand drug use, improve their communication and wellbeing, and access appropriate support networks. With funding from the Department of Health and Human Services, this unique program has reached thousands of people in face-to-face and online settings.

Throughout the pandemic, facilitators Anna Guthrie from Turning Point and Nikki Scarlett and Glenn Hunter from Family Drug Help, have run weekly online sessions that have been well attended by families throughout Victoria and beyond, including places as far away as Ireland and Myanmar.

The feedback has been very positive. Examples include:

“It is so nice to speak and listen to others who are in a similar situation. I find certain friends and family don’t really understand, which is frustrating especially during those times when I feel like I am trying to deal with my loved one on my own.”

“Zoom meetings have opened up so many different avenues for us that we never thought possible, especially for people in remote areas and for people who are new to the meetings to keep themselves private as it’s all very raw at the beginning when you’re reaching out for help.”

Achievements

Supported over 6,000 BreakThrough participants.

98% of participants say they would recommend the program to other people with similar concerns.

75% of participants say they have increased confidence about getting help after attending BreakThrough.

Highly successful transition from face-to-face to online delivery during COVID-19 with a 159% increase in attendance rates.

Given the overwhelmingly positive feedback from families about their experience of attending BreakThrough, facilitators will continue to run online sessions in 2021 in order to reach people in rural and regional Victoria who may otherwise be unable to attend face-to-face sessions.

**ONLINE COMMUNICATIONS**

Turning Point continues to grow its internet and social media presence.

Social Media forms a key part of Turning Point’s engagement with its partners and the broader community.

Key aims of this activity are to:

facilitate increased client engagement and provide a safe space for people seeking help;

reduce stigma for people affected by gambling, alcohol and other drugs; and

promote the latest research insights, best practice approaches and education opportunities

11,615 followers across its programs platforms including Twitter, Facebook and Instagram.

Rethink Addiction

Turning Point launches Rethink Addiction campaign

We have launched and are one of the many organisations involved in the campaign to #RethinkAddiction. Find out more about how the campaign is changing the conversation about addiction and calling for an improved national response.

[www.rethinkaddiction.org.au](http://www.rethinkaddiction.org.au)

**HELPLINE SERVICES**

Alcohol and Drug Helpline Services

Dental Practitioner Support 1800 377 700

DirectLine Victoria 1800 888 236

Ice Advice Line 1800 423 238

Northern Territory Alcohol and Drug Information Service 1800 131 350

Tasmanian Alcohol and Drug Information Service 1800 811 994

Victorian Drug Diversion Advice Line 03 9418 1030 (Police Only)

Victoria Police e-Referral Program

Family Drug Helpline 1300 660 068 (after hours)

Online Counselling and Support Services

Counselling Online (national) [www.counsellingonline.org.au](http://www.counsellingonline.org.au)

Gambling Help Online (national) [www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au)

SANE Forums www.sane.org (after hours forum moderation)

DirectLine Online Counselling Victoria [www.directline.org.au](http://www.directline.org.au)

Professional Consultation Services

Nurse and Midwife Support 1800 667 877

www.nmsupport.org.au GP Clinical Advisory Service 1800 812 804

Safescript Pharmaceutical Helpline 1800 737 233

Victorian Drug and Alcohol Clinical Advisory Service 1800 812 804

Tasmanian Drug and Alcohol Clinical Advisory Service 1800 630 093

Northern Territory Drug and Alcohol Clinical Advisory Service 1800 111 092

ACT Drug and Alcohol Clinical Advisory Service 03 9418 1082

Gambling Helpline Services

Gambler’s Helpline Victoria 1800 858 858

Gambling Helpline NSW 1800 858 858

Gambling Helpline Tasmania 1800 858 858

Gambling Helpline Northern Territory 1800 858 858 (after hours)

Gambling Helpline South Australia 1800 858 858

Gambler’s Help Youth Line Victoria 1800 262 376

Warruwi Gambling Help 1800 752 948

Information websites

AODstats [www.aodstats.org.au](http://www.aodstats.org.au)

DirectLine [www.directline.org.au](http://www.directline.org.au)

Drug and Alcohol Clinical Advisory Service (DACAS) [www.dacas.org.au](http://www.dacas.org.au)

**PARTNERSHIPS**

Each year, Turning Point works with a range of organisations across the alcohol and other drug sector, the gambling help sector, the broader healthcare community, government and academia.

The collaborative relationships we share with our partners are invaluable and we are extremely grateful to them for their assistance, whether it is through funding, project participation, advice or support.

Below is a list of organisations that Turning Point has been fortunate to work with in 2020.

ACSO-COATS

Access Health & Community

ACT Ambulance Service

ACT Health

Albert Road Clinic

Alcohol and Drug Foundation

Alcohol Office

NSW Health Alcohol Research Group Emeryville, California, USA

Alfred Health

Ambulance Tasmania

Ambulance Victoria

Amity Services Northern Territory

Area 4 Pharmacotherapy Network

Association of Participating Service Users

Auckland University

Aurelius Australian Catholic University

Australasian Chapter of Addiction Medicine

Australian Community Support Organisation

Australian Health Practitioner Regulation Authority

Australian Injury Prevention Network

Australian Institute of Family Studies

Australian Institute of Health and Welfare

Australian National University

Australian Rechabite Foundation

Australian Research Council

Australasian Vital Statistics Interest Group

Ballarat Community Health Centre

Banyule Community Health Service

Barwon Health

Barwon Youth

Bendigo Community Health

beyondblue

Blackfella Films

Bouverie Centre

Breast Screen Victoria

Burnet Institute

Camurus

Cancer Council Victoria

Caraniche

Catholic Care

Centre for Addiction and Mental Health, Toronto, Canada

Centre for Health Initiative, University of Wollongong

Centre for Youth Substance Abuse Research, University of Queensland

Commonwealth Department of Health

Chisholm TAFE

City of Melbourne

City of Port Phillip

City of Stonnington

City of Whittlesea

City of Yarra

Curtin University

Dandenong Drug Court

Dandenong Magistrates Court

Deakin University

Defence Health

Dental Board of Australia

Department of Communities, Queensland

Department of Health and Human Services, Tasmania

Department of Health and Human Services, Victoria

Department of Health, Commonwealth

Department of Health, Northern Territory

Department of Justice, Victoria

Drummond Street Services

EACH

Eastern Health Foundation

Eastern Melbourne PHN

Eastern Domestic Violence Service (EDVOS)

Families Australia

Flinders University

Florey Institute of Neuroscience and Mental Health

Gateway Community Health

Gay and Lesbian Health Victoria

Google

Harvard University Medical School

Inspiro Community Health Service

Institute for Culture and Society, University of Western Sydney

Institute for Social Science Research, University of Queensland

IPC Health

Jamison Trauma Institute

Jesuit Social Services

Knox Community Health Service

La Trobe University

Latrobe Valley Community Health Service

Leadership Victoria

Link Health & Community

Logan House (Queensland)

Malvern Private Hospital

Melbourne School of Population and Global Health, University of Melbourne

Mental Health Professionals Network

Menzies Institute

Monash Alfred Injury Network

Monash Health

Monash University

Movember

National Centre for Clinical Research on Emerging Drugs (NCCRED)

National Drug and Alcohol Research Centre, University of New South Wales

National Drug Research Institute, Curtin University

National Health and Medical Research Council

National Research Centre for Environmental Toxicology, University of Queensland

Networking Health Victoria

New York State Psychiatric Institute

North Richmond Community Health

NSW Ambulance Service

NSW Department of Justice

NSW Health

Ngwala Willumbong Aboriginal Corporation

Nursing & Midwifery Health Program Victoria

Nursing and Midwifery Board of Australia

Odyssey House

Orygen Youth Health

Penington Institute

Peninsula Drug and Alcohol Program

Peninsula Health

Pharmaceutical Society of Australia

Queensland Ambulance Service

Radboud University, Netherlands

RMIT University

Royal Australasian College of Physicians

Royal Australasian College of General Practitioners

Royal Australian and New Zealand College of Psychiatrists

SalvoCare Eastern

SANE

San Francisco VA Health Care System

Self Help Addiction Resource Centre

SMART Recovery International

SMART Recovery Australia

South Australian Ambulance Service

South Australian Office of Problem Gambling

South City Clinic

South East Alcohol and Drug Service

St John’s Ambulance, Northern Territory

St Vincent’s Hospital, Melbourne

Star Health (formerly Inner South CHS)

Stepping Up

Taskforce

The Salvation Army

Unity Care ReGen

University of Amsterdam, Netherlands

University of California, San Francisco

University of Calgary, Canada

University of Melbourne

University of Michigan

University of Newcastle

University of New England

University of New South Wales

University of Oregon, USA

University of Queensland

University of Sydney

University of Tasmania

University of Waikato, New Zealand

University of Washington

University of Western Sydney

University of Wollongong

University of Sydney

University of Tasmania

VicHealth

Victoria Police

Victoria University

Victorian Aboriginal Community Controlled Health Organisation

Victorian Alcohol and Drug Association

Victorian Auditor General’s Office

Victorian Coroner’s Court

Victorian Responsible Gambling Foundation

Victorian Serious Trauma Registry (VSTR)

Western Health

Western Sydney University

Windana

Women’s Alcohol and Drug Services World Health Organisation

Youth Support and Advocacy Service