



# WORKER-LED REHABILITATION, OUTPATIENT AND OUTREACH SERVICE

The Crossing



## STATEMENT FROM AFFILIATED TRADE UNIONS

One in Five Australians will grapple with risky addiction in their lifetime with an estimated 3,600 Victorians on public waiting lists everyday. The Andrews' Labor Government must be applauded for its courageous efforts in more than doubling the amount of public rehabilitation beds across the State. However, even with this significant investment far too many are still being left behind.

The chronic underfunding of the alcohol and other drugs sector is amplified for working people and their families. Approximately 98% of rehabilitation offered in Victoria are in the private sector and without stringent regulation. Far too often, trade unions are confronted with the stark reality of what working people and their families are forced to go through when trying to access this critical healthcare.

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

The lack of diversity in bed stock, particularly in terms of proposed length of rehabilitation stay renders the majority of the Victorian services inaccessible for working people as they simply cannot afford to attend treatment for months without risk to their employment, nor can they afford the exorbitant fees attached to the private sector beds. It is proven that addiction is a chronic health condition, meaning that oftentimes people require multiple attempts at beating their addiction. It is urgent that we implement more services specifically tailored to the unique requirements of working people and their families.

It is clear that the current system of treatment requires fresh ideas and methodologies of providing suitable treatment to working people and their families and funding models that works both for patients, employers and the government with the view of easing the burden on community, working class people and the government's purse strings. For this reason we are proposing a tri-partisan collaboration for a 28-day inpatient treatment facility funded by the trade union movement and business after an initial investment from the Andrews' Labor Government coupled with an establishment of an outreach and outpatient service, inclusive of toolbox talks for delegates, health and safety representatives, organisers and working people from all sectors with the support of trade unions, employers and the government.

The Covid-19 pandemic has further exacerbated this issue and has highlighted the desperate need for a such a service.

This program will help break the stigma of seeking assistance for issues of addiction and together with early intervention will ensure working class people may receive treatment before they have hit rock bottom losing family, friends, housing, and their employment, keeping them connected and productive members of the community and the workforce. In line with our trade union values, we have committed to dedicating a percentage of our bedstock to the most disadvantaged in our community.

In acknowledgement of the critical skills shortages in Victoria, we have committed to making our service a graduate hub to ensure that new AOD workers are receiving well-supported training and we will write an Enterprise Agreement for our service with the ASU to bolster wages and conditions across the sector. Our long-term funding model will ensure that our service will not impede upon public alcohol and other drugs services and will be held to the highest standard of compliance.

A 28-day inpatient treatment facility, complete with outpatient, outreach, relapse prevention, crisis response and on-site boots on the ground support and training for working people, their families and friends, employers and representatives will ensure that there is a collective, coordinated and best practice response to tackling the negative impacts of prolonged addiction. For us, the statistics are damning and require an urgent response.

But ultimately, like the Andrews' Labor government, we do not see numbers on a spreadsheet. Each member who tackles addiction is a story of hope. We need innovative, sophisticated solutions to complex issues such as addiction and we know that we have the most cost-effective, fit-for purpose model for working Victorians to ease the burden on our already overcrowded healthcare system.

But we cannot do this without you. We simply can't. And we can't do this without each other.

Welcome to The Crossing.

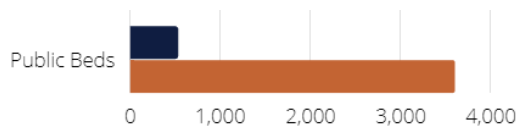
In solidarity



# THE CROSSING



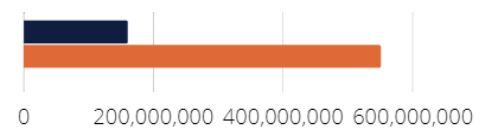
## FAST FACTS



In Victoria we have approximately 532 State-funded beds with 3600 on public waiting lists each day.



1 in 5 Australians will grapple with risky addiction in their lifetime



The total AOD investment in Australia is approximately \$1.6 billion. These settings cost Australians \$55 billion annually.

## SOLUTION

- Provide free 28-day inpatient treatment for working Victorians and their families with the support of Odyssey House, Employers and Trade Unions.
- Provide weekly relapse prevention for working Victorians and their families.
- Provide comprehensive outreach support for working Victorians.
- Provide fit for purpose toolbox talks to give working Victorians training and education on suicide prevention and alcohol, drug and gambling support.
- Provide training to working Victorians and the tools to assist their workmates with mental health and addiction issues.
- Provide critical incident response capability for all Victorian workplaces.
- Provide a space for new graduates in alcohol and other drugs, mental health and lived experience to enter the workforce.

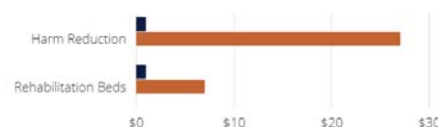
## ASK

- Crown land to build or repurpose an existing site to open a rehabilitation, outpatient and outreach service for working Victorians and their families at 160 Gordon Street Footscray OR another vacant site close to a public hospital.
- Seed funding of \$10 million.

## BENEFITS

- Working Victorians are mostly unable to access treatment services as they are inaccessible due to cost or time required to be admitted.
- A stronger workforce education across all sectors in mental health and issues of addiction. Currently it takes an average of 20 years for someone to seek assistance with addiction due to shame and stigma. This will go a long way to reducing alcohol, drug and gambling related harms as we can assist members earlier.
- As the funding may be generated by clauses in Enterprise Agreements, raising trade union membership fees and fundraising partnerships with superannuation and income protection funds, this will mean that working Victorians will be able to access treatment without fear of losing their employment.
- This will amplify the Royal Commission into Mental Health's recommendation that Victoria must begin to initiate measures that promote "Mentally Healthy Workplaces" as we will be giving working Victorians and Employers the tools to achieve this.
- These beds will be counted as part of the public bedstock and we will commit to allocating 10% of our stock to the most vulnerable Victorians.

For every \$1 invested in treatment, the community saves \$7 and for every \$1 invested in harm reduction, the community saves \$27.



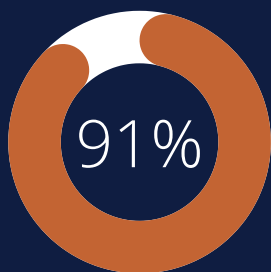
# THE SUCCESS OF FOUNDATION HOUSE



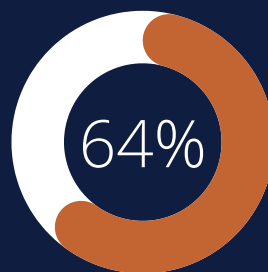
Thirty-two Victorian branches of unions in partnership with Odyssey House are proposing to open a 28-day inpatient, outpatient and outreach service to assist union members and their families overcome risky addiction to alcohol, illicit drugs, prescription drugs and gambling based on the successful Foundation House model in New South Wales, which will be called "The Crossing". In line with our trade union values, we will dedicate 10% of our bed stock to some of the most disadvantaged members of our community.

The Crossing will include continuous outpatient support for members and their families and will include mental health and suicide prevention for members, health and safety representatives, delegates and organisers in suicide prevention and addiction and harm reduction training, with 24-hour, 7 days a week support to ensure that members receive real-time, on the ground assistance quickly and with the support of their union and employer.

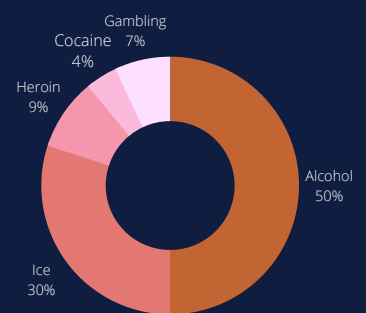
Foundation House was initiated 20 years ago by a single union. This was in response to high rates of members dealing with serious mental health conditions and co-occurring instances of addiction to substances. The New South Wales government gave the union a peppercorn lease with the agreement being that the building and surrounds must be used for the purposes of rehabilitation of members and their families.



COMPLETION RATE OF INPATIENT TREATMENT



REFERRALS BY MEMBERS FROM SHOP FLOOR TO TREATMENT



PRINCIPLE DRUG OF CONCERN UPON PRESENTATION

# IN-PATIENT TREATMENT



The proposed Crossing model in partnership with Odyssey House in consultation with the Victorian trade union movement will design and replicate a 28-day residential rehabilitation program that is fit for purpose and responsive to the needs of working people to ensure that they can stay employed while receiving treatment. The program will be focused on outcomes, working to evidence-based best practice to ensure that clients are able to return to work with the best possible support. Our service will be focused on helping clients to re-establish their life foundations so they can go on to lead productive, happy and fulfilled lives, with the care they need.

The Crossing will look at more than just the addiction.

Individual treatment plans will be created and implemented featuring group work, specialised individual counseling, case management, family therapy and self-help meetings are all central to the program.

The Crossing will also look at all contributing issues including medical, financial, family and friend support and mental health. Factors such as their health or mental health, and should they need referrals etc.

The Crossing will offer best-practice treatment methods and combine them with life skills support, social and recovery capital, peer conversations and even family support services. Aftercare and relapse prevention is the next phase after the 28day rehabilitation program to support re-entry into the workforce and prevent relapse.



Consultation roundtables and discussions have been conducted with VAADA, Odyssey House, Windana, Turning Point, Harm Reduction Victoria, SHARC, and a range of public health advocates.

# OUTPATIENT SUPPORT



The Crossing will operate a full suite of outpatient drug, alcohol and gambling services and group therapy for clients who aren't otherwise suited or ready for the 28-day residential rehabilitation service.

These programs will provide effective support for members and their families to engage in treatment options, inclusive of harm minimisation or abstinence.

Participants will receive a comprehensive assessment which forms the framework of an individualised treatment plan, along with a range of support spanning skills development, counselling and addiction recovery strategies, designed to achieve the persons treatment goals.

We will also establish a Problem Gambling Group which will be open to the general public. The group will work with clients to identify problem-gambling and associated or underlying problems, and will provide support and strategies for the participants.

# FAMILY SUPPORT



It is widely recognised that drug, alcohol and gambling addictions does have an effect on families and loved ones. For this reason, we will work with our clients' families and partners, if they require, to give them support strategies and coping skills. As a family inclusive service, our professional counsellors will provide family members and partners with the support and skills they need to support their loved one who is undergoing rehabilitation.



*"The trade union movement in Victoria have fought hard to get a rehabilitation service and there is a model in Sydney called Foundation House where they provide 28-day residential rehab services for their members and I know in Victoria unions are talking about that with many members of this house"*

*Steve McGhie MP  
Member for Melton*



# RELAPSE PREVENTION



A major part of the success of the model is the evening Relapse Prevention Barbecue. This measure is key to creating community for members to ensure that their recovery is supported, particularly when they have returned to the workplace.

Relapse prevention is the central strength of the planned program. Integral to the program's success is community connection, where peers support each other, and it's where the real-life, every day support comes from, to connect and improve the health and wellbeing of all members.

Relapse prevention model creates a true sense of community that flows through the homes, communities and workplaces for the members, and re-connects them with their peers when they feel alone. These groups show that recovery is possible and create real-world recovery capital.

Relapse prevention programs will be specifically for clients and ex-clients. Held weekly, they begin with a casual peer support barbecue dinner, followed by an in-house relapse prevention group that helps clients to develop strategies to deal with issues that may contribute to relapse.

The Foundation House team highly recommends the relapse prevention groups. It shows, on a real personal level, that a better life is achievable and promotes recovery capital which is essential for improving health and wellbeing.



# WORKPLACE ALCOHOL, DRUGS, GAMBLING AND HARM REDUCTION PROGRAM



The Crossing will offer a Workplace Education and Training Program that supports both employers, employees and workplace representatives to improve safety on worksites. Modelled on the Foundation House program, the training will offer harm reduction and alcohol and other drug and gambling training as well as information to inform workers of their available treatment options without judgement.

Access to treatment programs is limited due to long waiting lists and an overstretched health system. It is therefore imperative that all sectors are afforded the opportunity to undertake this training, particularly as the State grapples with the knock-on effects of the Covid-19 pandemic. It is our view that the training should be available to all workplaces on the request of the workforce, a Designated Working Group, a delegate, an organiser or the employer.

The workplace program will:

- Increase worker awareness of health and safety issues related to the use of alcohol and drugs in the workplace.
- Information about referring workers with addiction problems to The Crossing.
- Educating site staff, workers and management on suicide prevention and mental health de-escalation techniques.
- The basic principles of harm reduction.

As per Foundation House's example, The Crossing in partnership with Odyssey House, SHARC and Harm Reduction Victoria will write a Worksafe aligned Training Package that can be delivered by Health and Safety Representatives or Occupational Health and Safety Managers.

The Training Package will include:

- A comprehensive Training Package that supports anyone who is responsible for maintaining safety standards, preventing accidents, or is concerned with drug and alcohol problems in their workplace.
- Trainers guide and speaker notes, with suggested timing
- Recognise cultural, health and occupational and safety factors influencing drug and alcohol use and mental health incidents.
- Safety Committee members and other key industry personnel should be able to immediately respond to a worker dangerously affected by alcohol or drugs by removing the worker from the workplace
- Raise awareness of their own attitudes and prejudices to drug and alcohol use
- Raise awareness of options for referral and assistance for workers with drug and alcohol problems
- 

This Training Program will be created to support both workers and managers and inform everyone at all levels in a workplace where they can go for help.



# MENTAL HEALTH AND SUICIDE PREVENTION TRAINING



The Foundo Blue Program which is modelled on the highly successful Victorian CFMEU and Incolink Blue Hats program, will be replicated at The Crossing which will deliver a program to raise awareness, encourage engagement, provide links to supports, promote group support networks and advocate for self-care across the Victorian workforce. This program aims to deliver mental health trained health and safety representatives in **all** Victorian workplaces. This will be a critical workplace intervention that will assist in reducing the levels of addiction and mental ill health.

The program will be focused on mental health wellness, suicide prevention and building confidence in supporting help seeking behaviour from within the workplace.

This training will be strategically targeted to meet the holistic mental health needs of sectors and will accomplish this with respect, compassion and authenticity.

As our service will cover a wide range of sectors, the training will differ for:

- The Emergency Services and Health and Community Services Workforces
- The Trades and Manufacturing Workforces
- The Education and Training Workforces
- The Professional and Service Workforces
- The Transport Workforces

The Crossing will create the basis of the training in consultation with Odyssey House, Harm Reduction Victoria, SHARC and will work with Turning Point to create the trauma informed care package. All iterations of the training will be created in consultation with the relevant trade unions, Employers and Worksafe.

The program will include:

- **General Awareness Training:** A one hour session with no more than 30 participants with two facilitators to ensure safety for anyone who may be triggered by the content.
- **Crossing Mental Health HSR Training:** One day workshop, inclusive of mental health wellness, AOD, gambling, suicide prevention training, self-care and support linkages. Provided in groups of 16 with two facilitators.
- **Counselling Assistance and Support:** a 24 hour, 7 day a week phone support service at The Crossing. Inclusive of quarterly feedback and professional development and direct linkage to mental health and alcohol and other drugs professionals into the workplace.
- **Critical Incident Response:** A requested onsite presence from the Crossing House team providing 24-28 hour post incident groups. Inclusive of follow-up groups 7 days and 28 days post incident providing ongoing support.



15<sup>th</sup> November, 2021

To whom it may concern,

**Regarding the proposed AOD Residential Rehabilitation Program for Union Members**

I write in relation to the proposal to develop a new Alcohol and Other Drug (AOD) residential rehabilitation program in Victoria, specifically for and supported by Union members.

I can confirm that Odyssey House Victoria has agreed in principle to support this proposal, on the understanding that:

- the proposed program aims to ensure that working people have faster and affordable access to residential alcohol and other drug rehabilitation, taking the pressure off the public system,
- this will assist in preventing people losing their jobs, or withdrawing their superannuation on compassionate grounds, or taking out loans/re-mortgaging their houses in order to receive the treatment they need,
- it has received support from more than 32 Victorian branches of trade unions representing a range of industries,
- employers will welcome and support this initiative as it will enhance employee wellbeing and reduce lost productivity and absences due to AOD use,
- the proposal seeks support from the Victorian Government to acquire appropriate land, and provide capital and establishment funding
- operational funding would be obtained predominantly through a levy/fee charged to union members,
- Odyssey House Victoria would auspice the first program, and that other organisations (who also have expertise in providing AOD residential rehabilitation) may auspice additional programs at a later stage, should there be a need,
- we will work with unions to create an inclusive, secular, shorter program model that suits working people and their employers, and one that is different from other Odyssey House or publicly funded programs,
- we will ensure the program meets all the required standards and has high quality clinical governance and risk management processes in place to maximise the outcomes it supports,
- an advisory group comprised of union representatives, peak bodies, consumers and other stakeholders will be established to ensure a suitable model is established and refined over time to meet the needs of participants,
- we would support a model where “in house” withdrawal management (detoxification beds) are provided to ensure the program is very responsive to workers and that wait times are minimised
- we will take responsibility for workforce recruitment, development and retention,
- we will work with unions and employers to develop strong referral pathways into the program, and back into the workplace,
- once established, we will also seek to provide comprehensive preventative AOD training for delegates, organisers, and health and safety representatives, with links to Worksafe.



Head Office  
660 Bridge Road  
Richmond VIC 3121  
T: 03 9420 7600  
F: 03 9425 9537  
[www.odyssey.org.au](http://www.odyssey.org.au)  
[odyssey@odyssey.org.au](mailto:odyssey@odyssey.org.au)



28 Bonds Road  
Lower Plenty VIC 3093



1619 Kilfeera Road  
Molyullah  
PO Box 671  
Benalla VIC 3672



202 Nicholson Street  
Footscray VIC 3011



2 Market Road  
Werribee VIC 3030



455 Princes Highway  
Lucknow VIC 3875



25 Gordon Ave  
Geelong West VIC 3218



ABN: 11 005 583 960

Chief Patron: The Honourable Linda Dessau AC, Governor of Victoria

Board Members: J Macklin (Chair), D Bullard OBE (Deputy Chair), P Allen, R C Allsop OAM, G Bradley, D Broadbent, S Carter, E Doble, C Flintoff Phillips, Prof M Frederico AM, M Strong, L Turner





As the Chief Executive Officer, I have been involved in speaking with union representatives and attending workshops to discuss the proposed service, and I will ensure that resources from within Odyssey House are made available to provide direction and support to establish and operate this new service. Please free to contact me via email at [sgruenert@odyssey.org.au](mailto:sgruenert@odyssey.org.au) if you require any further information.

Yours sincerely,

Dr Stefan Gruenert  
CEO

### **Odyssey House Victoria**

Odyssey House Victoria is a state-wide, specialist treatment organisation dedicated to improving the lives of individuals who experience significant or long-term problems from alcohol and other drug use. For more than 40 years, we have worked holistically with the people who seek our support, contributing to prevention, and to offering support to family members, including children, affected by someone else's alcohol or other drug use.

Odyssey House Victoria's treatment, training and support services are committed to delivering accessible, best practice services for those affected by AOD issues. Each year, we provide AOD treatment and support to more than 16,000 Victorians through our community services and more than 700 people in our residential programs. In the last 12 months, we provided nationally accredited training courses such as the Cert IV and Diploma in Community Services (AOD and mental health) to more than 450 health professionals, as well as seminars and other training courses. We also delivered Drink and Drug Driving behaviour change and education programs to over 600 Victorians to enable them to get their driving licenses back.

Odyssey House Victoria has been a national leader in the AOD sector since its inception and has driven many policy and practice change initiatives across Australia. We have a strong track record of working in partnership with consumers, the Victorian Government, and many other stakeholders to co-design and evaluate new programs that lead to sustainable health and wellbeing outcomes. We lead and are members of several long-standing consortiums, for mutual benefit and enhanced client outcomes.

Odyssey House Victoria was instrumental in establishing a national peak body for residential services in Australia to support, develop and resource service delivery through the Australasian Therapeutic Communities Association, and were one of the first services to be accredited to their national standards. We continue to be active participants at the Board level of many other peak bodies including the Victorian Council of Social Service, the Victorian Alcohol and Other Drug Association, and the National AOD Coalition. In recognition of our achievements, we have received numerous awards including the 2017 Victorian Public Healthcare Award for Improving Indigenous Health and a 2021 Voice Project, Best Workplace Award.

Our residential programs are highly structured, with clear expectations and opportunities for meaningful work, recreation, peer support and therapeutic groups and interventions. A recent Deakin University study involving Odyssey House found that 68% of participants were free from any alcohol or drugs use 9-months following their resident treatment, with improved wellbeing. Those not achieving abstinence also had substantial reductions in drug use (Staiger, Likhaitzky et. al, 2020). Similarly, 59% of participants in our shorter-term program reported achieving abstinence following completion, with both studies having client response rates of greater than 90% at follow up, indicating a high level of reliability of their findings.

# FUNDING MODELS AND SOURCES OF INCOME



## Enterprise Agreement Clauses

- Won via rounding
- Won on the basis of Occupational Health and Safety
- Relapse prevention and on-site mental health and suicide prevention offered as standard with the clause for employers
- Cost cutting for employers by lowering the need to send members to private rehabilitation.

Extract from DELTA PTY LTD / CFMEU COLLECTIVE AGREEMENT 2019-2022 Building, metal and civil construction industries

### 11.9 Industry / Workers Welfare

- a) The Company will contribute \$3.00 per week for each Employee covered by this Agreement to the Construction Industry Drug and Alcohol Foundation (CIDAF), to assist with the provision of Employee drug and alcohol rehabilitation and treatment services.
- b) The weekly contributions are to be paid monthly and forwarded to CIDAF by the fourteenth (14) day of the following month. (i.e. January must be received by the 14 February).
- c) This will apply to all Employees of the Company.
- d) Upon lodgement of this Agreement the Company will contact CIDAF at [info@foundationshouse.net.au](mailto:info@foundationshouse.net.au) to make the necessary arrangements and confirm that this has been done to the Union Delegate.

## Raising Membership Fees

- A simpler option for trade unions that are not federated
- Fees to be raised proportionate with membership numbers.
- Example: Health and Community Services Union fees will rise by 20c per week raising \$120,000 annually.

- Predominantly raised by allied superannuation funds as per the arrangements in place at Foundation House.
- For example, CBUS funds the Construction Industry Awards Dinner at Darling Harbour each year with all proceeds going to Foundation House.
- This is a key fundraising event which brings in excess of over \$250,000 annually.
- The Victorian movement are keen to emulate such events and superannuation funds are willing to contribute to ensure that members are not withdrawing on compassionate grounds



# GOVERNING BODIES



“In an increasingly unequal Australia, life for many working people is a struggle. Taken initially to help assist the journey, psychoactive drugs can themselves become a major problem. But attractive and effective help is often hard to find. Victoria is quite right to explore treatment and harm reduction options for working people - Dr Alex Wodak AM



## FOUNDATION HOUSE GOVERNANCE

The board is comprised of the HSU, CFMEU, ETU, Coverforce, The Building Trades Group Drug and Alcohol Program, Construction Charitable Workforce and the executive staff.

The Board forms Construction Industry Drug and Alcohol Foundation which is where funds are distributed. This has been set up as a **separate, charitable entity**.



Brad Hazzard  
@BradHazzard

Privileged to meet the Foundation House professional and caring team assisting those with Drug and Alcohol addictions. Thanks to donors and sponsors who facilitate that support. Making a real difference .

[@HSUNSW](#) [@NSWHealth](#)



## THE CROSSING GOVERNANCE

The Crossing will comprise of two governing bodies, including independent oversight.



A clinical governance board comprising of the medical and allied health staff will run the day to day clinical matters in consultation with Odyssey House. This will also include input from delegates from Harm Reduction Victoria, SHARC and Turning Point.

The Victorian Trades and Labour Health and Wellness board will oversee the direction of the service to ensure that it is being delivered in line with our values and will tend to matters of compliance, culture and process.

A requirement will be in place for the clinical governance board to report on how many people have been treated and/or on waiting lists, how many worksites have been visited, legislative and compliance matters and updates on best practice care.

Slater&Gordon, Gordon Legal and Maurice Blackburn will provide independent legal advice as required with specialist input from Fiona McLeod AO SC.



485 La Trobe Street  
Melbourne VIC 3000

Fax: (03) 9600 0290

<http://www.slatergordon.com.au>

Correspondence to:

Practice Group Leader: Manisha Blencowe  
Associate: Adrian McMillan  
Legal Assistant: Lauren Batey

GPO Box 4864  
MELBOURNE VIC 3001

DX 229 MELBOURNE

Direct Ph: (03) 9602 6940

Email: [Lauren.Batey@slatergordon.com.au](mailto:Lauren.Batey@slatergordon.com.au)

Our Ref: M644516

12 November 2021

Stephanie Thuesen  
HACSU  
7 Grattan Street  
CARLTON VIC 3053

Dear Stephanie,

**Incorporation of proposed Foundation**

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Thank you for your instructions thus far in this matter. We are pleased to be involved in what appears to be an exciting and vital project that the Union is putting forward.

We confirm that Slater and Gordon has been retained to undertake the following work:

1. Draft constitution and regulations of proposed Incorporated Association;
2. Apply for incorporation through Consumer Affairs Victoria;
3. Apply for registration as a charity through the Australian Charities and Not-for-Profit Commission;
4. Apply for to be on the Deductible Gifts Register through the Australian Tax Office

If you require any further clarification from us as to the scope of work or would like us to expand the scope of work, please do not hesitate to contact me.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Adrian McMillan', written in a cursive style.

Adrian McMillan  
Associate  
**SLATER AND GORDON**

# CLINICAL, COMMUNITY AND GOVERNMENT CONSULTATION



“

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

*Dr Stefan Gruenert  
CEO Odyssey House*

”

- The Victorian Trade Unions have spent 18 months engaging with a range of stakeholders to initiate a service modelled on Foundation House but that is uniquely Victorian and responds directly to our workforces' needs, inclusive of harm reduction. This includes the peak body for alcohol and other drugs in Victoria, The Victorian Alcohol and Other Drug Association who has indicated that they would like our service to apply for membership.
- The Unions have met with the CEO of every major respected service delivery provider in Victoria including Dr Stefan Gruenert (Odyssey House), Anne-Marie Kaiser (Windana), Professor Dan Lubman (Turning Point), Sam Biondo (VAADA), Sione Crawford (Harm Reduction Victoria), Heather Pickard (SHARC) and have had 2 consultation round tables. This will continue through the duration of the project. Once this pilot is established, we will work towards opening another 3 in partnership with the public services including Turning Point and Windana - one that is trauma specific for first responders, a child friendly site and a regional site.
- In our commitment to amplify the public AOD sector, we have committed to working with Odyssey House and the members of VAADA to address the serious workforce shortage. We are confident that that we can work with Jobs Victoria to assist us in training new graduates in AOD and mental health with a specific focus on bringing women, youth, members from the CALD community and those with lived experience into the workforce. Odyssey House are already are registered training provider and we are keen to partner with Victoria University to assist.
- Discussions have also occurred with Fiona McLeod AO SC, Geoff Gallop AM, Mick Palmer AO APM, Professor David Caldicott, Demos Krouskos, Marianne Jauncey, Dr Alex Wodak AM, Gino Vumbaca AO, Professor Alison Ritter AO, David Atkin, Joan Purcell and many trade union members representing a range of industries to receive feedback.
- Community consultation has commenced in the Footscray electorate with the Asylum Seeker Resource Centre to discuss the possibilities of the community utilising our beds and providing assistance with employment and job training and re-training opportunities.
- The public alcohol and other drugs sector are supportive of this initiative as:
  1. There is a severe lack of treatment options for people who have to continue to work.
  2. The Crossing is seen as a key harm reduction measure to halt the cycle of addiction because Victorian community members become more addicted and lose their employment and housing.
  3. This will reduce the instances of working people and their families being admitted to private providers which are not regulated and extremely expensive, ending up on public waiting lists.
  4. The Crossing will provide education and training on suicide prevention, mental health, alcohol and other drugs and harm reduction measures so that working people are confident in being the conduit to providing further clinical support.

# LINKAGE WITH ROYAL COMMISSION INTO MENTAL HEALTH



## MENTALLY HEALTHY WORKPLACES RECOMMENDATION 16



As per the Royal Commission into Victoria's Mental Health Services, we know that employment is a critical enabler of mental health and wellbeing. Work provides purpose, contributes to our sense of self and identity and encourages economic and social participation.

Our workplace education, training and critical response teams will ensure that that every Victorian workplace fosters a mentally healthy workplace.

Noted in Volume 11 of the Royal Commission report, The Commission *"envisages a future in which all Victorian workplaces play a positive role in promoting mental health and wellbeing for all employees, volunteers and the wider community. In this vision, workplaces of many sectors and sizes are supported to promote positive mental health and wellbeing, prevent mental injury and support people with lived experience—and they have the guidance and resources to excel at this."*

It is our view that our collaborative approach to this recommendation, in partnership with leading organisations such as Odyssey House, SHARC, Turning Point and Harm Reduction Victoria and employers is the perfect solution to ensuring that best practice, responsive, boots on the ground support is available at all times for all working Victorians and their families.

## INTEGRATION - RECOMMENDATION 51



It has been well documented throughout the recommendations that the mental health and addiction sectors are poorly integrated and that there is need for urgent change. We acknowledge that this will mean that both workforces will require an urgent bolstering and we are committed to providing a platform for new graduates to attend direct entry training and placement at our service. This will also guarantee that our graduates are entering the workforce under the guidance of the staff from the public providers.

### Recommendation 16:

## Establishing mentally healthy workplaces

The Royal Commission recommends that the Victorian Government:

1. as an initiative of the Mental Health and Wellbeing Cabinet Subcommittee (refer to recommendation 46(2)(a)):
  - a. foster the commitment of employers to create mentally healthy workplaces;
  - b. advise on, develop and provide resources to assist employers and employees across Victorian businesses to:
    - promote good mental health in workplaces;
    - address workplace barriers to good mental health;
    - promote inclusive workplaces that are free from stigma and discrimination; and
    - support people experiencing mental illness at work.
2. sponsor industry-based trials to demonstrate how to adapt and implement comprehensive mentally healthy workplace approaches in an industry context.



# LINKAGE WITH ROYAL COMMISSION INTO MENTAL HEALTH



## FACILITATING SUICIDE PREVENTION AND RESPONSE INITIATIVES - RECOMMENDATION 27

Chapter 17 of the Royal Commission into Victoria's Mental Health System calls for collaborative response to suicide prevention.

Our model to tackle suicide prevention with links to a bricks and mortar 24-hour service is proven and builds on the work of the Electrical Trades Union (ETU) in opening The Centre for U, The Incolink Blue Hats Program and the ANMF's Nurses and Midwifery Health and Wellbeing Program.

Employers from all industries and their relevant trade unions need to be given the opportunity to provide a health-only response to suicide. The Royal Commissions calls for a comprehensive effort from the entire community in partnership with the government to tackle this so that no person ever feels that suicide is their only option. This means that workplaces and trade unions need to be better equipped to handle this influx of working people grappling with this, particularly with the rise of mental health issues as a result of the Covid-19 pandemic.

## ADDRESSING STIGMA AND DISCRIMINATION RECOMMENDATION 41

The Commission has highlighted the urgent need for the reduction of stigma in a range of settings, including health care and workplaces. Point 2(a) recommends that programs need to be designed to support organisations to deliver programs and projects that challenge stigma in Victorian settings and communities.

Stigma and discrimination act as barriers to seeking mental health services and can adversely affect treatment, care and support provided and retaining or seeking employment. Our programs will normalize discussions around mental health and addiction and will encourage people to seek assistance earlier which will begin to unbureen our mental health system.

### Recommendation 27:

## Facilitating suicide prevention and response initiatives

### The Royal Commission recommends that the Victorian Government:

1. build on the interim report's recommendation 3 on suicide prevention and response and develop initiatives to support people experiencing suicidal behaviour including:
  - a. providing training in appropriate responses for members of workforces likely to come into contact with people experiencing suicidal behaviour;
  - b. providing free, online evidence-informed 'community gatekeeper training' for Victorians to develop suicide awareness and prevention skills;
  - c. enabling Aboriginal people to design culturally safe 'community gatekeeper training' for Aboriginal people; and
  - d. facilitating Victorian industries and businesses to invest in evidence-informed workplace suicide prevention and response programs, with an initial focus on forming partnerships with high-risk industries.

# GOVERNMENT SUPPORT



“As well as being financially responsible, with every dollar invested in this sector saving the community an equivalent of \$7, this model would allow Victorians to receive life-changing treatment, retain their connection to their employment and help to provide industry specific support to halt the cycle of addiction.

Paul Edbrooke MP  
Member for Frankston



The trade unions have met with 66 Victorian members of parliament, including the majority of Ministers and Parliamentary Secretaries from The Victorian Labor Party, Reason, The Victorian Greens, Transport Matters, The Animal Justice Party, Derryn Hinch's Justice Party, The Liberal Democrats and the Independent Members. **ALL** members have indicated strong support for this initiative.

Supportive motions have also been moved at many Victorian Labor Party branches, relevant committees including the health policy committee, The ACTU Congress and the policy has been submitted by multiple trade unions to the Victorian Labor Party Platform. The ACTU has also enshrined this initiative in the national healthcare policy As per the request of the caucus we have engaged a health economist to provide a business case to the government at a cost of \$32,000 to demonstrate the funding options to make this an economically responsible service.



**THIS IS A CRITICAL  
WORKPLACE  
INTERVENTION THAT  
WORKING VICTORIA IS  
MISSING**



“We need to be supporting individuals in seeking help for drug and alcohol problems. This means worker-led rehabilitation and outreach services!”



Rod Barton MP  
Leader of the Transport Matters Party



*Referred and presented to ACTU Executive – 21<sup>st</sup> September, 2021*

**RESOLUTION:            Worker-led rehabilitation and outpatient services**

Alarming 1 in 5 Australians will grapple with risky addiction in their lifetime, with an estimated 500,000 Australians each year unable to access the services they need. Services are either unaffordable, not available, or the waiting list is far too long. Treatment for addiction is chronically underfunded more so than in any other area of healthcare. Experts estimate that the current policy settings are costing Australians over \$55 billion dollars annually with impacts to healthcare, crime, productivity, and road trauma. With the Covid-19 pandemic further exacerbating the issues of addiction and service delivery, there is a serious social and economic cost to workers that we can no longer accept.

The ACTU acknowledges that to halt the cycle of addiction, due to government and business inaction, unions must work and lobby to create innovative, sophisticated, and industry-specific solutions. The ACTU is committed to supporting unions to establish worker-led rehabilitation and outpatient services. The ACTU commends the proposals made by the Australian Manufacturing Workers Union and the Health and Community Services Union in Victoria and notes the success of worker-led Foundation House in New South Wales.

These service models provide specialist addiction services for union members, their families and vulnerable community members at no cost to them, ensuring that those members can retain their employment and receive treatment at the same time. Additionally, these services provide specialist industry-specific addiction and mental health toolbox talks for all workplaces at the request of union members on site.

**Resolution:**

The ACTU calls on all unions to investigate the viability in their state to expand this program, so that working people and their families can receive effective, affordable and timely treatment for their addictions.

Moved:            Lauren Hutchins, HSU

Seconded:        Annie Butler, ANMF

Carried

**Extract from the ACTU Congress 2021 National Healthcare Policy**

- k) Given the proven success of the union-initiated rehabilitation and outpatients service Foundation House in New South Wales, we call on the ACTU and all union affiliates to support this model in every state so that working people and their families can have timely access to drug, alcohol and gambling treatment;
- l) Training and education of drug, alcohol and mental health Health and Safety Representatives on all worksites to identify, educate and support people in the early states of addiction and mental health to encourage them to seek pro-active support



## **Feasibility and Benefits of Worker-Led Rehabilitation Services**

**Background:** Drug rehabilitation services are difficult to access for many Australians or cost prohibitive. Victorian unions are exploring the possibility of providing a 28-day in-patient program with extensive and ongoing outpatient support - that would build on the model that currently operates in NSW. Potential resourcing of the service using EBAs and other sources of financing, the costs of service delivery and benefits from worker-led rehabilitation could be defined as part of a feasibility study. Options that could be included in such a study are provided below for consideration.

**Approach:** The analysis could include the following options.

- **Option 1: Sources of worker led rehab service finance.** Potential resources for rehabilitation services from high and low scenarios of financing based on assumptions relating to number of EBAs, numbers of workers, unions signed on and other assumptions will be estimated over a 5-year period. The discussions underpinning these assumptions would be led by the HACSU. Values would be presented in a series of 5-year tables with explanatory text.
- **Option 2: Cost of rehabilitation service delivery.** A cost model will be developed in Excel to estimate per patient and total costs for a 28-day in-patient program, outreach support, relapse prevention, and harm reduction partnership with community health service costs using current NSW service costs (e.g., staff to patient ratios, typical consumables etc..) and consultation with Victorian experts. Estimates would be based on high and low patient flow and case mix assumptions. Cost projections could be combined with Option 1 financing estimates to examine financing gaps over a 5-year period. Sensitivity analyses will be carried out for the most important assumptions.
- **Option 3: Benefits from worker led rehab services (Including Options 1 and 2).** Several reports have been prepared in Australia to illustrate the benefits of harm reduction. The KPMG study of medically supervised injecting in Sydney valued avoided mortality from reducing overdosing and the Kirby Institute<sup>1</sup> cost-effectiveness analysis of needle-syringe programs among Australian injecting drug users focussed on the benefits of avoided blood-borne virus transmission. A study of substance abuse treatment in the United States estimated for every \$1 spent on rehabilitation the community saves \$7<sup>2</sup> primarily because of reduced costs of crime and increased employment earnings. The social costs of drugs<sup>3 4</sup> along with alcohol<sup>5</sup> in Australia are similarly broad - incorporating healthcare costs, crime, workplace productivity, road accidents, child abuse and premature mortality. The impact of the proposed worker-led rehab services will be valued using Australian costs in the Whetton, Collins and Moore studies, and assumptions about treatment success from the literature. The analysis would include cost and financing analysis (Options 1 and 2) and calculation of social benefits per dollar invested in the proposed worker led rehab service.

**Output:** The outputs in relation to options include.

Option 1	Option 2	Option 3
<b>Services Financing</b>	<b>Costs of Service Delivery</b>	<b>Benefits of Rehab Service</b>
3-page report 5-year financing tables and explanatory text	3-page report Cost of services tables and explanatory text	25-page report Includes Option 1 and 2, benefit modelling approach, results, and assumptions





**ATTENTION:** The Hon. Tim Pallas MP, The Hon. James Merlino MP

**C/O:** The Australian Manufacturing Workers' Union and the Health and Community Services Union on behalf of the Victorian trade union movement.

Dear Ministers,

**RE TRADE UNION-INITIATED AND FUNDED REHABILITATION, OUTPATIENT AND OUTREACH SERVICE**

I am writing to offer my support for the Victorian union movement's efforts to open a trade union-initiated rehabilitation, outpatient and outreach service for the membership of the Victorian union movement, their loved ones and the most vulnerable members of our community. I recognise that there are serious existing capacity problems in Victoria with unmet demand in the addiction sector and I am delighted to be able to offer our support for this service to assist the Victorian community.

I have been encouraged by the collaborative approach that has been taken by the trade union movement to initiate a service that will have the capacity to assist thousands of Victorians while ensuring that they retain their employment. At every juncture, the unions led by the Victorian branch of the Australian Manufacturing Workers' Union and the Health and Community Services Union, have consulted with the sector, and I am confident that the service will offer best practice treatment that will sit well within the suite of existing services.

It is my view that by agreeing to initiate this project, you would have a part in not just supporting the industrial rights of every Victorian, but also in ensuring that working Victorians have an option to access treatment with the support of their employer and trade union. Industry-initiated treatment will also offer more financial support to an already underfunded sector by generating funding through clauses in enterprise bargaining agreements thus ensuring that funding to public services and not-for-profits will not be impacted. Workplace interventions such as the one being proposed will also amplify the recommendations of the Royal Commission into Mental Health, specifically recommendation 16 which refers to the urgent need to establish mentally healthy workplaces.

The unions have been working together on this project for 18 months consulting with a range of unions, service providers as well as MPs.

To date 32 union branches have indicated initial support as well as the project now receiving wide ranging endorsement from the Victorian Labor Party and the crossbench. In a continual effort to amplify our sector, the unions have indicated that they would like training and re-training opportunities attached to the service and have already they believe that Jobs Victoria could assist them in getting more graduates into the workforce.



I'm aware that a budget bid was put in on behalf of the trade unions in the 2020/21 period by local sitting MP Katie Hall to secure 160 Gordon St, Footscray to be leased by the Victorian union movement for a 99-year period, for the proposed rehabilitation and outpatient centre. The bid was unsuccessful, mainly due to the dilapidated state in which the building is in.

I am requesting that the government assist the Victorian trade union movement to identify a site to be leased for a period of 99 years to commence the trial as a matter of urgency. I believe that trade unions, along with their aligned industries, making moves in this space will assist in breaking down the stigma that is attached to addiction by the wider community.

The unions plan to work towards enshrining the following clause in enterprise agreements generate funds:

**xx.xx Industry/Workers Welfare**

*a) The Company will contribute \$3.00 per week for each Employee covered by this Agreement to The Victorian Trades and Labour Health and Wellness Fund to assist with the provision of Employee drug, alcohol and gambling rehabilitation and treatment services.*

*b) The weekly contributions are to be paid monthly and forwarded to The Victorian Trades and Labour Health and Wellness Fund by the fourteenth (14) day of the following month. (i.e. January must be received by the 14 February)*

*c) This will apply to all Employees of the Company (except apprentices and trainees).*

*d. Upon lodgement of this Agreement the company will contact The Victorian Trades and Labour Health and Wellness Fund at [xxxxx@xxxxx.org.au](mailto:xxxxx@xxxxx.org.au) to make the necessary arrangements and confirm that this has been done to the Union Delegate.*

In line with trade union values, the unions are looking to dedicate 10% of our beds to the most vulnerable Victorian community members such as women, First Nations community members, LGBTQI and those from low socio-economic backgrounds. The service delivery model they propose will offer a 28-day in-patient rehabilitation with ongoing outpatient support on and offsite, gambling support, family support services and financial counselling. This model of support has proven success rates based on the New South Wales Foundation House experience. Their long-term aim will be to integrate this service into the suite of workplace health safety initiatives such as health and safety representative training and workplace interventions.

I am excited to support a collaborative solution, inclusive of trade unions, industry, and government as a workable solution. This will ensure that Victorians do not need to hit rock bottom before being able to access life-saving assistance. This is a sensible financial template addressing a real community need as well as relieving pressure off the AOD and mental health work forces and indeed the entire Victorian community. Economically studies have proven that for every \$1 spent on rehabilitation services, the community saves \$7.



The unions require a commitment from the Andrews' Labor Government to provide a peppercorn lease of the site to ensure that planning and budgeting is accurate. Once committed to, the unions will then work towards solidifying the clinical governance model with Odyssey House, a concrete funding model and how the service can work towards filling the gaps in the existing eco-system of services.

I wish to thank you for considering this proposal and look forward to working with you and the trade unions to provide this much needed service.

In unity,

**Mick Palmer AO APM**  
Former Commissioner, Australian  
Federal Police

**Sione Crawford**  
Harm Reduction Victoria

**Gino Vumbaca AO**  
Harm Reduction Australia

**Demos Krouskos**  
Asklepios Services  
Former CEO North Richmond  
Community Health

**Sam Biondo**  
Victorian Alcohol and Drug Association

**Fiona McLeod AO SC**  
Victorian Bar, Former President of  
the Australian Bar Association

**Dr Alex Wodak AM**  
Australian Drug Law Reform Foundation

**Donna Bennett**  
Hope Street

**Josh Bornstein**  
Maurice Blackburn

**Associate Professor David Caldicott**  
Calvary Hospital

**Geoff Borenstein**  
Slater and Gordon

**Clare Davies**  
Windana

24 November 2021

The Hon Daniel Andrews MP

Premier

Via email: [daniel.andrews@parliament.vic.gov.au](mailto:daniel.andrews@parliament.vic.gov.au)

The Hon James Merlino MP

Minister for Education; Mental Health; Disability, Ageing and Carers

Via email: [james.merlino@parliament.vic.gov.au](mailto:james.merlino@parliament.vic.gov.au)

The Hon Tim Pallas MP

Treasurer; Minister for Economic Development; Industrial Relations

Via email: [tim.pallas@parliament.vic.gov.au](mailto:tim.pallas@parliament.vic.gov.au)

The Hon Martin Foley MP

Minister for Health; Equality; Ambulance Services

Via email: [martin.foley@parliament.vic.gov.au](mailto:martin.foley@parliament.vic.gov.au)

The Hon Ingrid Stitt MP

Minister for Workplace Safety; Early Childhood

Via email: [Ingrid.Stitt@parliament.vic.gov.au](mailto:Ingrid.Stitt@parliament.vic.gov.au)

The Hon Gayle Tierney MP

Minister for Training and Skills; Higher Education

Via email: [gayle.tierney@parliament.vic.gov.au](mailto:gayle.tierney@parliament.vic.gov.au)

Dear Premier and Ministers,

**Re: Trade Union Initiated and Funded Rehabilitation, Outpatient and Outreach Service**

The Australian Council of Trade Unions are writing to offer our support for trade union's efforts to open a worker-led rehabilitation, outpatient and outreach service for working people, their loved ones and the most vulnerable members of our community.

This year's ACTU Congress passed a resolution calling on the entire movement to begin to emulate the proven and successful work of Foundation House in their home states to ensure that working people and their families have timely access to drug, alcohol and gambling treatment.

Since implementing this service at Foundation House over 60% of the admissions have been direct from shopfloor to detox and employers often call on the service to run tool-box talks, Health and Safety Representative training and advice. We believe that trade unions (in conjunction with their aligned industries) providing proven workplace interventions for issues of risky addiction and mental health will assist in breaking down the stigma that is attached to addiction by the wider community.

It is estimated that each year 500,000 Australians seek assistance with drug treatment and cannot get it. The



ACTU are requesting that the Andrews Government assist the Victorian trade union movement to identify a site which could be leased for a period of 99 years and provide initial seed funding to open the service in partnership with Odyssey House.

Like the COVID-19 pandemic, addiction does not discriminate. 1 in 5 Australians will grapple with risky addiction in their lifetime. To invest in these initiatives is not only financially responsible, with every \$1 invested in rehabilitation saving the community \$7 but is also a harm reduction measure that allows working people the opportunity to receive assistance with addiction without having to re-mortgage their house, withdraw their superannuation or lose their employment - as happens currently.

To date, we understand there are 32 Victorian branches of trade unions who have indicated preliminary support. Furthermore, the project has received wide-ranging endorsement from the Victorian Labor Party, the Parliament crossbench, the public Alcohol and Other Drugs and Harm Reduction Sector, and prominent stakeholders in the space.

Together, we need innovative, sophisticated answers to complex problems such as mental health and risky addiction and we believe that this is a great opportunity to save jobs, save families and ultimately save lives.

Yours sincerely,



Liam O'Brien  
Assistant Secretary



THE CONSTRUCTION INDUSTRY DRUG & ALCOHOL FOUNDATION  
A REHABILITATION AND WELFARE FUND

Tel (02) 9555 7852 Fax (02) 9555 9737

Email: [info@foundationhouse.net.au](mailto:info@foundationhouse.net.au)

Postal Address: PO Box 1145, Rozelle NSW 2039

ABN 58 933 059 848

**Patron**  
Dr Ken Pidd BA (Hons PhD)  
Deputy Director (Research)  
of NCETA Flinders University

**Executive Officer**  
David Atkin

17 November 2021

The Hon. Tim Pallas MP  
Parliament House  
Spring Street  
East Melbourne Victoria 3002

I am writing to you to support the proposal for a residential rehabilitation alcohol and other drugs program and an out-patient mental health service, including workplace capacity building for the prevention of suicide in Victoria.

The workplace initiative provides early intervention for those individual who are experiencing deteriorating physical or mental health. A workplace framework which builds capacity through education, training and a genuine treatment pathway, is the way forward. Education is in the form of toolbox talks, alcohol and other drugs, gambling, mental health, fatigue, sleep, nutrition and impairment, broadly raising the subjects in the workplace. Specialised training will be for touchpoints in the workplace for suicide prevention and psychological distress, building confidence and the capacity to support individuals who are experiencing difficulty.

The treatment pathways are constructed to be able to respond to referrals and establish safety for those who are at risk. Access to treatment will be either face to face counselling or admission to medically supervised withdrawal units and residential rehabilitation. One doesn't work without the other, confidence to intervene in the workplace and confidence the individual can receive immediate attention to commence the treatment pathway. The aftercare programs are for those exiting treatment and ongoing care is the form of peer and family support programs.

Make no mistake, the initiative proposed works. Lives will be saved, lives and families will be restored however there are no guarantees. The proposal is supported by willing organisations and their only requirement is the Victorian Government to provide sufficient resources through adequate premises and significant funding. If you require any further information surrounding my support for this proposal, please do not hesitate to contact me, as I am more than happy to discuss further.

Regards

David Atkin  
Executive Officer



To Whom it May Concern

I write in support of those campaigning in Victoria for a worker-led rehabilitation, outpatient and outreach program for trade union members and their families based on the model developed as Foundation House in Sydney.

In doing so, I note the support for this initiative from the Australian Council of Trade Unions and 32 Victorian branches of unions representing a range of industries. Those who have developed and run the campaign for this proposal are to be congratulated on the professionalism and commitment they have shown in building this support across the labour movement and within the wider community.

Not only is it a good initiative in and of itself, its highly pertinent in a world that has experienced – and still does in important ways – the Covid Pandemic. Health care workers and the clients and patients they support have all been affected, too many of them falling between the cracks rather than receiving the healthcare support they need.

You will have been briefed on the detailed aspects of the proposal – the partnerships involved, the way it will be funded and how participants will be trained. It has immediate, short-term aims as well as a longer-term aim to open more of these services. It's good public policy, well thought through, feasible, sustainable and strongly supported.

Working people need to have fast and affordable access to rehabilitation in partnership with their employer so that the tragedy of lost employment or withdrawal of superannuation or re-mortgaging homes is avoided. This initiative is a case-study in how this can be achieved in an efficient and effective way, and it has my support when it comes to what further steps are needed to make it a reality.

Hon. Geoff Gallop AC

Former Premier of Western Australia and  
Member Global Commission on Drug Policy.