

Regional ATDC Member Meetings – October 2016 Summary of Outcomes

October Meetings

In October, the ATDC convened a series of three Regional Member Meetings (RAMMs) in three regions across Tasmania. Debra Rabe (Chief Executive Officer) chaired the meeting that were held on:

- Tuesday 18 October at the Salvation Army Bridge Centre in New Town
- Tuesday 18 October at Anglicare in Launceston
- Wednesday 19 October at Youth, Family and Community Connections in Devonport.

In addition to the CEO, the Policy and Research Officer (Jackie Hallam) attended. David Gardiner from Primary Health Tasmania was guest speaker.

Sector representation

Member Organisations* represented at RAMMs		
*Also attending was- David Gardiner from Primary Health Tas and two ATDC staff members.		
Hobart (Members= 13, total number of attendees, includes ATDC staff and guest speaker, = 15)	Launceston (members = 10, total = 13)	Devonport (members= 13, total = 16)
Drug Education Network	Drug Education Network	Mission Australia
Quit Tasmania	Salvation Army (2)	Partners in Recovery
Alcohol and Drug Service	Alcohol and Drug Service	Youth, Family, Community Connections (4)
Colony 47	Anglicare Tas	Alcohol and Drug Service
Tasmanian Aboriginal Corporation	Missiondale (2)	Advocacy Tas
Anglicare	Launceston City Mission	Salvation Army (2)
Salvation Army (2)	Teen challenge	Red Cross
Rural, Alive and Well	Mission Australia	Serenity House
Tasmanian Users health League (2)		Anglicare
Advocacy Tasmania		
Individual member		

The meetings provided a great opportunity to recap on activities that have occurred since the last series of meetings held in July 2016 and enabled participants to consider the year ahead for the ATOD sector.

Discussion was wide ranging, the key elements of the meetings were as follows:

- Update from Primary Health Tasmania on upcoming funding for AOD services as well as a consultation around service gaps and issues.
- Budget Priority Statement consultations
- Exploration of local and regional issues

Primary Health Tas

David Gardiner from Primary Health Tasmania has conducted a 'scoping exercise' into the AOD sector, determining types and amount of services available. The aim of which was to provide direction and context for the upcoming commissioning of alcohol and other drug services by Primary Health Tasmania. Funding will be provided through the *National Ice Taskforce Strategy* and represents new funding for the AOD sector. In this light, the scoping exercise informs efficiency and effectiveness when funding new AOD services. David asked members at each meeting to identify gaps and priorities for the AOD sector.

David provided an overview of the funding arrangements that will come into place in November 2016 and answered various queries around the commissioning process.

Local and regional issues/consultations for BPS

Primary Health Tasmania and commissioning of AOD services

- Members raised their concerns about the timelines to submit a tender proposal. Some organisations reported that tender submissions needed to be cleared through management processes and therefore tight timeframes (in this case, one month) will cause difficulties.
- Members raised concerns about the stipulated need have 'services on the ground' in January stating that the timeline was prohibitive. Solutions were identified, such as writing in a project establishment phase, allowing time to establish key elements of the service before receiving clients.
- Members reminded each other that if partnerships arrangements were to be formed and a joint tender submitted, to contact each other as early as feasible to discuss this.
- As funds from PHT were to supplement existing services, such as those provided through other Commonwealth Grants (NGOTGP and SMSDG), members raised the issue of uncertainty of those existing funding streams...

"If we don't know what is happening with other federal funded programs then how can Ice funds be an add on..."

- Members then noted the problems associated with uncertainty attached to funding such as: losing staff/experience/knowledge, loss of momentum, inability to plan or design services effectively, uncertainty for clients, diminished confidence in service provision from clients due to not knowing if service will continue etc.
- ATDC ACTION – check timelines around NGOTGP and SMSDG – should know about refunding in early January 2017.

Pharmacotherapy

- Members at the Hobart meeting discussed issues with the provision of pharmacotherapy in Tasmania.
- It was identified that there are not many prescribing Doctors and that if only a few retire (many are close to that age) then there will be a lack of access to the program.
- It was also identified that there is a lack of choice in Doctors for service consumers.
- TOP – time taken is very long, restrictions and realities around pharmacotherapy
- ATDC action - Advocacy Tasmania has a position paper on TOP, source this.

Hep C medication

- Hobart member identified that there is demand for hepatitis C treatment of around 700 people.

Need for AOD sector data

- A need for data on AOD in Tasmanian context was reiterated. It was noted that all services collect data and there is an opportunity to develop an AOD data system. Any system would have to consider ethics and values around data collection and usage. The function of a AOD data system would be to identify trends, service usage, identify needs, contribute to service design
- Members identified a need to record alcohol usage.
- Member identified a frustration with current access to data, eg - a lack of willingness to share numbers of overdoses and/or different stats on the same issue.
- A member identified a need for 'data dictionary' – so everyone contributing to a central data system all use the same metrics and constructs. This will also contribute to the development of a common language.
- Policy and Research officer identified the opportunity of a partnership with UTAS to develop a sector wide data system.
- NSP data goes to national database, would be good to give data to central person to get regional perspectives as well.
- ATDC action – keep advocating for AOD sector wide data system

Family friendly services

- Members had a discussion around the need for family friendly services- meaning services for parents with children. Mostly women with children were discussed however it was identified by one member that there is a need for AOD services for men with children also.
- This was identified as a service gap by each RAMMs meeting.
- Need more robust home treatment options also to address this gap.
- Care and protection issues were raised re: women and children. Specifically the issue of their family being disrupted as a barrier to accessing treatment - if women cannot take their children with them, this means

that they do not attend treatment. Moreover the tension between being open about drug use and the potential for punitive consequences:

“...they are told to be honest about drug use and when they are, they face consequences.”

- Odyssey house was suggested as a good example of well-run holistic programs that cater to women, pregnant women and children

Problem accessing mental health (MH) treatment in NW

- Need to better access to MH services on NW coast for AOD clients
- This was reiterated as a key issue by many.
- One member noted that there was only one crisis MH nurse in NW.
- Really difficult to get anyone in to any MH service if they are less than crisis situation
- Not many psychologists or psychiatrists, 8 week wait, really hard to get a good psychiatrist that bulk bills
- There is access to immediate telephone support to psychiatrists.
- Some MH services are received via Skype, confidentiality concerns were raised in relation to Skype as a health tool.
- Consult Liaison based in Burnie Hospital hard to recruit to this position- workforce development issue.
- MH currently dealt with as an ‘add-on’, but is part of the ‘problem’
- Members raised the issue that there is a concern that that AOD will get subsumed into MH area. There is scope here for ATDC to develop a position paper to articulate and make a distinction between the two areas. The issue of professionalism of AOD sector and then competition for funds, concern that organisations may apply for funds that are not their area
- Role for ATDC- to articulate AOD skillset and knowledge and how different to MH

Gaps in general services in NW

- There is a gap in places to refer people in crisis on NW.
- GP access was identified as an issue.

Key advocacy issues as identified in Launceston Meeting

- Tobacco is number one in preventable drug deaths, there is an opportunity to apply for funds for that target specific groups that do not seem to have reduced their smoking rates to the extent of mainstream populations, eg LGBTI education and prevention activities and young men smoke at rates higher than the average.

- Funding for training new staff – ATDC members should have cheaper training, AOD training in subjects like CBT, mindfulness, ACT, MI, maybe flexible funds for new AOD staff, annual rolling around of core clinical skills training such as MI, have local people trained in MIN.T
- Need increased funding for frontline service provision, expanding waiting lists, higher demand for service but same amount of investment across years.
- Social impacts bonds as a new mechanism to generate funding – eg: convicted drink driver bonds - % of fines put back into AOD sector.

Member notes

- Salvation Army – Be the change partnership is working well, resi reharb facilities in Ulverstone running sat capacity, achieving strong outcomes, community acceptance of the facility is strong
- DEN – PPEI- call for membership of the PPEI committee, Launch of Everybody's Business website, Brief Intervention tools project, launch of FASD Handbook noting a free download of the FASD book. DEN Launceston has moved offices, next RAMMs meeting can be held there. Gender on the Agenda workshops occurring early November, DEN's 30th Birthday is in November
- New CEO for Advocacy Tasmania
- Alcohol and Drug Service – Launceston –short staffed, pharmacotherapy team working on one fifth of staff and managing a complex case load, will need to implement a wait list, low staff numbers likely to continue for next 6 months, need for ADS and NGO sector to work together to manage the number of clients.

ATDC actions:

- Role for ATDC- devise position paper- to articulate AOD skillset and knowledge and how different to MH
- ATDC action – keep advocating for AOD sector wide data system
- ATDC action - Advocacy Tasmania has a position paper on TOP, source this.
- ATDC ACTION – check timelines around NGOTGP and SMSDG – should know about refunding in early January 2017.
- ATDC Action- next RAMMs meeting can be held at new DEN office in Launceston