

## Regional ATDC Member Meetings – July 2017 Summary of Outcomes

### July Meetings

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

- Tuesday 25 July at the Salvation Army Bridge Centre in New Town
- Tuesday 25 July at Anglicare in Launceston
- Wednesday 26 July at Anglicare in Devonport.

In addition to the CEO, the Policy and Research Officer (Jackie Hallam) attended.

### Sector representation

The following 7 member organisations were represented. This equates to around a quarter of our member organisations.

Member Organisations* represented at RAMMs		
Hobart (Members= 6, total number of attendees, includes ATDC staff = 8)	Launceston (members = 8, total = 10)	Devonport (members= 4, total = 6)
Anglicare	Drug Education Network x 2	Alcohol and Drug Service
Salvation Army x 3	Salvation Army x 2	Anglicare (3)
Quit Tas	Alcohol and Drug Service	Youth, Family, Community Connections (4)
Alcohol and Drug Service	Anglicare Tas	
	Alcohol and Drug Service	
	Mission Australia	

The meetings provided a great opportunity to recap on activities that have occurred since the last series of meetings held in February 2017 and enabled participants to consider the array of developments that are occurring across the AOD sector currently.

Discussion was wide ranging, the agenda of the meeting was as follows:

- Welcome and Introductions
- ATDC Update
- Member Expectations of the ATDC
- Local/Regional Issues
- Wrap Up and Next Steps



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## ATDC Update

### ATDC internal

- ATDC has done a lot of work internally,
- ATDC attained accreditation from the Quality Improvement Council in June 2017,
- ATDC completed a financial audit for the past 2017-17 financial year,
- We now have a full complement of staff.

There have been multiple developments across the sector that ATDC has attended and been an active participant. Debra provided the following summary to attendees. Please feel free to contact the ATDC (62315002, or [ceo@atdc.org.au](mailto:ceo@atdc.org.au)) for more information on any of the following:

### Funding

There has been some changes to recent funding arrangements.

A substantial part of AOD funding for Tasmanian CSOs used to be through two Commonwealth streams. Federal funds for AOD sector, in future will be administered by Primary Health Tasmania (PHT). A further change to future PHT funding arrangements will see representatives from PHT, before the end of each funding period, negotiating directly with funded CSOs to roll services across time periods. This is a different way of funding, PHT may not have to readvertise tenders, and if satisfied with outcomes and services provided by funded CSOs, can negotiate directly with that CSO to continue. This means that CSOs will not be subject to short term funding periods (and the tendering process) and the associated instability and discontinuity that can ensue. There is also a potential for five year funding periods as well, but this has not been decided yet.

A separate and additional set of funds (colloquially known as 'the ice money') was recently administered through PHT. Three community service organisations (CSOs) were successful – South East Tasmanian Aboriginal Corporation, Anglicare and Youth Family and Community Connections. Further, the group of AOD peaks from each state and territory around Australia, have identified an underspend of money originally allocated to AOD sector in this process, and have worked to ensure that this money will be invested into the sector. The ATDC will keep the sector informed in how this will occur.

Another funding source for our sector is for peak bodies and is coming directly from the Drug Strategy Branch.

State Government funding arrangements remain the same as before.

### AOD Framework project and Siggins Miller report

There has been a review of the Tasmanian AOD sector and our CSOs have participated in state wide consultations in the first half of 2017. As part of the process, the Department of Health and Human Services contracted private consultancy firm, Siggins Miller, to produce a series of reports to inform the development of an AOD framework across the sector. The final report is due to be released very soon and ATDC will disseminate this report as appropriate. In brief, figures in the report show a gap in funding of approximately \$6 million. This is based on sophisticated modelling processes. The papers coming out of this process are primarily for the design of an AOD Framework with the aim of improving coordination, service quality and coherence. There is also a potential to use the work in the reports for lobbying. Additionally, 11 copies of our ATDC paper, 'CSO response to AOD Framework



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consultations', that summarised the issues from the CSO point of view were presented at Siggins Miller consultations by CSOs.

### **Election Strategy**

The ATDC will develop an Election Strategy in the coming months and will work with our members coming up. Feedback from members at RAMMs:

- we need to look at creative solutions,
- we need to provide all of sector strategies.

### **Codeine rescheduling**

As of 1<sup>st</sup> Feb 2018, consumers will no longer be able to access products with codeine from a pharmacy without a prescription. Key points follow:

- There is a codeine rescheduling implementation group (CRIG) of which ATDC is a member,
- ATDC and the CRIG are working through how we get the message out to consumers,
- The group is working hard on how to reduce drug related harm that could occur from the policy change,
- There is a suite of papers and fact sheets on line both for workers and consumers. ATDC will communicate this to our members through ENews and our website,
- ATDC will host information sessions state-wide, working with ADS and DEN. Olivia (ATDC Sector Capacity Building Officer) will get in touch with ADS staff. There is a plan to provide the training for workers (in the next month), at the session for workers. It is anticipated that the sessions will be held in south and north.

### *Member feedback*

- Concerns that people will use more harmful drugs and or need greater access to pharmacotherapy. ATDC CEO reports that these conversations have been had at the CRIG.
- Alcohol and Drug Service (ADS) is putting together a plan together internally to respond to the expected issues
- the issue of how do we deal with people that are codeine dependant?
- we don't just need money retraining GPs and pharmacies because we (AOD treatment services) are going to get an influx of people

### **Tasmanian Opioid Pharmacotherapy Program- review**

The original document was written in 2005, was due to be reviewed in 2009. There is a working committee convened of which ATDC is represented. There are known issues around the current provision of pharmacotherapy. It is expected that a consultant will be employed to review the TOPP. Consumer workshops will feature as part of the process. ATDC will keep members informed of this process.

### **Recidivist drink driver paper**

- Jackie is currently working on a submission to a paper, found here: <http://www.utas.edu.au/law-reform/publications/ongoing-law-reform-projects2/recidivist-drink-drivers>
  - Jackie has spoken with 6 AOD CSO workers around treatment approaches for the target group (people with a substance use disorder and who have repeat drink driver offences).
  - Jackie will disseminate paper to sector for comment previous to submission which is due on August 23.

### Feedback from RAMMS-

- We need to make sure any treatment component is adequately funded.
- don't roll AOD and MH together when looking at treatment as there are many other issues and each presentation is unique,

- send paper to Government representatives for comment as well NGOs so to ensure collaboration and strong consistent messaging.

## **Budget Measures on Drug and Alcohol Misuse**

The ATDC team recently met with representatives of the Federal Government around the 2017-18 Budget Measures on Drug and Alcohol Misuse. The most publicised one of which is the drug testing of welfare recipients. Our key messages included:

- Noting that according to the Siggins Miller report that the Tasmanian AOD sector is already not adequately funded to meet existing demand, and should an influx of new clients occur then funding will need to be considered;
- Describing the other health and welfare aspects that accompany alcohol and other drug client presentations, such as trauma, noting that any treatment regime will most likely require addressing these and that this is resource and skill intensive;
- Enquiring why alcohol had been excluded as it produces (tobacco aside) the majority of harms;
- Concerns around measures that reduce income or access to cash that this could mean that some people turn to crime to generate income for drugs, and;
- Concerns around the potential for further stigmatisation and discrimination to those that use drugs.

There were many more points raised in our one hour discussion. We were very pleased to hear that the Government is adopting a trial approach, in two jurisdictions (yet to be announced) and that the trial will be evaluated. Representatives said that key AOD experts will participate in the evaluation design and that they had a significant budget for it. They also indicated that should the evaluation show that the 'trial doesn't work', then it will not be rolled out across the country. As with all these things it is definitely a case of 'wait and see'. The ATDC has offered to participate in the evaluation process if that would be helpful.

## **Local and regional issues**

Key discussion points included:

- One service reported that amphetamine had surpassed cannabis as second primary drug of concern for presenting clients.
- Lots of new exciting programs coming up in the coming year. The sector is dynamic and rapidly changing.
- Decriminalisation of drug use (as distinct from commercial or manufacturing levels) is featuring on justice agendas.
- Stigmatisation of drug use and users is an ongoing issue and challenge for our sector.
- Many services are undertaking evaluations and reviews of models of practice and organisation.
- Drug Education Network has run multiple community forums around drug use, the most recent was run in Burnie and attendance by the community was really positive.
- Related to the above, many services are undergoing internal change processes.
- Services continue to connect with related services and are undertaking good collaborative practices. Examples include – working closely with aboriginal services, legal sector, nurses, housing and corrective services.
- Needle and syringe programs are expanding (or wanting to) in Northern area to surrounding regional areas such as George Town
- Innovative models- cooking programs, revamping a hall for multi-purpose uses were described.



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- Government Alcohol and Drug Service and CSOs are working closely
- Anglicare has a new Facebook page, please look it up and like!
- Anglicare and YFCC providing outlines of new services funded under PHT. Please get in touch with either organisation if you would like more information.

There were many more points raised in our discussions however these represent a synthesis of the main points.

## Member expectations of the ATDC

Debra asked each group- “what is it that the ATDC are doing well and is useful for you- and are there any areas that we could be helping you with and we aren’t?” Hobart and Launceston meetings responded, however at the Devonport meeting, we ran out of time.

Key themes:

- Members rate the training that the ATDC puts on highly, however two improvements could be made: distribution of a training calendar and also a logical approach to selection of training topics. The latter will need to be developed with members. A further suggestion was to seek calendars of events from members to ensure all of sector events are coordinated.
- Information from CEO about participation on Government committees and other policy reform processes is informative.
- Related to the above, lobbying and advocacy to Government is valued.
- Research and policy is valued.
- RAMMs is a good process.
- ENews is valued.

The ATDC recognises that this feedback process is one of many processes to ensure that members are satisfied with our performance. The ATDC Stakeholder Survey, due to be distributed in August- September 2017, is another process and seeks anonymous input from members.