



# ATDC ANNUAL REPORT 2014 - 2015

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**atdc**  
Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

## Our vision

A Tasmania without drug or alcohol related harm or discrimination.

## Our mission

To provide independent leadership and advocacy; strengthen partnerships through inclusion, and support consumer participation in the promotion of holistic alcohol, tobacco and other drug (ATOD) services for all Tasmanians.

## Our values

The staff and Board of the ATDC strive to uphold the following values when working with members, stakeholders, consumers and drug users as well as each other:

- demonstrate empathy and compassion
- be respectful and treat others with dignity
- be inclusive
- be innovative and creative
- provide high-quality, professional and accessible services and support
- work in partnership.

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# President's Report

It has been another solid and exciting year for the ATDC. We have secured new funding that is creating opportunity for the ATDC to work with Neighbourhood houses.

With a new Memorandum of Understanding between the State and Territory peak bodies the ATDC is able to be part of a stronger national presence which is vital in terms of ensuring we are tackling how federal policy and funding decisions affect Tasmania.

One of the highlights for me this year was the 2015 Alcohol, Tobacco and Other Drugs Awards. Acknowledging people who have achieved exceptional outcomes was a great occasion. Working in the ATOD sector can be a thankless place at times and I want to take this opportunity to thank all our

members for the tireless work you do as a sector. We are producing great outcomes making the lives of Tasmanians healthier. Supporting people, whether through developing policy or creating 'coal-face' services in prison, we share the same passion to achieve better systems within the ATOD sector that provide effective evidence based services for clients.

We have had new members of the Board this year, Jules Carroll, Wendy Groot, and Sean King. We also saw Tania Joughin and Tamara Speed resign from the Board. I would like to thank them for their service,

Tania who served with excellence as the Vice President and Chair of the Governance subcommittee and Tamara who served as Treasurer with diligence. Thank you both and you take my best wishes for the future.

As a Board we have been reflecting on the constitution and are discussing significant changes to move toward a skills based Board. I believe this will help us grow and develop the organisation, building on the past 13 years and strengthening our capacity to provide strong leadership within the ATOD sector.

I would like to acknowledge and thank my fellow Board Members, it has been exciting having a number of new members adding new perspective and bringing a wealth of information and ideas to the direction of the ATDC.

Finally the ATDC remains committed to providing high quality leadership with the ATOD sector. We understand there is significant work and development still to be undertaken within the sector and we fully appreciate that our member organisations produce significant outcomes with little or no resources, and we congratulate you for this. If there is anything we can do to support you as our member we would love to hear from you.

**Stuart Smith**  
President



# CEO report

Against a backdrop of ongoing reform and funding uncertainty the Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC) has continued to push forward during 2014-2015. It's never been more important for the alcohol, tobacco and other drugs (ATOD) sector to have a strong peak body representing its interests across all levels of government.

The reform agenda of the State Government is ambitious and through a number of consultations and preparation of submissions, it has become clear that the full scale of the impact on the ATOD sector is yet to be revealed. The creation of a single health service with a view to increasing access to better services, will require the government to appropriately plan and inevitably increase its commitment to the provision of ATOD services. Whilst it was a great outcome to see increased investment in residential rehabilitation beds targeted to the north-west of Tasmania, the ATDC will continue to support the government to fully understand the ATOD service needs of the state.

As co-chair of the *AOD Treatment Expert Advisory Group*, I am encouraged to see that the membership of this group reflects the key stakeholder voices necessary to be heard if we are to deliver genuine cooperative planning. Providing an opportunity for government and non-government providers, consumers and the peak body to map, analyse and provide advice on where and how services should be delivered is essential. However, there remain significant challenges in moving from planning to implementation. The capacity of the state Alcohol and Drug Service to support and lead strategically is diminishing, and it is even more concerning that I see little vision for the ATOD sector articulated within government policy. The ATDC and our community organisation members do have a vision for the sector, *a Tasmania without drug or alcohol related harm or discrimination*, and we have worked hard to realise this.

Providing input to the range of government consultation processes described in detail later in this report, it is clear the ATDC

members have been heard in many areas such as; liquor licensing, mental health, health system redesign, preventative health, rescheduling naloxone, medical cannabis and of course responding to crystal methamphetamine. Combining our research and the expertise of members ensures the advice we provide to government is pragmatic and evidence based.

One of the highlights this year was the role the ATDC played in facilitating the development of the *Promotion, Prevention and Early Intervention Implementation Plan* and the opportunity to work with the advisory group members. The plan offers simple yet effective strategies to ensure prevention becomes embedded in our policy and practice. This work germinated the theme for the ATDC 2016 Conference *Rethinking Prevention*, which I am confident will lead to contemporary and thought provoking discussions next year.

Another significant achievement has been securing funding from the Department of Social Services for the new project *Facilitating Collaboration in Local Neighbourhoods*. This exciting project is a partnership between the ATDC and the peak body Neighbourhood Houses Tasmania. Over the next few years I am looking forward to watching the networks and linkages across our sectors evolve and generate improved health and wellbeing outcomes for people across our state.

A core function of the ATDC is our workforce development and capacity building activity. This year there was a significant reduction in the Australian Government funding available through the Skills Fund, resulting in fewer places being made available for subsidised training in ATOD qualifications. As we know from the workforce survey and

other workforce planning initiatives, the need to maintain access to training and development is vital and we will continue to source and provide quality professional development to the sector.

Recognition of our capacity to organise and facilitate access to high quality training was apparent as the ATDC secured LeeJenn Consultants to deliver crystal methamphetamine training in Devonport and Hobart.

We have also been fortunate to be successful as the sponsor for the consumer group, *Tasmanian Users Health and Support League* (TUHSL), to receive a small grant to develop and trial an educational resource to promote health in families living with hepatitis C. As this project rolls out in two communities, I am confident we will see an expansion of TUHSL with the ultimate goal of achieving independence through recurrent government support.

We saw several changes at the ATDC in 2014-2015. Jonathan Jones, Lynne Maher and Amanda Street moved on, and we were joined by Carolyn Docking, Jackie Hallam and Olivia Mitchell. The commitment of the ATDC staff is the foundation of how we have made the progress and achievements of this year, and once again I would like to thank those individuals for their hard work.

No community sector organisation can survive without the support of the Board and I would like to take this opportunity to acknowledge the ATDC Board for their contribution. In particular my thanks go to the President Stuart Smith who has supported me in my role as CEO.

The ATDC receives funding from the Tasmanian Department of Health and Human Services, the Australian Government Department of Social Services and the Australian Government Department of Health. I look forward to our continued engagement with our funders and hope that together we will achieve the ATDC vision to live in *a Tasmania without drug or alcohol related harm or discrimination*.

# About the ATDC



The Alcohol, Tobacco and other Drugs Council Tas Inc. (ATDC) is the peak body representing the interests of community sector organisations that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership based, independent not-for-profit and incorporated organisation. It is the key body advocating for adequate systemic support and funding for the delivery of evidence-based alcohol, tobacco and other drug (ATOD) initiatives.

## The ATDC:

- supports workforce planning and development through training, policy and development projects with, and on behalf of, the sector.
- represents a broad range of service providers with individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.
- plays a vital role in assisting the Tasmanian Government to achieve its aim of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

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# ATDC Strategic Plan 2015-2018

During the financial year the ATDC finalised and published a new strategic plan for the period 2015-2018. The high-level document outlines the organisation's roles, vision, mission and values as well as its three broad goals. The organisation's goals are underpinned by strategies and success will be measured by monitoring key performance indicators.

Goal 1	Strategies	
To provide effective leadership and representation for the alcohol, tobacco and other drugs sector	1.1	Maintain a broad and engaged membership base for the ATDC
	1.2	Gather member, consumer and stakeholder views to represent and advocate for the interests of the ATOD sector in a range of statewide forums
	1.3	Establish and maintain relationships with all levels of government and their representatives
	1.4	Develop and maintain effective partnerships with a range of stakeholders and organisations
	1.5	Promote evidence-based best practice within the ATOD sector
	1.6	Support the adoption of promotion, prevention and early intervention strategies across the ATOD sector and within other relevant organisations
	1.7	Use all appropriate communication channels to maximise the promotion of the ATDC and the ATOD sector
	1.8	Develop policy and position statements on issues affecting the ATOD sector
Goal 2	Strategies	
To build sustainability of the ATDC and the alcohol, tobacco and other drugs sector	2.1	Support workforce planning and development across the ATOD sector
	2.2	Facilitate access to a range of professional development opportunities for ATOD sector staff
	2.3	Support ATDC members to embed continuous quality improvement and participate in accreditation cycles
	2.4	Attain accreditation for the ATDC
	2.5	Ensure that the ATDC is a well governed organisation
	2.6	Seek alternative sources of funding for the ATDC and the ATOD sector
Goal 3	Strategies	
To maximise consumer engagement in service planning and delivery	3.1	Support effective consumer representation in ATOD sector
	3.2	Research and promote policy and position papers regarding models of engagement with consumers, users, families and friends
	3.3	Promote the collection and analysis of consumer feedback within the ATDC and across the ATOD sector
	3.4	Tackle stigma and discrimination within the health and human services sector and broader community
	3.5	Support the creation and maintenance of Drug User Organisations within Tasmania

# ATDC Governance

The ATDC is governed by an elected Board consisting of twelve members, with the president elected directly by the membership. Two of the Board positions are reserved for consumer members and to ensure adequate regional representation from across Tasmania at least one Board member is to be drawn from each of the south, north and north-west regions of the state. The Annual General Meeting was held on 26 September 2014.

Position		Board Member	Appointment Date	Cessation Date
President	01/07/14 – 30/06/15	Stuart Smith	02/10/2013	
Vice President	01/07/14 – 30/04/15	Tania Joughin	02/10/2013	30/04/2015
Treasurer	01/07/14 – 26/09/14	Tamara Speed	26/09/2014	8/03/2015
Treasurer	26/09/14 – 30/06/15	Stephen Brown	02/10/2013	
		David Jackson	02/10/2013	
		Ros Atkinson	02/10/2013	
		Sarah Charlton	26/09/2014	
		Grant Herring	26/09/2014	
		Raimondo Bruno	01/11/2013	26/09/14
		Maree Smith	10/12/2013	26/09/14
		Jules Carroll	26/09/2014	
		Wendy Groot	26/09/2014	
		Sean King	18/12/2014	

The following sub-committees have been established by the Board to support good governance:

- Finance, Audit and Risk Sub-Committee
- Governance and Personnel Sub-Committee.

In addition to the sub-committee meetings, the Board convened five ordinary Board meetings in 2014-2015. Participation in these meetings is shown in the table:

	Meetings Attended	Meetings Available
Stuart Smith	5	5
Tania Joughin	4	5
Stephen Brown	4	5
Tamara Speed	4	4
David Jackson	2	5
Ros Atkinson	3	5
Sarah Charlton	4	5
Grant Herring	5	5
Jules Carroll	3	4
Wendy Groot	4	4
Sean King	2	2
Raimondo Bruno	1	1
Maree Smith	-	1

# ATDC Staff

The 2014-2015 year saw a few changes in staff with the ATDC farewelling Jonathan Jones, Lynne Maher and Amanda Street. New staff members appointed during 2014-2015 were Olivia Mitchell, Carolyn Docking, Jackie Hallam and Tamara Speed.

## **Jann Smith** **Chief Executive Officer**

Jann has worked in the alcohol and drug sector for over 20 years, and been CEO of the ATDC since 2010. She holds a Bachelor of Social Work from the University of Tasmania, and Bachelor of Arts from the Australian National University. She has worked in the alcohol and drug field in New South Wales and Tasmania, gaining experience in government and non-government organisations.

## **David Gardiner** **Policy and Research Officer**

David's role is Policy and Research Officer. He is a graduate of the University of Queensland with a Bachelor of Arts degree with a double major in sociology. David has worked for over 20 years in health and primary care administration in both government and non-government sectors. Prior to joining the ATDC he was the Director of Corporate Services at Tasmania Medicare Local. David has been involved in the development of both operational and strategic policy development and implementation and has a strong background in strategic and annual planning. He has participated in continuous quality improvement activities in leading organisational/service preparation for accreditation as well as participating as an external reviewer for both government and non-government health and human service providers.

## **Nancy Hoskinson** **Office Coordinator and Finance Officer**

Nancy started with the ATDC in April 2014. Nancy has worked in health and human services for over 30 years. She has experience in administration, service coordination and frontline service delivery in disability, aged care, mental health and ATOD. Nancy has worked in both government and non-government sectors in Tasmania, New South Wales and Queensland.

## **Olivia Mitchell** **Sector Capacity Building Project Officer**

(Amanda Street until April 2015)  
Olivia joined the ATDC in August 2014 as the Promotion Prevention and Early Intervention (PPEI) Project Officer (10 month contract). Olivia will be the Sector Capacity Building Project Officer from 1 July 2015. She is a graduate of the University of Tasmania with a Bachelor of Laws and Graduate Certificate of Legal Practice.

## **Jackie Hallam** **Workforce Development Officer**

(Lynne Maher until December 2014)  
Jackie started as the Workforce Development Officer in January 2015. Jackie has been employed in a variety of roles in the ATOD sector since 2000 such as a frontline worker, researcher and workforce development roles. She has frontline experience with five years as a Needle and Syringe Program worker. Jackie's research included a Doctorate at the University of Tasmania that examined harm reduction policy in relation to illicit drugs in Australia from 1980 to 2000. Jackie has also held sector capacity roles including Clinical Supervision Officer with the ATDC in 2006-2007.

## **Carolyn Docking** **Communications Officer**

(Jonathan Jones until November 2014)  
Carolyn joined the ATDC in December 2014 as the Communications Officer. She is a graduate of Griffith University in Queensland with a Bachelor of Communications. Carolyn has a strong background in public relations, communications and photography and has worked in local government, the forest industry and rural industry. She brings a diverse range of skills to the role.

## **Tamara Speed** **Project Officer**

Tamara joined the ATDC in March 2015, initially for a short term project and then to start the Facilitating Collaboration in Local Neighbourhoods project. She has excellent experience in the sector and has worked in a variety of roles, including management.

# ATDC Membership

In accordance with the ATDC constitution there are two classes of membership.

**Full Membership** is for:

- representatives of non-government, not-for-profit organisations that are able to demonstrate an interest in and involvement with, the prevention and reduction of harms associated with alcohol, tobacco or other drug use
- past or present consumers of alcohol, tobacco or other drug services in Tasmania
- other individuals committed to and able to contribute to the purpose and objectives of the ATDC
- life members, who are individuals acknowledged by the ATDC to have rendered outstanding service to the ATDC and/or the ATOD sector over a long period of time.

**Associate Membership** is open to nominated representatives of state and Commonwealth agencies and other for-

profit or not-for-profit groups that have an interest in the provision of alcohol, tobacco and other drug services.

The ATDC has maintained a solid member base throughout its history and during the 2014-2015 financial year period had:

- 28 full organisational members
- 12 full individual members
- Three life members
- Six associate members.

**Organisations with full membership:**

Advocacy Tasmania Inc.  
Anglicare Tasmania Inc.  
Bethlehem House Tasmania Inc.  
Brain Injury Association of Tasmania  
Circular Head Aboriginal Corporation  
Colony 47  
Drug Education Network Inc.  
Family Drug Support  
Headspace/Cornerstone Youth Services  
Holyoake Tasmania  
Launceston City Mission (Missiondale)  
Mental Health Carers Tasmania  
Mission Australia

OZHELP Foundation  
Pathways Tasmania Inc.  
Quit Services Tasmania  
Relationships Australia Tasmania Inc.  
Rural Alive and Well Inc.  
Tasmanian Aboriginal Centre Inc.  
Tasmanian Council on AIDS, Hepatitis and Related Diseases  
The Hobart Clinic  
The Link Youth Health Service  
The Salvation Army  
TUHSL  
WISE Employment  
Wyndarra Centre  
Youth, Family and Community Connections

**Organisations with associate membership:**

Alcohol & Drug Service (North)  
Alcohol & Drug Service (South)  
Glenorchy City Council  
Hobart City Council  
Karinya Young Women's Service  
Red Cross Tasmania

## Member Engagement

The ATDC continued to convene the Regional ATDC Member Meetings (RAMMs) on a quarterly basis. Meetings were held across the state in each of the three regions, during August 2014, December 2014, March 2015 and June 2015. A summary was prepared by the ATDC after each series of meetings and circulated to participants and publicised via a link in the eNews.

**The roles and functions of the RAMMs are to:**

- provide members with a flexible and informal opportunity to raise local issues relating to service delivery or policy matters
- ensure the strategic direction and planning of the ATDC continues to be informed by the membership
- enable the ATDC to appropriately represent the ATOD sector in advocacy to the Australian, state and local governments
- enable networking between member organisations
- provide an interface between the government and community sector providers
- enable members to identify and progress action on shared issues and initiatives which impact on the delivery of ATOD services in their region
- enable the consistent flow of information and updates from the ATDC to members
- promote better coordination and integration of programs and services
- during the June 2015 series of meetings the RAMMs terms of reference were reviewed and revised to reflect the way in which the meetings had evolved over the preceding 18 months.



## Consumer Engagement

It is now widely accepted that engaging consumers in key decision making processes is vital for improving the effectiveness and efficacy of ATOD services. Involving consumers in planning and policy making has benefits which include improved health and wellbeing, improved policy outcomes, and enhanced consumer satisfaction with services. Consumers, ethically, have a right to be involved in decisions that impact on their health and wellbeing.

The 2014-2015 financial year period saw significant commitment from the ATDC towards building an ATOD sector in Tasmania that supports and encourages consumer engagement.

In March 2015, the ATDC conducted statewide training with a consumer engagement panel and workshop titled *From Frustrated to Fantastic*. These workshops followed on from training held in the previous financial year and were

based on feedback received from member organisations seeking specific strategies they could use to meaningfully engage with consumers.

Fifty-five workers attended the three sessions, with 90% of attendees strongly agreeing or agreeing that they will be able to use what they learned in their workplace. Feedback also identified that consumer engagement training is highly valued and that future sessions could focus

on strategies to implement consumer engagement policies and frameworks into practice.

Unfortunately Tasmania remains the only jurisdiction nationally that does not have a funded organisation that represents ATOD consumers. In the 2014-2015 Budget Priority Statement submission the ATDC recommended that the Tasmanian State Government provide recurrent funding for the establishment and operation of a statewide consumer organisation.

The *Tasmanian Users Health and Support League* (TUHSL) was incorporated on 22 September 2014 but as at 30 June 2015, it remained unfunded. TUHSL is being supported by the ATDC and many of its member organisations, who all believe consumer representation is an essential element of an effective health service.

# Policy and Research



The ATDC policy and research role supports the organisation's core functions of leadership, sector support, advocacy and representation.

The policy and research role specifically includes:

- developing funding submissions and proposals on behalf of the ATDC and the ATOD sector
- consulting with members and stakeholders to inform policy and strategic priorities
- preparing policy and position statements
- representing the sector on key committees and forums
- building and maintaining relationships with government departments, funding bodies, specialist organisations, research bodies, other peaks, and educational institutions
- gathering and disseminating information, reports, resources and evidence-based research
- collecting and analysing data
- advocating on behalf of the alcohol, tobacco and other drugs sector to ensure that the views, needs and expectations of organisations and consumers are reflected to others.

David Gardiner occupied the Policy and Research Officer position for the entire financial year period.



# ATDC Policy Submissions

The ATDC takes every opportunity to contribute to the work of the Federal and State governments by preparing submissions to various enquiries and consultation processes.

During the financial year the ATDC made submissions on behalf of members regarding the development and review of legislation, service planning and reform and policy development including:

## **One State, One Health System, Better Outcomes**

During the year the Tasmanian Government embarked on the *One State, One Health System, Better Outcomes* reform agenda to create a single Tasmanian Health System from the three Tasmanian Health Organisations. The ATDC made written submissions as part of the process to respond to the initial Green Paper and the subsequent Exposure Draft of the White Paper. In the submissions the ATDC highlighted:

- that community sector services are commissioned by the Department of Health and Human Services
- that the *Drug and Alcohol Clinical Care and Prevention (DA-CCP)* modelling tool to identify the population needs for ATOD services in Tasmania be used
- that adequate investment occurs in promotion, prevention and early intervention (PPEI) approaches
- that the social determinants of health are better understood and underpin government investment in health related spending
- that better engagement occurs with the community, consumers and carers regarding service planning and delivery.

## **Joint Select Committee Preventative Health Care**

The ATDC made a written submission to the Select Committee on Preventative Health which was made up of members of both houses of the Tasmanian Parliament and with representatives of each of the major political parties. The ATDC submission highlighted the broader impacts of the social determinants of health; the specific impacts that elements such as stigma and discrimination can have on the lives of people who misuse alcohol and other drugs; and, the need to invest in preventative health. The ATDC President and Acting CEO attended a hearing convened by the Select Committee to provide further information in relation to the submission and speak to members of the committee regarding any follow-up questions that they had.

## **Rethink Mental Health**

In October 2014 the Department of Health and Human Services released the *Rethink Mental Health Project: A long term plan for mental health in Tasmania* Discussion Paper. The ATDC made a written submission to the project and emphasised that the ATOD sector provides specialist services for people with substance misuse issues and that not everyone who has an ATOD issue has a mental health problem. Also not everyone with a mental illness has ATOD issues. A key component of the ATDC submission focussed on the intersection/integration between the mental health and ATOD sectors to meet the particular needs of people with co-existing mental illness and substance misuse issues (comorbidity). The ATDC submission also emphasised the importance of consumer and carer consultation and engagement; promotion, prevention and early intervention; workforce development and capacity building.

## **Legislative Council Inquiry Medicinal Use of Cannabis**

In August 2014 the ATDC made a written submission to the Legislative Council Inquiry into *Medicinal Use of Cannabis*. The submission emphasised the changing international policy landscape in relation to the use of cannabis and highlighted the benefits of carefully considering the evidence and research that is available.

## **National Ice Taskforce**

In April 2015 the Australian Government established the *National Ice Taskforce* to work with states and territories to develop and implement a *National Ice Action Strategy*. During May the *National Ice Taskforce* conducted consultations across Australia. The ATDC participated in two formal stakeholder consultations and made a written submission to the Taskforce.

## **Therapeutic Goods Administration Naloxone Submission**

In May 2015 the ATDC made a written submission to the Australian Government Department of Health Therapeutic Goods Administration regarding proposed amendments to the *Poisons Standard (Medicines)* relating to the scheduling of naloxone.



## Working together for success

Implementing the *Everybody's Business* framework requires a long-term outlook and whole of sector perspective. It requires a shared commitment from all stakeholders across government, non-government and community sector organisations to collaborate in the sharing of information and resources.





# Promotion Prevention and Early Intervention

In late July 2014, the ATDC was funded by the Department of Health and Human Services to employ a part-time (0.6 FTE) Promotion Prevention and Early Intervention (PPEI) Project Officer to support the implementation of *Everybody's Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention Approaches* in averting Alcohol, Tobacco and other Drugs Use.

This position was filled in late August 2014 by Olivia Mitchell who was employed on a 10 month contract, ending 30 June 2015.

The project officer's role was to work closely with the nominated lead agency, the Drug Education Network, and the wider ATOD sector, to develop a detailed Implementation Plan for the strategic framework.

The project officer was also responsible for:

- supporting the chairperson to establish and convene meetings of an ATOD sector PPEI Implementation Advisory Group and provide direct secretarial support (this group met seven times during the course of the project)
- assisting the chairperson to prepare progress reports and related documents, and
- supporting the engagement of consumers and community activities to promote and implement components of the PPEI strategic framework.

Throughout the 10 month project, the project officer met with key community sector organisations across Tasmania identifying PPEI

activities consistent with the priorities listed in the strategic framework.

In May 2015 the ATDC convened a statewide forum in Campbell Town. The purpose of the forum was to consult on the strategies and activities in the Implementation Plan, to increase understanding of PPEI within the wider ATOD sector, to increase commitment from the sector to PPEI activities and to identify priority activity areas and establish timeframes for achievement. The forum attracted a lot of interest from the sector with the 30 participants providing valuable input and feedback which was incorporated in the final version of the plan.

The Implementation Plan was finalised and published in June 2015.

Moving forward, the ATDC will be a member of a new advisory group consisting of key stakeholders (from government and non-government agencies) set up to assist the Drug Education Network in its role as lead agency. The ATDC will also lead, carry out, or be involved in, specific activities listed in the Implementation Plan over coming years.

# Sector Capacity Building Project (SCBP)

The ATDC's Sector Capacity Building Project has had continued success over the 2014 - 2015 financial year, achieving outcomes and targets in relation to the four main objectives:

- strategic partnerships and linkages,
- service improvement,
- workforce development and capacity building, and
- dissemination of targeted and relevant information.

The project is in its third year of funding. It continues to provide the alcohol, tobacco and other drug (ATOD) sector with opportunities to network, collaborate, build individual and organisation capacity in identifying and responding to changing and/or challenging needs, and provide professional development opportunities.

This year highlights included:

## Research Symposium

The Research Symposium was held in September 2014 with the University of Tasmania. By increasing contact between researchers and the sector with a focus on translational research, the capacity of the workforce to use evidence informed practice is increased. Eighty-one people attended the symposium and evaluations showed that attendees overwhelmingly thought that the research presented was new, worthwhile and applicable to front-line ATOD practice and that the event itself was very well organised.

## Comorbidity Workplace Exchange Project

In December 2014 six ATOD workers participated in the workplace exchange project, with placements at four mental health services. All participants reported a change in their awareness of the way mental health disorders can interact with other health and social issues, and an increase in their knowledge of treatment needs for a client with coexisting mental health and substance use issues.

## Cross Sector Bus Tours

These very popular annual bus tours were held for the fourth time in February and March 2015. Forty-five people attended three tours statewide, visiting 34 member services. The evaluations highlighted that participants overwhelmingly believed the tour met its objectives of demonstrating diversity and increased understanding of services, improved referral pathways and provided networking opportunities.

## Consumer Engagement Panel and Workshop

In March 2015 the Consumer Engagement Panel and Workshop *From Frustrated to Fantastic* was conducted across each of the three regions. Fifty-five workers attended the sessions statewide, and gained knowledge on consumer engagement practices, strategies and policies that could be used in their organisations.

## Peaks Capacity Building Network (PCBN)

There was continued collaboration with the other state and territory peaks through 14 teleconferences and two face-to-face meetings in the 2014 - 2015 period. The PCBN focused its efforts this year on finalising the Peaks Evaluation Report and creating an online repository of capacity building resources to share.

Amanda Street resigned from the position of Sector Capacity Building Project Officer in April 2015 after working with the ATDC since November 2010. The ATDC would like to thank her for the outstanding contribution she made to the sector and for the professionalism and enthusiasm she showed throughout her employment. Funding for this project ended on 30 June 2015. However, the ATDC received a 12 month extension of funding to continue to meet the capacity building needs of the ATOD sector in Tasmania for the 2015 - 2016 financial year.

**Bus tour participants visited Eureka House during the Hobart tour**



# Training and Events 2014-2015

Increasing knowledge and capacity of individuals and organisations is a key role of the ATDC. This financial year the ATDC responded to needs of the sector by providing training and professional development sessions, symposiums and

consultation opportunities. There was a revamp of the ATDC's website, eNews and social media (predominately Facebook and Twitter) and these platforms were used to promote relevant events organised by others in the sector.

The table shows events organised by the ATDC (and those organised in collaboration with others) in 2014-2015:

Month / Year	Event
July 2014	<p><b>CULTURAL DIVERSITY TRAINING</b></p> <p>This training was run in both Hobart and Devonport by Brian Serna, an international trainer and consultant in Cultural Issues in Behavioural Health and Evidence Based Practices (EBPs) in treating addictions and mental health issues. Forty-one participants across the two sessions explored the impact of cultural diversity on the counselling process and learnt how to work effectively with clients with different racial backgrounds, cultural traditions, gender identities and sexual orientations.</p>
September 2014	<p><b>SUICIDE AND COMORBIDITY WORKSHOP</b></p> <p>This workshop was facilitated by Jeremy Dwyer from the Victorian Coroners Court and was attended by 26 people. The aim was to provide ATDC members with the opportunity to develop greater knowledge of the links between suicide and coexisting mental illness and substance misuse.</p>
September 2014	<p><b>RESEARCH SYMPOSIUM</b></p> <p>Eighty-one people from a broad range of services attended the Research Symposium which was held with the University of Tasmania. Attendees heard from four local researchers on a diverse range of topics: Monitoring Substance Use in Prisons: Assessing the Potential Value of Wastewater Analysis, Yoga Therapy: Application in Drug and Alcohol Treatment, A Smartphone Application for Monitoring Alcohol Consumption and Risk Taking Tendencies and Practitioner Leadership, Change and Knowledge Exchange.</p>
November 2014	<p><b>IDRS (ILLICIT DRUG REPORTING SYSTEM) INFORMATION SESSION</b></p> <p>Twenty people attended an information session about the IDRS which is the national illicit drug monitoring system intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. This session was held by Raimondo Bruno, an Associate Professor at the University of Tasmania who is responsible for collecting and collating this important data set.</p>
February and March 2015	<p><b>CROSS SECTOR BUS TOURS</b></p> <p>The ATDC ran these very popular annual bus tours for the fourth time in February and March 2015. Forty-five people attended three tours statewide, visiting 34 member services. The tours demonstrate diversity and increase understanding of services, improve referral pathways and enhance the level of collaboration and coordination in the care of clients experiencing complex issues.</p>
March 2015	<p><b>CONSUMER ENGAGEMENT PANEL AND WORKSHOP</b></p> <p>The ATDC conducted a Consumer Engagement Panel and Workshop <i>From Frustrated to Fantastic</i> in Hobart, Launceston and Devonport. Fifty-five workers attended the sessions statewide and gained knowledge on consumer engagement practices, strategies and policies that could be used in their organisations.</p>
April 2015	<p><b>FUNDASSIST WORKSHOP</b></p> <p>The ATDC ran the <i>FundAssist Workshop</i> for those working behind the scenes in ATOD sector organisations. This workshop attracted 20 ATDC members who learned about preparing and planning for writing future funding applications. The workshop was facilitated by Professor Ann Roche from the <i>National Research Centre on AOD Workforce Development</i> and proactively supported organisations to build their capacity to apply for funding.</p>
April 2015	<p><b>SMART RECOVERY TRAINING</b></p> <p><i>SMART Recovery Australia</i> (SRAU) coordinate the facilitation of mutual-aid groups guided by principles derived from Cognitive Behaviour Therapy (CBT) and Motivational Interviewing. The ATDC hosted an information session for 16 people <i>Mutual-aid in the addictions: How the AOD sector in Tasmania can collaborate with its clients to grow a network of a new type of community support</i>. SMART Recovery Area Coordinator, David Hunt, delivered the presentation. He has worked in clinical, research and public health settings in the mental health and ATOD fields for ten years.</p>

# Experts, Trainers and Consultants involved with ATDC

The ATDC engaged a number of experts, trainers and consultants, during the 2014-2015 year, to share their skills, expertise and knowledge with the Tasmanian alcohol, tobacco and other drugs (ATOD) sector.

**Brian Serna** is an international trainer and consultant in Cultural Issues in Behavioural Health and Evidence Based Practices (EBPs) in treating addictions and mental health issues. He operates a private practice and consulting firm based in Santa Fe, New Mexico in the USA. Brian facilitated Cultural Diversity training for the ATDC.

The ATDC ran a workshop on suicide and comorbidity to develop a greater understanding in the sector about the links between suicide and coexisting mental health and substance misuse issues. This workshop was facilitated by **Jeremy Dwyer** who works as a case investigator in the Coroners Prevention Unit in the Coroners Court of Victoria. His particular area of interest is the nexus between pharmaceutical drug misuse, poor coordination of care between medical practitioners, and fatal drug overdose.

**Professor Ann Roche** is a Director of the *National Centre for Education and Training on Addiction* (NCETA) at Flinders University. Previously she was the Director of the *Queensland Alcohol and Drug Research and Education Centre* (QADREC) at the University of Queensland and has over 25 years experience in the field of public health. The ATDC engaged Ann to facilitate the *FundAssist* workshop for 20 member organisations to assist them with preparing and planning for future funding opportunities.

**David Hunt** has worked in research, clinical and public health settings in the mental health and ATOD fields for over ten years and is currently an Area Coordinator for *SMART Recovery Australia*. The ATDC invited David to deliver an information session about *SMART Recovery* which

coordinates the facilitation of mutual-aid groups guided by principles from Cognitive Behaviour Therapy (CBT) and Motivational Interviewing.

The ATDC engaged **Michelle Swallow**, Director of *Leadership and Change Consultants*, to facilitate three Consumer Engagement Panels and Workshops and the statewide *Promotion Prevention and Early Intervention forum*. Michelle is a highly experienced facilitator, mentor and change manager with a background in leadership, governance, advocacy and policy. Michelle was the CEO of the Mental Health Council of Tasmania prior to establishing her consultancy.

**Dr Raimondo Bruno** is an Associate Professor in the School of Medicine at the University of Tasmania. He has been involved in the ATOD sector for over a decade and his main research interests include the cognitive consequences of use of medications and illicit drugs; illicit drug market trends; and approaches to reduce the harms associated with substance use. The ATDC invited Raimondo to present an information session about the *national Illicit Drug Reporting System* (IDRS).

The ATDC also held a research symposium with the University of Tasmania, showcasing a wide variety of emerging research.

**Emma van Dyken** was invited to present on her research which involves the collection and analysis of prison wastewater to measure the levels and types of drug use amongst the inmate population. This work has important implications for policy development, as well as the criminal justice system. Emma holds a *Bachelor of Medical*

*Research, Bachelor of Laws (Hons.)* and a *Graduate Diploma in Legal Practice* from the University of Tasmania.

**Lila Hass** gave attendees a history of yoga and meditation, an overview of the underlying biochemistry of anxiety and addiction, and looked at the mechanisms by which yoga and meditation can transform body chemistry to reduce addictive behaviour. Lila is an experienced yoga and meditation teacher and is currently completing a *Masters Degree in Counselling*, with a focus on anxiety.

The use of modern technology in collecting data was the focus of a presentation by honors research student in the School of Engineering and ICT, **Anthony Smith**. Anthony has been working to develop a smartphone application that enables researchers to collect real world data about alcohol consumption and risk taking tendencies. His research is structured into two main phases, namely analysing the usage and reliability of the smartphone application, and user interviews.

**Dr Hannah Graham** is a Criminologist and Associate Lecturer in the School of Social Sciences at the University of Tasmania. She has worked in various roles conducting research and applied capacity building activities with the ATOD sector since 2008. Hannah's presentation showcased practitioner perspectives on the realities of rehabilitation work from a recent study of the ATOD and criminal justice sectors in Tasmania. Her presentation considered how practitioners show leadership and creativity in their work, how this can be theorised, and how and why further 'pracademia' and knowledge exchange is necessary to positively shape policy, culture and practice change.

# Workforce Development

The alcohol, tobacco and other drug (ATOD) workforce continues to respond to challenges. Our workforce across Tasmania is filled with the most amazing and dedicated people. We know this because we work alongside them and see the success stories.

The role of the workforce development officer is to support the workforce through identification of workforce development practices, research key issues and needs and support organisations to develop their workforces. Workforce development strategies can be applied at many levels: individuals, teams, organisations and systems.

Lynne Maher resigned from the position in December 2014 and in January 2015, Jackie Hallam commenced in the role. We thank Lynne for her hard work.

A proud achievement of the workforce development role was the *ATDC Workforce Survey*, which is run every second year. Significant time in 2014 was spent collecting and analysing the data. Over 200 people answered the survey. Results and analysis inform many aspects of ATDC work. The data is available to ATDC members to use for service planning, funding applications or other purposes. The document *Findings from the ATDC Workforce Survey* is available on the ATDC website.

The workforce development officer was involved in the development of a new training package used in the *Diploma of Community Services AOD/MH* course run by registered training organisations (RTO) (eg TasTAFE). Participation in national meetings about the content of the package and facilitating feedback from the sector to RTOs were two key activities in this process.

Supporting the sector to achieve minimum qualifications through helping ATDC members gain access to Skills Fund budget was another achievement for the year. There were 20 places available in the second half of 2014 for new ATOD workers to gain ATOD qualifications through subsidised places at TasTAFE. The



workforce development officer worked with workers and their organisations to assist them with accessing funds and consequently completing qualifications.

Another key part of this role is provision of events and training. Key events are outlined on page 17. The workforce development officer, during late June, was consumed with the organisation of training on crystal methamphetamine, to be run in July 2015. This will be an enormous event with over 450 people expressing their interest to attend. The ATDC is optimistic that 2015-2016 will be a huge year for workforce development for our sector. The ATDC looks forward to working closely with managers and staff to improve access and build on the excellent quality of our services.

# ATDC Workforce Survey 2014 Gives Snapshot of the Sector



## About our workforce

We know a lot about our workforce because we collect data every second year about who they are, where they work, their professional interests and needs and why they choose to work in alcohol, tobacco and other drugs (ATOD). The ATDC Workforce Survey has been done every second year since 2010, which means that the ATDC now has three sets of data to analyse.

## Findings from the ATDC Workforce Survey 2014

There are twice as many females working in ATOD than males and this is the case for managers as well. The workforce is also rich with experience as half of the ATOD workforce was aged 45 and over with a fifth aged 55 and over. One in ten of our workers identifies as Aboriginal, which is great as it matches the general demographics of our state.

Half of our staff were employed in permanent positions and half in fixed term contracts, reflecting the nature of project contracts that our sector relies on to deliver services. Two thirds were employed on a full time basis.

Two thirds of our ATOD staff have a degree and all have a certificate IV or *Diploma of Community Services* or higher. However, only a third held ATOD specific qualifications. This is a key issue - how do our workers get access to appropriate ATOD courses in the context of having different educational histories? A newly graduated psychologist will have different needs than their counterpart who has a *Diploma of Community services*. Providing many different types of ATOD courses pitched at different levels is a key challenge, given our small population. Innovation in delivery is required as well as a long term focus.

There are 12 organisations across Tasmania funded to deliver ATOD services. They differ in size with some being part of a large organisation with well over a hundred staff members and our smallest consisting of less than five people.

This provides a snapshot and illustrates how useful the ATDC Workforce Survey is. Next year's survey will produce more opportunities for us to learn about our workforce and respond accordingly.

The ATDC Workforce Survey 2014 can be found on the ATDC website [www.atdc.org.au/wp-content/uploads/2013/05/ATDC\\_-Workforce-Survey\\_Web.pdf](http://www.atdc.org.au/wp-content/uploads/2013/05/ATDC_-Workforce-Survey_Web.pdf)



Left to right: 2015 Award Winners Sylvia Engels, Andrew Verdouw, Stuart Ferguson and Andrew Harper

# Tasmanian Alcohol, Tobacco and Other Drugs (ATOD) Sector Awards

The ATOD Awards recognise key individuals, annually, within the ATOD sector. This is the fourth year the ATDC has coordinated the awards and it has always been a very well received and happy occasion. These awards provide an opportunity to recognise, acknowledge and reward outstanding performance and commitment shown by people working in the ATOD sector.

Nominations are usually made by colleagues and/or managers but sometimes by clients and consumers. This year the Early Career recipient was nominated by a consumer, which shows people in the sector are making a difference. These awards also reinforce the value of the work that is done in the ATOD sector and further enhances the profile of the sector.

The well-deserved winners received their awards at a morning tea held at Parliament House. The awards were presented by Minister for Health the Hon Michael Ferguson. Each award recipient received an engraved trophy and \$500, which they can spend on their professional development during 2015-2016.

Nominations for the 2016 ATOD Awards will open in January and will be presented to winners during the ATDC 2016 Conference. Details on how to nominate will be on the ATDC website from January 2016.

## 2015 ATOD Award Winners

### Outstanding Contributions Award

Sylvia Engels, Manager, Policy Development, Mental Health and Alcohol and Drug Directorate, DHHS

### Excellence In Alcohol, Tobacco and Other Drug Work Award

Andrew Verdouw, Team Leader, Intervention Programs Unit, Tasmanian Prison Service

### Improving Understanding Through ATOD Research Award

Associate Professor Stuart Ferguson, School of Medicine, University of Tasmania

### Early Career Award

Andrew Harper, Needle and Syringe Program (NSP) Worker, Anglicare Tasmania

# Facilitating Collaboration in Local Neighbourhoods

Neighbourhood Houses have reported an increase, in the last few years, in people presenting with alcohol, tobacco and other drug (ATOD) related issues. Neighbourhood Houses staff and volunteers have suggested that having a greater understanding of how they can support people with these issues, and how they can connect people with specific professional support would be very beneficial. There are 35 Neighbourhood Houses spread across Tasmania.

Neighbourhood Houses Tasmania was aware of these issues and in 2014 agreed to work with the Alcohol, Tobacco and other Drugs Council (ATDC) to help houses and alcohol, tobacco and other drug (ATOD) services to work together to improve support for Tasmanians affected by ATOD issues. A grant application was submitted to the Australian Government Department of Social Services, and the ATDC received funding for the *Facilitating Collaboration in Local Neighbourhoods* project.

The project is about building connections between staff and volunteers in Neighbourhood Houses (NH), and workers in ATOD organisations to:

- provide NH staff and volunteers with a basic understanding of alcohol, tobacco and other drug misuse issues
- demonstrate the potential of houses as a neutral, safe and respectful environment in which to meet, for ATOD sector workers
- provide NH staff and volunteers with information about appropriate referral pathways to ATOD services
- provide expert support to houses when the need for local forums on a specific issue is identified
- provide ATOD related resources and information to houses.

A Project Advisory Group was established to have input into the best approaches and activities to be conducted during the project. The Advisory Group includes a representative from Holyoake, a user of ATOD services and two members from Neighbourhood Houses. Project activities being considered include:

- annual bus tours across each of the three regions where NH workers will be taken on a tour of ATOD services and gain an overview of the ATOD programs available
- joint training for NHT and ATDC members on topics identified by Neighbourhood House workers and volunteers.

Neighbourhood Houses Tasmania (NHT) is the peak body for Neighbourhood and Community Houses and Centres across Tasmania.



Left to right: Bucaan Community House's Mary-anne Evans discusses the project with Salvation Army's Grant Herring

# Communications

Communications is an integral element to any organisation. Good communication in a peak body allows the members to find out information that is relevant and delivered in a timely manner via several methods of delivery.

Contemporary communication with members is now based on dialogue, rather than one-way which provides more effective feedback hence communication can have a much better focus. The communications role coordinates information and messages in the most effective manner to reach the widest audience possible. The importance of this role was particularly evident for the Crystal Methamphetamine Training. Information about the training was provided through eNews, the ATDC website and social media platforms. No paid advertising was used and expressions of interest came from over 400 people.

The ATDC had a staff change in the communications area when Jonathan Jones finished towards the end of 2014 and Carolyn Docking started in December 2014.

The ATDC continued to refine and examine communications platforms, methods and style and the best approaches to reach the target audience. More emphasis was placed on social media and being more active in the online space. The audience has grown substantially in the last six months on the ATDC's social media platforms. The social media content across all platforms has increased in frequency and appeals to a wider audience with a focus on driving traffic back to the ATDC website.

## eNews and Website

The ATDC eNews continues to reach a large diverse audience but has undergone more strategic management. The number of updates has been reduced to eliminate the high number of emails going to subscribers, which ultimately reduced readers' engagement. The ATDC eNews and updates underwent a design change to ensure a more contemporary and appealing look and feel and as a result, is engaging more readers with an increase in opens and click throughs.

The website continues to provide information to users and is continuing to evolve, in terms of structure and content. Future structural work will ensure the website caters to users more efficiently and effectively.

## Branding

The ATDC adopted a new logo in June 2015. The new logo was adapted from the old logo but with a more fresh and contemporary feel. The new look also brought other elements to the ATDC to be used in templates, eNews and online. A logo register was introduced to allow greater control over where the logo appears and how it is used, ensuring the ATDC is branded in the most positive manner possible. The ATDC Style Guide was finalised and now reflects the changes to our look and feel.

## Social Media

The ATDC uses Facebook, LinkedIn and Twitter and generates content from topics of interest, events that are ATDC hosted or attended and for promotion of items of interest. Facebook had 114 likes in December 2014 but grew to 159 likes by the end of the financial year. Events have attracted the most interaction, particularly those with images of attendees. Twitter is used in a more concentrated way mainly for events and promotions. The introduction of hashtags for both social media platforms saw an increase in followers and likes and more quality interaction with users.

LinkedIn continues to be slower to grow. However the quality of users who follow the ATDC in this space tends to be more professional people in senior roles.

## Media Management

The ATDC has seen a significant increase in media interviews, attendances by media at ATDC events and subsequent publications and broadcast through various media outlets. The ATDC, since formal monitoring began, participated in 36 interviews from 1 January 2015 until the end of the financial year.

## Photography and Event Coverage

The ATDC has started its own image library to ensure high quality photographs and graphic elements are used in publications and online spaces. The use of an image library, solely for use by the ATDC, also ensures copyright is not inadvertently breached by use of images acquired from the Internet or other sources.

Coverage of events has increased substantially with 'live' updates being done via social media and galleries and more substantial articles uploaded to the website or social media after the event. This has increased participation in our communication methods and started a more strategic approach to dialogue with stakeholders, rather than one-way information.

# ATDC Stakeholder Survey 2015

The ATDC has been conducting an annual stakeholder survey continuously for the last four years. The survey is a key tool in assisting the ATDC in continuing to build its effectiveness as the peak body for the alcohol, tobacco and other drugs sector. The survey is administered by the organisation using the electronic tool, SurveyMonkey®. In mid-April 2015 the survey was circulated to over 700 ATDC eNews subscribers and responses were received from 102 people.

## Stakeholder Consultation and Engagement

During 2014-2015 the ATDC continued to represent the interests of the ATOD community sector on local and national committees and groups including:

- Alcohol Advisory Group
- Alcohol and Other Drug Treatment Expert Advisory Group
- HIV and Hepatitis Working Group
- Housing Connect Regional Reference Group
- Illicit Drug Action Plan Advisory Group
- Interagency Working Group on Drugs
- Outcomes Purchasing Framework Working Group
- Partners in Recovery (PIR) Reference Group
- Sector Capacity Building Project Network
- Social Impact Measurement Network (Tas.)
- State and Territory AOD Peak Body CEO Network
- Statewide Youth Collaborative Group
- Tasmanian Community Sector Policy Network
- Tasmanian Community Sector Peaks Network
- Tasmanian Council of Social Service (TasCOSS) Regional Meetings
- Tasmanian Peaks Network and Government Strategic Forum
- Tasmanian Suicide Prevention Community Network
- Tobacco Control Coalition
- Transcultural Mental Health Network

The 2015 survey asked respondents to:

- assess the ATDC's performance against the goals in the **2011-14 Strategic Plan**
- identify future policy, research, practice and strategic priorities for the organisation
- highlight their awareness of the work of the ATDC in relation to promotion, prevention and early intervention
- comment on the effectiveness of the ATDC's communication and how to maximise the use of social media.

The survey found that the top six most highly rated strategic priorities for the ATDC are:

- facilitating access to professional development opportunities
- promoting evidence-based best practice
- gathering member, consumer and stakeholder views to represent the interests of the sector
- ensuring that the ATDC is a well governed organisation
- research and promote policy and position papers regarding models of engagement with consumers, users, families and friends
- maintain effective partnerships with stakeholders.

The survey also found that the top five policy, research and practice priorities are:

- promotion, prevention and early intervention (PPEI)
- consumer participation and engagement
- correctional health: drug use and treatment in prison
- stigma and discrimination
- justice and sentencing issues (eg court mandated drug diversion, drink driving courts, suspended sentences and mandatory sentencing).

# Crystal Methamphetamine Use Concerns the Nation

During the financial year crystal methamphetamine (ice) use emerged as a matter of concern at both a local and national level. There was interest at a political level and the media took a significant interest in the topic, linking crystal methamphetamine use to family and community breakdown, increased violence and criminal activity, presentations at hospital emergency departments and an increase on the demand for law and order services as well as drug treatment services.

The ATDC monitored the crystal methamphetamine situation by maintaining contact with alcohol, tobacco and other drug (ATOD) service providers and member organisations informally and via quarterly Regional ATDC Member Meetings (RAMMs) (refer to RAMMS report) which provided the peak body with useful anecdotal information about the experiences and presentations that were occurring 'on the ground' at an organisational level.

Minister for Health the Hon Michael Ferguson called upon the Department of Health to investigate the matter and make recommendations following claims by health workers and media regarding growing drug use in the North West of Tasmania. The ATDC met with the department, as part of the review process, and participated in a consultation that was held in Burnie with a range of targeted stakeholders from ATOD service provider organisations, schools and the education system, police and justice and health care workers amongst others. In October 2014 the department released the *Final Report of the Review of Drug Use and Service Responses in North West Tasmania* which made a range of recommendations. A key recommendation from the review related to the up-skilling and training of the ATOD workforce and consequently the department decided to fund the ATDC to coordinate the provision of training to the sector.

Following consultation with the ATOD sector the ATDC determined that there was a broad target audience for training that included generalist workers, allied health workers, new and specialist ATOD workers, frontline workers in emergency departments, ambulance services, psychiatry and police. The ATDC then developed and implemented a comprehensive one-day model of training with LeeJenn Health Consultants who delivered the training. The training program was delivered in two locations; Devonport on 7 July and Hobart on 9 July, with 252 people attending the training across Tasmania, 77 in Devonport and 175 in Hobart.

The Australian Government also established the *National Ice Taskforce* in April 2015 to work with states and territories to develop and implement a *National Ice Action Strategy*. During May the *National Ice Taskforce* conducted consultations across Australia. The ATDC participated in two formal stakeholder consultations and made a written submission to the Taskforce. The ATDC participated in a national teleconference, as part of the process, with peak ATOD bodies and in late May the ATDC participated in a face-to-face meeting held in Hobart with the Taskforce and many other key stakeholders. The face-to-face consultation was attended by a range of participants representing police, justice and law enforcement, emergency medicine, paramedics, housing services, child and family service providers, alcohol and drug services, a drug user group, and prisons amongst others. Opinions were wide and varied but it was recognised that drug use is complex and requires a whole of system response. It was understood that balanced

investment needs to occur across the spectrum of services:

- primary prevention
- early intervention
- education
- community development
- treatment and rehabilitation
- law enforcement
- justice.

Themes highlighted during the consultation by the ATDC and ATOD community sector organisations included:

- investing in services for the longer-term and not with short-term contracts
- ensuring that services are well integrated and coordinated
- not stigmatising and judging people who use alcohol and other drugs
- building and not undermining the capacity of workers within the ATOD and related sectors.

The *National Ice Taskforce* submitted its interim report to the Prime Minister in June 2015 for consideration by the Council of Australian Governments (COAG) and the Taskforce will provide a final report to the Prime Minister with a final strategy to be considered by COAG before the end of 2015.

During 2014-2015 the ATDC was continually called upon to participate in various reviews and consultations regarding crystal methamphetamine and respond to media interest on the subject. Interest and concern will continue over the coming financial years as Australia and Tasmania try to respond appropriately to the impacts of drug use within our community.

# Budget Priorities Statement

The ATDC was asked to make a submission outlining budget priorities and recommendations on behalf of the ATOD sector as part of the Tasmanian Government Budget process for 2015-2016.

Accordingly the ATDC compiled the budget priorities statement (BPS) and met with representatives of the Department of Health and Human Services and the Alcohol and Drug Service as part of the consultation process.

In late January 2015 the ATDC met with Minister for Health the Hon Michael Ferguson and highlighted the twelve recommendations included in the submission. The BPS was also sent to the Premier, Treasurer, Attorney-General, Minister for Human Services and the Acting Secretary of the Department of Health and Human Services.

A copy of the BPS was circulated to members during meetings and consultations and is available on the ATDC website.

This BPS echoed a number of recommendations that had already been made in Tasmanian State Government publications such as:

- report of the Auditor General, Report number 11 of 2013-14, *Compliance with the Alcohol, Tobacco and Other Drugs Plan 2008-13*
- Department of Health and Human Services' *Final Report of the Review of Drug Use and Service Responses in North West Tasmania* released in October 2014.

The ATDC Budget Priorities Statement specifically made twelve recommendations and highlighted key priority areas requiring government activity and/or investment, such as:

- support for the key AOD governance body the *AOD Treatment Expert Advisory Group* that reports to the *Alcohol and Drug Planning Advisory Group*
- renegotiation of grant indexation arrangements to ensure the ongoing viability and sustainability of the community sector
- investing in the data and information management systems across the entire ATOD sector to enable the collection and analysis of quality information which will support the implementation of the *DHHS Outcomes Purchasing Framework*
- providing recurrent funding for drug user organisations within Tasmania
- investing in therapeutic justice options such as the establishment of a drink driving court
- providing ongoing investment to support promotion, prevention and early intervention (PPEI) activities
- tackling opioid overdose by enabling the availability of naloxone
- conducting the review of the *Tasmanian Opioid Prevention Policy* by an independent consultant and with appropriate input from drug users and those engaged with the program
- increased access to pharmacotherapy including post prison release
- increasing the funding for needle and syringe programs (NSP) within the community including the consideration of creating an NSP within the prison.

## Continuous Quality Improvement and Accreditation

The ATDC is committed to the principles of continuous quality improvement (CQI). An action in the Strategic Plan for 2015-2018 included a strategy to attain accreditation prior to 2018. Accordingly the ATDC has registered with Quality Innovation Performance (QIP) to use the Quality Improvement Council's (QIC) **6<sup>th</sup> Edition of the Health and Community Services Standards**. ATDC staff participated in an orientation and training session, during the financial year, to familiarise themselves with the standards and to start the internal review stage of the QIC accreditation cycle.

## **INDEPENDENT AUDITOR'S REPORT**

To the members of The Alcohol Tobacco and Other Drugs Council (Tas) Inc.

We have audited the accompanying financial report, being a special purpose report, of The Alcohol Tobacco and Other Drugs Council (Tas) Inc., which comprises the statement of financial position as at 30 June 2015, the statement of financial performance for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the officers' assertion statement.

### **Officers' Responsibility for the Financial Report**

The officers of The Alcohol Tobacco and Other Drugs Council (Tas) Inc., are responsible for the preparation of the financial report, and have determined that the basis of preparation described in Note 1, is appropriate to meet the requirements of the *Associations Incorporated Act 1964* and is appropriate to meet the needs of the members. The officers' responsibility also includes such internal control as the officers determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments the auditor considers internal control relevant to the association's preparation of the financial report that gives a true and fair view, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the officers, as well as evaluating the overall presentation of the financial report.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial report presents fairly, in all material respects, the financial position of The Alcohol Tobacco and Other Drugs Council (Tas) Inc., as at

30 June 2015 and of its financial performance and its cash flows for the year then ended in accordance with the *Associations Incorporated Act (1964)*.

**Basis of Accounting and Restriction on Distribution**

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the officers financial reporting requirements under the *Associations Incorporation Act 1964* and as such may be unsuitable for another purpose.

The officers have determined that the financial report shall be prepared in accordance with a special purpose framework. As a result, the financial report may not be suitable for another purpose as only the accounting standards specifically stated in note 1 to the accounts have been applied in the preparation of this special purpose financial report.

As such, this report should not be distributed or used by parties other than The Alcohol Tobacco and Other Drugs Council (Tas) Inc., and its members.

  
.....  
Michael J Burnett FCA  
Registered Company Auditor  
Partner, Accru<sup>+</sup> Hobart  
Lvl 1, 18 Ross Avenue  
ROSNY PARK TAS 7018

Date: 17-9-15.....

# Alcohol Tobacco & Drugs Council (Tas)Inc

P.O. Box 4702  
Bathurst Street Post Office  
Hobart Tas 7000

## Balance Sheet [Last Year Analysis]

June 2015

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	This Year	Last Year
<b>Assets</b>		
<b>Current Assets</b>		
Cash at Bank unrestricted		
Cash Management Account	\$73,329.45	\$66,896.10
Strategic Reserve Account	\$116,339.87	\$112,460.00
Future Projects Account	\$109,412.67	\$76,180.46
Conference Account	\$31,020.86	\$30,000.00
Conference Management A/C	\$0.85	\$0.85
Total Cash at Bank unrestricted	<u>\$330,103.70</u>	<u>\$285,537.41</u>
Petty Cash	\$400.00	\$400.00
Pre paid expenses	\$4,485.07	\$0.00
Accounts Receivable	\$10,000.00	\$13,300.00
<b>Total Current Assets</b>	<u>\$344,988.77</u>	<u>\$299,237.41</u>
<b>Non Current Assets</b>		
<b>Plant &amp; Equipment</b>		
Plant & Equipment	\$35,650.95	\$35,650.95
P&E Accumulated Depreciation	-\$35,650.95	-\$35,650.95
Total Plant & Equipment	<u>\$0.00</u>	<u>\$0.00</u>
<b>Motor Vehicles</b>		
Motor Vehicles	\$33,689.70	\$33,689.70
M.V Accum Depreciation	-\$4,211.00	\$0.00
Total Motor Vehicles	<u>\$29,478.70</u>	<u>\$33,689.70</u>
<b>Total Non Current Assets</b>	<u>\$29,478.70</u>	<u>\$33,689.70</u>
<b>Total Assets</b>	<u>\$374,467.47</u>	<u>\$332,927.11</u>
<b>Liabilities</b>		
<b>Current Liabilities</b>		
Accounts payable	\$7,615.51	\$3,935.90
<b>GST Liabilities</b>		
GST payable	\$11,855.24	\$23,062.02
Less GST receivable	-\$7,307.99	-\$15,443.61
Total GST Liabilities	<u>\$4,547.25</u>	<u>\$7,618.41</u>
<b>Employee Provisions</b>		
PAYG withholding payable	\$5,941.54	\$6,440.67
Packaging EPAC Clearing a/c	-\$0.06	\$0.00
Total Employee Provisions	<u>\$5,941.48</u>	<u>\$6,440.67</u>
Revenue Received in Advance	<u>\$28,235.39</u>	<u>\$20,268.89</u>
<b>Leave Provisions</b>		
Annual Leave Provision	\$38,044.02	\$36,598.35
Long Service Leave Provision	\$21,224.00	\$0.00
Total Leave Provisions	<u>\$59,268.02</u>	<u>\$36,598.35</u>
<b>Total Current Liabilities</b>	<u>\$105,608.65</u>	<u>\$74,862.22</u>
<b>Total Liabilities</b>	<u>\$105,608.65</u>	<u>\$74,862.22</u>
<b>Net Assets</b>	<u>\$268,858.82</u>	<u>\$258,064.89</u>
<b>Equity</b>		
Retained Surplus	\$258,064.89	\$123,269.23
Equity transfers	-\$9,731.11	\$0.00
Current Year Surplus	-\$9,474.96	\$134,795.66
Reserve for Conference	\$30,000.00	\$0.00
<b>Total Equity</b>	<u>\$268,858.82</u>	<u>\$258,064.89</u>

# Alcohol Tobacco & Drugs Council (Tas) Inc

## Profit & Loss [Last Year Analysis]

July 2014 through June 2015

	This Year	Last Year
<b>Income</b>		
Funds Brought Forward	\$0.00	\$3,640.00
Grants Commonwealth - Recurrent		
Sector Capacity Building Project	\$159,680.46	\$164,081.54
DSS	\$35,766.49	\$0.00
Total Grants Commonwealth - Recurrent	\$195,446.95	\$164,081.54
Grants State - Recurrent		
DHHS	\$458,416.39	\$500,709.37
Total Grants State - Recurrent	\$458,416.39	\$500,709.37
Grants State - Non-Recurrent		
Additional State Funding	\$7,925.91	\$0.00
Total Grants State - Non-Recurrent	\$7,925.91	\$0.00
Grants Other		
Event Income	\$0.00	\$14,927.28
Membership Fees	\$9,018.18	\$8,920.00
Other Income		
Interest - Restricted	\$4,185.11	\$7,939.04
Interest - Unrestricted	\$7,112.08	\$0.00
Sundry Income	\$9,090.91	\$9,020.09
Total Other Income	\$20,388.10	\$16,959.13
<b>Total Income</b>	<b>\$691,195.53</b>	<b>\$709,237.32</b>
<b>Expenses</b>		
Accounting Fees	\$685.50	\$0.00
Advertising & Promotion	\$3,536.68	\$2,825.13
Assets Purchased <\$5000	\$7,972.78	\$2,269.97
Audit Fees	\$2,735.46	\$2,582.84
Bank Charges	\$199.79	\$209.87
Board & Governance Expenses	\$7,021.58	\$5,246.72
Planning/Reporting/Evaluation	\$5,585.00	\$0.00
Cleaning & Pest Control	\$1,621.82	\$2,112.72
Client Support Services	\$46,863.09	\$29,281.43
Computer Expenses	\$10,822.82	\$23,654.18
Consultancy Fees	\$2,751.64	\$23,688.41
Depreciation - Motor Vehicle	\$4,211.00	\$0.00
Depreciation - Equipment	\$0.00	\$10,030.39
Employment Support/Supervision	\$87.52	\$2,013.17
Project Administration Support	\$2,640.00	\$0.00
Equipment Hire & Lease	\$2,100.00	\$0.00
Fees & Permits	\$59.20	\$42.42
General Insurance	\$1,491.43	\$3,853.85
Loss on Sale of Assets	\$0.00	\$3,433.61
Meeting Expenses	\$878.99	\$221.55
Venue Hire	\$433.11	\$0.00
Memberships & Subscriptions	\$1,254.53	\$1,296.48
MV Fuel & Oil	\$1,761.22	\$4,046.34
MV Repairs & Maintenance	\$662.07	\$0.00
MV Insurance	\$646.43	\$654.55
MV Registration	\$419.17	\$0.00
Postage Freight & Courier	\$381.74	\$152.45
Printing & Stationery	\$2,045.34	\$2,639.00
Publications & Info resources	\$3,566.44	\$976.79
Rent	\$31,876.90	\$28,387.61
Salaries & Wages		
S&W Annual Leave Expense	\$40,084.74	\$0.00
S&W Fringe Benefits Tax	\$7,197.59	\$2,263.26
S&W Long Service Leave Expense	\$21,224.00	\$0.00
S&W Recruitment Expense	\$4,293.91	\$0.00
S&W Superannuation Expense	\$41,360.73	\$36,713.13
S&W Workers Comp Insurance	\$3,804.33	\$2,957.63
S&W Salaries & Wages	\$406,546.24	\$401,065.61

# Alcohol Tobacco & Drugs Council (Tas)Inc

## Profit & Loss [Last Year Analysis]

July 2014 through June 2015

	This Year	Last Year
S&W - Consumer Participation	\$470.00	\$0.00
Total Salaries & Wages	\$524,981.54	\$442,989.63
Staff Amenities	\$1,210.30	\$964.15
Sundry Expense	\$3,598.87	\$0.00
Telephone Fax & Internet	\$4,408.30	\$3,970.41
Staff Training & Development	\$5,992.19	\$6,023.23
Travel & Accommodation	\$11,524.58	\$12,492.49
Utilities - Electricity	\$3,643.46	\$2,629.40
Closed Accounts		
GST/TAX Rounding / Adjustment	\$0.00	-\$2.68
Total Expenses	\$700,670.49	\$618,706.11
Operating Profit	-\$9,474.96	\$90,531.21
Other Income		
ATDC Annual Conference		
Funds Brought Forward	\$0.00	\$57,699.36
Registrations (Conference)	\$0.00	\$40,147.91
Sponsorship / Exhibitors	\$0.00	\$18,918.19
Miscellaneous Income (Conf.)	\$0.00	\$0.55
Total Other Income	\$0.00	\$116,766.01
Other Expenses		
ATDC Annual Conference		
Admin, Overheads, Meetings	\$0.00	\$1,877.36
Advertising & Marketing	\$0.00	\$894.28
Bank Account / Merchant Fees	\$0.00	\$135.33
Equip't / AudioVisual Hire	\$0.00	\$13,170.69
Manager / Coordinator Costs	\$0.00	\$16,471.99
Publication Costs	\$0.00	\$1,550.65
Registration System Costs	\$0.00	\$2,585.75
Speakers Costs	\$0.00	\$2,360.42
Travel & Accommodation (Conf.)	\$0.00	\$3,472.13
Venue Hire & Catering (Conf.)	\$0.00	\$29,982.96
Total Other Expenses	\$0.00	\$72,501.56
Net Profit / (Loss)	-\$9,474.96	\$134,795.66

The Alcohol Tobacco and Other Drugs Council (Tas) Inc.

OFFICERS' ASSERTION STATEMENT

The Committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Committee, the attached financial report:

1. Presents a true and fair view of the financial position of the Alcohol Tobacco and Other Drugs Council (Tas) Inc. as at June 2015 and its performance for the period 1 July 2014 to 30 June 2015;
2. At the date of this statement, there are reasonable grounds to believe that the Alcohol Tobacco and Other Drugs Council (Tas) Inc., will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

Dated at Hobart this <sup>15</sup>..... day of <sup>Sept</sup>..... 2015

  
.....  
PRESIDENT

  
.....  
TREASURER

# Alcohol Tobacco & Drugs Council (Tas)Inc

## Profit & Loss [Last Year Analysis]

July 2014 through June 2015

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The ATDC gratefully  
acknowledges the financial  
and other support from the  
Tasmanian Department of  
Health and Human Services  
and the Australian Government  
Department of Health and  
Department of Social Services.

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