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Alcohol, Tobacco and other Drugs Council Tasmania Inc.

ATDC submission responding to:

Reform Agenda for Alcohol and Drug Services in Tasmania: Consultation Draft

October 2018

Acknowledgements:
The ATDC wishes to gratefully acknowledge everybody who offered their time to contribute to our submission through face to face, phone interviews and group discussions. The depth of engagement in this process is a signal of goodwill and optimism from the community sector to collaborate with other stakeholders to drive reform into the future.

We also wish to acknowledge the people who access alcohol and other drug services and the committed workforce who work with them every day.

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Introduction

The ATDC welcomes the opportunity to comment on the *Reform Agenda for Alcohol and Drug Services in Tasmania: Consultation Draft* (Reform Agenda).

As the peak body for the Tasmanian alcohol, tobacco and other drugs sector, the ATDC has consulted widely with our members in the preparation of this submission. The following information synthesises our member perspectives on the Reform Agenda with a focus on the Reform Directions, and with the aim of:

- providing a community sector organisation (CSO) perspective on what the Reform Direction priorities are,
- adding key details to each Reform Direction,
- providing any other contextual material, and
- ultimately, providing overall direction for reform moving forward.

It should be noted that this submission does not attempt to cover all issues related to alcohol, tobacco and other drug (ATOD) service provision in Tasmania. It attempts to represent the view of our members and stakeholders who have provided comment while also drawing on past consultations where relevant.

Background

There are eight Reform Directions in the Reform Agenda.[1] They are as follows:

1. An integrated service system
2. Developing service specifications and program guidelines
3. A client/consumer centered approach across the service system
4. Improving quality and safety
5. Responding to specific population groups
6. Maintain a focus on promotion, prevention and early intervention
7. Supporting and developing the workforce
8. Reducing stigma and discrimination

Each Reform Direction is accompanied by a list of actions that outline the components to achieving each reform area.

[1] Reform Directions are summarized on pages 19 to 21 of the *Reform Agenda for Alcohol and Drug Services in Tasmania: Consultation Draft*, found here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0020/350534/Reform_Agenda_for_ATOD_Services_-_Consultation_Draft_FINAL_3.pdf, accessed 21/10/2018.

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ATDC consultation approach

The ATDC distributed an invitation for members to provide comment in September 2018, with consultations conducted until the end of October 2018. To achieve a wide representation of member views, feedback was received via semi structured conversations in both face to face and phone interview formats. All interviewees were asked the following six questions:

1. Looking at the eight Reform Directions can you indicate which ones are priorities for *your service*? (choose up to three)
2. Looking at each the Reform Direction you have nominated as a priority, do you have any comments on the associated actions under each one?
3. Which of the following Reform Directions will make the greatest impact on the *sector* moving forward?
4. Is there anything else you would like to see as a Reform Direction or action?
5. Has anything changed recently that also needs to be considered?
6. Any other comments on the document?

Comments were synthesised in this submission, which was then distributed to all members for final comment and endorsement.

Coverage and reach of consultation

This submission has the input from representatives of the following 19 organisations, including the ATDC:

Advocacy Tasmania	Alcohol and Drug Foundation	Anglicare Tasmania
Bethlehem House	Cornerstone Youth Services	Drug Education Network
Holyoake	Launceston City Mission	QUIT Tasmania
Red Cross	Rural Alive and Well	Salvation Army, Bridge Treatment and Recovery Centre
South East Tasmanian Aboriginal Corporation	Tasmanian Aboriginal Centre	The Link Health Services
Velocity Transformations (Pathways Tasmania)	Youth, Family and Community Connections	Youth Network of Tasmania

The above-mentioned organisations represent 12 of the 13 organisations listed under "Consumer and ATOD sector CSOs" in the *ATOD Service Systems Framework Key Stakeholder List (April 2018)* and include two of the four stakeholders listed under "Youth Specific".

Further, these organisations represent 70 per cent of the ATDC's current organisational membership. With such comprehensive coverage of stakeholders, we are confident that this submission represents a reliable view of the Reform Agenda from the Tasmanian ATOD sector.

Other sources of information

The ATDC attended the facilitated discussion between the Mental Health Alcohol and Drug Directorate (MHADD) and 22 CSO representatives held at the Salvation Army Bridge Treatment and Recovery Centre on Thursday, 18 October 2018. This was a two hour session and there was wide ranging discussion on the Reform Agenda. The ATDC has also integrated the key points from this discussion into this submission. Further, the ATDC has drawn information from previous submissions where relevant.

Summary of key reform actions

This submission provides feedback on the Reform Agenda, including comprehensive feedback into each Reform Direction. Prior to exploring this content, the ATDC has synthesised this feedback into three key steps, and six actions that are recommended to progress the Reform Agenda beyond the consultation phase into the implementation stage.

Step 1 - Providing stability and certainty

The ATDC is committed to working in partnership with the MHADD and the wider sector to achieve the necessary reforms to strengthen the Tasmanian alcohol, tobacco and other drugs sector. Similarly, the CSOs that contributed to this submission are also committed to working collaboratively on the reform process. Despite the enormity and scale of the work proposed in the Reform Agenda, there is optimism that reform can occur.

This submission will provide recommendations into the Reform Agenda priority areas, however, first and foremost it must be stressed from the outset that this reform requires investment and commitment. Currently, the Reform Agenda notes that:

> *"This is an ambitious Reform Agenda and additional resources have not to date been identified or provided to support its implementation. Some of the actions rely on other actions to either start at the same time or be completed. Full implementation will take time, and a commitment to both change and collaborative action.*[2]*"*

The first step in the Reform Agenda process must be the resolution of the above issue with the identification of appropriate funding to undertake this work. In the first instance, this investment should focus on the allocation of an additional resource to project manage the reform planning process, and allocate sufficient funding to procure the necessary change management and ATOD sector system redesign skills (experience that is not currently within the State). It is recommended that this funding be allocated for a minimum of three-years. The ATDC would welcome the opportunity to be involved in this work, as appropriate.

Additionally, the instatement of three-year funding contracts (as a minimum) to replace the current one-year short-term funding cycles of CSOs is imperative to provide stability and certainty during the reform process. The Reform Agenda is a 10 year plan, and consistent feedback to this submission is that the existing one-year funding agreements are not conducive to an effective reform process.

Action 1: Identify funding for the implementation of the Reform Agenda, in the first instance the allocation of an additional resource to project manage the reform planning process over a three year period

Action 2: Allocate sufficient funding to procure change management and ATOD sector system redesign skills

Action 3: Instate three-year (minimum) funding contracts with CSOs to provide stability and certainty during the reform process

[2] Reform Agenda, p22.

Step 2 – Service System Integration

The resounding feedback from the consultations was the prioritisation of progressing an integrated service system (Reform Agenda 1 – Action 1.1). This perspective echoes feedback provided in previous sector consultations, with significant appetite from CSOs to commence work in this space as soon as possible. In doing so, it was evident that a key part of this work was determining a shared perspective on what is meant by an 'integrated system'. It was also highlighted that there was a need to ensure that promotion, prevention and early intervention, a client/consumer centered approach and tackling discrimination was included in these discussions. Finally, consideration should be given to the successes of service integration in other regions of Tasmania.

> *"It is clear that services in the North and North West have greater integration and connectedness than exists in the South…, this should be understood, evaluated and replicated. It is important to understand this when reforming systems as the process should not be undertaken to fix "in fighting" among pockets of our Sector, it should be about providing the best possible support to our stakeholders and service users."*

During the consultations, perspectives on an integrated system ranged from shared-data platforms, gateway services and shared service models. Further discussion is required to understand what an integrated system would look like, and explore existing approaches used in other jurisdictions. These foundation discussions are critical to commence progress in this area.

It is recommended that this work could be undertaken by a representative 'integration committee' comprising of CSO, government and key stakeholders, overseen by the project manager recommended in Action 1. The work of the integration committee would be oversighted by the Expert Advisory Committee on Alcohol and Drugs. The ATDC would welcome the opportunity to co-chair a workshop of this nature in partnership with the Tasmanian Government.

Action 4: Commence work on Reform Direction 1, by convening a representative 'integration committee' comprising of CSO, government and key stakeholders oversighted by the Expert Advisory Committee on Alcohol and Drugs to develop a shared perspective on the desired 'integrated system'

Step 3 - Determining program guidelines and responding to population groups

Complementing the above-mentioned support for Reform Direction 1, was support for progressing Reform Direction 2 – the development of service specifications and program guidelines. Additionally, there was strong support for Reform Direction 5, being an increased response to specific population groups. It is noted that both Reform Directions 2 and 5 have cross-over, as they both discuss particular service types and population distinctiveness when accessing those services. To work through these discussions, an advisory committee, similar to the aforementioned 'integration committee' is recommended. Dependent on resourcing these discussions could occur concurrently to Priority 4. Once these Reform Directions have been addressed, it is recommended that the co-commissioning framework between the Tasmanian Health Service (THS) and Primary Health Tasmania (PHT) could commence (Reform Direction Action 1.4).

Action 5: Commence work on Reform Direction 2, by convening a representative 'service specification' committee comprising of CSO, government and key stakeholders oversighted by the Expert Advisory Committee on Alcohol and Drugs to develop the required service specifications and program guidelines, including consideration to specific population groups

Action 6: Discussions on a co-commissioning framework to commence following the finalisation of Actions 1 through to 5

Finally - leveraging successes and progress-to-date

During the consultation process it was acknowledged that there was already considerable work underway by the ATDC to progress a number of the noted Reform Directions. In particular:

- A client/consumer centred approach across the service system is being progressed through the ATDC's current work on the development of the consumer organisation (Reform Direction 3)
- Facilitation, in partnership, of further developmental work on a Tasmanian ATOD data system, which is currently being progressed by the ATDC (found under 'Implementation and Monitoring', and addressing actions 5 and 6)
- Reducing stigma and discrimination, specifically the work that the ATDC is undertaking to address Reform Direction 8 (Actions 8.1 and 8.3)
- Working with the THS to develop a Workforce Strategy (Reform Direction 7, Action 7.2).

Consequently, aspects of the Reform Agenda are already in-progress through the collaborative efforts of the ATDC, CSOs and the Tasmanian Government through the Alcohol and Drug Services.

Summary of reform actions for implementation

The Table below provides a summary of the above-mentioned reform steps, and actions that are recommended to progress the Reform Agenda beyond the consultation phase into the implementation stage.

Step 1 - Providing stability and certainty
Action 1: Identify funding for the implementation of the Reform Agenda, in the first instance the allocation of an additional resource to project manage the reform planning process over a three year period
Action 2: Allocate sufficient funding to procure change management and ATOD sector system redesign skills
Action 3: Reinstate three-year (minimum) funding contracts with CSOs to provide stability and certainty during the reform process
Step 2 – Service System Integration
Action 4: Commence work on Reform Direction 1, by convening a representative 'integration committee' comprising of CSO, government and key stakeholders oversighted by the Expert Advisory Committee on Alcohol and Drugs to develop a shared perspective on the desired 'integrated system'
Step 3 - Determining program guidelines and responding to population groups
Action 5: Commence work on Reform Direction 2, by convening a representative 'service specification' committee comprising of CSO, government and key stakeholders oversighted by the Expert Advisory Committee on Alcohol and Drugs to develop the required service specifications and program guidelines, including consideration to specific population groups
Action 6: Discussions on a co-commissioning framework to commence following the finalisation of Priorities 1 through to 5

Summary results of the consultation

This section of the submission provides in-depth feedback into each Reform Direction.

When responding to the question **'Of the eight Reform Directions, what are the highest priorities for *your service*?',** most respondents chose between two and three Reform Directions, with the most common being:

- Integrated service system
- A client /consumer centered approach
- Responding to specific population groups
- Developing service specifications and program guidelines and supporting and developing the workforce,
- PPEI, and
- Reducing stigma and discrimination.

The Table below shows the priorities of the 19 CSO representatives who participated in this consultation.

Table one: Which Reform Directions are the highest priorities for your service?

Reform Direction	Number who rated this is a high priority	Reform Direction	Number who rated this is a high priority
RD1 - An integrated service system	11	RD 5 - Responding to specific population groups	5
RD 2 - Developing service specifications and program guidelines	4	RD 6 - Maintain a focus on promotion, prevention and early intervention	4
RD 3 - A client /consumer centred approach across the service system	6	RD 7 - Supporting and developing the workforce	4
RD 4 - Improving quality and safety	0	RD 8 - Reducing stigma and discrimination	3

A clear point made was that PPEI activities and principles, ensuring a client/consumer centred approach and tackling stigma and discrimination should automatically sit across developing responses to Reform Direction 1, 2, 5 and 7. In this sense, these Reform Directions should act as 'essential guiding principles' that serve to test the integrity of all other reform actions.

Specific comments to each Reform Direction

Reform Direction 1 - An integrated service system

This was the highest priority according to 11 of 19 respondents, and seen as the logical first place to start.

> *"The main priority… would be Reform Direction #1 – the integrated service system This is so important for the consumer – at the moment the sector is fractured and fragmented with no continuum of care model. There is also a lot of uncertainly for service providers with their future with funding so the sooner we have the Framework and can see where everyone fits, then services can get on with future planning. The sector feels disjointed and uneasy about the uncertainty of change which lies ahead. This filters down to the workers within services, and ultimately the clients. Actions 1.1, 1.2 and 1.3 should be actioned as a priority."*

Other key comments included:

- *Use the information from the Siggins Miller Report and procure relevant technical expertise to advance reforms ensuring an inclusive process.*

  Using the Siggins Miller modelling work and following an inclusive process with the ATOD sector, we support the development of the framework for integration using the continuum of care model as an overall map to see the range of services required across the state. Siggins Miller provided the technical information (especially demand and need modelling) on which to base this work.[3] We propose an inclusive process that ensures representation from regional areas, service types, and technical experts to drive this process. We need the assistance and guidance of technical experts who are experienced with change management and service design. These are two identified skillsets that will need to be harnessed if we are to enact the scale of reforms as outlined in the Reform Agenda document. Moreover, we can draw on the lessons of health system reform, for example: Braithwaite et.al. provided four principles from a paper summarising case studies from 60 countries around health care reform:

  > *"Common factors linked to success included the 'acorn-to-oak tree' principle (a small scale initiative can lead to system-wide reforms); the data-to-information-to-intelligence' principle (the role of IT and data are becoming more critical for delivering efficient and appropriate care, but must be converted into useful intelligence); the 'many hands' principles (concerted action between stakeholders is key); and the 'patient-as-the-pre-eminent-player' principle (placing patients at the centre of reform designs is critical for success)."*[4]

- *There is value in the sector answering the question - what does integration mean?*

  A key issue is to determine what 'integration' means and the form it takes. In the consultation session held on 18 October 2018 between Sylvia Engels and the community sector, there was substantial discussion on this topic. Is it a 'gateway model' or is it about ensuring that knowledge of the service system is dispersed throughout so that everyone knows what everyone is doing? And who (or what) holds that information? Is

[3] Siggins Miller, *A Single Tasmanian alcohol and other drugs (ATOD) Service System Framework,* February 2017
[4] Braithwaite, J., et. al., 2017, 'Accomplishing reform: successful case studies drawn from the health systems of 60 countries', *International Journal for Quality in Health Care*, 29 (6), pp880-886.

it a consultant or is it a computer system, or both? All of these and many more models, have the capacity to integrate. Some thought regarding the distinct needs of the Tasmanian context, the service system specifications as a whole and needs of remote and rural communities (among other variables) should be given weight in these considerations. There is also vertical (up and down continuum of care) and horizontal integration (with other sectors) to consider. The mechanism used to integrate needs careful consideration.

- *There is diversity in services and client needs - we need to acknowledge the challenges that exist.*

  Another challenge to achieving successful integration is the diversity in service type, program delivery and worker qualification and skill. Respondents are often working with different populations and in different regional areas, however, it is recognised that across the system there are many commonalities in issues (e.g. many ATOD issues are stemming from social determinants of health variables and traumatic experiences exacerbated by poverty). To an extent CSOs have evolved from a perspective of being sensitive and responsive to local communities, however, this can present challenges to integration. If we ignore this essential feature of the community sector in our search for integration (as distinct to uniformity) then we ignore the opportunities and the successes. The ATDC maintains that a key challenge to integration is to acknowledge and work with diversity, without sacrificing safety, quality of evidence based principles in service delivery in doing so.

- *Data and communication systems have a role to play in integrating our sector.*

  The implementation of a data and client information management system was seen as a vital aspect of achieving integration, with some references to the success achieved through the Housing Connect data management system (SHIP) that has greatly enhanced the integration of services and improved client outcomes. The benefits of such a data system were described as follows:

  > *"By far (the priority) is the data collection system, why would you start working on integration and collaboration when we don't know what we are doing, we need the data to inform the rest of the service system reform agenda."*
  >
  > *"I don't believe you can get an integrated system unless you have a sensible way of exchanging data across the system. Without that you won't know promotion, prevention and early intervention activities, if you don't have a baseline then you won't know what the workforce requires and be able to develop service specifications, all of this requires a baseline and data."*

- *Interrelatedness of several Reform Directions*

  Many spoke of the interrelatedness of several of the Reform Directions however Reform Direction 1 was the one that seemed central to achieving most of the others. It was seen as a logical precursor to work such as developing service specifications and developing priority population frameworks.

  > *"Re: **1.1, 1.2 and 1.3** – once they are all bedded down, we will know the lay of the land and can start filtering the other Reform Directions in, and allocate people/services to action them. Most of the ground work for these actions has been done by Siggins Miller (report)…"*

- *Improved communication across the sector*

Another important element of achieving integration is improved communication across the sector. Many thought that the sector could benefit from a greater mutual understanding of each other services/roles. The need for enhanced communication systems was a regular theme when discussing what integration might look like in our sector:

> *"We need a communication framework, we all need to know what each other does and how they do it."*
>
> *"It is about communication, sharing of knowledge of what each other does, acknowledge different roles/treatments/levels, and also about referrals."*
>
> *"Need more inclusive ways of sharing information and methods that have demonstrated value."*

Once the Framework map is completed, a data platform could facilitate communication.

Fortunately we have many examples of successful integration in parts of the service system that are talked about with optimism and pride. The PART Panel being one example of a collaborative group who assesses and refers clients to places at Tasmanian residential rehabilitation services. Another example (among many) are the North West ATOD services that have integrated, with reports of government and CSOs working collaboratively across the region. We can learn from and build on these (and many others) instances of successful integration mechanisms moving forward.

Reform Direction 2 - Developing service specifications and program guidelines

This Reform Direction was seen as the next logical step following Reform Direction 1.

> *"This Reform Direction has the potential to challenge how services work, report and operate. As such, this piece of work is going to need to greatest level of collaboration and input from the services that will be affected or it may be met with significant resistance."*

Other key comments included:

- Multiple comments regarding the specificity of youth services which will be addressed in response to Reform Direction 5.
- There was some concern about a 'one size fits all' approach among service providers. Recognising diversity within the sector is important to moving this Reform Direction forward.
- There is an opportunity to build into program/service guidelines, integration mechanisms with other health and welfare sectors.
- There was seen to be an opportunity to build in outcome evaluation into the delivery of programs.
- There is a perception that there is a lack of understanding about the depth and breadth of psychosocial interventions. For one example, the number of occasions of service reporting requirement does not pick up that some interventions can be several hours, while others can be brief. Some services were concerned that in the development of service specifications, that psychosocial interventions may be undervalued.

- In this sense, moving this reform forward, we believe that a spotlight on the process is important. We need a genuinely collaborative approach, with working groups that are representative of the sector comprised of CSOs, funders and service providers, peak body and government to drive these reforms.

Reform Direction 3 - A client/consumer-centred approach across the service system

This Reform Direction was seen as a high priority.

> *"…this is at the epicentre of reform - this is badly overlooked at the funding level. A service system doesn't exist if we don't connect with lived experience."*

Other key comments included:

- A consumer centred approach is important to respond to the ongoing issue of a fragmented service system whereby clients are retelling their story each time they enter the service system at different points.
- One of the key elements of achieving this Reform Direction is the formation of a consumer organisation.
- The phrase 'nothing about us, without us' is pertinent and there is a long way to go to embed the consumer voice in the sector.
- There is lots of work already being done in this space with the ATDC's Consumer Organisation Development Project now underway. The ATDC can be instrumental in actioning 3.1, 3.2 and 3.3.
- The sector supports investment into peer training and then employment of peers would be seen as a positive step to attempt to reduce some of the stigma around ATOD treatment.
- Recognition of the challenges of engaging stigmatised populations was also a theme.

> *"It is very important for government to include the consumer perspective but when it is embedded it into processes this also comes with the expectation that people will contribute – yet these are vulnerable people and it's a two-way process. The sector cannot expect to just embed a process, and then expect people to participate if it's not a meaningful process that is geared towards making it a welcoming and meaningful experience for the vulnerable person. A key challenge is how do we encourage the voices of the most stigmatised and disadvantaged people? The answer is most likely in the (flexibility and appropriateness of) processes employed."*

> *"As an organisation that embraces the importance of lived experience – those with such a background helping and supporting others comes with its own set of unique challenges which need to be understood and considered when building a consumer engagement model. My concerns mostly fall into the wellbeing of those involved not being/feeling pressured to engage in activities that support others when they still have significant issues managing their own recovery. We have experienced that engagement in such activities can both help and hinder recovery."*

Reform Direction 4 - Improving quality and safety

This was the one Reform Direction that was not singled out as a high priority. Those who did provide comment, noted that:

- All CSOs have quality and service review processes that they are accountable to.
- To an extent, the development of service specifications may address most concerns related to quality and safety. From here, the next process would be enforcement of specifications and this is where the issues could arise, so anything related to this may need to be agreed to and specified in service agreements.

Reform Direction 5 - Responding to specific population groups

There were a lot of responses specifically about youth, Tasmanians entering or leaving the prison system, or Aboriginal people.

Other comments included:

- Additional groups identified as requiring particular attention included people with a mental illness who have higher than average smoking rate, people experiencing homelessness and those with housing needs generally.
- Regarding youth as a priority population, it was stated that there is a youth ATOD sector that operates within the wider ATOD service system. Within this sector there is an identified need for standardised assessment and outcome tools as well as youth appropriate processes and approaches. The point was vehemently made that youth have distinct needs to the adult population when it comes to ATOD issues. Particularly prevention and early intervention approaches come to the fore moving forward. Youth were seen as quite unsupported in the system, and it was acknowledged that that while demand for detox and residential rehabilitation was low, that services are not configured appropriately to support those who do require it. The wider question was posed – how do we integrate youth ATOD services within the wider ATOD system?
- With regard to prison populations, a through-care model was thought to be desperately needed and a priority. This area represented a 'red flashing light' to many who were deeply concerned about those who leave the system unsupported and at risk (including risk of homelessness).

Reform Direction 6 - Maintain a focus on promotion, prevention and early intervention

This Reform Direction was one that many people felt was largely ignored, under developed in the Reform Agenda document and a huge area for growth.

Other comments included:

- This aspect of our service system is currently underfunded but provides arguably the greatest opportunity for long term impact (social, economic, physical health etc.) of reforms. It also provides the greatest opportunity for meaningful change across the population.

> *"Without an increased focus on prevention, it will be 'business as usual'."*

- The definition of PPEI in the Reform Agenda requires review as it does not separate early interventions (this category encompasses a range of interventions) from brief interventions. The Australian Drug Foundation provides three categories of prevention: primary, secondary and tertiary,[5] and as such this may represent further coherence to this area.
- Moving forward it is hoped that PPEI activities and interventions are embedded more widely across all the Reform Directions.

> *"Prevention gets lost in the discussion and it sits behind every Reform Direction."*
>
> *"We need intervention at early ages - the amount of trauma that sits behind ATOD is significant."*
>
> *"You can see the pathways of some families and kids, and can see where they are going to end up."*

- CSOs told us that a lot of clients are families and parents of young children and that we need a focus on these groups across the service system.
- With regard to the use of social media, tobacco cessation services have been using social media and new technologies for some time to prevent harm.
- Reform Direction 6.3 (provide support to improve GP capability for ATOD assessment and provision of brief interventions) was seen as a priority for many people. Access to GPs who can effectively address ATOD issues was an ongoing workforce issue that was identified during consultations.
- The ATDC would also encourage focus on access to appropriate mental health professionals, especially in regional areas such as the North West coast. This gap and the above is reiterated in the following comments regarding Reform Direction 7.

[5] Australian drug Foundation, What is alcohol and drug prevention, found here: https://adf.org.au/programs/community-drug-action-teams-nsw/cdat-resources/best-practice-resources/what-is-alcohol-and-drug-prevention/

Reform Direction 7 - Supporting and developing the workforce

Whilst not identified as a high-priority overall, this Reform Direction was seen to be a priority for services that were in rural or regional areas across Tasmania.

Other comments included:

- Recruiting and retaining staff as well as getting staff to travel to provide outreach were particularly challenging for these respondents.
- Investing in local communities to fill these gaps themselves, and more focus on the existing opportunities provided for individuals to undertake further training with other strategies, with a focus on creating pathways into the sector from all education points (Years 11 and 12, TAFE and University).
- The ATDC Workforce Survey data has the capacity to identify issues across the CSO and government sectors.
- The ATDC and THS can work together to advance a Workforce Strategy for our sector.
- Ensure Services have longer term funding agreements so they can then strategically invest in rural and remote communities, e.g.: set up permanent offices

Reform Direction 8 - Reducing stigma and discrimination

Whilst not identified as a high-priority overall, it was thought that progressing the other Reform Directions (especially Reform Direction 3) would go a long way towards addressing stigma and discrimination associated with alcohol and other drug use.

Other comments included:

- Many spoke of the relationship between stigma and the associated consequences of isolation and on access to health care.
- The ATDC can write a stigma and discrimination position paper.
- This is a key theme in media engagement and community capacity raising work of the ATDC.

Other themes raised during the consultation

Funding arrangements

Duration of funding contracts (currently one year) was seen a high priority to address. The impact on continuity of service and then on clients is well documented and has been a key advocacy point for the ATDC.

It was also identified that there was some capacity to update the type of programs funded and, in particular, to ensure that those models of service lead to demonstrable outcomes. This work could be advanced under Reform Direction 2 - The development of service specifications and guidelines.

> *"There needs to be research and investment into developing key outcomes and objectives for treatment in order to design programs that deliver outcomes, rather than continuously funding 'traditional' and outdated treatments."*

In a related point, consultation and communication between the sector with, and among, state and commonwealth funders was an area for greater collaboration.

> *"There are multiple streams of funding, (it's about) getting funders to work together, getting coherence around funding… can we get funders to instigate collaboration across the sector put it all under one contract to allow flexibility in service delivery. The ability to instigate collaboration between services they are commissioning would make a big difference."*

> *"There needs to be greater consultation in the funding and tendering process. Funding bodies need to understand what they are commissioning and prioritise the services that they wish to provide."*

There was widespread support for the co-commissioning framework between THS and PHT, however beyond that, and related to the above, there were suggestions that there needed to be greater understanding of the psychosocial interventions; specifically that the breadth and nature, and ultimately the value, is not always conveyed through reporting mechanisms.

Linkages with other health and welfare sectors

> *"ATOD doesn't happen in isolation - this is an assumption implied in this document."*

> *"The paper is too siloed in their definition of what the ATOD sector is, and as such too siloed in the approach to strengthening it."*

Comorbidities and complexities in presentations are well documented and recognised across the sector. Many CSOs in recent decades have reconfigured services to provide a holistic suite of services that recognise a whole of person approach. While there is still a need for specialist ATOD services, there is also a need for holistic and agile service provision. As such, intersection and collaboration with mental health, housing, justice, income support, schools (and the list goes on) punctuates the daily life of an ATOD worker. And this continues to grow. The trajectory is that this is becoming more essential than it was 10 years ago to integrate beyond the ATOD sector and with other sectors.

While there are a few mentions of integration with the mental health sector in the Reform Agenda, through support of the Rethink Mental Health[6] Plan as well as a suggestion of integrated data with ATOD and other sectors, the consensus is that there needs to be more detail or a key action that responds to this. One respondent noted the natural discordance that can occur as a result of disciplinary or functional differences:

> *"With ATOD work happening in different service sectors, there is a need to streamline communication and engagement protocols because often agencies come from different perspectives, with the result of each being unaware of how to connect their information/purpose of their services with others (in ATOD). For example, local police have difficulties managing issues with individuals selling drugs, and have a diminished capacity to deal with the other community issues that stem from the drug use. It is this inter sectoral work acknowledging different functional perspectives that can agitate each other, or, alternatively provide opportunities that may advance the outcomes for the client."*

Adding integration mechanisms when developing service guidelines (Reform Direction 2) could provide a way to standardise linkages between the ATOD sector and beyond.

What are we missing by focusing on improving the *existing* service system?

As a final statement it would be remiss of us not to acknowledge, is that the Reform Agenda is primarily geared to 'fixing or improving the current system' rather than a fundamental reconfigure or major reform. It largely has a focus on treatment and is weaker on policy and prevention. While a focus on treatment from the client point of view could be seen as the centre of any service system, the ATDC asks, what opportunities are we missing to implement strong reform?

Speaking with the 19 CSO representatives who generously gave their time to comment on the Reform Agenda, it was clear that there were many other elements to an ATOD system. Some examples follow:

- PPEI activities that are embedded across society to respond to social determinants of health variables (e.g. parenting programs for low socio economic communities).
- Monitoring at the population level, the numbers of people smoking or using alcohol at risky levels and setting targets.
- The provision of more harm reduction interventions such as provision of naloxone, or pill testing at local festivals.
- Place based whole of community interventions that use innovative ways to get local communities to respond to drug related harm.
- Regional alcohol action plans, involving local councils, justice, health, education and other services working together.

The ATDC would like to thank the Tasmanian Government for the opportunity to submit this paper.

[6] Department of Health and Human Services, 2015, Rethink Mental Health, accessed online 22/10/2018, found here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/202496/DHHS_Rethink_Mental_Health_WEB.pdf