atdc
Alcohol, Tobacco and other Drugs Council Tasmania

# THE TIME IS NOW

## The Business Case for an Independent Lived Experience Organisation for Tasmania's Alcohol and other Drug Sector

October 2022

# CONTENTS



## SUPPORTING DOCUMENTATION

## EXECUTIVE SUMMARY

Tasmania is the only state and territory in Australia that does not have a legitimate, funded, independent organisation for people with a living/lived experience of alcohol and other drugs. 'The Time is Now: The Business Case for an Independent Lived Experience Organisation in Tasmania's Alcohol and other Drug Sector' represents the most coordinated and concerted sector effort to secure funding to support the establishment of an independent organisation.

There is no stakeholder, individual or organisational, who requires persuasion as to the need or value that such an organisation would bring to Tasmania's alcohol and other drug sector and its communities. As a critical marker of the success of the Reform Agenda for the Alcohol and other Drug Sector in Tasmania, the establishment of this organisation would represent the fulfillment of a long-term priority for the sector. Its establishment would align with the principles and goals of other reforms and major strategies in the state and national policy landscape.

With this united support, this business case does not solely aim to illuminate the need or appetite for this organisation. Along with a short history and acknowledgment of the many stakeholders who have contributed to reaching this point, it provides the national and international context for this submission and an overview of similar peer organisations in other Australian states and territories. It provides a timeline with outputs and outcomes, a detailed budget, risks, and eight supporting appendices. It also features a description of what this organisation will do, what this organisation will not do, and outlines eight expectations of the type of work this organisation is likely to pursue. The latter can be explored in the first two years, known as the establishment stage of the organisation. While there does remain some detail that will be rightly self-determined by the foundational membership (eg. name, brand, mission, purpose), this document aims to provide clarity of the role that this organisation will play in the ecology of the alcohol and other drug sector in Tasmania.

This business case identifies five known aspects of the identity of this independent organisation. Firstly, the organisation will be a credible platform to identify issues of importance to people with a living/lived experience of alcohol and other drug use across Tasmania, and in doing so, deliver independent leadership through advocacy and representation of lived experience across all levels of government, community and other health sectors (e.g. mental health). In addition to developing and providing collective responses to policy and other planning initiatives, the independent organisation will have a critical role in providing

expert advice into key alcohol and other drug reform projects (e.g. the development of an alcohol and other drug peer workforce and initiatives to respond to stigma).

Secondly, the proposed model will be unique in a national context in the sense that it not only provides a platform for people with lived experience of illicit drugs, but also for people with lived experience of alcohol. This model proposed is tailored for the size and culture of our state and is seen as having the best chance of being a sustainable one with a capacity to influence and create impact, while promoting of the principles of harm reduction in the sector and wider Tasmanian communities.

Thirdly, the programs and activities of the proposed independent organisation will primarily work at the meso-level (organisational/sector) and be a key conduit and mediator between the macro- (health system wide) and micro-levels (individual to clinician/health practitioner) of the sector. 'The Time is Now' shows how this organisation will fit within the array of existing services in the sector, ensuring that the risks of possible crossover and duplication are low, and in doing so identifies several examples of the work this organisation will not pursue.

Fourthly, the organisation, once established, will 'hit the ground running' as it will inherit the Lived Experience Advocate Service, which is currently operated by the Alcohol, Tobacco and Other Drugs Council. This is a fully-fledged and operational 'consumer representative' program which will be transferred across to the independent organisation once it is established. Through the Lived Experience Advocate Service, the independent organisation will continue to support capacity building for Tasmanians with a lived experience and the community-managed alcohol and other drug sector to enhance the quality of services and outcomes achieved.

Finally, if funded, this organisation will initially be under the auspices of the Alcohol, Tobacco and other Drugs Council of Tasmania to provide the stability, shared infrastructure and support that this organisation will need to work its way to incorporation and its eponymous independence.

In summary, we know this organisation will:

1. Be the authoritative and representative statewide voice for people who currently use or have used alcohol and other drugs in Tasmania in the policy and systemic advocacy space
2. Have a unique membership and focus on alcohol as well as illicit drugs
3. Commence its work at the meso-level (organisational/sector level) and not duplicate macro- or micro-level activities
4. Inherit and take management of the Lived Experience Advocate Service

5. Start under the auspice of the Alcohol, Tobacco and other Drugs Council of Tasmania

'The Time is Now' posits that an immediate, staged, multi-year funding commitment to the establishment of this organisation offers exceptional value on investment. The funding request for this is $2.035 million over five years.

The Tasmanian State Government's recent investments in peer workers and people with living/lived experience has been empowering. There is clear momentum behind the peer and lived experience movement in the alcohol and other drug sector in Tasmania, and this is best exemplified by the successes of the Alcohol, Tobacco and other Drugs Council's Lived Experience Advocate Service, and the Drug Education Network's Peer Workforce Program.

Readers of this document can have confidence that there is a statewide and diverse foundational membership at the ready, and that this community is skilled, passionate and solution focused. This community is motivated to work diplomatically and collaboratively to positively influence service design and delivery, co-design policies, work in systemic advocacy, and improve the experience of people seeking support in Tasmania.

In September 2022 'The Time is Now' business case was shared with the sector for comment, and it has received emphatic endorsement by a breadth of stakeholders including the peer/lived experience community, the Alcohol, Tobacco and other Drugs Council's member organisations, and key government and Reform Agenda stakeholders. A full list of stakeholders who have provided this endorsement is included with this submission.

## BACKGROUND

Over the past 30 years, Tasmania's alcohol and other drug sector has not been at the forefront of 'consumer engagement' or what our sector now terms 'lived experience participation'. In 2022, however, a compelling argument can be made that the past 24 months has seen a significant and positive investment that has socialised the sector and the broader community to the concept of embedding lived experience voices at every level of alcohol and other drug health services in Tasmania. This recent progress and cultural change are attributable to a collective determination, vision, and investment. The preparedness of the people working in the sector and their partners to drive this change collaboratively, and participate in reform and strategy discussions, has been matched by a receptive Tasmanian State Government. Peer and lived experience programs and activities are now written into multiple state and national reforms for both the alcohol and other drug sector and the wider health system.[1] These overarching strategies have had a marked positive effect on the grassroots communities in Tasmania that have living/lived experience of alcohol and other drugs.[2] The appreciation for direct, authentic, lived experience voices in the alcohol and other drug sector and wider health system has never been greater than it is in 2022. Long marginalised and stigmatised members of Tasmanian communities now have more opportunities to influence the design and delivery of health services, contribute to policies, and pursue opportunities for professional development, study, work placements, engage with media opportunities, enjoy career progression, and share their perspectives.

Despite these significant advancements, however, there is still a missing voice in the ecology of Tasmania's alcohol and other drug sector. All other Australian states and territories have a government funded 'for peers, by peers' organisation that provides an authoritative and amplified voice for people with a living/lived experience of drugs. There is no federated model for these organisations, and each has developed distinctively, even idiosyncratically, in its own environment, according to the needs and issues identified by its membership. These organisations were originally conceived and urgently developed in the late 1980s and early 1990s by networks of people and communities in response to the Human Immunodeficiency Virus and Hepatitis C epidemics.[3] Since this time, the scope of the services of these organisations has evolved and expanded into other areas of human rights, legislative reforms, health promotion, and harm reduction for people who have a living/lived experience of drugs.

[1] see 'Alignment with Major Reforms and Strategies' pp9
[2] see 'Lived Experience Participation in Tasmania's Alcohol and other Drug Sector' pp22
[3] see Appendix C: 'Overview of the State and Territory Independent Organisations'

In Tasmania over the past two decades, volunteer groups have attempted to gain support for a peer/lived experience (or 'consumer') representative organisation, but none have managed to secure the multi-year operational funding that would bring the stability to the establishment of this organisation. In particular, the Tasmanian Users Health and Support League (TUHSL) and the Consumer Representative Group (the latter auspiced by Advocacy Tasmania) have dedicated time to raising the profile of people with living/lived experience of alcohol and other drugs and the critical roles that they can play in treatment, health policy and the wider health sector.[4] In 2018, TUHSL reached the stage of drafting a constitution, but it does not currently have the quorum to operate as an organisation, nor has it been able to clearly galvanise the grassroots communities, nor gain the confidence and ultimate endorsement of national and state peak bodies, and other alcohol and other drug service organisations in Tasmania. The stakeholder appetite to endorse an independent organisation, however, remains abundantly clear. As the Alcohol, Tobacco and other Drugs Council captured in the 'Options Paper' in 2019:

> Currently, the lack of a consumer voice means that the Tasmanian ATOD sector, both government and community based, has diminished capacity to adequately consider, respond to and act on the information and expertise only consumers can provide through meaningful engagement and participation. It also means consumer representatives who are advocating for increased recognition and influence, are often frustrated in their attempts to make their voice heard. To-date, the absence of systemic support for such a voice to be supported has often meant that prior attempts to include a consumer perspective have been viewed as sub-optimal or piecemeal.[5]

The 'Options Paper' outlined four models of consumer representation[6] and ultimately recommended that an "independent consumer organisation" be established in Tasmania, and this was endorsed by the Alcohol and other Drug Expert Advisory Group[7] and membership organisations of the Alcohol, Tobacco and other Drugs Council.

> The ATDC supports the funding of an incorporated, independent, state-wide consumer representative organisation. The provision of a dedicated resource that is run by peers and for peers offers the best opportunity to create a sustainable and meaningful consumer voice in the Tasmanian ATOD sector.[8]

Since this recommendation was made, several other state and national reforms and major strategies have identified that peers and lived experience are a priority focus for the policy landscape in Australia's health

[4] see Appendix D: 'How do we add the missing piece? Options Paper' pp6
[5] ibid
[6] ibid pp16
[7] ibid pp24-26 for membership and terms of reference for the advisory group
[8] ibid pp23

system.[9] The Tasmanian State Government have also clearly recognised and prioritised the empowerment of people with lived experience and have made significant investments in programs.

> In August 2018, in recognition of the importance of establishing a Tasmanian consumer representative organisation the ATDC, with the support of the Tasmanian Government through the Tasmanian Health Service, commenced work developing the organisational model and business plan for a Tasmanian consumer representative organisation.[10]

In 2022, four years on from this moment, this document is the business case for the independent organisation that was referenced in this statement. It marks the most coordinated stakeholder effort to date to secure a clean slate and multi-year funding for the establishment of an independent lived experience organisation for Tasmania's alcohol and other drug sector.[11]

## AIM

The aim of this business case is to support the establishment of an independent lived experience organisation for the alcohol and other drug sector in Tasmania. It also seeks to provide practical detail of the type of work it is likely to pursue, the return on investment, the network of beneficiaries, an implementation timeline, and a budget.

This organisation will fulfill Reform Direction 1.1 of the Reform Agenda for the Alcohol and other Drug Sector in Tasmania and be a critical marker of reform success. This organisation will also provide the missing voice for the alcohol and other drug sector that can sit alongside other 'consumer' focused and health organisations like Health Consumers Tasmania, Flourish, Engender Equality and Mental Health Family and Friends Tasmania.

[9] see 'Alignment with Reforms and Major Strategies' pp9
[10] see Appendix D: 'How do we add the missing piece? Options Paper' pp7
[11] see Appendix A: List of Stakeholders who have endorsed 'The Time Is Now' Business Case

## METHODOLOGY

The strategies used to develop and finalise this business case included:

- A review of all documentation relating to consumer engagement, lived experience participation and peer workforces produced by the Alcohol, Tobacco and other Drugs Council and sector partners
- An overview and analysis of other independent peer/lived experience organisations around Australia and the national peak body, and a list of key findings for the Tasmanian context
- Research and alignment with the major alcohol and other drug national and state strategies and reforms and those occurring across the wider health system
- Drawing on the knowledge of peers and people with lived experience of alcohol and other drugs through participation activities
- A review of existing services in Tasmania that provide similar/complimentary services to avoid service duplication
- The opportunity for all stakeholders and beneficiaries to comment and endorse this business case prior to submission.

## ALIGNMENT WITH MAJOR REFORMS AND STRATEGIES

The policy landscape in Australia's alcohol and other drug sector and wider health system has provided the foundation for this business case. It has been written with reference to the principles, ambitions, and priorities of existing Tasmanian reforms and strategies. The documents reviewed include:

- Reform Agenda for the Alcohol and other Drug Sector in Tasmania
- Our HealthCare Future: Advancing Tasmania's Health
- Healthy Tasmania Five Year Strategic Plan 2022-2026
- Rethink 2020: A state plan for mental health in Tasmania
- Lived Experience (Peer) Workforce Development Strategy Implementation Plan
- Premier's Economic and Social Recovery Advisory Council: Final Report, March 2021

This business case was also informed by an awareness of two forthcoming strategies, including:

- Tasmanian Drug Strategy 2022-2027
- Tasmania's new strategic framework for Promotion, Prevention and Early Intervention[12]

More specifically, this business case highlights the alignment with the following aspects of these state reforms:

Reform Agenda for the Alcohol and other Drug Sector in Tasmania

The establishment of the proposed organisation is vital to reform success (RD1.1) and will directly support multiple points in this reform. Most notably:

> 1.1 Establish a funded AOD consumer organisation in Tasmania
>
> 1.2 Develop and implement a client/consumer participation framework for Tasmania
>
> 1.3. Increase advocacy support for people affected by AOD use issues[13]
>
> 4.3 Work closely with Correctional Primary Health Services and the Department of Justice to better support people in or leaving the justice system
>
> 4.4 Consider the needs of other specific population groups including but not limited to older people, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds including humanitarian entrants, and LGBTIQ+ people[14]
>
> 6.1 Work closely with clients/consumers, carers and service providers and through the development of the Tasmanian AOD Workforce Development Strategy under Reform Direction 8 to embed respectful, non-stigmatising and non-discriminatory attitudes across all providers of AOD services and programs
>
> 6.2 Strengthen relationships with local media to increase accuracy of reporting of AOD issues in Tasmania
>
> 6.3 Develop and actively promote a range of activities including for example a position statement and campaigns to reduce the stigma and discrimination associated with AOD use issues and treatment[15]

[12] Also, with reference to the last strategy in PPEI: 'Everybody's Business: A Plan for Implementing Promotion, Prevention and Early Intervention (PPEI), Approaches in Averting Alcohol, Tobacco and Other Drugs Use', 2013.
[13] Reform Agenda for the Alcohol and other Drug Sector in Tasmania pp18-19
[14] ibid pp24
[15] ibid pp26-27

## Our HealthCare Future: Advancing Tasmania's Health

Three of the six principles outlined in this document will be directly addressed by the independent organisation (consumer-centred, collaborative, and equitable[16]). The strategic ambition 'Partnering with Consumers' is also intrinsic to amplifying the voices of peers and people with lived experience in the alcohol and other drug sector.[17]

## Healthy Tasmania Five Year Strategic Plan 2022-2026

Two of the three central organising principles ('Equity' and 'Empowerment') that guide the decisions and actions of government and partners are directly relevant to this business case:

> **Equity**
> Tasmanians have a diverse range of lived experiences and abilities. We acknowledge that our systems and culture create social and economic disadvantage and that this impacts Tasmanians' health and wellbeing.
>
> **Empowerment**
> Tasmanians are experts in their own lives and communities. People and communities have many strengths and assets that can be built on to create healthy lives.[18]

Inclusion is also a strong theme in this document: "We will be inclusive. We will include many different types of people in all aspects of our work and treat them all fairly, equally and with compassion."[19] Also highlighted is the participation of people with relevant lived experience ("We will use the knowledge and lived experience of community members in this action research"[20]) to have genuine influence on issues that affect local services ("Promote community decision-making"[21]).

## Rethink 2020: A state plan for mental health in Tasmania

The Tasmanian Government, in partnership with Primary Health Tasmania and the Mental Health Council of Tasmania, developed this 10-year plan to deliver a coordinated and integrated mental health system and improve the mental health and wellbeing of Tasmanians. It identifies the establishment of a lived experience workforce in Tasmania as a priority action. 'Reform Direction 3: Reducing Stigma' also has direct correlation to the alcohol and other drug sector, and this business case has aligned with these principles. The "person-centred approach" that it outlines for Tasmania's healthcare system is also fluently

[16] Our HealthCare Future: Advancing Tasmania's Health pp10
[17] ibid pp30-31
[18] Healthy Tasmania Five Year Strategic Plan 2022-2026 pp17
[19] ibid
[20] ibid pp19
[21] ibid

transferrable to the alcohol and other drug sector, and this independent organisation would be fulfilling these visions and values:

- involving individuals in decisions about their care, respecting their rights to choose and control their care
- using appropriate language that demonstrates the importance of the person and their personal choices
- providing health care and support that is individually tailored and culturally appropriate
- promoting recovery, offering hope and support for the whole person
- building the capacity of individuals, families and friends and the mental health system to support people to achieve their best possible mental health
- involving people with lived experience in the development and planning of policy and service delivery[22]

### Lived Experience (Peer) Workforce Development Strategy Implementation Plan

This implementation plan for the mental health sector has many relevant strategies that directly crossover to the empowerment of people with lived experience in the alcohol and other drug sector. This business case will provide value on every one of the key priority areas identified:

- Governance and advocacy
- Peer Connections
- Organisational Readiness and Culture
- Training and Professional Development
- Workforce Development
- Career progression[23]

### Premier's Economic and Social Recovery Advisory Council: Final Report, March 2021

This business case aligns with multiple recommendations of the PESRAC report, most notably:

> **Premier's Recommendation 35:** Fund community-led, place-based recovery activities and give priority to activities that increase community connection, including collaboration across community organisations[24]

[22] Rethink 2020: A state plan for mental health in Tasmania pp8
[23] Lived Experience (Peer) Workforce Development Strategy Implementation Plan pp8-9
[24] Premier's Economic and Social Recovery Advisory Council: Recommendations, March 2021 pp10

This document further recommends that:

> "[t]he State Government and its agencies should actively seek out and fund community-led, place-based recovery activities. Priority should be given to activities with the following objectives:
>
> • increased community connection including collaboration across existing community organisations;
>
> • primary prevention of and early intervention in areas such as family or community violence and drug and alcohol misuse[25]

## National Strategies and Standards

The state-based reforms and strategies that advance peer and lived experience elements are also strongly supported by, and aligned with, major national policies, standards, reforms, and strategies. The most relevant include:

National Safety and Quality Health Service Standards including Standard 2: Partnering with Consumers

National Preventive Health Strategy 2021-2030

National Drug Strategy 2017-2026

National Alcohol Strategy 2019–2028

National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028

The funding of an independent organisation will create a sustainable mechanism that state and national governments and organisations can connect with. This readily available network will ensure that the priority issues that are important to people with a lived experience are heard by policy makers and those in service delivery.

[25] Premier's Economic and Social Recovery Advisory Council: Final Report, March 2021 pp60

## STAKEHOLDERS

The following stakeholders have had the opportunity to provide comment on this business case.

### Peers and people with lived experience of alcohol and other drugs

- People from the Alcohol Tobacco and other Drugs Council's Lived Experience Advocate Service
- Peer workers who have been engaged through the Drug Education Network's Peer Workforce Program
- People with living/lived experience who do not have affiliation with a service

### Alcohol, Tobacco and other Drugs Council Tasmania member organisations

Advocacy Tasmania

Alcohol and Drug Foundation

Anglicare

Bethlehem House

Quit Tasmania

Circular Head Aboriginal Corporation

Drug Education Network

Holyoake

Launceston City Mission (Missiondale, Serenity House)

Mental Health Families and Friends Tasmania

Pathways Tasmania (Velocity Transformations)

The Salvation Army (The Bridge Program)

South-East Tasmanian Aboriginal Corporation

Tasmanian Aboriginal Centre

Tasmanian Council on AIDS, Hepatitis and Related diseases

The Link Youth Health Service

Youth Family and Community Connections

### Reform Agenda Project Control Group

**Dr. Nicolle Ait Khelifa**, Statewide Specialty Director, Alcohol and Drug Service, Statewide and Mental Health Services

**Rahnee Butterworth**, Lived Experience Project Officer, Mental Health Family and Friends

**Mark Broxton**, General Manager Health Service Commissioning, Primary Health Tasmania

**George Clarke**, General Manager Mental Health, Alcohol and Drug Directorate

**Lily Foster,** Lived Experience Advocate

**Tania Holland**, Health Program Lead, Primary Health Tasmania

**Darren Turner**, Group Director, Alcohol and Drug Service, Statewide and Mental Health Services

### Academic Research

**Dr. Raimondo Bruno**, Associate Professor, School of Psychological Sciences, University of Tasmania

**Dr. Amy Peacock**, Program Lead, Drug Trends Senior Research Fellow, National Drug and Alcohol Research Centre, University of New South Wales

A full list of stakeholders who have endorsed this business case, including letters of support, can be found in the appendices.

## INTERNATIONAL CONTEXT

In an international context, the independent organisation proposed in this business case might be best understood as akin and aligned to the principles and goals of a peer-led harm reduction organisation. Harm reduction is grounded in principles that aim to protect human rights and improve public health. Treating people who use drugs—along with their families and communities—with compassion and dignity is integral to harm reduction. Harm Reduction International is the leading non-government organisation dedicated to reducing the negative health, social and legal impacts of drug use and drug policy, and has this definition of harm reduction:

> Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws.
>
> Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.
>
> Harm reduction encompasses a range of health and social services and practices that apply to illicit and licit drugs. These include, but are not limited to, drug consumption rooms, needle and syringe programmes, non-abstinence-based housing and employment initiatives, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use. Approaches such as these are cost-effective, evidence-based and have a positive impact on individual and community health.[26]

Harm Reduction International also outlines these principles and goals of harm reduction:

> ### Principles of harm reduction
>
> 1. Respecting the rights of people who use drugs
> 2. A commitment to evidence
> 3. A commitment to social justice and collaborating with networks of people who use drugs
> 4. The avoidance of stigma
>
> ### Goals of harm reduction
>
> 1. Keep people alive and encourage positive change in their lives
> 2. Reduce the harms of drug laws and policy
> 3. Offer alternatives to approaches that seek to prevent or end drug use[27]

[26] Source: Principles and goals of harm reduction reproduced Harm Reduction International website. Accessed 18 Aug 2022
[27] ibid

## NATIONAL CONTEXT

A key part of the process of writing this business case was to review and compare the existing state and territory independent peer organisations in Australia. There are currently eight peer organisations in Australia who are members of a peak body in the alcohol and other drug sector.

### Peak Body

- Australian Injecting & Illicit Drug Users League (AIVL)

### Independent Peer Organisations

- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- New South Wales Users and Aids Association (NUAA)
- Northern Territory Aids and Hepatitis Council (NTAHC)
- Queensland Needle and Syringe Program and Harm Reduction (QuIHN)
- Queensland Injectors Voice for Advocacy and Action (QuIVAA)
- Hepatitis South Australia
- Harm Reduction Victoria (HRVic)
- Peer-Based Harm Reduction Western Australia (HRWA)

Consultations were had with these eight organisations and the peak body. The key areas that were discussed included:

- Funding
- Governance
- Membership
- Mission/Purpose
- Role and Function
- Key Programs
- Staffing (current and aspirational)
- Unique Features

For comprehensive detail of this research with organisational profiles, please see 'Appendix C: Overview of the State and Territory Independent Organisations'.

## ANALYSIS OF THE STATE AND TERRITORY PEER INDEPENDENT ORGANISATIONS

All other Australian states and territories have a funded 'for peers, by peers' organisation that provides an authoritative and amplified voice for people with a living/lived experience of drugs. This process revealed that there is no federated model for these organisations, and each has developed distinctively, even idiosyncratically, in its own environment, according to needs and the issues identified by its membership. These organisations were originally conceived and urgently developed in the late 1980s and early 1990s by grassroots networks of people and communities in response to the Human Immunodeficiency Virus and Hepatitis C epidemics.[28] Since this early harm minimisation model, the scope of the services of these organisations has evolved and expanded into other areas of human rights, legislative reforms, health promotion, and harm reduction for people who have a living/lived experience of drugs.

This process found several consistent and divergent features which has informed and influenced the model proposed for a similar organisation in Tasmania.

### CONSISTENT FEATURES

- The mission of all the organisations originated in the HIV/AIDS epidemic of the late 1980s
- All were started by a group of volunteers and have been funded to various degrees since inception
- All are incorporated associations except for one organisation which is a Company Limited by Guarantee
- All receive core funding from their respective state/territory government, with most adding staff with project-based contracts from a variety of sources
- All advocate for harm reduction, and neither condone nor condemn illicit drug use
- Most are involved in systemic advocacy, human rights, discrimination, policy, and position papers
- All have a focus on blood borne viruses and sexual health
- All provide a peer support network to people with a living/lived experience of drugs
- All have a Chief Executive Officer
- All have a high contingency of part-time staff
- All have multiple seats for peers/people with living/lived experience on their Board
- All welcome and support the establishment of a peer/lived experience organisation in Tasmania
- None advocate for people with a lived experience of alcohol

[28] see Appendix C: 'Overview of the State and Territory Independent Organisations'

## DIVERGENT FEATURES

- Six of the eight organisation surveyed have a service arm (eg. Needle and Syringe Program, Naloxone Program)
- Two of the eight organisations surveyed did not have an advocacy focus (eg. human rights, stigma, discrimination, policy and position papers)
- One of the eight organisations employs peer workers who are then placed in different clinical services
- The organisations are of varying sizes from 1.4FTE up to 60FTE[29]. Most are between 6.0FTE-12FTE.
- One organisation is auspiced by the national peak body and one is housed within a state health directorate
- Two organisations are housed within larger organisations and have shared service arrangements

# KEY FINDINGS RELEVANT TO THE TASMANIAN CONTEXT

## 1. UNANIMOUS SUPPORT FOR THIS PROPOSED ORGANISATION

The Chief Executive Officers of each organisation and peak body would warmly welcome a Tasmanian organisation to the network.

## 2. A UNIQUE MEMBERSHIP

No state or territory organisation included the living/lived experience of alcohol as a focus, which is what has been identified as the most suitable model for the size and culture of Tasmania.[30] All organisations were primarily focused on support, education, advocacy, and representation for people who inject or use illicit drugs. This could be a possible barrier to full membership of the national peak body and international networks, but affiliate membership (or equivalent) may still be possible.

[29]Queensland has a notably different structure to other states and territories. QuIHN has a broad health service delivery with 60.0FTE with up to 110 staff, though the organisation is framed as 'peer-led' because seven of ten board members come from QuIVAA.

[30] see Appendix D: 'How do we add the missing piece? Options Paper'

## 3. 'ADVOCACY' ARM AND 'SERVICE' ARM

A key discovery from this process was the identification of a distinction between the advocacy arm and the health service arm of these organisations. Six organisations worked in both the systemic advocacy space and delivered clinical program or service in the harm reduction space (see Table 1.1).

**Table 1.1: Advocacy Arm and Service Arm of independent peer organisations in Australia's alcohol and other drug sector**

| | ADVOCACY ARM | | | | SERVICE ARM | | |
|---|---|---|---|---|---|---|---|
| | Policy and Position Paper development | Stigma and Discrimination | Human Rights and Dignity | Health Promotion / Education | Needle and Syringe Program | Naloxone Program | Festival Focus (Dancewize) |
| AIVL | ✓ | ✓ | ✓ | ✓ | | | |
| CAHMA | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| NUAA | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| NTAHC | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| QuIHN | | | | ✓ | ✓ | ✓ | |
| QuIVAA | ✓ | ✓ | ✓ | ✓ | | | |
| Hep SA | | | | ✓ | ✓ | ✓ | ✓ |
| HRVic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

This discovery was illuminating for the Tasmanian context because it provided a model to begin as a systemic advocacy-focused organisation that primarily worked at the meso-level.[31] QuIVAA currently operates under this model, and this has been identified as the most realistic starting point for an independent organisation in Tasmania. It will not prohibit a later expansion into harm reduction services if the membership elects and the funding (or service transfer) becomes possible in the future.

[31] Meso-level refers to work at the organisational level, as opposed to the individual consumer to clinician level (micro-level), and health system wide level (macro-level).

## 4. AUSPICE ORGANISATION AND SHARED SERVICES

Multiple peer organisations, especially those without funding continuity or those within the fledgling years since incorporation, began with an auspice agreement with a peak body or equivalent. This agreement provided stability for the organisation until it was ready to incorporate. This was usually accompanied by the sharing of services such as:

- information technology support
- communication and graphic design
- finance/accounting
- occasional clinical support / supervision of individuals or groups

It was not perceived that these shared services compromised the 'independence' for which these organisations were valued, because the shared service roles were skilled and technical, and were often needed on a 0.2FTE-0.4FTE, casual or *ad hoc* basis.

A shared service arrangement might also include infrastructure such as:

- office space
- internet
- board/meeting rooms

While the motivations for sharing services was often to extrude the maximum value from finite resources, a shared service arrangement brought many mutually beneficial aspects including:

- better chance of long-term sustainability
- avoiding duplication of 'technical' roles between 0.2FTE and 0.4FTE
- more connected networks of people and organisations
- increased chance of peer work placements within other health services
- greater awareness of activities in the sector

## 5. THE ROLE OF THE 'ALLY'

In the operations of these organisations, it was often a reality that not all staff positions could always be filled by people with living/lived experience of illicit or injecting drugs, especially in roles requiring specific skill or expertise. It was often outlined that 'allies' – people without direct lived experience who are supportive and committed to the mission/purpose of the organisation – could be found for roles that were not sector facing. As well as individual allies, organisational allies were also identified as important. A recurrent example was the critical relationship with the state/territory peak body

in the alcohol and other drug sector, and their connection to an allied network of health and community sector service organisations.

### 6. PROFILE OF EMPLOYEES

Being a peer worker or having living/lived experience of illicit or injecting drugs was generally considered to be a vital element of staffing, but it was not the only element. Other qualities that were identified by Chief Executive Officers and senior staff included:

- comprehensive knowledge of, and support for, the organisation's mission
- solution-focused and non-judgmental
- relevant training or skills
- excellent work ethic, punctual, and reliable
- good communication
- connection to, and support of, the illicit and injecting drug using community

## LIVED EXPERIENCE IN TASMANIA'S ALCOHOL and OTHER DRUGS SECTOR

A boon of the Tasmanian government's vision and investment in peer and lived experience programs and activities in recent years is that there is a trained, skilled, and passionate lived experience community who will be readymade foundational members of an independent organisation. This investment has empowered people with living/lived experience of alcohol and other drugs and had a positive effect on the capacity of grassroots communities in Tasmania. There are currently more opportunities than ever for people with lived experience to influence the design and delivery of health services, contribute to policies, and pursue opportunities for professional development, study, work placements, engage with media, and enjoy career progression. Two major programs that have propelled this are the Drug Education Network's Peer Workforce Project, and the Alcohol, Tobacco and other Drugs Council's Lived Experience Advocate Service.

### Peer Workforce Project

Over the past three years, the Drug Education Network (DEN) has managed the Peer Workforce Project, which has trained and introduced peer workers into the state's alcohol and other drug sector. This project has resulted in a network of trained peer workers across the state. Holyoake Tasmania, The Salvation Army, and Youth, Family and Community Connections have participated in organisational readiness training and

engaged peer workers and provided clinical support, debriefing and supervision for the peer workers during the project.

As per the project overview provided by the Drug Education Network, this project had three core goals:

1. To place Peer Workers in ATOD prevention and treatment programs, to better support the Tasmanian Community. This project aims to create a workforce of 36 peer workers over 3 years.
2. To improve knowledge and skills in the Community Sector, enabling them to support Peer Workers. This project will create a 'model of support' framework as well as develop training resources, which will help other organisations create their own peer workforces.
3. To increase community capacity and reduce alcohol, tobacco and other drug stigma in Tasmania. This project aims to create a state-wide network of peer workers, who will all have skills and knowledge to assist the community to access any help they need and have the important conversations that break down stigma.[32]

## Lived Experience Advocate Service

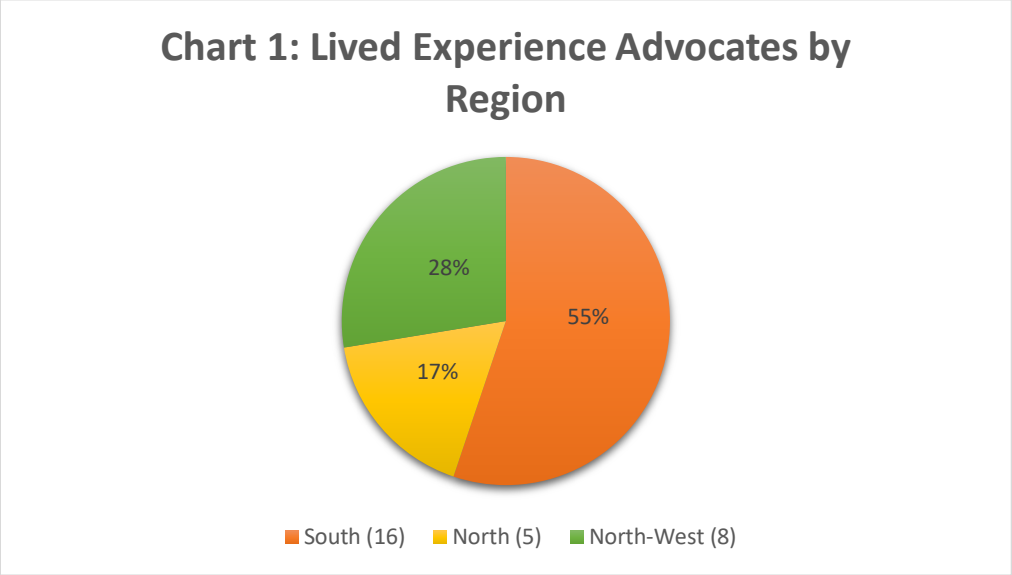
The Alcohol, Tobacco and other Drugs Council's Lived Experience Advocate Service gives people who have a living/lived experience of alcohol and other drug use the chance to have a say in how alcohol and other drug services are delivered. It also gives service providers, the media and other community and government groups the chance to draw on the expertise of people with lived experience. The Lived Experience Advocate Service is currently supported by Tasmanian Government funding until 30 June 2024.

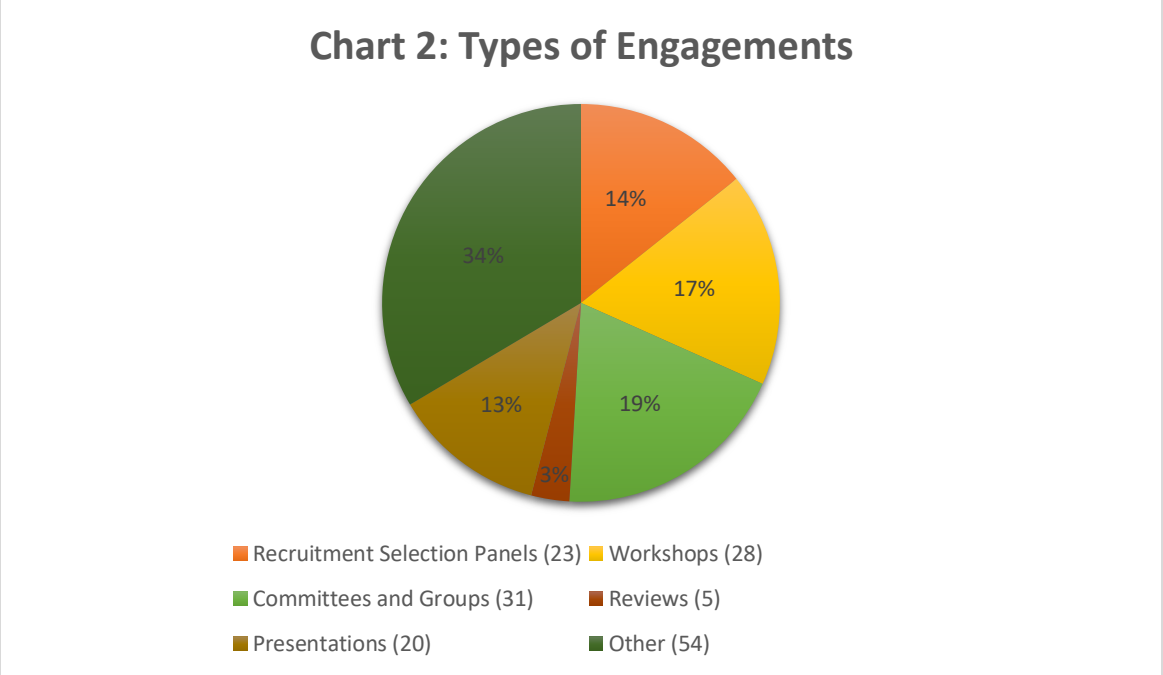
Since December 2020, twenty-nine Lived Experience Advocates have been inducted to the Lived Experience Advocate Service, with twenty-five still active.[33] Twenty-four advocates have also been through accredited training in consumer leadership.[34] Since inception, the Lived Experience Advocate Service has been involved in 300 engagements with over 700 hours of engagement time.[35] The organisations that have engaged Lived Experience Advocates are diverse and include the Alcohol and Drug Service, Tasmanian Council of Social Services, Statewide Mental Health Services, and the Mental Health Alcohol and Drug Directorate.

The following four charts (over-page) demonstrate the diversity of people engaged with the Lived Experience Advocate Service and the appetite to work with people with living/lived experience. Charts 1, 3 and 4 show that the Lived Experience Advocates represent many aspects of the Tasmanian community

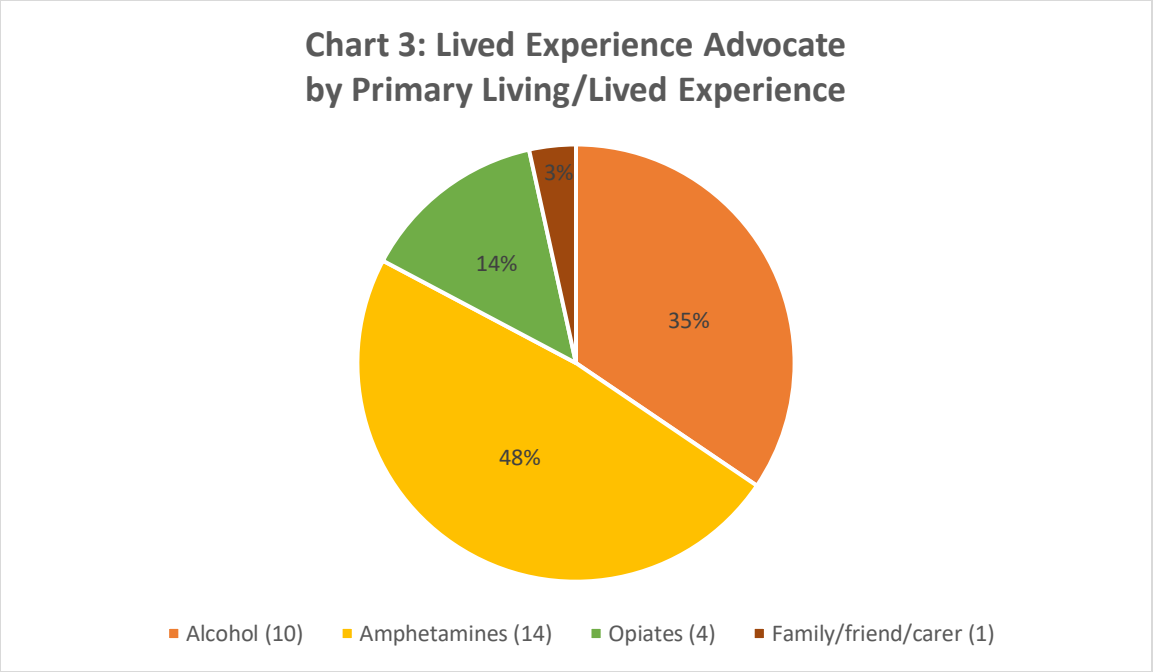
[32] see Drug Education Network website. Accessed 9 Sept. 2022
[33] at 31 August 2022
[34] Course in Consumer Leadership: 10946NAT - delivered in April 2021 and June 2022 by the Health Issues Centre
[35] reporting period December 1 2020 – August 31 2022

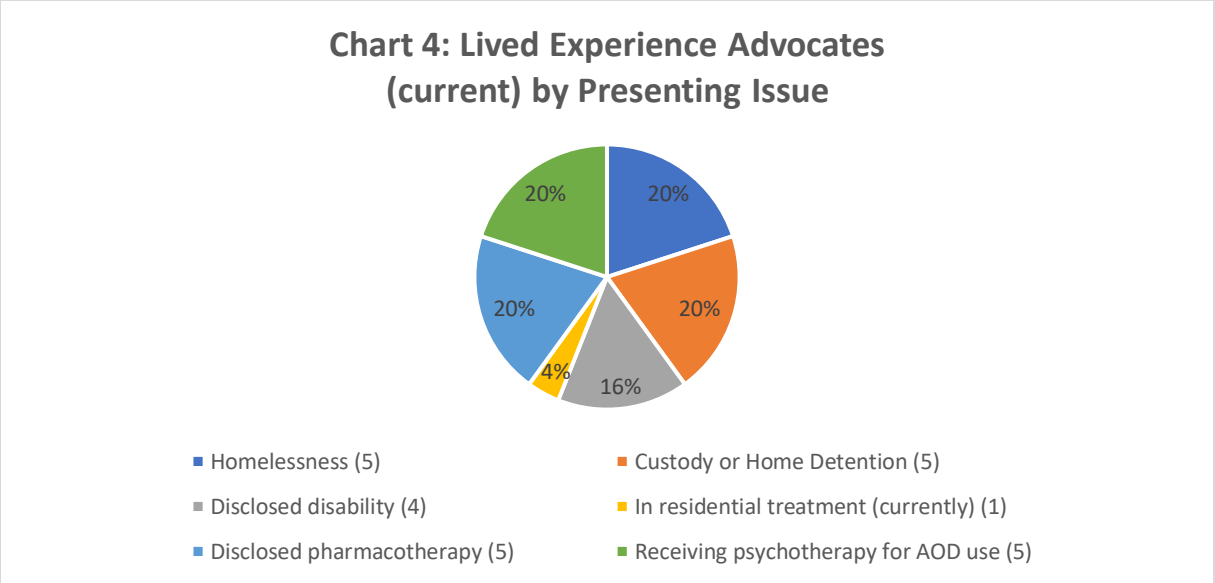
as well as the priority issues of people who have a lived experience of alcohol and other drug use. Chart 2 in particular shows the type of work that Lived Experience Advocates have been doing reflecting the current appetite for engagement with this group of Tasmanians.




*'Other' includes inductions to the LEAS (29), COVID-19 surveys (18) and other less regular engagements




For further testimonials on the Lived Experience Advocate Service from both advocates and requesting organisations, see 'Appendix F: Testimonial: Alcohol and Drug Service for the Lived Experience Advocate Service. The Alcohol, Tobacco and other Drugs Council has regarded its role as being the temporary custodian of the Lived Experience Advocate Service, which would transfer to an independent organisation immediately after establishment.

## The creation of a salaried Lived Experience Project Officer at the peak body

In addition to the above advancements, the Alcohol, Tobacco and other Drugs Council recently created and recruited a Lived Experience Project Officer (0.6FTE), funded by Primary Health Tasmania. The Lived Experience Project Officer is a key position designed to support Tasmanians with a living/lived experience of alcohol and other drugs to participate in opportunities to share their expertise to strengthen the sector. This position will:

- engage with the network of lived experience advocates across Tasmania, building collaborative relationships with Tasmanians with a living/lived experience of alcohol and other drug use
- implement a Community of Practice for people with living/lived experience that will run a pilot campaign on an agreed issue

The contract ends on 30 June 2023. It is envisioned by this business case that a similar Project Officer role would be set up in Year 2 of funding for the independent organisation.[36]

## Contemporary Risks highlighted by the Lived Experience Participation Review

The 2019 'Options Paper' identified that without an independent lived experience organisation, the efforts to support living/lived experience perspectives risked being "sub-optimal or piecemeal."[37] In 2022, the Lived Experience Participation Review[38] found that, while positive progress had been made in the sector, this risk remained real for the sector. At a service level, projects and programs that aimed to capture and empower lived experience perspectives were often not funded or written into position descriptions and relied upon the goodwill of individuals rather than the strategic direction of the organisation. While altruistic in their intent, the risk with smaller 'off the side of the desk' activities are that that they are not sustainable nor representative of diverse and informed perspectives. Even the highest quality lived experience participation, that has genuine positive influence on service delivery, could lose momentum or cease altogether with a change of staff. The second relevant insight from this review was that people with

[36] see 'Timeline and Activity Recommendations' pp38
[37] see Appendix D: 'How do we add the missing piece?' pp6
[38] See Appendix E: The Lived Experience Participation Review was developed by the Alcohol, Tobacco and other Drugs Council as self-assessment audit tool to measure "consumer engagement" in Tasmania's alcohol and other drugs sector. Twelve alcohol organisations participated in the review between March and November 2021. This included 39 participants with a lived experiences of a dependence on alcohol or other drugs and 54 participants who are staff of Tasmanian treatment settings. The Review has given the sector an excellent contemporary overview of lived experience participation. It has highlighted the remaining gaps that will fully embed and integrate voice of lived experience at every level of the alcohol and other drug sector.

living/lived experience have limited avenues to communicate with the leadership of community managed organisations (specifically Board Directors). With a Board Director role allocated for lived experience provided on only one of the boards of the 12 surveyed organisations, the Chief Executive Officer was regarded by participants in most of the reviews as the main channel for people with lived experience to the peak body and government. It is proposed in this business case that these fragilities would be stabilised by the establishment of an independent organisation because it creates a legitimate platform for people with living/lived experience to have their views are represented in policy and sector conversations. This independent organisation would provide the direct, authentic, and representative lived experience voice for the sector, and relieve individual micro-level organisations of the pressure to amplify the voices of people accessing their services at this level.

## THE PROPOSED MODEL

A significant portion of the model proposed in this business case, tailored for the size and culture of Tasmania, was endorsed in 2019 by people with lived experience, the Alcohol and Other Drug Expert Advisory Group, the peak body, and the alcohol and other drug sector.[39] This endorsement was captured in the 'Options Paper' which made six recommendations for an independent lived experience organisation:

1) the organisation should be run by peers and be for peers
2) the organisation will be most effective if it is a standalone independent organisation
3) the organisation must have a sole focus on alcohol and other drugs (rather than be part of a generic health consumer body or merge with another existing body)
4) the organisation should have a focus on vulnerable and marginalised communities
5) the organisation has harm reduction as a central principle
6) the organisation plays a key role in reducing stigma and discrimination[40]

In November 2020, this model was also supported by the Reform Agenda for the Alcohol and other Drugs Sector under Reform Direction 1.

Three years on from the publication of these recommendations, the content and proposal of this business case has again been supported by the sector in October 2022 by stakeholders and beneficiaries.[41]

[39] see Appendix D: 'How do we add the missing piece? Options Paper' pp24-26
[40] ibid pp12-14
[41] see 'Appendix A: Signatories to 'The Time is Now' Business Case'

## What we know this organisation will do

### 1. Be the authoritative and representative statewide voice for people who currently use or have used alcohol and other drugs in Tasmania in the policy and systemic advocacy space

The Tasmanian Government, the Tasmanian alcohol and other drug sector and the public will rightly have confidence in the governance, operational structure, and processes of this organisation, and that it is representative of the voices and perspectives of a diverse and statewide membership base. It is expected that the membership will involve a different demographic and network of people than any other organisation in the state. The independent organisation will possess an excellent contemporary overview of issues facing the communities it represents and have a strong foundation and mandate for systemic advocacy, policy development and positive influence on the sector and wider health system. The organisation will play a key role in supporting the relevant lived experience strategies of the Reform Agenda for the Alcohol and other Drug Sector, the Tasmanian Drug Strategy, and Our Healthcare Future (among others).

The independent organisation will work primarily at the meso-level (organisational/sector) level of the alcohol and other drug sector, but it can act as a conduit and mediating body between the macro- (health system wide) and micro-levels (individual to clinician/health practitioner) -levels of the alcohol and other drug sector and wider health system. This is a critical distinction that will guide the activities and programs of this independent organisation in the first two years. If the membership of the organisation later determines that it would like to explore the delivery of micro-level services such as a Needle and Syringe Program, a Naloxone Program, or a drop-in centre (as is common to most other peer organisations around Australia) this will require significant consultation with the sector.

### 2. Have a Unique Membership

The proposed independent lived experience organisation for Tasmania will be a unique model in a national context in the sense that it not only provides a platform for people with a living/lived experience of illicit drugs, but also for people with a living/lived experience of alcohol.[42] Capturing the spectrum of perspective and lived experiences across this licit/illicit divide is a different

[42] No other similar state or territory organisation in Australia includes people with a lived experience of alcohol. See 'Key Findings Relevant to the Tasmanian Context pp19 and Appendix C: 'Overview of the State and Territory Independent Organisations'

foundation when compared with other similar organisations whose mission originated in the HIV/AIDS epidemic of the late 1980s.

The overview of other similar organisations[43], however, also reveals that there is no standard, federated model, and each organisation has had a different pathway to establishment, has varied business models and core business, and the services have been designed specifically for the local jurisdiction and membership.

### 3. Have clarity about the level and scope of its activities

The programs and activities of the proposed independent organisation will primarily work at the meso-level (organisational/sector) and be a key conduit and mediator between the macro- (health system wide) and micro-levels (individual to clinician/health practitioner) of the sector. 'The Time is Now' shows how this organisation will fit within the array of existing services in the sector, ensuring that the risks of possible crossover and duplication are low, and in doing so identifies several examples of the work this organisation will not pursue.

### 4. Inherit and take management of the Lived Experience Advocate Service

The Lived Experience Advocate Service, currently hosted by the Alcohol, Tobacco and other Drugs Council, will provide the proposed organisation with an established program that is already tested, proven, and valued across the sector and beyond. Under this proposal, the knowledge, policies, procedures, and networks of lived experience advocates and requesting organisations will transfer to the independent organisation. The Lived Experience Advocate Service Coordinator and appointed Executive Officer will continue to develop and grow this Service working with government and requesting organisations that do not have any mechanism or capacity for lived experience participation.[44]

### 5. Start under the auspice of the Alcohol, Tobacco and other Drugs Council

One of the objects included in the Alcohol, Tobacco and other Drugs Council's constitution is to 'auspice alcohol, tobacco and other drug related organisations where appropriate.' As with the establishment of other similar organisations in other states and territories, the Alcohol, Tobacco and other Drugs Council is best positioned to provide this support to ensure that the independent

[43] see Appendix C: 'Overview of the State and Territory Independent Organisations'
[44] see 'Timeline' pp38

organisation is provided with the necessary operational stability, knowledge, and expertise through its initial establishment phase.[45]

## Eight expectations for an independent lived experience organisation in Tasmania

This business case puts forward an expanded list of eight expectations that provide an organisational profile and a starting point for future discussions to be held during the establishment phase of the organisation. These expectations provide the sector and the Tasmanian Government with confidence in the role that this organisation could play in the ecology of the Tasmanian alcohol and other drug sector. The following section includes consideration of, and alignment with, the current reforms and strategies of the wider healthcare system that relate to lived experience.[46] These expectations have been guided and informed by the recommendations in the 'Options Paper'[47], and further developed by research into the missions, profiles, and services of other similar organisations.[48] It is perhaps worth noting again that this business case does not seek to determine the ultimate activities or services of the independent organisation. Thus, if successfully funded, this self-determining work would be managed by the appointed Executive Officer, steering committee, and membership base during the first two years of establishment.

The eight considerations for the focus of the proposed independent lived experience organisation include:

1. Be self-determining: for peers, by peers
2. Work to, and advocate for, the principles and goals of harm reduction
3. Promote social justice and human rights issues
4. Work with organisations to improve health and support services to people who use/have used drugs and alcohol in Tasmania
5. Work with existing service organisations to provide systemic advocacy to raise awareness and reduce the transmission of blood borne viruses
6. Work to ensure a diversity of members and perspectives with a focus on engagement of minoritised population groups
7. Operate as partner in research undertaken on issues affecting people who use alcohol and other drugs in Tasmania

[45] See 'Appendix B: Confirmation Letter – Auspice of Independent Organisation'
[46] see 'Alignment with Major Reforms and Strategies' pp9
[47] see Appendix D: 'How do we add the missing piece? Options Paper'
[48] see pp19-23 and Appendix C: Overview of the State and Territory Independent Organisations'

8. Form strategic alliances within Australia, Asia Pacific and Internationally, and partnerships to address issues affecting people who use alcohol and other drugs in Tasmania

Expanded detail on each point:

## 1. Be self-determining: for peers, by peers

This organisation must be a representative voice of its membership. The membership base will include an intersection of:

1) People with a personal living/lived experience of alcohol or other drugs
2) People who are currently in or have received support or treatment for alcohol and other drugs within the health system
3) Peers, peer workers, or peer trainees (people with living/lived experience of alcohol and other drugs and who are working/have worked in the alcohol and other drug sector)

There is also a possibility that the membership will seek to include affiliate membership for a fourth cohort.[49]

4) People who are a family or friend of people with a living/lived experience of alcohol or other drugs

In the first year of operational funding, a steering committee would be established to oversee the organisation's establishment and work to determine the lived experience perspective on the services, programs, and activities that are most needed in Tasmania. It is anticipated that this steering committee would organically include people with living/lived experience who have pursued training and professional development through sector and State Government-funded initiatives such as the Alcohol, Tobacco and other Drugs Council's Lived Experience Advocate Service and the Drug Education Network's Peer Workforce Program. This may also include support from individual and organisational allies who have worked for the establishment of this organisation and would lend assistance and guidance in the skills and knowledge required where requested.

## 2. Work to, and advocate for, the principles and goals of harm reduction

This model is unique in that will be 'for and by' people with living/lived experience of both illicit drugs *and* alcohol. Therefore, there may naturally be significant diversity in the life experiences,

[49] To be determined by membership and with awareness of the strategic direction of Mental Health Family and Friends. For more detail see 'What this organisation will not do' pp37 and Appendix H: Letter of Support: Glen O'Keefe, CEO, Mental Health Families and Friends

politics, and world views of the members.[50] It is suggested that the shared values, principles and goals of harm reduction will provide the common ground between members. As outlined by Harm Reduction International, these are as follows:

*Principles of harm reduction*

Respecting the rights of people who use drugs

A commitment to evidence

A commitment to social justice and collaborating with networks of people who use drugs

The avoidance of stigma

*Goals of harm reduction*

Keep people alive and encourage positive change in their lives

Reduce the harms of drug laws and policy

Offer alternatives to approaches that seek to prevent or end drug use[51]

3. Promote social justice and human rights issues

   Aligned with other state and territory organisations, this is likely to include the right to self-determine health care and a focus on eliminating stigma and discrimination.

4. Work with organisations to improve health and support services to people who use/have used alcohol and other drugs in Tasmania

   This includes working to the aims of overarching government reforms to facilitate the participation of living/lived experience voices at all levels of organisations to improve service design and delivery.

5. Work with existing service organisations to provide systemic advocacy to raise awareness and reduce the transmission of blood borne viruses

   In alignment with other equivalent state and territory organisations, it is expected that this organisation will seek to work at the meso-level to reduce the incidence of Human Immunodeficiency Virus (HIV), prevent Acquired Immune Deficiency Syndrome (AIDS), hepatitis C virus (HCV) and hepatitis B virus (HBV) in Tasmania. This work is likely to include focus on reducing

[50] see 'Divergence and Disagreement' section of pp15

[51] Source: Principles and goals of harm reduction reproduced Harm Reduction International website. Accessed 18 Aug 2022

stigma and discrimination associated with injecting drugs. While a micro-level service (such as a Needle and Syringe Program or a Naloxone Program[52]) is typical across most other similar state and territory organisations, as noted previously this would be a departure from the meso-level of operations that is proposed in the first instance in this business case.

6. Work to ensure a diversity of members and perspectives with a focus on engagement of minoritised population groups

   This includes ensuring a diversity of identity, living/lived experience, age, gender, ethnicity, sexuality, first language and geographical representation. A funding priority among the other equivalent state and territory peer organisations was the creation of salaried Aboriginal or Torres Strait Islander position and/or programs and it is likely that this would be a consideration for the independent organisation moving forward.

7. Operate as partner in research undertaken on issues affecting people who use alcohol and other drugs in Tasmania

   Be the primary conduit between the grassroots community and academic research opportunities, which might include the Illicit Drug Reporting System (IDRS), the Ecstasy and related Drugs Reporting System (EDRS), postgraduate research projects, and international studies.

8. Form strategic alliances within Australia, Asia Pacific and Internationally, and partnerships to address issues affecting people who use alcohol and other drugs in Tasmania

   Be connected to, and an active participant in, the network of organisations and individuals in harm reduction in a national and an international context.

[52] 7 out of 8 other independent peer organisations in Australia provide a Needle and Syringe Program and/or Naloxone Program. See Appendix C: Overview of the State and Territory Independent Organisations

## What we know this organisation will not do

The proposed organisation will not seek to duplicate any service currently funded by the Tasmanian State Government. This business case includes awareness of possible crossovers and can confirm that it will not:

1. Encroach on the work of the Tasmanian Council on AIDS, Hepatitis & Related Diseases (TasCAHRD)

   The potential synergy of TasCAHRD and an independent organisation has emerged during the research for this business case. While it is likely that the independent organisation will also seek to reduce transmission of blood borne viruses at the meso-level, it can provide immense value to the sector by creating a formal peer support network for people who inject or use illicit drugs. This is something that TasCAHRD already organically facilitates to an extent (without funding) and would be enhanced in partnership with the independent organisation, with the latter able to lead the work to further develop this network. In consideration of the 'service arm' and 'advocacy arm' distinction of other independent peer organisations in Australia,[53] there is scope for a strong partnership between TasCAHRD and an independent organisation that will be of mutual benefit and ultimately have positive impacts on the people most at risk of health complications from blood borne viruses.

2. Encroach on the existing services of primary and secondary Needle and Syringe Programs and Naloxone Programs in Tasmania

   With 24 primary and secondary Needle and Syringe Programs[54] already servicing Tasmanians, this business case is proposing that an independent organisation would initially support an awareness of these outlets. While most, but not all, of the other independent peer organisations in Australia manage primary outlets, the inclusion of a Needle and Syringe Program will ultimately be determined by the foundational membership once the independent organisation is established. The inclusion of a Needle and Syringe or Naloxone Program would require careful consideration as it would expand the focus of the independent organisation from a meso-level to include the micro-level (servicing individuals).

[53] see pp20

[54] Seven primary NSPs and 17 secondary NSPs already exist in Tasmania, along with further access at pharmacies. For detail: https://www.health.tas.gov.au/health-topics/alcohol-and-drugs/needle-and-syringe-program#secondary-nsp-outlets

## 3. Crossover with the remit of the Drug Education Network

To complement the reach and impact of their training and education programs, the Drug Education Network (DEN) have recently established Lived Experience Speakers to work alongside their educators. In 2023, DEN will seek further funding to employ, train and support six Lived Experience Speakers across a two-year period.

Lived Experience Speakers will be inducted into DEN as employees and have position descriptions. A significant portion of their target audience will be the alcohol and other drug sector's generalist workforce and community services sector. Lived Experience Speakers will:

- assist with the provision of quality alcohol and other drugs training, vocational education and professional/workforce development to all sectors
- assist in building and maintaining strong relationships and developing strategies for collaborative partnerships with communities and target groups that support health promotion, prevention, and early intervention educational programs
- support in the coordination of health promotion events and educational services; including organising where required
- facilitate access to current evidence-based resources

Lived Experience Speakers are not educators but work alongside DEN staff to offer a personal story that relates to the course content and ground it in a local context.

By contrast the Alcohol, Tobacco and other Drugs Council's Lived Experience Advocate Service, which the independent organisation will inherit, is distinctly different in scope and audience. Lived Experience Advocates are volunteers, and their work is intermittent. Their interactions are primarily with the specialist alcohol and other drug workforce and government at the meso-level, and their work is concerned with policy influence, service design and delivery, and systemic advocacy. Lived Experience Advocates are speaking and sharing perspectives from their personal experience but not working to specified course content in an educational setting.

## 4. Crossover with the service of Advocacy Tasmania

Advocacy Tasmania are currently funded by the State Government to provide a range of advocacy services, including for people receiving or seeking treatment and support from the alcohol and other drug sector. Specifically, this includes assistance for people experiencing difficulties accessing services, lodging complaints or raising issues about services, providing information about mutual rights and responsibilities, improving understanding of referral procedures, and helping

people with self- and occasionally systemic advocacy. As this business case is proposing that an independent organisation will begin with a stronger 'advocacy arm'[55], there is the risk that this could be perceived or understood as a service duplication, even with the concurrent funding of the Lived Experience Advocate Service and Advocacy Tasmania. This business case envisions a strong partnership and collaboration between these two organisations, each with their distinct focus. The independent organisation will not work at the micro-level (provide individual, case-managed advocacy) and would refer accordingly to the qualified staff of Advocacy Tasmania. Put simply, the independent organisation will not provide advocacy services to individuals.

## 5. Crossover with the remit of Health Consumers Tasmania

Health Consumers Tasmania (HCT) are the peak independent body for all health consumers across Tasmania that is funded to influence and improve the wellbeing and health of all Tasmanians, ensuring quality, equity and access to service delivery. HCT provide an informed and representative consumer voice to the Tasmanian Minister for Health, public, private, and non-government health service providers across all facets of policy, planning, service delivery and evaluation. While HCT chiefly operate at the macro-level to improve the acute health system (eg. legal, regulatory, and economic influence), the proposed independent organisation will work primarily at the meso-level to improve specialised community-based systems (eg. attitudes, support, service design and delivery) across the alcohol and other drug sector. There will be a clear opportunity for the independent organisation to be complimentary to, and a conduit between, HCT and people marginalised by living/lived experience of alcohol and other drugs.

## 6. Crossover with the current remit of Mental Health Family and Friends Tasmania

Mental Health Families and Friends Tasmania (MHFFTas) is the Tasmanian peak body representing families and friends of people living with mental illness. MHFFTas provide systemic advocacy from a family and friend perspective, drawing on lived experience to improve mental health services. MHFFTas have recently received annual State Government funding to support family and friends of people with co-occurring living/lived experience of mental health and alcohol and other drugs. While this business case proposes an organisation that is primarily for people with a personal living/lived experience of alcohol and other drugs, the independent organisation steering

[55] see pp20-21

committee will ultimately determine during the establishment phase to what degree it will pursue a membership of "people who are a family or friend, of people with a living/lived experience of alcohol or other drugs."[56] This is therefore flagged as an area of current uncertainty, and MHFFTas have confirmed their commitment to working with the independent organisation to ensure that no duplication occurs.[57] This business case can state with certainty that the independent organisation will not seek to cross into the mental health space.

## TIMELINE AND ACTIVITY RECOMMENDATIONS

### Recommendations:

The appointed Executive Officer, in co-design and collaboration with the lived experience communities, will be tasked with establishing the aspects this business case cannot rightfully determine: the name, brand, mission and purpose, policies, procedures and constitution. All these components will be essential to the formal establishment of the independent organisation with 'establishment' being measured by the organisation obtaining incorporation under the *Incorporations and Associations Act 1964 (Tas)*, which will enable the organisation to legally operate independently. The timeframe to incorporation will take up to two years to achieve. During this two-year period the Alcohol, Tobacco and other Drugs Council have offered a commitment to be the auspice body to support the achievement of the above-mentioned actions holistically and practically. This includes offering shared services and infrastructure to the organisation in this period, including an office space, human resources, IT, and finance support.[58]

Tables 3.1 and 3.2 below provide more detail on the outputs and outcomes expected to be achieved during the first two years while the organisation is being established. This business case does not seek to comment beyond those first two years of establishment.

[56] see pp31/32 for the four cohorts of people that this organisation is likely to support

[57] see 'Appendix H: Letter of Support: Glen O'Keefe, CEO, Mental Health Families and Friends Tasmania'

[58] see 'Appendix B: Confirmation Letter – Auspice of Independent Organisation: Alison Lai, CEO, Alcohol, Tobacco and other Drugs Council Tasmania'

Table 3.1

## YEAR ONE: OUTPUTS AND OUTCOMES

By 30 June 2024

| OUTPUTS | OUTCOMES |
|---|---|
| **Establishment of the Independent Organisation Steering Group (IOSG) to:**<br>• Develop a term of reference for the IOSG<br>• Finalise the funding agreement KPIs with the Tasmanian Government<br>• Finalise an arrangement with the auspice organisation<br>• Recruit the Executive Officer (EO)<br>• Develop the business work-plan for the IOSG and Executive Officer towards incorporation, including but not limited to*:<br>  • Finalisation of 'Mission' and 'Purpose'<br>  • Development of draft initial strategic plan<br>  • Determination of constitutional framework, including objects, membership and governance model<br>  • Determine the name of the organisation<br>  • Establish the brand of the organisation | • Stakeholders will have confidence in the governance and oversight of the project, including the commitment to the self-determination and independence of the organisation<br>• Clear expectations confirmed with Tasmanian Government (as funder) providing confidence to proceed towards establishment<br>• Recruitment of a qualified and credible Executive Officer that has the confidence of the IOSG, and the lived experience community<br>• Development of key business work-plan checkpoint milestones that will give the lived experience communities, the AOD sector and the Tasmanian Government (as the funder) confidence in the progress towards establishment<br>* This work identified will likely be delivered through the support of an external consultant with specific expertise in these areas |

| | |
|---|---|
| • Development of operational policy framework and infrastructure (including policies and procedures)<br>• Development of initial stakeholder engagement plan | |
| **Appointment of Executive Officer** for a minimum three-year contract: | • Immediate and consistent visibility of the independent organisation to all stakeholders including the communities of people with lived experience, the AOD sector, the Tasmanian Government and the public<br>• Access to an official representative of the IO to participate across all levels of government, community and other health sectors (e.g steering committees and contribution to key policy and reform projects like the AOD Reform Agenda Project Control Group)<br>• Dedicated resource to lead the establishment of the IO alongside the IOSG<br>• Connection and correspondence with state and territory counterparts and national peak body |
| **Establishment of an alcohol and other drugs peer and living/lived experience network in Tasmania** (including those already engaged with the Lived Experience Advocate Service) | • The Executive Officer will support the establishment of a state-wide network of people with diverse living/lived experiences of alcohol and other drugs across Tasmania<br>• Tasmanians with a living/lived experience will have a formal avenue and community of practice to connect, network and contribute to policy and sector reform discussions<br>• The Executive Officer will have the ability to develop and provide collective responses to policy and other planning initiatives that affect Tasmanians with a living/lived experience (including the development of expert advice into key AOD reform projects including strengthening the growth of a peer workforce and responding to stigma) |

| | |
|---|---|
| **Continued operation of the Lived Experience Advocate Service**<br>- LEAS to continue being delivered by the ATDC until independent organisation is established<br>- Executive Officer to increase involvement into the operational management of the LEAS<br>- Development of a transition roadmap that coincides with the incorporation of the independent organisation<br>- Continued provision of training / information sharing / networking and linkages | • Stakeholders will have confidence in the future of the Lived Experience Advocate Service, and there will be ongoing involvement of Tasmanians with living/lived experience into policy design and systemic advocacy discussions<br>• All levels of government, the AOD sector and the community have access to Lived Experience Advocates to inform and strengthen their work<br>• Tasmanians with a living/lived experience of AOD use will continue to have access to individual capacity building initiatives through the Lived Experience Advocate Service |

Table 3.2

## YEAR TWO: OUTPUTS AND OUTCOMES

By 30 June 2025

| OUTPUTS | OUTCOMES |
|---|---|
| **Establishment of the independent organisation** - as per the business work-plan developed in the first year, the following outputs would be finalised at the end of the second year (30 June 2025) through the work of the Executive Officer with oversight by the IOSG and:<br>• Incorporation achieved through the completion of the necessary steps (including finalisation of 'Mission' and 'Purpose', completion of the | • Continued confidence and satisfaction from stakeholders in the governance and oversight of the project, including the commitment to the self-determination and independence of the organisation<br>• Strong relationship with the Tasmanian Government (as funder) with milestones achieved and / or on-track providing continues confidence in the work to establish the organisation<br>• Through the work of the Executive Officer, they would have strengthened relationships within the AOD sector, and increased awareness of the work to establish the organisation and made positive contributions that have increased the |

| | |
|---|---|
| constitutional framework and confirmation of organisational name)<br>• Finalisation of the organisational brand<br>• Completion of operational policy framework and infrastructure (including policies and procedures)<br>• Ongoing implementation of the stakeholder engagement plan<br>• Establishment of banking accounts and insurances<br>• Secured membership to AIVL, Harm Reduction Australia, and Harm Reduction International or international network | reputation of the independent organisation as the authoritative voice for AOD living/lived experience in Tasmania<br>• Tasmanians with a living/lived experience of drug use will be connected to, and an active participant in, the national and international network of organisations in the field of harm reduction<br>• Year two would also see increased engagement with research institutions that will recognise the independent organisation as a source of high-quality information and unique network |
| Completion of organisational transition requirements, including:<br>• Review of the auspice arrangement<br>• Change management plan developed to support existing staff and volunteers involved in the Lived Experience Advocate Service to transition away from the ATDC to the independent organisation | • Tasmanians with a living/lived experience of alcohol or drug use have a legitimate platform, a strong community of practice, and are actively engaged in individual capacity building initiatives<br>• Tasmanians with a living/lived experience of alcohol and other drug use are represented in the priority issues of importance to them (including the work of the Reform Agenda for the Alcohol and other Drug Sector)<br>• The views of Tasmanians with a living/lived experience of alcohol and other drugs continue to be a key consideration in the planning, development and implementation of relevant services, policies and legislation |

| | |
|---|---|
| **Ongoing coordination of the AOD peer and living/lived experience network in Tasmania** (including those already engaged with the Lived Experience Advocate Service) | • As per Table 3.1 - a flourishing network of peers and people with living/lived experience would continue |
| **Continued operation of the Lived Experience Advocate Service**<br>- LEAS to continue being delivered by the ATDC until independent organisation is established<br>- Executive Officer to increase involvement into the operational management of the LEAS | • As per Table 3.2 - stakeholders will have confidence in the future of the Lived Experience Advocate Service, and the range of critical outcomes it provides |

# FINANCES

## Total Finance Requested

The total request for five-year funding is $2.035 million. This figure includes the expected annual operational budget $415,000 (including the Lived Experience Advocate Service) and an initial injection of $82,500 in the first year for initial upfront expenses. The Lived Experience Advocate Service is currently funded until 30 June 2024, and this funding allocation ($124,000 for 2023-24) has not been included in the total request figure - outlined in Table 4.1.

### Table 4.1 2023-2028 Total Funding Request

| | | |
|---|---|---|
| 2023-2024 | $ 375,000 | Operational costs + Upfront Expenses (excluding LEAS**) |
| 2024-2025 | $ 415,000 | Operational Expenses (including LEAS) |
| 2025-2026 | $ 415,000 | |
| 2026-2027 | $ 415,000 | |
| 2027-2028 | $ 415,000 | |
| **FIVE YEAR TOTAL** | **$ 2,035,000*** | |

*Figures rounded up and do not include annual indexation ** Lived Experience Advocate Service

### Table 4.2 Summary of Annual Investment (full budget breakdown in Table 1.4)

| | |
|---|---|
| Employee Expenses (including wages and salaries) | $ 299,300 |
| Operational Costs | $ 80,000 |
| Lived Experience Remuneration and Training | $ 35,000 |
| **Total Annual Operational Budget** | **$ 414,300** |

### Table 4.3 Year One: Upfront Expenses

| | |
|---|---|
| Motor Vehicle | $ 35,000 |
| Office Equipment and Furniture | $ 10,000 |
| Computer/Telephone Equipment | $ 15,000 |
| Branding and Signage | $ 10,000 |
| Board Recruitment/Training | $ 2,500 |
| Consultancy / Legal Fees/EO recruitment | $ 10,000 |
| **TOTAL** | **$ 82,500** |

Table 4.4 Independent Organisation Annual Operational Budget Breakdown

| Expenses | Amount | Notes |
|---|---|---|
| Accounting Fees | $25,000 | Outsourcing finance (worked out on SCHADS 7 @ 1 day per week) |
| Advertising and Promotion | $1,500 | Represents ongoing annual budget - the upfront costs are costed separately |
| Assets Purchased <$5000 | $5,000 | Standard budget allocation |
| Audit Fees | $2,000 | Based on half the ATDC budget |
| Bank Charges | $300 | |
| Board/Governance Expenses | $2,500 | |
| Cleaning and Pest Control | $2,000 | |
| Lived Experience Remuneration | $20,000 | Based on ATDC's 2021-22 LEAS budget (+$5,000) |
| Lived Experience Training and Development | $15,000 | Based on ATDC's 2021-23 LEAS budget |
| Computer Expenses | $10,000 | Based on ongoing costs for three computers / Internet access / software licences and back-up services |
| Consultancy Fees | $1,450 | Standard budget allocation |
| Depreciation - Plant and Equipment | $10,000 | |
| Depreciation - Motor Vehicle | $ 6,500 | Based on $35,000 vehicle |
| Equipment Hire and Lease | $ 2,000 | e.g. photocopier |
| Insurances | $6,000 | Based on half the ATDC ($12K) due to size of organisation. Flourish accounts note $5,630 in 2020-21 |
| Meeting Expenses | $1,000 | |
| Membership Fees | $500 | TasCOSS, AIVL and ATDC in the first instance |
| MV Fuel and Oil | $3,000 | Based on ATDC expenditure for one vehicle |
| MV Repairs and Maintenance | $600 | As above |
| MV Insurance | $1,300 | As above |
| MV Registration | $500 | As above |
| Postage and Freight | $350 | |
| Printing and Stationary | $2,500 | |
| Rent | $12,000 | Based on Flourish outlay in 2020-21. ATDC pays $50K for 8 offices / Board Room (so appears appropriate) |

| | | |
|---|---|---|
| Staff Amenities | $500 | |
| Sundry Expenses | $500 | |
| S&W Recruitment | $800 | |
| S&W Superannuation | $24,283 | |
| S&W Annual Leave Provision | $4,388 | |
| S&W Workers Compensation | $1,434 | |
| S&W Fringe Benefits Tax | $7,500 | |
| S&W Salaries and Wages | $231,270 | See Table below. Calculated on a Band 8 FTE (EO), Band 6 (0.7 FTE - LEAS Coordinator) & Band 4 (0.6 FTE - Project Officer) and includes leave loading |
| Telephone and Internet | $ 2,500 | |
| Training and Staff Development | $4,625 | Allocation based on 2% of overall salaries |
| Travel and Accommodation | $2,000 | |
| Utilities - Electricity | $3,500 | Assume to be separate to rent |
| **Total** | **$ 414,300** | |

Table 4.5 Budget Detail: Salaries

| Position | SCHCADS | FTE | Hours per Week | Hourly Rate | Wages | Leave Loading | Superannuation (10.5%) | Workers' compensation (0.62%) | Annual Leave Provision |
|---|---|---|---|---|---|---|---|---|---|
| Chief Executive Officer | Level 8.1 | 1.0 | 38 | 57.58 | $ 113,778.08 | $ 1,531.63 | $ 12,107.52 | $ 714.92 | |
| LEAS Coordinator | Level 6.1 | 0.7 | 26.6 | 49.07 | $ 67,873.62 | $ 913.68 | $ 7,222,67 | $ 426.48 | |
| Project Officer | Level 4.1 | 0.6 | 22.8 | 39.26 | $ 46,546.66 | $ 626.59 | $ 4953.19 | $ 292.47 | |
| **TOTAL** | | **2.3** | **87.4** | | **$ 228,198.40** | **$ 3071.90** | **$ 24,283.38** | **$ 1433.87** | **$ 4,388.43** |

## RISKS

The research for this business case have illuminated several risks in the establishment of the independent organisation.

**Table 5.1**

Key:

IO = Independent Lived Experience Organisation

IOSG = Independent Lived Experience Organisation Steering Group

ATDC = Alcohol, Tobacco and other Drugs Council Tasmania

| Description of Risk | Impact or consequence | Probability | Mitigation Actions (Preventative or Contingency) |
|---|---|---|---|
| ***1.1 Business Case*** *- absence of stakeholder support for the recommendations in the IO business case* | - Recommendations are not supported by a key stakeholder (e.g. community-managed AOD sector) and the work to establish the IO struggles to gain traction | Low | - Multi-stage consultation process to develop the business case including living/lived experience, community managed AOD service providers, government and the broader community sector<br>- Targeted discussions with key sector stakeholders (e.g., Drug Education Network, Alcohol and Drug Services, and Mental Health, Alcohol and Drug Directorate)<br>- Implementation of clear and regular communications regarding progress, and key business case development milestones |
| ***1.2 Funding*** *– inability to secure the required funding to establish the IO* | - The work to establish the IO immediately ceases leading to significant concern and dissatisfaction across the Tasmanian AOD sector | Medium / High | - Single-issue 2023-24 Budget Priority Statement submission to be developed by the ATDC to emphasise the prioritization of funding |

| | | | |
|---|---|---|---|
| | - Future of the Lived Experience Advocate Service would be at risk, with the ATDC not positioned to deliver this service ongoing | | - Proactive communication with government stakeholders, and Minister for Health<br>- Development of business case endorsed by Tasmanian AOD sector stakeholders (see 1.1) that aligns to the aims and intention of the AOD Reform Agenda Direction 1<br>- Funding request that is appropriate to the requirements of establishing a small NFP, and in alignment to other similar organisations funded by government |
| *1.3 Governance – perception that the governance of the IO is not appropriate for the vision and purpose of the organisation* | - Loss of confidence in the purpose and intent of the IO by the Tasmanian AOD sector and the living/lived experience community | Low | - Immediate establishment of the IOSG to oversee the work to establish the IO<br>- The IOSG terms of reference to include representation from the Tasmanian AOD sector and government (as the funding body) with an emphasis on living/lived experience representation<br>- IOSG terms of reference to include clear decision-making processes and the ability to co-opt ex-officio members to fill expertise / skill requirements as required (e.g., legal / human resources / communications) |
| *1.4 Recruitment of IO EO – inability to find suitable candidate with the appropriate mix of work skills, lived experience and values* | - Delayed commencement of IO operations due to a lack of suitable applicants or inability to gain unanimous support for the appointment of an individual with one or more (but not all) desired attributes<br>- Individual is recruited without the necessary skills to establish the IO and the | Medium/ High | - IOSG to oversee the recruitment plan for the EO, including the development of the position description and appointment of suitable applicant<br>- Position description to prioritise the necessary executive officer skills to establish and operate a small not-for-profit organisation. |

| | | | |
|---|---|---|---|
| | organisation fails to meet targets and expectations<br>- Decreased organisational credibility due to insufficient organisational and governance experience and / or decreased credibility due to lack of lived experience<br>- Inability of the IO to attract diverse, state-wide membership and lack of confidence in the IO by both the lived experience membership and the sector<br>- The appointed IO EO is not retained for the full-term | | - Alignment of values with the IO vision and purpose to be an essential attribute, with lived experience to be viewed favourably<br>- Selection panel to include lived experience representation, and all applicants to be asked to demonstrate their understanding of the priority issues impacting those with AOD lived experience<br>- IOSG to ensure selection panel to include lived experience representation, and individuals with NFP organisational experience<br>- Consideration to outsourcing the recruitment process to an external recruitment agency and advertising the role nationally to increase scope of suitable applicants |
| *1.5 Lived Experience Engagement – the IO struggles to engage with the lived experience community, particularly during the start-up phase* | - The establishment phase of the IO consumes most of the time of the EO resulting in a perceived lack of engagement with and / or attempt to grow the community of lived experience<br>- The appointed IO EO needs greater support from the ATDC and external consultants to be established and function<br>- Initial membership to the IO may be over-represented by a region or by one-type of lived experience | Low / Medium | - Lived Experience Advocate Service to continue operating (via the ATDC) during the establishment phase to ensure lived experience participation opportunities continue<br>- IOSG to provide regular oversight to the work activities of the EO to ensure appropriate balance of focus and prioritization (including establishment of lived experience engagement mechanisms – existing and / or new)<br>- Engagement of external consultant to assist the EO with the technical and legal work to establish the IO (e.g. development of constitution) |

| | | | |
|---|---|---|---|
| | | | - ATDC to provide an auspice arrangement that would provide the IO EO with support as appropriate (including any support provided through the IOSG)<br>- IO EO to prioritise establishment of relationships with ATDC members (AOD service providers) to ensure all regions are represented<br>- IO EO to be guided by the IOSG in the analysis of demographic information / membership information to ensure a diverse membership is obtained |
| *1.6 National Affiliation – the IO does not qualify for membership for national or international harm reduction organisations* | - The IO would not be formally recognised by the national network of peer organisations (e.g. AIVL).<br>- The IO is isolated from national and global harm reduction advocacy and leadership discussions<br>- Tasmanian continues to not have a legitimate state / territory-based IO for people with a lived experience<br>- The IO may experience credibility/ identity challenges when attempting to engage in the national and global harm reduction space | Medium | - Early engagement by the IO with relevant national peak regarding affiliation and membership requirements<br>- Early engagement with network of state / territory lived experience organisations to develop relationships and introduce the IO to this network<br>- Prioritisation of IO EO involvement and representation at national discussions and sector events to increase awareness and profile of the Tasmanian IO |

| | | | |
|---|---|---|---|
| *1.7 Auspice Arrangement – there is confusion and tension caused by the initial auspice arrangement between the IO and the auspice organisation* | - Discontent or tension may result from a lack of understanding and / or clarity about the auspice arrangement between the auspice organisation and the IO EO and / or IOSG<br>- Perception that the IO is not 'independent' or that future independence will be compromised if it is initially under the auspice of another organisation | Low | - Implementation of a clear auspice arrangement to be a pre-requisite for the allocation of funding to establish the IO<br>- Inclusion of the auspice arrangement to be captured in the funding agreement with the Tasmanian Government, including a timeframe for review of the auspice arrangement. See *Appendix F: Auspice Confirmation from Alison Lai, CEO, ATDC]* |
| *1.8 Incorporation of IO – any significant delay in achieving incorporation (>3-5 years) impacts the credibility of the project and the IO's commitment to independence* | - Loss of government funding for the IO, particularly if the incorporation delays are due to project management concerns<br>- Perception that the work to incorporate the IO has been mismanaged and / or that the IO is not striving toward its eponymous independence<br>- Ongoing distraction to the operations of auspice organisation | Low | - Several 'road to incorporation' milestones have been proposed in the Timeline section of '*The Time is Now*' business case<br>- Early engagement of an external consultant to provide expert advice and support to the incorporation process (e.g. the development of the constitution and legal requirements) |
| *1.9 IO scope creep – the IO attempts to pursue activities or programs outside of the meso-level (organisational) or the* | - The IO loses stakeholder support and tensions emerge if activities appear to duplicate the work of existing services / organisations<br>- Government funding is put at risk due to the IO appearing to work outside its funded remit | Low | - Use of 'The Time is Now' as a key guide in the strategic and operational planning for the IO<br>- Initial work plan of the IO EO to be endorsed by the IOSG and aligned to the KPIs outlined in the Tasmanian Government funding agreement |

| | | | |
|---|---|---|---|
| *proposals within 'The Time is Now' business case* | - The IO fails to meet key funding milestones and fails to meet the expectations of its membership and / or the lived experience community | | |
| *2.0 Reputation – the work of the IO is perceived to be causing damage to the reputation of the organisation and the AOD lived experience community* | - Risk of negative criticism / public scrutiny of the work of the IO (including media attention)<br>- The IO is considered to be operating as 'activists' for change rather than 'advocates' for change<br>- The IO is unable to maintain effective working relationships with key stakeholders,<br>- The IO loses credibility with key stakeholders, including AOD community managed service providers<br>- The ability of the IO to influence change is diminished and government funding is put at risk | Low | - IOSG to provide oversight to the work of the IO EO during the establishment phase, including the establishment of professional relationships with stakeholders and funders<br>- IO EO to work with identified delegations and within the specified scope of the IO business work-plan with any changes to scope during the establishment phase to be subject to the consideration of the IOSG |

## AUTHORSHIP

'The Time is Now: The Business Case for an Independent Lived Experience Organisation for Tasmania's Alcohol and other Drug Sector' has been researched and written by Gregory L Taylor, Reform Agenda Project Officer at the Alcohol, Tobacco and other Drugs Council. Suggested citation: Alcohol Tobacco and Other Drugs Council, 2022, *The Time is Now: The Business Case for an Independent Lived Experience Organisation for Tasmania's Alcohol and other Drug Sector*.

## ACKNOWLEDGEMENTS

Much of this business case has been informed by qualitative data collected from discussions with stakeholders between October 2020 and September 2022. The author offers gratitude to the following people for their time, their valuable contributions, their comments on this business case, and their belief in the establishment of an independent organisation.

**Aldo Antonelli**, Chief Executive Officer, Pathways Tasmania

**Miranda Ashby**, Chief Executive Officer, The Link Youth Health Service

**Ros Atkinson**, Chief Executive Officer, Youth, Family and Community Connections

**Ashleigh Barnes**, PhD Candidate in Criminology, University of Tasmania

**Dr. Isabelle Bartkowiak-Théron**, Associate Professor, School of Social Sciences, Tasmanian Institute of Law Enforcement Studies, University of Tasmania

**Rahnee Butterworth**, Lived Experience Project Officer, Mental Health Family and Friends

**Tracey-Lee Bird**, Lived Experience Advocate

**Stephen Brown**, Chief Executive Officer, Launceston City Mission

**Dr. Raimondo Bruno**, Associate Professor in Psychology, University of Tasmania

**Dion Butler**, Area Manager, ADS South, Alcohol and Drug Service, Statewide Mental Health Services

**Jude Byrne** (dec.), [former] National Peer Program, Australian Injecting and Illicit Drug Users League

**Sarah Charlton**, Chief Executive Officer, Holyoake Tasmania

**Penny Chugg**, Chief Executive Officer, The Salvation Army

**George Clarke**, General Manager, Mental Health, Alcohol and Drug Directorate, Department of Health

**Stephen Cole**, Lived Experience Advocate

Damian Collins, Team Leader, Alcohol, Tobacco and Other Drugs Service, Youth, Family and Community Connections

Angela Corry, Chief Executive Officer, Peer-Based Harm Reduction Western Australia

Karen Corscadden, Lived Experience Advocate and Peer Worker

Sione Crawford, Chief Executive Officer, Harm Reduction Victoria

Kerrie Dare, Lived Experience Advocate

Ella Davey, Lived Experience Advocate and Peer Worker

Geoff Davey, Chief Executive Officer, Queensland Needle and Syringe Program and Harm Reduction

Rhyan Davey, Lived Experience Advocate and Peer Worker

Jake Docker, [former] Chief Executive Officer, Australian Injecting & Illicit Drug Users League

Maria Duggan, Educator, Drug Education Network

Emily Ebdon, Lived Experience Project Officer, Alcohol, Tobacco and other Drugs Council

Cherie Eustace, Health and Wellbeing, Addictions Practitioner, Anglicare

Lily Foster, Lived Experience Advocate

Geoff Freeman, Lived Experience Advocate

Cathy Gibson, [former] Sector Development Project Officer, Alcohol, Tobacco and other Drugs Council

Chris Gough, Chief Executive Officer, Canberra Alliance for Harm Minimisation and Advocacy

Dr. Jackie Hallam, Policy Manager, Alcohol, Tobacco and other Drugs Council

Mary Ellen Harrod, Chief Executive Officer, New South Wales Users and Aids Association

Samantha Hodgetts, Lived Experience Advocate

Olivia Hogarth, Community Engagement and Learning, Working it Out

Tania Holland, Health Program Lead, Primary Health Tasmania

Mark Jones, Tasmanian Users Health and Support League

Emma Kill, Sunshine Coast Therapeutic Team Leader, Queensland Injectors Voice for Advocacy and Action

Alison Lai, Chief Executive Officer, Alcohol, Tobacco and other Drugs Council

Tamara Lawson, [former] Tasmanian Users Health Support League

Brett Lazdins, [former] Tasmanian Users Health Support League

Patrick Lilwall, Chief Executive Officer, The Hobart Clinic

Cranston Mansell, Lived Experience Advocate

Ursula Matthews, Lived Experience Advocate

Kristian McDonald, Lived Experience Advocate

Mark McLaughlin, Peer Worker, Drug Education Network

Maree McMullen, [former] Alcohol and Other Drugs Coordinator, Circular Head Aboriginal Corporation

Lucy Mercer-Mapstone, Stakeholder Engagement and Policy Officer, Tasmanian Council of Social Services

Jo Murphy, Needle and Syringe Program Worker and Lived Experience Advocate

Glen O'Keefe, Chief Executive Officer, Mental Health Family and Friends Tasmania

Kerry Paterson, Chief Executive Officer, Hepatitis South Australia

Dr. Amy Peacock, Program Lead, Drug Trends, Senior Research Fellow, National Drug and Alcohol Research Centre, University of New South Wales

Kyle Perry, Lived Experience Advocate Service Coordinator, Alcohol, Tobacco and other Drugs Council

Grace Phibbs, [former] Project Officer, Mental Health Family and Friends

Courtney Punshon, AOD Specialist, Bridge Treatment and Recovery Services, Salvation Army Tasmania

Norm Richardson, Indigenous Drug Diversion Initiative, Circular Head Aboriginal Corporation

Ruth Rowlands, [former] Supervisor Serenity House, City Mission

Jeffrey Ryan, Lived Experience Advocate and Peer Worker

Freya Sant, AOD Counsellor, Integrated Offender Management, Department of Justice

Jacinta Saunders, Clinical Lead, Bridge Program, Salvation Army Tasmania

Peter Sidaway, Harm Reduction Coordinator, Northern Territory Aids and Hepatitis Council

Tash Smythe, Chief Executive Officer, Flourish

Gene Stewart-Murray, Lived Experience Advocate and Peer Worker

Fiona Strahan, Projects Manager, Disability Voices Tasmania

Kathryn Sykes, Lived Experience Advocate and Peer Worker

Alina Thomas, Chief Executive Officer, Engender Equality

Jacob Thomas, Lived Experience Advocate

Nancy Thomas, Counsellor/Project Officer, Youth, Family and Community Connections

David Tilse, Lived Experience Advocate and Peer Worker

Carla Treloar, Director, Centre for Social Research in Health, Social Policy Research Centre, University of New South Wales

Darren Turner, Group Director, Alcohol and Drug Service, Statewide and Mental Health Services

Shirleyann Varney, Chief Executive Officer, Drug Education Network

Daniel Vautin, Sector Development Manager, Alcohol, Tobacco and other Drugs Council

Jonathan Wheeler, Lived Experience Advocate and Peer Worker

**Dave Willans**, Social Worker, The Hobart Clinic

**Mat Woolley**, Advocate, Advocacy Tasmania

**Matty Wright**, [former] Project Officer, Disability Voices Tasmania

**Ben Wright**, Peer Worker

## REFERENCES


Alcohol, Tobacco and other Drugs Council Tasmania, 2019. *How do we add the missing piece? An ATOD Consumer Representative Organisation for Tasmania; Options Paper*.

Alcohol, Tobacco and other Drugs Council Tasmania, 2022. *Key Insights from the Lived Experience Participation Review*

Australia, 2017. National Drug Strategy 2017-2026, Department of Health, Commonwealth of Australia

Australia, 2019. National Alcohol Strategy 2019–2028, Department of Health, Commonwealth of Australia

Australia, 2018. National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028, Department of Health, Commonwealth of Australia

Australia, 2021. National Preventive Health Strategy 2021-2030, Department of Health, Commonwealth of Australia

Australian Commission on Safety and Quality in Health Care, Partnering with Consumers Standard | Australian Commission on Safety and Quality in Health Care, Accessed 09 July 2022

Harm Reduction International, What is harm reduction? | Harm Reduction International (hri.global), Accessed 30 Aug 2022.

Tasmania, 2020. Rethink 2020: A state plan for mental health in Tasmania, Department of Health, Tasmanian Government.

Tasmania, 2020. Reform Agenda for the Alcohol and other Drug Sector in Tasmania, Mental Health, Alcohol and Drug Directorate, Department of Health, Tasmanian Government.

Tasmania, 2022. Our HealthCare Future: Advancing Tasmania's Health (Exposure Draft). Department of Health, Tasmanian Government.

Tasmania, 2022. Healthy Tasmania Five Year Strategic Plan 2022-2026, Department of Health, Tasmanian Government.

Tasmania, 2022. Lived Experience (Peer) Workforce Development Strategy Implementation Plan, Department of Health, Tasmanian Government.

Tasmania, 2021. Premier's Economic and Social Recovery Advisory Council: Final Report, Tasmanian Government.

## APPENDIX A: List of Stakeholders who have endorsed 'The Time Is Now' Business Case

The following stakeholders are proud to endorse 'The Time is Now: The Business Case for an Independent Lived Experience Organisation for Tasmania's Alcohol and other Drug Sector.'

### INDIVIDUALS

Karen Corscadden, Lived Experience Advocate and Peer Worker

Kerrie Dare, Lived Experience Advocate

Rhyan Davey, Lived Experience Advocate and Peer Worker

Lily Foster, Lived Experience Advocate

Geoff Freeman, Lived Experience Advocate

Samantha Hodgetts, Lived Experience Advocate

Ursula Matthews, Lived Experience Advocate

Kristian McDonald, Lived Experience Advocate

Mark McLaughlin, Peer Worker, Drug Education Network

Jo Murphy, Needle and Syringe Program Worker and Lived Experience Advocate

Jeffrey Ryan, Lived Experience Advocate and Peer Worker

Gene Stewart-Murray, Lived Experience Advocate and Peer Worker

Kathryn Sykes, Lived Experience Advocate and Peer Worker

David Tilse, Lived Experience Advocate and Peer Worker

Jonathan Wheeler, Lived Experience Advocate and Peer Worker

### ORGANISATIONS

Advocacy Tasmania

Alcohol and Drug Foundation

Anglicare Tasmania

Bethlehem House

Quit Tasmania (Cancer Council Tasmania)

Circular Head Aboriginal Corporation

Drug Education Network

Holyoake Tasmania

Launceston City Mission

Mental Health Family and Friends Tasmania

Pathways Tasmania (Velocity Transformations)

Salvation Army Tasmania

South-East Tasmanian Aboriginal Corporation

TasCAHRD

The Hobart Clinic

The Link Youth Health Service

## APPENDIX B: Confirmation Letter – Auspice of Independent Organisation, Alison Lai, CEO, ATDC

atdc
Alcohol, Tobacco and other Drugs Council Tasmania

George Clarke
General Manager, Mental Health Alcohol and Drug Directorate
Department of Health
GPO Box 125
HOBART TAS 7001

george.clarke@health.tas.gov.au

Dear George,

**Confirmation Letter –Auspice of Independent Organisation**

The purpose of this correspondence is to confirm the Alcohol, Tobacco and other Drugs Council's commitment to auspice the establishment of an independent organisation (IO) for Tasmanians with a lived experience of alcohol, tobacco and other drug use.

As per the ATDC constitution, our objects include *'auspice alcohol, tobacco and other drug related organisations where appropriate.'* The ATDC believes it is well positioned to provide this support to ensure that the IO is provided with the necessary operational stability, knowledge and expertise through its initial establishment phase.

As your office is aware, these arrangements are common including the recent auspice arrangement between Health Consumers Forum of Australia (based in Canberra) and the Tasmanian Department of Health and Primary Health Tasmania to establish Health Consumers Tasmania (with support provided by the Heart Foundation in the provision of local office space and operational services). There are many other relevant community sector examples, including the original establishment of our own organisation, which was originally auspiced by TasCOSS in the early 2000's.

The ATDC proposes a similar approach, where our organisation would take responsibility for the management of all funds provided by the Tasmanian Government, including all financial management and project reporting responsibilities to the Department of Health. Under this arrangement, the ATDC would also support the IO by providing shared services for office space, IT support and human resources (including payroll and accounts payable) and all IO staff would be supported through the ATDC's existing policy and procedural framework. During this time, the ATDC would also continue to coordinate the Lived Experience Advocate Service.

To ensure the independence of the IO is maintained during this period, the ATDC would put in place a range of supporting mechanisms, including but not limited to:

- An immediate establishment of an Advisory Committee. This committee would provide oversight to the recruitment of the IO Executive Officer and to the implementation of funded outcomes. The Tasmanian Government would be a member of this Committee and involved in the establishment of the Terms of Reference alongside lived experience representation
- Establishment of a separate cash management account, and separate financial reporting mechanisms (including a separate budget) to ensure that all funds provided for the IO are maintained and managed separately from the ATDC

- Inclusion of the IO Executive Officer at ATDC Board of Governance meetings, in an ex-officio capacity to ensure there are clear channels of communication and reporting up to the ATDC Board
- Inclusion of mutually agreed dates to ensure regular review of the auspice arrangement.

To facilitate an auspice arrangement, the ATDC would be seeking to retain a percentage of funds from the initial funding agreement to cover operational costs (excluding salaries and wages for the IO staff). This contribution would be up to, but not exceeding 15 per cent of the overall funding commitment. To ensure transparency on this arrangement, we would be seeking for this to be entrenched in the IO funding agreement to ensure transparency between the Tasmanian Government, the ATDC and the IO Advisory Committee. I welcome discussion on this at the appropriate time.

The ATDC looks forward to working with the Department on this critical project and continuing to play a key role in the establishment of this important organisation. '*The Time is Now*' Business Case illuminates the successful role alcohol and drug peak bodies have provided in supporting the establishment of similar peer organisations in other Australian states and territories. The ATDC provides this commitment with an informed understanding of these histories and experiences and is confident that the commitments outlined in this correspondence will provide the IO with a stable and well-defined path to incorporation.

Thank you George, if you require more information, I can be contacted directly by phone on 0450 517 017 or via email at ceo@atdc.org.au.

**Alison Lai**
**Chief Executive Officer**

7 October 2022

cc: Damian Collins, ATDC Chairperson

## APPENDIX C: OVERVIEW OF THE STATE AND TERRITORY INDEPENDENT PEER ORGANISATIONS

The author would like the thank the people who generously share their knowledge and perspectives to inform the content of this document:

**Angela Corry**, Chief Executive Officer, Peer-Based Harm Reduction Western Australia

**Sione Crawford**, Chief Executive Officer, Harm Reduction Victoria

**Geoff Davey**, Chief Executive Officer, Queensland Needle and Syringe Program and Harm Reduction

**Jake Docker**, [former] Chief Executive Officer, Australian Injecting & Illicit Drug Users League

**Chris Gough**, Chief Executive Officer, Canberra Alliance for Harm Minimisation and Advocacy

**Mary Ellen Harrod**, Chief Executive Officer, New South Wales Users and Aids Association

**Emma Kill**, Sunshine Coast Therapeutic Team Leader, Queensland Injectors Voice for Advocacy and Action

**Kerry Paterson,** Chief Executive Officer, Hepatitis South Australia

**Peter Sidaway**, Harm Reduction Coordinator, Northern Territory Aids and Hepatitis Council

### NATIONAL PEAK BODY

**Australian Injecting & Illicit Drug Users League**

| | |
|---|---|
| **Establishment** | Late 1980s (incorporation 1992) |
| **Funding** | Core funding is Commonwealth Government with various supplementary streams |
| **Governance** | Incorporated Association. 6-member board, mix of "peers" and skills-based |
| **Membership** | Peak body with ('full' or 'affiliate') member organisations around Australia |
| **Role/Function** | AIVL is the Australian national peak organisation representing the state and territory peer-based drug user organisations and issues of national relevance for people with lived experience of drug use. |
| **Mission/Purpose** | AIVL's purpose is to advance the health and human rights of people who use/have used illicit drugs. This includes a primary focus on reducing the transmission and impact of blood borne viruses (BBVs) including HIV and hepatitis C, and those accessing drug treatment services, through the effective implementation of peer education, harm reduction, health promotion and policy and advocacy strategies at the national level. |
| **Staffing (current)** | **5.6 FTE**<br>*Key Positions:*<br>1.0FTE Chief Executive Officer<br>1.0FTE Principal Project Officer<br>2.0FTE Project Officer<br>1.0FTE Marketing and Communications<br>0.6FTE Business and Finance Manager |
| **Staffing (aspirational)** | Increase from 5.6FTE to approximately 7.0FTE to include a salaried position for an Aboriginal or Torres Strait Islander officer |

## AUSTRALIAN CAPITAL TERRITORY

### CANBERRA ALLIANCE FOR HARM MINIMISATION AND ADVOCACY

| | |
|---|---|
| **Establishment** | 2018 (incorporated) but began in the late 1980s as Aids Action Council |
| **Funding** | Australian Capital Territory Government |
| **Governance** | Incorporated Association. The Board Directors are elected at Annual General Meeting, but this is not prescriptive of peer/lived experience. The balance is approximately half-peers and half-allies. |
| **Membership** | Individual or Organisational |
| **Mission/Purpose** | CAHMA is a peer-based drug user group based in the ACT that is run by and for people who use/have used drugs. |
| **Staffing** | **10.0 - 12.0 FTE** (usually employing between 18 and 25 people)<br>*Key Positions*:<br>1.0FTE Executive Director<br>2.5FTE Naloxone Program Leaders<br>4.0FTE Peer Treatment Support Workers<br>1.0 FTE Administration and Communications Coordinator<br>3.0FTE Connection (ATSI workers) |
| **Key Services** | Clinic every Wednesday<br>Drop-in Centre<br>Outreach Barbecues<br>Aboriginal and Torres Strait Islander Peer Service<br>Weekly Radio Show on community radio 2xxFM |
| **Key Programs** | Harm Minimisation<br>Peer Support Treatment<br>The Connection (ATSI Peer Support)<br>Naloxone Program |
| **Unique Features** | 'The Connection' is CAHMA's Aboriginal program run by and for the Aboriginal community of Canberra. CAHMA and The Connection seek to engage people with the alcohol and other drug (AOD) sector and related community and social services to improve health and well-being of people who use drugs. CAHMA runs a drop-in centre offering the community peer education and health promotion activities, naloxone training, case management and related programs. |

## NEW SOUTH WALES

### NSW USERS AND AIDS ASSOCIATION (NUAA)

| | |
|---|---|
| **Establishment** | 1989 |
| **Funding** | New South Wales State Government |
| **Governance** | Incorporated Association. Ten-member Board of Directors with a mix of "professionals, researchers and members of the community" |
| **Membership** | Individual or Organisational |
| **Role/Function** | Governed, staffed, and led by people with lived experience of drug use, NUAA provides education, practical support, information and advocacy as well as innovative harm reduction services for people in NSW. NUAA has a dedicated position for an Aboriginal Peer Support Worker located in the Nepean Blue Mountains Health District. |
| **Staffing** | FTE fluctuates but has employed up to 34 people<br>*Key Positions:*<br>Chief Executive Officer<br>Deputy Chief Executive Officer |

| | |
|---|---|
| | Community Engagement Lead<br>Organisational Services Lead<br>Community Engagement Worker<br>Dancewize NSW Program Lead<br>Communications Specialist<br>Dancewize NSW Program Specialist<br>Aboriginal Peer Educator<br>Outreach and Peer Support Worker<br>Communications Lead<br>Needle and Syringe Program Front Line Worker<br>Needle and Syringe Program and Volunteer Coordinator<br>Needle and Syringe Program Specialist<br>Organisational Services Worker<br>Consumer Engagement Specialist<br>Community Development<br>Communications Worker<br>Needle and Syringe Program and Peer Support Worker |

## NORTHERN TERRITORY

### NORTHERN TERRITORY AIDS AND HEPATITIS COUNCIL (NTAHC)

| | |
|---|---|
| **Establishment** | Early 1980s, incorporated 1986 |
| **Funding** | Government of the Northern Territory, Primary Health Network, and multiple small grants |
| **Governance** | Incorporated Association. Board is not exclusively peers but must have the dedication, belief, world view of the collective peer perspective. |
| **Membership** | Individual and Organisational |
| **Mission/Purpose** | NTAHC is the key non-government organisation working in the area of BBV's, education and support in the NT, with offices in Darwin and Alice Springs. Also delivers a range of programs aimed at preventing the transmission of BBV's in urban and remote communities via health promotion and one on one care and support. NTAHC staff are recruited from within the priority populations with which the organisation works. |
| **Key Programs** | Care and Support Program (BBV)<br>Harm Reduction (NSP) 3 primary sites<br>Sex Workers Outreach Program (SWOP)<br>LGBTQI (digital program)<br>Health Promotion |
| **Staffing** | **13.8 FTE**<br>*Key Positions:*<br>2.0FTE Executive Director and Assistant<br>1.0FTE Chief Financial Officer<br>2.0 FTE Care and Support Coordinators<br>1.5FTE Communications<br>0.8FTE Living Well Program<br>5.0FTE Harm Reduction Coordinator<br>0.5FTE LGBTQI Living Well Program Coordinator<br>1.0FTE Sex Worker Outreach Program Officer |

## QUEENSLAND

### QUIHN NEEDLE AND SYRINGE PROGRAM AND HARM REDUCTION

| | |
|---|---|
| **Establishment** | 2004 |
| **Funding** | Commonwealth Government and State Government of Queensland |
| **Governance** | Company Limited by Guarantee. Directors are nominated and drawn from membership base. The founding member (QuIVAA Inc.) has a majority base for nomination of Directors.<br>Serving Directors are a mixture of skills base and lived/living experience.<br>Directors are appointed for 2 year terms through election via a General Meeting (Annual or Special) by member delegates with voting rights. Casual Director vacancy(s) can be filled between General Meetings. |
| **Membership** | None |
| **Mission/Purpose** | QuIHN was born from a community mobilising response to HIV and later Hepatitis C, and in response to community stigmatisation and marginalisation of people who inject drugs. QuIHN was a result of a merger between three separate community-based organisations, including: Queensland Injectors Voice for Advocacy and Action (QuIVAA); Sunshine Coast Intravenous AIDS Association (SCIVAA); and the Gold Coast based Drug Users Network of Education Services (DUNES). Of these three organisations, the primary founding body, QuIVAA Inc, still exists and is active today in illicit drug advocacy and in the governance of QuIHN Ltd. |
| **Key Programs** | QuIHN provides three primary NSPs across QLD (Gold Coast, Brisbane, and Sunshine Coast) and a range of counselling programs and support services. QuIHN provides bulk billed General Practice (GP) primary health care services from its Brisbane office. Also offers and outreach program, individual clinical counselling, therapeutic and psychosocial groups and produces a number of publications. |
| **Staffing** | **60FTE** (approximate)<br>Total 110 staff with a significant complement of part-time staff |
| **Aspirational Staffing** | Development of our Peer Workforce Strategy to expand the capacity of peer and lived/living experience workforce sustainably. |

### QUEENSLAND INJECTORS VOICE FOR ADVOCACY AND ACTION (QuIVAA)

| | |
|---|---|
| **Establishment** | 1988 (with renewed incorporation in 2020) |
| **Funding** | State Government |
| **Governance** | Incorporated Association |
| **Membership** | Individual (drug user and supporters/allies) |
| **Role/Function** | Operating on a peer-based philosophy, QuIVAA encourages and supports current and former injectors and illicit drug users to be active and provide input into strategic responses and policy development in relation to drug use in Queensland. |
| **Key Programs** | Peer Worker Supervision<br>Hi-Ground (online harm reduction service)<br>Health Promotion |
| **Staffing** | **1.4FTE**<br>1.0 Chief Executive Officer<br>0.4 Project Officer |
| **Unique Features** | Systemic advocacy focus with no service delivery (partner with QuIHN) |

## SOUTH AUSTRALIA

### HEPATITIS SA

| | |
|---|---|
| **Establishment** | Constitution 2016 |
| **Funding** | Core funding through SA Health and one-off grants from other sources. |
| **Governance** | Incorporated Association. Skills-based board and no peer seat on the board unless it happens organically. The structure is informed by the history. The former AIDS Council of SA collapsed in 2013, and SA Health absorbed the roles and work (including a ready-made cohort of peer employees) to form Hepatitis SA. |
| **Membership** | Individual or body corporate/politic membership |
| **Role/Function** | Hepatitis SA is a non-profit, community-based organisation that provides information, education and support services to South Australians affected by hepatitis B and hepatitis C. This includes people with hepatitis B or C, their family and friends, and professionals who support them. We also provide hepatitis C and clean needle program (CNP) peer education and support services, and operate a CNP secondary site. |
| **Mission/Purpose** | Lead the community response to viral hepatitis in South Australia |
| **Key Programs** | Hepatitis SA runs a full-time clean needle program (CNP*) at Hackney as well as having a 24-hour accessible syringe vending machine on-site. Also provides full-time CNP peers at 3 CNP sites, Noarlunga, Salisbury and Port Adelaide. The CNP peer workers all have personal experience and knowledge around injecting drug use and have information on hepatitis B, hepatitis C and other BBVs. Other programs include:<br>• Development and distribution of hepatitis B and C information resources.<br>• Education and training, including a positive speaker program where people share their lived hepatitis experiences.<br>• Hepatitis C outreach peer education project.<br>• Peer based support groups for people affected by viral hepatitis.<br>• Telephone information and support to people affected by hepatitis B or C. |
| **Staffing** | **6.0FTE** in the peer and harm reduction arm of the organisation<br>*Key Positions:*<br>1.0FTE CNP Coordinator<br>0.8FTE CNP Project Officer<br>4.2FTE CNP Support Workers |
| **Unique Features** | Hepatitis SA employs peers who are then placed in partner organisations.<br>Peers work across seven sites across greater Adelaide (no rural representation)<br>Program includes three targeted population groups (ATSI, youth, homeless) |

*'Clean Needle Program' is SA-sector terminology and is equivalent to 'Needle and Syringe Program'

## VICTORIA

### HARM REDUCTION VICTORIA

| | |
|---|---|
| **Establishment** | 1987 (VIVAIDS) |
| **Funding** | State Government of Victoria |
| **Governance** | Incorporated Association. 7-9 member Board of Directors. |
| **Membership** | Individual, Ally, and Organisational |
| **Role/Function** | Provides education, practical support, information, and advocacy to current and past users of illicit drugs. HRVic seeks to improve the way people who use drugs are |

| | |
|---|---|
| | treated in the broader community as well as by medical, community and government services to promote a culture of safer drug use. |
| Mission/Purpose | Harm Reduction Victoria is a not for profit, community organisation for people who use drugs. To work to advance the health, dignity and social justice of Victorians who use drugs. |
| Key Programs | DanceWize<br>Drug Overdose Prevention Education<br>Pharmacotherapy Advocacy Mediation Support<br>Blood Borne Virus Prevention<br>Peer Network Program<br>Lived Experience Speakers (Speaking Peer-spectively)<br>Quarterly Publication (Whack Magazine) |
| Staffing | 20.2FTE<br>*Key Positions:*<br>1.0FTE Chief Executive Officer<br>5.2FTE Pharmacotherapy Advocacy Mediation Support<br>4.3FTE Drug Overdose Prevention Education<br>4.5FTE Health Promotion Team<br>2.8FTE Living/Lived Experience Workshop Program<br>1.0FTE Organisation Coordinator<br>0.9FTE Administration<br>0.9FTE Communications<br>0.6FTE Policy |

## WESTERN AUSTRALIA

### PEER-BASED HARM REDUCTION WA

| | |
|---|---|
| Establishment | 1996 (as WASUA) |
| Funding | State Government of Western Australia |
| Governance | Incorporated Association. The Constitution rules a minimum of one peer on the board, nominated by a member. |
| Membership | Individuals (waged/unwaged) and Organisational |
| Role/Function | Peer Based Harm Reduction WA is the only peer based, not for profit, community-based harm reduction organisation that represents the needs and concerns of people who use or have used drugs in Western Australia. |
| Key Programs | Provides non-judgemental, friendly peer-based support, information and education, advocacy and harm reduction services and services aimed at reducing the transmission of BBVs and STIs associated with drug use amongst the community in WA. The organisation has offices in Perth and Bunbury, with services including NSP, free Hep C treatment and vaccinations for Hepatitis A and B, free sexual health and BBV testing. |
| Unique Features | Mobile health vans (including residential visits) |
| Staffing | 13.5FTE (with majority of staff are part time – up to 23 people: no casuals)<br>*Key Positions:*<br>1.0FTE Chief Executive Officer<br>1.0FTE Finance position<br>2.0FTE Needle and Syringe Exchange Program Coordinators<br>5.0FTE Needle and Syringe Program Workers |

## APPENDIX D: 'How do we add the missing piece? An ATOD Consumer Representative Organisation for Tasmania; Options Paper'. Alcohol, Tobacco and other Drugs Council Tasmania, 2019.

Not attached with this submission. Can be provided upon request.

--

## APPENDIX E: Taylor, Gregory L. 'Key Insights from the Lived Experience Participation Review.' Alcohol, Tobacco and other Drugs Council Tasmania, 2022.

# Insights from the Lived Experience Participation Review

Greg Taylor, Lived Experience Participation Project Officer

### Introduction

My task was to design a "self-assessment audit tool to measure consumer engagement in Tasmania's AOD treatment settings."

I initially moved away from the term 'consumer' and had a working title of the 'Public Participation Review'. I settled on the title of 'Lived Experience Participation Review' which aligned with the terminology shifts that the ATDC had led across the Tasmanian AOD sector in 2021.

Twelve ATDC member organisations participated in the Review between March and November 2021. I gratefully acknowledge the community of people who have participated in this review. This included 39 participants with a lived experiences of a dependence on alcohol or other drugs and the 54 participants who are staff of our Tasmanian treatment settings.

### Summary of Key Insights from the Lived Experience Participation Review*

- A single AOD worker can make the critical difference in treatment
- Meeting peer workers / people with lived experience while in treatment was highly valued
- Staff are generally supportive of lived experience participation within an organisation
- There is staff uncertainty about 'how' lived experience activities / employment will work in reality
- The capacity of organisations to organise lived experience activities was limited
- There is uncertainty about genuine pathways to employment for people with lived experience
- Consumer Reference Groups have potential shortcomings
- There are limited avenues for people with lived experience to communicate with Board/Governance
- The CEO is the main conduit to the peak body and government
- People with lived experience who are involved in peer work programs, or the ATDC's Lived Experience Advocate Service, have more opportunity for sector influence

* Further detail provided pp 5-7

### Context

Historically speaking, Tasmania has not been at the forefront of consumer engagement and peer-work in the AOD sector. The Tasmanian government's current Reform Agenda for the Alcohol and other Drug Sector ambitiously aims to address this and identifies four key actions with a focus of client/consumer-centred approach at its core.

Namely to:

1. Establish a funded AOD consumer organisation in Tasmania

2. Develop and implement a client/consumer participation framework for Tasmania

3. Increase advocacy support for people affected by AOD use issues

4. Provide information, support and training to increase client/consumer AOD health and treatment literacy and understanding of the service system to increase their confidence to provide meaningful input on ways to improve individual service delivery and the service system

A perceived benefit of the Lived Experience Participation Review was to provide a forum in which staff and consumers of participating organisation could consider the experience within their service, reflect on potential barriers to the participation of people with lived experience in service design and delivery, and identify opportunities for improvement.

## The Design of the Review

An innovation of the Review, at least an aspect unfamiliar for the sector, was to invite the people accessing services/with lived experience to take the review *with* the staff of the service. This design had multiple benefits including being:

- designed as an activity of lived experience participation itself
- guided by a "not about us, without us" philosophy
- a statement of transparency by the participating organisation
  highly appreciated by the lived experience community (see 'Evaluation')

The Review, therefore, was asking the staff of organisations to do something unfamiliar and potentially uncomfortable: hear feedback about the service from those who access(ed) it in real time and face-to-face. For this to be successful, sound preparation with the CEO or nominated staff contact was critical, and one organisation declined to have staff participants in the room with lived experience participants,

Participants were provided 'Key Information' before the Review which contained the same information and preparation for staff and people with lived experience. It was strongly encouraged there to be at least 2 people representing the perspective of lived experience, and this was always possible.

All lived experience participants were paid for their time by either the organisation or the ATDC. Payment was mostly bank transfers, sometimes credit card gift vouchers (at the discretion of the organisation).

## Closing the Loop

For 11 of the 14 reviews, participating organisations requested independent facilitation from the ATDC's Project Officer. The Project Officer recorded the responses and contributions and provided a written report to the CEO and all participants (including lived experience participants). This report was usually 1500-2000 words, with the idea that a comprehensive reflection could be used as a foundation of an action plan. There was nothing 'editorial' in the report, and the reports reflected the key verbal and written contributions of each Review.

## Summary of Engagements

| | ORGANISATION | DATE | FACILITATOR | REPORT |
|---|---|---|---|---|
| 1 | ATDC | 30/03/21 | Greg Taylor | 14/4/21 |
| 2 | Anglicare (North) | 24/05/21 | Greg Taylor | 23/6/21 |
| 2 | Anglicare (North-West) | 25/05/21 | Greg Taylor | 11/6/2021 |

| | | | | |
|---|---|---|---|---|
| 2 | Anglicare (South) | 26/05/21 | Greg Taylor | 1/7/2021 |
| 3 | The Link Youth Health Service | 28/05/21 | Greg Taylor | 19/7/21 |
| 4 | City Mission (Missiondale) | 15/06/21 | Greg Taylor | 4/8/2021 |
| 5 | Salvation Army (Statewide) | 23/06/21 | Internal | - |
| 6 | Youth, Family Community Connections | 11/08/21 | Greg Taylor | 27/9/21 |
| 7 | Velocity Transformations | 02/09/21 | Greg Taylor | 7/10/2021 |
| 8 | The Hobart Clinic | 21/09/21 | Greg Taylor | 20/10/21 |
| 9 | Holyoake Tasmania | 12/10/21 | Greg Taylor | 26/10/21 |
| 10 | Alcohol and Drug Service (South) | 15/11/21 | Greg Taylor | 30/11/21 |
| 11 | Drug Education Network | 20/01/22 | Internal | - |

### Summary by type of AOD treatment setting

3 x residential rehabs

4 x community service organisations with AOD support services

1 x dedicated AOD support organisation

1 x youth service with an AOD counselling service

1 x detox clinic with AOD outpatient care

1 x peak body

### By region:

South: 4 North: 2

North-West: 2 Statewide: 3

### Evaluation

Of the 92 participants who provided feedback to the Lived Experience Participation Review:

97% felt welcome as an equal in the review

92% found the language in the review easy to understand

94% found the format of the review easy to follow

96% found the content of the review to be highly relevant to the organisation

93% felt encouraged to think about lived experience participation in new ways

94% felt their personal viewpoint was mostly aligned with the views of the group

99% felt the review highlighted some areas for this organisation to focus on in the future

Some highlighted comments:

- "Fantastic discussion - pleased that our peer workers are being further acknowledged and collaborated with. Thanks :)"
- "Thank you for coming and being an amazing peak body. Always a pleasure!"

- "Thank you - was a great opportunity to be organisational introspective"
- "Informative, provided a platform for us to have conversations around progression in this area!"
- "Well facilitated, engaging and respectful. Thank you"
- "Thank you. It was fantastic!"
- "Peer supported involvement in the service was highlighted as an important step forward"
- "Thank you for listening to what I had to say"
- "I appreciate the opportunity to take part in this review. It has highlighted the areas where we need to concentrate in the future"
- "Lots of work [to do] but going in the right direction"
- "Thank you for giving me an opportunity to feel heard"

Some further positive aspects of the Review were cited by participants:

- a great chance to acknowledge and celebrate what is good within a service
- identify opportunities for future improvements
- promoting alignment on this area across the organisation
- contributing to the creation of a community of people with lived experience
- acting as a connection/recruitment to the ATDC's Lived Experience Advocate Service

## Key Insights from the Lived Experience Participation Review

Following the completion of the Reviews, the Project Officer identified the following recurrent themes from each of the sections, including a list of collective aspirations for the sector for lived experience participation.

### Section 1: The Experience of Accessing the Service

<u>One worker can make the difference in treatment</u>

The strongest theme from the perspective of the people accessing services was that human connection is vital to treatment. It was repeatedly reported by lived experience participants that the relationship with a single AOD worker usually makes the critical difference in treatment and support. In theory, if you have a poor service but a good employee, excellent treatment is still possible, and the reverse may also be true.

While some lived experience participants credited a support worker with keeping them alive, many more expressed sentiments like this comment: "**I'd like to think I'd still be here without that person, but I'd be white knuckling it. Surviving, not thriving**."

It was not only clinical staff included in these comments and the role of receptionist/admin staff was highlighted in multiple reviews. One lived experience participant said: **"When I walk into a service, I'm not paying attention to anything: I want to connect with a human."** Brochures describing services were also seen as something that could leave a **"residue"** that would breach an individual's privacy, especially for more historically stigmatised health issues. One participant accessing a needle and syringe program said **"we're a bit brochured out in community."** QR codes were seen as a good possible alternative.

<u>Verbal Feedback is preferred</u>

When something within their treatment was seen as comment worthy (either positive or negative), there was a strong preference to give verbal feedback. The more casual this could be, the better. Written feedback was regarded as a last resort for many people accessing services, and there was usually a genuine belief that the service picks up issues in general conversation. Some staff participants identified that a potential drawback of the verbal preference is that the feedback is not logged/recorded unless it contributed to a service or systemic change.

<u>Meeting peer workers / people with lived experience while in treatment was highly valued</u>

Encountering peer workers illustrated a rarely articulated duality of lived experience: both a lived experience of a dependence on alcohol or other drugs *and* a lived experience of receiving treatment within an AOD service. This distinction is very important as many people with a past or continuing dependence of AOD may never seek treatment. Having both lived experiences was regarded as important (and rare in Tasmania) by the lived experience participants because it provides a clear pathway and a role model in an extremely vulnerable time.

## Section 2: Attitudes, Capacity and Perceived Impacts of the Review

Staff are generally supportive of lived experience participation

No staff participant expressed strong opposition to the idea: **"the will is there"**.

Staff uncertainty about 'how' lived experience activities / employment will work

Some staff reservations included concerns if the organisation is ready to host peers/people with lived experience, what work will be done, and how it will fit alongside clinical work (including will it make the jobs of clinicians slower, harder, or less stable). One organisation, who is part of the peer work program, observed some trepidation and now after a year, they **"have total staff buy in".**

The capacity of organisations to organise lived experience activities was limited:

This was cited on multiple fronts:

> having no designated staff positions

> no lived experience focus written into employment position descriptions. A common refrain was it **"off the side of the desk"** the last thing people get to.

> having a constrained (or no) budget for lived experience activities (to coordinate activities and pay for participation)

> a general acknowledgement that work can take a personal toll and staff can be experiencing vicarious trauma.

Uncertainty about genuine pathways to employment

The points of concern were:

> tertiary qualifications still carry the most influence in recruitment

> training and professional development are improving but have a way to go

> lack of remuneration for activities involving people with lived experience

> 'volunteers' can be held to professional standards without adequate training

## Section 3: Measuring Lived Experience at the Service Level

Consumer Reference Groups have potential shortcomings

A few large organisations had a 'consumer reference group' (or comparable) which was seen as the formal mechanism for listening the voices of lived experience. When issues, service delivery changes, policy changes, or miscellaneous issues arose, these were tabled for discussion and the service was able to solicit the perspectives of people accessing services/with lived experience before implementing.

While these groups were seen as excellent by design, how it works in practice is potentially different. The red flags raised were:

> a variance of awareness from staff about the reference group

> if a group exists, there is a low awareness among people accessing the service.

> often mysterious how to become involved. Some people also registered their interest in this group and then heard nothing.

> some perception of a 'closed' group and a reliance on the same cohort of 'consumers'

> uncertainty about the regularity of meetings, especially with the disruptions of COVID-19

There are limited avenues for people with lived experience to communicate with Board/Governance

An unexpected finding of the Review was the ambiguity of how people with lived experience could communicate directly with the board of the organisations that serve them. According to the responses, only one participating AOD organisation in Tasmania has a dedicated seat for lived experience on the board (since 2013). A second organisation had two seats for lived experience (2012) and later rescinded them (2016).

All participating organisations, however, believed the voice of lived experience was organically on the board (where lived experience was defined as 'having (had) a dependence on alcohol or other drugs' that was 'personal, family or other'). Most participating organisations had confidence that the voices of people accessing the service were carried into the boardroom by the CEO or equivalent. Staff of organisations that did not have a seat for lived experience or a consumer reference group were not concerned that the voices of lived experience were becoming diluted when there was no formal mechanism or structure for inclusion of these voices.

## Section 4: Measuring Lived Experience Participation at the Sector Level

The CEO is the main conduit to the peak body and government

The risk identified here was having no direct voice of lived experience to influence the AOD sector.

People with lived exp. who are involved in peer work programs, or the ATDC's Lived Experience Advocate Service, have more opportunity for sector influence

This was sector literacy among this cohort, a different network that opened up a range of different opportunities.

Tasmanian Government

Tasmanian Health Service

GPO Box 125, HOBART TAS 7001 Australia
Ph: 1300 135 513
Web: www.dhhs.tas.gov.au

TASMANIAN HEALTH SERVICE

Contact: Darren Turner
Phone: (03) 6166 0821
Facsimile: (03) 6230 7737
E-mail: Darren.turner@health.tas.gov.au

Alcohol Tobacco and Other Drugs Council Tasmania
Suite 1, Level 1, 175 Collins Street
HOBART TAS 7000

Via email gregoryt@atdc.org.au

**Re: Alcohol and Drug Service (ADS) testimonial of support for Lived Experience Advocates**

The Alcohol and Drug Service has been waiting on the creation of a Lived Experience Advocacy service for a number of years, with limited engagement with consumers until the ATDC was funded to undertake this essential role. Prior to this there was no mechanism for ADS to access consumers to be part of planning, service development and recruitment, and no mechanism to ensure renumeration for consumers time in actively participating in shaping the ADS. The voice of lived experience was absent from the service.

Engagement with lived experiences has begun a process of transforming the culture of the ADS, with increased respect for the clients that attend our service for treatment, and their families, friends and carers. We are listening more intently to how the service could work to provide the best care for some of Tasmania's most vulnerable, and how we create our systems with lived experience input as partners. The culture of the ADS has so dramatically changed in this regard that the need for a peer workforce has become a priority.

The Lived Experience voice has been invaluable in recruitment processes and in high level meetings for the ADS. ADS recognises that the policies and procedures of the service have been established, the LEAs are trained and professional, and ADS has every confidence to use the LEAS when it transitions to the independent organisation.

An independent lived experience advocacy service is the next step in the evolution of consumer engagement for the AOD sector.

The Alcohol and Drug Service has valued the opportunity to give stakeholder feedback on 'The Time is Now' business case and look forward to working directly with the independent organisation in the future.

Yours sincerely

Darren Turner
Group Director
Alcohol and Drug Service
03 October 2022

## APPENDIX G: SUPPORT LETTER – SHIRLEYANN VARNEY, CEO, DRUG EDUCATION NETWORK

1300 369 319
Head Office
1/222 Elizabeth St, Hobart
www.den.org.au

**In Support of the Alcohol, Tobacco and other Drug Council of Tasmania's 2023 Budget Submission: "The Time is Now: The Business Case for an Independent Lived Experience Organisation"**

To whom it may concern,

As a member organisation of the Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC), the Drug Education Network (DEN) wishes to offer full support to the 'The Time is Now: A Business Case for an Independent Lived Experience Organisation' as put forward in the ATDC's 2023 budget submission.

The details presented in this business case are well-researched and driven by the support of and input from both the ATOD sector and lived experienced workforce. The Drug Education Network supports the emergence of a well-resourced and well-governed independent lived experience organisation and believes that it would have a positive impact on the existing construct of the ATOD sector. DEN also supports the idea that an independent lived experience organisation would provide beneficial improvements to service design within the sector while enhancing existing employment pathways for the lived experience workforce that currently contribute to, support and influence the Tasmanian ATOD sector.

The resourcing and establishment of an ATOD lived experience organisation is identified under reform direction 1 in the current reform agenda for Tasmania's alcohol and other drug sector. This business case confirms the need for this organisation and provides insight into how it would fit within the sector and the type of work that it would pursue in its' foundational years.

The Drug Education Network has managed the Peer Workforce Development Project over the past three years in partnership with three ATOD treatment services, resulting in a pool of trained peer workers across the state. Partner organisations: Holyoake, The Salvation Army, and Youth, Family and Community Connections have recruited and hosted peer workers across the lifetime of the workforce development project. The project has also resulted in an established community of practice for peer workers and provides opportunities for peer supervision.

DEN anticipates that the establishment of the independent lived experience organisation would have benefits for the AOD peer workforce including:

- Increased influence as AOD specialist peer workers, including opportunities to contribute to and shape the activities of the lived experience organisation
- Representation from an organisation that is working for systemic change and improvements to the sector
- Increased belonging when situated within a state-wide lived experience network and community
- Increased connections to national and international communities in the harm reduction space, through membership with the lived experience organisation.

The Drug Education Network is proud to support ATDC's 'The Time is Now' business case of the independent lived experience organisation. We look forward to welcoming this organisation into the sector and collaborating with the organisation's team in the future.

Kind regards,

Shirleyann Varney

CEO

## APPENDIX H: SUPPORT LETTER – GLEN O'KEEFE, CEO, MENTAL HEALTH FAMILY AND FRIENDS

mental health families & friends TASMANIA

Your trusted voice in mental health

MHFFTas
ABN: 16 163 816 900
2 Terry St Glenorchy
Tasmania 7010
Phone: 03 6228 7448
admin@mhfamiliesfriendstas.org.au
mhfamiliesfriendstas.org.au

4th October 2022

Greg Taylor
Reform Agenda Officer
ATDC
Suite 1, Level 1, 175 Collins St
Hobart, Tasmania, 7000

Dear Greg,

Re: Independent Peer Organisation for the AOD Sector

I am writing to you to confirm Mental Health Families and Friends Tasmania's (MHFFTas) support for The ATDC'S business case for an Independent Peer Organisation for the AOD Sector.

MHFFTas has been regularly consulted in the development of the Independent Peer Organisation for the AOD Sector business case and believe that it is essential for the AOD sector that this organisation is established to ensure that the voices of consumer lived experience has significant influence at all levels of decision making.

As an active participant in both Mental Health and AOD reforms in Tasmania, MHFFTas has witnessed the benefits on service planning and delivery when the lived experience voice is heard and applied, and we believe that the AOD sector would benefit substantially from an increased representation that the Independent Peer Organisation will bring.

Yours sincerely,

Glen O'Keefe - CEO

Our Vision

Families and friends of people affected by mental ill health and co-occurring alcohol and other drugs and mental health conditions are understood, respected, valued and supported to build their capacities and improve their quality of life.