

qnada

QUEENSLAND NETWORK OF ALCOHOL
AND OTHER DRUG AGENCIES LTD.

focus

From the ipen of the Executive Officer



Welcome to the October 2012 edition of *qnada focus*—isn't the year racing past? This month marks 6 months since I commenced at QNADA—it's been a little turbulent and definitely colourful, but I wouldn't have it any other way!

Firstly, I'd like to thank the many members who extended their support over the last couple of weeks, following the announcement of the discontinuation of our peak body funding.

I'll take this opportunity to stress that this does not mean the end for QNADA. On 4 October 2012 the QNADA Board approved a revised budget that will assure QNADA's operations through to 30 June 2013. Over the next few months we will be putting into action a number of strategies aimed at ensuring the longer term sustainability of QNADA. I'd also like to take this opportunity to thank the Board for the commitment and support they have shown to the sector and to QNADA and to acknowledge a number of other bodies which have conveyed their support, both publicly and privately including the AOD peak bodies in other jurisdictions, the Queensland Alliance for Mental Health and ADCA.

We remain determined to advance the sector during these challenging times. Our message is simple and clear – the NGO AOD sector provides value for money, reduces significant harm across the community and while we respect the right of governments to adjust their spending to suit their priorities, we are disappointed that this government has not worked more collaboratively to make any changes they deemed necessary. On the flip side, we balance this message with one that says its never to late to start talking and extend once more the offer to provide information and advice to support government decision making processes.

I am also mindful that the recent announcements have an impact on a number of our members. I encourage affected members to pick up the phone and give me a call if there is anything we can do to support you.

In far more exciting news, at its September meeting the Board approved the membership application of Gumbi Gumbi Aboriginal and Torres Strait Islander Corporation and I would like to take this opportunity to welcome Mark and his team to QNADA. If you know of an organisation that may be interested in joining QNADA please pass on my details and encourage them to get in touch.

I am looking forward to the AGM this month—check out the article about the work of the Australian Charities and Not-for-Profits Commission (who have provided one of the guest speakers) on page 6. The AGM will be a great on opportunity to come together to reflect on the year just passed, focus on the year ahead, and catch up with colleagues from the sector.

I hope you enjoy this edition of the newsletter. It incorporates a number of interesting articles about what is happening in the sector and highlights a number of potential opportunities—such as Partners In Recovery and the Mental Health Professionals Network. Talk to you soon.

Rebecca



DELIVERING PROFESSIONAL,
HIGH QUALITY, RELEVANT
SERVICES THAT ASSIST IN
THE DEVELOPMENT AND
GROWTH OF THE
NON-GOVERNMENT ALCOHOL
& OTHER DRUG SECTOR
THROUGHOUT QUEENSLAND.

THE QNADA Team

Rebecca MacBean
Executive Officer

Gunnar Kristiansen
ICT Officer

Marguerite Lituri
ISI Co-ordinator

Belinda Chelius
Research & Policy Officer

Phone: (07) 3010 6500
Email: info@qnada.org.au
Fax: (07) 3394 1187
Web: www.qnada.org.au

QNADA acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. QNADA wish to pay their respect to Elders past and present and extend this to all Aboriginal and Torres Strait Islander people reading this message.





QNADA Strategic Plan 2012-15



On 21 September 2012, the QNADA Board approved the *QNADA Strategic Plan 2012-15*. The plan is publically available on the QNADA website (www.qnada.org.au) and will be officially launched at the Annual General Meeting on 18 October 2012. The plan outlines four key objectives to deliver on the vision of a cohesive, sustainable and high quality NGO AOD sector, that delivers the best possible outcomes for the Queensland community.

Develop and Improve

To support development and improvement of capacity and effectiveness.

Position for Increased Effectiveness

To position QNADA and our members through networks and collaboration to ensure effective outcomes for individuals and the community.

Innovate and Adapt

To support our members to identify and respond to emerging trends in creative and innovative ways.

Connect and Integrate

To support collaboration and partnership opportunities amongst our members and with related sectors.

The plan formalises the evolution of QNADA's work in supporting our members. Over the next three years QNADA will focus its strategies, activities and resources towards the achievement of these objectives.

What do we do?
For whom do we
do it?
How do we excel?

For further information on the QNADA Strategic Plan and supporting activities please contact **Rebecca on (07) 3010 6501**.



The AGM will be held on Thursday 18 October 2012. We are thrilled that the Assistant Minister for Health, Dr Chris Davis MP is joining us, as well as Ms Rachel Smith, Director of Advice Services at the Australian Charities and Not-for-Profits Commission (ACNC) Taskforce (see the article on page 6 about the work of the ACNC). We are also pleased that David Templeman, Chief Executive Officer of the Alcohol and other Drugs Council of Australia (ADCA) can join us.

This year we are also excited that we will be trialing web access to the AGM for those members who are unable to make the AGM in person (fingers crossed for the technology to work!)

The *QNADA Annual Report 2012* will also be released at the AGM and made available on the QNADA website. The Annual Report provides a great opportunity to showcase the

work of QNADA and reflect on the achievements of what has been a busy 12 months for QNADA in advancing and supporting the sector.

The agenda for the AGM is jam packed - it's amazing how easy it can be to fill two hours!

Therapeutic Communities and Opioid Substitution Therapy—really?



With We Help Ourselves (WHOS) Opioid Treatment Program Therapeutic Services Initiatives picking up the National Drug and Alcohol Awards 2012 for Excellence in Treatment and Support we thought it was timely to profile the work of WHOS. Trevor Hallwell is the Manager of WHOS located at Nambour and is also Vice-President of the QNADA Board.



The award presented by Professor Alison Ritter was warmly accepted by the managers of the two OTP services Lyn Roberts and Carolyn Stubbley.

WHOS operates 6 Therapeutic Community (TC) and related Aftercare programs in Queensland and New South Wales.

Two of these TC programs are unique services for clients on opioid substitution treatment (OST) being -

- WHOS RTODTM (Residential Treatment of Opioid Dependence) stabilisation program
- WHOS MTARTM (Methadone to Abstinence Residential) reduction program providing modified Therapeutic Community (TC) programs to this marginalised group.

WHOS has long been a part of the AOD sector, having 12 years of TC experience in working with opioid substitution treatment clients and 40 years of general AOD services providing all levels of residential support i.e. primary, step down and tertiary.

WHOS residential care planning process is utilised across all WHOS programs including the opioid treatment program (OTP) services. Acceptance to the OTP is not restricted by limits on the dosage of OST being undertaken by clients and the model is suited to the needs of this client group.

In line with the *National Drug Strategy 2010-2015* and the primary principle of drug policy, WHOS OTP services operate under a harm minimisation philosophy whilst adhering to the essential elements of a TC.

Opioid treatment, especially methadone, is a highly researched treatment option for opioid users and coupled with the TC approach provides both opportunities in stabilisation for OST clients and/or reduction of OST in a supported, therapeutic environment. Clients either remain on OST or reduce off OST depending on what program is accessed

however, both services refer clients between them depending on treatment needs and the choices of clients (supporting another equally important principle of the National Drug Strategy - client led treatment).

WHOS OTP TC services incorporate transitional and exit programs for clients either remaining on OST or having reduced from OST further expanding the opportunity for this marginalised group. Integration of OST clients with abstinence based service clients is facilitated at the WHOS Sydney facility reducing stigma traditionally associated with OST. This cohabitation of separate treatment programs on site develops a further understanding of OST as a treatment option amongst AOD clients with varying treatment goals.

Working with OST clients further develops the already broad integration of WHOS TC programs with other AOD services including detoxification services, LHD (NSW) Drug Health Services, Justice Health, MERIT (Qld) and Drug Court (Qld) to name a few.

Partnerships, liaison and strong links with OST providers in the community is essential to the transfer and continuity of care of the OST client. The WHOS OTP TC services cater to clients from all states and territories due to the unique service provision, therefore communication between OST providers and WHOS has led to strong ties with these community agencies.

Forging strong relationships with both the mental health sector and the broader community sector, and growing the capacity of WHOS staff in supporting clients with co-morbid conditions has been greatly enhanced through the Improved Services Initiative, funded by the Federal Government over the last four years.

Evaluation of the OTP services by NDARC and other external researchers has identified health gains across both the reduction and stabilisation programs and due to high retention and completion rates, enable clients to develop much needed living and social skills to better their life choices when integrating back into the community.



For further information about the programs offered by WHOS contact Trevor Hallewell on (07) 5476 0877 or via email at najara@whos.com.au.

QUEENSLAND STATE BUDGET



In this fast moving environment we haven't had a lot of time to reflect on the announcements made in the Queensland State Budget released on 11 September 2012. This brief summary highlights the key announcements for the AOD sector (both non-government and public).

Queensland Health Budget

The Budget papers outlined that QH's grants program was to be reviewed to cut \$120 million over four years. Obviously these cuts have already started to occur.

Since the budget the discontinuation of QH grants has been explained on the basis that the programs are in the remit of the Federal Government, were funded under the Chronic Disease Strategy or did not support core clinical services. This is difficult to apply to the AOD sector which has been jointly funded by the state and federal government for a number of years now.

A further grants review process was announced to be undertaken by a former Qld Auditor General, Glenn Poole, with a focus on identifying grants that do not support clinical services (see page 9 for more information).

With the health system structural reforms in full swing, the budget papers include the following key priority areas for each of the 17 Hospital and Health Services being -

- Providing better access to health services
- Addressing and improving key population health challenges and risks
- Supporting government commitments to revitalise frontline services for families and deliver better infrastructure
- Enhancing engagement and developing closer working relationships with patients, families, community groups, GPs and other primary health providers.

The Performance Statements, released at the same time as the Budget, include a number of key performance indicators for QH in relation to AOD including a -

- Reduction in the percentage of the population who consume alcohol at risky levels from 11.4% to 11% (12.8% to 12.3% for men and 9.9%

to 9.6% for women)

- Reduction in the percentage of the population who smoke tobacco daily from 14.4% to 13.3% (15.3% to 14.6 for men and 13.5% to 12.1% for women)
- Reduction in the percentage of women who during their pregnancy are smoking after 20 weeks from 11.1% to 10.5% (non-indigenous) and 45.3% to 41.2% (indigenous).

The articulation of these indicators provides an opportunity for the NGO AOD sector to consider the ways in which it can frame the way our activity to government to demonstrate our ability to assist in the achievement of government priorities.

It is not possible to compare the budget of the previous ATODS Strategy Unit with the newly created Mental Health Alcohol and Other Drugs Branch, though the Health Minister's announcement indicated a reduction of staffing in the Health Services and Clinical Innovation Division of approximately one third.

Department of Justice and Attorney General

The Drug Diversion and Court referrals program will be cut by \$5.015 million in 2012 – 2013 and by \$10.226 million in 2013 – 2014.

The department's income statement includes the following commentary, explaining these cuts as efficiency measures:

"The savings measures including court administration savings along with the outsourcing of court recording and transcription services, cessation of court referred youth justice conferencing, changes to courts diversion programs, overall corporate and administrative savings and a reduction in workplace health and safety inspectors in line with national benchmark rates".

In relation to youth justice (which has been transferred to JAG from

Communities), youth justice conferencing is being discontinued, with two boot camp models being trialled in the Gold Coast and Cairns regions (one for early intervention and one related to youth sentencing).

On 11 October 2012, during the estimates process, the Attorney-General was also questioned about the impact of the cuts (see page 9 for more information).

A further announcement, which may have an affect for clients of the AOD sector. This is that mn

Department of Communities

The department's service delivery statement includes the following commentary:

"In 2012 – 13 the department will provide indexation on a range of existing state funded ongoing operational grants to funded organisations at a rate of 3.75% in recognition of the increased cost of service delivery. The government has identified an opportunity to redirect available funding for NGO's to areas of greatest need by ceasing or reducing funding for programs or services that are lower priority and requiring efficiency improvements from state

Gambling Community Benefit Funds

Applications for the next round of funding close **30 November 2012**.

The GCBF receives money from taxes on Golden Casket lotteries, wagering, keno and gaming machines to not-for-profit community groups on a quarterly basis (closing 28 February, 31 May, 31 August and 30 November). A range of one-off grants are available.

To apply, visit www.olgr.qld.gov.au and click on 'grants'.

funded organisations to contribute to the



Australian Government

Department of Health and Ageing

Partners In Recovery

With \$549.8 M up for grabs, how can your service participate for improved client outcomes?

On 7 August 2012, Minister Butler announced that up to \$549.8M will be shortly made available through the Partners in Recovery (PIR) Flexible Funding rounds. We know that many of you have been attending a number of consultation sessions and workshops to shape applications for your Medicare Local region, as DoHA have indicated that it is likely that there will be one PIR consortium approved within each region.

PIR aims to better support people in their mid-twenties and older with severe and persistent mental illness with complex needs, by getting multiple sectors, services and supports they may come into contact with to work in a more collaborative, coordinated and integrated way. This includes those with comorbid alcohol and other drug misuse issues.

Whilst the PIR roll-out model may vary across regions, depending on need and context, the common feature of all models will be the engagement of suitably placed and experienced NGOs. The work of PIRs may include -

- Undertaking the primary role for engagement and coordination of a range of sectors, services and supports
- Complementing, supporting or influencing care coordination activities that may already be underway in the region
- Developing system-level partnerships
- Identifying and proactively engaging potential PIR clients and managing referral pathways
- Monitoring the ongoing effectiveness of the partnerships

QNADA extends **a big high 5** to AfterCare for being endorsed as the lead agency for the Partners In Recovery consortium for the West Moreton-Oxley region.

QNADA is proud to be invited to participate in a series of workshops providing advice and support in relation to increasing capacity in supporting complex clients (after all the NGO AOD sector has been doing this for the last four years as part of the Improved Services Initiative) and assisting with service mapping and needs identification and connecting our members across the state (educating that residential rehabilitation services support clients from all over Queensland).

TIPS FOR GETTING INVOLVED IN PIR IN YOUR REGION

1. If you haven't already, get in touch with your Medicare Local to discuss the stage that the process is currently at
2. If you become part of a consortium, make sure the roles, responsibilities and operational arrangements are clear for :

Support Facilitators - Will a Support Facilitator be physically located within your service, under the direction of your management?

Flexible Funding Allocations - how will this be distributed?

Options may include a pre-determined amount per client paid monthly to your service by the lead agency or a centralised approval process (will this create challenges in relation to your service's cashflow?).

If you are not part of a consortium, there is still the opportunity for your service, and in turn your clients, to benefit greatly.

Invitation for Applications were released on 15 October 2012, with applications closing on 2pm AEST on 18 December 2012. So if you haven't already, find out more about PIR. Further information is available at www.health.gov.au/mentalhealth.

On 27 September 2012 DoHA also released a request for tender for the Capacity Building project to support PIR organisations. QNADA has been involved in ongoing discussions with the Queensland Alliance for Mental Health and our AOD peak colleagues in other states and territories to consider how we can support the capacity building of all PIR consortiums.

We'll keep you posted on PIR as it progresses - no doubt it will happen very quickly when applications are called as it is intended that PIR will be operational early in the new year!



Please contact **Rebecca on (07) 3010 6501** or **Marguerite on (07) 3010 6503** to discuss PIR for your service.

Let us know if your service is a lead agency or part of a consortium - do you have some tips to share with your fellow members?

What is the Australian Charities and Not-for-profits Commission?

The Australian Charities and Not-for-profits Commission (ACNC) will be the national, independent regulator of charities. In the future, our responsibilities may extend to other not-for-profit organisations. The legislation to establish the ACNC has been passed through the House of Representatives and has been referred to the Senate for further debate in an upcoming Parliamentary sitting period.

Goals of the ACNC

The ACNC will be established to:

- maintain, protect and enhance public trust and confidence in the sector through increased accountability and transparency
- support and sustain a robust not-for-profit sector, and
- promote the reduction of unnecessary regulatory obligations on the sector.

The work of the ACNC

To achieve these goals, the ACNC will:

- register charities based on a specific set of criteria
- help charities understand and meet their obligations, through information, guidance, advice and other support
- maintain the ACNC Register, which allows the public to look up information about registered charities, and
- develop a 'report-once use-often' reporting framework for charities.

Staff of the ACNC

The ACNC will be a team of just over 90 people from a wide range of backgrounds who have a genuine passion for the sector. The ACNC is led by a Commissioner and two Assistant Commissioners.

The Commissioner Designate is Susan Pascoe AM. The Assistant Commissioners are David Locke – Charity Services, and Murray Baird – General Counsel.

The ACNC Advisory Board will comprise up to eight sector experts appointed by the Assistant Treasurer. The Board will provide advice and make recommendations to the ACNC Commissioner. Robert Fitzgerald AM, is the inaugural Chairman of the Advisory Board.

You can get in touch with the ACNC Taskforce in a number of ways—

Website: acnc.taskforce.treasury.gov.au

Email: ACNCmailbox@ato.gov.au

Phone: 1800 020 008 (ask for the ACNC taskforce)

Twitter: twitter.com/ACNCTaskforce

Facebook: facebook.com/acnctaskforce

LinkedIn: linkedin.com/com/groups/Aussie-Charities-NFPs-4541894

YouTube: youtube.com/ACNCvideos

***Some of these contact details will change once the ACNC is established.**



We are thrilled that Rachel Smith, Director of Advice Services with the ACNC could join us for the AGM.

Rachel Smith was the District Registrar at the Migration Review Tribunal and Refugee Review Tribunal (2010-2012) where she was responsible for leading 55 staff to manage the operations of the tribunals Victorian Registry.

She was the Program Manager at Consumer Affairs Victoria (CAV), the state regulator of not-for-profits from 2006-2009 where she was responsible for the development and implementation of a strategy to deliver education and advice programs about consumer legislation and industry codes administered by CAV to Victoria's indigenous and multicultural consumers in partnership with key not-for-profit, government, education and private sector stakeholders.

Prior to her public service roles, Rachel worked in the not-for-profit sector for ten years at Australian Volunteers International, a registered charity that manages people-centred development programs focused on poverty reduction, provision of health and education services, promotion of human rights and gender equality and protection of the environment.

With this broad range of experience Rachel will have plenty of insight to provide our members.

Congratulations to NCPIC on hosting a successful 2nd National Cannabis Conference

The National Cannabis Prevention and Information Centre (NCPIC) was established in response to community concerns about cannabis use.

In 2010, cannabis was the most commonly used illicit drug in Australia, with one in three (33.5%, 5.8 million) Australians aged 14 years and older reporting having used it in their lifetime. Just over one in ten (10.3%, 1.9 million) had used it in the previous twelve months.



HAVE YOU VISITED THE NCPIC SITE RECENTLY?

NCPIC provide a great range of resources to reduce the use of cannabis in Australia by preventing uptake and providing the community with evidence-based information and interventions including -

- a **website** providing cannabis information to the community, users, their families and the various workforces involved in the delivery of cannabis related interventions
- a free **Cannabis Information and Helpline - 1800 30 40 50** available from 11am – 7pm Monday to Friday (including public holidays).
- regular **e-Zines and a Bulletin Series** on the latest cannabis research by NCPIC and its consortium partners, as well as latest findings internationally.
- national **free training** on the delivery of motivational and brief interventions for cannabis-related problems among adolescents and adults
- a variety of projects to inform service delivery such as findings of **studies on barriers and facilitators to cannabis treatment seeking** and the development of exploration of **new models of delivering interventions**
- the development of **course materials** for cannabis and mental health assessment and intervention at Certificate 4 level
- **community activities** to increase awareness of the harms associated with cannabis
- a dedicated section of the website for those who work with **Aboriginal and Torres Strait Islander peoples** (including resources and fact sheets)

The 2nd National Cannabis Conference was held in Brisbane from 19-21 September 2012. Titled *Genetics to Practice* the conference delivered a range of international and local guest speakers with a wide range of perspectives from the health, education, youth services and criminal justice sectors.

The topic areas responded to the developing evidence-base on issues such as cannabis and mental health and included -

- cannabis use and intervention approaches among Aboriginal and Torres Strait Islander communities
- school based approaches to preventing and reducing cannabis use
- the role of genetics in cannabis use and dependence
- the relationship between cannabis and tobacco
- synthetic cannabinoids
- promising approaches to cannabis and comorbid mental health conditions.

The array of Australian and international key note and invited speakers included -

- Professor Iain McGregor (an always entertaining who is coming back to Brisbane next month)
- Associate Professor Alan Clough who has worked in the 'top end' of Australia for over 20 years and has recently expanded his research to include studies of alcohol-related violence in licensed venues in urban areas (very topical indeed)
- Dr Marcel Bonn-Miller whose research in the USA is informing the treatment of cannabis use disorders for those experiencing anxiety disorders, especially PTSD.

In addition, the conference delivered a full-day workshop and concurrent sessions which provided the opportunity to consider some Queensland-specific initiatives such as the 'How to' Weed it Out project and Australia-wide research collaborations such as the Cannabis consortium.

QNADA congratulates NCPIC on an informative and well-prepared conference. It is not easy to pull together a conference of this magnitude, with so many renowned international speakers, and it ran like clock-work!

Go to www.ncpic.org.au for more excellent information and resources.

Mental Health Professionals Network boosts clinical collaboration



The Mental Health Professionals Network (MHPN) aims to improve interdisciplinary collaboration between professionals working in the primary mental health sector by fostering local networks across Australia.

The goal is to help GPs, psychiatrists and allied mental health clinicians expand their referral networks, broaden knowledge of local services and providers, deepen their professional development, and thereby improve consumer outcomes.

450 networks nation-wide

MHPN now has 450 networks in metropolitan, regional, rural, and remote locations nation-wide. Of that number, 44 percent are in non-metropolitan settings. As well, MHPN is active in forming virtual networks online and setting up Special Interest Groups with a focus on a particular aspect of mental health.

90 Queensland networks

Of the national total, nine networks focus on addiction issues. Queensland has 90 networks in all with only one concentrating on dual diagnosis—the combination of mental illness and alcohol or drug abuse. The scope for other drug and alcohol-related networks is large.

To register your interest in joining a local MHPN network or special interest group, or forming a new one in your location or discipline, go to the MHPN website.

Popular webinar program includes substance abuse

As well as supporting networks with administrative and financial assistance, MHPN hosts webinars, forums, and provides a range of member services.

The webinar program has proven an outstanding success. Launched in December 2010, the series has covered a diversity of subjects, including a webinar dedicated to substance abuse.

They have also included issues such as:

- Adolescent depression and suicide
- Borderline personality disorder
- Psychosis
- Diabetes and cancer as co-morbidities with mental health
- Bipolar mood disorder
- Eating disorders.

The webinars feature facilitated panels of respected mental health clinical experts, and consumers and their advocates. They tackle case studies in an interactive forum that encourages audience participation. With such positive endorsement by the clinical community, MHPN constantly researches online technology to extend and refine the webinars' reach to wider audiences.

Member directories

Network attendance numbers continue to climb, and interest in joining existing networks, or establishing new groups, is steady.

A major initiative in June this year was the introduction of member directories, giving network members regularly updated contact details of their fellow clinicians.

Member organisations

MHPN has forged close and fruitful connections with its four principal member peak bodies:

- Royal Australian College of General Practitioners
- Royal Australian and New Zealand College of Psychiatrists
- Australian Psychological Society
- Australian College of Mental Health Nurses

It also works closely with:

- Occupational Therapy Australia
- Australian Association of Social Workers
- Royal Australasian College of Physicians

For more information about how your service can participate and benefit from MHPN visit www.mhpn.org.au.

Upcoming Network Meetings in Queensland

22 October 2012 - Bundaberg Network Meeting

31 October 2012 - Atherton Tablelands MHPN

31 October 2012 - Capalaba-Wynnum MHPN

8 November 2012 - Suicide Safety - Brisbane North Network Meeting

* Venue and times are available on the MHPN website.



QNADA have been talking with the MHPN about starting groups focussed on comorbidity. If you are interested in starting a network in your area contact **Rebecca on (07) 3010 6501**.



Take a seat ...Let's chat— have your say

There's a range of policy and member issues that will arise between now and the end of the year and QNADA is committed to ensuring that we provide the easiest mechanisms for you to be involved in ongoing discussions.



We are pleased to announce that on 21 September 2012 the QNADA Board approved two new policy position statements -

- Recovery and Harm Reduction
- The inclusion of the AOD sector in the Qld Mental Health Commission

These statements were developed through a period of consultation with our members over the last few months and are available on the QNADA website (www.qnada.org.au). We thank those who have provided feedback and participated in the process of developing these positions.

In the case of the Qld Mental Health Commission (QMHC), we will also use the policy position as the basis for direct advice to the Queensland Government during proposed upcoming consultation processes. The recommendations of QNADA, based on your feedback, were formally provided to Minister Springborg MP, Minister for Health on 9 October 2012. The key recommendations were -

- The sector supports a strong and independent QMHC as necessary for meaningful reform.
- Due to the specialist nature of AOD treatment services and its' unique policy framework, ongoing reform of the sector from within the QMHC will be best achieved by the assigning of responsibility and leadership to a designated position, such as a Deputy Commissioner for AOD.
- The sector supports the establishment of an Advisory Council, emphasising the criticality of representation of the AOD sector in the membership of the Council.
- Key priorities areas for advancement of the AOD sector should include –
 - * Developing and monitoring strategic whole of government AOD policy and action plans;
 - * Strategic planning, early intervention and project development;
 - * Building a rigorous evidence base to identify the most efficient and effective treatment interventions and encouraging uptake by service providers;
 - * Implementing the findings of the Queensland AOD Residential Service Sector Mapping and Review project;
 - * Developing a strategic investment map for the AOD workforce; and
 - * Developing effective relationships between the NGO AOD sector and Hospital and Health Services to ensure consistent service access across Queensland.
- QNADA, in representing a dynamic and broad-reaching

specialist network, is well positioned to collaborate with the QMHC in developing and implementing its strategic reform agenda and establishing supporting consultative structures.

Drug Court and Diversion Programs

As part of the recent Queensland State Budget announcements, the Attorney-General announced the discontinuation of Drug Court and flagged changes to the diversion programs.

For those members who currently receive funding in relation to diversion and drug courts we ask if you could provide us with the following information -

- **Whether you have received advice to date from QH and/or DJAG about changes**
- **the number of beds you may have/episodes of care provided for diversion programs or through referrals from the criminal justice system**
- **whether you are still receiving referrals**
- **any evaluations you may have done/participated in**
- **the impacts on the sustainability of your service if diversion programs cease**

With this information at hand, QNADA will be well-informed to discuss with government the implications of these changes.

This information can be provided to Marguerite via **email** (Marguerite.Lituri@qnada.org.au). If you have any other comments in relation to this issue, please feel free to email them through also or **discuss with Rebecca or Marguerite**.

QH Service Agreements

On 11 October 2012 the Courier Mail reported that the review of the \$1B QH grants fund had been completed by Glenn Poole. At the time of writing Mr Poole's report was not publicly available, however it is reported that he found that what had previously been provided to NGOs as grants, were in fact service delivery contracts.

This finding will lead to changes in contracting and reporting arrangements.

QNADA will be seeking to talk with QH about any proposed changes, so if you have any suggestions let us know!

“TEST IDEAS IN THE MARKETPLACE. YOU LEARN FROM HEARING A RANGE OF PERSPECTIVES. CONSULTATION HELPS ENGENDER THE SUPPORT DECISIONS NEED TO BE SUCCESSFULLY IMPLEMENTED.”



Development of a National Aboriginal and Torres Strait Islander Health Plan

On 11 September 2012, the Federal Government released a new National Aboriginal and Torres Strait Islander Health Plan (NATSHP) Discussion Paper.

Minister for Indigenous Health, Warren Snowdon, has called for submissions to ensure the health plan reflects the key health issues and priorities that matter most to Aboriginal and Torres Strait Islander individuals and communities.

“A new health plan will guide governments Australia wide over the next decade, in policy making and program design to improve health outcomes for Aboriginal and Torres Strait Islander people,” he said.

“The Australian Government has a long standing commitment to partner with Aboriginal and Torres Strait Islander people to support improvements in health outcomes and other determinants of health. This discussion paper is one way we are engaging.

“Improving the health outcomes of Aboriginal and Torres Strait Islander people is an ongoing challenge for all Australia. A national health plan will set the course for future policy and strengthen the engagement of states and territories,” Mr Snowdon said.

Community consultations are happening across the country. QNADA encourages those members with particular focus on the delivery of services to Aboriginal people and Torres Strait Islander people to participate in the consultation process. Queensland consultations are currently scheduled for -

4 December 2012 - Brisbane - 10am to 2.30pm
5 December 2012 - Cairns - 10am to 2.30pm

Written submissions will also be accepted. Full details of the consultation process are available at www.health.gov.au/natsihp.

QNADA will be liaising with our colleagues at the Queensland Aboriginal and Islander Health Council (QAIHC) and the Queensland Aboriginal & Torres Strait Islander Human Services Coalition and would welcome hearing from you about this important issue.

Review of Alcohol Management Plans

The review of Alcohol Management Plans in Indigenous communities, which was an election commitment of the Newman Government, has commenced.

Alcohol Management Plans (AMP) currently operate in 19 discrete Indigenous communities in Queensland, introduced

to reduce alcohol-related violence, particularly against women and children.

On 3 October 2012, the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs Glen Elmes, in releasing the Terms of Reference for the Review in Cairns, said the review will be conducted community-by-community. “There won't be a one-size-fits-all approach, and we will take whatever time is necessary to do the job properly,” Mr Elmes said. He continued, “There will be extensive consultation

with all affected communities, as well as with others involved in areas such as health, education, police, housing and employment.”

Mr Elmes said that existing Plans at each community will remain in place until the review

for that community is complete.

“I acknowledge that every community is different and that there are diverse views amongst communities. Some communities will want to keep or even strengthen their AMPs and others will want to relax or remove them.”

Prominent Indigenous academic Professor Marcia Langton, Chair of Indigenous Studies at the University of Melbourne, spoke of the challenges to be considered as part of this review when interviewed on the 7.30 Report on 8 October 2012. Whilst concerned about the potential for current restrictions to be lifted, she emphasised the need for the Newman Government to undertake meaningful and thorough consultation with all sections of the community.



Responding to the question of whether alcohol bans should be lifted and in what circumstances, Professor Langton replied, “Well, there's a group of us at the moment designing the answers to exactly that question, along with a range of other questions. So what would an alcohol - how would an alcohol management plan be regarded as a temporary measure and what would we have to build into the process in order for it to be a temporary measure? Well you have to have in the first place proper consultation.”

Have your say - let us know your views on the review -

- In your local area are there people coming from discrete communities to avoid alcohol restrictions?
- Have you noticed an increase in clients seeking treatment for other substances such as cannabis as they have not had access to alcohol?
- Are there other associated harms that you regularly view as a consequence of AMPs?
- Have the AMPs reduced the harms associated with alcohol misuse in your community?

This information can be provided to Marguerite via email (Marguerite.Lituri@qnada.org.au).

To be quite honest,
I really just want to
get to know you better,
that's all.

MEDICARE LOCALS ARE POPPING UP ALL OVER QUEENSLAND, SO HOW CAN YOUR SERVICE BENEFIT?

Last month the Australian Medicare Local Alliance was launched. So we've decided to profile the role of the Alliance in this new era of health reform.

Australian Medicare Local Alliance (AML Alliance) is a new national, government funded not-for-profit company which has been established to spearhead an organised system for primary health care across the country through a network of 61 primary health care organisations called Medicare Locals (MLs).

AML Alliance and MLs have been established as part of National Health Reform and, together with Local Hospital Networks, form a critical part of a new arrangement for locally governing health.

Nationally, 61 Medicare Locals have been established to identify gaps in primary health care services at the local level, especially for high need and underserved groups, and to better target services to respond to those gaps.

In attending the launch of the Alliance, Minister for Health Tanya Plibersek said the Australian Medicare Local Alliance will play a key role in ensuring Medicare Locals function effectively and efficiently and work as a cohesive group, responsive to changing Government priorities.

"Medicare Locals will improve the coordination and integration of primary health care in local communities, addressing service gaps and making it easier for patients to navigate their local healthcare system," she said

QNADA is establishing relationships with each of the Medicare Locals to ensure that AOD issues aren't forgotten and to keep you in the loop on funding and training opportunities in your local area

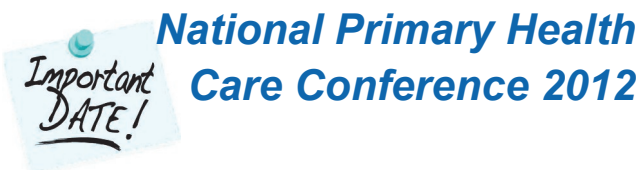
"As the body responsible for supporting Medicare Locals at the national level, the new Australian Medicare Local Alliance will assume a key leadership role in primary health care."

Minister for Mental Health and Ageing, Mark Butler said the Alliance will support Medicare Locals to become high performing organisations and, from 1 January 2013, coordinate the provision of state-based functions on behalf of the Medicare Local network.

"The Alliance will play an important role in preventive health and health promotion, and will work with a wide set of stakeholders, including those in general practice, allied health, and the aged and social care sectors," he said.

The Australian Government has committed a total of \$493 million from 2010-11 to 2012-14 for the establishment and operation of Medicare Locals. It will also be the primary funder of the Australian Medicare Local Alliance.

Further information on Medicare Locals and their role can be found at www.yourhealth.gov.au. If you're having trouble getting in touch with your Medicare Local give **Marguerite a call on (07) 3010 6503** and we'll see what we can do to assist.



**HEALTHY COMMUNITIES, HEALTHY
NATION**

**From Transition to Action: Integrating Primary
Health and Social Care**

Date: 8-10 November

Venue: Adelaide Convention Centre

**For further information go to
www.amlalliance.com.au**



Upgrading or purchasing a new client management system?

QNADA can assist

IT changes can often cause many a sleepless night for almost anyone. With evolving service delivery arrangements, the increasing complexity within the client group, and the endless cycle of government reporting, it can be difficult to make sure a system covers everything you need. But never fear - we can't do it for you but we can certainly help!

This month we thought we'd provide you with some quick tips of what to consider when evaluating a client management system (CMS).

PREPARING AND PLANNING FOR AN UPGRADE OR NEW SYSTEM

- Have you undertaken a needs analysis of your service?
- What are the gaps between your current CMS (be they manual or system based) and your requirements?
- What changes would your staff recommend?
- Are there restrictions on your ability to resource this project (financial, staffing, diversity of locations)?

IN SELECTING A NEW SYSTEM OR DETERMINING SPECIFICS OF AN UPGRADE

- Does the system cater for the expanding reporting requirements of both the state and federal governments? The AIHW generally releases new reporting requirements well in advance to provide the opportunity for services to adjust systems and processes.
- In considering an alternative CMS is the system easy, intuitive and suitable for everyday usage? This will assist in maximising clinician buy-in and uptake of a new or improved system.
- Have you considered using CADDs? It's provided free of charge to member services, with IT support and meets NMDS reporting requirements.
- Are there other member services of a similar nature that have an effective CMS in place?

Our objective is to ensure you stay up-to-date on what's happening in the world of reporting and IT developments for the sector. In the end, the best thing we can recommend is come and have a chat with us if you are considering changes to your CMS and reporting processes.

Contact Gunnar on (07) 3010 6504 or Rebecca on (07) 3010 6503.



CADDs and the associated support are made possible through funding provided by Queensland Health



WHAT CAN A QNADA TRAINING SESSION OFFER YOUR ORGANISATION?

QNADA training sessions can be designed to suit the specific needs of your organisation.

Onsite workshops are designed to provide training to clinicians and their managers, with an initial training session generally lasting approximately 90 minutes.

A key aim of the sessions is to ensure consistency of data collection across your organisation and in alignment with the National Minimum Data Set (NMDS) protocols. Topics covered may include -

- The importance of NMDS and the reasons for data collection
- Recording an episode of care - education sessions, counselling or outreach contact
- Recording the principal drug of concern

After participating in these workshops, clinicians will be aware of the value in ensuring that all client contacts are recorded and of the importance of linking to the original treatment record for clients that re-engage with your service.

A QNADA workshop can also assist with emphasising the importance of logging each and every client service contact, including those sessions where a client does not attend, recording clinician time spent following up (such as with phone calls) and dealing with complex clients. Often this information is not recorded, as it is not seen as a direct episode of care and as such services will under-report the overall time spent on client care.

TIPS TO COMPLETE CLIENT RECORDS FOR NMDS

Date of Birth - the AIHW requests that where no date of birth has been recorded for a client, the field is completed with the date of '01/01/1900'.

Country of Birth - where this is unknown, this field should be completed with '0003'.

To assist with providing a complete data set for NMDS, upon submission of your data to QNADA, a validation process is conducted and where anomalies are identified, Gunnar will contact you to discuss.



What's happening on the national stage?

ALCOHOL LABELLING INITIATIVE



On 24 September 2012, DrinkWise Australia and the Winemakers' Federation of Australia announced a joint alcohol labeling initiative. The initiative allows winemakers to register their labels with DrinkWise who then send warnings related to alcohol consumption while pregnant directly to the winemakers packaging company for easier labelling.

In November last year, in response to the Food Labelling Review 'Labelling Logic', the Government committed to providing industry with two years to adopt labels voluntarily before mandating for this change.

The Federal Government has also provided funding to DrinkWise Australia to develop 'point of sale' information at liquor retailers, clubs, pubs and hotels to assist people in making informed choices about their drinking.

EXPANDING NALOXONE AVAILABILITY

On 21 September 2012, the Australian National Council on Drugs (ANCD) called for an expansion of the availability of Naloxone with the release of an ANCD position paper. It highlighted the following key points -

- Opioid overdoses are estimated to cause approximately one death per day in Australia
- Though there are no national data on non-fatal overdoses, which can cause injuries and brain damage, overdoses are commonly experienced by people who use drugs
- Overdoses are often witnessed by other people and these witnesses are eager to respond when overdoses occur
- The opioid antagonist naloxone can quickly reverse the effects of opioid overdose
- A substantial body of evidence shows that expanding naloxone availability and training potential overdose witnesses to administer naloxone is a remarkably safe and effective intervention for preventing opioid overdose fatalities, with the potential to prevent opioid overdose related injury
- There is no evidence that expanding naloxone availability encourages riskier drug use or has any other adverse consequences
- There are no legal barriers to expanding the availability of naloxone to potential overdose victims, nor to training potential overdose witnesses in its administration
- The training of potential overdose witnesses in the use of naloxone can effectively be integrated into comprehensive overdose prevention and response training programs
- To date only the Australian Capital Territory (ACT) has introduced a program to train potential overdose witnesses.

The paper is available at www.ancd.org.au.

WORLD MENTAL HEALTH DAY (9 OCTOBER 2012)

The Alcohol and other Drugs Council of Australia (ADCA) has used mental health week to urge improvements in access and capacity of mental health and wellbeing services and need for different sectors to work together.

A significant majority of those seeking AOD treatment also require a wide range of supports - including mental health. In recognition of this, through funding provided by the Department of Health and Ageing for the Improved Services Initiative, the NGO AOD sector has been increasing the capacity of services to assist clients with a dual diagnosis. Importantly this work will be expanded to a range of sectors through the Partners In Recovery program.

DECriminalISATION OF ILlicit SUBSTANCE MISUSE

Last month the latest Australia 21 report, *Alternatives to Prohibition* was released. This report considers the experience in several European countries where emphasis has shifted from drug law enforcement to health and social interventions.

The report follows the release in April 2012 of the inaugural report *The Prohibition of Illicit Drugs is Killing and Criminalising our Children and we are all letting it happen* and its' finding that the "war on drugs" had failed.

On 11 September 2012, The Public Health Association of Australia (PHAA) and ADCA, the peak AOD body representing Australia's non-government sector, unreservedly back the intent of the new report.

ADCA CEO David Templeman says the new report heightens the need for debate at all levels on the decriminalisation of drugs.

This debate, whilst emotional and close to a number of people's hearts, should be informed by a strong evidence-base. Importantly, decriminalisation should be distinguished from legalisation.

Whilst all activity under the *National Drug Strategy 2010-2015* contributes to the minimization of harm resulting from AOD misuse, many groups argue the funding emphasis is currently on law enforcement and the reduction of supply, perhaps to the detriment of prevention, social and public health strategies.

This report highlights important issues to consider as the issue of diversion, drug courts and boot camps continues in Queensland.

CLASSIFIEDS

No need to wait until next year to start a Certificate IV in Alcohol and Other Drugs!

Teen Challenge Training accepts enrolments throughout the year with students starting on the 1st day of every calendar month!



We offer the following courses:

Certificate IV in Youth Work

Certificate IV in Alcohol & Other Drugs

Certificate IV in Mental Health

Certificate IV in Pastoral Care

Find out more on the Teen Challenge website - www.teenchallengetraining.org.au

Consultation on Indigenous Drug and Alcohol Issues

Associate Professor Ted Wilkes, Chair of the National Indigenous Drug and Alcohol Committee (NIDAC), extends an invitation to people working within the Aboriginal and Torres Strait Islander alcohol and other drugs sector to attend a:

On Thursday 22 November, 2012
9.00am – 11.00am

RSVP by COB Wednesday 15 November, 2012
Tel: (02) 6166 9600 | Fax: (02) 6162 2611 | Email: nidac@ancd.org.au



DATE CLAIMER:
WORLD AIDS DAY
30 November 2012

QuIHN invites you to World Aids Day in Jeay's Park, Jeay's Street, Bowen Hills.

World AIDS Day is one of the most globally recognised events of the year. World AIDS Day is celebrated across Australia to raise awareness in the community about the issues surrounding HIV/AIDS.

HIV positive people need to be empowered in society to strengthen community spirit, feel included and educate on HIV and AIDS. They have the right to participate in the community free from stigma and discrimination.

To attend the QuIHN function

RSVP to nsp.bne@quihn.org

or to Leiana at lmcfdden@quihn.org

Welcome to



2012 workshop series

To coincide with the release of his new book *Meds for Heads*, Iain McGregor will be giving a one-day workshop in Brisbane. Iain has already presented 'Introduction to Psychopharmacology' and 'The Addicted Brain' to rave reviews and we are very pleased to welcome him back. His entertaining style makes learning about drugs and the brain fun.

When: Tuesday 20 November 2012

Where: Novotel Brisbane, 200 Creek St, Spring Hill

Cost: \$350 per person

To find out more information and to register email events@livelifewell.org.au

AVAILABLE NOW:

LIVE SMART DIARY 2013

The Queensland Youth Housing Coalition has announced that their fantastic "Live Smart" diaries are back for 2013 and they are taking orders now. The diaries are designed to assist young people in living independently, providing information on shopping on a budget, easy recipes, health and hygiene information and contact numbers for support services. The diary also contains a very handy monthly budgeting tool. This is an excellent resource that workers can use with young people who are making the transition to independent living. The diaries cost \$10 each plus postage.

Order at www.qyhc.org.au/support-products.html



The Local Government Association of Queensland (LGAQ) facilitates a website designed to help youth workers connect with each other and share information, resources and expertise.

Check out www.collectv.com.au for more information and to get involved.



This is where you'll find information about all the undergraduate scholarships, available in Australia, designed for Indigenous students. These scholarships are available for study at any Australian university.

Check out www.indigenousscholarships.com.au

Should environmental sustainability be a priority for your organisation?

CoEfficiency Australia can help with reducing the environmental impact of your organisation to deliver a range of benefits that includes reducing costs, engaging staff and impressing funders.

Last year, a group of not for NFPs, including the GCDC, embarked on Australia's first sustainability cluster program. Together, they were able to reduce their electricity use by an average of 10% (best result was 19.9%).

Implementation of the program consists of no cost behaviour change measures and low cost initiatives.

QNADA would like to investigate whether environmental sustainability is a focus for our sector. Please support this process by participating in a short survey. Survey closes end of October and is available at <http://tiny.cc/bj1wkw>

Professional Seminar Series for the Alcohol and other Drugs and Mental Health Sectors

The Professional Seminar Series has been developed to enable professional development among workers, volunteers and students within or associated with the Alcohol and Other Drug and/or Mental Health Sectors.

To express your interest and keep up-to-date please email your contact details to elizabethb@drugarm.com.au or call 07 3620 8800.

Drug Awareness and Relief Foundation (Australia)



www.grants.myregion.gov.au

Find government grants and assistance for individuals, businesses and communities.



Copyright © 2012 QNADA. All rights reserved.

QNADA acknowledges funding assistance provided by the Australian Government Department of Health and Ageing and Queensland Health.