

ISSUE 6 • AUGUST 2012



focus



From the ipen of the Executive Officer

With Cirque du soleil in town we were inspired to consider coordination, collaboration and flexibility for this edition—something the sector does on a daily basis. It also fits in with some of the ideas we've been juggling around here at QNADA recently in terms of new and innovative ways to support our members.



I'm thoroughly amazed by the incredible strength exhibited by the acrobats and if you can bear me just one more cliché—at times it does indeed feel like we spend an enormous amount of time jumping through hoops! Alright, I think I'm done.

So with that in mind, this month we are hosting a Members Only Information Session on 23 August. By now you should have received details on the venue and general discussion points for the event. The session has been planned to provide an opportunity to discuss and share with us your views on a range of upcoming challenges and opportunities for the sector, including the establishment of the Queensland Mental Health Commission, the National Minimum Data Set collection, as well as policy developments and the current work of QNADA. There will also be presentations from the Department of Health and Ageing and Queensland Health to provide an update on what's happening from their perspectives.

Thank you to those members who have completed and returned their membership packs. If you are yet to return your pack, please do so soon, as we will be using this information to shape our activities over the coming year.

We've been working hard over the last month, particularly around progressing work in the national arena. We've been working collaboratively with our colleagues in other jurisdictions and the Alcohol and Other Drug Council of Australia (ADCA) to progress a number of issues, including the national funding process and the common issues being faced by the sector across jurisdictions. Cooperation amongst the jurisdictional peaks has supported discussions with Minister Butler to progress apace and some determined working groups have made significant progression on national drug policy and workforce issues.

I hope that you enjoy this edition of our newsletter—as you can see we're still playing around with the content and layout. If there's anything you'd like to see included, or you have stories you'd like to share with your colleagues, we'd love to hear about it for future editions.

Look forward to seeing you all on the 23rd.

Rebecca



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

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AGM 2012

The QNADA Annual General Meeting has been scheduled for:

Date: Thursday 18 October 2012

Time: 10.30am—1.30pm.

Venue: To be confirmed.

All member CEOs or their delegates are invited to attend. The event will include a key note address, presentation of the QNADA Annual Report, Board appointments/election, as well as morning tea and lunch.

EXPRESSIONS OF INTEREST SOUGHT BOARD OF DIRECTORS

Expressions of interest are sought for up to 5 positions on the QNADA board. Board terms are for a period of three years, with one third of the Board retiring from office each year (though there are no limits on the number of terms, so members can re-nominate if they wish).

A listing of current Directors and their profiles are available on the QNADA website.

The QNADA board meets monthly and we are currently exploring opportunities for video conferencing into board meetings, so don't let distance be the reason you don't nominate. This is your opportunity to influence the direction of QNADA.

Nominations close on 17 September 2012. The election and appointment of the Board of Directors will be held at the Annual General Meeting.

For information about becoming a Director or an application pack, please contact **Rebecca on (07) 3010 6501**.



QNADA offers **a big high 5** to the Queensland Pharmacotherapy Advocacy Mediation and Support Service who is this month celebrating its' first birthday!

In the last 12 months, QPAMS has supported approximately 200 clients and has achieved positive outcomes for meaningful consumer engagement in the Queensland Pharmacotherapy Program.

QPAMS is a peer based service providing support to people on pharmacotherapy treatment across Queensland.

For more information about QPAMS ring **1800 175 889** or go to www.quivaa.org/qpams.html



Do you know someone who's dedication to the AOD sector should be recognised?

As a sector, we should take the time to recognise these tireless efforts in others. This monthly newsletter presents a great opportunity to do so. Take a minute to look around for that special person your service or another that you work closely with (often they are the person working quietly away) and contact us to do b them in!

HOT off the PRESS



Standard on Culturally Secure Practice (Alcohol and other Drug Sector)

The Standard On Culturally Secure Practice (Alcohol and other Drug Sector) 1st Edition will be launched on Tuesday 28 August 2012 at the National Drug Research Institute, Curtin University in Shenton Park.

The Standard on Culturally Secure Practice (Alcohol and other Drug Sector) allows alcohol and other drug (AOD) services throughout Australia to work towards certification against a standard which is relevant to AOD work.

Development of the Standard has been supported by funding from the Western Australian Drug and Alcohol Office and the Australian Government's Office for Aboriginal and Torres Strait Islander Health. The Western Australian Drug and Alcohol Office continue to support the implementation and use of the standard in the WA AOD sector.

What is the standard?

This Standard is the first to focus on cultural security and the first to be developed by and for the AOD sector. The cultural security of the Standard enables consideration of AOD services that work with specific population groups, including women, youth, Aboriginal and Torres Strait Islander communities, and people from culturally and linguistically diverse backgrounds.

The scheme that supports the Standard has been developed by a Joint Accreditation System of Australia and New Zealand (JAS-ANZ) technical committee, with the participation of significantly interested stakeholders. Certification Bodies will need to apply for JAS-ANZ certification for the scheme when they commence auditing of services against the standards.

The Standard is supported by an Interpretive Guide that provides examples of the way in which the criteria contained in the Standard on Culturally Secure Practice (Alcohol and other Drug Sector) might be applied in practice.

What does the standard cover?

The standard has been designed around seven performance expectations being—

- Defining and understanding the target community
- Rights and responsibilities

- Consumer focussed practice
- Evidence based practice
- Staffing, development and support
- Agency management
- Organisational governance

The applicability of these criteria can be discussed with your certification provider and may be able to be excluded from the scope of certification with agreement.

How can we achieve the Standard?

To achieve certification against the Standard, agencies will need to meet 80% of criteria labelled as 'essential' under a range of Performance Expectations.

The essential criteria relate to an organisation's general policies and procedures, how an agency identifies the cultural and service delivery needs of their target community and what the management, staff and consumers know about how the service works. Agencies also have the option to achieve 'good practice' certification if, in addition to meeting the essential criteria, 80% of the good practice criteria under each nominated Performance Expectation are met. External auditors, familiar with the AOD sector, will work with organisations to assess the ways in which the Performance Expectations are met.

How will this standard add value to my service?

Engaging in a process of certification will allow your organisation to provide better outcomes for your clients as a result of improved internal processes, including internal evaluation and placing you in a stronger position when applying for new or extended funding arrangements.

Where can I find out more?

The Standard and Interpretive Guide are available through the WANADA website (www.wanada.org.au). Hard copies of the Standard are also available on request.

In her previous life Rebecca was involved in the development of the Standard. **Please contact Rebecca on (07) 3010 6501 or at Rebecca.MacBean@qnada.org.au to discuss how you organisation could utilise the standard.**

NMDS

not shaken but stirred

Are you in the process of signing your new Service Agreement with QH?

If so, it is likely that your contracts now require submission of service provision information to the National Minimum Data Set (NMDS) via QNADA. Don't freak out—we are here to help!

The NMDS is a nationally agreed set of common data items from both government and AOD NGO treatment services. Contributing to the NMDS enables government to better understand patterns of service provision, which assists research, statistical or policy analysis and sector planning. The more information and the better the quality of information, the easier it becomes to demonstrate successful outcomes achieved in a complex environment, which in turn can help make the case for a fairer funding system.

Can you imagine how much work, for example the way in which the AOD sector supports continuing care, that may go under-reported or unreported?

An added benefit of the submission of NMDS data through QNADA is that we can assist with cleaning and validating your data to ensure it counts and saving you time and effort.

So there's a few things to do for the 2012-13 reporting year. Ensure whatever data collection system your service is using can capture all the necessary information. The specifications and collection manual for 2010-11 is the one which you should apply and is available on the AIHW website (www.aihw.gov.au). There's 2 new critical fields for reporting—the SLK-581 and ASGC-Geographical Location.

SLK you say?

An SLK-581 provides AIHW with the opportunity to link data about an individual, whilst ensuring the privacy of each client by protecting identities with a unique identifier. Once the SLK-581 is applied, we may all gain an understanding (and hard evidence) that our clients utilise both public and private services or the number of our clients who also access public housing.

ASGC -Geographical Location

Geographical location of service delivery outlet relates to the site from which a drug treatment service is delivered. This information will assist in breaking down a range of information by geographic region, such as the primary drug of concern, demographic specific information such as male and female

On 18 July 2012, the Australian Institute of Health and Welfare (AIHW), the body also responsible for the production of the NMDS, released new information about Indigenous life expectancy. By applying SLK-581 to data collected for a range of purposes, the AIHW was able to identify that indigenous deaths were under-reported by more than 10%, affecting estimates of average life expectancy.

utilisation of services, and the average age of those seeking treatment. The relevant SLA code for your services may be a little difficult to track down so contact Gunnar if you need assistance.

We're here to help

Reporting can be difficult, time consuming and be required at the busiest time of the year. All member organisations are encouraged to utilise the assistance of Gunnar to lighten this burden and assist with your data validation. Gunnar will work with you by phone or email to ensure the data collected accurately reflects your services.

An example of where this becomes important, is something as simple as the coding which determines the primary treatment provided. Say for example that your data file reflects assessment as the primary form of treatment offered to your clients, this will significantly under-reflect the time, energy and complexity of clients that your agency assists. We all know that the reality of the situation is that the majority of clients that interact with your service.

Using the Collector of Alcohol and Other Drug Data Set system (CADDs) as a client management system can help with ensuring that your service is able to capture the necessary information and make life significantly easier at reporting time. Best of all, it's free of charge and you have assistance at hand five days a week!

Give Gunnar a call on (07) 3010 6504 or contact him at info@qnada.org.au.



How's the Queensland Government advancing alcohol and drug policy?

While there's a waiting game, there's also activity in Queensland to be engaged with

Queensland Alcohol and Other Drugs Residential Service Sector Mapping and Review Project

Queensland Health (QH) has engaged Siggins Miller to map and review the NGO AOD residential rehabilitation service sector.

The review considers the following aspects—

- Principles that underpin residential rehabilitation services
- The shift from treatment to recovery
- Integrated and continuing care models of service
- Various service models and best practice for specific substance misuse disorders
- Determinants for performance and potential accreditation processes and standard

The review Terms of Reference make it clear that this is not a review as to the effectiveness or outcomes of individual services currently receiving QH funding.

The project is proceeding according to schedule with draft preliminary findings and recommendations recently submitted to the Project Reference Group for comment.

QNADA is a member of the Project Reference Group, as well as representatives from the Australasian Therapeutic Communities Association; Queensland Indigenous Substance Misuse Council; Department of Health and Ageing; and QH. The final report is expected to be presented by 31 August 2012.

QUEENSLAND GOVERNMENT 6 MONTH ACTION PLAN

On 13 July 2012, the Newman Government released its 6 Month Action Plan to December 2012.

There are a number of initiatives within the next six months which are AOD related. These include—

- Complete a review of Queensland Health's \$1 billion grants program to ensure funding is streamlined; priority health areas are properly targeted; and the risk of waste and fraud is minimised
- Finalise the model and structure for Queensland's first Mental Health Commission
- Provide crime-fighting resources in Cairns, Townsville and the Gold Coast to focus on juvenile crime and alcohol management
- Engage service providers to deliver youth boot camp trials, beginning in January 2013
- Establish future arrangements following the completion of current Drink Safe Precinct trials.
- Work with indigenous councils to implement their community alcohol management plans

QNADA will keep you informed of the development of these initiatives. Importantly, keep visiting our *have your say* Members Only site to express your views.

Ministerial Advisory Council on HIV/AIDS

Queensland Minister for Health, Lawrence Springborg MP, announced the newly-formed Ministerial Advisory Committee on HIV AIDs that will take responsibility for community awareness about the disease across the State. The new committee is to be chaired by the Director of the Cairns Sexual Health Service, Dr Darren Russell.

With many services within the AOD NGO sector assisting clients with blood born viruses, it will be interesting to see what comes out of the work of the Committee.

Hospital and Health Services (HHS)

As most of you would know, HHSs commenced on 1 July 2012. The reforms are designed to ensure —

- decision-making and accountability is more responsive to local health priorities
- stronger clinician, consumer and community participation
- a more 'seamless' patient experience across sectors of the health system.

Further information regarding the establishment of the HHSs and your local Hospital and Health Service Board is available at www.health.qld.gov.au/health-reform.



If you've recently developed a resource or come across something that you think would be good to share let us know by emailing reception@qnada.org.au and we'll include it in future editions or the new resources inventory which is under development.

DUAL DIAGNOSIS SUPPORT VICTORIA

(www.dualdiagnosis.ning.com) is for students and clinicians who are studying dual diagnosis as well as health professionals who work with people with a dual diagnosis.

Recent publications include—

- General Principles for the Use of Pharmacological Agents to Treat Individuals with Co-Occurring Mental and Substance Use Disorders
- Pharmacologic Guidelines for Treating Individuals with Post-Traumatic Stress Disorder and Co-Occurring Opioid Use Disorders
- Supervision: A culturally appropriate model for Aboriginal workers
- Our Healing Ways manual: Putting wisdom into practice - This manual explores working with co-existing mental health and drug and alcohol issues from an Aboriginal best practice perspective



The Australian Drug Information Network (ADIN) provides a central point of access to quality Internet-based alcohol and other drug information provided by prominent organisations in Australia and internationally. ADIN is funded by the Australian Government Department of Health and Ageing as part of the National Drug Strategy and managed by the Australian Drug Foundation.



QLD Health 2011 Dual Diagnosis Clinical Guidelines and Clinicians Toolkit are available at www.dualdiagnosis.org.au. While the guides are published specifically for Queensland Health staff, they contain a range of useful contacts and information about good practice for people with coexisting mental health and AOD problems.



The Dovetail team are very excited to announce the launch of the latest in their series of good practice guides: "*Legal and Ethical Dimensions of Practice*".

The guide covers issues such as consent, Gillick Competence, confidentiality as well as issues relating to the various ethical dilemmas which can arise through working with young people experiencing alcohol and other drug concerns.

Further good practice guides are in the pipeline so stay tuned. Queensland based workers can order hard copies of the guide free of charge by emailing info@dovetail.org.au or you can download an electronic copy from the Dovetail website (www.dovetail.org.au).

myCompass

Developed by a team of health professionals at the Black Dog Institute, and funded by the Australian Government, myCompass (www.mycompass.org.au) is an online tool that assesses user symptoms, then provides a personalised support program for people living with a mental health issue such as anxiety or depression. The interactive program includes online psychological tools, round-the-clock monitoring of moods and behaviours and motivational tips via email and SMS.



Let's chat— have your say

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

- DONALD RUMSFELD



This month QNADA is hosting an Information Session on 23 August 2012. This session is three-fold, and one of the important aspects includes a discussion regarding the latest policy developments. We appreciate that often it is difficult to take time out of service delivery life and that often these questions may seem abstract and removed from your daily work, but we're working hard to make it relevant and practical for the implications for your service.

QNADA has an important role to play in advancing policy development within the AOD sector for the best possible policy outcomes for your organisation at both a national and state level. In order to accomplish this, we are committed to seeking your input and involvement in discussions and processes as they occur.

**"There are known knowns.
These are the things that we
know we know"**

We also have been a number of policy debates and consultation processes arising in relation to —

- Improvements to DoHA funding processes
- How new is "New Recovery"?
- The Australia21 Report
- Heroin and Other Opioids (ADCA)
- Supporting Families (ADCA)

We appreciate the feedback that a number of you were able to provide into these discussions. You may have noticed that the Members Only section of the QNADA website contains information about our current policy consultations and also provides feedback that we have contributed on your behalf. If you're having trouble accessing the Members Only section of our website please contact Gunnar on (07) 3010 6504 or via info@qnada.org.au.

**"There are things that we
know that we don't know"**

Marguerite is also our representative on the National Policy Officers Forum. The National Policy Officers Forum provides an opportunity for the AOD peak organisations to discuss the different approaches and policy challenges within their State or Territory.

**"But there are also unknown
unknowns"**

There'll be some interesting discussions at the Information session later this month and we'll pull them together afterwards for those who are unable to make it.

**"There are things we don't
know we don't know"**

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.

But don't just wait until we ask for specific feedback. If there's something that your organisation is currently discussing, or if you're interested in other issues that are mentioned throughout our newsletter please pick up the phone and call us or drop us an email. We'd love to hear about the issues affecting you!

overdose awareness day
friday august 31
prevention and remembrance



NATIONAL NEWS

Improved Commonwealth funding processes

On 20 July 2012, the jurisdictional peak organisations, together with the Alcohol and Drug Council of Australia (ADCA) met with the Honourable Minister Butler MP, Minister for Mental Health and Ageing.

Minister Butler commenced the discussions, demonstrating an understanding of the AOD sector and a commitment to ensuring improvements to the way in which the recent funding rounds and decision-making processes were conducted.

As mentioned last month, a proposal for the establishment of a national consultative structure was presented to Minister Butler. This will form the mechanism by which to progress the necessary work. Minister Butler supported the concept and negotiations are currently underway for the implementation of the structure, including Terms of Reference. Time is being taken to ensure that decisions made in these initial stages result in significantly improved outcomes for your organisation.

Over the next 12 to 18 months QNADA is committed to this process continuing in a co-operative and transparent manner for our member organisations. This will mean that we will regularly in contact with you to ensure that the issues are advanced for the greatest benefit.

If you haven't already, jump onto the Members Only section of the website and have a look at both the proposal to Minister Butler and the overview of the Queensland AOD sector.

If you wish to discuss this further or have suggestions about the way in which funding arrangements could be improved please contact Rebecca on (07) 3010 6501 or at Rebecca.MacBean@qnada.org.au.



Are you looking for funding?

Have you been to the Grants Gov Australia website?

The website offers government funding and grant options for small businesses and NGOs and includes detailed information on the application process and eligibility. Visit www.grants-gov.com.au for more information.

Intergovernmental Committee on Drugs (IGCD)

QNADA is one of three NGO Peak body representatives who recently attended the IGCD Stakeholders Consultation forum in Sydney.

IGCD provides policy advice to Ministers on the full range of drug-related matters and is responsible for implementing the National Drug Strategic Framework. This Committee consists of senior officers representing health and law enforcement in each Australian jurisdiction and people with expertise in identified priority areas including representatives of the Australian Customs Service, the Ministerial Council on Aboriginal and Torres Strait Islander Affairs and the Department of Education, Science and Training.

The structure of the IGCD is such that a number of working groups have been established to progress specific parts of the National Drug Strategy.

Currently work progressing includes the National Tobacco Strategy (to be finalised by the end of this year) and early work has commenced towards the Illicit Drug Strategy.

The IGCD also recently endorsed the Pharmaceutical Drug Misuse Strategy, which will now be presented to the Australian Health Ministers Conference, the Standing Committee of Attorney-Generals (SCAG) and Police Ministers for endorsement.

The Alcohol Standing Committee is taking a close look at national alcohol sales data, taxation and minimum pricing models, density of licensed premises and liquor licensing harmonisation. This work will be beneficial to draw upon as Queensland looks again at its alcohol policies, including Drink Safe Precincts (see our feature on page 14 and 15).

The work of the IGCD will no doubt be a contributing influence on the development of the next Queensland drug strategy and action plan.

- At least one Australian dies every day as a result of an opioid overdose
- In 2005-2006, 6,623 Australians were admitted to hospital for non-fatal drug overdoses.
 - In Victoria in 2010, 40% of drug -related deaths were from prescription painkillers.
- In 1992 there were 11 strong prescription painkillers on the Australian market. By 2007, there were 70. More and more prescriptions for these drugs are being written every year.

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 YOU BENEFIT?

Recent health reforms saw the creation of Medicare Locals – independent bodies that are being established across Australia to listen and respond to the healthcare needs of their regions.

The role of a Medicare Local is to coordinate and deliver the primary healthcare needs of each local area by better connecting people with healthcare services, closing any gaps and making it easier for patients to get the treatment they need.

Medicare Locals have a number of key roles in improving primary health care services for local communities including—

- making it easier for patients to access the services they need, by linking local GPs, nursing and other health professionals, hospitals and aged care, Aboriginal and Torres Strait Islander health organisations, and maintaining up to date local service directories.
- working closely with Local Hospital Networks to make sure that primary health care services and hospitals work well together for their patients.
- planning and supporting local after hours face-to-face GP services.
- identifying where local communities are missing out on services they might need and coordinating services to address those gaps.
- supporting local primary care providers, such as GPs, practice nurses and allied health providers, to adopt and meet quality standards.

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

Across Queensland Medicare Locals are assisting with the role out of ehealth initiatives, after hours GP care, local service planning, mental health initiatives (eg ATAPS) and workforce support for the primary care sector. For those of you who are undertaking dual diagnosis activities, your Medicare Local is a great source of information and connection to mental health activities and services.

For all AOD services, Medicare Locals also facilitate the InfoXchange Service Seeker. This is an extensive electronic health and welfare directory, allowing services and individuals to search for any services required. There are currently 38,969 records for Queensland. QNADA encourages all AOD services and related organisations to enter their details in the system (via a link on your relevant Medicare Local page). It's also a great tool when you are looking for additional supports for your clients or a more appropriate organisation for referral. The database, which is part of a broader national network of regions beginning to use the same system, contains all essential details, as well as more specific information like specialty areas, wheelchair accessibility, languages spoken, gender, payment details and referral information.

InfoXchange Service Seeker is a great opportunity to promote your service and find other support services for your clients

Each Medicare Local is governed by a Board of Directors. Members of the NGO AOD sector are strongly encouraged to apply for these positions as they are advertised. Representation of the AOD sector is important to ensure that the AOD sector and its' clients are represented in service planning and activities underway in your region. We'll link into these on our website as we know about them also.

A number of Medicare Locals have a community engagement officer role and are establishing community councils or forums. Take the opportunity to participate where you can. AOD NGOs are also able to become members of their Medicare Local.

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.



Introducing

WEST MORETON-OXLEY MEDICARE LOCAL



While many of you may have already heard of us, some of you might also be asking yourselves what is a Medicare Local and what is the role of West Moreton-Oxley Medicare Local in our community.

Our West Moreton-Oxley region covers the area from Ipswich to Boonah, Laidley, Esk, Springfield and Inala.

Some of the initiatives we are launching at the moment include the of successful patient feedback website Patient Opinion, the West Moreton Oxley Service Directory, the Access to Allied Psychological Services Program and our Community Advisory Group.

The Community Advisory Group initiative is one which allows residents of the West Moreton-Oxley region to have their say on health and social issues affecting their community. WMOML's Community Advisory Group meets monthly to discuss healthcare issues, seek feedback from the community, shape strategies and identify gaps in the region's healthcare services.

The group consists of nine proactive members of the community who nominated and through a selection process were appointed to represent the opinions of diverse social, geographic, cultural and high-needs communities. The Community Advisory

Group will begin its mission by conducting a widespread health and wellbeing survey before introducing forums and "listening posts" to hear the public's opinions on healthcare.

In September, the search will be on for more passionate locals to become community ambassadors to work on the ground to assist the Community Advisory Group in the delivery of the health and wellbeing survey in their local communities, organisations, schools and more. People of all backgrounds and levels of experience will soon be encouraged to register to become a community ambassador, with the only prerequisite being a passion for getting involved.

The Community Advisory Group have also developed templates for individuals, organisations and networks to provide information on needs they have identified in their local communities and opportunities to provide ideas on possible solutions.

This information will help inform us on future strategies and possible opportunities for collaboration.



For more information on the Community Advisory Group contact **Ellen Heathwood, Community Engagement Coordinator** on (07) 3470 5653.

WMOML's Community Engagement Coordinator Ellen with Bernie from *headspace* Brisbane South at the Multicultural Youth Day in Inala (June 2012) after going through 20kg of flour making stress balls.

EVOLVING COLLABORATIONS

WHEN MAY A CONSORTIA APPROACH WORK?

Consortia models are applied for a range of activities. We currently see them regularly in relation to *headspace* and they are an integral form of collaboration between research and education bodies.

A consortia is when two or more organisations come together to form a whole (ANCD: 2008). The consortia is generally jointly managed and shares a common goal. To assist in the day-to-day management and for efficiency sake, one organisation may be considered the lead organisation.

In Western Australia the consortia model was adopted to assist with “spreading” of funding and resources under the Improved Services Initiative.

As fiscal constraints continue to drive policy decisions and

the movement towards integrated one-stop shop services continues, consortia models are likely to become more common place. Applied in the right circumstances they may also support improved sustainability, particularly for small organisations.

That’s not to say they aren’t without their challenges, but nothing that can’t be overcome!

QNADA is committed to working together with our member services to explore opportunities for consortia, particularly in relation to funding available under the Partners In Recovery program (details right).

If you’re interested in participating or discussing the opportunity further please give **Rebecca a call on (07) 3010 6501.**

ATTENTION!

\$549.8 M up for grabs!

PARTNERS IN RECOVERY FLEXIBLE FUNDING

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.

PIR aims to better support people 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 co-morbid alcohol and other drug misuse issues.

PIR clients will be in their mid-twenties and older.

The objective of the PIR initiative is to improve the system response to, and outcomes for, people with severe mental illness who have complex needs by—

- Facilitating better coordination of clinical and other supports and services
- Strengthening partnerships and building better links between organisations responsible for delivering services to the PIR target group
- Improving referral pathways
- Promoting a community based recovery model to underpin all clinical and community support services.

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 co-ordination 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

Successful organisations will deliver the program within Medicare Local boundaries.

Organisations will be invited to apply for funding in the coming weeks. Once selected, organisations will be funded to help connect people with the full range of services and will be established from late 2012.

An information paper has been released to provide organisations greater time in preparing submissions. It is available at www.health.gov.au/mentalhealth.

To supplement the guidelines, an information session will be held on 21 August 2012 in Cairns and on 22 August 2012 in Brisbane. Places are limited so please ensure you register at www.health.gov.au.

Did you take part in the Australian Treatment Outcome Study?



We are looking for people who were part of the Australian Treatment Outcome Study (ATOS), a study run by the National Drug and Alcohol Research Centre (University of New South Wales), looking at what treatments work best for heroin users in Australia.

ATOS started in 2001-2002 and most people had their first interview at a drug treatment service (e.g., at a methadone clinic, detox, or rehab) or at an NSP. These same people were interviewed again several times up until 2005. If you were in this study, some of the interviewers you would have talked to are Kath, Kate, Alys, Anna, Sandra, Ev and Nicky.

The study has been re-funded for an 11-year follow-up, and we are looking for the same people we interviewed between 2001 and 2005 to do another interview. If you think you were interviewed as a part of ATOS, please call Jo on 9385 0304 or 0477 426 503. The interview will take about an hour and you will be given \$40 for out of pocket expenses.

DUAL DIAGNOSIS

Collaboration overcoming complexity

The ISI Strategic Working Group will again meet this month specifically to address evaluation frameworks and reporting for QNADA.

This group consists of those organisations which are currently funded by the Department of Health and Ageing to undertake Improved Service projects, as well as members who were previously funded over the last four years to also undertake these activities, so there is a range of experiences and knowledge within the room.

The purpose of the regular meetings is to provide a chance for discussion, sharing of recent work and resources and support for those officers with the main responsibility for implementation within their organisations.

This group has also agreed to assist with supporting activities for the extension of ISI to all member organisations.

The Strategic Working Group will also provide guidance on the development of the resources inventory.

Are you currently embedding co-morbidity within your organisation?

This phase of the Improved Services Initiative (2012-15) is not just about supporting those organisations that received funding through the Substance Misuse Service Delivery Grants Fund.

We know that everyday you are working with clients who may well require assistance with substance misuse and mental health issues.

QNADA is able to offer a range of services and support to assist you in improving the way in which co-morbidity services are delivered and quality improvement activities undertaken.

If you would like to discuss how your organisation can participate, **Marguerite would love to hear from you.** Marguerite's on (07) 3010 6503 or at Marguerite.Lituri@qnada.org.au.



IN OUR SEPTEMBER NEWSLETTER WHERE WE'LL BE CALLING FOR EXPRESSIONS OF INTEREST FOR THE ALCOHOL, OTHER DRUGS AND MENTAL HEALTH NETWORKS

wordz of experience

wordzofexperience.com.au was developed as part of DRUG ARM's ISI project. *wordzofexperience* was created by consumers and is aimed to assist alcohol and other drug and mental health service providers in improving the provision of services.

Through a series of workshops, consumers explored their experiences of mental health, alcohol and other drug services. They developed ideas for how these services could be improved and further involve consumers. The participating consumers have expressed their thoughts and ideas to service providers with the hope and desire of achieving improved services to better engage, support and involve all consumers.

For further information contact Sarah Dewar, Senior Project Worker, DRUG ARM on (07) 3620 8800.



The ISI project is made possible by the contributions of the federal Department of Health and Ageing under the Substance Misuse Service Delivery Grants Fund. The fund's primary objective is to better promote and support drug and alcohol treatment services across Australia to build capacity and to effectively identify and treat coinciding mental illness and substance misuse.

Alcohol: a permanent accessory?

The Barenaked Ladies (for those who can remember them) said it in the late '90s, but has anything really changed since then?



Tattoo Print Ad for Buckler Non-alcoholic Beer by Y&R Puerto Rico

In June 2012, as part of Drug Action Week, QNADA co-hosted the panel discussion—Changing the Youth Drinking Culture. When facilitating the session, Jeff Buckley (Dovetail) challenged those in attendance to consider whether the real issue for consideration is the Australian drinking culture, making many of us think twice about what is at the heart of the issues currently being experienced. So this month we thought we'd look at a range of recent developments to address alcohol-related harms.

Alcohol is most often cited as the primary drug of concern (38%) for those seeking support from AOD treatment services in Queensland (NMDS: 2009-10). The proportion of the population aged 14 years or older who consumed alcohol daily declined between 2007 (8.1%) and 2010 (7.2%) however, there was little change in the proportion of people drinking alcohol at levels that put them at risk of harm over their lifetime (20.3% in 2007 and 20.1% in 2010) (National Drug Household Survey 2010).

Some estimates attribute costs of up to \$35.3 billion associated with alcohol misuse (Collins, D., Lapsley, H. (2008) *The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05*; Laslett, A-M. et al (2010) *The Range and Magnitude of Alcohols Harm to Others*).

Over the last few years in Queensland there have been a range of (sometimes controversial) measures implemented to address the harms associated with drinking at risky levels including Drink Safe Precincts (DSPs), the One Punch can Kill campaign, lockouts, requirements for plastic cups from venues with a history of violence, the ability for courts to ban violent patrons from venues, alcohol management plans in Indigenous communities and the B.Yourself Early Intervention Pilot Program.

Nationally there's been self-regulated health warning labels, the establishment of the Alcohol Advertising Review Board and DrinkWise (an industry body).

There have also been some recent changes, such as the decision in July 2012 to allow the ALDI supermarket chain to sell alcohol in the Hunter Valley Region. The Australia Drug Council of Australia (ADCA) has spoken out against the move (11 July 2012), asserting that the extra outlets will make it more difficult for police and licensing authorities to manage issues of sale to minors and that moves such as these are contrary to the messages of governments about reducing alcohol-related harm.

The newly elected Newman Government is commencing work on a range of initiatives under the *Queensland Government Six Month Action Plan: July—December 2012* directly relating to alcohol. These include—

- Providing crime-fighting resources in Cairns, Townsville and the Gold Coast to focus on juvenile crime and alcohol management
- Establishing future arrangements following the completion of current DSP trials

The Attorney-General and Minister for Justice, the Honourable Jarrod Bleijie MP, has already indicated that in reviewing DSPs, both the issues of lock-out times and the funding arrangements to continue to support DSPs will be considered.

As a sector, we could start thinking about what approaches we would recommend. For example, would an investment in increased police resources be better spent on other initiatives such as the Chillout Zone? Should brief interventions be an integral part of the program? Is it important to remember that its not just a community safety response but an individual response also? Are all the factors that influence drinking behaviours across the community being addressed (and heading towards the same goal posts)? So many questions! Let us know what you think.

DRINK SAFE PRECINCTS

In 2010 the former Queensland Government announced a two year trial of DSPs to reduce alcohol-related violence in the key entertainment precincts of Surfers Paradise, Townsville and Fortitude Valley.

DSPs use the combined resources of state and local Government agencies, industry and community organisations, to deliver practical local solutions to reduce alcohol-related violence. The trials involved a range of measures including—

- Increased and high visibility police presence during peak times of the week
- The establishment of ‘safe zones’ where patrons can access non-government support services
- Improved transport informed and way-finding signage
- Addressing issues such as crowding and footpath queuing
- Better on-the-ground coordination between community groups, security, police and licensees.

In 2011, 1561 people were taken to a place of safety, conflict intervention/tactical communication skills were utilised on 3695 occasions, 2623 move-on directions were given and other forms of de-escalation were used on 1848 occasions.

The State Government has recently announced an extension of DSPs until February 2013 to cover the Christmas/New Year party season. Consultations with industry, police and community organisations regarding future arrangements will commence in November 2012.



CONSUMER INFORMATION ON ALCOHOL LABELS

The Foundation for Alcohol Research and Education (FARE) commissioned a report looking at consumer information on alcohol labels (August 2012). Currently labelling on alcohol is a voluntary, industry-led initiative in response to calls from a range of public health campaigners and reviews including the National Preventative Health Taskforce (2009), the Food Labelling Review (2010) and supported by over 70% of those interviewed in the National Drug Household Survey (2007).

This report examines the current range of DrinkWise warning labels, comparing available evidence as to effective labelling strategies. DrinkWise, an alcohol-industry funded organisation, have voluntarily developed consumer information messages which are displayed on some alcohol products.

The report found that: of the total sample of 250 products audited -

- fewer than one in six (16%, or 39 items) carried one of the DrinkWise consumer information messages.
- 30% of beer/cider products, 10% of wine and 6% of spirit/RTD products carried any of the DrinkWise consumer information messages.
- Of the products featuring a DrinkWise message, the most commonly observed DrinkWise message was the ‘get the facts drinkwise.org.au’ logo, with either the square or rectangular version found on 49% of products.

The full report is available at www.fare.org.au

ALCOHOL ADVERTISING REVIEW BOARD

On 2 August 2012 the first report of the AARB was released. The AARB, chaired by Professor Fiona Stanley AC, considers and reviews complaints about alcohol advertising based on codes already accepted by the alcohol and advertising industries in Australia or overseas.

The AARB was established on 16 March 2012 and in its first three months of operation the AARB has received 63 complaints, 44 of which were considered appropriate for review by the Board.

The report of the AARB criticised ads linking alcohol with -

- AFL
- NRL
- fast cars
- products likely to appeal to young women,
- the Jim Bean on campus promotion targeting uni students
- a Woodstock Bourbon calendar babes.

The AARB recommended that these campaigns be withdrawn and congratulated Bacardi Lion for responding immediately by withdrawing advertising close to a children’s playground.

Information on the AARB, the full first report and determinations can be found at www.alcoholreview.com.au. Complaints about alcohol advertising can be sent to complaints@alcoholadreview.com.au.

DATE CLAIMERS

21 August 2012

DoHA Information Session—Partners In Recovery (Cairns)
www.health.gov.au

22 August 2012

DoHA Information Session—Partners In Recovery (Brisbane)
www.health.gov.au

23 August 2012

QNADA Information Session
www.qnada.org.au

28-29 August 2012

Living Works—Applied Suicide Intervention Skills Training (Oakey)
www.lifeline.org.au

31 August 2012

International Overdose Awareness Day
www.overdoseday.com

Throughout September 2012 (various locations)

Pay Equity & SCHADS Modern Award Forums

NDS, QCOSS, Jobs Australia and the ASU are co-hosting a series of **Employer** and **Employee** forums designed to provide information and education to the community and disability services sector about changes to the industrial landscape happening over the course of 2012.

www.qcoss.org.au

24-26 October 2012

Addiction Treatment Seminar with Terence Gorski

www.thecabinchangmai.com/gorski_seminar

Through to November 2012

InSight Centre for Workforce Development (formerly known as ADTRU) have released their

program of seminars and training for the second half of 2012. Check out the program at

www.qnada.org.au

ATTENTION!

SCHOLARSHIPS AND CONFERENCE FUNDING OPPORTUNITY!

The Foundation for Alcohol Research and Education (FARE) are providing scholarships of up to \$2000 for AOD workers to attend a relevant conference and up to \$10 000 for agencies who wish to run their own AOD conferences.

The criteria and further information about the opportunities is available at www.fare.org.au.

Get in quick—applications close 30 September 2012.

Phone: (07) 3010 6500

Email: info@qnada.org.au

Fax: (07) 3394 1187

Web: www.qnada.org.au

