

Final progress report:

Changing attitudes, changing lives

May 2020

Acknowledgements

We pay respect to Aboriginal and Torres Strait Islander Elders, past, present and future. We acknowledge the important role played by Aboriginal and Torres Strait Islanders as the First Peoples, their traditions, cultures and customs across Queensland.

We also acknowledge people living with mental illness, problematic alcohol and other drugs use, as well as those impacted by suicide, and their families, carers and support people. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness and recovery and have fulfilling lives.

Feedback

We value the views of our readers and invite your feedback on this report. Please contact the Queensland Mental Health Commission on telephone 1300 855 945, fax (07) 3405 9780 or via email at info@qmhc.qld.gov.au.



The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on 1300 855 945 and we will arrange an interpreter to effectively communicate the report to you.



Licence

This report is licensed by the State of Queensland (Queensland Mental Health Commission) under a Creative Commons Attribution (CC BY) 3.0 Australia licence. To view a copy of this licence, visit

<http://creativecommons.org/licenses/by/3.0/au/>. In essence, you are free to copy, communicate and adapt this annual report, as long as you attribute the work to the Queensland Mental Health Commission.

© Queensland Mental Health Commission 2020

Published by the Queensland Mental Health Commission, May 2020

Queensland Mental Health Commission

PO Box 13027, George Street QLD 4003

Phone: **1300 855 945**

An electronic copy of this document is available at www.qmhc.qld.gov.au

CONTENTS

Introduction	2
Options for reform	2
Domain 1: Human rights	2
Domain 2: Social inclusion	4
Domain 3: Engaging people with a lived experience and their families	8
Domain 4: Access to services (health and social services)	11
Domain 5: The justice system.....	12
Domain 6: Economic participation	17
Conclusion	17

Introduction

In March 2018, the Queensland Mental Health Commission (the Commission) published *Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use*¹ (*Changing attitudes, changing lives*). *Changing attitudes, changing lives* outlines 18 options for reform relating to systemic issues to address stigma and discrimination for people experiencing problematic alcohol and/or other drug use, and their families.

The document supports the Commission's role set out in the Queensland *Mental Health Commission Act 2013*² to drive reform across service systems by commissioning research in mental health and substance misuse issues and reviewing, evaluating, reporting and advising on the mental health and substance misuse system.

In December 2016, the Commission engaged the Drug Policy Modelling Program, National Drug and Alcohol Research Centre at the University of New South Wales and the Faculty of Law at Monash University to undertake this research, which resulted in the report *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*.³

The Commission developed the 18 options for reform based on this report and further consultation with people experiencing problematic alcohol and other drug use, their families and friends, the Queensland Government, non-government organisations, and the Queensland Mental Health and Drug Advisory Council. A Project Advisory Group also provided guidance.

Changing attitudes, changing lives includes a responsibility for the Commission to publish an update outlining progress made towards implementing the reform options in the first 12 months after its public release.

This report outlines progress made towards implementing the options outlined in *Changing attitudes, changing lives* to the end of November 2019.

Options for reform

Domain 1: Human rights

Option 1: The Queensland Government progress the introduction of a Human Rights Act for Queensland.

Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use identified the importance of human rights and, in particular, the protection of the rights of people who are stigmatised and marginalised. The report argued that to bring about meaningful change, it is essential to address structural factors, not only individual attitudinal and

¹www.qmhc.qld.gov.au/sites/default/files/downloads/changing_attitudes_changing_lives_options_to_reduce_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drug_use.pdf

² www.legislation.qld.gov.au/view/pdf/inforce/current/act-2013-007

³www.qmhc.qld.gov.au/sites/default/files/downloads/reducing_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drugs_ndarc_april_2017.pdf

behavioural factors. A Human Rights Charter was identified as one mechanism through which widespread structural stigma and discrimination can be alleviated.

“A Human Rights Charter would seek to provide broad, overarching human rights protections to individuals in certain circumstances, including, in particular, where ‘public authorities’ make decisions that impact upon them. In this sense, human rights laws are intended to act as a ‘backstop’—or a check and balance—against infringements of certain basic rights and the use of excessive power by public authorities” (pages 88,89).

On 1 January 2020, the Queensland *Human Rights Act 2019*⁴ (the Act) commenced in its entirety. The primary aim of the Act is to ensure that respect for human rights is embedded in the culture of the public entities and organisations and that public functions are undertaken in a principled way that is compatible with human rights.

The Act also establishes the Queensland Human Rights Commission, which has a critical role to play in promoting an understanding and acceptance of human rights in the community and facilitating public discussion of human rights and the Act.

In addition to its communication and education functions, the Queensland Human Rights Commission also deals with human rights complaints and conciliation. Individuals who believe that a public entity has acted or made a decision that is not compatible with human rights, or in making a decision has failed to give proper consideration to a relevant human right, will be able to make a complaint to the Queensland Human Rights Commission. The substantive obligations under the Act include requiring:

- public entities, including government departments, local councils, public servants and other entities providing functions of a public nature, to make decisions and act compatibly with human rights
- the judiciary to interpret laws, to the extent possible that is consistent with their purpose, in a way that is compatible with human rights
- the legislature to scrutinise legislation for compatibility with human rights when making laws.

The Act contains 23 sections that protect the following human rights:

- recognition and equality before the law
- right to life
- protection from torture and cruel, inhuman or degrading treatment
- freedom from forced work
- freedom of movement
- freedom of thought, conscience, religion and belief
- freedom of expression
- peaceful assembly and freedom of association
- taking part in public life
- property rights
- privacy and reputation
- protection of families and children

⁴ www.legislation.qld.gov.au/view/html/asmade/act-2019-005

- cultural rights—generally
- cultural rights—Aboriginal people and Torres Strait Islander people
- right to liberty and security of person
- humane treatment when deprived of liberty
- fair hearing
- rights in criminal proceedings
- children in the criminal process
- right not to be tried or punished more than once
- retrospective criminal laws
- right to education
- right to health services.

The Act is expected to contribute to the development and enhancement of a human rights culture across the Queensland Government, and towards the ultimate goal of a modern, fair and responsible Queensland.

Further information on the Act can be found in the section *Domain 5: The justice system* (page 12 below).

Obligations are placed on all Queensland public servants to comply with the Act. Further information about the obligations placed on public servants is available at www.forgov.qld.gov.au/humanrights.

Domain 2: Social inclusion

Option 2: The Queensland Mental Health Commission identify and promote effective anti-stigma training activities and resources, including examination of the ‘Putting Together the Puzzle’ anti-stigma program that has been delivered in Queensland.

‘Putting Together the Puzzle’ is an evidence-based, anti-stigma training module developed by the Australian Injecting and Illicit Drug Users League (AIVL) in consultation with The Pharmacy Guild of Australia and others, to address the stigma faced by people with problematic drug use. The Centre for Social Research in Health, University of New South Wales evaluated the program and found it had created sustained positive outcomes in modifying the behaviour and attitudes of participants, three months after training.

In August 2018, the Commission engaged the Queensland Injectors Health Network (QulHN) to roll out this training across Queensland. In October and November 2018, QulHN delivered ‘Putting Together the Puzzle’ anti-stigma workshops in Brisbane, Sunshine Coast, Gold Coast and Toowoomba. A second round of workshops was held in Townsville, Cairns, Mackay, Rockhampton, and Mount Isa between February and April 2019.

Outputs and outcomes based on participants’ feedback are as follows:

- Training was provided to 172 health professionals, including general practitioners, nurses, psychologists, social workers, allied health workers and students from primary and tertiary health care settings.
- Eight peer workers were trained to co-facilitate the training.

- Four QulHN staff were trained to co-facilitate the training.
- 70% of participants developed more understanding of the issues facing people who use drugs (in health settings).
- 96% of participants stated they would feel more comfortable working with people who use drugs.
- 90% of participants developed strategies to decrease and challenge stigma and discrimination.

The Commission will consider opportunities to roll this training out more broadly.

Option 3: All social service sector workforces, including health, housing, child safety and justice, build staff capacity to recognise and reduce stigma and discrimination by providing ongoing training and professional development opportunities. Anti-stigma training should be:

- delivered in partnership with people with a lived experience of problematic alcohol or other drug use
- targeted to the relevant audience/s.

Queensland Health

Queensland Health's 'Insight' and 'Dovetail' services deliver specialist alcohol and other drug training, education, clinical resources and practice advice for workers and services.

Insight (www.insight.qld.edu.au) is the centre for alcohol and other drug training and workforce development.

Dovetail (www.dovetail.org.au) provides clinical advice and professional support to workers, services and communities who engage with young people affected by alcohol and other drug use.

A range of Insight and Dovetail core training workshops feature segments highlighting how stigma and discrimination can create barriers to seeking help and positive treatment outcomes, and how workers and services can adopt anti-stigma approaches.

Resources promoting the use of non-stigmatising language are distributed in introductory training packages, and also feature in Dovetail's *Alcohol and Other Drugs in Schools* guide.⁵

Insight's 'Family Inclusive Practice in Alcohol and Other Drugs' training includes voice recordings of family members with a lived experience of problematic substance use to help participants understand, among other things, the direct impact of stigma and discrimination on families and significant others.

Department of Housing and Public Works

The Department of Housing and Public Works' 'Service Delivery Transformation' project, currently being implemented under the *Queensland Housing Strategy 2017–2027*⁶ is providing a more responsive service to all customers by tailoring housing assistance to a customer's unique circumstances, needs and goals in a way that is person-centred and trauma-aware to enable appropriate, timely and culturally appropriate safe housing responses.

⁵ www.dovetail.org.au/resources/alcohol-and-other-drugs-in-schools

⁶ www.hpw.qld.gov.au/about/strategy/housing

Innovative service delivery approaches are being developed to facilitate pathway planning for customers, including those who present with problematic alcohol and other drug use, to address their housing and support needs. The coordination of services and support between government, non-government and other community services is integral to this service transformation, with a strong focus on partnerships, collaboration, referral pathways and seamless service delivery.

The department has a strong history of increasing the capacity and capability of front-line staff to understand, engage and support people who experience problematic alcohol and other drug use. In 2015, as part of the Mental Health Demonstration Project and in partnership with Queensland Centre for Mental Health Learning, the Alcohol and Other Drug Training Unit and the Queensland Mental Health Commission, the department developed an e-learning module. The module focused on reducing stigma by increasing awareness and understanding as to why people use drugs and alcohol, exploring individual stories and practical strategies to work with people who experience problematic alcohol and other drug use. The self-paced modules enabled housing and homelessness staff to engage in education, awareness and reflective exercises to increase their understanding and reduce stigma associated with tenants who use alcohol and other drugs.

In 2018, the department partnered with the Australian Housing Institute to provide targeted, statewide face-to-face training for frontline staff to increase their awareness of drug and alcohol issues.

Further, an additional eLearning course consisting of five modules was introduced to increase staff skills and knowledge of crystal methamphetamine (ice) attributes and effects and to assist staff to recognise and respond to the signs of ice use in the community. Module 5 focused on the impact of stigma and discrimination for people who use drugs and encouraged staff to explore supportive tenancy approaches, including referrals to relevant support agencies, and to reflect on their own attitudes and beliefs.

Option 4: To contribute to decreasing stigma and discrimination in help-seeking, Queensland Health explore implementation of strategies to ensure that credible, factual and positive information about alcohol and other drugs and how to access support and treatment, is readily accessible to the general public. Information should be tailored for:

- population groups at higher risk of problematic alcohol and other drug use
- families and friends of people experiencing problematic alcohol and other drug use
- the general population to counteract stigmatising attitudes and normalise help seeking from available services.

Alcohol & Drug Information Service (Adis) Queensland provides information about alcohol and other drugs, including written resources, options and referrals to appropriate treatment services or further assistance. It provides an opportunity to discuss situations and concerns with people who understand and can help. It also provides a consultancy service for health and related professionals.

Adis 24/7 Alcohol and Drug Support is a Queensland statewide service that provides free, 24-hour/7-day a week counselling, information and referrals for anyone with concerns about their own or someone else's use of alcohol or other drugs.

In August 2018, Adis 24/7 Alcohol and Drug Support rebranded, updating its name to 'Adis' to emphasise the core role it plays providing support for any Queenslanders with alcohol and drug concerns.

A new website (www.adis.health.qld.gov.au) was launched that provides credible and factual information about alcohol and other drugs, specific information and resources for those at high risk of harm associated with their alcohol or other drug use, including interactive screening and feedback on validated tools, a service directory and a separate page for family, friends and health professionals.

Contacting Adis or visiting the website was also a key call to action as part of the Queensland Government's Ice Help campaign that commenced in October 2018 and included video testimonials of people who have recovered from ice use and family members in a truthful and non-stigmatising way.

Adis was also promoted to the general public in 2018 via a social media campaign developed in partnership with the Queensland Network of Alcohol and Other Drug Agencies and four Primary Health Networks, using the tagline 'wherever you're at, it starts with a call to Adis'.

Option 5: The Department of the Premier and Cabinet ensure that Queensland Government mass media campaigns are based on evidence and reinforce positive messages that people can and do recover from problematic alcohol and other drug use.

The Ice Help awareness and education campaign, launched by the Department of the Premier and Cabinet in October 2018, was underpinned by formative research and stakeholder engagement to deliver positive messaging that reinforced recovery from problematic ice use is possible.

The department engaged Kantar Public to undertake extensive statewide research across several target audiences, using focus groups and an online survey. The research results helped drive targeted key messaging and develop the Ice Help campaign website that delivers trusted information about ice and its effects and information on how to access treatment, support, and referrals for service providers.

During the campaign, the Ice Help website had more than 109,000 unique page views with visitors spending an average of eight minutes on the site. The Ice Help website remains in place to promote help-seeking information, providing a strong foundation for further advertising if required.

Option 6: The Department of the Premier and Cabinet and Queensland Health, in partnership with key stakeholders, explore options for the development of evidence-based mass media campaigns to reduce stigma and discrimination experienced by people who use alcohol and other drugs.

The Ice Help mass media campaign was successfully implemented by the Department of the Premier and Cabinet, in consultation with Queensland Health and key stakeholders.

The campaign featured personal story testimonials from family members and former ice users who described the positive changes and outcomes in their lives following help-seeking and recovery.

The campaign successfully achieved its objectives with 3.3 million Facebook video views and more than 5300 campaign shares.

Option 7: The Queensland Mental Health Commission, in partnership with key stakeholders, will investigate development of an evidence-based media resource designed to improve media coverage of issues related to alcohol and other drug use.

The Commission was not required to undertake this option as Mindframe, managed by Everymind, was commissioned by the Australian Government Department of Health to investigate and develop guidelines for the reporting and portrayal of alcohol and other drugs in the Australian media. The resulting *Mindframe for Alcohol and Other Drugs* are guidelines to support the media and other stakeholders to communicate safely, respectfully and responsibly about alcohol and other drugs. The *Mindframe Alcohol and Other Drugs* guidelines⁷ were released on 28 March 2019. The Commission promoted the guidelines in its e-news and social media.

Domain 3: Engaging people with a lived experience and their families

Option 8: To improve and increase the meaningful engagement of people with a lived experience of problematic alcohol and other drug use, their families and significant others, the Queensland Mental Health Commission will pilot and evaluate the Stretch2Engage framework in partnership with alcohol and other drug services.

In early 2017, the Commission published *Stretch2Engage: best practice principles for service engagement*⁸ (Stretch2Engage). Stretch2Engage provides a framework to guide efforts to increase and improve meaningful engagement of people with lived experience of mental illness and/or problematic alcohol and other drug use, their families, friends and supporters in service design and evaluation in the mental health, alcohol and other drug use, and public and non-government sectors.

Stretch2Engage was developed by a partnership (Stretch2Engage partnership) between the Queensland Alliance for Mental Health, Queensland Network of Alcohol and Other Drug Agencies (QNADA) and Enlightened Consultants.

The Commission is piloting and evaluating the efficacy of the Stretch2Engage framework in sites across mental health and alcohol and other drug use services in public, private and non-government settings.

The organisations participating in the pilot and evaluation are:

- Belmont—private mental health service
- Karakan—non-government organisation (NGO) mental health service
- Metro South Hospital and Health Services (HHS)—public mental health and alcohol and other drug use service
- QuIHN—NGO alcohol and other drug use service
- Toowoomba Consortia:
 - Darling Downs HHS—public mental health and alcohol and other drug use
 - Toowoomba Clubhouse—NGO mental health
 - Sunrise Way—NGO alcohol and other drug use.

The pilot commenced in February 2019 and will run for one year. The Commission has engaged the Stretch2Engage Partnership to oversee the pilot.

⁷ <https://mindframe.org.au/alcohol-other-drugs/communicating-about-alcohol-other-drugs/mindframe-guidelines>

⁸ <https://www.qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/stretch2engage>

Piloting the Stretch2Engage Framework will provide an opportunity to test its premise and evaluate its efficacy in assisting organisations to undertake engagement for system improvement. It will:

- support each organisation to design, implement and iterate a range of service improvement initiatives that engage people who access services, as well as their families, friends and/or natural supports
- co-design and co-produce service engagement resources that assist organisations in their service engagement work.

The Commission has engaged Lirata Ltd to evaluate the pilot to determine whether the Stretch2Engage framework is useful for assisting pilot sites to improve their engagement practices, and the factors that impact on its successful implementation. The evaluation will:

- determine the effectiveness of the Stretch2Engage Framework in improving engagement practices with each pilot site
- analyse how the Stretch2Engage Framework improves and increases the engagement of people with a lived experience, their families, friends and/or natural supports for the purposes of service improvement and change
- identify the internal and external barriers and enablers to implementing the Stretch2Engage Framework from a service-level change management perspective
- determine the critical elements and success factors to embed the Stretch2Engage Framework into practice beyond the life/term of the pilot.
- undertake a cost–benefit analysis regarding the use of the Stretch2Engage Framework as a service improvement tool.

A steering committee has been established to oversee the implementation of the project. The majority of members of the steering committee are people with a lived experience of mental health and alcohol and other drug use issues.

The findings of the project, including a suite of tested engagement tools and an evaluation self-assessment tool, will be shared publicly and through the Commission’s stakeholders.

Option 9: To support stigma reduction, Queensland Health explore a range of strategies to enhance the engagement of individuals and families with a lived experience of problematic alcohol and other drug use in policy and service planning.

People with a lived experience of problematic alcohol and other drug use and their families were engaged as part of consultation to inform the development of *Connecting Care to Recovery 2016–2021: A plan for Queensland’s state-funded mental health alcohol and other drug services*⁹, and *Action on ice: The Queensland Government’s plan to reduce use and harms associated with crystal methamphetamine*.¹⁰ Initiatives under these plans continue to be implemented and monitored. In January 2019, the Department of the Premier and Cabinet provided a 12-month progress report on implementation.¹¹

In January 2019, the Mental Health Alcohol and Other Drugs Branch (MHAODB) of Queensland Health developed the *Lived Experience Engagement and Participation Strategy 2018–2021 (LEEP)*.¹² The LEEP strategy was developed in collaboration with a working group of people

⁹ www.health.qld.gov.au/__data/assets/pdf_file/0020/465131/connecting-care.pdf

¹⁰ www.premiers.qld.gov.au/assets/action-on-ice.pdf

¹¹ www.premiers.qld.gov.au/publications/categories/plans/assets/action-on-ice-activity-update.pdf?1

¹² www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/plans-strategic

with a lived experience of mental illness and/or problematic alcohol and other drug use, with the aim of improving MHAODB's approach to:

- engaging people with lived experience in statewide policy and planning development activities
- supporting engagement practices by Queensland public mental health and alcohol and other drug services.

People with lived experience will continue to be engaged as future planning for alcohol and other drug treatment and harm reduction services is implemented.

MHAODB also hosted the Queensland Health Mental Health Peer Workforce forum in March 2019, a biannual forum for the Queensland Health mental health and alcohol and other drugs peer workforce to provide professional development and networking opportunities for staff.

Queensland Health's statewide alcohol and other drug training and workforce development service, Insight, also has a range of tools and resources to support services to improve client engagement.¹³

Queensland Health will continue to explore strategies and opportunities to increasingly engage people with lived experiences of substance use to inform policy, planning and service responses, including in multi-agency and whole-of-government activity.

Option 10: Health care service providers identify the rights and responsibilities they have adopted, and how they are promoted to people accessing their services, their staff and their organisation as a whole. Should gaps be identified, develop and promote a statement of rights and responsibilities, ensuring that they are inclusive of people experiencing problematic alcohol and other drug use. An active awareness and promotion campaign should accompany the statement of rights and responsibilities to ensure that people who access the services can enact their rights.

State-funded mental health alcohol and other drug services continue to be responsible for identifying and supporting access and understanding of the rights and responsibilities associated with service provision to service users and workforces.

Ongoing opportunities to further promote and create sustainable awareness of the rights and responsibilities of people accessing alcohol and other drug services can be explored, including information on the Adis website to support broader public access, and within service and related settings.

HHS and Primary Health Networks have advised that as accredited health services they have a high level of staff awareness about healthcare rights and, in particular, of the Australian Charter of Healthcare Rights.¹⁴ To facilitate people with lived experience being aware of their rights, brochures are displayed in outpatient clinics, with copies being provided in inpatient admission packs. These brochures are supported by complaints and compliments posters and forms and feedback boxes in outpatient and clinical areas.

Specific additional support is available for individuals who are in contact with mental health services. This support is relevant given the high levels of dual diagnoses of mental illness and problematic alcohol and other drug use. Individual consumers who are also consumers of the specialist mental health services have ready access to Independent Patient Rights Advisers

¹³ <https://insight.qld.edu.au/toolkits/project-gauge/detail>

¹⁴ <https://www.safetyandquality.gov.au/australian-charter-healthcare-rights>

provided under the *Mental Health Act 2016*¹⁵. These additional supports include access to independent legal representation for Mental Health Review Tribunal hearings should a person be placed on involuntary treatment under the *Mental Health Act 2016*.

HHS and Primary Health Networks continue to advocate for patients' rights and raise awareness with health service partners and general community to reduce stigma.

Domain 4: Access to services (health and social services)

Option 11: Health care and social services, across a range of settings, work to ensure that a welcoming environment that respects the dignity and worth of all clients, including people with a lived experience of problematic alcohol and other drug use, is provided. This may include:

- funding bodies identifying and promoting opportunities for services to seek funding for design and infrastructure improvements
- services undertaking, or applying a risk analysis to service environments, including to physical design, to meet the relevant standards of safety and amenity for staff and clients
- input from service users and their families to identify and implement strategies to improve service environments.

Providing and maintaining welcoming mental health, alcohol and other drug treatment service environments is a priority of state-funded services and of Queensland Health.

The Department of Health is considering the design, infrastructure and maintenance requirements of funded services, including opportunities to support providers manage the environments they deliver services in.

Queensland Health's statewide service Dovetail, the Hot House and Metro North HHS have collaborated to develop a 'Youth Alcohol and Other Drug Service Audit' with input from service users. The resource will allow youth alcohol and other drug service providers to apply a self-assessment tool to gauge how youth-appropriate they are, with a view to improving service delivery for young people. The tool is anticipated to be released in early 2020.

Option 12: To enhance integration and improve pathways across the care continuum. The Department of Health, Hospital and Health Services and Primary Health Networks increase joint planning and investment activities, across the full spectrum of alcohol and other drug services including family support.

Queensland Health, Primary Health Networks and other key stakeholders including peak bodies and other funding agencies continue to work together to develop regional plans and to explore options to increase collaboration for statewide planning and commissioning activity.

Current activity includes:

- A project led by the Department of Health is working to adapt the national Drug and Alcohol Services Planning Model for use in Queensland. This work includes considering the best approach for shared, consistent and effective use by planners and commissioners of alcohol and other drug treatment services in Queensland.

¹⁵ <https://www.legislation.qld.gov.au/view/pdf/asmade/act-2016-005>

- In March 2019, the Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework¹⁶ (THROF) was released. Developed by the Queensland Alcohol and Other Drugs Sector Network through comprehensive consultation, the THROF describes how Queensland alcohol and other drug treatment and harm-reduction services can measure their impact. It also reflects a consensus across the Queensland alcohol and other drugs sector about what can be reasonably expected of alcohol and other drugs treatment and harm-reduction service providers.

The THROF suggests a series of outcome indicators at a client, organisational and system level that, when measured and considered in the context of each other and specific treatment types, can help inform service quality.

The THROF contributes to developing a shared language and common approach to outcome measurement, facilitating benchmarking across similar service types, communicating the aims of treatment and harm reduction and can be used as a critical reflection tool for workers, services and system administrators.

Option 13: Queensland Health and the Queensland Police Service give further consideration to the development of new, evidence-based, innovative harm reduction strategies in Queensland.

The Queensland Police Service and Queensland Health continue to explore options to reduce people's involvement with the criminal justice system and expand options to divert people to health interventions for substance-related offences. These options include opportunities to streamline existing processes and offer more flexibility to increase the number of people successfully completing police drug diversion intervention in Queensland. This work is in line with recommendations of the 2017 *Queensland Drug and Specialist Court Review*.¹⁷

The Queensland Police Service, Queensland Health and the Queensland Ambulance Service continue to work together to implement improved and consistent co-responder models across Queensland. These models involve a police or ambulance officer and a mental health nurse jointly attending calls for assistance for people with mental health issues and/or problematic substance use.

Domain 5: The justice system

Option 14: The Queensland Government introduce processes that require an assessment of potentially discriminatory provisions as part of law reform and legislative review projects, for example by including requirement in the Queensland Legislation Handbook.

The Office of the Queensland Parliamentary Counsel (OQPC) maintains the *Queensland Legislation Handbook*. The OQPC is in the process of investigating whether appropriate changes should be made to the handbook to consider potential discriminatory provisions in legislative proposals.

The Queensland *Human Rights Act 2019*¹⁸ requires that all bills introduced into the Queensland Parliament be accompanied by a statement of compatibility that sets out whether, in the opinion of the Member who introduces the bill, that it is compatible with the human rights set out in the Act, and the nature and extent of any incompatibility.

¹⁶ <https://qnada.org.au/queensland-alcohol-and-other-drug-treatment-and-harm-reduction-outcomes-framework/>

¹⁷ <https://www.courts.qld.gov.au/courts/drug-court/drug-and-specialist-courts-review>

¹⁸ <https://www.legislation.qld.gov.au/view/html/asmade/act-2019-005>

Queensland portfolio committees will also be responsible for examining bills introduced into the Legislative Assembly and will report to the Assembly about any incompatibility with human rights. In doing so, portfolio committees will consider the statement of compatibility and, also, whether any limits on human rights have been sufficiently justified within the meaning of the general limitations clause in section 13 of the Act.

The Act promotes a discussion or 'dialogue' about human rights between the three arms of government: the judiciary, the legislature and the executive. It places obligations on all three to ensure that each is carrying out their functions in a way that is compatible with the Act. The judiciary will be required to interpret laws, to the extent possible and consistent with their purpose, in a way that is compatible with human rights; the legislature will be required to scrutinise legislation when making laws; and the executive will be required to give proper consideration to human rights when developing policy and making administrative decisions.

Section 15 of the Act is the right to recognition and equality before the law. It provides general protection for every person to enjoy their human rights without discrimination and to equal and effective protection against discrimination. Discrimination includes, but is not limited to, direct and indirect discrimination as defined in the *Anti-Discrimination Act 1991*, for example on the basis of age, impairment, race, or sex. This means that where a bill impacts the rights protected by section 15 of the Act, the section will need to be covered in the bill's Statement of Compatibility.

Option 15: Relevant Government agencies introduce or include processes and/or training programs for policy makers and legislators to ensure the potentially stigmatising and discriminatory effects of legislation, and suitable ways to achieve stigma reduction in laws, are considered.

The OQPC conducts training for legislation instructing officers and is reviewing if there is a need to include specific material on potentially stigmatising and discriminatory effects of legislation. If this specific material is required, appropriate changes will be made to the training.

Internally, the office is proposing, as part of its disability action plan, to invite a guest speaker from the disability advocacy sector to address drafters and other staff on potentially stigmatising and discriminatory effects of legislation. Both actions cohere with related initiatives arising from the enactment of the *Human Rights Act 2019*.

As a lead agency, the Department of the Premier and Cabinet remains committed to building an inclusive and diverse workforce that reflects the community we serve. To support this commitment, Department of the Premier and Cabinet employees have access to a range of development opportunities that support a culturally diverse, inclusive, and supportive workplace. It is expected that learnings from these courses are applied to work undertaken. These opportunities are centrally funded and include:

- face-to-face training in areas such as unconscious bias, discrimination awareness, introduction to the anti-discrimination act, and various other programs that address mental health, domestic and family violence, bystanders, cultural awareness and building a positive culture
 - online programs including code of conduct, mental health, domestic and family violence, cultural awareness and disability awareness
 - the introduction of respectful workplace behaviours training was mandated for all Department of the Premier and Cabinet staff in 2019 together with the introduction of a toolkit to embed cultural change and agreed behaviours within the department as a result of the Working for Queensland Employee Opinion Survey results

- 'Ethical Executives' lunchbox series addressing disability awareness, bystanders, conflicts of interest, mental health and respectful workplace behaviours.

The Department of the Premier and Cabinet also offers a range of engagement activities designed to raise awareness and support an inclusive, respectful and socially responsible workplace including:

- A 'Speakers Series' for staff. The series has included: Rachel Kayrooz (Domestic and Family Violence, May 2018); Dr Sandra Phillips (NAIDOC week, July 2018); Curtis McGrath (Paralympian and Australian Defence Force veteran, October 2018); and Angel Dixon (Disability inclusion, March 2019).
- 'Plates of Inspiration' and 'Lunch and Learn' sessions for staff. These sessions included: Kirsten Herring and Tess Bishop (International Women's Day, March 2018); Louise Panuel and Aunty Flo Watson (Don't Keep History a Mystery, June 2018); Men's Health Panel (June 2018); Kristin Wuruki (NAIDOC Week, July 2018); Dr Amanda Acutt and Louise O'Neill (Leading with All Abilities, September 2018).

Department of the Premier and Cabinet employees also have access to an employee assistance service, which provides professional, confidential coaching and resources in relation to workplace and personal issues including mental health, relationships, addiction and wellbeing. These services are offered 24/7 and are provided face-to-face, online or over the phone.

The Department of the Premier and Cabinet uses various internal communication channels such as Newsflash and Yammer to promote these and other opportunities to ensure that staff can participate in the initiatives and activities.

A Human Rights Unit (HRU) has been established within the Department of Justice and Attorney-General to coordinate efforts to implement and embed the Act within the Queensland Government. The HRU is continuing to:

- support departments to meet their obligations under the Act
- provide information, resources and training material to help agencies implement the Act and communicate consistently
- support policy and legislation officers in Queensland Government departments to review policy and legislation for compatibility with human rights, and to draft new policy and legislation with consideration of the Act.

Further information about the HRU, including resources and factsheets, is available at www.forgov.qld.gov.au/humanrights .

Option 16: The Queensland Mental Health Commission initiate discussions about the risks and benefits of decriminalisation for personal use and/or possession of illicit drugs, similar to other countries.

Queensland

Drug law reform has been raised as an issue that requires additional cross-sectoral consideration in the whole-of-government document *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting Minds)*.

In June 2018, as part of the process for initiating discussions about the decriminalisation for personal use and possession of illicit drugs, the Queensland Mental Health Commissioner, Ivan Frkovic, visited Portugal to inquire into the country's decriminalisation response to illicit drug

use, which is acknowledged by the International Narcotics Control Board as a best practice model.

The Commissioner was accompanied by the Board President and Chief Executive Officer of the Queensland Network of Alcohol and other Drug Agencies (QNADA) and an addiction medicine specialist from Metro North HHS. The visit provided an opportunity to meet with representatives, from the Dissuasion Commission in the Portuguese Ministry of Health, including Dr Nuno Capaz, Vice President, to discuss Portugal's decriminalised drug model and key learnings. The Commission released a report on the visit on its website.¹⁹

Dr Capaz was also invited to speak at the Commission's Leading Reform Summit in November 2018 to provide a keynote presentation on Portugal's experience with introducing decriminalisation of all personal drug use. It was recognised that the point of examining the Portuguese experience is not to suggest that it can be directly translated to the Australian context, but rather to study how a willingness to reframe the entire debate in response to an opiate crisis with an evidence-based approach, has successfully achieved better overall community outcomes.

During his visit, Dr Capaz met with several Queensland Government ministers and ministerial advisors to discuss the decriminalised drug model.

In October 2018, the Commission made a submission²⁰ to the Queensland Productivity Commission's *Inquiry into Imprisonment and Recidivism*. The Commission argued that decriminalisation for personal use and possession of illicit drugs provides an opportunity for a health response, rather than a criminal justice, and facilitates greater treatment-seeking and opportunities for recovery. This, in turn, might contribute to reducing recidivism rates.

The submission was cited in the Queensland Productivity Commission's *Inquiry into Imprisonment and Recidivism Summary Report*,²¹ which highlighted the potential benefits of decriminalisation of illicit drugs for personal use.

In July 2019, the Commission held a policy forum with international and national keynote speakers presenting at the Australian Winter School conference. Beau Kilmer, the Director of the RAND Drug Policy Research Centre from the United States of America and Professor Alison Ritter, Director for Drug Policy Modelling Program, from the University of New South Wales, presented on contemporary international and Australian models of drug laws. The audience was made up of policy representatives from a range of government departments. A second Leading Reform Summit was held in Brisbane on 21–22 November 2019, providing the sector with a further opportunity to discuss drug policy reform, with a specific focus on what drug reform could look like in Queensland.

The Commission invited Professor Alison Ritter to present a series of proposed public health policy options for Queensland. Professor Ritter's presentation offered a case for systemic change and advice on alternatives to the current model of illicit drug use managed through the criminal justice system, explaining how these options could translate into action and outcomes.

¹⁹ www.qmhc.qld.gov.au/sites/default/files/portugals_response_to_drug-related_harm.pdf

²⁰ <https://qpc.blob.core.windows.net/wordpress/2018/11/IRIP038-Inquiry-into-Imprisonment-and-Recidivism-QMHC.pdf>

²¹ <https://qpc.blob.core.windows.net/wordpress/2019/01/Imprisonment-and-recidivism-Summary-Report.pdf>

In addition to Professor Ritter's keynote address, a panel discussion on drug policy reform options was facilitated. The panel discussed some of the critical barriers to an evidence-based debate and reform and priorities for preparing the system for law reform.

The panel discussed a range of aspects of the drug law reform agenda including distillation of the goals of drug law reform, for example to reduce harm to individual and communities, decrease criminal sanctions and reduce the financial burden for the police and justice system. The panel members offered a range of pragmatic options to improve outcomes for people who come into contact with the criminal justice system. Pertinent points that were raised also include that prohibition has had unintended negative consequences particularly for certain demographic groups and that the United Nations is making fundamental changes to their position on drug policy.

The Queensland Government's current response to dangerous drugs in the community is one of harm minimisation, comprised of three actions: harm reduction, demand reduction and supply reduction.

The Queensland Government announced that it continues to monitor the debate about the decriminalisation and legalisation of dangerous drugs both within Australia and overseas, and will continue to review the relevant drug legislation to ensure it remains responsive.

Other jurisdictions

The Australian Capital Territory (ACT) became the first Australian jurisdiction to legalise the possession, use and cultivation of small amounts of cannabis, with the commencement of the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*. The ACT Government described it as a 'harm minimisation approach' and included a number of safeguards and protections for the community, including that cannabis cannot be used in public or near children, and must be stored securely and out of reach of children.

There was also a recent inquiry by the Victorian Parliament into the legalisation of cannabis and the introduction of the *Drugs, Poisons and Controlled Substances (Cannabis Regulation) Bill 2019*.

Option 17: The Queensland Police Service develop and deliver anti-stigma awareness training for frontline police officers in collaboration with alcohol and other drugs subject matter experts.

The Commission is continuing discussions with the Queensland Police Service in relation to developing and delivering anti-stigma awareness training. Currently, an option for use of 'Putting Together the Puzzle' training module being investigated.

The Queensland Police Service continues to address stigma through ongoing promotion and delivery of training programs, policies and practices that promote inclusive attitudes and behaviours among frontline police officers. A person-centred approach is needed to understand and address the different ways that an individual may experience stigma and discrimination.

Taking this approach, the Queensland Police Service has renewed its Vulnerable Persons Policy and recently introduced a Vulnerable Persons Framework. These initiatives encourage members of the Queensland Police Service to recognise multiple and intertwining forms of vulnerability and disadvantage, and apply appropriate supports and safeguards to ensure timely, quality and efficient policing responses. These initiatives accompany and contribute to other strategic imperatives of the Queensland Police Service such as the *Inclusion and Diversity Plan for Action 2019–2020* and the *Our People Matter Strategy* that promote and strengthen the values of inclusion and diversity. The Queensland Police Service provides ongoing training to its

members to challenge stigma and promote awareness and understanding of members of the community experiencing vulnerability or disadvantage. These include: 'vulnerable persons training', 'mental health awareness', 'mental health first aid—youth', and 'Domestic and Family Violence specialist training'. The Queensland Police Service recognises that a holistic response is needed to address and respond effectively to the needs of the community and continues to uphold and deliver initiatives that take this approach.

Domain 6: Economic participation

Option 18: Employers, across all sectors, should ensure that support is available for people in the workplace who are experiencing problematic alcohol and other drug use. This includes:

- having information about options for assistance and support readily available for both employees and managers dealing with alcohol and other drugs in the workplace
- promotion of, and confidential access to, counselling and support services
- provision of flexible workplace policies and practices such as leave of absence to seek help, reasonable adjustment of duties and return to work programs.

The Queensland public sector is committed to providing workplace support to employees experiencing personal and work-related issues. In 2017–18, all core budget sector agencies provided employees with access to confidential counselling and support services. These employee assistance services are part of a standing offer arrangement for workplace services that ensure individual or group counselling services are freely available to address a broad range of personal and work-related issues, including, but not limited to: substance abuse (alcohol and drug), anxiety and depression, relationship and family issues, gambling, financial problems and grief.

Conclusion

The Commission commends the agencies involved for their concerted effort and commitment to implementing the options put forward in *Changing attitudes, changing lives*. Ongoing work and appropriate actions of government agencies, the non-government sector, and the private sector are required to reducing stigma and discrimination for people with a lived experience of problematic alcohol and other drug use.

Reducing stigma and supporting social inclusion align with the reform agenda identified in *Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018-2023*. The Commission remains committed to supporting meaningful community participation which is essential for the mental health, wellbeing and recovery of people with a lived experience.

2019/5606