QUEENSLAND NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES LTD.

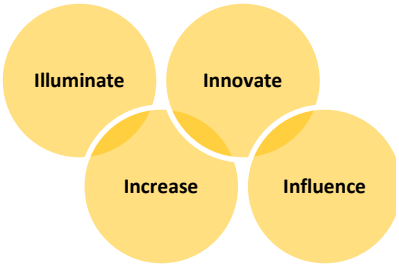
Consultation Summary Report

Consultations with Service Providers and Clients, Family and Friends on the Development of an AOD Action Plan

September 2015

QNADA Vision

A cohesive, sustainable and high quality NGO AOD sector, that delivers the best possible outcomes for the Queensland Community. Four overarching strategies have been developed to support achievement of our vision



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1. Background

The Queensland Mental Health Commission (QMHC) is developing an Action Plan that will outline actions to be taken by government agencies, non-government organisations and other partners to prevent and reduce the adverse impact of alcohol and drugs on the health and wellbeing of Queenslanders. This work sits under Shared Commitment to Action 3 (priority area actions) of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*[1].

To commence the development process, the Commission engaged Siggins Miller consultants to undertake research and facilitate a roundtable of service providers and subject matter experts, who identified the Action Plan's priorities and directions. Siggins Miller provided the Commission with a Position Paper outlining suggested actions to contribute to the prevention of the adverse impacts of alcohol and other drug use on the mental health and wellbeing of Queenslanders by the end of June 2015.

The QMHC engaged the Queensland Network of Alcohol and other Drug Agencies (QNADA) to undertake consultations with service providers, clients, their families and friends in Brisbane, Ipswich, Logan, Toowoomba, Townsville, Cairns and Mount Isa. The focus of the consultations was to identify priority issues and actions from a diverse range of participants for inclusion in the Action Plan.

2. Methodology

Two consultation sessions were held at each location, one for service providers and one for clients, family and friends, to ensure that the differing views and priorities of each group were captured.

Local, specialist AOD service providers (both public and non-government) were invited to attend and a general invitation to local community service providers in each location was published on the QNADA website and e-newsletter and publicised through the QMHC e-news.

Invited service providers were asked to extend an invitation to the client, family and friends sessions to their current clients and family and a general invitation was posted on the QNADA website and publicised through the QMHC e-news, with the Qld Injectors Health Network and public needle and syringe programs also asked to advertise the sessions in their client waiting spaces. In addition, Family Drug Support advertised the sessions through their networks.

A separate consultation session was held for the Aboriginal and Torres Strait Islander Community Controlled sector at the Qld Indigenous Substance Misuse Council conference in Brisbane in early September.

Online surveys were developed for each of the groups to supplement the face to face sessions, as it was recognised that not all interested persons would be able to attend a face to face session. The surveys were available for completion online for four weeks and were advertised via email to QNADA's full email list, as well as via the QMHC e-news and the Dovetail weekly update.

3. Summary of the Consultation Sessions

A number of common threads wove through the consultations and online surveys, with stigma the most frequently raised issue. The need to reduce stigma for individuals (regardless of whether they accessed treatment services), their families, and the workforce was identified as important for a

[1] http://www.qmhc.qld.gov.au/work/queensland-mental-health-and-drug-strategic-plan/

number of reasons, including to instil hope that something can be done to help people experiencing problems related to their substance use for people who use drugs and their families, to attract workers to the AOD treatment sector and to encourage the general community to support a shift away from law enforcement responses to alcohol and other drugs to a more health focussed approach. Families in particular highlighted that increasing the amount of information on what services are available in the community would not only normalise the use of these services but help to improve access for individuals in need.

Another universal theme was the need to increase investment in treatment and support services, with clients and families expressing frustration at sometimes lengthy waiting times to access services, as well as the need for people in regional areas to travel significant distances to access services (eg a client in a residential service in Townsville lived on the Atherton Tablelands). Service providers also commented on the need for better coordination between non-government and government treatment services to improve continuity of care for individuals (particularly around transitions from detoxification services to residential rehabilitation services), as well as to ensure a more uniform system-based approach to service delivery across the state.

While there are pockets of the State where services work together to meet the needs of their community in a fairly organised fashion (eg separate target groups or treatment types), for the most part service providers work in relative isolation to meet the needs of their clients.

The following sections summarise each of the face to face consultations, as well as results from the online surveys.

3.1 Clients, Family and Friends

Each session commenced with an overview of the work undertaken to date by the QMHC, as well as an overview of the National Drug Strategy 2010-2015 and the work of QNADA. The client, family and friends sessions focussed on the following questions:

a) What experiences have you had that have been helpful and supportive when you or your relative or friend has needed assistance for their alcohol or drug use/misuse?
b) What are the factors that made you feel helped and supported?
c) How do you get to find out about what support is available?
d) How would you prefer to access this support and assistance?
e) What would make a difference in helping you or your relative or friend manage themselves better and stay with the support?

Each session concluded with a summary of the small group discussions and an opportunity for participants to raise additional issues.

3.1.1 Townsville

Participants of this session were residents of The Salvation Army's Townsville Recovery Services, a residential facility for men and women. Clients expressed difficulty in identifying what treatment options were available to them prior to finding Townsville Recovery Services, with many coming from coastal, rural and remote towns. One client recounted an experience of being hospitalised for a psychotic episode related to his methamphetamine use, but wasn't provided with a referral to AOD treatment or any information about the treatment options available. A family friend

recommended he call the Salvation Army. Other clients were linked to this same service by Probation and Parole or through their own friends or families' recommendations.

Clients expressed a general need for more education about available services. Clients also identified a need for transitional housing and after-care support for those leaving residential rehabilitation and re-entering the community. Current transitional housing in Townsville has long wait-lists and there is little to no support for women with children. There is even less help for those families and friends looking for help due to concerns about stigma and legal consequences of discussing their family/friends problem.

Clients felt treatment was best delivered in a peaceful setting, with one noting the benefits of providing treatment in a rural setting where work therapy could be included as part of the treatment program. Those with positive experiences noted the importance of engagement and connection with individual service providers and knowing their families would be alright while they were seeking treatment. There was consensus that these factors together are what make for successful alcohol and other drug treatment.

3.1.2 Cairns

Participants in this session were clients of the Ozcare Cairns residential facility. They described a multitude of ways they found the service, including via a social or mental health worker that helped to steer them into detox and residential rehabilitation facilities and for others it was recommendations from friends and family. They highlighted the importance of finding a service provider who listened to individual needs and undertook to engage with clients in a meaningful way to enable the client to develop a sense of trust. Furthermore, situations in which the client felt helped and supportive were times when they felt knowledgeable about their problems whether that is from diagnoses or through general education of alcohol and drugs and mental health.

These clients also identified the importance of context. For example, some were unaware that there were non-residential options available, but for those who identified a preference for residential treatment, they wanted a comfortable, modern facility that could effectively support clients with a dual diagnosis. One client expressed the view that the facility should be relatively informal, where you are assessed but not grounded (or trapped), which would support motivation to stick with treatment, as well the importance of feeling comfortable with all of the service workers.

Clients recognised a need for more after-care options in the region and better integration of mental health and alcohol and drug services. Clients also see the benefit of providing longer programs (e.g. longer than 6 months) with more one-on-one counselling and time with case workers. Ultimately clients felt the need for more information to send the message that dependence can happen to anyone so that seeking treatment is less stigmatised, which might encourage people to seek treatment earlier.

3.1.3 Logan

This session was attended by one client and two representatives of Family Drug Support. The client who attended had presented at his local Emergency Room with depression and suicidal thoughts, which led to his referral to the local ATODS service by the public mental health service. He identified

the importance of feeling supported in his recovery and cited the benefit of always having someone to contact outside of treatment sessions for when the urge to use arose.

The family representatives highlighted that families don't always know what they need but rather just want someone to listen to them and connect. They identified the importance of acknowledging that no one-model for treatment is sufficient and whatever the family/friend wants to do is usually what they need and should be doing. There are very few services aimed at supporting families which don't also apply some pressure to make their friends or family get help as well. It is important to understand that there is a fear of consequence for families/friends seeking treatment that they put their friend or family member at risk of criminal sanction.

Participants emphasised that treatment often works best with assurance of anonymity due to stigma of alcohol and drug use, even for family and friends of those who use. They identified GPs as natural place that should be able to provide guidance on what services are available and where help can be sought. While online services were welcomed, participants expressed the view that people tend to have better connections when they are face-to-face and that keeping someone in treatment comes down to individual engagement and consistent support.

3.1.4 Toowoomba

This session was attended by three mothers with sons who had experienced problems related to their substance use. One recounted how her son had bounced around between services and jail, without getting consistent support and that it took finding a partner for him to re-evaluate his life and substance use. Participants agreed, despite different outcomes for their own sons, on the importance of individual motivation to utilise the services that are around. As a family member of someone needing help, they cited the difficulty in finding services for themselves, as well as difficulty finding services for their adult sons (with one travelling to Brisbane for residential treatment). Word of mouth and peer support from others in the Toowoomba community were cited as pathways to support, with the local ADFQ, ATODS, and Mates 4 Mates services recognised as providing positive treatment and support both for their loved ones as well as themselves. One mother had been involved with a peer support group in the past, but it had since been discontinued or de-funded.

Participants also recognised the importance of increased education and resources as a mother of someone needing help, to provide them with an understanding of terminology, types of services, things they can do to help, as well as understanding the importance of looking after themselves as well. In their experiences GPs did not provide them with necessary information and they expressed a feeling of being 'bounced' between mental health and ATODS in terms of care. All agreed there was a need for more information to be provided to the community, from primary school education through to the types of programs that are available for people experiencing problems. They identified by stigma and judgement of drug dependence in the community as barriers to seeking assistance and thought this would be reduced if the community had a clearer understanding of the condition.

3.1.5 Brisbane

This session was attended by two family members and a drug user advocate and treatment worker. Family members identified the most important thing to have during the experiences was someone to listen. They recounted experience of reaching out to AOD or mental health services and hitting a

wall – being told that they couldn't discuss their family member's condition. All participants agreed it is important services are easily accessible and provide outreach services to maximise the opportunity to 'strike while the iron is hot' for both carers and clients. One parent in the group expressed the view that she had been repeatedly encouraged to engage a 'tough love' strategy, when she felt her son needed to feel supported and loved. She noted that her son, who had complex issues was bounced between mental health and AOD services regularly, but that any gains he made while engaged in treatment were lost whenever he entered the prison system, making his recovery seem near impossible at times.

Participants also agreed that non-judgemental engagement is an important factor in treatment for both family/friends and clients and that service providers should recognise that treatment is individual and a diagnosis isn't always the answer.

One participant said "As a parent even services can make you feel that you are doing things wrong", noting that she even heard police call her son a 'junkie' when attending the scene of her son's suicide. Participants suggest improving terminology and education at the community level to reduce the stigma of drug use and problems associated with drug use, with one participant noting "ultimately people need to understand that drug and alcohol use is normal and that it is common for people to become dependent. It is this that needs to be reflected in the media rather than the scare tactics that are used".

3.1.6 Mount Isa

This session was attended by clients of The Salvation Army's Mount Isa Recovery Services, as well as three family members from the Mount Isa community. Participants noted the most important element of a successful treatment experience as themselves realising they wanted to change. One participant expressed the difference between medical treatment and AOD treatment as being given medication without support or counselling, versus feeling looked after at the residential rehab facility and being helped with their medications (being prompted to take their dose regularly).

Participant experiences also highlighted the need for individuals to recognise their own strengths and skills as a part of the treatment process, as well as the benefit of allowing family's to visit often, which can reinforce a client's motivation to stay in treatment. Clients attending this consultation also emphasised the importance of physical activities to keep them active and healthy whether that be sport, music, or family get togethers.

Participants also noted that it would be beneficial to have after-care support in the community, particularly for those who lived outside the Mount Isa area (seven of the participants were from Mornington Island, with others from Doomadgee, Kowanyama and Murray Island), with participants suggesting it would greatly improve maintaining the gains they had achieved whilst in treatment. At a minimum, they suggested a phone counsellor available 24 hours a day to support individuals when they are dealing with triggers to relapse, but should also include support groups with mentors having had their own experiences in maintaining their recovery. Clients also would like to see more integration with community services, such as support to find employment and help accessing government services like Centrelink.

3.2 Service Provider Consultations

Each session commenced with an overview of the work undertaken to date by the QMHC, as well as an overview of the National Drug Strategy 2010-2015 and the work of QNADA. The Service provider sessions then focussed on the following questions:

a) What strategies and action are already happening in this region/district to contribute to preventing and reducing adverse impacts of drug and alcohol use and misuse? How do you work with others to reduce alcohol and drug related harm?
b) How would we want this picture to look in the future? If we could add or change this picture what would we like to see happen?
c) What is the baseline level of service that needs to be offered no matter where you are in the state?
d) How can we build upon previous research to achieve this locally and across the state?
e) If this level of service could be achieved what specific difference would it make in your community?

Each session concluded with a summary of the small group discussions and an opportunity for participants to raise additional issues.

3.2.1 Townsville

This session was attended by six representatives of four local non-government service providers. The three residential rehabilitation services hold monthly coordination meetings to support cooperation within the region. Case coordination groups meet weekly and Youth with a Mission Drug and Alcohol workshops and education has been implemented in schools. The region also has developed community patrol to help prevent and reduce adverse impacts of alcohol and other drugs. Memorandum of Understanding (MOU's) are utilised to help increase communication between the non-government residential rehabilitations and mental health organisations like SOLAS. Informally, NGO rehabilitation services communicate with prisons and with general practitioners (GPs) in the region. This has helped to ensure continuous care for many clients utilising multiple services and also provides an avenue for identifying opportunities for shared professional development.

The coordination of services is difficult given the rural and remote communities the district supports. Townsville service providers see a baseline level of service in Queensland to include accessible, non-judgemental detox for individuals, access to visiting physicians and psychologists, a safe place to sober up, referral and brief intervention, face to face counselling and telephone helplines. An important component of the service system is the seamless transition of clients (and their information) between all types of services through to after-care. Ideally, this would mean the development of a united strategy in the region with protocols in place for NGO's and Queensland Health to share information, and better relationships with local governments and funding bodies. State-wide organisations should support the further development of the evidence-base and a clear performance framework to benchmark similar services performance against each other. The consensus was that this will allow for improved outcomes for clients and less demand on criminal justice system, as well as reduced impacts of drugs and alcohol.

When asked to describe the a picture of the future for the alcohol and drug sector, Townsville service providers would like to see an investment in residential rehabs to include facilities to support rural and remote communities, families and partners, mothers with children, older adults and youth

aged 12-17. This picture also includes the development of a moderate-severe residential detox service, a safe/supervised drinking area, long term supported accommodation, and service models that include integration of care for those clients with complex needs.

3.2.2 Cairns

This session was attended by five representatives of three local government and non-government service providers. They identified a number of positive strategies in place in the Cairns region, including strong relationships between services with local informal agreements and MOU's. This has allowed for inter-agency trust and referrals between alcohol and drug and associated services (I.e. sexual health and legal support). The communication extends not only between these services but also to prisons, meaning people exiting prison can be assessed through weekly outreach services to Lotus Glen prison. However, there are systemic barriers, for example clinicians aren't given an adequate amount of time to conduct assessments of prisoners utilising video conferencing facilities. The competitive landscape has also created some difficulties as a result of the tender process for funding, which the group felt undervalued existing relationships and progress made in developing networks.

A baseline level of service should include access to counselling services and immediate assessment and referral. Information is also essential so the community has a better understanding for the services available. All individuals should have access to a Needle and Syringe Program within a reasonable distance as well as residential rehabilitation and regular visits with a case manager if needed.

Their vision of the future would include transitional housing for people exiting residential treatment and after-hours counselling services. Cairns service providers also recognise the need for a service system being flexible to adapt to emerging issues and one that can better supply services to young people and families. To achieve these things would take a stronger community level understanding of the services and the sector, workforce development to support the evolution of the approaches and better integration and coordination between not only AOD services but various sectors through structure and resourcing improvements.

3.2.3 Logan

This session included six representatives of four government and non-government service providers in the Brisbane South/Gold coast area. Participants recognised progress made in the region towards population based awareness from school education, well-women's workshops, Hep C days, and anti-smoking campaigns. Service providers also noted the shift towards using social media and social networks to disseminate harm reduction information, which has had success in the region. Informal networks are recognised as the most common form of connection between services including a Homelessness Network, Logan Youth Network, LGBTI Network and a Mental Health Collaborative. However, much of the success of collaboration between organisations has come simply through networking with between staff of different organisations who know each other, which means when staff change these connections are often lost making it difficult to maintain many relationships. The size and stigma surrounding the region has also made it difficult to grow services in the region with staff feeling stretched (particularly in the Logan and Beenleigh areas).

Participants identified baseline-level services as including basic non-judgemental advice from health professionals, access to counselling and detoxification when needed for individuals. Achieving this would take reducing stigma created by the media and a better liaison with GPs in order for them to be more knowledgeable to provide clients with that information. This region especially would need to deal with the enforced stereotypes and stigma of certain cities in the region which was seen as contributing to negative outcomes.

Their vision of the future would see increased education to reduce stigma starting from school aged kids along with more support from the community for clinicians. There would also be the development of community treatment and rehabilitation, safety houses, Needle and Syringe Programs in prisons, advanced harm reduction options (such as pill testing), and service options for parents with children. Participants expressed the view that there is a lot that can be added to improve services in the region and develop a more well-rounded and holistic care system, but that it relies on improved investment in the area.

3.2.4 Toowoomba

This session included six representatives from five government and non-government service providers, including two residential services that receive no funding from government. Participants recognised a lack of investment in the alcohol and drug space for the Toowoomba region. Services treat clients across a large geographical area with limited resources and space. Because of this, communication and cooperation between not only AOD specific residential rehabilitation services but also associated services have thrived. There are three residential rehabs in the area and they have a clear sense of their target populations and are able to work together and refer people between services. Service providers also identified strong relationships with public mental health caseworkers, Centrelink, corrections and probation and parole and the resultant continuity of care for their clients, including that other service workers come to the client whilst they are in treatment, reducing disruption to the treatment program. This success has come through good communication lines between services and maintaining a 'win/win' attitude when developing MOU's. Some of these connections are still developing given the high turnover in certain sectors as well as varying policy between different offices and agencies.

Service Providers recognised a difficulty in working with the mental health sector and having to move clients between services. Looking ahead to the future these providers recognised the need to continue to improve MOUs and networks to further develop the idea of a continuity of care. They also have recognised the need for inpatient detox in the region, requiring the cooperation of the local hospital so clients aren't turned away.

Participants identified baseline services as including access to help via a phone helpline whereby they could receive a risk assessment. GPs should be available to provide information and assessment to clients. Treatment should be continued in prisons and individuals should have access to needle and syringe programs. Finally all individuals should be able to experience a continuity of care when being treated. This will require some policy change not only for Toowoomba bur for Queensland to recognise the services that are working well, as well as points where communication lines are less effective. Their vision for the future included more supported aftercare, rehabs for youth under 16, and more support for families and carers.

3.2.5 Ipswich

This session was attended by three representatives of two non-government service providers. The small attendance was indicative of the small number of specialist services in the region, which necessitated a lot of movement of clients to Brisbane for treatment. Being connected to a larger system however, has been positive in having contact with key people in the sector. Overall, the region is heavily reliant on services in Brisbane with no detox in the area and few other service options, making the accessibility an issue for the region, which as experienced significant population growth over the last decade.

Looking to the future, participants expressed a desire for better communication and connections with the mental health sector to improve continuity of care. Service providers in Ipswich also saw the value in bulk billing for psychiatric services, better access to information using modern technological approaches, and better understanding by other sectors of AOD service models.

Participants identified baseline services as including a detox service at every major hospital, access to out-client AOD counselling and information support before and after treatment. Individuals should also be able to go to community service hubs in local areas to receive information and have a place that can direct them to local services available.

Much of the improvements as seen by these service providers can be achieved if there is increased collaboration between services starting at the government level. More funding is also necessary to increase the services in the area and establish a detox unit. It will also be important to reduce stigma and improve the messages the media sends around drugs and alcohol to reduce fear promote hope. While these may be difficult, better outcomes in the region will be seen through decreased crime rates, happier staff, less people on probation and parole, better community awareness and both decreased and safer drug use.

3.2.6 Brisbane

This session included nine participants from six government and non-government service providers in the Brisbane region. Participants recognised their region had a higher level of access to all service types than in any other part of the state. In particular, in the Brisbane metro north region individuals have access to the Hospital Alcohol and Drug Service (HADS) detoxification unit, needle and syringe programs, the only residential rehabilitation for under 19's, and 24 hour information and support via the Alcohol and Drug Information Service (ADIS) helpline, which in some circumstances can schedule face to face appointments for callers. There was a consensus that efficiency has improved in the region, meaning there is only a limited waiting time for individuals to access services and where these exist, there are often engagement processes in the meantime, such as group sessions or regular telephone contact. Services in the region have also been exploring new technologies and online resources both for staff and clients to further improve service delivery.

While intra-agency referrals are good within Metro North AODS, a disconnect was recognised between public and NGO services for referrals. Formal MOU's are in place, for example between Drug ARM and the Salvation Army for support with non-medical detox. However, much of the agencies connect via informal networking and making connections with services or individuals who you know and are able to work well with. Difficulties were also identified around under resourcing and under-funding for both the AOD and Mental Health sectors.

Looking ahead to the future, based on observed difficulties, one of the strongest improvements that can be made for the region would be better coordination of services between sectors. This would avoid any doubling up on services in different locations as well as ensure better access. Better coordination would also include better experiences for individuals at enquiry point as they can be referred to any number of services as appropriate to their needs as matched to a service's target group. Participants identified many possible improvements including: out-client services integrating with local childcare facilities, better AOD training in university medical and social service degrees, opioid replacement and reduction programs in male prisons, residential rehabs for parents. Finally there was a strongly expressed need to reduce stigma around AOD use.

Participants identified baseline services as including access to information and assessment whether that is over the phone or from a GP. The assessment should recognise any perceived medical risks and be able to get the individual to a place of safety if needed. Individuals should be able to access inpatient detox from public hospitals, as well as treatment for intoxication and mental health. Counselling should also be accessible to any individual in the state. To achieve this, participants identified the need for increased investment in the sector and training for allied health and medical professionals. Co-locating mental health and AOD services may also allow for improved coordination. Finally, participants recognised the need for improving media perception of AOD services so the idea of accessing services could be normalised and supported by the community.

3.2.7 Mount Isa

This session was attended by three representatives of two government and non-government service providers in the Mount Isa region. Similar to the Toowoomba region, the remote nature of Mount Isa has meant good cooperation between non-government and government services. The public ATODS also services surrounding communities fortnightly including Doomadgee, Mornington Island, Cloncurry, and Camooweal. Video conferencing and telephone counselling is also available for the more remote communities (where internet and phone service is available). Informal linkages have been built between public mental health and AOD services through networking and social activities to help promote communication. There are also informal connections with the new PHN in the region and the Royal Flying Doctor Service. Mount Isa's small population supports good information sharing and service providers have a good awareness of services available and how to appropriately refer an individual. Difficulties arise due to the lack of public transport, where clients don't have a car. Mount Isa hospital also will not offer detox, though the Normanton hospital does. This can present a barrier for individuals seeking treatment.

Mount Isa service providers would like to see a second Aboriginal liaison officer doing outreach to Doomadgee and Cloncurry. There should also be more after-care options with group meeting for individuals and families/friends in different parts of the region and programs for individuals leaving residential rehabilitation. There should also be more community activities to involve individuals in the community, as well as access to employment support services. Participants also noted the benefit of more services targeting both older and younger populations.

Participants identified baseline services as including accurate information, needle and syringe programs, referrals to services from following emergency room presentations, ambulatory detox, access to both group and individual counselling and the system being able to respond in a timely manner. Participants suggest this can be achieved with a resilient workforce with access to

professional development. Participants felt implementing the baseline level of service would mean improved outcomes for the community through breaking the inter-generational cycle of AOD use and disadvantage in the region as well as strengthening the region as a whole.

3.2.8 QISMC Conference

This conference brought together 70 representatives of the Community Controlled sector from across Queensland. Participants recognised a number of positive strategies in place which contributed to preventing and reducing adverse impacts of drug and alcohol use and misuse. Programs such as "Tackling Indigenous Smoking" have increased outreach to regional communities, schools, men's groups and provided individuals access to brief interventions. "Swap a tinny for a tinny" is another example of positive messaging that has been successful in community alcohol reduction. Collaboration between specialist services and Aboriginal Medical Services has been positive. Participants recognised government services were becoming more responsive to community problems and needs, meaning more culturally appropriate treatment options were available. Participants identified informal connections as contributing to positive outcomes by facilitating the sharing of information. The Department of Aboriginal and Torres Strait Islander Partnerships was identified as helpful in maintaining cooperation between services and developing a central email distribution point to keep service providers informed and up to date. Many of the regional organisations present recognised the support of communities in helping to support their organisations and the individuals using the service.

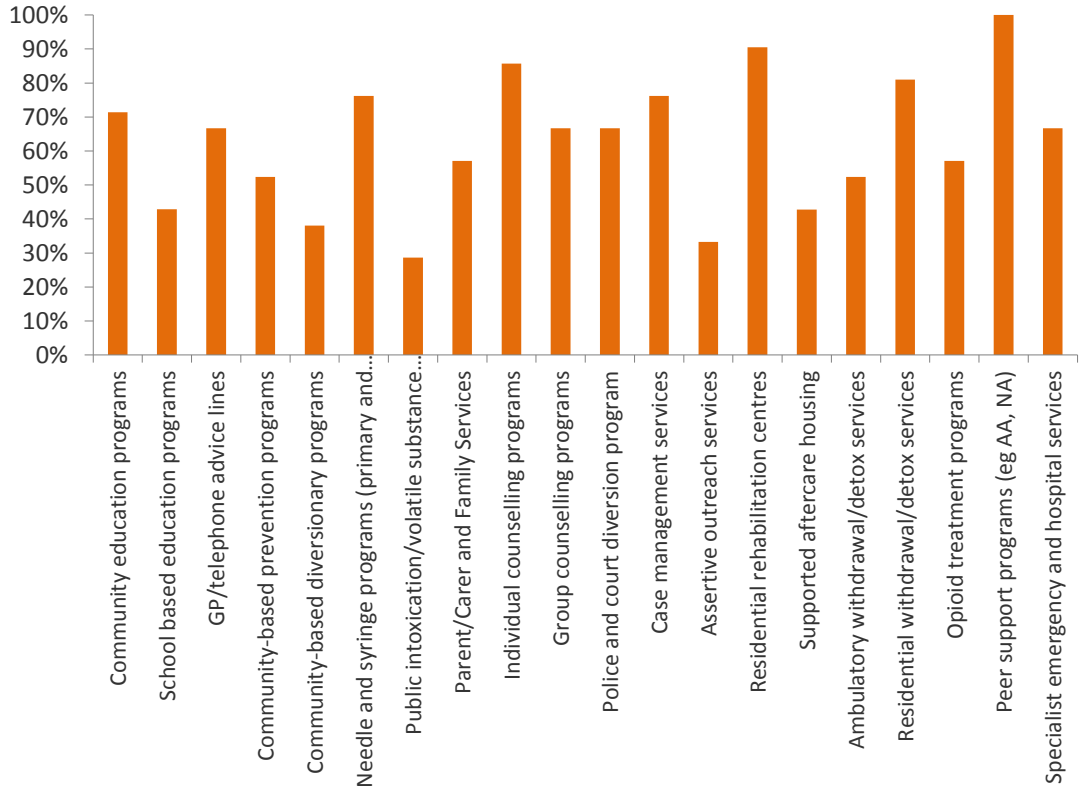
Many participants identified the need for a larger and better trained workforce. Piecemeal funding arrangements have left many organisations finding it difficult to sustaining standard service across the board and the small workforce organisations do have is overloaded with paperwork and reporting requirements rather, at the expense of individual case management. Regional services noted the distrust community members have for government services, which was problematic when these services are the only ones funded to provide support in an area. There was a consensus on the need for more funding so as to not stretch services more than they already are and to enable staff to feel supported to provide all individuals with a culturally appropriate and reliable level of care in.

3.3 Online Surveys

3.3.1 Service Providers

Twenty-seven individuals responded to the service provider online survey, 23 from non-government organisations, 2 from government, and 2 from a private organisation/self-employed. Providers were from areas across the state. A summary of the survey results is presented below.

Graph 1: From your perspective, what services are you aware of in your region to prevent and reduce the adverse impacts of drug and alcohol use?



Graph 1 shows the most common types of programs available across the State were peer support programs (e.g. AA, NA), with 100% of respondents identifying these were available in their region, residential rehabilitation (90%), individual counselling programs (85%) and residential withdrawal/detox services (81%). Less common types of services included public intoxication/volatile substance misuse services (28%), assertive outreach services (33%), community based diversionary programs (38%) and supported aftercare housing (38%).

Respondents were asked which services they considered to achieve the best outcomes for clients, with the following comments representative of the full range of comments made:

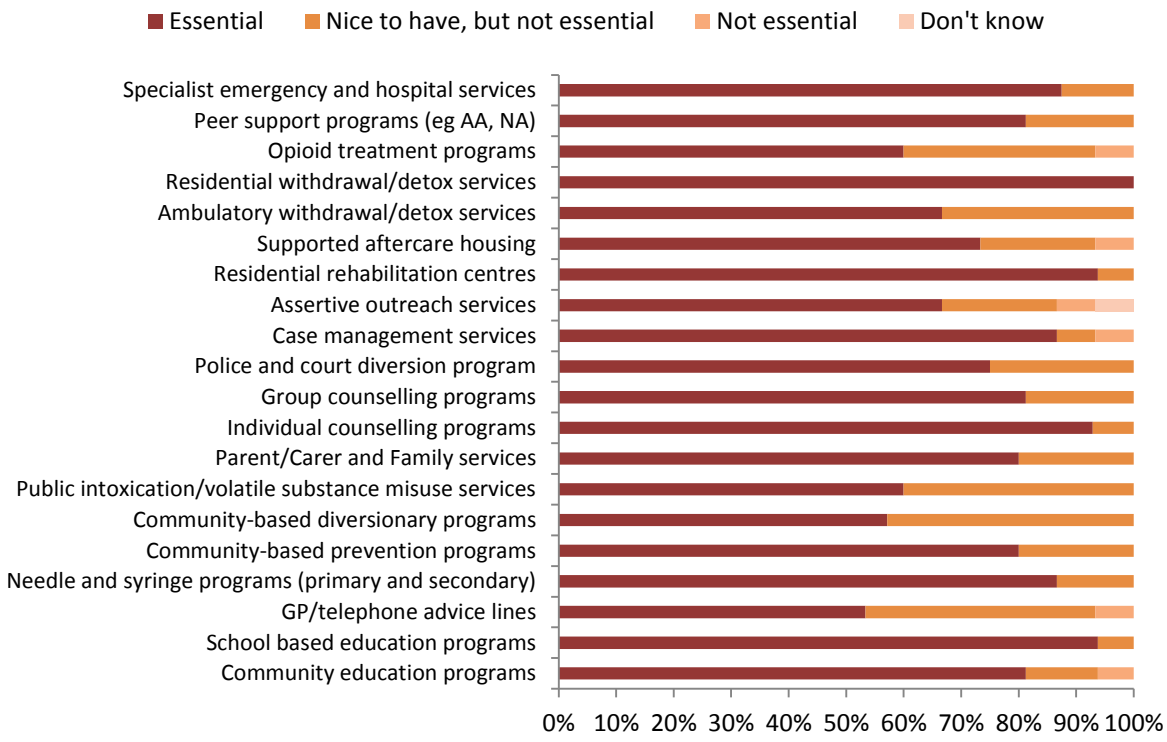
- *Need a combination of all of the above to effectively address the issue;*

- *I think we need services across the whole spectrum (and the whole life span of an individual) of alcohol and other drug use; from prevention and early intervention, a range of treatment options, community based and residential programs and long term relapse prevention programs. Service systems working together are more effective than any individual stand-alone options;*
- *Transition housing from Residential Rehab. Moving clients from chaos to coherence in a planned, long term supportive manner; and*
- *I can't say as I don't have accurate knowledge of all the services. However, having previously worked in needle distribution services, I know they do an immeasurable amount of good and provide massive amounts of support and referral to clients not accessed by other services. My guess is that they are close to having the greatest impact and directly reduce BBV transmission, amongst all the other great results.*

Respondents were then asked what they would like to see added to the current picture in their region to reduce the adverse impacts of alcohol and drug use. The following comments are representative of the full range of comments made:

- *More continued support for family and friends…these are the people who are the loved ones of the users and they are the ones who can make a difference by being educated on how;*
- *Specialised sobering up units in hospitals. More support for family members;*
- *Service coordination across the sector and a greater range of options for individuals;*
- *Focus services on the evidence based areas of most harm. More residential detox/rehab places, especially for young people. Greater access to community based education, counselling and holistic support. AOD issues are often part of a larger picture in a person's life; and*
- *The implementation of transition housing from residential rehab.*

Graph 2: In your view, which of the services from the list below of those services should be offered as a basic minimum across all of Queensland?



Graph 2 shows respondents identified the majority of service types as essential baseline services.

Respondents were asked what difference it would make to their community if the baseline level of service were available. The following comments are representative of the full range of comments made:

- *Funding of a well-trained and resourced remote AOD workforce would help to prevent and address issues locally, rather than relying on ED presentations in the city. Increased access to detox and rehab would provide an option for those who are addicted and needing support. Currently very difficult to access rehab due to limited detox options locally.*
- *There would be an option for every individual regardless of their situation that is timely and affordable;*
- *Less people would fall through the cracks, easier/quicker for people to access services. Possibly less serious consequences (eg reduction in FASD rates, reduced DV issues etc) may be the result; and*
- *More people leading fulfilling lives contributing to the community in work, social and family ways.*

Respondents were then asked if they had any further comments to add:

- *Only that we need to keep doing everything possible to beat the war on drugs;*

- *We have to break the criminal justice framework which is embodied in the unwinnable war on drugs. If this war is not just unwinnable, but at the same time causes major harm, then it should be discarded and a humane, recovery focused, ethical practice should replace it;*
- *Training and keeping great AOD staff is also an issue. They are often denigrated professionally and it can be hard to keep up the passion for this area of work, when one is worn down over time. Our public profile is pretty bad and it would be nice to have some good publicity out there about those of us who do this work, and the fact that clients DO get well/have improved lives/are able to make better choices/overcome huge obstacles. We don't do it for the money, obviously! Not one of us rides to work in a helicopter; and*
- *Increased use of amphetamines seems to require greater involvement of supports (family/friends), increased medical support to deal with the immediate symptoms of coming off the drug (anxiety/depression) as well as diversion programs to help the client find an alternative to their substance use where they can find a sense of wellbeing and confidence.*

3.3.2 Families/Friends

There were a total of 22 respondents to the family and friends online survey. Respondents were first asked to share any experiences that were helpful or supportive when their relative or friend needed support. The following comments are representative of the full range of comments made:

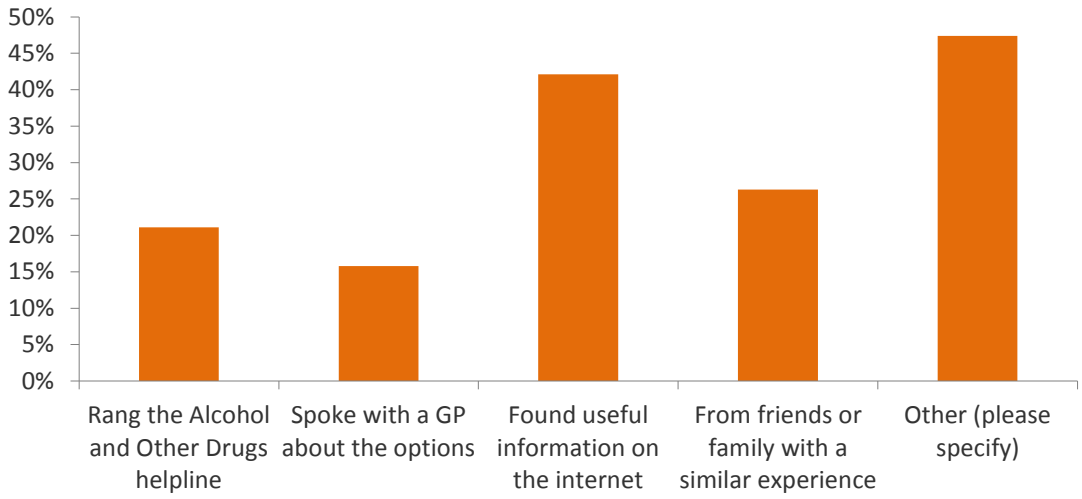
- *Not anything really. She rang ATODS a couple of times but really my daughter didn't follow through while she was on Ice. She finally became involved with a recovered drug user who has led her out of that lifestyle. I was unable to persuade her to go to any drying out centre or rehab. I felt totally powerless. The police picked her up a couple of times and sent her to emergency departments who seemed to be totally useless. They would check her out physically, insist she was ok mentally, even when I took her home she was paranoid – thinking black ninjas trained by the CIA were after her. But I would be told by emergency staff they were unable to keep her and there was no funding for her problem anyway;*
- *Support from Family Drug Support has been outstanding. In face, this has been the place I have found compassion, support and really good advice on how to deal with the situation;*
- *Appropriate referral advice and access to information and resources to self educate; and*
- *Being able to talk about all the aspects that are affecting our home. Not being told that I have to do anything that I feel I can't.*

Respondents were then asked to identify what factors made them feel supported. The following comments are representative of the full range of comments made:

- *Just having someone to listen;*
- *Non-judgemental, felt like I could get stuff off my chest;*
- *Practical information and hearing others experiences;*
- *Caring, non-judgemental, supportive, helpful, gave me time;*
- *None – none of the many services that have been in contact with my daughter over the last ten years (when she has been aged 17-27) have offered me support, other than Hothouse telling me they also provided counselling for family support persons. Family members have offered a listening ear and 'anything we can do'; and*

- *A good listener at the end of the telephone line, not offering to fix anything, just validating my experiences and making me feel as if I am not alone. Access to support groups is also really important to me.*

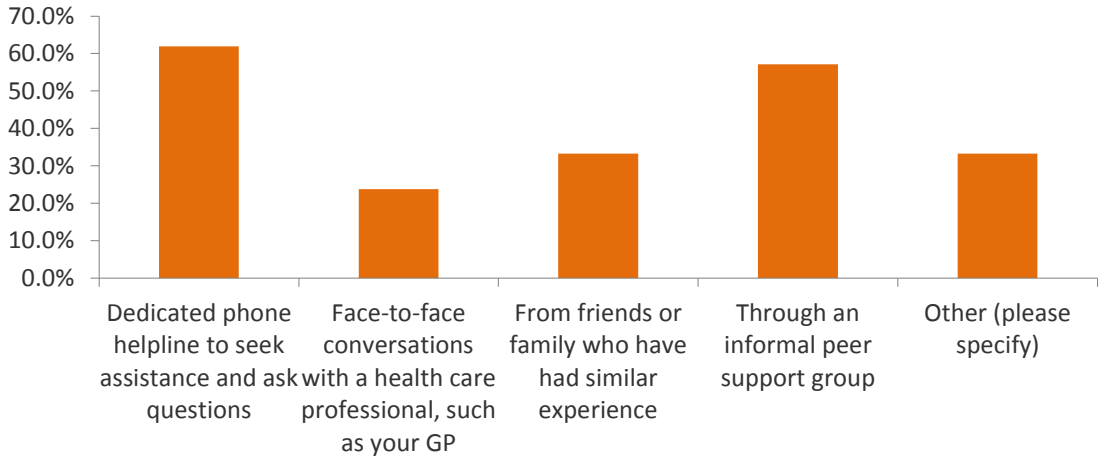
Graph 3: How did you find out what support is available?



Graph 3 shows none of the options presented was the most common way respondents found out about what support is available, with nearly half (47%) of respondents selecting other, followed by finding useful information on the internet (42%) and from family or friends with a similar experience (26%). Of those respondents who selected other, the following comments were made:

- *Stumbled across FDS on the internet. My daughter was first connected with a youth worker at school but due to funding and the approach of the Xmas holidays they didn't really do anything with her. Unfortunately my daughter didn't go back to school for her year 10. As my daughter is now 18 and many things have happened since, but I think I found the youth worker by phoning several places and happened to stumble back to the youth worker that she had connected with the year before while at school. I wonder if she had had the input before whether she would have dropped out of school. But he really saved her by finding emergency accommodation at 15 and from there came support to continue her education. I cannot speak more highly of youth workers;*
- *I knew about FDS and their reputation;*
- *From QuIHN; and*
- *A lot of the above – I have found that in order to live with a loved one with an addiction, it is important to educate myself and learn how to take care of myself as well. I have done a lot of research online and have asked a lot of questions. Support Groups are wonderful as you hear what has worked for other people and learn what is available in your area that might be worthwhile or appropriate.*

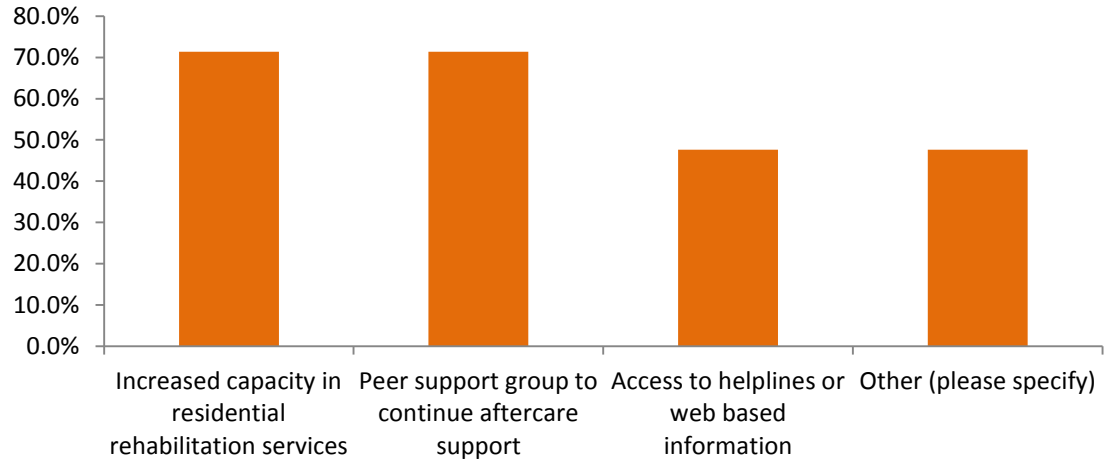
Graph 4: How would you prefer to access this support and assistance?



Graph 4 shows respondents would prefer to access support and assistance via a dedicated phone line (61%) or through an informal peer support group (57%). For those respondents who selected other, the following comments are representative of the full range of comments made:

- *Whatever works. As long as you remember that every single person has a different journey. There are parallel experiences, but even these are individual and unique to a person. To access as much support as is needed at any one time is important. But as an immediate source of comfort and support, I believe the 24/7 telephone support line is critical; and*
- *I attended a support group of other families when my daughter was anorexic. That was helpful. However I don't think Alanon (for example) would be, for me personally. I supported my daughter to attend NA when she was inclined to do so. I don't need support for myself, what I need is effective support for her. As my daughter is an adult and does not give permission for anyone working with her to also speak with me (although she lives with me and I support her), this does not happen.*

Graph 5: What would make a difference in helping your relative or friend manage themselves better and stay with the support?



Graph 5 shows most respondents identified increased capacity in residential rehabilitation services (71%) and peer support group to continue aftercare support (71%) as the key things that would make a difference in helping their relative or friend manage themselves better. Of those who selected other, the following comments are representative of the full range of comments made:

- *Better immediate support available, not having to wait weeks for an appointment or place in treatment;*
- *Better access to rehabilitation services. I hear that a lot of users would like to receive help and support from professionals, although they are advised to go away, clean up and then come back. This is too hard for them, cleaning up their act is what they actually need help and support in;*
- *Ongoing family support; and*
- *All of the above would be helpful. The greatest barrier for my brother accessing services is that the mental health system did not respond well to his dual diagnosis. He has Bipolar Type 2 and was self-medicating with drugs. The community mental health team that he had an appointment with in person basically refused to provide any services (or refer him elsewhere) and told him he needed to sort out his drug issue first and that is mental health issues were pretty much not as bad as other people and not really what they did. My brother was not going to attend any kind of in patient or traditional 'rehab' service. It would have been good if he could access outpatient type rehabilitation support, health services or counselling. My brother wanted some help, information and support, but the one time he actually reached out to get that was a total failure as he was turned away.*

Respondents were then asked if they had any further comments to share. The following comments are representative of the full range of comments made:

- *Only that we need more support and help for our community around drug information and support. We need more compassion and love and we need to listen to people who have been*

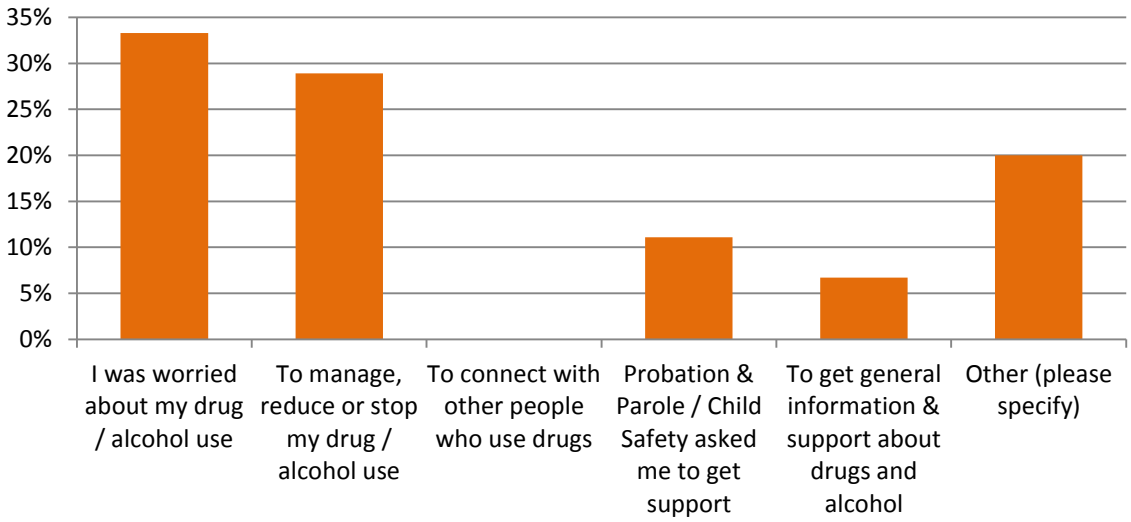
affected by this to give us the answers to how we should go forward to fight the war on drugs…the politicians need to listen to the community;

- *There is clear research based evidence that is family and friends cope better, the person with the drug issue is more likely to have a positive outcome. Yet this is not reflected in the strategies of governments or in their funding 'models'. There needs to be more funding directed towards organisations who actually support family/friends who are dealing with drug issues in a loved one;*
- *There needs to be more help, this is a situation out of control; and*
- *Would like to see more resources available to assist immediately when the person asks for and is open to help.*

3.3.3 Individuals

Forty-seven individuals completed the survey for individuals. Respondents were first asked if they had ever accessed an alcohol and drug service. Ninety-seven percent of respondents indicated they had accessed AOD services.

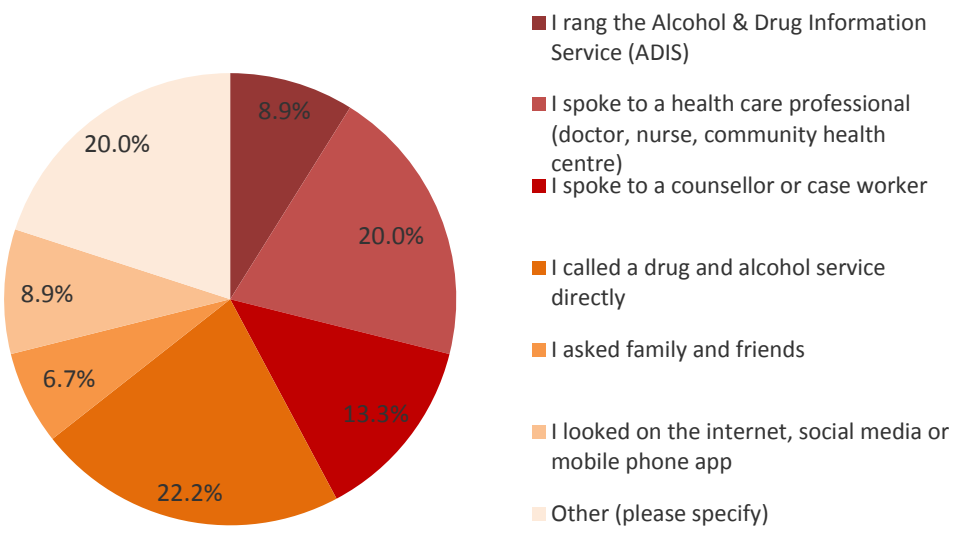
Graph 6: What was the main reason you accessed drug and alcohol services?



Graph 6 shows most people accessed AOD Services because they were worried about their alcohol or drug use (33%) or wanted to manage, reduce or stop their alcohol or drug use (29%). A small proportion (11%) accessed support at the urging of Probation and Parole or Child Safety. Of the 20% who selected other, the following comments are representative of the full range of comments made:

- *For a long time needle and syringe programs. People do want to use clean needles. Pharmacy staff make you feel terrible and are too expensive. It also took 25 years for anyone to tell me about detox and rehab. Eventually did rehab twice and have now been clean a few years;*
- *Came here on bail and I'm trying to better my life before it's too late;*
- *To be able to live a normal life without drugs or alcohol; and*
- *To get off drugs for myself so I can look after my children.*

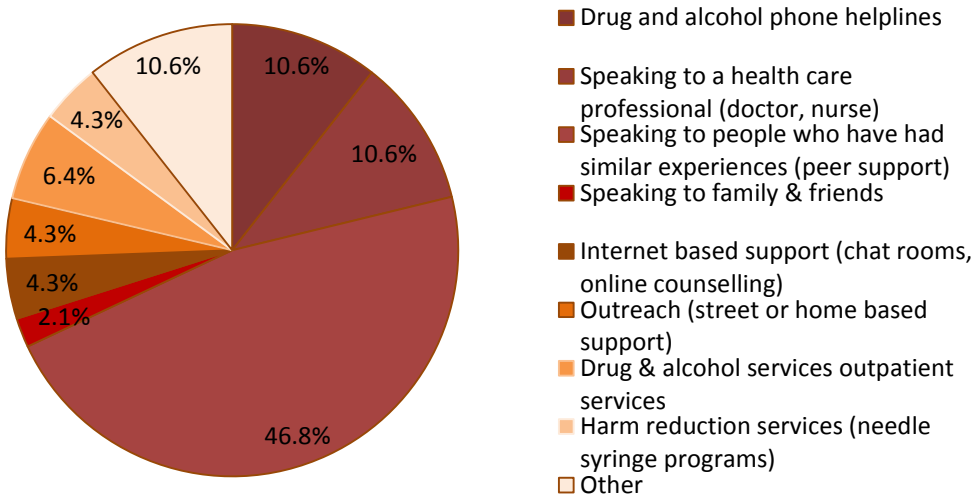
Graph 7: What was your first step in seeking support?



Graph 7 shows that for 22% of respondents, the first step was calling an alcohol and drug directly, followed by speaking to a healthcare professional (20%). Of the 20% of respondents who selected other, the following comments are representative of the full range of comments made:

- *Langton Centre in Sydney. I used to get sharps from there and noticed they offered support workers;*
- *Adult Mental Health Qld, after a failed suicide attempt;*
- *An old friend who got clean contacted me by facebook and told me I could get clean through rehab. I made phone calls to detox and it was a few weeks until I could get in. A lot of people change their minds in that time. The reality is when you're using, you're not thinking straight and it's hard to keep plans for weeks into the future;*
- *Outreach worker came to me on the street;*
- *Parole officer organised it on my release from prison; and*
- *I had my lawyer tell me about Najara and she got me a phone assessment while I was in the watchhouse and then a few weeks later I came here on bail.*

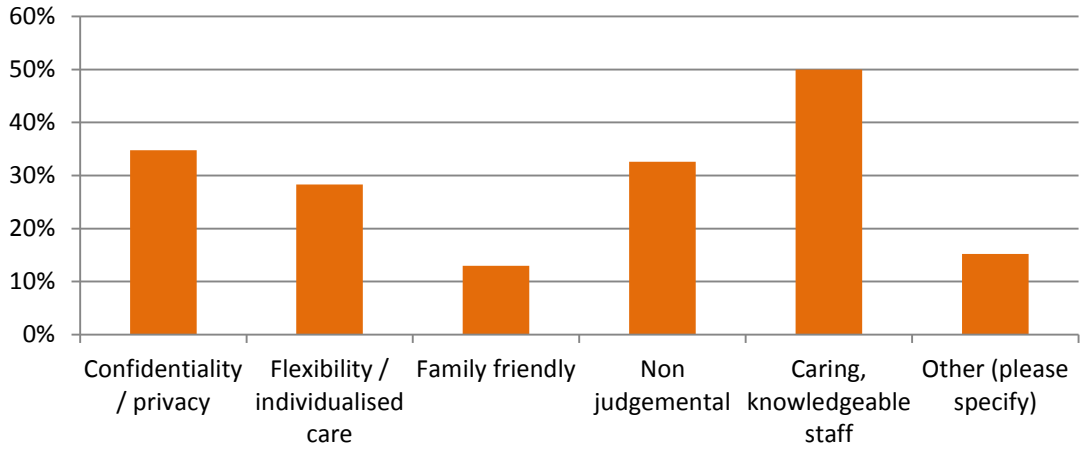
Graph 8: If you could choose the ideal way you received information about drug and alcohol services, what would it be?



Graph 8 shows the majority of respondents would prefer to receive information about alcohol and other drug services by speaking to people who have had similar experiences (47%), followed by drug and alcohol helplines (11%) and speaking to a healthcare professional (11%). Of the 11% who selected other, the following comments are representative of the full range of comments made:

- *I would have loved to have street support but now I'm doing that for others;*
- *I never had a GP tell me about rehab or detox or drug counselling services. I guess they can't prescribe you drugs and counsel you to stop at the same time. Information on rehab and detox is quite hard to find unless you know what you're looking for; and*
- *Mental Health Team.*

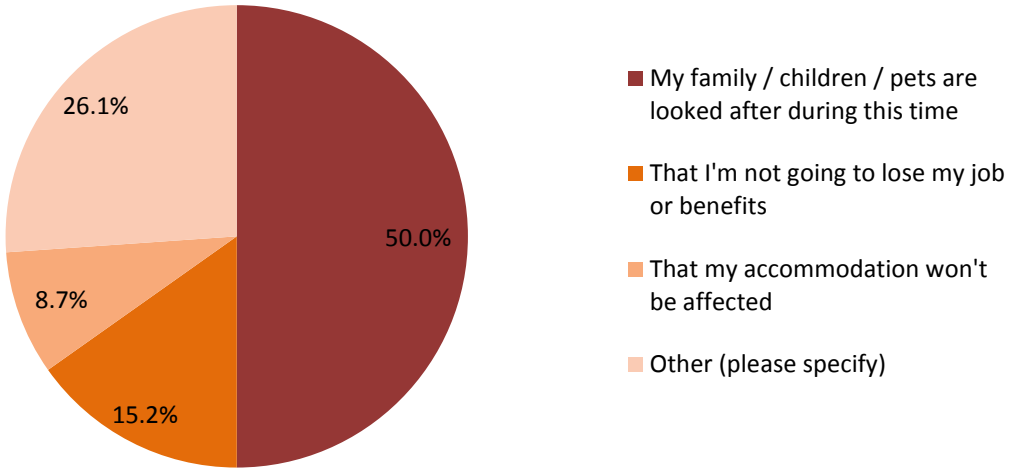
Graph 9: What matters most to you about drug and alcohol services?



Graph 9 shows respondents indicated the what matters most to them about AOD services is caring, knowledgeable staff (50%), followed by confidentiality and privacy (35%), non-judgemental (33%) and flexibility/individualised care (28%). Of the 15% who selected other, the following comments are representative of the full range of comments made:

- *All of the above;*
- *There needs to be more availability! The epidemic is growing! We need more detox and rehabs available. And some advertising in a positive way…real stories (some might be willing to share) how bad it was…and now with the right help, how good life is drug and alcohol free! The consequences! How about prevention? Some media about people who have lost it all! And now they've received help. But more the fact of, just don't try it! People don't realise how addictive drugs are and how alcohol seeps in to fill the cracks in your life with poison;*
- *Quickness in assistance; and*
- *Don't want to be told to stop. Want support in managing my drug use.*

Graph 10: If you were going to a residential detox or rehabilitation service, what would matter most to you?



Graph 10 shows the majority of respondents felt concern that their family/children/pets are looked after while they're in residential rehabilitation is what matters most (50%). Of the 26% who selected other, the following comments are representative of the full range of comments made:

- *That they help you find somewhere to live afterwards;*
- *That it helps me in my journey of recovery;*
- *That bills could be paid and not going bankrupt;*
- *The length of time I would have to stay; and*
- *The ideology of the organisation and attitudes of the people who work there.*

Respondents were asked what alcohol and drug services could do differently or better. The following are representative of the full range of comments made:

- *Knowing that my family can be included in the process and that they will be supported;*
- *Stop preaching abstinence and start having a more progressive and tolerant attitude;*
- *Easier access;*
- *More contact with my children;*
- *More availability in rural areas;*
- *Teach more about how to use drugs safely rather than 'don't do drugs at all'; and*
- *Support families better.*

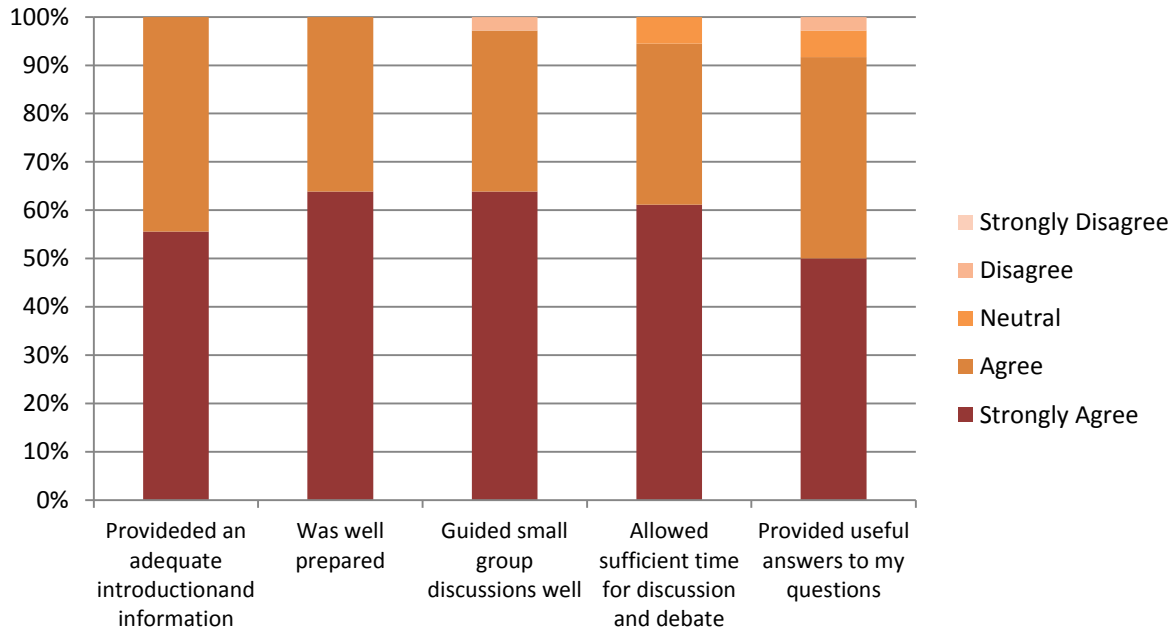
Respondents were asked if they had any other comments. The following are representative of the full range of comments made:

- *The family/friends of the drug user need to be supported as well as the user. Takes some of the pressure off me to explain things to my family. Explaining that there can be relapses but these are part of the journey and not to be discouraged;*
- *They saved my life I'm eternally grateful;*
- *They provide an invaluable service to the community;*
- *Keep doing what you're doing;*
- *Need to be more advertised to the public and more of them in Australia. Increased awareness to general public and hospitals, doctors, etc; and*
- *Day program would be helpful.*

4. Consultation Evaluations

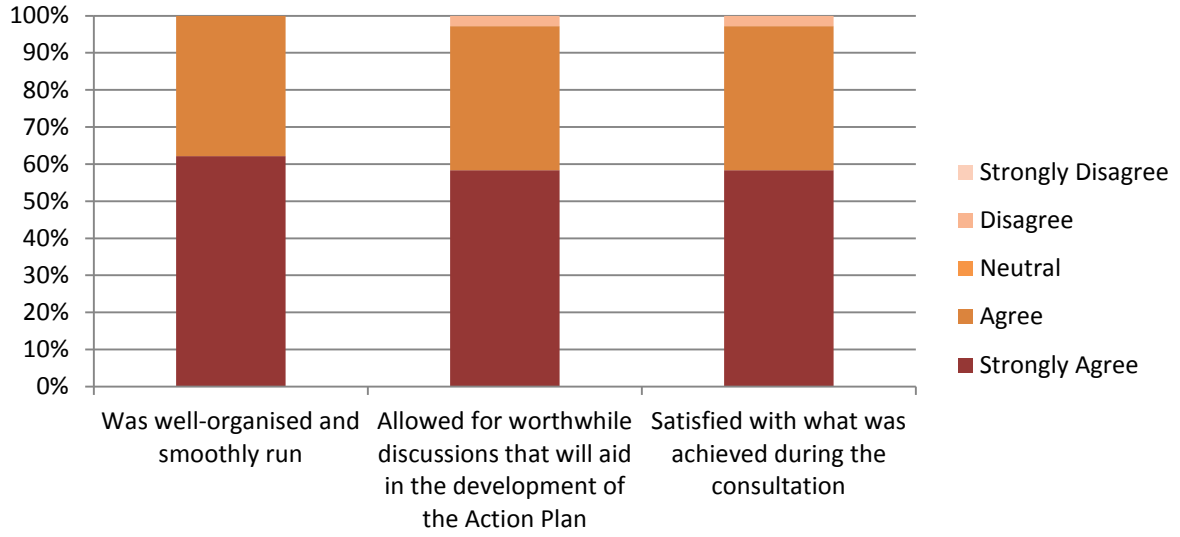
Attendees of all face-to-face sessions were asked to fill out a consultation evaluation form (with the exclusion of the Mount Isa client/carer/friends session due to literacy concerns and attendees from the QISMC conference, as this was a truncated session).

Graph 10: Service Providers Evaluation of the Facilitator



Graph 10 shows more than 90% of respondents either agreed or strongly agreed across all domains.

Graph 11: Service Providers Evaluation of the Session



Graph 11 shows more than 90% of respondents either agreed or strongly agreed across all domains.

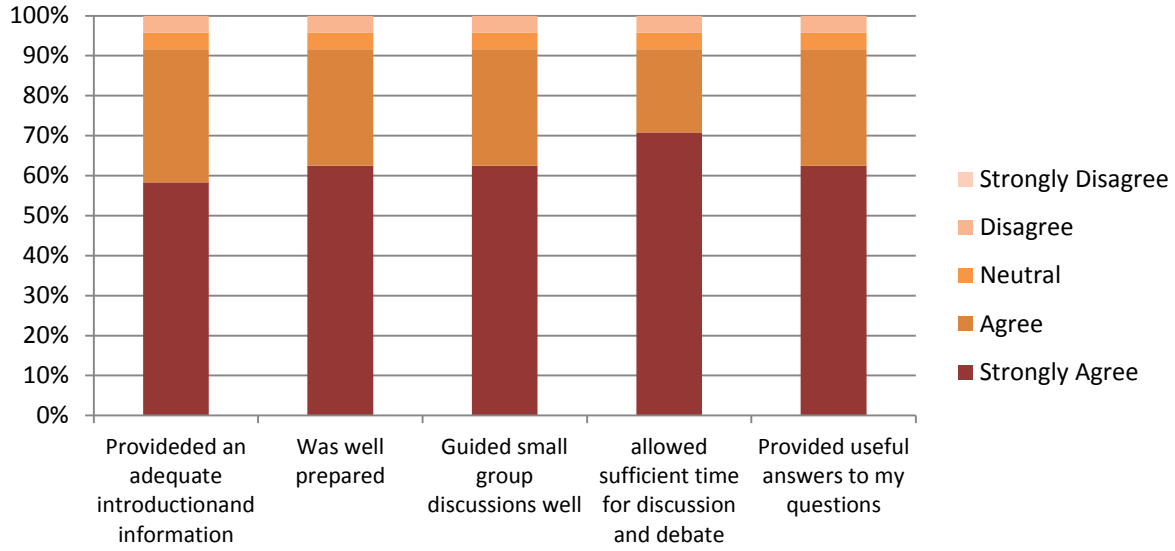
Respondents were provided with an opportunity to provide comments on the aspects of the session they found most valuable. The following comments are representative of the full range of comments provided:

- *Stepping back from service delivery for a moment to think more broadly;*
- *Hearing others opinions realising that we are all working on the same page;*
- *networking with other agencies; and*
- *Hearing about future directions and contributing to this.*

Respondents were provided with an opportunity to provide comments on the aspects of the session they felt could be improved. The following comments are representative of the full range of comments provided:

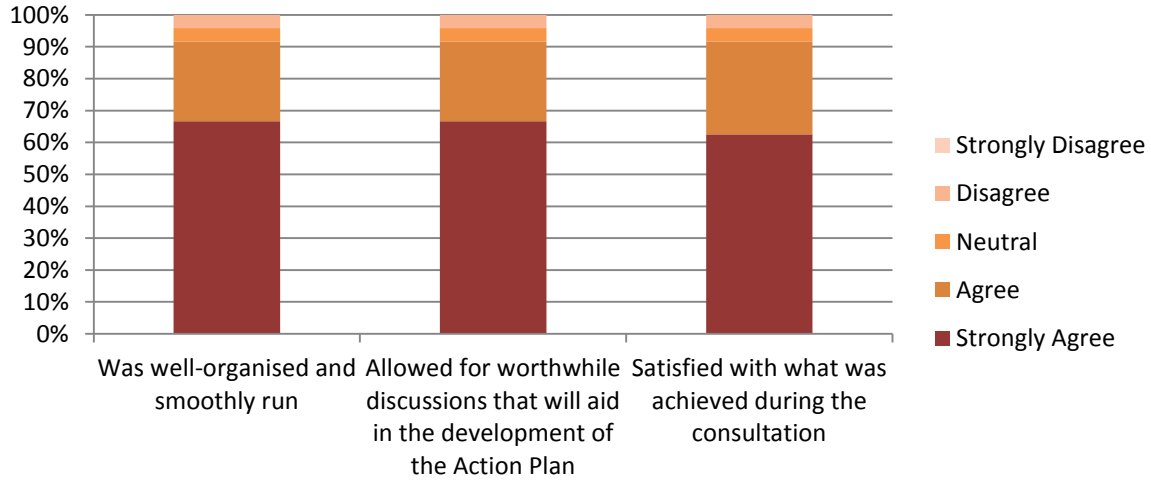
- *Break time;*
- *Discussion was not diverse enough process was over-run by stronger personalities; and*
- *More time needed.*

Graph 12: Client/Family/Friends Evaluation of the Facilitator



Graph 12 shows 90% of respondents either agreed or strongly agreed across all domains.

Graph 13: Client/Family/Friends Evaluation of the Session



Graph 13 shows more than 90% of respondents either agreed or strongly agreed across all domains.

Respondents were provided with an opportunity to provide comments on the aspects of the session they found most valuable. The following comments are representative of the full range of comments provided:

- *Openness to hear actual experiences;*
- *Having a voice;*
- *Being heard in an engaging and non-judgemental fashion; and*
- *Overall it was a good forum.*

Respondents were provided with an opportunity to provide comments on the aspects of the session they felt could be improved. The following comments are representative of the full range of comments provided:

- *More time;*
- *Hope the government will take notice; and*
- *Wish there was more participation, but I understand the limits.*

5. Conclusions and Action Plan Suggestions

The consultation process was a success in terms of getting the right people into the room to discuss how to reduce the adverse impacts of alcohol and other drugs on the health and wellbeing of Queenslanders. Participants included representatives from 56 organisations, 51 past or present clients of services and 8 family or friends across Queensland. The online surveys gathered the views of an additional 27 service providers, 47 current or past clients and 22 family and friends. While each had their own story to tell, some clear themes emerged that are directly relevant to the action planning process.

For people experiencing problems relating to their substance use, the following priorities were identified:

- More timely access to detoxification and residential rehabilitation services;
- Better information on what services are available and what they can expect from those services;
- Better access to harm reduction services; and
- Provide more information on positive recovery stories.

For family and friends of people experiencing problems relating to their substance use, the following priorities were identified:

- More services targeted at supporting family members and friends;
- Access to better information on how to support a person using alcohol and drugs in a problematic way;
- Compassionate, non-judgemental treatment and referrals to specialist support from Police, Emergency Departments and GP's;
- Residential options for young people aged under 18; and
- Better access to treatment services outside the south-east corner.

Identifying a baseline level of service for all Queenslanders has also helped to establish gaps in the current service delivery. In rural and remote settings, it can be problematic and unrealistic in the current fiscal environment to provide all service types, but it provides an aspirational target to work towards. As a matter of priority, attention should be given to improving Emergency Department and Public Hospital responses when people present with alcohol and drug related issues. At a minimum, this should include training to reduce stigma and discrimination and to promote referral to appropriate treatment and support services where a person is not admitted, and inpatient assessment of their alcohol and drug use and associated risks by an appropriately trained health professional (such as through DABIT teams) where a person is admitted.

Service providers also identified counselling, access to opiate prescribers and needle and syringe programs as part of baseline services. It is recognised that it is not feasible to have a residential rehabilitation service in every town, but they should be available in or near every major regional centre, as well as in the south east corner.

All hospitals should have the capacity to undertake inpatient detoxification, where this is medically indicated. Both government and non-government service providers identified access to detox units outside of Brisbane as a barrier for people trying to access treatment (particularly residential treatment).

Every service provider and individual participating in the consultations either in person or online identified at least one change to improve Queensland's AOD service that would require an increase in investment to achieve. Participants identified the basics of an effective service system exists to support people to change their lives and generously shared their stories about how an AOD service had positively impacted them where no other service had been able or willing to help and expressed a desire to see the sector grow and improve.

Appendix A

Participating Organisations/Services:

ADAWS- Mater Hospital

Alcohol and Drug Information Services (ADIS)

Apunipima Cape York Health Council

Aboriginal and Torres Strait Islander Community Health Services (ATSICHS)

Brisbane South PHN

Cairns ATODS

Central Queensland Indigenous Development

Check Up

Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS)

Community Young Circles

Darumbal

Dovetail

Drug ARM Australasia

Family Drug Support

Ferdy's Haven

Gidgee Healing-Normanton Recovery and Community Wellbeing Service

Gindaja Treatment & Healing Indigenous Corp.

Goolburri

Goondir Health Service

Helem Yumba (Rockhampton)

Lives Lived Well

Mamu Health Service Limited- Innisfail

Metro North ATODS

Metro South ATODS

MNMH-ADS

Mount Isa ATODS

MPIP, Anglicare Townsville

Mulungu Aboriginal Corp Medical Centre

Nhulundu Health Service

Northern Peninsular family and community services

Ozcare Residential Drug & Alcohol Residential Recovery Service- Cairns

Ozcare Residential Drug & Alcohol Residential Recovery Service- Ipswich

Palm Island Justice Group

PM&C

Pormpur Paanth Aboriginal Corporation Pormpuraaw

Queensland Aboriginal and Islander Alcohol and Drug Service (QAIAS)

Queensland Aboriginal and Islander Health Council (QAIHC)

Queensland Police

Queensland Injectors Health Network (QuIHN)

Gurriny Yealamucka (Yarrabah)

Salvation Army Recovery Services (Mount Isa)

Salvation Army Recovery Services (Fairhaven)

Salvation Army Recovery Services (Moonyah)

Salvation Army Recovery Services (Townsville)

Stagpole Street Drug and Alcohol Rehabilitation Unit

Sunrise Way

Townsville Aboriginal and Islander Health Services (TAIHS)

Ted Noffs Foundations

Teen Challenge

Toowoomba ATODS

Warrina Services

We Help Ourselves- Najara

Y2K

Youth Empowered Towards Independence

Yulu-burri-ba

Yumba-Meta

Appendix B

Summary of participation

Session	Date(s)	Number of Participants/Respondents
Townsville- Client/Family/Friends	17/08/2015	15
Townsville- Service Providers	17/08/2015	7
Cairns- Client/Family/Friends	18/08/2015	9
Cairns- Service Providers	18/08/2015	6
Beenleigh- Client/Family/Friends	25/08/2015	3
Beenleigh- Service Providers	25/08/2015	6
Toowoomba- Client/Family/Friends	28/08/2015	3
Toowoomba- Service Providers	28/08/2015	6
Ipswich- Service Providers	31/08/2015	3
Brisbane- Client/Family/Friends	01/09/2015	3
Brisbane- Service Providers	01/09/2015	9
Mount Isa- Client/Family/Friends	08/09/2015	29
Mount Isa- Service Providers	08/09/2015	3
QISMC Conference (Brisbane)	10/08/2015	Approx. 70
Online Survey- Service Providers	24/08/2015-12/09/2015	27
Online Survey- Family/Friends	24/08/2015-12/09/2015	22
Online Survey- Individuals	24/08/2015-12/09/2015	47