

1 February 2013

Mr TJ Ruthenberg MR Chair Health and Community Services Committee Parliament House BRISBANE QLD 4000 hcsc@parliament.qld.gov.au

Sub#8. RECEIVED -4 FEB 2013 HEALTH AND COMMUNITY SERVICES COMMITTEE

11-1-11

Dear Mr Ruthenberg

Please find enclosed a submission by the Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA) in relation to the Inquiry into the Queensland Mental Health Commission Bill 2012.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug sector across Queensland. We have **37** member organisations, representing the majority of NGO providers.

QNADA has actively participated in the consultation processes to date (a policy position and consultation paper are available from our website) and looks forward to continuing to add value to the process as the Commission is established.

The Bill presents a solid framework for the advancement of the AOD sector within the Commission, however we believe the current draft could be amended to capitalise on a number opportunities to acknowledge the specialist nature of AOD treatment services and the unique policy framework within which we operate to support the ongoing reform of the sector and ensure a robust QMHC.

QNADA would be pleased to expand further on this submission during the upcoming hearings or can provide further advice to your research team. I can be contacted at (07) 3023 5050 or at Rebecca.MacBean@qnada.org.au.

Kind regards



Rebecca MacBean Executive Officer

Trevor Hallewell President



QNADA SUBMISSION TO THE HEALTH & COMMUNITY SERVICES COMMITTEE INQUIRY INTO THE **QUEENSLAND MENTAL HEALTH COMMISSION BILL 2012**

The Bill makes reasonable provision for the consideration of Alcohol and Other Drug (AOD) issues in the Qld Mental Health Commission however, whilst there numerous similarities between the AOD sector and the mental health sector, there are also a number of significant points of difference. The Bill could more clearly articulate these differences (without being unnecessarily divisive), by in some instances creating separate This submission is based upon this common principle with provisions for the AOD sector. recommendations and options for doing so presented below.

General comments regarding terminology

The Bill correctly refers to 'substance misuse' when referring to individuals within the community (excluding clause 11(g)(ii) where 'abuse' is inappropriately used). However, the Bill continues this term to reflect the service system, where the term AOD system would be more appropriate, as this is the language used nationally when referring to the public, non-government (NGO) and private prevention and treatment sector.

QNADA recommends:

references to a 'substance misuse system' be amended to the 'alcohol and other drugs system' consistent with the current terminology of the public, NGO and private sector.

Section 5: Guiding Principles

An effective AOD system could be defined by reference to the policy framework recognised by the sector and accepted by all jurisdictions since 1986, as articulated in the National Drug Strategy. QNADA supports the definition of an effective service system articulated in Section 5, but suggests that further description of the AOD system is necessary to capture the principle of harm minimisation.

QNADA recommends:

An additional clause be inserted within Section 5 which describes an effective AOD system for eg.

an effective AOD system is the shared responsibility of the government and non-government sector to build safe and healthy communities by minimising alcohol, tobacco and other drugrelated health, social and economic harms among individuals, families and communities and requires -

- coordinated and integrated responses within and across services and episodes of (i) engagement or care across the spectrum of demand, supply and harm reduction approaches; and
- (ii) communication, collaboration and partnerships across public sector and publicly funded agencies, consumers and the community, at local, regional, state and national levels; and

- (iii) development of inclusive, safer and healthier families, workplaces and communities; and
- (iv) respect for the human rights and privacy of each individual;
- (v) recognition that the misuse of both licit and illict substances can cause significant harm.

Section 7: Whole-of-government strategic plan

While QNADA and its' members were initially of the view that a separate strategic plan or sub-strategy should be developed for AOD, discussions with the QMHC Transition Team and further consultation with our members has resulted in us revising our position to support the development of one plan which incorporates both AOD and mental health.

The key issue is that equal consideration is given to the AOD and mental health system reform. The strategic plan should seek to address the current imbalance in investment across the two sectors as well as the significant disparity in investment between the public and NGO AOD sectors.

QNADA recommends:

amending section 7 to expand the areas of reform to include strategies for improving the balance in investment between public and community based services.

Division 4: Staff of the commission

To properly recognise the specialist nature of AOD responses, care and treatment services and the sectors' unique policy framework, ongoing reform of the sector from within the Commission will be best achieved by the assigning of responsibility and leadership to a Deputy Commissioner for AOD.

QNADA recommends:

amending Division 4 to require the Commission to have a Deputy Commissioner for AOD appointed by the Governor in Council.

Section 39: Membership

The Bill currently empowers the Minister to appoint persons to the advisory council, without specifying any provisions for the identification of appropriate candidates.

QNADA recommends:

section 39 be amended to require the Minister advertise vacancies on the advisory council prior to making appointments.

The Bill currently acknowledges the need to ensure a balance of perspectives is represented on the advisory council and identifies a range of skills, knowledge and experience the Minister must ensure are included. Given the divergent service systems for mental health and AOD, QNADA suggests that in making appointments to the advisory council, the Minister should also ensure a balance of mental health and AOD system expertise is achieved.

QNADA recommends:

section 39 (2) be amended to articulate that a balance of AOD and mental health expertise must be achieved in the advisory council's membership.

Section 45: Conduct of meetings

An appropriately skilled and experienced Advisory Council is likely to draw upon current expertise within the AOD and mental health sectors and occasions may arise where a member may not wish to participate in a vote. In accordance with the principles of good governance, where a member abstains, this should be recorded as such rather than a negative vote.

QNADA recommends:

amending section 45(3) to allow a member to abstain from a vote.

Schedule: Dictionary

As previously stated, the appropriate reference to terminology engrained within the AOD sector must be incorporated within the legislation. Further defining of key terminology within the dictionary will support this.

QNADA recommends that consideration be given to the inclusion of the following definitions within the legislation:

Demand reduction means strategies and actions which prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community.

Supply reduction means strategies and actions which prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs.

Harm reduction means strategies and actions that primarily reduce the adverse health, social and economic consequences of the use of drugs.

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BUNDAEBRG

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SOUTH BURNETT

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4 February 2013

Mr TJ Ruthenberg MR Chair Health and Community Services Committee Parliament House BRISBANE QLD 4000 hcsc@parliament.gld.gov.au



Dear Mr Ruthenberg

I support the submission to the Inquiry into the Queensland Mental Health Commission Bill 2012 made by the Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA).

The IWC Ltd provides health and community services to the Wide Bay Region whose clientele are specifically Aboriginal and Torres Strait Islander peoples. We operate the Queensland Health - Youth Drug and Alcohol Rehab Centre in Bundaberg and as a QNADA member, I have been invited to inform QNADA's policy position, response to the online consultation and this latest submission to your Committee. I support QNADA's submission as it captures the key issues of concern for my service.

In particular, I draw your attention to the following recommendations:

- the Bill should acknowledge the specialist nature of the Alcohol and other Drug sector, by separately defining the elements of an effective AOD system;
- the areas of reform to be targeted by the Commission should include consideration of strategies to address the current imbalance in investment between the public and non government sectors;
- the Bill should require a balance of AOD and MH expertise in the Advisory Council's membership; and
- the Bill should specify a Deputy Commissioner for AOD be appointed.

I trust that the Committee will give due consideration to the submission from QNADA. QNADA represents a dynamic and broad-reaching specialist network within the NGO AOD sector across Queensland and as such is well-placed to provide further advice and support to the Committee in its' deliberations.

Yours sincerely,



Director / Chief Executive Officer

IWC Limited

Across the Wide Bay and Burnett Regions

___,porting the Community with Integrated Health & Community Related Services ACN: 158 934 635 ABN: 96 356 361 867

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1 February 2013

Mr TJ Ruthenberg MR Chair Health and Community Services Committee Parliament House BRISBANE QLD 4000 hcsc@parliament.gld.gov.au

Sub # 8B. RECEIVED - 4 FEB 2013 HEALTH AND COMMUNITY SERVICES COMMITTEE

Dear Mr Ruthenberg

I support the submission to the Inquiry into the Queensland Mental Health Commission Bill 2012 made by the Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA).

QuIHN is a state-wide service that supports and promotes the health and well-being of people who currently use illicit drugs, those who have used illicit drugs in the past, and members of the community touched or affected by drug use.

As a QNADA member, I have been invited to inform QNADA's policy position, response to the online consultation and this latest submission to your Committee. I support QNADA's submission as it captures the key issues of concern for my service.

In particular, I draw your attention to the following recommendations:

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- the Bill should require a balance of AOD and MH expertise in the Advisory Council's membership; and
- the Bill should specify a Deputy Commissioner for AOD be appointed.

I trust that the Committee will give due consideration to the submission from QNADA. QNADA represents a dynamic and broad-reaching specialist network within the NGO AOD sector across Queensland and as such is well-placed to provide further advice and support to the Committee in its' deliberations.

Kind regards

Geoffrey Manu Chief Executive Officer





Therapeutic AOD Rehabilitation Home

1300 557 103
(07) 4698 2300
admin@freshhope.org
www.freshhope.org

Address PO Box 485 Toowoomba QLD 4350

Administration John Bartlett 0417 604 767

Counselling Karen Bartlett III 0427 979 286

Intake Officer 0417 786 782

President Mary Jibson 0405 450 221

Operations Manager Will Curtis 0429 982 602 4 February 2013

11-1-11 HEALTH AND COMMUNITY SERVICES COMMITTEE

Mr TJ Ruthenberg MR Chair Health and Community Services Committee Parliament House BRISBANE QLD 4000 <u>hcsc@parliament.qld.gov.au</u>

Dear Mr Ruthenberg

I support the submission to the Inquiry into the Queensland Mental Health Commission Bill 2012 made by the Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA).

Fresh Hope is the only residential rehabilitation home in Queensland that keeps the mother and her children together during the rehabilitation period. This breaks the generational cycle that is very evident in the lives of the mothers. The majority of our mothers also have many health issues that we help them with. Among these issues is mental health issues, there is often a healing in this area as they recover from the effects of drugs long term.

As a QNADA member and a Board member, I have been invited to inform QNADA's policy position, response to the online consultation and this latest

submission to your Committee. I support QNADA's submission as it captures the key issues of concern for my service.

In particular, I draw your attention to the following recommendations:

- the Bill should acknowledge the specialist nature of the Alcohol and other Drug sector, by separately defining the elements of an effective AOD system;
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- the Bill should require a balance of AOD and MH expertise in the Advisory Council's membership; and
- the Bill should specify a Deputy Commissioner for AOD be appointed.

Mission Statement:

To offer Fresh Hope to a generation who through drug or alcohol abuse, have lost hope. Empowering young mothers to develop a drug free, healthy lifestyle whereby enabling them to parent effectively.

Donations

Donations can be made via direct debit at Heritage Building Society. Account name; Fresh Hope Association Inc Gift Fund, a/c BSB 638-070, a/c Number 7705204, or by posting a cheque. Any donation over \$2 is Tax Deductible.



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Kind regards

John Bartlett Executive Director

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4 February 2013

Mr TJ Ruthenberg MR Chair Health and Community Services Committee Parliament House BRISBANE QLD 4000 hcsc@parliament.qld.gov.au

Dear Mr Ruthenberg

I write to support the submission by the Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA) to the Inquiry into the Queensland Mental Health Commission Bill 2012.

ADCA is the national non-government peak body representing the interests of the Australian alcohol and other drugs sector (AOD). It works with government, non-government organisations, business and the community to promote evidence-based, socially just approaches aimed at preventing or reducing the health, economic and social harm of alcohol and other drugs to individuals, families, communities and the nation.

I would particularly like to draw your attention to the following recommendations made by QNADA:

- the Bill should acknowledge the specialist nature of the Alcohol and other Drug sector, by separately defining the elements of an effective AOD system;
- the areas of reform to be targeted by the Commission should include consideration of strategies to address the current imbalance in investment between the public and non government sectors;
- the Bill should require a balance of AOD and MH expertise in the Advisory Council's membership; and
- the Bill should specify a Deputy Commissioner for AOD be appointed.

Further, ADCA suggests that a mix of government and non government members on the Advisory Council be considered to ensure an appropriate balance and facilitate a collective experience. ADCA further emphasises that developing effective AOD and mental health systems will require adequate funding to provide appropriate treatment and support. A range of treatment options is needed to meet the different needs of individuals as they progress through the different stages of their journey back to health and wellbeing. Ongoing support to assist clients in re-establishing themselves and engage with family and friends, once they leave a service, is critical if these vulnerable members of society are to have any chance of lasting success.

Adequate resources are also needed for prevention and early intervention activities to prevent or minimise a problem before it develops and becomes a problem not just for the client but for their family, friends and the community. Ultimately, such an investment of funds will reduce demand on services and allow access to treatment for those most in need.

I trust that the Committee will give due consideration to the submission from QNADA. QNADA represents a dynamic and broad-reaching specialist network within the NGO AOD sector across Queensland and as such is well-placed to provide further advice and support to the Committee in its deliberations.

Kind regards



David Templeman Chief Executive Officer



4 February 2013

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Mr TJ Ruthenberg MR Chair Health and Community Services Committee Parliament House BRISBANE QLD 4000 <u>hcsc@parliament.qld.gov.au</u>

Dear Mr Ruthenberg

I support the submission to the Inquiry into the Queensland Mental Health Commission Bill 2012 made by the Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA).

ADAWS is an adolescent Alcohol and Other Drug Service in Brisbane offering residential detox for Young People aged between 13 and 18 and Outreach and Day program for Young People aged between 13 and 25.

As a QNADA member, I have been invited to inform QNADA's policy position, response to the online consultation and this latest submission to your Committee. I support QNADA's submission as it captures the key issues of concern for my service.

In particular, I draw your attention to the following recommendations:

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Kind regards

Fiona Owens Team Leader ADAWS

Exceptional People. Exceptional Care.

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Mr TJ Ruthenberg MR Chair Health and Community Services Committee Parliament House BRISBANE QLD 4000 <u>hcsc@parliament.qld.gov.au</u>

4 February 2013

Dear Mr Ruthenberg

I write on behalf of *Goldbridge* Rehabilitation Services Inc, in support of the submission put to the Inquiry into the Queensland Mental Health Commission Bill 2012, made by the Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA).

As you probably know, *Goldbridge* provides a range of both residential and community based rehabilitation and education services, for those in the Community seeking to better manage their lives as a result of problematic alcohol/drug use, and mental health problems

As a QNADA member, I have been invited to inform QNADA's policy position, response to the online consultation and this latest submission to your Committee. I support QNADA's submission as it captures the key issues of concern for my service.

In particular, I draw your attention to the following recommendations:

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Kind regards

Charlie Blatch Chief Executive Officer