



# **Coming Together, Keeping Together, Working Together:**

## **How Stakeholders Collaborated for Sector Development and Change**

Prepared by Carrie Fowlie and Amanda Bode

June 2010



The Youth Coalition of the ACT acknowledges the Ngunnawal people as the traditional owners and continuing custodians of the lands of the ACT and we pay our respects to the Elders, families and ancestors.

We acknowledge that the effect of forced removal of Indigenous children from their families as well as past racist policies and actions continues today.

We acknowledge that the Indigenous people hold distinctive rights as the original people of modern day Australia including the right to a distinct status and culture, self-determination and land. The Youth Coalition of the ACT celebrates Indigenous cultures and the invaluable contribution they make to our community.

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June 2010

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Thank you to the Youth Coalition staff team for their support.

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## Foreword

*Coming together is a beginning. Keeping together is progress.  
Working together is success.*

For the last three years, it has been a privilege to be part of the ACT AOD Sector Project; part of the Youth Coalition of the ACT; and part of a sector made up of extraordinary individuals, programs and agencies that seek to prevent and reduce the harms associated with alcohol, tobacco and other drugs in the ACT community.

Developing and engaging in democratic structures is both rewarding and challenging. The establishment of a peak body for the alcohol, tobacco and other drug sector in the ACT represents a significant collective achievement to strengthen democratic processes in the ACT.

We wrote this report hoping to describe some processes undertaken, and to acknowledge the many who have been involved. Section 9 demonstrates the breadth of individuals and agencies who have participated in the ACT AOD Sector Project and the establishment of the peak body. We would particularly like to mention:

- Three people have been here from the very beginning and warrant particular acknowledgement - David McDonald, evaluator, consultant and researcher; Helene Delany, Manager, AOD Policy Unit, ACT Health; and Dave Corby, Youth Coalition of the ACT.
- Thank you – Meredith Hunter (former Director), Emma Robertson (current Director), Alex Lewis (President), the Executive, the Board and staff from the Youth Coalition for your expertise, good will, support and tireless commitment to young people.
- The ACT Health funded AOD services that have been involved from the start - Alcohol and Drug Foundation ACT; Alcohol and Drug Program, ACT Health; Alcohol and Drug Policy Unit, ACT Health; Canberra Alliance for Harm Minimisation and Advocacy; CatholicCare Canberra and Goulburn; DIRECTIONS ACT; Gugan Gulwan Youth Aboriginal Corporation; Canberra Recovery Services and Canberra City Addiction Support Service, Salvation Army; Ted Noffs Foundation ACT; Lesleys Place and WIREDD, Toora Women Inc.
- The Workers Group – what can we say – wow, you did it!
- The Executive Directors Group - your leadership and support was invaluable.
- The Alcohol Tobacco and Other Drug Association ACT Committee – Anne Kirwan, Jacky Cook, Carol Mead, Marcus Kanagasuntherie, Nicole Wiggins, Vera Van De Velde and Bob O’Heir.

Thank you to Ms Katy Gallagher MLA, Minister for Health for your sponsorship and support of sector activities. Thank you also to ACT Health and the Department of Health and Ageing for your support.

Congratulations and thank you to everyone involved. We look forward to working with you all in the next chapter.

Carrie and Amanda

# Table of Contents

<b>Foreword .....</b>	<b>3</b>
<b>Table of Contents .....</b>	<b>4</b>
<b>1. Introduction.....</b>	<b>6</b>
<b>2. Process towards Formalising AOD Sector Support .....</b>	<b>7</b>
2.1 Background and Context .....	7
2.2 Sector Leadership: ACT AOD Executive Directors Group.....	7
2.3 Workshops with the AOD Sector on Future Forum and Networking Possibilities.....	7
2.4 Resourcing Sector Needs: Workers Group Project (2007).....	8
<b>3. Youth Coalition of the ACT's Commitment to Building Cross-Sectoral Capacity.....</b>	<b>9</b>
3.1 Youth Coalition of the ACT .....	9
3.2 A Key Strategic Direction: Alcohol and Other Drugs .....	9
3.3 Youth Coalition Expertise in Sector Support.....	9
3.4 The ACT AOD Workers Group Project .....	10
<b>4. The ACT AOD Workers Group and Sector Project.....</b>	<b>11</b>
4.1 The Workers Group Project .....	11
4.2 Phase One: The Workers Group Project (July – September 2007).....	11
4.3 Phase Two: ACT AOD Sector Project (October 2007 - June 2008) .....	12
4.4 Year 2: ACT AOD Sector Project (July 2008 – June 2009) .....	13
4.5 Year 3: ACT AOD Sector Project (June 2009 – July 2010) .....	15
<b>5. Alcohol, Tobacco and Other Drug Sector Peak Establishment .....</b>	<b>17</b>
5.1 Background and Governance .....	17
5.2 Strategic Directions and Governance Workshop .....	17
5.3 ACT AOD Sector Peak Establishment Working Group.....	18
5.4 Constitution and Incorporation .....	18
5.5 Inaugural Interim Alcohol, Tobacco and Other Drug Association ACT Committee .....	19
<b>6. Peak Bodies and the Alcohol, Tobacco and Other Drug Association Model</b>	<b>20</b>
6.1 About Peak Bodies .....	20
6.2 The Alcohol, Tobacco and Other Drug Association Model .....	20
<b>7. Transitioning the Sector Project from the Youth Coalition of the ACT to the Alcohol, Tobacco and Other Drug Association ACT .....</b>	<b>22</b>
7.1 Commitment to a Supportive Transition.....	22
7.2 Youth Coalition Expertise in Advocating and Supporting the Establishment of Programs and Services .....	22
7.3 A Transition based on Good Will .....	23
7.4 Embedding an Integral Partnership .....	23
<b>8. Key Factors for Success.....</b>	<b>24</b>
8.1 Worker Engagement Approach.....	24
8.2 Sector Wide Focus.....	24
8.3 Focus on Infrastructure and Foundation Development.....	25

8.4	Engagement and Responsiveness .....	25
8.5	Committed and Supportive Executive Directors .....	26
8.6	Commitment and Skills of Sector Project team.....	26
8.7	Commitment and Support from the Youth Coalition .....	27
8.8	Commitment and Support from Funding Bodies.....	27
<b>9.</b>	<b>Acknowledgements.....</b>	<b>29</b>
<b>10.</b>	<b>Attachments.....</b>	<b>34</b>
	Attachment 1: Second ACT AOD Sector Forum and Networking Possibilities Workshop Agreements (September 2006).....	34
	Attachment 2: About the Youth Coalition of the ACT.....	34
	Attachment 3: Examples of AOD Work undertaken by the Youth Coalition between 2004 - 2010 .....	35
	Attachment 4. Activities of the ACT AOD Workers Group Project Phase One.....	41
	Attachment 5. Activities of the ACT AOD Sector Project Phase Two (October 2007 – June 2008).....	41
	Attachment 6. Activities of the ACT AOD Sector Project – Year 2 (July 2008 – June 2009).....	43
	Attachment 7. Activities of the ACT AOD Sector Project – Year 3 (July 2009 – June 2010).....	45
	Attachment 8. Consensus Statement from the Strategic Directions and Governance Workshop on 28 July 2009.....	48

# 1. Introduction

The purpose of this report is to:

- Describe the need for and the processes towards formalising ACT alcohol and other drug (AOD) sector support;
- Describe the expertise that the Youth Coalition of the ACT has in sector support and how this was shared with the AOD sector;
- Describe the work of the ACT AOD Sector Project;
- Describe the processes of establishing a peak body for the ACT alcohol, tobacco and other drug sector; and
- Acknowledge the many individuals, services, programs and organisations that have been involved.

This report is divided into the following sections:

1. Introduction
2. Process towards formalising AOD sector support
3. Youth Coalition of the ACT's commitment to building cross-sectoral capacity
4. The ACT AOD Workers Group and Sector Project
5. Alcohol, tobacco and other drug sector peak establishment
6. Peak bodies and the Alcohol Tobacco and Other Drug Association ACT model
7. Transitioning the Sector Project from the Youth Coalition of the ACT to the Alcohol, Tobacco and Other Drug Association ACT
8. Key factors for success
9. Acknowledgements

This report was written by Carrie Fowlie and Amanda Bode who have been part of the ACT AOD Sector Project team at the Youth Coalition of the ACT since its inception.

Findings from the ACT alcohol and other drug (AOD) Sector Forum and Networking Possibilities Workshops in 2006 were incorporated into tender specifications from ACT Health for the delivery of AOD sector support. The Youth Coalition of the ACT was the successful tenderer and has been providing AOD sector support through what is now known as the ACT AOD Sector Project since July 2007.

## **2. Process towards Formalising AOD Sector Support**

This section describes the processes that the ACT AOD sector engaged in to identify, re-establish, formalise and resource sector support.

### **2.1 Background and Context**

The ACT AOD sector has had several forums and networks over the past 20 years. These have come in different shapes and sizes and each have had varying degrees of success and challenges.

A key challenge over this time was to identify a sustainable model that actively engaged stakeholders in its establishment, development and viability. Other challenges included the need to strengthen a shared identity, foster ownership, establish infrastructure and support worker participation.

In recent years the ACT AOD sector has engaged in processes to address these challenges.

### **2.2 Sector Leadership: ACT AOD Executive Directors Group**

The ACT AOD Executive Directors Group was established in August 2005, comprising members of ACT Health funded government and non-government AOD services. Five years on, the Group continues to meet monthly to share information on the changing needs of the ACT community, service development priorities and opportunities to resource initiatives.

The Group also looked at ways of facilitating linkages between AOD services and relevant local and national initiatives and strategies; and to facilitate the ongoing development of effective linkages with other sectors including youth, children, families and mental health.

A priority of the Group was to foster collaborative relationships and a shared approach to the professional development and capacity building across the sector.

In their early establishment the Group achieved a number of key outcomes, including:

- Bringing the sector together, both government and non-government, in a positive forum;
- Agreeing on a minimum qualification for the sector;
- Implementing of a workforce profile of the sector; and
- Progressing discussions and research into services to better respond to people experiencing complex needs.

### **2.3 Workshops with the AOD Sector on Future Forum and Networking Possibilities**

In August 2006, the Executive Directors Group took the lead in supporting two externally facilitated consultation workshops with the sector on future forum and networking possibilities. At these workshops the sector unanimously agreed that there should be a new sector wide network established for AOD workers.

### 2.3.1 First ACT AOD Sector Forum and Networking Possibilities Workshop (August 2006)

An initial forum for government and non-government AOD services was undertaken, with largely Executive Directors Group members in attendance, to:

- Explore options for rebuilding an effective network of AOD services in the ACT;
- Identify the benefits of an effective network and how to progress this;
- Agree how the professional development needs of staff working in the sector could be addressed through a collaborative effort and improved networking, to include such initiatives as:
  - Evaluating AOD projects and programs;
  - Developing effective teams;
  - Mentoring and professional development;
  - Clinical supervision; and
- Agree what the structures and processes would be to achieve improved capacity and collaboration.

The key agreements of the workshop were:

- Unanimous agreement that there should be a new network/forum established where workers on the ground could meet and that this should build on lessons learned from the past but be very future focused; and,
- Agreement to host a second session with a focus on engaging more frontline workers in discussions.

The workshop also progressed discussions related to possible outcomes and opportunities to progress the network; and ways to foster engagement and participation.

### 2.3.2 Second ACT AOD Sector Forum and Networking Possibilities Workshop (September 2006)

In September 2006, a second workshop, with increased AOD worker participation, was facilitated to progress the work identified in the first workshop.

The key agreements of the workshop were:

- Agreement on a number of aspects of what the network might look like, how it would function and some key elements; and,
- Agreement to explore options to utilise ACT Health funds to resource and support the networking, subject to the required procurement process.

See Attachment 1 for further information on the agreements made at the workshop.

## **2.4 Resourcing Sector Needs: Workers Group Project (2007)**

Findings from the ACT AOD Sector Forum and Networking Possibilities Workshops were incorporated into tender specifications from ACT Health for the delivery of the Workers Group Project. The Youth Coalition of the ACT successfully tendered to support the Workers Group Project to provide secretariat and project management support.



### **3. Youth Coalition of the ACT's Commitment to Building Cross-Sectoral Capacity**

This section describes the Youth Coalition of the ACT (the Youth Coalition), its expertise in providing AOD sector support and the rationale for engaging in the Workers Group Project.

#### **3.1 Youth Coalition of the ACT**

The Youth Coalition of the ACT (the Youth Coalition) is the peak body for youth affairs, representing the interests of people aged between 12 – 25 years and those who work with them (see Attachment 2 for further information).

#### **3.2 A Key Strategic Direction: Alcohol and Other Drugs**

For several years, the top three issues of concern for the Youth Coalition's membership have been alcohol and other drugs (AOD); mental health; and housing and homelessness, issues which are interrelated and unfortunately enduring.

As such, the Youth Coalition sought to respond to these complex areas of need through various approaches. In terms of responding to AOD, the Youth Coalition committed to action through both its 2003 – 2006 and 2007 – 2010 strategic plans. By January 2004 the organisation had secured funding for what would be a seven year commitment to supporting young people, capacity building and enhancement of the service system as it relates to AOD issues (see below and refer to Attachment 3 for examples of the AOD work undertaken by the Youth Coalition between 2004 – 2010).

#### **3.3 Youth Coalition Expertise in Sector Support**

The Youth Coalition is well respected for delivering cross-sectoral, needs based and effective sector development initiatives, which are regularly evaluated. The Youth Coalition also has a strong history of providing AOD related policy and advocacy work.

The Youth Coalition has been providing sector support to the ACT AOD sector since 2004 when it began the Alcohol and Other Drug Project. This project sought to build the capacity of the youth sector to support young people who are experiencing AOD issues and to strengthen the relationships and linkages between the youth and AOD sectors.

The Youth Coalition continued to provide cross-sectoral support to the AOD and allied sectors through the Drugs in the Family Project from 2004 – 2010. The Youth Coalition, working from a workforce development approach, provided a range of activities, including:

- Training and workforce development opportunities;
- Developing and distributing resources and information; and,
- Supporting the development of networks and linkages between programs and sectors.

Some key outputs of this project, that have now become cross-sectoral cornerstones, include:

- The Comorbidity Bus Tours (originally a partnership with the Comorbidity Project, Alcohol and Drug Program, ACT Health);
- The Big Red Book – A Handbook and Directory for People who work with Young People in the ACT;
- The Bimonthly ACT Training and Professional Development Calendar; and,
- The AOD Services Directory (2006) – the first of its kind in the ACT.

Each year the work was documented and evaluated. Reports are available from: [www.youthcoalition.net](http://www.youthcoalition.net).

Over this time the Youth Coalition further strengthened its expertise in sector support and achieved significant outcomes, including:

- Improving capacity in the AOD, family support, mental health and youth sectors through training and education programs;
- Increasing collaboration, partnerships, networking and linkages between the AOD, family support, mental health and youth sectors; and,
- Increasing awareness of family support, AOD, mental health and youth sector services that assist families coping with the effects of alcohol and other drug use.

The Youth Coalition had also undertaken significant policy and advocacy work on youth AOD related issues, having been part of the ACT Alcohol, Tobacco and Other Drug Strategy Implementation and Evaluation Group since 2004.

The Youth Coalition also sought to conduct its advocacy work through innovative sector support activities such as collaboratively developing *The Coloured Kit* with Mental Health ACT in 2006. This care plan for young people in families affected by mental illness / comorbidity was significant for many reasons – particularly for ensuring comorbidity was acknowledged within it.

The Youth Coalition was also the first youth affairs peak body in Australia to develop a policy platform on comorbidity and hepatitis C, demonstrating the organisation's understanding of the complexity of youth affairs, AOD issues and the cross-sectoral response that is required to address them.

### **3.4 The ACT AOD Workers Group Project**

As outlined above, the Youth Coalition has been engaged in conducting intra and cross-sectoral capacity building activities with an AOD focus, including those targeted at the AOD sector, since 2004.

This expertise and knowledge provided a sound platform to support the Workers Group Project to meet its objectives. The Youth Coalition recognised that a strong, effective and efficient AOD sector was crucial to supporting young people and their families affected by AOD issues. This formed the basis of what was to become an even stronger partnership between the youth and AOD sectors.

## **4. The ACT AOD Workers Group and Sector Project**

This section describes the establishment and activities of the Workers Group Project, which subsequently evolved into the ACT AOD Sector Project (Sector Project).

### **4.1 The Workers Group Project**

The service agreement between ACT Health and the Youth Coalition for the Workers Group Project covered two phases over twelve months, with Phase 1 running from 1 July 2007 – 30 September 2007, and Phase 2 running from 1 October 2007 – 30 June 2008. The funding was initially provided to support a one off twelve-month capacity building project that would:

- Assist with the implementation and monitoring of identified workforce projects under an agreed workplan;
- Provide secretariat support to an AOD Workers Group;
- Establish a partnership with an AOD centre of excellence to facilitate access to the latest evidence;
- Strengthen communication and collaboration with workers from other sectors; and,
- Evaluate the project.

### **4.2 Phase One: The Workers Group Project (July – September 2007)**

The Workers Group Project was established in August 2007, and included a steering group (the Workers Group) that comprised of a representative from each ACT Health funded AOD service. A project team was established that included research and consultancy support from an AOD expert.

In Phase One, the Workers Group progressed the development of a number of core documents and infrastructure, including:

- Guiding principles, vision, aim and objectives;
- Project work, monitoring and evaluation plan;
- Key project activity plans and timelines; and,
- A Project calendar.

In addition, David McDonald, an AOD consultant and researcher, developed a Monitoring and Evaluation Protocol for the project's evaluation (see Attachment 4 for further information on activities undertaken).

In consultation with the Workers Group and the broader sector, it was agreed that the aim of the project would be:

*To build the capacity and identity of the AOD sector in the ACT, foster intra and cross sectoral relationships, and improve outcomes while maintaining respect for the diversity of services and for people who are affected by alcohol and other drugs.*

In addition to infrastructure establishment, Phase One focused largely on providing opportunities to harness worker input to ensure the responsiveness and joint implementation of activities. The scope of the project was limited to AOD services funded by ACT Health.

The Workers Group led movements to reframe the project by changing its title to the ACT AOD Sector Project. This shift placed less emphasis on the Workers Group and greater emphasis on the sector, which subsequently became the focus of project activities, demonstrated by the web-based central contract point for the sector becoming [www.aodsector.org.au](http://www.aodsector.org.au).

#### **4.3 Phase Two: ACT AOD Sector Project (October 2007 - June 2008)**

In Phase Two, the aim and objectives of the project remained consistent, with activities supported and overseen by the Workers Group who were involved in the development, implementation and evaluation of the all aspects of the Sector Project.

Evaluation reports found that the Workers Group was directly attributable for the project achieving its key strategies and objectives in the first and subsequent years.

Throughout Phase Two, the Sector Project focused largely on the implementation of sector development activities with AOD workers, with limited expansion to allied sectors (see Attachment 5 for further information on activities).

Whilst some movement was made to all Sector Project objectives, activities were largely focused on achieving progress in the following areas:

- Fostering ownership of the Sector Project amongst the workforce through inclusive decision-making and involvement in activities;
- Building a positive profile and shared identity of the AOD sector;
- Establishing communication between the Workers Group and the Executive Directors Group; and,
- Facilitating professional development opportunities.

Some key successes of Phase Two were:

- Garnering increased sector participation in activities;
- Strengthening communication channels between the Workers Group, the Sector Project, the Executive Directors Group, ACT Health as the funding body and the broader sector, including regular Sector Project attendance at the Executive Directors Group; and,
- Supporting regular reporting and information to stakeholders, including implementing formalised protocols regarding feedback and endorsement processes for documentation and work of the Sector Project.

The Executive Directors Group supported the sector to secure additional funding through the Department of Health and Ageing to be delivered through the infrastructure of the Sector Project.

#### 4.3.1 Cross Sectoral Support and Strategic Partnerships Project, Department of Health and Ageing

The Cross Sectoral Support and Strategic Partnerships Project (CSSSPP) was a funding stream of the Department of Health and Ageing's Improved Services for People with Drug and Alcohol Problems and Mental Illness Initiative (the Improved Services Initiative). Funding was allocated to all AOD state and territory peak bodies or equivalents to provide support and coordination to implement the initiative in their jurisdiction.

When these negotiations commenced, the ACT did not have the infrastructure in place to receive the funding directly. Therefore, funding was allocated to the Network of Alcohol and Drug Agencies (NADA), the NSW AOD peak body, to support activities in the ACT. However, the establishment of the Sector Project created a means to access the funding directly, in lieu of there being an ACT peak body.

The non-government members of the Executive Directors Group communicated these changes and their support of them to the Department of Health and Ageing. Following this, NADA developed an auspice arrangement with the Youth Coalition for the ACT for funding to be delivered through the Sector Project.

This was a significant partnership, whereby NADA shared its expertise and supported work being undertaken in the ACT by both AOD agencies and the Sector Project.

This funding established the ACT Comorbidity Project, which progressed a number of intra and cross sectoral activities (see Attachments 4 -7 for further information on activities).

#### 4.3.2 Emerging Governance Challenges

Governance in the AOD sector had begun to emerge as an issue for consideration, particularly in light of increasing interest from allied sectors to participate in AOD sector activities; and policy and advocacy issues identified by workers.

The evaluation of the Sector Project had identified that governance was an area that required further discussion and clarification by the sector.

#### 4.3.3 Continued funding for Sector Project activities

The evaluation of Phase Two concluded that the Sector Project had made significant progress towards building the capacity and identity of the AOD sector; particularly in the areas identified above. This provided a sound basis from which to advocate for its ongoing implementation, with an extension to the contract being provided for the following 12 months.

### **4.4 Year 2: ACT AOD Sector Project (July 2008 – June 2009)**

Year 2 of the Sector Project allowed for a greater expansion of activities, as those undertaken in Phase 2 were now embedded as core activities and practices of the sector. The year commenced with a review of the Sector Project's aim, objectives and workplan, with minimal amendments being made.

Participation in activities also continued to be strengthened, with the sector largely aware of the Sector Project.

Throughout Year 2, the Sector Project continued to focus on implementation of sector development activities for AOD workers; and, through the comorbidity funding, an expansion to allied sectors, particularly mental health and primary care (see Attachment 6 for further information on activities).

Progress was made to all Sector Project objectives with an increased focus on establishing linkages with a number of AOD centres of excellence, and expanding the Sector Project's role and funding.

#### 4.4.1 ACT AOD Minimum Qualification Strategy (MQS) Project

In early 2009, ACT Health increased the Sector Project's scope, and provided additional funding to the Youth Coalition, to include the administration of funds for and coordination of the ACT AOD MQS Project. This included a particular focus on re-establishing the MQS through identification of training and assessment opportunities.

The MQS was developed and implemented in consultation with the sector, and achieved high worker uptake and completion rates. The MQS also enabled workers who had not previously engaged with the Sector Project to participate in activities.

#### 4.4.2 Workforce Qualification and Remuneration Profiling Project

In March 2009, the ACT AOD Executive Directors Group agreed that a mapping of qualifications and remuneration should be undertaken across all ACT Health funded AOD services. Due to the Sector Project's role in implementing the MQS, it was agreed that it should conduct this work. Therefore a small amount of additional funding from ACT Health was allocated to the Youth Coalition to facilitate this.

The Workforce Qualification and Remuneration Profiling Project was conducted with consultancy support provided by Ray Lovett.

The profile was supported by the Executive Directors Group and had a high response rate.

#### 4.4.3 Governance Developments

Throughout the year, governance was a continuing issue, particularly in light of an increasing desire from stakeholders for the sector to more proactively engage in policy, representation and advocacy. This work was beyond the scope of the Sector Project.

Internally, the Sector Project was experiencing governance challenges as it now had several projects sitting within it and an increasing staff team. This was difficult to explain to stakeholders without misrepresenting the nature of the work, particularly as they were not youth specific but based at the Youth Coalition.

Therefore the Youth Coalition instigated arrangements to acknowledge the increasing autonomy of activities as they related to the AOD sector.

#### 4.4.4 Continued Funding for Sector Project Activities

The continued growth and development of the sector and positive outcomes through the Sector Project led to the provision of a further contract extension by ACT Health for the following 12 months.

#### **4.5 Year 3: ACT AOD Sector Project (June 2009 – July 2010)**

Year 3 of the Sector Project saw a stabilisation of core activities, which allowed an increased focus on additional, proactive activities. For example, a student placement was conducted with the Sector Project, which implemented a project with the sector regarding the new prison. The aim and objectives of the Sector Project remained largely stable, with a focus on developing the workplan to more closely reflect its expanding role.

Key stakeholder relationships continued to be strengthened and formalised, including those with the Executive Directors Group and funding bodies. Sector Project activities expanded to working across various levels, including policy development (see Attachment 7 for further information on activities).

Progress continued to be made towards Sector Project objectives and meeting the outputs associated with additional funding.

##### 4.5.1 ACT AOD Minimum Qualification Strategy (MQS) Project

Additional funding was secured by ACT Health to continue to support the on-going implementation of the MQS, allowing workers to engage in relevant training and assessment opportunities. Throughout 2009, over 25% of the sector had engaged with the MQS through the Sector Project. National Community Services Training Package changes required a policy change to the MQS, which was supported by the National Centre for Education and Training on Addiction. This policy development represented a new area of work for the Sector Project.

##### 4.5.2 Cross Sectoral Support and Strategic Partnerships Project, Department of Health and Ageing

Activities continued to be implemented through the Comorbidity Project, with an increased focus on engaging mental health services and establishing links with allied health professionals including general practices.

##### 4.5.3 Workforce Qualification and Remuneration Profiling Project

In October 2009, the findings from the Workforce Qualification and Remuneration Profiling Project were released. This prompted sector wide discussions to develop responses to key items for consideration in the report. Presentations on the findings were delivered to workers through the Sector Project and there were positive agency outcomes.

##### 4.5.4 ACT AOD Awards

The sector sought to acknowledge individuals who had made contributions to the health and wellbeing of people affected by AOD in the ACT through the first annual ACT AOD Awards. ACT Health provided limited funding to the Youth Coalition for the Sector Project to implement the awards with the sector.

This activity built on the work conducted over the past three years through Drug Action Week by recognising the skills and expertise of the workforce, positively promoting the sector, and engaging with the media and Members of the Legislative Assembly.

#### 4.5.5 On-going Governance Developments

Governance continued to be an ongoing challenge for stakeholders and the Sector Project. During Year 3, the sector engaged in significant processes to develop the governance and strategic direction of the sector. These processes are described throughout the rest of this report.



## **5. Alcohol, Tobacco and Other Drug Sector Peak Establishment**

This section describes the process that the sector engaged with to establish a peak body – the Alcohol Tobacco and Other Drug Association ACT.

### **5.1 Background and Governance**

The need for a coordinated sector approach with clarity in governance arrangements had been broadly agreed to by the sector for some time; however, stakeholders identified the need for a facilitated discussion regarding the nature of this.

Evaluations of the Sector Project highlighted the need for the sector to further clarify and develop its governance arrangements. It noted that particular consideration needed to be given to the relationships between the Sector Project; the Executive Directors Group; the ACT Alcohol, Tobacco and other Drug Strategy Implementation and Evaluation Group; ACT Health's Alcohol and other Drug Policy Unit; and the Youth Coalition.

Other governance issues included:

- Pressure to expand the membership of the Workers Group and the range of stakeholders to be involved in the Sector Project;
- The impacts of new initiatives that were funded from sources external to the core funding for the Sector Project and beyond the AOD Policy Unit within ACT Health;
- Governance changes in the Alcohol and other Drugs Council of Australia, and,
- Some degree of interest in reconsidering whether or not it was an appropriate time to move towards the development of a sector peak body.

As a result, the Executive Directors and Workers Group, ACT Health, the Sector Project and the Youth Coalition agreed to commence a collaborative process to discuss strategic directions and governance issues for the sector.

### **5.2 Strategic Directions and Governance Workshop**

The ACT AOD Strategic Directions and Governance Workshop, facilitated by Dr Mary-Ellen (Mel) Miller, was held on 27 and 28 July 2009.

Up to three participants from each ACT Health funded AOD service, were invited to participate, which included a member of the Executive Directors, the Workers Group and another agency representative. Additionally, other stakeholders were invited including the Youth Coalition Board, Families and Friends for Drug Law Reform, the Institute of Child Protection Studies and the ACT Women and Prisons Group. Over 30 individuals participated in the workshop.

The objectives of the workshop were:

- To identify the opportunities to strengthen the governance arrangements within the ACT AOD sector, including consideration of a potential peak body;

- To identify opportunities, both locally and nationally, for the ACT AOD sector to play a more effective role in preventing and reducing harms associated with AOD use, with a focus on:
  - Sector development and support (e.g. workforce development);
  - Research and policy development; and
  - Advocacy and representation.
- To identify opportunities to strengthen intra- and cross-sectoral strategic partnerships to capitalise on identified opportunities; and,
- To further define and strengthen relationships and communication between key stakeholders.

Following detailed considerations of the context, current governance arrangements, the strengths and challenges of establishing a peak body for the ACT AOD sector, the various models for such an organisation, etc., the workshop produced a consensus statement (see Attachment 8 for further information).

As the consensus statement clarified, ACT AOD agencies in attendance at the workshop agreed to establish a peak body, and to present the statement to their Boards and to ACT Health to seek their response.

The results of stakeholder considerations were provided at the October 2009 Executive Directors Group meeting, at which the final decision was made on the new governance arrangements. It was agreed that an ACT AOD sector peak body would be established based on the consensus statement developed at the workshop.

### **5.3 ACT AOD Sector Peak Establishment Working Group**

Following this agreement, agencies supported and participated in the ACT AOD Sector Peak Establishment Working Group. The group focused on creating an independently incorporated ACT AOD sector peak body by 1 July 2010, using transparent and inclusive processes.

Membership was made up of representatives from the Executive Directors and Workers Groups and the Youth Coalition of the ACT. The group met 4 times from December 2009 – February 2010 with the Sector Project providing secretariat and project management support.

The particular focus of the group was towards reaching agreements related to the peak so as to be able to write a constitution suitable for incorporation. To achieve this, the group worked closely with the Executive Directors Group and provided regular feedback and information to stakeholders including the Workers Group, ACT Health and the Youth Coalition.

### **5.4 Constitution and Incorporation**

The peak body was named the Alcohol, Tobacco and Other Drug Association ACT (ATODA) and its Constitution was successfully lodged, with the Registrar General later confirming incorporation of the Association. Particular acknowledgement should go to Phil Lawler, CEO, Alcohol and Drug Foundation ACT for his leadership in progressing this work. The Constitution clarified the aims and objectives of the association as well as membership criteria, the Committee and general meetings. The constitutional aim of the organisation is:

*The Alcohol, Tobacco and Other Drug Association ACT is not for profit and is the peak body representing alcohol, tobacco and other drug services in the Australian Capital Territory; and provides leadership, representation, advocacy and information.*

## **5.5 Inaugural Interim Alcohol, Tobacco and Other Drug Association Committee**

An Inaugural Interim Committee of volunteer members was appointed for ATODA.

It was determined that the Committee would be an Interim Committee so as to enable the establishment of basic infrastructure under the prescribed timelines prior to an election at the first Annual General Meeting.

The Committee's term will run from February 2010 until the first Annual General Meeting in November 2010 with two distinct phases:

- February – 30 June 2010 (operational and establishment); and,
- 1 July – November 2010 (strategic planning, policy and other development).

Priority actions within the first phase included enabling the peak to be fully staffed and functioning by 1 July 2010, and the transition of the Sector Project from the Youth Coalition to ATODA. The Sector Project provided secretariat and project management support to the Committee.

## **6. Peak Bodies and the Alcohol, Tobacco and Other Drug Association Model**

This section provides information about peak bodies and the Alcohol Tobacco and Other Drug Association ACT model.

### **6.1 About Peak Bodies**

Peak bodies based on social justice principles are very much about partnerships and collaborations to support appropriate democratic processes.

Although the role of peak bodies vary, some key identified priorities often include:

1. Providing leadership and promoting the collective interests of the sector;
2. Advocating on policy development and service delivery reforms;
3. Promulgating strong consumer participation principles and practices;
4. Facilitating service partnerships, including with government providers, and across sectors, to enhance sector capacity and improve consumer outcomes;
5. Workforce and sector development;
6. Information dissemination; and,
7. Undertaking or commissioning research.

Australian AOD peak bodies vary in their roles and membership. Membership categories vary from those that are entirely non-government, to those that have a capacity for government associate membership, to those that provide full membership to non-government and government agencies with a prime function in the AOD field.

### **6.2 The Alcohol, Tobacco and Other Drug Association Model**

ATODA is the peak body representing the alcohol, tobacco and other drug sector in the ACT; and provides leadership, representation, advocacy and information.

The constitutional objects of The Association are:

- To co-ordinate, support and assist organisations and individuals to provide services for the relief of suffering from alcohol, tobacco and other drug use disorders in the Australian Capital Territory and surrounding region;
- To co-ordinate, support and assist organisations and individuals to provide services that prevent and reduce the harms associated with alcohol, tobacco and other drugs in the ACT;
- To facilitate the development and operation of partnerships, collaborations and networking with key stakeholders to support joint action aiming to assist organisations and individuals to provide services for the prevention and relief of suffering from alcohol, tobacco and other drug use disorders in the Australian Capital Territory region;
- To engage in, promote, develop and support inclusive and evidence informed decision-making, research and policy development; capacity building, sector and workforce development; advocacy and representation; and,
- To promote the development and use of evidence-informed alcohol, tobacco and other drug related information, resources, policy and practice to key

stakeholders.

As articulated in the constitutional objectives, ATODA will fulfil roles that are beyond the scope or brief of the Sector Project, such as an increased capacity for consumer participation or engagement; and policy development.

Stakeholders identified that it was important that tobacco be reflected in the name of the organisation and its objects so as to reflect the significance and burden of harm of this drug in the community.

#### 6.2.1 Membership Model

The membership of ATODA is offered in 4 classes: full, associate, individual and honorary membership. Both non-government and government services with a main function of providing alcohol, tobacco and other drug (ATOD) services are eligible for full membership.

#### 6.2.2 The Sector Wide Approach of the Alcohol, Tobacco and Other Drug Association

ATODA has adopted the view that collaboration is primary to achieving real outcomes for services and people that are affected by ATOD issues. This is particularly acknowledged through the inclusion of government ATOD treatment providers as full members of the peak, to acknowledge the interrelatedness of the service system and the strengths of mutual engagement and participation.

Through this model, ATODA is able to engage in sector wide activities whilst still acknowledging the complementary roles government and non-government services play in the delivery of services to people affected by ATOD in the ACT.

## **7. Transitioning the Sector Project from the Youth Coalition of the ACT to the Alcohol, Tobacco and Other Drug Association ACT**

This section describes how the Youth Coalition, Alcohol, Tobacco and Other Drug Association ACT, the ATOD sector, Sector Project staff and funding bodies worked together to transition the Sector Project into the new peak body.

### **7.1 Commitment to a Supportive Transition**

The consensus statement from the Strategic Directions and Governance Workshop included stakeholders collaborating to transition the current arrangements into the new peak body. Stakeholders agreed that the peak would be fully functioning and staffed by 1 July 2010.

The Youth Coalition met with the Executive Directors Group in December 2009 to discuss the transition of the Sector Project, including the employment of their staff and how this might be managed. The Group agreed that current staff would maintain their employment as part of the transition. This minimised the risk of staff turnover, enabled capacity through the transition for existing and new activities; maintained corporate knowledge; and provided important stability and consistency for the transition process that was before everyone.

The funding bodies were integral to enabling a smooth transition process, particularly in terms of negotiating funding and novation arrangements. This included invaluable support from the Alcohol and Drug Policy Unit, ACT Health; the Department of Health and Ageing; and the Health Promotions Branch, ACT Health.

### **7.2 Youth Coalition Expertise in Advocating and Supporting the Establishment of Programs and Services**

The Youth Coalition has a history of advocating and supporting the establishment programs and services, which enabled a solid foundation for the delivery of the Sector Project and its subsequent transition into the Alcohol Tobacco and Other Drug Association ACT.

#### **7.2.1 Background and Context**

The Youth Coalition was established in 1996 as a merger of two other peak bodies – the Youth Affairs Network of the ACT (the youth affairs peak) and the Youth Accommodation Service (the youth homelessness peak). This was a challenging amalgamation that required significant negotiation, including trust, identity and relationship building over several years. Almost fifteen years later the Youth Coalition is one of the strongest youth affairs peak bodies in Australia.

The Youth Coalition has a demonstrated history of responding to the needs of young people and their membership; and to responsively work with stakeholders to build the service system to better support young people and their families. As such, several services were actively advocated for and supported by the Youth Coalition in their establishment, including:

- A youth health service – now the Junction Youth Health Service;

- A youth detoxification and rehabilitation service in the ACT - now the Ted Noffs Foundation ACT;
- A youth legal service – now the Youth Law Centre ACT;
- A youth stairwell housing service – now part of the Barnardos Transition Program and Lowana Young Womens Service;
- A youth acute mental health service – now the Adolescent In-Patient Unit, ACT Health;
- A youth comorbidity service – now headspace ACT; and,
- A new human rights based youth detention centre – now Bimberi Youth Justice Centre.

The Youth Coalition advocated for and supported the establishment of the ATOD sector peak body, both through the Sector Project and its broader work. The peak body's establishment represents an opportunity for enabling strategic partnerships, an enhanced voice and greater capacity to prevent and reduce the harms associated with alcohol, tobacco and other drugs in the ACT community, including those affecting young people and their families.

### **7.3 A Transition based on Good Will**

The transition required good will by all stakeholders to work towards a common goal.

Significant commitment and behind the scenes work was done by the Youth Coalition Director, Executive, Board of Management and Office Manager.

Both the Youth Coalition Board of Management and the ATODA Committee are made up of volunteers and when additional work and processes such as the transition required these stakeholders to give above and beyond what may usually be expected of their positions.

As the ATODA Committee did not have any paid staff, the Youth Coalition negotiated with ACT Health to ensure some Sector Project resources could be allocated towards supporting the Committee prior to 1 July. Both organisations engaged in regular communication, issue identification and prioritising actions.

### **7.4 Embedding an Integral Partnership**

The Youth Coalition and ATODA have committed to continuing their work together through a memorandum of understanding, which seeks to maintain and strengthen the current partnership.

## **8. Key Factors for Success**

Over the past 3 years the ACT AOD sector has engaged in a range of activities to develop sector identity, foster ownership, develop infrastructure and support worker participation. An outcome of which was the establishment of a peak body – Alcohol Tobacco and Other Drug Association ACT. The success of the activities were underpinned by a number of key factors which are described below. All are interdependent and are not listed in priority.

### **8.1 Worker Engagement Approach**

- Acknowledgement of the unique skills and expertise of ATOD workers; and a commitment of resources to harness these (i.e. the allocation of funding by ACT Health towards the Workers Group Project – which later became the Sector Project and subsequently transitioning into the peak body).
- Strong participation and commitment from workers to effectively utilise the resources provided to them to implement workforce development strategies (i.e. six monthly development and production of the ACT AOD Services Directory).
- Proactive identification and progression of key issues affecting workers and their clients (i.e. ACT AOD Sector and Prisons Project which included a workers survey and conference).
- Provision of outputs that are responsive to worker need (i.e. the Sector Project's workplan was developed, implemented and monitored by the Workers Group).
- Ongoing development of structures to enable workers to take leadership in progressing sector-wide initiatives (i.e. Minimum Qualification Strategy Development and Implementation Committee membership is comprised of workers).
- Recognition of the Workers Group as a core aspect of the governance of the AOD sector which is reflected in key documents (i.e. draft Alcohol, Tobacco and Other Drug Strategy 2010 – 2014).
- Continued commitment of resources towards supporting worker participation following evaluated achievements over three years. (i.e. the Workers Group will continue to be an aspect of service funding agreements between ACT Health and AOD services).

### **8.2 Sector Wide Focus**

- Engagement of government and non-government agencies as equal participants in processes (i.e. all ACT Health funded AOD services represented on the Executive Directors and Workers Groups).
- Acknowledgement that many issues require a sector wide response, and commitment to harnessing the strengths of the collective (i.e. agreement to minimum qualification strategy's new four core competencies and therefore agreement to a minimum sector wide skill set).



- Commitment to establish a *sector* peak body that builds on the strengths of the relationships and identity developed; and acknowledges a holistic view of the sector (i.e. The ATODA model incorporates AOD treatment providers from both the government and non government agencies).

### **8.3 Focus on Infrastructure and Foundation Development**

- Acknowledgement of lessons learnt through previous AOD sector networks and maintaining a future focus (i.e. initial investment in building infrastructure prior to engaging in issues based work).
- Identification and agreement of shared principles and mechanisms by which the sector would work towards common goals (i.e. development and endorsement of Sector Project principles and workplan).
- Prompt establishment and development of core activities, including communication structures with strong uptake, which became embedded within the sector (i.e. monthly sector ebulletin establishment in Phase One).
- Promotion, development and participation in key collaborative events to build a shared identity and to raise awareness of the sector (i.e. Drug Action Week).
- Recognition and promotion of the workforce and the sector to build a more positive profile (i.e. Annual Awards).
- Facilitation of access to the evidence base (i.e. Annual Sector Conference).

### **8.4 Engagement and Responsiveness**

- Acknowledgement that the Sector Project and associated activities should be based on expressed need of stakeholders (i.e. the tender documents for what would become the Sector Project were based on the agreements from the sector and the subsequent activities were endorsed by sector agencies).
- Commitment to flexibility to ensure the responsiveness of Sector Project activities (i.e. annual review of objectives).
- Proactive identification of worker need to inform the Sector Project, and broader sector processes (i.e. workers identified the need to better engage with General Practices and established a Group to progress specific activities such as a central contact point for GP referral to the AOD sector).
- Commitment to clear and transparent communication and feedback processes to stakeholders (i.e. development of a communication strategy for stakeholders that included the provision for issues to be raised from the Workers Group to the Executive Directors Group and vice versa).
- Ability to action some emerging priorities through the infrastructure of the Sector Project (i.e. the ACT AOD Workforce Qualification and Remuneration Profile).

## **8.5 Committed and Supportive Executive Directors**

- Recognition of the need for a shared approach to the development of the sector (i.e. supported a workshop where there was unanimous agreement to support workers engagement and capacity building).
- Commitment of resources over three years to enable worker participation (i.e. one worker from each ACT Health funded AOD service was a member of the Workers Group).
- Strategic support for enhancing workforce development activities (i.e. identifying additional resources to continue the Minimum Qualification Strategy).
- Confidence in the Workers Group activities and processes and acknowledgement that they needed to be driven and implemented by workers (i.e. endorsing annual workplans developed by the Workers Group).
- Acknowledgement of the changing contexts of governance of the sector and active engagement in processes to progress the issues (i.e. collaborative development of the consensus statement at the ACT AOD Sector Strategic Directions and Governance Workshop).
- Proactive participation in key strategic activities which required a sector-wide position (i.e. membership of the Sector Peak Establishment Working Group).
- Provision of leadership to establish the peak and transition the Sector Project (i.e. membership of ATODA's Interim Committee).

## **8.6 Commitment and Skills of Sector Project team**

- Commitment to the Sector Project and processes since its inception (i.e. the majority of the staff have worked on the Sector Project since commencement in 2007).
- Experience and skills in sector development (i.e. staff had a number of years of experience working within a peak body to provide sector development, strategic planning and policy development including experience on projects that related to AOD).
- Implementation of sound project management principles (i.e. evaluation report found that the Sector Project was well managed).
- Implementation of evidence informed models to underpin activities (i.e. utilisation of a workforce development model).
- Commitment to, and resourcing of, evaluation for the Sector Project and activities (i.e. developing and implementing annual evaluation and monitoring plans).
- Engagement and resourcing of research and consultancy expertise (i.e. commissioning research and policy analysis and communicating that through the monthly ebulletin).

## **8.7 Commitment and Support from the Youth Coalition**

- Recognition of priorities identified by members (i.e. inclusion of AOD within strategic plans).
- Leadership to support a holistic view of young people and the youth sector as part of a broader service system (i.e. implementing strategies to develop cross-sectoral capacity over several years).
- Knowledge that AOD is cross-sector responsibility and the importance of capacity building (i.e. support provided to the AOD sector through the Sector Project).
- Commitment to share expertise, skill and experience in sector development (i.e. the Youth Coalition dedicated resources, including experienced staff, and corporate knowledge, towards the development of an allied sector).
- Acknowledgement that sustainable sector development requires time (i.e. delivery of the Sector Project over three years).
- Acknowledgement by the Board of Management and the Director that the activities conducted through the Sector Project needed to be driven by the AOD sector's priorities.
- History of advocating and supporting the establishment of programs and services (i.e. Alcohol Tobacco and Other Drug Association ACT).
- Commitment to identifying opportunities to engage in complementary areas of work with the AOD sector through the Sector Project infrastructure (i.e. shared activities such as the bimonthly training and professional development calendar).

## **8.8 Commitment and Support from Funding Bodies**

- Active participation of the AOD Policy Unit, ACT Health in sector governance structures (i.e. the Executive Directors and Workers Groups).
- Engagement, active participation and support from the AOD Policy Unit, ACT Health in sector activities (i.e. involvement in Sector Project activities since the commencement).
- Regular communication between the sector and funding bodies regarding successes and challenges; and commitment to collaborative problem-solving (i.e. emerging governance sector issues).
- ACT Health's commitment to promoting consultative processes and transparency with in the sector; and active participation in sector discussions (i.e. participation in the Strategic Directions and Governance Workshop).
- ACT Health's recognition of the changing needs and structures of the sector and the importance and value of supporting these (i.e. establishment and funding of the Alcohol Tobacco and Other Drug Association ACT).
- Support and engagement from funding bodies (ACT Health and Department of Health and Ageing) throughout the transition processes (i.e. the

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## 10. Attachments

### **Attachment 1: Second ACT AOD Sector Forum and Networking Possibilities Workshop Agreements (September 2006)**

The agreements reached included that:

1. There be some focus on Drug Action Week as a key milestone for network activity (this could include an ACT AOD conference or forum);
2. The network activity or function must build a positive profile and awareness of AOD sector;
3. Some form of regular forum is established with priority attention to:
  - a. Professional development
  - b. Training calendar/s
  - c. Open days
  - d. Expertise building and recognition of sector;
4. Building on the Comorbidity Bus Tours currently undertaken by the Youth Coalition of the ACT would be a good way to build on existing positive initiatives;
5. Use of the web/IT (such as eBulletin development) is important;
6. The network and the sector is resourced;
7. The network must tap into emerging issues and be forward looking;
8. Relationship building and collaborative working is a core outcome through a focus on clear outcomes;
9. The network must have a good/best practice focus;
10. The AOD sector should have a focus on getting our own house in order first by:
  - a. Building the ACT AOD sector and identity
  - b. Exploring the other networks of AOD workers that would benefit from being engaged
  - c. Building links into other sectors over time; and,
11. Reaching beyond the AOD sector could be achieved via forums in the short term.

### **Attachment 2: About the Youth Coalition of the ACT**

The Youth Coalition is the peak youth affairs body in the Australian Capital Territory and is responsible for representing the interests of people aged between 12 and 25 years of age, and those who work with them.

The Youth Coalition is represented on many ACT Government advisory structures and provides advice to the ACT Government on youth issues as well as providing information to youth services about policy and program matters.

The Youth Coalition actively promotes the well-being and aspirations of young people in the ACT with particular respect to their social, political, cultural, spiritual, economic and educational development. For further information visit:  
[www.youthcoalition.net](http://www.youthcoalition.net)

### **Attachment 3: Examples of AOD Work undertaken by the Youth Coalition between 2004 - 2010**

#### 3a. Alcohol and Other Drug Project (January 2004)

On 12 January 2004 the Youth Coalition began a 12-month Alcohol and Other Drugs Project with funding from ACT Health. The project aimed to build the capacity of the youth sector to support young people who are experiencing AOD issues and to strengthen the relationships and linkages between youth and AOD sectors.

The set outcomes for the Project were:

- Improved and sustainable sector expertise in providing AOD information and support to young people with AOD issues accessing youth services;
- Improved linkages and partnerships between the youth and AOD sector;
- Improved support service network for youth services and workers; and,
- Improved access to information resources for young people, youth sector services and the community in general.

The Project aimed to do this in three different ways, by:

- Offering training and workforce development opportunities;
- Developing and distributing resources and information, and
- Supporting the development of networks and linkages between programs and sectors.

A project evaluation report detailing activities is available from [www.youthcoalition.net](http://www.youthcoalition.net).

#### 3b. Drugs in the Family Project (Mach 1) – (December 2004)

On 1 December 2004 the Youth Coalition began a 12-month Drugs in the Family Project funded by ACT Health under the National Illicit Drug Strategy's *Strengthening and Supporting Families Coping with Illicit Drug Use* funding policy. The project aimed to support the improvement of service delivery in the AOD, family support, mental health and youth sectors to young people and families affected by AOD issues.

The set outcomes for the project were:

1. Raised awareness of the existence of the issues experienced by and needs of young people in families affected by AOD use;
2. Improved access to information and resources by AOD, family support, mental health and youth sectors on the issues surrounding young people in families affected by AOD issues, and their families; and
3. Enhanced collaboration of services, based on improved linkages between AOD, family support, mental health and youth sectors.

In addition to the set outcomes the project was also able to achieve two other important outcomes, including:

4. Increased awareness of issues that affect Aboriginal and Torres Strait Islander families in general and specifically in relation to AOD issues; and
5. Increased awareness of service support needs of young people in general in the ACT.

The project sought to do this in three different ways by:

- Developing and distributing resources and information;
- Offering training and professional development opportunities; and,
- Encouraging the development of networks and linkages between sectors.

A project evaluation report is available from [www.youthcoalition.net](http://www.youthcoalition.net).

### 3c. ACT Young Carers Research Project (April 2005)

A research project, funded by the ACT Department of Disability, Housing and Community Services through the Carers Recognition Grants Program, which sought to discover more about the lived experiences, needs and goals of young carers in the ACT in an attempt to identify more responsive and accessible service delivery. For the purposes of this research, young carers were defined as: *Children and young people under the age of 18 who care for a family member with an illness or disability, or a drug or alcohol or mental health issue.*

The aims of the research project, developed with young carers, their parents, workers from agencies supporting them, was to identify:

- The lived experiences of young carers in the ACT;
- The reported impacts that caring can have on young carers' lives (both positive and negative);
- Young carers' service and support needs; and
- Ways that the service system might better respond to their needs and to connect them to increased life opportunities.

Three reports were produced from the project:

- *Report 1: Stop to Listen: Findings from the ACT Young Carers Research Project.* This report includes the findings from the project.
- *Report 2: Reading Between the Lines: Listening to Children and Young People about their Experiences of Young Caring.* This report includes a summary of the literature, methodology and experiences of young people interviewed as part of the project.
- *Report 3: More than Words: Supporting Young Carers and their Families.* This report includes recommendations.

This was one of the first projects of this kind to explore AOD issues in regards to young carers.

### 3d. Drugs in the Family Project (Mach 2, 3, 4, 5) – (December 2005 – April 2010)

On 1 July 2005 the Youth Coalition began a 5 year Drugs in the Family Project through the National Illicit Drug Strategy *Strengthening and Supporting Families Coping with Illicit Drug Use Measure*. The project was initially funded by the Department of Family, Community Service and Indigenous Affairs (FACSlA) and then by the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSlA). The project was one of 13 projects nationally to receive funding under this measure and the only project for the ACT and surrounding region.

The aim of the project was to increase capacity in the family support, AOD, mental health and child welfare / youth sectors to better support children and young people in families affected by AOD issues. The project's objectives were to:

- Improve capacity in the AOD, family support, mental health and child welfare / youth sectors through training and education programs;
- Increase collaboration, partnerships, networking and linkages between the AOD, family support, mental health and child welfare / youth sectors; and,
- Increase awareness of family support, AOD, mental health and child welfare / youth sector services that assist families coping with the effects of drug use.

Some key outputs of this project that have now become cornerstones of the sector including:

- The Comorbidity Bus Tours (originally a partnership with the Comorbidity Project, Alcohol and Drug Program, ACT Health);
- The Big Red Book – A Handbook and Directory for People who work with Young People in the ACT; and
- The Bimonthly ACT Training and Professional Development Calendar.

Annual interim evaluation reports are available from [www.youthcoalition.net](http://www.youthcoalition.net).

### 3e. Children of Parents with a Mental Illness / Comorbidity (January 2006)

On 9 January 2006 the Youth Coalition began the *Supporting Our Family Project* which was a one-off 12 month project funded by the ACT Department of Disability, Housing and Community Services through the Carers Recognition Grants Program. The project was a collaboration between a group of experienced young people, the Youth Coalition and the Children of Parents with a Mental Illness Project, Mental Health ACT.

The project developed *The Coloured Kit*, which is a resource that provides support and information for young people who have a parent with a mental illness/comorbidity issue and their families. The kit was designed to support and empower young people and their families and contains three booklets, including:

- Booklet 1: *Young People's Section*. This booklet was researched and developed by a working group of young people, and provides practical activities (including a care plan) and accessible information to young people in families where a parent has a mental illness/comorbidity.

- Booklet 2: *Workers Section: How To Support A Young Person To Use The Coloured Kit: A Step-by-Step Guide*. This booklet is for workers and explains the purpose of the kit, when to use it, how to use it, how to distribute it, and how to action the Care Plan. It also provides background to some of the issues for families where there is a parental mental illness/comorbidity.
- Booklet 3: *Support Services and Resources Section*. This booklet provides supporting material, including contact details for services in the ACT.

This was one of the first initiatives of its kind to acknowledge and include AOD and was recognised nationally and internationally.

Acknowledgement must go to Paola Mason and Nerrelle Goad, Children of Mentally Ill Consumers (COMIC), for developing the original "Supporting Our Family Kit" and giving permission to use it as the basis for *The Coloured Kit*. COMIC's kit can be accessed from [www.howstat.com/comic](http://www.howstat.com/comic).

### 3f. The Coloured Kit: Supporting Children of Parents with a Mental Illness / Comorbidity (July 2007)

The Youth Coalition received additional funding from the ACT Department of Disability, Housing and Community Services to update and reprint another 1,000 copies of *The Coloured Kit*. Positive local, national and international feedback continues to be received.

### 3g. Alcohol and Other Drug Services Directory (May 2006)

The Alcohol and Other Drug Services Directory, published in May 2006, was a significant piece of work and the first of its kind in the ACT. The directory was developed in partnership with the Co-Morbidity Project, ACT Health; the Drugs in the Family Project; and a third year University of Canberra student placement based at the Youth Coalition.

The directory was developed in response to needs identified by the youth, AOD, mental health, family support and community sectors to support better referrals, increase cross and intra-sectoral knowledge, and foster collaborations. AOD services primarily work with people over 18 years of age. However much of the youth sector, and the Youth Coalition, works with people aged between 12 – 25 years. Therefore many people between these ages fall within the scope of both sectors.

The directory is not current, however an archived version can be accessed from [www.aodsector.org.au/public/activities/directory.htm](http://www.aodsector.org.au/public/activities/directory.htm).

Since November 2007, as part of the Sector Project (see Attachments 4 – 8 for details) a directory of ACT Health funded AOD services has been biannually produced.

### 3h. Ecstasy and Related Drugs Peer Education Research Project (October 2006)

The National Drug and Alcohol Research Centre (NDARC) secured funding from the Australian Government Department of Health and Ageing and ACT Health to investigate if peer-led interventions are able to educate ecstasy and related drugs (ERD) users about the specific risk of mixing ecstasy with other pharmaceuticals that stimulate serotonin production.

This research took place over the Australian summer of 2006/07 in four sites - Sydney, Adelaide, the ACT and Amsterdam, the Netherlands. The study received approval from the University of NSW Human Research Ethics Committee. The Youth Coalition coordinated the ACT site.

18 young people volunteered to work as peer educators for the project in the ACT. They received training on alcohol, tobacco, cannabis, ecstasy and related drugs. From this training the peer educators generated drug related harm minimisation messages for their peers. Both NDARC and the peers reviewed the messages to ensure their accuracy. A factsheet and drug information cards were also developed to share these harm minimisation messages with a broader audience of young people and youth services across the ACT.

Partnerships were formed with:

- The Australian Red Cross' Save-A-Mate Program; and,
- Venues, promoters and event organisers, who generously supported the project to attend six events at the Australian National University, University of Canberra and Indyfest between December 2006 and March 2007.

The researchers and peers evaluated each event.

At these events, information stalls were set up and the peer educators provided information on a range of ERDs-related issues and 'safe partying'. People visiting the stall were asked if they wanted to complete a questionnaire regarding the information they had received from the peer educators and any potential impact this may have on their future behaviour. A request for a three month follow-up interview was made. Those who agreed to be followed-up were contacted by phone over email and a second interview was conducted to identify if information had been retained and/or any behaviour change that may have eventuated as a result of the peer education.

For further information, including the research report, contact NDARC at <http://ndarc.med.unsw.edu.au/>.

### 3i. Examples of AOD Advocacy and Representation (2007)

The Youth Coalition has been an active member of the *ACT Alcohol, Tobacco and Other Drugs Strategy Implementation and Evaluation Group* since its inception. Examples of other policy development activities include:

- Giving oral evidence and submitting a paper to the ACT Legislative Assembly Standing Committee on Health and Disability Inquiry into *The Use of Crystalline Methamphetamine in the ACT*;
- Participating in the Review of Detoxification Services in the ACT, which included advocating for a specific review to be undertaken for people under 18 years of age; and
- Participating in the Review into Services for People Under the Age of 18 Years, which included advocating for tertiary services to be extended to people under the age of 18 years.

### 3j. AOD Education Project (January 2008)

The AOD Education Project was a one-off 12 month project that began in January 2008 funded by ACT Health. The aim of the project was to increase the knowledge and skills of young people regarding AOD related issues. The project objectives were to:

- Deliver education sessions to young people from diverse social groups to increase their knowledge of the AOD related issues they face; and
- Identify messages and means of conveying messages to young people to raise their awareness of the potential legal implications regarding AOD.

The project conducted a range of activities including:

- A literature review on AOD education initiatives, models and AOD issues generally;
- Development and maintained a partnership with the National Drug and Alcohol Research Centre;
- Identified and liaised with four target groups of young people and three service providers:
  - Young people who identify as gay, lesbian, bisexual, transgender, intersex, queer and / or questioning from the “Bit Bent” program;
  - Young people who participate in the skateboarding community;
  - Young women soccer players;
  - Young people experiencing homelessness who are transitioning out of homelessness;
  - Barnardos Transition Program;
  - Lowana Young Women’s Service;
  - Save-A-Mate, Australian Red Cross
- Developed a needs analysis and distributed it to key stakeholders for feedback;
- Piloted the needs analysis with two services and their workers;
- Began the implementation of the needs analysis, which included surveys and semi-structured interviews delivered to the target groups of young people;
- Collated and analysed data from the needs analysis;
- Established the *Young People, Alcohol and Other Drugs and the Law Advisory Committee*. This was identified as a mechanism to identify accurate legal information that was provided in the education sessions with young people; and,
- Participated on in activities to ensure Project activities complemented broader sector wide initiatives.

### 3l. Example of Policy Platform Innovation and Development (February 2008)

Foreshadowing the Youth Coalition’s Policy Platform Review of 2008/09, the Youth Coalition determined to include a key new platform – comorbidity. Mental health and alcohol and other drugs issues have significant crossover, and the Youth Coalition’s decision to develop a comorbidity policy made it the first youth organisation in Australia to do so.

The Youth Coalition was also a leader in the youth affairs field by developing a policy position on hepatitis C and young people.



### 3m. Young People and Alcohol Related Violence (February 2010)

This short-term project sought to inform the Crime Prevention and Community Safety Forum Symposium in May 2010, which had a broad focus on young people with a priority focus on alcohol and community safety for young people in the ACT.

The objectives of the project were to:

- Inform the Crime Prevention and Community Safety Forum Symposium;
- Contribute to the evidence base around young people, alcohol and risk taking behaviour, in particular violence;
- Gain insight regarding:
  - Young people's opinion regarding what is presented in the media as the issues relating to alcohol and violence;
  - Young people's experiences with alcohol and violent behaviour in public;
  - Young people's thoughts on what would work to change (perception or real) issues around alcohol related violence;
  - How young people self regulate and look after each other with regard to alcohol use and related violence; and,
- Provide young people with a mechanism to have a voice in the research and literature relating to young people and alcohol related violence.

### **Attachment 4. Activities of the ACT AOD Workers Group Project Phase One (July – September 2007)**

#### ACT AOD Workers Group Project activities:

- Invitations describing the project and inviting nominations for representatives to the ACT AOD Workers Group;
- 3 x Workers Group meetings;
- Guiding principles, vision, aim and objectives;
- Project work, monitoring and evaluation plan;
- Project activity plans and timelines;
- 2 x monthly summary reports;
- Project Monitoring and Evaluation Protocol;
- Evaluation of the ACT AOD Workers Group Project Phase 1;
- Workers Group Terms of Reference; and,
- Participation in the Executive Directors Group.

### **Attachment 5. Activities of the ACT AOD Sector Project Phase Two (October 2007 – June 2008)**

#### 5a. ACT AOD Sector Project activities:

- 8 x Workers Group meetings;
- Website protocol;
- Development of [www.aodsector.org.au](http://www.aodsector.org.au);
- Project logo;
- 1 x ACT AOD Sector eBulletin Process and Protocol document;
- 8 x AOD Sector eBulletins;
- 5 x monthly summary reports;
- 3 x ACT Training and Professional Development Calendars in partnership with the Youth Coalition of the ACT;

- Participation in the Executive Directors Group;
- 6 x ACT AOD Sector Forums with the following guest presentations:
  - About the ACT AOD Sector Project: Carrie Fowlie, ACT AOD Sector Project Director, Youth Coalition of the ACT
  - Priority Housing: Housing ACT, ACT Government
  - Mental Health Community Sector: Barry Petrovski, Executive Officer, Mental Health Community Coalition ACT
  - Treatment Service Users Project: Annie Madden, Executive Officer, Australia Injecting and Illicit Drug Users League (AIVL)
  - Youth Services in the ACT: Carrie Fowlie, Deputy Director, Youth Coalition of the ACT
  - Aboriginal and Torres Strait Islander Services: Neil Harwood, Aboriginal and Torres Strait Islander Services, Department of Disability, Housing and Community Services
- ACT AOD Services Directory Version 1 (electronic);
- Communication strategy;
- Feedback and endorsement protocol;
- Evaluation of the ACT AOD Sector Project Phase 2;
- 2 x cannabis training workshops in partnership with the National Cannabis Prevention and Information Centre;
- Consultation with AOD sector on the Review of the Impact of the Smoke Free Policy Introduction At the ACT Health Withdrawal Unit in partnership with ACT Health;
- Letter to formalise partnership with the National Drug and Alcohol Research Centre;
- Engagement of student placement to explore the relationship between the AOD sector and the Alexander Maconochie Centre; and,
- Drug Action Week 2008:
  - 5 x ACT Drug Action Week Planning Group meetings
  - ACT Drug Action Week Calendar of Events (23 activities)
  - 1 x Drug Action Week eBulletin
  - ACT Drug Action Week Launch (Guest speakers included: Ms Katy Gallagher MLA; Ms Agnes Shea OAM; Ms Carrie Fowlie, Sector Project Director).
  - First Annual ACT AOD Sector Conference: Alcohol: Past, Present and Future (Guest speakers included: Mr David Templeman, CEO, Alcohol and other Drug Council of Australia; Mr Michael Moore, CEO, Public Health Association of Australia; Profession Robin Room, head of Alcohol Education and Rehabilitation Foundation; Dr Tanya Chikritzhs, Senior Research Fellow, National Drug Research Institute; Mr David Crosbie, CEO, Mental Health Council of Australia; Dr Anthony Shakeshaft, National Drug and Alcohol Research Centre; Mr David McDonald, Social Research and Evaluation)
  - 3 x Drug Action Week media releases
  - 2 x radio interviews
  - 1 x online news article
  - 1 x newspaper article
  - ACT Drug Action Week 2008 Report.

**5b. Comorbidity Project activities:**

- 1 x Comorbidity Strategic Working Group Meeting;
  - Terms of Reference
  - Workplan
- 1 x ACT Grant Recipients Network Terms of Reference.

## **Attachment 6. Activities of the ACT AOD Sector Project – Year 2 (July 2008 – June 2009)**

### 6a. ACT AOD Sector Project activities:

- 11 x Workers Group meetings;
- Participation in the Executive Directors Group;
- Revised project guiding principles, vision, aim and objectives;
- Revised project work, monitoring and evaluation;
- Evaluation and monitoring protocol;
- Revised website protocol;
- Maintenance and development of [www.aodsector.org.au](http://www.aodsector.org.au);
- 1 x revised ACT AOD Sector eBulletin Process and Protocol document;
- 11 x ACT AOD Sector eBulletins;
- 6 x ACT Training and Professional Development Calendars in partnership with the Youth Coalition of the ACT;
- 3 x In services on the project;
- 12 x monthly summary reports;
- 8 x ACT AOD Sector Forums with the following guest presentations:
  - Supported Accommodation and Assistance Program: Shannon Pickles, Coordinator, St Vincent De Paul Family Service
  - Turnaround Program: Marilyn Graham, Team Leader, Turnaround Program, Office for Children, Youth and Family Support, Department of Disability, Housing and Community Services
  - Mental Health ACT Services: Gesima Olney, Mental Health ACT, ACT Health
  - Income Support and Common Payment Issues: Beverley McKinlay, Senior Social Worker, Community Unit, Centrelink
  - The ACT AOD Minimum Qualification Strategy: Carrie Fowlie, ACT AOD Sector Project Director
  - Treatment Service Users Project Part 2: Australian Injecting and Illicit Drug Users League
  - Findings from the AOD Education Project: Justin Barker, Australian National University
  - Discussing ACT Drug Trends: Joanne Cassar, National Drug and Alcohol Research Centre
- 12 x monthly summary reports;
- ACT AOD Services Directory Version 2 (hard copy);
- ACT AOD Services Directory Version 3 (hard copy);
- Partnership with National Drug and Alcohol Research to disseminate findings and support the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drug Reporting System (EDRS) in the ACT;
- Implementation of Drug Education in Schools: A refresher workshop in partnership with ACT Health;
- Implementation of the AOD Sector and Prisons Project:
  - ACT AOD Sector and Prisons Project Survey
  - ACT AOD Sector and Prisons Project report
  - Presentation on the ACT AOD Sector and Prisons Project findings
- Drug Action Week 2009:
  - 5 x ACT Drug Action Week Planning Group meetings
  - ACT Drug Action Week Calendar of Events (35 activities)
  - 1 x Drug Action Week eBulletin
  - ACT Drug Action Week Launch (Guest speakers included: Ms Katy Gallagher MLA; Ms Agnes Shea OAM; Mr David Batts, Australian

- Institute of Health and Welfare).
- Second Annual ACT AOD Sector Conference: Exploring the Relationship between ACT AOD Services and the New Prison (Guest speakers included: Ms Agnes Shea OAM; Mr John Hargreaves MLA; Jo Smith, ACT AOD Workers Group representative; Mr Brett Pridmore, ACT AOD Executive Directors Group representative; Mr Michael Moore, CEO, Public Health Association of Australia; Dr Mark Brown, Senior Lecturer in Criminology, University of Melbourne; Dr Helen Watchirs, ACT Human Rights and Discrimination Commissioner, ACT Human Rights Commission; Professor Tony Makkai, Dean of ANU College of Arts and Sciences, Australian National University; Dr Jill Roberts, Centre for Health Research in Criminal Justice; Dr Peter Sharp, Medical Director, Winnunga Nimmityjah Aboriginal Health Services; Mr Simon Rosenberg and Mr Peter Townsend, Solaris Therapeutic Community, Alcohol and Drug Foundation of the ACT; Dr Michael Levy, Director, ACT Corrections Health; Ms Alison Churchill, CEO, Community Restorative Centre; Deb Wybron, Women and Prisons Group)
- 1 x Conference summary report;
- 3 x Drug Action Week media releases;
- 1 x television news story;
- 2 x radio interviews;
- 1 x newspaper article; and
- ACT Drug Action Week 2009 Report.

6b. Comorbidity Project:

- 21 x Teleconference with State and Territory AOD Peaks;
- 1 x face to face meeting with State and Territory AOD Peaks;
- Comorbid contributions to ACT AOD Services Directory;
- 5 x Comorbidity Strategic Working Group meetings:
  - Workplan
  - Mapping of ACT comorbid resources
  - Submission to the Draft ACT Mental Health Services Plan 2008 -2013
- 7 x ACT Grant Recipients Network meetings; and,
- 1 x Comorbidity Forum with guest speakers Associate Professor Michael Levy, Medical Director, Corrections Health, ACT Health and Sophy Greenwood, Youth Mental Health Clinician, headspace ACT.

6c. ACT AOD Minimum Qualification Strategy Project:

- 1 x Information packages for AOD workers on the ACT AOD MQS;
- 3 x Funding Allocation Committee Meetings
  - Funding Allocation Committee Terms of Reference
- Coordination of Training and Assessment for 39 workers; and,
- 8 x evaluative surveys.

6d. ACT AOD Workforce Qualification and Remuneration and Profiling Project:

- ACT AOD Workforce Qualification and Remuneration Profiling Project survey.

## **Attachment 7. Activities of the ACT AOD Sector Project – Year 3 (July 2009 – June 2010)**

### 7a. ACT AOD Sector Project activities:

- 11 x Workers Group meetings;
- Participation in the Executive Directors Group;
- Revised Project guiding principles, vision, aim and objectives;
- Revised Project work, monitoring and evaluation;
- Evaluation and monitoring protocol;
- Revised website protocol;
- Maintenance and development of [www.aodsector.org.au](http://www.aodsector.org.au);
- 1 x revised ACT AOD Sector eBulletin Process and Protocol document;
- 11 x ACT AOD Sector eBulletin;
- 6 x ACT Training and Professional Development Calendars in partnership with the Youth Coalition of the ACT;
- 13 x monthly summary reports;
- 8 x ACT AOD Sector Forums with the following guest presentations:
  - Cultural Awareness Self Assessment Toolkit: George Wilson, Indigenous Sector Development Officer, ACT Council of Social Service
  - Workforce Development Initiatives: Carrie Fowlie, ACT AOD Sector Project Director
  - ACT AOD Sector and Prisons Project: Ben Frommel, Student Placement from the University of Canberra, ACT Alcohol and Other Drug Sector Project
  - Supporting ACT AOD Sector Workers to Engage with the Evidence Base: Jane Shelling, National Drug Sector Information Service, Alcohol and other Drug Council of Australia
  - Discussing ACT Drug Trends, Joanne Cassar, National Drug and Alcohol Research Centre
  - Discussing Detoxification Service Development in the ACT: Mackenzie Clare, Arcadia House, DIRECTIONS ACT and Wendy Woodman, ADP, ACT Health
  - Injecting Drug Use and Discrimination, Nicole Wiggins, CAHMA
  - Highlights of Interest: 2010 Annual Conference of the International Society for the Study of Drug Policy: David McDonald, Director, Social Evaluation and Research
- ACT AOD Services Directory Version 4 (electronic);
- ACT AOD Services Directory Version 5 (hard copy);
- First Annual ACT AOD Awards including presentations to participants of the AOD AOD MQS Strategy Project (Guest Speakers included: Ms Agnes Shea OAM; Dr Colin Adrian, CEO, Canberra Institute of Technology; Ms Mary Porter MLA)
  - 1 x ACT AOD Awards Committee meeting
  - ACT AOD Awards Booklet
  - ACT AOD Awards Nomination Package
  - 4 x ACT AOD Awards Media Releases
- ACT Budget Summary of ATOD related initiatives;
- 2 x Cannabis Train the Trainer workshops in partnership with the National Cannabis Prevention and Information Centre;
- Drug Action Week 2010
  - 5 x ACT Drug Action Week Planning Group meetings
  - ACT Drug Action Week Calendar of Events (41 activities)

- 1 x Drug Action Week eBulletin
- ACT Drug Action Week Launch (Sponsorship by Ms Katy Gallagher MLA, Minister for Health. Guest speakers include: The Hon Ken Crispin QC; Ms Agnes Shea OAM; Mr Roger Nicholas, National Drug Law Enforcement Research Fund; Ms Anne Kirwan, Inaugural President, Alcohol Tobacco and Other Drug Association; Mr David Templeman, CEO, Alcohol and other Drugs Council of Australia).
- Third Annual ACT AOD Sector Conference: All Things Being Equal: Exploring the Burdens of Harm (Guest speakers include: Ms Agnes Shea OAM; Ms Anne Kirwan, Inaugural President, Alcohol Tobacco and Other Drug Association ACT; Mr Michael Moore, CEO, Public Health Association of Australia; Mr David McDonald, Visiting Fellow, National Centre for Epidemiology and Population Health, Australian National University; Professor Steve Allsop, National Drug Research Institute, Curtin University; Mr Ian Thompson, Deputy CEO, ACT Health; Ms Nicole Wiggins, Manager, CAHMA; Ms Julie Tongs, CEO, Winnunga Nimmityjah Aboriginal Health Services; Dr Michael Tedeschi, Australian National University and ADP, ACT Health). (Poster presentations include ACT AOD Sector and Prisons Project: Ben Frommel, ACT AOD Sector Project; ACT AOD Workforce Qualification and Remuneration Profile: Raymond Lovett, Australian National University, Carrie Fowle and Amanda Bode, ACT AOD Sector Project; ACT Satisfaction Survey; AOD Common Assessment Tool: Wendy Woodman, ADP, ACT Health; Establishing and ACT AOD Sector Peak Body: Alcohol Tobacco and Other Drug Association; Hepatitis C and AOD: Robyn Davis, ACT Hepatitis Resource Centre; Pharmacotherapy Advocacy and Action Team (PHAAT): Canberra Alliance for Harm Minimisation and Advocacy; Young People, Alcohol and Violence in the ACT: Dr Justin Barker, Youth Coalition of the ACT).
- 3 x Drug Action Week media releases; and,
- 1 x Drug Action Week report.

7b. Comorbidity Project activities:

- 2 x face to face meetings with State and Territory AOD Peaks;
- 20 x Teleconference with State and Territory AOD Peaks
  - Consultant brief for national evaluation of the Improved Services Initiative
  - Proposal for national Improved Services Initiative workshop
- 3 x articles to National Improved Services Initiative Newsletter;
- 11 x Comorbidity Strategic Working Group meetings
  - Workplan
  - Submission to Draft ACT Comorbidity Strategy
  - Submission to Draft ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014.
  - Mapping of AOD and Mental Health services across a continuum of care
  - Scoping of ACT comorbid specific resources for presentation on a comorbidity webpage
- 5 x General Practice Engagement Working Group meetings in partnership with the ACT Division of General Practice (ACTDGP):
  - Terms of Reference
  - Inclusion of items in ACTDGP 2/52 Update resource.
  - Inclusion of 2 x articles in ACTDGP GPAction and Nurses

- Newsletters (note the Group has a standing column)
  - Proposal to utilise ADP, ACT Health as central contact point for General Practitioners to refer to the AOD sector to or seek advice on AOD.
  - Consultation with General Practitioners on engagement with AOD and mental health services
- 5 x General Practice Engagement Working Group meetings in partnership with the ACT Division of General Practice (ACTDGP);
  - 6 x ACT Grant Recipients Network meeting;
  - Mental Health Week ACT Grant;
  - Mental Health Week activity: Comorbidity Forum with guest speaker Dr Joanne Ross, National Drug and Alcohol Research Centre; and,
  - Comorbidity Forum on Guidelines for the Management of Co-Occurring AOD and Mental Health Conditions in AOD Treatment Settings with guest speaker Alison Bell, Consultant to the National Drug and Alcohol Research Centre.

7c. ACT AOD Minimum Qualification Strategy Project activities:

- 2 x Information packages for AOD workers on the ACT AOD MQS;
- 1 x CIT Program Reference Group;
- 2 x MQS Implementation and Development Committee meetings
  - Workplan
- 2 x National Workforce Development Network meeting and secretariat support;
- Coordination of Training and Assessment and backfill for 41 workers;
- 8 x evaluative surveys;
- 1 x Presentation on ACT AOD MQS to Joint Pathways meeting;
- Coordination of backfill Training and Assessment for 5 workers;
- Partnership with the National Drug Sector Information Service, Alcohol and other Drug Council of Australia; and,
- ACT AOD MQS Policy Development
  - Partnership with the National Centre for Education and Training on Addiction
  - Terms of Reference
  - Background Paper
  - Policy Development Workshop
  - Policy document for implementation from 1 July 2010.

7d. ACT AOD Workforce Qualification and Remuneration and Profiling Project:

- ACT AOD Workforce Qualification and Remuneration Profiling Project survey report;
- 2 x presentations on the ACT AOD Workforce Qualification and Remuneration Profiling Project findings; and,
- 1 x poster presentation.

7e. ACT Comorbidity Smokefree Pilot Project:

- Project proposal in partnership with the Mental Health Community Coalition;
- Successful tender;
- Project Manager recruited;
- 6 x sites recruited; and,
- Evaluation and consultation support recruited.

## 7f. Sector Peak Establishment

- 4 x Sector Peak Establishment Working Groups;
- Support for constitution development;
- Stakeholder communication;
- 4 x Youth Coalition Internal Transitions Working Group meetings;
- 10 x ATODA Committee meetings;
- Internal and external transitional activities;
- 1 x report documenting peak establishment process (this document);
- 1 x launch; and,
- ATODA organisational establishment activities.

### **Attachment 8. Consensus Statement from the Strategic Directions and Governance Workshop on 28 July 2009**

There was consensus that there should be an ACT AOD Peak body. There was consensus that the structure and governance should include consumer and carer representation with appropriate support and role delineation. There was consensus that the peak body should include government and non government inputs in some form.

*The purpose of an AOD specific Peak would be:*

To promote and support the AOD sector and its clients and the community through a focus on:

- Sector development and support (e.g. workforce development)
- Research and policy development
- Advocacy and representation
- Partnership development with other key sectors to support joint action.

*Who would be the members of an AOD Peak?*

- Primary stakeholders: specialised AOD service providers/agencies, including government, non-government and private providers, including consumer and carer stakeholders
- Secondary stakeholders: organisations in other sectors that contribute to outcomes for the AOD sector and for people who access AOD services, and interested individuals.

The drafting of the constitution of the proposed Peak would reflect these notions of primary and secondary stakeholders in membership structures and decision making processes and eligibility criteria for organisations and individuals.

*What will the peak body look like?*

The Peak body will be an AOD sector wide incorporated Association, i.e. it will include Government, non-government and private sector members and consumer and carer representatives.

*What happens from here?*

These agreements are taken back to Boards, agreed consumer and carer groups and ACT Health for consideration.

The results of these considerations by individual Boards, ACT Health and agreed consumer and carer groups will be fed back to the EDs Group who will make the final



decisions on the new governance arrangements.  
These reports will be presented to the September meeting of EDs.

*Managing the transition*

The current auspicing arrangements for the Sector Project will be enhanced to articulate the relationships between the Youth Coalition, the Sector Project, the Workers' Group, the EDs Group and the funding bodies to move the sector forward towards the development of a Peak body. This will be done by the time of October EDs Group meeting. A small working party of volunteers representative of EDs, workers and consumer representatives will be formed to work with the Sector Project and EDs to develop a work plan for consideration by EDs with a view to creating a sector peak by July 2010.

The EDs Group will approve the work plan and monitor, advise and support its implementation.