FEDERATION DRUG ALCOHOL SERVICES & SUPPORT

THINK TANK

FEDERATION COUNCIL

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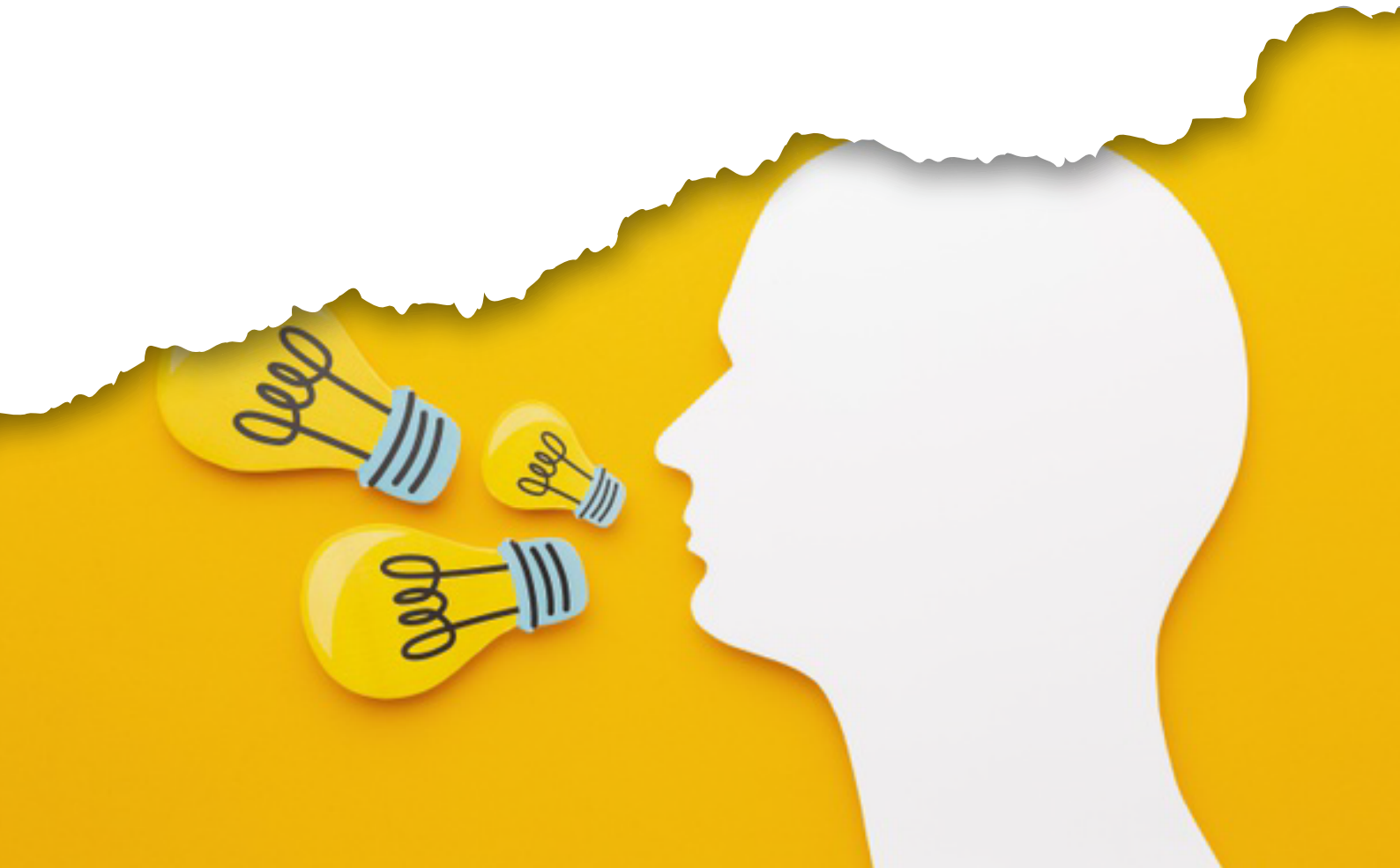
NSW GOVERNMENT Health



Federation Community Drug Action Team (CDAT) 2021 Think Tank Outcomes Report

Introduction

The Federation CDAT is funded by NSW Health, with administration and coordination support provided by the Federation Council. Membership is made up of local community services and agencies including, local emergency services, mental health agencies and community organisations.

In a member workshop held November 2020, five (5) key areas were identified where prevalent drug and alcohol issues and opportunities to address these issues exist:

1. Availability of drugs, alcohol finances and opportunity
2. Culture and Community
3. Mental Health
4. Awareness and availability of services
5. Cross border issues (NSW/VIC).

Recognising these five areas all have a significant impact on the health and wellbeing of our community, discussions identified a high need to bring together services and agencies (both professional and community based), to identify through an appreciative strengths based process:

- who is working in the drug and alcohol space and what services are being provided
- what is working well, what can be celebrated and what are others doing successfully that we can learn from
- what are the gaps and challenges which exist
- what are the possible opportunities, solutions and actions for implementation.

Think Tank

Think Tank was held comprising of two (2) online workshops, one on the 7th of the July and the other held on the 28th of July 2021. A total of twenty eight (28) participants attended from twenty one (21) agencies and community support organisations (please see list following).

The Appreciative Enquiry strengths based workshops were facilitated by Alexandra Joy (CEO, UQ Power), bringing along a wealth of knowledge and experience in facilitation, planning and community. Alexandra provided acknowledgement to our traditional owners of country throughout Australia, and paid our respects to Elders past, present and emerging.

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Alexandra provided the following case study examples of a strengths based approach towards achieving sustainable change:

- Mopti Region in Mali – Chronic malnutrition established “care groups” bringing together pregnant and lactating women and mothers of children under 2 years old for the exchange of best practices nutrition and sanitation and hygiene. A sustainable method of change ie. Significantly lowering malnutrition rates through the 798 groups established and reaching 5,844 women.

- Blue Zones - Regions of the world where people live much longer than average. People are doing the right things for long enough, and avoiding the wrong things ie. doing daily energy burst habits throughout the day. They live with purpose, having a reason to get up every day, and live with perspective. The social support they receive from friends and family allow them to move through life outcomes more smoothly. And making the “healthy choice the easy choice”, not just an option. Living by these four concepts brings longevity and mental and physical benefits to one’s life and society.

- Medicine Hat in Canada – whole of community approach to address housing inequality. In 2009, Medicine Hat became one of the first Canadian cities to commit to ending homelessness using the housing first approach. Medicine Hat’s Plan is grounded in the housing first approach and is consistent with the seven principles established in the provincial Plan for Alberta: Ending Homelessness in 10 Years.

- Alexandra also highlighted the opportunity to learn from our own aboriginal communities who work together to support each other and the wellbeing of all.

- And as key stakeholders in the community, mental health and drug and alcohol spaces, we all have strengths and play a crucial role in supporting the community, from a risk factor prevention stage through to crisis support.

Organisations attended

- Gateway Health Headspace – Albury, Wodonga and Wangaratta
- One Door Mental Health
- With Positive Regard
- She Shed
- Centacare Southwest NSW
- Intereach
- Phoenix Wings Wellness
- Directions Health
- Corowa Skatepark Committee
- Hume Riverina Community Legal Service
- Wagga Wagga Primary Health Network
- St Vincent de Paul Society
- Amaranth Foundation
- Kismet Therapeutic Counselling
- Department of Education, Skills and Employment
- Corowa High School
- Karralika Programs
- CVGT
- Corowa Health Service
- Odyssey House
- Federation Council

Outcomes – Issues, Strengths, Opportunities, Actions and Where to From Here

The following table provides an outline of discussions, including existing strengths, challenges, issues and gaps.

Strengths identified for the Federation Council area along with opportunities to build on these strengths were carefully considered, recognising the capacity to build on existing strengths facilitates a sustainable approach towards addressing local issues and opportunities, without the need to create new and rely on external short term funding.

A number of actions have been identified, where individuals, organisations and collaborations all have a role to play. For the purposes of maintaining momentum and progressing with a path forward from the Think Tank workshops, the actions were narrowed down to identify three (3) key high priorities and agreement sought to progress work immediately:

1. **To establish a Community of Practice and develop a primary prevention governance framework inclusive of the LDAT and CDAT programs.**

2. **To engage with and support General Practitioners in the provision of improved pathways for community members (including current and future patients).**

3. **To advocate for addressing Cross Border (State and Regional) issues.**

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Issue, challenge, gap	Strengths	Opportunities	Actions
Services – who is out there and how do we connect Ability to know what services exist within the Federation Council area (private and public), what other services are potentially available, understanding what is really happening on the ground including issues, challenges and gaps, and initiatives being implemented. Ensuring service availability is known, for example Hume Legal Service who rely on word of mouth, so that programs will continue to meet targets and remain available to the community. A tendency for agencies to become insular, therefore, need opportunities to continue to broaden scope. Agencies feel they are not being listened to or heard in the bigger picture. Agencies need support amongst one another in a challenging and demanding environment.	A number of agencies, including outreach services, are providing a range of services from early intervention to crisis management within the Federation Council area. Services have a willingness to collaborate and work together, for example, passing on clients to other services who have a strength in a particular area, sharing information and connecting through the Interagency group and/or incidentally. The NSW Department of Education has funded school student support positions within eligible high schools, with a primary prevention approach. Existing Interagency group and think tank workshops held, bringing agencies together to achieve greater impact and sustainable change in the mental health and drug and alcohol space. Agencies which offer services across the board provides consistency and an opportunity to work collaboratively with others.	To strengthen networking and collaboration opportunities for agencies with a specific drug and alcohol focus. To build on momentum towards a collaborative network by identifying and inviting untapped agencies, organisations and community groups.	Establish a Community of Practice for agencies to network and collaborate. Establish a governance framework that supports both the CDAT and LDAT for the purposes of aiming to reduce risk factors and develop and implement primary prevention initiatives. And to invite other community providers and organisations to become involved. To establish a governance framework for the CDAT and LDAT that links with the Community of Practice. To invite others not yet involved, to future networking and primary prevention opportunities, including pharmacists, church organisations, police community liaison and medical professionals. To investigate options for a service directory, possibly online, including services which are available and not yet being provided within the Federation Council area.

	Agencies have the ability to apply for funding when available and manage funded initiatives.		
The place we live and the person Issues a person faces are often muli-faceted, including comorbidity, housing, income or lack of, which results in a level of complexity. Geographic location and isolation is a significant issue for affected people across the Federation Council area, such as availability of services in isolated areas (including the opportunity for referrals) and ability for a person to access services (due to issues such as transport, affordability, disability). In an unknown and daunting space, while dealing with drug and alcohol related issues, finding support required and then the ability to reach out is challenging for people. Issue of people falling through the cracks for a wide range of reasons, therefore, when picked up the service process often needs to re-start. Wait lists for services are extremely lengthy with a range of significant implications resulting. Family and community support is not always available for people, with the added impact of service availability.	Rural community connections exist within the Federation Council area, that don't necessarily exist in larger regional centers and cities. Local agencies feel connected to local people, have a great understanding and empathy as rural people themselves (some of which have their own lived experiences) so are highly invested in providing services and assisting wherever possible. The Federation Community Drug Action Team and Local Drug Action Team) Programs work collaboratively with the aim to address risk factors and implement primary prevention and harm minimization initiatives, based on data and needs within the Council area. A strong level of support and commitment from carers of individuals in the community affected by drugs and alcohol.	To advocate for rural people in relation to the barriers they face, including transport, housing affordability, job security, access to transport, access to services, co-morbidity issues exacerbated by rural isolation issues). To advocate for a person centered approach (seeing the person first not the problem). To develop a mind map of the big picture for each person, that takes into account the muti-faceted issues and complexities (including comorbidity) and pathways (including referrals). To adopt more sustainable and consistent approaches in relation to understanding underlying risk factors, causes for individuals and harm minimization strategies. To learn from other cultures ie. how they have achieved using strengths to implement community led sustainable primary prevention initiatives.	Further discussion towards progressing service related actions to take place within the Community of Practice and individual agencies. Services to promote and advocate for a person centered approach, including pathway planning (such as Murrumbidgee's Map My Recovery), and to ensure individuals are matched with services who have relevant knowledge, lived experiences, deep understanding and empathy where possible. To be further explored through the Community of Practice and the CDAT/LDAT, to establish a baseline health status and introduce harm and reduction strategies accordingly. Investigate strategies to link with the medical profession within the Federation Council area, to upskill, identify and address the needs of individuals including pathway/referral plans.

Funding is not consistent and certain, therefore, short term social impact programs have negative issues around people again falling through the cracks and left on their own, long waiting lists to join other programs, effects including lack of consistency. A confusing, complex and daunting space exists for individuals to navigate their way towards receiving the right help and support. There can be an assumption that individuals know what we know, however, this is unlikely the case (particularly as often services also find this a challenge).		To identify opportunities to connect and work with the medical profession systems, to better support an understanding of underlying issues and ways forward for individuals, promoting the person centered approach and establishing referrals and pathways relevant to the individual. To establish support groups for carers, recognizing carers are the crucial link and support within communities and for individuals. To adopt a welcoming environment for individuals, their families, friends and support networks.	Identify examples of successful sustainable community led programs, such as Medicine Hat in Canada and Blue zones across the world, for effective whole of community primary prevention and harm minimisation initiative ideas. Actively consider how welcoming our own individual environments are for individuals, including front building entrances and office environments, marketing material and general communication. Are we as inviting as we could be? CDAT and LDAT to progress investigations into other successful examples of primary prevention initiatives with a strengths based approach ie. looking at what we already have an how we can build on this, for example, Medicine Hat in Canada. CDAT and LDAT to identify opportunities to link with existing programs, such as, student support within the Corowa High School, involvement in the liquor licensing process and the Good Sports Program.

Cross border and region boundary issues At a community level there is no border, however, extensive issues exist particularly in relation to government services, programs and funding. Issues include: o People fall through cracks of services and programs o Discrepancy exists in relation to what is available within the same communities o VIC/NSW collaboration opportunities limited o Duplication of planning, services, programs and funding. o Different regional borders within the one State have different funding and programs.	A group of active services within the Federation Council committed to progressing discussions and actions. Examples of where local services have received support to implement cross border initiatives.	To come together as a collective and advocate. To recommend for a cross border bubble be established in relation to government funding and service provision. To place pressure on government, systems and services to plan and work as a whole community where possible. To establish partnerships to plan and deliver programs and services.	Federation Council officers to share information with Council re. investigate opportunities for discussions with Cross Border Commissioner and Indigo Shire Council in relation to addressing issues and identifying potential cross collaborations. Agencies to build justification into funding applications, to consider cross border implementation of initiatives. Further discussions to take place within the Community of Practice in relation to border issues and opportunities (state and regional borders).
Society and Stigma Drugs and alcohol are seen as the problem, however, in most (or all) cases there are underlying issues which need to be identified and addressed. Drugs and alcohol exacerbate these underlying issues. Stigma is also exacerbated by illegal activity, so often it isn't talked about eg. Opioids kill more people than car accidents. All ages and demographics are affected.	CDAT program – community education The work each individual person and organisation is already undertaking in this space.	Advocate for the decriminalization of drugs Investigate opportunities to break stigma down at the societal and community level. One size doesn't fit all with interventions, therefore, opportunity to look at the individual.	Each individual worker and organization to advocate for a personalized and humanitarium approach within their own operations and any discussions with others. Plan and implement primary prevention actions through the CDAT and LDAT that add to breaking down stigma.

Community tend to see the person as opposed to the greater impact on whole of society/community.		Develop a centred humanitarium approach to everything we do.	Further discussions to continue through the Community of Practice and Federation Drug and Alcohol Team meetings.
Systems Systems are the biggest issue for services and clients! Getting help through some systems is difficult, for example, the criminal justice system. Often nowhere to send people with homeless issues and respite needs, especially locally where their supports exist. This includes people released from the criminal justice system. People and services want to engage, however, so many blocks and hurdles exist within our systems. Drug and alcohol rehabilitation tend to be reactive as opposed to searching for the real causes and addressing these. Issues and happenings don't always fit into a model, however, systems work thin a model. Most often in-person contact and assessments are more effective ie. on-line does not provide opportunity to really assess a person and their needs.	Services that are provided are doing the best they can within their resources to support individuals that fall outside of the systems. Data from other areas is starting to be collected and shows a very different picture to that of official census collections, for example, in Newcastle a three night data collection showed significantly higher statistics.	Training education for GP's on mental health and AoD social isolation. Network with the GP's to showcase the opportunity to work together with patients requiring pathways and support.	Further discuss at the Community of Practice meetings. Raise awareness through the Federation Interagency meetings.

General practitioner systems tend not to address advocacy for a patient/client, including patient needs such as transport – GP's would be too overwhelmed with so much to cover. Homeless figures aren't captured accurately by data/statistic processes ie. people in hardship are more often unlikely to fill out census for a variety of reasons, however, this is how data and statistics are counted. For example, it is estimated 100 people alone are couch surfing in Corowa, however, census data does not show this.			