

# Disconnected Networks & Systems

## Limestone Coast Alcohol and Other Drugs Regional Summit November 2021

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### Summary Statement

This report summarises knowledge gained by Substance Misuse Limestone Coast (SMLC) from the 24 agencies and organisations represented at the Limestone Coast Alcohol and Other Drugs (AOD) Regional Summit held November 2021 in Mount Gambier. The summit included a practical illustration via a role play of the challenges faced by those who use AOD services in the region. Attendees participated in a workshop to provide greater depth and clarity to the issues faced by regional clients and to identify gaps in service provision.

Guest speakers Michael White, Executive Director of the South Australian Network of Drug & Alcohol Services (SANDAS) and Jennifer Duncan, Chief Executive Officer of Australian Alcohol, and other Drugs Council (AADC) provided insights into the complexities of providing AOD interventions and funding challenges.

The following gaps have been identified within the Limestone Coast AOD sector:

- The region has lost 1.7 FTE AOD Counsellors during 2021;
- Clients requiring medically supervised alcohol detoxification must travel to Adelaide;
- An 'information void' and out-of-date websites are confusing for clients and impacting on referral pathways;
- Country locum GPs, who are often the first point of call, are often unaware of local services to refer to, as are practice managers;
- Clients don't know which door to walk into, or where to access help;

SMLC prepared and distributed the report to all participants and interested stakeholders. The report seeks to establish a shared understanding of the local context and to work collaboratively on improving AOD services provision and outcomes for the benefit of our community.

### **Acknowledgements**

*SMLC is funded by the Federal Department of Health and auspiced by the Limestone Coast Local Government Association.*

*We acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, waters, and culture. We pay our respects to Elders past, present and emerging.*

## **Disclaimer -**

*This is a summarised report.*

*While experts and industry participants provided valuable data, advice and opinions, the views expressed have been interpreted solely by SMLC. Conclusions have been drawn from survey responses, workshop data and social media feedback. Any misinterpretations or omissions are the responsibility of SMLC.*

## **Aims of the Summit**

SMLC provides leadership, advocacy and educational support in the AOD landscape for the region and acts as a focal point for initiatives that work across agency boundaries. SMLC currently leads the implementation of Planet Youth, a program that surveys schools to understand the extent of use and exposure issues and acts to provide an international preventative framework for youth in partnership with the national Alcohol and Drug Foundation. SMLC also provides frontline worker training, families support training and is developing programs for industry workforce assistance.

One of SMLC's key objectives is to advocate for the many agencies and staff working in the Limestone Coast, and as part of SMLC's advocacy for the AOD sector, a Summit was convened in Mount Gambier to highlight gaps in services provision from both the consumer and provider perspectives. This is the first time that Limestone Coast regional agency leaders and staff have had the opportunity to meet to discuss shared problems and challenges in AOD services. Working together to determine future planning needs for the region will be a part of the next steps to capitalise on Summit outcomes.

## **Current landscape in the Limestone Coast**

The Limestone Coast is comprised of 7 local government areas with approximately 65,000 people spread over 21,000 square kilometres and multiple towns. The most populous area is the City of Mount Gambier with approximately a third of the total Limestone Coast population. Currently there are two AOD services that provide specific AOD assessment, counselling, and referral for other psychosocial services. Each of these services have 1 FTE staff. One of those services travels the Limestone Coast region for face-to-face AOD counselling and to provide youth specific AOD counselling at a youth mental health agency located in Mount Gambier. The second agency provides a face-to-face service in Mount Gambier and telehealth counselling for those residing outside of Mount Gambier.

A third agency has recently lost funding for 1.7 FTE AOD counsellors at the end of a three-year funding contract, and this service will not be replaced by any other Limestone Coast agency.

Mount Gambier has one AOD rehabilitation and counselling program delivered by a fourth agency, and this service provides regional outreach if requested. The criteria to enter the service is to be medically safe, have a support person, and have a home. Those with a medical history of seizures, GHB use, and/or alcohol dependency are not eligible. Other services offered are relapse prevention groups, living skills groups, and family support groups. The agency also has two family residential rehabilitation homes for Aboriginal and Torres Strait Island family groups, with provision of some outpatient counselling and group support.

Limestone Coast adult residents who require residential therapeutic community rehabilitation can only access this outside of the region, with the closest Government run rehabilitation service near Adelaide.

The Mount Gambier Hospital does not provide planned alcohol detox services. Other Limestone Coast towns may have an alcohol detox service in their hospital, depending on the relationship between the

individual GP and the hospital. Limestone Coast residents wishing to enter a planned medically managed detox service must travel to Adelaide for withdrawal management services provided by Drug and Alcohol Services SA (DASSA).

There is one GP in the Limestone Coast, situated in Mount Gambier who provides pharmacotherapy for opiate dependence, and there is one Mount Gambier chemist that dispenses.

### **Funding Challenges**

The challenges associated with dependence to a variety of substances are myriad, interlinked and different in each town/city. While substance dependence affects an individual, the flow on effects represents a substantial long-term cost in both financial and emotional terms, impacting community and family wellbeing, placing strains on health and medical services, police and justice systems and impacting community safety. While many communities experience this problem, strategies for prevention, treatment and rehabilitation require a whole of community approach. Competitive tendering in regions have some unique challenges that can be difficult to demonstrate as the issues are often qualitative rather than quantitative. Each time a round of funding is determined, new projects are often funded by different providers with different records management processes and staff. Clients in the AOD space are vulnerable people usually with a number of related health and service needs. They deal with various agencies where it takes time to build trust relationships and discontinuous service damages the progress of outcomes. Clients can be left wondering who, when and what will become available to support them in the future.

Service providers who are large enough to have (or are able to afford contract staff) to prepare grant applications are more likely to be successful. This results in concentration of services to larger agencies that tend to use hub and spoke models that may not necessarily be aligned with the specific needs of the community. Consistency in approaches and service models between the hub and spokes is perhaps more efficient but may not necessarily be more effective for staff or clients. The metrics for key performance indicators could also be more nuanced in recognition of specific regional challenges. For example, staff appointed in regions often travel significant distances to provide services across the region and offices can only be open at certain times. With limited relieving staff available when persons are with clients, in meetings, in training or on leave, regional communities have limited services. Project based funding provides little job security for staff employed in regions. Appointees can often be those who are starting careers with little experience and responsibilities are complex. The opportunities for career progression (without moving to capital cities) can be few with significant churning of the workforce as workers seek greater security. This also impacts client services as trust needs to be rebuilt and staff inducted into different processes and procedures. The fact that clients cannot afford to travel for services and there is very limited (if any) public transport means that services may not be as responsive/available/timely for client needs as would be beneficial for support required. The COVID-19 moves to telehealth are a further erosion of qualitative care for vulnerable clients.

## The Summit

In November 2021, leaders and frontline staff from non-government and government agencies who work closely with the Limestone Coast's alcohol and other drug sector were invited to an AOD Regional Summit, hosted by SMLC, in Mount Gambier. The focus of the summit was to collaboratively identify gaps and needs in the regional AOD services by highlighting the challenges people have in accessing services. The day was structured to present challenges faced by people who use services and providers of services within the context of a large geographical area with varying degrees of direct and indirect support available.

To set the scene for the challenges a potential client may face, a role play account of a Limestone Coast resident named *Ani Boddie*, who was looking for services to address their alcohol dependence issues, was presented. This involved the client trying to identify what options *Ani* had in the community and which agencies may be able to commence assisting them.

Participants were asked who they thought *Ani Boddie* was talking to, and to come up with a plan for the management of their alcohol use using the available options in the Limestone Coast. They were then asked what secondary health and social issues can arise for *Ani Boddie* and their family, and what options locally are available to address the primary and secondary issues with a person experiencing AOD dependence.

As part of the workshop, participants were then asked to consider their response from the point of view of different towns across the region. The locations were Mount Gambier, Port MacDonnell, Naracoorte/Lucindale, Millicent, Kingston, Robe, Penola, Keith and Bordertown. The groups then presented their findings to all participants.

Responses to the question of who *Ani Boddie* was talking to was diverse across the social and professional scale of human relationships, from their GP, family member, friend, hairdresser, stock agent, pastor, counsellor, pet and google. The table groups identified that in an ideal world *Ani Boddie* was talking to someone who is accessible, local and based in a confidential space. The groups in the room highlighted that the local community were unsure which service door they were walking into when they make initial contact, nor do they know which may have been the correct door to walk through.

Town specific options to respond to *Ani Boddie* and their family came from individual tables, and the themes that arose from each table were similar. Outreach services come from Mount Gambier, but these have been impacted by Covid-19. Most towns have a community health centre, GP's and pharmacies; however, it is perceived these options lack relevant knowledge about AOD options such as pharmacotherapy, nor have the capacity and/or ability to address suicide presentations. There are options available through telehealth and a question was raised about community members being able to access this in a confidential space if they do not have internet access at home or a home at all. Telephone counselling services are available from Mount Gambier and Adelaide, and there are various on-line services. Hospitals can assist if there is an active admission following a fall or accident from intoxication but cannot provide ongoing services. Travel to Adelaide, Mount Gambier and or Naracoorte may be a necessity with the ability to do so being very compromised.

Larger Limestone Coast communities had more options available for *Ani Boddie* including two AOD services providing face-to-face and or telephone counselling, a rehabilitation and counselling service through New Roads, Aboriginal and Torres Strait Islander specific health services, Migrant Resource Centres, Headspace, housing services, generic counselling and emergency services, and Naracoorte

Hospital provides a detox service through some Naracoorte GP's. There are options for an inpatient withdrawal unit in Adelaide, with typically 6 to 10 week waiting periods, and again the need for travel (and leaving behind support networks) presenting challenges.

Participants were then asked to participate in a whole room discussion to address further questions relating to services meeting the needs of client's diversity. The information gathered in this group exercise is that Survivors of Torture & Trauma Assistance & Rehabilitation Service (STTARS), provides services in Naracoorte, Bordertown, Mt Gambier and Penola and they do this by getting to know their community, building relationships and by being involved in their community not just individual clients, they are trusted and part of the inner sanctum. Tatiara Council was also identified as being very active with their Migrant community. One non-Government agency identified their use of translator services as meeting a need for culturally and linguistically diverse clients and acknowledged the challenges this poses in forming a therapeutic alliance which is key in working with clients in the AOD sector.

A further group exercise examined what should *Ani Boddie's* journey look like compared with what it actually looks like and what change was required to improve *Ani's* experience. Responses varied from providing timely information, early intervention and education, active health promotion starting in schools, to accessing service providers in stigma and shame free environments and receiving consistent, appropriate guidance for appropriate interventions. Further suggestions considered that clients should be able to have some choice about the journey they undertake with intervention, and mental illness disorders taken into account. One group's suggested that collaboration through a model of multi-agency wrap around would present a more holistic approach with agencies currently doing the best they can to navigate case management issues. Other discussions focussed on the adolescent age group noting that AOD use is often a rite of passage. For youth there is usually more than one journey, e.g., trauma journey, journey into treatment, journey into recovery and young people engaged in AOD services are often engaged with more than one agency and can have multiple case managers.

Discussions highlighted that when a young person presents to the emergency department with AOD issues, they are entered into the system with their presenting issues, services are implemented and interconnected to wrap around and go along the journey with the client at that time, including GP watchful waiting with 2 weekly catch ups questioning they are still connected to services and this does not stop until yes, we are all good. This model of care is difficult to implement with adults, and often is not pursued by services due to the complexities of relationships between mental health and AOD services.

In the second half of the program, Troy Bell MP, Member for Mount Gambier, Nick McBride MP, Member for McKillip and the Hon Clare Scriven MLC attended to listen to the two invited guest speakers and to hear feedback from the earlier workshop discussions.

Michael White the Executive Director from the South Australian Network of Drugs and Alcohol Services (SANDAS) addressed the multi-layered complexities surrounding *Ani Boddie's* journey and the need for cross collaboration to maximise client outcomes. He noted that a significant barrier to treatment was the stigma associated with AOD. As one of the most stigmatised health issues, those with addictions may avoid seeking assistance because of shame. The avoidance of shame and visibility entering any support service is exacerbated in regional locations where people tend to know each other reasonably well. Michael also addressed adverse childhood experiences (ACES) as being a key indicator for adult alcohol use disorder, and where to find information about AOD services on the "know your options" website. Early preventative education was considered to be a very important strategy to reduce addiction behaviours. In closing, Michael discussed in detail how the AOD sector

receives far less funding than the Mental Health sector even though there are strong interrelationships between the two areas.

Jennifer Duncan is the inaugural Chief Executive Officer of Australian Alcohol & Other Drugs Council (AADC) the new national peak body representing the alcohol and other drugs sector in the federal sphere. Jennifer discussed how the Limestone Coast sector can mobilise collectively to create a local framework for reform. She explored how the organising principles of collective impact can be complemented with policy and systems advocacy to deliver long-term systems change.

Jennifer's presentation then led into discussions focussing on what resources the Limestone Coast region required, and how agencies can implement a holistic approach to improve outcomes for clients.

Issues raised included the following:

- Non-AOD frontline agencies may not be picking up on AOD issues and should have basic AOD assessment training to build capacity. This will help people get immediate health information and referral process.
- There's an overall lack of knowledge about the services that are currently available, both for those in need and those working in the region.
- Locum GP's don't know the local services landscape and neither do Practice Managers.
- The region lost 1.7 FTE AOD counsellors in 2021.
- Most client referrals come from other services, not from families, friends, or individuals.
- Websites are not updated, have incorrect information or are full of industry jargon and acronyms and programs that mean very little to the average person.
- Need for peer support and lived experience services in public health systems, to make a connection with clients and assist in referral pathways. Post discharge follow up and keeping them connected to services.
- Alcohol is normalised, smoking has been de-normalised.
- Change in attitude to alcohol for the future of our younger populations.
- A Hub – Referral and support service with follow up provision, all agencies are involved and refer to each other.
- Lifeline- Community Centre proposal – referral service, peer support – one location to assist people navigate the system. Community driven, volunteers with triage worker and social worker.
- Public Health campaigns as a part of prevention strategies.
- Sporting clubs should not become takeaway alcohol outlets. This will destroy the liquor licensing as we know it. This is a complete reverse to what we need and want.

## Participant Survey

Participants were asked to respond to a number of questions about the structure of the Summit and how it facilitated information exchanges. In particular how the practical role play provided a useful foundation for workshops to discuss the services currently available in the Limestone Coast and to consider whether the presentations were relevant and timely for the AOD sector. The survey also asked participants what were their main take away points from the Summit were, if there was any interest in future discussion forums and how information gained might be used.

## Survey Outcomes

Data clearly shows that the Summit was successful with many agencies from across the region benefiting from the free workshop. 28 programs from 24 agencies participated in the workshop showing a broad reach and interest in the opportunity to gather and discuss needs and gaps, with 24 evaluations received. The following are noted as key outcomes;

1. Participants overwhelmingly identified networking and the need for collaborative strategic planning for the region as essential.
2. 92% confirmed they would be interested in attending future summits at least annually.
3. Lack of knowledge about current services, and agency websites were out of date and confusing.
4. The importance of specific AOD services, they are under resourced and waiting times were perceived as long.
5. Increased awareness of SMLC & SANDAS, and funding allocations to South Australian services.
6. The importance of language to de-stigmatise.
7. Will promote local services and now have awareness of [knowyouroptions](#) and [Path2Help](#) websites for promotion to colleagues and clients.
8. South Australia received \$193m for Mental Health services and \$4m for AOD services.
9. Guest speakers were very beneficial.

AOD Regional Summit		
	Number of Participants	29
	Participants completing the voluntary survey	24
	Agencies represented (duplicates removed)	24
	Response Rates	100%
Evaluation Feedback post Summit		
	Responses received from the questions on AOD services and gaps within the Limestone Coast	
		Yes
1	Did the Role Play set a good foundation for today?	83%
2	Was the discussion about <i>Ani Boddie</i> useful in understanding the gaps and services currently available in the Limestone Coast?	87%
3	Did the Guest Speakers provide relevant and timely information about the sector?	75%

## Feedback Summary

The opportunity for agencies operating in the same area to come together are rare in regions. From the lively exchanges and seemingly endless conversation during breaks it was clear that agencies valued the opportunity to discuss shared issues. Interestingly 5 years earlier in 2016, SMLC funded workshops for frontline workers (the Summit included both leaders and frontline works) where one of the key outcomes was the value placed on being able to meet with others over 2 days to learn what other people were doing and how they had similar or over-lapping problems.

While the opportunity to meet is valuable, in both 2021 and 2016 feedback highlights that agencies are disconnected from each other with limited knowledge about the specific services each provide in the region and this has not changed over time. Agencies clearly wish this wasn't so and are keen to work collaboratively. The reference to inadequate and poorly maintained websites in the survey is



indicative of the timing issues associated with project-based funding. By the time everything is well established and working it is not uncommon for projects to wind down with a new provider being funded for something different. Keeping websites current in this type of context would not necessarily be a priority making it very difficult for potential clients as our role play with *Ani Boddie* illustrated. The disconnection also does little for the creation of a clear understanding of client needs and effectiveness of services from a qualitative perspective.

Those attending had no doubt that needs are rising as rental market challenges, and Covid-19 related stresses across the region challenge personal coping strategies. Through clearer understanding of agency inter-relationships, advocating for improved services across the region will be possible. This viewpoint was underscored by Sally Underdown, South Australian State Manager Alcohol and Drug Foundation who posted on social media about the Summit stating;

*"I spent last week in the Limestone Coast of South Australia with a group of savvy and committed people working to make their region healthy, strong and connected. The collaboration and change that [Sophie Bouchier](#) and the [Substance Misuse Limestone Coast](#) are creating in the region is truly inspiring. The [Alcohol and Drug Foundation](#) is so grateful for all the amazing work that they do."*

-LinkedIn 09/11/2021



## Actions/Future Pathways

Discussions during the summit clearly showed that local, state and national agencies wish to continue conversations and a united approach to advocating for ongoing and long-term funding for the Limestone Coast region. Working towards a sustainable collaborative model of care requires a collective approach by all agencies. Attendees registered a desire to meet regularly and advocate on



the issue of resource depletion in the regional AOD sector and coming up with solutions for those who are in need of AOD services.

This report is designed to provide a summary of the AOD landscape challenges for agencies and politicians, ahead of the State and Federal elections in 2022.

In the short-term, SMLC will facilitate the sharing of information gathered during the summit to local, state and national agencies, politicians and peak AOD bodies, along with proactive media coverage of issues raised. SMLC will continue our ongoing partnership with the ADF coordinating the trial of the Planet Youth preventative model and working with all schools in the region to implement evidence based AOD education as another early preventative strategy.

Long-term, SMLC will continue to provide leadership, advocacy, and education opportunities. This work will include advocating on behalf of agencies and offering further collaboration opportunities to continue the conversation about attracting ongoing funding for a long-term sustainable model for the Limestone Coast region.

### Acronym's list

AADC	Australian Alcohol and other Drugs Council
ACES	Adverse Childhood Experiences
ADF	Alcohol Drug Foundation
AOD	Alcohol and Other Drugs
CALD	Culturally and Linguistically Diverse
DASSA	Drug and Alcohol Services SA
FTE	Full Time Equivalent
GHB	Gamma Hydroxybutyrate
GP	General Practitioner
MLC	Member of the Legislative Council
MP	Member of Parliament
SANDAS	South Australian Network of Drug & Alcohol Services
SMLC	Substance Misuse Limestone Coast
STTARS	Survivors of Torture & Trauma Assistance & Rehabilitation Service

## List of attending Agencies and Politicians

Aboriginal Family Support Services

Ac.Care Mount Gambier Family Relationship Centre

Alcohol and Drug Foundation

Australian Migrant Centre

Australian Red Cross

Baptist Care

Centacare Family Relationship Centre

City of Mount Gambier

Drug and Alcohol Services SA

Department for Child Protection Limestone Coast

District Council of Grant

Housing SA

Headspace

Lifeline

Life Without Barriers

Limestone Coast Domestic Violence Service

Limestone Coast Local Health Network

Limestone Coast Community Justice Centre

New Roads

OARS Community Transitions

Office of the Chief Psychiatrist

Pangula Mannamurna

Ruby's Reunification Program

Survivors of Torture & Trauma Assistance & Rehabilitation Service

Uniting Communities

SA Police

Troy Bell MP – Member for Mount Gambier

Hon Clare Scriven MLC – Member Legislative Council

Nick McBride – Member for MacKillop