

‘think-tank’ background information

What is a consumer?

A ‘consumer’ for our purposes means someone who is a current user, someone who is currently using drug and alcohol (AOD) services, someone who might use AOD services in the future, someone who has used AOD services in the past, their family members and supporters. This group is for anyone who identifies as any one of these.

What is a peak body?

A peak body is generally a group of organisations that provide services to a particular population such as those that use drugs and alcohol. There are state and national peak bodies. WANADA is the WA peak body for AOD services and ATODA is the acting national peak for AOD services. Peer Based Harm Reduction WA is the state peak body for peer-based drug user organisations and AIVL is the national peak body for peer-based drug user organisations.

1. WANADA (WA Network of Alcohol and Drug Agencies) <http://www.wanada.org.au>
2. ATODA (Alcohol, Tobacco and Other Drug Association) <http://www.atoda.org.au/policy/adca-defunded/>
3. Peer Based Harm Reduction WA (former WASUA) <http://harmreductionwa.org/about/>
4. AIVL (Australian Injecting and Illicit Drug Users League) <http://www.aivl.org.au>

What is a consumer peak?

A consumer peak is different because it refers to a group of consumers, not organisations. It is not called a peak body, it is called a consumer peak, where members are primarily consumers. Depending on the group’s membership rules, representatives from organisations may be included to provide a supportive role and may or may not have voting rights.

Why is a consumer peak important?

While AOD peak bodies bring related organisations together to improve their services, an AOD consumer peak would work to strengthen the voice of consumers in relation to matters that affect them. The stronger and broader this voice, the better it is able to have an influence on policies made that impact consumers. Currently this voice comes from a relatively small number of consumers who are engaged on agency committees as consumer representatives or recruited from AOD services for forums like this.

What are some examples of what a consumer peak does?

Victoria is the only state in Australia that has an AOD consumer peak, the Association of Participating Service Users (APSU). The APSU provide an independent checkpoint for feedback on services, a variety of consumer training opportunities, an e-newsletter and a magazine written by consumers for consumers. They are hosted by the Self-Help Addiction Resource Centre (SHARC). Check their website!

1. SHARC-APSU <http://www.sharc.org.au/program/association-of-participating-service-users/>

What is consumer participation?

Consumer participation is becoming an important focus for AOD services. It is based on the idea that services should be developed according to consumer needs and, to ensure that someone actually asks the consumer what those needs are, 'consumer participation' is required. This is not exactly a new concept and many organisations have begun to incorporate consumer participation activities, but opportunities to contribute are not all the same. The degree of involvement an organisation supports and the type of participation activities they offer can vary greatly. See our 'Principles and Best Practice Strategies for Consumer Engagement' document, tables 1 and 2 or AIVL's Treatment Service Users (TSU) Project for an in-depth explanation.

1. <http://www.hconc.org.au/wp-content/uploads/2017/04/AOD-Consumer-Engagement-Strategies-FINAL.pdf>
2. <http://www.aivl.org.au/stories/treatment-service-users-tsu-project/>

What is a consumer representative?

A consumer representative is someone who participates on organisational committees to provide a consumer perspective. The role asks that you bring not only your own lived experience but that of others with you to provide a broader perspective so that decisions are made that are more aligned with real consumer experience. It is different to a lived experience 'speaker' who would be sharing their story with the public or a community group.

How training can help?

Training helps you to understand the purpose and context of your participation and develops your confidence in promoting a consumer perspective. There are many levels of participation available, some require nothing else but your ideas and opinions, like this think-tank. Some require that you have a little more understanding of a particular organisation, service or policy. Training can be as simple as going over committee meeting procedures or as complex as policy development.

our history

Who are we?

We currently call ourselves the 'Transitional AOD Advisory Group' and our members consist of approximately half consumers and half representatives from supporting organisations and community bodies including WANADA, HCC, Peer Based Harm Reduction WA, CoMHWA, MHM2 and WAPHA.

5. WANADA (WA Network of Alcohol and Drug Agencies) *peak body AOD services* <http://www.wanada.org.au>
6. HCC (Health Consumers' Council) *current host 'Transitional AOD Advisory Group'* <http://www.hconc.org.au>
7. Peer Based Harm Reduction WA (former WASUA) *peer-based* <http://harmreductionwa.org/about/>
8. CoMHWA (Consumers of Mental Health WA) *mental health consumer peak* <http://www.hconc.org.au>
9. MHM2 (Mental Health Matters Too) *community group* <http://mentalhealthmatters2.com>
10. WAPHA (WA Primary Health Alliance) *current funders* <http://www.wapha.org.au>

How did we come about?

Our group has an interesting history. The 'AOD Advisory Group' came about as a result of the 2014 AOD forum that sought input on how to improve consumer involvement in the AOD sector. One of the six resulting recommendations was the need to develop a set of principles to guide services in their consumer participation activities.

1. A WANADA document detailing the forum recommendations can be found at: http://wanada.org.au/index.php?option=com_docman&view=download&alias=5-consumer-involvement-forum-2014-summary-report&category_slug=reports&Itemid=265

In 2015 HCC received funding to progress the recommendations and sought to establish the AOD Advisory Group. An expression of interest (EOI) for consumers to join the group went out and applicants were required to provide a CV and statement outlining their interest. Interviews were conducted and committee members chosen. Since then, several new committee members have joined in support of our emphasis on maintaining a diverse consumer member majority.

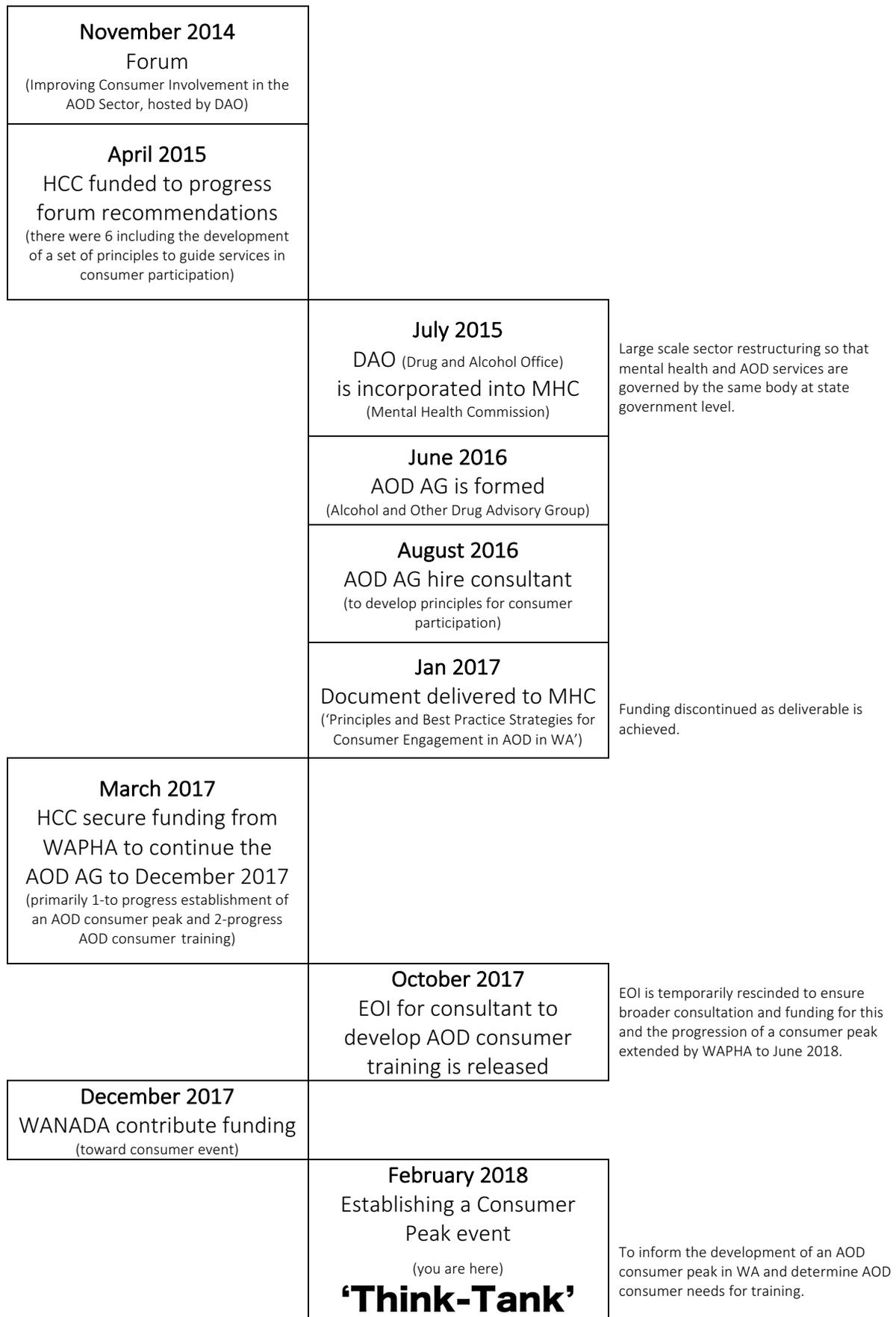
Once the group established they hired a consumer consultant to develop the principles. This was completed in Jan 2017. At this point funding for the group was terminated. The HCC, having seen the hard work and the potential of the group, managed to secure funding from WAPHA and the group was able to continue their work as the '*Transitional* AOD Advisory Group'. The funding was given to support two main purposes, establishing an AOD consumer peak and developing training for AOD consumer representatives.

What have we done so far?

Since 2015 the group has maintained regular attendance and achieved many significant goals toward setting up a formal and legitimate AOD consumer group in WA. We have:

1. Developed and delivered the Principles and Best Practice Strategies' document to the Mental Health Commission (our original funders)
2. Prioritised consumer member majority to ensure this group remains reflective of consumers
3. Liaised with the only AOD consumer peak in Australia, APSU in Victoria
4. Sent a representative to participate in a Victorian AOD consumer participation forum
5. Discussed collaborative training with other AOD agencies
6. Discussed and proposed rules of association and definition of terms
7. Discussed and proposed name and logo
8. Secured funding for greater consumer consultation on the development of a consumer peak and consumer representative training
9. Organised the upcoming 'think-tank'

(The above information in a diagram!)



Why a think-tank and why you?

As the 'transitional' AOD Advisory Group we have done what is possible to lay the foundations of a consumer peak. To make this a truly representative consumer group we now need the ideas and opinions of **you, the consumers**, on matters like; if we even need this group, what we might want to do with it and what training you would like, if any, in order to get involved in consumer participation or representation opportunities.

Where to from here?

With the information we get from your input at the 'think-tank' forum and the on-line survey decisions will be made such as:

1. Do we progress an AOD consumer peak?

If so, the operations and nature of the transitional AOD Advisory Group will be reviewed including things like:

- Opening membership to consumers
- Will the new consumer peak be 'stand-alone' or hosted by another organisation
- Rules of incorporation
- Setting a name, logo, mission, values and purpose for the consumer peak
- Member, volunteer and/or employee roles and responsibilities
- Explore funding options
- Explore volunteer requirements if funding is not achieved
- Development of AOD consumer participation and/or representative training
- How **you** can get involved