

Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 2: June 2021

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Enhancing connections



NADA
network of alcohol and
other drugs agencies



CEO report

Robert Stirling

NADA

NADA is still on a high from our 2021 conference, 'Enhancing connections'. Over 300 people attended the conference, with most choosing to attend in person. It was the first time since the COVID-19 pandemic that many of us have all been in the same room, with the opportunity to network and connect.

This issue of the NADA Advocate continues the conference theme of enhancing connections. NADA's most important connections are with our members. We are a large and diverse network of AOD service providers. Within that broad network of members, we support a range of member networks: the NADA Board of Directors; Practice Leadership Group; Women's Clinical Care Network, Youth AOD Services Network; CMHDARN: Research Network; Gender and Sexuality Diverse AOD Worker Network; and our newest network, the Data and Research Advisory Group. We also partner with the Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) and the Aboriginal Drug and Alcohol Network (ADAN).

One of the conference highlights for the NADA team, and many participants, was the connection to Aboriginal culture that set the scene: from the smoking ceremony, to the voices of young people with lived experience, the views of Aboriginal workers and the launch of the model of care for ADARRN. This, along with the 2021 National Reconciliation Week theme, still resonates with us—as a sector we need more than just words, we need to take action. NADA is committed to reconciliation, and our unwavering support for the Uluru Statement from the Heart.

Central to that commitment are NADA's values of collaboration, respect, integrity and inclusion. We actively apply these values as we enhance connections that strengthen the non government AOD sector. These values are important in our engagement with each other within the sector, but they're also critical to apply outside of the sector. They are values that will create those connections across sectors that ensure that we can meet the needs of people that access our services to reduce AOD related harms.

NADA is committed to inclusive practices across the sector, valuing diversity across all population groups and treatment types, and ensuring that our approach is equitable and accessible.

Finally, in demonstrating our value of inclusion, NADA is celebrating our success in received both the 2021 service provider of the year award and the 2021 gold service provider award, as part of the Australian Health + Wellbeing Equality Index. We are committed to inclusive practices across the sector, valuing diversity across all population groups and treatment types, and ensuring that our approach is equitable and accessible.

NADA Conference 2021

Enhancing connections

22–23 April 2021



Held at the International Conference Centre in Sydney, the NADA Conference 2021 was our largest conference to-date, with 347 delegates attending. It was also the first time NADA has offered a hybrid conference, giving people the opportunity to attend in person (86.5%) or virtually, from across NSW and Australia.

Who attended?

Of the delegates attending, 59% worked for NADA member organisations, primarily in direct client services positions and then management roles. This conference had the most delegates (144) coming from a variety of other sectors, including NSW Health, Justice Health, Primary Health Networks, and universities.

Why did you come?

Some of the main reasons delegates were keen to attend the conference was to network and meet other delegates in person. This was a strong theme given the past year's restrictions for travel and meetings due to COVID-19.

NADA Conference 2021

continued

Many delegates attended to develop knowledge and/or skills and hear particular speakers, including Daryl Chow and Paul Barry.

What did you think?

93% of respondents strongly agreed or agreed that the event focused on innovative evidence based practices that improve the lives of clients, consumers, and the community.

98% of respondents strongly agreed or agreed that the conference was a worthwhile and valuable event and that they would recommend the NADA conference to a colleague.

93% of respondents strongly agreed or agreed that the conference streams were relevant.

What did the virtual attendees think?

75% found the Virtual Attendee Hub extremely easy to use while **25%** found it neither easy nor difficult. They also thought that the hub allowed flexibility to watch content anywhere, and that quality of the online access was very good.

The keynotes

The delegates enjoyed the diversity and quality of the keynotes but overall, Daryl Chow and Paul Barry were the favourites. The panel discussion that included Jenny Valentish, Dr Stephen Bright and staff from member services was also a notable highlight, generating many delegate questions and comments.

Presentations

The conference theme, enhancing connections, was timely and appropriate given everyone's experiences over the past year with COVID-19. The conference offered various streams including working with Aboriginal communities, access and equity, working with consumers, working with young people and women, children and families. Delegates reported enjoying the different presentations and listening to a broad range of relevant cutting-edge topics and best practice approaches.

Highlights

Overall, highlights mentioned by delegates included the conference focus on First Nations people, particularly on the first day, including the smoking ceremony, the young Aboriginal people from WEAVE talking about their experiences of AOD treatment, and the yarning circle for Aboriginal workers.

One delegate stated, 'The day one morning emphasis on First Nations people and youth was an uplifting way to kick things off'.

Another said, 'The conference honored Indigenous culture and reflected what acknowledgements say—it truly acknowledged culture by day one focus being on Aboriginal issues. Then throughout the conference'.

Other feedback included, 'I loved that this conference incorporated Culture so well. It was embedded rather than tokenistic. The Welcome to Country, smoking ceremony, stories, and dancers—as well as a strong focus on Aboriginal projects made the NADA conference one of the best I've attended'.

Other highlights reported by delegates were hearing the voices of consumers with lived experience, that there was an active focus on community, consumer and connection, and the variety of keynotes and presentations overall.

Thank you to everyone who attended the conference in person and virtually, you provided valuable insights, comments and questions. Thank you to all who delivered keynotes, speeches, the awards, presentations and the panel.

We didn't think we could improve on last year's conference, but we do believe this was our best to date, and we look forward to seeing you at NADA Conference 2023.

Keep an eye on your email for videos and presentations from the NADA Conference 2021. We'll be sending them soon!

Notes on the media

Dr Stephen Bright founded AOD Media Watch in 2016 to increase evidence based media reporting of AOD related issues. Here, he recounts the media keynote session, held on day two of the conference.

It was a pleasure to not only be invited to present at the NADA Conference 2021 about my experience, but to also be able to share a stage with Paul Barry from ABC's Media Watch.

Paul's presentation included footage from the show's archives of poor drug reporting that was so terrible, that the audience found it laughable. Paul called out [The Daily Telegraph on their 2006 coverage of the Kings Cross Medically Supervised Injecting Centre](#) in which staged photos of needles stolen from a local diabetic cat were used to illustrate the cover story. I then spoke about [my own experience with the Telegraph](#). In 2019, I arrived in Sydney from Perth to give evidence at the 2019 NSW Coronial Inquest, into the death of six patrons of NSW music festivals. Walking through the airport gate, I noticed [the front cover](#) of the Telegraph, that stated I had given oral evidence the previous day! The Telegraph said the parents of the deceased would have preferred I had stayed in WA and they also accused me of skewing data.

I was so outraged, I submitted a complaint to the Australian Press Council. This resulted in a hearing, and after just five months, [the press council sided with the Telegraph](#). The press council found that 'the article was a reasonably accurate summary of a report that suggested that experts who support pill testing, including Dr Bright, were "skewing" data to support their argument'. This is despite me not even being named as an expert in the report. However, the 'Council notes that while the article named the complainant, the article referred to him as being one of a number of experts', and thus they could throw me under the bus. The fact that I wasn't even in court was not deemed misleading.

AOD Media Watch is run by a group of [researchers and clinicians](#) who work in the field to improve the reporting of AOD issues. We shine the light on stories that contain misinformation, perpetuate unnecessary moral panic and stigma. We have developed [tips](#) outlining key principles for the reporting of AOD related issues that include:

- know your organisation's policy on speaking with the media
- know what angle the journalist is taking on the story
- be wary of using stereotypical concepts or language that can be polarising.

With more people now accessing their news on social media, AOD Media Watch is currently engaging in research to better understand how we can better leverage it, in a way that improves media reporting of AOD related issues. We want to avoid examples like Dara rehabilitation service, whose Facebook post sparked a media moral panic about Krokodil, [first covered by AOD Media Watch](#) and then by [ABC Media Watch](#). Instead, we want to leverage off social media like the esteemed neuroscientist Dr Carl Hart, who [took to Twitter](#) after he was misrepresented by a journalist. Dr Hart's post has been retweeted by over 200 people and seen by thousands more.

A key lesson I have learned through my experience, is that, as a community, we have agency through AOD Media Watch and social media. Despite my disappointing outcome from the press council, AOD Media Watch continues to make complaints to it, and we encourage others to do the same, since it undergoes due process upon receiving a complaint.

For more information about AOD Media Watch, including the complete list of tips for dealing with the media, and how AOD Media Watch can support you to make a complaint to the press council, [refer to AOD Media Watch website](#).

We can reduce drug stigma

Presentations at the conference that focused on stigma and discrimination were enlightening. NADA's Sharon Lee shares the good news: we can use communications research and practical learnings from other issues to reduce stigma that harms people who use drugs, and the sector that provides them support, if they seek it.

Shifting perspectives: from a duck to a rabbit

Changing the way people think about illicit drugs, and the people that use them, is a vital strategy we must use to decrease stigma. This will take decades to achieve, but if it spreads widely, it will generate fundamental change.

During a conference workshop, Mark Chenery presented the resource, [Drug Stigma—Message Guide¹](#) [PDF], that will help our sector to achieve this goal. Mark introduced the guide, walked participants through the message research and testing, then invited them to put it into practice. Participants quickly grasped how to make simple changes to prevent reinforcing a negative frame and promote a desired one. Some curlier questions came from the audience and Mark answered them deftly. But all too soon, the session was over, leaving the participants gasping for more.

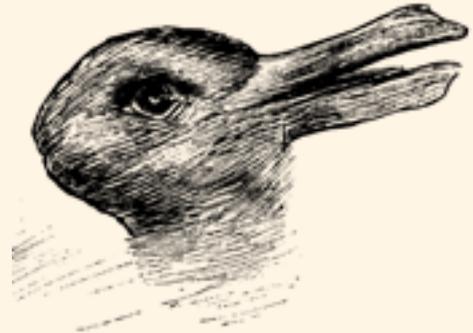
NADA is excited to announce that we have organised a practical workshop for members (*See right box*). Because the way we talk about drugs must flow throughout the sector, we would like one representative from a service to take the workshop, then walk colleagues through the exercises with a video and resources later.

Stop stigma at the source

On 17 May, just weeks after the conference, The Herald started a campaign against a proposed second Supervised Injecting Room, to be based in the City of Melbourne.

On Twitter, Dr Nicole Lee linked to the story and wrote, 'Continuing their confused reporting on drugs, [@theheraldsun](#) outlines exactly all the reasons why a medically supervised injecting facility is need [*sic*] in the city - high rate of street use and overdose - while simultaneously slamming it'.

Associate Professor Kate Speear [tweeted](#) an image of the cover, and protested, 'The language and concepts deployed in this article on the possibility of another



EXPRESSIONS OF INTEREST

Drug stigma message training

19 and 26 November 2021

Three-hour sessions delivered over Zoom

Increase your skills and confidence to develop persuasive communications around drugs and drug policy that reduces stigma. Participants will work in groups on a number of scenarios to practice the key frameworks and tools. [Register to express your interest](#) to attend this training, and start a conversation with your manager about sharing what you learn with your colleagues.

Resources

[Message guide launch](#) detailing research findings

[Don't mention the war](#) [PDF, page 9]: Advocate article

1. *Commissioned by The Alcohol and Drug Foundation, Uniting NSW.ACT and the New Zealand Drug Foundation.*

Melbourne supervised injecting facility is extremely damaging, stigmatising and harmful. Referring to people in this way generates and exacerbates harms, puts lives at risk and more'.

AOD Media Watch posted an [article](#) on its website. The tabloid continued to misinform, with the AOD sector's guard dog [in hot pursuit](#). On 24 May, ABC Media Watch presenter Paul Barry announced on Twitter the return of the 'diabetic cat' to the program, meaning [the program would cover it](#)—that night!

Other sectors have recommended the use of 'educate' and 'protest' strategies to combat stigma. Take part!

Reflections

Following the 2018 conference, NADA was excited to continue the 'consumer conference scholarship' for this year's event. Five consumer scholarships were available, and we received a high number of applications. NADA's Michelle Ridley asked some of the scholarship winners to share their thoughts on the event.

Tony said, 'I really enjoyed it... it was good chatting with different people from different organisations'. Tony particularly liked the youth advocates from WEAVE and stated that he 'really appreciated the opportunity to attend the conference'.

Kay reported that 'all the presentations I attended were incredibly insightful and informative, and the level of compassion and professionalism demonstrated by presenters and their teams was truly exceptional'.

Chris said that he 'really liked Paul Barry's keynote presentation and the variety of content across the two days'. Adam also reported that 'Paul Barry was a highlight'.

Kate stated, 'I was inspired to hear about the wonderful and groundbreaking work that ADARRN is doing. Their recognition and focus on the importance of culture and community, and how they have brought this to life to sit at the heart of each client's journey to health, is truly inspiring'.

Another highlight for Kate was 'the sessions focusing on the overarching issue of stigma, showing the impact and importance of how we use language'. The conference content that looked at stigma and drug use, was particularly popular for all the consumer scholarship winners.

The scholarship winners that provided feedback about the event were all very happy they attended and thought the conference was well organised. Kay was thankful for the opportunity to attend the conference and 'hear about the amazing work people and services are doing in this important space'. Kay said, 'I'm very grateful to all NADA members for the brilliant work that they do'.

NADA plans to continue the consumer conference scholarships and hopes to increase the number that are given out. NADA is committed to this program and ensuring that people with lived experience of AOD treatment are at the heart of everything we do. As one of the scholarship winners stated, 'there is nothing without us'.

Highlights from the chairs

Grace Ivy Rullis, Haymarket Foundation, on the 'program and treatment response' stream:

- Dr Mindy Sotiri, Community Restorative Centre, continues to advocate and provide the evidence for the provision of holistic post-release support for people leaving prisons.
- Kirketon Road Centre demonstrated their expertise in data collection, implementing the internationally evidenced ACE tool for their marginalised service cohort.
- The University of Wollongong dazzled us with three presentations from a SMART Recovery app 'Smart Track', to an observational cohort study using linked NADAbase data, and outcome monitoring in relation to health literacy and service for people accessing residential AOD treatment.

Fabian Galbraith, NADA Consumer Board Subcommittee member, on the 'consumer engagement' stream:

- Although last year was difficult for services, I saw that they were able to adapt and still provide care and support in ways that helped the consumer return to their service.
- It was fantastic to see consumers' feedback and how services have worked to listen to them.
- I appreciated the focus on strength based recovery, and services not pushing the consumers to quit AOD. I could see that services have researched how to best support a consumer's journey.



AOD AWARDS
for the
NSW NON GOVERNMENT SECTOR

NADA, the peak organisation for the non government AOD sector in NSW, would like to congratulate the winners of the fourth biennial AOD Awards for the NSW Non Government Sector.

The awards were presented as part of the NADA Conference on 23 April 2021 by the NSW Ministry of Health executive director, Centre for Alcohol and other Drugs, Daniel Madeddu, NADA president, Julie Babineau, former NADA chief executive officer, Larry Pierce, and current NADA chief executive officer, Robert Stirling.

Congratulations to the 2021 winners!



First Australians award

This award recognises the significant contribution of an Aboriginal and/or Torres Strait Islander individual, organisation or program that has made a significant and/or meaningful commitment and contribution to preventing and/or minimising AOD related harms in Aboriginal and Torres Strait Islander communities.

Winner Steven Taylor, Weigelli Centre Aboriginal Corporation

Certificate of commendation The Glen Centre-Ngaimpe Aboriginal Corporation (Chittaway Bay, NSW)

Transitional Indigenous Service, Community Restorative Centre (Broken Hill and Wilcannia, NSW)

Excellence in treatment

This award recognises excellence and/or innovation in treatment to prevent and/or reduce AOD related harms. This includes the delivery of services, quality and safety, programs and initiatives for individuals or specific populations.

Winner Elouera, Lives Lived Well (Orange, NSW)

Excellence in health promotion and/or harm reduction

This award recognises excellence and/or innovation to prevent and/or reduce AOD related harms. This includes health promotion, harm reduction, community development, prevention and consumer engagement or peer worker activities.

Winner Youth Solutions (Campbelltown, NSW)

AOD Awards for the NSW non government sector

continued



Excellence in research and evaluation

This award recognises individuals or organisations that contributed to building the evidence base for practices to prevent and/or reduce AOD related harms.

Winner Triple Care Farm, Mission Australia (Robertson, NSW)



Outstanding contribution award

This award recognises the significant contribution of an individual working in the non government AOD sector.

Winner Dr Marianne Jauncey, Uniting Medically Supervised Injecting Centre

Winner Josette Freeman, SMART Recovery Australia



Lifetime achievement award

The award recognises the significant contribution of an individual working in the non government AOD sector over a lifetime.

Winner Will Temple, Watershed, Lives Lived Well

Certificate of commendation

Gerard Byrne, WHOS (formerly Salvation Army)



The Glen Dancers



cc by sa 2.0 Oleksii Leonov

What helped you connect in treatment?

By Liz Gal NADA

Many people who access residential AOD treatment services speak of a lack of connection in their lives while they used substances. Many had lost connection with their communities, their families, and with themselves. In fact, sometimes the disconnection they want from themselves, is one of the contributing factors for them to continue to use drugs.

To gain more insights into what helped people connect in treatment, I spoke with several consumers about their experiences of treatment services, and what came through loud and clear, is that positive connection in treatment is one of the main reasons they stay in a program. Through hearing the consumer's stories, I got a sense that how safe, comfortable and 'part of' the program someone feels, was just as important, if not more so, than the interventions delivered in the program itself, in terms of continuing treatment.

When asked what helped them connect in treatment, a common theme was relatability and community.

'They had a big art room where we sat and did Aboriginal art. They had a few Aboriginal workers there and I'm from that Land so I was home, I was on Country'.

Sally, residential rehab

'All the ex-residents come here for a barbeque. They all knew my name and they all hugged me, and said "you're in the right place"—you don't feel judged'.

Eric, residential rehab

'A good AOD service has people working that are in recovery themselves. If they don't there's not that complete understanding'.

Tom, former client, residential rehab

'I was 95% made up I was walking out the door. I had a word to my counsellor, and he told me "I don't want you to leave, we can see small changes already. You're in the right place". I needed that encouragement, it helped me to start to immerse myself in the program'.

Steve, residential rehab

'It was small and intimate... this place, once I've been in it, I can come back for the rest of my life. Sort of like a family thing, so, you feel like you're a part of something which was very important for me because my using isolated me from society'.

Tom, former client, residential rehab

I also spoke with the consumers about what things caused them to feel disconnected from treatment, and what was said most consistently was, needing space to settle and be heard, being able to connect with their family and culture, and being communicated with respectfully.

Consumer insights

continued

'Being down here in the city, I feel sort of like I've lost connection with my culture. They don't have a Koori worker here. They don't do the Acknowledgement of Country'.

Sally, residential rehab

'I don't like grey areas... I don't like passive aggressiveness or the cold shoulder'.

Eric, residential rehab

'A lot of the time when you come into these places, they tell you what to do straight away. Maybe just actively listen a bit better... Sometimes they can be a bit full on'.

Tom, former client, residential rehab

'I can't talk to my kids and I can't see them and that devastates me... I've been an addict for my kid's entire life and they're doing all this stuff I don't know about. I don't see them in the morning, I miss their smell. When I start thinking about my kids, I feel pretty disconnected'.

Eric, residential rehab

When asked what can staff or services do better to support people to feel connected to stay in treatment; supporting culture, and being treated with respect and as an individual came through as very important.

'People come in completely broken, full of fear and they need to be loved back to life a little bit. Every person needs an individualistic tailored approach'.

Tom, former client, residential rehab

'In terms of connecting with yourself and connecting in treatment the program is fantastic, and if I could have my culture alongside that, it would be lovely'.

Sally, residential rehab

For more information and resources that relate to some of the important areas that consumers said helped them stay connected in treatment refer to:

The [AOD treatment guidelines for working with Aboriginal and Torres Strait Islander people](#) that supports non-Aboriginal AOD service providers working with Aboriginal and Torres Strait Islander people.

[Working with women engaged in AOD treatment](#) 3rd edition released this year, that supports best practice interventions and assists services become more gender responsive, family inclusive and trauma informed.

PANDA Psychiatry and Non-Prescription Drug and Alcohol Unit

PANDA is a new 24/7 six-bed acute short stay unit, co-located with the Emergency Department (ED) and Psychiatric Emergency Care Centre (PECC) at St Vincent's Hospital Sydney (SVHS). Its core business is to care for patients with AOD intoxication or behavioural disturbance with co-existing general medical, AOD, toxicological and/or mental health issues.

PANDA provides streamlined care to patients presenting with alcohol or non-prescription drug intoxication or poisoning, who may be detained involuntarily as mentally disordered under the Mental Health Act NSW (2007), requiring up to 48 hours of observation, assessment, management and treatment planning prior to transfer or discharge.

This new, dedicated service at SVHS provides prompt inpatient clinical pharmacology, toxicology, AOD, and mental health treatment as well as improve ED patient flow. The PANDA model of care aligns with the Alcohol

and Drug Consultation-Liaison model of care—a NSW Health priority, which reduces re-presentation frequency and re-admission rates.

The allied health care team comprises a mix of specialties from social work to senior medical staff, to clinical nursing through to peer support. This diverse team fosters relationships between psychiatry, ED, intensive care, outpatient, community and non government organisations.

Although NADA members cannot make direct referrals to PANDA, as all admissions are via ED for patients presenting with intoxication or poisoning, it is a useful service to be aware of and to explore how your service might provide some pathways to ongoing treatment.

Nurse Unit Manager, Chad Cowling and Alcohol and Drug Service Manager, David Hedger

How does your service enhance connections



Co.As.It's Drug and Alcohol Program James Jaku, Drug and Alcohol Program Officer

What connections are key to the delivery of your program? Why are they important? Co.As.It's Drug and Alcohol program was established to inform the Italian community in Sydney about AOD use issues, so forming connections and partnerships with agencies that cater for CALD communities has been integral to our work. Another important connection is with community leaders who are vital in making the program known. With their influence and status, we have been able to promote our services at public and cultural events, and hold information sessions at public venues.

Our counsellors participate in regular segments with the Italian language radio station Rete Italia and SBS Italian language radio programs, and this also helps to disseminate information about our program among the Italian-speaking community. In addition, we have a long-standing, close connection with the Italian Consulate in Sydney which has been vital, especially in relation to Italians who have been affected by the COVID pandemic while on vacation or on working holidays in Australia.

All these connections have helped members of the Italian migrant community, as well as Australians of Italian origin, to obtain information and assistance in relation to AOD issues through our service.

How were you able to establish and maintain connections? The most efficient means of establishing connections with community leaders and other agencies and organisations has been through personal contact from Co.As.It staff. Keeping connections through regular meetings has been very important. Also attending relevant events, like the NADA conference, NSW Health Forums, interagency workshops and network meetings, has enabled us to form and maintain professional bonds with other practitioners in the field, and assisted in cross-referrals and mutual assistance.

How do these connections contribute to the outcomes of your program? Share a story of success.

When COVID-19 took hold, the connections previously established with other agencies helped the facilitation of referrals for our clients with complex and specific needs. This was to organisation like NSW Mental Health Crisis Teams Detoxification and Rehabilitation Centres. These connections have, in some instances, supported clients to start the recovery process without undue delays, proving to be immensely valuable.

A success story we would like to share involves a young woman in her mid-twenties, of Italian origin, who, following her introduction to drug use by her former partner, was seeking ways to regain some control over her life. In a relatively short time, her drug use had escalated to daily problematic use of methamphetamines, cannabis and alcohol. After coming to the realisation that she had a problem with drugs, she initiated the process to address this and commenced counselling with our program.

Through weekly sessions she acquired knowledge and insight about her substance use, regained her self-esteem and developed a strong resolution to address the issue. After close consultations with her general practitioner and psychologist, she was referred to a number of rehabilitation programs, and successfully gained a placement. Since entering rehab we closed our treatment with her, and we understand that she has continued in the program and is on the way to enjoy a happier, stable life.

'If I look back to the start of my program, I could have given you a huge list of what is wrong with me; after being here and doing the groups, my brain now starts to look for the positives, and that list is getting longer each day.'

WAYS Youth and Family

Dr Terri Said, CEO

What connections are you helping to strengthen in your service? Why are they important? The connections we are strengthening in our service is in relation to our client work. Our clients include those aged 8-24 and our local community. We work with young people and their families. By clients, I'm referring to actual and potential clients i.e. people in our community who need help but do not know we are there to assist them. Connecting with our clients for WAYS centres around making them feel safe and comfortable, and providing non-judgmental support, with an aim to increase the rate of help seeking behaviour and the provision of effective counselling and case work that meaningfully addresses AOD issues.

How were you able to establish and maintain connections? How we connect with young people will depend on the different developmental stage they're in. For instance, people in middle adolescence will be more likely to be at beaches and music festivals, so we may engage with them there. Those in the early stages of adolescence will be best targeted via schools and engaging in school workshops. The level of engagement, type of engagement, and information we provide to them will be dependent on their developmental stage. We also recognise that clients require different things at different times, for instance, advocacy, therapy, family therapy, casework, and group programs/workshops.

We also offer soft entry points to our service, for example, running AOD free music events for young people. Soft entry points means we can connect with young people when they're out having fun, in a more relaxed atmosphere.

We also hire peer educators to do things like go out to beaches and festivals to talk to other young people about AOD use, and provide resources like information packs. Peer educators in these settings are trained in areas such as effective outreach, crisis, sexual health, AOD, and referring young people on to other services.

Aside from our AOD counselling and casework, the other ways we connect with young people include:

- running an independent secondary school for young people
- maintaining our connections with local government, which facilitates our work with young people
- online and through media: for instance, radio, our website, Facebook, Instagram, and our newsletter. We might use these tools to launch a campaign. The means of connection we use will depend on the cohort we're trying to connect with.

Share a story of success. WAYS gets lots of positive feedback from young clients and their families, for instance, cards and emails that say they wouldn't have been able to manage their own or their relatives/friends' AOD use if it wasn't for WAYS. Our service also gets positive recognition from funding bodies—which speaks to our success.

The success of our service relates to taking a grassroots, collaborative, multidisciplinary, systemic and client centered approach, rather than seeing the clients we service as patients. This can work for other settings, but it isn't the approach we take.



Missed a webinar? Catch up now.

Watch videos

Leichhardt Women's Community Health Centre
Carmen Couceiro Vicos, Drug and Alcohol Worker

What connections are key to the delivery of your program? Why are they important? Without the fantastic connections around me it would be impossible for the program I run to exist. In fact, my program could be one of the smallest in the NADA membership!

My first level of connections are to the staff in the building: medical, general counselling, allied health, admin and management. Each week I engage in counselling, support, referrals, groups and talks and outreach with referrals from our doctors and nurse. People come in for one issue, AOD comes up in the consultation, and they are offered a chat with me.

Another level of connection is to our wonderful peak bodies, and Women's Health New South Wales for disseminating information, training, updates, networking and referrals; without these connections, work would be impossible. I have also developed vital connections with local women's AOD services and to community organisations.

How were you able to establish these connections?

More than a decade ago, I made agency visits to local women's AOD services, and it led to some partnerships which continue today, for example, with Detour House and WHO's New Beginnings. Outside the AOD sector, I also have an ongoing partnership with Rozelle Neighbourhood Centre, for groups and counselling and referrals in both directions, which developed out of a colleague working with them on joint health promotions event stalls and interagencies.

My tips?

- Make time for one or two interagency and health promotion events
- Staff turnover in large referring organisations can make a big difference to our visibility, so I send email updates so new staff are aware of our offerings
- Smaller programs can be a good link between the AOD services world and the wider community, so find out how they can help you.

Share a story of success. Corrective services mandated a woman to attend AOD counselling. Luckily, she remembered that I ran groups when she was previously in rehab, so this made it easier for her to attend counselling with me. I was then able to link her in with our doctors and a specialist referral, and discuss options including returning to residential treatment.

Haymarket Foundation's Bourke Street Program
Case managers Levii Griffiths and Wil Briggs

What connections are key to the delivery of your program? Why are they important? We both identify as Aboriginal—so clients who have Aboriginal and Torres Strait Islander backgrounds immediately connect with that. They are told there are other Aboriginal and Torres Strait Islander fellas when they call about the service. It makes them want to reach out more. It's about connecting with culture and community; often it's just a few degrees of separation.

That trust extends to other areas. It means that we can make recommendations and these clients are more likely to take that on. There's a level of trust and rapport from the get-go. We can then give them the best chance of living a full life in the community after rehab, as we support them from recovery to living skills, and physical fitness to employment.

How were you able to establish these connections? We show understanding and empathy using a client centred approach, and this works to connect because Aboriginal and Torres Strait Islander clients don't like to feel like a number in the system.

We also received a grant to improve access and equity to the program for Aboriginal and Torres Strait Islander clients. One recommended change was to our language and imagery, so we commissioned Wiradjuri artist, Kylie Cassidy, known for her work on the 2020 jersey for the Roosters, to work with us.

How do these connections contribute to the outcomes of your program? Share a story of success.

The proportion of Aboriginal men seeking out the service has almost tripled in recent months. Part of that is due to our work on increasing access and equity, but we also like to think that it's got something to do with hiring Aboriginal staff! Word-of-mouth has led to people from as far away as Moree and Coffs Harbour contacting us.

As for a story, one Aboriginal guy was socially awkward and had difficulty talking with others. He now reaches out to the men in early recovery. We think that's because he's happy, supported, and can see the value of the program.

When we focus on clients' strengths rather than their weaknesses, we can help them focus more on what they can achieve rather than what they can't. This way, they build more confidence and become more self-supporting.

The NGO Sector Development Grants were open to AOD service providers funded by the NSW Ministry of Health to improve access and equity for specific populations and the safety of clients while in treatment. The grant was administered by the Network of Alcohol and other Drugs Agencies (NADA).



Collaborating across sectors

Workers in the AOD sector understand that people who seek support can come with complex needs, and this requires us to work in collaboration with different sectors. But sometimes things can be a little bit tricky. To support your collaborative practice, NADA's Suzie Hudson explores the elements of collaborative competence and shares learnings from successful examples in child protection and mental health.

For the purposes of this article, collaboration refers to various ways of working closely together to improve outcomes for clients. It spans from informal working partnerships that involve communication about a case, through to more formalised arrangements, like interagency meetings or the colocation of different sectors.

A lot has been written in the literature about collaborative practice from fields as diverse as healthcare, business and social welfare. Despite the different aims, themes about what makes collaborative practice work are the same, and these include time, good communication and a commitment from those involved to work towards a common goal.

While various policy and practice frameworks encourage collaboration, less attention is given to the practitioner skills needed to collaborate, that is, a practitioner's 'collaborative competence'.

What is collaborative competence?

The Australian Institute for Family Studies [describe collaborative competence](#) as having the key elements of:

- 1. Understanding the point of view/goals of different sectors**
- 2. Clarifying the specifics of the collaboration**
- 3. Communicating well with the collaborative partners**

Collaborative competence is not a qualification you can study for, as much as a genuine commitment to seeing the point of view of the people you are trying to collaborate with. It is not achieved via prescribed protocols or procedures, or acquired via technical skills training, but rather a skillset that workers/practitioners develop on their own. It is predicated on the worker/practitioner trusting their own expertise, and has an emphasis on strong communication.

But what does this look like in practice?

Working with child protection services

NADA's Michelle Ridley has worked across the health and social services sector for over twenty years, and when she used to work in frontline roles, she would often feel that she was going into battle for her clients with government statutory child protection services. Reflecting upon this she says, 'I didn't take the time to understand child protection systems and the intentions for the work they do'.

Fast forward a few years, and having worked directly for the NSW Department of Communities and Justice (DCJ) child protection, her knowledge of their work grew, and with that, an understanding of their language, systems and processes. Consequently, she believes her advocacy for people accessing AOD services with child protection services is more effective. She points out that, 'we will not

Collaborating across sectors

continued

always agree, and things may not work out perfectly, but knowing more about their goals has enhanced my practice and collaborations’.

Michelle’s knowledge of the DCJ’s processes is directly linked to improving her communication, as she learned, ‘who to communicate with and how’. She advises workers in the AOD sector to learn who to reach out to, and to contact people in roles that most relate to the work you are doing, and who can help you. ‘Develop a plan of what you want to communicate, including the identification of common goals’, she says.

‘Steer clear of defensive and adversarial language, and positioning,’ she advises.

Sector initiatives

By communicating our common goals, and talking about what has worked well, not only about the problems, NADA has been able to grow our collaboration with DCJ child protection.

NADA has initiated a quarterly roundtable meeting comprising NADA, member services, NSW Health and DCJ staff. From these roundtables, NADA and members have been invited to meet with other DCJ staff in leadership roles, who are integral to our work to improve collaborative practice between our sectors.

In partnership with DCJ, NADA recently held a cross sector forum on 16 June that included presentations from member services and DCJ staff.

Working with mental health

It is common knowledge that people are being ‘ping-ponged’ between AOD and mental health services because of challenges in our collaborative efforts. Georgee Moree says she finds this particularly difficult to watch when she knew they had a history of trauma, combined with discrimination occurring because they were an Aboriginal person.

Georgee is a proud Guringai women, previously manager of NADA member Yerin, now working as the Nurse Unit Manager at Brisbane Water Private Hospital, based on the Central Coast. She is a keen advocate for better collaboration between the two sectors to ensure continuity of care for the client and better outcomes for all.

Georgee believes that when the two sectors get together, for example, at joint training or when working in a multi-disciplinary team, they start to appreciate each other’s point of view, and things start to really work for the person they are trying to serve.

Working in a service that works holistically with both AOD and mental health, she sees what can evolve from true collaborative practice. ‘When you work together from a trauma informed approach you avoid picking which is the issue and address the symptom that is in front of you. And working together with their different skills sets, we can meet in the middle, we walk in each other’s shoes’, she said.

Georgee also points out the positive impact of the Aboriginal social and emotional wellbeing model—mind, body, spirit, all as one—and that we can all learn from it.

Sector initiatives

The Central and Eastern Sydney Primary Health Network (CESPHN) recently developed their [Mental health and AOD action plan](#) [PDF]. This is an excellent example of what can be achieved when all the different people are brought together to discuss the issues, see them from each other’s perspectives and work together to find the solutions. The working party comprised a representative from NADA, other AOD and mental health professionals, people from community and most importantly, consumer representatives. The action plan recognises that people who experience co-occurring mental health and AOD conditions can experience barriers to effective service provision. It is designed to contribute to building a system and the capacity of the workforce to deliver holistic and integrated care that focuses the person. NADA commends the CESPHN for their work and is excited about this framework for collaboration between our two sectors.

Collaborating cross sector

continued

Resources

The Bouverie Centre

[Ten principles of collaborative practice](#) [PDF]

NADA

[Roles and responsibilities of DCJ and its staff](#) [PDF]

[DCJ practice framework, approaches and systems](#) [PDF]

The Australian Institute for Family Studies

[Collaborative practice in child and family welfare](#)

Building practitioners' competence: Recorded webinar featuring Nicole Paterson, Toni Cash and Chloe Warrell

[Working together to keep children and families safe: Strategies for developing collaborative competence](#)

This practice paper, co-produced with Emerging Minds, focuses on improving cross-sectoral relationships between child protection and child and family welfare practitioners, who are often required to work together to keep children and families safe.

[National comparison of cross-agency practice in investigating and responding to severe child abuse](#)

This paper provides a national overview and comparison of cross-agency responses to severe child abuse.

Queensland Government

[Strengthening families, protecting children:](#)

[Framework for practice](#) [PDF] This practice framework outlines the values, principles, knowledge and skills needed to ensure that children and young people are cared for, protected, safe and able to reach their full potential.

360 edge

[Exploring the place of alcohol and other drug services in the mental health system](#) [PDF]

Workers capability framework

enhancing connections

Central to workforce performance are capabilities—the knowledge, skills and attributes that all workers in this sector must demonstrate to perform their roles effectively.

The *Workforce Capability Framework: Core capabilities for the NSW non government alcohol and other drugs sector* describes the core capabilities and associated behaviours expected of all NSW non government AOD workers.

Where does 'enhancing connections' fit? Start with capability **2.1 Communicate and engage effectively with people accessing AOD services.**

- a. Communicates clearly and respectfully, adapting style, language, content and format to suit the needs of the person, the situation and the information being provided
- b. Uses culturally appropriate non-verbal communication, including eye contact and body language, to create a welcoming, safe and supportive environment
- c. Uses an interpreter and/or appropriate technology where necessary, to facilitate accessible, timely and effective communication
- d. Actively listens to people without judgement or bias, attending to verbal, emotional and contextual cues
- e. Displays appropriate compassion and empathy, while maintaining professional and ethical boundaries
- f. Recognises and challenges own values, attitudes, assumptions and beliefs regarding AOD use
- g. Recognises and understands when it is appropriate to disclose lived experience as a method for facilitating engagement
- h. Recognises and understands when it is appropriate to use humour as a method for facilitating engagement
- i. Undertakes appropriate follow-up during and after service delivery to ensure that the person's needs have been met

[See the framework](#)

The social aspects of AOD use and treatment

Social identities

Genevieve Dingle Associate Professor in Clinical Psychology, The University of Queensland

How do we form our social identity?

Thinking about substance use from a biopsychosocial perspective, many people working in the AOD field

are likely familiar with the biological and psychological aspects of AOD treatment (e.g., replacement therapies and medication versus therapies). But we as a sector may have paid less attention to the social aspects of treatment; which turn out to be very important for their recovery.

One theory that speaks to the social aspects of substance use and recovery is social identity theory. In a nutshell, this theory says that our identity is, in part, drawn from the social groups and communities that we belong to. These could include our families, friends, workplaces, cultural backgrounds, religious beliefs, and even the hobbies we love! For instance, I see myself as having many different aspects to my social identity: I am an Australian woman, a mother, an academic, and so on. The groups that we identify with strongly influence our attitudes and behaviours. They also influence who we are likely to give and receive various types of support from.

These group based identities matter for our health and wellbeing. In relation to substance use, some key social identities are a 'user identity' (seeing yourself as a member of groups that use substances), 'recovery identity' (seeing yourself as a member of groups in recovery), and 'non-user' (seeing yourself as part of social groups where no substances are used).

What is the Social Identity Model of Recovery?

The Social Identity Model of Recovery describes how these three group memberships and identities change over time during recovery. When people first enter treatment, they tend to identify with groups that use substances and a few non-using groups. During treatment, they join one or

more recovery groups (e.g., therapy groups, therapeutic communities, and mutual support meetings) and eventually some non-using groups.¹

In our study of 307 adults entering Australian therapeutic communities,² my colleagues and I found that when participants' recovery identity was stronger than their user identity (so called 'identity differentiation'), they showed an increased commitment to maintaining sobriety and increased wellbeing six months later. We interpreted these as early indicators of positive longer term health outcomes for our participants.²

Can therapeutic communities change an AOD client's social identity?

Yes, absolutely! Therapeutic communities offer people an extended period in a living, learning, and working environment where non-use is the norm. These communities are an excellent way for people with substance use problems to move away from their user identity and to form a new recovery identity (see 3). During therapeutic community treatment, residents are part of house groups, therapy groups, work groups, and whole-of-community groups for various activities, all of which support the person in their recovery. Therapeutic communities can also help people to reconnect with other important social identities that they may have lost due to substance use, such as identities related to parenthood, being a student, their work, and their fitness.⁵

What are the implications for residential AOD services?

Staff at residential AOD services play a pivotal role in helping residents to reflect on the groups and social identities they belong to and acknowledge which groups are most likely to support the person's recovery goals. person identified with, such as families and friends, and

to find new groups in their local area that can continue supporting their recovery after leaving treatment (e.g., study, volunteering, exercise, arts, and other interest groups). Active membership of groups that do not involve substance use also protects the person's mental health.⁵

What are the implications for community based AOD services?

Social identity principles are similar for AOD staff at hospitals or non-residential services (e.g., community based). Finding out about which social groups your client identifies with and to what extent they see themselves as 'substance users' or 'in recovery' could prove valuable. You could help your clients manage their membership

of substance using groups by suggesting that they get together with these groups at times and places that are incompatible with substance use. This might mean talking online or by phone, or meeting for morning coffee or a walk rather than meeting at the pub in the evening.

Also encourage your client to reconnect with former identity groups or join a new group that is supportive of their recovery. There are many community organisations that provide meaningful group activities at low or no cost. Examples include local council libraries, neighbourhood centres, men's sheds, Reclink, Upbeat Arts, Landcare, sports clubs, gyms, and Parkrun.

It is not enough to just mention a group your client could connect with. You should follow up to ask if they have found a group and how it is going. Identify if there are barriers to joining a new group such as timing, transport, costs, childcare, or things like stigma from having been in treatment for substance use, or mistrust of others. AOD staff can help clients to overcome these barriers and successfully engage in new group activities that will support their ongoing recovery.

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Drug and Alcohol Health Services Library



Become a member

The Drug and Alcohol Health Services Library provides AOD professionals across NSW with a responsive information service to support and promote evidence based practice. Based at the Royal Prince Alfred Hospital in Camperdown, the library collection comprises Australian and international journal titles; books, reports, miscellaneous print resources; and audio-visual materials.

Its services include comprehensive (subject) literature searches, books and DVD loans from its collection, a document delivery service and a journal article photocopy service. The library also distributes the Journal Contents Bulletin, a regular electronic email, which provides the latest in clinical management and research information.

To learn more or request membership, email SLHD-DAHSL@health.nsw.gov.au or phone 9515 7430.



Healthy and strong communities

Since the start of 2021, a consortium of specialist AOD organisations, led by NADA member **Odyssey House NSW**, has been managing the **Community Drug Action Teams (CDATs) program**. This supports CDATs to deliver primary prevention activities to help reduce AOD related harm in their local communities. Alongside **Odyssey House NSW**, the consortium includes two other NADA member organisations **The Buttery** and **Karralika Programs Inc.** as well as **Bila Muuji Aboriginal Corporation Health Service Inc.**

There are more than 70 CDATs across the state, comprising volunteer community members, staff from Local Health Districts and representatives from other government and non government agencies. Funded by NSW Health, the initiative arose from the 1999 NSW Drug Summit.

CDATs meet regularly, focussing on the key concerns related to the legal and illegal use of AOD within their local communities. They develop programs and activities to:

- establish and strengthen partnerships among community members, local service providers and other stakeholders to identify and address local legal and illegal AOD related issues
- conduct activities and initiatives within the community to increase the awareness of the harms experienced by individuals, families, workplaces and the broader community arising from the use of AOD
- reduce the level of harms related to AOD by implementing local primary prevention initiatives to lessen the uptake of illicit drugs and reduce the incidence of excessive use of legal and illicit AOD.

- They work within a general framework for achieving these objectives, but the specific activities will vary widely because their focus will inevitably be on the issues and opportunities presented in their local communities. Their activities are evidence informed, meaning available evidence suggests that they are likely to deliver the expected outcomes.

In keeping with human rights principles, CDATs and CDAT members uphold the dignity of the people to whom their activities are directed. One important way of doing this is by avoiding language that stigmatises people who use AOD. The **Language matters** resource developed by NADA and NUUA has proven to be an invaluable guide for talking about AOD with the people who use them.

Connecting, collaborating, and contributing are key to the success of the CDATs, from this new consortium to the dedicated people on the ground rolling out impactful and locally relevant programs.

To find out more about CDAT activities in your community, email info@nswcdat.org.au.

David Kelly, Director Programs, Odyssey House NSW



Clinical care standards

Creating a person centered AOD sector

The NSW Clinical Care Standards for Alcohol and Other Drug (AOD) Treatment, known as the Standards, have been developed as a tool to ensure that safe and high-quality care is constantly provided to all AOD clients. Standards 1,2,3 and 4 were previously featured in the Advocate. This issue will look at *Standard 5: Monitoring treatment progress and outcomes* and *6: Transfer of Care*. Find the Standards [here](#).

Standard 5: Monitoring treatment progress and outcomes

A client is engaged in ongoing AOD treatment monitoring, that provides opportunity for joint reflection on progress and priorities, and to inform ongoing care planning.

Clients are to be encouraged to give feedback and raise any matters of concern about their treatment at any time. A structured treatment review provides one opportunity for this. AOD treatment services can use a variety of structured review tools on an ongoing basis to inform and monitor treatment. Clients are encouraged to ask for the results of this monitoring and discuss these with their treatment team or allocated AOD worker.

The treatment team or AOD worker's role is to ensure clients' treatment progress is reviewed, monitored and documented as individually required, at least every three months. As part of the review, staff and treating clinicians are encouraged to provide feedback to clients, reflecting on what is working what needs to change and how that may be addressed, in partnership with the client. This can be achieved by using a structured clinical review tool, such as ATOP or any of the outcomes measures provided in NADAbase to facilitate treatment monitoring. Using a structured clinical review tool allows results to be reviewed over time with each individual client.

Services need to ensure systems are in place to undertake regular clinical review of all clients, to receive and trend client feedback and inform treatment in 'real-time'. It is equally important for services to trend and analyse service level clinical data to improve client experience of service and outcomes of treatment.

Standard 6: Transfer of care

When a client is discharged or transferred, a detailed transfer of care summary is provided to the client and all relevant ongoing care providers. It will provide a comprehensive summary of all the outcomes provided by treatment and ongoing treatment needs with a focus on client safety. The process should facilitate access to a range of professionals and agencies, as required.

As a part of commencing treatment, the treating clinician should discuss with a client and any support people their ongoing management plans beyond the current treatment episode and the supports that they may need when in the community. The plan should set out a client's goals for reducing harm and prevent complications from any health, social and wellbeing matters that they may have developed. The plan should include ways that they can continue to work towards or maintain goals regarding their substance use, and be revisited throughout treatment and again at the point of transfer or the current episode of care coming to an end.

Post-treatment goals should be identified with a client throughout the treatment process. Before a client leaves the service, their care plan should be updated to include post discharge strategies, including any self-management actions. If on discharge from a treatment service, all elements of discharge planning should apply, including a clinical handover to their general practitioner, as appropriate.

When discharges are unplanned, clients should be given appropriate information to reduce risk of harm, maintain their wellbeing and information on how to reengage with services if they wish to.

Systems need to be in place so staff can readily access referral information, develop an individualised care plan with the client and link easily to ongoing care providers who will support the transition of care.



Uniting MSIC anniversary brings hope of drug reform

The Uniting Medically Supervised Injecting Centre (Uniting MSIC) has celebrated 20 years of operation in Sydney's Kings Cross with an event and presentation of 500 hearts to NSW parliament.

The hearts were inscribed with personal messages from MSIC clients and staff and were formally presented to the Harm Minimisation Cross Party Parliamentary group on the steps of NSW parliament house yesterday.

Uniting MSIC was the first in the English-speaking world and has supervised more than 1.2 million injections without a single drug related death. Staff have successfully managed 10,611 overdoses and made nearly 20,000 referrals to treatment and support services.

The Moderator of the Uniting Church (NSW & ACT), Rev. Simon Hansford, said the Uniting Church was very proud of Uniting MSIC, of its involvement and of course what the service has achieved in the last two decades.

Medical Director, Dr Marianne Jauncey, said the 20-year record spoke for itself. 'There is nobody sensible left who doesn't acknowledge that supervised injecting centres save lives, make a difference, take injecting off the street and the question remains why there's only one.'

'It's an enormous privilege to work with our clients who are some of the most inspiring people I know. Sydney should be proud that we have a place where some of our most disadvantaged and stigmatised citizens can go and receive health care with dignity and compassion.'

The anniversary gathering in Sydney raised questions about the need for other harm reduction services in the state, along with decriminalisation—which has been recommended by the Deputy Coroner and the Special Inquiry into the Drug 'Ice'.

Health Minister, Brad Hazzard told the crowd, 'I'm certainly of the view [...] that thinks criminalising people for the personal use of drugs is completely counterproductive.'

Former NSW Premier, Bob Carr, who was in power when Uniting MSIC opened said politicians should have confidence to have an honest dialogue about drug use, drug testing and harm minimisation.

Kevin Street, former client of Uniting MSIC and now volunteer at Uniting, produces a newsletter for the service.

'Without Uniting MSIC many of us would not be alive today. It has helped put thousands on a path to recovery. I'm very grateful to the politicians, police and media that supported Uniting MSIC 20 years ago and I hope more people in the future will be lucky enough to have the support I have had in the long journey of recovering for drug addiction.'

Take Home Naloxone

Participating non government and private services can now supply

The NSW Take Home Naloxone Program has now commenced in 28 non government and private services located across NSW, with more services due to participate in the program over the coming months.

Naloxone is a short-acting opioid antagonist medicine that reverses the effects of opioid overdose. The NSW Take Home Naloxone Program supplies naloxone medicines to reduce the mortality and morbidity for people in NSW who use opioid drugs or medicines. Through the program, naloxone is supplied without a prescription and at no cost to consumers, carers or family members, and provides a brief intervention about how to use the medicines.

Workforce training and naloxone medicines are provided at no cost to services participating in the program.

The Take Home Naloxone Program already operates in NSW public health AOD services and needle and syringe programs. Non government and private services joining the program will help increase the availability of this life saving medicine, for people at risk of experiencing or witnessing an opioid overdose.

Private and non government health and welfare services are invited to submit an expression of interest (EOI) to participate in the program. Visit the [NSW Health Take Home Naloxone Program for non government and private services](#) to find out what's involved and complete the EOI form.

NADA webinars

25
June

EIF Webinar 9: Feasibility and efficacy of the S-Check App

A harm reduction and early intervention smartphone application for methamphetamine use

10:00pm – 11:00am: This presentation will discuss the preliminary findings of a randomised wait-list controlled trial of the S-Check app for methamphetamine use. Presented by: Dr Nadine Ezard, Clinical Director of the Alcohol and Drug Service at St Vincent's Hospital, Director of the National Centre for Clinical Research in Emerging Drugs (NCCRED) and conjoint Professor with the National Drug and Alcohol Research Centre, UNSW. [Register now.](#)

30
June

Working with diversity in AOD settings

Resource launch with contributors (AUSLAN interpreted)

12:00pm – 1:30pm: How do AOD service providers improve access and service provision for diverse groups seeking support for their AOD use? Join us for an AUSLAN-interpreted Q&A event with contributors to NADA's newly revised resource, *Working with diversity in alcohol and other drug settings* to hear their perspectives on this important topic. [Register now.](#)

7
July

AOD 101: Introduction to AOD

Four-part weekly webinar series starting 7 July

12:00pm – 1:30pm: Brush up on your AOD basics with this foundational webinar series on the range of substances used by people in the community. Approached from a harm reduction perspective, each webinar will refresh your knowledge and/or give you new information about emerging drugs. [Register now.](#)



NADAbase update

Tata de Jesus

NADA

Security enhancements in NADAbase

NADA introduced two-factor authentication for all NADAbase users in June 2021. Two-factor authentication is an important security measure that adds a second layer of protection to your NADAbase password. It will increase the security of client data and reduce the risk of data security breaches.

Upon login, you will be requested to:

- change your password to fit the security parameters (8–50 characters with at least one uppercase character, one lowercase character, one number and one special character)
- enter an access code (sent to your email).

NADA Data and Research Advisory Group

The NADA Data and Research Advisory Group held its inaugural meeting in April 2021. The group comprises ten members representing various specialist non

government AOD treatment services. All members are staff working with NADA member services who specialise in data, research, or a related field, as evidenced by their professional backgrounds, qualifications and experience working in the non government AOD sector.

The advisory group will be responsible for the implementation and evaluation of the NADAbase workplan. It will provide a consultation mechanism with experienced, committed, and skilled data specialists in advising NADA and other key stakeholders.

Reporting

Regular reporting to funders is ongoing, and we have sent the following reports:

- Monthly data reports to InforMH for members who receive Ministry of Health funding
- Quarter 3 January to March data report for members who receive Primary Health Network funding

End of financial year reporting is coming up! It's always good practice to review your program's data quality to ensure your data accurately describes who is accessing your service. Two factsheets that can support your data reporting are:

- [NADAbase Frequently Asked Questions—Reporting](#) [PDF]
- [NADAbase: Checking data quality](#) [PDF]

If you need support in regard to data collection, analysis or reporting, please get in touch with us at NADAbasesupport@nada.org.au.

Learn online with NADA

Learn online

Courses available

- Coping with stress and uncertainty during COVID-19
- Engaging with families and significant others
- Asking the question (now on the [NADA website](#))
- Magistrates early referral into treatment (MERIT)
- Complex needs capable
- AODTS NMDS

NADA network updates

NADA practice leadership group

After a year of video conference meetings, the NADA Practice Leadership Group (NPLG) met in March in person. The NPLG welcome Dr Tony Gill, Chief Addiction Medicine Specialist from the Ministry of Health, as a permanent member of the group.

Arising from this meeting, a representative from the network will present at the NADA board meeting in June to share the current workplan and activities of the group. They also support NADA's Managers and Leaders study that will better understand and respond to the needs of managers in the NSW non government AOD sector and enhance sector capacity to attract, develop, engage and retain the workforce.

NADA and the NPLG would like to take this opportunity to thank Jo Lunn of WHOS, a founding member and co-chair of the NPLG, for her commitment and contribution to NADA and its members. We wish her all the best with her future plans.

NADA is looking to fill vacancies on the NPLG and are seeking expressions of interest from the NADA membership. Look out for more in July 2021.

Gender and sexuality diverse AOD worker network

Members of the network have been doing some advocacy work around AOD data collection for gender and sexuality diverse people in Australia, amongst other groups. There is a lack of demographic data collection on these populations in AOD service provision and planning in Australia, which is something that needs to be addressed.

Notably, new standards for asking populations about sex, gender identity, sexuality and intersex variations were released by the Australian Bureau of Statistics in early 2021. NADA sent letters to the federal and state health departments encouraging them to include demographic questions about these populations in AOD related datasets.

In addition to this, Suzie Hudson (NADA), Jack Freestone (ACON) and Julie Mooney-Somers (The University of Sydney) drafted a policy paper earlier this year, encouraging the implementation of inclusive data collection as a foundational step towards achieving policy priorities for LGBTQ people.

NADA network updates

continued

Consumer representative and peer worker network

Liz Gal has started at NADA in the role of consumer engagement coordinator and facilitated the first community of practice forum for the network in May. The forum gives consumer representatives and peer workers, who are working with NADA member services, a chance to update their peers on the valuable work they are doing and hear updates from others working in similar roles. The community of practice forum aims to provide a supportive peer based space where people can share their experiences of working as a consumer representative or peer worker in the non government AOD sector and hear about what is happening in the space. The next forum is to be held in late July. If you would like to know more or be part of the community of practice forum, please email liz@nada.org.au.

Youth AOD services network

The Youth AOD Services Network had its first community of practice online meeting for 2021 in March, where future training topics and support needs were discussed. Areas for training that the network have identified interest in, include working with people of diverse genders and sexualities, and NADA has now organised Twenty10's PRISM LGBTQIA+ Inclusivity Training for the network to attend in June.

The network was also updated about our new Project Coordinator, Hannah Gillard, who will be supporting the network in the future. Email hannah@nada.org.au if you would like to join the network, or would like to learn more.

Women's Clinical Care Network

The Women's Clinical Care Network had its second community of practice online meeting for the year in April, with a discussion held around future training topics and other support needs. Brianna from Lou's Place provided a presentation to the network about their Always Mum program. The network was introduced to NADA's new Project Coordinator, Hannah Gillard, whose role includes working with and supporting the network. If any NADA members, who are working with women would like to join the Women's Network please email hannah@nada.org.au.

Community Mental Health, Drug and Alcohol Research Network

The Community Mental Health Drug and Alcohol Research Network (CMHDARN) has developed a series of webinars to increase your research skills. A video recording of the latest webinar is now live on the website. It focuses on research methodologies, helping you to answer your research questions by exploring how to choose the best methodology to answer your questions. The webinar also explored different types of research and bias and framing when designing research projects. [Watch now](#).

CMHDARN sadly bid farewell to Network Coordinator, Jo Penhallurick, in March 2021. Her good humour, warm hugs and cheesecake will be sadly missed. Luckily, she is not too far away, as she has attained a position at NDARC. We have been seeking a replacement who we will introduce you to in the next issue of the Advocate.

Profile

NADA staff member



Xanthe Lowe
Administrative officer

How long have you been associated with NADA?

I've been at NADA a little over six months, providing administration and operational support to the growing team.

What experienced do you bring to NADA?

Coming to NADA, I had fresh eyes with no previous AOD experience. My background is predominantly general admin, sales, and finance roles performed within an array of diverse organisations. I recently completed a bachelors degree in international studies, relations and politics from the UNSW.

What activities are you working on at the moment?

On top of my usual admin, finance, event and member support tasks, I'm currently reviewing a number of internal policies and procedures, assisting with accreditation processes and end of financial year preparations.

What is the most interesting part of your role?

Little-by-little I get to discover a sector I never knew existed, surrounded by a team who encourage my involvement and self-determination. It's a privilege to be in a position to help every member of staff administer their wildly different and enlightening projects, and thus contribute to positive outcomes in all areas of our organisation.

What else are you currently involved in?

I also help with bookkeeping for Kua, a not for profit organisation supplying world positive coffee to workplaces. Coffee is sourced from Uganda, and Kua's profits put farmers on the path to climate resilience. Outside of work, I typically orient myself outdoors, read, cook, and sew, and get out and about with family and friends.

A day in the life of...

Sector worker profile



Alison Smith AOD Case Worker/Odyssey House Residential Program NSW

How long have you been working with your organisation?

I started working at Odyssey House NSW in April 2015, which is a therapeutic community assisting individuals and parents with substance misuse and dual diagnosis issues.

How did you get to this place and time in your career?

I was an ambitious student with previous life experience, who was hoping to give back to others in need and learn all that I could about the AOD sector.

What does an average work day involve for you?

I am currently working as an AOD case worker with a group of clients who have been in the residential program for three to six months. My day involves, group therapy programs, case management, therapeutic interventions, and spreading kindness.

What is the best thing about your job?

I am blessed to be a part of a passionate team, who devote their energy to assisting clients to have a second chance. Having clients who have never worked before, complete treatment with a forklift ticket and qualifications for employment opportunities. Having clients express that they feel safe for the first time in a long time, makes it all worthwhile.

What is one thing you would like to see different in the non government AOD sector? What needs to change to get there?

We need more support for dual diagnosis clients. Mental health is such an important part of the AOD sector.

What do you find works for you in terms of self care?

I spend time with my children. I love to walk and get out in nature.

Member profile

Drug & Alcohol Youth Support Service (DAYSS)

The Drug and Alcohol Youth Support Service (DAYSS) provides free and confidential services, including case management, short term counselling, mentoring, education programs, therapeutic programs, community outreach and a youth action group. DAYSS supports young people 12–24 years living across Northern Sydney (Northern Beaches and Lower North Shore). Young people are either struggling with their own AOD misuse or are impacted by someone else’s misuse.

Through a harm minimisation approach, our service empowers young people to create positive change in their own lives and communities.

DAYSS is part of CatholicCare Broken Bay Diocese and is funded by the Ministry of Health to complement clinical services by offering an outreach model where our staff and services can come directly to young people (via visits at home, at school, in public places or at our centres).

DAYSS accepts referrals from any avenue.

Service highlights

Some of our groups and outreach

BOXING program This program develops self-control emotional regulation, mindfulness and empowerment through physical exercise. This is a non-contact program with a strong emphasis on self-control, avoidance of violence in challenging situations and the development of trust with training partners. This program is also designed to be an entry level program to give young people the confidence to learn new skills to help cope with life day-to-day. Outcomes of the program are gathered through the K10 tool and surveys.

ART program This is a six-week course for young people experiencing AOD misuse or within the beginning stages of pressures within this space. The DAYSS team use art as a way of expression and exploring various discussions such as pressures from self and pressures from others, impacts of AOD on our thoughts, feelings and physical impacts, dependency and seeking support. Outcomes of the program are gathered through the K10 tool and surveys.

SANDBAR project Developed and delivered by young people, for young people. Our Youth Action Group, now called the SANDBAR Crew, work with our DAYSS staff to attend and support local youth events such as music festivals, sporting events and community functions by setting up a free space for young people to get water, help with opal cards to get home and support to keep them safe.

One on one support

Case management Caseworkers support young people and families by assessing and identifying challenges and working together to develop goals. Using the HEADSS assessment tool, goals are developed and focused around areas either directly involving AOD use or surrounding the use (e.g. housing, finances, family relationships, criminal behaviour etc.)

Short term counselling We offer short-term counselling and mentoring to support the goals of young people and families around AOD impacts.

Our staff

DAYSS staff are qualified with minimum bachelor’s degree in areas such as welfare, psychology, social work, counselling and criminology and hold a diverse range of expertise in youth engagement, support and intervention.

Our staff work from a strength based, youth and family focused practice model, incorporating harm minimisation. Our staff draw on innovation, the evidence base and strong networking abilities to help meet youth and community need.

Contact us

Naremburn and Northern Beaches Family Centre

Phone 02 8425 8700

Mobile 0481 602 057

Email dayss@catholiccaredbb.org.au

Website www.catholiccaredbb.org.au/family-youth-children/child-family-support/

FB/INSTA/TIKTOK ‘daysnb’



Updates from NADA

Programs

Online resource finder for AOD workers

NADA continues to work with the Peaks Capacity Building Network to develop an online resource finder for AOD workers. The searchable directory will include links to resources developed by the peaks, jurisdictional policy directives and guidelines, and more! Watch this space. For more information, email sianne@nada.org.au

Managers and leaders study

NADA has partnered with VAADA and Curtin University to examine the capabilities, experiences and development needs of managers and leaders in the non government AOD sector. Keep an eye out for more information, or email sianne@nada.org.au

Hello from Hannah Gillard

I started work at NADA in March this year, and have taken over the coordination of the Youth, Women's and Gender and Sexuality Diverse AOD Networks! I am also coordinating updates to NADA's policy toolkit, which will be done in consultation with NADA staff and member services. This toolkit is a public resource on NADA's website that provides policy and procedure templates for organisations to assist with their policy development. Please contact me to suggest improvements to the policy toolkit, or give feedback on it. An additional project I'm working on is an update to NADA's *Working with diversity in alcohol and other drug settings' resource*, which will be released by the end of June 2021. This provides essential information on how to create more accessible AOD services for a range of groups, including older people, people with disabilities, and gender and sexuality diverse people. [Register for the launch of this resource.](#)

In my work for the AOD networks I run, I organised a full day of PRISM LGBTIQ+ inclusivity training for the Youth Network, which will provide attendees with important information on how they can make their AOD services as inclusive as possible for LGBTIQ+ young people. I am also keen to expand the Gender and Sexuality Diverse AOD Network. This network is for gender and sexuality diverse AOD workers. Please get in touch with me to join!

Finally, some events I've attended include the Health in Difference Conference (an LGBTQI+ Health Conference) in April, where I learned about crucial new research relating to LGBTQI+ people and our AOD use.

For more information, email hannah@nada.org.au

NADA Board of Directors

Farewell and welcome

Carolyn McKay has left Sydney Drug Education and Counselling Centre and formally resigned from the NADA Board of Directors. The board has thanked Carolyn for her contribution to the board and the NADA membership during her time on the board.

NADA welcomes **Leone Crayden** (The Buttery) and **Gerard Byrne** (WHOS), who have joined the board to fill casual vacancies until the Annual General Meeting in November.

Staff changes

You say goodbye and I say hello

Employed as NADA's Consumer Engagement Officer, **Trinka Kent** made a positive impression on members and stakeholders with her knowledge of the AOD service experience, and how the sector can improve access and equitable inclusion of people reaching out for support. She is now providing frontline services with Deadly Connections.

Liz Gal has stepped into this role. Liz holds a wealth of experience in advocacy for people who use AOD and a starring role in the Uniting advocacy film *Half a million steps!* Liz has already been in touch with many through chairing the NADA Consumer Sub-Committee and has begun reaching out to members to provide support around increasing the capacity of the sector to consult and engage with people with lived experience.

NADA also said goodbye to Events and Grants Coordinator **Dejay Toborek**, who was a key support as we pivoted from face-to-face training events to webinars due to COVID-19. Taking up the events and grants coordination is our new Project Support Officer **Sanjana (Sun) Budhai**.

Also new is Project Coordinator **Hannah Gillard** who will be supporting several of our networks, revitalising the Policy Toolkit and has already made a fantastic contribution to the upcoming diversity resource.

And lucky last, we welcome **Christine Minkoff**, who is stepping into a new role at NADA as Senior Policy Officer. Many in the sector will know Chris well, as we do, as she has worked alongside NADA previously on some project work.



NADA practice leadership group

Meet a member

Belinda Volkov Clinical coordinator

SDECC

How long have you been working with your organisation? How long have you been a part of the NPLG?

I have had the privilege of working at Sydney Drug Education and Counselling Centre (SDECC) for the past 18 years and became a member of the NADA Practice Leadership Group (NPLG) in 2019.

What has the NPLG been working on lately?

NPLG contributed to the development of a NADA's *Workforce capability framework*, an important document providing guidance for the sector in managing and maintaining a strong workforce.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?

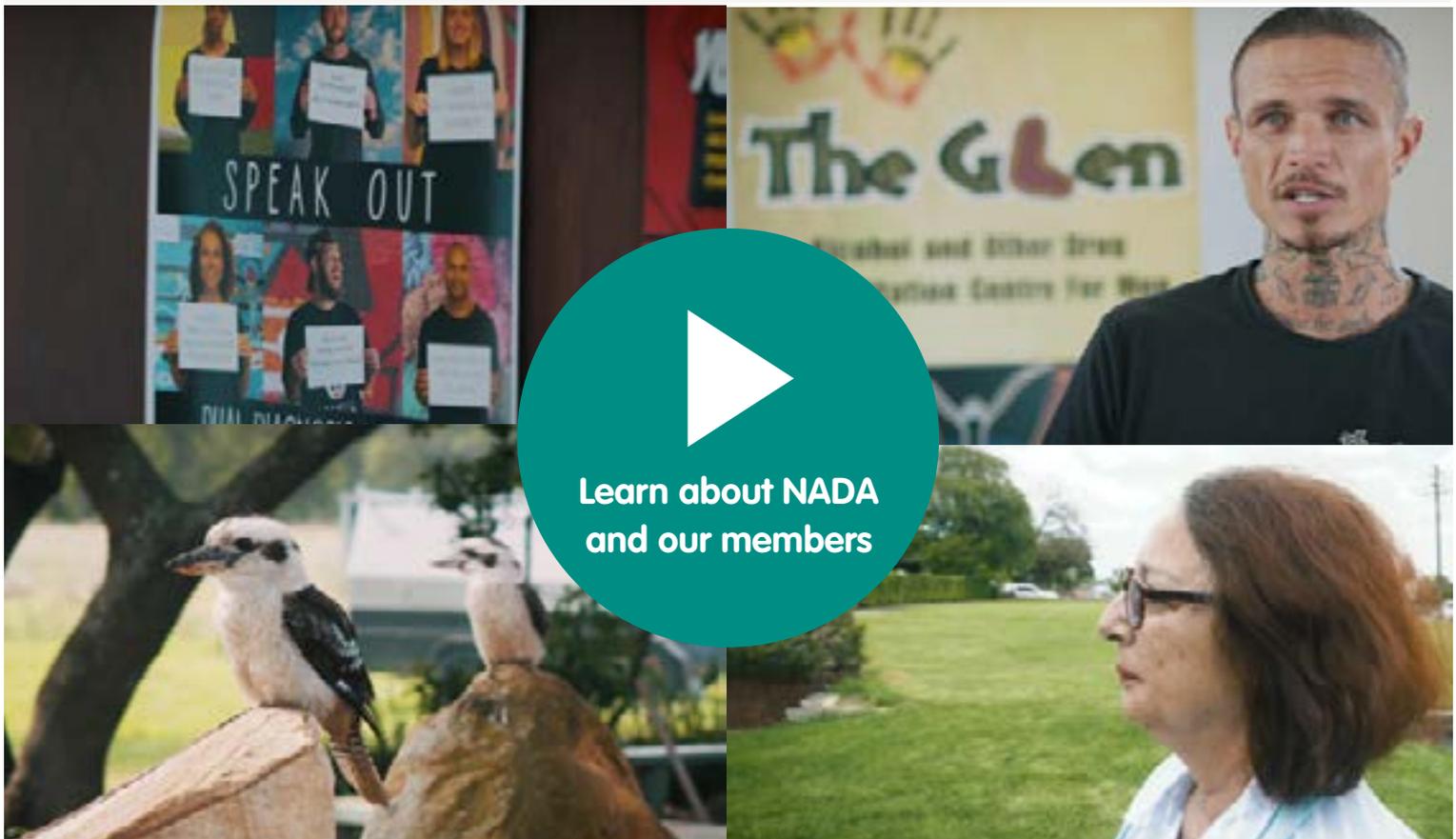
My passion is working clinically with young people with co-occurring mental health and substance abuse issues and with parents/carers of those young people. I'm involved in many committees at local and state levels around clinical governance and addressing issues of stigma and discrimination. I also train and provide capacity building for many partners in the sector including NSW Health, the Department of Education and Australian Independent Schools. SDECC also works with The Matilda Centre, engaging in research projects particularly looking at outcome measures.

What do you find works for you in terms of self care?

Life is always a juggle when balancing parenting or family life and work but I take great solace in my down time. Self care for me comes in the form of reading, listening to music and doing puzzles. I also practice short app versions of mindfulness as well as mindless colouring and TV shows.

What support can you offer to NADA members in terms of advice?

I have 25 years' experience working with adolescents, program development, training, supervision and direct clinical practice. I can offer understanding in navigating the ongoing barriers and ethical dilemmas that workers come across regularly within a strengths based framework.



Advocacy highlights

Policy and submissions

- NADA provided a submission on the Draft National Preventative Health Strategy, and provided input into the AADC submission.
- NADA supported a position paper by the National AOD Coalition on AOD workforce capability to the Department of Health.
- NADA sent letters to the Department of Health and NSW Ministry of Health requesting the inclusion of gender and sexuality items in AOD related datasets.
- NADA led on a letter to the NSW Premier with a range of AOD and related sector leaders calling on the NSW Government to respond to the Special Commission of Inquiry into the Drug 'Ice' recommendations.

Advocacy and representation

- Key meetings: NSW Ministry of Health; NSW Department of Communities and Justice; Department of Health; Australian Alcohol and other Drugs Council; Mental Health Coordinating Council; NSW Council of Social Services; Youth Action; AOD Peaks Network; Health Justice Australia; Justice Reform Initiative; and NSW/ACT PHN AOD Network.
- Ongoing meeting representation: NSW Ministry of Health COVID-19 Clinical Council, NGO CoP and AOD CoP; NSW Department of Communities and Justice steering committee for the Social Sector Transformation Fund; range of working groups related to the NSW Ministry of Health's Strategic Research and Evaluation Plan; NSW Ministry of Health committee tasked with informing the development and delivery of a workforce development package and implementation strategy for the NSW Clinical Care Standards; NCOSS Health Equity Alliance.
- In partnership with the Department of Criminal Justice (DCJ), NADA facilitated a cross sector forum to enhance partnerships between the non government AOD sector and the DCJ child protection sector.
- NADA has supported member engagement in the NSW Ministry of Health's Business and Funding Models Study, as well representing members on the steering committee.

Information on NADA's policy and advocacy work, including Sector Watch and the meetings where NADA represents its members, is available on the [NADA website](#).

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Feedback [Training grants](#)