Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 1: March 2022

Right treatment, right person, right time

NADA
network of alcohol and other drugs agencies

CEO report

Robert Stirling NADA

2022 has got off to a rocky start. However, hearing stories from our members demonstrating their resilience, dedication and hard work to continue delivering services, as always, has been inspiring. Like many of our members, NADA spent the first month of the year sourcing rapid antigen tests for the sector. We're incredibly grateful the NSW Ministry of Health came through with a much-needed delivery to our services. We hope that this support of the AOD sector will continue.

What the sector really needs in 2022, is to be appropriately funded to respond to the demand for treatment, with sustainable funding models that provide job security to our most valuable resource—our workforce. This will continue to be central to NADA's advocacy for this year. NADA has pushed for a continuation of the National Ice Action Strategy treatment funding, which equates to $21m in treatment funding here in NSW. We've also been pushing the NSW government to respond to the Special Commission of Inquiry into the Drug 'Ice'. Our ask is an immediate investment in the existing treatment sector that is under pressure. Followed by a long-term plan for an incremental increase in treatment funding over the next ten years, including the establishment of new services.

The non government sector, along with our public sector partners, provide a range of valuable AOD services. This issue of the Advocate focuses on the range of support and treatment options a person may need to reduce AOD related harms—exploring the core principle that there 'is no one size fits all approach to treating AOD issues'. Services in the AOD sector are diverse in their structure, philosophy and approach, and it is this diversity that is also our sector's strength.

In 2014, NADA worked with members to create the NSW Non Government Alcohol and Other Drug Service Delivery Taxonomy in our Sector Mapping Report [PDF]. It covered the range of services on a continuum of care for people that considered intensity, service types, settings and the workforce. This taxonomy is still very much current today—with a few exceptions, such as peer workers only appearing under harm reduction services.

Services in the AOD sector are diverse in their structure, philosophy and approach and it is this diversity that is also our sector's strength.

In my own study exploring how we measure performance of services (see page 17), I asked service users, 'What does a good outcome of treatment mean to you?' The following response from a service user demonstrates that we need a range of services to deliver person centred care.

I would like to see more individual approach on how success is like, 'cause not one size fits all. I hate to use an example, but like, we're different. Some people might want to be abstinent, but other people might just wanna be able to like … It needs to be more individual.
—Female, service user

On another note, the NADA board made the decision to extend our strategic plan [PDF] another year to 2023. We'll be consulting with members and our key partners over 2022 to develop our next strategy. We hope that this will be in the context of the development of a whole of government strategy for AOD in NSW.

Finally, we've seen some changes to staffing here at NADA. Whilst we say our farewells and acknowledge their contributions to the sector, we also welcome the new opportunities and ideas that our new staff members will bring. We are hopeful that while we've had a rocky start to the year, 2022 is going to be a much better year for the non government AOD sector.

Different strokes for different folks

Whether you've been working in the AOD sector for a lifetime or just starting, or work in another social or health sector, it's vital to check in where you may need to refresh or build upon your AOD skills. NADA's Michelle Ridley explores a core principle of AOD treatment, and what it means for your practice.

You may have heard the oft-repeated phrase, 'there is no one size fits all approach to treating AOD use issues.' This is an important principle for AOD workers to have front and centre in their minds to guide their practice. People who are experiencing issues with their AOD use, need the option of accessing different pathways and treatment types, so they can take the approach that suits them best.[1]

When someone accesses an AOD service, it's usually not only about their drug use; they're often also experiencing other co-occurring issues, such as physical and mental health: or social, economic, legal or accommodation problems.[2] That's why a range of accessible and tailored services are required to meet the diverse needs of every individual accessing AOD support.

I recently spoke with people who have accessed AOD services about what worked for them and reflected on what clients had said told me over the years. All echoed messages that are well documented in the research and practice advice:

- **There is no one treatment or intervention type that fits everyone.**
- **People usually need more than one treatment or intervention type across a range of health and human services on a few occasions.**
- **Everyone has different goals for what they want to do about their drug use.**

Conversation reflections

Recalling our conversations, there was no treatment or intervention type that came out better than another. They had all accessed several types of treatment and services—from resi rehab to counselling, outreach support to Narcotic Anonymous (NA), Smart Recovery, continuing care, opioid treatment and more—multiple times, before they found what worked for them: Some said they had not found that 'perfect' fit yet, but they had accessed interventions that they found more helpful than others.

The 'perfect' fit depended on the person's situation, their drug use at the time (e.g., what they were using, how much and how often) and what they wanted to do about it (e.g., be abstinent, reduce their use and keep using in a safer way). Receiving support for other issues such as housing, mental health, employment was also important. Also, building connections with other people and having a good therapeutic relationship with their worker.

Sally told me, 'It took me a few goes at rehab… but if it wasn't for resi rehab I wouldn't be alive today. Now I go to NA meetings, and they really help as I made friends and connections.'

While Adam said, 'Resi rehab and counselling was not my thing, but parole linked me with an AOD outreach program, and they helped me a lot, not just with my drug use—like finding a job and a place to live.'

Different strokes for different folks

continued

Whereas Brian said, 'I didn't need full on treatment or anything—I didn't want to stop using everything, I've always held down a job, but my heroin use had got out of control, so going on bup (buprenorphine) helped me—and I was linked in with a counsellor at the clinic who was nice, and they helped too.'

What does this mean for practice?

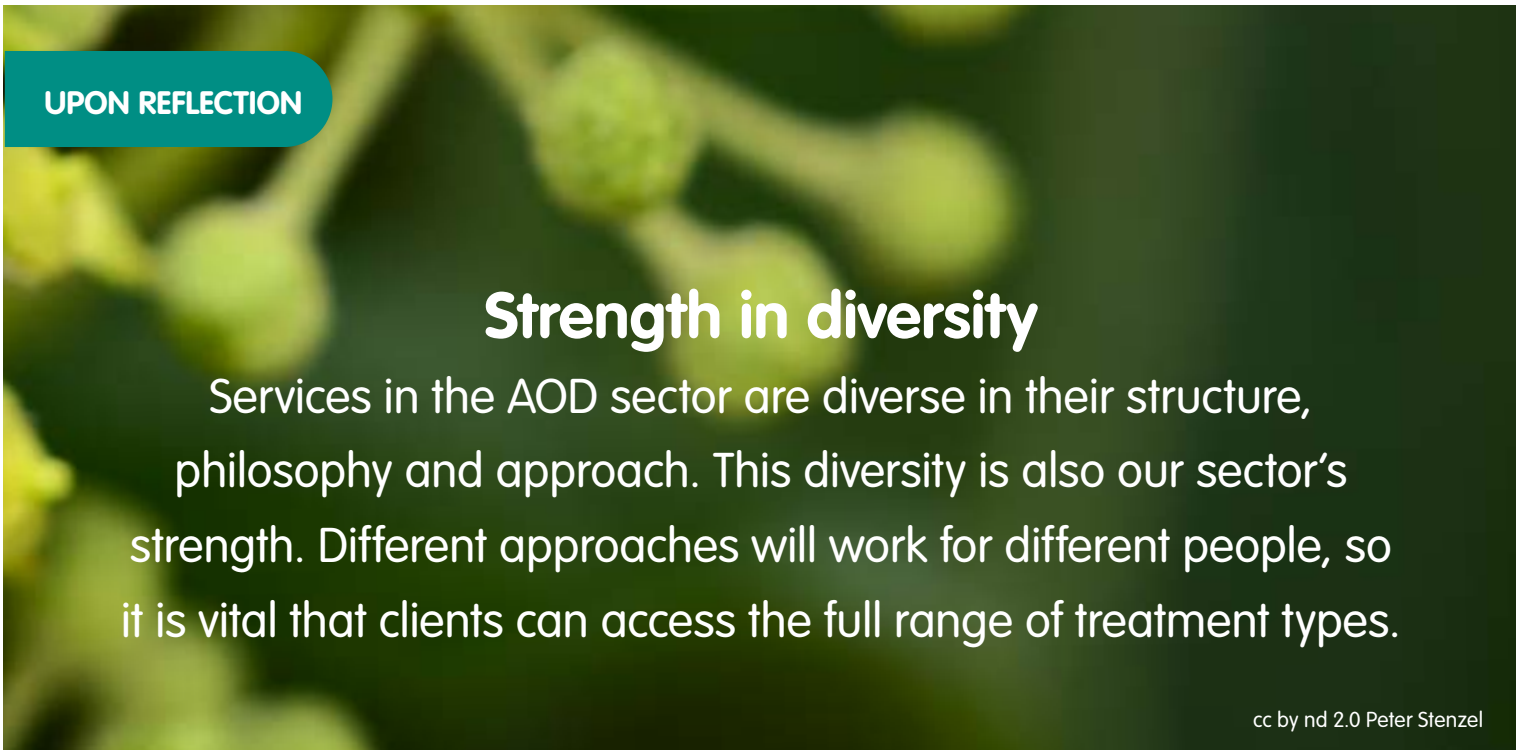
So, what does this mean in regard to practice for working with someone experiencing AOD use issues? If there is no one size fits all—how will you know what will suit your client best? Here are some tips and resources.

- People can take multiple attempts to engage in and/or complete treatment and find what fits them best, so it's important to keep giving people chances, be non-judgmental, empathetic and use a strength based approach. To learn more, read the strengths based issue of Frontline.
- When AOD interventions do not fit where the client is at with their drug use, they do not work. Everyone has different goals about what they want to do about their drug use and are at a different stage of making change. To learn more about matching treatment, refer to this video and tip sheet by Dovetail.
- To learn more about what helps people access and stay engaged in treatment, read our research report or a previous edition of the Advocate [PDF].
- Building positive connections is an integral part of effective AOD treatment and interventions, and its importance is highlighted in Australia's current National Drug Strategy. To learn more about social connections and the benefits of recovery support groups, refer to the recovery paradigm.
- For information and advice about the core elements of care that underpin treatment within the AOD treatment sector in NSW, refer to the NSW Health Clinical Care Standards.

For more useful information, resources and videos to support best practice when working with someone experiencing AOD use issues, check out the NADA website and our AOD resource finder. Or you can contact me at michelle@nada.org.au.

Bibliography

1. Commonwealth Department of Health. (2017). The National Drug Strategy 2017-2026, www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf
2. Elms, E., Savic, M., Bathish, R., Best, D., Manning, V. & Lubman, D. (2018). 'Multiple Pathways to Recovery, Multiple Roads to Well-Being: An Analysis of Recovery Pathways in the Australian Life in Recovery Survey', Alcoholism Treatment Quarterly, vol. 36, no. 4, pp. 482-498.



Language at work

While there has been much talk on the importance of language in relation to AOD, there is a need for further discussion in relation to the nuances of language, and working with clients. NADA's Michelle Ridley spoke to a consumer representative and two NADA members to provide insights and practice advice.

The language we use to talk about AOD and the people who use them is powerful. Stigmatising language reinforces negative stereotypes, while 'person centred' language focuses on the person, not their substance use. Language may be used as a practice tool that can empower clients and fight stigma—but language is also complex.

What is considered 'person centred' will depend on the individual and the context. Some people may relate with the term 'recovery', and others may identify as an 'addict' or as 'being clean', while many people will not. I frequently talk with NADA members about 'person centred language' and why it's important, and across the spectrum of services and treatment types, workers wanted to know more to help them in their work, as they recognise that things may not be as straightforward as they seem.

To provide insights and practice advice for workers, I spoke to Kevin (Consumer representative, NADA Consumer Advisory Group), Lauren (NADA Practice Leader and Clinical Director, Triple Care Farm) and Carolyn (NADA Practice Leader and Nursing Manager, WHOS).

FAQ 1: If I'm working with someone who identifies as an 'addict', and they could be engaged in Narcotics Anonymous (NA) and really relate to this group, and they're doing well—do I bring up their use of language—is it even my right to do so?

Carolyn: Language can pigeon-hole a person such as 'junkie' or 'addict'; the alternative being 'a person who uses drugs' is less stigmatising in the wider community. Self-help groups are very strong supports for those individuals seeking abstinence and words such as 'addict' and 'being clean' can be frowned upon by others, but within the confines of NA or AA meetings, these terms work for many.

It is the wider community that needs to change how they view people who use drugs, so outside the confines of self-help meetings, it is worth a conversation to illustrate that different language can be used. When advocating for changes to the stigma and discrimination of people who use drugs, it is so important for the community to see them as individuals who have their own story and not to attach a label.

Lauren: My understanding of language and someone else's understanding isn't always the same. Depending on your rapport with the person, and your scope of practice, it can be helpful to clarify the meaning behind the words. Sometimes people use language that can be a form of internalised 'loathing' from societal expectations, and they may not even realise that it is happening or the impacts it's having on them. Other times, people may have reclaimed a word or have a different meaning for it, and it can make them feel more empowered.

Language at work

continued

FAQ 2: How do I talk with a client about their use of language that is self-stigmatising, but they're currently dealing with other issues in their life that seem way more important?

Lauren: I think it's okay to acknowledge language without necessarily needing to 'work on it'. It can be a powerful tool if done in a curious, non-judgemental way. It also means you personally don't align yourself to their narrative, and complicity conform with their view of themselves. Naturally, if we are acknowledging the language, we need to be mindful of the timing and rapport, and always ask for permission first. Things like, 'Hey, can I share with you my observations of our discussions? I have noticed you are describing yourself in this way, and I wonder what type of impact this is having on you? While I know this isn't necessarily a goal you have identified to work on, I wonder if you would like to talk about it soon, or at some point down the track'. It's okay if they say no, but planting a seed (or suggesting something that doesn't align to their current way of thinking) can allow for a slight separation of thought, or alternatively, it can say that just because you think you're not capable—doesn't mean I think of you in that way, and you're important enough for me to name it.

FAQ 3: Is all this focus on language just political correctness? How do I know what to say—I'm nervous I'll say the wrong thing?

Lauren: The term political correctness is in itself an interesting term to describe changes in language. I have often seen it used as a reductionist way to minimise someone's experiences, or feelings, or thoughts as invalid (i.e., 'they are just too sensitive'). If we go back to the definition, it is about not acting in a way that is exclusionary and marginalising in a way that can further malign someone. If I am correct in my assumption, none of us actually want to set out to do that to someone, so it makes sense to pay attention to our language in order to achieve this.

The reality is that you probably will say the wrong thing at some point in your career. You're human, and it's completely normal, and we don't always get it right. I certainly bring past language into conversations that I now logically know I need to 'do better' on, but it can be subconscious… entrenched. If it is done from a place of non-understanding (and not malice), it's about how we engage in 'repair' after the inadvertent discretion. Acknowledge it, say sorry, and ask how you can maybe do better in the future. Model healthy forms of communication, rather than get angry or dismiss it as being their fault or 'people being too PC these days'.

Carolyn: Every person we work with in the AOD sector has their own story, their own trauma, success and failure stories. It is so essential that each individual is respected in their journey. Talking with a client about language is not about telling them it is wrong to use language such as 'addict' in a self-help group setting, as that is specific to those meetings, but these words don't need to be used in the wider community. The conversation needs to be centred around public perception of people who use drugs, and that we can help educate the community by using different language. The focus of language is really to empower a person to not pigeon-hole themselves, to embrace their individuality and feel respected by others. No matter where someone is in their journey of drug use, respectful language will assist them in feeling worthwhile and help to slowly change community perceptions.

See key takeaways, information and resources overleaf.

Kevin

Sticks and stones may break my bones, but names can never hurt me. I remember that saying from my childhood, it was a mantra I often repeated when I was confronted by other kids calling me names. Although I never really believed it—as the name-calling did hurt, but I tried to tough it out.

Language does matter, especially when others attach a label to another human being. I used heroin for over three decades, and if I had just one dollar for every time I heard phrases like 'junkie scum' I could retire comfortably. I heard it so many times, I ended up referring to myself as a 'junkie'.

Today I am no longer prepared to accept labels like this, because in all honesty, they are designed to separate and denigrate. Language matters because the way we describe people, especially a marginalised community such as people who use drugs, provides an open door to prejudice. Let's do our best to stop using stigmatising language that has been so normalised, that people don't question it.

Language at work

continued

Carolyn, Lauren and Kevin have provided some valuable insights and advice about language, that not only AOD practitioners, but everyone in the community should consider when talking about AOD and the people that use them, to empower and fight stigma and discrimination.

Some key takeaways include:

- Language does matter because when not used properly it can stigmatise, separate and denigrate people.
- Talking to a client about language is not about telling them what is wrong or right.
- Using respectful language is key to assisting people feel worthwhile and changing community views.
- As AOD workers we may say the wrong thing, but when we do, acknowledge it, and role model healthy forms of communication.
- When advocating for changes to the stigma and discrimination of people who use drugs, it is vital for the community to see them as individuals who have their own story and not to attach a label.

Information and resources

Language matters

Developed by NADA/NUAA for AOD workers to provide best-practice guidelines on how to use language to empower clients and reinforce a person centred approach.

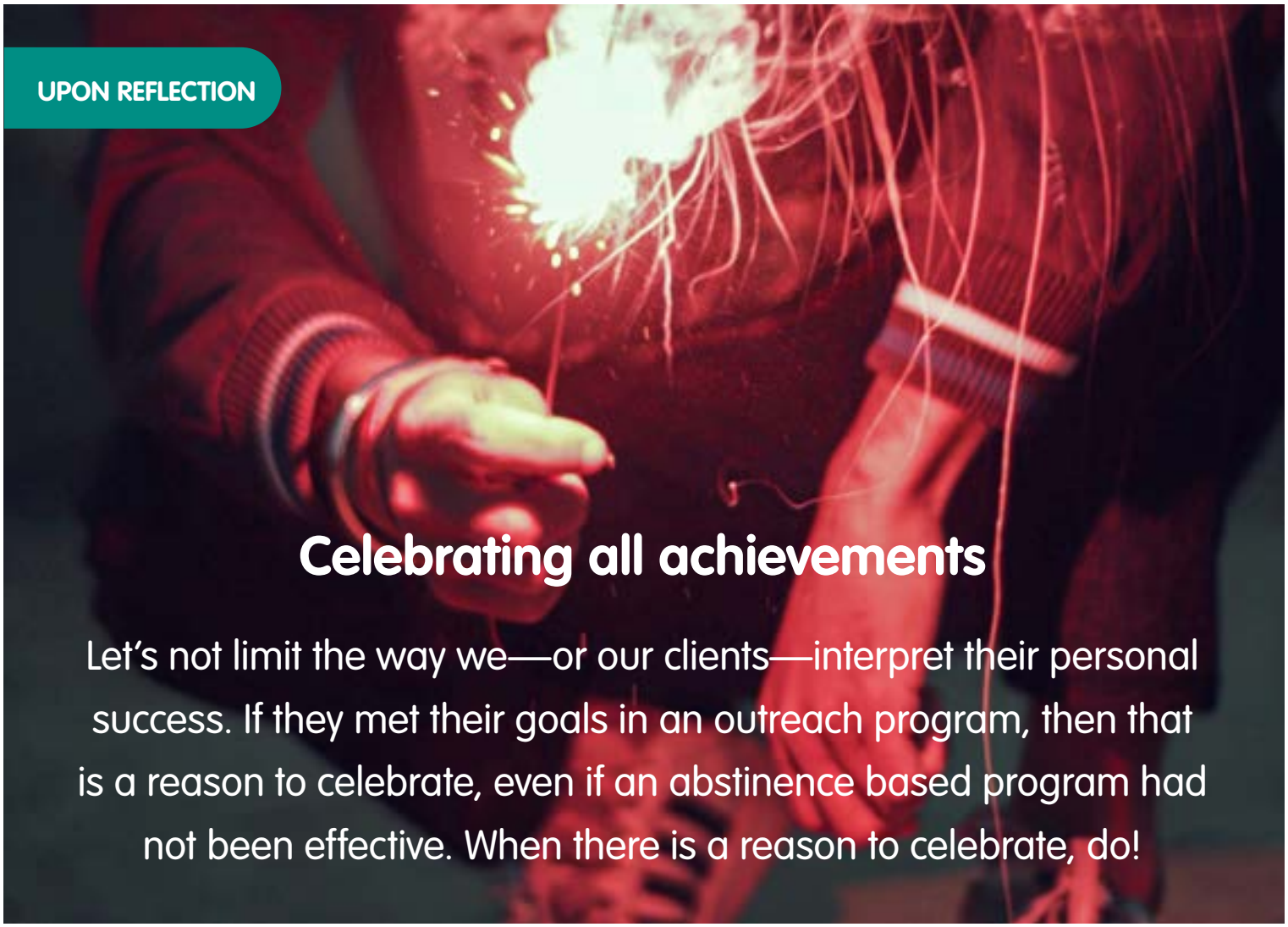
The power of words

Developed by the Alcohol and Drug Foundation to support healthcare and other professionals working with people who use AOD to reduce stigma and improve health outcomes.

Communicating about alcohol and other drugs

MINDFRAME's strategy to support the media and other stakeholders to communicate safely, respectfully and responsibly about AOD.

If you have any questions about this topic, please contact michelle@nada.org.au.



Pharmacotherapy in AOD treatment

People are prescribed medications for a range of health and wellbeing issues, but what is the role of medication in AOD treatment? NADA's Suzie Hudson explains this, along with how the different medications work, and who might they be useful for.

Pharmacotherapy is the use of prescribed medications in the treatment of a disorder, such as a substance use disorder. In this context, it is the use of medications for reducing the intensity of withdrawal, to manage cravings or even to reduce the risk of relapse. There is strong research evidence that a range of pharmacotherapies, often in conjunction with other interventions such as counselling, are effective in reducing the harms associated with substance use.

People can have a strong feeling about the use of pharmacotherapy in relation to AOD treatment. Whatever your experience or opinion, it is important that you understand what pharmacotherapies are available and that they are seen as part of the 'treatment menu'. AOD treatment planning needs to be person centred and holistic, which means that all options need to be made available for people to match their treatment goals and circumstances. The table overleaf provides an overview of a variety of pharmacotherapies (not an exhaustive list) that are evidence based in the treatment of substance use disorders.

What is the difference between an agonist and an antagonist?

Many medications used for pharmacotherapy work either as an agonist, antagonist, or a bit of both. These terms refer to the way in which the medication acts on the neurotransmitters in the brain. If you think of neurotransmitter like a key that bonds to a specific receptor, unlocks the cell, producing an effect.

An **agonist** mimics the naturally occurring neurotransmitter, like picking a lock without the key, producing the same effect. Examples of agonist medication include methadone, as it produces the same effect as other opioids and nicotine gum.

An **antagonist** blocks the receptor like glue blocking the keyhole so that the key cannot be used and there is no effect felt from the drug. For example, Naloxone is an antagonist for opioids, for example.

A **mixed antagonist and agonist** works by 'picking the lock', producing an effect and also blocking the lock with glue so that no further effect can occur. Buprenorphine is an example of a mixed agonist and antagonist.

How do we know which type of pharmacotherapy treatment is appropriate?

In all cases, it is essential that you work alongside our addiction medicine nurse practitioner colleagues and specialist GPs in this area, regarding the assessment for a person's suitability for a particular pharmacotherapy. You can also reach out to the Drug and Alcohol Specialist Advisory Service for more information on any of these medications:

- **Sydney metropolitan (02) 8382 1006**
- **NSW regional, rural and remote 1800 023 687**

Would you like to find out more?

- Turning Point on pharmacotherapy
- Royal Australian College of General Practitioners guide on pharmacotherapy for smoking cessation [PDF]
- Turning Point's Methamphetamine Treatment Guidelines [PDF]
- Read more about the LiMA study for methamphetamine pharmacotherapy
- NSW Clinical Guidelines: Treatment of Opioid Dependence [PDF] - under review

See table overleaf: Principal drug of concern and medications to support treatment

Principal drug of concern and medications to support treatment

This table is a starting point to investigate medications available, there are many more to explore.

	Medication	Example brand	Route of administration	Who might it be useful for
Alcohol	**Acamprosate**	Campral	Oral	Taken daily, this is for people who are wanting to manage cravings and may already be experiencing cirrhosis of the liver.
	Disulfiram	Antabuse	Oral	Prevents alcohol use due to extremely unpleasant side effects that occur when alcohol is ingested e.g., vomiting and headaches.
	Naltrexone	ReVia, APO-Naltrexone	Oral or injection	People who are wanting to block the pleasurable effects of alcohol use, those who may have a binge pattern of alcohol use.
Opioids (e.g., heroin, codeine, morphine, etc.)	**Methadone**	Methadose, Biodone	Oral	Prevents opioid withdrawal symptoms, for those able to attend a clinic on a daily basis, or are able to access take aways for use at home
	Buprenorphine	Subutex	Oral	People who want to avoid opioid withdrawal symptoms and discontinue the use of all other opioids—blocking the effect of additional opioids if taken.
	Buprenorphine and Naloxone	Suboxone	Oral	People who want to avoid opioid withdrawal symptoms and discontinue the use of all other opioids—blocking the effect of additional opioids if taken. In addition to an additive of Naloxone which is activated in the case of injection of the medication.
	Buprenorphine depot	Buvidal, Sublocade	Depot injection	Taken weekly or monthly, this is for people who would like to avoid regular dosing of alternative opioid pharmacotherapy.
	Naltrexone		Oral or depot injection	People who have abstinence as their goal. However, the evidence for the effectiveness of this pharmacotherapy for opioid dependence is weak.
Nicotine	**Nicotine Replacement Therapies**	Nicorette, Nicabate, QuitX	Patches, gum, nasal and mouth spray, inhalers	Provides a similar effect of tobacco use without having to smoke. Reduces cravings and withdrawal and can be purchased without a prescription.
	Varenicline	Champix	Oral	People who wish to cease smoking. It reduces cravings and withdrawal and interrupts the enjoyable effects of smoking.
	Buproprion	Zyban	Oral	A sustained release medication suitable for people who have had multiple quit attempts. The medication is often used in conjunction with NRT and if the person is not suitable for Varenicline. Also functions as an anti-depressant.
Methamphetamine	**Dexamphetamine**		Oral	A short-acting stimulant medication used in the treatment of ADHD, currently prescribed as part of clinical trials as a potential agonist pharmacotherapy for people who are dependent on methamphetamine.
	Lisdexamfetamine		Oral	A long-acting stimulant medication used in the treatment of ADHD, currently prescribed as part of clinical trials as a potential agonist pharmacotherapy for people who are dependent on methamphetamine.
	Modafinil		Oral	Sporadically prescribed off-label for methamphetamine or cocaine dependence as an agonist treatment. The research evidence for its effectiveness is weak.

Change is possible

Whether it is their first engagement with AOD treatment, their one and only. Or their third, with a different program this time. All attempts show bravery, hope and trust. Acknowledge their signals for change and cheer their goals. Remind them: change is possible, things could work out differently, next time.

WE ASKED YOU

How does your service pave the way to holistic care

Leichhardt Women's Community Health Centre
Carmen Couceiro-Vicos

How does your service act as a pathway into treatment for people experiencing harm from AOD use?
Because we are a women's health medical centre, it's easy for women to attend here without needing to identify as being someone in need of an AOD service, and without feeling the stigma that that may bring (because they could be attending for any women's health issue). Our general intake form asks about AOD use, and whichever practitioner the woman sees, they will be able to assess the impact her AOD use may have on the presenting issue, for example anxiety, depression, or sleep. The practitioner can suggest to the woman that the substance could be playing a part in the presenting issue and would they like to arrange a session to have a chat about it with me. I often see women who are starting to think that their AOD use could be getting out of control, and they are looking for strategies and support to cut down. Sometimes in those cases, my work can involve gently helping them to realise that things have got beyond reduction strategies, and it's time to look at detox options.

What are some benefits of integrating support for AOD issues into the service you provide?
We aim to work holistically, so with the client's consent, we can have case conferences between the various practitioners that the client is seeing, so we can share information from our specialisms between medical, complementary therapies and health education. It can be helpful for the other practitioners to understand, for example, what the various options are around detox services, or to understand what is involved in a residential rehabilitation program.

What has worked for you and your team when building partnerships with other service providers?
Keeping in touch with services via attending interagency meetings and events, and paying a visit to find out what needs they may have. Because we are a small service it's important to keep the connections live, and we do this as a team, so I may make a connection with a rehab that results in one of our health education staff run dance therapy sessions there, or someone else may attend a multicultural interagency and hear that a service might like a session on passive smoking.

The Buttery
Acacia Endean

How does your service act as a pathway into treatment for people experiencing harm from AOD use?
The Buttery offers a range of AOD and mental health supports, and I work on the Young Peoples Early Intervention Project program. As an early intervention program for teenagers, it is often a pathway to treat youth experiencing harm from AOD. I gain referrals from schools, families, friends and other professionals concerned about young people's relationship with substances. A pivotal pathway to engagement is the Drama Club, Drama Monarchs, which targets risk groups (particularly LGBTQIA+ young people) who are typically not captured in the key demographics of social services. I meet with young people and assess if psychosocial support and counselling will allow them to gain control of their relationship with substances; or if they need to be referred to other support.

What are some benefits of integrating support for AOD issues into the service you provide?
The service I provide is specifically regarding AOD supports, however, I work in partnership with other organisations to integrate support in their programs, for instance, in-reach support to schools. I can work with students as they begin to present with signs of AOD issues or return from suspension and reintegrate into the school environment. It allows engagement with young people who would not connect with me outside of school and enables them to gain support to help reduce AOD issues.

What has worked for you and your team when building partnerships with other service providers?
Partnerships are vital in providing supported and confident referrals and coordinated care for clients. I regularly attend interagency meetings which allow me to understand the service landscape available to my clients and build relationships with other professionals. It's essential to know my peers in the AOD industry, which is why I attend the NADA Youth Network and NADA Gender and Sexuality Diverse AOD Worker Network meetings. Many partnerships have arisen organically when discussing gaps in service coverage and local needs through maintaining consistent contact with my network.

Jarrah House
Marion Pozniak and Nicole Price

How does your service act as a pathway into treatment for people experiencing harm from AOD use?
Informed by the principles of dialectical behaviour therapy and neuroscience, Jarrah House provides a safe and supported treatment option for women and their children to complete residential detoxification and therapeutic intervention.

As we know, addiction research has shown that substance misuse is the solution to underlying issues (e.g., trauma, domestic and family violence, and adverse early childhood experiences), so Jarrah House provides a trauma informed pathway to addressing both AOD and underlying mental health concerns.

Offering a range of interventions from the initial point of engagement, clients are assigned a care manager who will support them in navigating their treatment options and appropriate referral pathways.

What are some benefits of integrating support for AOD issues into the service you provide?
Support for AOD concerns is the primary focus of our work at Jarrah House. The integration of support services is essential to ensure both the continuum of care and gaining a deep understanding of the issues that are impacting the client from a holistic perspective, which may impact the recovery process.

Clinicians spend a significant amount of time finding the appropriate support for the individual client pre- and post-treatment to ensure the client leaves with a comprehensive plan for discharge to align with their treatment goals.

What has worked for you and your team when building partnerships with other service providers?
Interagency transparency is the key in building meaningful partnerships between Jarrah House and other service providers, ensuring we have a clear understanding of the purpose and focus of each provider.

Jarrah House promotes the formalisation of partnerships through a memorandum of understanding, as well as regular interagency visits and communication to encourage fluidity of the parallel referral process.

We have found the most fruitful partnerships have come from the services who share the common goal of delivering effective and dynamic AOD treatment for women and their children. In addition, the collaboration of resource development, sharing of information and diverse thinking toward the common goal means the women who access our service have a network of different services which can provide ongoing encouragement and accountability to the recovery process.

Outstanding outcomes from Orana Haven

Orana Haven is a residential rehabilitation service for Aboriginal men located outside of Brewarrina in Gongolgon in Western NSW. It was established in 1978 when a local Elder, Uncle Roy Barker, donated land on the old Brewarrina Mission, and together with the Murdi Paaki Enterprise, developed a residential rehabilitation program for people experiencing AOD use issues.

Raechel Wallace (Aboriginal Program Manager, NADA) and Hannah Gillard (Project Coordinator, NADA) spoke with Alan Bennett (CEO) and Tracey Gordon (Senior Worker) from Orana Haven about their service, and the people and communities they support.

What are some of the programs and services you provide? There are hardly any detox services in rural areas, so this is a major challenge for people to access and complete detox before coming to Orana Haven. Cost was another barrier—we were losing clients who were unable to afford detox. To address this, we established a Community Based Withdrawal Program that operates out of Orana Haven for males and females. This was funded as a pilot project through the Primary Health Network, and was recently refunded for another 12 months. We now have a four-bedroom house for the detox program on site.

Our detox program has shown to be a success and a much-needed service for the region. During the last reporting period, the completion rate for people who access our detox program was 91%, and for the period prior to that, we had 87% completion rate. Participants say they found the program more relaxed, they enjoy the environment and the program is more culturally appropriate.

We have a partnership project with Weigelli Centre Aboriginal Corporation and have established community hubs in Bourke, Walgett, and Forbes that offer AOD support to the community. We currently we have 199 active clients in our hub programs. All the hubs are staffed by local community members who know the community—the fly in and fly out model was not working.

Our next goal is to establish an Aboriginal women's and children residential program, to help keep children with their mothers and families. We receive a lot of feedback from the community for this.

Clients and staff outside Orana Haven

One of the things I love about Orana Haven is the environment, it has an amazing feel to the place when you're there. What are some of the core parts of your program that are especially important for Aboriginal people? Culture is a core component of our programs. We offer a mixture of cultural activities from local history. We have a great relationship with Uncle Tommy Powell from Red Dust Healing, a very powerful program for Aboriginal people.

We also provide health support through our partnership with the local Aboriginal Health Service in Brewarrina, and TAFE courses to help residents gain employment when they return home.

Learning work skills on a TAFE course at Orana Haven

Outstanding outcomes from Orana Haven

continued

Can you give us some case examples about people who have accessed your service, who are comfortable with their story being shared? Owen* was at risk of going to jail and had issues with methamphetamine. He had lost all his relationships, including with his children, parents, grandparents, and other family members due to AOD use. Owen came to Orana to take part in our 12-week program—he stayed for 12 months! It's been 18 months now, without him using. He has access and a relationship with his children, is now employed, and is in the process of buying his own home.

Clients join White Ribbon Rally

**names changed to protect identities*

Trent* came from community from the other side of NSW. When he arrived, he kept complaining about his caseworker sending him so far away—from where he lived and grew up—and that he doesn't know anyone. He was adopted at a young age, and when working with him, we discovered that this was his family's Country, and where his family was from. He got to meet his family members, including his sister who still lived here. She was in hospital at the time, and he made that connection with her before she passed away two weeks later. Workers took him to where his family used to live on the old mission and he visited family members' graves. He remains in contact and tells us, 'Now I know where I belong, I know where I come from.'

To learn more about Orana Haven

- Call Orana Haven (02) 6874 4983
- Visit the Orana Haven website (which is currently being updated) or visit Weigelli/Orana Haven's Hub Project Facebook page
- Orana Haven is a member service of Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN). Visit the ADDARRN website to learn more about this network
- For more information on ADDARRN model of care, click here
- For information on The Red Dust Healing program, refer to their website

How do Aboriginal community controlled services compare with mainstream AOD treatment services?

Professor Peter Kelly Associate Dean of Research, Faculty of the Arts, Social Sciences and Humanities (ASSH) University of Wollongong, Australia; Director, Centre for Health Psychology Practice and Research (CHPPR)

Aboriginal community controlled organisations (ACCOs) seek to address the complex, inter-related, health and social issues within their local communities, and contribute to Indigenous health and wellbeing.

An ACCO is an incorporated Aboriginal organisation, initiated, based in and governed by, the local Indigenous community to deliver holistic and culturally appropriate services.[1,2] These organisations have developed strengths based approaches and draw on the knowledge and wisdom of Aboriginal Elders, culture and leadership, with the aims of reducing the harms for people using AOD. They provide culturally appropriate services that tend to be more acceptable to the needs of Indigenous Australians than mainstream services.[3,4] ACCOs have a fundamental role in facilitating the engagement of marginalised and vulnerable members of the community with mainstream society and contribute to social inclusion which underlies social health and wellbeing.

Typically, the focus of research in this field is to determine the cultural appropriateness of ACCOs. While such research is vital in progressing the AOD treatment field, it is also important to examine the outcomes of these services in order to better understand the effectiveness of the programs that they provide. While several specific ACCOs exist across Australia, little is known about how comparable their treatment outcomes are to mainstream AOD treatment services. Understanding any disparities in outcomes will help to inform the AOD treatment sector of the unique offering of ACCO programs and their potential impact on treatment outcomes for Indigenous Australians.

How to compare treatment services

Benchmarking involves systematically comparing data from individual services, with other representative data (e.g., published studies, other service providers). Within the AOD treatment field, recommended benchmarking procedures using routine outcome measures have been established.[5] This involves using statistical procedures (e.g., reliable and clinically significant change; [6]) to identify the proportion of participants who demonstrate meaningful change during their AOD treatment episode. We then compare this with data from other services (i.e., benchmark it).

Given previous research has not used benchmarking to evaluate ACCOs, we sought to do this in order to understand how The Glen, an Indigenous focused residential AOD treatment service, compares with other AOD treatment services. The Glen is an AOD rehabilitation service situated on the Central Coast of New South Wales, Australia. It is managed by the Ngaimpe Aboriginal Corporation. It provides 37 residential beds for both Indigenous and non-Indigenous men and is staffed by 13 staff members (full-time, part-time, and casual) and a team of volunteers. The workforce includes Indigenous and non-Indigenous drug and alcohol workers. The Glen program is based on Indigenous values and spirituality, with a philosophical approach that emphases the individual and the consequences of the individual's choices. The Glen prides itself on having a culturally appropriate program for Aboriginal men including traditional dance, yarning around the fire, didgeridoo lessons and ongoing involvement with Aboriginal Elders. The program is 3 months initially, with an option of a longer stay in the transition program which enables residents to stay for another 6-12 months focusing on training, employment and housing needs.

The aim of our research was to evaluate changes in wellbeing (i.e., psychological distress and quality of life) during participants' stay at The Glen. We used procedures that had previously been established by our team (5) in order to benchmark the proportion of participants at The Glen who demonstrated change with other non-ACCO residential services in New South Wales. Each of these other services were members of the Network of Alcohol and other Drug Agencies (NADA; 36 services).

How do ACCOs compare with mainstream treatment services?

Encouragingly, results from our study showed that people accessing The Glen demonstrated both statistically and clinically meaningful change in their wellbeing (quality of life and reduced psychological distress) during their stay. The benchmarking exercise demonstrated that meaningful improvements in wellbeing were at the very least equivalent to other non-ACCO residential AOD services. However, in the case of psychological distress, The Glen participants demonstrated consistently higher rates of improvement.

The Glen (a 37-bed unit) accounted for nearly 50% of all residential Indigenous men included within the NADAbase during the nearly 9-year study period. With The Glen attracting residents from across the State, it would appear to play a very important role for Indigenous men's health. Of particular note are the program completion rates. Indigenous people attending The Glen were two times more likely to complete treatment than Indigenous people attending non-ACCO services.

What this means for practice and the AOD sector

The Glen compared very well to AOD treatment services in terms of consumers' wellbeing outcomes. Without further evaluation, it is difficult to determine the exact program components (e.g., traditional dance, yarning around the fire) of The Glen that might contribute to the better completion rates and more significant improvements in psychological distress that we observed in this study. Ethnographic work to understand the meaning and importance of the cultural content within ACCO treatment programs would be of benefit to the broader sector. Such future work would help to examine how the cultural content of these programs might be related to treatment outcomes and experience.

Given The Glen provided treatment to such a large proportion of Indigenous men, funding and further research that is centred on evaluating and adapting ACCOs to meet the needs of Indigenous Australians appears to be vital within the AOD sector. Historically, there has been limited research examining specialist AOD treatment for Indigenous people internationally.[7] Benchmarking methodologies used within the current study could be used to help inform evaluations of other Indigenous AOD programs. Given the current study only focused on within treatment outcomes, it does not provide information on the participants' wellbeing following attendance at the residential programs, or how this may be related to any broader longer-term recovery outcomes. The sector may benefit from adopting similar benchmarking methods in order to track longer-term recovery outcomes of participants exiting ACCOs and compare these with other AOD treatment services. Likewise, it would be beneficial to examine how service providers, such as The Glen, can use the results of benchmarking activities to inform meaningful service improvement initiatives.

In summary, previous research has identified a range of structural and cultural barriers that may prevent Indigenous people from accessing mainstream services.[8] ACCOs tend to be more acceptable and accessible to Indigenous Australians than mainstream services. Findings from this benchmarking study suggest that when compared with mainstream AOD treatment services, Indigenous Australians accessing an ACCO, have higher rates of treatment completion and comparable, if not better, treatment outcomes in terms of wellbeing.

Email Peter Kelly to receive a copy of this paper.

References

1. Department for Child Protection and Family Support. (2016). Aboriginal Services and Practice Framework 2016-2018 Perth: Western Australia: Western Australian Government; [Available from: https://www.dcp.wa.gov.au/.../Factsheet%20-%20ACCO%20definition%20-%20March]
2. Aboriginal Child Family and Community Care State Secretariat (AbSec). (2016). Aboriginal Community Controlled Organisation (ACCO) [Available from: https://www.absec.org.au/acco.html]
3. Teasdale, K.E., Conigrave, K.M., Kiel, K.A., Freeburn, B., Long, G., Becker, K. (2008). Improving services for prevention and treatment of substance misuse for Aboriginal communities in a Sydney Area Health Service. Drug & Alcohol Review.;27(2):152-9.
4. Campbell, M.A., Hunt, J., Scrimgeour, D.J., Davey, M., Jones, V. (2018). Contribution of Aboriginal Community-Controlled Health Services to improving Aboriginal health: an evidence review. Australian Health Review.;42(2):218-26.
5. Kelly, P.J., Deane, F.P., Davis, E.L., Hudson, S., Robinson, L.D., Keane, C.A., et al. (2021). Routine outcome measurement in specialist non-government alcohol and other drug treatment services: Establishing effectiveness indicators for the NADAbase. Drug and Alcohol Review.;40(4):540-52.
6. Jacobson, N.S., Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. Journal of Consulting and Clinical Psychology.;59(1):12-9.
7. Dale, E., Kelly, P.J., Lee, K.S.K., Conigrave, J.H., Ivers, R., Clapham, K. (2019). Systematic review of addiction recovery mutual support groups and Indigenous people of Australia, New Zealand, Canada, the United States of America and Hawaii. Addict Behav.;98:106038.
8. Davy, C., Harfield, S., McArthur, A., Munn, Z., & Brown, A. (2016). Access to primary health care services for Indigenous peoples: A framework synthesis.

How do we measure performance of non government AOD treatment?

By Robert Stirling, NADA

As many NADA members are aware, in 2018 the NADA CEO commenced a study to establish a finite list of performance measures that would be acceptable to members, funders and service users to be used in contracts with funders. The intention of which is to reduce performance reporting burden by standardising measures requested by funders in contracts. It was also important that those measures are meaningful to each of those stakeholders. The study followed a three-phase process.

Phase I: are existing measures best practice?

More than 1,100 measures were collected from members and funders. These were synthesized to a finite, non-duplicative list of 537 measures. Each of those measures were assessed against 11 criteria (e.g., measurable, and timely). None of the 537 measures fully met the criteria for best practice in performance measurement. The majority of measures were classified as output (41.3%) and process (23.6%) measures, with only 7.6% of measures classified as outcome measures[1]

Phase II: what is important to measure?

Ten focus groups were held with service users (n=5), treatment providers (n=4) and funders (n=1) to explore what importance they placed on different measurement types and specific measures. Unsurprisingly, participants rated measures of access, experience, and outcomes as most important, with input and output measures rated least important overall. There was agreement across all stakeholder groups that measuring reduction in substance use should not be done in isolation of other outcomes, such as quality of life. There was also agreement on the importance of measures that assess person centred care. However, there was not agreement across all measurement types, with service users valuing structural aspects such as the importance of workers with lived experience more than providers and funders.

Phase III: what measures should be included in contacts?

A three-round online process was conducted with service users (n=10), treatment providers (n=10) and funders (n=10) to reach consensus on a finite list of measures.

Fifteen service level measures and two system level measures met criteria for consideration as a final set of performance measures. The final set of measures cover a range of measurement types: outcome (n=5), access (n=3), structural (n=3), experience (n=2), input (n=2), process (n=1), output (n=1).

Unsurprisingly, accreditation status, audited financial reports and provision of the minimum data set came in the top three. As we know, these are all compliance measures within existing contracts. When it came to outcomes, measuring improvements in quality of life were rated as a more important outcome of treatment than those that related to AOD use specifically—this was consistent with focus groups in phase II. It is encouraging that two measures that made the list assess cultural appropriateness of treatment. Interesting, a measure related to improvement in mental health just missed out. There was also no measure of satisfaction—the most commonly used experience measure in contracts.

What next?

The majority of the 15 service level measures are already used in contracts with NADA members, with a few that require further discussion. There will also need to be a discussion on those that did not meet consensus. If the final set of service level measures are agreed by NADA members and their funders, specifications will need to be developed to ensure that there is agreement on definitions and interpretation. NADA will work with both members and funders to progress the next steps in standardising measures used in contracts.

The two system level measures relate to the demand and capacity of services. These require in depth consultation with members to establish definitions and agreement on how data will be interpreted and used. NADA has engaged the Drug Policy Modelling Program at UNSW to work with members separately on this over 2022.

Want to view the final list of measures or hear more? Contact robert@nada.org.au.

1. Stirling, R., Ritter, A., Rawstorne, P., & Nathan, S. (2020). Contracting treatment services in Australia: Do measures adhere to best practice? International Journal of Drug Policy, 86, 102947.

NADAbase update

Tata de Jesus NADA

NADAbase dashboard updated with 2020–2021 data
We have updated NADAbase's interactive dashboard to showcase sector data collected during the 2020–2021 AODTS N/MDS reporting cycle. See the collective impact of NADA members.

Reporting
On behalf of the NADA membership, the following reports were sent to funding bodies in early February:

- Monthly data reports to InforMH for members who receive Ministry of Health funding
- Quarter 2 October–December data report for members who receive Primary Health Network funding
- Biannual report (July–December) for members who receive Methamphetamine, Youth and Continuing Coordinated Care funding from the Ministry of Health

If you are a member who has recently made changes regarding funding and would like NADA to report on your behalf, please contact NADAbasesupport@nada.org.au.

What's in store?
We are working on the following to enhance your experience of NADAbase:

- **Enhanced self-administration** will give NADAbase administrators more control over moving, editing or deleting client episodes and COMS survey
- **Expanding the gender and sexuality diverse questions** to account for the changes in the ABS, and to provide a more holistic view of the clients you are seeing
- **Two-factor authentication** was introduced last year as an extra security measure in NADAbase, and also provides users the ability to reset their own passwords
- **A new and improved data dictionary** is underway to provide guidance for data importers

Comorbidity catchup

Do you want up to date information on co-occurring mental health and AOD support?

Central and Eastern Sydney PHN have recently launched a new webpage providing up to date information and capacity building resources for clinicians working within the mental health, AOD and primary health sectors. Visit the webpage here.

Building research capacity and supporting cross-sector collaboration

The Matilda Centre offers a mentoring program to support practitioners and services in building their capacity to develop and conduct research projects. NADA and Mental Health Coordinating Council (MHCC) members are eligible to apply for the opportunity to be paired with one of the Matilda Centre's Early Career Researchers to support development of research knowledge and skills. Learn more.

NADA network updates

NADA practice leadership group

The NPLG's December meeting focussed on the group's action plan for 2022–2024. This action plan includes:

- future proofing withdrawal management in the non government AOD sector
- developing the workforce and engaging the sector in activities that highlight the significance of clinical standards and the benefits for the provision of quality care to clients
- growing the sector's capacity in research and evaluation.

The NPLG are excited to have their first face-to-face meeting, since the onset of COVID, during March.

Women's clinical care network

NADA is investigating training for the network on navigating court proceedings involving children. The group also had its most recent meeting in February, during which a number of members took advantage to network and share information. At this meeting, NADA's Michelle Ridley gave an update on her work with the Department of Communities and Justice (DCJ).

At the next meeting in April, Carmen Couceiro Vicos of Leichhardt Women's Health Centre will present on her AOD work with women at Leichhardt Women's Health Centre!

Finally, in line with an aim of the network, to advance gender equity for women seeking AOD treatment, NADA hosted an International Women's Day online forum. Check out the first recorded video, promoting culturally appropriate AOD services for Aboriginal women here. If you would like to join the Women's Network, read more here, and contact Hannah Gillard.

Youth AOD services network

At the February meeting, Rosie Schofield of Deadly Connections presented on some of the great projects she's undertaking with young Aboriginal people, like the Deadly Futures Program. The network will be undertaking training on 'Effective interventions for substances commonly used by young people', which will be facilitated by DAYSS and Youth Solutions on 16 March. Other network projects include updating the Youth Network profile—a guide with important referral and other information for youth AOD services. Network organiser Hannah is working with members to collate information about organisations providing AOD education in schools, to support members that undertake this work to connect with, and learn from, other services doing similar crucial work. If you would like to learn more about the network and how to join, visit the group webpage.

Consumer representative and peer worker network

In December 2021, this network came together for an end of year picnic. This event gave members an opportunity to catch up in person and celebrate their achievements during a challenging year. This network is open to consumer representatives and peer workers of NADA member services. It is a supportive peer based space where people can share their experience, hear about and experience learning opportunities and find out what's happening in the consumer representative and peer work space. The network meets online every two months. For more information, or if you'd like to join, please contact Michelle Ridley.

NADA network updates
continued

Gender and sexuality diverse AOD worker network

The network is planning a half day forum in May 2022, focused on advancing LGBTQ+ inclusivity—particularly for women with trans experiences—in AOD services. It is also collaborating on a resource featuring content and questions LGBTQ+ communities can draw on to help them find inclusive AOD services.

Additionally, some network members have assisted the Victorian Alcohol and Drug Association (VAADA) to establish their own network for GSD AOD Workers in Victoria, where previously there wasn't one. Given interest from GSD AOD workers elsewhere in Australia, the network has opened its membership to GSD AOD workers outside NSW (although the NSW focus will remain).

If you are a gender and/or sexuality diverse AOD worker and would like to join the network, email Hannah Gillard. You can read more about the group here.

NADA data and research advisory group

The Data Group met during March, to plan for the NADA data forum, 'Looking back, looking forward: A NADA member data forum to develop a plan for the future'.

Held at the Novotel Sydney, the network presented on some ways their organisations have been using NADAbase data. The forum provided an opportunity to provide feedback to NADA as part of a member-only consultation in the morning, followed by a networking event with stakeholders/funders (NSW Centre for Alcohol and Other Drugs, Department of Health and Primary Health Networks) and say farewell to NADA's Suzie Hudson.

For more information on this network and its future activities, please contact Mei Linn Lee.

Community mental health, drug and alcohol research network

CMHDARN wants to know what research you're doing
CMHDARN wants to read, promote findings, and support participation of new research happening in the community mental health and AOD sectors. We can broadcast your research in our Research showcase [PDF] bibliography, as well as promote through the CMHDARN Connect newsletter and the CMHDARN Facebook page. Please send through your research to the CMHDARN Coordinator.

Upholding best-practice language through CMHDARN: a discussion
During CMHDARN projects and activities, discussions about language regularly come into focus. It is acknowledged that there is great difficulty in meeting the diverse preferences of people with lived experience of mental health conditions, AOD service users, carers and supporters, the workforce, academia as well as multiple stakeholders across the service system and government, particularly when convening meetings, writing papers, presenting and developing resources. In 2021, a small, targeted consultation was held to discuss this issue with a number of participants with diverse lived experience to inform CMHDARN's use of language. The aim is that while recognising that language is always a fluid and evolving dynamic, that CMHDARN remains inclusive and continues to role model best practice language in the work it undertakes across the mental health and AOD community managed sectors. Read the discussion paper [PDF].

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

Member profile

Deadly Connections

Interview with Family Specialist, Trinka Kent

Can you provide us with an overview of your service, including its programs?

Deadly Connections is an Aboriginal community controlled, not-for-profit organisation. Our programs are designed to positively disrupt intergenerational disadvantage, loss and trauma to First Nations people, particularly those impacted by the child protection and justice systems. We are comprised of four main programs. Our newest program is Girra Girra Healing House, a semi-independent, culturally responsive treatment program, developed by mob and people with lived experience to promote healing and recovery from substance dependence. Deadly Young Warriors targets First Nations young people living in the Inner City and Inner West LGAs. The program provides early intervention and diversion programs to young people at risk of justice involvement. Deadly Futures is our school suspension program. The purpose is to disrupt the school to prison pipeline for young people who are frequently suspended. This program seeks to keep kids engaged with routine and learning when they are absent from school due to being suspended. Bugmy Justice Project seeks to improve sentencing outcomes for Aboriginal identified defendants by providing courts with relevant personal and social circumstances of the individual upon sentencing. This project has is partnered by The National Justice Project. Additionally, there is a COVID food relief project which supports families who are isolating with COVID, or needing food assistance.

Please tell us more about the communities your service supports

Primarily we target First Nations communities in the Inner West and Inner City LGAs who have been involved with, or are at risk of involvement with, the child protection and justice system. This includes people who are impacted by domestic violence, homelessness, mental health, disadvantage and other significant traumas.

Can you share a program highlight with us?

This would be a woman I started working with about a year ago, who had her children removed due to domestic violence, which led her back to drug misuse and into a very dark place. She had really lost everything, including hope. After completing two rehabs, and being rehoused, she is now part of the team at Deadly Connections. She has three of her five children back in her care and is very close to the youngest two being restored. She is now studying and working part-time with us. She is a very valued member of the team and is an inspiration to the community she works with. It has been such a privilege to watch her journey and go from strength to strength.

We have so many highlights at Deadly Connections: getting people housed, providing families with necessities, connection, and laughs.

Carly and Keenan, our cofounders, featured in the *Incarceration Nation*. This film demonstrated the connection between colonisation, systemic racism, the destruction of culture, committees and families to the disproportionately high rates of First Nations people involved in the child protection and justice systems. The airing of this documentary raised a high level of awareness and brought us to the attention of people and corporations, who reached out asking what they could do to help. We rely heavily on our public presence, as we do not receive government funding. We are always moved by people's kindness and generosity when we reach out to the community for support.

Can you tell us more about the team working at your service?

Everyone working at Deadly Connections is Aboriginal, or has lived experience of substance misuse, experience in the criminal justice system or child protection system, or all those things. We are all very like-minded and share the same vison and passion. We all contribute to whatever it is that's going on. Our work is very collaborative, and we all have a good sense of humour—it's so important in the work we do. We are a small team, so more like a work family. It blows my mind sometimes how we do the work we do for such a tiny organisation.

How can people contact your service, and provide referrals to your service?

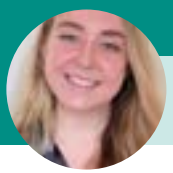
We have a 18004USMOB number (1800 487 662), which is free. You can self-refer on our website, or get a family member or another service provider to refer. You can find the referral form on our website.

Deadly Connections

Phone 1800 487 662 **Web** deadlyconnections.org.au

Profile

NADA staff member



Jo Murphy
Administration Officer

How long have you worked with NADA?

I started with NADA in January, so it has been an exciting couple of months.

What experiences do you bring to NADA?

I have worked in customer service and administration roles for the last several years, and so I am always ready for a good chat! I recently completed my bachelor's degree with a major in politics and international relations, so this is a bit of a new path for me, but I am really enjoying my first role in the sector.

What NADA activities are you working on at the moment?

A lot of the work I do at NADA is to support our team in the running of the office and their own larger projects, this lets me see into the wide range of work we do and help out where I can.

What is the most interesting part of your role with NADA?

I'm the person you'll speak to if you give us a call and I am loving getting to interact with such interesting and diverse people in the sector and problem-solving where I can.

What else are you currently involved in?

When I am not at NADA, I tutor high school students in English and the humanities and help them through the HSC. On the weekends, you will find me playing field hockey with my team and avidly reading a fantasy novel while cuddled up with my partner's dog.

A day in the life of...

Sector worker profile

Joseph Ratuvou Team Leader—Specialist Interventions, Youth Off The Streets

How long have you been working with your organisation?

I have been working for Youth Off The Streets for 12 years.

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

I started as a trainee youth worker at Youth Off The Streets, and surrounded myself with like-minded people who have a passion to support future generations. Since then, I have been fortunate to move around the organisation in different roles, programs and services that have led me to being the team leader specialist interventions, managing our specialist case work team and AOD program.

What does an average work day involve for you?

My days are filled with supporting six caseworkers, one counsellor and one family caseworker with low to high intensity case management and counselling. I continue to ensure that the needs and wellbeing of the young people and staff are being met. As our work can be mentally exhausting, it is being that base for my team to come back to earth for a breather, and refocus on what we can do for young people.

What is the best thing about your job?

The young person support and coaching of my team. Through my team, we can meet the needs of young people across Sydney, while also validating and strengthening the practice of our team.

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

Further funding provided to non government sector to support young people dealing with the repercussions of COVID / AOD related harms, and further funding into aftercare support.

What do you do for self-care?

Fishing and ice cream.

New horizons for NCETA

Jacquie Bowden National Centre for Education and Training on Addiction

As the new director of the National Centre for Education and Training on Addiction (NCETA), I'm excited to introduce myself and share my vision for the centre. I started at NCETA just before Christmas and have thoroughly enjoyed my time so far. I've worked in tobacco control research and evaluation for 20 years, and over the past 10 I have broadened into AOD policy research. I bring a background in psychology (BA Hons and PhD) and public health (MPH), and I've worked in government, the non government sector, and more recently academia. On a lighter side, I love getting out into nature and hiking and camping with my two girls, husband, and 15-year-old dog called Peppa.

This is a very exciting time to be joining NCETA as we consult with the sector about the revised National AOD Workforce Development Strategy. We're committed to working closely with the sector to ensure that the strategy will achieve high quality workforce development initiatives nationally, while also complementing existing jurisdictional activities.

Before I talk about the future directions of NCETA, I wanted to highlight some of the many resources on our website that may be of interest to you. These include:

- The National Alcohol and Other Drug Knowledgebase—a one-stop shop for the latest statistics on AOD use
- AOD Screening and Withdrawal Tools Collection—including the tools themselves and scoring information
- Your Worklife—a collection of resources to help workplaces respond to AOD issues and develop policies.

NCETA has always played an important role in highlighting the challenges that are facing the AOD sector, including recruitment, retention, and worker wellbeing. Our next goal is to work on practical and effective solutions to these and other issues; we will be striving for structural solutions, in addition to resources for workers and organisations. We are shifting gears to an end user focus, and we would like to engage more closely with you, and be guided by you. I am in the process of developing an advisory board for NCETA that will have strong representation from the AOD peaks. This will ensure that the work we do is highly relevant, and policy and practice ready. We also plan to increase our collaborations across Australia, build on some of our existing work in prevention, and increase our intake of students into NCETA to build capacity in AOD research. Key messages from the current national strategy consultations will also guide our next steps, such as suggestions for increased focus on understanding and developing the peer workforce.

It is important to us that our work is relevant, accessible, and useful for you. As we develop our work and research plans over the next year, I encourage you to contact me with your thoughts and priorities for the field (Jacqueline.bowden@flinders.edu.au). I'm looking forward to working with you to support and build the capability of the AOD workforce.

Take away messages from NADA's submission to the National Alcohol and other Drugs Workforce Development Strategy

NADA believes the strategy must ensure:

- there are appropriately resourced and sustainable AOD funding models to ensure workforce security and stability
- that AOD is part of curriculum for tertiary and vocational health and social welfare training
- there are subsidies, or other mechanisms, to encourage people to take up AOD related tertiary and vocational training across urban and rural locations to grow the AOD workforce
- a workforce profile that represents the gender and cultural diversity of people who access AOD treatment
- that the Aboriginal and peer workforce is grown and supported
- there is a plan for implementation, monitoring and evaluation of the strategy.

Two members recognised for their service

Two NADA members were recently recognised in the Australia Day 2022 Honours List, which recognises the outstanding service and contributions of Australians:

Mrs Sandra Trimingham OAM (Family Drug Support) for service to the community through alcohol and drug use prevention groups.

Mr Nicolas Parkhill AM (ACON) for significant service to community health, particularly to people living with HIV/AIDS, and to healthcare delivery.

'For 25 years, Sandra has managed the Family Drug Support service line and volunteers. She has helped to recruit, train and supervise hundreds of volunteers and made many friends,' said Family Drug Support CEO, Tony Trimingham. 'When we started Family Drug Support, we had no idea what was involved, and we have faced many challenges over the years. Sandra has been by my side, supporting me and assisting me to develop our various programs and resources.'

'ACON commends Nicolas on this well-deserved recognition of his decades-long work in HIV, public and community health. His community leadership has been an extremely important factor in driving HIV transmission rates in NSW down to the lowest levels seen since records began in 1985, and have helped make NSW a global leader in efforts to end HIV transmission,' said Dr Justin Koonin, ACON President.

Pictured: Mrs Sandra Trimingham OAM (Family Drug Support) and Mr Nicolas Parkhill AM (ACON).

Announcing the Australia Day Honours List, the Governor-General said, 'It has been a challenging couple of years and the recipients announced today are a reminder and reflection of the richness of spirit, selflessness and good in our community.'

The Australian Honours and Awards system recognises the outstanding service and contributions of Australians. It gives the nation a chance to celebrate and acknowledge those who work tirelessly to improve local communities and to make Australia a better place.

NADA congratulates our colleagues for receiving their well-deserved recognition.

March what's on

30

Suicide prevention and postvention workshop

The Rocks

Firstly, you will learn about suicide prevention: addressing commonly held myths, warning signs, and an action plan to recognise and respond to someone who is considering suicide. You will also learn about postvention, including the needs of people who have been impacted by suicide; also people bereaved by suicide, and what you can do to meet their needs.

This workshop is not clinical, however it does increase your overall understanding about suicide, and how to effectively support someone in a confident way. It draws from the existing evidence base and research, along with the trainer's personal and professional experience.

Register now

Help SMART Recovery Take On Addiction!

SMART Recovery is a global community of more than 2000 mutual-support groups in over 26 countries. Participants meet weekly to help each other overcome the life challenges caused by any addictive behaviours, including but not limited to alcohol, drugs, gambling, and smoking.

Take On Addiction is happening this April and challenges individuals, groups, and workplaces to walk, cycle, run or go your own way with three specific goals. As Executive Officer of SMART Recovery International, Kim McCreanor, states, 'We want to increase awareness of SMART Recovery, challenge stigma and raise funds, and we want to do all three at once...' Ryan McGlaughlin, Executive Director of SMART Recovery Australia added, 'The campaign is also about raising awareness of the significant importance and contribution that mutual aid groups such as SMART Recovery are to continuity of care, especially relapse prevention.'

This idea for the global Take On Addiction campaign has been a long standing goal of SMART Recovery International and SMART Affiliates around the world. This year SMART Australia, UK, USA and Republic of Ireland have collaborated to develop and execute the first annual Take On Addiction campaign.

SMART Recovery has joined forces with Ezy Raise, whose Managing Director, Brett Macdonald was the Founder of Dry July. Brett says of the Take On Addiction campaign, 'This is the first global campaign of its kind to smash stigma, and raise funds and awareness for a public health crisis. Sign up, get active, get healthy and support SMART Recovery this April to help people find life beyond addiction.'

The funds raised through Take On Addiction will help SMART Recovery continue their mission to make their services available to people across the world who choose freedom from addiction, using the power within themselves and support from a caring global community.

In the words of SMART Recovery Australia Executive Director, Ryan McGlaughlin, 'SMART is generally known within the AOD sector and yet not in the broader community. We want that to change, as SMART plays a significant role in assisting people's lives for the better ... Throughout my life I've been around too many marginalised groups of people that have been stigmatised and that is a significant barrier for people seeking help and then leading productive and healthy lives.'

Please visit the website http://takeonaddiction.org.au/ for more information, to register yourself, a group or your workplace, or to support anyone that is already taking part. You can also assist by promoting the campaign to your professional and personal networks.

Your support is needed now more than ever to help people find life beyond addiction.

NADA updates

Reconciliation action plan working group

A current NADA 'Innovate' Reconciliation Action Plan is presently being drafted to cover the 2022–2024 period. Reconciliation Action Plans are intended to enable 'organisations to sustainably and strategically take meaningful action to advance reconciliation' (Reconciliation Australia 2021). NADA is incredibly grateful to all who are participating in the working group to develop the plan. This group includes people from member organisations, Aboriginal community members who are passionate about AOD work, and NADA staff.

Policy toolkit working group

The NADA Policy Toolkit, which provides AOD organisations with a slew of organisational policy templates to support their governance and everyday operations, is currently being reviewed! This is to ensure it meets legal requirements and member needs. NADA staff, stakeholders, and those with lived experience of AOD use have come together to update policies, reduce their length where possible, and identify current gaps in the toolkit. Some likely revisions or additions to the toolkit relate to cultural leave, creating a gender affirmation leave procedure, and introducing a consumer representation policy template for AOD organisations.

Goodbyes and hellos!

As with many places near and afar, there has been much change at NADA over the past few months. We bid farewell to our Senior Policy Officer, **Chris Minkov**, who is now enjoying blissful retirement. We've been lucky to tap into her wealth of experience for a brief but helpful time, and we thank her for the laughs! We also said farewell to **Rose Miller,** who was passionate about research and data and worked with NADAbase. We wish her all the very best for her future endeavours.

Our lovely **Sun, (Sanjana Budhai)** has moved on to new challenges. She coordinated webinars with finesse and brought order to grant administration. We also said goodbye to **Xanthe Lowe**, who kept the NADA engine rolling, and smiling! We miss you Xanthe! **Liz Gal**, our consumer engagement officer, made a fantastic contribution to support members with their consumer engagement. Liz worked on the first round of consumer audits with our member services and taught us all a thing or two about advocacy—we wish her all the best on the next adventure.

Hello to our new Administration Officer, **Jo Murphy!** She has hit the ground running and will no doubt be greeting you with a smile anytime you visit our office. We also welcomed **Alice Guirguis**, our new project support officer, who will be working on everything event related plus grants administration. She's also studying social work, so is keeping her eyes and ears open! And lastly, we said hello to **Mei Linn Lee,** who joins NADA as senior research officer to lead on all things NADAbase. Welome one and all!

FREE AND CONFIDENTIAL GOVERNANCE HEALTH CHECKS

An exclusive Justice Connect and NADA project

Apply now

justice connect

NADA
network of alcohol and other drugs agencies

Does your organisation or board need a governance refresh? We can help.

Good governance is an essential part of running a well-functioning not-for-profit organisation. It's the system of rules, policies and procedures that keeps your organisation transparent, accountable and law abiding.

That's why we've partnered with Justice Connect's Not-for-profit Law program to offer 15 free Governance Health Checks to eligible* members of NADA.

If eligible* for the Governance Health Check, you'll receive one-on-one support from a lawyer in the Not-for-profit Law team to help your board and organisation:

- stay on top of legal and governance obligations
- manage risk and embed good governance practices
- improve skills, knowledge and confidence to identify and deal with legal issues
- avoid penalties.

NADA member testimonial

Our organisation was fortunate enough to be selected to participate in the NADA and Justice Connect Governance Health Check Project. The work involved was not too onerous and the outcome was incredibly helpful. We received guidance on improvements in certain areas including referrals to training, webinars and pro-bono legal support. Please pass on a massive thank-you to the organisers of this initiative. We are very grateful to have been involved.

See if your organisation is eligible for a free governance health check today and apply online now.

NADA practice leadership group

Meet a member

Emily Deans Research, Strategy and Design Coordinator, Youth Solutions

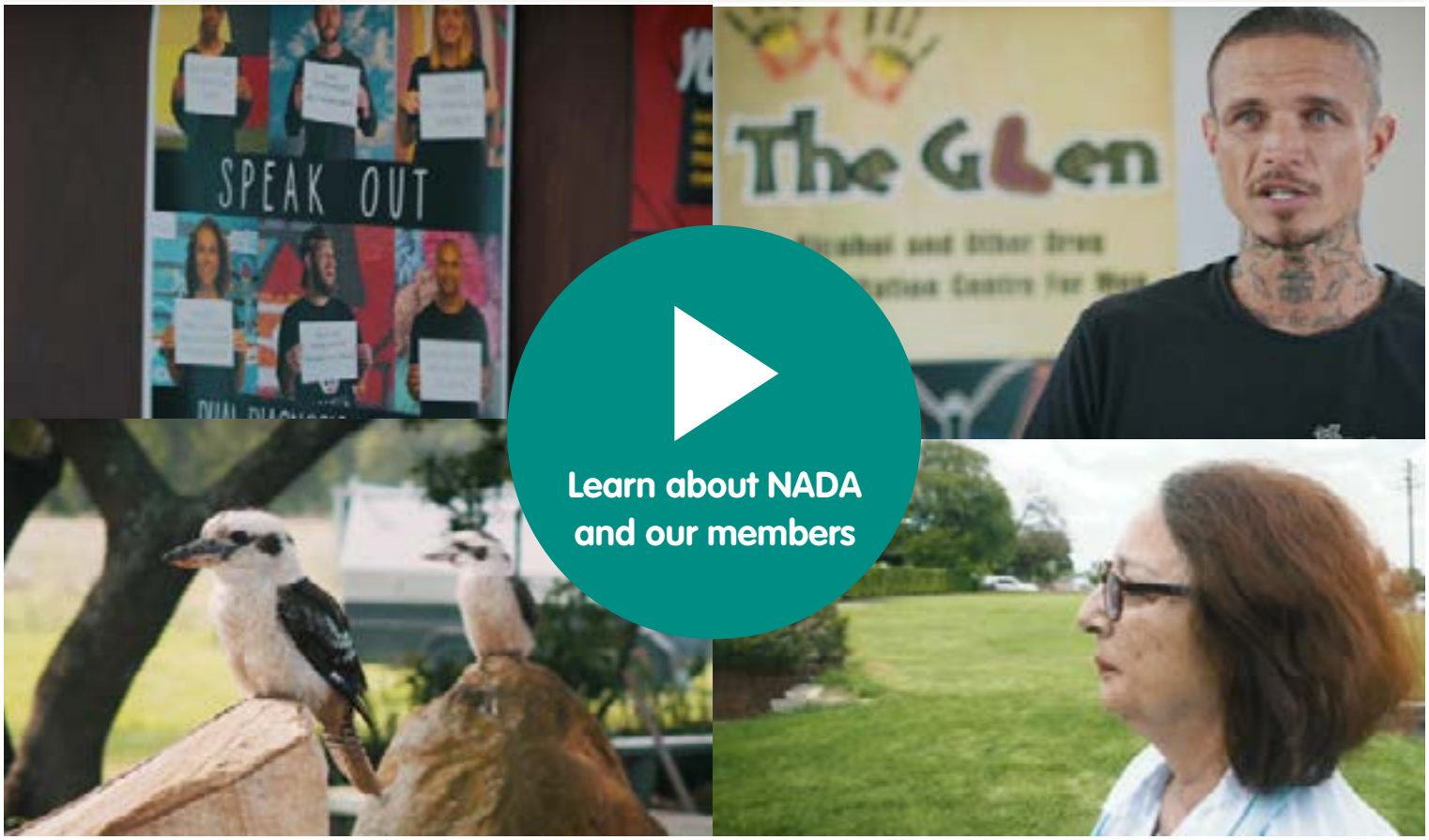
How long have you been working with your organisation? How long have you been a part of the NPLG?
I have been with Youth Solutions for four years now—working to build our research program to provide an advocacy platform for the young people we work with! I'm a new member of the NPLG and joined the team in 2021.

What has the NPLG been working on lately?
Many projects that I am working to get my head around! I love how active the NPLG is in recruiting consumer representatives and building a Peer Worker Community of Practice.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
I have worked in the research sector for seven years, both within the gambling and AOD fields. My experience lies within qualitative inquiry, and I am passionate about understanding the environmental influences on risk decisions and health behaviours. One thing I love most about being a qualitative researcher, is the chance to learn from participants and their stories. I think being a good listener is a great way to enhance practice and develop professionally.

What do you find works for you in terms of self care?
Swimming laps is my go-to, and I love a traditional Thai massage. I also like being creative, with some embroidery, collage and candle making.

What support can you offer to NADA members in terms of advice?
I can support NADA members with advice around harm reduction, health promotion, preventive strategies and research methodology.



Advocacy highlights

Policy and submissions

- NADA and the AOD Peaks Network wrote to the Federal Minister for Health and Minister for Finance regarding the need for continuation of the significant proportion of the funding provided to the non government treatment sector that has been provided through the National Ice Action Strategy (NIAS).
- NADA provided a submission to the new National AOD Workforce Development Strategy. NCETA also held a special consultation with NADA staff on the development of the strategy.
- NADA signed on to a joint letter led by FARE calling on the Australian Government to abandon any plans to cut the price of alcohol because of the risk to the health, wellbeing and safety of Australians.
- NCETA held a special AOD Peaks Network focus group consultation on the ADF Family Outcomes Framework.
- NADA's annual report was sent to members, stakeholders and NSW Health Minister and NSW Shadow Health Minister, along with the 2021 NADA Member Needs Assessment.

Advocacy and representation

- NADA CEO and President met with the NSW Shadow Health Minister, Ryan Park to discuss the needs of the NSW non government AOD sector.
- NADA met with the Department of Health and the Australian Institute of Health and Welfare to discuss the inclusion of gender and sexuality diversity in the NMDS, as well as non government representation on AOD data governance structures.
- Key meetings: Department of Health, NSW Ministry of Health, NSW Department of Communities and Justice (DCJ), Australian Alcohol and other Drugs Council, AOD Peaks Network, NUAA, AIVL, NCOSS, MHCC, Youth Action, and the NSW/ACT PHN AOD Network.
- NADA continues to represent non government AOD services on the National Alcohol and other Drug Workforce Development Strategy Project Advisory Group.
- NADA participated in the Fair Treatment Partner Strategy Sharing session.
- Ongoing meeting representation: NSW Ministry of Health COVID-19 Clinical Council, NGO CoP and AOD CoP.

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.

Contact NADA

Phone
02 9698 8669

Post
Gadigal people of the Eora Nation
PO Box 1266, Potts Point, NSW 1335

Robert Stirling
Chief Executive Officer
(02) 8113 1320

Suzie Hudson
Clinical Director
(02) 8113 1309

Michelle Ridley
Clinical Program Manager
(02) 8113 1306

Raechel Wallace
Aboriginal Program Manager
0456 575 136

Tata de Jesus
Program Manager
(02) 8113 1308

Hannah Gillard
Project Coordinator
(02) 8113 1365

Alice Guirguis
Project Support Officer
(02) 8113 1308

Mei Lin Lee
Senior Research Officer
(02) 8113 1319

Sharon Lee
Communications Officer
(02) 8113 1315

Maricar Navarro
Office Manager
(02) 8113 1305

Jo Murphy
Administration Officer
(02) 8113 1311

Photo by Kris Ashpole