Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 4: December 2022

Innovation

NADA
network of alcohol and other drugs agencies

CEO report

Robert Stirling NADA

We close 2022 to begin what we hope will be a positive year for NADA members. A year where all of your views, experiences and challenges will be heard and used to make positive changes towards a strong and capable non government sector. The NSW Government's response to the Special Commission of Inquiry into the Drug 'Ice' was never going to meet the needs of everyone, but is a significant investment in AOD services that we haven't seen for a long time. One that we hope is going to make a big difference and allow members to be appropriately resourced to meet demand. NADA continues to advocate for existing services to be supported before tendering for new ones.

The NSW election will be held early next year, and NADA has requested each of the parties to respond to key questions in our issues paper [PDF]. We will convey responses back to members, and encourage whoever is in leadership to prioritise AOD policy and the continued investment in AOD services.

This issue of the Advocate is focused on innovation. Despite working in a stretched environment, NADA members innovate through the services they deliver to reach priority communities, and contribute to the evidence base. Imagine if the sector was appropriately funded and had the ability to use funds in a more flexible manner—what possibilities could we harness?

In this issue, we share how NADA members have engaged with mobile and social technology to support clients. They tell us how they work responsively and flexibly to improve client outcomes. As members seek to climb the ladder of consumer engagement, we shed light on how they may ensure that these activities are meaningful and successful. We hope this inspires your work.

Next year is shaping up to be an exciting one. NADA will launch our new strategic plan in May to guide our priorities over the next few years. We will advocate to ensure that the non government sector's needs and priorities are considered and included in the development of the NSW AOD strategy.

Thank you for your incredible work over 2022. The work you do makes a real difference in the lives of the people that we are here to support and walk alongside.

We will also welcome members and stakeholders at the NADA Conference in May. Abstracts are open now, and nominations for the AOD Awards for the NSW Non Government Sector will open early in the new year—make sure you take this opportunity to showcase the innovative work that you do, or acknowledge the significant contribution of the people that make our sector great.

On behalf of the NADA board and staff I'd like to thank you for your incredible work over 2022. The work you do makes a real difference in the lives of the people that we are here to support and walk alongside. Click here for messages of thanks from Jimmy Barnes, Brad Hazzard and Kerry Chant. We encourage you share these messages with your teams to ensure they know how important they are.

NADA
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NADA Conference 2023
Creating safe spaces
11-12 May | Sydney

Earlybird ends
28
February

Creating safe spaces

Join us at the **NADA Conference 2023**, to be held on **11–12 May** in Sydney. This conference will attract delegates from across NSW, the broader Australian alcohol and other drugs treatment sector and other health and human services. Showcasing interventions designed to improve outcomes for clients, this event will inform with new ideas, engage with the evidence base and provide networking opportunities. Learn more.

Abstracts are open

NADA invites abstract submissions for oral presentations, workshops, symposium and poster presentations. This is an opportunity for you to showcase your innovative practice or research. Abstracts must be submitted by **Friday 3 February 2023**. We encourage workers and services across all sectors to submit an abstract.

Announcing keynote speakers

Dr Vikki Reynolds (PhD RCC) is an activist/therapist who works to bridge the worlds of social justice activism with community work and therapy. Vikki is an Adjunct Professor and has written and presented internationally. Read more.

Professor Jioji Ravulo is the Chair of Social Work at The University of Sydney. His research and writing and areas of interest include mental health and wellbeing, alcohol and other drugs, youth development, marginality and decoloniality. Read more.

Felicity Ryan is a Wadi Wadi woman. She has over ten years of experience within the AOD sector and is highly respected within the field for her workshops focussing on Aboriginal people and related issues. She also assists organisations to become more culturally inclusive in developing their cultural literacy. Read more.

Register at **www.nada.org.au**

A future in digital?

While we turn to technology to help us navigate from A to B, to find a job or a partner, it is curious that it plays only a minor role in AOD treatment. NADA's Sharon Lee explores why this might be so, and the promise and perils of using technology to support people experiencing AOD issues.

Imagine the future: your client is walking past the pokies, and their phone senses they are about to sit down. This is where they drink alcohol, more potent as the night wears on. Yet earlier they asked an app to help reduce their intake, and it does, playing a message from a friend. Just in the nick of time!

Over the past twenty years, the rise of digital and social technology has transformed Australian's lives, a force so strong, nobody can remain immune. AOD services reached for technology during COVID-19 lockdowns to support clients remotely, yet beyond video counselling, is there more that we can explore?

A digital opportunity

While traditional person delivered treatment interventions are effective, they do require substantial time, investment and skilled personnel to be optimal. Traditional treatment cannot be delivered to large numbers of people simultaneously and lacks widespread accessibility. So, are we looking at technology to augment traditional AOD work?

Dominique Robert-Hendren, Chief Clinical Psychologist and Head of Clinical Innovation and Digital Health, Hello Sunday Morning reflects, 'There is greater utilisation of digital technology in mental health now, than ever before and it's being used effectively in prevention and early intervention programs. However, as you go up the stepped model of care, it is less the case.'

This seems to be true in relation to AOD as well; there is a lot of information for the community, but far fewer evaluated digital interventions for treatment. According to Dr Louise Thornton, Program Lead in Digital Interventions and Engagement, the Matilda Centre, many have been developed and tested in trials but, she says, 'There's often not the funding to translate these programs and make them publicly accessible.'

Should we harness this opportunity? Dominique believes so, saying, 'There's still a high proportion of unmet needs for any kind of treatment, especially in the AOD sector, and research tells us that digital health can fill that gap.'

What does technology promise?

'At the highest level, technology can help us provide access that's available when the person who requires it is ready. It's on demand where you are, when you need it,' said Dr Krista Siefried, Clinical Research Lead and Deputy Director, National Centre for Clinical Research on Emerging Drugs (NCCRED).

Technology can deliver prevention information, or effectively identify people with, or at-risk for developing harmful use of substances. Existing clinician delivered evidence based therapies could be provided. AOD clinicians could use digital programs to augment their care in an area where they felt less confident; with a few clicks, an app could deliver tailored information and questions.

A future in digital?

continued

'You could sit down with a client in session and work through a digital program,' said Louise.

For a person experiencing AOD use issues, a digital program may feel more confidential. And if a person was busy with work or family, a digital program could more easily slot into their lives. If someone was experiencing an urge or crisis, they could be linked up with a professional support person or access their care plan. If they were on a long waiting list for an AOD service, they could, in the meantime, be supported digitally.

There's an app for that

Currently there is a 10-year lag between a person's first problematic features of methamphetamine use and their first treatment,[1] with related health harms. The soon-to-be launched **S-Check app**, based on the program at St. Vincent's Hospital, was designed to change this. 'We're hoping that ultimately people who access the app potentially do enter into a treatment program at an earlier stage,' said Krista.

People can use the S-Check app to track their use of methamphetamine over time, to identify whether their use of the drug is, or is becoming, problematic. If the app identifies an issue, then it delivers the person an opportunity to engage earlier into a pathway for support. During a randomized wait-list control trial, researchers found that the app motivated participants towards help seeking.[2]

Born from a blogging community, Hello Sunday Morning aims to change the world's relationship with alcohol. They developed the **Daybreak app**, which contains a self-assessment, a range of cognitive behavioural therapy tools, a forum and online human-supported 'care navigation' (currently on hold). During a three-month evaluation, half of their members presented with moderate to high risk of alcohol dependency and psychological distress. Engagement with the app (e.g., comments and posts on the forum) was significantly associated with improvements in alcohol measures, mental health, and quality of life.[3]

What are the potential perils?

While there are positive signs, there are a few implementation challenges, risks, and barriers to consider. 'Generally, one major drawback is the requirement to have access to a mobile phone and data, but clearly not everyone in our community will have the same equitable access to those resources,' said Krista.

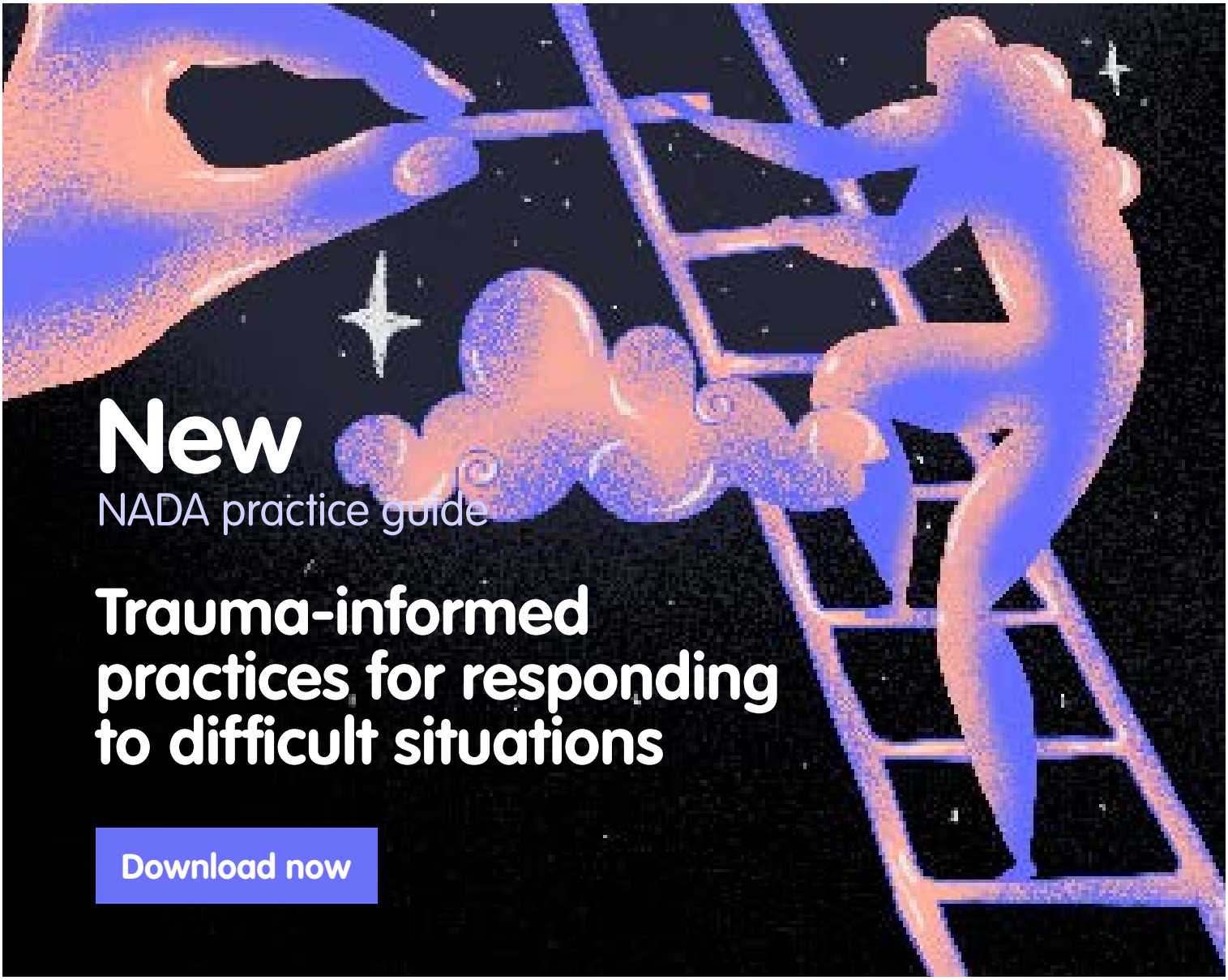
There are also important safety considerations around mental and physical health. Without proper medical guidance, stopping the consumption of alcohol quickly can be dangerous. Hello Sunday Morning's clinical moderators contact participants if any of their posts suggest that they are considering, or are currently detoxing, or if they are expressing any kinds of symptoms that might suggest this. The moderators provide them with resources about detoxification and a clear pathway. 'Our number one recommendation is to speak to your GP before you even start,' said Dominique.

There is also the question of data security—when people are sharing private information, there is the threat of social exposure with a confidentiality or data breach. 'We are very aware of data collection and data storage, making sure that everything is de-identified, and minimizing any risk for our participants,' says Krista. 'We want this to be a resource that people can access without having to worry about how their data is used, or where it goes or how it could be linked back to them.'

There is also a plethora of well-marketed apps and websites built for the community, so challenges exist around clinicians being able to confidently identify the quality of AOD digital supports. 'You want to know it's safe, it's not going to make things worse, and it's going to work,' says Louise.

Like with traditional interventions, maintaining people's engagement to reap the benefits can be a challenge, with a substantial proportion stopping use within a brief period. Yet Daybreak seems to have cracked the code, with a 'sticky' in-app community. Each month they attract around 1,600 new member registrations, and 4,400 members actively participate in the online peer community.

'We've just finished doing a community engagement survey to learn the key levers to get them engaged. I'm really excited because our next strategy is to plan around engagement,' says Dominique. 'Everything we do is not only what the research tells us, but we also want it to be: how applicable is it for the members in their daily life? The balance between the two is important.'



A future in digital?

continued

Assessing app quality

Before recommending a health tool to a client, download it and use it for at least 10 minutes to familiarize yourself. Learn what all the buttons do, in the way that you would know any therapy you were suggesting. You can use your own clinical knowledge to assess the quality of the app, and you can also use tools and resources like:

- the Mobile App Rating Scale (Mars)
- ReachOut's professionally reviewed health and wellbeing mobile apps and tools
- the Beacon directory of online and mobile apps that are categorised, reviewed and rated by a panel of health experts.

Thank you to the AOD research library, and all interviewees, including Tara Gückel and Seb Baird, for informing this article.

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3. Robert, J. T., Castro, R.P., Kirkman, J.J.L., Moore, J.C., Schaub, M.P. (2019). Journal of Medical Internet Research. Digital Intervention Addressing Alcohol Use Problems (the "Daybreak"Program): Quasi-Experimental Randomized Controlled Trial

TEAM AOD

As 2022 comes to a close, NADA would like to acknowledge the incredible work of the non government AOD sector. You have continued to make an important difference in the lives of people seeking support, during yet another challenging year. Thank you for demonstrating your professionalism, compassion and strength—your work is recognised and valued. We asked some friends to join us in saying thank you.

Julie Babineau
NADA Chair

Robert Stirling
NADA CEO

WE ASKED YOU

How do you harness flexibility in your service?

Phoebe House
Kate Dodd, Manager

Can you share a little bit about Phoebe House and your clients? We're a very specialised service that provides residential AOD treatment to women, who have care, or partial care, of their children under school age. All our residents come to us on an opiate treatment program, whether that be methadone, [sublingual] buprenorphine, or the new [depot buprenorphine] Buvidal injection which we're seeing great outcomes from, which is fantastic!

We have nine beds for our residents and six beds for our children, which means that three residents come to us with access to their child/ren [rather than caring for them onsite]. Our aim is to provide as much care and support for our residents and children as we can, so we often have residents who have care of their newborn while we facilitate continual access visits with their older children throughout their stay.

Since their development in the last few years, these access visits have been quite promising. We're seeing greater restoration of children when residents leave our care because of the healthy bonds that are built with their babies.

What unique opportunity does Phoebe House provide for people and the AOD sector? We offer the opportunity for well supported and connected care that is driven by self-motivation and informed by trauma principles. Often residents come to us having been previously told how they must approach their treatment. We reframe this, asking them instead, how they would like their treatment and recovery to look.

In terms of provision of care, we take a focus on early intervention. We'd like to see women in their first trimester access the service so that we can support them through their entire pregnancy including post pregnancy also. That way we can keep mum and bub together in their supportive and medical care, which often includes withdrawal from substances for the baby, which is another unique service that we offer.

How has the inclusion of an early intervention approach improved client access and outcomes? The inclusion of pregnant women came about as a result of taking a more informed approach to our eligibility phone calls. When we undertook a gap analysis in 2017, we realised there was limited capacity for services who would take a woman who was on opioid treatment and pregnant and assist in the safe withdrawal of newborns. We now have a broad range of eligibility questions which gives us the opportunity to ensure Phoebe House is able to meet all the needs of the women/ women and children who access our service.

Wesley Youth Service—Wesley Mission
Laura Hanlon, Youth AOD Caseworker

Tell me about your service - what makes your service delivery unique? My role is the AOD caseworker, so I work with young people aged 12 to 24 who live in the Newcastle or Maitland LGA. Our casework sits in an early intervention space for young people questioning or starting to test out AOD, or who are impacted by the AOD use of others.

One thing that is quite unique about our service (especially in the Hunter region) is it works in that early intervention space. We work with young people for up to about 12 months and try to meet them where they're at, which could be out in community, at a cafe, school, or here at our centre.

Being flexible about the setting helps young people engage with the service by breaking down that barrier associated with scary clinical services. Having soft entry points and being able to meet them where they're at is a good way to get to know each other, and hopefully build relationship from there. Relationship building is probably the most important part of what I do.

How do you work with young people? It's super varied, and can include task orientated strategies, or doing something with them in the community, but really comes down to meeting them where they want to start and then walking alongside them with a harm reduction mentality.

Many of the conversations I have aren't necessarily around AOD. Rather, everything else that's going on for them and trying to build protective factors by leveraging community assets, tapping into other services, and seeing how I can best advocate for the young person.

We use different things in a session, like narrative therapy, visual art, a lot of different creative strategies, and case planning tools, all based on a journey of change framework. Of course, much of the work we do outside sessions is just as important as the relationship we build with them in session; you can't really have one without the other.

How did you improve engagement during COVID lockdowns? And after? We did some really good work pivoting our school groups to run online. Face to face connection and relationship building is a huge part of the groups, so initially it was tricky. We aimed to have fun activities, sent them little packs home... we focused on engagement so that they could connect with each other online which was really helpful.

We hosted an online competition partnering with headspace Maitland and using their 'healthy headspace' campaign where young people created a video about how they take care of their headspace which we associated with a prize draw.

They could do activities in their own time which worked a lot better than by the hour. I found open-ended engagement (just submit the activities that you're working on, and we'll showcase them) created this really lovely online community and flexibility for the young people to engage when was best for them. That technology is now set up, ready to go, which allows extra flexibility for those ongoing groups which run at our centre, like our youth reference group. we've really tried to keep an online presence.

Kedesh Rehabilitation Service
Danielle Breeze, Service Manager

How does Kedesh collaborate with clients in their care? It's all about working with that client and asking what it is that they need, while also using your clinical judgment to design a treatment plan together. You're discussing things like, are you suitable for a residential program? Is that what you require? Is that what you want? Is a day program more appropriate or is it a matter that you need assertive or community outreach at the moment? Those conversations really start from that first point of contact.

At the Kedesh Community Access Centre, we call and check in with the clients. We don't expect or assume that our clients call us. We know we have better retention by working more meaningfully by being the ones prompting communication and conversation. Our feedback shows how much clients appreciate the rapport building that is created by us being the ones to reach out. Simple things like that let people feel in control of their treatment by building safety and support. These acts allow for early treatment planning toward what their program looks like at Kedesh.

What does it look like on the ground? Say a client thinks a two-week stay is enough, meanwhile you think they need the full three months? Having built rapport, you're now using your clinical judgment and talking to the client about what would be beneficial if the client stayed longer. However, recognising that this person has reached out for help is what is important and so the goal is that you work with them in the capacity you can, even if it is only for two-week period. On the ground, you're still assessing all the same things that you would if they were there for longer. Our community access team will put together a plan around what the client feels is most important to work on during their stay, including what has worked or not worked previously. We will use that information and then tailor those two weeks for that person.

What opportunity has this shift in practice created for Kedesh and the clients? We have been practicing ongoing tailored, client centred care for about five years now. In that time, we've really learned how to work with the resources that we have. Historically we used to restrict things like afternoon leave if 'a rule' wasn't followed; a punitive reaction to non-compliance instead of seeing it as a learning opportunity for the client. This has led to better treatment for the client and increased workplace satisfaction for staff due to fruitful discussions. We have also brought in a more conducive, and respectful support plan. It's not a treatment plan. Every client completes theirs prior to or just after admission. The goal is for the client to express to the team what they would like them to know about them, e.g., what they do when frustrated, how they like to receive feedback, etc.

We try to develop a relationship with the client based on shared values. This idea is presented in a way that explains how in life shared values are generally the reason any relationship lasts: 'These are the things that we value as a service, what we want to provide, and these are the things that you value. Where do we meet?' That conversation is had often, openly and is generally well received. As a result, retention and outcomes are particularly good as collected through reported experience measures.

We asked researchers about their areas of interest and if they could report back...

news from the edge

Psychedelics research
Dr Martin Williams

Most people with a keen eye on news and social media will be aware that 'psychedelic medicine' has been trending strongly for some time. Michael Pollan's *How to Change Your Mind* is a bestseller, and indeed it is true that psychedelic medical research has made huge progress in recent years.

Psychedelic medicine is the application of psychedelic compounds as adjuncts to psychological therapies for the treatment of problematic substance use, plus other conditions such as depression, post traumatic stress disorder, and distress associated with terminal illness. By 'psychedelics', we generally mean the classic, mind-bending compounds such as LSD and psilocybin—the active compound in magic mushrooms—that alter consciousness in ways that, coincidentally, can be therapeutically useful. methylenedioxymethamphetamine (MDMA), the pure form of the compound commonly known as ecstasy, is given honorary status because it also changes consciousness in ways that may be harnessed for clinical benefit.

Cutting-edge research now suggests that in combination with psychotherapy, classic psychedelics can mediate changes in rigid thought patterns associated with dependence on substances such as alcohol, stimulants, and possibly benzodiazepines and opioids. Meanwhile, MDMA shows potential to help address long-term outcomes of developmental trauma, including AOD use.

Here in Australia, research is now underway into psychedelic-assisted therapies. PRISM, Psychedelic Research in Science and Medicine, is currently supporting studies of psilocybin for depression and end-of-life distress, and MDMA for post-traumatic stress disorder PTSD. Further studies are in the pipeline.

Potentially, this research could translate to effective treatments for many Australians experiencing significant challenges that are not adequately addressed by existing approaches. Although it should not be regarded as a miracle cure, psychedelic-assisted therapy is exciting because it represents an approach that may, ultimately, revolutionise the way we address mental health and improve the lives of countless people worldwide.

Dr. Williams is the Executive Officer of PRISM (Psychedelic Research in Science and Medicine). PRISM is a non-profit research association, established in 2011 to initiate, coordinate, and support formal research into the applications of medicinal psychedelics and related technologies.

News from the edge

continued

Emerging evidence for AOD workers

Dr Krista Siefried

I'd like to share DARIA, the Drug and Alcohol Research and Innovation Active-Learning Network. You can tune into our weekly webinar series to access emerging evidence and clinical expertise. It's a dynamic series, responsive to current themes within the AOD sector, provided by clinicians and academics who are leading in the field of methamphetamine, emerging drugs, and other areas of AOD health.

In each session, the current evidence base as well as current practice guidelines are provided. We aim to build the sessions so that they review what the current standard operating procedures or standard of care is, and overview the current evidence base, emerging research or emerging literature. Our goal is to make the series accessible to a multidisciplinary audience.

So far, we've held 28 webinars, with subjects as diverse as: an overview of the treatment landscape for methamphetamine use disorder, kamini (a novel opioid), alcohol use in Aboriginal and Torres Strait Islander communities, the role of electronic cigarettes to quit smoking, motivational interviewing, counselling for domestic violence disclosure in the AOD context, performance and image enhancement, and applying the clinical care standards (with a focus on case management and care planning). You can view the recorded webinars on our website.

On the agenda for next year, we have: new research for methamphetamine use disorder, overview of the new NSW withdrawal guidelines, and more.

DARIA is an adaptive series in terms of being able to respond to requests. What is your area of interest or topic of concern? Please feel free to email us nccred@unsw.edu.au. You can also email to join the mailing list.

You can tune into the DARIA webinars every Monday (except public holidays) from 2:30 – 3:30pm. Click here to watch live.

Dr Siefried is the Clinical Research Lead at the National Centre for Clinical Research on Emerging Drugs (NCCRED) and Senior Research Fellow at St Vincent's Hospital, Sydney.

Stigma and AOD research

Dr Adrian Farrugia

The relationship between stigma, discrimination and AOD consumption is a very active and important area of research in Australia. Recent research investigates how stigma can impact the health of people who consume AOD by, for example, reducing healthcare access (Farrugia et al., 2021), the uptake of hepatitis C treatment (Rance, Lafferty and Treloar, 2020) and take-home naloxone (Fomiatti et al., 2022).

Currently, a considerable amount of potentially very impactful research is being conducted on stigma and AOD related issues in Australia. Collaborators from the Centre for Social Research in Health, Burnet Institute, Kirby Institute and my own centre, The Australian Research Centre in Sex, Health and Society, for example, have recently begun a new study to develop and trial a 'universal precautions' approach to addressing the stigma often encountered in healthcare settings by people living with blood-borne viruses (Treloar et al., 2022). A recent study with people with a history of injecting drug use and incarceration used art based methods to develop de-stigmatising videos about daily life and the systems-related challenges they faced upon release. Relatedly, our Drugs, Gender and Sexuality (DruGS) research team drew on research insights to produce Vitalvoicesonhepc.org, to showcase lived experiences of hepatitis C, treatment and cure. Sitting alongside companion websites Livesofsubstance.org and Overdoselifesavers.org, this new site seeks to inform public discussions of hepatitis C, to counter stigmatising misconceptions, and to promote understanding of living with the virus and its treatment.

These studies are particularly exciting because they seek to directly intervene in stigmatising perceptions of the health conditions often experienced by people who consume AOD (e.g. Vitalvoicesonhepc.org), and to improve their healthcare experiences and daily lives more generally. In this way, Australian researchers are conducting politically informed studies, actively focussed on addressing stigma and the discrimination that it generates.

Dr Farrugia works in the Drugs, Gender and Sexuality program at the Australian Research Centre in Sex, Health and Society, La Trobe University. He is a qualitative researcher focussing on a range of AOD-related topics.

Translating research into practice

Facilitators and barriers to consumer participation in AOD

Brennan Geiger NADA

Five years ago, Dr Mark Goodhew wrote in the Advocate about the formation of the consumer action group at the Sydney Medically Supervised Injecting Centre.[1] This was novel at the time, yet now more and more NADA members are increasing their consumer participation activities. To ensure that these activities are meaningful and successful, we can look to the evidence to assist.

What helps or hinders consumer participation?

Goodhew undertook a systematic review of the facilitators and constraints of consumer participation in AOD treatment services.[2]

He discovered that the facilitators were:

- **supportive attitudes of consumers and providers**
- **employment of consumers with lived experience.**

While the constraints were:

- **perceptions of consumers' capacity**
- **power imbalances between consumers and providers**
- **low organisational capacity.**

It is important that we view consumer participation in our organisations as a program of work. By conceptualising consumer participation in this way, we are then able (and likely) to apply best practice management to progress the initiative toward our goals.

How can we use the evidence to improve consumer participation?

Here are two seemingly contradictory suggestions to begin.

Don't let the perfect be the enemy of the good

At an organisational level consumer participation is an iterative and evolving process, you won't develop the perfect policy and procedure first time. Likely, it will require refinements as the program and its membership change over time. Better to sketch out the basics so you can get the wheels rolling, then co-design the specifics in consultation with your consumer group.

If you're going to do something, do it once and do it right

However, do be mindful not to skip straight from policy formation to implementation without first considering your organisational culture, project leadership, vision, and communication strategy. It does seem temptingly pragmatic, especially in the resource constrained environments we sometimes operate in; but is likely to have implications for the success of your project in the long run.

This is because consumer participation is somewhat unique from other programs an organisation might engage in; it has an inherently intangible human element and the potential to be particularly disruptive in its scope. That is, after-all, one of consumer participation's primary tenets… challenging established service delivery norms, and re-framing traditional power dynamics of the client–practitioner relationship. This disruption requires organisational change management… remember, not everyone is going to be a fan of change and meaningful change doesn't just happen overnight.

Remember, not everyone is going to be a fan of change and meaningful change doesn't just happen overnight.

From a program management perspective, shortcutting these aspects risks introducing issues down the road for your program delivery and sustainability, because as Goodhew et al., found, culture, leadership and program vision constitute a foundation that can either facilitate or constrain consumer participation at an organisational level. Even for particularly well-heeled organisations, programs can be a significant investment, and as with any investment be it time, money, or effort we would hope to have something to show for it. Hence, it pays dividends to get it right the first time.

Practical project management principles for consumer participation

With that said, let's unpack some specific research findings and examine the implications for our professional practice. In the article discussion Goodhew, et al., conclude:

'Consumer participation is predicated upon a service delivery context that values consumer contributions through clear commitment that is articulated in policy and resourcing. Even though consumer participation policy has been enshrined

Translating research into practice

continued

into agency policy, attitudinal change at an organisational level which facilitates the translation of policy into practice at service level remains a challenge. Despite the existence of consumer participation policies at the macro level, consumer involvement in drug treatment services is constrained by organisational cultures at the micro level.'

Stakeholder engagement

Constraints of this nature may emerge as impediments or obstacles to your project, slowing progress, or sometimes as blockers halting progress altogether. We may experience constraint in the form of push-back from colleagues that is subtle and inadvertent, or more concerningly deliberate, and overt and anywhere in-between. Of course, we should be mindful not to immediately interpret push-back as disapproval or opposition to consumer participation initiatives, rather, it is important to explore its drivers and move toward constructive solutions.

Push-back all too often stems from inadequate stakeholder consultation (It would not be without a sense of irony if a consumer participation initiative were to fail for this reason). How does the program affect other roles and positions within the organisation, to what extent have we explored this? How valid and for what reasons is the push-back occurring? i.e., are certain roles simultaneously bound to conflicting organisational policies; were specific staff impacted but not consulted?

'Consumer participation initiatives are often poorly conceived and inadequately resourced, especially higher-level activities. Often, attempts to incorporate higher levels activities into drug treatment service delivery are not sustained due to organisational instability, including frequent staff changes, insufficient handover of consumer participation projects and the low value of consumer participation as core business.[1]

Due diligence

Risk

Staffing risks should typically take prime position on your risk register with contingencies put in place to manage potential disruption. If you have or are planning to start a Consumer Advisory Group for example, consider who would head the group if the chair were suddenly no longer available? Repeat this process, ensuring mitigations for any other risks you identify, this way your consumer participation projects are well prepared when, not if, an issue arises.

Conceptualisation / Validity

Initiatives need to be conceived by exploring not just the 'what', but the 'how', and 'why' of an issue. This is completed as part of the initial project proposal which outlines the basis and rationale justifying the project. Every project and program of work should begin with a proposal, it need not always be an exhaustive document, but you do need one.

Scope

Another benefit of investing in a project proposal is that it allows you to define the project scope. What is the consumer participation project's remit, and to what extent? For example, a Consumer Research Advisory Group would restrict its scope to specific research studies conducted at an organisation, rather than say operational aspects or service delivery.

Project resources

As for inadequate resourcing, it is typically symptomatic of scoping issues. You might expect, that if you're not certain of the extent and specifics a project/program targets, it can be difficult to say what resources you're likely to need; sometimes too, organisational resources are simply not available or insufficient to adequately support an initiative. Ideally this would be apparent when tabling the proposal, but circumstances do change and surprises never fail to, well, surprise.

If this happens, revisit the scope. Which are the core aspects/deliverables of your consumer participation program, which are optional? Cut optional deliverables (the nice-to-haves), do you now have sufficient resourcing to support the core aspects of your program (the must-haves)? If not, re-examine the scope. Can the initiative target one specific aspect of the issue and still be a conceptually valid? i.e., will it viably change/influence what you need it to?

Resources

- Consumer engagement policy toolkit
- Project management toolkit
- Risk register template
- Consumer participation audit tool
- Australian clinical trials alliance toolkit

References

1. Goodhew, M., Stein-Parbury, J., & Dawson, A. (2017). Partnering with the police. Advocate, 5–6. https://nada.org.au/wp-content/uploads/2021/01/nada_advocate_2017_22march.pdf
2. Goodhew, M., Stein-Parbury, J., & Dawson, A. (2019). Consumer participation in drug treatment: a systematic review. Drugs and Alcohol Today, 19(2), 97–112. https://doi.org/10.1108/DAT-05-2018-0023

Insights from NADA's Consumer Advisory Group

Michelle Ridley

Consumer participation in all areas of the AOD sector is important and increasingly occurring, but it needs to be well planned with a comprehensive consultation process to make it work. While the AOD sector has much enthusiasm and good intentions for engaging with consumers, this isn't enough on its own; there needs to be the resources, consultation, and contingency planning to ensure it's meaningful for everyone.

NADA's Consumer Advisory Group (CAG) has continually evolved since it was first formed three years ago (initially named Consumer Engagement Board Sub-Committee). We have an amazing group of people with lived experience whose wealth of knowledge and expertise in all areas of AOD work and service delivery has been invaluable to all of NADA's work.

I spoke to Alex Freeman, NADA CAG member, about his experiences in consumer participation work.

What has been some good experiences from being part of the NADA CAG? The NADA CAG is a great group, everyone is committed and engaged; this CAG has always been a pleasure to be a part of and I think on reflection that it's mostly down to mutual respect. Some of the people I've been working with for years now, through the CAG or other sector commitments.

I feel every time there's meaningful engagement, and peers with lived experience are asked for our perspective, if it's a genuine conversation and our input recognized as valuable, it's always rewarding. For example, the most recent consultation we did with Wollongong and La Trobe University—it's a great research project and objectively looks really worthwhile, so it's a pleasure to contribute.

What can NADA do to improve their CAG and consumer engagement? Consumer engagement in general can be a mixed bag. I've been involved in other CAGs where our input felt really tokenistic—although I can't remember NADA ever doing this. So yeah, I would say just keep on with what's really happening and we'll continue to try to step up.

What are your top 3 pieces of advice for NADA members wanting to start a CAG? What do you think is most important for them to consider before they start the process?

- Consider the make up of the group, of course you want people with lived experience, but it will quickly become obvious who in the community is really vested in the issues as we navigate our way towards sensible drug policy.
- Ensure you use the group for real projects, where the feedback your members provide is actually valued, because believe it or not we can tell when it's just an exercise.
- Always try to compensate members for their time, not only does it keep everyone coming back but ensures you get the best feedback when people take the tasks seriously.

Congrats on your new role!

Have you subscribed to the Advocate and Frontline?

Help your colleagues stay current with NADA communications

There has been a lot of movement in the sector, and we want to stay in touch. Help your colleagues keep up-to-date with AOD resources, information and events. They can subscribe on the NADA homepage or write to sharon@nada.org.au from their new email address.

NADA
network of alcohol and other drugs agencies

Medical care... to go!

Collaboration among organisations has always been a pivotal part of our sector. It allows for creativity and innovation when responding to the, often nuanced, needs of people who access AOD services. Some could also argue that without collaboration, the sector would not be sustainable. By Sarah Etter

The Exodus Foundation, a not-for-profit organisation that helps address the cause and effect of homelessness, poverty, and unemployment, has secured a philanthropic grant to put a fully operational medical van on the road. This grant has also funded a GP and a nurse to provide primary care to marginalised people across Sydney and greater NSW.

Recently, they have started a weekly in reach clinic at The Haymarket Foundation's crisis accommodation in Chippendale. The Haymarket Foundation is a local, secular, charitable organisation, focused on people experiencing homelessness and other marginalised communities in Sydney. They work with people that other services may not be able to reach: those who have co-occurring mental health, AOD issues and frequently, lifelong trauma and disability.

The Haymarket Foundation, due to funding restraints, has always struggled to secure a GP to work with people accessing their service. Often, people being supported by the Haymarket Foundation can be hesitant to access medical care due to the stigma and discrimination they have experienced in the past.

The Exodus Foundation also provides medical care from their location in Ashfield to a similar cohort of people accessing treatment. However, prior to this philanthropic grant, they were not able to provide care in the community.

Dr. Nada, the GP working on the Mobile Medical Van and running the weekly in reach clinic, has a welcoming, inviting, and genuine demeanour that is felt by all. She explained the freedom of being fully funded by this grant as she is not held to strict time constraints that a bulk billing approach would require. It allows her to spend adequate time with each person, which provides them with comprehensive high quality care.

'It has been my pleasure to work with the clients and alongside staff here at Haymarket. I don't think we would see these types of results with a traditional approach,' said Dr. Nada.

CEO of The Haymarket Foundation, Gowan Vyse, described the clinic as life changing for the people accessing her service. Gowan explained the difficulty they have experienced in securing a GP and how grateful they are to Dr. Nada and The Exodus Foundation.

'The way that Dr. Nada engages with the clients is the reason they continue to come back to see her. She is able to provide quality treatment to people that typically would never access/or have access to medical care,' said Gowan.

The ingenuity in this collaboration is in delivering real time positive outcomes for some of the most vulnerable people in Sydney. Unfortunately, this service is only funded for one year and there is concern from The Haymarket Foundation that this service will end. Gowan and Dr. Nada are both invested in finding ways to sustain this amazing collaboration.

If you would like the mobile medical van to make regular visits to your service, please email Dr. Nada.

Prepare for the end of year

Many services close for a short period between Christmas and New Year, and even if your organisation remains open, we all need to start preparations to ensure this time is as stress-free as possible, for staff and people accessing your service. By Michelle Ridley

The holiday season for many of us, is a time to take a break, indulge, spend time with family and friends, and reflect on the year that's been. However, it can also be a difficult time for many that can impact mental health and AOD use. So here are some tips to help you prepare for the end of year and support the people accessing your services.

Assist your clients to plan and prepare

Speak with your clients about how they're feeling about the holidays approaching, what are their plans and assist them to prepare. If they identify concerns, help them to develop a plan of strategies to cope, such as a relapse prevention or harm reduction plan. For some relapse prevention and harm reduction advice see, Smart Recovery worksheets and tools, Insights stay on course, and NUAA harm reduction/safer using.

Provide the contacts for relevant services available over the holiday season and encourage your client to save these details in their phone to have them handy. Some useful services to locate the suitable support for your client:

- Check out Your Room for a comprehensive online directory of different services and treatment types developed by NSW Health and St Vincent's Hospital.
- Ask Izzy is a free and anonymous website that helps you find nearby services (e.g., food relief, housing). There are over 360,000 services you can search.
- 1800 respect is a national domestic and family violence counselling, information and support service.

Support your clients to connect loved ones

Being family inclusive when providing with AOD services is always important, but during this time, it is especially helpful to support your clients connect with those who are important to them. When we talk about family inclusive practice, we mean the broadest definition of family, including significant others, children and chosen family. Refer to:

- eLearning: Engaging with families and significant others
- If you are working with parents and family that have involvement with child protection Department of Communities and Justice (DCJ) refer to these factsheets for advice: Be aware of roles and responsibilities of DCJ and its staff [PDF] and Understand DCJ practice framework, approaches and systems [PDF]

Supporting parents who are in residential treatment to connect with their children

Being in residential treatment over the holiday season can be difficult for parents and carers. Please see:

- Emerging Minds: Keeping in touch with your children, provides practical resources, workshops you can use with your team, and tools to support parents. The Keeping in Touch (KIT) has a poster that includes supportive strategies that a parent can use to stay connected with their children while in treatment and an action plan designed to implement Keeping in Touch with parents who are in treatment
- NADA's Providing alcohol and other drug treatment in a residential setting provides detailed information and practice advice

Member profile

Royal Flying Doctor Service South-Eastern Section (RFDSSE)

Western NSW Alcohol and Other Drug Service

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

Our service supports rural/remote individuals and communities and their concerns around substance use. The program operates at four of our Wellbeing centres, located at Broken Hill, Dubbo, Cobar and Lightning Ridge, from which our teams' outreach within a 200-kilometre radius into rural and remote communities. These hubs are welcoming, non-judgmental and non-clinical spaces, which provide AOD support, plus therapeutic and wellbeing group activities like art therapy, SMART recovery groups, yoga and even toddler time to support mums in community. Mental health support is also available through our service to provide a holistic, person centred approach to treatment.

Please tell us more about the communities your service support

They are generally high in disadvantage with little or no community service organisations operational in their town. The communities have a high representation of First Nations Australians meaning our staff are required to demonstrate a high level of cultural competence, plus, they work with Elders in each community to provide a culturally appropriate service specific to them.

Can you share a program highlight with us?

We developed the Guiding Rural and Outback Wellbeing (GROW) program, an early intervention/early education and low intensity support platform. The program builds resilience through community events and capacity to respond with mental health and AOD training for school's staff and wider community.

GROW is best known for its aquaponics programs, combining aquaculture and hydroponics in one self-contained system, where plant production thrives off marine production and vice versa. We provide the units to schools or community groups to support in the education of fresh food and marine production, assist in STEM (Science, Technology, Engineering, Maths) outcomes, and education on nutrition and improved dietary choices. It also functions as a unique engagement tool for the provision of our early education and early intervention wellbeing programs as well as referral pathways to clinical support. GROW currently has nine aquaponics sites where we have an ongoing presence facilitating evidence based wellbeing programs such Positive Lifestyle Program, Save A Mate, Drug and Alcohol First Aid, Drug and Alcohol Question and Answer and Coach2Cope Psychological First Aid.

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

Our AOD team consists of clinical workers who offer individual support, case management and counselling services to individuals. Our community engagement team offer referral information, AOD education, group work and community wellbeing events.

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

We encourage self-referrals, family or friend referrals, referrals from service providers, GPs and other allied health professionals. Referrals can be made through our central intake email: aodoutreach@rfdsse.org.au or through our peer host coordinators at any of our three Wellbeing hub locations in **Dubbo** 0438 422 794, **Lightning Ridge** 0473 655 577 and **Broken Hill** 0439 515 247

Royal Flying Doctor Service

Profile

NADA board member

Gerard Byrne Operation Manager for WHOS Treatment Services, WHOS

How long have you been associated with NADA?

My first association with NADA was a staff member of a member organisation, via sector events and conferences. I found these informative, and thought what a valuable resource NADA was for the sector.

What does an average day look like for you?

I work with WHOS. My day begins with catching up on any information that can influence the work we do at WHOS. So I check news sites, social media, newsletters, radio and email for any information that is relevant to WHOS.

What experiences do you bring to the NADA board?

Prior to working in the AOD sector I worked in finance and the hospital system. I have worked in AOD for 33 years, in direct service delivery, service management and then in senior management roles. My role with WHOS is Operation Manager for WHOS Treatment Services. I hold or have held positions on state, territory and national peak bodies. These experiences provide me with an understanding of the sector, and places me in the privileged position of meeting, working with, and learning from others.

What are you most excited about as being part of the NADA board?

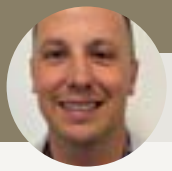
NADA is a dynamic organisation. Through the efforts of the staff at NADA there is a wide variety of services and programs available to members and I am enthusiastic about being part of that. I enjoy meeting with my NADA colleagues. The discussions are always informative, detailed and focused on the work of NADA, the sector and challenges we all face.

What else are you currently involved in?

I am focusing on being a dad to my four children and supporting them to live their best life. I like riding my bike and one day I want to own a mid-60s Mustang or a mid-70s Monaro... one day.

A day in the life of...

Sector worker profile



Samuel Ash Support Worker Team Leader, Salvation Army

How long have you been working with your organisation?

I joined The Salvation Army four years ago.

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

I transitioned from a hotel management background to the AOD sector. After one and a half years in the support worker role, I was given the opportunity to take on the role of the team leader.

What does an average work day involve for you?

Overseeing day to day operations, I also provide support, mentoring, and ongoing development of support worker team to deliver effective service treatment to the Adele House participants.

What is the best thing about your job?

Working with an amazing team of people supporting participants to work towards their treatment goals and seeing the successful completions as a result.

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?

I would like to see more regional detox services, different types of treatment modalities and to see pharmacotherapy become more mainstream within treatment services, as I find this is a current barrier for participants accessing AOD treatment.

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

I like to keep fairly active by playing field hockey and spending time at the gym and the beach, cooking and meditation.

Unearth the evidence

Drug and Alcohol Research Library

The Drug and Alcohol Health Services Library (DAHSL) is a unique resource for all professionals in NSW who work with clients impacted by AOD issues.

DAHSL strives to enhance the workforce skills and knowledge of the AOD sector by providing access to quality evidence based information.

They provide access to a wide range of Australian and international journal titles as well as books, reports, and other miscellaneous publications. Many AOD professionals across NSW already receive the library's monthly Electronic Journal Contents Bulletin. Subscribers have access to the latest in clinical management and research information.

For those requiring subject-specific research, they provide comprehensive literature searches tailored to a client's specific requirements.

Library manager Mira Branezac and her colleague Neil Ford make it their priority to provide you with the information you need when you need it.

If you would like to find out more about their services and how they can assist you, please phone 9515 7430 or email mira.branezac@health.nsw.gov.au.

ADF Library

The ADF Library is the largest and most up-to-date alcohol and other drugs library in Australia. It provides free access to a wide range of specialist print and online resources, including books, full-text articles from 11,000+ journals and databases.

New research
Have you seen the December New Research Evidence? [PDF] Each month, the ADF Library features new research from five of their journals—you can find these at the bottom of the ADF Library web page.

Books and eBooks
The topics for new books and eBooks for 2022 include: alcohol, cannabis, community, criminal Justice, drug testing / checking, drug use and dependence or addiction, drugs, dual diagnosis, family, FASD, harm reduction, law / legalisation, LBGTIQ, policy, prescription drugs, psychedelics, recovery, rehab and recovery, schools / training, sober curious, sport, suicide, treatment, vaping, wellbeing, workplace and youth.

NADA updates

Changes to the NADA board

During the 2022 NADA Annual General Meeting, members voted on six candidates for the NADA Board of Directors. We are pleased to announce and congratulate the following new board members: **Andy Biddle**, State Manager, Alcohol and other Drug services NSW/ACT at The Salvation Army; **Joe Coyte**, Executive Director at The Glen Centre; and **Nicolas Parkhill AM**, CEO of ACON. Congratulations also to Julie Babineau, Latha Nithyanandam and Norm Henderson, who were elected at the AGM to serve their second term on the NADA Board of Directors.

At the first board meeting following the AGM, Julie Babineau, was re-elected as the Chair, with Mark Buckingham now in the role as Deputy Chair. Gerard Byrne will be the new of the Chair of the Finance, Risk, Audit and Compliance Committee.

We would like to thank our outgoing board members, Libby George, Peter Valpiani and Ed Zarnow, who finished up as board members at the AGM. We would particularly like to thank Libby who served two terms on the NADA board and served as Deputy Chair for the last three years, and Peter who ably chaired the Finance, Risk, Audit and Compliance Committee over the same period.

NADA policy toolkit

The Policy Toolkit, which is a bank of free, organisational policy templates on the NADA website, is currently being updated. Revised and new templates will be uploaded over the coming months. Keep an eye out on the 'What's New' section.

Thank you to the NADA Policy Toolkit Working group for all your efforts revising the policies, in addition to NADA stakeholders and co-workers who provided their feedback as part of the policy development process. Additionally, our thanks to Clyde and Co, the law firm who is providing pro-bono legal review of the policies. We welcome feedback on the Toolkit—please contact Hannah Gillard (hannah@nada.org.au).

Creating safe spaces

Join us at the NADA Conference 2023, to be held on 11–12 May in Sydney. **NADA invites abstract submissions** for oral presentations, workshops, symposium and poster presentations. This is an opportunity for you to showcase your innovative practice or research. Abstracts must be submitted by **20 January 2023.**

Register now and save!
Early bird prices end **28 February 2023**.

Keynote announcements
Vikki Reynolds (PhD RCC) is an activist/therapist who works to bridge the worlds of social justice activism with community work and therapy. Vikki is an Adjunct Professor and has written and presented internationally. Read more.

Professor Jioji Ravulo is the Chair of Social Work at The University of Sydney. His research and writing and areas of interest include mental health and well-being, alcohol and other drugs, youth development, marginality and decoloniality. Read more.

Felicity Ryan is a Wadi Wadi woman. She has over ten years of experience within the AOD sector and is highly respected within the field for her workshops focussing on Aboriginal people and related issues. She also assists organisations to become more cul-turally inclusive in developing their cultural literacy. Read more.

Reconciliation action plan

Thank you for your contribution to the sector NADA 2023–2025 Reconciliation Action Plan (RAP). NADA's 2023–2025 Innovate RAP will be launched in early to mid 2023. The draft RAP is currently being reviewed by Reconciliation Australia. Thank you to RAP working group members for all the time and work you have contributed to developing the RAP.

NADAbase update

Tata de Jesus NADA

Reporting

NADA have sent the following reports:

- Monthly data reports to InforMH for members who receive Ministry of Health funding
- Quarter 1 July to September data report for members who receive Primary Health Network funding
- Annual data submission to the Australian Institute of Health and Welfare (AIHW)

We have started the process of upgrading reporting structures by using SPSS packages to run regular reports to streamline and manage multiple reporting streams to a seamless reporting package.

Enhanced self administration—now live

In response to NADA member feedback, enhanced self-administration provides members with greater user efficiency through the ability to manage data in their NADAbase programs.

NADAbase administrators and importers will have additional functionality in NADAbase. A **data maintenance tab** will be available to allow you to:

- Edit/delete/move episodes from one client to another *(can only move if the client has the same first name, last name and DOB)**
- Edit/delete/move clients from one program to another *(can only move if the client has the same first name, last name and DOB)**
- Edit/delete/move completed client outcome measures (COMS) data from one episode to another

**In the absence of names (for services who do not store the clients' names), you can use the client code and DOB instead.*

- A new User Activity report will be available to provide oversight on NADAbase user activity.

The report defaults to the last 6 months of your NADAbase program and gives an overview of the activities completed by each NADAbase user. This would also be a handy report to check for inactive users, which would prompt Administrators to deactivate those logins.

Please note that these enhancements are available to NADAbase administrators and importers only.

Interpreting data to improve service delivery

NADA, together with the University of Wollongong, held a webinar in November to discuss the upcoming NADAbase snapshot and benchmarking as a tool to drive continuous improvement in quality and outcomes.

NADAbase snapshot 21/22 coming soon

This year, NADA has included Australian Treatment Outcomes Profile (ATOP) data. The snapshot provides an overview of data collected by the non government AOD sector. They are ideal for use as benchmarking tools for your organisation. View previous snapshots here.

NADA events

Register now

28 Feb
Trauma informed practices for responding to difficult situations (Ballina, Bundjalung Country)

7 March
International Women's Day Forum 2023

11-12 May
NADA Conference 2023: Creating safe spaces

NADA network updates

Leading on data and research

The **NADA Data and Research Advisory Group** spent their last two meetings discussing the feedback from members who attended the NADA Data Forum, held in March 2022. We identified ways on how training can better support members from different settings in optimising their use of data to improve service delivery. For more information about the network, please contact Jo Murphy.

This culminated into a meeting with the **NADA Practice Leadership Group** (NPLG) in October, together with representatives from the University of Wollongong to discuss potential research topics that would benefit members. Both groups discussed the importance of member-led research and meaningful use of collected data. For more information about the NPLG, please contact Alice Guirguis.

Expressions of interest to join the NPLG
NADA is looking to fill vacancies in the NPLG and is seeking representation from diverse backgrounds (culturally and linguistically diverse, Aboriginal, gender and sexuality diverse, people with lived experience). Contact sarah@nada.org.au for more information or to register your interest.

Women's clinical care network

The Women's Clinical Care Network had its last meeting of the year in late November. At this meeting, Associate Professor Carolyn Day, who works in addiction medicine at the University of Sydney, presented on her research regarding women in the AOD space.

The network recently updated its Terms of Reference to help develop and strengthen awareness of the objectives of the network. Feedback was also received from members about topics or presenters they'd like to see included at the next International Women's Day event, which NADA will hold in March 2023!

In 2023, the Women's Network will reduce its meeting regularity from bi-monthly to quarterly, in order to make it easier for network members to attend. One of these meetings will be a training session. The Network Chair Hannah Gillard will also aim to hold hybrid Women's Network meetings at different member services, and in different locations, to improve the accessibility of the meetings. Hannah is excited about visiting member services for these meetings!

If you'd like more information about the Women's Network, and how to join, check out the network's webpage.

Youth AOD services network

In mid-November, the network held its final meeting for the year. At this meeting, Leslie Peters, a researcher at The Matilda Centre, presented on their PhD research about reducing disparities in mental ill-health, substance use, and their co-occurrence among LGBTQ+ young people, using a trauma informed prevention approach.

During network meetings, members can opt to discuss current strategies or issues they're having regarding delivering AOD education in schools. At the October meeting, Nick Kent, National Director of Students for Sustainable Drug Policy, presented on their Masters research about AOD policy in education, and shared some of their experience about drug education in his secondary teacher training.

The network recently reviewed its Terms of Reference, to ensure the governance expectations and objectives of the network are up to date.

If you'd like to learn more about the Youth Network, and how to join, check out the network webpage.

NADA network updates

continued

Gender and sexuality diverse AOD worker network

The network had its final meeting for the year in November. NADA workers within and outside the network have been busy readying for upcoming changes to the AOD National Minimum dataset, which will include gender and sexuality data about clients as compulsory information. The gender and sexuality questions will be made available July 2023, and compulsory in 2024 through NSW Health data collection systems , however, are available through NADAbase currently.

Network members, including Jack Freestone (ACON), have been collaborating on a review of the old version of the 'AOD LGBTIQ inclusive guidelines for treatment providers'. Trans and gender diverse researchers in the network, Leslie Peters and Hannah Gillard, presented a review of a recent GSD AOD Network forum at the Emerging Trans Researchers Conference in late November. The conference was a space purely for trans and gender diverse people to talk about their current research. Watch the video [PDF].

Finally, the network recently welcomed a new co-chair, Leslie Peters, who is a PhD researcher at The Matilda Centre! Leslie will chair the network with NADA staff member, Sarah Etter.

The network is open to gender and/or sexuality diverse AOD workers (this could include those employed in fields like administration and research). Check out this webpage for more information about the network, and how to join here.

Community mental health, drug and alcohol research network

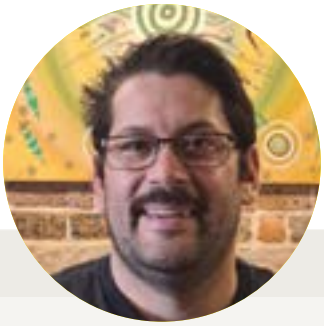
Promoting lived experience leadership in research

The development and launch of the Co-production Kickstarter, a capacity-building resource developed with lived experience researchers Brett Bellingham, Bradley Foxlewin, and Dr Grenville Rose, as well as conventional researcher Dr Jo River from UTS, presented a fantastic opportunity for CMHDARN to demonstrate co-production first-hand and support lived experience leadership. Consequently, this project initiated a partnership with the UTS team for 'Raising the Bar', a program of translational research co-produced in partnership with people with lived experience that seeks to address the problem of lack of training and resources for people with lived experience to participate in research. The Kickstarter was recently featured as a presentation at the THEMHS Conference and received a fantastic response. Keep an eye out in 2023 for the Co-design Kickstarter.

Building the capacity and interest in research for the mental health and AOD sectors

To continue to build the capacity of the CMHDARN membership, CMHDARN developed the 'Using program logic in translational research and evaluation' [PDF] resource which aims to provide a better understanding of program logic and how organisations can use this framework to assist in planning and evaluating programs and interventions, as well as applying a program logic framework to research projects. CMHDARN recently hosted a workshop to support organisations in using research to address knowledge gaps in their practice. CMHDARN also distributes a bi-monthly newsletter highlighting relevant resources, opportunities and events.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK



NADA practice leadership group

Meet a member

Levii Griffiths AOD Case Manager, The Haymarket Foundation Ltd–Bourke Street Program

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have been working with The Haymarket Foundation for just over 2 years now, in my current role as an AOD Case Manager at the Bourke Street Program. I'm new to the NPLG, joining the network in late 2021.

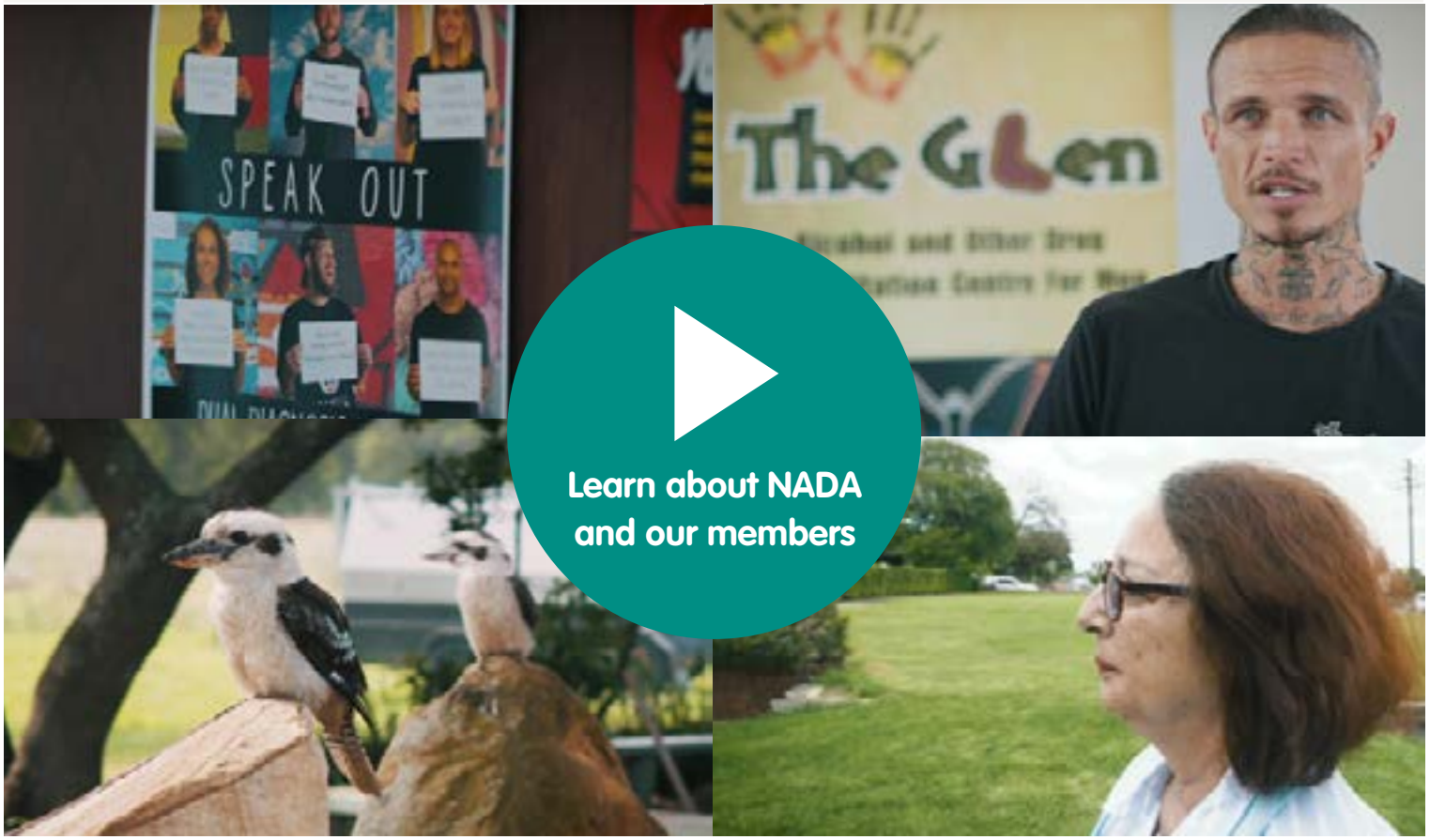
What has the NPLG been working on lately?
Recently we worked in collaboration with TAFE NSW to advise on the Certificate IV in Alcohol and Other Drugs elective and core subjects. Some members are working on the NADA Conference 2023 alongside other NADA members and representatives from the Ministry of Health and Primary Health Networks.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
I have been mainly working with men in residential rehabilitation services, and my passion lies with working with Aboriginal and/or Torres Strait Islander peoples. What I love to see is people succeed in life by achieving their goals, no matter how big or small they may look, and seeing the result where people never have to access a service ever again.

Another area of interest is increasing Aboriginal participation in the sector workforce, and the Ministry recently informed the NPLG that they are working in this area.

What do you find works for you in terms of self care?
I enjoy my time on a mat where I train in multiple disciplines in martial arts, including Brazilian Jujitsu, Muay Thai Kickboxing and wrestling.

What support can you offer to NADA members in terms of advice?
I can share insights and advice from an Aboriginal person's perspective, as a worker and a community member.



Advocacy highlights

Policy and submissions

- NADA welcomed the NSW Government response to the Special Commission of Inquiry into the Drug 'Ice' in a media release [PDF].
- Australian Alcohol and other Drugs Council (AADC) wrote to Minister Mark Butler to raise key issues including quantum of core funding, indexation, contract length, national governance and implications of the foreshadowed statutory price reductions to ODTP medications,
- NADA produced an election issues [PDF] paper to highlight key challenges facing the sector and the actions required and invited the NSW election candidates to respond.
- NADA drafted a position paper on 'Measuring performance of NSW non government AOD treatment services', which summarises the 'Performance measurement study' and recommendations.

Advocacy and representation

- NADA Chair, CEO and Deputy CEO met with Minister Hazzard to discuss the participation of NADA and the sector in development of a whole of government AOD strategy and process for the distribution of funds to increase the sector's capacity to meet demand.
- NADA CEO and Deputy CEO met with representatives of the DoHA ATOD Branch, NIAA and the NSW/ACT PHN CEOs network to discuss the 'Performance measurement study' and implementation of the core set of indicators by all funders of NGO AOD contracts in NSW. NADA CEO presented on the study at the Lisbon Addictions Conference.
- The Ministry of Health CAOD provided a webinar to members on the government response to the Special Commission of Inquiry.
- NADA CEO was invited to be on panel at the NCOSS Conference to discuss NGO workforce challenges; and was invited to be on a panel at the ADARRN Symposium to discuss NGO funding issues.
- NADA continues to represent the sector with key stakeholders: NSW Ministry of Health COVID-19 Clinical Council Meeting; Department of Health and Aged Care; DSS Community Grants Hub; ASU; NUAA; FDS; AADC; State and Territory Peaks Network; NCOSS; NCCRED; ACDAN; ADARRN; DACRIN; AOD Peaks network; PHN AOD Network and PHN CEO Network.
- Ongoing meeting representation: NSW Ministry of Health COVID-19 Clinical Council; DAPC, ACI D&A Executive Committee; NGO AOD Reference Group, Stigma and Discrimination Steering Committee, MOH Naloxone Advisory Group, Virtual Care Working Group, Safe Side Program Planning, Hepatitis C Strategy Implementation Committee; NCOSS Heath Equity Alliance; NCOSS FONGA; Justice Reform Initiative; CDAT Advisory Group; NSW Ministry of Health AOD Quality in Treatment and more.

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

Chris Keyes
Deputy Chief Executive Officer
(02) 8113 1309

Sarah Etter
Clinical Director
(02) 8113 1312

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
Operations Manager
(02) 8113 1305

Jo Murphy
Administration Officer
(02) 8113 1311

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