Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 2: June 2023

Creating safe spaces

NADA
network of alcohol and other drugs agencies

CEO report

Dr Robert Stirling NADA

Firstly, I'd like to congratulate all the winners and nominees of the 5th AOD Awards for the NSW Non-Government AOD Sector. The awards acknowledge the significant contribution of people, programs and organisations in our sector. It was great to recognise those working on the frontline and people with living and lived experience through two new award categories, as well as those who have been providing leadership in the sector over their long careers in AOD.

Thanks to everyone who attended the NADA Conference 2023. It was our largest conference to-date, with almost 500 people in attendance to connect, exchange ideas, and hear the latest developments in the AOD space. The feedback from those who attended has been overwhelmingly positive.

This issue of the Advocate aligns with the conference theme: Creating safe spaces. This theme acknowledges the need for safe spaces in all aspects of the work that we do, to achieve our potential, and the best possible outcomes and experiences. We need to create spaces that are person-centred, culturally safe, and trauma-informed—for all people who access our services and for our workforce. We also need safe spaces to talk about challenging policy and practice issues—and that's the environment that we wanted to create at the conference, and also in the sector on a day-to-day basis.

Many of the keynote, panel and session presenters have contributed to the Advocate, including people with living and lived experience, NADA members and other experts. They share their perspectives on creating safe spaces based on culture, practice and research. We hope that this will support members and our cross-sector partners to reflect on their own policy and practice.

As we move further into 2023, we all await the outcomes of tenders that many members have applied for with NSW Health. We hope the new funds provide an opportunity for NADA members to expand on the great work that they do and provide more availability and options for people who need access to treatment and support across NSW. However, we know that these funds are not enough, and the NADA board and team are already working on policy positions as we prepare for the NSW Drug Summit (most likely in early 2024). NADA will be seeking the views of members on these positions in the coming months.

We need to create spaces that are person-centred, culturally safe, and trauma-informed—for all people who access our services and for our workforce.

We're excited to launch our new strategic plan for 2023 to 2026 (see page 27). The strategy will guide NADA's work alongside our members to lead, strengthen and advocate for the NSW non-government AOD sector. Thank you to the NADA board, members, networks and stakeholders who contributed to its development.

Finally, I'd like to thank Julie Babineau for her leadership as the Chairperson of the NADA board for the past four years. Julie used her years of experience in government and NGOs to lead the board and we wish her all the best in her retirement. We would also like to take this opportunity to congratulate Leone Crayden, CEO of The Buttery, for her appointment as the new Chairperson and welcome Lea-Anne Miller from Yerin - Eleanor Duncan Aboriginal Health Centre, who was appointed to an independent board member position from June 2023.

LGBTQ+ INCLUSIVE & AFFIRMING PRACTICE GUIDELINES

FOR ALCOHOL, SUBSTANCE USE, AND MENTAL HEALTH SERVICES, SUPPORT, AND TREATMENT PROVIDERS

Download this resource

Most LGBTQ+ people seeking support for mental health or AOD, will access services that are not LGBTQ+ specialist services. They want and should have access to services that are inclusive.

These guidelines were developed by ACON, Mental Health Coordinating Council, NADA, and the Central Eastern Sydney Primary Health Network to support AOD and mental health workers in government and non-government organisations to strengthen provision of LGBTQ+ inclusive practice across residential, inpatient and outpatient contexts.

They offer detailed, pragmatic, and accessible support and outline four principles of LGBTQ+ inclusive and affirming practice:

- trauma-informed recovery-oriented and person-led practice
- intersectionality
- community consultation and co-design, co-production, co-implementation, and co-evaluation
- family inclusive practice.

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PIVOT POINT

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NADA Conference 2023

Creating safe spaces

Held at the International Conference Centre in Sydney, the NADA Conference 2023 was our largest conference to-date, with close to 500 delegates attending. Members networked, showcased their work, and learned new ways to enhance their practice.

Photo: Keynote Vikki Reynolds and Sarah Etter (NADA)

NADA Conference 2023
continued

Creating safe spaces acknowledges the need for safe spaces in all aspects of the work we do, to achieve our potential and the best possible outcomes and experiences. We need to create spaces that are person-centred, culturally safe, and trauma-informed for all people who access our services, and for our workforce. This conference was a safe space to talk about challenging policy and practice issues—a non-judgmental and safe environment to listen, learn, share, reflect, and celebrate.

While most attended in person (**93%**), delegates could also join virtually. 'I really appreciated the fact that a zoom attendance component was offered. I feel this is something that allows many more people from regional/remote areas to attend,' stated an online delegate.

Who attended?

Most delegates (**70%**) worked for a NADA member. People with living and lived experience, policy makers, funders, service providers and researchers across health and social services also attended.

Why did you come?

Delegates were keen to network with other delegates, develop their knowledge and/or skills, and hear from speakers, particularly Vikki Reynolds.

What did you think?

- **92%** of respondents *strongly agreed* or *agreed* that it was a worthwhile and valuable event.
- **79%** of respondents *strongly agreed* or *agreed* that the event focused on innovative evidence-based practices that improve the lives of clients and the community.
- **87%** of respondents *strongly agreed* or *agreed* that the conference streams were relevant.
- **90%** of respondents *strongly agreed* or *agreed* that they would recommend the NADA conference to a colleague.

The keynotes

The keynotes and panel members shared their wisdom on culture, inclusion, practice, and policy. Delegates enjoyed the diversity and quality of the keynotes, as one stated, 'There was a broad range of perspectives from different professional and cultural backgrounds, and seeing different perspectives on common issues was thought-provoking.'

'Keynote speakers were inspirational, and it was fantastic to see the extent of engagement. The event strongly acknowledged the diversity in the sector,' noted another.

Photo: Future of AOD panel

NADA Conference 2023
continued

Photo: Kobie Dee, Gomeroi man, rapper and master storyteller from Bidjigal Land (Maroubra)

NADA Conference 2023

continued

The conference began by highlighting the importance of living and lived experience voices in creating safe spaces in the non-government AOD sector. It then focused on culture and connection, with presentations uplifting First Nations voices, a call to scale up indigenous practice, and holding space with humility, humour, and humanity.

The 'Culture at the core of healing' panel recognised the importance of embedding culture in treatment as vital for Aboriginal people to remain connected to country and their cultural identity. The panel brought together different perspectives from the Aboriginal AOD sector, from the NSW non-government AOD peak body to a regional perspective.

The second day investigated systems that govern our sector, with presentations on the response to the Special Commission of Inquiry into the Drug 'Ice,' worker wellbeing through the lens of collective care, and the continuous work we are doing to increase and bolster LGBTQ+ inclusion.

The 'Future of the AOD sector' panel explored the recommendations from the Ice inquiry, and how we can move forward as a sector. The panel represented voices from government, the important voice of living and lived experiences, and the NADA membership.

The highlight was Dan Howard's response when asked what they would like to see happen in four years: 'I would like to see government have more faith in NGOs.'

Presentations

A total of **57** abstracts were accepted for the conference, with **54%** from NADA members; **37** were practice-focussed and **20** were research-focussed.

The conference offered various streams, including collaboration, harm reduction, integrating cross-cultural perspectives, families and carers, living and lived experience, and continuing care.

Delegates reported enjoying the broad range of subject matter experts, and the ability to choose their 'fave areas of interests' in the streams.

Highlights

Overall, the conference was well received by delegates and some highlights mentioned included hearing the voices of people with lived experience, the focus on community, the spotlight on culture, and the variety of keynotes discussing topics that challenged people. As one delegate stated, 'Confronting issues were discussed in a positive and honest spirit.'

Photo: Members from Foundation House and WHOS

'This was my first NADA conference and man did it deliver. I am inspired, I am hopeful, I am proud. Every single keynote and panelist shared something that really resonated with me. And coming from someone who is in an identified role and with lived experience, I was amongst my people who have recovered and are now holding beacons for others! There is so much good in this world.. thanks for reminding me of this :)'

'It was the one of the best conferences I have attended in a long time, there was some thought-provoking speakers, and the breakout sessions were very informative. There are too many highlights for me to mention but the quality of the speakers, the smooth operation, and the awards were all significant moments.'

Other delegates noted the atmosphere and energy of all attendees and presenters, and how the conference highlighted the amazing culture of the NSW non-government AOD sector.

Thank you to all who attended the conference, you provided valuable insights, comments, and questions. Thank you to those who delivered keynotes, speeches, the awards, presentations, and panels. We look forward to seeing you all at our next conference in 2025.

AOD Awards
for the
NSW NON-GOVERNMENT SECTOR

First Australians award Ngaimpe Aboriginal Corporation (The Glen for Women)

Outstanding contribution in peer work and/or consumer representation Kevin Street

AOD frontline champion award Chris Sheppard, Community Restorative Centre

AOD frontline champion award Mohamad Fenj, The Rehabilitation Project

Outstanding contribution award Garth Popple, We Help Ourselves (WHOS)

Outstanding contribution award Julie Babineau, Odyssey House NSW

Excellence in harm reduction WHOS Harm Reduction Program, We Help Ourselves (WHOS)

Execellence in treatment Reconnecting Families, Odyssey House NSW

Excellence in research and evaluation Community Restorative Centre

Stock photo: posed by model

Welcoming the trans community

Trans people, just like cis people, can have different relationships with substance use. Given the level of stigma and discrimination they experience, it's no surprise that some trans people shoulder a heavy burden of harmful use. So how can AOD services better support the trans community? Yesim Karasu (ACON) shares tips and strategies with Sarah Etter (NADA).

Can you tell me a bit about yourself and the work you do? And why this work is important to you?

My name is Yesim Karasu, I use they/them pronouns, and I am a Turkish-Australian genderqueer person living and working on Gadigal land. Genderqueer for me means I have (and have always had) distinct periods of womanhood, manhood, and being non-binary. I work at ACON, in the Harm Reduction team, as well as the Trans Vitality team. This means that I am often interacting with service providers as well as trans and gender diverse people in NSW and LGBTQ+ people more broadly who use drugs, who've used drugs, or who want to support someone using drugs.

In terms of why I think this work is important, I have seen personally and professionally the gap that currently exists in our system for supportive and affirming spaces. I sometimes talk about the experience of losing a dear friend of mine, a trans sibling, who died from overdose when they were quite young. This was the first death in my queer family, and it really shocked me. The language being used at their funeral and my personal interactions with health services afterwards opened my eyes to the lack of support and understanding for trans people who use drugs and their support network.

What do you hear from community regarding accessing AOD services?

Firstly, we hear about the importance of service providers knowing basic terminology and having the skills to interact with trans people one-on-one. We hear stories of people being in desperate need, walking into a service, being misgendered, and immediately walking out regardless of how badly they need that support. Or having a treatment provider who is skilled clinically but cannot stop asking invasive questions about that person's body and/or gender. So, using language that is de-stigmatising and affirming is incredibly important.

We also hear about our community not accessing services, due to long waiting lists, especially regionally. For example, here at ACON our substance counselling team is made up of about two people. This is simply not enough to service all of NSW.

We do hear positive things. Consistently we hear feedback about the importance of people having access to peer workers and other trans practitioners. Peer-to-peer connection is vital. Not just for breaking the narrative that trans people can't succeed in the workplace but because that basis of support and understanding is ultimately healing and lifesaving for other trans folk.

Welcoming the trans community

continued

We also hear about the importance and benefit of informal support systems created by trans folk. This is not surprising as community care and action have historically been so central in our community. I know people who have created 'overdose prevention watch groups,' or chemists that offer to purify or check substances before people use them. Or mates who bring naloxone to every dance party, just in case. So our community often has pre-existing strategies and strengths that should be valued and supported by service providers.

How can the AOD sector better support the trans community?

Improve data collection: use accurate and up-to-date measures of gender to assess engagement and treatment success with trans people. All too often people don't often see the need to collect data for us. This is erasure—we have massive data gaps and still don't know if a lot of mainstream strategies are effective for our community. We have also seen parts of the sector attempt to collect data but phrase the questions inaccurately so that data becomes unusable. It is best practice for services to use the ACON indicators for gender and sexuality. With data also comes responsibility, meaning that services need to do something with the data that has been collected. Do you have trans people going through intake and then they all leave treatment immediately? Why? Do you have no trans people accessing your service at all? Why? Put that data to use!

Informed decision-making needs to be implemented and normalised across all services. This means setting aside their own presumptions about what someone needs, not restricting any options that are available, but instead, allowing people to make their own decisions. Allow trans people to change their name in the system or choose the gendered facilities that match how they identify. We can do amazing work when it is rooted in relationships that are built on trust and positive regard.

Also, beware of individualism—trans people need community and deserve community and the impact of this connection is genuinely lifesaving. Do work with families, places of worship, with sports teams, and with your colleagues to get them ready to value trans people in their life, even if they don't fully understand them.

Lastly, a heartfelt thank you to people who are working towards being a safe person for trans people and supporting them in their pre-existing strengths!

Resources

LGBTQ+ inclusive and affirming practice guidelines
Most LGBTQ+ people seeking support for mental health or AOD, will access services that are not LGBTQ+ specialist services. They want and should have access to services that are inclusive. See resource.

TransHub
TransHub is a digital information and resource platform for all trans and gender diverse people in NSW, their loved ones, allies and health providers. Visit website.

Pivot Point
Guidance, tips, advice, and where to get help for the gender and sexuality diverse community. Visit website.

ACON trans affirming language guide
This resource will help you to use language that affirms, supports, and recognises the lives and identities of trans and gender diverse people. Download resource {PDF]

Language matters
Language is powerful—especially when discussing alcohol and other drugs (AOD) and the people who use them. View resource.

NADAbase
Asking the question eLearning module.

Stock photo: posed by models

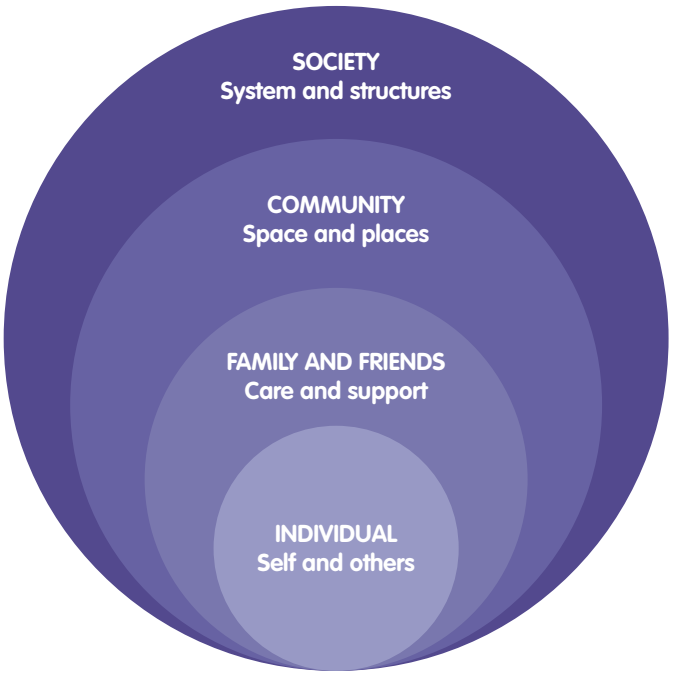
Embracing intersectionality

People have multiple, intersecting social identities that influence their experiences of substance use and treatment. By creating space for them to bring their authentic selves to the conversation, you can develop a genuine connection in the context of their diversity. Professor Jioji Ravulo shares an intersectional approach to AOD treatment with Tata de Jesus (NADA).

Intersectionality in AOD

At its core, intersectionality recognises that people have multiple social identities and that these identities interact with each other, shaping their experiences and opportunities in complex ways. In many indigenous communities locally, regionally and globally, there is a common perspective grounded in reciprocity. A person's wellbeing is other people's wellbeing—we cannot live without each other. Such perspectives is also grounded in seeing the individual as part of the collective, where wellbeing is viewed holistically. Intersecting identities are based on things like age, gender, class, spirituality, language, colour, ability, and sexuality. Traditionally when speaking about diversity, we might think about ethnicity or gender expression or social class as identifiers of diversity. However, what we might fail to realise is that all these identities overlap with one another —we are all those different things at the same time.

So, when applying intersectionality to working with clients, it involves recognising that their experiences of substance use and treatment thereof are influenced by multiple intersecting factors. By considering the various dimensions of their identity and social contexts in which they exist, we can gain a deeper understanding of the unique challenges and needs that clients may face. And going further than that, these identities need to intersect. So, we need to think about creating services that respond effectively to individuals within families, families within communities, and communities that sit within society. We need to be intersectional in our thinking.



Embracing intersectionality

continued

What should we be doing to embrace an intersectional approach?

One of the key ways to embrace an intersectional approach is by creating service models that are nuanced. And the best way to meet the needs of the individuals we are working alongside is to provide a space for them to be able to bring their authentic selves to those conversations.

- **Creating a dialogically driven space.** We need to create space where clients feel that they are contributing to a shared conversation. Dialogue needs to be multidirectional, that provides clients the avenue to share their various views, values, and practices. This shared conversation creates a better understanding of what it means to be in the client's situation and circumstance, and how client and clinician can work together as part of a shared approach.

- **Using clinical tools with intention.** Clinical tools are designed to give a particular diagnosis or an understanding of what might be happening for clients. But it is really important that those tools are used to create a shared understanding of how you can work together to resolve the tensions and issues they are facing.

- **Discussing confidentiality.** It is important to let clients know that everything they share in that space, within reason, will be kept confidential between worker and client. The client needs to know that you are working with them, and that you are looking after their wellbeing. And that builds trust and rapport.

- **Contextualising your curiosity.** Intake assessment is one of the first steps to a client's treatment journey, but it is important to recognise that whilst we try to get as much information associated with their AOD use, it can be quite daunting for clients to provide information so freely. Provide reasons as to why you need that information, so clients are better informed of why you are asking those questions.

Lifelong journey of lifelong learning

Cultural humility is the idea of creating scope for you to be curious with your clients. It strives to counteract the traditional view of cultural competence where a two-hour training session makes you an expert on someone's cultural practices and beliefs, which can create static and fixed perspectives with working with diversity.

It is a concept that emphasises self-reflection, openness and respect when engaging with diversity. It involves recognising and acknowledging our own limited perspectives and cultural biases, and actively seeking to understand and learn from other's experiences and cultural backgrounds. Cultural humility provides scope for you to understand your own perspectives as part of your ability to engage with diversity. Your own diversity can shape and determine your interactions with other areas of diversity.

If we are committed to sustainable and meaningful change with our clients and communities, and we allow them to bring their authentic selves to these conversations, cultural humility is fluid and flexible where you can have a genuine connection in the context of their diversity. You can provide culturally sensitive and safe care to clients because you create space to understand what it means to be them. And just like in indigenous perspectives and cultures across the globe, it is all about collective wellbeing. It no longer about 'them' but it becomes about 'us'.

Harness our power

Vikki Reynolds revolutionises healing practices by integrating love, compassion and solidarity into therapeutic relationships. She spoke to NADA's Sarah Etter to expand our notions of self-care and to share a few guiding principles for her work.

Self-care practices traditionally focus on individual wellbeing. They fail to address systemic forces (e.g., social, political, and economic) that shape how people live, work and play. And why do self-care practices promote only physical and mental wellbeing, but ignore the spiritual? So, how can people in the AOD sector best enhance their wellbeing to continue in their work?

Collective care

We can bear witness to the incredible people in communities and movements working to challenge oppressive structures and fighting for social justice. These communities range from LGBTQ+ people to sex workers, people seeking asylum and migrant groups, to people who use drugs. They experience systemic oppression and are exposed to struggle; and the change work they do can be emotionally, mentally, and physically demanding. Vikki Reynolds draws inspiration from these movements and indigenous wisdom to illuminate the potential of *revolutionary love* as a catalyst for transformation and healing.

Yet they also possess a long history of harm reduction and keeping each other safe—community wellbeing is integral to individual wellbeing. Supporting the wellbeing of communities intentionally and collaboratively is what Vikki calls *collective care*. 'I believe in collective care and solidarity. Solidarity is my spiritual practice. Communities of struggle have always kept each other safe, so we've been doing collective care forever,' said Vikki.

Vikki believes that if we bring learnings of solidarity into our own practices, then we are able to hold each other up and are able to sustain the work that we are passionate about. Through collective care practices, we can find emotional support, encouragement and the resources necessary to navigate challenges and continue the work.

Addressing power

We live in a world where a few people hold all the power and privilege, and so many others are structurally oppressed. So, it is vital that we create environments that contest this power and privilege. We can do so by centering the voices and experiences of marginalised communities and by challenging dominant narratives that perpetuate harm.

It is important to be led by communities of people with living and lived experience. Yet Vikki warns: 'It is not enough to have a seat at the table. It is not enough to be allowed to speak—that is not dialogue. Dialogue says that what you say has to matter, it cannot be disqualified, and there has to be a response to it. Unless we engage in dialogue, we're just doing more harm.'

Harness our power
continued

If we succeed in promoting true dialogue, then we can nurture connections, foster collaboration, and promote a sense of belonging that empower individuals to take part in decision-making processes.

Vikki asks us to reflect: 'Who is informing our work? Who is directing our work? Who are we accountable to?'

Resisting neutrality

Active engagement with power, privilege and social justice can bring about true healing and transformative change, and this necessitates a rejection of neutrality.

Vikki describes her day-to-day work: 'I think of the work I do as witnessing work—I am situated as an activist, and I am trying to be a witness to people. And all of my work has been trying to defy psychotherapy and counselling's idea of neutrality and objectivity. I do have a stance. I'm against people dying by bad drug policy.'

AOD workers can also reject neutrality and incorporate social justice into therapeutic practice by advocating for clients' rights, addressing social inequalities, and challenging oppressive structures.

Revolutionary love and collective care, essentially, means a sense of belonging—of understanding that while you may feel that you are doing the work alone, to not forget that you belong to a community who are working alongside you. Community creates a supportive environment where we can celebrate successes, share joys, and find comfort in times of struggle. Community provides us with support, belonging and collective power.

Finally, Vikki reminds us of something that 40 years of neoliberalism wishes us to forget: nothing changes alone.

Learn more

'The Zone of Fabulousness Part Two' and 'Solidarity Team' Watch videos

The Zone of Fabulousness: Resisting vicarious trauma with connection, collective care, and justice-doing in ways that centre the people we work alongside Download PDF

Resisting burnout with justice-doing Download PDF

Implementing routine outcome monitoring with feedback into AOD services

Professor Leanne Hides
National Centre for Youth Substance Use Research, School of Psychology, University of Queensland, Brisbane, Australia
Lives Lived Well, Brisbane, Australia

Routine outcome monitoring, including feedback (ROMF)[1,2] refers to the:

1. systematic assessment of client progress on a regular basis,
2. provision of feedback to the clinician and client over time, and when appropriate
3. adaptation of treatment accordingly in response to the feedback.

ROMF can be used to facilitate collaborative treatment planning with clients, as well as to monitor and evaluate client outcomes.[3-7] At an organisational level, ROMF allow services to understand, evaluate and improve service delivery.[7,8]

Multiple factors need to be considered in selecting ROM assessments including the suitability, reliability, validity and sensitivity to change of the measure in the relevant client group, as well as the practical aspects (e.g., cost, length, scoring, interpretation)[9]. ROM has traditionally been conducted using clinician-rated instruments.[1] While this is a reliable method for measuring substance use, they are resource-intensive to deliver.[10,11] Self-report measures of substance use provide a more time-efficient and cost-effective alternative, particularly when delivered online.[12] We recently demonstrated the reliability of two of the most frequently used clinician-administered interview measures (the Australian Treatment Outcome Measures Profile [ATOP][10], and the Alcohol, Smoking Substance Involvement Screening Test [ASSIST][13]) when completed online among clients in residential substance use treatment.[14]

Client-completed outcome measures are increasingly recognised as an essential component of client-centered care.[15] This is consistent with values-based models of healthcare, which aim to improve the quality of healthcare by focusing service delivery towards the outcomes that matter to clients (value), relative to the costs and resources required (see Box 1).[16,17] The use of ROM to monitor, evaluate and improve the efficiency, outcomes and cost effectiveness of healthcare services are central to values based healthcare. However, healthcare services worldwide have struggled to implement ROM[18] into practice due to the challenges involved.[2,9] Barriers to the implementation of ROMF occur at multiple levels: (1) staff and clients, (2) organisational aspects and (3) systems.[19] Even when implemented, the majority of ROMs are still collected manually at service entry only, without any follow up measures or feedback to staff or clients.[20,21]

Box 1. Values based healthcare

Values based healthcare

Aims to:
1. Identify what outcomes matter to clients.
2. Implement a core set of ROMS to assess, monitor and provide feedback on treatment progress.
3. Use ROM data to improve the efficiency, outcomes, and cost-effectiveness of treatment.

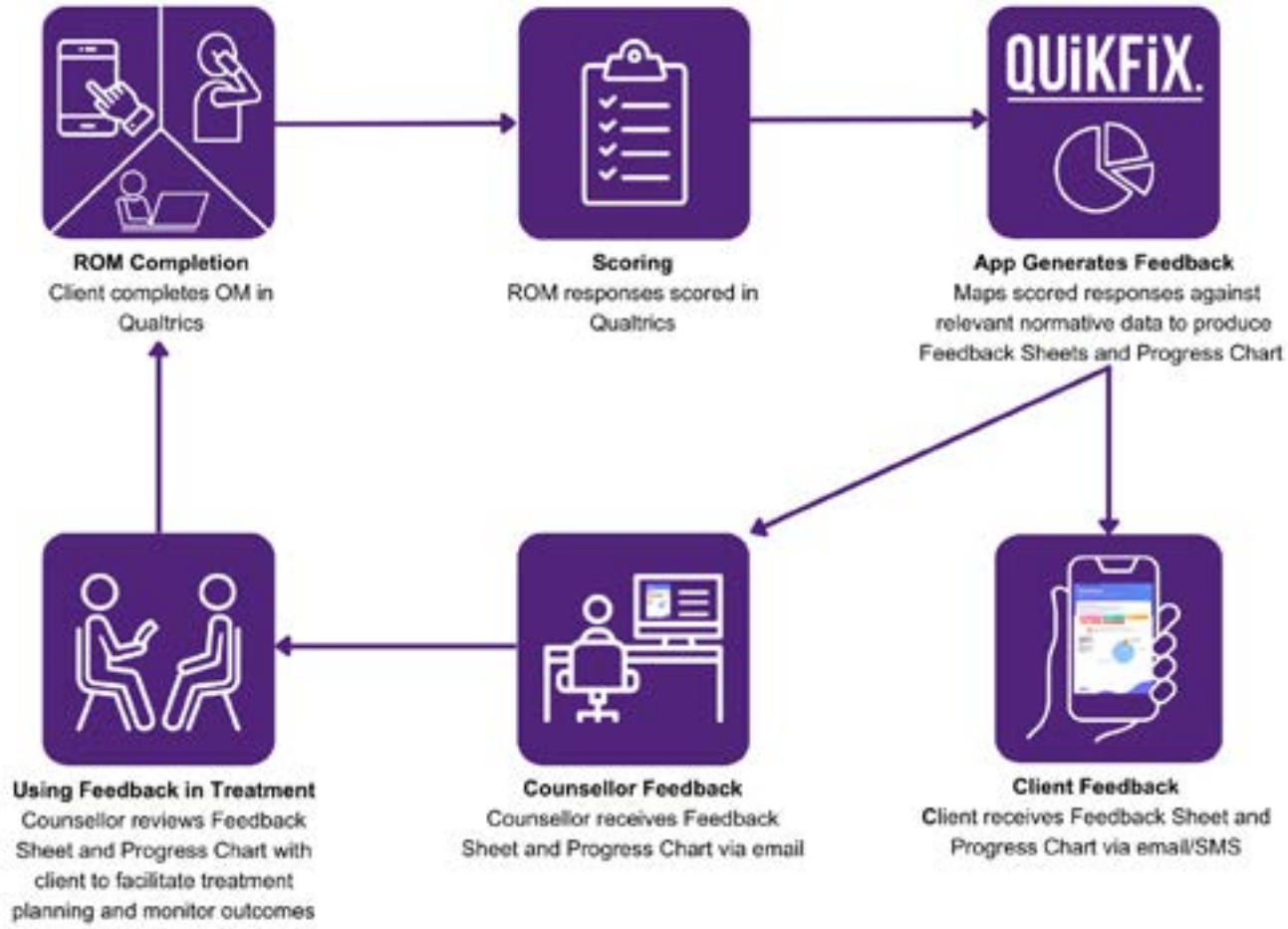
The use of technology to automate the delivery, scoring, interpretation and provision of ROMF to staff and clients could overcome many of these barriers.[2,9] There are a growing number of digital health systems (e.g., NADAbase) and programs available to facilitate this. In partnership with Lives Lived Well, we developed a digital health system for collecting, scoring and automatically providing client and clinician feedback (including progress mapping) on ROMs (see Figure 1). All ROMs are completed by clients in a Qualtrics online survey. They are collected at service entry,

Translating research into practice

continued

1- and 3-months follow up as part of routine care. QuikFix, a Commonwealth Department of Health funded app, provides automatic feedback to staff and clients at these timepoints, including interactive progress charts mapping clients' AOD use and mental health symptoms over time. The app contains factsheets and harm minimisation sheets for 15 substance types as well as information and resource sheets on mental health concerns (e.g., depression, anxiety, trauma), and other life factors (e.g., domestic and family violence). The client and staff feedback contains hyperlinks to the relevant factsheets and resources to facilitate access. The QuikFix app is a standalone resource with maximum flexibility to ensure it can be used by multiple services. It can receive ROM survey data in any electronic format (survey, excel, data string), score and automatically provide feedback on any outcome measure completed at any timepoint. Clinicians can also use the app to deliver brief interventions for substance use to clients using a variety of information sheets and interactive clinical worksheets (e.g., patterns of use, pros and cons, coping skills).

Figure 1: Digital Health Routine Outcome Measure and Feedback System



We recently analysed 17 months of ROM data collected at Lives Lived Well between May 2021 and November 2022. During this time 18,836 clients completed ROMs, including 70% (n=10,325) of all ROMs sent at baseline, 40% (n=2,916) at 1- and 22% (n=1,553) at 3-months follow up. Only 6% of clients requested assistance with completing the baseline ROM. Clients in residential settings had slightly higher ROM completion rates than those in community AOD services at baseline and 1-month follow up but not 3-months follow up, likely due to their inpatient status. While these ROM completion rates are promising, the collection of ROMs at follow up is challenging. Our NHMRC Meaningful Outcomes in Substance Use Treatment, Centre of Research Excellence (MOCRE; 2022-2026) is currently refining our ROMF systems to maximise ROM completion and streamline delivery of staff and client feedback at

Translating research into practice

continued

Based on our experience implementing ROMF in Lives Lived Well services to date we have provided the following list of tips to assist other AOD services with the implementation of ROMF.

Box 2: Tips for implementing ROMs with Feedback

Implementing routine outcome monitoring with feedback into AOD services

- Measure the outcomes that matter to clients and staff. Engage clients and staff in the selection of outcome measures, design of the survey feedback and development of the processes for implementing them. Consider quality of life, client experience and satisfaction measures, as well as the needs of clients from culturally diverse and ethnic minority groups.
- Develop an organisational culture supportive of ROMF.
- Redesign service systems to make ROMF part of routine practice.
- Provide clinicians with a strong rationale for the use of ROMF, particularly the potential client benefits.
- Train and support staff in the delivery of ROMF.
- Use technology to minimise staff time spent accessing, delivering, scoring, interpreting, producing, and delivering feedback to clients.
- Provide clients with a clear rationale for ROMF, describe their purpose, how they will be used and the limits of confidentiality. Show the clients a copy of the survey and the feedback they will receive. Present ROMF as an integral part of treatment as early as possible in the clients' treatment journey.
- Discuss and address potential staff concerns about ROMF including:
- Client ROM being used to evaluate individual staff members' performance.
    - Clients won't complete ROMs and don't want feedback.
    - Clients can't complete ROMs alone due to literacy issues.
    - Asking a client to complete a ROM will make them disengage from treatment.
    - Clients will become distressed completing ROMS.
    - Cultural and philosophical barriers to ROMF (e.g., ROMF is not client-focused care; clinical judgement is better than ROMF).
    - Clients won't be able to access SMS/emails/technology.
- Administer ROM at regular intervals. The frequency will depend on service needs. Shorter treatment durations require more frequent ROM. Don't rely on exit surveys, discharges are often unplanned.
- Aim for high ROMF completion rates. People who seek AOD treatment are almost as heterogenous (case mix) as the services they receive. More ROM data will help us understand which client groups benefit from different treatment types.
- Develop key performance indicators for ROMF completion. Monitor the ROMF KPIs and provide team (not individual) level feedback on performance.

Please contact me if you'd like to discuss our work or would like further information: l.hides@uq.edu.au.

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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

NADA cultural audit project

Raechel Wallace **NADA**

We acknowledge the vital role of the Aboriginal Community Controlled Health Organisations (ACCHO) in providing culturally competent services to First Nations People including delivering of wholistic AOD treatment, their knowledge of their communities and their ability to incorporate culture into treatment for the best outcomes for First Nations People in a cultural safe environment.

However, providing cultural safe services to First Nations Peoples is every service's business. It is important that all services ensure that they can provide a service to First Nation peoples that allows them to feel cultural safe when accessing a service—regardless of what service they choose to access.

In 2018, NADA commenced a project to develop Working with First Nations People Guidelines for Non-First Nations Services in the Alcohol and Other Drug Sector. This aimed to assist services to provide a culturally responsive and inclusive service to First Nations people that access their services. The project was funded by Central and Eastern Sydney Primary Health Network, Coordinare South Eastern NSW Primary Health Network, Hunter New England Central Coast Primary Health Network, South Western Sydney Primary Health Network, WentWest: Western Sydney Primary Health Network. This project was evaluated by the National Drug and Alcohol Research Centre (NDARC) at UNSW.

The project worked with 15 non-First Nations services over a 22-month period. There were 12 services who completed the project. Through the project the services undertook a baseline cultural audit to identify what the service already had in place for working with First Nations people. They then participated in a workshop to support the service to identify areas of their operations where they could develop further. Cultural auditors returned 3 months later for a follow up audit in order to measure improvements and impact. All services had made improvements in changing their service delivery to support First Nations people experiences in accessing their services. This included ensuring physical spaces were safe and inclusive, making connections with local First Nations services and attending First Nations community events.

The project was extended in order to measure longer term impacts beyond 3 months, as some changes, such as employment of First Nations staff, could not be measured in the short term.

Eleven services participated in phase 2, with a third service audit completed at 22 months. All 11 services were included and all showed further improvements. These included employing identified Aboriginal AOD staff, establishing cultural mentoring for staff and demonstrating increased engagement of First Nations clients through service use data. The final report of the evaluation of the of the can be found on the NADA website NDARC Cultural Competence Evaluation Final Report.

Through this project we have developed a team of Aboriginal Auditors. If you are interested to have your service complete a Cultural Audit process to enhance your service delivery to First Nations People, please contact Raechel Wallace, Aboriginal Program Manager at NADA raechel@nada.orga.au.

Cultivating safety and esteem

Cultivating safety for people accessing AOD treatment is important, and this is especially true for people involved with the criminal justice system. Jennifer Uzabeaga (NADA) learns how Adele House enhances safety so people may engage with treatment, then navigate new pathways in their lives.

Adele House is a 40-bed, all male residential rehab based on the Mid North Coast. All the men taking part in the program have criminal justice involvement, and many have experienced differing levels of trauma.

'When working with this clientele it is important to not judge the offending behaviour, the courts have already deemed their crimes as related to drug use and suitable for a diversion program like Adele House. Their situation is predominantly created from their AOD dependence,' says Grant, an Adele House case worker. 'They're good people, and I get to see that over the four months they're in our program.'

Baxter* is a 39-year-old father and former chef. He had been experiencing issues with his amphetamine use since he was 16 and had been incarcerated three times. At court, he successfully applied for the Magistrates' early referral into treatment (MERIT) program and was able to access Adele House. 'Adele House has allowed me to focus on positive behavioural change and recognise that the drug use is only a small part of my story,' Baxter says.

Baxter values that some of the staff at Adele House have a lived experience of AOD and they speak from a place of lived knowledge. He says they are supportive, understanding, and passionate about what they do.

Grant went through the Adele House program himself, saying, 'I genuinely love rocking up with these people every day and making those connections.'

A unique aspect of Adele House is its farm where, after a month of taking part in the program, people can choose to work. It is a paid role within the program that supplies structure and teaches practical skills. 'It gives you self-satisfaction when you get to go to work and get a little bit of a paycheck,' said Baxter.

The Adele House program includes Criminal Justice System modules where the participants reflect on their offending behaviour and the impact it had on others as well as themselves. 'We get the men to look at their behaviours and the impacts and we dig deeply into it,' says Grant.

Resources

CRC Language Guide
NADA Trauma Informed Practices
NADA Advocate

*name changed for privacy

WE ASKED YOU

How do you create safety in your service?

We enhance safety in our service by striving to make it a space free from discrimination, stigma and shame. We signal this safety with welcoming signage in our physical spaces, data collection that invites people to describe their identities—cultural, gender, sexuality—along with constant reflection on how to improve our clinical practice so that it is anti-racist, anti-sexist and affirming and celebratory of people's sexual and gender diversity and cultural connections.

ACON staff members

Have clear client and staff responsibilities at the start of the program and involve the client in all aspects of care—ensuring a consistent approach with all.

Mission Australia staff member

Provide a safe, comfortable and supportive environment which allows clients private spaces for when they need 'alone' time and pleasant communal spaces for socializing with others.

Mission Australia staff member

Start where the client is at!
Be non-judgemental.
Educate staff to be accepting.
Be culturally aware.

NADA conference delegate

Implementing cultural competence training to better understand the unique needs of culturally and linguistically diverse clients, providing language access such as interpreters or bilingual staff, creating a safe and welcoming environment and facilitating community outreach.

Teguh Syahbahar, Odyssey House

Lots of art and colour on the walls, a welcome wall and spaces that shows our clients that they are valued.

NADA conference delegate

Employ people with lived experience.
Pay them properly.
Listen and respect.

NADA conference delegate


Stock photo: posed by models

Designing better experiences

Person-centred care has been recognised as a key component of health care quality and is increasingly used to engage people who access AOD services. Finding out what matters to the person and using that information as the 'North star' to inform care planning can lead to better outcomes. NADA's Mei Lin Lee shares research shared at the NADA Conference 2023 outlining promising facets of person-centric care, building upon the current literature.[1,2]

According to lead author, Danielle Breeze, the key pillar for person-centred care as practiced by Kedesh Rehabilitation Services is *balanced care*; flexible—still structured and comprehensive—yet individualised. In this study, people who accessed community and residential care offered by Kedesh Rehabilitation Service, as well as the care providers, were interviewed for their views and perceptions on their client-centred care model. While this care model has been lauded for being positively received by both people and staff at Kedesh Rehabilitation Service, the non-government sector needs adequate resourcing to be able to deliver it.

Safety was found to be a key element of a people-centred understanding of AOD service use experience. Anke van der Sterren and colleagues conducted twelve focus groups, attended by people who use AOD services, to explore their experiences of engaging with the services. Anke noted that, 'By asking about the perspectives of people who access AOD services we were able to identify a number of previously underexplored elements of AOD service user experience that should be included as items in an experience measure.' Among the elements identified were multiple dimensions of safety—physical, emotional, cultural and gendered safety. Using a collaborative, participatory approach, these elements, among others, have been worked into new survey items reflecting broader facets of service use experience, with the intention of linking actionable priorities to improved client-centred care.

The study by Dr Rebecca Gray and colleagues suggested that a *positive relationship* between the people seeking services and the treatment provider is one of the important facets of person-centred care. Interviews with people accessing rehabilitation services and the treatment providers revealed the nuances of the positive relationship theme, including aspects of providers' characteristics. As such, Rebecca's timely insight suggests that positive treatment engagement could be framed as one of key treatment outcome measures.

Person-centered care is a growing area of interest among researchers. Yet while facets of balanced care, safety and positive relationships sketch its outlines, more work is needed to flesh out the details. This is an exciting area that people who access AOD services and NADA members could make valuable contributions.

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Welcome new member

The Rehabilitation Project

The Rehabilitation Project is a community-based AOD support and recovery service. This therapeutic services is targeted at, but not limited to, the Muslim and Arabic speaking community. It aligns culturally appropriate and sensitive values with evidenced-based psychosocial interventions.

Located in Canterbury Bankstown, the faith inclusive service model creates a safe space for sharing and healing though group activities. We tackle stigma around being a Muslim with a dependence on AOD, creating an environment that is inclusive of faith and culture to foster sharing and learning without the fear of being judged.

Mohamad Fenj founded the Rehabilitation Project in 2019. It was informed by his lived experience of gaps in mainstream AOD treatment services and support for CALD communities, as well as lack of understanding within the Muslim community. Research suggests that for the Muslim and Arabic speaking community, stigma and shame is one of the biggest barriers to accessing treatment.

The Rehabilitation Project began a small support group for CALD community in Canterbury Bankstown holding one meeting a week to now delivering group counselling, case management, peer support, referral pathways to detox and residential rehabs, psychoeducation workshops, social and spiritual community reintegration programs as well as recreational activities and events.

The Rehabilitation Project is committed to providing a platform for people experiencing dependence on AOD; wanting, or in recovery; to connect, share their experience and find support.

Contact details

e support@therehabilitationproject.org
m 0426 957 386

Happy 70th anniversary

Community Restorative Centre

ACDAN male worker of the year

Congratulations Shawn Galea (Weigelli)

Member profile

WHOS Hubs in the community

We Help Ourselves (WHOS) provides non-residential services, known as WHOS Hubs, in four locations across NSW, namely Goulburn, Lilyfield, Penrith, and Newcastle. The Hubs provide services to people seeking community-based support and treatment for their AOD use concerns.

WHOS Hubs offer a holistic treatment model that promotes peer support and social inclusion, that assists a person not only with their AOD dependence, but also the underlying factors that have led to or may contribute to their substance use, such as mental health, criminal justice involvement, housing, family relationships and employment issues.

The Hubs offer 3 service streams: 1. referrals to relevant services, 2. case management and 3. group work program (including individual support sessions)

The content of the treatment model and services provided at WHOS Hubs day programs were established through several consultative processes such as consumer surveys, focus groups and stakeholder surveys. These consultations identified key components for the most appropriate day program structure which includes: comprehensive case management support for people with multiple needs, a trauma informed approach and a group-based option.

WHOS Hubs aims to support people to achieve their AOD treatment goals related to their individual situation. Service offerings to achieve this include: developing coping strategies and living skills, improving self-esteem, stress and anger management, lapse and relapse prevention and management, harm minimisation information and education and individualised case management.

WHOS Hub Day Programs include these elements:

Pre-admission	Initial screening and assessment are conducted to identify need and the most appropriate treatment option.
Comprehensive care planning and case management	Care planning focuses on the key issues identified by the client and may include problem solving, relationship management, establishment of routine, quality of life improvements and AOD treatment services and support.
Group work	A flexible schedule of therapeutic/psychosocial sessional work covering a range of topics and activities such as: • motivational interviewing • self-review, peer feedback and introduction to support groups • SMART Recovery • harm reduction education • acceptance and commitment therapy • relapse prevention • post-traumatic stress and disorder symptom management • social and recreational activities • anxiety and depression management via relaxation and meditation activities • nutrition and healthy living education and support • budgeting, and social skills education
Harm reduction	Increase client's awareness of the harms associated with AOD use and involves: • harm minimisation education sessions addressing BBV, STIs, overdose prevention, CPR, infectious control strategies, and unsafe sex practices • education materials and WHOS safe resource kit (information, sterile equipment and condoms) are offered to people with a history of intravenous drug use • referral to GP or specialist services when required.
Care coordination and continuity of care	Identifies appropriate support services based on individual needs and establish effective referral pathways. This ensures clients have timely access to the health and human services relevant to their needs.

Contact WHOS Hub **Goulburn** 02 3813 7400 **Lilyfield** 02 8572 7457 **Penrith** 02 9131 8080 **Newcastle** 02 4911 9009

Profile

NADA staff member

Jennifer Uzabeaga
Consumer Engagement Coordinator

How long have you been associated with NADA?

I was first introduced to NADA at TAFE when it was recommended as a job seeking site! I completed my placements at two member services then worked at two different member services where NADA training was provided. I began working at NADA in January.

What experience do you bring to NADA?

I was working in frontline AOD in residential rehab services before coming to NADA, and I really enjoyed my time working closely with the people accessing treatment. In my role I get to utilise my lived experience of AOD use and accessing services and the expertise that brings to assist members with their consumer engagement initiatives, by advocating for consumers and ensuring their experiences are the focus for our members.

What activities are you working on at the moment?

Assisting interested members to complete the NADA consumer participation audit tool, which helps assess and identify areas for improvement for consumer engagement, which provides better outcomes. Working with the Consumer Advisory Group to have a living/lived experience input on NADA initiatives. Reviving the Community of Practice for peer workers and people using their living/lived experience in their role.

What is the most interesting part of your role?

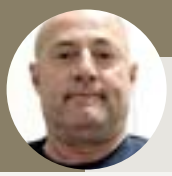
Seeing the way the sector is developing to support people with living/lived experience which breaks down stigma from within our own communities and acknowledging them as vital to effective AOD services —it's an exciting time for the peer workforce. I feel honoured and privileged to be able to contribute to this part of the sector.

What else are you currently involved in?

Being mum to my two beautiful babies who are 2.5 and 10 months old, they keep me busy. I'm also currently working towards a bachelor's in social science (Child and Family) and aiming to have completed that next year.

A day in the life of...

Sector worker profile



Chris Sheppard
AOD Transitional Worker,
Community Restorative Centre

How long have you been working with your organisation?

Five and a half years.

What does an average work day involve for you?

Working on the ground in community as a frontline worker, my role is wide-ranging. I work alongside clients, provide them with outreach counselling appointments, and help them to build meaningful pathways in their life. I advocate to services, including AOD services, so people I am working with can access treatment. I support other team members from the different programs at the CRC. And then I do record keeping, data entry and reporting.

What is the best thing about your job?

Watching people grow and restore normality in their lives. Seeing people working towards being more settled in community and managing challenging situations that they have found difficult in the past. Seeing people not return to prison.

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

I would like to see more people with lived experience working in the sector. I wish it was easier for people to access detox and residential treatment. And there should be more collaboration between treating doctors/nurses and frontline non-government workers.

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

On my days off in summer, being in the surf. Being in nature during winter. Mindfulness during the evenings when it is quiet. And of course, food!

NADA updates

Photo: NADA CEO Robert Stirling with William Caldwell

Creating a welcoming space

As part of NADA's work to create a more welcoming office space, and to learn more about the stories regarding the lands on which our office is situated—of the Gadigal people of the Eora Nation—we purchased artwork from artist William Caldwell. William's painting represents the 29 local clans that make up the Eora Nation.

William, who has been involved in Tribal Warrior mentoring, is now a mentor himself. His mum is a Gumbaynggirr person and his Dad is Kamilaroi, and he grew up mostly in Sydney. William has talked about his lived experience of incarceration, trauma, and AOD use, in addition to the capacity of mentoring to create positive life change.

New staff member

We are very excited to welcome Antonia Ravesi, Program Manager, to the team. Antonia supports AOD clinical teams, with a specific focus on the Continuing Coordinated Care Program. She will be providing clinical advice, support and advocacy to enhance service accessibility, provide best practice treatment approaches that also include the transfer of care for clients moving between services, and in developing and maintaining sustainable work practices.

Antonia has 30 years of frontline experience in the AOD sector. She is a registered Counsellor and Clinical Supervisor with the Australian Counselling Association.

NADA Reconciliation Action Plan (RAP) development update

NADA will be launching its Innovate RAP 2023–2025 by September 2023. Keep an eye out on our communications and the website events page for an invite to our RAP launch party!

A massive thank you to those on the NADA RAP Working group for their hard work and contributions in developing the RAP, and to the artist and designer involved in the process. We are excited that artist Karlie Stewart, a Wandi Wandian person from Yuin Country, who works at WEAVE Youth and Community Services, will be creating the RAP artwork. This artwork will also be displayed at the NADA office.

NADA policy toolkit

Reviews and updates to policies from the NADA Policy Toolkit have been occurring behind the scenes. The Policy Toolkit is a free resource which includes a slew of organisational policy templates to assist non-government AOD services with their clinical practice, governance and operations. Learn more here: https://nada.org.au/resources/policy-toolkit

The toolkit review process, which involves legal checks by pro bono lawyers, should be completed by the end of 2023. We will notify members when the updated policies are uploaded to the toolkit. Please do get in touch with Hannah if you have any queries or feedback about the toolkit under revision: hannah@nada.org.au

NADAbase Snapshot 21/22

NADA, on behalf of its members, collect Minimum Data Set (MDS) and Client Outcome Measures (COMS) to report to government funders. Each year the NADAbase team, together with the University of Wollongong, analyse the data collected and provide an overview of the current trends in the non government AOD treatment sector. The snapshot is ideal for use as a benchmarking tool for your service.

People

- **18,420** people were seen at **219** services
- **60.6%** men, **37.5%** women, **1.1%** not stated, **0.3%** gender diverse
- **42.7%** heterosexual, **3.6%** sexuality diverse, **53.6%** not stated/inadequately described
- Average age at the start of treatment: **34.3** years old
- **22.9%** Aboriginal and Torres Straits Islander people
- **89.5%** Australian-born
- **98.3%** preferred English as their language

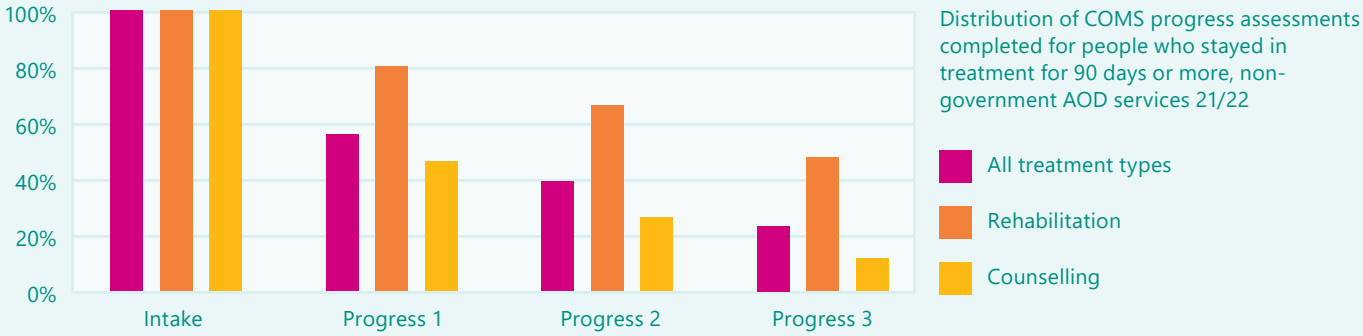
Treatment settings

- **33.0%** underwent counselling, **21.2%** had rehabilitation activities
- **40.5%** self-referring, **18.3%** were referred from criminal justice settings
- **50.7%** completed treatment (closed episodes)
- **36.0%** cited alcohol as primary substance of concern followed by met/amphetamine (**28.6%**)

Client outcome measures

- Collection of outcome data is not mandatory for all funding requirements. For 2021/22, there were **4,704** assessments completed by selected services.
- Since 2010, NADA COMS assessments include measures for **K10** (Psychological health), **WHO QoL** (overall wellbeing), **SDS** (substance dependence).
- Since 2018, NADAbase began collecting ATOP data. For 2022/23, there were **456** ATOP assessments completed.

Progress assessments



Distribution of COMS progress assessments completed for people who stayed in treatment for 90 days or more, non-government AOD services 21/22

What does this mean?

The 2021/22 outcome data (NADA COMS and ATOP) differed by sex, Aboriginal and Torres Straits Islander identification and treatment settings (counselling, rehabilitation and support & case management) over time. Overall, the symptoms of distress (average K10), substance dependence (average SDS scores) and quality of life (average WHO QoL scores) showed improvements over time. NADA encourages the collection of COMS regularly across all treatment types to inform individual client care as well as services planning within the AOD sector. Read the NADAbase snapshot here [PDF].

If you would like to discuss benchmarking for your organisation, contact nadabasesupport@nada.org.au

New strategic plan

NADA is proud to launch the new strategic plan to guide our work from 2023 to 2026. The strategy was based on extensive consultation with the NADA board, members, staff, as well as member and consumer networks and key stakeholders. The strategy will guide NADA's work alongside our members to lead, strengthen and advocate for the NSW non-government AOD sector. We look forward to working with the AOD sector to implement the plan.

Download the strategic plan

Environmental scan

NADA spent time over this past year consulting with members and stakeholders to update our strategic plan. To support our planning, we completed an environmental scan to understand the current and future context that NADA operates within and how this might influence our work and priorities. The following is a summary, which we gathered through interviews and small focus groups.

What are the current and future AOD workforce issues that require NADA attention?

- Workforce availability linked to wage parity, job certainty, skills shortage and stigma towards AOD work
- Accreditation for the AOD workforce
- Peer workforce development

What are the political and economic factors that may impact NADA?

- Need for funding model improvements and funding increases
- Impact of a change of NSW Government and lack of NSW AOD Strategy
- Impact of economic instability, rising costs and housing crisis on clients and members

What are the technological factors that may impact NADA?

- Impact of digital transformation on the AOD sector
- Technology costs and support/training needs for members
- Privacy and data security concerns

What are the social factors that may impact NADA?

- Advocacy for policies that do not discriminate towards people who use or have used drugs
- The impact of decriminalisation and/or diversion on members
- Promoting the voice of First Nations people and organisations, ensuring culturally appropriate and safe services and consumer choice

The full Environmental Scan [PDF] is available on the NADA website.

NADA network updates

NADA practice leadership group

During the May meeting, the NADA Practice Leadership Group (NPLG) reflected on the NADA Conference. They mentioned the incredible work being done in the sector and look forward to the exciting changes that are yet to come.

They welcomed Daniel Madeddu (Ministry of Health) to this meeting. The group were able to ask questions and provide feedback about the work happening because of the Special Commission into the Drug 'Ice'. They also discussed the need for increased and unified advocacy around language and stigma. The group will be meeting again in August to finalise their workplan for the next two years and consult with the Ministry on upcoming projects.

Women's clinical care network

We will be running network training on 25 July about supporting clients requiring domestic and family violence (DFV) and AOD support. The training will feature special guests working in DFV, and will be held at the Teachers Federation Conference Centre.

Network members are invited to come along to the next network meeting on 15 August! We're planning to hold the in-person meeting at St Vincent's Hospital and offer an online attendance option. We'll be organising a guest speaker for this meeting.

As always, thank you to all network members for the important work you do supporting women in your everyday AOD work! If you're an AOD worker who works with women, and is part of a NADA member service, you should join! Contact: hannah@nada.org.au.

Youth AOD worker network

At the last network meeting in April 2023, Professor Jioji Ravulo gave an interactive presentation on 'Collaborative research and practice approaches in supporting young people across their lived experience and substance usage'. At this meeting, the network also held its regular schools working group catch up. This working group aims to support youth AOD workers who are rolling out AOD education in schools or may want to in future. Dr. Emma Devine, a postdoctoral research fellow from the Matilda Centre, joined this discussion to provide insights from the Matilda Centre around recent AOD school education work the centre is doing.

The next network event will be online training on effective interventions for young people seeking AOD support. This will be run by Youth Solutions on 1 August.

If you're a youth AOD worker who is interested in getting involved with the network and its professional development opportunities, email hannah@nada.org.au. The network is open to youth AOD workers who work for NADA member organisations.

Gender and sexuality diverse AOD worker network

We held the last network meeting in early May 2023. In exciting developments, the network is planning a research project about young trans people's experiences of the healthcare landscape, specifically in relation to AOD support. Network members Sasha and Sarah have been working behind the scenes to secure partnership and funding for qualitative research about this understudied topic. The project was awarded a grant from Pride Foundation Australia in May 2023!

Network members Naif and Sarah were also busy advocating for LGBTQ+ communities at the NADA Conference in the session, 'Discussing LGBTQ+ Inclusive and Affirming Practice Guidelines for AOD and Mental Health Service Providers.'

If you're interested in joining the network, and being involved in network projects, email Hannah: hannah@nada.org.au. Please note, the network is open to gender and/or sexuality diverse people who do work in the AOD space.

NADA network updates
continued

NADA data and research group

Many exciting things have happened since the last Advocate, including the NADA Conference 2023. The conference had several network representatives, including Alex Lee (The Glen) and Mei Lin Lee, PhD (NADA), who spoke about their research activities at different sessions.

We also hosted our very own workshop where Alex Lee (The Glen), Michael Chan (Ted Noffs Foundation), Leo Clayton (Odyssey House NSW) and Sarah Etter (NADA) held a discussion about creating data spaces.

Watch this space for updates, including the launch of our very own webpage. Excited to become part of a fellowship of 'number nerds'? Then please contact Jo Murphy to join the network or learn more.

Peer worker and consumer representative community of practice

NADA invites all peer workers/consumer representatives working in a member service to join our Community of Practice (CoP). The CoP was established to provide support for the living/lived experience peer workforce in the AOD sector. A space for sharing experiences and resources, collaborative learning, and innovation.

The meetings will be held online, every 2 months. The day and time will change each meeting to allow more people a chance to attend.

Our next meeting is on Monday, 3 July at 2pm.

If you would like to join the CoP or to learn more, please email Jennifer Uzabeaga, Consumer Engagement Coordinator at jennifer@nada.org.au.

CMHDARN

CMHDARN has a range of webinar recordings available to help promote the use of research evidence, and to support organisations to do their own research and evaluation. The most recent recordings available are Highlights from the NGO AOD research capacity study which unpacks the findings from the NGO Research Capacity Study, which focused on the capacity of individuals, teams and organisations and explored what AOD workers see as the barriers and enablers to undertaking research in NGO services. NADA CEO, Robert Stirling and Emily Deans from Youth Solutions discuss the findings, future directions, and case example of research in the NGO AOD sector.

Another recent recording is the Using Program logic in research and evaluation webinar which explores program logic and theory of change, providing you with relevant examples in mental health, AOD and trauma sectors, and offer some valuable tools and templates to support your practice.

CMHDARN has also recently developed the Acknowledgement Matters: a guide to lived experience engagement [PDF] resource which provides guidance on payment and remuneration of people with lived experience who participate in research, or are in identified co-researcher roles. CMHDARN hopes it highlights the rights of choice and autonomy for people with lived experience.

Become a CMHDARN member, join free today!

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

NADA practice leadership group

Meet a member

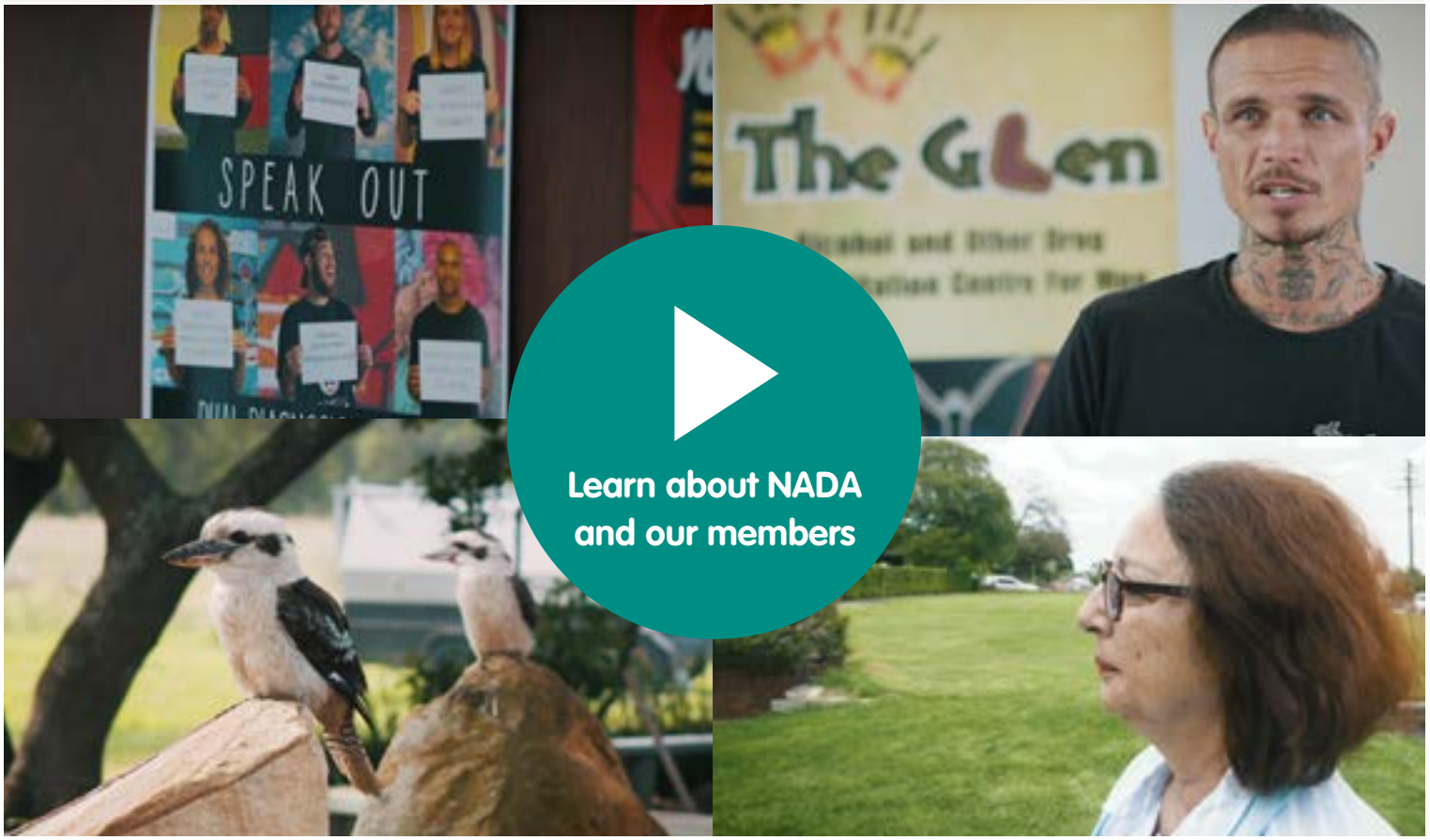
Teguh Syahbahar Manager of Odyssey Multicultural Programs, Odyssey House

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have been working with Odyssey House NSW and a part of the NPLG since January, 2023.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
My expertise and interest are in the field of AOD and dependence, specifically examining these issues through a sociocultural lens. I am interested in understanding how social and cultural factors, such as race, gender, class, spirituality and community, influence patterns of substance use and dependence. In terms of practice, I have experience working with individuals who struggle with AOD, and I am familiar with evidence-based interventions and various treatment approaches. I also have experience working with individuals and families from cultural and linguistic diverse (CALD) communities impacted by AOD dependence.

What do you find works for you in terms of self care?
Connecting with my Islamic faith plays an integral part of my self-care. It helps me to take care of my physical, mental and spiritual health. Prayer, which is performed five times a day helps me take a break from worldly matters. Fasting helps promote detoxification, self-discipline, and mental clarity. Giving to charity boosts my mood and creates a sense of purpose in life. Reciting the Quran helps to provide a calming effect on the mind and heart and connecting with my community provides a sense of belonging and support.

What support can you offer to NADA members in terms of advice?
I can provide effective support to NADA members that support individuals from CALD backgrounds and communities that are struggling with AOD in understanding how unique cultural and linguistic backgrounds can contribute an individual's journey of recovery. This includes understanding their values, beliefs, and customs related to health and wellbeing, the importance of healing in community, as well as any language barriers that may exist.



Advocacy highlights

Policy and submissions

- NADA were invited by the NSW Ministry of Health CAOD to review and provide feedback on the draft NSW AOD Workforce Strategy.
- NADA provided input to a number of submissions that were coordinated by Australian Alcohol and other Drugs Council (AADC) available on their website

Advocacy and representation

- NADA CEO and NADA Deputy CEO met with Senior Policy Advisor to the Health Minister to discuss priorities for inclusion on the NSW Drug Summit Terms of Reference.
- NADA CEO wrote an Op-Ed piece for the Daily Telegraph 24 May 2023 on the importance of a NSW Drug Summit and key outcomes that are needed for the AOD NGO sector.
- NADA has engaged a public relations organisation who have consulted with the Board and Advocacy Subcommittee to develop key strategies to support NADA's positioning and advocacy around the NSW Drug Summit.
- NADA attended a number of meetings regarding SCI implementation, including roundtable discussions on the NSW AOD Peer Workforce and Aboriginal AOD Workforce sub strategies.
- NADA continue to engage with our ACCHO members for guidance on advocacy around the Indigenous Voice to Parliament.
- **Represent the sector to:** NSW Ministry of Health; Department of Health and Aged Care; DSS Community Grants Hub; NIAA; PHNs; ACDAN; ADARRN; AADC; State and Territory AOD Peaks Network and Policy Officers Network; DACRIN; DPMP; FDS; MHCC; Health Consumers NSW; DCJ child protection; NCOSS; NCETA; NDARC; NCCRED and more.
- **Meeting representation:** NSW Health NGO Advisory Committee; DAPC, QIT, ACI D&A Executive Committee; MoH CAOD Treatment and Support Hubs Project Group, MoH CAOD Employee Value Proposition Advisory Group, NCOSS FONGA; CMHDARN Operations Meeting & Reference Group, HCV Strategy Implementation Committee, BBV and AOD Working Group, Consultation on 10 Year DFV Workforce Strategy, OTP Funding Arrangements NGO COP NSW MoH, Project Advisory Group AOD Information Access and Support Model NSW MoH.
- **NADA staff presented at:** Aboriginal Corporation Drug and Alcohol Network Symposium; NDARC webinar; UNSW health policy lecture; QIT, Victorian AOD Service Provider's Conference, Alcohol Tobacco and other Drugs Council (ATCD) Conference, Rosebank College's Industry Expo on career paths into the AOD sector.

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
Senior Program Manager - WFD
(02) 8113 1306

Raechel Wallace
Aboriginal Program Manager
0456 575 136

Tata de Jesus
Program Manager
(02) 8113 1308

Antonia Ravesi
Program Manager
(02) 8113 1322

Hannah Gillard
Project Coordinator
(02) 8113 1365

Alice Guirguis
Project Support Officer
(02) 8113 1308

Jennifer Lucas
Consumer Engagement Coordinator
(02) 8113 1307

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
Admin and Project Support Officer
(02) 8113 1311

Photo by Kris Ashpole