Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 3: September 2024

Tell our story

NADA
network of alcohol and other drugs agencies

CEO report

Dr Robert Stirling NADA

Now more than ever it is important that we tell the story of the significant outcomes that the NSW non-government alcohol and other drug (AOD) sector achieves, as well as what is needed to ensure we can deliver more, and have a sustainable sector. It's also important that we tell the story of the people that we support and counter negative views that can result in stigma and discrimination toward people who use, or have used, AOD.

The NADA membership is made of a diverse range of services that enables us to respond to the unique needs of people. This story is important, as we know there is no one size fits all approach to respond to reduce AOD related harms. While NADA can support telling the collective story of the sector, it does not negate the need for services to tell the unique stories and outcomes of the services they provide. We encourage members to tell their stories.

We are now in a much better position to be able to describe the outcomes of NGO AOD treatment for members that input data into NADAbase with the launch of our outcomes dashboard. This new way of reporting on outcomes data is much more meaningful; we can now demonstrate the proportion of people who have improved across a range of outcome domains. Sector wide data shows that the NGO sector is improving the lives of people that access our services. This story needs to heard by funders, policy makers and the community.

It is important that we have a strong voice at the NSW Drug Summit and ensure that our views and experiences inform its outcomes. The NSW Government reports that the summit 'will provide an opportunity to develop and prioritise solutions that aim to improve the health and wellbeing of the community and address other important issues'.

We now know that it will cover five areas:

- health promotion and wellbeing
- equity, respect and inclusion
- safety and justice
- keeping young people safe and supporting families
- integrated care and social support.

The views and experiences of NADA members will be critical to being part of the solutions across all these areas, which very much align with our public position [PDF].

Now more than ever it is important that we tell the story of the significant outcomes that the NSW non-government alcohol and other drug sector achieves.

We are excited to announce the theme for the NADA Conference 2025, *Strength in community: Building a brighter, kinder future*, to be held at the ICC Sydney on 5–6 June. This is an opportunity to highlight the work of members; we will provide the call for abstracts soon. Our first keynote is confirmed, Dr Tracy Westerman AM, and we look forward to announcing more exciting speakers. We also plan to have a panel on the outcomes of the NSW Drug Summit.

Finally, we look forward to meeting with members at NADA's 46th Annual General Meeting on 18 November where we will provide a Q&A with board members and hold a consultation in preparation for the NSW Drug Summit.

Change the future, tell OUR story

As a community, we should be supported to be healthy and well; but our outdated drug policies prevent people from seeking help, should they need it. How did these harmful policies ever come to be accepted? How can we create a better future? By Sharon Lee (NADA).

What do illicit drugs used in Australia today have in common with the mods and rockers in 1960s Britain? Both were defined as a dangerous threat to society and became the object of moral panic.

Every so often, society is subject to a moral panic. They have induced hysteria around people seeking asylum, stoked fear about African people in Melbourne, and furore around safe spaces for children to learn. But what exactly *is* moral panic?

Folk devils and moral panics

Moral panics occur when, writes sociologist Stanley Cohen, 'a condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests'. While the issues may be real, he continues, the claims 'exaggerate the seriousness, extent, typicality and/or inevitability of harm'.[1]

The news media kickstarts with a story about an impending threat and sets the agenda for it to be discussed. They symbolically portray the threat and heighten widespread community fear. Politicians may respond to the threat with new policies and laws. Sometimes the panic may pass and be forgotten. Yet often, these parties maintain the threat level. So, there may be long-lasting repercussions in response to the changes to policy, and society itself may change, in response.[1]

The moral panic about drugs began 100 years ago, and the same, tired formula is used to maintain it. Yet we know that AOD has been part of human history for thousands of years; it is a regular part of life. And today many Australians,[2] from brickies to brokers to beauticians, use drugs. They should be supported to be healthy and well, as few progress to problematic use or dependence.

But a small proportion of people *do* experience issues. This is related to the multiple and/or complex challenges they can face in life—like poverty, a history of trauma, stigma and discrimination, homelessness, and mental health concerns—so they turn to substances to cope. Populations at risk include First Nations people, people with mental health issues, young and older people, culturally and linguistically diverse populations, gender and sexuality diverse people, and those in contact with the criminal justice system.[3]

And so, moral panics divert attention from the real issues, and thus, the *real* solutions.

So, who benefits from community fear? Certainly not the people who use drugs; they are deemed a threat, or 'folk devils', in moral panic parlance. They are ostracised, dehumanised and stigmatised. They can't be open and honest about their experiences, and this stops those who need help from seeking it.

It negatively impacts health and social services, particularly AOD. We are so chronically underfunded; we are forced to turn away 40% of people who seek support.[4]

So, who are the panic profiteers?

Moral panics serve the powerful, who create and inflame them. They serve *news media*, who bait clicks with attention-grabbing headlines; sensational stories pandering to audience prejudices; and conflict to cultivate attention.

Moral panics serve *politicians*. It gives them 'tacit permission to turn a blind eye to the factors driving most problematic drug use,' says Professor Dan Howard SC, leader of the NSW ice inquiry.[5]

Change the future, tell OUR story

continued

Moral panics serve *law enforcers*. Media showers them with free publicity, and governments grant them extra power and the lion's share of the drug budget.[6]

All the while, the *alcohol industry* gets free reign to market its product, the drug causing most harm[7] to the Australian community.

Keep calm and carry on

Across the world, community attitudes on how to best respond to a wide range of complex issues are changing—where once individuals were blamed, the view has expanded. Advocates have been shining the light on systemic factors that contribute to their issue, like structural racism, corporate power, gender inequality, and more. They point to the actors who cause harm. And demand action from those with power to make change. Black Lives Matter which caught the world's attention, is case in point.

Here in Australia, many AOD advocates have changed the way they talk about drug issues. And there has been a shift in the media narrative towards the need for considered government responses. The community also now staunchly supports a health approach.[8]

The NSW Drug Summit is a welcome opportunity for AOD experts to share insights so the government can devise a suitably holistic, person-centred and trauma-informed approach. NADA members, grounded in community and specialists in AOD, are united in our call:
To shelve harmful policies that have failed to deliver better health and wellbeing outcomes.
To remove barriers to treatment.
And to adequately fund support services.[9]

Let's continue to make change. From hereon in, let's talk about drugs so people see *our* point of view.

How to share OUR story

The dominant narrative about illicit drugs is incredibly unhelpful, with many journalists and public commentators framing them as evil, dirty and dangerous. This is often carried over to the people that use them. They repeat their frames over and over and over again. Unwittingly, some of us reinforce what they say.

We must share *our* story when we talk to the media, cross-sector colleagues and in public addresses. Say what *we* believe in, what *we* want people to know, how *we* want people to act.

- **Embed *our* values.** People tend to make decisions based on their values, emotion, or identity—not facts. So, embed values early when you talk about drugs, e.g.,
  - *open and honest* about their drug use
  - improving community *health and wellbeing*
  - prompt for *love, compassion and support*.

- **Don't repeat what the panic profiteers say**. The media, police and successive governments have instilled an irrationally heightened level of fear about drugs in the community, so *don't scare people!* Try to avoid using:
  - *crisis* or *epidemic* frames which may support inaccurate media reporting and reactionary government policies
  - law-and-order justifications for drug reform, e.g., to *reduce crime*, to *prevent a profitable black market*
  - the phrase *the war on drugs*, even if to justify a health approach
  - mythbusting which remind people of unhelpful ideas, e.g., 'Drugs are a health issue, not a *criminal issue*.'

- **Widen the frame to shift the blame.** Western societies tend to individualise complex issues, so they blame the person and prescribe simplistic 'solutions'. We must educate about the array of systemic factors that contribute to people experiencing AOD issues.
  - Share the *social factors* that drive AOD use issues and the populations at higher risk.
  - Point out prominent people who support *harmful policies* and *sensational media coverage*.
  - Transform media human interest stories (which can individualise the issue) to *system stories*. E.g., a person in recovery can describe their history of trauma and seeking solace in substances. When they were concerned about their drug use, they reached out for support but were unable to access it, due to insufficient funding.

- **People who use drugs are people like us.** Stigmatising works by making people seem different, putting 'them' into a different camp from 'us'.
  - Show the wide variety of people who use drugs.
  - Be mindful about language when you are communicating externally.
  - People are more than their drug use, so try to use person-first language, like *person who uses drugs*.
  - Avoid using terms *drug abuse* and *drug abuser* which are likely to worsen stigma, with real world impacts.[10]
  - Challenge misinformation about AOD, or stories perpetuating moral panic or stigma by the media. Report the issue to AOD Media Watch.

Refer to the drug stigma message guide [PDF]

Bibliography overleaf.

Strengthen your service with a NADA program, be supported in a network, and take advantage of the latest opportunities.

Visit www.nada.org.au/take-action

Change the future, tell OUR story

continued

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Storytelling for change

Stock photo posed by models

How can we increase our impact with the stories that we tell about clients or our service? Jennifer Uzabeaga (NADA) shares tips for empathetic storytelling to spark systemic change.

To change peoples' minds, and subsequently policies, we need empathy not sympathy. Stories of AOD typically have evoked sympathy by sensationalising the struggles in a person's life and any harm from AOD. To evoke empathy involves understanding people, going beyond problematising their experiences—to seeing their experiences as reflections of our own and our loved ones.

Empathy demands genuine connection and a focus on authentic human experiences, whether uplifting or challenging, that underscore our shared humanity. Compelling stories that forge connections play a pivotal role in reshaping attitudes toward behaviours like drug use and reducing stigma. The stories of people with living/lived experiences can be a catalyst for significant change.

By sharing impactful stories, AOD services can cultivate empathy and instigate systemic change. These stories humanise complex issues, making it easier for others to understand and empathise with those affected, thus paving the way for substantive shifts in policies and attitudes, and ultimately fostering a more supportive and inclusive society.

Tips for ethical storytelling

Create a partnership. Involve clients and staff in the process from the start. Work together to build a proactive, purposeful, and empowering storytelling culture. Focus on finding the right person rather than just the right story, ensuring no-one feels pressured to share.

Gain genuine consent. When talking to clients about storytelling opportunities, it's important to have a detailed conversation about their intentions and boundaries. Many organisations obtain general consent and signed releases for legal purposes rather than truly informed consent. Have meaningful conversations about clients' goals for sharing their stories and their comfort levels regarding how, when, and where their stories are shared. This empowers them to shape the narrative meaningfully.

Getting the story. Before gathering a story, ensure clients have fully consented to participate. Whether through video, audio recordings, or written notes, or by helping them craft their own speech, create an environment where people feel comfortable sharing authentically and setting clear boundaries.

Deliver stories that present people as complete individuals. Focus on empathetic, human narratives that centre on the individuals themselves. Think about how the story is framed, the details included, and the voice used. Avoid single narratives and ensure people are the heroes of their own stories, not just beneficiaries of a service.

Ask yourself

1. Does this story paint a picture of a person or community who is more than a disease, a problem, or a circumstance?
2. Does this story highlight the person or group's role in helping themselves? Is that person or group, not the organisation, at the centre of the narrative?
3. Does this story offer human details that help readers or listeners see themselves in this story?

Learn more

- **See a good example:** Liz calls for Fair Treatment
- **Download the guide:** Who tells the story?

LOCAL LEGENDS

For over 60 years, non-government organisations have provided AOD services to improve the health and wellbeing of the NSW community.

Emerging from local need, NADA members are grounded in the communities they serve. They rapidly respond as new problems arising from AOD use emerge, or as community needs change.

They are diverse in their structure, philosophy, and approach; and this is our sector's strength. Subject to accreditation standards, they provide high-quality and evidence-based services. These range from health promotion to outreach, residential rehabilitation to withdrawal management, support for families and carers, and many more. This rich tapestry of options work for different people, along different points in their lives.

The NSW non-government AOD sector plays a significant role in responding to the needs of people who use AOD.

Learn about their legendary work

To showcase your service, email sharon@nada.org.au

Weave Youth & Community Services

How did your service begin? In 1976 a group of local Aboriginal women in the Redfern/Waterloo area identified a gap in support services plus activities for local young people and advocated for Weave to be established.

Who do you see? Weave works with a wide demographic of people on Gadigal and Bidjigal land from our offices in Waterloo, Woolloomooloo and Malabar. Weave supports young people, individuals and families who are facing complex and systemic issues such as homelessness, poverty, domestic and family violence, AOD use, mental illness, intergenerational trauma, economic hardship and legal matters.

What services do you provide? Weave has numerous programs that operate out of its sites based on community need and concerns. Weave provides holistic casework, counselling, therapeutic and targeted early intervention programs, cultural engagement and mentoring, domestic violence support, AOD support, tutoring, support to obtain a driver licence as well as community events and group programs. Weave has 4 sites, each with their own eligibility criteria to accommodate a wide coverage of communities.

One of Weave's programs, Speak Out Dual Diagnosis, supports people 12–28 whose lives have been impacted by co-existing mental health and AOD use concerns. Speak Out uses a holistic model of care that responds to issues young people identify as their priorities. Support for achieving mental health and AOD outcomes is woven into the program, which can also include support around housing, justice system engagement, employment, education, family relationships, social connectivity and cultural connection. Speak Out includes client led, strengths-based projects and groups such as Mad Pride, Art Group, Youth Advocates and SMART Recovery.

Engage with Weave through our website and social media where we share stories, videos and updates!

Safe space to build connections

Weave Speak Out runs a fortnightly group for girls, women and non-binary young people and recently held a 3-day camp. The camp, on Yuin Country, was an opportunity for participants to participate in a range of therapeutic and cultural activities as a group. We received overwhelmingly positive feedback from the young people who attended the camp about the impacts it had on their mental health and wellbeing. For some, attending the camp was the first time in months they had a safe, quiet place to sleep for the night. For others, they reported not being able to remember the last time they laughed so much or felt so happy. The young people recorded various conversations and soundscapes during the camp which will be used for the annual Mad Pride event later in the year, allowing the conversations and experiences to be shared with a wider community. The camp is just one example of how Weave was able to provide a unique experience for a group of young people whose lives have been impacted by complex mental health and AOD use.

Bobby Goldsmith Foundation (BGF)

To maintain privacy, client name and image have been changed

How did your service begin? Following the death of Bobby Goldsmith, one of the first Australians to die from an AIDS-related illness in 1984, his friends established support and services for people living with HIV. We are the legacy of that group of dedicated friends.

Who do you see? In 2023/24, we saw 770 people living with HIV across our services in NSW and SA. We see anyone who is having difficulty living with HIV—whether it be physically, emotionally or financially. This includes people living with HIV experiencing homelessness and/or AOD dependency. HIV can affect every facet of a person's life, including employment, relationships, physical and mental health. For people living with HIV, the mental health impacts are a real concern. Stigma, discrimination, social isolation, anxiety, depression and low self-esteem are some of the emotional challenges our clients can face.

What services do you provide? We provide practical, emotional and financial support to people living with HIV in NSW and SA. HIV populations are changing and so are the needs of those who require our support.

We provide a range of services, including financial counselling, supporting people experiencing homelessness and AOD dependency. BGF's uplifting health and wellbeing programs allow participants to express themselves through creative ways whilst fostering connectivity with others.

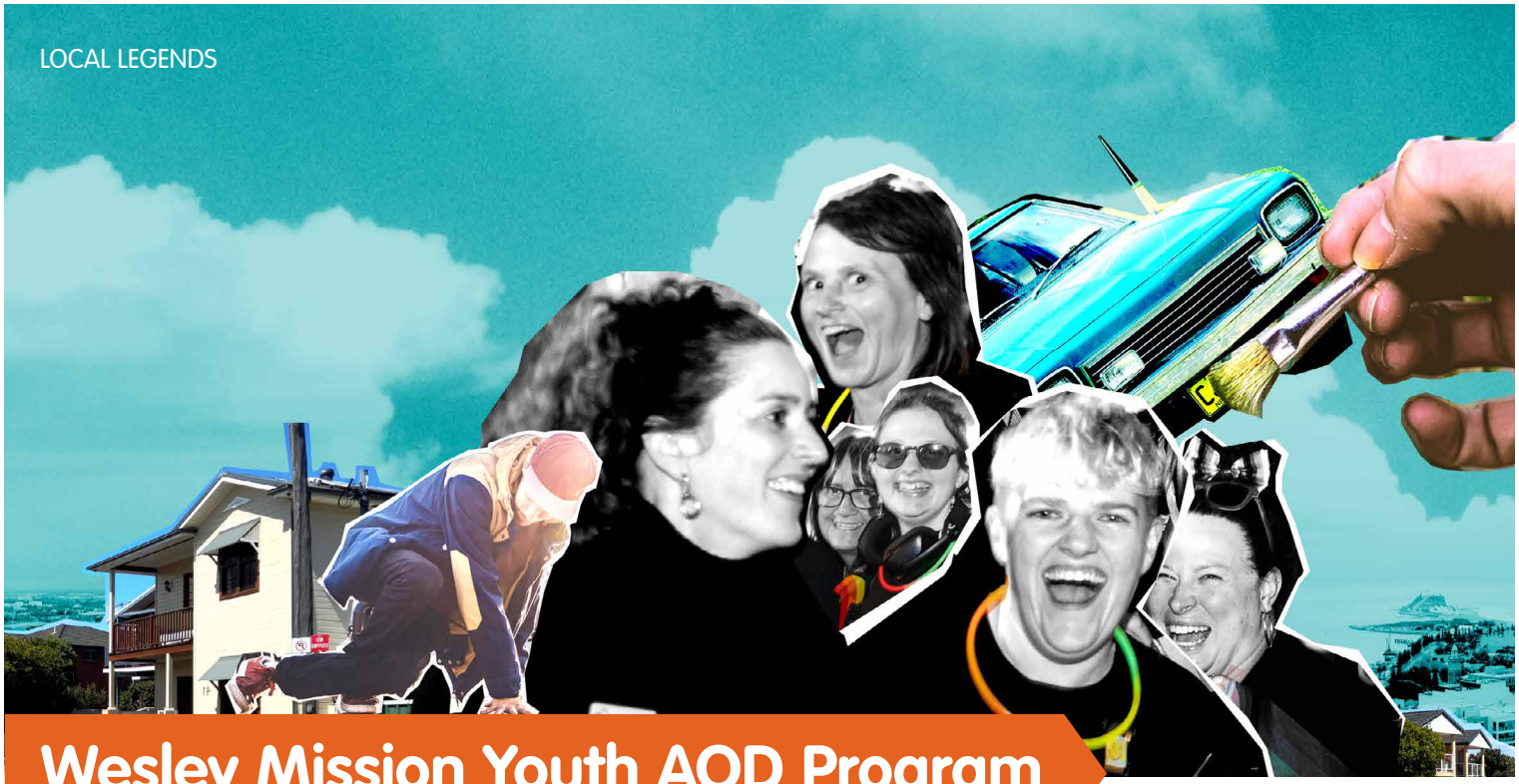
BGF also expanded its service offerings throughout NSW and SA in 2024. This expansion allows us to provide fee-for-service National Disability Insurance Scheme (NDIS) services to everyone. Whilst we specialise in disability support for people living with HIV and the broader LGBTQIA+ community, we are thrilled to be working with new clients from all walks of life who are seeking progressive and supportive care.

To learn more about BGF's work, visit www.bgf.org.au, email bgf@bgf.org.au or call (02) 9283 8666.

Maleek's story

Diagnosed with HIV in 2019, Maleek's HIV status was disclosed without his consent, leading to significant personal and social challenges. Maleek was dependent on methamphetamines and had accumulated $10,000 in parking and driving fines. He had sometimes endured domestic and family violence, including physical, psychological and financial abuse. Maleek's housing situation was precarious—he often couch-surfed or lived in his car. Diagnosed with depression, anxiety and PTSD, he was estranged from his children in Australia and his family overseas. Maleek had also contemplated suicide.

BGF provided Maleek with comprehensive support, including with housing applications and advocating on his behalf. BGF also helped dispute some of his fines related to COVID and homelessness and have referred him to various support services including legal support, relationship counselling, psychological support, homelessness services and AOD support groups. BGF helped Maleek with Work and Development Orders to pay off his outstanding fines and referred him to financial counselling to support him with finance management. Maleek's work with BGF has had a profound impact and he is starting to see a brighter future.



Wesley Mission Youth AOD Program

How did your service begin? The longstanding Wesley Mission Youth AOD program emerged from a partnership with NSW Health to address pressing community needs. It has since evolved in response to changing needs.

Who do you see? We work with young people aged 12–24, schools, community groups and support agencies in the Newcastle and Maitland areas. I see a diverse group of individuals, each with unique backgrounds and experiences. Various factors impact young people's lives, including family environment, peer relationships, education, social media, mental health, socio-economic conditions and cultural norms. These factors shape their behaviour and experiences with AOD and influence their development, opportunities, and challenges as they navigate this critical stage of their lives.

What services do you provide? Wesley Mission Youth AOD early intervention works to understand and address AOD issues in the early stages to prevent further development. This is a free program supporting young people and service providers with current information about AOD. This program aims to prevent the escalation of substance use concerns by promoting awareness and education in the early stages. It focuses on healthier outcomes and harm minimisation strategies through evidence-based education programs, community events, and tailored community education sessions for services. Wesley Mission collaborates with people and services to design programs suited to their needs. The program offers valuable advice on supporting young people impacted by AOD issues.

Contact Wesley Mission Youth AOD Service
P. (02) 4962 2188 / 0402 975 941
W. www.wesleymission.org.au

Creative engagement with young people
AOD early intervention work is invaluable because it allows us to address numerous factors impacting young people's lives. By intervening early, we can prevent potential issues from escalating, address concerns and support young people in making healthier life choices.

Wesley partnered with a local First Nations artist and owner of Alejandro Lauren to deliver a series of First Nations art workshops in schools and the community. These workshops serve as a platform for learning cultural knowledge and experiences. A safe and inclusive environment was designed, which allowed young people to express their personal experiences and initiate meaningful conversations about life challenges, such as in relation to AOD. The creative environment strengthened cultural identity and community connections, in addition to fostering artistic expression for young people. Young people gained a deeper understanding of their heritage while building resilience and forming supportive networks. Participants shared positive feedback about learning more about their culture and feeling a deeper connection to their culture and community. They also appreciated the safe space to share stories and expressed a strong desire to attend future art workshops and activities hosted by Wesley Mission. This initiative has proven to be a valuable opportunity for young people to explore their creativity, build resilience, and engage in important conversations about their lives.

The Gender Centre

How did your service begin? The Gender Centre was born from the need to create a safe space for street-based sex workers from the trans community. In the early 1980s, lobbying ensued, and funding was acquired to set up crisis accommodation.

Who do you see? We support a range of trans and gender diverse community members across NSW, including sex workers, young people, older people, Indigenous communities, people of colour and those in regional and remote areas. We also support people in prison.

People accessing our service may be impacted by a range of issues, including homelessness, AOD dependence and negative mental health, which can be associated with the stigmatising representation of trans and gender diverse communities in the media. Bullying and discrimination, including at school, can lead to rough sleeping and trans and gender diverse people entering sex work for income. Trans and gender diverse people aged 14 to 25 also have a terrible attempted suicide rate, which is at 48%. We work hard to target that segment of the community through our services.

What services do you provide? We work with clients to support them to find their feet to manage intersecting support needs. We support people with casework, housing, employment, counselling and psychology, plus groups for different segments of trans and gender diverse communities. At the core of our work is our crisis accommodation and housing, which supports the most disadvantaged members of the community. We also work hard to develop trans and gender diverse people's resilience around discrimination.

In the last decade, we have seen the need to support families of trans and gender diverse young people in school settings, including through counselling and wraparound support.

Contact us
W. https://gendercentre.org.au
E. reception@gendercentre.org.au
P. (02) 9519 7599 or (02) 9569 2366 during business hours 9:00am to 4:30pm, Monday to Friday.

We are here for transgender and gender diverse people, their families and allies celebrating them in all their diversities.

We promote the rights and dignity of trans and gender diverse communities. We see that when trans and gender diverse people get to be their authentic selves, they go on to live their best lives. In our work, we also see the incredible resilience of trans and gender diverse people. We see the care and support trans and gender diverse communities provide to each other.

We also hear about families doing their best to support trans and gender diverse people. We work to support young people to maintain a healthy relationship with their families and maintain the safe and protective bubble that families can provide.

Responding to the media

News media is on a steady diet of junk drug stories. Emerging drugs of concern, the drug summit, or increased prevalence may elevate the issue. The news shapes community understanding, so if a journalist calls, it is ideal to prepare a strategic response. By Sharon Lee (NADA).

The morning starts like any other. You deal with a flurry of emails, you contend with the roster, and search for the cause of the mystery damp. Your phone rings. 'Good morning, my name is Trevor Winter. I'm a journalist from the *Town Tribune*. I'm writing a story on the impact of the new synthetic drug wreaking havoc on our community. Do you have a few minutes to talk?'

Take pause

- **Should you talk?** Your service will have a designated person responsible for liaising with the media. It is likely to be the manager, or perhaps a communications or media relations professional. Point the journalist in the right direction.
- **Never do an interview on the spot!** You need to prepare, so schedule a time, even if it is half an hour later.
- **Phone a friend.** If you feel you are not the right person or organisation to speak on the topic, reach out to NADA. We have a wide range of contacts and are happy to assist.

Achieve your goals

- **What does the journalist usually cover?** How have they, or the publication, covered AOD issues previously?
- **What is their purpose for this story?** Be very clear about the journalist's intent. How are they framing the issue? Who else are they interviewing?
- **What is the format? Is it a news story or is it feature-length?** Do they just need a quote or more in-depth information? Will it be live or pre-recorded? What's the deadline?
- **What questions will they be asking you?** What do they want to know? Consider these questions, particularly difficult ones, and develop appropriate answers.
- **What is your purpose for participating?** It is generally helpful to have a health source with the evidence to balance the dominant actors. Be clear about what you hope to achieve and consider whether this interview will help. Are you providing another perspective? Educating the community? Increasing your profile? Calling for funding?
- **Who reads/watches/listens to this media platform?** Do you want to reach them? What do you want them to know? How can you engage them? Why is this issue relevant to them?
- **What do you want them to know?** Write out two or three key messages and communicate them during the interview. It is okay to repeat them and use variations.
- **Call to action.** What are you asking politicians or the community to do? Include enough detail so people can respond accordingly.

Interview tips

- **How to respond to questions.** When the journalist asks a question:
  - *respond* to the essence of the question
  - *bridge* to your next sentence, saying something like, '...however, what we know is...' or '...but what clients tell us...' or '...but, what we must focus on is...'
  - *pivot* to where you want the conversation to go, often your key message.

- **Be positive.** Say what things are, rather than what things are not. If you are asked a negative question, start your answer with the following to pivot your way out:
  - 'Actually, what the evidence tells us...'
  - 'The important thing to remember is...'
  - 'However...'

Responding to the media

continued

- **Avoid speculative questions.** Simply pivot by saying something like, 'I don't have that information on hand, however, what I can tell you is…' then talk to your area of expertise.
- **Challenge dominant myths.** Have statistics on hand to support your position. See the truth sandwich (blue box below) for more information.
- **Be concise.** Make your point clear. Avoid waffling. Use short, specific and memorable sentences. How short? Think 10 seconds for news.
- **Bring your subject matter to life.** Explain concepts quickly by using analogies, similes, or metaphors. Make the abstract concrete with examples. Visual language is great too, e.g., 'It's like trying to empty the ocean with a teaspoon.'
- **Use anecdotes.** People are attracted to stories, particularly stories with human interest.
- **Be mindful of language.** Consider using person-centred language, strengths-based and empowering terms. Correct labels and remind the journalist that their reporting affects real people. Keep things simple and avoid acronyms, jargon and accessible language.
- **Be animated.** Your energy level will indicate your enthusiasm about an issue.

Review your performance after the interview. Did you communicate your key messages? What did you do well? Where can you improve?

Don't forget

Sharing drug stories: Publicly sharing personal drug stories can be powerful, but is associated with a variety of risks and harms—it's tricky stuff! Navigate these murky waters safely. Read pages 6–8 in the Advocate: Stigma and discrimination [PDF].

How do I combat mistruths?

Serve a truth sandwich

Misconceptions are common in AOD reporting, but we must remember not to mythbust. Because every time we expose people to a concept, we strengthen the very idea we are trying to dispel. In an interview situation, we can promote the truth and prevent the spread of myths using this technique from cognitive linguist and professor George Lakoff.

For example, imagine a journalist wants you to respond to a statement, '[*insert new drug*] is highly dangerous and is being used in epidemic levels, ravaging the community.'

Instruction	For example
Bread Share the *truth* first.	Actually, *alcohol is the most harmful drug overall to individuals and others*.[1] It flies under the radar in plain sight. The alcohol industry advertises widely, and ensures their products are easily available. So, *the consumption of alcohol is high and widespread across Australian society.*
Filling Indicate the lie, and the fact that it is a lie. *Don't repeat it.*	There has been a lot of talk about [*insert new drug*]. However, the harm is greatly overstated, and its prevalence is grossly exaggerated.
Bread Immediately return to the *truth*.	We must remember that *alcohol is a drug* and the industry strongly markets it to Australians; even children are exposed. *Alcohol is the most harmful drug in Australia.* The evidence tells us that *alcohol is the most common drug of concern for people seeking AOD treatment.*[2]

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What would a person-centred and collaborative approach look like

Homelessness NSW
Dom Rowe, Chief Executive Officer

Tell us about your sector and the communities you serve. Homelessness NSW is a non-profit organisation that works to end homelessness by building the capacity of people and systems. We have a vision for, and commitment to a future where everyone has a safe home and the support to keep it.

Approximately 35,000 people are homeless in NSW,[1] though this is likely an underestimate, with around 65,000 seeking help from specialist homelessness services (SHS) annually, and many more not seeking assistance.[2] The number of people experiencing homelessness is increasing, particularly among groups including First Nations people, young people and victim survivors of domestic and family violence.[3] The rise in homelessness is partly due to a severe shortage of social and affordable private housing.[4]

How do AOD impact their lives? AOD dependence is strongly linked to homelessness, with 8.6% of SHS clients in 2022/23 reporting substance issues.[5] Research has shown that its use can be both a cause of and consequence of homelessness.[6,7] AOD dependence has been shown to be a means of coping with the trauma of experiencing homelessness.[8] It can also result in limited-service engagement and increased social isolation for people experiencing homelessness.

What would a person-centred cross sector approach look like? Addressing this issue requires a multifaceted approach, which addresses housing and AOD dependence at the same time. This includes through Housing First, which prioritises stable, securing housing for people experiencing homelessness, even before addressing AOD dependence. The philosophy underpinning the Housing First approach is that the provision of housing is a necessary platform which allows for the provision of treatment strategies and support interventions to sustain long-term tenancy.[9]

Mental Health Coordinating Council
Katy Sam, Project Coordinator and Policy Officer

Tell us about your sector and the communities you serve. The community managed mental health sector is a key provider of mental health services and supports to people with mental health challenges in the community. Community-based supports allow people with mental health conditions to be supported to be fulfilled, avoid crises and stay out of hospital, and meet everyday challenges when and where they need it most.

How do AOD impact their lives? We know that close to 50% of people accessing mental health services experience co-occurring harms related to substance use. The relationship between AOD and mental health can be complex, and one doesn't always lead to the other. But they can often impact each other. People with co-occurring needs report feeling stigmatised and unfairly excluded from supports due to current or past substance use. This often forces them into a cycle of jumping through hoops to access essential care. People find themselves passed between different services, required to repeatedly recount their stories, which often leads to falling through service gaps.

What would a person-centred cross sector approach look like? Ideally, a person-centred and collaborative approach would involve a person having the choice to receive support for both mental health and substance use needs simultaneously from a single service where the person feels safe, heard, and has autonomy over their care. Integrated interventions will allow for the exploration of the interconnectedness between the persons mental health and substance use needs, without fear of discrimination or rejection due to their experiences. When accessing the service of their choice, people's needs will be holistically assessed, and they will be empowered to actively participate in decisions about their supports in collaboration with a skilled multidisciplinary team.

Fams NSW
Susan Watson, Chief Executive Officer

Tell us about your sector and the communities you serve. Fams is the NSW peak body for child protection early intervention and prevention NGOs. It is our vision to see children thrive within safe, strong and supportive families and communities. We seek to achieve this by improving policies and resources for families, children and communities.

How do AOD impact their lives? Child protection early intervention and prevention services seek to keep children safe and families together. Alcohol and other drugs are a significant intersection of child protection. Families, children and communities impacted by drug use face complex, often interconnected challenges. High levels of stigma and discrimination create great barriers and challenges faced by those in need of support.

What would a person-centred cross sector approach look like? Families require support that acknowledges their complexities and offers a holistic, comprehensive, and compassionate approach to maintain their connections to children and culture, all while avoiding the continuation of trauma cycles.

An equitable and empathetic person-centered approach, incorporating lived experiences and best practices, opens opportunities for effectively engaging with children, families, and communities cohesively.

Improved collaboration and cross-sector training are vital between child protection services and alcohol and other drug services. Establishing a drug-informed child protection sector is crucial for ensuring the safety of children and keeping families united.

This call for person-centred, systemic transformation begins with creating connections, starting discussions, and actioning solution-oriented opportunities such as the upcoming NSW Drug Summit.

DVNSW
Delia Donovan, Chief Executive Officer

Tell us about your sector and the communities you serve. DVNSW is an independent, non-government peak organisation with over 180 members that provides a representative and advocacy function for specialist domestic and family violence (DFV) services. We work to eliminate DFV through thought leadership, promotion of the specialist DFV sector and promoting best practice responses and primary prevention.

How do AOD impact their lives? Our members intersect with AOD regularly through their work. AOD can significantly impact victim-survivors in multiple ways, often exacerbating the trauma and complicating the path to freedom and recovery.

It is important here to note that AOD do not 'cause' violence. However, AOD can be driving factors of violence.

For victim survivors using AOD, they can feel stigmatized, judged and isolated so it is vital services are person-centred and have the skills to be able to support their recovery.

Perpetration of violence under the influence of AOD can escalate severely and people using violence may blame use of AOD for their behaviour. However, it remains crucial they are supported to take responsibility for their behaviour and be accountable for harm caused, ensuring the victim survivor doesn't experience guilt or responsibility.

What would a person-centred cross sector approach look like? A person-centred approach is where you place the affected individual at the centre of the service and allow them to actively participate and inform their journey through that service. Here at the peak body, we refer to it in our Good Practice Guidelines as 'victim survivor centred practice and empowerment'. We want the victim-survivors we support to feel empowered and trust that they are the experts in their own experience and needs. What this approach looks like at a sector level is a move away from dictating systems they must fit into and instead a move towards tailored support services that they can choose to fit their own unique needs. We know there is no 'one size fits all' when it comes to victim-survivors' experiences of violence and pathways to healing. That is why we are working to equip our sector to be as specialised and flexible as possible.

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Learn online with NADA





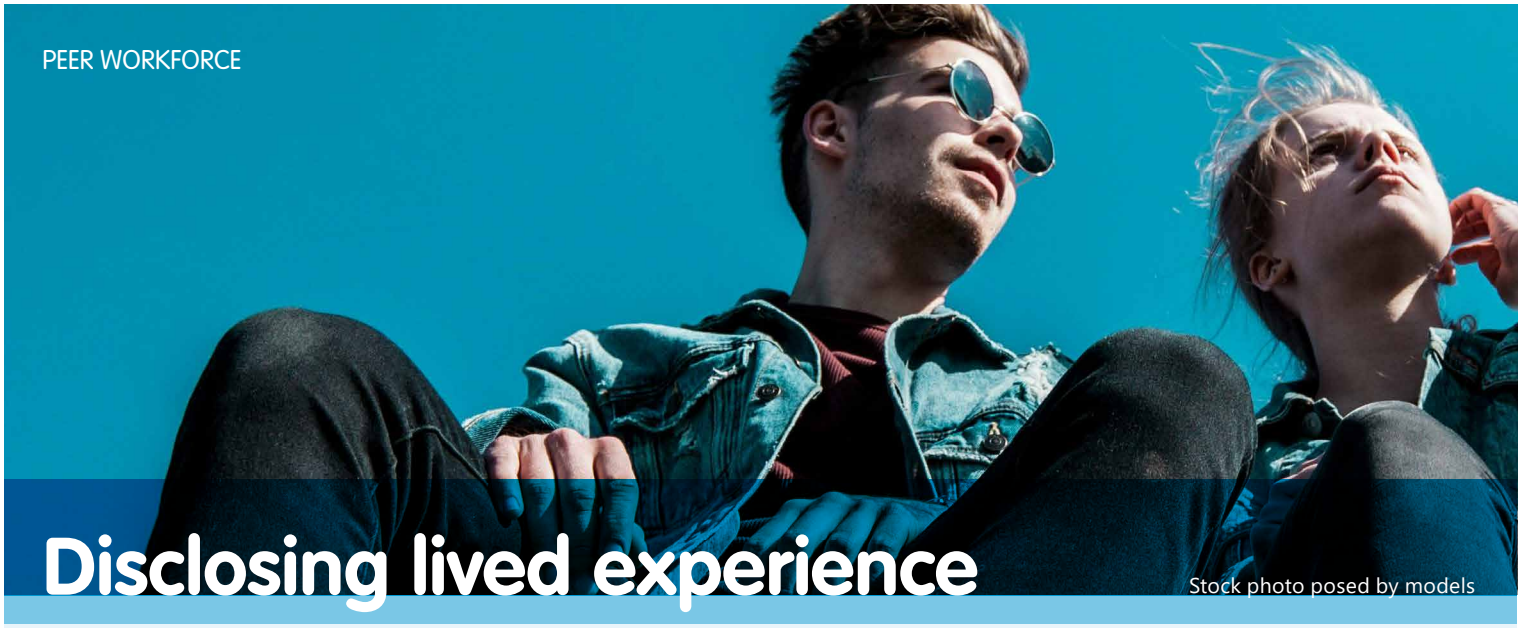

NADA has moved its learning content to Insight QLD's platform. Insight are specialist providers of AOD training, education, clinical resources and practice advice for workers and service.

The NADA learning portal is only available to learners in New South Wales so make sure to update your profile to capture this information.

Learn online

Modules include:

- Core AOD knowledge and skills
- Comprehensive treatment and standards of care
- Engaging with families and significant others
- Asking questions on gender and sexuality



Disclosing lived experience

Stock photo posed by models

By Craig Worland, Manager, Lived Experience
Mental Health Alcohol and Other Drugs Strategy and Planning Branch for Queensland Health

There are many benefits for peer workers to disclosing their lived experience. For employers, it enhances credibility of service delivery, increases empathy among staff, and strengthens rapport with clients. For clients, it reduces stigma, inspires hope, and fosters a sense of connection. For the peer worker, by telling my story I reaffirm the importance of the work I am doing with people in this space, and that my story can contribute towards meaningful insights for people.

Have a conversation to unpack appropriate disclosure as part of the onboarding process with new workers. It needs to be in an appropriate context, with the right audience, and suited to the environment that you're working in. It needs to be constructive. Workers should focus on relevant aspects of their experience that align with the purpose of disclosure. Timing is crucial; disclose when it can positively impact service delivery or client outcomes, and when it aligns with organisational goals.

For example, I use my story to connect to people when I'm seeking their feedback. So, I'll say something like, 'I have been in a similar situation where you are at today. I have skin in the game. I'm not here today to run an audit of the service or anything like that—what I am here to do is sit with you, and hear about your experience in this service. To lead us on a bit of an exploration and together, I hope, together.'

Know the potential risks. Risks include breach of confidentiality, unintended emotional triggers for oneself or others, and professional boundaries becoming blurred. To mitigate these risks, establish clear guidelines for disclosure, provide ongoing support and supervision, and promote self-care. It is important to consider future impacts. Reflect on how disclosure may affect future opportunities or perceptions and ensure that disclosures are made in a way that preserves personal and professional integrity.

Practice tips

- **Create a supportive environment:** Encourage peer workers to share their stories in a safe and non-judgmental space. This fosters trust and openness.
- **Training and guidance:** Provide structured training on storytelling techniques, ensuring that peer workers understand how to share their experiences effectively and responsibly.
- **Respect autonomy:** Allow peer workers the autonomy to choose what aspects of their experiences they want to share and how they want to frame their stories.
- **Feedback mechanisms:** Establish feedback loops where peers can receive constructive feedback on their storytelling, helping them refine their narratives.
- **Ethical considerations:** Emphasise the importance of confidentiality and boundaries when sharing personal experiences, ensuring that storytelling does not inadvertently harm the storyteller or the audience.
- **Not oversharing.** Workers need to be aware of the risks around disclosure. For example, if a young person discloses drug use on social media, and 10 years down the track wants to be registered with the Australian Health Practitioner Regulation Agency, would the requirements for registration preclude this?
- **Talk within your team** and understand your team dynamics and what the support is. Do some role plays as a team to get it right.
- **Enable people** to feel confident in different ways of sharing their story to the benefit of who they are sitting with.
- **Be thoughtful around self-disclosure** it depends on when, why, where and for what reason.

Stigma by association among AOD and harm reduction workers
Implications for workplace outcomes

Elena Cama, Loren Brener, Theresa Caruana, Candice Gilford, Sione Crawford, Thomas Capell-Hattam and Courtney von Hippel

Stigma is well known to have significant detrimental impacts on people who use AOD, including impacts to health and wellbeing, engagement in substance use treatment, and to social relationships.[1,2] Experiences of stigma remain one of the most significant barriers to health care among people who use AOD, leading people to avoid or reduce their engagement in care to prevent experiencing stigma and discrimination.[3-5]

Stigma by association refers to situations (or circumstances) when people experience discrimination or prejudice due to their connection or association with other people who are stigmatised.[4] For instance, family members of people who use AOD may experience this type of stigma.[5,6] Research has found that health workers may experience stigma due to providing care to people who are stigmatised, such as people living with HIV,[7] people living with mental health issues,[8,9] and sex workers.[10] Stigma by association experienced by health workers could lead to poorer workplace wellbeing, lower job satisfaction and sense of a job devaluation.[4-6]

The negative attitudes that people hold towards AOD use may similarly impact health workers who work in the AOD and harm reduction fields, however there is very limited research on this topic. In interviews with people who work in needle and syringe programs (NSP), one study found that NSP workers experienced being treated with suspicion by others due to their association with people who inject drugs, and that the NSP service was seen as less professional or legitimate as a health service.[11]

Our study aimed to explore whether stigma by association is experienced among AOD and harm reduction workers and then if this is related to workplace outcomes, such as workplace wellbeing, job satisfaction, burnout, and intentions to leave the AOD/harm reduction field. To achieve this aim, we conducted an online survey among 228 Australian AOD/harm reduction workers in 2023.

What we found

Participants were recruited through Australian non-government AOD sector peak organisations, with invitations also sent to state and national non-government harm reduction peer work organisations. Research participants had been working in the AOD/harm reduction sector for, on average, 10 years. They worked in a variety of services, including harm reduction, AOD treatment, case management and social support, community service, early intervention, and drug user organisations. Nearly two-thirds of participants identified as having lived or living experience of AOD use.

Data showed that experiencing stigma by association was linked to poorer workplace wellbeing, higher levels of burnout, and greater intentions to leave the AOD/harm reduction field. Stigma by association was not linked with job satisfaction, age, or gender identity of the participants. Additionally, stigma by association was not found to significantly differ between participants who had living or lived experience of AOD use compared to those who did not have lived or living experience of AOD use. Participants who had been working in the AOD/harm reduction field for longer reported higher levels of stigma by association.

Implications

- Our findings highlight that developing a supportive workplace environment for those in the AOD/harm reduction field is essential, given that they may also face stigma and that this can have negative effects on their workplace wellbeing, levels of burnout, and intentions to leave the sector.
- Developing such an environment will allow for continuity of care towards a client group that is highly stigmatised.
- Future research should look to identify factors that promote retention of AOD/harm reduction employees, which would be important for establishing ways in which continuity of care can be provided to clients.

Learn more

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Related

Stigma and discrimination, no place in healthcare

Stigma and discrimination have long been recognised as barriers to accessing health services, engaging in healthcare and engagement in treatment. These in turn affect peoples' physical and mental health, quality of life, and personal and social relationships, resulting in poor health outcomes on a number of levels. It doesn't have to be this way!

Meet some people affected by stigma in the healthcare system, and learn what you can do to adopt an anti-discriminatory approach in health practice. **Watch videos**.

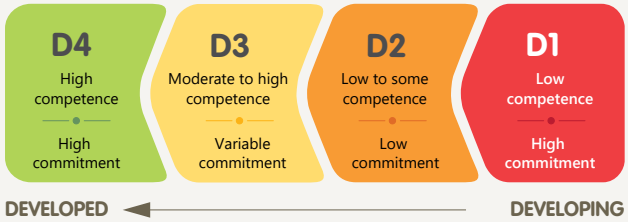
Bringing people with you

Michele Campbell NADA

One definition of leadership is to 'inspire, influence and guide others to participate in a common effort.' It is about bringing people with you, and this involves learning what makes them tick. It would be quite easy to have a vision and move toward it, expecting others to follow. But they may not.

There are a variety of leadership styles and tools that can be used to learn how you operate as a leader and how your team works. Leadership is fluid and your style needs to be adjusted to suit the audience or individual needs of team members.

See an example in the diagram below. A staff member who is enthusiastic but with little experience will require a higher level of day-to-day support and direction than someone who has a high level of competency who you can delegate responsibilities to. That does not mean they do not need your support, but that it will be different. The way you respond to each team member matters and knowing what motivates individuals can make all the difference.



Development needs of an individual

Connection with people is paramount in being a good leader and focusing on their strengths. That means listening to them to learn what motivates them and build a collective intelligence within the team by working with people's strengths and developing areas of need.

Other ways to bring people along with you include:

- **recognising your own motivational state** and reflecting on how you impact your team. For example, if you are a high achiever and work at a pace that people find it hard to keep up, you could lose them. Everyone has their own way of doing things, and they don't need to do it your way if the task gets done.
- **your mood and ability to regulate your emotions.** We all have life events that sometimes impact the way we relate to people. Recognise this and have clear boundaries and strategies to deal with it.
- **explaining your vision clearly and concisely**, bearing in mind the different learning styles and behaviour styles in your team. For example, some people are detail oriented and would require a different approach to people who are more direct and want a dot point explanation.
- **asking for solutions.** Set the expectation that staff bring you a solution to a problem, not get stuck on what is not working. Encourage time to think about this. It is easy to get bogged down in the day-to-day workload and 'busyness' of delivering services, this can lead to a tired workforce. By giving people time to learn and develop their skills, morale and a sense of achievement flourish.

Leadership requires ongoing learning and development, emotional intelligence, and commitment to change. Bringing people with you requires credibility and trust. Relationships are at the heart of this. Building solid connections and ensuring people feel valued and trusted to do what they need to do is vital.

'Your role as a leader is to bring out the best in others, even when they know more than you.'
—Dr Wanda Wallace

Prioritising worker wellbeing

The NSW Drug Summit will bring illicit drugs, and the people who have, or do, use them into public discussion. With a wide spectrum of drug experiences and treatment options, our sector's diversity shines. When we share our experiences, it's important that we do not invalidate others. These conversations can be deeply personal and evoke strong emotions. Your wellbeing sustains the incredible work we all do. By Jennifer Uzabeaga (NADA)

Stay connected

- **Talk with your friends and family**, and your work colleagues. Engaging in open and honest conversations with people close to you can provide emotional support and help you process your experiences. Don't hesitate to share your thoughts and feelings; sometimes, simply talking can make a big difference.
- **Participate in supportive communities.** Seek out groups and networks where you feel safe and understood. Whether it's a support group, a community organisation, or an online forum, being surrounded by people who share similar experiences or values can provide a sense of belonging and reassurance.

It's OK to disengage from social media and the news

- **Switch off the television and put down your smartphone.** Taking a break from constant news updates and social media feeds can reduce stress and help you focus on the present. Consider setting a time to check updates rather than constantly monitoring them.
- **There's no need to be a social media warrior.** Engaging in online debates and responding to negative comments can be draining and counterproductive. Remember, responding to negativity often amplifies it. Instead, focus your energy on positive interactions and meaningful conversations.

Reach out for support

- **Talk to your manager.** If you're feeling worried, nervous, irritated, or upset, reach out to your manager. They are there to support you. Engage in clinical supervision and use the Employee Assistance Program (EAP) if it's available.
- **Access practical wellbeing and self-care tips.** Remember, you can't pour from an empty cup. So, make your needs a priority and access worker wellbeing resources. Download the **how are you going poster** [PDF] and the **ABCs of self-care** [PDF]..

When talking about yourself, your work, and/or the people you work with:

- **respect the dignity and privacy of people's stories.** When sharing experiences, always prioritise confidentiality and respect. Avoid sharing details that could identify individuals without their consent. It's not your story to tell.
- **be truthful without embellishment.** Honesty fosters trust and credibility. Share your experiences and insights sincerely, without exaggeration, to provide a realistic perspective and reduce stigma without negative stereotypes.
- **avoid a single narrative.** People are more than their use of AOD. Recognise and honour the complexity of their lives, their strengths, and their choices. Highlight their self-determination and agency in accessing services rather than portraying the service as the saviour.
- **build empathy, not sympathy.** Aim to understand and connect with others' experiences on a deeper level. Empathy fosters mutual respect and support, whereas sympathy can sometimes come across as pity.

Fresh eyes on the sector

By Antonia Ravesi (NADA)

The implementation of the NSW AOD Clinical Care Standards (CCS) provides our sector with a structure to review and reflect on the way we deliver services and the quality of the experience. It is an invitation to get feedback and input from the people accessing our services; to look at everything with fresh eyes.

From a systems perspective, clients need to know they are accessing evidence-based treatment in a setting where there is psychological and physical safety. Part of this is addressing stigma and discrimination about substance use. When clients contact our services, it is our responsibility to ensure they are informed, aware of their choices about their treatment options, and services are of high standard.

The CCS are critical for the delivery of safe, person-centred AOD treatment and the development of consistency across the sector. The principles of trauma-informed care are embedded in the standards and have been shown through insights gained from the consumer perspective across the roadshows. Clinicians have learnt skills in engaging sensitively with the people accessing treatment and their support networks, and the relevant systems and documentation that supports the embedding of the CCS into their daily practice.

There has been a commitment to AOD interagency meetings in some districts, to ensure this communication continues. Maintaining these connections develops trust in each other's work. With greater trust and inter-service transparency, we are more likely to consult with each other, drawing on each other's expertise. Collaboration and sharing of resources, building alliances between our services, improves the experience for both worker and client, which ultimately aims to improve client outcomes.

The stages of treatment covered by each of the CCS are underpinned by key principles of holistic, person-centred, trauma-informed care. These principles support the sector to provide high-quality support and treatment services, and to sustain a buoyant, multi-disciplinary AOD workforce across both government and non-government sectors. Reconnecting and regularly reminding ourselves of our shared passion and values, supports our workplaces to be inclusive, expansive and places of personal and professional growth. Organisational readiness checklists are on page 25 of the booklet and assist services to self-assess their progress.

NADA has been developing practice tip sheets for each of the standards which can be found on our website. If you have suggestions or ideas on how NADA can support the sector with the implementation and the collaborations between the LHD and NGO sectors, please reach out to Antonia Ravesi or Michele Campbell.

To join the Community of Practice and gain access to the Sharepoint site, a repository of resources and templates to support implementation, email MOH-clinicalcarestandards@health.nsw.gov.au

Creating space for the story

Aboriginal ways of knowing, being and doing

By Dr Suzie Hudson, Clinical Advisor

The NSW Alcohol and Other Drug (AOD) Clinical Care Standards [PDF] provide a framework for delivering high-quality care. These standards describe a comprehensive assessment (Standard 2) that considers not only the clinically relevant aspects of a person's experience but also their cultural, social, and personal contexts. Comprehensive assessment involves gathering detailed information about a person's substance use history, physical health, mental health, social circumstances, and goals for treatment. These key elements will contribute to the delivery of a treatment care plan (Standard 3) specifically tailored each person.

Integrating Aboriginal storytelling traditions into an assessment can enrich the process, ensuring it is both respectful and effective, for all people accessing AOD treatment. 'It just makes sense in the space, particularly when working with mob,' said Tina Taylor, proud Ngiyampaa Wailwan woman and Senior Engagement Officer, CAOD, NSW Health.

When Aboriginal people engage in yarning it is a way of understanding and relating to the world, through the sharing knowledge, values, and experiences. When applied to the AOD comprehensive assessment process, storytelling can offer deeper insights into a person's experiences as well as their culture and personal identity. There is much we can all learn from applying an Aboriginal lens to our clinical practices, and creating space for a person's story to unfold in a comprehensive assessment is just one of those learnings.

Here are some ways to do this:

Create safe space: Storytelling for Aboriginal people occurs in a safe, trusted environment. Clinicians should aim to create a welcoming and respectful space where individuals feel comfortable sharing their stories. This can be achieved through building strong rapport and demonstrating genuine respect for personal experiences, cultural heritage and diversity.

Listening with empathy: Aboriginal storytelling places a strong emphasis on listening with empathy and openness. During the comprehensive assessment, clinicians should listen attentively and without judgment, allowing individuals to express their experiences and perspectives in their own words. This approach helps uncover the nuanced aspects of their substance use and the role it has played in their context of their life experience.

Contextual understanding: Storytelling provides valuable context that goes beyond clinical symptoms. By integrating storytelling into the assessment, practitioners can gain a deeper understanding of how cultural, historical, and social factors influence a person's substance use. This context is crucial for developing a care plan that is personally tailored, culturally appropriate and effective.

Incorporating strengths: Aboriginal storytelling often highlights the strengths and resilience of individuals, communities and culture. Clinicians need to recognise and incorporate these strengths into the care planning process. This might involve acknowledging traditional practices and meanings, community support systems, and personal resilience as part of the treatment journey.

Collaboration and consent: Storytelling traditions emphasise the importance of consent and collaboration. Clinicians should ensure that individuals are fully informed and agree to the process of sharing their stories. This collaborative approach fosters trust and ensures that the assessment process respects the individual's autonomy, cultural values and is trauma-informed.

Incorporating Aboriginal storytelling traditions into the comprehensive assessment process aligns with the NSW AOD Clinical Care Standards by enhancing cultural sensitivity and understanding. By creating a safe space, listening empathetically, contextualising experiences, recognising strengths, and ensuring collaboration, clinicians can conduct more meaningful and effective AOD treatment assessments. This holistic approach not only honours Aboriginal cultural practices but also supports better outcomes in for all people accessing AOD treatment. If you want to know more, reach out to your Aboriginal AOD partners or engage in cultural supervision as part of growing and supporting your practice.

Feel free to reach out: Suzie.Hudson@health.nsw.gov.au

Member profile

Kamira Alcohol and Other Drug Treatment Services Inc.

Passionately inspiring women to create positive change in their lives

Service overview

Kamira is a specialist abstinence-based residential treatment service for women experiencing substance dependence and associated trauma. Our 16-bed facility prioritises Aboriginal women, pregnant women, women with young children under five years, and MERIT clients from across NSW.

Our holistic 5–7 month program is evidence-led and trauma-based. Each client is paired with both a tertiary qualified case manager/counsellor and a diploma-qualified support worker to ensure that all aspects of their individual needs are comprehensively addressed. Kamira employs a multifactor, person-centred approach to understanding and treating AOD dependence, examining the physical, emotional and social factors contributing to each woman's substance use issues.

The program offers a structured approach to psycho-education and skills development, focusing on emotion regulation, healthy relationships, and recovery-oriented strategies. It incorporates evidence-based therapy models such as neuro-sequential model of therapeutics, attachment theory, acceptance and commitment therapy, dialectical behaviour therapy, and cognitive behaviour therapy. Additionally, the program promotes physical health and wellbeing through daily exercise activities, weekly personal training, access to a small onsite gym, Qigong, and other mindfulness activities.

Our person-centred approach ensures clients are actively involved in setting their treatment goals and receive tailored support throughout the program. This includes addressing medical, dental, legal, financial, housing, child and family, and relationship issues.

Clients benefit from intensive counselling support, which creates a safe space for exploring and processing deeper individual issues that may arise during their treatment. This envi-ronment fosters self-compassion and helps clients develop a greater sense of agency in their lives as they progress through and complete their treatment.

Early childhood program

Kamira's attachment-based approach uses therapies and programs that have been proven to build positive and secure attachment relationships between mothers and children. Parent-specific interventions include Circle of Security group, attachment-based play therapy, parenting skills training, and infant massage.

We offer an early childhood education program, based on the Early Learning Years Framework, and facilitated by a qualified early childhood teacher. This program ensures every preschool child in our service receives a learning experience appropriate to their age, developmental stage and needs.

Transition and continuing care

Women transition back to the community at their own pace, guided by their recovery plan, which includes referrals to support services and an individualised continuing care plan. Kamira provides ongoing support through an aftercare program available to clients who com-plete the residential program.

Our team

Kamira employs a dedicated team of skilled and qualified women who are compassionate advocates for the people we serve. Additionally, our staff with lived experience offer unique insights and support to those in our program.

Our workforce strives to be culturally capable as we have a high number of Aboriginal clients. We have a workforce Aboriginal cultural capability plan in place to enable us to con-tinue to build a workplace that respects, supports and welcomes Aboriginal people.

Our nine-member board comprises women from the local community who bring a range of skills and experiences to ensure that Kamira's governance meets the needs of the organisation and its people.

Kamira is committed to breaking the cycle of the intergenerational removal of children from their mothers due to the impacts of substance dependency. We believe everybody has the ability to recover and everybody has the right to access quality treatment.

Kamira

We support THE ULURU STATEMENT

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Network member

NADA data and research advisory group

Alex Lee
CEO The Glen Group

How long have you been working with your organisation?

Over 10 years.

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

I was once a jet-setting chartered accountant, writing business proposals in the finance sector. I enjoyed writing and using data, but my heart was yearning for more, so I applied for a secondment and landed at The Glen in June 2014. Serving the community has always been a happy hobby of mine, and when I sat around the yarning circle at The Glen, I fell in love with the place, the people and The Glen's purpose. Over the last decade, I've had a go at everything at The Glen from singing at our talent shows, to playing touch footy to night shifts. I've always enjoyed keeping the 'back office' in order, to support our team to support clients. In 2020, I was appointed as the CEO of The Glen Group and am proud of what our team have achieved, especially establishing The Glen for Women.

What is the best thing about your job?

The people. We have a board that is focussed on our purpose. We have a dedicated team who go above and beyond to support each other and the clients. We have generous stakeholders, volunteers and community who give so much to our program. Together, our team create a unique culture of healing, fun and opportunities for clients to thrive. I love seeing clients having a go and achieving their goals. I love catching up with former clients of The Glen living their best life.

What excites you most about data and research (specifically in the AOD space)?

Unfortunately, I have felt and seen the impact that problematic AOD use can have on individuals, families and communities. With the right data and research, we can clearly identify the problem we're trying to solve and with good research we can discover better solutions to alleviate some suffering.

The NADA Data and Research Advisory Group optimise the potential of data to inform AOD treatment and service delivery, fulfill funding and reporting requirements, and showcase sector strengths.

A day in the life of...

Sector worker profile

Kim Kendall Counsellor
Calvary Riverina Drug and Alcohol Centre

How long have you been working with your organisation?

At the end of 2024 I will have been with Calvary Drug and Alcohol Centre for 14 years and have worked in the community services sector for 17 years.

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

I had a late start to my career, spending the first 20 years of marriage farming and raising three children. I studied mental health and gained a position in the field. I moved on to youth work while my studies continued. During this time, I became very interested in substance use issues and gained a position here at Calvary.

What does an average work day involve for you?

I am based in the residential unit as a counsellor. My workday includes facilitating educational groups and group therapy following the bio-psychosocial model. I also provide counselling to residents at the program to assist with mental and emotional health needs.

What is the best thing about your job?

I would have to say the best thing about my job is daily interactions with our residents and working alongside them to create a better life and experiencing their enthusiasm and commitment for change.

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 funding and encouragement for people contemplating study to consider the AOD sector through highlighting the rewards of a career in the field.

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

I find being in nature and laughter to be truly medicinal as well as meditation and music.

News and events

NSW Drug Summit update

The NSW Drug Summit dates have been announced with a regional forum in Griffith on 1 November and in Lismore on 4 November. The Sydney event will be on 4 and 5 December at the ICC. Carmel Tebbutt and John Brogden have been announced as co-chairs. A website for the summit is now live.

NADA has continued to represent members in the lead up to the NSW Drug Summit. Here are the key activities:

- We've continued to brief NSW parliamentarians and key stakeholders on NADA's position paper to ensure they understand the collective views of members.
- Participation in monthly information sharing meetings held by the Drug Policy Modelling Program (DPMP) and engage in regular meetings with NUAA, Uniting-Fair Treatment and DPMP to ensure alignment of activities.
- The supplementary paper on NGO AOD sector funding approaches to expand on our position paper is close to being finalised following consultation with members.
- A number of smaller briefs are also be considered, such as the outcomes of treatment by members from data contained within NADAbase that demonstrate outcomes across multiple domains.
- A consultation with members will be held at the NADA AGM on 18 November weeks before the Sydney Summit dates.

Withdrawal management in the NSW NGO sector

The purpose of this brief is to describe the withdrawal management options provided by the NGO specialist AOD sector in NSW and to outline recommendations for improving the client's journey and transfer of care between services.

NADA research update

NADA is currently conducting a **research audit** of research activity in the NGO AOD sector. This audit aims to provide the sector with an up-to-date repository of current and completed research projects from its members. As part of the audit, we have been reaching out to each member delegate for a brief 5-minute conversation about your research. During this conversation, she will also gauge your interest in potential developments for NADAbase.

The **NADA Research Capacity Building Project** is progressing well, offering three research-building initiatives available to NADA members. The first initiative includes a suite of research eLearning modules, designed to introduce novice researchers to conducting research in mental health and AOD contexts. These modules help NGO sector researchers write research proposals, which can then be reviewed by an experienced research mentor and potentially developed into formal research projects.

The second initiative is the establishment of a research community of practice, led by NADA. This community offers a monthly one-hour virtual session where individuals from member agencies can showcase current or completed research or learn about other research activities.

Participation in the research capacity-building program is free for all NADA members. If you're interested, please email Michelle Black.

NADA Conference 2025

Save the date
We are excited to announce that the NADA Conference 2025 will be held on 5–6 June at the ICC, in Sydney. Get ready to respond to the conference theme: *Strength in community: Building a brighter, kinder future.*

Our first keynote is confirmed, Dr Tracy Westerman AM. We also plan to have a panel on the outcomes of the NSW Drug Summit.

News and events

Staff changes at NADA

We bid a sad farewell to **Jo Murphy**, Administration and Project Support Officer for the past three years. Jo has been an absolute joy to work with; her positive spirit, willingness to go the extra mile, and organisational prowess. We are proud of her growth and achievements. Go well!

We also bid a fond farewell to **Hannah Gillard** who maintained the Policy Toolkit and coordinated several NADA networks. Hannah increased the sector's knowledge to create safer spaces for the gender diverse community through communications and events. They are now working at the Community Restorative Centre, so this is not goodbye, but see you soon!

We also bid farewell to **John Fenech** and **Egbert Liu** and thank them for their contributions. We wish them all the best for the future.

We warmly welcome two new members to the team. **Amelia Tawfik**, Project Support Officer, manages event coordination and grant administration. We are already excited working with her. She brought donuts!

We welcome **Nathanael Curtis**, Aboriginal Research Officer, a new role to NADA. Nathanael provides NADA and its members with research, evaluation, and analysis of Aboriginal and Torres Strait Islander data on NADAbase, in coordination with the NADA First Nations Research and Data Reference Group. Nathanael's mob is the Wodi Wodi people on the South Coast of NSW.

Welcome **Samantha Taouk**, Business Analyst, another new role for NADA. Samatha will be supporting data collection and management in line with NADA's strategic plan and NADAbase documentation.

To explore international approaches to assessing longer-term benefits of AOD treatment programs.

The purpose of this Churchill Fellowship study was to examine strategies in a range of jurisdictions to measure longer term outcomes from AOD interventions. The idea was that ultimately better data on longer term outcomes would inform improvements to interventions. In the time between being awarded my Fellowship, and this report, it became obvious to me that I needed to leverage the opportunity of meeting with many experts and front-line staff and users and take a more holistic approach to examining the AOD use and problematic use issues. See report.

—Joe Coyte, The Glen, Executive Director

NADA
network of alcohol and other drugs agencies

Have you subscribed to the Advocate and Frontline

Help your colleagues stay current with AOD resources, training and information
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 NADA communications. They can subscribe on the NADA homepage or write to sharon@nada.org.au from their new email address.

NADA network updates

NADA practice leadership group

At the May network meeting, Emma Hatton from the University of Wollongong presented findings of her paper on trajectories of psychological distress among clients in residential treatment for substance use disorders which involved previous NPLG members. She also discussed her new project on NADAbase data linkage: return to residential treatment after a residential rehabilitation episode.

Out-of-session feedback was received for the updated withdrawal management paper which will be finalised and distributed.

NPLG members Cathy Sheridan and Simone Angus-Carr are representing the network on the NADA conference committee. The conference is taking place on 5-6 June. The theme, strength in community, was decided during the first meeting, and more tasks will be allocated as time moves on.

In August, NPLG members Carolyn Stubley and Frances Pidcock, joined Michele Campbell, Professor Nick Lintzeris and Kevin Street for a webinar on long-acting injectable buprenorphine.

NADA consumer advisory group

NADA's Consumer Advisory Group supports NADA by providing advice based on the living/lived experience and expertise of its members. The CAG is excited to announce that we are opening a position for a consumer to join the CAG. If you or anyone you know may be interested, please get in touch. For more information, please contact jennifer@nada.org.au.

LLE community of practice

The peer living/lived experience community of practice is open to all NADA member organisations that have workers with a living/lived experience of AOD. The community of practice meets monthly to provide a space for collaboration, learning, and reflection. Please email jennifer@nada.org.au to join.

Youth AOD services network

At the July meeting, Emily Mayo from the Raise the Age Campaign NSW presented campaign updates and encouraged organisations to join. This campaign aims to raise the age of criminal responsibility in NSW from 10 to at least 14 years old. Headspace Newcastle also provided a service presentation. There continues to be a 'Schools Working Group' section of Youth Network meetings where workers share tips and resources around AOD education work in schools.

Additionally in August, Youth Solutions provided network training on substances commonly used by young people and effective interventions. Interest in the session was strong and as such this training booked out.

If you would like to learn more about the network and how to join, check out the network webpage. The network aims to enhance the ability of services to support young people accessing AOD support. The group also provides a space for networking, professional development, problem-solving and resource sharing for NADA member services.

Women's clinical care network

In September, training was held for the network on supporting women experiencing domestic and family violence (DFV). This featured presentations from Wirringa Baiya Aboriginal Women's Legal Centre and SSI. The day featured talks on supporting Aboriginal and Torres Strait Islander women and women from culturally, linguistically and ethnically diverse backgrounds experiencing DFV.

The network continues to meet 4–5 times per year, and is a space for resource sharing, professional development, promoting service referrals and networking. The network aims to enhance the ability of AOD services to support women and children accessing AOD support. Read more about the network and how to join here.

NADA network updates
continued

Gender and sexuality diverse AOD network

At the July network meeting, Mel Stott and Jen Mallon presented on the Lives Lived Well LGBTQI+ Project. This project promotes LGBTQ+ inclusive practice for staff and people who access Lives Lived Well. The network also marked International Non-Binary People's Day (which falls on 14 July) with a series of presentations on advancing non-binary inclusivity in AOD work. This included a presentation by network coordinator Hannah Gillard and talks by Nic Robinson-Griffith and Atlas Bailey from Thorne Harbour Health. Nic presented on a research study on trans inclusivity in residential AOD services in Victoria and suggested methods for trans-inclusive signaling in services. Atlas presented on an innovative program called TAPs—a trans and gender diverse AOD peer support group in Victoria.

To learn more about the network and how to join, check out the network's webpage. The group welcomes gender and sexuality diverse people who do work in the AOD space, including research, admin, project and frontline work. The network offers peer support, resource sharing, joint project opportunities and networking for members.

NADA data and research advisory group

The group is always looking for new members who have an interest and experience in the data and research space, so if you are interested, please email us.

Nurses network

The Nurses Network continues to be a space for AOD nurses working in the sector to share their experiences and seek feedback and knowledge from their peers in the network. If you are a registered nurse working in a NADA member service and would like to be a part of the network, please email us.

CMHDARN

The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is here to support you do research in your organisation, and also help you to keep up to date with all the latest evidence in the AOD and mental health space.

We have recently developed *Towards trauma-informed research: a brief overview and practice guide*. Services and research institutes are increasingly striving to be 'trauma-informed'. This practical guide provides a brief overview of what trauma-informed research is alongside reflections on how to do trauma-informed research. It is useful for anyone interested in undertaking research about trauma or seeking to minimise the risk of re-traumatisation occurring during research processes.

Free research mentorship for NADA members! The Matilda Centre for Research in Mental Health & Substance Use have an exclusive opportunity for NADA member organisations to build their research capacity to develop and conduct research projects through a free mentoring program. Find out more.

CMHDARN encourages all NADA members who have an interest in research practice, and keeping up to date with new evidence-based resources and tools to support your work to sign up to the network—it's free! We also are eager to remind you to check out all of CMHDARN's existing resources to help improve your capacity to undertake research, and if you're already starting a research or evaluation venture be sure to use the CMHDARN Research Ethics Consultation Committee who help provide ethical advice and guidance for your project.

If you have any questions about the Community Mental Health Drug and Alcohol Research Network, please don't hesitate to email the project coordinator.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

NADAbase update

Mei Lin Lee PhD NADA

Reporting

NADA reported members data to the following people:

- Monthly minimum dataset to InforMH for members who receive Ministry of Health funding
- Last quarter for FY23/234 (Apr-June 2024) data report (including outcomes data) for members who receive Primary Health Network funding
- Last six months for FY23/234 (Jan-June 2024) data report (including ATOP data) for members who receive CCC funding

Behind the scenes: NADA has been working with members who receive funding to set up the AOD Hub programs and report their MDS data through NADAbase. To date, we have set up **40 programs**. Welcome to the wonderful maze of data, dear NADAbase users!

What's new?

Importers: Suburb and gender data collections data items mandatory in NADAbase

Starting from 1 July 2024, any data import into the database will be unsuccessful if the specifications are inconsistent with the most recent release of the data dictionary, February 2024.

What are we working on? Watch this space

Making NADAbase user-friendly. This includes:

- **refreshing NADAbase tutorials**
- **developing a NADAbase cheat sheet** for quick guidance
- **preparing for FY 23/24 data submission for members who are funded by Commonwealth and PHN to AIHW** including data cleaning and uploading to the AIHW Validata portal.

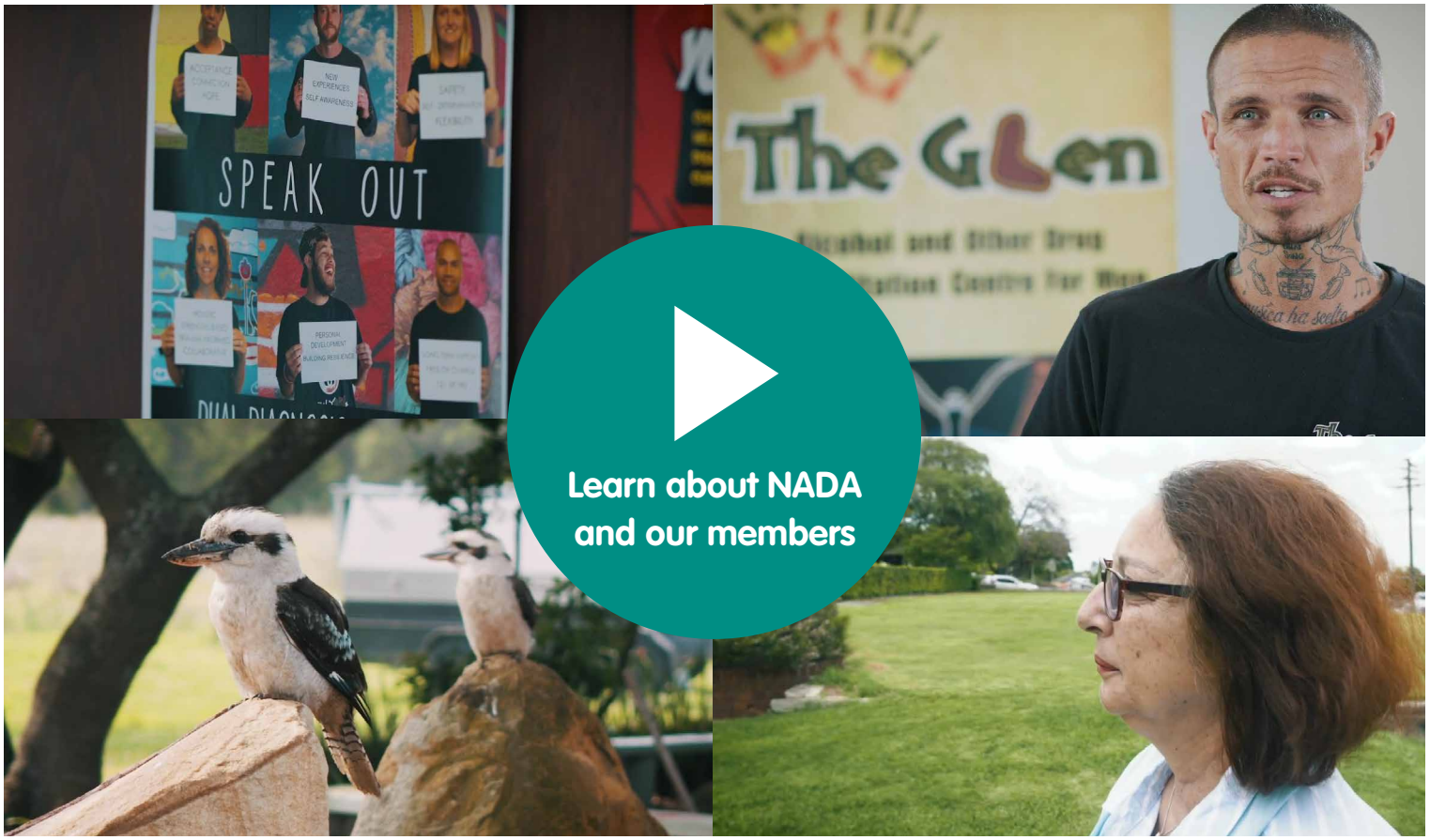
Current opportunities

>> Apply now AASW supervision training. Express your interest **ASAP.**
>> Apply now DCJ Aboriginal child and family centre expansion program. Round 1 closes **27 September.**
>> Apply now SMART Recovery scholarship. Closes **7 October.**
>> Apply now MRFF Emerging priorities and consumer driver research initiative. Minimum data closes **9 October.**
>> Apply now CMHDARN Innovation and evaluation grant. Closes **25 October.**

NADA
network of alcohol and other drugs agencies

Enhance the quality of your service, the experiences of people accessing support, and worker wellbeing.

Download resources



Advocacy highlights

Policy and submissions

- Provided input to draft of the NSW AOD Primary Prevention Framework
- Provided feedback to the Department of Health and Aged Care on the Draft Drug and Alcohol Program Research Strategy
- Partnered with Unharm, NUAA and DPMP on the Synthetic Opioids Preparedness Plan
- Provided comment on Justice Reform Initiative 'Drug Use and the Criminal Justice System' discussion paper.
- Provided a submission to the Alcohol Consumption in Public Places (Liberalisation) Bill and was subsequently asked to provide evidence at a NSW Parliamentary hearing.

Advocacy and representation

- NADA has a regular meeting with the NSW Health Minister's Office and the Centre for Alcohol and other Drugs to discuss the NSW Drug Summit.
- NADA was part of a consultation by Ernst and Young on the review of National Drug Strategy.
- NADA is on the Secure Jobs and Funding Certainty Leadership Group led by DCJ and is involved in workings groups on long term funding arrangements and Community Services Funding Framework.
- NADA attended meetings with DVNSW, Fams and No To Violence to discuss strategies on how the sectors can work better together.
- DCJ Roundtable membership has been finalised and the structure revised to consist of an executive committee and three working groups; Aboriginal Families in Focus, Youth in Focus and Parents in Focus. Meetings are held quarterly with membership consisting of Department of Communities and Justice, Ministry of Health, Mental Health and the Centre for Alcohol and Other Drugs and a range of NADA member representatives.
- **NADA continues to represent the sector with key stakeholders:** NSW Ministry of Health; Department of Health and Aged Care; DSS Community Grants Hub; NIAA; PHNs; ACDAN; ADARRN; AADC; AOD Peaks Network; ATCA, NUAA, ACI,; DPMP; MHCC; NCOSS; NCETA; USyd Matilda Centre, UQ, UoW, UNSW, TAFENSW, HumanAbility Jobs and Skills Council.
- **Ongoing meeting representation:** NSW Ministry of Health AOD NGO Reference Group; DAPC, QIT Sub Committee, CAOD Values Based Health Care Advisory Group and working groups, Living and Lived Experience Workforce Steering Committee, ACI D&A Executive Committee; AADC Members Council; AADC Policy Officers Network, NCOSS: Peaks CEO Meeting; FONGA; NCOSS Health Equity Alliance, and many more.
- NADA senior staff have attended with the COAD at the Clinical Care Standards Roadshow workshops across NSW.

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

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Feedback **Training grants**

Photo by Kris Ashpole