Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 1: March 2025

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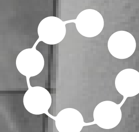
New frontier



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CEO report

Dr Robert Stirling

NADA

This issue of the Advocate is focused on the *new frontier—adapting to a changing landscape*. The NGO sector has always been at the forefront of adapting and innovating to respond to new and emerging issues and trends. This is evident in the sector's approach to engagement with local communities and priority populations, changes to service delivery, responses to pandemics and natural disasters, and our partnerships and collaborations with other providers and researchers.

In this issue you'll hear about a range of areas that members have been asking for more information, such as navigating medicinal cannabis, drug trends, how to respond to GHB and other substances (Kretam, Kava, Nitazenes), and reducing vaping harms for young people. You'll also hear from NADA members and a range of resources available to support members in their work.

And what is the new frontier in the AOD policy landscape? We ended 2024 with some uncertainty following the NSW Drug Summit and the closing of submissions to the Federal *Inquiry into the health impact of alcohol and other drugs in Australia*. Despite the uncertainty while we wait for the final reports, there is a sense of hope that our voices will be heard as part of these processes and bring about meaningful change.

Let's start the year with hope for better drug policy and funding in 2025. A new frontier that ensures: our policies do not unfairly stigmatise or discriminate people who use drugs; all people who need support for AOD can access it when and where they need it; services have the resources to be responsive to cultural and community needs; responses are holistic and consider all aspects of a person through coordinated policy and services; and NGO contracts are long term, enable job security and annual growth.

We are hopeful that the NSW Government has committed funds toward a response to the NSW Drug Summit Report in the upcoming budget, and that our pre-budget submission [PDF] is being considered. While there was a 29% increase in funds to the NSW NGO sector in the last financial year, we know that much of this went to the establishment of much needed new services. Our pre-budget submission was about ensuring that the existing services have the necessary resources to be responsive to the needs of their communities.

We are hopeful that the NSW Government has committed funds toward a response to the NSW Drug Summit Report in the upcoming budget, and that our pre-budget submission is being considered.

The Federal Government will soon announce an election. While we know that Minister Butler has made a commitment to AOD policy in a second term, it is unclear what priority would be placed on AOD policy if there is a change in government. To ensure that the submissions and hearings from the Federal Inquiry into the health impact of AOD in Australia are documented, the Committee on Health, Aged Care and Sport has published an Issues Paper on the Committee website. They recommend that the new government consider completing a full inquiry report and consider public submissions and evidence received by this inquiry as it prepares advice to Government on revisions to the National Drug Strategy.

We hope you enjoy this issue of the Advocate and we look forward to welcoming you all to the NADA Conference in June where we will continue this discussion on the future of the AOD policy landscape.

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EARLYBIRD ENDS
31
March

Keynotes

Dr Tracy Westerman AM • Maureen Steele • Taimalelagi Mataio Faafetai (Matt) Brown • Craig Worland More to come…

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How has your service changed its response to GHB

Christine Duggan
Executive Officer
Guthrie House

What are you seeing in regard to presentations where people are using GHB? We have observed an increase in clients presenting with issues related to gamma-hydroxybutyrate (GHB) use. Notably, GHB is frequently used in combination with other substances, including prescription medications, which significantly heightens the risk of adverse effects, particularly the increased potential for overdose. Through comprehensive client assessments, we have identified a concerning trend of polysubstance use, with GHB often emerging as a drug of concern, particularly among individuals with complex substance use histories.

Clients often do not initially recognise their GHB use as problematic until engaged in reflective discussions about their substance use patterns and the associated impacts—which can delay the recognition of risks. We have also noted an increase in clinical incidents where clients present with symptoms such as drowsiness, confusion, and, in more severe cases, rapid progression to unconsciousness. These presentations pose significant safety risks in a residential setting, both for the affected individuals and the wider client community.

Anecdotal reports from both clients and sector partners indicate a shift in the demographics of GHB use. GHB use is now increasingly reported within prison populations. Furthermore, emerging information suggests that GHB is being offered on the streets as a substance to manage the 'come down' phase following methamphetamine use, replacing more traditional substances like cannabis. This trend is particularly concerning for statutory clients involved with child protection and corrective services, as GHB's short detection window and difficulty in standard drug screening make it an appealing option for those seeking to avoid detection and therefore reducing the ability for early intervention and support.

How is your service responding to these presentations? We consulted our Consumer Reference Group to help shape our organisational response. We updated our initial assessment and screening processes to include targeted questions about GHB and other emerging substances, alongside standard drug use history. This approach allows us to identify patterns of polysubstance use, frequency, and associated risk behaviours early in a client's recovery journey.

Clients identified as high-risk based on their substance use history, relapse potential, or behavioural indicators receive tailored support plans developed in collaboration with their case manager. These support plans are integrated with individual treatment plans and include safety planning strategies focused on managing triggers, cravings, and early warning signs of relapse. We have embedded GHB-specific risk assessments into our practice, with protocols for monitoring behavioural changes and managing suspected use. Our risk management plan is reviewed regularly to incorporate emerging evidence and sector developments related to GHB and synthetic substances.

All staff receive regular training on the risks associated with GHB, including recognising signs of intoxication, such as drowsiness, confusion, and rapid onset of unconsciousness. Staff are trained in overdose response protocols for polysubstance use, supported by a rapid response protocol specific to GHB and synthetic drug-related emergencies.

As an abstinence-based service, our historical engagement with harm reduction services has been limited. However, the increasing prevalence of GHB use within our program—and the challenges associated with detecting it—have highlighted the need to integrate harm minimisation education within our client cohort.

What key harm minimisation strategies are you discussing with your clients? We have found that a strong focus on harm reduction education is key to supporting clients effectively. It enhances client safety while supporting the development of long-term recovery strategies. We provide comprehensive information on the risks associated with GHB, synthetic substances, and polysubstance use, including recognising the signs of toxicity and overdose. We share strategies including guidance on avoiding solitary use, spacing out doses, and being cautious when combining substances, including prescribed medications.

Simon Martin
Stimulant Treatment Counsellor
St Vincent's Hospital

What are you seeing in regard to presentations where people are using GHB? Of our clients who report using GHB, they tend to fall into at least two distinct groups. The larger of the two, for whom GHB is not generally the principal drug of concern, is men who have sex with men (MSM) and who are using crystal methamphetamine in a chemsex context. For these clients, crystal methamphetamine tends to be the principal drug of concern, and GHB is very often used (one might say, usually used) as well as the ice in the context of sex. Some of these men will be concerned about their GHB use, others will not. Those not too concerned tend to know the overdose risks of GHB well and are good at applying principles of harm-minimising dosing of GHB to avoid overdose or 'dropping'. To be honest, most of these men know the risks, but some will be so intoxicated by the time they are using the G (or using again, after two to three days of binging), that they are not careful enough about the dosing, or they rely on others to dose them, and those others are not sufficiently careful about the dose administered. They may only use weekly, or less, certainly not every day; and tend not to use in total amounts that lead to dependence on the GHB or withdrawal risks.

The other group who present to us are those who turn to G to manage anxiety or cope with stressors. These may be men or women (or other). Through increasing daily use over time, they build tolerance to the drug, so that they get to a position where they are using large amounts daily (30, 40, even 50mL across a whole day) and are dependent users. For these clients, withdrawal can be dangerous (seizure risk, other dangerous symptoms) and detox should be managed medically.

How is your service responding to these presentations? For the chemsex users, we tend to give harm minimisation dosing advice for the GHB and provide counselling to support changes to ice and GHB use together, providing harm minimisation education for both substances and other strategies to support the clients' drug use goals.

For daily, larger amount GHB users (say, >20mL/day), we have a more medical model. We usually advise an addiction specialist doctor's appointment as soon as possible due to risks of withdrawal, as well as counselling. If the client is hoping to cease GHB use all together, the doctor will probably advise a supervised detox to ensure this is done in a medically-safe way.

What key harm minimisation strategies are you discussing with your clients?
GHB:

- *A CNS depressant*—do not mix with other depressants, alcohol, benzos. Can increase effect and overdose risk.
- *Overdose risk*—small difference between desired dose and overdose. Dose in very small increments (e.g., 1mL), wait for your reaction (e.g., one hour), try another small dose. Don't keep dosing or increase size of doses.
- *Risk of dependence*—if using continuously over time. A test is if one needs to wake up to dose through the night.
- *Risks in withdrawal*—if dependent, withdrawal can lead to seizures, delusions a range of other unpleasant/ dangerous symptoms. In these circumstances, supervised detox with medication is required.
- *Don't use alone.* Use with a trusted friend in case of overdose.
- *If using the G in a sex context, all the usual advice regarding safe sex should apply*—condoms to avoid STIs, PrEP to guard against HIV, discussed boundaries as G can lead to loss of inhibition.

Bo Justin Xio
Coordinator—Chemsex and HIV Leadership Programs
ACON

What are you seeing in regard to presentations where people are using GHB? In LGBTQ+ communities, G has been part of our culture for a long time. Some people use it while clubbing, while others take it in sexual settings to facilitate or enhance pleasure. It is not an unfamiliar substance within our communities.

From what we observe, there hasn't been a significant change in how our clients use G. However, the challenge lies in the different forms of the substance. The most common types I've encountered in Australia include GHB, GBL, and 1,4-BD. Understanding of these substances varies; some people believe GBL is stronger than GHB, while others think the opposite. The biggest concern is that people often don't know exactly what they are getting from dealers, which increases the risk of harm.

Among our clients, methamphetamine and G remain the most commonly used substances. We have not observed a rise in overdoses or the emergence of new substances within this group.

How is your service responding to these presentations? ACON has a long history of providing harm reduction education around G, much of which is informed by lived and living experience. One of our key interventions is the *ACON Rovers*, a team that operates at dance parties to support individuals experiencing G overdoses. Rovers move through the crowd, identifying signs of overdose and connecting people to paramedics on-site. These interventions can be lifesaving.

Additionally, our *Needle and syringe program* (NSP) provides measuring equipment to help people accurately dose. This is particularly crucial for substances like G, where the difference between a 'good high' and an overdose can be dangerously narrow. Ensuring that people have access to appropriate tools can significantly reduce the risk of harm.

What key harm minimisation strategies are you discussing with your clients? When someone seeks harm reduction advice around G, we focus on three key areas: how to avoid an overdose, how to identify an overdose, and how to respond to an overdose.

Avoiding an overdose

- *Start low, go slow.* G's potency can vary, so it's safest to begin with a small dose and wait to feel its effects before taking more.
- *Time your doses.* Wait at least two to three hours before re-dosing, and keep track of the time. Some people set an alarm on their phone as a reminder.
- *Avoid mixing G with other depressants*, such as alcohol, painkillers, benzodiazepines, antihistamines, or opioids. Combining these substances increases the risk of overdose.
- *Be mindful of 'stacking.'* After extended periods of use, G can accumulate in the body, increasing the likelihood of overdose. If someone is dosing multiple times, they should reduce the amount with each subsequent dose
- *Never use alone.* Having someone around who can help in case of an emergency can be lifesaving.

Identifying an overdose

A *GHB overdose can be fatal*. Warning signs include:

- unresponsiveness or inability to be woken
- severe confusion or incoherence
- excessive sweating
- vomiting
- irregular or slow breathing (fewer than eight breaths per minute)
- difficulty standing or severe loss of coordination
- seizures (muscle stiffness or jerky spasms)
- unconsciousness

Responding to an overdose

Overdose situations can be overwhelming, but acting quickly can save a life. *Call 000 immediately* if someone is:

- unconscious and not waking up
- struggling to breathe or breathing abnormally
- having a seizure

If possible, place them in the *recovery position* and stay with them until emergency services arrive.

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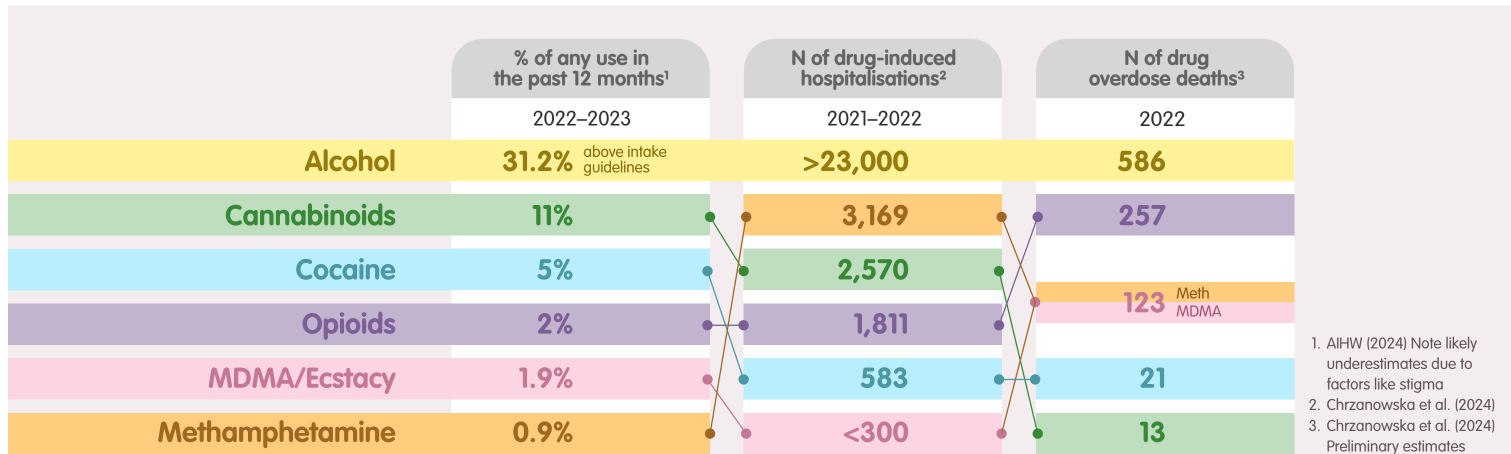

Drug markets, use and harms in NSW

Associate Professor Amy Peacock (NDARC), Jack Freestone (NCCRED) and Dr Rachel Sutherland (NDARC) highlight key trends in the major illicit drug classes; and outline changes in drug markets, use and harms. With significant shifts in the illicit drug landscape, they make the case for improved access to existing effective approaches and consideration for new strategies to prevent harm and improve wellbeing.

An evolving landscape

Many people in NSW use drugs, particularly legal drugs. In 2022–23, three in four (76.8%) people aged 14 years and older drank any alcohol in the past 12 months, nearly one-in-three (31.2%) drank alcohol above our national intake guidelines, and 7.5% smoked tobacco daily.[1] Tobacco and alcohol are also the main drivers of substance use disorders and broader drug-morbidity and mortality in NSW and nationally.[2]

A substantial proportion of people in NSW report use of an illegal drug or non-medical use of pharmaceuticals like opioids (17.5% in the past 12 months).[1] Most recent estimates suggest the most commonly used illicit drugs are cannabis (11%), followed by cocaine (5.0%), opioids (2.0%), hallucinogens (2.2%), ecstasy (1.9%) and methamphetamine (0.9%).[1]

However, the illicit drug landscape of today is very different to that of twenty or even ten years ago, with significant shifts in drug markets, use and harms. Below we highlight some of the key trends apparent for major illicit drug classes in NSW and more broadly.

Opioid-related harms may be declining overall but opioids are still one of the main drugs driving harm.

Hospitalisations and mortality data show that opioid-related harms like overdose peaked around 2014–2017 in NSW, and then decreased.[3,4] This decline has been most apparent for pharmaceutical opioids like morphine and oxycodone which have driven the greater proportion of harm over this period. This trend can be attributed to changes in the prescribing of pharmaceutical opioids, as well as various harm reduction initiatives (e.g., opioid agonist therapy (OAT),[5] Sydney's Medically Supervised Injecting Centre,[6] and naloxone uptake among people who use drugs[7]).

While the decline in mortality and morbidity is positive, it is important to note that rates of opioid-related hospitalisations and deaths are still elevated, and opioids continue to be one of the main drug types driving drug-related harm in NSW.

Methamphetamine-related harms increased through the 2010s, plateauing in more recent years, with a similar trend observed for cocaine.

There have been major shifts in methamphetamine supply and demand since the early 2010s. Availability of the higher-purity crystal methamphetamine form increased, and price decreased.[8] People who use the drug reported greater use of the crystal form, greater frequency of use, and increased smoking of the crystal form. Arrests, police drug seizures, hospitalisations and deaths related to methamphetamine increased.

Since around 2020, there are indications that the health harms related to methamphetamine may have plateaued in NSW, albeit with some disruption to the availability and use of methamphetamine with the COVID-19 pandemic.[9] Treatment demand continues to be strong.

There has also been a rise in cocaine use and harms, particularly from around 2016, with increases in treatment

Drug markets, use and harms in NSW
continued

demand also observed.[10] Study of hospitalisations and deaths data suggest harms may have peaked around 2020 and since stabilized or declined.[3,4]

Non-prescribed cannabis use is relatively stable but there are indications of a potential rise in cannabis-related harm.

Non-prescribed use of cannabis use has remained relatively stable in the general population, with around one in ten people reporting past year use.[1] While prescribing of medicinal cannabis is increasing, we do not have good estimates of the proportion of the population using medicinal cannabis.

Assessment of harms for cannabis is complicated because it is often observed in the presence of other substances. However, there is emerging evidence from hospitalisations and poison call centre data that cannabis-related harms may be rising in NSW, evident particularly for young people, and with a rise in cases related to commercially prepared edibles like gummies which may present particular risks due to their palatability and potential for large ingestion.[3,11]

Population inequities in drug-related harms persist, particularly for Aboriginal and Torres Strait Islander people.

Drug-related harms continue to be elevated in NSW among populations that experience structural disadvantage, particularly for Aboriginal and Torres Strait Islander people.[10] The ongoing impacts of colonisation are important for understanding these continued inequities in drug-related harms, including ongoing disenfranchisement and racism, dispossession of land and suppression of culture.

Drug markets are increasingly diverse, unpredictable and dynamic, with various emerging trends of concern. Other key emerging trends observed in NSW and more broadly that may elevate risk of harm include:

- increased use of GHB among populations who historically used the drug less commonly (e.g., people who inject drugs) and a rise in GHB-related harms[7,12]
- higher (e.g., 150–200mg or greater) and more variable dose MDMA in circulation[13]
- increased diversity of drug forms and routes of administration (e.g., vaping liquid containing synthetic opioids)[14]
- drugs (often unknowingly) being used mixed with or mis-sold as another drug, often with a different effect profile (e.g., heroin overdoses following use of cocaine)[13]
- rise in detection and harms of counterfeit ('fake') medicines like opioids and benzodiazepines that often contain a different drug to that expected[13]
- increased detections of new forms of opioids (particularly nitazenes)
- benzodiazepines.[13]

To mitigate risks from this evolving landscape, we need to not only improve access to existing effective approaches but also consider new strategies to prevent harm and improve wellbeing.

Addressing this evolving drug landscape requires a balanced approach that reduces the harms associated with drug use—including stigma and discrimination—while also promoting the wellbeing and autonomy of people who use drugs.

Evidence-based harm reduction strategies (e.g., naloxone, OAT, supervised injecting facilities), alongside mechanisms for disseminating timely information about emerging drugs of concern, remain critical in reducing drug-related morbidity and mortality. The Know is a central hub for accessing all drug alerts issued in Australia. People working in the sector can also request to join The Know community, a professional network and platform for people working in the sector to share knowledge about emerging drugs of concern with the aim of reducing harm and improving public health decision-making. However, the growing complexity and polysubstance profile of drug markets, as well as ongoing population inequities in drug-related harm, has raised concerns that current interventions may no longer be sufficient. As such, new policy options must also be considered. Crucially, affected communities, including people who use drugs, must be at the centre of these discussions to ensure responses are effective, culturally appropriate, acceptable and equitable.

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Drug markets, use and harms in NSW

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Working through ambiguity and embracing change

Michele Campbell

NADA

During times of change, there is often increased ambiguity. How often can you be completely sure that what you are trying is right? How important is it for leaders to be confident to step out of their comfort zone? Can you embrace uncertainty to facilitate growth?

During the emergence of COVID-19, we were faced with many uncertainties. There was an element of lack of control and being contained in lockdowns, ambiguity in instructions, and how to navigate the rapidly changing requirements. Contradictory information and shifting rules increased the uncertainty. Amongst all this, the lack of physical connection to families, co-workers and friends at times increased feelings of isolation and loneliness.

NADA members remained focused and did the best with the resources we had. We supported each other and the people who walked through our doors—physically and virtually—to the best of our ability. This shows how well we can pivot and adapt to change.

Post-pandemic, it feels like the pace of change has increased. More frequent and extreme weather, new systems and technology, and shifting societal expectations and demands. At times, your subconscious mindset may become change adverse. It is important to exercise your mindset muscle to become more adaptive.

Shift your mindset

Clubb and Fan[1] identified three unhelpful change-adverse mindsets: receiver, resistor and controller. Learn how to recognise each and make the shift.

Receiver

People who see themselves as receiving change view it as something being introduced from higher up, they may be newer to a role and have less certainty on their scope. It may challenge their confidence, and they wait for direction from the lines of authority.

Shift this: An alternative way to look at it is from a perspective of being more inclusive and believing that everyone's contributions are important. An activity would be to initiate conversations around solutions and provide evidence to back it up. This is facilitated by culture of psychological safety and encouraging diverse points of view.

Resistor

People who show resistance are less passive and try to maintain the current situation. This may include doing nothing or actively questioning and resisting efforts in the hope of waiting it out. This is rarely productive given that change is often inevitable as systems and evidence-based practices evolve.

Shift this: Being able to see change as an opportunity rather than a threat is necessary and thinking about internal motivators for change for individuals can help shift perspectives.

'In any given moment we have two options: to step forward into growth or step back into safety.'

—Abraham Maslow

Controller

Controllers try to control and manage the effect of change around them. They adhere to details and tend to overanalyse and rely on information that supports their own views.

Shift this: Most people tend to respond better when efforts are collaborative, and their input helps shape the process. When we see change as temporary, we tend to cope with it rather than accept it.

Communicating change

Equally important to developing an adaptive mindset, is the communication of change. Communicate the how and why of change, to foster safety. Connect the reasons for change with the purpose of the team or organisation to bring everyone on the journey.

- Reassure people and be realistic, give context
- Provide resources and communicate clearly
- Be approachable and available for conversation
- Clarify what isn't changing, and outline what will change
- Give people as many choices as possible to increase buy-in
- Support people and be transparent
- Make sure people feel heard and understood
- Give opportunities for questions and feedback
- Be creative in ways of engaging people

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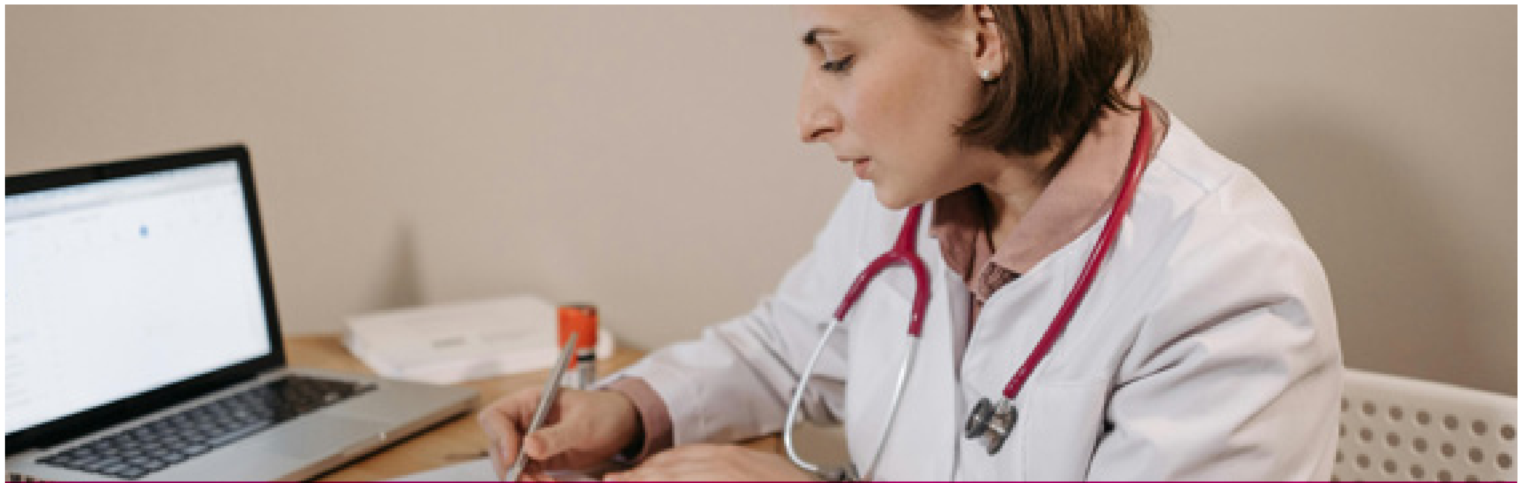

Navigating medicinal cannabis

Hester Wilson, Chief Addiction Medicine Specialist, Centre for Alcohol and Other Drugs, shares considerations for services for when a client presents and is using cannabis for medicinal purposes.

Over the past few years, the interest in the use of cannabis for medicinal purposes has increased. The Commonwealth and State and Territory governments have either used their current laws or passed specific laws to allow the prescribing and dispensing of medicinal cannabis products. Some jurisdictions have also passed laws allowing cannabis cultivation and manufacture for medicinal purposes.

NADA spoke to **Hester Wilson, Chief Addiction Medicine Specialist, Centre for Alcohol and Other Drugs**, to learn more about medicinal cannabis, and considerations for when a client presents using it.

What are the reasons medicinal cannabis might be prescribed?

While medicinal cannabis is not recommended as a first line treatment for any condition, it can be prescribed for a broad range of health issues. The best evidence exists for the treatment of some uncommon childhood epilepsies where other treatments have not worked. There is some evidence for medicinal cannabis for the treatment of spasticity in multiple sclerosis (MS). Other conditions where people may find some benefit from medical cannabis include chronic pain, insomnia, anxiety, depression, nausea and vomiting associated with cancer treatment and end of life care. There is however limited evidence to support use of medicinal cannabis for these conditions. There may also be a role for the use of medicinal cannabis in the treatment of cannabis dependence and opioid dependence. More research is needed to better understand how effective medical cannabis might be, and what conditions, including optimal dose, formations and route of use are most efficacious.

If a client presents and is using a medicinal cannabis product that was prescribed by a GP, how could that be managed by services?

Each service needs to assess what formulations they can allow in their service. For example, it may not be possible to accommodate vaped formulations due to the physical set up of the service. Each service needs to consider how the use of medicinal cannabis on the part of a person accessing the service may impact others accessing care. Medicinal cannabis only containing CBD is schedule 4 (S4). This means it is available on prescription, like many other medicines and is not considered high risk. Medicinal cannabis with more than 2% of THC in it is schedule 8 (S8) medication, like opioids, and should be managed the same way. It is important to consider the medication management system in your service including the safe storage of S8 medicines. Can your service securely store S8 medicines in an appropriate safe and dispense these medications to people in the service? Does the service ask people to manage their own medications and if so, can your service ensure that medications are not shared?

As part of treatment planning, it is a good practice for the medicinal cannabis prescriber to share details of the diagnosis, the dose, formulation of medical cannabis and duration of use prior to commencing treatment. This a list the person's other medications and health conditions.

Your service needs to consider if the use of medicinal cannabis is likely to adversely affect the person's ability to engage in care. CBD-only products do not impair thinking, are not considered a risk for driving and will not affect a person ability to engage in psychological therapy.

Navigating medicinal cannabis

continued

Is medicinal cannabis used to treat cannabis dependence?

There is some evidence that medicinal cannabis may be safe and useful in the treatment of cannabis dependence. More studies are being undertaken to understand this better.

Medicinal cannabis can be costly. Why might someone choose medicinal cannabis treatment?

The advantage is that medicinal cannabis is grown in controlled settings. This means the dose is known and there is lower risk of unwanted additives. It is legal, however it is important to remember that currently all cannabis containing THC is treated the same under drug driving laws.

What important questions should someone ask their prescriber if they are considering this form of treatment?

Someone considering medicinal cannabis needs to ask their prescriber:

- is there evidence of effectiveness for my condition?
- what dose, route, duration of use?
- what are the risks and benefits of this treatment for me?
- risk of driving while using the product?
- use of medicinal cannabis given other health issues and medications?
- what follow up and support can you provide?
- what cost for both consults and medications?
- if on opioid dependence treatment the cannabis prescriber needs to collaborate with the opioid dependence treatment prescriber.

Resources

NSW Health: Cannabis medicines and driving
Therapeutic Goods Administration: Medicinal cannabis: Information for patients

Medicinal cannabis 101

There are two medicinal cannabis medicines approved for use in Australia for specific clinical conditions: nabiximols (Sativex) and cannabidiol (Epidyolex). Other medicinal cannabis products available in Australia are 'unapproved' and may be accessed with a prescription from a healthcare practitioner. Further information about access pathways for medicinal cannabis is available on the medicinal cannabis hub.

Cannabis is likely to contain multiple active ingredients. The two that are currently of most interest are:

- **tetrahydrocannabinol** (THC), which is responsible for the psychotropic effects of cannabis. THC may also be responsible for some of the medicinal effects of cannabis such as reduction of nausea, vomiting, pain and muscle spasms as well as improvements in sleep and appetite.
- **cannabidiol** (CBD), which is not psychotropic and may be useful in the management of seizures, pain, and may have anxiolytic and antipsychotic effects.

Routes of administration

Medicinal cannabis comes in a wide range of formulations, from oils or sprays for oral and under the tongue use, to creams to put on the skin, to liquids and flower and leaf for vaping use. Medicinal cannabis should not be smoked.

Side effects

Cannabis medicines can have side effects. In general, the side effects of CBD-rich products are less than those for high-THC products. The known side-effects from cannabis medicines (both CBD and THC) include fatigue and sedation, vertigo, nausea and vomiting, fever, decreased or increased appetite, dry mouth, and diarrhoea.

Young people and vaping

Stock photo: Posed by models

Approaches to prevent and reduce harms for nicotine vaping use, particularly for young people, is in its early stages of development. How is the sector responding on the frontline?

In-person harm reduction

Sapphire Health and Wellbeing Service

What's the issue?

There were concerns from schools about increasing vaping trends among students. Schools reported that young people were not only leaving school to vape but also experiencing nicotine withdrawal symptoms while in class, impacting their ability to focus and learn. Additionally, some students faced suspensions and ongoing consequences, further disrupting their education. Wellbeing staff expressed that the main barrier to addressing this issue with students was the limited access to information to them in regard to harm minimisation.

What was your solution?

The Morning Vaping Program was developed in response to these issues. The youth team co-designed a before-school program that combined healthy eating, exercise, and informal discussions with a targeted group of young people, to encourage school attendance and overall wellbeing. The goal was to create a space where young people felt comfortable, allowing for authentic conversations about vaping and other substances.

Held at a local skate park, the program addressed accessibility challenges by providing transport for participants, many of whom lived in remote areas 40 minutes away. The initiative ran over one term, followed by a second program where initial participants became mentors, strengthening peer support and leadership.

Can you share results?

A key aspect of the program's success was its informal structure, which allowed youth workers to adapt daily discussions to the needs of the participants. This approach led to open and honest conversations, not just about vaping but also harm minimisation strategies for other substances.

Using ATOPS assessments at the beginning and end of the program, outcomes were tracked, with one participant anecdotally reporting motivation to quit vaping. The program not only provided valuable education but also fostered community, resilience, and positive behavioural change among young people.

A key outcome measure was the motivation of the young participants, demonstrated by their willingness to wake up and travel to the skatepark to engage in the program, even on cold winter mornings.

—*Molly Reynolds*

Based in Bega, the Sapphire Health nd Wellbeing Service is delivered by a consortium, led by Directions Health Services, in collaboration with consortium members: Grand Pacific Health; Katungul and partner GP practices: Bega Valley Medical Practice, Curalo Medical Clinic (Eden) and Bermagui Medical Centre.

Young people and vaping

continued

eHealth prevention

The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney

What's the issue?

Vaping is a critical behavioural issue in schools around Australia, that rapidly emerged in recent years. Data shows that 1 in 6 high school students have vaped recently, and 12-year-olds who have vaped are 29 times more likely to go on to try cigarette smoking. Youth vaping is on the rise, and in turn, the risk of a new generation dependent on nicotine. Young people are very impressionable and having information from evidence-based, reputable sources is a must.

What was your solution?

The OurFutures Vaping program provides young people with a toolkit of skills they can use in the real world to help prevent vaping and smoking.

We wanted to educate high school students on the harms of vaping, and empower young people to say no to e-cigarettes and tobacco cigarettes to improve their health and wellbeing. The evidence-based Vaping program, based on the effective OurFutures prevention model, cuts through misinformation, using a comprehensive harm-minimisation and social influence approach.

We've used the same effective method that has been used for the other OurFutures evidence-based programs. The program undergoes rigorous evaluation in a cluster randomised controlled trial (RCT), we have a whole scientific advisory committee; we draw on the evidence, and we put it all together into a cartoon story that engages young people. We've done this for a number of other substances over the past ~20 years, all with proven efficacy. For example, the one that we did for the OurFutures Alcohol program, found significant reductions in alcohol-related harms up to 7 years after the program when students were in early adulthood.

The OurFutures Vaping Prevention Program is comprised of 4 lessons. Each lesson contains a relatable 20-minute cartoon story, engaging interactive quizzes, and class discussion. This involves providing evidence-based information about e-cigarettes and tobacco smoking, normative education to correct misconceptions on use, and resistance skills training, as well as strategies to break the cycle of nicotine dependence.

Can you share results?

The program is still being rigorously evaluated in a cluster randomised controlled trial across 40 Australian high schools and 5,000+ students, so we cannot share all the data yet. However, initial results have shown that immediately after receiving the program, students had significantly reduced intentions to vape, as well as improved knowledge about the harms and risks associated with vaping. Over 8 in 10 students said the skills and information they learnt would help them deal more effectively with vaping situations in the future.
—*Francesca Wallace*

The Australian Government is now funding a nationwide roll-out of the OurFutures Vaping Prevention program to year 7-8 students across the country.

For more information, head to https://ourfuturesinstitute.org.au/vaping

Drug and Alcohol Health Services Library

The Drug and Alcohol Health Services Library is a state-wide service for all professionals in NSW who work with clients impacted by AOD issues. We aim to provide a high quality and responsive information service that supports and promotes evidence based AOD practice. We provide access to a wide range of Australian and international journal titles as well as books, reports, and other miscellaneous publications. We also have access to material held in libraries across Australia via inter-library loans. For those requiring subject-specific research, we provide comprehensive literature searches tailored to a client's specific requirements.

If you would like to find out how we can provide you with access to the latest in clinical management and research information please contact the library manager Mira Branezac on 95157430 or email mira.branezac@health.nsw.gov.au

Learning from 50 years of Aboriginal alcohol programs

A summary

Joanne Hoareau, Australian Indigenous HealthInfoNet

Learning from 50 years of Aboriginal alcohol programs: a summary highlights the lessons learned and key messages from reviewing 50 years of Aboriginal alcohol programs, with an emphasis on community-led programs. In the past, many programs have not been evaluated at all, or evaluated using methods that do not always acknowledge Aboriginal priorities or privilege Aboriginal voices. However, there are valuable insights to be learned from the last 50 years that are relevant to addressing similar issues today. Some of these are briefly outlined below.

Common components of successful primary prevention programs

Although the evidence is sparse for what works in primary prevention (preventing or delaying uptake of harmful alcohol use among healthy individuals), common elements of successful programs have been identified. These include:

- the importance of community leadership
- developing strategic partnerships
- having clearly defined objectives
- incorporating collation of data
- identifying pathways to achieving objectives.

Secondary prevention or early intervention

Secondary prevention or early intervention such as screening and brief intervention in primary healthcare and hospital settings are effective tools for helping to prevent harmful alcohol use. However, the use of screening and brief intervention in both Aboriginal primary health and other clinical settings faces several barriers, such as competing demands on clinicians time, a lack of confidence in using screening tools and a lack of referral options.

Treatment and rehabilitation

Aboriginal AOD treatment services have sometimes been limited by a narrow range of treatment options. Increasingly treatment services have begun to include cultural healing and to acknowledge the effects of intergenerational trauma.

There is an ongoing need for resourcing, training and supporting the Aboriginal AOD workforce. While the level of training among AOD workers has increased in recent years, treatment facilities continue to struggle to provide adequate remuneration, working conditions and workplace support. In addition, there is a continuing need to assess alcohol programs in a way that is both robust and culturally sensitive. An example of a model for assessing residential treatment is provided in the summary, which was developed by the Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) in partnership with researchers at the National Drug and Alcohol Research Centre (NDARC) (Shakeshaft et al 2018).

Alcohol restrictions

Tailored restrictions on the availability of alcohol, can be an effective approach to reducing harms from alcohol use, especially when there is a high degree of support from the community and the restrictions are backed by the law.

Licensed clubs controlled by the community are another approach to managing alcohol use. Some venues can be places for sociable drinking, however licensed clubs have generally not achieved the aim of reducing alcohol use harms, as they often become the sites of heavy drinking.

Community patrols

Other initiatives to reduce harms and keep people safe have been through community patrols. These are culturally appropriate ways for Aboriginal communities and organisations to monitor and maintain safety in a way that respects local cultural values. To work well they need community control and involvement and clearly defined roles with respect to the police.

Translating research into practice
continued

Key messages from Learning from 50 years of Aboriginal alcohol programs: a summary are that in addressing harmful alcohol use it is important to create responses that:

- build interpersonal relationships among key players both within Aboriginal and non-Aboriginal domains and especially across these domains
- recognise the importance of community control
- privilege Aboriginal perspectives and priorities
- in evaluating programs, incorporate Aboriginal criteria and ways of knowing as well as indicators grounded in Western scientific frameworks.

Learn more

The summary is available free to download from the AOD Knowledge Centre, along with an accompanying video and factsheet.
Learning from 50 years of Aboriginal alcohol programs: a summary

The full version of the book is also free to download from Springer publishing.
Learning from 50 years of Aboriginal alcohol programs: beating the grog in Australia

The Australian Indigenous HealthInfoNet Alcohol and other Drugs Knowledge Centre is a national web resource that provides a comprehensive collection of publications, health practice and promotion resources, program information and professional development information aimed at supporting the workforce to reduce harms from alcohol and other drug use for Aboriginal and Torres Strait Islander people. They also regularly commission reviews of specific topics relevant to Aboriginal and Torres Strait Islander health and reducing harms from AOD use.

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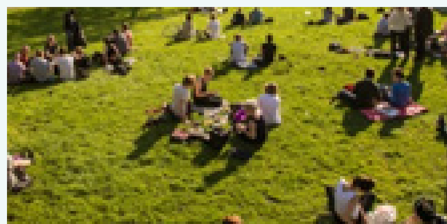
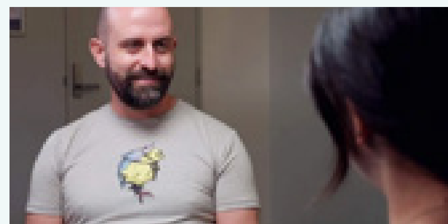
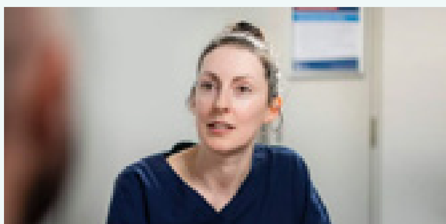
Shakeshaft A, Clifford A, James D, Doran C, Munro A, Patrao T, Bennett A, Binge C, Bloxsome T, Coyte J, Edwards D, Henderson N, Jeffries D. (2018). Understanding clients, treatment models and evaluation options for the NSW Aboriginal Residential Healing Drug and Alcohol Network (NARHDAN): a community-based participatory research approach. Prepared by the National Drug and Alcohol Research Centre (UNSW Sydney) for the Department of the Prime Minister and Cabinet, Canberra ACT.

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

NSW GOVERNMENT | Health

Effective responses to new psychoactive substances

By Dr Suzie Hudson, Clinical Advisor

In the evolving landscape of substance use, AOD treatment providers must adapt to emerging challenges posed by new psychoactive substances (NPS). NPS are synthetic or altered drugs, designed to mimic the effects of traditional substances. Often little is known about their long-term effects, risks, and potential for dependence.

To effectively respond, we can provide information about the effects, and ways to reduce harms of NPS; this is a powerful tool in harm reduction, prevention and treatment. Each Clinical Care Standard provides the perfect opportunity for brief interventions from Intake (standard 1) all the way through to Transfer of Care (standard 6), and sharing current information about NPS is an important part of this support.

Empower with information

Many people who use NPS are often unaware of the substances' potency or potential harmful effects. By providing clear, current and accessible information, we can empower them to make informed decisions, and how to reach out for additional support should they need it.

Providing information as part of each AOD Clinical Care Standard includes details on what we know about a NPS, the unpredictability of their effects due to variation in chemical compositions, and how they may differ from more familiar substances in terms of both acute and chronic risks/harms. These honest and informative conversations can help reduce stigma surrounding NPS use and are examples of brief interventions that reduce harm. Equally, educating individuals about the signs of dependency, withdrawal symptoms, and the long-term impacts of regular use can encourage engagement in brief interventions, and treatment should that be what they are seeking.

For those already engaged in treatment, continuing education on NPS and its effects can be vital in reinforcing the importance of harm reduction strategies and ways of keeping themselves and people they are connected with, safe.

For up-to-date information, visit:

- NSW Health Drug Alerts
- NCCRED (National Centre Clinical Research on Emerging Drugs)
- NUAA (NSW Users and AIDS Association)

An opportunity for intervention

Brief interventions for NPS can be part of opportunistic conversations around harm reduction, prevention, or when in contact with a person in treatment, as part of each Clinical Care Standard. This may involve a clinician asking targeted questions, using motivational interviewing techniques, and providing personalised feedback about the potential effects of NPS use.

For people who may use NPS, brief interventions are especially beneficial as they help address the immediate concerns that arise from experimenting with unpredictable substances. They can help people understand the specific harms associated with their use, encourage them to adopt harm reduction strategies, and/or engage in AOD treatment.

Providing information, education, and brief intervention is essential. People often come to treatment with varying levels of awareness and understanding of their NPS use. We can provide them with information to make informed decisions. We can deliver interventions to encourage them to adopt harm reduction strategies, engage in AOD treatment, and relapse prevention. These efforts are truly empowering!

Member profile
Oakdene House

Oakdene House is a non-profit organisation that has been operating in Fairfield (Western Sydney) for 13 years. We are dedicated to helping individuals struggling with addiction, including alcohol and gambling. Our approach is different—it is holistic, with a strong focus on removing stigma.

At Oakdene House we offer a range of services, including counselling, support groups and community outreach programs.

Beyond addiction services, Oakdene House also provides community support through our additional initiatives: Oakdene Kitchen and Oakdene Ladies Boutique.

At Oakdene Kitchen we offer free nutritious meals to those in need. Oakdene Ladies Boutique empowers vulnerable women by providing clothing and beauty services such as haircuts. (Entry to the boutique is via a $2 gold coin donation for the clothing hub and $5 to use the salon).

In an effort to always have our clients' wellbeing at the forefront of everything we do, Oakdene House will open their new laundrette in 2025. This facility will allow people in the community who may be impacted by cost-of-living pressures to wash and dry their clothes in a supportive environment.

Oakdene's focus is on rehabilitation, holistic wellness and providing a safe place for those who need it, in turn removing the stigma and shame people often face when they reach out for AOD support.

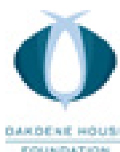
A new era of Oakdene House

2025 is going to be a transformative year for Oakdene House, as we open the doors to our new Oakdene House rehabilitation facility—a state-of-the-art problem gambling and alcohol addiction treatment centre.

The purpose-built facility will be a global first-of-its-kind and will offer free services to any Australian in need. Our new centre will feel like a wellness retreat, featuring ultra-modern amenities and dedicated program spaces, including a calming Zen Garden situated within an expansive outdoor area.

This new centre has been a work in progress for many years—it has always been Oakdene's ultimate goal, so we are extremely proud to see it coming to fruition.

Contact



Address 1 Dale Street, Fairfield, NSW 2165
Phone 8717 0999
Email admin@oakdenehouse.org.au
Web www.oakdenehouse.org.au

Current opportunities

>> Apply now AOD Awards for the NSW Non-government Sector. **Closes 4 April.**
>> Express your interest CCWT 2-day online workshops. **Limited fee-free places available.**
>> Apply now AASW supervision training. **Express your interest ASAP.**
>> Apply now AASW Putting theory into practice: Core skills. **Apply ASAP.**

Profile

NADA board member

Monique Cardon
Chief Executive Officer

How long have you been associated with NADA?

I joined the NADA Board in November 2023. As someone new to the AOD sector, I saw it as a great way to learn from sector leaders—and I was right!.

What does an average day look like for you?

'Average' isn't really a thing in our world! My day is a mix of admin, connecting with staff, and spending time with clients. I make a point of welcoming each new client personally—letting them know how glad I am they've come to Kamira. The best days? Graduation days! Watching a client celebrate their journey after months of hard work is emotional, uplifting, and always ends with our beautiful tradition—clients and staff linking hands to form an arch to send them off with love and respect.

What experience do you bring to the NADA board?

I've worked in the community sector for over 30 years—across children's services, aged care, disability, volunteering, homelessness, and now AOD. I've also served on several community boards, including as Chair of Central Coast Community College, Community Options Australia and Wyong Neighbourhood Centre. With an MBA and experience in finance, HR, risk management, and governance, I can contribute to most conversations.

What is the most interesting part of your role?

I'm excited to be part of NADA's push for bold, evidence-based reforms that improve the lives of people who use drugs. NADA's focus on reducing stigma, supporting decriminalisation, and promoting person-centred care is inspiring—and I'm keen to help drive those changes.

What else are you currently involved in?

I'm a proud member (and Secretary) of the Rotary Club of Gosford City—raising funds through everything from BBQs to comedy nights. Recently, we supported a school project in the Philippines, and I'm heading over in April for the handover. On a personal note, I share my home with Margot, my four-year-old staffie—an excellent companion. I'm also a proud grandparent and love spending time with my nearby granddaughter. Originally from New Zealand, I head home a couple of times a year to catch up with family and friends.

A day in the life of...

Sector worker profile

Clancy Beckers (they/them)
Drug Checking Peer Service Lead, NUAA

How long have you been working with your organisation?

I've been volunteering with NUAA since 2019. and have since worked in festival harm reduction, peer workforce development, and now lead NUAA's drug checking peer service.

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

My journey has been shaped by lived experience, frontline work, and a deep curiosity for understanding how things work.

What does an average work day involve for you?

Currently, my work focuses on building NSW's drug checking peer workforce—developing accessible training, supervision frameworks, and ensuring peer workers are well-supported. I also collaborate on NSW's drug checking protocols and contribute to NUAA's broader harm reduction programs and policies. It's a mix of strategy, advocacy, and implementation to make drug checking a meaningful service for people who use drugs.

What is the best thing about your job?

The best part of my job is using my peer workforce development experience to build a brand-new drug checking peer workforce. Seeing it take shape and knowing it will have a real impact is incredibly rewarding.

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

I'd love to see stronger, sustainable investment in peer-led services in the AOD sector. We need funding structures that value peer expertise and ensure long-term support through advocacy, cultural shifts, and policy reform.

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

For self-care, I make sure I'm learning about my other interests outside of work. Having personal projects helps me stay connected to different parts of myself and maintain balance.

News and events

Tony Trimingham OAM retires

Due to health reasons, founder of Family Drug Support, Tony Trimingham OAM, has retired from the role of CEO of the organisation and is moving to the role of Patron and Founder.

Family Drug Support is Australia's only national family organisation for people dealing with substance use issues. The model has been replicated and is used around the world.

'It has been an honour and privilege to help and support so many families over the past 28 years, you have been inspiring and returned that help and support in ways that I could not imagine possible after Damien's passing,' said Tony.

Tony won the Outstanding Contribution Award in the 2016 AOD Awards for the NSW Non-government AOD sector.

NADA's multicultural AOD network

NADA is excited to be establishing a Multicultural AOD Network—a supportive space for multicultural AOD workers, to come together, share experiences, and help guide best practice in cultural inclusion, safety and diversity across the sector. This initiative will provide a platform to foster collaboration, build a strong community, and enhance the cultural responsiveness of services in the AOD field.

Express your interest in being part of this exciting new network! Download information [PDF].

How to apply
Please submit your expression of interest by briefly outlining a little about yourself, your professional experience, and why you would like to be part of the Multicultural AOD Network to Yasmin Iese.

Be involved to help shape a network that truly reflects the diversity of our communities!

Do you have a RAP?

Reconciliation Australia (RA) encourages organisations to create or join an industry network group to allow organisations within the same sector who are committed to advancing reconciliation to collaborate together. For any member service organisation interested in participating in a Reconciliation Industry Network Group (RING), please complete RA's Reconciliation Industry Network Group (RING): Expression of interest form. If there are more than 4 EOIs are received, RA will assist in setting up a RING.

To check which organisations already have a Reconciliation Action Plan (RAP), refer to Who has a RAP

Policy toolkit

The NADA policy toolkit provides you with easy access Word templates assisting you with compliance, to stay aligned with legislation and maintain your accreditation.

New policies added recently:

- Clinical supervision
- Safer spaces

NADA is continuously reviewing these policy templates and values member feedback. Email your comments or questions to Majella Fernando.

Tune up your service

Enhance the quality of your service and the experiences of people accessing support. NADA can support you to assess your service and make a plan for action! Email us to:

- increase consumer participation
- enhance cultural safety for First Nations people
- Improve cultural inclusion.

NADA network updates

NADA practice leadership group

The NADA Practice Leadership Group met on 12 February for their first meeting for 2025. The agenda included a short training session on LGBTQ+ Inclusion: A Leadership Conversation, provided by ACON as part of NADA's ACON membership. In addition, the Ministry of Health requested input from the group about their pilot Workforce Development (WFD) Package and valuable input and knowledge were provided for incorporating into the pilot.

The information sheet on the Facts about NGO residential treatment services was drafted following input from the group and will be reviewed internally before being shared with member services.

Nurses network

At the last meeting held on 24 February, the network discussed the importance of having a standardised template for withdrawal risk assessment for NGOs. Network members were asked to provide on an example set of criteria. The Ministry of Health provided a link to the updated training website and information about the Lyn Gardner scholarship program for nurses.

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 organisation and would like to be a part of the network, please email us.

Women's clinical care network

The Women's Network held their first meeting for 2025 on 19 February. Discussions have been held around screening for DFV by services and a recognition for a more consistent application and the use in additional treatment settings such as day programs. There is interest in NADA organising or hosting related training for workers. A presentation by Curran Place, a four-bed withdrawal facility for women with small children in Victoria was attended by members from across the NADA networks. This presentation was discussed with interest from a couple of members of the Women's Network in developing recommendations and a brief which NADA's clinical director can take to the Ministry of Health.

There was good input from network members regarding the standing agenda items in response to a request from the Chair for members to reconsider areas that are of interest and relevance for future meetings. It was agreed to hold the next meeting in person at the NADA boardroom in May.

If you are representing a current NADA member organisation providing AOD services and/or support to women and would like to become an active network member, please email us.

CMHDARN

CMHDARN encourages people conducting research and evaluation to engage in an informal peer-review process focusing on ethical issues. The CMHDARN **Research Ethics Consultation Committee** (RECC) provides ethical guidance to researchers and research participants, offering a forum for informal consultation and guidance on ethical matters in research within the mental health and AOD sectors.

The RECC can assist with:

- reviewing project proposals, methodologies, and data collection tools from an ethical perspective
- providing ethical reviews for CMHDARN and partner-organisation research projects that do not require approval from another institution (e.g., a Human Research Ethics Committee)
- guidance on engaging with individuals with lived/ living experience and incorporating their feedback into research data and publications.
- approval for CMHDARN/NADA/MHCC to support, participate in or promote a research project
- information on ethical standards and practice guidelines relevant to the mental health and AOD sectors.
- Advice and support for an application to a Human Research Ethics Committee.

To learn more visit the website.

NADAbase update

Mei Lin Lee PhD

NADA

Reporting

NADA reported members data to the following people:

- National Minimum Dataset (NMDS) for FY23/24 data collection to AIHW for members who receive Commonwealth funding and Primary Health Network (PHN) funding
- Monthly minimum dataset to InforMH for members who receive Ministry of Health funding
- 1st Quarter for FY 23/24 (Oct – Dec 2024) data report (including outcomes data) for members who receive Primary Health Network funding
- Jan-June 2024 biannual data report to Ministry of Health for members who receive funding for the Continuing Coordinated Care (CCC) and Methamphetamine programs

What's new?

- **NADAbase tutorials**
- **NADAbase cheat sheet** for quick guidance for efficient use of NADAbase

What are we working on? Watch this space

- **Improving outcomes dashboard** to include days of using substances
- **Adding new data items** to include information on pregnant women, number of children accompanying adult admissions and people currently involved with DCJ service
- **Updating data dictionary**
- **Preparing the NADAbase snapshots**

We want to hear from YOU

We will also be conducting a scoping review for our members who have expressed interest in transitioning our current NADAbase into a Client Management System (CMS).

For all queries relating to NADAbase, please email nadabasesupport@nada.org.au.

The great NADA road trip

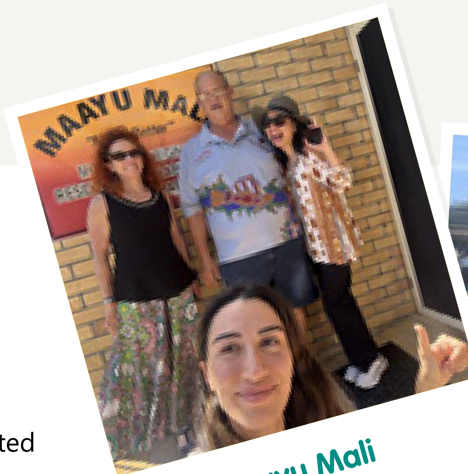
By Samantha Taouk

The NADAbase team, accompanied by NADA's clinical director, took a 4-day roadtrip to connect with dedicated AOD workers across western and northern NSW.

This journey began in Sydney, with stops in Orange, Woodstock, Nyngan, Gongolgon, and Moree before returning to Orange and Sydney. Along the way, they visited three Aboriginal -led residential rehabilitation services (Weigelli, Orana Haven, and Maayu Mali) and two additional organisations (Lives Lived Well and Mission Australia) that provide services to a broader cohort.

The team engaged with both data specialists and frontline professionals, to gain insights into rural and regional data and resource challenges. At each stop, the team was welcomed with legendary hospitality, and meetings resulted in concrete action plans and a wealth of valuable information to bring back to NADA.

The roadtrip was truly one for the books, and the team eagerly anticipates future road trips to other parts of NSW!



Maayu Mali

Weigelli

Orana Haven

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

Learn about NADA and our members

Advocacy highlights

Policy and submissions

- NADA provided a Pre-budget submission [PDF] to the NSW Treasurer and Health Minister following the NSW Drug Summit requesting an increase in funding to the NGO AOD sector over 5 years.
- NADA contributed to the public consultations to support the set up of the Australian Centre for Disease Control (Australian CDC), particularly how it relates to the use of health data and how the CDC can build trust with the Australian public.
- Sent a letter to the NSW Ministry of Health regarding the procurement and contracting arrangements for NSW NGO AOD services.

Advocacy and representation

- NADA is on the Secure Jobs and Funding Certainty Leadership Group led by DCJ to implement long term funding arrangements for AOD NGOs. The first tranche of contracts moving over to 5 years will be the Ministerially Approved Grants (MAG).
- NADA met with the Federal Health Minister to discuss AOD funding, particularly DATSM.
- NADA engaged with the Stakeholder Engagement team with the Long Service Corporation on the NSW Portable long service leave scheme which is soon to be implemented in NSW. NADA is preparing a webinar for members in collaboration with the Long Service Corporation and Accounting for Good. Through the NGO Advisory Committee, NADA and other peaks have advocated to NSW Health that the cost of the scheme needs to be included in funding to NGOs and should be factored into indexation.
- NADA received member feedback on rising costs of insurances and workers compensation. Member consultation confirms importance of focus on worker psychological safety and staff wellbeing initiatives. NADA is in liaison with NCOSS and the MHCC regarding broader sector advocacy on the rising costs.
- NADA held a 'Safe Men: Safe communities' forum for members in November 2024 to consult on key advocacy areas for action. This includes greater cross sector coordination, stronger investment in men's behaviour change programs and associated facilitator training, funding for clinical supervision.
- Held meetings with DVNSW, ECAV 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.

NADA continues to represent the sector with key stakeholders and by attending high-level meetings. Staff present at conferences and events, and are published in journals.

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

Contact NADA

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