Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 3: September 2025

Collective impact

NADA
network of alcohol and other drugs agencies

CEO report

Dr Robert Stirling NADA

Welcome to this issue of the Advocate, where we explore the collective impact in the alcohol and other drugs (AOD) space. In a time of increasing complexity and demand, NADA members continue to demonstrate resilience, innovation, and a commitment to collaboration to meet the needs of NSW communities. Collaboration has the power to drive systemic change—at the service and policy level.

Collective impact is not just a slogan—it's a framework that recognises that no single organisation can solve complex social issues alone. It's about aligning efforts, shared care and/or policy review, and building trust across diverse stakeholders. In the AOD sector, this means working together across health, justice, social services and education sectors to ensure that people who use, or have used drugs, are met with compassion, evidence-based care, and culturally responsive services.

In this issue, you'll hear from NADA members and stakeholders who are leading or innovating collaborative initiatives—from working with families and friends, to partnering with other services to provide seamless care.

Collective impact is also taking place in the policy arena. The Secure Jobs and Funding Certainty Leadership Group has representatives across all NSW Government agencies that fund NGOs and key NGO peak representatives to implement the Roadmap. We are now starting to see the initial success from the implementation, with the first tranche of NSW AOD contracts moving to 5 years for NGOs providing Drug Court and MERIT services. We are hopeful the Ministerially Approved Grants will be next from 1 July 2026. A whole of NSW government NGO Funding Framework and a Jobs Compact is close to being finalised, as well as exploring a standardised NSW Government NGO funding agreement and a pre-qualification scheme to reduce the burden when tendering.

NADA has also brought together the collective views of members in a response to the NSW Drug Summit Report. The response outlines the specific needs of members against the 12 priority areas detailed in the Report. While we wait for the NSW Government to respond, we have sent the response to media and key NSW parliamentarians, and have commenced meetings to ensure members of parliament are informed before it is discussed at NSW Cabinet.

In recent news, The Hon. Mark Butler MP, has reinstated the Inquiry into the health impacts of alcohol and other drugs in Australia. The Committee will continue to be led by Dr Mike Freelander MP. For those who didn't put in a submission last time, you can do so by 31 October 2025. Read NADA's submission [PDF] here. Finally, we had hoped the Drug and Alcohol Program evaluation report would be publicly available, however, we understand that there have been delays in finalising the report. We will keep members updated when we have more information.

We hope that you enjoy this issue of the Advocate, showcasing a few examples of the strength, partnership and innovation that defines our sector.

We look forward to seeing members at the NADA Annual General Meeting in November 2025.

How do you collaborate with other services

Samantha McBean Rosalie House and New England Outreach Team Leader, St Vincent de Paul Society NSW

In regional areas, where resources may be limited and clients often face complex social and health challenges, collaboration with other services is not just beneficial—it is essential. At the Rosalie House non-residential AOD day program, we prioritise strong partnerships and integrated care as key to achieving sustainable outcomes for the individuals we support.

Our team actively collaborates with a wide range of services including mental health, corrective services, housing and homelessness supports, domestic and family violence services, GPs, legal services, employment agencies, youth services, and culturally specific organisations. These relationships are built on mutual respect, regular communication, and a shared commitment to client wellbeing.

We begin by working with referral sources to ensure we have a comprehensive understanding of each client's needs and history before they enter our program. This may include shared intake planning or warm handovers to help ease the transition into our service. Once a client is engaged, we continue to maintain open lines of communication with relevant external support networks.

Where appropriate, we co-develop care plans in collaboration with other professionals involved in the client's journey, such as case managers, counsellors, or correction officers. This ensures that each aspect of the client's recovery is addressed in a coordinated manner. By aligning goals and interventions, we reduce duplication and increase the consistency of support across services.

Our program also takes a proactive approach to community engagement. We attend interagency and network meetings regularly, not only to share updates and learn from other service providers, but also to identify opportunities for joint initiatives, referrals, and improved pathways for clients. We welcome other services into our group program space for information sessions, guest presentations, or on-site support, recognising the importance of accessibility and familiarisation for both clients and partners.

In addition to service-to-service collaboration, we value community-led and peer-based approaches. We often connect clients to local lived experience groups, NA/AA meetings, parenting programs, or culturally specific healing initiatives to build social support and increase resilience beyond formal treatment settings.

Furthermore, we recognise that for many clients, the therapeutic journey does not occur in isolation from broader life circumstances. Our outreach service provides flexible, community-based support to individuals who may face barriers accessing traditional drug and alcohol services, ensuring care is delivered where it's most needed.

Ultimately, our collaborative approach helps break down silos, reduce barriers to access, and build a strong safety net around the individual. This model supports clients to stabilise, engage meaningfully in their recovery, and maintain long-term positive change within their community.

Jessica Toole North West Regional Manager, St Vincent de Paul Society NSW

I oversee multiple programs across a vast area. In regional and rural settings, delivering AOD support means navigating limited resources, great distances, and complex client needs. Yet, it also offers unique opportunities to build strong, community-based partnerships that enhance outcomes and provide truly holistic care.

Across the North West, our programs actively partner with local health services, housing and homelessness agencies, mental health teams, First Nations organisations, and the justice system. This collaborative approach recognises that AOD use rarely exists in isolation—it's often linked with trauma, chronic health issues, housing instability, and social disadvantage.

Housing and homelessness partnerships are central to recovery. At Freeman House, we have a co-located Specialist Homelessness Service (SHS) for men, ensuring seamless support for male clients at risk of homelessness. We also maintain strong referral pathways and connections with women's housing services across the region, helping female clients secure safe, stable accommodation. These partnerships help prevent discharge into unstable environments, supporting ongoing recovery.

Strong relationships with the justice system—including community corrections, local courts, and diversion programs—allow us to advocate for clients and support them through legal challenges. Using a strength-based approach, we collaborate closely with justice partners to focus on clients' capacity for change. Consistent communication and shared goals help address substance use while reducing reoffending risk.

Equally important are our partnerships with Aboriginal Community Controlled Health Services (ACCHOs) and local Elders, ensuring culturally safe, respectful, and accessible services. These collaborations include community engagement, culturally-informed staff training, and ongoing consultation to embed cultural responsiveness. Through these relationships, we support First Nations clients in ways that honour their identity, strengths, and connection to community.

Our regular Coffee and Cake gatherings provide informal, welcoming spaces for clients to engage with staff and visiting service providers. Supported by volunteers, these onsite sessions allow other community services to connect directly with clients in safe, familiar environments. This relaxed setting builds trust, reduces barriers, and empowers clients to learn about supports comfortably.

In practice, partnerships come to life through case conferencing, integrated care plans, MOUs, and shared spaces. We've been fortunate to establish a Regional AOD Connection Hub, a central place where clients access AOD support and primary healthcare. Clients are supported in identifying and accessing referrals to services that meet their individual needs. Outreach staff act as connectors—linking clients with multiple supports and advocating across systems. The ongoing growth of the Hub depends on these strong collaborative partnerships.

Despite the challenges of regional service delivery, these efforts show what's possible when organisations unite with shared purpose. For many clients with complex needs, it's stigma, language barriers and data collection in datasets. challenges. We hope to see a future where the issues and needs of multicultural communities are accurate reflected.

More importantly, we hope to see a future where the strengths, practices and wisdom of multicultural communities are recognised in addressing AOD issues.

We believe that society is enriched by the diversity of culture and hope to see more programs that are led by the community, for community that'll translate to better support for individuals and families and ultimately a brighter, kinder future for multicultural communities.

Claire Clifton Manager
William Booth House, The Salvation Army

We believe that strong partnerships lead to better outcomes. By working closely with South Eastern Sydney Local Health District (SESLHD) and other health organisations, we've been able to expand the support we offer to people navigating AOD challenges. From boosting medical services in our Withdrawal Management Unit to launching onsite hepatitis C testing, these collaborative efforts are helping us reach more people with the care they need, when they need it.

Withdrawal management and medical support with SESLHD

In partnership with SESLHD, we have continued to strengthen the medical support available to participants accessing our Withdrawal Management Unit. Building on our existing collaboration, we expanded our services in July by introducing an additional weekly clinic. This enhancement has ensures that individuals can access timely and appropriate care.

We recognise that effective withdrawal from AOD requires matching individuals with the most suitable treatment setting—whether that be more or less intensive. WBH offers a lower-intensity alternative to hospital-based care, ideal for individuals whose needs exceed what can be safely managed in a community setting.

Our partnership with SESLHD also facilitates seamless transitions for patients who begin their withdrawal journey in hospital. Once stabilised, they can be safely transferred to our unit to continue their care in a supportive, non-hospital environment.

Thanks to the ongoing support of SESLHD, we are now able to offer up to six admissions twice a week, significantly improving access to essential withdrawal management services.

Hepatitis testing and raising awareness at William Booth House

In response to a high number of participants at risk of hepatitis C, William Booth House launched a collaborative initiative with SESLHD and Hepatitis Australia to improve access to testing and follow-up care. Many of our residential rehabilitation participants expressed interest in testing but had previously faced barriers to accessing it. With support from SESLHD's Viral Hepatitis Clinical Nurse Consultant and Hepatitis Australia's NSW Point of Care Testing Team, we developed a tailored plan for onsite testing.

Participants were informed about the simplicity of the process and the importance of early detection, especially since hepatitis C can be asymptomatic and impact liver health long-term. So far, over 70 individuals have been tested. We're proud to continue this vital work and remain committed to raising awareness and offering regular testing in partnership with these partners.

Changes to William Booth House

The Salvation Army has recently started a two-year refurbishment of William Booth House. During this period, services will continue at alternate locations.

The Withdrawal Management Unit has relocated to 5–19 Mary Street, Surry Hills, alongside TSA's Homelessness Services. The Residential Rehabilitation Service will move to Dooralong Transformation Centre. A new day program, Foundations Central, will also launch at Mary Street, offering community-based AOD support.

For **Withdrawal Management Unit** enquiries contact 02 8644 0241 or wbhwithdrawalunit@salvationarmy.org.au

For **Residential Rehabilitation** enquiries contact 02 9395 6100 or aodcentralisedintake@salvationarmy.org.au

For **AOD Day Program** enquiries contact foundationscentral@salvationarmy.org.au.

Language matters

Stock photo: posed by models

Whether you work in the AOD sector, other health and social services, government or media, ensure your words reflect and support the people we work alongside, and the supports they receive. By Jennifer Uzabeaga, NADA

Language isn't just about communication; it's clinical, cultural, and powerful. In the AOD sector, the words we use shape how people experience the support they receive and their perception of themselves. Words can build trust, create a safe environment, and encourage therapeutic relationships, or they can stigmatise people, create barriers, and negatively impact outcomes.

People with experience of AOD continue to face some of the most deeply rooted stigmas in our society. While no single worker can eliminate stigma on their own, we can all lead change through the language we choose. For people accessing support, words aren't just semantics; they can be signals of how they'll be seen, heard, and treated.

Many everyday terms in AOD carry hidden weight. Labels like 'addict', 'clean', 'recovery', 'non-compliant', or 'user' may be common, but they can dehumanise, reduce trust, and increase shame. In practice, this can lead people to avoid seeking support, reduce transparency, or disengage completely.

The shift toward person-centred, respectful language is simple and powerful. Try these changes in your everyday work:

- 'Person who uses drugs' instead of 'addict'
- 'Positive drug test result' instead of 'dirty urine'
- 'Treatment is not suitable' instead of 'non-compliant'
- 'Person disagrees' instead of 'resistant'

But what about when someone chooses identity-first language, such as 'addict' or ' recovery'? Many people reclaim these terms with pride, often through twelve-step programs that have been vital, peer-led sources of support for decades. That choice deserves respect. As workers, we should honour identity while modelling person-first language in our own communication. This reflects our role as professionals and acknowledges that outside of those personal contexts, these same terms can be experienced as harmful or stigmatising.

This isn't about being politically correct. It's about clinical effectiveness, trauma-informed care, and person-centred practice. Respectful language enhances engagement, builds stronger therapeutic relationships, and helps people feel seen and safe.

Frontline workers are the culture shapers of the AOD sector and the face that people accessing services will remember. Lead by example: reflect on your language, revise documentation, speak up in team meetings, and centre dignity and client autonomy in every interaction. These small shifts make a big difference in reducing stigma and supporting people's self-determination.


language matters
When working with people who have or do use alcohol and other drugs...
Try this
Instead of this

What you can do

Please check out the updated NADA and NUAA Language Matters guide. This has been collectively reviewed and updated by people with lived and living experience of AOD, as well as sector workers. It provides the context and nuances for frontline workers to be aware of when working with people.

This article was originally published in our monthly email, Frontline. Subscribe to increase your skills and knowledge with best practice articles, resources and training.

Empowering rural families

Stock photo: posed by models

Most AOD services focus on the person seeking support for their own substance use, so what happens when we extend care to their loved ones? By Professor Julaine Allan, Ms Heidi Gray, Dr Nicole Snowdon, Dr Nicola Ivory, Dr Kedir Ahmed (Charles Sturt University) and Dr Matt Thomas (Marathon Health)

Ben was used to the phone ringing in the middle of the night. Pete, his son, called regularly. Heavily intoxicated and suicidal, Pete would be intermittently abusive to his father and tearful about the problems in his life. Pete hung up to end the call; or he'd fall asleep. Even though Ben knew the call would be stressful, he was scared not to answer, in case it tipped Pete over into taking his own life. Mary, Ben's wife, was at a loss about what to do; friends had suggested cutting off all contact with Pete. But Ben and Mary didn't want to abandon him.

Families often bear the brunt of someone's substance problems. There can be financial impacts, broken relationships, isolation and blame. Blame that the family caused or worsened the problem, or that they're not dealing with it appropriately.

But few AOD treatment episodes are provided to family or friends. In the AIHW's 2023–24 AOD treatment episodes report, only 9% of all treatment episodes nationally (9,310 people) were for those seeking support for someone else's substance use.[1]

Most AOD services are focused on people who are seeking treatment for their own substance use and are not designed to work with family members. For family members seeking help, the system can be confusing.

Rachel's story

Released from prison after serving time for using and selling drugs, Rachel's son got straight back into it. She felt he was in a cycle of drug use, debt and prison; and he didn't know how to get out. Rachel wanted to change the situation and keep her relationship with her son.
Her mental health was deteriorating from stress and worry. She tried to get support from counsellors but was told she needed to deal with her own issues elsewhere and that her son would seek help when he's ready. She also sought a mental health care plan from her GP. 'When I said it was for problems related to my son's drug use, she said the care plan doesn't cover that,' Rachael said. 'The stress I was feeling, the impact on me, wasn't recognised.'

Community reinforcement and family training

Ben, Mary and Rachel shared their stories as part of research conducted by Charles Sturt University's Rural Health Research Institute. For 12 months, the Family Empowerment Program was run by the Institute to provide family-focused therapy for people affected by someone else's substance use. The program was offered across rural Australia with practitioners trained and accredited to provide Community Reinforcement and Family Training (CRAFT) therapy.

The program was made available to people who responded to a Facebook or Instagram ad offering free counselling for family and friends. We used geolocated ads to focus on reaching people in rural and remote locations. For people in these areas, healthcare is harder to access, and living in a small community can limit services even more. As one participant, Sue, told us, 'I know the way some people talk, and they shouldn't, but I didn't feel I could find a safe space to get someone to help me.'

Translating research into practice

continued

While counsellors in small towns can practice ethically, it doesn't mean their clients want to share personal stories with them—then see them at the shops or at social events. The online aspect of the Family Empowerment Program was a critical part of making the program accessible regardless of where people lived. We had participants from all states, the Northern Territory and even Christmas Island.

What makes CRAFT different from other family support programs?

CRAFT is an evidence-based talking therapy that works with family and friends of people managing their substance use. The research evidence shows that CRAFT improves the wellbeing of family members who attend the sessions, while also helping them support their loved one to reduce substance use and engage in treatment.[2] Using motivational interviewing and cognitive behavioural therapy techniques, CRAFT teaches people to communicate differently with their loved one, to problem solve in a structured way, and to work out ways to look after themselves as a priority.

CRAFT is customisable so therapists can work within the structure to respond to the individual challenges people are facing. The program provides people with skills and strategies specific to their situation and promotes change while recognising that people want to maintain their relationships with their loved ones.

Ben and Mary had attended a group support program that they really valued but they needed something more. 'You just need some simple skillsets, and just a way of analysing what you're doing, to just help—you know, even if it doesn't a hundred per cent cure everything, at least it's giving you something to work towards,' Mary said.

The results of the study

Our randomised controlled trial[3] proved that CRAFT was effective in reducing depression and increasing life satisfaction and problem-focused coping for participants (n=126). Stress and anxiety levels also improved but results were not statistically significant. This is the first evidence from Australia for the CRAFT program, and it was delivered online to people in rural and remote areas.

Next steps

We provided CRAFT for free to people with a grant from the Commonwealth Department of Health and Ageing. With the conclusion of funding, the program has ended. We have 6 trained and accredited psychologists who continue to offer CRAFT in their practice but it's not enough to scale up the program.

Would your service like to offer CRAFT to family members so that when their loved one came home from rehab, they would have a different way of supporting them?

Let's explore how we can make this happen. To learn more about CRAFT and the Family Empowerment Program, please contact Professor Julaine Allan or Heidi Gray at the Rural Health Research Institute.

Listen to participant experiences in our podcast about the program

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2. Roozen, H. G., Boulogne, J. J., van Tulder, M. W., van den Brink, W., De Jong, C. A. J., & Kerkhof, A. J. F. M. (2004). A systematic review of the effectiveness of the community reinforcement approach in alcohol, cocaine and opioid addiction. Drug and Alcohol Dependence, 74(1), 1-13. https://doi.org/10.1016/j.drugalcdep.2003.12.006
3. Gray, H., Ivory, N., Snowdon, N., Ahmed, K., Thomas, M., & Allan, J. (2025). Online Community Reinforcement and Family Training (CRAFT) for Concerned Significant Others in Rural Australia: A randomized controlled trial. Qeios. https://doi.org/10.32388/QH8NXO

Leading with connection

Michele Campbell NADA

The role of leadership is more than managing resources or implementing programs, it's about fostering genuine connections. As leaders, our ability to connect with individuals and communities is the cornerstone of creating meaningful change.

At its core, leadership in community services is about people. It's about understanding their stories, their struggles, and their strengths. Connection is the bridge that allows us to move from being service providers to being trusted allies. When we lead with connection, we create an environment where individuals feel seen, heard, and valued. This sense of belonging is transformative—it empowers people to engage with services, share their needs openly, and take steps toward positive change.

Connection also strengthens our teams. When we model authentic relationships, we inspire our staff to do the same. This ripple effect fosters a culture of compassion and collaboration, where everyone is working toward a shared vision of community wellbeing. Giving ourselves and our teams permission to be flexible in the approach we take to engage communities and build collaborative partnerships with other services is vital.

I was fortunate to be in a position that allowed such flexibility. I moved from working in an inner-city withdrawal unit to an outreach team in a regional area. I was allocated three towns in outer regional areas, with populations ranging from 2,000–10,000 people and the flexibility on how to work within the communities depending on need. In one, it meant developing a relationship with the multi-purpose centre (local hospital) and seeing clients there. Another was having a desk in the office at Community Corrections. And another was doing outreach with the child and family team at an Aboriginal Community Controlled service and participating in an Aboriginal Women's sewing group.

Being connected to communities you are working in takes time and commitment to keep showing up to build trust which can lead to increased access to services.[1] Soft entry approaches can help build these connections by reducing barriers to access services and creating spaces for people to feel welcome to engage.

But what does this look like? It's when we listen without judgement. Or when we meet people in their preferred setting (e.g. in a park), or mode of delivery (e.g. online). It's when we consult with community and tailor our approaches to align with their values and cultural traditions. It's when we acknowledge people's strength and walk alongside them to help them reach their goals. It takes time to build a trusting relationship, but this connection is a strong foundation for better outcomes.

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Current opportunities

>> **Apply now** CMHDARN innovation and evaluation grant. **Ends 16 October.**
>> **Express your interest** Ministry of Health AOD training program. **Various dates.**
>> **Apply now** AASW Putting theory into practice: Core skills. **Apply ASAP.**

Navigating the system

Stock photo: posed by models

People supporting a loved one access treatment need to know that there are services to assist people in their situation. Antonia Ravesi (NADA) speaks to Gabrielle, an advocate for better health and justice systems.

It's important to consider families affected by independent and co-existing mental health and AOD problems for two important and related reasons: first, family members in these circumstances can show symptoms of stress that warrant help; and second, involvement of family members in the treatment of their significant other with mental health and/or AOD problems can enhance positive outcomes.[1]

Gabrielle is an articulate professional woman who has been supporting her son to access mental health and AOD treatment. During this, she believed that she needed a quiet kind of strong. 'It's about holding the line when everything around you feels like it's falling apart. It's loving fiercely, even when your heart is breaking,' she says.

She has also been helping her son navigate the prison and court systems and has experienced her fair share of stigma by association. 'Once they make the connection that you're the family of someone with mental health and substance use issues, their whole perspective shifts,' she said, about her encounter with the police.

She is now a vocal advocate for increased investment for the mental health system. She describes the prison system as the 'poor person's mental health unit'. Her son had seen people self-harming, left in distress, mental health untreated and dying by suicide.

Partners, friends and family supporting someone to access treatment need to be heard and aware of options available to them.

It was purely by chance that Gabrielle came across Be Smart, SMART Recovery's family and friends support program, which led her to be open and talk about her experiences.

Her key messages to services are to understand the importance of validation and letting families, partners and friends know that there is support. 'Just asking, have you got support for you and your family, makes all the difference. And if they agree, to send a text with some links. They may not access it right away but when they need to, they've got them'.

Family support is available

- Tools for change: A new way of working with families and carers improves the support offered to the families and carers of clients with co-existing mental health and AOD issues who access non-government AOD services.
- Family Drug Support 24/7 phone line 1300 368 186 and information and group programs
- Smart Recovery, BeSmart: Online support resources and groups for family, partners and friends
- Family Recovery, Catholic Care: Online individual counselling, group therapy, education and support programs for children, young people, parents, siblings and partners
- The Community Restorative Centre provides telephone counselling and support to anyone in NSW with a family member or friend in a correctional centre. Face-to-face counselling may be available for families in the Canterbury-Bankstown Local Government Area.

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1. Orford, J. (1994). Empowering family and friends: a new approach to the secondary prevention of addiction. *Drug and Alcohol Review*, 13: 417-429. https://doi.org/10.1080/09595239400185551

Member profile
Family Recovery

At CatholicCare Sydney, Family Recovery offers support to all family members and individuals affected by a loved one's dependency. We offer individual counselling and group counselling to partners, parents, siblings, friends, and children.

Family Recovery uses a whole-of-family approach, recognising that when one part of the family system changes, the whole system can change. We encourage our clients to shift their focus from managing their partner's addiction to their own wellbeing and the quality of their relationships.

75% of participants reported that their significant others' use of AOD changed in a positive way, with one participant sharing, 'I changed, and my family changed.'

Programs for different family members and children

Kaleidoscope is for children (aged 5–17) who are impacted by AOD use in the family. Kaleidoscope offers a safe and fun space, using both group dynamics and activities to help children to reflect on their feelings, find coping strategies and grow from their experience.

Kaleidoscope helps children to recognise that they're not responsible for the situation they are in, and they cannot control it, but their role is to simply focus on being themselves, a kid.

Pathways to Change offers an environment for young people (aged 12–18) to consider their own relationships with AOD.

PAUSE is for parents of adolescent users who engage in AOD or gambling behaviours. The program allows parents to share their experiences in a safe environment, while gaining information about the link between substance use and mental health issues, and develop strategies to improve communication, manage their stress and set healthy boundaries, which improves family functioning.

Relationships in FOCUS is for impacted family members, where they have an opportunity to share their experiences and connect with others going through something similar. We aim for participants to feel less isolated and more empowered by understanding and validating their situation. Participants are encouraged to self-care and manage their wellbeing, while caring for and supporting family members in their own recovery.

PAUSE and Relationships in FOCUS groups are offered via online.

Measuring the impact of supporting families

In one session, a 9-year-old client described a distressing event involving a verbal argument at home related to a family member's substance use. The counsellor used a tool called 'tracking sequences' to help the child break down the incident by exploring what happened before, during, and after the conflict from their perspective.

'This process brought to light how the child internalised the tension and worries, as well as how repeated patterns of interactions impacted their emotional wellbeing.'

Through this intervention, the parents were able to see their child's emotional processing more clearly and begin to reflect on how their reactions and communication styles contributed to the cycle. This opened a door to implement change and to gain a sense of control over it. In addition, the child felt heard and seen within the system for the first time, effectively a therapeutic outcome.

Conclusion

The holistic and systemic approach of Family Recovery programs at CatholicCare Sydney emphasises the importance of supporting every family member affected by dependency. By addressing the needs of children, parents, and other family members, these programs foster a healthier family dynamic and promote long-term recovery and wellbeing.

CatholicCare
SYDNEY

Contact

Phone: 13 18 19 (Mon-Fri, 8:30am to 5:30pm)
Web: catholiccare.org/familyrecovery
Email: familyrecovery@catholiccare.org

Get legal help from Justice Connect's Not-for-profit Law

Not-for-profit Law provides free and affordable specialist legal help for community organisations across Australia.

We know that everyday community organisations struggle to navigate complex legal issues around governance, employment obligations, workplace safety, privacy requirements, tax compliance, partnering with others and more.

We understand the immense pressures that board members, staff, and volunteers in community organisations face to ensure ongoing legal compliance in an ever-changing environment.

That's why we give community organisations like yours legal help, to ease the stresses of navigating legal issues. By providing tailored legal support, we save your organisation time, money, and resources so you can deliver more services to your communities.

Legal services in NSW

We're thrilled to share the news that Not-for-profit Law is reopening our free legal advice service for NSW-based community organisations.

After losing NSW Government funding in October 2022, we had no choice but to cut our services for NSW-based organisations.

Tens of thousands of community organisations have gone without critical legal and governance support, despite increasing demand for their services and financial pressures across the sector.

Now, we have secured short-term support that means our lawyers will, once again, be able to help eligible NSW-based organisations navigate complex legal issues around governance, employment obligations, workplace safety, privacy and cyber risk, and more. By providing free, tailored legal support, more organisations can continue delivering essential services efficiently, effectively, and sustainably.

This support is short-term and at this stage, we can only reopen our advice service until June 2026. But for now, we'd like to celebrate this win with you.

How Not-for-profit Law can help your organisation

Find out if your NSW-based organisation is eligible for free legal advice (https://nfplaw.org.au/help)

Find out if your organisation is eligible for free legal advice from our team of lawyers with specialised knowledge of the social sector, and our network of pro bono law firms.

Access our free library of self-help resources on their website (https://www.nfplaw.org.au/free-resources/)

Explore 300+ free legal resources, including fact sheets and guides, to help at all stages of your organisation's lifecycle, from getting started to winding up.

Take a look at our upcoming webinar topics (https://www.nfplaw.org.au/webinars/)

Join our free and low cost interactive webinars and get practical legal tips and insights that you can immediately implement in your organisation.

Speak to our team about engaging us to deliver paid customised training sessions (https://www.nfplaw.org.au/training)

Talk to us about our easy-to-understand, customised legal training across a range of topics, tailored to suit your organisation's specific needs.

How we've helped other organisations

We help not-for-profit organisations like Kyogle Together better understand complicated laws and stay legally compliant. Find out more about how we can help your organisation.

Our sector, our community

By Dr Suzie Hudson, Clinical Advisor (Ministry of Health)

For people completing AOD treatment, what comes next is just as important as what has happened in treatment. The transition back to everyday life can be challenging but, with the right supports, it can also be a time of growth, connection and sustained wellbeing. One of the most powerful tools during this phase is connection to community.

Community is not only vital for people experiencing treatment, but also for the people delivering the services. Working in the AOD sector means being part of a community united by shared values: human rights, respect, and hope for all. It's a space where people come together because they believe everyone deserves the support, information, and care they need to make their own choices.

At the core of our work is a simple but powerful ethos: people determine their own goals, and we are here to support them—without judgment. Providing clear information, harm reduction advice, and accessible treatment is not just good practice—it's a way of showing respect for people's autonomy and dignity.

Being part of the AOD sector is also about recognising that every one of us has a role to play. From frontline workers and lived/living experience specialists to managers and policy makers, we all contribute to a collective effort that makes our community strong, skilled, and compassionate. Collaboration and shared learning are the threads that keep this community connected.

One practical way we give back to our AOD community is by embedding the NSW AOD Clinical Care Standards (CCS) into everyday practice. These standards ensure that every client receives consistent, high-quality care, reflecting our commitment to excellence and person-centred support. It also provides an opportunity to grow our community and connect with other specialties such as Aboriginal health and wellbeing; mental health, violence, abuse and neglect; child and family; justice; blood borne virus services; and many other important partners.

The AOD sector is more than a workplace—it's a community we help to build every day. Each act of advocacy, each moment of support, and every effort to provide evidence-based care strengthens the network of workers dedicated to human dignity, hope, and empowerment. By contributing our skills, knowledge, and care, we make sure the AOD community thrives—for both the people we serve and the people we work alongside.

How can I get more involved in contributing to my AOD community?

- Join the NSW AOD Clinical Care Standards (CCS) Community of Practice
- Get involved with implementation plans for the CCS in your service
- Start up a journal/practice club where you get together with colleagues once a month to explore new research, AOD approaches or resources
- Get along to the NUAA Peers and Consumers Forum 2025
- Register for APSAD 2025

Profile

NADA board member

Alison Churchill
CEO, Community Restorative Centre

How long have you been associated with NADA?

I have respected the work of NADA for many years and have often drawn on their expertise to enhance the work of CRC. The support of NADA is foundational to many organisations working in the sector.

What does an average day look like for you?

As CEO of a diverse and dynamic organisation, I am happy to say that there is no such thing as an average day. On any given day, I could be working with colleagues on the development of new programs, debriefing with staff after a challenging day, exploring ways to use our data, staff and client experiences for advocacy purposes to government in the hope of contributing to systemic changes, working through budgets, whilst all the time hunting for the illusive money tree.

What experience do you bring to the NADA board?

I have sat on many community organisation boards during my career and was also a Director with Justice Health and Forensic Mental Health Network for 10 years. I bring knowledge of governance and regulatory compliance in addition to a comprehensive knowledge of the AOD sector, its strengths and challenges.

What is the most interesting part of your role?

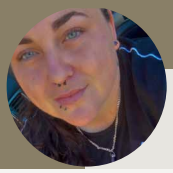
Working alongside CRC's incredible team and the people we work with to explore new programs that will better meet the needs of criminalised people.

What else are you currently involved in?

Outside of work, I am happiest pottering around my sister's property on the outskirts of Sydney, talking to the cows, mending fences, constructing sheds, mowing paddocks and generally performing manual labour in nature.

A day in the life of...

Sector worker profile



Shan Senior Residential Program Worker
GROW

How long have you been working with your organisation?

I've been working at GROW for just over two years.

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

I was drawn to the AOD field due to my lived experience; multiple loved ones struggling with addiction and struggling myself. This gave me insight, empathy, and a passion to help others. I built on this by completing a Diploma in AOD and moving into roles where I could combine professional skills with personal understanding.

What does an average work day involve for you?

I support residents through their journey both one on one and in group settings. This involves a range of things such as individually focused key meetings or group stage meetings. Even taking the residents on outings, such as swimming, and assisting them in discovering and enjoying a life without substances. My role also includes completing NADA statistics.

What is the best thing about your job?

Seeing change happen—from small steps to big milestones—hands down, greatest reward. Being trusted to walk alongside someone in their recovery is a privilege; and that's what we do at Grow, we meet our residents exactly where they are at, and we walk the path together with them.

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 acknowledgement of dual diagnosis rehabilitation, and the importance of connecting and supporting individuals through the intricacies between mental health and substance use.

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

I ensure I keep working on my own recovery e.g. setting boundaries, connecting with supportive people, and making time for rest and the things I enjoy, such as snorkelling, adventuring to new places, creating memories with my loved ones.

First Nations research and data reference group

Nathanael Curtis NADA

Background

In November 2023, NADA brought together representatives from different backgrounds and experience in the AOD sector making up what is now known as the First Nations Research and Data Reference Group. The purpose of this group was to gather Aboriginal and Torres Strait Islander peoples including non-Aboriginal peoples together to inform, provide feedback on, guide and critically evaluate the way NADA collect, analyse, interpret and report on data for Aboriginal and Torres Strait Islander people, both through NADAbase (NADA's online minimum dataset and outcomes database), and any other contact points that NADA has with research, data and publications.

Aboriginal and Torres Strait Islander data

Across NADA member services, approximately 15% are Aboriginal Community-Controlled Organisations (ACCO), with Aboriginal and Torres Strait Islander people making up 11% of the AOD workforce. NADAbase also tells us that in the 2023–2024 financial year, almost 25% of all episodes of care were delivered to Aboriginal and Torres Strait Islander peoples. NADA is committed to ensuring that this data accurately reflects our ACCOs and Aboriginal and Torres Strait Islander workforce and communities.

First Nations research and data reference group

The group comprises people representing NADA member services, the diversity of Aboriginal communities, professional and lived experience, specialist NGO and ACCHO AOD services and data, evaluation and research. We meet quarterly with a set agenda items and topics related to NADA and external Aboriginal and Torres Strait Islander research. Below is a list of the current members of our First Nations Research and Data Reference Group. This will be published on the NADA website shortly, in the 'About' section.

You can read about our recent activities in the network updates section (page 16).

Name	Position
Raechel Wallace (Co-Chair)	Aboriginal Program Manager, NADA & and Adjunct Research Professor Charles Sturt Uni
Nathanael Curtis (Co-Chair)	Aboriginal Research Officer, NADA
Alex Lee	Co-Chair of NADA Data and Research Advisory Group, CEO of The Glen
Angus Mason*	Aboriginal Research Officer | Advocacy Research Policy, Community Restorative Centre
Danielle Manton	Senior Lecturer, University of Technology and ADARRN board member
Doug James	Aboriginal AOD Researcher
Ethan Mullholland*	TGFM Outreach Coordinator, The Glen
Jade Vergona*	Project Officer, Aboriginal Corporation Drug and Alcohol Network (ACDAN)
Leanne Lawrence	Team Leader, Women and Children's Residential Rehabilitation Service, Waminda
Levii Griffiths	Senior Aboriginal Health Worker | SWSLHD Drug Health Services - Aboriginal Health
Lynette Bullen	Senior Drug and Alcohol Worker, IDAT, Orange Health Service, WNLHD
Mei Lin Lee	Senior Research Officer, NADA and Senior Research Fellow (Honorary), UoW
Melinda Bonham	Services Manager, Marrin Weejali and NPLG member
Michael Doyle	Associate Professor, University of Sydney
Peter Kelly	Professor and Associate Dean of Research, University of Wollongong (UoW)
Phillip Williams	Senior Health Promotion Coordinator, AH&MRC
Robert Stirling	CEO, NADA

**New member*

NADA network updates

Women's clinical care network

The last Women's Network meeting was held on 12 August. Members that attended were interested in the outcomes of the working group submission for more investment for withdrawal unit access for pregnant women and mothers with babies under 14 months in NSW. The paper is close to finalisation and will be submitted for Ministry review in the next few weeks and shared with key parliamentarians and influencers who could advocate for the case on their behalf. Other discussions were about the upcoming DCJ and AOD service pilot workshop, ECAV training and Legal Aid training.

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.

Nurses network

Following the meeting in June, and interest from a few nurses to develop a standard withdrawal risk assessment tool and criteria, a mini working group was created to review and discuss the American Society of Addiction Medicine (ASAM) tool and NADA's Client assessment tool (part of the NADA policy toolkit for client clinical management) to gauge if either of these tools could be utilised in some form. The tool was discussed at the QIT meeting in August and with the CAMS.

At the last Nurses Network meeting on 25 August, there was discussion about the withdrawal risk assessment tool as well as upcoming training and service updates from each representative.

This group provides a space for 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.

First Nations research and data reference group

The NADA First Nations Research and Data Reference Group will inform, provide feedback on, guide and critically evaluate the way NADA collects, analyses, interprets and reports on data for First Nations people.

Comprising Aboriginal and non-Aboriginal people from the AOD sector, network members come from Aboriginal community controlled NADA member services, universities, as well as from the Aboriginal Health and Medical Research Council, Aboriginal Corporation Drug and Alcohol Network, Aboriginal Drug and Alcohol Residential Rehabilitation Network.

We have met three times this year so far. Earlier this year we met with the exciting news received from AH&MRC that our ethics application for our First Nations research project had been approved. This has meant we are now able to progress into commencing our research project.

Our group has been working towards commencing a research project focusing on Aboriginal and Torres Strait Islander People data within NADAbase as well as creating an 'Aboriginal and Torres Strait Islander data sovereignty statement'. This statement when finalised will be published on NADA's website outlining our commitment to First Nations people's data on our NADAbase. We believe at NADA that we have a privilege and responsibility as custodians of the NADAbase data and understand that our Aboriginal Community-Controlled member organisations and First Nations AOD workforce are the owners of this data and it is vital to have their voices heard any research we conduct.

Lastly, we have been able to see our First Nations Research and Data Reference Group membership grow to 17 members which will bring further experience to our group. Their experience will be important in NADA's First Nations research project.

We look forward to keeping you up to date with what is happening in this space over the coming year.

NADA network updates
continued

NADA practice leadership group

Established 10 years ago, the NADA practice leadership group (NPLG) comprises members representing a variety of specialist non-government AOD treatment services, as well as health promotion, harm reduction, and preventative programs. The overall purpose of the NPLG is to inform the development of NADA policy, advocacy, and sector program development in relation to person-centred and trauma informed practices. It provides a mechanism for stakeholder consultation with experienced, committed and skilled practitioners. The group will next meet on 17 September.

NADA youth AOD services network

The Youth Network met at the end of July, bringing members together to share updates on substance use trends, youth wellbeing, and service responses. Cannabis remains the most used substance across regions, with increases noted in methamphetamine, ketamine, and hallucinogens. Vaping is now highly prevalent, with some clients as young as 12, while alcohol, cocaine, and benzodiazepines continue to feature in poly-substance use. Members also raised concerns around the growing prevalence of mental health issues and homelessness, particularly in regional areas where young people are increasingly rough sleeping or couch surfing. Easy access to substances through online platforms such as Snapchat and PayID was also identified as a significant challenge.

In response, services shared a range of outreach approaches, including school-based programs, partnerships with youth hubs, culturally relevant activities, home visits, and transport support. These strategies are seeing positive engagement, but members noted that reaching young people who are not connected to schools remains an ongoing gap. The meeting also included a presentation from Angie at NUAA, who provided an overview of harm reduction initiatives and encouraged participation in the upcoming PAC Forum in September, which will showcase youth voices and explore themes such as AI in drug education, women and agency, and disability in the AOD space.

Multicultural AOD network

Odyssey House Liverpool hosted the August meeting. Members began with cultural introductions before reviewing the draft Terms of Reference, which was endorsed as a framework to strengthen support for multicultural communities, with further feedback invited.

Discussion focused on community challenges such as under-reporting due to language and cultural barriers, stigma deterring families from seeking support, and limited data collection. Members also noted that many people access help through family, faith leaders, or elders rather than mainstream services. Drug trends included the rapid rise in vaping, continued cannabis and methamphetamine use, and growing concerns around chem sex, particularly among young people, as well as rising youth crime linked to gang recruitment. Members stressed the need for bilingual clinicians, culturally responsive tools, and stronger data capture. A psycho-educative session on chem sex will be arranged for the next meeting with ACON invited to facilitate the session.

CMHDARN

CMHDARN and the Raising the Bar team were finalists in the Excellence in Consumer Partnership Capacity Building category at the Australian Consumer Partnership in Research Awards.

The CMHDARN 2025–2026 Innovation and Evaluation Grant is a $20,000 opportunity to support innovative projects that strengthen practice across both the mental health and AOD sectors. Apply now.

We are excited to be supporting the Royal Flying Doctor Service (South East Division) in their groundbreaking project: Mapping Cultural Safety Frameworks: Informing best practice for mental health and AOD care in regional and remote First Nations communities in Far West NSW.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

News and events

NADA reconciliation action plan update

- NADA is currently working on the first draft of the next NADA RAP and is in the process of obtaining quotes on design and artwork.
- NADA is also preparing the 2025 impact report for Reconciliation Australia.
- **34** out of the **65** deliverables in the current RAP have been achieved, while **29** deliverables are in progress or are annual and will be completed by September.
- Staff attended several external NAIDOC week activities and participated as a team in a **First Nations led Australian bush food tour** at the Royal Botanic Gardens on 5 August.

Policy toolkit

The NADA policy toolkit provides member services with a range of easy-to-use policies as Word templates. You can customise these to suit your service which may assist you with accreditation or renewal of accreditation.

- **New policies:** Feedback and complaints management, grievance management, child protection and reporting
- **Updated policies:** Client clinical management, project management, service and program operations

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

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

NADAbase update

Mei Lin Lee PhD NADA

Reporting

NADA reported members' data to the following:

- Monthly minimum dataset to InforMH for members who receive Ministry of Health funding
- 4th Quarter for FY 23/24 (April–June 2025) data report (including outcomes data) for members who receive Primary Health Network funding
- July–Dec 2025 biannual data report to Ministry of Health for members who receive funding for the Continuing Coordinated Care (CCC) and Methamphetamine programs

What's new? Now live!

- **New data items** (pregnancy status, number of children accompanying adult admissions and Child Protection Services (DCJ and/or NGO) involvement)
- **Updated** NADAbase data dictionary [PDF], June 2025, with FAQs and logic rules included

What are we working on?

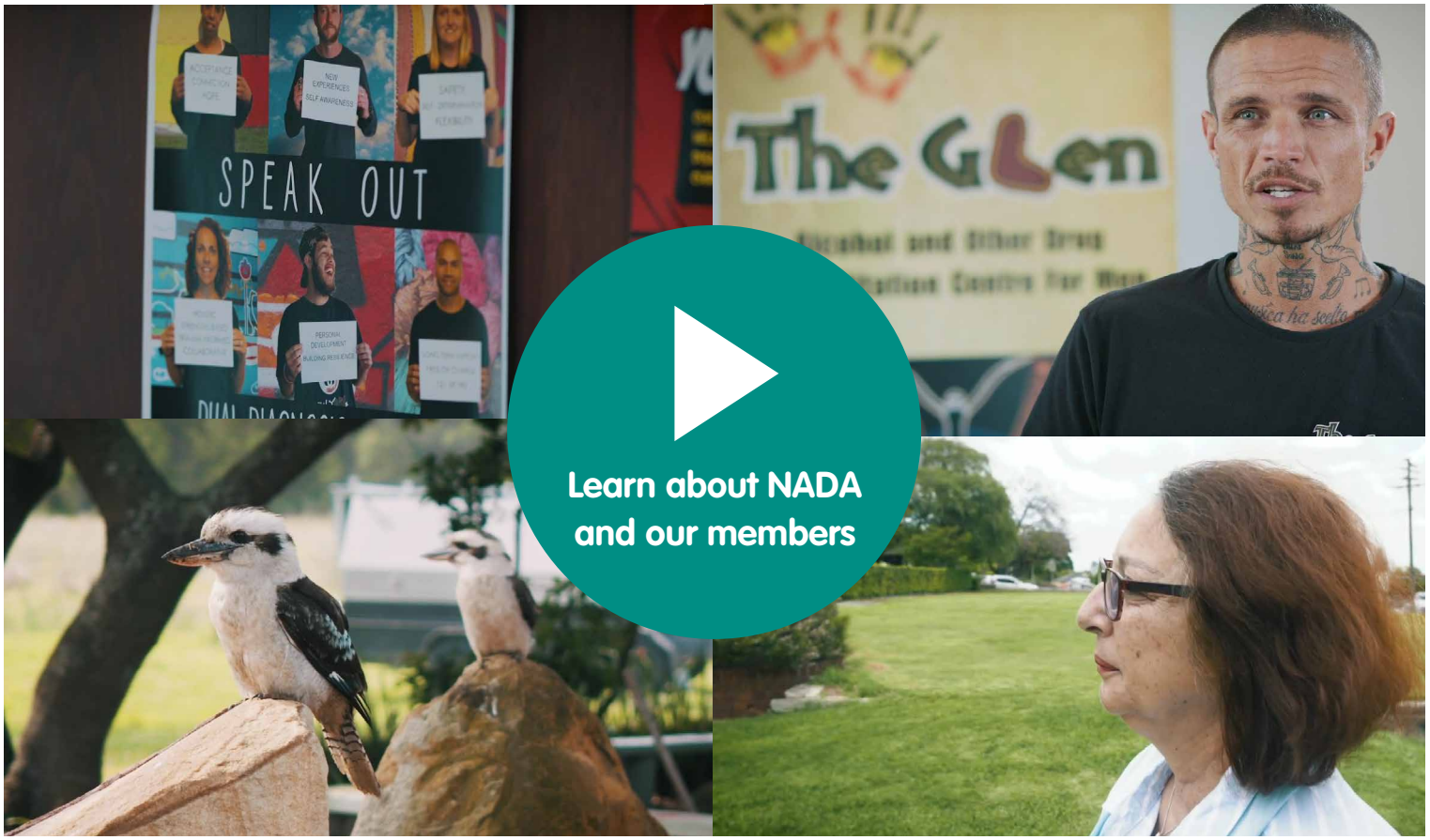
- **Initial AIHW data cleaning** for FY 2024/25 submission
- **One-on-one sessions with NADA members to review and scope** current Report tab functionality
- **NADAbase snapshots** in progress

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

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

- NADA in consultation with members, have developed a response [PDF] to the Report on the NSW Drug Summit. This has been provided to the Premier's office, Health Minister, Shadow Health Minister and other relevant ministers.
- NADA along with NCOSS, MHCC and WHNSW conducted a member survey to understand the impact of rising insurance premiums. The findings support NADA's advocacy to strengthen financial resilience of NGOs, with funding to reflect true workforce cost. The Workers Compensation Amendment Bill is currently with the Public Accountability and Works Committee for an Inquiry. NADA provided a submission [PDF] and referenced this report.
- NADA participated in consultations on behalf of the Attorney-General's Department to inform two innovative pilot programs to ensure earlier more coordinated responses with embedded support services to address behaviour change for perpetrators and to provide immediate outreach for victim-survivors.
- NADA have contributed to national submissions by AADC on the Fair Work Commissions Gender-based undervaluation, Productivity Commission's final review of the National MH and SP Agreement and submission to the Telehealth Sector draft telehealth care principles.
- In response to the FWC proposed revision of the SCHADS Award, NADA is participating with AADC, on a national submission on the AOD NGO sector impacts of the proposed changes.
- NADA in consultation with members developed a submission to the NSW Mental Health Commission Mental Health and Wellbeing Strategy.

Advocacy and representation

- NADA in partnership with DCJ undertook the first pilot Build A Village Workshop attended by LHD and NGO reps from AOD services and DCJ workers. The workshop commenced work on shared care working agreements to be implemented with families working with DCJ and AOD services.
- 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 to 5 years will be MAG Grants. NGOs providing Drug Court and MERIT services have now received 5-year contracts. An NGO Funding Framework and a Jobs Compact is almost finalised, as well as development of a pre-qualification scheme to reduce burden when tendering.
- NADA participated in the AADC FASD AOD workforce capability project reference group to adapt Canadian online training modules on FASD-informed practice for the Australian AOD workforce. This course supports AOD professionals to better understand and respond to individuals diagnosed with, or possibly living with undiagnosed FASD.

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

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Photo by Kris Ashpole