Orientation guide

NSW Alcohol and Other Drug Sector

NSW GOVERNMENT Health

NADA network of alcohol and other drugs agencies

NCETA

ACKNOWLEDGMENT OF COUNTRY

NSW Health, **NADA** and **NCETA** proudly acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of the lands and waters throughout Australia.

We recognise, respect and value the deep and continuing connection of Aboriginal and Torres Strait Islander people to land, water, community and culture.

We look to and celebrate Aboriginal and Torres Strait Islander people for their cultural guidance, leadership and expertise.

We pay respects to Elders past, present and future.

NSW ALCOHOL AND OTHER DRUGS SECTOR

ORIENTATION GUIDE

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ABOUT THE AUTHORS

ABOUT MINISTRY OF HEALTH, NSW

The **Centre for Alcohol and Other Drugs** is responsible for developing, managing and coordinating NSW Ministry of Health policy, strategy and program funding relating to the prevention, minimisation and treatment of alcohol and drug related harm. The branch also supports the maintenance of relevant legislative frameworks, including drug and alcohol treatment legislation.

The work of Centre for Alcohol and Other Drugs is delivered through the drug and alcohol program, in partnership with local health districts, Justice Forensic and Mental Health, Sydney Children's Hospital Network, NSW Health pillars and affiliated health organisations, non-government organisations, research institutions and other partner organisations.

Learn more: **https://www.health.nsw.gov.au/about/ministry/Pages/aod.aspx**

ABOUT NADA

The **Network of Alcohol and other Drugs Agencies (NADA)** is the peak organisation for non-government alcohol and other drugs services in NSW. We advocate for, strengthen and support the sector. Our decisions and actions are informed by the experiences, knowledge and concerns of our members.

We represent 87 organisational members that provide services in over 100 locations across NSW. They provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, as well as actively contributing to public health policy.

Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

Learn more: **https://www.nada.org.au/**

ABOUT NCETA

NCETA is based at Flinders University in South Australia and is a collaboration between the University and the Australian Government Department of Health and Ageing. It is Australia's national research centre on alcohol and other drugs (AOD) workforce development with an international reputation as a catalyst for change in the AOD field. The Centre focuses on supporting evidence-based change and specialises in change management processes and making complex and disparate information readily accessible to workers and organisations.

Learn more: **https://nceta.flinders.edu.au/**

RESOURCE ACKNOWLEDGEMENTS

This Guide was produced by the **National Centre for Education and Training on Addiction (NCETA)** in collaboration with the **Network of Alcohol and Other Drugs Agencies NSW (NADA)** and the **NSW Ministry of Health (NSW Health)**. It was supported with funds from the NSW Ministry of Health and the Australian Government Department of Health, Disability and Ageing.

TIPS AND TRICKS FOR NEW PLAYERS

This resource has its origins in **Tips and Tricks for New Players** (Roulstone, 2016). For many years, Tips and Tricks served as the resource for new AOD workers Australia-wide. However, with significant AOD sector changes in the past decade, there was a need for a specific jurisdictional resource.

CONTRIBUTORS

We would like to acknowledge:

Claire Clifton, Leo Clayton, Maleeha Altaf, Mei Lin Lee and Molly Parker for field testing the initial resource.

We would also like to thank the following for their quotations provided in this report:

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WELCOME & INTRODUCTION

1.1 MINISTRY OF HEALTH, NSW – WELCOME

We warmly welcome you to the Alcohol and Other Drug services sector and wish you all the very best for your work in this incredibly rewarding and inspiring part of the health system. This orientation guide is designed to help you navigate the AOD sector in NSW. It offers information and tips to navigate the wide range of settings and approaches for AOD treatment and support, where to find key resources, the core elements of care, and the many ways we can support people who use alcohol and other drugs, their loved ones, and people working within the AOD sector.

Our sector prides itself on being person-centred, trauma informed and evidence based—which means we work with the whole person, on their desired outcomes for treatment and support, where they are at. One of the other key roles we play is to address the stigma and discrimination that can occur for people who use alcohol and other drugs. We do this through supporting people to receive high-quality AOD harm reduction and treatment interventions, while assisting connections with other parts of the health system to ensure holistic care.

Whether you're involved in shaping policy, delivering frontline services, conducting research, community engagement, or supporting harm reduction initiatives, your role contributes to a broader system of care and support. Integrated and coordinated approaches are central to our work. This means that wherever a person accessing support, all their physical, emotional and wellbeing needs are taken into consideration as part of care coordination. We hope that you find this guide helpful and that it supports you in your journey within the AOD treatment services sector—
we're so glad you decided to join us!

—**Daniel Madeddu PSM,** Executive Director Centre for Alcohol and Other Drugs

1.2 NADA WELCOME

It is a great pleasure to welcome you to the alcohol and other drugs sector. You have joined a highly skilled sector that is as vibrant and diverse as the communities we support.

We have designed this orientation guide to support you as you commence this dynamic work and have brought together all the essential knowledge you might need to ensure you have the best possible start in your AOD career.

AOD work is directed by our ability to walk alongside a person, as they lead and direct their own treatment journey, and to offer support in ways that seek to minimise AOD harms, are trauma informed and culturally responsive.

A great strength of our sector is in the way we work with priority groups within our community who are at greater risk of harms from AOD use. Knowledge of the specific considerations and approaches that are effective in supporting these groups enables us to respond in ways that ensure that anyone who seeks support for their AOD use has choice and access to quality care that meets their unique needs and situations.

This Orientation Guide has been shaped and informed by your fellow workers, service providers, peak bodies, researchers, leaders in the field and people with living and lived experience of AOD use and of accessing services. They have all added their wisdom and perspective on what was important to them as they started out or what they wish they had known. You will also find their direct words of wisdom, advice and encouragement scattered throughout, cheering you on!

We truly hope that this guide assists you as you start to navigate working in AOD, complementing the rich experience and knowledge you bring from other parts of your life and work, so that you are set up well for success.

We look forward to working with you and supporting you in your AOD journey.

—**Dr Robert Stirling,** CEO Network of Alcohol and other Drugs Agencies (NADA)

1.3 WHO IS THIS GUIDE FOR?

This guide has been designed to support **new workers** to the AOD sector, working across the breadth of the service system. This includes people working in government, non-government, Aboriginal Community Controlled Health Organisations (ACCHOs) as well as private settings. You could have a role in a **specialist AOD services** or a **general health or community service** where you frequently interact with people who use AOD.

You may be **early in your working career**, have **completed some AOD related study** or considering this in future. Or perhaps you are coming from **other parts of the health and community sector** and bring diverse experience and knowledge that is not AOD-specific.

You may also be working in **another sector which often intersects with AOD**, such as mental health, housing or criminal justice and are seeking a succinct overview of AOD practice in NSW.

Or perhaps you hold an interest in AOD work and are considering it as a future career.

Whatever your situation or experience, this orientation guide is designed to be a concise overview of all the key information you need to build an understanding of the AOD sector and context, defining features of AOD practice and the support and resources available to sustain you and enable you to grow and succeed.

1.4 HOW TO USE THIS GUIDE

The NSW AOD Sector Orientation Guide comprises seven chapters:

THE NSW AOD SECTOR ORIENTATION GUIDE COMPRISES SEVEN CHAPTERS

1. **Welcome and introduction** – Provides an introduction to the sector and how to use this guide
2. **Understanding the use of alcohol and other drugs** – Includes drug types, how they are used and the factors that can influence a person to use drugs
3. **The AOD sector and treatment** – Provides an overview of the sector and the various programs and services within it as well as the principles and approaches that define AOD work
4. **Our workers** – Walks through the roles and positions that comprise the workforce, ways to develop as a worker and progress in your AOD career
5. **Priority Populations** – Identifies the groups of people within the community who are at higher risk of harms from AOD use and key considerations and resources to support you to work with these groups
6. **Policy and governance context** – Covers the National and State strategies and policies that underpin and guide our AOD practice
7. **Sector support** – Explores a range of resource and supports available, such as research centres, workforce networks and publications to support the development of your practice and provide useful sector updates

In the **appendix** you can find:

- A comprehensive list of **AOD-relevant acronyms**
- **Contact directories** – Including crisis and telephone helplines, and online resources
- **Additional resources** – Lists of further relevant resources you can access for more detailed information on key areas of NSW AOD practice

Please note that the appendix is not intended to be comprehensive. Language and available services can rapidly change and therefore we have provided links to relevant data sources that will be more comprehensive and updated.

A NOTE ON LANGUAGE

Language is a powerful tool. The Language matters guide developed by NUAA and NADA acknowledges that 'our attitudes towards AOD use and how we respond rests on the concepts and language we use.

Certain words reinforce negative stereotypes and encourage judgement, blaming and shaming.

Fear of stigma and being labelled as a 'drug user' can and does prevent people from accessing treatment and support. Use of language also contributes to poorer treatment outcomes.

Being mindful about the words we use is not about being politically correct. Language is powerful and it is the power of language which makes it an important practice tool; a tool to empower clients and fight stigma.

NADA and NSW Health understand that its work presents both an opportunity and a responsibility to shape how we, as a sector, and community, discuss alcohol and other drugs and the people that use them. We are committed to using language and imagery that aligns with the needs and preferences of the people and communities we work with and for, and that demonstrates respect for the agency, dignity and worth of all people. In this resource we prioritize the terms 'person' and 'people', in place of clients, consumers or service users.

See this guide in the appendices of this resource for further practice tips and guidance about language in relation to a range of areas.

Language **matters**

Version 2

Language is powerful—especially when discussing alcohol and other drugs and the people who have or do use them. While there isn't a one-size-fits-all approach, this resource provides guidelines for using language in a person-centred way. It's important to recognise that language will vary depending on personal, service delivery, and systemic contexts. What matters most is that the language we use reduces stigma and demonstrates respect.

When working with people who have or do use alcohol and other drugs...

Try this	Instead of this
substance use, non-prescribed use	abuse, misuse, problem use, non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	junkie, druggie, **alcoholic**, **addict**
person experiencing drug dependence	suffering from addiction, has a drug habit
person who has stopped using drugs	**clean**, **sober**, drug-free
person with lived experience of drug dependence	**ex-addict**, former addict, used to be a...
person disagrees	lacks insight, in denial, resistant, unmotivated
treatment has not been suitable	not engaged, non-compliant, chooses not to
person's needs are not being met	drug seeking, manipulative, splitting
currently using drugs	using again, fallen off the wagon, had a setback
no longer using drugs	**stayed clean**, **maintained recovery**
drug detected/drug not detected	dirty/clean urine
used/unused syringe	dirty/clean needle
pharmacotherapy is treatment	replacing one drug for another

In certain contexts, such as 12-step programs, people may use identity-first language and refer to themselves using terms like '**addict**', '**sober**', '**clean**', and '**in recovery**'. The choice to use these terms is personal and reflects individual experiences. This guide recognises the importance of embracing and using these terms in a way that feels right for the person. However, it is not recommended for AOD workers to use these terms when describing another person's experiences.

Adapted from Language Matters from the National Council for Behavioural Health, United States (2015) and Matua Raki, New Zealand (2016).

NADA network of alcohol and other drugs agencies

NUAA

2

UNDERSTANDING THE USE OF ALCOHOL AND OTHER DRUGS

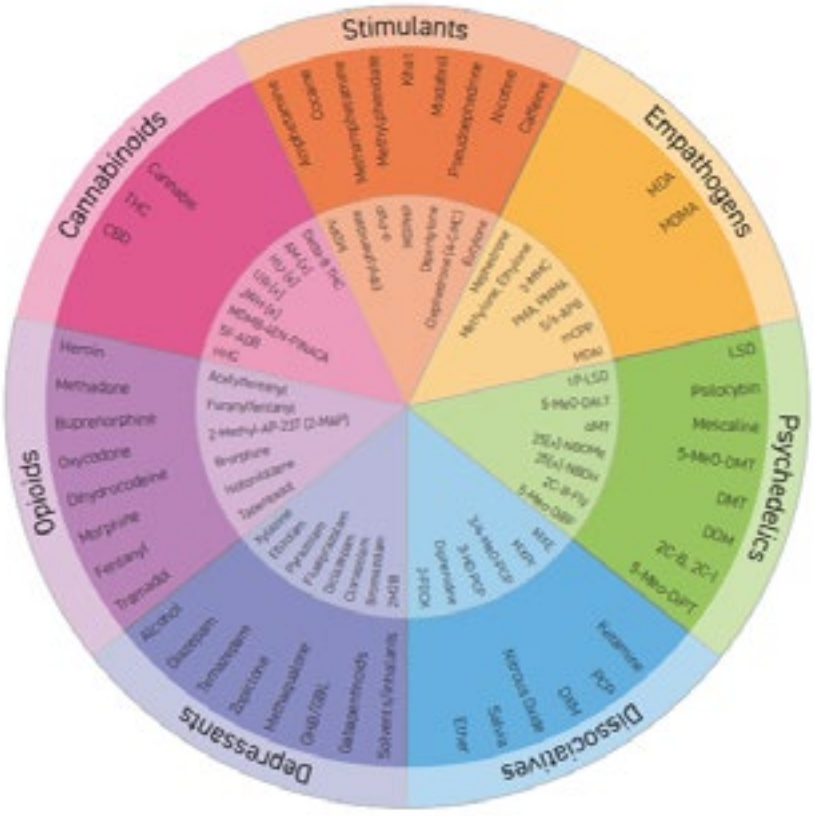
The use of AOD is underpinned by complex socio-demographic, economic and cultural factors. The purpose of this section is to describe the effects of alcohol and different drugs and foundational AOD concepts.

2.1 THE DRUG USE WHEEL

Drugs can be classified in many ways. They can be grouped according to:

- uses (medicinal or recreational)
- effect on the body (the specific effect on the central nervous system)
- source of the substance (synthetic or plant)
- legal status (legal/illegal/decriminalised)
- risk status (dangerous/safe).

The **Drug Use Wheel** shown below is a classification model that groups different types of drugs based on the effect they have on the body. It has seven categories: Stimulants, Depressants, Cannabinoids, Psychedelics, Opioids, Dissociatives and Empathogens (ADF, 2024)

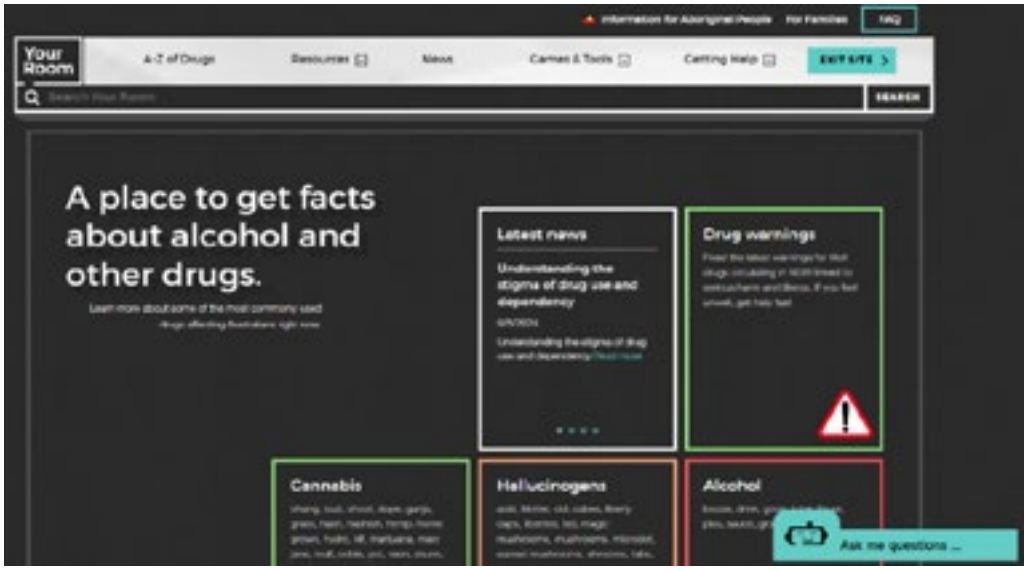


Outer ring: Established psychoactive substances
Inner ring: Newer psychoactive substances

2.2 PSYCHOACTIVE SUBSTANCES

Psychoactive substances or drugs are those that act on the central nervous system to alter mood, perception, cognition and behaviours (Ryder et al., 2001). These include legal substances such as alcohol and tobacco, prescribed substances such as opioids (e.g. oxycodone), and illegal substances such as cannabis, amphetamine-type stimulants (e.g., methamphetamine, cocaine), opioids (e.g., heroin) and hallucinogens.

The Ministry of Health has made an extensive resource available online for people to learn more about the most commonly used drugs in Australia, called '**Your Room**'.



> You need **foundational knowledge** of AOD use to **understand why** a person is using a specific drug and to have **meaningful conversations** with them about **change**.
>
> You need the foundational knowledge to be able to talk about the risks of the drugs they are using.
>
> —**Liz Gal**, Consumer representative, NADA Consumer Advisory Group

2.3 ILLICIT DRUGS VS. LICIT DRUGS

You will hear on occasion the term 'illicit drugs' and this refer to substances that are illegal to manufacture, sell, possess, and/or use - for example ecstasy, cocaine, heroin and amphetamine type stimulants. It also refers to any legal substance used in a non-prescribed manner, for example opioid-based pain relief medications, which are available from a pharmacy but used for non-medical purposes.

Licit drugs are legal substances that are typically regulated by governments, but they can also be left unregulated. Examples of licit drugs include caffeine, nicotine, and alcohol.

2.4 ROUTES OF ADMINISTRATION

'Routes of administration' (ROA) are ways in which AOD may be taken into the body. The most common methods are:

- Orally (swallowing)
- Snorting
- Inhaling
- Rectal administration
- Injecting (subcutaneous, intramuscular, vein).

2.5 WHY USE AOD?

People take drugs for a variety of reasons, including:

MOTIVATIONS FOR AOD USE	
MOTIVATION	**EXAMPLES**
RITUAL/CULTURAL	Use in religious ceremonies and in cultural events. For example, the tradition of toasting the New Year.
CURIOSITY/ EXPERIMENTATION	Young people may try cannabis to see how it affects them.
PLEASURE/ ENHANCEMENT	People enjoy or otherwise obtain benefits from some of the effects of AOD use (Hammersley et al., 2001). In the context of drug use, pleasure can be a process (of acquisition, sharing, consumption), act as an enhancer or an experience in itself (Holt and Treloar, 2008).
COPING	Past or present trauma; to alleviate anxiety and distress.
MEDICAL/ THERAPEUTIC	To alleviate physical and emotional pain. Whether it be over-the-counter medication or drugs prescribed by medical practitioners there are a multitude of uses and benefits that drugs confer on our society.
FUNCTIONAL	For specific purposes or to meet specific needs. For example, the use of stimulants by interstate truck drivers to stay awake for long periods to deliver goods on time.
DEPENDENCE	Dependence is a cluster of cognitive, behavioural, and physiological symptoms indicating that the individual continues using the drug despite significant drug-related problems (American Psychiatric Association, 2013).
COMMUNITY AND BELONGING	For a sense of connection with others and to share a common experience/s that leads to a sense of belonging and community.

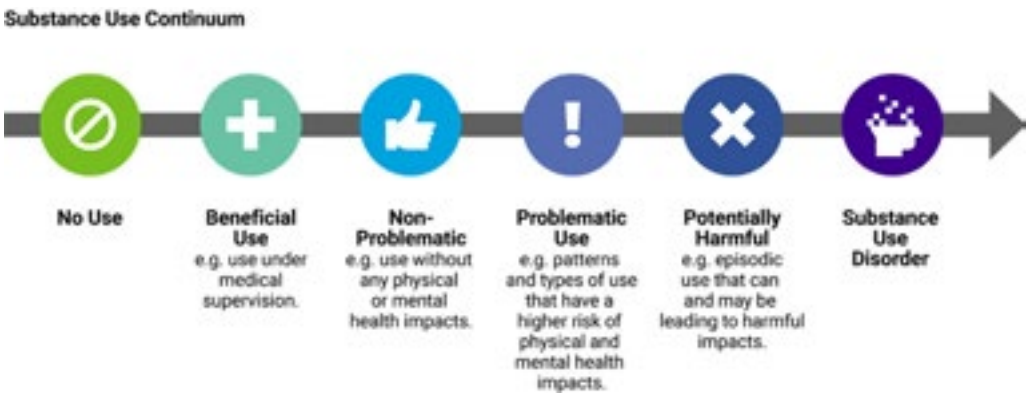
(Source: **Alcohol and Drug Foundation**, 2021)

> … the [sector] covers such a **variety of substances**, each with its own unique characteristics, which affects the human body in a different way - creating **different challenges** and circumstances for the sector to address. Therefore, **specific use and foundational knowledge** is essential to address what may be a **unique set of challenges** for a particular substance.
>
> —**Alex Freeman**, Consumer representative, NADA Consumer Advisory Group

2.6 DRUG USE CONTINUUM

Drug use is accepted to exist upon a continuum. At one end of the continuum is non-use/ abstinence. Non-use/ abstinence may be a personal choice or based on cultural or religious beliefs. Some people in recovery from AOD-related problems may be abstinent. At the other end of the continuum is dependence.

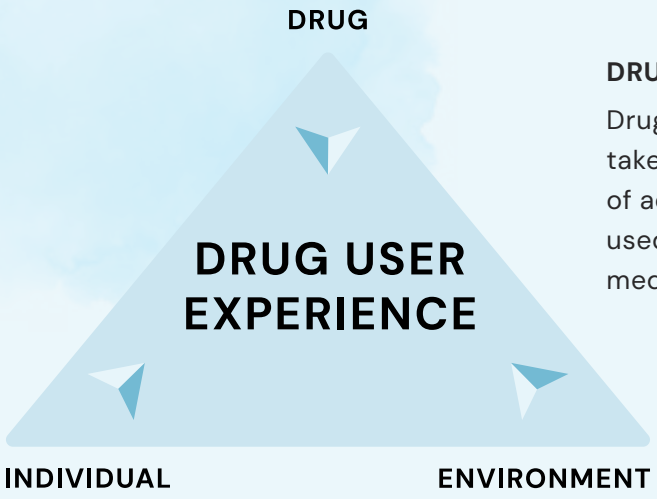
In between are different frequencies of use, including experimental, recreational, and regular use. These points in the continuum, as their names suggest, may be associated with curiosity (experimental use), aspects of socializing (recreational use), routine (regular use). Crucial to note is that a person can move along, backwards and forwards across the continuum across their lifetime for specific drugs and for all drugs.



(Source: **School Mental Health Ontario**, 2025)

2.7 AOD EFFECTS AND MODEL OF HARM

AOD affect the way the body and mind function; they can change how a person feels, thinks and behaves. The effect of using AOD is a combination of different variables related to the drug itself, the environment (or setting) and individual (or set) (Zinberg, 1984; Hartogsohn, 2016; Hartogsohn, 2017). This model is also helpful in identifying opportunities for harm minimisation interventions:



DRUG FACTORS:

Drug type, how much is taken, over what time, route of administration, other drugs used (including prescribed medications), and drug purity.

INDIVIDUAL (OR SET):

Age, sex, person and social expectations, body size, mood, food intake, experience with the substance, cognition, physical and mental health.

ENVIRONMENTAL (OR SETTING):

Where used, with whom, on what occasion, alone or with others, time of day/week, activities pre and post consumption.

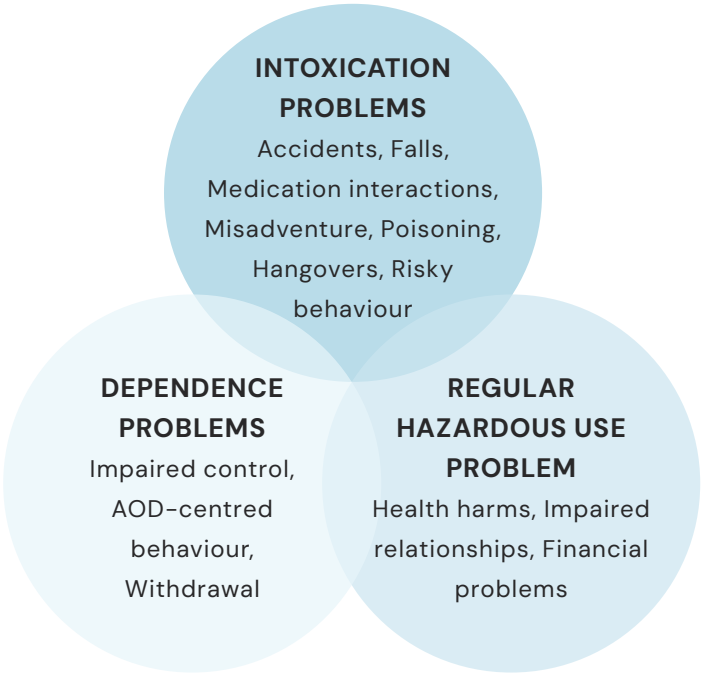
Zinberg's model: Drug, individual and environment (Zinberg, 1984)

2.8 THORLEY'S MODEL OF AOD-RELATED HARM

Thorley's model was originally developed to help identify problematic patterns of alcohol consumption, but it applies equally well to other drugs (Thorley, 1982). The model identifies the possible problems associated with intoxication, regular use and dependence.

Thorley's three patterns:

- **Intoxication**: The immediate effects of use. Often social and legal in nature including violence, drink driving, road traffic accidents, suicides and drowning
- **Regular use**: Continued use over a longer period can have negative health consequences; create social and relationship problems; and financial problems due to continued expenditure on AOD. These problems can occur even when AOD consumption is relatively moderate
- **Dependence**: There is a continuum of dependence from mild to severe and dependence has biological, physiological and psychosocial dimensions (Thorley, 1982).



Thorley's model: Effects of alcohol (Thorley, 1982)

2.9 SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems (Wilkinson et al.,).

(Source: **Dvahlgren and Whitehead**, 1991)

3

THE AOD SECTOR & TREATMENT

3.1 NSW AOD SECTOR SNAPSHOT

The Australian and NSW Governments fund public health services, Aboriginal Community Controlled Services (ACCHOs) and Non-Government Organisations (NGOs) to provide a range of AOD treatment services in NSW. Government providers typically deliver medically oriented treatment types such as pharmacotherapy and hospital-based responses, while NGOs generally provide counselling and rehabilitation services. There are also a number of private providers and mutual support groups that provide treatment and support. In 2021/22, the NSW Government spent $330 million on AOD services, delivered through local health districts and non-government organisations.

More than two-thirds (68%) of AOD treatment agencies nationally are non-government, and these provide 73% of all treatment episodes. In NSW, non-government services comprise 40% of all AOD treatment agencies and delivered 49% of all closed treatment episodes in 2022-23 (Australian Institute of Health and Welfare, 2024).

This diverse range of NGOs, ACCHOs and services partnering with local health districts provide a wide range of specialist AOD prevention and treatment services including:

- health promotion
- harm reduction
- outreach
- counselling
- case management
- withdrawal management
- residential rehabilitation
- day programs
- continuing coordinated care
- support for families and significant others

> **The importance of a person-centred approach will help to ensure peoples' needs, and values are respected and offers personalised care or treatment. It will establish a sense of control that has been missing in consumers' lives and decision-making process.**
>
> —**Kevin Street**, Consumer representatives, NADA Consumer Advisory Group (CAG)

3.2 HEALTH PROMOTION

Prevention and early intervention programs aim to avoid or delay uptake, reduce use and harms, and intervene early. Investment in drug prevention reduces health, community, financial and criminal costs, and improves equity.

Prevention of drug harm occurs on a spectrum of use: before use starts, early in use, or after use has become harmful. The terms primary, secondary and tertiary prevention refer to this spectrum.

Primary prevention attempts to prevent or delay uptake before use starts. It includes education, health promotion and regulation. It also includes initiatives beyond typical health activities, such as market levers and targeting underlying social determinants by addressing risk and protective factors. The goal is to improve overall wellbeing, build resilience, and create supportive environments for healthy behaviours.

Secondary prevention aims to prevent or interrupt harmful patterns early in use. This includes health promotion programs, routine screening and brief intervention by health professionals, and other support services. Early intervention can prevent, reduce or delay harms. Tertiary prevention focuses on reducing impact after harmful use is established.

Tertiary prevention includes treatment and harm reduction to support the person, their family, and the community (NSW Ministry of Health, 2024).

There is **good evidence** that work to address risk factors and strengthen protective factors through **prevention** will go a **long way** to reducing alcohol and drug related harm.

Prevention efforts need to work at a **community level**, and a **policy level** and reach into **all age groups across the AOD lifecycle**.

—**Dr Erin Lalor**, CEO, ADF

3.3 TREATMENT PRINCIPLES

This section explores a number of principles that define, guide and ensure good clinical care in AOD.

The approaches described below are considered essential components of quality practice and should provide direction in our daily work to ensure that we effectively meet the unique needs of each person we support and can work with them to achieve the best possible health outcomes and improvements in overall wellbeing.

3.3.1 PERSON-CENTRED CARE

Person-centred care underpins all AOD work. Person-centred care is best defined by the following principles:

- Treating people with dignity and respect
- Encouraging and supporting collaborative decision-making
- Communicating and sharing information and treatment options with clients (Australian Commission on Safety and Quality in Health Care)
- Based on knowledge and understanding of how trauma effects peoples' lives, service needs and service usage (trauma-informed care) (Wall et al., 2016; Mills and Teesson, 2019).

3.3.2 HARM MINIMISATION

The cornerstone of Australia's approach to AOD use is harm minimisation. Harm minimisation considers the health, social and economic consequences of drug use on individuals, families, and communities as a whole and is based on the following considerations:

- Drug use occurs across a continuum, from occasional use to dependent use
- A range of harms are associated with different types and patterns of drug use
- The response to these harms requires a multifaceted response (Department of Health, 2017).

Harm minimisation comprises three interrelated approaches, otherwise known as "the three pillars" (Department of Health, 2017) - demand reduction, supply reduction and harm reduction:

(Source: **National Drug Strategy**, 2017)

> **Harm reduction** is about meeting people where they are at and working with them to **make safer choices**. At its best, harm reduction can be a pathway to re-engagement with services but even more can be a way to **connect with community** and enrich your life.
>
> — **Mary Harrod**, NUAA

You will also often see or hear the term 'harm reduction'. Harm reduction refers to policies, programs and practices that aim to minimise the negative health, social and legal impacts associated with AOD use, policies and laws (Harm Reduction International, 2022). Harm reduction is about reducing harm caused by substance use (NSW Ministry of Health, 2020). This harm could be in the form of physical harm, as well as psychological harm i.e., relationship or job loss, or legal consequences stemming from substance abuse.

HARM REDUCTION PRINCIPLES AND GOALS

(Harm Reduction International, 2022)

HARM REDUCTION PRINCIPLES

- Respecting the rights of people who use drugs
- Commitment to evidence
- Commitment to social justice
- Commitment to collaborating with networks of people who use drugs
- Avoiding stigma

GOALS OF HARM REDUCTION

- Keep people alive and encourage positive changes in their lives
- Reduce the harms of drug laws and policy
- Offer alternatives to approaches that seek to end or prevent drug use

3.3.3 CULTURALLY APPROPRIATE AND RESPONSIVE TREATMENT

Culturally appropriate treatment always starts with the education for organisations around different cultures for all the workers and stakeholders including the board of directors.

Being culturally competent doesn't mean just going through culturally awareness training, it means you've been handed information and utilizing this information to **provide a safe space** while walking alongside the people accessing the service.

One **person's culture is a key factor for their identity**, and for some they may have felt that identity is lost or never even known. Having that safe space to feel a part of and connection can assist someone in **finding their identity**.

—**Levii Griffiths**, Allawaw Aboriginal Corporation

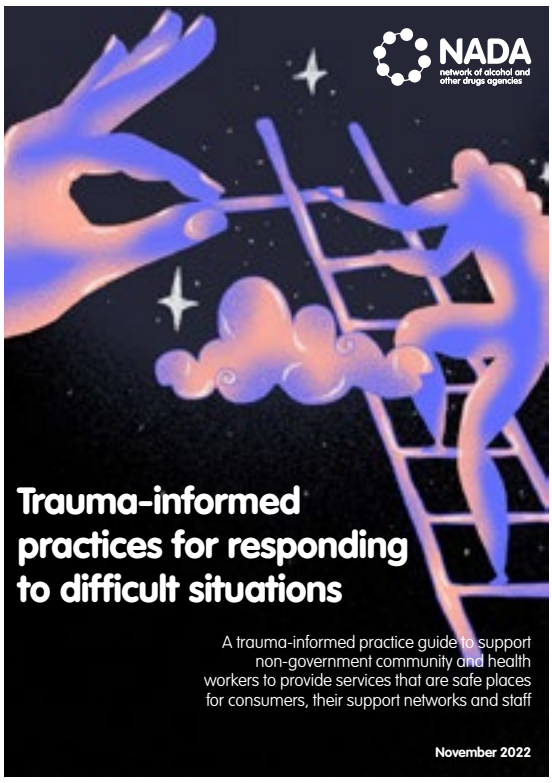
Every person seeking AOD treatment has the right to culturally appropriate, tailored treatment, delivered in settings which are competent, safe, trauma-informed and respectful (NSW Ministry of Health, 2020). It is best practice for organisations to provide annual cultural awareness training for all staff. From an AOD worker's perspective, cultural competence includes:

- Being aware that a person's culture will shape how they understand health and ill-health,
- Learning about the specific cultural beliefs that surround health conditions in the person's community,
- Learning and implementing cultural protocols,

- Understanding how mental health conditions are described in the persons community (knowing what words and ideas are used to talk about the symptoms or behaviours),
- Awareness of the concepts, behaviours and language that may cause shame (NSW Ministry of Health, 2020)

3.3.4 TRAUMA-INFORMED CARE

Trauma-informed care is an approach that assumes that a person may have had a history of trauma. This practice recognizes symptoms and acknowledges the role that trauma may have had or continue to play in a person's life that may impact their wellbeing. Every worker has a responsibility to practice in ways that are trauma informed. Two important technical guides about trauma informed care are highlighted below.



3.3.5 EQUITABLE, ACCESSIBLE, AND TIMELY TREATMENT SERVICES

The NSW AOD sector also values treatment services which are equitable, accessible and offer timely intervention and treatment (NADA, 2020). While some of these values are outside of an individual worker's control and are reliant on structural factors including treatment availability, individual AOD workers can assist by:

- Being flexible, open and responsive to a person's needs,
- Supporting the rights of person's receiving AOD treatment,
- Engaging in treatment planning policy and procedure processes that support fair access, fair chances and fair resource distribution (Commonwealth Department of Health, 2019).

> It means that **we are all given a fair chance** at our recovery. Just because I don't have money and health insurance, I'm left waiting and often that is **when I have found I'm most at risk**.
>
> —**Fabian Galbraith**, Consumer Representative, NADA Consumer Advisory Group

3.3.6 EVIDENCE-INFORMED PRACTICE

Evidence informed practice means using the current best practice approaches available to ensure safety and service delivery (Commonwealth Department of Health, 2019).

From an AOD workers' perspective, evidence-informed practice involves:

- Keeping up to date with the literature,
- Ensuring awareness of clinical care standards and guidelines,
- Attending meetings/workshops/online resources regularly and keeping up to date with any changes to health practice/legislation.

3.3.7 PREVENTION AND EARLY INTERVENTION PROGRAMS

Prevent and early intervention programs aim to avoid or delay uptake, reduce use and harms, and intervene early. Investment in drug prevention reduces health, community, financial and criminal costs, and improves equity. Prevention of drug harm occurs on a spectrum of use: before use starts, early in use, or after use has become harmful. The terms primary, secondary and tertiary prevention refer to this spectrum.

Primary prevention attempts to prevent or delay uptake before use starts. It includes education, health promotion and regulation. It also includes initiatives beyond typical health activities, such as market levers and targeting underlying social determinants by addressing risk and protective factors. The goal is to improve overall wellbeing, build resilience, and create supportive environments for healthy behaviours.

Secondary prevention aims to prevent or interrupt harmful patterns early in use. This includes health promotion programs, routine screening and brief intervention by health professionals, and other support services. Early intervention can prevent, reduce or delay harms.

Tertiary prevention focuses on reducing impact after harmful use is established. Tertiary prevention includes treatment and harm reduction to support the person, their family, and the community (NSW Ministry of Health, 2024).

3.3.8 HOLISTIC AND COORDINATED SERVICES

Often people seeking and receiving AOD treatment will have several needs requiring support, including physical, psychological, social welfare, employment, criminal justice and relationship. The principles of holistic care (within psychosocial practice) acknowledges that improvement in overall wellbeing for people accessing AOD treatment requires attending to their needs holistically, and usually require collaborative work with other parts of health and social services. A coordinated service means working with other agencies to ensure that a person obtains comprehensive treatment and support (Commonwealth Department of Health, 2019) and providing holistic care requires links and strong partnerships with communities, services and other specialist providers.

A holistic approach also considers the variety of developmental stages, potential experience of cognitive impairment, learning styles and social determinants that may act as barriers to being able to adequately engage in psychosocial interventions. Assessing and tailoring psychosocial interventions to this variety of needs contributes to positive and sustainable outcome.

Whilst some of these values may seem outside of an individual worker's scope, and are reliant on organisational factors there are some things that workers can do to support coordinated care:

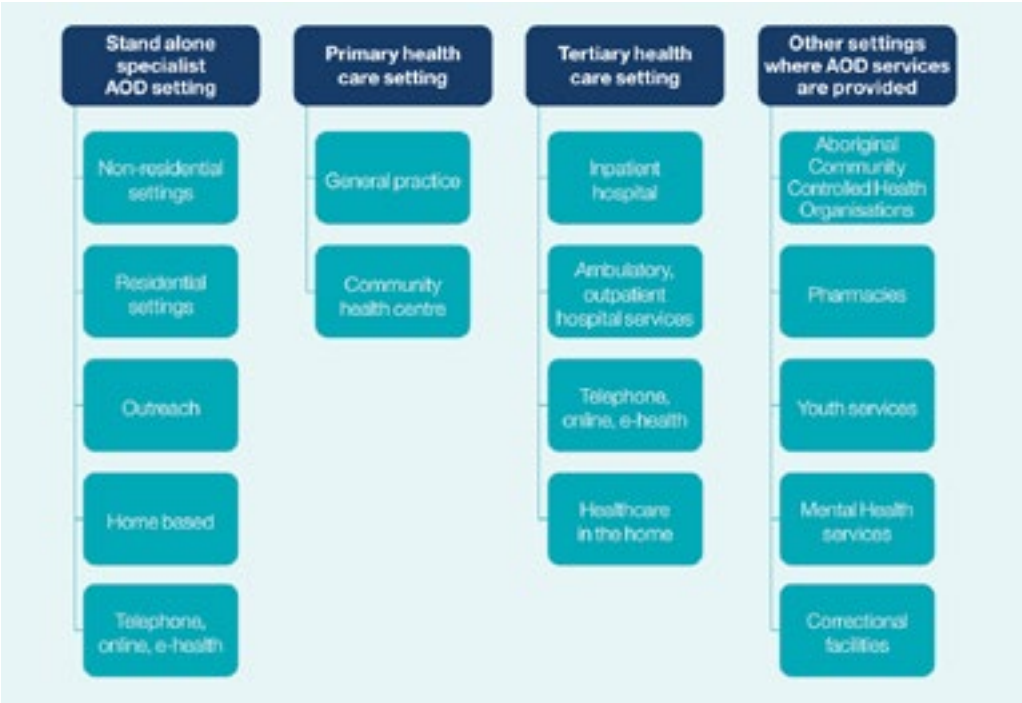
- Identifying their equivalent workers at other agencies,
- Undertaking service visits to find out about the programs and activities of other organisations,
- Using seminars, conferences, training and other sector events as opportunities to network with people from other agencies.

> **Because people can die if they don't get the support at the right time. People have different abilities and needs (e.g., mental, emotional, financial) so the service needs to meet them where they're at and be equitable, accessible and be available when they need the support.**
>
> —**Liz Gal**, Consumer Representative, NADA Consumer Advisory Group

3.4 TREATMENT SETTINGS

AOD-related work is undertaken in broad range of settings, which is usefully categorised in the 'National Framework for Alcohol, Tobacco and Other Drug Treatment'. This national framework outlines four major treatment settings – Stand Alone AOD Specialist, Primary Healthcare, Tertiary Healthcare, and Other Settings where AOD Service is provided – and associated service locations and methods that are grouped accordingly. This diagrams below present the different service systems and different types of treatment settings and interventions.

(Source: **National Framework for Alcohol, Tobacco and Other Drug Treatment**, 2019-2029, pp.8-9)



3.5 APPROACHES TO CARE

3.5.1 STEPPED CARE

In NSW a stepped care approach is utilised by government and many non-government organisations to identify, assess, and respond to AOD use. Stepped care is:

- An evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, which can be matched to the individuals' needs
- Recognises there are a spectrum of needs, and that therefore there also needs to be a spectrum of services (i.e. holistic and coordinated care)
- Entails an assessment, a person's involvement and collaboration in decision making, monitoring and ongoing support
- Flexible - it allows flexibility with stepping up or down the level of support, as a person's needs change over time
- Support for specific treatments if clinically indicated.

3.5.2 SHARED CARE

Workers in AOD treatment services can sometimes feel responsible to be all things for people engaged with services, and that can be overwhelming. Shared care protocols refers to the involvement of one or more health agencies working in collaboration to facilitate the appropriate, consistent and coordinated care of individuals with AOD and/or health issues, such that no one service is responsible for the entire treatment process.

3.5.3 CONTINUING CARE

Continuing care aims to assist people achieve better outcomes across a range of AOD treatment settings (MacLean et al., 2022). It can provide support in various ways including assistance to maintain initial treatment goals, relapse prevention, providing referrals and connections to other sources of support, and addressing co-occurring issues (MacLean et al., 2022).

Previously, continuing care was associated more with 'after care', such as the support provided after an intensive initial period of AOD treatment (e.g., residential rehabilitation). However, 'after care' support did not always respond to the ongoing care required by people who are experiencing AOD use issues (Kelly et al., 2021).

While 'after care' interventions are still important, recognising these services are part of continuing care, ensures they are part of the whole treatment journey (McKay, 2021). For example, continuing care now also commonly includes services that assists a person to connect and maintain engagement with AOD treatment, like waitlist support. Continuing care also provides support across a wider range of areas, including assistance with co-occurring issues like homelessness, isolation, mental health problems, family and domestic violence, criminal justice, and child protection involvement.

Practical examples of continuing care support include:

- Case management,
- Waitlist support,
- Providing a drop-in facility,
- Telephone delivered check-ins and counselling,
- Outreach workers who meet with the person in the community to provide support,
- Coordinated recreational activities by providing occasional sessions and activities at the service (e.g., barbeques, lunches),
- Living skills and peer support groups, like smart recovery.

3.5.4 FAMILY INCLUSIVE CARE

Family, friends, and significant others are identified here as people who may be able to provide support in the community and are considered an essential part of a comprehensive response to working with people with mental health and AOD problems and entrenched family difficulties. The definition of family here incorporates many combinations of family, including kinship, chosen families, friendship and relationship groups.

It is important for AOD practitioners to build their awareness of and capacity to work with families and significant others in order to complement and enhance the work they are already doing. AOD Staff are encouraged and supported to engage and involve families in the service and there are systems in place (i.e. through assessment and other stages of treatment) to identify key family member/s that can support the client during treatment and after the client leaves the service, and conversely when it this is not suitable, for example it might expose the family to some form of safety risk. It is also crucial to discuss with clients the benefits of having family actively involved in their treatment.

Finally, it is important to note that families and friends who provide support for people accessing AOD treatment, may themselves in time also need to reach out for their own support as a result of being impacted by someone else's substance use.

Families and friends may be impacted in several ways, including:

- Limited awareness of available services
- Limited confidence and knowledge about possible response options
- Consequential harms compromising their own wellbeing (Orford et al., 2013; Di Sarno et al., 2021).

There are a number of resources that can provide support to family members and significant others who are providing care and support to people seeking AOD treatment, some notable ones are listed below:

Family Drug Support provides up-to-date information on all aspects of AOD use to the families of people who use substances. Family Drug Support also operates a National 24-hour 7 day a week telephone support service for families affected by AOD issues.

Emerging Minds develops mental health policy, interventions, in-person and online training, programs and resources in response to the needs of professionals, children and their families.

Alcohol and Drug Information Service (ADIS) is a free and confidential counselling helpline for NSW residents with concerns around alcohol and/or drug misuse and is available 24 hours a day, 7 days a week. ADIS is staffed by professional counsellors who provide education, information, counselling, support and referrals to other appropriate services in NSW.

The Matilda Centre is a multidisciplinary research centre that works closely with research collaborators to share skills, synergise data and harness new technologies to develop and trial innovative prevention and early-intervention programs for co-occurring substance use and mental disorders.

3.6 AOD SERVICES IN THE NSW CRIMINAL JUSTICE SYSTEM

In NSW, AOD services within the criminal justice system are commonly one of two program types – a 'diversion program' or 'custodial setting program'.

Diversion Programs: In NSW, there are currently a number of AOD diversion programs, including:

- **Drug Court** - The Drug Court is a specialised court, operating under the Drug Court Act 1998 with the aim of breaking the cycle of drug dependency, criminal activity and imprisonment. The court oversees the voluntary treatment and rehabilitation of adults with a substance use disorder who would otherwise be incarcerated (NSW Health, 2020).
- **The Magistrates Early Referral into Treatment (MERIT)** – the MERIT program is a voluntary pre-plea program for adults in the NSW Local Court who have issues related to their AOD use. MERIT provides access to a range of AOD treatment services for 12 weeks while court matters are adjourned (NSW Health, 2020).
- **Early Drug Intervention Initiative (EDDI)** – EDDI is a diversion program that enables police to issue the spot fines and refer people on to free health support for low-level drug offences, instead of having to charge people with a criminal offense and going to court. EDDI aims to provide people with support to understand the risks associated with their drug use and free up court resources by diverting people away.

Service in Custodial Settings Programs: People with alcohol and other drug dependencies are over-represented in the criminal justice system, but services available to them within the NSW custodial system are both limited in availability and insufficiently tailored for a person's specific needs.

Current good practice and evidence in this context highlights that interventions need to be more available, more in line with the evidence base for effectiveness among the general population, and more targeted at the factors that can lead to criminal behaviour.

Some ways for working with people in touch with the criminal justice system include (NADA, 2022):

Challenge stigma, reduce labelling (for example, labels like 'offender'), and ensure you treat everyone as an individual.

—**Andy Biddle**, Adele House, The Salvation Army

Everyone deserves a change, and anyone can change. Listen to the client's needs…. work with clients where they are at…

—**Sandy Ngo**, Odyssey House, NSW

The young people can be just as scared to engage with you as you are with them.

—**Joseph Ratuvou**, Youth Off the Streets

Showing respect, advocating on the young person's behalf, being transparent and providing a safe space that is non-judgmental and supportive

—**Christopher Rowden**, Centacare New England North West

Focus on the needs of the person involved in the criminal justice system, rather than any kind of presenting behavior

—**Axel Anthonisz**, Guthrie House

(Source: **NADA**, 2022)

LEGAL STATUS OF PERSONS RECEIVED OR HELD IN CUSTODY IN NSW

A person received into or held in custody in NSW will have one of three legal statuses - remand (juvenile), remand (adult) or sentenced. A remand prisoner is someone held in custody while waiting for their trial or sentencing. A remand prisoner may be held in prison, or in police cells, court cells, or psychiatric facilities as required. A sentenced prisoner is someone for whom the courts have imposed custodial sentence(s) for proven offence(s) (NSW Bureau of Crime Statistics and Research, 2021).

AUSTRALIAN CRIMINAL JUSTICE SYSTEM CYCLE

ENTRY ➔ INCARCERATION ➔ RELEASE ➔ REPEAT

PRISON ENTRANTS

- 3 in 4 have **previously been in prison**
- 2 in 5: **mental health conditions**
  1 in 3: chronic **physical health conditions**
- 3 in 4 current **smokers**
- 1 in 3 **homeless** in the 4 weeks before prison
- Highest education: 33% **year nine or under**

INCARCERATED

- Almost 1 in 6 report using **illicit drugs** in prison
  1 in 12 have **injected drugs** in prison
- More than 1 in 3 identify as **Aboriginal** and/or **Torres Strait Islander**
- **Women** are the fastest-growing prison population
- 1 in 4 currently taking **mental health-related medication**

POST-RELEASE

- More than 1 in 2 expect to be **homeless on release**
- Highest **overdose mortality risk** in the few weeks following release
- Risk of **mental health and chronic conditions worsen**

(Source: **Australian Institute of Health and Welfare**, 2019; **Australian Bureau of Statistics**, 2022). Notes: NCETA synthesis

3.7 MONITORING OUTCOMES

Monitoring treatment progress and outcomes is an ongoing process and brings together the information collected in continuous assessment (including comprehensive assessment in Standard 2), care planning (Standard 3), identifying, responding to and monitoring risk (Standard 4), implementing the treatment plan, reviewing treatment progress, and discharge planning (Standard 6) – all elements outlined as part of the NSW AOD Clinical Care Standards. It is an opportunity to partner with clients for joint reflection on progress and priorities and informs the ongoing care planning. (NSW Health 2020)

This ongoing monitoring assists in shaping the treatment to the evolving needs of the person accessing treatment, and their supports in the community. It is a process that ensures that the client is at the centre of the care and ensures there is an opportunity for routinely seeking feedback on both the outcomes and experience of treatment. AOD treatment services provided in NSW use a number of structured outcome tools on an ongoing basis to inform and monitor treatment, including the Australian Treatment Outcome Profile, Severity of Dependence Scale & Kessler 10 Mental Health tool.

Sharing outcome results with the person accessing treatment and discussing these with other relevant people in the team providing care is essential. Any proposed changes to a treatment care plan should be decided collaboratively with the person as part of care planning.

For more information on outcome measures contained with the NADAbase Client Outcome Management System (COMS) visit:
https://nada.org.au/about/what-we-do/nadabase/

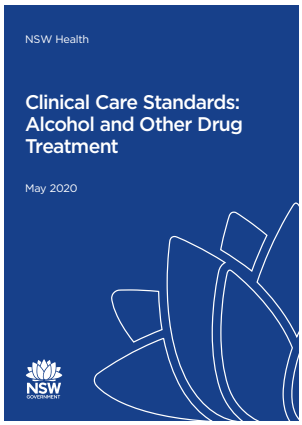
3.8 CLINICAL GUIDANCE AND RESOURCES

NSW Health and NADA have produced several guidelines for delivering care to people accessing AOD treatment in both government and non-government settings. The NSW Health online database listed below is a good place to look for specific resources.

ALCOHOL AND OTHER DRUGS PUBLICATIONS, REPORTS AND GUIDELINES

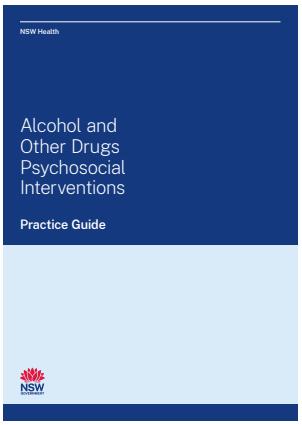
An A – Z of NSW Health's AOD-related documents

https://www.health.nsw.gov.au/aod/resources/Pages/publications.aspx



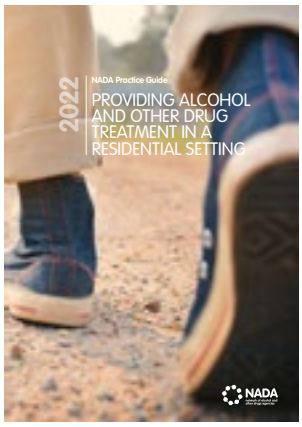
NSW Health's Clinical Care Standards

This resource outlines the core elements of care that underpin treatment within the alcohol and other drug treatment sector in NSW. It provides foundational elements of care and information to support clinical decision making.



AOD Psychosocial Interventions

This Practice Guide summarises the guiding principles, professional practice, psychological processes, and psychosocial interventions used within AOD treatment settings, guidance on responding to people with co-occurring concern, and links to further resources.



Providing AOD treatment in a residential setting

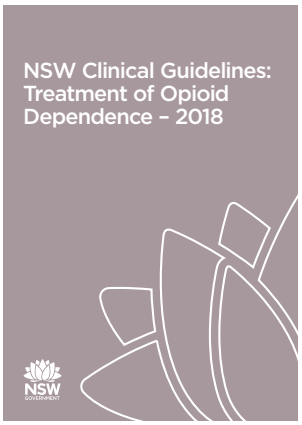
This resource outlines the effectiveness of residential treatment by covering off different types of residential treatment, examples of best practice approaches, the experience of includes frontline workers, and links to resources for further learning.

Workforce capability framework

This document outlines the core capabilities and behaviours expected of all NSW non-government AOD workers. It identifies specific, measurable capabilities while remaining broad enough to reflect the diversity of roles, occupations, and specialties across the sector.

Integrated Trauma-Informed Care Framework

Trauma significantly affects health and wellbeing, particularly in children and young people. This integrated approach seeks to reduce trauma's impact, prevent re-traumatisation within the health system, support healing, and improve experiences for clients, families, carers, and staff. This resource offers guidance and a foundation for implementing trauma-informed care.



NSW Clinical Guidelines: Treatment of Opioid Dependence 2018

These guidelines provide clinical guidance and policy direction for opioid treatment in NSW. The guidelines aim to improve access to opioid treatment, personalise patient care, and support more effective coordination of care across health services.

4

OUR WORKERS

The NSW AOD sector is multidisciplinary. There are several pathways to enter the sector, and employment prospects are available in diverse work settings. Once employed, a range of professional development opportunities are available to workers from within their organisation, peak bodies and training providers. The sector is committed to supporting wellbeing and creating workplaces in which people can flourish and provide quality treatment through ongoing learning and development.

> **I went from a clinical psychology position in a government rehab service to working in government (AOD Policy Section), to working in an AOD NGO, and now I'm in a university – I'm completely addicted to the field.**
>
> —**Professor Alison Ritter**, Drug Policy Modelling Program, Social Policy Research Centre, University of NSW

4.1 WORKFORCE SNAPSHOT

NSW AOD workers are highly regarded and play a valuable role in improving the lives of individuals who experience harms related to AOD use. Workers enter the sector from diverse backgrounds. About…

- 1 in 2 are employed in metropolitan-based services,
- 1 in 2 are employed by government,
- 1 in 2 have caring responsibilities for a minor, an older person, or a person with a disability,
- 1 in 8 identify as Aboriginal and/or Torres Strait Islander people,
- 7 in 10 are female,
- 6 in 10 have lived experience with AOD, either personally or with a family member (McEntee, 2022).

4.2 OCCUPATIONS AND POSITIONS

The NSW AOD sector comprises people working in many occupations and positions. A recent **census** (NSW Health, 2023) of the NSW AOD sector identified the following:

POSITION

(some example position titles included)

NURSING

- Nurse Manager
- Nurse Unit Manager
- Nurse Practitioner
- Clinical Nurse Specialist
- Clinical Nurse Consultant
- Nurse Educator

ALLIED HEALTH

- Psychologist/Clinical Psychologist
- Social Worker
- Counsellor
- AOD Case Manager/Worker
- AOD Youth Worker
- Health Promotion Officer
- Health Education Officer
- Allied Health Services Manager
- Welfare Worker
- Pharmacist

CORPORATE

- Chief Executive Officer
- Clinical Director
- Team Leader/Manager
- Project and/or Policy Officer
- Research Coordinator/Officer
- Data Coordinator/Officer
- Intake Officer
- Receptionist/Administration Officer
- Educator/Trainer

MEDICAL

- Addiction Medicine Specialist
- Psychiatrist
- Career Medical Officer
- Visiting Medical Officer
- Junior Medical Officer
- Advanced Trainee
- Registrar

ABORIGINAL HEALTH

- Aboriginal Health Practitioner
- Aboriginal Health Worker
- Aboriginal Health Nurse
- Social Emotional Wellbeing Worker

PEERS

- Peer Worker
- Peer Support Worker
- Consumer Engagement Worker

Source: NSW Alcohol and Other Drugs Workforce Census Report, pp. 14–15.

4.3 PEER WORKERS

Peer workers or lived experience workers are a growing workforce in the NSW AOD sector. A peer worker is an identified role where a worker uses their own living or lived experience of AOD use and/or service access to inform the support they provide to people who access AOD services. The value of peer workers in services is articulated in the quotes below:

> People with lived or living experience of alcohol and drug use can **play an essential role** in increasing access to health services. The **empathy**, **trust** and **support** that are the core tools of peer work make an **incredible difference** to people dealing with a system that is often not designed for ease of access.
>
> —**Mary Harrod**, New South Wales Users and Aids Association (NUAA), University of NSW

> Peer workers bring something different to the professional space... Peer workers **open the relationship** between the consumer and service and help engagement. **We need peer workers in all AOD services**.
>
> —**Liz Gal**, Consumer Representative, NADA Consumer Advisory Group

Peer Workforce:
National Framework Guiding Principles for organisations employing peer workers and people with LLE of using drugs in harm reduction and AOD settings. Developed by The Australian Injecting & Illicit Drug Users League (AIVL) and NCETA, it is available at https://aivl.org.au/resources/peer-workforce-framework/?provide

4.4 WORKER CAPABILITIES

All NSW AOD workers are responsible for supporting and providing evidence-based services. The NSW AOD sector is committed to ensuring new employees develop AOD capabilities – that is the knowledge, skills and attributes that workers must demonstrate in their positions (NADA, 2020). Expected capabilities and associated behaviours are described in NSW Health's Clinical Care Standards; (NSW Ministry of Health, 2020); and NADA's Workforce Capability Framework (NADA, 2020).

4.5 PATHWAYS INTO THE AOD SECTOR

People come to work in AOD through a variety of motivations and pathways.

Many people are drawn to the work because they hold living or lived experience (LLE) of AOD use, and of accessing AOD services, either personally or from supporting someone in their life.

Some people will use their experience in identified LLE positions, which means that sharing their experience is core to the role. Others may have lived experience, but this is not necessarily disclosed, and they work in AOD roles that do not require identified lived experience. If working in an identified LLE role, a person's own experience is considered expert or specialist knowledge, and other qualifications are not necessarily required.

If you are starting out in the AOD sector, or transitioning from another health or community services setting, there are some common AOD-specific qualifications available in the Vocational Education and Training (VET) sector:

- Certificate IV in Alcohol and Other Drugs
- Diploma in Alcohol and Other Drugs
- Graduate Certificate, Diploma or Master's in Alcohol and Other Drugs

The VET sector provides a range of more general qualifications across the Community Services and Health training package that cover working in AOD. For example, courses in community services work, youth work, mental health, social and emotional wellbeing or other related fields of practice.

VET training at Certificate IV and Diploma or Advanced Diploma level is offered by public providers (TAFE NSW), industry providers (AH&MRC, Eva Burrows College, The Mental Health Coordinating Council) as well as private providers. Graduate Certificates and Graduate Diplomas are offered through the higher education system.

Practice placements are often an important and very valuable component of many training programs, providing an important opportunity to 'bring to life' or link learning to the work in practice. Most universities, as well as TAFE NSW have an established placement program and work with service providers to arrange and support placement opportunities. You can also contact NADA for assistance to arrange a placement in an NGO AOD service.

People also join the sector with existing qualifications and work experience in social work, nursing, psychology, occupational therapy or counselling. Professional bodies supporting these professions often provide AOD-specific education, for example, Drug and Alcohol Nurses of Australasia (DANA), delivers accredited specialist AOD teaching and learning opportunities for nurses.

Medical practitioners and GPs also make an important contribution to the AOD sector. The Opioid Treatment Accreditation Course and associated accreditation supports GPs and nurse practitioners to build skills to provide opioid treatment through a number of training programs and enables accreditation.

The knowledge and skills of people who have worked in all these related fields are very transferrable to AOD work and make for workforce that is rich and varied in experience, training and perspective.

Are you currently working in health or community services and interested to join the diverse, dynamic and vibrant AOD workforce?

Search for **AOD jobs in NSW Health** and the **NGO sector**.

4.6 EMPLOYEE VALUE PROPOSITION

In 2023 the NSW Ministry of Health began working with the AOD sector to develop an Employee Value Proposition (EVP). An EVP provides consistent language and messaging for describing working in the AOD sector. It details the principles, values and unique benefit that working in the sector offers workers beyond remuneration or incentives.

The EVP consists of a range of descriptive statements and insights about our work, built from a series of focus groups which were held with representatives working across the AOD sector in a variety of roles.

AOD SECTOR SUMMARY STATEMENT

You are part of the vibrant and professional team working to improve the health of our communities. We listen to understand, not label.

Long-form: Join our dynamic workforce utilising innovative, evidence-based skills and interventions to professionally support people requesting assistance with alcohol and drug use. We employ trauma informed practice and a respectful person-centred approach. An inclusive and committed team, where you can bring your whole self to work. For a rewarding career supporting the health of your community, join the alcohol and other drugs workforce.

Short-form: Join our dynamic workforce utilising innovative, evidence-based skills and interventions to professionally support people requesting assistance with alcohol and drug use.

The following key insights were identified through engaging with workers through the EVP development process. People working in public services can access the EVP guidelines **here** and can contact the Ministry of Health, Centre for AOD for more information at **moh-caod@health.nsw.gov.au**.

The NGO AOD EVP document can be found at **https://nada.org.au/jobs/employee-value-proposition/**.

Insight:	Insight:	Insight:	Insight:	Insight:
The AOD workforce is vibrant and diverse, made up of people from the communities they serve. Many bring unique combinations of lived and/or specialised clinical experience. They value a work environment where all experiences are respected, and individuals can bring their whole selves to work. Often described as the 'fun team' (especially compared to other health sectors), this culture appears to be a key differentiator.	The AOD workforce appears to be comprised largely of people who are open and willing to understand each individual's unique circumstances – with a view to uncover their strengths. They understand that life is rarely black and white and are prepared to 'walk through' the full gradient of grey with their client / patient / consumers. They are curious and kind, non-judgmental and optimistic.	There are a multitude of roles within AOD, but all feel that working in the AOD sector is mentally stimulating, challenging and highly rewarding. The concept of vicarious-resilience was mentioned as a key motivator to help them advocate for their clients so they can gain access to the healthcare services they require and deserve.	While it is difficult to define, track or measure the impact of the work the people within the AOD sector deliver because every journey is so unique, there is no debating that the work does have a positive impact not only on the health of the individuals they work with, but their loved ones and their communities. This adds to the value of the work.	The stigma associated with the sector is complex and, in some instances, culturally engrained. Stigma is felt at a staff, consumer and community level. The language used in the EVP needs to minimise the perpetuation of these stigmas and where possible build up the awareness, understanding and respect for the sector.
"You don't have to hide who you are here."	***"There is a lot of grey in our area of health."*** ***"Love it, it is full on, no two days are the same."***	***"We can stand up for our clients in an ED (hospital emergency department), so they get the treatment they deserve, the treatment they need."***	***"It is not a straight road, and it is hard to see the impact we can have all the time... It really is a journey."*** ***"We can make our community a happier place."***	***"I get to work with people who are stigmatised in the world, and I get the opportunity to help them. That feels really good."***
A team as diverse as the vibrant communities they support	An open, flexible and dynamic, strengths-based approach	Advocating for people who have been marginalised to achieve fairness and accessibility	The positive impact AOD has on health is felt at a community level	Build awareness, understanding and respect for all people in the AOD sector

4.7 PROFESSIONAL DEVELOPMENT

The NSW AOD sector recognises that providing and supporting ongoing professional development opportunities is essential for maintaining a skilled, knowledgeable and effective AOD workforce. There are countless professional development opportunities available to workers in the NSW AOD sector.

Below is a list of some of the organisations that support the delivery of education and training in the NSW AOD sector. They are involved in developing and delivering programs, hosting training or provide databases of learning and development opportunities.

Please note, this list is not exhaustive, but represents a starting point for your AOD professional development journey:

- Network of Alcohol and Other Drug Agencies (NADA)
- NSW Users and AIDS Association (NUAA)
- Australian Indigenous HealthInfoNet (Alcohol and Other DrugsKnowledge Centre)
- Insight
- National Centre for Clinical Research on Emerging Drugs (NCCRED)
- Higher Education & Training (HETI)
- Turning Point Inc.

> **Nine out of ten NSW AOD workers have undertaken professional development in the past three years. Professional development is essential not only for maintaining a skilled and effective workforce, but to increase workers' confidence and motivation and support their career growth. Workers who undertake professional development are likely to improve their performance and are more likely to stay with an organisation.**
>
> —**Dr Ashlea Bartram,**
> National Centre for Education and Training on Addiction

4.8 SUPERVISION AND MENTORING

Supervision and mentoring are key professional development activities in the NSW AOD sector. Supervision and mentoring enhances service provision, facilitates the development of evidence-based practice and supports worker wellbeing.

CLINICAL SUPERVISION

Clinical Supervision is one of the most important professional activities for people working in the AOD sector, whatever their professional background (NSW Department of Health, 2006, Drug and alcohol clinical supervision guidelines) Clinical supervision provides an opportunity to reflect on current best practices and integrate that into practice, ensure the person engaged in AOD treatment is at the centre and consider areas for our own professional growth (Roche, A. M., Todd, C. L., & O'Connor, J. (2007). In short, clinical supervision is equal parts:

- Reflective Practice
- Quality Assurance and Clinical Safety
- New Learning
- Self-Care and Worker Wellbeing

Clinical supervision is a collaborative process, often between a more experienced clinician (Supervisor) and a clinician who is growing their expertise (Supervisee). A competence-based approach to clinical supervision that has clearly agreed expectations from supervisor and supervisee assists with creating a space to process the emotional impact and ethical challenges of day-to-day clinical practices. The approach and the style may be shaped by the clinical supervisor, however alignment with individual scope of practice, service setting, and relevant organisational policies needs to be evident.

Clinical supervision is relevant for the whole of the AOD workforce where they have responsibility for the provision of AOD treatment to a person accessing a NSW AOD treatment service in line with the NSW AOD Clinical Care Standards

CULTURAL SUPERVISION

Organisations are increasingly recognising the need for cultural supervision for Aboriginal and Torres Strait Islander workers. Having a culturally proficient workforce is essential in creating inclusive and well-informed service provision for Aboriginal and Torres Strait Islander people who seek services related to AOD use. A culturally safe, adaptive and skilled workforce can better address health disparities, as well as promote person-centred practice which is informed by knowledge of Aboriginal and Torres Strait Islanders' needs and experiences (NADA, 2021).

MENTORING

Mentoring is a less structured, more informal approach to leadership and supervision. Mentoring often occurs between many individuals and groups across many organisations and specialties. Through mentorship, individuals can learn and practice skills without the cost of traditional professional development activities, and the skills learnt are often directly relevant to the work context. Mentors also act as a useful source of advice and guidance for less experienced workers. Peer mentoring is often used where workers have experience in different specialty areas and can share their experience to support another worker.

MULTICULTURAL SUPERVISION

Multicultural supervision is a structured and reflective practice designed to support both multicultural practitioners and those working with multicultural clients and communities. It provides a culturally safe space for workers and teams to critically examine their practice through a cultural lens, explore how culture influences service delivery, client engagement, and organisational decision-making. By strengthening cultural self-awareness and shared learning, multicultural supervision helps build the skills, confidence, and cultural responsiveness of the workforce. Its importance lies in moving beyond compliance to embedding cultural inclusion as a core organisational value—ultimately strengthening services' capacity to deliver safe, respectful, and effective care for multicultural communities.

PEER OR LLE SUPERVISION

Peer or LLE supervision is essential to supporting and maintaining the LLE workforce. Distinct from clinical supervision, it offers a collaborative and reflective space, often called co-reflection, that allows LLE workers to explore how they draw on their lived experience in practice. This approach recognises the complexities of peer roles and creates a safe environment for debriefing, developing strategies, and connecting personal insights to organisational contexts. Effective LLE supervision clarifies roles, promotes wellbeing, enhances skills, and helps retain staff. It assists workers in translating living and lived experience into effective practice, upholding peer values, maintaining boundaries, and managing relationships with clients, families, and colleagues. By providing confidential, structured reflection, it facilitates emotional processing and reduces burnout, ensuring peer work remains authentic and person-centred even within clinically focused settings. Ideally, LLE supervision is led by an experienced peer with appropriate training, able to foster a safe and honest space for growth. It should be regular, accessible on demand, and separate from line management. Supervision may occur internally, externally, or through peer-to-peer and inter-agency reflection groups, ensuring neutrality, safety, and consistency across the workforce.

4.9 WORKER WELLBEING

The NSW AOD sector believes in creating and maintaining workplaces in which people flourish and wellbeing is a priority.

WHAT IS WELLBEING?

Wellbeing is a multidimension concept that comprises the physical, mental, emotional, social, spiritual and other aspects of one's life, which then shape an overall sense of positive functioning. Wellbeing has several elements, including how we:

- Cultivate meaning and good relationships,
- Use our strengths,
- Contribute to a 'greater' cause,
- Find pleasure in losing ourselves in things we find challenging and enjoyable.

WHAT IS WORKER WELLBEING?

Similar to the idea of general wellbeing, 'worker wellbeing' is concerned with a number of different aspects of working life, including the quality and safety of the physical environment, how workers feel about their work, the working environment and culture, the mission and values of an organization, the commitment of organization to support its staff, and so on.

> **Worker well-being has expanded beyond just physical wellbeing, to now encompass a more holistic approach which includes emotional, social, career, community, and purpose. Worker well-being is critical to enable and support the delivery of high-quality care.**
>
> —**Professor Jacqueline Bowden**,
> National Centre for Education and Training on Addiction

Staff experiencing positive worker wellbeing will feel safe, connected to their organisation and feeling engaged in meaningful work, recognised and valued, and ultimately satisfied. Some of the key sources of job satisfaction and reward for AOD workforce include:

- The opportunity to help and work directly with people,
- Belief in the worth of their work and its contribution to society,
- The opportunity for growth and development at a personal and professional level (Gallon et al., 2003; Best et al., 2016; Butler et al., 2016; Duraisingam et al., 2022).

NSW AOD SECTOR APPROACHES TO WELLBEING

The NSW AOD Sector is strongly committed to worker wellbeing, for a career in this industry is not without certain challenges and risks and it's crucial that organizations proactively plan for and manage these in order maximize the effectiveness of staff and their ability to support those people accessing services. Staff in the AOD Sector could experience significant stress, high workloads and burnout, vicarious trauma, etc., and being able to cope with, and overcome these, is not the sole responsibility of any one party, rather a shared effort between the organization, individual staff and the sector as a whole. Organisations are encouraged to provide a package of initiatives that bolster staff wellbeing, including links to third party services such as EAP and supervision and mentoring. The Sector also supports staff to learn more about and practice more self-care.

ORGANISATION INITIATIVES

NSW AOD sector organisations recognise that creating and maintaining workplaces in which people flourish is an important enabler of high-quality services. Examples of workplace initiatives to support worker wellbeing include are included below (Duraisingam et al., 2022):

ORGANISATION WELLBEING INITIATIVES

(Duraisingam et al., 2022)

STAFF FOCUSED	ORGANISATION FOCUSED
• Mentoring and supervision programs, including cultural and clinical focused • Recognition and rewards • Realistic job preview and employee orientation programs • Supporting professional development • Supporting career development • Flexible work conditions when possible • Creating communities of practice for sharing	• Developing and maintaining culturally safe workplaces • Implementing broad-based health promotion policies and programs • Conducting stress audits • Ensuring adherence to occupational health & safety legislation and regulations • Management training and development • Job design

QUALITY SUPERVISION AND MENTORING

(Duraisingam et al., 2022)

Quality supervision has the potential to yield important benefits for AOD worker wellbeing. For instance, a mentor or clinical supervisor may help with:

- Developing coping strategies
- Clarifying roles and responsibilities of the position
- Skill variety, task identity, task significance, and autonomy.

Strategies for managing wellbeing at work:

- Setting realistic goals and recognising the value of small achievements,
- Scheduling regular rest breaks or 'time outs'. Even 5-minute breaks can be valuable for wellbeing (Duraisingam et al., 2022).

Strategies for managing wellbeing outside of work:

- Regular physical activity - this can be three, daily, 10-minute activity bursts,
- Disconnecting daily from technology,
- Nourishing your creative side (Duraisingam et al., 2022).

See NADA's wellbeing resources at
https://nada.org.au/resources/worker-wellbeing/

5

PRIORITY POPULATIONS

For people from diverse populations, there are often additional barriers to accessing AOD services. Factors that can inhibit the accessibility of services include ageism, discrimination towards people with disabilities, a lack of awareness about gender and sexuality diverse identities, and a lack of cultural safety for Aboriginal and Torres Strait Islander people and for people from culturally and linguistically diverse backgrounds. Thus, improving access and equity for those seeking AOD treatment is crucial for its effectiveness.

Furthermore, it is important to note the concept of 'intersectionality for diverse groups, in that a person may identify as belonging to multiple groups and have multiple identities and hence experience the world in unique way. This has ramifications for AOD services that need to be cognizant and sensitive to this kind of individual experience, and ideally have tailored services. For instance, being an older person who is gender and sexuality diverse, in addition to being culturally and linguistically diverse, is a different way of experiencing the world in comparison to, say, someone who is a younger sexuality and gender diverse person, who does not identify as being culturally and linguistically diverse.

In the first image, it is assumed that everyone will benefit from the same supports. **They are being treated equally**.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. **They are being treated equitably**.

In the third image, all three can see the game without any supports or accommodations because the cause of inequity was addressed. **The systemic barrier has been removed**.

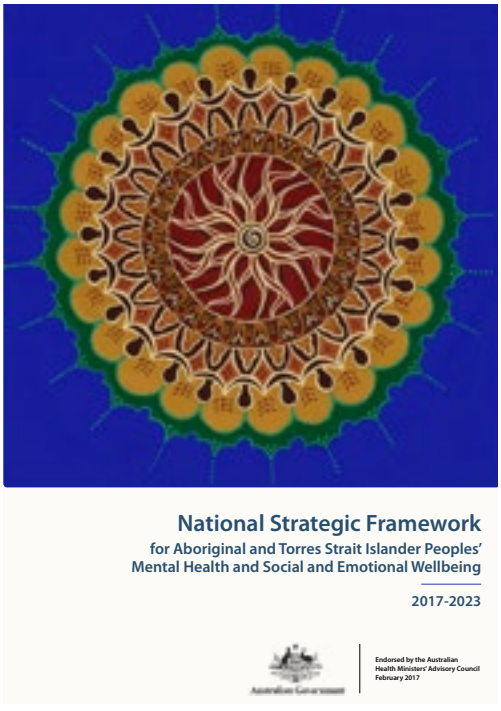
The sector considers priority populations as:

- Aboriginal and Torres Strait Islander Peoples
- Culturally and linguistically diverse (CALD) communities
- Family and friends of people who experience harms related to AOD use
- Gender and sexuality diverse communities
- Older people
- Regional and remote communities
- People in contact with the criminal justice system
- People with mental health conditions
- Pregnant women
- Young people

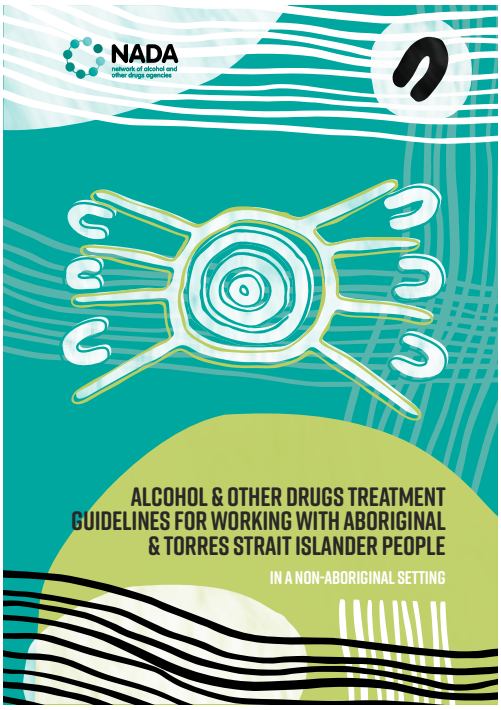
Further information in brief is provided below about key priority groups, with links to external resources (where available) that can provide more specific guidance on how to support the unique needs of each of these groups. As a worker, it is important to build your knowledge about each group, their specific needs and effective approaches. For organisations, it is key that they seek to recruit a workforce that reflects the diversity of the people they seek to support.

5.1 ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing & **AOD treatment guidelines for working with Aboriginal and Torres Strait Islander people – in a non-Aboriginal setting** – For Aboriginal and Torres Strait Islander people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural and spiritual wellbeing. One's connection to land, culture, spirituality and ancestry underpin their social and emotional wellbeing, which in turn is the foundation of physical and mental health (AIHW, 2024).



Aboriginal Community Controlled Health Organisations (ACCHOs) are increasingly prevalent and provide vital services for Aboriginal communities that provide holistic and culturally safe healthcare, driven by community needs. However, not all Aboriginal people have easy access to or want to use an ACCHO and in all cases it is the person's right to choose their service provider. That right should be respected, and mainstream services are encouraged to find ways to offer culturally respectful, accessible and acceptable services to facilitate choice.



SOME WAYS FOR WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES INCLUDE:

- Establish and maintain culturally safe environments.

  Culturally safe environments are those that acknowledge and respect a person's identity, of who they are, and what they need. Key components of cultural safety include shared respect, meaning, and knowledge; and experience of learning, living and working together with dignity and truly listening (Williams, 1999). For non-Indigenous workers this means becoming culturally competent.

- Know the local Country you are working on, learn about local history and protocols. Recognition of local language groups and totems demonstrates respect.

- Become familiar with, and apply, the Alcohol and Other Drugs Treatment Guidelines for Working with Aboriginal and Torres Strait Islander people in a non-Aboriginal setting (Wallace and Allan, 2019).

5.2 CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) COMMUNITIES

Australia has a large culturally and linguistically diverse (CALD) population. About a quarter of Australia's population were born overseas and there are over 300 separately identified languages spoken in Australian homes (Australian Bureau of Statistics, 2017). Some people from CALD backgrounds may be more vulnerable to problematic AOD use due to a history of trauma, grief and loss. This can be exacerbated by factors such as:

- Family stressors
- Unemployment
- Language barriers
- Limited awareness of available culturally appropriate services (NSW Department of Health, 2008; NADA, 2021).

SOME WAYS FOR WORKING WITH PEOPLE FROM A MULTICULTURAL BACKGROUND INCLUDE:

- Participating in cultural diversity training
- Providing resources in different languages
- Taking the time to explain and clarify processes and treatment options and confirm understanding (i.e., ensuring informed consent) - the 'Teach Back' technique can be helpful in ensuring shared understanding (Clinical Excellence Commission, 2020)
- Undertake an organisational 'multicultural audit'.
- Embedding regular multicultural supervision to strengthen staff confidence, cultural responsiveness, and reflective practice in working with multicultural clients
- Partnering with community leaders and cultural consultants to foster trust and culturally safe engagement pathways.

NADA delivered a Multicultural Audit Project to NGO AOD services to build capacity of mainstream organisations to support people from multicultural communities. This had positive impacts on a range of areas of service delivery. The evaluation report and further information is available at **https://nada.org.au/resources/assessing-cald-community-inclusion-in-aod-services/**

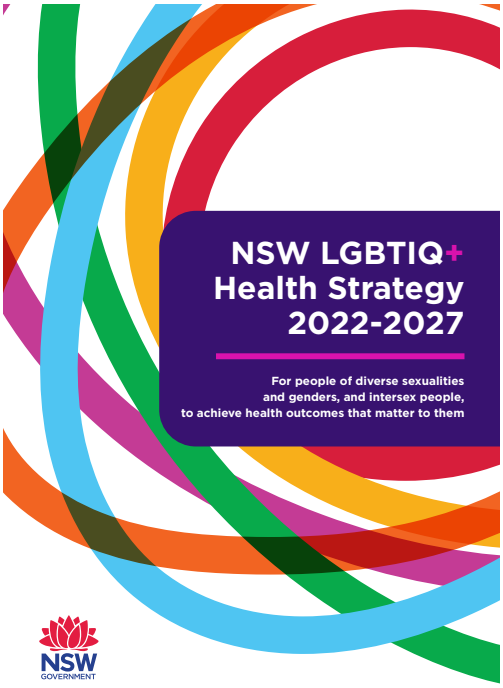
> **Cultural safety** is strengthened when communities lead, and services commit to **listening**, **adapting**, and **walking alongside**
>
> —**Yasmin Iese**, NADA and specialist cultural consultant

5.3 GENDER AND SEXUALITY DIVERSE COMMUNITIES

NSW LGBTIQ+ Health Strategy 2022-2027 & LGBTQ+ inclusive and affirming practice guidelines

People who identify as lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ+) are an identified priority population in the National Drug Strategy, as they can be at an increased risk of alcohol, tobacco and other drug problem (ACON et al.; Department of Health, 2017).

Sexual identity and diversity is a strength to be celebrated (NADA, 2021). Nevertheless, the higher prevalence of AOD use in these populations highlights common experiences of discrimination and exclusion, and is associated with poorer mental health outcomes (ACON et al.). Therefore, workers need to be knowledgeable and responsive to the individual needs of LGBTIQ+ individuals (National LGBTI Health Alliance, 2016).



SOME WAYS FOR WORKING WITH LGBTIQ+ INDIVIDUALS INCLUDE:

- Attending training in affirming and inclusive practice
- Being aware of your own values and opinions, and actively manage these
- Practicing inclusivity (ACON et al.; National LGBTI Health Alliance, 2016; Hannan et al., 2022).

> **Often LGBTQ people, and people with HIV, will use drugs differently, at greater levels and in different contexts to other people. We can often be early adopters, and also use for longer periods in our life. Recognising this, and ensuring services and interventions are in place that are inclusive, and responsive to these differences, is critical in assisting people who may be experiencing challenges and difficulties with their use.**
>
> —**Nicolas Parkhill AM,** ACON

5.4 OLDER PEOPLE

Preventing and responding to abuse of older people (Elder Abuse) NSW Interagency Policy – Older people are generally defined as those aged 65 and over. For Aboriginal and Torres Strait Islander people, the age range 50 and over is defined as older, reflecting the life expectancy gap between Indigenous and non-Indigenous Australians and the lower proportion of Aboriginal and Torres Strait Islander people aged 65 and over (Australian Institute of Health and Welfare, 2021).

Whilst older people use AOD for similar reasons to the general population, particular concerns include:

- Increased prevalence of loss and grief, isolation, and loneliness,
- Inappropriate prescribing of opioids and benzodiazepines,
- With ageing, decreased ability of the body to metabolise drugs (Royal College of Psychiatrists, 2011; Nicholas et al., 2015; Veal et al., 2015).

SOME WAYS FOR WORKING WITH OLDER PERSONS INCLUDE:

- Being aware that older people in treatment for AOD problems do not achieve worse outcomes than younger people; and may do slightly better
- Tailored interventions. For example, assessing pattern of AOD use:
  - Maintainers: Previous unproblematic use becoming harmful in older age,
  - Reactors: AOD-related concerns arising in their 50s or 60s. These tend to have stronger associations with bereavement, retirement, marital breakdown and social isolation,
  - Survivors: History of AOD use and related harms persisting into older age (Nicholas et al., 2015).

5.5 RURAL AND REMOTE COMMUNITIES

'Rural and remote' populations in NSW encompasses all areas outside of Sydney. Those who live in regional and remote areas of NSW tend to have poorer health outcomes than their metropolitan counterparts (Australian Institute of Health and Welfare, 2019). Challenges in regional and remote AOD work include:

- Higher prevalence of tobacco smoking and consuming alcohol at risk than their city counterparts,
- Difficulties in accessing health and social services generally,
- Socio-normative barriers to treatment, such as stigma, are intensified in regional and remote communities, reducing the likelihood of individuals attending and engaging in treatment (Hopkins et al., 2017; Australian Institute of Health and Welfare, 2019; Australian Institute of Health and Welfare, 2022).

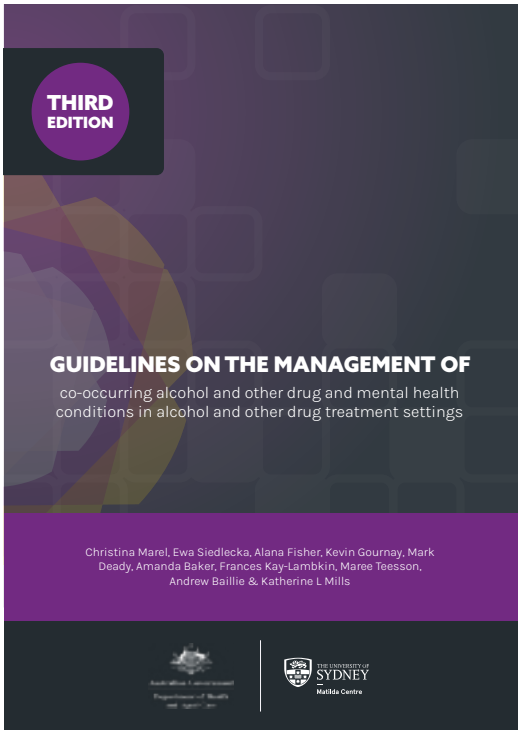
SOME WAYS FOR WORKING WITH RURAL AND REMOTE POPULATIONS INCLUDE:

- Utilising assertive outreach,
- Taking time to foster trust, non-judgemental acceptance, and confidentiality with rural people,
- With the individual, assess options for incorporating telephone and online counselling into treatment plans (NSW Department of Health, 2023).

5.6 PEOPLE WITH MENTAL HEALTH CONDITIONS

Guidelines on the Management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment setting.

The term people with mental health conditions refers to those with a diagnosable mental health disorder as well as those who display symptoms of disorders, while not meeting criteria for a diagnosis of that disorder Mental health disorders and conditions are common among people who use AOD, typically depression, post-traumatic stress disorder and personality disorders. People with both AOD and mental health conditions are at increased risk of physical health problems, with higher mortality rates than the general population (Department of Health, 2017).



> **Substance use** and **mental health disorders** frequently **co-occur** and are often underpinned by a **history of psychological trauma**. It is critical that we address these underlying issues.
>
> —**Professor Kath Mills**, Director of Early Intervention and Treatment Research at The Matilda Centre for Research in Mental Health and Substance Use

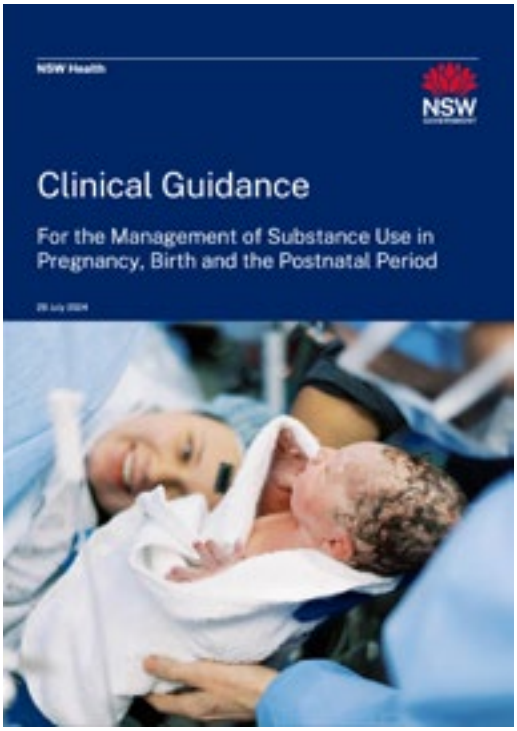
5.7 PREGNANT WOMEN

Clinical Guidance for the Management of Substance Use During Pregnancy, Birth and the Postnatal Period.

Women who are pregnant, or who may become pregnant, are a high priority for interventions to reduce AOD use. Substance use among pregnant women is an area of concern due to the ability of substances to cross the placenta, potentially leading to health problems including stillbirth, premature birth and childhood development.

SOME WAYS FOR WORKING WITH PREGNANT WOMEN INCLUDE:

- Ensuring sensitivity and the provision of culturally safe and accessible services free of stigma and judgement
- Identifying high-risk cases early and referring for specialist care and treatment
- Routinely asking pregnant women about their AOD use (NSW Ministry Health, 2014).



5.8 YOUNG PEOPLE

'Young people' are defined here as those aged 12–24 years. Young people are especially vulnerable to the negative effects of AOD (Department of Health, 2017). AOD use in young people can disrupt key transitional periods that occur as the adolescent brain undergoes cognitive and emotional development, and key psychosocial transitions are made. For example, AOD use in adolescence:

- Can prevent adolescents from meeting developmental milestones,
- Can limit opportunities for developing coping skills, including distress tolerance,
- Has the potential to affect and distort experience and perception,
- Can interfere with a young person's ability to adequately process situations and learn from their experience (Degenhardt et al., 2016).

SOME WAYS FOR WORKING WITH YOUNG PEOPLE INCLUDE:

- Always explaining confidentiality and its limits - understand the mandatory reporting for child safety and wellbeing directive,
- Encourage questions and involve young people in decision-making.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POLICY & GOVERNANCE CONTEXT

6.1 NATIONAL DRUG STRATEGY AND SUB-STRATEGIES

> The **national strategies** may feel like rhetorical monoliths, but **words matter**. That we still have 'harm minimisation' as the guiding principle is really important for **how we think** about drug policy.
>
> —**Professor Alison Ritter**, Drug Policy Modelling Program, Social Policy Research Centre, University of NSW

Australia's response to AOD use and related harms is underpinned by the National Drug Strategy 2017-2026, and its relevant sub-strategies.

NATIONAL DRUG STRATEGY AIM

(Department of Health, 2017)

To build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities

Six sub-strategies fall under the National Drug Strategy, each focusing on specific issues and spanning different time periods:

NATIONAL DRUG STRATEGY AND ASSOCIATED STRATEGIES

NATIONAL DRUG STRATEGY 2017–2026

Aims to reduce and prevent the harmful effects of alcohol, tobacco and other drugs.

National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019	Aims to reduce the harmful effects of alcohol and other drugs in Aboriginal and Torres Strait Islander communities.
National Alcohol and Other Drug Workforce Development Strategy 2015–2018	Aims to improve the skills of the alcohol and other drug workforce and prepare them for the future.
National Alcohol Strategy 2019–2028	A framework to prevent and reduce alcohol-related harm. It highlights possible actions at the local,state or territory and national levels.
National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028	This plan aims to reduce the incidence and impact of FASD in Australia, and improve the quality of life for people living with FASD.
National Ice Action Strategy 2015	Aims to reduce the use and harmful effects of methamphetamine in Australia.
National Tobacco Strategy 2012–2018	To improve the health of Australians by reducing smoking rates.

(Source: **Department of Health, 2017**)

6.2 NATIONAL QUALITY FRAMEWORK

The NSW AOD sector has a responsibility to deliver AOD treatment which is consistent, high-quality and safe. Standards that people can expect from NSW AOD treatment providers has been set out in the National Quality Framework for Drug and Alcohol Treatment Services (Department of Health, 2018). The NQF comprises nine guiding principles, as described below:

NATIONAL QUALITY FRAMEWORK FOR DRUG AND ALCOHOL TREATMENT SERVICES GUIDING PRINCIPLES (Department of Health, 2018)		
ORGANISATIONAL GOVERNANCE A systematic approach to organisational governance is established.	**COLLABORATION AND PARTNERSHIPS** Partnerships are established to improve and focus on person-centred care.	**COMPLIANCE** Protect individuals by meeting legislative, regulatory, and professional obligations.
CLINICAL GOVERNANCE Establishment of accountability of individuals for the delivery of safe and effective quality care.	**WORKFORCE, DEVELOPMENT AND CLINICAL PRACTICE** Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge, and supervision.	**CONTINUOUS IMPROVEMENT** Continuous improvement is a systematic ongoing effort.
PLANNING AND ENGAGEMENT Planning and engagement to meet and be adaptable to people and community needs.	**INFORMATION SYSTEMS** Secure and effective information systems to meet organisational objectives and inform decision making.	**HEALTH AND SAFETY** Provide a safe and comfortable environment consistent with needs & regulatory requirements.

From **29 November 2022**, NSW AOD treatment services were required to be accredited with at least one of the accreditation standards listed in the NQF. Non-government organisations who receive NSW Health funding also need to align with standards approved by NSW Health, for which there are two mandatory requirements:

- Organisations must hold current accreditation to at least one of the approved accreditation standards; and
- Organisation accreditation against the NSW Health approved health and/or community services standards for AOD treatment services must be awarded by an accrediting agency that is certified through the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) and/or the International Society for Quality in Healthcare (ISQua) (Centre for Alcohol and Other Drugs, 2022).

6.3 NATIONAL FRAMEWORK FOR ALCOHOL, TOBACCO AND OTHER DRUG TREATMENT

Treatment is structured health interventions delivered to individuals (by themselves, with their families, and/or in groups) to reduce the harms from alcohol, tobacco, prescribed medications or other drugs and improve health, social and emotional wellbeing (Commonwealth Department of Health, 2019).

This National Framework guides Australia's response. The National Framework focusses on treatment interventions, addressing how harms from AOD are reduced based on individual needs and goals.

NATIONAL FRAMEWORK FOR ALCOHOL, TOBACCO AND OTHER DRUG TREATMENT AIM

(Commonwelath Department of Health, 2019)

All Australians seeking alcohol, tobacco and other drug treatment are able to access high quality treatment appropriate to their needs, when and where they need it.

Three types of interventions make up the Australian AOD treatment system: Interventions to reduce harm; interventions to screen, assess and co-ordinate care; and intensive interventions.

- **Interventions to reduce harm:** These treatment interventions aim to reduce immediate or short-term harms, engage and support people, and refer people into treatment
- **Interventions to screen, assess and coordinate:** These interventions are focused on identifying and assessing harmful consumption patterns, facilitating referral to more intensive interventions, and providing coordinated care and case management services
- **Intensive interventions:** These interventions focus on adjusting behaviours, improving mental and physical health and social and emotional wellbeing, and are therapeutic and evidence informed.

6.4 NSW AOD-RELATED POLICIES

> **Good policy, at all levels, needs to include the voices of the affected community. The wisdom of lived and living experience, the insight into how policy translates on the ground, cannot be matched.**
>
> —**Mary Harrod**, NUAA

NSW Health has an integrated and comprehensive range of strategies in response to AOD use including prevention, early intervention, harm reduction and treatment services (NSW Ministry Health, 2022).

The aim of these policies is to prevent and minimise the harm associated with AOD use, and to ensure people have access to a full spectrum of services, including common services such as AOD counselling through to interventions for those experiencing acute levels of AOD related harm.

NSW AOD health services are delivered through local health districts, non-government organisations and Aboriginal Community Controlled Health Organisations (ACCHOs). In addition, NSW Health has responsibility for coordinating AOD policy and program development and implementation across the NSW Health system. A suite of policies identify and prioritise aspects of AOD treatment across NSW, see figure below:

NSW AOD-RELATED POLICIES

NSW Regional Health Strategic Plan 2022-2032

Strategic Framework for Suicide Prevention in NSW 2022-2027

Future Health: Guiding the Next Decade of Health Care in NSW 2022-2032

NSW Aboriginal Health Plan 2024–2034 Sharing Power in System Reform

The First 2000 Days Framework

NSW Sexually Transmissible Infections Strategy 2022-2026

NSW HIV Strategy 2021-2025

NSW Hepatitis C Strategy 2022-2025

NSW Health: Values Based Health Care Framework (2020)

(See: **Centre for Alcohol and Other Drugs, Key plans and strategies,** NSW Ministry Health: Sydney www.health.nsw.gov.au/aod/professionals/Pages/clinical-governance.aspx)


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SECTOR SUPPORTS

A broad range of initiatives support the NSW AOD sector. These include:

- Research
- Networks
- Publications
- Quality Information Sources
- Early-warning Systems.

7.1 RESEARCH

Research helps inform the 'who, what, when, where and how' of AOD treatment in NSW. Supporting research and building and sharing evidence allows the AOD sector to leverage better outcomes nationally from local implementation (Commonwealth Department of Health, 2019).

NATIONAL RESEARCH CENTRES

To support the NSW AOD sector, and more broadly work across Australia and internationally, the sector is informed by the work of eight AOD-related national centres of excellence in research, translation and dissemination:

NATIONAL RESEARCH CENTRES

NATIONAL DRUG AND ALCOHOL RESEARCH CENTRE (NDARC)*

Australia's leading research group in the AOD sector. Highly regarded both here and overseas, NDARC generates evidence to address AOD use and related harms.

NATIONAL CENTRE FOR CLINICAL RESEARCH ON EMERGING DRUGS (NCCRED)*

Brings together clinicians and researchers to detect and respond to trends in emerging drugs.

NATIONAL CENTRE FOR EDUCATION AND TRAINING ON ADDICTION (NCETA)

Advances the capacity of the workforce to respond to AOD-related problems, addresses workplace AOD use and works as a catalyst for change in the AOD field.

NATIONAL DRUG RESEARCH INSTITUTE (NDRI)

Conducts and disseminates high quality research that contributes to effective policy, strategies, and practice to prevent and reduce harmful AOD use.

NATIONAL CENTRE FOR YOUTH SUBSTANCE USE RESEARCH (NCYSUR)

Seeks to promote the health and well-being of young people by increasing Australia's capacity to respond effectively to the harm associated with alcohol, tobacco, and other drug misuse.

CENTRE FOR SOCIAL RESEARCH IN HEALTH (CSRH)*

Established in 1990, its work makes a crucial contribution to the Australian response to blood borne viruses and sexually transmissible infections.

DRUG POLICY MODELLING PROGRAM

Creates valuable new drug policy insights, ideas and interventions that will allow governments to respond with alacrity and success to drug-related problems.

MATILDA CENTRE FOR RESEARCH IN MENTAL HEALTH AND SUBSTANCE USE

Committed to improving the health and wellbeing of people affected by co-occurring mental disorders and substance use..

* Located in **New South Wales**

NSW RESEARCH GROUPS

To harness AOD knowledge and expertise within NSW, several research networks have been established to support practice-based research and to promote the value and implementation of research evidence in AOD treatment settings.

NSW RESEARCH NETWORKS

COMMUNITY MENTAL HEALTH, DRUGS AND ALCOHOL RESEARCH NETWORK (CMHDARN)

A partnership between the Mental Health Coordinating Council (MHCC) and NADA, funded by the Mental Health Commission of NSW, to improve service quality and associated outcomes for individuals; and to promote increased understanding and awareness of co-existing mental health and alcohol and other drugs issues.

DRUG AND ALCOHOL CLINICAL RESEARCH AND IMPROVEMENT NETWORK (DACRIN)

A collaboration of clinicians, consumers, and researchers across Local Health Service District AOD services. DACRIN's aim is also to facilitate the conduct of high quality AOD clinical research and improvement activities by enhancing collaboration.

7.2 NETWORKS

A broad range of associations have also been established to support NSW AOD workers. The associations listed below are open to individual membership:

NATIONAL AOD ASSOCIATIONS OPEN TO INDIVIDUAL MEMBERSHIP

AUSTRALASIAN PROFESSIONAL SOCIETY OF ALCOHOL AND OTHER DRUGS (APSAD)

Asia Pacific's multidisciplinary national organisation for individuals and organisations involved in the AOD field. Membership: individuals and organisations; individuals must be nominated by a current APSAD member.

HARM REDUCTION AUSTRALIA (HRA)

National organisation for individuals committed to reducing the health, social and economic harms potentially associated with drug use. Membership: individuals - open to anyone who is committed to harm reduction.

NSW NETWORKS

ABORIGINAL CORPORATION DRUG AND ALCOHOL NETWORK (ACDAN)

Supports Aboriginal AOD workers across NSW to develop local response strategies; and is a platform for sharing information; accessing professional development and cultural support.

ABORIGINAL DRUG AND ALCOHOL RESIDENTIAL REHABILITATION NETWORK (ADARRN)

A network of residential services that specifically address the needs of Aboriginal people requiring residential treatment interventions and healing for alcohol and other drug (AOD) and associated issues.

NSW USERS AND AIDS ASSOCIATION (NUAA)

Peer-based association governed, staffed and led by people with lived experience of drug use. Membership: individuals - open to anyone interested in issues affecting people who use drugs illicitly.

NADA NETWORKS

NADA CONSUMER REPRESENTATIVE AND PEER WORKER COMMUNITY OF PRACTICE

A supportive, peer-based space to share experiences as a consumer representative or peer worker in the NGO AOD sector. Meets online every 2 months. Membership: consumer representatives and peers in NADA member organisations.

NADA GENDER AND SEXUALITY DIVERSE AOD WORKER NETWORK

Provides a supportive space for gender and sexuality diverse AOD workers; and seeks to make AOD services more inclusive. Meets: quarterly. Membership: individuals who identify as gender and sexuality diverse.

NADA PRACTICE LEADERSHIP GROUP

Connects clinical practice leaders in the NSW NGO AOD sector. Meets: 4 times a year. Membership: clinical practitioners who are considered sector leaders.

NADA DATA AND RESEARCH ADVISORY GROUP

A forum for building research capacity for the AOD and mental health sectors. Meets: Workshops, forums, reflective practice webinars, and other activities. Membership: individuals working in research-related roles.

NADA YOUTH AOD SERVICES NETWORK

A network for enhancing service provision, developing partnerships and improving referrals. Meets: bi-monthly and through knowledge exchange and capacity building activities. Membership: services that support young people.

NADA WOMEN'S CLINICAL CARE NETWORK

A network for enhancing service provision, developing partnerships and improving referrals. Meets: forums and other activities. Membership: individuals employed by a NADA member organisation.

NADA NURSE'S NETWORK

Facilitates collaboration and knowledge sharing between nurses working for a NADA member and relevant stakeholders. Membership: practicing nurses registered with APRHA and working in a NADA member service.

RESEARCH NETWORK

A partnership project between NADA, the Mental Health Coordinating Council (MHCC) and the NSW Mental Health Commission. Broadens involvement of the community mental health and AOD sectors in practice-led research, promotes the value of research and the use of reserach evidence in practice.

MULTICULTURAL AOD NETWORK

Brings together multicultural AOD workers and supports culturally responsive practice. It strengthens service access and outcomes for CALD communities by promoting inclusive and culturally safe approaches. Meets: quarterly. Membership: individuals who identify as multicultural.

7.3 PUBLICATIONS

The AOD sector (and NSW specifically) supports the publication of regular newsletters and e-magazines covering all facets of AOD use, AOD work and workplaces:

AOD SECTOR PUBLICATIONS

ADVOCATE

Publisher: NADA
Frequency: quarterly
Format: e-magazine
About: news and issues explored with and by NADA members
Subscribe: via the NADA website

FRONTLINE

Publisher: NADA
Frequency: monthly
Format: e-magazine
About: practice-related information and upcoming events
Subscribe: via the NADA website

NSW HEALTH AOD NGO NEWSLETTER

Publisher: NSW Health
Frequency: monthly
Format: newsletter
About: news, education and employment opportunities and issues explored with AOD providers
Subscribe: via NSW Health website

USER'S NEWS

Publisher: NUAA
Frequency: monthly
Format: e-magazine and hard copy
About: news and issues for people who use drugs and their allies
Subscribe: via the NUAA website

DRUG AND ALCOHOL RESEARCH CONNECTIONS

Publisher: collaboration of NDARC, NDRI, NCETA and NCCRED
Frequency: every 2 months
Format: e-magazine
About: research translation into policy and practice
Subscribe: via the Connections website

7.4 QUALITY INFORMATION SOURCES

PROGRAM	DESCRIPTION
NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY (NDSHS), AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE	A triennial survey of a random sample of Australian households that investigates people's drug use throughout their lives (ever use) and during the last 12 months (recent use), and how these may have changed over time; along with harms and perceptions of AOD policy. Produced by the AIHW.
NATIONAL ALCOHOL AND DRUG KNOWLEDGEBASE (NADK), NCETA	Draws on the highest quality Australian data to provide accurate and easy-to-understand information in a question-and-answer format. Produced by NCETA.
DRUG TRENDS PROGRAM	An internationally renowned monitoring system that has been undertaken annually Australia-wide since 2000. The program is key to identifying emerging problems in substance use in Australia and providing impetus for policy responses and intervention. Coordinated by NDARC.
ALCOHOL AND OTHER DRUG TREATMENT SERVICES NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY DATAVERSE, AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE	Contains annual information about publicly funded alcohol and other drug treatment services; people who use these services; the types of drug problems for which treatment is sought and the types of treatment provided. Produced by the AIHW.

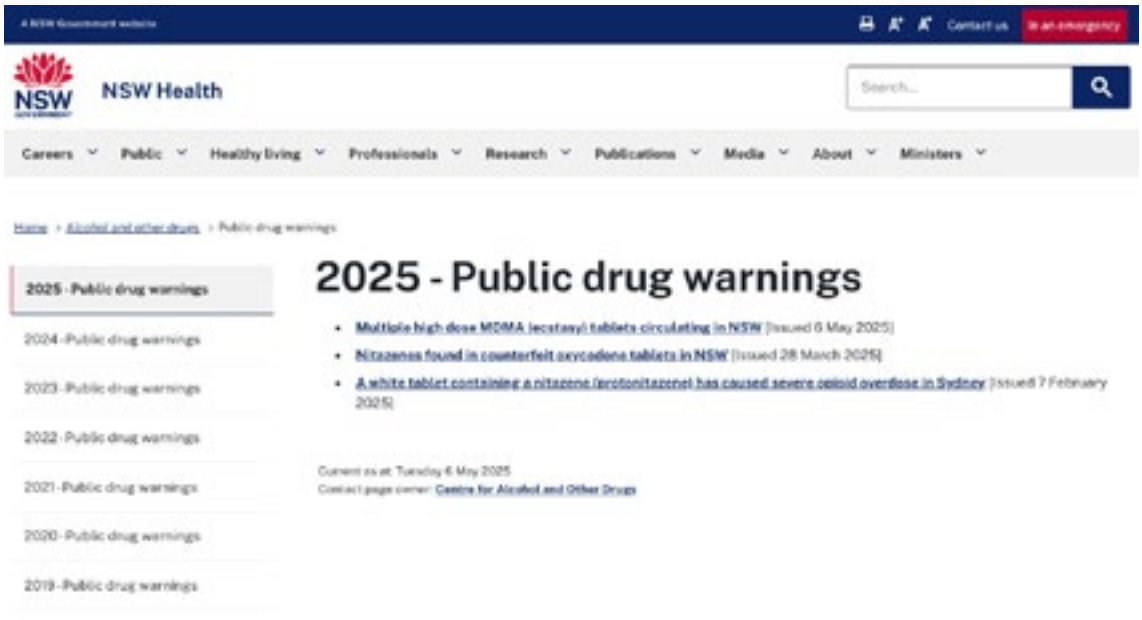
7.5 DRUG WARNINGS

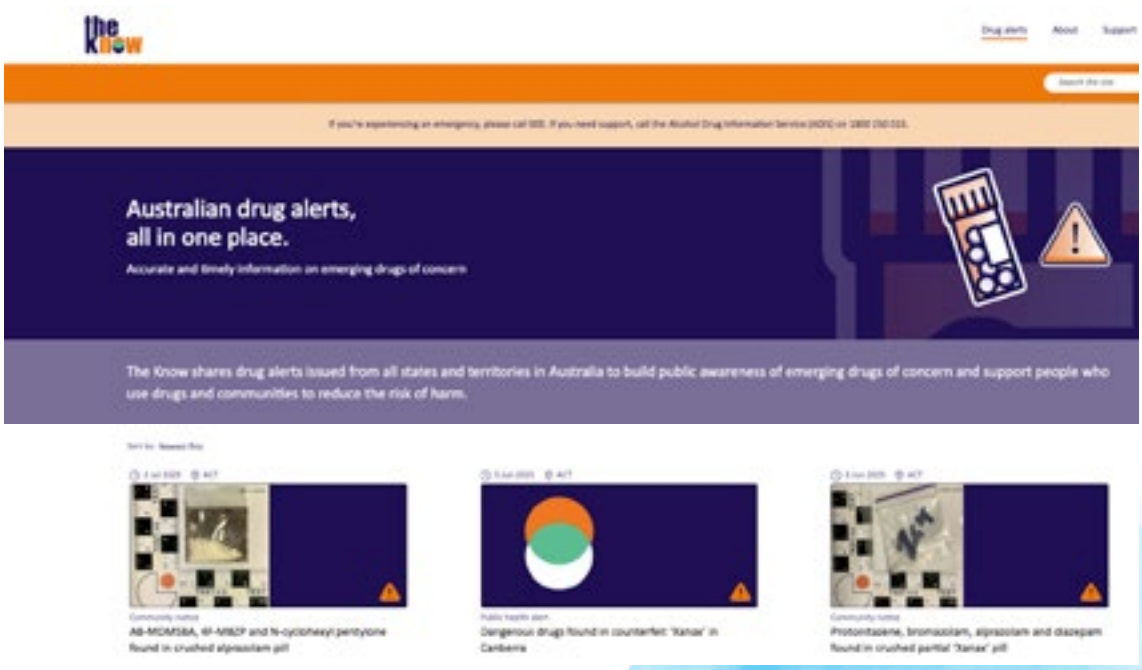
To aid the NSW AOD sector, and people who use AOD, NSW has an emerging early warning system.

The aim of the system is three-fold:

1. To raise awareness of specific changes in emergency situations. This occurs through **NSW Health** and New South Wales Users early warning online website; and also on the **NSW Users and AIDS Association (NUAA)** website.
2. To monitor changes in patterns of AOD use to enable administrators and planners of AOD programs to adapt their services in a timely fashion to meet people's changing needs. This occurs through multiple means, including through the annual monitoring of **drug trends**, coordinated by the **National Drug and Alcohol Research Centre (NDARC)**.
3. To enhance healthcare responses to emerging drugs of concern, through the work of the National Centre for Clinical Research on Emerging Drugs (NCCRED). NCCRED has also developed **'The Know'** which is an online emerging drug information and resource hub under its Prompt Response Network (PRN).

   The Know was designed as a platform to disseminate clear and timely information about emerging drugs of concern for consumers, clinicians and harm reduction service providers. The Know compiles all state and territory alerts to create a national overview of emerging drugs of concern. As a worker, subscribing to the website allows you access to these Nationwide drug alerts and warnings.


NSW Health
Careers
Public
Healthy living
Professionals
Research
Publications
Media
About
Ministers
2025 - Public drug warnings
2024 - Public drug warnings
2023 - Public drug warnings
2022 - Public drug warnings
2021 - Public drug warnings
2020 - Public drug warnings
2019 - Public drug warnings
2025 - Public drug warnings
Multiple high dose MDMA (ecstasy) tablets circulating in NSW
Nitazenes found in counterfeit oxycodone tablets in NSW
A white tablet containing a nitazene (protonitazene) has caused severe opioid overdose in Sydney


Australian drug alerts,
all in one place.
Accurate and timely information on emerging drugs of concern
The Know shares drug alerts issued from all states and territories in Australia to build public awareness of emerging drugs of concern and support people who use drugs and communities to reduce the risk of harm.

APPENDIX

What's with the acronym soup?

Can't people speak properly in this sector?

—**Professor Alison Ritter**, Drug Policy Modelling Program,
Social Policy Research Centre, University of NSW

ACRONYMS

FIRST LETTER	ABBREVIATION	FULL TERM
A	AA	Alcoholics anonymous
	ABS	Australian Bureau of Statistics
	ACCHO	Aboriginal Community Controlled Health Organisation
	ACDAN	The Aboriginal Corporation Drug and Alcohol Network
	ACHAM	Australasian Chapter of Addiction Medicine
	ACOSS	Australian Council of Social Service
	ACSQH	Australian Commission on Safety and Quality in Health Care
	ACT	Acceptance and commitment therapy
	ADARRN	Aboriginal Drug and Alcohol Residential Rehabilitation Network
	ADF	Australian Drug Foundation
	ADIN	Australian Drug Information Network
	ADIS	Alcohol and Drug Information Service
	ADR	Alternative dispute resolution
	AFAO	Australian Federation of AIDS Organisations
	AFP	Australian Federal Police
	AIC	Australian Institute of Criminology
	AIDA	Australian Indigenous Doctors Association
	AIDR	Australian Illicit Drug Report
	AIHW	Australian Institute of Health and Welfare
	AIMS	Aboriginal and Islander Medical Service

FIRST LETTER	ABBREVIATION	FULL TERM
A	AIVL	Australian Injecting and Illicit Drug Users League
	AMHW	Aboriginal and Torres Strait Islander mental health worker
	ANCAHRD	Australian National Council on AIDS, Hepatitis C and Related Diseases
	AOD	Alcohol and other drugs
	AODTS	Alcohol and other drug treatment services
	AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
	APSAD	Australasian Professional Society on Alcohol and Other Drugs
	ASCDC	Australian Standard Classification of Drugs of Concern
	ASSAD	Australian School Students Alcohol and Drug Survey
	ATCA	Australian Therapeutic Communities Association
	ATOD	Alcohol, tobacco and other drugs
	ATODA	Alcohol, Tobacco and Other Drugs Association, ACT
	ATOP	Australian Treatment Outcomes Profile
	ATS	Amphetamine-type substances
	AUDIT	Alcohol Use Disorders Identification Test
	AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
	AVO	Apprehended Violence Order

FIRST LETTER	ABBREVIATION	FULL TERM
B	BAC	Blood alcohol concentration
	BBV	Blood-borne virus
	BMI	Body mass index
	BOD	Burden of disease
	BZD	Benzodiazepine
C	CAG	Consumer advisory group, NADA
	CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
	CALD	Culturally and linguistically diverse
	CBD/CBN	Cannabinol
	CBT	Cognitive behavioural therapy
	CIDI	Composite International Diagnostic Interview
	CMHDARN	Community Mental Health, Drugs and Alcohol Researcher network
	CNC	Clinical nurse consultant
	CNE	Clinical nurse educator
	CNS	Clinical nurse specialist
	COMS	Client Outcomes Measurement System
	COTSA	Clients of Treatments Services Agency
	CSRH	Centre for Social Research in Health
	CTO	Community treatment order

FIRST LETTER	ABBREVIATION	FULL TERM
D	D & A	Drug and alcohol
	DACRIN	Drug and Alcohol Clinical Research and Improvement Network
	DANA	Drug and Alcohol Nurses of Australasia
	DCP	Drug Court Program
	DFV	Domestic and family violence
	DOHA	Department of Health and Aged Care
	DPMP	Drug Policy Modelling Program
	DR	Doctor
	DSM-5	Diagnostic and Statistical Manual of Mental Disorders – 5th Edition
	DUI	Driving under the influence
	DUMA	Drug Use Monitoring in Australia
E	EAP	Employee assistance program
	EASA	Employee Assistance Service Australia
	EBM	Evidence-based medicine
	EBP	Evidence-based practice
	ED	Emergency department
	EDRS	Ecstasy and related Drugs Reporting System
	EN	Enrolled nurse
	ETOH	Alcohol (ethanol)

FIRST LETTER	ABBREVIATION	FULL TERM
FG	FASD	Foetal alcohol spectrum disorder
	FDS	Family Drug Support
	GABA	Gamma-aminobutyric acid
	GHB	Gamma hydroxy butyrate or Gamma hydroxybutyric acid, Sodium Oxybate
	GOV	Government
	GP	General practitioner
H	H/V	Home visit
	HBV	Hepatitis B virus
	HCV	Hepatitis C virus
	HCVPOCT	Hepatitis C virus Point of Care Testing
	HIV	Human immunodeficiency virus
	HRA	Harm Reduction Australia
IJ	ICD	International Statistical Classification of Diseases and Related Health Problems
	IRDS	Illicit Drug Reporting System
KL	IRIS	Indigenous Risk Impact Screen
	IV	Intravenous
	K10	Kessler Psychological Distress Scale
	LHD	Local Health District
	LSD	Lysergic Acid Diethylamide

FIRST LETTER	ABBREVIATION	FULL TERM
M	MATOD	Medically assisted treatment for opioid dependence
	MDMA	Methylenedioxymethamphetamine
	MEDS	Medications
	MERIT	Magistrates Early Referral into Treatment Programme
	MMT	Methadone maintenance therapy/treatment
	MSE	Mental State Examination
	MSIC	Medically Supervised Injecting Centre
N	NA	Narcotics anonymous
	NAATSIHWP	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
	NACCHO	National Aboriginal Community Controlled Health Organisation
	NADA	Network of Alcohol and other Drug Agencies
	NADK	National Alcohol and Other Drug Knowledgebase
	NCCRED	National Centre for Clinical Research on Emerging Drugs
	NCETA	National Centre for Education and Training on Addiction
	NCOSS	Council of Social Service of New South Wales
	NCYSUR	National Centre for Youth Substance Use Research
	NDARC	National Drug and Alcohol Research Centre

FIRST LETTER	ABBREVIATION	FULL TERM
N	**NDRI**	National Drug Research Institute
	NDS	National Drug Strategy
	NDIS	National Disability Insurance Scheme
	NDSHS	National Drug Strategy Household Survey
	NEPOD	National Evaluation of Pharmacotherapies for Opioid Dependence
	NESB	Non-English-speaking background
	NFA	No fixed address
	NFP	Not for profit
	NGO	Non-government organisation
	NHMRC	National Health and Medical Research Council
	NIDAC	National Indigenous Drug and Alcohol Committee
	NMDS	National Minimum Data Set
	NOK	Next of kin
	NP	Nurse practitioner
	NQF	National Quality Framework for Drug and Alcohol Treatment Services
	NRT	Nicotine replacement therapy
	NSP	Needle and syringe program
	NSW MDS DATS	New South Wales Minimum Data Set
	NUAA	NSW Users and AIDS Association
	NUM	Nurse unit manager

FIRST LETTER	ABBREVIATION	FULL TERM
O	OAT	Opioid agonist therapy
	OD	Overdose
	OT	Occupational therapist/therapy
	OTC	Over-the-counter
PQ	PBS	Pharmaceutical Benefits Scheme
	PHAA	Public Health Association of Australia
	PHN	Primary Health Network
	PREMS	Patient Reported Experience Measures
	PROMS	Patient Reported Outcome Measures
	PTSD	Post-traumatic stress disorder
	QIT	Quality in treatment subcommittee
R	RACGP	Royal Australian College of General Practitioners
	RADAR	Register of Australian Drug and Alcohol Research
	RBT	Random breath testing
	RCT	Randomised controlled trial
	REG	Registrar (medical officer)
	RFDS	Royal Flying Doctors Service
	RMO	Resident medical officer
	RN	Registered nurse
	ROA	Routes of administration
	RR	Residential rehabilitation

FIRST LETTER	ABBREVIATION	FULL TERM
S	SDS	Social determinants of health
	SES	Socio-economic status
	SIF	Safe injecting facility
	STI	Sexually transmitted infection
	SUD	Substance use disorder
	SW	Social worker
TU	TAFE	Tertiary and further education
	TC	Therapeutic community
	TGA	Therapeutic Goods Administration
	THC	Tetrahydrocannabinol
	UNODC	United Nations Office on Drug and Crime
VW ZY	VET	Vocational education and training
	VSU	Volatile substance use

ADDITIONAL RESOURCES

OVERVIEW TO AOD TREATMENT AND INTERVENTION TYPES

AOD Knowledge Centre: https://aodknowledgecentre.ecu.edu.au/

NADA AOD 101 video series: https://nada.org.au/resources/aod-101/

Foundational alcohol and other drug concepts (Insight, QLD Health): https://insight.qld.edu.au/training/substance-use-foundational-concepts/landing

Responding to alcohol and drug related harms in NSW: mapping the NSW non-government alcohol and other drugs sector (NADA) [2014]: https://nada.org.au/wp-content/uploads/2021/01/nada_sector_mapping_web.pdf

CONTINUING CARE

Advocate (NADA) [2022]: https://nada.org.au/wp-content/uploads/2022/06/NADA-advocate-2022-june.pdf

Case Management and Care Planning: Applying the NSW Health Clinical Care Standards in the AOD sector [2022]: https://www.youtube.com/watch?v=GvF0AEqtZG4

HARM MINIMISATION

Blewett, N., National Campaign Against Drug Abuse (NCADA): assumptions, arguments and aspirations. 1987, Australian Government Publishing Service: Canberra: https://onlinelibrary.wiley.com/doi/abs/10.1080/09595238880000391

CLINICAL GOVERNANCE

NSW Clinical governance (NSW Health): https://www.health.nsw.gov.au/aod/professionals/Pages/clinical-governance.aspx

Your Room (NSW Health): https://yourroom.health.nsw.gov.au/a-z-of-drugs

National Alcohol and Drug Knowledgebase (NADK) (NCETA): https://nadk.flinders.edu.au/

Responding to problems related to pharmaceutical opioids: a resource for prescribers (NCETA): https://nceta.flinders.edu.au/application/files/1616/0156/0372/Responding_to_pharmaceutical_opioid_related_problems.pdf

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Australian refugee health practice guide: Primary care for people from refugee backgrounds (Victorian Foundation for Survivors of Torture): **https://refugeehealthguide.org.au/**

NSW Refugee Health Service (NSW Health): **https://www.swslhd.health.nsw.gov.au/refugee/#/**

FAMILY AND FRIENDS

Family and Friends Outcomes Framework (Alcohol and Drug Foundation): **https://adf.org.au/resources/outcomes-framework/**

Working with families (NADA): **https://nada.org.au/resources/working-with-families/**

GENDER AND SEXUALITY DIVERSE COMMUNITIES

Asking the question: Recommended gender and sexuality indicators: **https://insight.qld.edu.au/training/asking-questions-on-gender-and-sexuality/landing** [NADA E-LEARNING]

ACON Health: **https://www.acon.org.au**

OLDER PEOPLE

Preventing and reducing alcohol- and other drug-related harm among older people (NCETA): **https://nceta.flinders.edu.au/application/files/4815/0646/7747/EN605.pdf**

PEOPLE IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

Getting Out: Your guide to surviving on the outside: **https://www.crcnsw.org.au/get-help/surviving-on-the-outside/**f

The Law and Your Rights (NUAA): **https://nuaa.org.au/the-law-and-your-rights**

Prisoners AID NSW: **https://www.prisonersaidnsw.org/**

Community Restorative Centre: **https://www.crcnsw.org.au/**

Advocate: A new direction: Jailing is failing; change direction; working with criminalised people: **https://www.nada.org.au/wp-content/uploads/2022/09/NADA-advocate-2022-september.pdf**

PEOPLE WITH MENTAL HEALTH CONDITIONS

NSW Department of Health, NSW Clinical Guidelines: for the care of persons with comorbid mental illness and substance use disorders in acute care settings [2009]: **https://www.health.nsw.gov.au/aod/resources/Publications/comorbidity-report.pdf**

PREGNANT WOMEN

Pregnancy Care Guidelines and related documents (Commonwealth): **https://www.health.gov.au/resources/collections/pregnancy-care-guidelines-and-related-documents#health-professional-summary-sheets**

MotherSafe: **https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/mothersafe**

REGIONAL AND REMOTE COMMUNITIES

Australian College of Nursing, Rural and Remote Nursing: **https://www.acn.edu.au/education/single-unit-of-study/rural-and-remote-nursing**

Australian College of Rural and Remote Medicine (Students and health professionals are encouraged to enrol): **https://www.acrrm.org.au/courses/online/drug-alcohol**

The Integrated Mental Health Atlas of Western NSW (Menzies Centre): **https://www.wnswphn.org.au/**

Alcohol and other drug use in regional and remote Australia: consumption, harms and access to treatment 2016-17 (AIHW): **https://www.aihw.gov.au/getmedia/78ea0b3d-4478-4a1f-a02a-3e3b5175e5d8/aihw-hse-212.pdf.aspx**

YOUNG PEOPLE

Child wellbeing and Child protection Policies and Procedures for NSW Health: **https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2013_007**

Mandatory reporting (Department of Communities and Justice): **https://reporter.childstory.nsw.gov.au/s/**

Substance use and young people: framework (NSW Ministry of Health): **https://www.health.nsw.gov.au/aod/professionals/Publications/substance-use-young-framework.pdf**

NSW Youth Health Framework 2014-2024 (NSW Ministry of Health): **https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/yh-framework.aspx**

YouthAOD Toolbox: **https://www.youthaodtoolbox.org.au/**

WORKER CAPABILITIES

Workforce Capability Framework - Core capabilities for the NSW non-government alcohol and other drugs sector (NADA) [2020]: **https://nada.org.au/resources/workforce-capability-framework/**

Access and equity: working with diversity (NADA): **https://nada.org.au/wp-content/uploads/2021/10/NADA-access-equity-2021.pdf**

SUPERVISION AND MENTORING

Network of Alcohol and Other Drug Agencies (NADA): **https://nada.org.au/**

Aboriginal Drug and Alcohol Network of NSW (ADAN): **https://www.ahmrc.org.au/**

Australian Indigenous HealthInfoNet: **https://aodknowledgecentre.ecu.edu.au/learn/**

Teach-back technique (NSW Health):
https://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0006/618387/Teach-Back.PDF

YOUR WELLBEING

NADA: **https://nada.org.au/resources/well-beings/**

Culturally safe workplaces (SafeWork NSW): **https://www.safework.nsw.gov.au/safety-starts-here/our-aboriginal-program/culturally-safe-workplaces**

Feeling Deadly, Working Deadly (NCETA): **https://nceta.flinders.edu.au/resources/feeling-deadly-working-deadly-indigenous-worker-wellbeing**

NSW AOD sector workforce, leaders, and managers reports and videos (NADA):
The AOD sector workforce: on engagement, learning and wellbeing:
https://nada.org.au/resources/aod-sector-workforce-leaders-and-managers-videos/

NSW AOD-RELATED POLICIES

NSW AOD-related policies (NSW Health):
https://www.health.nsw.gov.au/aod/strategy/Pages/default.aspx

Value based healthcare (NSW Health): **https://www.health.nsw.gov.au/Value**

AOD NGO Service Specification Guidelines (NSW Health): **https://www.health.nsw.gov.au/aod/resources/Publications/service-specification-guideline.pdf**

Alcohol and other drugs publications, reports and guidelines:
https://www.health.nsw.gov.au/aod/resources/Pages/publications.aspx

REFERENCES

ACON, NADA and Central and Eastern Sydney Primary Health Network (2022). ***LGBTQ+ inclusive & affirming practice guidelines for alcohol, substance use, and mental health services, support, and treatment providers.*** Sydney: ACON & CESPHN.

Alcohol and Drug Foundation (2021). ***Why do people use alcohol and other drugs?*** https://adf.org.au/insights/why-do-people-use-alcohol-and-other-drugs/

American Psychiatric Association (2013). ***Desk reference to the diagnostic criteria From DSM-5-TM***, American Psychiatric Association.

Australian Bureau of Statistics (2017). 2071.0 ***Census of population and housing: reflecting Australia - stories from the census.*** Canberra, ABS.

Australian Bureau of Statistics (2022). ***Corrective Services, Australia***. Canberra, Australian Bureau of Statistics, Australian Government.

Australian Commission on Safety and Quality in Health Care, ***Australian Charter of Healthcare Rights***. Canberra, Australian Commission on Safety and Quality in Health Care, Australian Government.

Australian Institute of Health and Welfare (2019). 2019. ***The health of Australia's prisoners 2018***. Canberra, AIHW.

Australian Institute of Health and Welfare (2019). ***Alcohol and other drug use in regional and remote Australia: consumption, harms and access to treatment 2016-17***. Canberra, AIHW.

Australian Institute of Health and Welfare (2020). ***National Drug Strategy Household Survey 2019***. Canberra.

Australian Institute of Health and Welfare (2021). ***Older Australians.*** Web Report. Canberra, AIHW.

Australian Institute of Health and Welfare (2022). ***Rural and Remote Health.*** Canberra, AIHW.

Australian Institute of Health and Welfare (2024) ***Alcohol and other drug treatment services in Australia annual report***, AIHW, Australian Government, accessed 10 July 2024.

Best, D., M. Savic and P. Daley (2016). ***The well-being of alcohol and other drug counsellors in Australia: strengths, risks, and implications.*** Alcoholism Treatment Quarterly 34(2): 223-232.

Butler, K., R. Reeve, S. Arora, R. Viney, S. Goodall, K. van Gool and L. Burns (2016). The hidden costs of drug and alcohol use in hospital emergency departments. ***Drug and Alcohol Review*** 35(3).

Centre for Alcohol and Other Drugs (2022). ***AOD NGO Service Specification Guideline: funded activity descriptions and requirements***. Sydney, NSW Ministry of Health.

Chandrasena, U., A. Peacock and R. Sutherland (2021). ***New South Wales Drug Trends 2021: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews***. ***Drug Trends Series***. Sydney.

Clinical Excellence Commission (2020). ***Safety fundamentals for patient centred care: teach-back***. Sydney, NSW Health.

Commonwealth Department of Health (2019). ***National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029***. Canberra, Commonwealth of Australia.

Community Sector Consulting (2011). ***NGO Practice Enhancement Program: Working with Complex Needs Initiative Literature Review and Member Consultation.*** Sydney, Australia, Network of Alcohol and Other Drug Agencies.

Crane, P., J. Buckley and C. Francis (2012). ***Youth alcohol and drug good practice guide 1: A framework for youth alcohol and other drug practice.*** Brisbane, Dovetail.

Degenhardt, L., E. Stockings, G. Patton, W. D. Hall and M. Lynskey (2016). ***The increasing global health priority of substance use in young people.*** The Lancet Psychiatry 3(3): 251-264.

Department of Health (2017). ***National Drug Strategy 2017-2026.*** Canberra, Department of Health.

Department of Health (2018). ***National Quality Framework for Drug and Alcohol Treatment Services.*** Canberra, Commonwealth of Australia.

Department of Health (2019). ***National framework for alcohol tobacco and other drug treatment 2019-29.*** Canberra, Department of Health.

Di Sarno, M., V. De Candia, F. Rancati, F. Madeddu, R. Calati and R. Di Pierro (2021). ***Mental and physical health in family members of substance users: A scoping review.*** Drug and Alcohol Dependence 219: 108439.

Duraisingam, V., R. Nicholas and V. Kostadinov (2022). ***Stress and burnout: a prevention handbook for the alcohol and other drugs workforce.*** Adelaide, National Centre for Education and Training on Addiction, Flinders University.

Fischer, J. A., C. Martin, V. Duraisingam, E. Costello, N. Skinner, S. Stammers and J. Bowden (2022). ***An Outcomes framework for information and support services working with family and friends impacted by alcohol and other drug use.*** Melbourne, Alcohol and Drug Foundation.

Gallon, S. L., R. M. Gabriel and J. R. Knudsen (2003). ***The toughest job you'll ever love: a Pacific Northwest treatment workforce survey.*** Journal of Substance Abuse Treatment 24: 183-196.

Hammersley, R., R. Jenkins and M. Reid (2001). ***Cannabis use and social identity.*** Addiction Research and Theory 9: 133-150.

Hannan, S., J. Freestone, J. Murray, G. Whitlam, S. Shehata, C. Henderson, S. Hudson, S. Etter, E. Toomey, T. Cook and E. Duck-Chong (2022). ***LGBTQ+ inclusive and affirming practice guidelines for alcohol, substance use, and mental health services and treatment providers.*** Sydney, Australia, ACON.

Harm Reduction International. (2022). ***What is harm reduction?*** Retrieved 25 July 2022, 2022.

Hartogsohn, I. (2016). ***Set and setting, psychedelics and the placebo response: an extra-pharmacological perspective on psychopharmacology.*** Journal of Psychopharmacology 30(12): 1259-1267.

Hartogsohn, I. (2017). ***Constructing drug effects: A history of set and setting.*** Drug Science, Policy and Law 3.

Holt, M. and C. Treloar (2008). ***Pleasure and drugs.*** International Journal of Drug Policy 19: 349–352.

Hopkins, J., L. Salvador-Carulla, A. Stretton, T. Bell, L. McLoughlin, J. Mendoza and J. Salinas-Perez (2017). ***The Integrated Mental Health Atlas of Western NSW – Version for public comments.*** Sydney, The Menzies Centre for Health Policy, University of Sydney.

Intergovernmental Committee on Drugs (2015). ***National Aboriginal and Torres Strait Islander Peoples' Drug Strategy, 2014–2019.*** Canberra, Intergovernmental Committee on Drugs.

Kelly, P. J., I. Ingram, F. P. Deane, A. L. Baker, J. R. McKay, L. D. Robinson, G. Byrne, T. J. Degan, B. Osborne, C. Townsend, J. Nunes and J. Lunn (2021). ***Predictors of consent and engagement to participate in telephone delivered continuing care following specialist residential alcohol and other drug treatment.*** Addictive Behaviours 117.

Loring, B. (2014). ***Alcohol and inequities: guidance for addressing inequities in alcohol-related harm, World Health Organization.*** Regional Office for Europe.

MacLean, S. J., G. Caluzzi, M. Ferry, A. Bruun, J. Skattebol, J. Neale and J. Bryant (2022). ***Why we stopped using the term 'aftercare'.*** Drug and alcohol Review 41: 3-6.

Madden, E., A. Fisher, K. L. Mills and C. Marel (2021). ***Best practice approaches for alcohol and other drug treatment in residential settings: evidence check prepared for the Network of Alcohol and other Drugs Agencies (NADA)***. Sydney, NADA.

Marel, C., E. Siedlecka, A. Fisher, K. Gournay, M. Deady, A. Baker, F. Kay-Lambkin, M. Teesson, A. Baillie and K. Mills (2022). ***Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings.*** Sydney, Australia, Centre of Research Excellence in Mental Health and Substance Use and National Drug and Alcohol Research Centre, University of New South Wales.

Marel. C, Mills. KL, K. Rm, K. Gournay, M. Deady, L. F, A. Baker and M. Teesson (2016). ***Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings.*** Sydney, Australia, Centre of Research Excellence in Mental Health and Substance Use and National Drug and Alcohol Research Centre, University of New South Wales.

McEntee, A. (2022). ***Secondary analysis of Australia's Alcohol and Other Drug Workforce National Survey 2019–2020.*** Adelaide, National Centre for Education and Training on Addiction, Flinders University.

McKay, J. R. (2021). ***Impact of continuing care on recovery from substance use disorder.*** Alcohol Research 1: 41.

Mills, K. and M. Teesson (2019). ***Trauma-informed care in the context of alcohol and other drug use disorders.*** Humanising Mental Health Care in Australia, Routledge: 181-194.

NADA (2014). ***Responding to alcohol and drug related harms in NSW: mapping the NSW non-government alcohol and other drugs sector.*** Sydney, NADA.

NADA (2020). ***Workforce Capability Framework: core capabilities for the NSW non-government alcohol and other drugs sector.*** Sydney, NADA.

NADA (2021). ***Access and equity: working with diversity in the alcohol and other drugs setting.*** Sydney, NADA.

NADA (2022). ***Advocate***. Sydney, NADA. September.

NADA (2022). ***NADA practice guide: providing alcohol and other drug treatment in a residential setting***. Sydney, NADA.

NADA (2022). ***Trauma-informed practices for responding to difficult situations.*** Sydney, Australia, NADA.

NADA ***Language Matters***. Sydney, NADA.

National LGBTI Health Alliance (2016). ***Working with LGBTI people: alcohol and drugs***. LGBTI PHN Professional Development Series.

Nicholas, R., A. Roche, N. Lee, S. Bright and K. Walsh (2015). ***Preventing and reducing alcohol- and other drug related harm among older people: a practical guide for health and welfare professionals.*** Adelaide, South Australia, National Centre for Education and Training on Addiction (NCETA), Flinders University.

NSW Bureau of Crime Statistics and Research. (2021). ***Criminal Justice System in NSW.*** Retrieved 11 November 2022, 2022, from **www.bocsar.nsw.gov.au/Pages/bocsar_court_stats/cjs_structure.aspx**

NSW Department of Health (2008). ***Drug and alcohol psychosocial interventions professional practice guidelines.*** Sydney, NSW Health.

NSW Health (2020). ***Identifying and responding to abuse of older people policy directive.*** Sydney, NSW Government.

NSW Health. (2020). ***Court diversion.*** Retrieved 1 November, 2022, from **https://www.health.nsw.gov.au/aod/programs/Pages/diversion.aspx#adult.**

NSW Health. (2020). ***Magistrates Early Referral Into Treatment (MERIT).*** Retrieved 1 November, 2022, from **https://www.health.nsw.gov.au/aod/resources/Pages/merit-factsheet.aspx**

NSW Ministry Health (2014). ***Clinical Guidelines for the management of substance use during pregnancy, birth and the postnatal period.*** Sydney, NSW Ministry of Health.

NSW Ministry Health. (2022). ***Key plans and strategies***. Retrieved 6 October 2022, 2022, from **www.health.nsw.gov.au/aod/professionals/Pages/clinical-governance.aspx**

NSW Ministry of Health (2012). ***Substance use and young people: Framework***. Sydney, NSW Ministry of Health.

NSW Ministry of Health (2018). ***NSW clinical guidelines: treatment of opioid dependence – 2018***. Sydney, NSW Ministry of Health.

NSW Ministry of Health (2020). ***Assessment tool for peer-based harm reduction services: when to seek medical assistance.*** Sydney, NSW Ministry of Health.

NSW Ministry of Health (2020). ***Clinical care standards: alcohol and other drug treatment. NSW Ministry of Health***. Sydney, NSW Ministry of Health.

NSW Ministry of Health (2024). ***Approaches to prevention and early intervention***. From **https://www.health.nsw.gov.au/aod/summit/Publications/prevention-early-intervention.pdf**

Orford, J., R. Velleman, G. Natera, L. Templeton and A. Copello (2013). ***Addiction in the family is a major but neglected contributor to the global burden of adult ill-health.*** Social Science & Medicine 78: 70-77.

Roche, A. M., C. L. Todd and J. O'Connor (2007). ***Clinical supervision in the alcohol and other drugs field: an imperative or an option?*** Drug and Alcohol Review 26(3): 241-249.

Roche, A., A. Tovell, D. Weetra, T. Freeman, N. Bates, A. Trifonoff and T. Steenson (2010). ***Stories of resilience: Indigenous alcohol and other drug workers' wellbeing, stress, and burnout.*** Adelaide, National Centre for Education and Training on Addiction, Flinders University

Royal College of Psychiatrists (2011). ***Our invisible addicts: first report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists***. London, Royal College of Psychiatrists

Ryder, D., A. Salmon and N. Walker (2001). ***Drug use and drug-related harm: a delicate balance***. Melbourne, IP Communications.

Skinner, N., A. M. Roche, J. O'Connor, P. Pollard and C. Todd (2005). ***Workforce Development TIPS (Theory Into Practice Strategies): a resource kit for the alcohol and other drugs field.*** Adelaide, National Centre for Education and Training on Addiction, Flinders University.

Thorley, A. (1982). ***The effects of alcohol***. London, Junction Book.

Veal, F. C., L. R. Bereznicki, A. J. Thompson and G. M. Peterson (2015). ***Use of opioid analgesics in older Australians.*** Pain Medicine 16(8): 1519-1527.

Wall, L., D. Higgins and C. Hunter (2016). ***Trauma-informed care in child/family welfare services.*** Melbourne, Australia, Australian Institute of Family Studies.

Wallace, R. and J. Allan (2019). ***NADA Practice Resource: Alcohol & other Drugs Treatment Guidelines for Working with Aboriginal & Torres Strait Islander People In a Non-Aboriginal Setting.*** Sydney, Network of Alcohol and other Drugs Agencies.

Wilkinson, R., M. Marmot and World Health Organization (2003). ***Social determinants of health: the solid facts,*** World Health Organization. Regional Office for Europe.

Williams, R. (1999). ***Cultural safety—what does it mean for our work practice?*** Australian and New Zealand Journal of Public Health 23(2): 213-214.

World Health Organization (2006). ***Elder abuse and alcohol.*** Geneva, WHO.

Zinberg, N. (1984). ***Drug, Set, and Setting: the basis for controlled intoxicant use.*** New Haven, Conneticut, Yale University Press.