Advocate

The newsletter of the Network of Alcohol and other Drugs Agencies Issue 3: September 2015

DOMESTIC & FAMILY VIOLENCE

Read features from

- National Centre for Education and Training on Addiction
- NSW Health Education Centre Against Violence
- Domestic Violence NSW and Victoria
- Domestic Violence Service Management

NADA network of alcohol and other drugs agencies

CEO Report

Larry Pierce NADA

This edition of the Advocate focuses on the issue of family and domestic violence within the context of specialist NGO alcohol and other drug treatment services. The notion of creating space within alcohol and other drug treatment to discuss this issue is of critical importance not just to our sector, but more importantly to the clients that access or are trying to access our services.

For a number of years we have been working with our membership on the larger issue of treating the complexity of our clients' needs, be that mental health, criminal justice issues, physical and intellectual needs and a range of other 'wicked' problems. One main focus within this range of complexity has been a focus on trauma informed care and approach to care provision. We must now turn our attention to the widespread social phenomena of family and domestic violence and again, the idea of trauma informed care may be a good starting point for alcohol and other drug service providers to engage with this discussion.

Firstly, we need to recognise that this is not just a women's issue—while it is principally about the impact on women and children—it's an issue for both genders. In particular, as men are the primary perpetrators of family and domestic violence we need to look at how our services support responses, and men are therefore a central part of the answer to this seemingly intractable problem. At the same time we must never forget that our drug treatment services have a responsibility to address this issue in the context of drug and alcohol problems women present with, and that we must use any meaningful approaches to support good therapeutic engagement with women as they contact our services for help. The new *NADA Practice Resource: Working with Women Engaged in Alcohol and Other Drug Treatment* (2015) was developed with the aim to raise the profile of the importance of gender responsive service provision and highlight the complexities of working with women in AOD settings including considering their experiences of trauma such as family and domestic violence.

The notion of creating space within alcohol and other drug treatment to discuss this issue is of critical importance not just to our sector, but more importantly to the clients that access or are trying to access our services.

I am very confident that our sector can start to openly discuss the issue of family and domestic violence and the way in which we can engage with women's health and social support services, the criminal justice system, specialist family and domestic violence agencies, crisis accommodation and a range of other services and agencies responding to this complex problem. NADA will be exploring how we can better support you in this space in the coming year and we will keep you informed about what's available through our communications.

Exploring the connection

between family violence and alcohol and other drugs

Moo Baulch
CEO, Domestic Violence NSW

Fiona McCormack
CEO, Domestic Violence Victoria

Right now, the spotlight is shining on the issue of domestic and family violence (DFV). A series of high profile events—Victoria's Royal Commission, Rosie Batty's appointment as Australian of the Year and strong statements from leaders to act on this 'national epidemic'—has created real opportunities to raise awareness of the causes, nature and consequences of DFV. It is critical that this public discussion is informed by evidence.

The connection between alcohol and other drugs and DFV is often confused, resulting in the common misconception that the use of these substances causes DFV. Rather, the evidence shows that while alcohol and other drugs contribute to increased occurrence and severity of violence, they are not causal factors in themselves. Many men use alcohol and drugs without being violent towards women, and many perpetrators abuse without using substances. Unpacking these connections is necessary to ensure that practitioners and policymakers in these areas have a shared understanding of the issues, particularly to develop effective primary prevention strategies. It is time our sectors embraced these difficult conversations to have a clear, common understanding about the causes of violence against women.

Gender inequality: the primary driver of violence against women

There is overwhelming evidence that the primary cause of violence against women including DFV, is gender inequality. International and Australian studies, including multi-country research by the World Health Organisation (2002, 2005, 2010) and VicHealth (2007), establish that violence against women is most prevalent in societies where there are the greatest gender disparities and unequal distribution of economic, social and political power and resources between men and women. Gender inequality drives violence against women at a societal level, through structures which discriminate against women, such as the lower economic status of women reflected in the gender pay gap and lack of female representation in decision-making and leadership roles in government, the judiciary and the corporate world. It is also evident in the social norms, values and behaviours that reinforce rigid gender stereotypes and roles around male superiority and assign a lower status or value to women. These beliefs play out through individual relationships. This complex web of structural, normative ideas and behaviours around women's unequal position create an environment that legitimises the use of power and control against women, including physical, psychological, emotional and financial violence. These causal factors are compounded in societies where male violence is normalised and violence-supporting beliefs and behaviours are acceptable.

The role of alcohol and other drugs in exacerbating domestic and family violence

The evidence is also strong that alcohol and other drugs are contributing factors in DFV incidents and violence against women generally. That is, violence is more likely to occur and to be more severe when alcohol is involved (Graham et al. 2010). Notwithstanding this, the research shows that controlling behaviours are a stronger indicator of intimate partner violence than alcohol misuse (Mouzo & Makki 2004).

> Gender inequality drives violence against women at a societal level, through structures which discriminate against women.

The *2013 National Community Attitudes Towards Violence Against Women Survey* conducted by VicHealth (VicHealth 2014) demonstrates the dangerous ways that beliefs about alcohol and other drugs intersect with the underlying cultural context of gender inequality. This survey found that almost one in ten respondents (9%) agreed that "domestic violence can be excused if the offender is heavily affected by alcohol". This is an increase from 8% in 2009 (VicHealth 2014, p. 12). It also found that around one in five respondents (19%) agreed that "if a woman is raped while drunk/affected by drugs she is at least partly responsible", also up 1% since 2009 (VicHealth 2014, p. 13). These findings exemplify the 'legitimising' power afforded to alcohol and other drugs in a cultural context where male superiority and devaluing women is the norm.

Exploring the connection
continued

Conclusion

We are not suggesting that reducing the use of alcohol and other drugs in our community will not have a significant impact on the incidence of DFV. But it will not solve the problem or prevent violence against women. A shared understanding of the causes and nature of violence will enhance the potential for alcohol and other drug services to work in partnership with DFV services to support victims and hold perpetrators accountable for their violence. DFV is now everyone's business. Let's use this unique opportunity to work together to tackle the causes and consequences of violence against women.

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domestic violence nsw

Domestic Violence Victoria
Peak body for domestic violence services for women & children

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Addressing family violence in the AOD sector

Dr. Stefan Gruenert CEO, Odyssey House Victoria

Odyssey House Victoria believes that the capacity to develop and maintain positive relationships is a key ingredient to achieving and sustaining recovery from alcohol and other drug addiction. Like many AOD services, we know that family violence affects a significant proportion of people seeking our help, yet it has often remained hidden. While there are some examples of good practice across the country, we argue that more can be done to identify and address family violence within our sector.

Odyssey's response to family violence in Victoria over the past 35 years has been ad hoc and inconsistent, somewhat dependent on the skills and experience of individual staff, and much better with the 500 clients we treat in our residential programs each year, than it is with the 5000 or more people we support in our community based programs.

We estimate that around 70-80 per cent of our clients are experiencing or using violence in their relationships. Violence can include verbal and emotional abuse, controlling behaviours such as limiting access to finances and friends, stalking and cyber tracking, abuse of power, sexual coercion and rape, as well as other physical abuse. These behaviours are not always viewed by our clients as constituting violence, and may occur between partners or ex-partners, be directed towards children, or be directed towards parents, by children. In some families the violence is pervasive and intergenerational.

In 2012, we approached the National Centre for Education and Training on Addiction (NCETA), and together we applied for funding from the Commonwealth Government to develop a family violence resource for the sector. *Can I Ask…? An alcohol and other drug clinician's guide to addressing family and domestic violence*, was guided by a literature review conducted by NCETA, by focus groups conducted with our clients and staff, and by an advisory group comprising family violence and AOD sector representatives. In keeping with the language of our sector, we focussed on naming behaviours rather than labelling people. Consequently, the resource refers to people who "experience violence" and those who "use violence" in their relationships, in place of labels like "victim" or "perpetrator".

The focus groups (involving men and women), confirmed our clients' willingness to be open about violence and to address their violent and controlling behaviours, but they also highlighted the lack of confidence and knowledge of many AOD sector staff. The research on the association between violence and AOD use has been limited to date and has focussed mostly on alcohol, however, it confirmed our view that violence (where it occurs) is likely to be more frequent and be more severe when AOD use is involved. Likewise, AOD use by someone experiencing violence can also be more frequent and severe, as a way of coping. While we see this resource as a good starting point, it is likely to remain tucked away on shelves unless some investment is made to implement practice change in the AOD sector.

Currently, the Royal Commission into Family Violence is bringing a greater focus to this issue in Victoria. Recommendations are likely to call for greater links between the AOD and Family Violence sectors, and greater workforce development initiatives to support earlier and more consistent interventions. At a minimum, practice standards are likely to set the expectation that all AOD clients are assessed for their experience of violence, and that safety plans for individuals and their children are put in place when family violence is identified. Increased referrals to family violence and men's behaviour change programs are likely to follow. It should be emphasised that disclosures of violence may not occur until trusting relationships have been formed between clients and their workers, so invitations to discuss violence and safety should be ongoing, and not just one off assessments. Some AOD services will also continue to build their internal capacity to address family violence directly. This will greatly enhance our sector's response, but it will require additional training, resourcing, and organisational support.

Creating safe environments should be a natural extension of harm minimisation policies. We have both the opportunity and the responsibility to address this issue in our sector, and promote healthy relationships. Evidence suggests that better outcomes for our clients and their families will be the result.

ODYSSEY HOUSE VICTORIA

No excuse for government inaction on alcohol-related family violence

Hidden but known

Michael Thorn
Chief Exceutive, Foundation for Alcohol Research and Education

A new study has revealed the magnitude of alcohol-related family violence in Australia and adds further weight to calls for Commonwealth, state and territory governments to urgently implement measures to prevent and reduce this violence.

Commissioned by the Foundation for Alcohol Research and Education (FARE) and undertaken by the Centre for Alcohol Policy Research (CAPR), *The hidden harm: Alcohol's impact on children and families* was launched in February at NSW Parliament House by Australian of the Year and family violence campaigner, Rosie Batty.

The hidden harm revealed that there are almost 30 000 police reported incidents of alcohol-related domestic violence a year in just the four states and territories where such data is available.

More than one million Australian children are affected in some way by others drinking, 140 000 are substantially affected and more than 10 000 are in the child protection system because of a carer's drinking.

And while these harms are 'hidden', in as much as this abhorrent behaviour often occurs in the home and behind closed doors, they can no longer be ignored.

Alcohol-related family violence occurs all too frequently, and as a society, we need to be doing all we can to reduce the incidence and severity of the harms.

This research makes very clear that because of the scale of the problem and the large numbers of children and families affected, governments must embrace a broad public health approach with a strong focus on prevention.

In light of these findings, FARE has been working closely with the public health sector, women's organisations, family services, the alcohol and other drug sector and universities to develop a comprehensive policy response.

On June 17, Rosie Batty again joined FARE to present the culmination of these efforts, a *National framework for action to prevent alcohol-related family violence*, to decision-makers at Parliament House in Canberra.

Family violence is firmly on the national agenda but the contribution of alcohol to this violence has not been properly recognised in plans and strategies to address the issue.

FARE's *National framework for action to prevent alcohol-related family violence* focuses on this crucial gap, proposing policies and programs that Australian governments can implement which will have a real and tangible impact on preventing and reducing alcohol-related family violence.

The National Framework puts forward 20 actions to prevent alcohol-related family violence across four priority areas with a focus on preventing such violence before it happens, intervening early to prevent further harms and ensuring there are adequate service responses for people most in need of support.

The National Framework uses a public health model of prevention as its foundation and clearly identifies areas for action in each priority area to guide the work to be undertaken by Australian governments. It forms a comprehensive and multifaceted response to the problem, outlining what we can and must do.

As the evidence mounts, both of the extent of alcohol-related harm in Australia and the many sound and proven strategies for addressing this harm, it is now time for governments to act.

Governments in Australia must lead the way and take decisive action to prevent alcohol-related family violence. Responding strongly to alcohol's involvement in this national shame will surely contribute to further progress in reducing both the incidence and the severity of family violence in this country.

To view *The hidden harm* report and FARE's *National framework for action to prevent alcohol-related family violence* visit www.fare.org.au/PreventAlcFV

fare
Foundation for Alcohol Research & Education

Translating Research into Practice

What role does the alcohol and other drug (AOD) treatment sector play in reducing family and domestic violence?

Professor Ann Roche Director, National Centre for Education and Training on Addiction

Family and domestic violence (FDV) was once considered a problem between individuals. It was narrowly defined and dealt with at an individual level. It was treated as a behaviour which was private and did not impact the community at large.

However, over the last decade there has been growing recognition that FDV is actually a public health issue. This has been largely due to high profile cases of FDV and the increase in volume of community demands for action over the last two years. As such, there is an increasing impetus to develop a comprehensive approach to understanding and addressing the causes, prevention, and treatment of FDV across the broader health and community welfare system.

This broader perspective raises the important question of what should be the role of the AOD sector. Due to the complex relationship between AOD use and FDV, the AOD sector can play a very important role in addressing FDV.

The AOD sector interacts every day with clients who may be experiencing or using FDV. Research has found that at least 40% of women in AOD treatment have experienced violence, and the number could be as high as 80% (Gutierres & Van Puymbroeck 2006). It is unknown how many men in AOD treatment may use or experience FDV; however, given the high rate of prevalence for women, it is likely to be substantial. The pervasive relationship between FDV and a client's AOD use, their general health and wellbeing, and living circumstances notwithstanding, AOD clinicians have traditionally been reluctant to raise the issue.

This reluctance may reflect

- the evolution of AOD services designed by men for men which were aimed at treating middle aged, end-stage alcoholic men
- a cultural norm which embraced and to a certain extent, celebrated masculine cultural norms containing underlying perceptions and attitudes about women, power, control, and aggression
- the professional principle of providing treatment free from judgement in relation to a client's family circumstances, and illegal and/or anti-social activities; and
- challenges encountered in interacting with the FDV sector due to the differences in perspectives, terms, and concepts.

These factors suggest that, previously, FDV and the safety of children were never central to the AOD sector's agenda and in some instances may have tried to positively avoid the issue of AOD use and FDV.

Although the definition of FDV has expanded to include a wide range of abusive behaviours and encompass a wide range of relationships centred on power and control, it is important to not lose sight of the fact that FDV is a gendered issue. Ninety-five per cent of people who experience FDV are women. In addition, they are often young, from marginalised cultural backgrounds, and involved in unstable or transient relationships (e.g. dating). Women may also have children who are exposed to violent behaviours and impacted by problematic parental AOD use.

Increasing recognition of the complex trauma suffered by children exposed to violence, as well as problematic parental AOD use, has

- led to the development of several international, national, and local macro-level policies[1] which seek to protect women and children from the violence and control they previously experienced in silence behind closed doors; and
- increased focus on the interrelationship between sectors (e.g. AOD, child and family welfare, child protection, FDV).

Workforce Development Implications

Because approximately two-thirds of clients who attend AOD treatment services are men, the AOD sector may play a crucial role in engaging men and breaking the cycle of violence. A range of hierarchical systemic, organisational and practitioner strategies are required to enhance the AOD sector's ability to address FDV.

To be effective, strategies and changes need to be implemented from the top down, based on evidence-based policy and procedures, have realistic and achievable outcomes, and focused on prioritising the safety of clients, families, and children.

1. For example, the International Convention of Human Rights and the Convention on the Rights of the Child advocate anti-violence against women and children as a human rights issue.

Translating Research into Practice

continued

Tier	Strategy
Macro-level federal and state government	• Develop evidence-based policy and policy implementation based on (1) addressing masculine cultural norms and (2) enhancing family and child safety • Embed FDV issues in funding arrangements • Identify achievable outcomes for the AOD sector
Intersectoral collaboration and coordination of services	• Identify universal approaches/applications which may apply to all clients across all health and welfare services • Develop decision trees to improve understanding about when targeted interventions are required and for whom, as well as how to help and support families in which violence occurs • Liaise with others in the health and welfare sectors to create information sharing and reporting protocols
AOD sector workforce development	• Audit organisational views about FDV • Obtain comprehensive profiles about a client's domestic arrangement (e.g. ask 'Do you have children?', 'Do your children/spouse/parents etc.', 'Need any support in dealing with your AOD use?') • Implement evidence-based family sensitive policies and practices • Provide education and training to staff about FDV issues (e.g. intervention orders and safety plans), information sharing and reporting protocols, as well as other services which may be available to help clients who may use violence in their family relationships

A vital component of prioritising safety is the need to empower those who experience violence. Recipients of violence often feel powerless and experience a range of negative emotions. AOD clinicians can help clients experiencing FDV to

- overcome their feelings of stigma by offering support and understanding
- communicate appropriately with a family member who uses alcohol, drugs and violence (see *Walking a Tightrope* for more information), and
- develop safety plans to help them respond safely in very fragile situations.

NCETA has collaborated closely with the FDV sector to identify terms and concepts which were acceptable to both sectors. This has

- informed the creation of research and resources to better enable the AOD sector to address violence encountered by their clients, and
- provided both the AOD and FDV sectors with a better understanding about how each sees the world and how to move forward.

NCETA is running workshops with organisations to raise awareness of FDV, its patterns and trends; map out policies and procedures; identify the actions practitioners may take for male and female clients using or experiencing violence; and determine ways to improve intersectoral collaboration between the AOD and FDV sectors.

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NCETA
Australia's National Research Centre on AOD Workforce Development

Healing Ourselves, Healing our Communities

Strong Aboriginal Men Tackling their AOD use

Ivan Clarke, Statewide Educator
NSW Health Education Centre Against Violence, Strong Aboriginal Men Program

Victor Morgan, Statewide Educator
NSW Health Education Centre Against Violence, Strong Aboriginal Men Program

Aboriginal people experience high levels of sexual assault and intimate partner violence (NSW Department of Health 2011, p. 7), as well as over-imprisonment with high rates of deaths of men in prison (Fitzgerald 2009) and persistent racism resulting in low disclosure rates (Willis 2011). Strong Aboriginal Men (SAM) is a program delivered by the NSW Health Education Centre Against Violence (ECAV) identified as best practice in addressing violence against Aboriginal women (Carmody et al. 2011). This program is based on key principles of empowerment, accountability, and responsibility enabling men to understand their own histories of trauma and abuse, whilst strengthening their capacity as parents, partners and leaders to ensure safety and healing for themselves, their families and community.

This is achieved through three trauma informed educational workshops that create a safe place for men to yarn with Elders, family and community members about tough and sensitive issues concerning family violence and sexual assault. The learning in ECAV's Aboriginal training empowers participants, allowing a shift away from shame by addressing personal impacts of trauma and explanations of the social political context of Aboriginal history post colonization (Lauw et al. 2013).

Between 2010 to 2015, 226 Aboriginal men have accessed the SAM program in 19 communities across NSW. It is very common for men who attend SAM to have had long standing battles with AOD use. Many learn for the first time that the legacy of traumas such as colonisation, ongoing racism, family violence and sexual abuse has led them down a pathway of destruction through AOD use. They grasp how this has affected their attitudes, behaviours and life choices. They are brave enough to open up about the hurt this has caused themselves, their families and their communities.

Recently a group of 12 Aboriginal men residing at an AOD rehabilitation centre chose to attend all three workshops with full completion. They reported that they wanted to address their AOD problems, they were given tools to understand why they took up AOD use and received information about what trauma is and how it impacted their lives.

The SAM facilitators have found that drawing parallels between physical injuries and emotional, psychological and spiritual pains is a useful way for men to understand how trauma has impacted on their life and how they can start to heal. They are asked to remember a time when they were injured, how it felt and what they did to make this heal. They learn that their trauma of family violence and abuse needs the same level of care but often doesn't happen due to its invisibility and the fear of the pain.

'Light bulb moments' happen for many men in the program as they understand, often for the first time, that their AOD use was their way of numbing and forgetting their trauma. They identify there is a reason why things have happened in their life, that they are not 'bad', and that what happened to them resulted in their dreams and aspirations being put on hold.

The men learn the importance of healing through yarning about what happened to them without judgement. The SAM program ensures men connect with culture and identity building strength, safety and trust to talk about these tough issues.

For more information about the program click here or contact Ivan on 02 9840 3752.

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Education Centre AGAINST VIOLENCE

Considerations for lesbian, gay, bisexual, transgender and intersex (LGBTI) communities

Shannon Wright Director, Community Health and Regional Services, ACON

In the general community, the most prevalent occurrence of domestic and family violence (DFV) is a woman at home experiencing violence committed by a man she knows (ABS 2006). However the DFV experience of LGBTI people can differ, and so individuals and families present with specific health and support needs.

The majority of research speaks to the experiences of LGB people. There is limited data related to the experience of DFV for transgender and intersex people, and no dedicated Australian research.

While the majority of LGBTI relationships are healthy, LGBTIQ people are just as likely as women in the general population to experience DFV, but are less likely to find support services that meet their needs. (ABS 1996; ICLC 20122; Little 2008; Pitts et al. 2006). Higher proportions of men experience DFV, and higher proportions of women use violence against partners and family members, compared to the general population. They are also less likely to identify the occurrence of DFV in their relationships, to report it to police or to seek support from mainstream DFV services (Farrell & Cerise 2006; Pitts et al. 2006).

There are differences in how DFV can manifest in the LGBT community. Stigmatising and experiences of homo/biphobia or transphobia can play out within social networks and families of choice. For example, in LGB relationships DFV can manifest itself as threats or actions to 'out' somebody as LGBTI or to disclose someone's HIV or transgender status, or withholding HIV medications. Similarly there are differences in how experiences are viewed for example DFV may be simply dismissed as a fight between two men who are "sorting out their differences".

It is essential that AOD and health services create a safe and supportive space to talk about and respond to DFV. Barriers to accessing health services for LGBTI people contribute to poorer mental and physical health outcomes. Minority stress factors, as well as specific cultural norms and practices contribute to higher levels of AOD use in the LGBT population. Recognising the systemic and institutionalised marginalisation of LGBTI people through these heterosexual and gender assumptions, and developing culturally sensitive and appropriate practice must be a priority for all DFV and health services in order to effectively and compassionately meet *all* clients' needs. This requires AOD services to be LGBTI inclusive and for workers to have an awareness of specific experiences and needs of DFV for LGBTI individuals and families.

It is not uncommon for DFV organisations to work from the perspective that their clients are women and children, and that the majority of people using this kind of violence against them are men (COAG, cited in Nancarrow H, Hanley C et al. 2012, p. 8). It is understandable, from a historical perspective and from assumptions based on heterosexual relationships and socially entrenched gender norms, that most DFV organisations create a service framework that does not always understand or meet the complex needs of LGBTI people experiencing DFV. AOD and other health workers therefore have a role to play in assisting clients to access specialist DFV services and supporting self efficacy to advocate for their needs.

There are differences in how domestic and family violence can manifest in the lesbian, gay, bisexual and transgender community. Stigmatising and experiences of homo/biphobia or transphobia can play out within social networks and families of choice.

For over a decade ACON has directly and indirectly addressed the needs of LGBTI clients affected by DFV through a range of activities including direct client services, research, policy development, advocacy and health promotion. ACON's primary activities in increasing awareness and reporting of DFV include counselling and care coordination support, social marketing campaigns promoting healthy relationships and bystander education to assist the LGBTI community to identify DFV in LGBTI relationships and facilitate support. In addition, ACON works closely with NSW Police, other government departments and the NGO sector, and provides training for non LGBTI and specialised health and DFV support organisations. Policy and advocacy work aims to increase research into DFV and effective responses to the needs of the LGBTI community.

Further information for understanding, identifying and responding to DFV in LGBTI communities can be found on the Another Closet website. The guide provides information on support options and available resources.

Considerations for lesbian, gay, bisexual, transgender and intersex (LGBTI) communities continued

The Domestic Violence Toolkit produced by ACON is a resource for DFV service providers and agencies to increase their capacity to respond to DFV needs when working with LGBTI people. It assists in analysing the gaps in knowledge and capacity to serve LGBTI clients and recommends improvements, particularly in inclusive service training for agencies and service providers. ACON offers fee for service training and consulting which can be tailored to meet the needs of agencies.

For further information on our support services and training call 02 9206 2018. To learn more about our work in DFV and available research, see our Domestic Violence Health Outcome Strategy 2013-2018.

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ACON Launch Health Outcome Strategy 2015-2018

Domestic & Family Violence

Wednesday September 9 was a significant day for ACON with the NSW Minister for the Prevention of Domestic Violence and Sexual Assault, the Honourable Pru Goward launching ACON's three year Domestic and Family Violence (DFV) strategy.

The Minister also announced a grant, awarded to ACON, of $115,000 under the NSW Government's It Stops Here framework for reform on domestic and family violence, which recognises LGBTI people as a vulnerable group.

People within the LGBTI community experience domestic violence differently, which means some people may not recognise if violence is occurring and are less likely to seek support services. ACON is dedicated to delivering activities that focus on prevention, early intervention and help seeking by our community members who are experiencing DFV.

It was great to see so many community members attending the launch as well as NSW Police, Members of Parliament, representatives from NSW Health and key stakeholders from the DFV sector. Support for the launch reinforces the message that DFV is a whole of community issue and will require a whole of community response. ACON has a long history of working with the LGBTI community to reduce the experience of this violence and these funds will further that work significantly.

ACON CEO Nicolas Parkhill, Greens Member for Newtown Jenny Leong, Independent Member for Sydney Alex Greenwich, NSW Minister for the Prevention of Domestic Violence and Sexual Assault, the Honourable Pru Goward, ACON President Mark Orr and Cultural Education Representative from the Metropolitan Local Aboriginal Land Council, Auntie Millie Ingram.

Click here for more information on the strategy.

Trauma informed training

Facilitating meaningful relationships and effective FDV interventions

Lynda Andrews DV Senior Educator, NSW Health Education Centre Against Violence

The NSW Health Education Centre Against Violence (ECAV) is responsible for workforce development and training programs in the specialised areas of adult and child sexual assault, domestic and Aboriginal family violence and physical and emotional abuse and neglect of children across NSW.

ECAV has been delivering a two-day domestic violence course targeting both mental health and drug and alcohol workers for over 10 years. The course aims to provide an opportunity to talk about domestic violence amidst dual diagnosis where single focussed services, such as drug and alcohol and mental health services, often see the other issue as the primary response needed for intervention to be effective. It provides a trauma informed approach, offering an opportunity to hold the frame of domestic violence as another lens through which alcohol and other drug (AOD) use by victims can be seen. This approach views AOD as a coping mechanism in an endeavour to manage the stark reality of intimate partner violence.

The course highlights the tactics of domestic violence and the contexts that support these. These include social, cultural, legal and historical frameworks that shape community attitudes and impact significantly on prevalence and incidence amongst diverse populations. A gendered understanding of intimate partner violence is critical to this work as women tend to be the majority of victims, and are subjected to gender inequities and sexism that can keep them trapped in violent relationships.

In the current climate of one woman dying each week in 2014[1] as a result of domestic violence, NSW has seen significant reforms across government departments such as It Stops Here; Going Home, Staying Home Reforms; and changes to Families and Community Services Legislation around Out of Home Care Services. ECAV course content is informed by this political landscape, as each reform will add further weight to systemically addressing the complex issue of domestic violence.

Best practice, albeit ever evolving, is changing the way we work with victims where safety is paramount for children and women, in the hope to decrease the alarming death toll in domestic and family violence situations.

Whilst AOD consumption and mental health issues are not the predominant causes for the perpetration of domestic violence, they can be significant contributing factors. Police reports indicate that alcohol can be present in up to 65% of family violence incidents and up to 47% of child abuse cases in Australia[2]. It is present in 20% of breached AVOs[3]. It is important that workers are trauma informed equipped with knowledge about the dynamics, power differentials, tactics and complexities of domestic violence that impact on victims. Understanding the added concerns which drug and alcohol and mental health issues of victims and offenders bring to domestic violence relationships is critical. Workers need to provide appropriate information, supports and interventions including cross-agency collaboration, case management and advocacy, that hold safety at the forefront, minimise lethality and decrease isolation.

Workers' responses play a significant role in victims being able to disclose incidences of domestic violence, to feel supported, believed and validated. Many women feel shame, have underlying trauma issues, and have been subjected to mother blaming[4] in failing to keep their children safe. Victims with diagnosed mental illness and those using alcohol and/or drugs are often not believed, taken seriously by police, blamed for the violence and excluded from services. Their risk of losing custody of their children is ultimately increased. Women have reported difficulty in conveying to agencies the reasons why they may have chosen to stay in an abusive relationship, why it is difficult to leave, and why they may have resorted to alcohol or other drugs.

The ECAV Domestic Violence training for drug and alcohol and mental health workers highlights the impacts of domestic violence on children, and child protection responsibilities which support mothers in safe parenting. It assists workers to build meaningful, sensitive relationships with domestic violence victims with mental health and/or alcohol and other drug issues, thereby enabling workers to respond effectively, and ensure victims and children's safety is not compromised. For information on ECAV Domestic Violence programs, click here.

Education Centre
AGAINST VIOLENCE

1. ANROWS—Australian National Research Organisation for Women's Safety 2014, Michael Flood.
2. Foundation for Alcohol Research & Education (FARE) June 2015.
3. NSW Bureau of Crime Statistics and Research 2014. Also reports 29% murders and 33.4% DV related assaults.
4. Radford L & Hester M 2006, 'Mothering Through Domestic Violence, Resisting Mother Blaming'. London: Jessica Kingsley.

We don't just throw 'em out…

Assisting women with AOD issues in domestic violence services

Gillian Cohen General Manager, Domestic Violence Service Management

Domestic Violence Service Management (DVSM) was relaunched in 2013 to become an evidence informed, progressive service delivery organisation assisting women escaping domestic and family violence. We have a 40 year history of service provision in NSW, including being an early pioneer in domestic violence refuges and also in developing innovative, non-refuge based services and brokerage models of care. Inherent in our new business model is that Domestic Violence refuges form only one part of the potential support that we offer to women escaping domestic and family violence (DFV). And for all clients, we use a client centric wrap around model, where we are only one of multiple services assisting the woman.

Some of the ways we assist clients living in our crisis accommodation around misuse of drugs and other alcohol include designated smoking areas, as we know asking people to quit smoking at times of crisis is adding additional stress. We find ways of supporting clients to access the methadone program while they are living-in which will also keep the crisis accommodation safe for other clients (women and children), and we have policies about being under the influence while living-in which includes contracting about not using drugs and alcohol use while they are in house. What this means in practice is that if women come back to the service under the influence, we take a solution focused approach. Throwing a client out is not the first strategy that we engage in. Instead we explore in detail the client's situation, including identifying the triggers and their use of other strategies. This is all part and parcel of any referrals that we make.

Our purpose is to empower clients to make positive, permanent changes to improve their safety and wellbeing.

The DVSM service model is client centric and not service centric, therefore, for each client, we determine what their individual goals are. This includes making referrals to the services most suitable for our clients to achieve their short term housing needs and their medium term goals that will help break the cycle of homelessness and domestic and family violence as well as any co-morbidity issues, including drug and alcohol use.

While domestic violence is not caused by drugs and alcohol, it may be exacerbated by drugs and alcohol or the DFV may result in the misuse of AOD. For example, many of our clients experience using drugs and alcohol as a coping mechanism and others' experience of DFV is intimately linked to the perpetrator being under the influence of drugs and alcohol. Sometimes, both parties are under the influence of drugs and alcohol when the domestic violence occurs, which makes addressing the issues very difficult. Children living in a situation where domestic and family violence is linked to drug or alcohol use are also negatively influenced by the misuse of substances, which has a negative developmental effect. When this is the case, that child will have their own case plan and referrals separately to their mother, so their needs are addressed.

Our purpose is to empower clients to make positive, permanent changes that improve their safety and wellbeing. We operate direct services for clients in Wilcannia, Central Sydney and Western Sydney and we provide professional services to other NGOs to improve quality service provision when working with clients experiencing domestic and family violence. What this means in practice is that alongside our direct support for women, we want to share our learnings about the most evidence informed ways of addressing client needs.

If you would like to know more about DVSM, please visit www.dvnswsm.org.au

domestic violence SERVICE MANAGEMENT

Domestic and family violence

Useful Resources

Below is a sample of resources, websites and services that you may find useful when supporting clients who have experienced family and domestic violence (FDV).

Services in NSW

Domestic Violence NSW (DVNSW) is the peak, state-wide representative body for a range of specialist domestic and family violence services. Website: www.dvnsw.org.au

Domestic Violence Service Management (DVSM) provide professional services to the community services sector and client service delivery to prevent FDV and support recovery. Website: www.dvnswsm.org.au

The Domestic Violence Line provides telephone counselling, information and referrals for women and same-sex partners who are experiencing or have experienced domestic violence. Female caseworkers can assist people who have experienced domestic violence, people from culturally and linguistically diverse backgrounds, and those living in rural and remote areas. Interpreters and TTY can also be arranged.
Phone: **1800 656 463**
Website: www.domesticviolence.nsw.gov.au

Useful Websites and Resources

Can I Ask? An alcohol and other drug clinician's guide to addressing family and domestic violence, NCETA
This practical resource explores the relationship between AOD and FDV, with a focus on identifying how the AOD sector can better support clients who have co-occurring AOD and FDV issues, and minimise associated harms experienced by their children. Download PDF

Supporting Women with Complex Needs: The relationship between substance use and domestic and family violence, Women's Council for Domestic and Family Violence Services (WA) and WANADA
This resource explores how service providers can work in collaborative and respectful ways with women who have experienced violence and who have substance use concerns. It identifies how critical is it for service providers to assist women to make the links and to determine paced and achievable paths to change, growth and safety.
Click for more

The Domestic Violence Resource Centre Victoria (DVRCV) provides training, publications, research and resources to those experiencing (or who have experienced) family violence, and practitioners and service organisations who work with family violence survivors.
Website: www.dvrcv.org.au

The National framework for action to prevent alcohol related family violence, FARE
This framework proposes policies and programs that Australian governments can implement which will have a real and tangible impact on preventing and reducing alcohol-related family violence. Click for more

Beyond the drinker: Longitudinal patterns in alcohol's harm to others, FARE
This research provides an analysis of patterns of stability and change in harm from others' drinking over time, and the factors predicting these patterns. Click for more

The hidden harm: Alcohol's impact on children and families, FARE
This review reveals the extent of alcohol-related family and domestic violence in Australia. It examines the prevalence and effects of heavy drinking on families and children, and the extent to which they persisted or changed over time.
Click for more

Breaking the silence: Addressing family and domestic violence problems in alcohol and other drug treatment practice in Australia, NCETA
This review explores the relationship between AOD and FDV services, with a focus on identifying how the AOD sector can better support their clients who have co-occurring family and domestic violence issues and minimising the harm experienced by children.
Download PDF

Campaigns

White ribbon www.whiteribbon.org.au
A safer state www.asaferstate.org.au

Research Project

Enhancing supports for women affected by harmful alcohol and other drug use and domestic and family violence

Carrie Fowlie Executive Officer, Alcohol Tobacco and Other Drug Association ACT

The *Enhancing supports for women affected by harmful alcohol and other drug use and domestic and family violence* (DFV) project uses an action research design to engage affected women, service providers, researchers and policy makers in the Australian Capital Territory (ACT) to identify improved responses.

The Project is being undertaken as a partnership between the Alcohol Tobacco and Other Drug Association ACT (ATODA), the University of New South Wales and the Australian National University. Affected women and the AOD and DFV sectors will be consulted and engaged between August and November 2015.

The project aims to

- identify similarities and differences in the paradigms of care and service delivery models of AOD treatment providers and service responses with women who have experienced DFV in the ACT (including identifying the underlying beliefs that drive care and ways of providing care)
- determine and articulate the barriers and facilitators of the complex service delivery, cross-sectoral cooperation and holistic service provision related to AOD use and DFV
- explore the ways in which workers from AOD treatment providers and DFV services believe they could better cooperate to provide more effective services to these groups of women (including identifying the facilitators and barriers to integrated service responses and how service delivery could be better articulated and better match women's needs)
- develop, in collaboration with the service sectors, recommendations for good practice for inter-sectoral cooperation
- collaboratively build bridges between AOD treatment and DFV service providers including facilitating discussion and models of good practice for policy translation, and
- ultimately improve the lives of women and their children who are affected by DFV and harmful AOD use.

For more information please contact Carrie Fowlie, Executive Officer, ATODA on carrie@atoda.org.au or 02 6255 4070, or visit www.atoda.org.au

ATODA
Alcohol Tobacco & Other Drug Association ACT

Advocate

Would you like to include something in the next issue?

We encourage members and stakeholders to contribute to the Advocate.

You can promote new services and projects; innovative partnerships; awards and achievements; research activity; or upcoming events.

Email final content to Sharon.

Member Profile

Watershed Drug & Alcohol Recovery and Education Centre

Watershed DAREC offers residential and non-residential services and community outreach, based around harm minimisation and healthy living skills education, integrated with a wide range of community, family and government services.

Established in 1978, Watershed was the first drug detoxification and rehabilitation service in the Illawarra, and has continually maintained quality assurance accreditation since 1995. Watershed is the only provider of a complete package of residential and non-residential drug and alcohol treatment services in the Illawarra.

Residential Services

Watershed has 14 beds for male and female clients, aged 15 years and over. We provide a safe and healthy environment and assist clients to identify issues that can lead them into self-destructive behaviours, and learn how to introduce positive change into their lives.

Our evidence based services includes a medicated and non-medicated Withdrawal Management Program (Detox), supported by a four week (short term) structured Rehabilitation Program where clients receive 24 hour support and supervision while participating in a Therapeutic Healthy Lifestyle Program. This includes individual case managed support and counselling, a therapeutic treatment program that incorporates a structured harm minimisation approach, covering relapse prevention, anger management, conflict resolution, healthy relationships and self-esteem. The therapeutic treatment program works alongside a Living Skills Education Program.

Continuing Care and Outreach Services

Watershed's Continuing Care program includes supported accommodation through our transitional (halfway) program. Carinya House is a six bed, longer-term (3-12 months) accommodation program that provides continued access to treatments and allows a gradual transition back into the community while providing assistance to find housing and employment.

Carinya clients, in addition to continuing to improve their general physical and mental health, have either engaged with local training organisations such as TAFE or returned to active employment. Clients who have completed the program have either returned to their family home, or have accessed public or private rental accommodation.

Watershed also operates an Outreach Alcohol & Other Drugs service, running SMART and prevention education groups for Corrective Services and at Shellharbour Hospital's Psychiatric Rehabilitation Unit.

The Watershed Day Program

Situated in the Wollongong CBD, this program provides a treatment option for those who cannot enter a residential service due to their responsibilities. It provides individual case management, counselling and group work, structured into a nine week treatment program. The program also caters for clients leaving custodial settings, or for those on pharmacotherapy treatment program (such as methadone) who may be looking to reduce their use. It is flexible and responsive to client and family feedback.

The Day Program is also involved in an 'OneFACS' initative. This NSW Government led initiative is the first facility of its kind where local FACS services (Ageing Disability and Home Care, Health, Community Services and Housing NSW) and non-government organisations can provide services under one roof. This improves referral pathways for clients as they move through treatment and address issues around work, education, housing and children.

Professional Development and Training

Watershed partners with the University of Wollongong, TAFE Illawarra and other educational facilities to provide training placements. Watershed also runs an internship program for provisional psychology students. This program enables provisional psychologists to obtain the necessary training and experience to meet the Australian Psychology Board requirements for registration as a qualified psychologist.

These programs ensure our staff are experienced and well trained, providing up-to-date and evidence based treatment services, to give clients the best chance of recovery.

Watershed: "Turning Lives Around"
1800 818 872
www.watershed.org.au

Profile

NADA staff member

Sharon Lee
Communications Officer

How long have you been with NADA?

I've been here for two months, and my pot plants are moving in next week.

What experiences do you bring to NADA?

I've worked in digital media since 1996, with a focus on design, usability and strategic communication. Seeking change, I recently undertook a Masters of Public Health, then a Diploma in Marketing. I enjoy research, writing and using social media to raise awareness, cultivate conversations, build networks and inspire action.

What NADA activities are you working on at the moment?

I'm proofreading, designing and typesetting the *Advocate*, which is a joy. I've designed and coded the *Member eUpdate*, so I'm now finalising the content. I'm implementing the NADA rebrand, and starting work on the annual report.

What is the most interesting part of your role with NADA?

As I work, I'm learning about NADA's members and the concerns of the sector. During lunch, I'm reading *Drug Use in Australia: Preventing Harm*.

What else are you currently involved in?

I had an epiphany eating strawberries, picked ripe by a local farmer. They were soft, sweet and juicy, with a depth of flavour I had never experienced! Food quality is dependent upon a multitude of factors, none of which that globalised production nor industrial monopolies can deliver.

On my website FlavourCrusader, I have directories for small, diverse market gardens; pastured eggs, chickens and pigs; local milk; and more. On social media I share food news and politics; celebrate farmers and ecological production; pollinate conscious consumption; and shine the light on Corporate Food. In a few short years, the farms have multiplied, there's a spirit of collaboration and the spread of innovation.

Soon, local strawberries will be abundant, and picked ripe for market—eat some! Until you taste the difference, you don't know what you're missing. And once you do, there's no going back.

A day in the life of...

Sector worker profile

Trent Rees Residential Programs Manager, The Buttery

How long have you been working with your organisation?

2.5 years.

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

I began my career in AOD in the mid '90s, working in a private methadone clinic in Chippendale, Sydney. I've worked in both private and not for profit sectors. My employment has ranged from Counsellor, Workplace Training, Quality Assurance, Project Management, People Management and Leadership in areas such as Drug & Alcohol, Call Centres, Financial Services, Technical Support Services, Non-clinical Mental Health and Disability Employment. I'm now able to use the skills I've developed in my dream job at The Buttery.

What does an average work day involve for you?

I currently manage the Abstinent Residential Rehab and the Maintenance to Abstinence Programs here at The Buttery. I work directly with clients while being involved in the ongoing development of The Buttery's Programs through engagement with our Funding Bodies and other key stakeholders.

What is the best thing about your job?

People! I get to work with such a fantastic collective of people both delivering and using the Services we provide at The Buttery.

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

A central link whereby all services can log details on the nature and specifics of their Programs. I feel this is vital in understanding just what is out there and also helping addicts and their families and friends access suitable services in a more timely and targeted manner.

If you could be a superhero, what would you want your superpowers to be?

I'm a massive Superman fan, but I'd have to say it's hard to go past the old Jedi Mind Trick. Very handy in my line of work!

Welcome to new NADA members

Maayu Mali

Moree Aboriginal Residential Rehabilitation Service

Maayu Mali ("Make Better") the Moree Aboriginal Residential Rehabilitation Service (MARRS) is auspiced by the Wellington Aboriginal Corporation Health Service and delivered in partnership with the St Vincent de Paul Society NSW Support Services. The service provides a 24 month drug and alcohol support service including three month residential rehabilitation followed by aftercare and community reintegration support. The service welcomes Aboriginal and Torres Strait Islander men and women from around NSW and Southern Queensland and provides cultural support, living skills programs as well as group treatment, education and intensive case management in a Therapeutic Community environment.

For more information contact Janet Curran on 02 66822757 or janetc@wachs.net.au

Drug & Alcohol Youth Support Service (DAYSS)

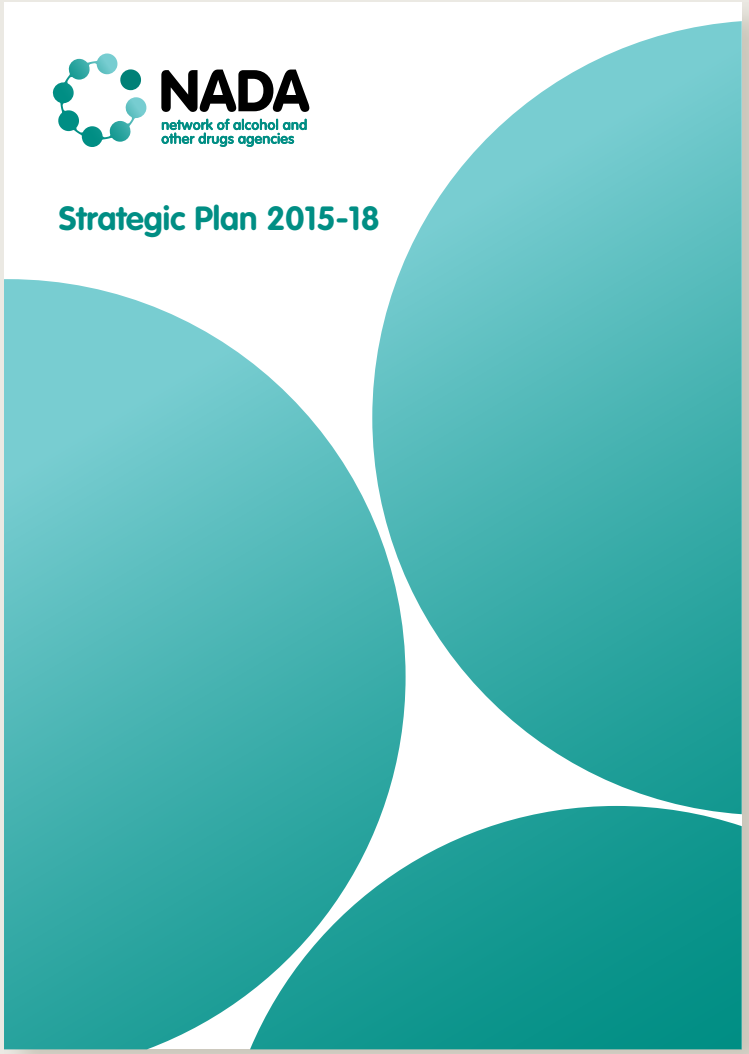
Catholic Care Diocese of Broken Bay

DAYSS is a holistic program that works with young people 12-18 years old, their parents and families to support and educate them around drug and alcohol use. The program operates from a harm reduction model and promotes better connections to family and education.

Services provided include

- practical support
- peer to peer mentoring for young people and their families with dedicated youth and family workers
- psychoeducational groups for parents and young people 12-18 years old run in the local community and within schools
- groups that are tailored to specific needs, including content and time frames
- outreach for young people and their families in schools, the community and within their home; and
- comprehensive support through collaboration with a range of service providers.

For more information contact the DAYSS team on 02 8425 8700 or DAYSS@dbb.org.au or visit www.Catholiccare.org



Introducing

NADA's Strategic Plan and new look

On August 19 we launched our new strategic plan and new look. NADA's Strategic Plan for 2015–18 describes our vision for a connected and sustainable non government alcohol and other drugs sector providing quality evidence based programs to reduce alcohol and drug related harms to NSW communities.

The plan has been developed based on consultation with members and stakeholders, lessons learnt over the period of our previous plan, and the current policy and environmental context of the sector. NADA's goal is to lead as a member driven peak body, building sustainable non government alcohol and other drug organisations to reduce alcohol and drug related harms to individuals, families and communities in NSW. To achieve this goal, NADA has developed three key directions that focus on the external environment, sector outcomes and health outcomes.

We've also used the opportunity to review our branding. The new look represents NADA as a strong and dynamic organisation, driven by its members. The new logo has evolved the original symbol illustrating NADA as a network of specialist alcohol and other drugs services. Our new, spirited brand demonstrates that we are a key player representing the non government alcohol and other drugs sector into the future.

View the strategic plan here. We look forward to working alongside our members and partners to implement the new plan. If you have any questions please contact Larry or Robert.

NADA Events

October 22

Get Bloody Serious. A workshop (mostly) about Hep C

Click here

November 16

NADA Workforce Development Workshop and AGM

Novotel Sydney Central,
169-179 Thomas Street, Sydney.

9.30 Workforce Development Workshop
1.30 NADA Annual General Meeting

Workforce Development Workshop

NADA invites members to attend a special consultation workshop on the workforce development needs of the sector. The workshop will be facilitated by Professor Ann Roche of the National Centre for Education and Training on Addiction (NCETA). The purpose of the workshop is to consult with members on the development of our NGO Alcohol and Other Drugs Workforce Development Plan. The plan will guide NADA's workforce development program, and be used as a tool to support members in the planning, development and support of your own staff.

Annual General Meeting

The 2015 NADA AGM follows the morning workshop. The agenda for AGM also includes a special presentation from Professor Margaret Hamilton called "Can NGOs Impact on United Nations Drug Policy" which will address the need for international NGO input to the 2016 United Nations General Assembly Special Session on the World Drug Problem. This is your opportunity to have a say on the direction of international drug policy and we are very grateful to Professor Hamilton for including the NADA membership in the work she is doing in the lead up to the UN General Assembly special session next year.

Click here for more information and to register

NADAbase data analysis

Telling the AOD non government treatment sector story

Suzie Hudson Clinical Director, NADA

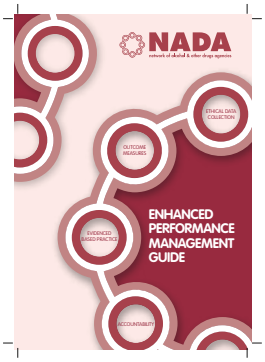
NADA has sent out an updated NADAbase user agreement that seeks permission to include your aggregated data in exciting data snapshots that can be used by all organisations for benchmarking purposes. We are thrilled with the way our members have embraced client outcome measurement and are looking to innovate further by exploring ways of benchmarking across the sector. NADA have also been successful in securing research mentoring so we can cement our own techniques in independent data analysis for use with members and their clients. Furthermore, we have strong links with senior researchers who will help us put NADA member achievements in treatment data collection and outcome data collection in peer reviewed publications. This will result in a number of positive outcomes including promotion of the NGO AOD sector, publication of NGO data that can be referenced by members, and a showcase for the purposes of tendering and quality improvement.

We would appreciate it if you could get your new user agreement signed and sent back to us as soon as possible. There will be a role for the NADA Practice Leadership Group (NPLG) to guide some of our thinking around data analysis and how we might use the data in strategic ways to promote the non government AOD services sector. The NPLG are your representatives, so please get in touch with them to share your ideas about helpful ways to use this data—see NPLG Members.

We are also gearing up for changes being made to the NSW MDS data collection, and supporting members with these changes. NADAbase now accepts imports from eight organisations—made possible by hard work on both sides —making it the central hub for NGO sector data. NADA feels privileged to be the custodians of this data, and through data analysis, tell the story of our members and their treatment services.

To this end, we are aiming to improve our adherence to the State Government data submission guidelines which identifies the 22nd of each month as the submission date for the previous months' data. Please enter this recurring submission date into you diaries so your data can get to where it needs to be on time! If you have any queries questions feel free to make contact regarding NADAbase via ITsupport@nada.org.au.

NADA Enhanced Performance Management Resource and Workshops



The new Enhanced Performance Management Resource introduces performance management processes, and the key concepts and tools to help organisations reflect, plan and implement ways of measuring, analysing and reporting on their work.

The resource contains

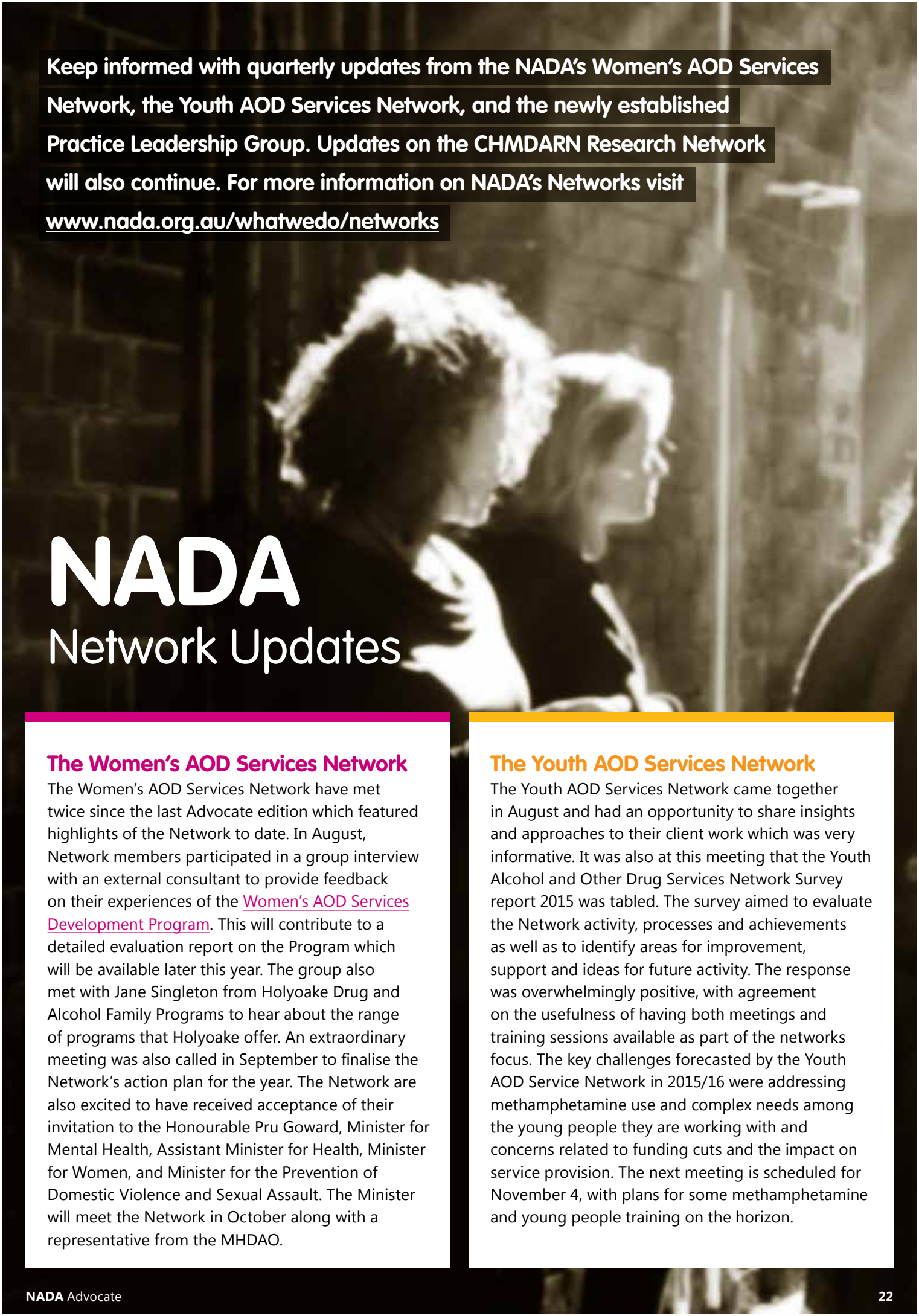
- an overview of performance management and its links with accountability, sustainability and evidence based practice
- a description of elements associated with enhanced performance management, and how to encourage a performance management-based organisational culture, and
- an exploration of performance measurement—data collection, analysis and reporting tools, templates and guides for enhanced performance management.

It forms part of the suite of NADA projects which address quality improvement and benchmarking. It is also the companion document for practical and engaging workshops, conducted by NADA. To date, three workshops have been conducted and the feedback has been positive. 100% of the participants indicated they would either definitely or possibly use the information and resources provided in the workshop, and that their confidence had improved in regards to developing a performance management framework and using client outcome data.

"Really informative and effective training—thank you."

"It made me critically think about the data we collect now and whether we need it. Also, made me think of other data we should start collecting."

To download the resource click here and email Suzie for more information.



Keep informed with quarterly updates from the NADA's Women's AOD Services Network, the Youth AOD Services Network, and the newly established Practice Leadership Group. Updates on the CHMDARN Research Network will also continue. For more information on NADA's Networks visit www.nada.org.au/whatwedo/networks

NADA
Network Updates

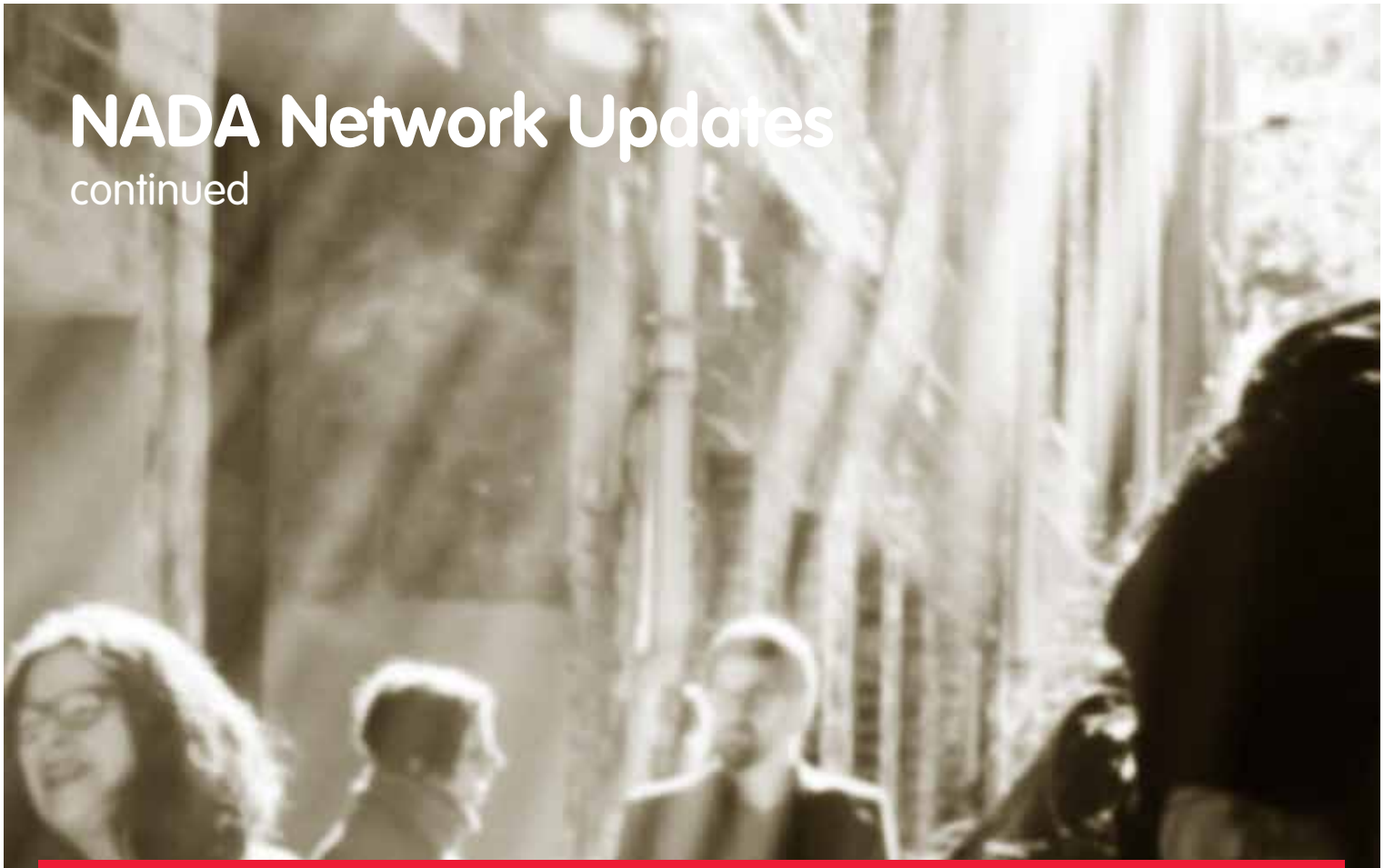
The Women's AOD Services Network

The Women's AOD Services Network have met twice since the last Advocate edition which featured highlights of the Network to date. In August, Network members participated in a group interview with an external consultant to provide feedback on their experiences of the Women's AOD Services Development Program. This will contribute to a detailed evaluation report on the Program which will be available later this year. The group also met with Jane Singleton from Holyoake Drug and Alcohol Family Programs to hear about the range of programs that Holyoake offer. An extraordinary meeting was also called in September to finalise the Network's action plan for the year. The Network are also excited to have received acceptance of their invitation to the Honourable Pru Goward, Minister for Mental Health, Assistant Minister for Health, Minister for Women, and Minister for the Prevention of Domestic Violence and Sexual Assault. The Minister will meet the Network in October along with a representative from the MHDAO.

The Youth AOD Services Network

The Youth AOD Services Network came together in August and had an opportunity to share insights and approaches to their client work which was very informative. It was also at this meeting that the Youth Alcohol and Other Drug Services Network Survey report 2015 was tabled. The survey aimed to evaluate the Network activity, processes and achievements as well as to identify areas for improvement, support and ideas for future activity. The response was overwhelmingly positive, with agreement on the usefulness of having both meetings and training sessions available as part of the networks focus. The key challenges forecasted by the Youth AOD Service Network in 2015/16 were addressing methamphetamine use and complex needs among the young people they are working with and concerns related to funding cuts and the impact on service provision. The next meeting is scheduled for November 4, with plans for some methamphetamine and young people training on the horizon.

NADA Network Updates
continued



The NADA Practice Leadership Group

In mid-2015 NADA carried out an Expression of Interest (EOI) process designed to attract representatives from member organisations with clinical/therapeutic experience holding leadership positions in a range of service types. Eight member representatives were selected from the EOI process to become part of the NADA Practice Leadership Group (NPLG). Some of the issues impacting on the sector that have informed the need for the NADA Practice Leadership Group include

- NADA's need for an avenue to consult with a broader group of members with sector experience and a range of specific specialist skills to inform NADA's sector advocacy and program development.
- the need to further demonstrate the professionalism of the NGO AOD sector and be seen as key player in the delivery of specialist AOD service delivery, providing advice to all levels of government.
- the establishment of the ACI D&A Network, and the need to have an opportunity for the interim co-chair from the NGO sector to consult on priorities and other developments with sector peers, and
- to demonstrate the effectiveness of the practice based evidence of our sector and translate it into evidence based practice.

The inaugural NPLG meeting was held in July and we welcomed the clinical leader member representatives, with an additional academic leader and addiction medicine specialist. The NPLG got straight down to business and identified five priority areas for work, including shaping of the NADA Conference for 2016–entitled "Integrated Care: working together to respond to complexity". Since the initial meeting the NPLG met again in September to explore potential focus areas for the NADA Conference and ideas for specific frontline worker focussed panels and workshops.

The overall aim of the NPLG is to inform the development of NADA policy and advocacy, and sector program development in relation to sector clinical and therapeutic practices. It will provide a mechanism of consultation with experienced, committed and skilled practitioners in advising NADA and other key stakeholders.

To fnd out more about the NPLG, member bios and the activities it is engaged in, click here.

CMHDARN Update

Dr Angela Argent Project Coordinator, CMHDARN

Thanks to each of you who completed the CMHDARN Survey. We asked you to have your say, because it's really important that CMHDARN delivers the information you need in the way you want it. This is what we learned:

- 89% of respondents would use a sector specific bibliography. Lots of you think the sector needs to showcase the research it is producing because research, translated into evidence-led practice change and innovation will contribute to the sustainability and growth of the sector in the long run.
- 67% of respondents are interested in learning more about engaging in Higher Degree Research opportunities. Some of you have a burning research question and want to explore it further. We're holding a HDR Forum on November 20 at UTS to explain the ropes, so watch this space.
- There's huge support for *Enabling Consumer-Led Co-Production Research in a World that's Not Used to It—a MH and AOD Forum*. This will be an incredible day, a game-changer in terms of how we think about research processes and who calls the shots, with fantastic key-note speakers. We hope to see you at this event on November 4.
- The majority of you suggested CMHDARN needs a new savvy E-communications strategy and we agree. You've provided some great ideas, but specific suggestions about how you'd like to receive information are always welcome.
- You told us that you'd like to hear more about research that is translational, therapeutic and that champions qualitative approaches. You are also interested in discovery research, partnership building, community action research, improved data collection strategies (not just more surveys), consumer led research and research resources that would enable you to support Aboriginal communities.

Contact the CMHDARN Project Coordinator Dr Angela Argent with ideas and suggestions. If you like what CMHDARN does, tell your friends about us and invite them to visit our website.

Enabling Consumer-Led Co-Production Research in a World that's Not Used to it—a MH and AOD Forum, November 4

CMHDARN is supporting the Consumer-led Research Network in holding a forum November 4. Join us to

- hear from the most vibrant voices in consumer-led co-production research in the MH and AOD sectors
- workshop ideas about how to enable research regardless of the constraints
- be part of the process of producing a statement about co-production in research that will be used to bring about real change, and
- be there to participate, learn and listen to ideas that will change the way you think about who gets to set the research agenda.

Higher Degree Research Kick-start, November 20

Do you have a burning research question?
Is HDR the answer?

We're holding a half-day forum on the morning of November 20 at UTS to help you kick-start the process. On the day you will have the opportunity to

- listen to HDR students talk about their experiences
- meet academics and potential supervisors to discuss your research question
- learn about various pathways to HDR and available support from a panel of experts, and
- find out how to win support in your workplace to complete HDR.

Become a CMHDARN member to find out more.

We Know that You've been Published!

We're producing a bibliography of the research our sector produces. We know a number of NADA members and stakeholders have been published in peer reviewed journals and other places of influence in the last five years. We'd love to showcase your work, so please forward the abstract and/or article to us on the details below.

community mental health drug and alcohol RESEARCH NETWORK CMHDARN

Join CMHDARN Today

Visit our website at www.cmhdaresearchnetwork.com.au and become a member. It's the easiest way to receive updates on CMHDARN activities and it's free to join. Email the project coordinator, Dr Angela Argent with comments, suggestions or requests.

Agency for Clinical Innovation Drug and Alcohol Network Update

Jo Lunn, Improving Organisational Capacity Project Officer
We Help Ourselves (WHOS)
ACI Drug and Alcohol Network (Co-chair)

The membership for the Executive Committee of the ACI Drug and Alcohol Network has been announced and the purpose of the Network is to bring together the Government sector, non government sector, primary care, consumers and carers to work collaboratively and provide the best care possible for clients with alcohol and other drug (AOD) issues.

Although Executive membership is based on individual skill set, NGOS are represented on the Executive through a number of positions, including a co-chair position. The individuals representing NGOs on the Executive include Suzie Hudson, Clinical Director, NADA; Catherine Hewett, CEO, Kamira; Mary Harrod, CEO, NUAA; Dr Pete Kelly, a well-known NGO, AOD researcher; and Jo Lunn, Improving Organisational Capacity Officer, WHOS. A complete list of Executive Committee members is available on the ACI Drug and Alcohol Network website.

The inaugural meeting took placed on the July 15, and focused on

- executive members introductions
- an introduction to ACI as an organaisation
- an outline of expectations of the members and the process of the network meetings, and
- providing an update of ACI Drug and Alcohol Network activities to date.

Network manager Antoinette Sedwell with Co-chairs Tony Gill and Jo Lunn
Photo by S van de Scheur (ACI)

The next meeting has been booked for September 16, where methods for the Executive to engage the broader AOD network members into the decision making process will be reviewed, as will a Prioritisation framework. This framework provides a transparent and objective way to determine how priority areas are determined and projects are chosen for endorsement.

I encourage you to join the network so that you can help influence the network's direction, and take advantage of any future opportunities (e.g. training etc) that arise for network members. Click here for more information or to join the network.

ACI NSW Agency for Clinical Innovation

NDARC Suicide Assessment Kit

A new resource to help treatment providers manage drug and alcohol clients' high suicide risk has been developed by NDARC's Professor Shane Darke and Dr Joanne Ross in partnership with the Network of Alcohol and Other Drug Agencies (NADA). The Suicide Assessment Kit (SAK) and accompanying videos are now available for download from the NDARC website.

The Australian Treatment Outcome Study led by Professor Darke and Professor Maree Teesson found that almost half of long-term heroin users have previously attempted suicide, whereas only 3.2% of the general Australian population reported a suicide attempt in their lifetime. Furthermore, one in 10 heroin users reported current suicidal ideation and one in 20 had a suicide plan. Read the NDARC news story here.

For more information contact Dr Joanne Ross.

New Resource Confident Communities

A toolkit for working with African and other newly arrived communities to address alcohol-related harms

This evidence-based guide covers issues relevant to working with a range of diverse communities including

- building cultural competency
- how to effectively consult with a diverse range of community members to identify needs and preferences for addressing alcohol and other drug harms, and
- examples of health promotion strategies developed with newly arrived communities.

Confident Communities was developed by Hunter Multicultural Community Drug Action Team and the Drug and Alcohol Multicultural Education Centre (DAMEC) with the assistance of African migrant communities in the Hunter New England area.

The toolkit can be downloaded from the Australian Drug Foundation. A limited number of hard copies can be ordered from DAMEC by calling (02) 9699 3552.

The toolkit is linked to a Facebook page where workers, organisations and the general public can share ideas and experiences relating to preventing alcohol-related harms https://www.facebook.com/ConfidentCommunities

This work was supported by the Foundation for Alcohol Research and Education, an independent, not-for-profit organisation working to stop the harm caused by alcohol. See www.fare.org.au

TAKE THE TEA SURVEY

Together enhancing accessibility

Ends Oct 15 2015
https://www.surveymonkey.com/r/TEAsurvey2015

The Drug and Alcohol Multicultural Education Centre (DAMEC) invites service providers in Australian drug and alcohol settings to complete an anonymous online survey about the ways that we work with culturally and linguistically diverse (CALD) communities. *TEA* aims to improve practices that make AOD services more accessible for CALD communities.

With your input, this research will

- identify current issues in AOD services that effect access
- examine how current policy is implemented
- inform the development of training and professional development, and
- highlight opportunities for collaboration between AOD services and multicultural organisations, community associations, and health agencies.

DAMEC

This study has been approved by SESLHD HREC.
Contact Rachel Rowe for more information.

Welcomes and farewells

Changes to the NADA team

Over the past two months we've had a few changes with the NADA team. It is with all the very best wishes and a few tears that we say farewell to long-standing staff member **Heidi Becker**, after eight years of working with NADA. Heidi has lead a number key workforce initiatives, including the Aboriginal Drug and Alcohol Traineeship Program, and the Complex Needs Project.

We also said farewell to **Edith Olivares** who finished up with NADA last month. Edith was involved in the establishment of both our Women's and Youth Networks, supported our team of ASIST trainers, and lead the review of the NADA Policy Toolkit.

We thank Heidi and Edith and wish them well in future endeavours.

NADA is extremely pleased to announce the addition of two new members of staff in new roles: **Sharon Lee**, Communications Officer and **Dennis O'Sullivan**, Business Services Manager. We also welcome **Sianne Hodge** in the Program Manager role. We are really pleased to have them on board and they look forward to meeting with members in the near future.

Additionally, a shift in roles has also occurred; Suzie Hudson is our new NADA Clinical Director. The main change for members is that general NADAbase enquiries and fixes should be directed to itsupport@nada.org.au where Dennis will assist you.

Learn more about the NADA team here.

NADA Snapshot

Policy and submissions

- PHAA network of peaks sent letters to federal parliamentarians relating to concerns about funding cuts to the Health Flexible Funds.
- NADA has provided comments on proposals for the $4m NSW election commitment to enhance the NGO sector to respond to methamphetamine.
- NADA provided a submission to MHDAO to provide methamphetamine training to NADA members.
- NADA provided a submission to the Department of Social Services Building Safe Communities for Women fund.

Advocacy and representation

- NADA met with the NSW Minister for Mental Health, Pru Goward and her staff to discuss methamphetamine responses.
- A meeting was held with the new acting Director of the Mental Health and Drug and Alcohol Officer at the NSW Ministry of Health.
- NADA met with the NSW Ministry of Health on an ongoing basis to inform the $4m NSW election commitment to enhance the NGO sector to respond to methamphetamine.
- Staff from the Harm Reduction and Viral Hepatitis Branch from the Centre for Population Health at the NSW Ministry for Health met with NADA to discuss access to Hepatitis C treatment in residential rehabilitation services.
- NADA participated in and presented at the NSW Ministry of Health Quality in Treatment Sub-Committee—we also participated in the Drug and Alcohol Program Council.
- NADA met with the NSW/ACT office of the Commonwealth Department of Health.
- A meeting was held with the Director of the Integrated Care Branch at the NSW Ministry of Health to discuss Partnerships for Health and integrated care initiative.
- NADA participated in the Central and Eastern PHN Consultation and Planning Workshop.
- NADA continues to meet with NSW Ministry of Health to inform the Partnerships for Health Initiative.
- NADA represent the sector the NSW Ministry of Health NGO Advisory Group with other health peaks to discuss planning for the NGO sector, focusing on the Partnerships for Health Initiative.
- We attended the NSW Council of Social Service (NCOSS), Forum of Non Government Organisations (FONGA) meeting and Sector Development Forum.

NADA Snapshot
continued

Advocacy and representation continued

- NADA reviewed abstracts for the PHAA Second National Complex Needs Conference as part of our role on the National Complex Needs Alliance.
- NADA participated in a teleconference for the University of Newcastle and NDARC for the National Alcohol Treatment Centre Study.
- We participated in a teleconference for National Drug Research Institute, Experiences of Addiction, Treatment and Recovery Advisory Group.
- NADA participated in several teleconference with the Peaks CEOs Network and Peaks Capacity Building Network with representatives from each of the other state and territory AOD peaks.
- NADA participated in the Aboriginal Health and Medical Research Council (AH&MRC) NSW Aboriginal Residential Healing Drug and Alcohol Network (NARHDAN) meeting.
- NADA attended the launch of the ACON LGBTI Domestic and Family Violence Strategy 2015-2018.

Sector development activity

- The NADA Sector Capacity Building Program and the Women's AOD Services Development Program, funded through the Department of Health Substance Misuse Service Delivery Grant Fund were extended for 12 months.
- NADA developed a new resource and have hosted three associated workshops on Enhanced Performance Management.
- The NADA Practice Resource: Working with Women Engaged in Alcohol and Other Drug treatment was released and development of a training package to support this is underway.
- An external evaluation of the Women's AOD Services development Program was initiated.
- A workshop was held with Matua Raki, the New Zealand National Addiction Workforce Development Centre to start the development of a NSW NGO AOD Workforce Development Plan.
- The Women's AOD Network met in August and September—discussions included future directions and activity of the Network.
- The Youth AOD Network met in August and discussed outcomes of their annual survey to identify future activity.
- The NADA Practice Leadership Group has had its inaugural meeting and will be working closely with NADA to provide advice and consultation support regarding clinical and service treatment-related matters.

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Feedback
Training Grants

Photo by Kris Ashpole