Advocate

The newsletter of the Network of Alcohol and other Drugs Agencies Issue 4: December 2015

DRUG TRENDS

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NADA network of alcohol and other drugs agencies

CEO report

Larry Pierce NADA

This edition of the Advocate focuses on the issues relating to emerging drug trends impacting on the alcohol and other drugs NGO sector in NSW. Our sector has a long and proud history of innovation in response to client and community need—in many ways this is one of our major defining features.

Over the past decade, the complexity of the client presentations to our services has been growing due mainly, but not limited to, the emergence of new and more exotic drugs available in the 'market'. Additionally, clients that present for treatment have increasingly lengthy drug use histories and present with more 'comorbidities', or what we more simply term, complex mixtures of health and social problems that exacerbate their drug and alcohol problems.

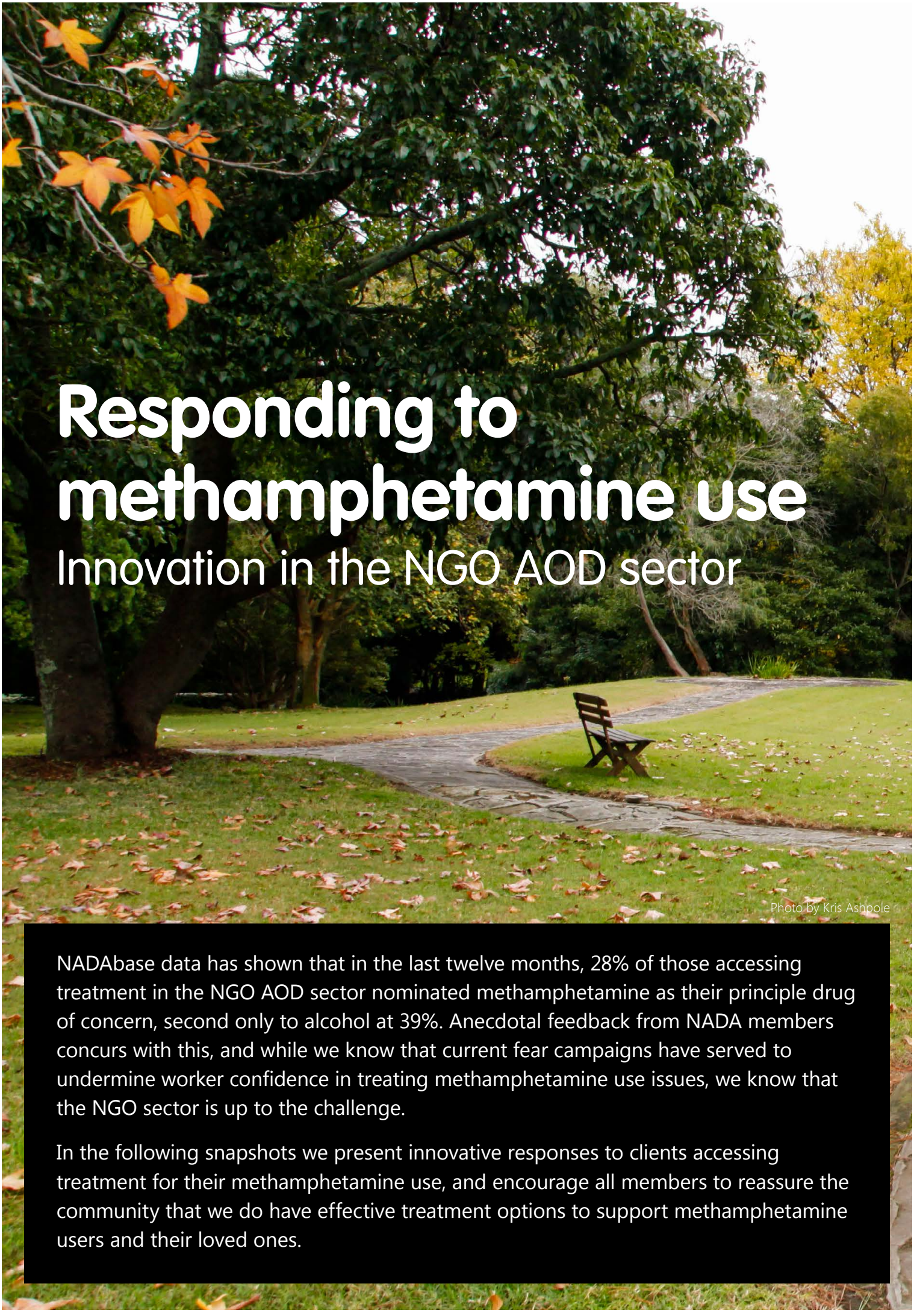
Traditionally the NGO specialist alcohol and other drugs sector have filled the gaps in the current range of service options for clients and innovated to meet changing needs. Where new drugs of concern have been identified, the Government has provided funds to respond to the issues these drugs present and attempt to establish new treatment options. The NGO sector has adapted to these situations by developing new approaches (or modifying existing ones) to expand their service base to address the issues these drugs present. We have used these drug specific related financial resources to remain in line with government's intention to address these new drug problems, while continuing to provide client centred holistic and integrated care.

A good case in point is the current focus on 'ice', or more accurately, crystalline methamphetamine. NADA congratulates the Australian Government on the release of its 'Taking Action to Combat Ice' response. The government has recently announced it will invest nearly $300 million over four years to improve treatment, after care, education and community engagement to assist people using and becoming dependent on methamphetamines and other drugs.

In addition, NADA congratulates the NSW Government on its recent provision of new funding for both specialist Stimulant Treatment Program clinics and in particular, new funding to expand NGO treatment services in rural and regional NSW. The focus of this new NGO funding program has been to establish new regional day programs and outreach services in a number of regional centres that rely on a strong partnership with the Local Health Districts (LHD). Contributions by the LHDs of additional infrastructure and other direct treatment supports to assist these new NGO treatment programs to reach out into the community and work closely with the LHD drug and alcohol service system has been beneficial. The effect of this new approach will be to enhance the effectiveness of both NGO and LHD services to meet the needs of people affected by crystalline methamphetamine use and also support their families and communities.

NADA congratulates the NSW Government on its recent provision of new funding for both specialist Stimulant Treatment Program clinics and in particular, new funding to expand NGO treatment services in rural and regional NSW.

NADA believes that this enhanced NGO/LHD partnership approach will become the new model for improving the overall drug and alcohol services system in NSW. We look forward to the imminent roll out of the new regional partnership service models and the change to more overall collaboration between the government and NGO specialist alcohol and other drug treatment systems in our state.



Responding to methamphetamine use

Innovation in the NGO AOD sector

Photo by Kris Ashpole

NADAbase data has shown that in the last twelve months, 28% of those accessing treatment in the NGO AOD sector nominated methamphetamine as their principle drug of concern, second only to alcohol at 39%. Anecdotal feedback from NADA members concurs with this, and while we know that current fear campaigns have served to undermine worker confidence in treating methamphetamine use issues, we know that the NGO sector is up to the challenge.

In the following snapshots we present innovative responses to clients accessing treatment for their methamphetamine use, and encourage all members to reassure the community that we do have effective treatment options to support methamphetamine users and their loved ones.

Responding to methamphetamine use
continued

St Vincent's Hospital: S-Check Clinic

A brief bio-psycho-social Intervention for stimulant drug users

By Peter Middleton

Recent population survey data indicates that amphetamine use as a whole has remained stable. However, amongst people who use amphetamine type stimulants, the use of crystalline methamphetamine more than doubled from 22% in 2010 to 50% in 2013. There has been a significant increase in frequency of use at daily or weekly rate, noting that in crystalline methamphetamine users, this rose from 12.4% in 2010 to 25.3% in 2013.

It is well known that treatment outcomes are better for those seeking treatment earlier, before developing severe dependence. To address this, the Stimulant Check-Up Clinic (S-Check) was established as an early intervention bio-psycho-social service.

S-Check operates Monday to Friday, 8.30am to 5.00pm. The clinic is staffed by counsellors and a part time medical officer. While catering for people at any stages of stimulant use, the program has a particular focus on those who use stimulants; who are treatment naïve; and/or who might not otherwise attend services for drug treatment. The aim of the clinic is to bridge the gap between treatment and no treatment, and provide a means of recognising and identifying transitions in drug use, which presents opportunities for interventions to reduce the escalation of drug use, reduce harms and facilitate appropriate treatment options.

S-Check comprises of the following sessions:

- Session 1—Psycho-social assessment
- Session 2—Medical assessment
- Session 3—Medical feedback
- Session 4—Psycho-social feedback
- Follow up by counsellors

Through providing comprehensive strengths-based bio-psycho-social assessments and brief interventions in a non-judgmental and confidential environment, clients receive information and education on ways to reduce the harms associated with the use of stimulants and other drugs; and referrals to appropriate services, such as sexual health clinics, GPs, counsellors, psychologists, mental health services and drug and alcohol treatment agencies as required.

Since its implementation in 2013, over 300 clients have accessed S-Check. A recent evaluation of 140 clients revealed the mean age as 36 years, 72% were male and 44% were employed full or part-time. Just under half (45%) had never accessed drug treatment services. 74% reported a mental health diagnosis and 18% reported current self-harm or suicidal thoughts. Mean satisfaction scores across the four clinic sessions were high (88–95%) indicating clients were highly satisfied with the service. For the average S-Check participant, the first four sessions were completed within a month.

Case Study A 43 year old female with a history polysubstance use, highly complex trauma and mental health co-morbidities completed S-Check in March 2014. She reported that S-Check assisted her to "significantly reduce use of IV drugs", stating that she was able to reduce her methamphetamine use "from 1–2 grams/day to two grams over three weeks or so." After completing S-Check, this client accessed Stimulant Treatment Program counselling from October 2014 to June 2015. During this time, she was largely abstinent from drug use and stabilised her mental health without medications.

This year, S-Check successfully partnered with ACON to establish an outreach clinic targeting the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LGBTIQ) community at ACON Sydney. Partnering with agencies such as ACON has enabled the service to broaden access and target the LGBTIQ community.

Along with the counselling based Stimulant Treatment Program; Link Group; and Drop-in Clinic, S-Check forms part of St Vincent's Hospital's Stimulant Services and is based in Darlinghurst, Sydney.

For more information about any of these services for people who use stimulants, or to make an appointment, call 9361 807.

S-CHECK

ST VINCENT'S HOSPITAL SYDNEY

Responding to methamphetamine use continued

Foundation House

Effectively managing withdrawal needs of methamphetamine users

By David Atkin

Foundation House is a short term intensive 28 day residential program with a strong affiliation with the building and construction industry. In 2008, after an increase in referrals from the building and construction industry of methamphetamines, the criteria for admission into Foundation House changed from five days clean to fourteen days clean. This decision to change the criteria for admission for methamphetamines was driven by client engagement to treatment, whilst inside program, and more importantly improving client outcomes.

Initially in 2008, the pathway for clients achieving the required fourteen days wasn't a continuous episode of in-patient withdrawal, therefore the client would receive five to seven days and then be discharged into the community to wait for admission. The clients with methamphetamines as the presenting issue were at greater risk of relapse as a consequence of an interrupted withdrawal process.

In 2012, Foundation House conducted an internal review of the first contact to admission into treatment and one fundamental procedural change was implemented, a face to face assessment would be conducted whilst the potential client was undertaking an in-patient withdrawal. It was this change which enabled Foundation House to commence building better relationships with the in-patient withdrawal facilities. The developing relationship allowed Foundation House staff to communicate the methodology of fourteen days for methamphetamines in person and in turn allow in-patient withdrawal plan and co-ordinate an ongoing episode of treatment. A collaborative working relationship between Foundation House and Concord Hospitals Ward 64 has enabled methamphetamine access to Ward 65 at Concord Hospital to complete the fourteen day withdrawal regime gain direct admission into Foundation House. The improved communication and the understanding of a mutually beneficial relationship enabled a clearer and strengthened pathway for the client, delivered by two primary health providers on a continuum of treatment. The genuine value of the collaboration is in the reduced distress and risk to the methamphetamine user wishing to engage treatment options particularly at Foundation House.

Foundation House, like many other services, take referrals from across New South Wales, and due to our affiliation with building and construction industry, we accept referrals Australia-wide. The ongoing task facing Foundation House for potential methamphetamines clients is to build relationships in major capital cities and regional centres throughout New South Wales which emulate the mutually beneficial relationship with in-patient withdrawal facilities which have been established with Concord Hospital Ward 64. The common ground for alcohol and other drugs services and health services are the driving factors of decreasing distress and reducing risk and provide a positive platform for the methamphetamines users' access to treatment.

FOUNDATION HOUSE
THE CONSTRUCTION INDUSTRY DRUG & ALCOHOL FOUNDATION
SERVING THE COMMUNITY SINCE 1994

Responding to methamphetamine use continued

The Haymarket Foundation

A low threshold approach to treatment entry for street-based methamphetamine users

By Jamie Rullis

The Haymarket Foundation Centre in Chippendale provides crisis accommodation for people with complex needs. The Centre operates two streams: the first, crisis accommodation funded through NSW Family and Community Services, and the second, the NSW Health funded HIV/AOD Integrated Care Program, providing intensive support for people with HIV, a substance misuse issue and other health or mental health issues. The majority of clients who access our service are among the most vulnerable in inner Sydney. This is due to cycles of addiction; homelessness; chronic unaddressed mental health issues; and perceived unmanageable behaviour (from other services).

A majority of our clients have a long history of systematic institutional rejection and program exits. Therefore, the Haymarket's ideology is working with the client "where they are at" focusing on trauma informed practice and identifying a client's capacity. We work within a risk environment and resilience theory framework focusing on harm reduction and personal safety. Our experience in working in this way has resulted in improved physical and psychological health outcomes; less risk taking behaviours; and stabilisation of substance misuse which then builds resilience and a client's self-worth.

Working with clients using methamphetamine has its own specific challenges particularly for those with cognitive deficits or a history of trauma. Over the previous five years, we have seen methamphetamine misuse become the primary drug of choice for our client base. Many of our clients have limited risk perception describing their experience of using the drug as being "the only time I feel in control of my life." The risk taking behaviour when using this drug combined with a person's unaddressed trauma has alarming and often negative consequences.

What really works is an emphasis on the therapeutic relationship with the client, and understanding their triggers. We look behind the reasons as to why a person continues to use and we investigate what is the individual thinking that keeps a person from facing their unaddressed trauma. Importantly we do not unpack the trauma, we are trauma informed not trauma specialists. Every time a client re-enters our service we have a new window of opportunity to make that person feel safe and provide support. This is the essence of the low threshold approach with a focus on rapport building without judgement.

Some of our clients stay with us, moving on quickly to achieve strong outcomes. For others, however, they need us to be like a familiar couch, that is familiar; equitable; non-judgemental and ultimately where a person returns to because it's a safe space. For these clients each time they return to us they get one step closer to the life that they want to lead.

THE HAYMARKET FOUNDATION
Caring for Homeless & Disadvantaged People

The NSW Government's

Crystalline methamphetamine election commitments

Ralph Moore, Acting Director, Drug and Alcohol Population Health and Community Programs, Centre for Population Health, NSW Ministry of Health

The drug crystalline methamphetamine (street name 'ice') has dominated news headlines in recent times. Behind the scenes, NSW Health is playing an active role in the prevention and reduction of harm associated with crystalline methamphetamine, and the non-government drug and alcohol sector is a key partner in the response.

In March 2015, the NSW Government announced a comprehensive package of initiatives to address crystalline methamphetamine, including a number of commitments lead by NSW Health: additional investments in stimulant treatment services, health system capacity building activities, non-government organisation drug and alcohol services, and community education.

The Stimulant Treatment Program (STP) funded by NSW Health was established in NSW in 2006 to provide a specialised treatment option for stimulant users. Delivered through two clinics, in Darlinghurst (St Vincent's Hospital) and in Newcastle (Hunter New England Drug and Alcohol Service). The STP provides clinical support for clients presenting to a range of services including mental health, accident and emergency services and general practitioners as well as those who self-refer. The program was evaluated in 2011 and has been found to improve the health and social outcomes of people who use methamphetamines including comorbid mental health issues. The model of care involves a stepped care approach with the primary interventions being the provision of psychosocial support such as counselling, case management and relapse prevention as well as referral pathways into treatment services such as residential rehabilitation. For a small cohort of severely dependent individuals, there also is the option of pharmacotherapy. The services also provide support for families and carers. New STP services are being set up in the Illawarra, Western Sydney and Mid North Coast as part of the commitment.

Funds have also been committed over four years for non-government treatment services to tackle crystalline methamphetamine use in rural and regional NSW. Non-government organisations will partner with Local Health Districts to deliver treatment services tailored to the needs of individual communities. Three parts of NSW have been selected as the locations for these services: Dubbo and surrounding areas including Wellington in Western NSW; Wagga Wagga, Griffith and surrounding areas in the Murrumbidgee; Goulburn and surrounding areas in Southern NSW.

The tender for this funding closed on 3 November 2015 and submission evaluation is underway.

NSW Health has funded the Australian Drug Foundation to implement a series of activities to deliver community focussed education. Key features include regional and metropolitan forums, Community Drug Action Team (CDATs) activities, Aboriginal focussed activities, online and print resources and capacity building for communities and CDATs to hold local education and information activities. The work is being guided by an advisory committee which has representation from NADA, ACON, NUAA and AHMRC, as well as government departments and Local Health District services.

> Engagement and partnership across the whole of the NSW drug and alcohol program is central to responding to the health and social issues presented by crystalline methamphetamine and implementing the Government's commitments.

Another facet of the government's commitment is to reduce the supply of crystalline methamphetamine precursor chemicals and NSW Ministry of Health has a role to play here too. Pseudoephedrine is an ingredient in medicines used to help with symptoms of nasal congestion and sinus pain, commonly found in sinus and cold and flu preparations available from the pharmacist in community pharmacies. Pseudoephedrine is also a precursor chemical used in the manufacture of crystalline methamphetamine in clandestine laboratories.

Whilst the source of diverted pseudoephedrine for illegal use is from bulk supplies of pseudoephedrine powder from the industrial sector and imports from international sources, there is evidence that some diversion also occurs from community pharmacies.

The NSW Government's crystalline methamphetamine election commitments continued

Persons presenting to multiple pharmacies seeking to obtain over-the-counter packs of pseudoephedrine to be used as a precursor chemical to manufacture crystalline methamphetamine, are commonly known as 'pseudo-runners'. To control this, legislation is already in place to require mandatory recording of pseudoephedrine sales, and to permit only small packs of pseudoephedrine to be sold over-the-counter.

The NSW Government election commitment is to require mandatory online recording of pseudoephedrine sales in pharmacies, as a measure to reduce the diversion of these over the counter packs of pseudoephedrine, by enabling the monitoring of pseudoephedrine sales and thereby endeavouring to detect 'pseudo-runner' activity. The Poisons and Therapeutic Goods Regulation 2008 (NSW) will be amended to require that existing mandatory recording of sales of over-the-counter packs of pseudoephedrine be strengthened by a requirement to use an online system. The NSW Ministry of Health will provide funding support for pharmacies transitioning to software to enable the online recording of these sales.

Engagement and partnership across the whole of the NSW drug and alcohol program is central to responding to the health and social issues presented by crystalline methamphetamine and implementing the government's commitments.

NSW GOVERNMENT | Health

NADA Women's AOD Services Development Program (SDP)

External evaluation and future directions report

NADA contracted an external evaluation of the Women's AOD SDP in July 2015. The evaluation reviewed the activity, outcomes and outputs of the program between June 2013 and June 2014. The evaluators concluded that the Program succeeded in delivering a substantial quantity and quality of outputs. Further, the evaluators concluded that the breadth of effort, combining

- new resources and publically accessible information via the NADA website
- evidence-based and provider appropriate service enhancements through the grants program
- professional development and training opportunities for the AOD sector
- new collaborations and partnerships primarily driven through the Women's Network, and
- significantly contributed to building the capacity of women's services to better engage with and treat women in NSW.

Overall the evaluation report makes 41 recommendations for the future, most related to extending successful components of the 2013–15 Program and expanding the reach and impact of the evidence-based practices and approaches it produced. NADA are working on how to best meet these recommendations with available resources.

Download the full report [PDF] or for a brief overview, download the Executive Summary [PDF].

Take Home Naloxone project

William Wood Clinical Nurse Consultant, Sydney Medically Supervised Injecting Centre

Heroin and prescription opioid overdose is a major cause of death and injury. In Australia, two people are dying each day with many more suffering cumulative brain injury from the hypoxic effects of non-fatal overdose. It doesn't have to be this way.

Naloxone is the antidote to the respiratory depressant effects of opiates. When administered it rapidly reverses the effects of opiate drugs and restores breathing. Its use by emergency services and supervised injecting facilities is well established—Naloxone is safe and effective. There is a growing body of evidence that now supports expanding its availability to non-medical people who have contact with drug users either through work, family or social networks. Evidence also supports expanding availability of naloxone to people who use drugs themselves because most overdoses occur with other people present, those people present can intervene.

The fundamental premise behind all take-home naloxone (THN) projects around the world—and Australia is lagging when we compare ourselves internationally—is that non-medical people can successfully respond and treat an overdose. We give naloxone out so that the person themselves may administer naloxone to another person suffering an overdose. Or, so that if this person overdoses then others present may administer it to them. It's much like the notion of using an EpiPen to stop someone dying from anaphylaxis.

In Australia, the first pilot project on take home naloxone was established in April 2012 in the ACT. Their project was positively evaluated and this report [PDF] was launched in August. Here in NSW, the Kirketon Road Centre and the Langton Centre in Sydney were the first organisations to pilot take home naloxone in 2014.

The Sydney Medically Supervised Injecting Centre (MSIC) commenced operation in May 2001 and has played a key role in responding to overdose and injecting drug use in Kings Cross for almost 15 years. The MSIC was the first supervised injecting facility (SIF) in the English speaking world and remains the only service of its kind in the southern hemisphere, and in January 2015 Sydney MSIC introduced a Take Home Naloxone project.

As part of the project, each client is given a brief intervention by a trained staff member which includes training on how to recognise and respond to an overdose including administering naloxone. Clients each leave with a pack containing masks for resuscitation, alcohol swabs, an instruction leaflet and, most importantly, five individual pre-filled syringes containing 0.4 mg of naloxone for intramuscular injection. Like other THN projects being established around Australia, ours has been very successful. We are proud to report that in just 11 months we have trained and prescribed naloxone for 92 clients with 14 overdose reversals recorded.

Evaluation of take home naxolone projects have also shown that it doesn't increase drug use or risk taking, it is a safe drug and it has no abuse potential. Put simply, it won't hurt you, and it might just save someone's life.

In any year this service makes contact with approximately 2 500 individuals. This is a key population of people that are hard to reach, marginalised and at high risk of overdose. As these clients are not often seen by other services, it is therefore critically important that the MSIC provides this service. But it is our contention that any service that regularly sees people at risk of opiate overdose can, and *should*, be doing this.

Take Home Naloxone project

continued

BEYOND SIFS WHERE ELSE CAN WE SCALE-UP?

First responders
– emergency services/family/friends

Needle
syringe services

Prison release
programs

Hostels
and homeless services

Embedding in
drug treatment
– relapse prevention, case management

Family support
and peer based organisations

Key messages for making your THN project successful:

- **Keep it flexible** No appointment is necessary at MSIC, all staff are trained to deliver the program, and it is available whenever the service is open.
- **Low cost** At MSIC we have ensured that there is no cost to the client.
- **Fast** At MSIC the training takes about 10 minutes. While some clients are happy to receive additional training and education around overdose, we don't limit naloxone prescription to those that attend a longer education session.
- **Make it core business** Because really, what could be more important that keeping your clients alive, regardless of what type of service you work in.

Importantly, evaluation of THN projects have also shown that it doesn't increase drug use or risk taking, it is a safe drug and it has no abuse potential. Put simply, it won't hurt you, and it might just save someone's life.

Establish take home naloxone services at your work today.

SYDNEY MEDICALLY SUPERVISED INJECTING CENTRE

Harm Reduction Australia

New organisation launched

HARM REDUCTION AUSTRALIA

Harm Reduction Australian (HRA) was launched at Parliament House on 26 November 2015. HRA is a national organisation for individuals committed to reducing the health, social and economic harms potentially associated with drug use. HRA aims ensure that drug policies in Australia first and foremost do no harm and provide real benefit to Australian society through evidence-based and humane responses to drug use. It seeks to educate the public, decision makers and the media about the efficacy and legitimacy of harm reduction and human rights-based policies and programs for redressing some of the potentially harmful consequences of drug use.

To learn more and become a member, click here.

Drug use trends among lesbian, bisexual and queer women

in the Sydney gay and lesbian community—results from the SWASH study

Rachel Deacon Senior Research Officer

The Langton Centre, South Eastern Sydney Local Health Service and Discipline of Addiction Medicine, Sydney Medical School, The University of Sydney

Julie Mooney-Somers Senior Lecturer

Centre for Values, Ethics and the Law in Medicine, Sydney School of Public Health, The University of Sydney

The SWASH study is a biannual survey of women attending events during the annual Sydney Gay and Lesbian Mardi Gras festival. It has run since 1996 as a collaboration between researchers at the University of Sydney and ACON, Australia's largest lesbian gay bisexual transgender and intersex (LGBTI) health promotion organisation. Each time, between 500 and 1000 women are surveyed on a range of sexual, drug use and health issues important to lesbian, bisexual and queer (LBQ) women and on which there is often a lack of information in the research literature. This information is used to inform community interventions and has given us a trove of data from the longest-running study targeting LBQ women in the world.

In 2014, 1100 surveys from non-heterosexual women were returned. Their demographics were typical of what we have seen in each iteration. Their age range was 16–66 years with an average of 31 years. These women have high education levels (76% with post-school qualifications), 62% are employed full time and 17% are students. Participants' sexual identities illustrate the variation among LBQ women: 69% identified as lesbian or gay, 16% as bisexual and 9% as queer.

We have consistently seen very high rates of alcohol, tobacco and illicit substance use in the SWASH surveys. In 2014, nearly half (48%) of respondents had used an illicit substance in the last six months, cannabis being the most common at 34%. Ecstasy use has fallen somewhat from 27% in 2006 to 21% in 2014. Methamphetamine use has also moderated, from a peak of 26% in 2008, to 14% in 2014. Cocaine use has risen however; from 12% in 2006 to 19% in 2014. Current injecting drug use (last six months) is low but 7% of women have ever injected, substantially higher than in the general community. Significant use of new/emerging psychostimulants has not yet been seen but specific questions on these will be included in the 2016 iteration.

Over one-quarter of women who drink alcohol stated they drank five or more standard drinks at least weekly, and 56% above NHMRC guidelines for reducing lifetime risk of injury from alcohol.

Among an analysis of younger women aged 17–30 years examining differences by sexuality, young queer-identified women had the highest rates of illicit drug use (82%) when compared with young lesbian or bisexual women. Half (49%) smoked tobacco, considerably higher than among young women in the general Australian population and suggesting a failure of Australian anti-tobacco campaigns to target this population.

Other Australian qualitative research by the authors has found that despite normalised non-injecting drug use among some networks of LGBT people, injecting drug use remains stigmatised and invisible. For LBQ women considering drug treatment, absence of support from a wider LGBTI community can lead to additional stress. Addressing drug use can also 'unmask' issues related to sexual or gender identity.

In summary, this sample of LBQ women connected with the wider Sydney LGBTI communities show consistent and alarmingly high rates of licit and illicit drug use, yet from a group of women not traditionally targeted by alcohol and other drug (AOD) services. AOD services are likely to have significant numbers of LBQ women as clients even if they are not aware of it. Differences between identity groups among LBQ women can also warrant tailored health promotion approaches. To ensure inclusive health care, we encourage AOD services to become aware of this and to examine their approaches to ensure there is culturally appropriate care for LBQ women.

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Weighing up the rise in steroid injecting in NSW

Rachel Rowe Senior Research Officer, Drug and Alcohol Multicultural Education Centre

Summer is here! It's the time of year when some Needle and Syringe Programs (NSP) notice more people requesting equipment to inject performance and image enhancing drugs (PIEDs). In fact, in recent years we've seen a four-fold increase in PIEDs-related NSP attendance in NSW (Iversen 2013).

Last summer, DAMEC surveyed 644 men who inject PIEDs and access Sydney NSPs. Our findings offer new insights into the social characteristics and help-seeking practices of this NSP cohort, as well as updating evidence on the health risks associated with PIEDs injecting. One in three participants in our study lived in the most disadvantaged suburbs in Sydney, less than one in five lived in the most advantaged suburbs. Comparable with Sydney's population, 58% of participants were from culturally diverse backgrounds.

Harm reduction with people who use PIEDs should focus on taking breaks between steroids cycles, doing shorter cycles, and injecting in ways that reduce risks of injury and infection. In our survey, one in three men typically did cycles of over 13 weeks. Participants who took breaks at least every twelve weeks were less likely to report depression, high liver enzymes, or sexual and genital problems. Injections to small muscle groups were reported by over half of participants, increasing the risk of swelling as well as damage to veins, nerves and arteries.

According to the Australian NSP Survey, 5 to 10% of people reporting PIEDs as the last drug they injected have been exposed to hepatitis C at some time (Iversen and Maher 2008–2015). While prevalence isn't as high as people who inject other drugs (about 50% are living with hep C), it is higher than among the general population (about 1% are living with hep C) (Kirby Institute 2015). Relative age and recent initiation to injecting PIEDs are also important in estimating future infections. Among participants, 75% had been injecting for less than three years, but we found that risker-injecting practices increased the longer participants had used PIEDs. Being injected by someone else (44%) and/or exposed to blood splatters (on surfaces 17% and/or body parts 17%) was common. Fewer participants reported recently sharing needles or syringes (2%), and/or vials (5%). Injecting other types of drugs (e.g. methamphetamine or heroin) was reported by 5% of participants and people in this group were more likely to report recent risky injecting practices.

Under half of all participants had ever been screened for hepatitis B or C, or HIV. In general, those who reported risky injecting were less likely to have ever been screened for these blood borne infections (BBI). Testing rates were lower among culturally diverse men, which could reflect the impact of access barriers. Testing did not increase with age, time since first using PIEDs, or among those who had told a doctor about their PIEDS use.

Given some issues highlighted in our research, health promotion and BBI prevention is going to be even more important if this population continues to grow.

We currently know very little about the experiences of people who use PIEDs but do not access the NSP. A handful of Sydney NSPs have recently moved to restrict distribution of PIEDs-related equipment (van Beek and Chronister 2015), yet given some issues highlighted in our research, health promotion and BBI prevention is going to be even more important if this population continues to grow. Which agencies will provide these services? Is there a way to advocate for PIEDs-related harm reduction without detracting from the immensely important services currently provided to populations who have higher needs? The AOD sector would be wise to watch this space, paying particular attention to peer-led and intersectoral initiatives.

Rachel Rowe, Israel Berger and Jan Copeland would like to acknowledge and thank all research participants, NSP workers, Project Advisory Group, respective LHD ethics committees and the 2012 NADA and MHCC Research Seeding Grants.

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DAMEC

Dark net marketplaces

Impact on consumers and the use of new psychoactive substances

Joe Van Buskirk Research Officer, National Drug and Alcohol Research Centre

The rise of the use of the internet over the past two decades has led to the development of new methods of distribution of substances. Initially this appeared driven by a new class of substances, deemed 'new psychoactive substances' (NPS), substances that often have similar chemical structures and subjective effects to traditional illicit drugs, but may not yet be controlled by international legislation. Since reaching public awareness in 2011, the 'dark net', which is accessible only via anonymising software, has facilitated the selling and sourcing of all kinds of substances online with greater anonymity and apparently reduced risk of prosecution.

These markets work on a principle similar to other online community marketplaces, in which consumers are able to leave feedback on the retailer and products purchased. Previous research suggests that this feedback and reputation system of dark net marketplaces incentivises retailers to supply less adulterated substances. While this may be the case, recent research conducted by the National Drug and Alcohol Research Centre (NDARC) suggests that dark net usage is associated with increased likelihood of NPS use (Van Buskirk, Roxburgh et al. submitted). There is limited research on the short and long term effects of these substances and outcomes of chronic use. In addition, many of these substance categories such as the NBOMe and 2C-x families vary greatly in their individual dosages, with little to no difference in appearance, contributing to an elevated risk of overdose. Similarly, new substances continue to emerge, making it difficult to stay abreast of content and variability of these substances and associated harms (EMCDDA 2015). Though harm reduction messages could be delivered through peer networks, the absence of empirical research means much of the harm reduction information on these substances is based on subjective experimentation, which carries significant risks of adverse outcomes for these consumers.

NDARC research has also shown that those purchasing from the dark net tend to be younger (Van Buskirk, Roxburgh et al. submitted), which brings with it the concern of long-lasting effects of a criminal conviction following police detection of mailed packages or drug dealing activity. Those purchasing from retailers outside of Australia, where packages must cross international borders and undergo strict screening processes at the Australian border, are especially at risk, as this increases the likelihood of detection. It remains unclear as to what quantity of substances bought from the dark net are bought for the purposes of reselling and whether these markets may entice casual users to purchase in higher quantities for the purpose of dealing due to the greater availability. However, at the time of writing, 16 publicly identified Australian dark net buyers and retailers had been convicted for use of these websites for charges related to controlled substances, with almost all having ordered from, or supplied to, international retailers (Branwen 2015).

There appears to be a rising level in 'digital conflict' between marketplaces, such as distributed denial of service and hacking attacks, in which markets are taken down temporarily or permanently, thereby disrupting trade. There have also been examples of extortion of marketplaces by both rival marketplaces and parties external to these markets. In this way dark net markets may be coming to mirror traditional drug markets. In traditional markets, organised crime networks may seek to extract money from the community via extortive methods in exchange for 'protection' from the violence they may themselves administer. Though these threats, for the most part, are not aimed at the consumer, the level of conflict over digital territory and market share is tangible.

The advent of online drug marketplaces and the growth in both the number of markets and the types of substances available appears to have revolutionised the way some people purchase illicit substances. For those Australians purchasing drugs on the dark net, country borders do not seem to be a significant barrier, with a wider range of substances available than ever before. This carries with it unique challenges for health promotion and harm minimisation among these populations. In light of this, continued monitoring of markets for changes in substance availability, and research aimed at developing interventions to directly engage with consumers, is crucial.

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NDARC
National Drug & Alcohol Research Centre

Translating research into practice

Australian Drug Trends

Kerryn Butler and Jenny Stafford National Drug and Alcohol Research Centre

The Drug Trends Group provides vital information about Australia's drug markets and trends in drug related harms. We have developed two national illicit drug monitoring systems, the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS). Both serve as strategic early warning systems by identifying emerging trends of local and national concerns in illicit drug markets.

Illicit drug use in Australia can be characterised within different contexts in which drugs are used. The IDRS monitors the drug markets used by people who regularly inject drugs, and the EDRS monitors those drug markets primarily used by younger people who use drugs in recreational and social situations.

Both the IDRS and the EDRS consist of three components

1. interviews with people who inject drugs ~100–150 in each capital city in Australia
2. interviews with key experts from law enforcement and the health sector, and
3. data from the National Illicit Drug Indicators Project (NIDIP)[1].

These monitoring systems aim to detect changing patterns of use and harm over time, document the price, purity, and availability of illicit drugs, highlight specialised or detailed research, and provide an evidence base for policy. The triangulation of three data sources helps overcome weaknesses specific to each data source.

Policy reforms, budget considerations and treatment options require reliable data to base their actions on.

The IDRS surveys a group of people that are often marginalised and experience high levels of disadvantage. They often meet definitions for dependent use or problematic use. They are often in treatment or seeking treatment. This group allows us to identify trends most likely to cause significant harms. The IDRS sample are older, have longer drug use histories, lower incomes and are more likely to be unemployed than those that participate in the EDRS.

The drug use in the EDRS sample may be characterised as adventurous and/or experimental and is often risky but not dependent use. The EDRS sample group are often educated, employed and usually do not seek treatment for their drug use. They provide specialised information particularly on recreational drugs that are used in social settings and new psychoactive drugs. Often they will benefit from harm reduction efforts.

The IDRS and EDRS tell us, in a time sensitive way, about what's new in terms of drugs, harms and market characteristics. They tell us what requires further or closer monitoring and identify areas where additional research is required. However, as the interviews are conducted in capital cities, the IDRS and EDRS do not tell us what is happening in rural areas of Australia (although this is an area of growing importance which requires more attention), they also do not reflect the general population prevalence and patterns of use, but rather use a sentinel population of people who regularly use drugs, as it is within these groups that new trends are likely to emerge.

Policy reforms, budget considerations and treatment options require reliable data to base their actions on. Without projects like Drug Trends we would be dependent on anecdotal descriptions of problems, news from media, and data collections that may be biased, partial or subjective.

Treatment providers and services aimed at the drug and alcohol sector will be most familiar with the concerns, issues and trends seen within the IDRS context. In fact, treatment providers play an important role as key experts providing context to some of the data collected from other sources.

Drug Trends findings are released each year in October at the National Drug Trends conference and annual reports are available online (drugtrends.org.au or ndarc.med.unsw.edu.au/group/drug-trends). Quarterly bulletins on emerging trends or topics of interest are also published and available. Please email Kerryn to request to be added to the quarterly bulletin email list.

1. NIDIP provides epidemiological data on trends over time in drug-related harms, to complement the IDRS and EDRS, and to improve the understanding of, and systematically track changes in, drug related harms for both illicit and prescription drugs.

Translating research into practice

continued

Key findings from the 2015 Illicit Drug Reporting System

The IDRS participants are recruited into the survey study through word of mouth, needle and syringe programs, outreach services and user representative organisations. Approximately two-thirds (67%) of participants are male and most (58%) report being single. A large majority (83%) report being unemployed and just under half (47%) report currently being in some type of treatment, most often opioid substitution treatment. The average age is 42 years old and this has been steadily increasing showing us that the drug using population is ageing.

- Heroin continues to be the most common drug used and the most common drug injected among this sample. The median days used in the past six months is once every two days.
- Crystalline methamphetamine use in the last six months has increased while powder methamphetamine (speed) use has decreased. Overall, the use of 'all forms combined' has remained stable over the past five years. The median days used in the past six months for any form is once a week.
- The use of pharmaceutical drugs like alprazolam, oxycodone and morphine has fluctuated over the years and remains an area requiring close monitoring.
- Cannabis use is high amongst this group and has remained stable over recent years. The median days used in the last six months is approximately four to five times a week.
- Two-fifths of the sample self-reported a mental health problem in the previous six months with depression and anxiety the most common conditions.
- Fifteen percent of the sample reported they had tried to access treatment unsuccessfully in the past six months. Of those, one in four nominated a residential rehabilitation centre or therapeutic community as the form of treatment they had tried to access.
- Eighteen percent of the total sample reported waiting for treatment (any type).

Extracted from the 2015 Illicit Drug Reporting System (IDRS). (Stafford, Breen & Burns in press).

References

Stafford J, Breen C & Burns L. (in press). Australian Drug Trends 2015: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series. no.145. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.

DRUG TRENDS

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; and research activity.

Email final content to Sharon.

From maintenance to abstinence

in a Therapeutic Community setting

Trent Rees Residential Programs Manager, The Buttery

In July 2013, The Buttery opened its doors to the first of its new residents, the 'MTA' resident. 'MTA' stands for maintenance to abstinence, and this resident represented a new direction for The Buttery, accepting clients currently being maintained on Opioid Replacement Treatment Programs.

The Program is a seven bed service, designed to run over a three month period within a modified Therapeutic Community Model, while also providing a non-medicated detoxification process for residents over the period. The objectives of the Program are three-fold. Firstly, it was designed to, in some small way, further fill the gap for clients who are currently maintained on maintenance pharmacotherapy and who are struggling to reduce in order that they may attend an abstinent Therapeutic Community Program. Secondly, it aims to take some of the focus off 'detox' or medication reduction and redirect residents to look at some of their core issues, while also learning some fundamental relapse prevention techniques. Lastly, it looks to provide the resident with a safe and healthy environment in which to begin looking at their issues with a view to establishing their long term recovery.

The residents' detoxification process is supervised not only by caring and compassionate staff, but also with the support of a visiting GP who oversees the reduction program. Residents transfer to our local prescriber and the step down process is undertaken in a collaborative partnership. The resident is as much a part of the process of decision making on rate of reduction as our prescriber and staff.

The Program has delivered positive results, both in hard data terms as well as psychosocial and psychological benefits. A total of 66 residents have participated in the Program since opening. It has seen 87% of residents achieve a successful reduction of their maintenance medication before exiting the Program. It has also seen 51% of residents successfully complete the full three month Program.

So what does this mean in terms of outcomes? Since Program commencement, there has been a total of 4463 days (at time of writing) accumulated by residents where illicit drugs have not been used. Additionally, a total of 1637 days of total abstinence have been achieved while participating in the Program. I could go in to greater detail with regards to the cost benefit of these figures, but this is worthy in itself of a whole new paper. Suffice to say that when we look at overall costs of factors such as GP appointments, hospitalisation, court appearances and participation in crime, the balances become quite considerable.

While it is still early days, we are preparing for post treatment follow-up surveys to be completed through an independent body, and it is hoped that additional information can be presented on the long term effectiveness of the Program. As it currently stands, we have supportive psychometric data that also suggests that the Program has a very positive impact on participants' psychosocial and psychological wellbeing.

At time of entry, the Program asks residents to complete the Kessler-10 (K-10), Depression, Anxiety, Stress Scale (DASS) and World Health Organisation Quality of Life 8 (WHO-QoL8) Inventories. Residents are also asked to complete the same assessment at the time of exit (regardless of exit reason or stage of the program). The results suggest that engagement in a Therapeutic program while undertaking detoxification has a positive impact on social and emotional wellbeing.

Depression, Anxiety, Stress Scale (DASS)
76% residents report improvement in Depression
71% residents report improvement in Anxiety
73% residents report improvement in Stress

Kessler-10 (K-10 Scale)
73% residents record overall improvement

We intend to have our results reviewed by an external body to assess the outcomes long term, beyond Program completion.

The delivery of a safe and supportive environment whereby residents can complete their detoxification while learning more about how to manage their addictive behaviours is the ultimate goal of the Program. We hope to provide a strong foundation for the continued work a resident will need to take, on their pathway to recovery.

the Buttery

Useful resources

Websites and resources

Australian Institute of Health and Welfare—National Drug Strategy Household Survey
The National Drug Strategy Household Survey collects information on alcohol and tobacco consumption, and illicit drug use among the general population in Australia. It also surveys people's attitudes and perceptions relating to tobacco, alcohol and other drug use. Survey findings relate mainly to people aged 14 years or older. Click here

Drug Policy Modelling Program (DPMP)
The program aims to improve Australian drug policy through the creation of valuable new drug policy insights, ideas and interventions that will allow Australia to respond with alacrity and success to drug-related problems. They do this by generating new research evidence which is timely and relevant to current drug policy issues; translating research findings into meaningful information to assist policy decision-makers, and studying policy processes. Click here

National Opioid Pharmacotherapy Statistics (NOPSAD)
The NOPSAD collection provides information on a snapshot day in June 2014 on clients receiving opioid pharmacotherapy treatment, the doctors prescribing opioid pharmacotherapy drugs, and the dosing points (such as pharmacies) that clients attend to receive their medication. Click here

National Drug Research Institute (NDRI)
The institute conducts and disseminates high quality research that contributes to the primary prevention of harmful drug use and the reduction of drug related harm in Australia. Click here

National Centre for Education and Training on Addiction (NCETA)
NCETA is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs field. Click here

National Drug and Alcohol Research Centre—Drug Trends
The Drug Trends Group provides vital information about Australia's drug markets and trends in drug related harms. The Group works to enhance the evidence base for the development of policy responses and interventions, as well as provide a timely warning system for issues that require further monitoring. Click here

This collection includes:

- **Illicit Drug Reporting System (IDRS)**
  The IDRS monitors the price, purity and availability and patterns of use of illicit drugs such as heroin, methamphetamines, cocaine and other opioids among a group of people who inject drugs. The IDRS comprises three components: interviews with a sentinel group of people who regularly inject drugs; interviews with key experts; and analysis of indicator data sources related to illicit drugs. Click here

- **Ecstasy and Related Drugs reporting System (EDRS)**
  The EDRS monitors the price, purity, availability and patterns of use of illicit drugs such as ecstasy, methamphetamines, cocaine, ketamine, GHB and LSD among people who regularly use ecstasy. Click here

- **National Illicit Drug Indicators Project (NIDIP)**
  NIDIP provides epidemiological data on trends over time in drug-related harms, to complement other Australian monitoring systems such as the IDRS and the EDRS, and to improve the understanding of, and systematically track changes in, drug-related harms for both illicit and prescription drugs. Click here

- **Drugs and New Technologies (DNeT)**
  The project aims to investigate drug marketplaces online and in other emerging technologies. It aims to assess and quantify the online availability of drugs, including both traditional and emerging substances. It also aims to monitor new drugs as they emerge, as well as internet forum discussion of these drugs. Click here

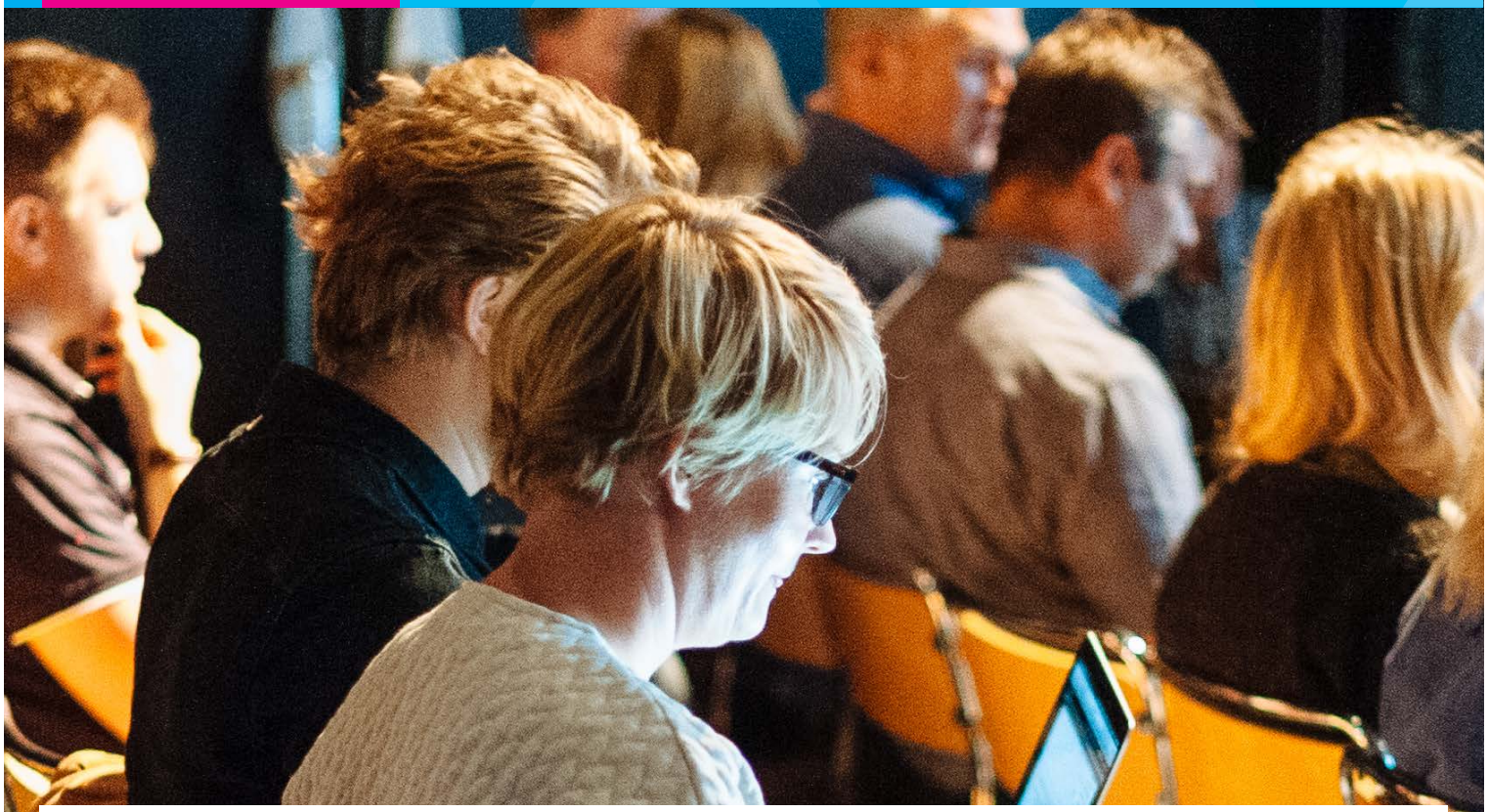
NADA Conference 2016

6–7 June 2016 | Sydney

Integrated care

Working together to respond to complexity

Call for abstracts



NADA is pleased to invite abstract submissions for the *NADA Conference 2016—Integrated care: Working together to respond to complexity*. The conference will bring together people from across the alcohol and other drugs sector and will provide a forum to highlight and foster interagency partnerships.

This is an opportunity for you to showcase your innovative practice and research addressing the diverse and complex needs of people accessing our services. Interactive sessions are encouraged to maximise opportunities for conference participants to exchange practice and experience. You are invited to contribute to this conference in the form of an oral presentation, workshop or poster.

Abstracts must be submitted by 5pm on Friday 26 February 2016.
All enquiries and abstract submissions should be sent to conference@nada.org.au.

Click here for more information

Member profile

Odyssey House

Odyssey House NSW is one of Australia's largest and most successful drug and alcohol rehabilitation centres. We provide a comprehensive program to help people overcome drug and alcohol misuse, enabling them to rehabilitate, take control of and rebuild their lives, and become contributing members of society.

Our services include assessment, withdrawal, long-term residential rehabilitation, and after care. Specialised programs cater to parents with dependent children, people with co-existing mental illness, people who have suffered trauma, and indigenous clients. We operate as a therapeutic community, where clients live and work together, and where self-help and personal growth are emphasised.

The residential rehabilitation program provides comprehensive treatment services for people dealing with drug and alcohol dependence. We use the therapeutic community approach to rehabilitation in which residents actively participate in all aspects of the program to help themselves and each other, rather then spending their time alone in a hospital setting.

Our main facility is located at Eagle Vale in Sydney's west. Approximate 100 residents undertake the rehabilitation process within a highly structured environment, with treatment and support provided by professional counsellors and medical staff.

Odyssey House treats problematic drug misuse and its attendant behaviours as symptomatic of underlying personal problems (e.g. low self-esteem, sexual abuse, domestic violence, parental drug misuse, health problems, family/relationship issues) which must be addressed to successfully overcome drug dependence and remain abstinent in the long term. In order for personal growth to replace drug dependency, clients work to change negative attitudes and values, confront the reasons they resorted to drug misuse, and learn strategies for dealing with the ups and downs of daily life. The journey to become an individual with self-confidence, a sense of adequacy, and coping ability is arduous, but worthwhile.

Odyssey House Parents' and Children's Program

Odyssey House is one of only a handful of rehabilitation centres in Australia that cater for men and women with dependent children, enabling parents to undertake treatment while their children live with them. The Odyssey House Parents' and Children's Program is dedicated to meeting the individual needs of the parent with their drug rehabilitation and parenting, the young child or children with their educational, emotional and physical development, and the family's wellbeing as a whole.

Since 1999, parents with children have been accommodated in two self-contained, purpose-built cottages within the grounds of the main Odyssey House rehabilitation centre. The cottages can house eight families in private rooms, with access to a communal kitchen and dining room, so family members can live together where appropriate and also interact with other families with similar experiences.

In families where alcohol or other drugs are being misused, behaviour is frequently chaotic, emotions range from loving to withdrawn, and communication is unclear or conflicting. Often these families have a non-existent or inconsistent structure, lack rules and have a strong sense of insecurity. Young and impressionable children are particularly vulnerable to the effects of substance misuse in the home or by a parent. Parental substance misuse may interrupt a child's normal development, which places these youngsters at higher risk for behavioural, emotional, physical and mental health problems.

For many parents, the hardest part of recovery is facing up to the effects drug or alcohol use has had on their children. Parents participate in family-specific therapy and educational activities designed to teach parenting skills and develop a happy, healthy, self-supporting family. Child psychologists, family support workers and therapists assist parents and children through the recovery process. Staff liaise with paediatric, psychiatric, psychological and medical services, and the Department of Family and Community Services.

In addition, families are supported with parenting education groups which provide advice on parenting skills, child development, nutrition and health, and safety in the home. The renowned Positive Parenting Program (Triple P) is also offered to teach parents specific skills to change their children's problem behaviour through reinforcement and classic conditioning techniques.

Odyssey House
02 9281 5144
www.odysseyhouse.com.au

Profile

NADA staff member

Dennis O'Sullivan
Business Services Manager

How long have you been with NADA?

Nearly four months, working three days per week.

What experiences do you bring to NADA?

I started my career at Chifley Square in Sydney with the Commonwealth Government as an employment officer way back in 1977, with the Department of Employment and Industrial Relations. My career spans 38 years in employment, education and training in NSW, 20 of those years served in group training, employing and training apprentices in the building and construction industry as an apprenticeship officer, managing director and elected executive director with the Construction Industry Training Advisory Board of NSW.

I have also managed and established group training companies and registered training organisations, including the Painting Industry Training Centre. More recently, I established the Employment Pathway Program for the Wayside Chapel, helping them secure corporate sponsorship for an important program that continues today.

I am a strong supporter of professional development, training and supporting staff. I have managed organisations successfully obtain accreditation after countless audits, including VETAB NSW, Board of Studies, NARA, RTO and GTO Audits.

What NADA activities are you working on at the moment?

Management of human resources, quality improvement, contract management, membership administration and corporate and operational risk, while maximizing effectiveness and efficiency is my current challenge.

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

The most interesting part of my role is meeting that challenge, and hopefully in the longer term exceeding expectations, for the benefit of NADA and their members.

What else are you currently involved in?

Outside of NADA my time is taken up enjoying my family on the beautiful Central Coast.

A day in the life of...

Sector worker profile

Peter Crossing Primary Mental Health and AOD Worker, Maari Ma Health

How long have you been working with your organisation?

I have been working with Maari Ma Health for over six years now.

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

I completed a Diploma of Community Services while living in Mildura in 1999–2001, working in that area until 2006 when I decided to move back home to Broken Hill. I worked at Lifeline here in Broken Hill as an AOD Counsellor until moving to Maari Ma in August 2009.

What does an average work day involve for you?

I mainly work one-on-one with clients in Broken Hill who experience mental health and AOD issues. With these patients I primarily engage in motivational interviewing and narrative therapy to support them to reach their therapeutic goals. I also outreach to Wilcannia once per week, my work out there includes individual and group work with the community around AOD issues.

What is the best thing about your job?

I work within a multi-disciplinary team and this allows me to consider my patients health from a holistic perspective. I love getting out into the community to advocate for, and support, my patients around AOD use.

I am also involved in a local community driven 'ice' support group which offers a great level of support to families affected by substance abuse within the community.

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?

I would like to see more AOD rehabilitation centres established in this area. We are approximately 900kms from the closest rehabilitation centre we can get community members into when required.

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

In a style of Superman, I would like to help and change things for those most vulnerable in society.

NADA Publications

NADA Women's AOD Network Profile

NADA, and the Women's Alcohol and other Drug (AOD) Services Network, are pleased to announce the launch of a valuable new resource for the AOD sector—the NADA Women's AOD Network Profile: A profile of NGO AOD Services for Women in NSW, 2015.

This resource has been developed by NADA, in partnership with the Women's AOD Services Network, to promote referral pathways for women accessing AOD treatment. The resource includes brief overviews of the 12 Network members—who are specialist non government women's services providing AOD services in NSW, a map of where each organisation is located across NSW, and also highlights activity of the Network since its establishment in 2013.

A copy of the profile which showcases the Network has been provided to all NADA members in hard copy and additional copies can be downloaded from the NADA website.

To download the resource, click here. For more information, contact Ciara.

2015 Annual Report

NADA has provided a range of quality programs and services in 2014/15 that are highlighted in the annual report.

NADA has focused its advocacy, representation and sector development activity on preparing the NGO drug and alcohol sector for a major change in funding and contracting arrangements under the Partnerships for Health grant reform process at the State and Commonwealth levels. NADA have been working towards an overall outcome that secures longer term, sustainable, funding arrangements from both levels of government to better position our sector into the future.

View the annual report here. If you have any questions please contact Larry or Robert.

Photo cc by 2.0 Highways England

NADA Workforce Development Training Grants

Applications close 29 January 2016

Grants accessible

- Individual training grants up to **$450***
- Individual grants with travel support up to **$800***
- Group training grants up to **$4000***

The NADA Workforce Development Training Grants are now open for applications. Current financial members of NADA are invited to apply for funds to support training attendance for the January to June 2016 period. The application round closes at **5pm on 29 January 2016**.

To be eligible, you must meet the following criteria

- your organisation is a current financial member of NADA
- you are working directly with clients in a frontline role
- the training will directly improve client outcomes, and
- your manager has endorsed your attendance at this training.

To find out more, please visit www.nada.org.au or email us at traininggrants@nada.org.au.

Available online

- Training directory
- Eligibility and application guidelines
- Frequently asked questions

Visit the NADA website to apply

www.nada.org.au

* Excluding GST

Identifying trends in your data

Using NADAbase reports to full effect

Suzie Hudson Clinical Director, NADA

Over the last 12 months, it has been really exciting to see how many NADA member organisations are using their client data to inform their practice. Creating space for quality data collection and specific opportunities to review and reflect on what the data might be telling us about people accessing AOD treatment can help improve service provision and alert us to trends or changes. For instance, a number of member organisations have reported anecdotal evidence of an increase in clients accessing treatment regarding their methamphetamine use. As explored in this issue of the Advocate, changes in client presentations have led to practice and service innovations by member organisations. NADA is encouraged by the fact that all member contributors to this issue are collecting client outcome data—and four of the seven are utilising NADAbase for this purpose.

In order to ensure your organisation is collecting accurate data we recommend you use the Data Quality check report, found in the Reports section of NADAbase. Furthermore, you should invite discussion about the data you are collecting by presenting results regularly at staff and clinical meetings. Ethical data collection requires that we review and utilise the data we collect from our clients. In the coming months we encourage you to review your business processes around data collection, explore your client data and provide support to staff members around accuracy of data input.

In other exciting NADAbase news, we hope to be launching our NADAbase Online Tutorial early in the new year. This comprehensive user guide will include tutorial videos to assist your staff use NADAbase. So stay tuned!

If you have any queries or questions regarding NADAbase, please contact ITsupport@nada.org.au.

NADA Enhanced Performance Management Resource and Workshops

Partnering with ATODA and Directions ACT

Following the positive reception of NADA's Enhanced Performance Management Resource and Workshop, we partnered with ATODA, the ACT AOD Peak, and Directions ACT to take it on the road and deliver it in Canberra. The workshop was made available to NADA and ATODA members and generated lively discussion from all participants who attended.

The workshop provided

- 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.

Feedback from the evaluation was extremely positive, with 15 of the 16 participants indicating that they would definitely be able to use the information and resource in their work.

"As a whole our service needs to reflect on the quality of the work that is being done rather than just numbers of entry and exit. This workshop has been extremely helpful in assisting me to come up with ideas on how to do this. Thank you."

"[The workshop] provided an opportunity for discussion and thinking about strategies to engage [the] broader staff team in performance measurement, and making it our work—rather than additional to our work. [It} provided information on resources and examples from real world experiences. Excellent presentation.

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

ATODA Alcohol Tobacco & Other Drug Association ACT

Directions Pathways to Recovery

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

NADA
Network Updates

The Women's AOD Services Network

In October, Network members welcomed the Hon. Minister Pru Goward's Health Advisor, Jaimi Greenspan, and Associate Director Fiona Wynn and her team from MHDAO. Highlights and concerns were shared, and the Women's AOD Services Network Profile was launched.

The December meeting welcomed the Hon. Minister Pru Goward to further the discussion. Network members participated in the Enhanced Performance Management Training as a first step in developing a Model of Care that aligns with all Network members.

Key themes at the December meeting, communicated to the Minister and staff, were the need for

- a cross-sectoral forum with relevant Departments and NGOs to clearly identify the roles and responsibilities in service provision to women with complex health and social needs and their children
- immediate communication regarding funding from both state and federal funding bodies regarding the 2016–2017 year, and
- improved collaboration across the state with Family and Community Services across all levels of staff including regional directors and case workers.

The Youth AOD Services Network

The Youth AOD Service Network met in November to discuss service developments, trends and current issues, and client management. With the coming together of so many experts in the field, discussion was rich and informative. The following key themes were apparent:

- The current funding environment and uncertainties around longer term funding is impacting on the ability of services to plan for the future.
- Limited accessibility of withdrawal management programs for young people can impact client outcomes. Treatment accessibility is further compounded by the issue of defining 'youth'.
- Specialist AOD Youth Services have a critical role to play in ensuring young people have access to mainstream services.

The Network also engaged in planning for 2016. The Network will undertake training on 'Methamphetamine use and Young People' and 'Therapeutic Client Interventions'. The Network will also add partnerships and benchmarking to its agenda.

NADA Network Updates
continued

The NADA Practice Leadership Group

The NADA Practice Leadership Group (NPLG) has met on two further occasions since it was established, with one of those being an extraordinary meeting to explore potential themes for the upcoming NADA Conference (6–7 June 2016). The scheduled meeting, held on September 22, enabled rich discussion and exploration of key areas on which NADA has sought NPLG input. Specific achievements of the group to date include: the acceptance of the NPLG Terms of Reference, representation on the Tackling Tobacco e-Learning Project, consultation regarding the National Alcohol Strategy, and the initiation of discussion regarding health economics and the NGO AOD sector.

Key themes at the most recent meeting were

- establishing a standardised way of monitoring client complexity at intake/assessment
- developing strategies for engaging the sector, and
- working to define the sector and take a lead in
  - workforce development
  - AOD service specifications, and
  - review of treatment efficacy.

The next scheduled meeting for the NPLG will be held on December 15. To find out more about the NPLG, member bios and the activities it is engaged in, click here.

CMHDARN

The Consumer Led Research Network Forum on November 4 launched a lively conversation about 'Enabling Consumer Led and Co-Production Research in a World That's Not Used to It.' One attendee described Deputy Mental Health Commissioner Bradley Foxlewin as a 'wonderful facilitator' and Jenna Roberts as 'a massively fun MC.' Norma Ingram's Welcome to Country reminded everyone in the room about the importance of acknowledging each other and showing respect in all that we do.

John Feneley, Mental Health Commissioner of NSW, provided a warm welcome address, arguing that consumer perspectives are central to research. Dr Mary Harrod from NSW Users and AIDS Association (NUAA) and Cath Roper from Melbourne University opened the conversation about what consumer-led research looks like in their sectors.

Small groups discussed and debated key issues. Dr Katherine Gill and Fiona Poeder led a discussion about 'What is meaningful co-production?' Richard Schweitzer, Shifra Waks and Yvonne Samuel discussed 'Enabling Consumers to set their own research agenda,' and Bradley Foxlewin and David Peters, 'Research methods and values and how they are important to consumer led research.' Mary O'Hagen set the scene for an engaging panel discussion about pathways through structural barriers to research, including stigma and discrimination, with Jules Kim from Scarlet Alliance, Sione Crawford from Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), Mary Harrod from NUAA and Nicola Hancock from the University of Sydney.

Bradley Foxelwin was excited to see so many people interested in the potential of consumer led and co-production research and its potential to change hearts and minds. Throughout the day, Bradley and team built a 'working towards consensus statement,' outlining initial principles of consumer led and co-production research.

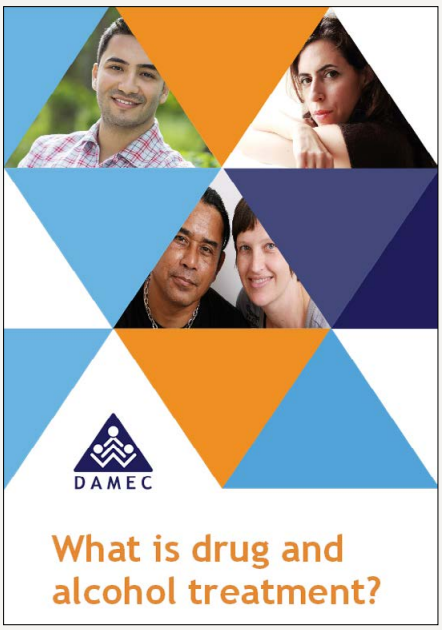
CMHDARN and its partners, MHCC, NADA and the NSW Mental Health Commission, congratulate the Network team on a fantastic event. We look forward to the next stage in its exciting trajectory forward.

To keep up to date with the Network, join their facebook group.

community mental health drug and alcohol RESEARCH NETWORK CMHDARN

Consumer Led Research Network

Resources



New!

What is drug and alcohol treatment?

Drug and Alcohol Multicultural Education Centre has produced a new resource explaining different types of drug and alcohol treatment, how to access treatment services, support available for friends/family, plus other commonly asked questions in simple, non-medical language.

Click here for more information or to download.

Hard copies are also available—a maximum of five per organisation. Please email Alison if you wish to order a larger number.

Supporting AOD workers
to reduce harm from alcohol and other drugs

Australian Indigenous Alcohol and Other Drugs Knowledge Centre (the Knowledge Centre) is a web resource which provides comprehensive information on alcohol, illicit drugs, prescription drugs, volatile substances and tobacco use for the Aboriginal and Torres Strait Islander community. It includes information and resources for anyone working to reduce harms from substance use in Aboriginal and Torres Strait Islander communities.

The Knowledge Centre has two portals, an AOD worker's portal and a Community portal, which provide up-to-date, practical and relevant information about AOD. The portals have specific sections to assist community members and AOD workers, such as information on different drugs, how to recognise and respond to clients with substance use and mental health issues, help for families, and plain language factsheets on the effects of alcohol and other drugs.

The Knowledge Centre has also developed an app, AOD*connect*, a national directory of culturally appropriate AOD treatment services for Aboriginal and Torres Strait Islander people, designed for the AOD workforce or any health professional working in the AOD sector. AOD*connect* is free to download. Currently available for iOS devices, an Android version will be available early in 2016.

The Knowledge Centre is supported by a collaborative partnership with the three national alcohol and other drug research centres, the National Drug Research Institute, the National Centre for Education and Training on Addiction, and the National Drug and Alcohol Research Centre, and is a project of Edith Cowan University's Australian Indigenous Health*InfoNet* funded by the Department of Health.

Australian Indigenous Alcohol and Other Drugs Knowledge Centre

Update

Agency for Clinical Innovation Drug and Alcohol Network

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

Since its establishment, the ACI Drug and Alcohol Network has been

- defining clear definitions aim and principles of the network
- developing mechanisms through which the network can involve, inform and feedback outcomes to network members, and
- identifying both short and long term projects for the network to focus on.

In the coming months, we will have a number of documents and ideas for the network members to comment on and contribute to, so that we can finalise drafts and projects. At this stage, we are planning to have some events next year that will showcase clinical innovation and effective partnerships. December 16 will be the final meeting for 2015.

To learn more about the point and purpose of the ACI, you can watch these short explanatory videos.

I encourage you all to join the network so that you influence the direction the network takes, have your say about how to best meet the needs of our clients accessing drug and alcohol treatment across NSW, and take advantage of any future opportunities that arise for network members (e.g. training). Membership is free.

Click here for more information or to join the network.

ACI NSW Agency for Clinical Innovation

Congratulations to New Beginnings We Help Ourselves

In October, the New Beginnings program won the Significant Contribution to the Therapeutic Community Movement in Australian Program Services or Intervention award at the Australasian Therapeutic Community Association Conference, held in New Zealand.

The award recognises an exemplary or commendable contribution to the Therapeutic Community movement in Australasia made by a program or intervention with criteria based on current best practice; effectiveness on a range of measures, including the improvement of social and psychological functioning; and acknowledgement that the awardee is making a meaningful contribution.

The award went to New Beginnings for demonstrated history of utilising and building best practice for Women specific Alcohol and Other Drug Treatment using group work, supportive counselling, women's health support and education, stress management skills development and referral. WHOS New Beginnings has taken on four research projects this year consisting of Acceptance and Commitment Therapy Groups, Post-Traumatic Stress Disorder Groups, Cognitive Remediation and Borderline Personality Disorder (improving engagement/staff knowledge).

NADA would like to congratulate all the staff at New Beginnings on this significant achievement.

(Back left to right) Pip McGrauther, Tracy Sims, Samantha Elley, Katherine Bauman, (front) Sarah Etter.

For more information on WHOS New Beginnings, visit www.whos.com.au, email Sarah Etter or phone 02 8572 7421.

NADA's team embrace a culture of quality improvement

Kelly Boland Senior Coordinator, QIP Community Services Accreditation

As 2016 looms closer, the *Quality Innovation Performance* (QIP) team would like to take this opportunity to congratulate those clients, who over the past twelve months, have been busy submitting their self-assessment, preparing for and undergoing their on-site assessment, and implementing a range of quality improvements.

One organisation that recently undertook all of the above, and did an outstanding job of doing so, was the Network of Alcohol and other Drugs Agencies (NADA).

To enhance the quality of service they provide to their members and to support a strategic plan for 2015–2018, NADA undertook accreditation against the Australian Excellence Service Standards (ASES) with QIP. NADA took a team approach to the process, enabling them to improve their service delivery across a range of areas. Examples of actions included the creation of comprehensive policies and procedures which underpin their work, as well as considered communication strategies to ensure transparency and collaboration with NADA staff and members.

In October, QIP team members presented NADA with their certificate of accreditation. NADA's commitment and dedication to achieving the Standards was clearly evident, with the organisation receiving 100% compliance.

ASES are currently in their third edition and aim to support NGOs in the Community Services Sector across Australia. The Standards help NGOs demonstrate and ensure that they are customer focused, and are continually improving their service. ASES also provide organisations with a level of support by assisting them to implement comprehensive management systems, encouragement of partnership and communication as well as providing frameworks to create stable, positive, productive and efficient environments for employees, volunteers, clients and the wider community.

NADA was able to demonstrate their implementation of all components of ASES and more, by creating a culture which showcases a constant desire to strive for best practice. QIP's Assessor was impressed with the way the NADA Board and staff rallied together over a number of months to review, change and improve a number systems and processes. The Assessor commended NADA for their "strategic thinking and being a dynamic organisation," "being receptive to change," having an "excellent level of transparency throughout the organisation" as well as their "highly impressive way of communication."

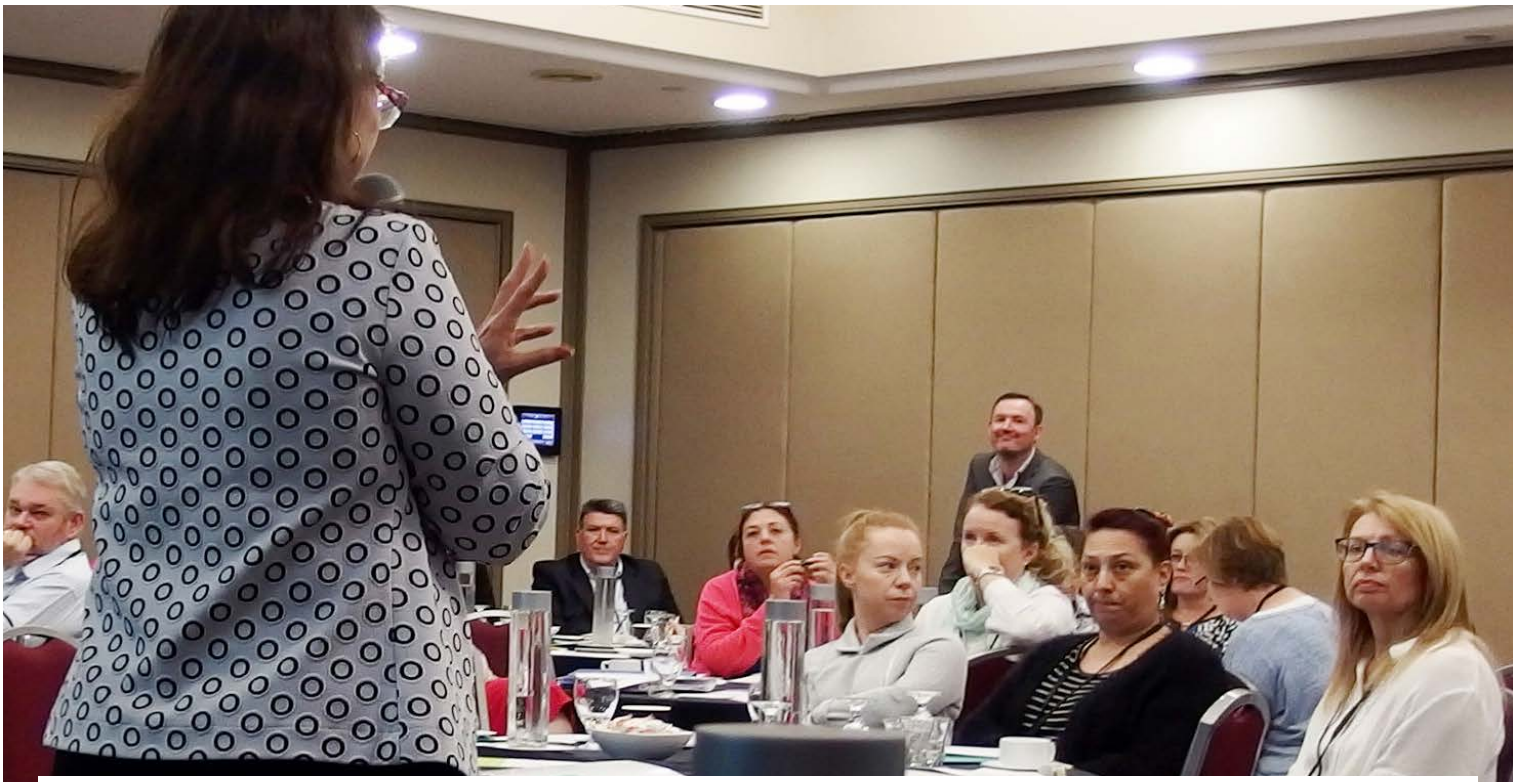
Larry Pierce, NADA's CEO, described how preparing for accreditation took team effort. "The preparation time and lead up months to the assessment is crucial for achieving this successful outcome. NADA staff have embraced quality improvement and in doing so created improved administration systems. Quality improvement does not stop there; it becomes a continual improvement process that all staff need to contribute to for the short, medium and long term benefits to the organisation," said Larry.

Larry Pierce, NADA CEO being presented with NADA's ASES Certificate of Accreditation by Peter Frendin, QIP's General Manager, Health and Human Services, National Development Team—North East.

QIP congratulates NADA on the outstanding dedication, commitment and effort they have displayed throughout the accreditation process to drive improvements to the overall quality of their service provision, resulting in positive impacts now and into the future.

To learn more about QIP or for any queries regarding their accreditation services, visit www.qip.com.au, email Kelly Boland, Senior Coordinator, QIP Community Services Accreditation, or phone 1300 820 152.

Quality Innovation Performance



Workforce development planning workshop

Professor Ann Roche, Director of the National Centre for Education and Training on Addiction (NCETA), facilitated a workshop in November to inform the development of a Workforce Development Plan for the NSW non government alcohol and other drugs sector. Sixty people took part with good representation from members from regional, rural and remote areas. The majority of those who attended were managers. According to evaluation feedback, all participants agreed the workshop was a worthwhile and valuable event.

The primary aim of the workshop was to seek input from NADA members to guide the development process and to identity priorities and gaps. The impact of the current funding environment on the ability of services to plan, recruit, retain, and develop staff featured strongly throughout the discussions.

The workshop included a presentation on a potential outline for the Workforce Development Plan.

Key directions that resonated well with participants included

- enhancing workforce sustainability
- influencing service purchasing contracts to enhance workforce capabilities
- enhancing non-specialist capacity to prevent and reduce AOD harm, and
- enhancing consumer and family participation.

NADA will continue to consult with members throughout the development process. An Expert Advisory Group will be established shortly and all members will have the opportunity to comment on the Draft Plan through an online survey early next year. Consulting with our key stakeholders is a top priority and will ensure the plan is relevant, useful and appropriate for the sector.

If you have any questions about the process or would like to know more, please email Sianne.

Changes to the NADA team

Vicky is the latest edition to the NADA team and comes to us from the Federation of Ethnic Communities' Councils of Australia. Vicky will work on number of sector capacity building projects including NADA's Workforce Training Grants Program and Policy Toolkit. Having recently completed her Masters of Policy Studies, Vicky is excited to have completed her studies and looks forward to working with the NADA team and membership.

NADA Snapshot

Policy and submissions

- NADA provided submissions and joint submissions with the AOD Peaks Network on the draft National Drug Strategy and draft National Alcohol Strategy.
- The AOD Peaks Network provided a submission to the Family Law Action Discussion Paper.
- NADA provided comment on the next iteration of the draft NSW Health Drug and Alcohol Strategy.
- The AOD Peaks Network provided a media release and disseminated the findings from the 'national evaluation of AOD peak bodies' roles in capacity building'.
- NADA consulted with the Women's Housing, Services and Refuges Working Group on the COAG Advisory Panel on Reducing Violence against Women and their Children.
- NADA provided a submission to MHDAO to fund the development of a service specifications project through NADA, to be conducted on behalf of MHDAO.

Advocacy and representation

- NADA met with sector funders: Mental Health and Drug and Alcohol Office, NSW Ministry of Health and the NSW/ACT office of the Commonwealth Department of Health.
- NADA attended the National Press Club of Australia Forum — Hidden Harms: How concealed Budget cuts are killing Australia's health sector.
- NADA and a representative from the Practice Leadership Group attended a focus group on the draft National Alcohol Strategy.
- NADA supported the recruitment of NADA members to the NGO Benchmarking Project through the Social Innovation Council (SIC), NSW Department of Finance.
- NADA attended the industry briefing on the NSW Ministry of Health Mental Health Innovation Fund and Crystal Methamphetamines — enhancing service responses in rural and regional NSW through the non government sector.
- NADA met with the Clinical Issues Unit, Office of the Senior Practitioner, Family and Community Services (FaCS) to discuss improving the way NGOs and FaCS work together.
- NADA had regular meetings with partners: MHCC, Hepatitis NSW, NUAA.
- NADA represented the sector at the following committees/meetings
  - NSW Health: Partnerships for Health — Drug and Alcohol Reference Group
  - NSW Health: Drug and Alcohol Program Council
  - NSW Health: Quality In Treatment Committee
  - NSW Health: Methamphetamine NGO Project Working Group Meeting
  - NSW Health: Drug and Alcohol Service Clinical Outcome and Quality Indicator (COQI) Framework Advisory Committee
  - AOD Peaks Network: Peaks CEOs Network meetings
  - AOD Peaks Network: Peaks Capacity Building Network meetings
  - NCOSS: Forum of Non Government Organisations
  - NCOSS: Sector Development Forum
  - NCOSS/Legislative Council Stakeholder Workshop: Parliamentary Inquiries – how to have your say and maximise your influence.
  - University of Newcastle and NDARC: Alcohol Treatment Centre Study Treatment Centre Recruitment Working Group
  - Open Colleges: Alcohol and Other Drugs and Mental Health Industry Advisory Committee, and
  - AH&MRC: NSW Aboriginal Residential Healing Drug and Alcohol Network (NARHDAN) meeting.

NADA Snapshot

Advocacy and representation continued

- NADA presented at the following events
  - Rethinking Mental health Forum 2.0
  - 2015 NSW Innovation and Health Symposium
  - APSAD 2015, and
  - NCOSS Sector Development Forum.
- NADA attended the following events
  - Aboriginal Drug and Alcohol Network symposium hosted by the Aboriginal Health and Medical Research Council (AHMRC)
  - MHCC: Getting Ready for the NDIS
  - NDARC Annual Research Symposium
  - Public Health Association of Australia's Complex Needs Alliance Conference, and
  - Australasian Professional Society of Alcohol and other Drugs Conference.

Sector development activity

- NADA launched the Women's AOD Services Profile at the October Women's Network Meeting.
- NADA hosted the following events
  - Aboriginal Cultural Awareness Workshop
  - Aboriginal People and Strength Based Practices within a Drug and Alcohol Setting Workshop
  - Hepatitis NSW Get Bloody Serious: A workshop (mostly) about Hepatitis C
  - Enhanced Performance Management training workshop in Canberra, in partnership with ATODA and Directions ACT, and a further tailored workshop with the Women's AOD Services Network
  - Workforce Development Plan Workshop facilitated by NCETA
  - The NADA Annual General Meeting 2015, and
  - Pilot of the NADA Practice Guide: Working with Women Engaged in AOD Treatment Training.
- CMHDARN hosted a Higher Degree in Research forum, and partnered with the Consumer Led Research Network on 'Enabling Consumer Led and Co-Production Research in a World That's Not Used to It.'
- NADA hosted the following network meetings
  - NADA Practice Leadership Group (2)
  - Women's AOD Services Network (2), and
  - Youth AOD Services Network (1).
- The Women's AOD Services Development Program external evaluation report was released.

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Feedback
Training Grants

NADA is accredited under the Australian Services Excellence Standards (ASES) a quality framework certified by Quality Innovation and Performance (QIP).

Photo by Kris Ashpole