Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 4: December 2016

ABORIGINAL INNOVATION

- AH&MRC
- Orana Haven
- Aboriginal Drug and Alcohol Council
- Weigelli Centre
- ADF

NADA network of alcohol and other drugs agencies

Advice: Aboriginal and Torres Strait Islander readers are advised that this document may contain images of people who have died.

CEO report

Larry Pierce NADA

In this, our final edition of the Advocate for this year, we are focusing on the progress and innovation of the Aboriginal specialist drug and alcohol sector in NSW. NADA is very excited about the model of care that has been developed by the Aboriginal community controlled residential rehabilitation drug and alcohol treatment sector and look forward to its finalisation. We are also glad to be a contributing part of the larger Aboriginal drug and alcohol network, led by the Aboriginal Health and Medical Research Centre. There is much innovation, creative work and dedicated effort by Aboriginal drug and alcohol organisations and services as well as by individual Aboriginal drug and alcohol workers in this state, as evidenced recently by the suite of awards picked up by NSW Aboriginal workers at the recent 4th National Indigenous Drug and Alcohol Awards.

Amidst all of this great work it would be remiss of me not to identify the fact the resourcing of Aboriginal drug and alcohol services is far from what is needed to meet the demand for culturally safe drug and alcohol treatment services. This is particularly true for Indigenous women—as currently there are no Aboriginal community controlled women's drug treatment services in NSW. I believe it is high time the federal and state governments make serious policy moves towards a 'justice reinvestment' approach to expanding the amount and availability of Indigenous drug treatment and support programs.

Justice reinvestment means shifting those monies our states spend on incarcerating Aboriginal people and spending it on appropriate treatment and social support services that assist in turning lives around and keeping people out of the criminal justice system. It is twenty five years since the national Aboriginal Deaths in Custody Royal Commission—at that time 14% of those in jails were Indigenous—now it is 27%! And, at that time the Indigenous population was approximately 2.5% of the Australian population. That's roughly a 50% increase in Indigenous incarceration and there has been nowhere near that sort of increase in spending on Indigenous drug and alcohol treatment services.

NADA believes that we in the specialist NGO drug and alcohol sector should put our support behind lobbying government to consider alternatives to incarceration, to consider a justice reinvestment policy and look at working with the specialist Aboriginal health and Aboriginal drug and alcohol treatment sector to push for a change in policy, practice and funding. In tight economic times it makes sense to redirect spending from approaches that frankly don't work, in terms of pure criminal justice approaches, to dealing with complex drug and alcohol, and social and health problems, in culturally safe community settings. NADA and its membership, in particular the Aboriginal community controlled drug health services sector, stand ready to assist!

Acknowledgements
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Kylie Fitzmaurice
Team Leader, Speak Out Dual Diagnosis program, Weave Youth and Community Services

Healing through connection

In his thought provoking TED Talk entitled, 'Everything you think you know about addiction is wrong', British journalist and author of 'Chasing the scream: the first and last days of the war on drugs' Johann Hari concluded that 'the opposite of addiction is not sobriety; the opposite of addiction is connection'.

Early research into the causes of addiction and substance misuse focused on the brain's pleasure response and the dopamine rush. Alcohol and other drugs trigger the release of dopamine and other pleasure related neurochemicals into the brain, and this makes people feel good. Early research purported that addiction and substance use issues was a consequence of individuals seeking out pleasure, where levels of use become problematic and detrimental to health and wellbeing when substances are used too much.

Alexander, Beyerstein, Hadaway and Coambs (1981) challenged these early findings in their experiments with rats. Weave are not proponents of animal experimentation or cruelty, however this early study is important because it forces us to question perceptions that people turn to drugs and alcohol for pleasure. Alexander et al. (1981) compared rats placed alone in small empty cages with groups of rats placed in large playful cages. Both were given two bottles of water to drink from—one bottle contained pure water and the other water was heroin infused. The rats placed in isolation in the small cages became addicted to heroin while the rats in the large group did not. The large group of rats played, ate, mated and fought together, and because of this social connection and stimulation, they did not typically become addicted.

Human beings are also social creatures and we know from research into attachment and trauma that people require healthy attachments and social connection for optimal brain development. Secure attachments and relationships early on in life help people to flourish into resilient adults. We know that trauma interrupts healthy neuronal wiring in both developing and mature brains, and people who have experienced trauma are most affected by mental health and substance use issues. 90% of public mental health clients have been exposed to multiple traumas (Felitti, Vincent, Anda & Nordenberg, 1998). The Centre for Disease Control's 'Adverse childhood experiences' study conducted by Felitti et al. (1998) showed us that without intervention, unaddressed childhood abuse and other early traumatic experiences result in long-term disease, disability, chronic social problems, mental health and substance misuse issues, and early death. The resolution of trauma will lead to a reduction in alcohol and other drug related harms (Teicher & Samson, 2016; van der Kolk, 2016).

Can connection help to resolve trauma and in turn, reduce mental health and alcohol and other drug issues? The Speak Out Dual Diagnosis team at Weave Youth and Community Services believes it can. Our diverse range

Healing through connection continued

of programs are soft entry points to the more intensive casework and counselling components of our Speak Out Dual Diagnosis work. Our supporting groups and programs aim to connect people to mind, body, spirit, culture, art, stories, family, children, friends, peers, land, nature, work colleagues, staff, other young people and self. Programs such as Bush Circle Camps, Weave Growers Cultural and Gardening Groups, art and media programs, sports and wellbeing groups, youth advocacy and leadership opportunities and our Work Ready Hub provide an extensive range of opportunities for young people that create positive experiences and meaningful connections to self and others. We hope to provide fun, but more importantly we hope to foster meaningful connections.

Our programs aim to restore the young person's trust in the world. Future research into the reversibility of neurobiological consequences of childhood trauma is needed, however we believe that healthy and strong social connections do work to rewire the trauma-affected brains of young people. Connection builds resilience to trauma so the need to use substances decreases. Connection relieves the need to avoid the pain of trauma through the use of alcohol and other drugs. Addiction specialist Dr. Gabor Matè (2008) agrees—'Ask not why the addiction, but why the pain.'

> 'The opposite of addiction is not sobriety; the opposite of addiction is connection.' Johann Hari

68% of the young people we work with on the Speak Out Dual Diagnosis program are Aboriginal young people and most have experienced complex childhood and continuing inter-generational trauma. It is of paramount importance that we try to foster connection for our Aboriginal youth. Our Bush Circle Camps and Weave Growers Cultural and Gardening Groups aim to do that by providing opportunities for young people to connect with nature, culture, Elders and one another. Many young people feel disconnected and dislocated and many face mental health and alcohol and other drug challenges as they try to cope with difficult experiences in their lives. Our Bush Circle and Weave Growers programs provide opportunities for young people to connect with where they are from and support them to uncover who they are. Nature and the bush are powerful healers that provide a sense of identity. Isolation and stigma are replaced with connection, wellbeing, motivation, self-worth and resilience.

One young Bush Circle participant agrees, 'In my experience, when Aboriginal and non-Aboriginal young people connect together, we begin to heal history.' What can be more empowering than that?

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WEAVE YOUTH & COMMUNITY SERVICES

To learn more about Weave, visit the website or phone 9318 0539.

Yarning tools

Lauren Buckley
Clinical Supervisor, Remote Alcohol and Other Drugs Program, Central Australian Health Service

The award-winning Remote Alcohol and Other Drugs Workforce Program was funded in 2006 through the Council of Australian Governments to enable the establishment of an alcohol and other drugs workforce tasked with delivering services to remote communities.

Originally funded for nurses, the program founder Jennifer Frendin consulted widely across the Northern Territory and found that more local people were wanted to be employed in health centres—to act as conduits between the community and the health centre. Jennifer provided this feedback to the Office of Aboriginal and Torres Strait Islander Health (now the Department of Prime Minister and Cabinet), and a new local Indigenous workforce was born. This was the first time in the Territory that an AOD workforce had been situated in primary health care. Growing from eight workers to now over 50, this unique workforce currently operates from over 30 urban, regional, remote and very remote communities across the Territory, in both Aboriginal community controlled health organisations and Department of Health primary health care centres.

The workforce seeks to address substance use through a clinical governance framework that consists of both direct client service delivery and community development framework. As an Indigenous workforce comprising local people in their communities, client engagement is enhanced through local language, cultural knowledge and kinship relationships that only local people can provide, which is inherently a culturally-appropriate service. To deliver culturally-appropriate alcohol and other drugs and mental health services to remote communities, this workforce, in collaboration with Menzies School of Health Research, has developed yarning tools, pictorial tools and resources for lower English literacy levels that focus on strengths and wellbeing rather than deficit models. Each yarning tool has an assessment screening tool within it, such as the Audit C in *Yarning about Alcohol*, and the Severity of Dependence Scale in *Yarning about Gunja*.

The yarning tools are designed by the workforce for the workforce to enhance client care. They include: *Yarning about alcohol, Yarning about gunja, Yarning about ice*, the *Brief wellbeing screener* (mental health/ dual diagnosis), *Yarning about relapse* and *Yarning about alcohol and pregnancy* (with advice card). The workforce has also developed two DVDs—*Yarning about gunja on Groote Eylandt* and *Yarning about remote AOD work*, a community development framework manual, a relapse prevention program guide, and a clinical supervision tool called *Yarning about work*. The latest resource to be developed is *Yarning about wellbeing* (release date pending) which explores issues that contribute to depression and anxiety, using the PHQ2 as the assessment tool.

The workforce is well-supported by a Program Support Unit, that provides clinical direction, guidance, supervision and support as well as advocacy, leadership, and professional development and two-way learning. The Program Support Unit consists of a program manager, clinical supervisor, clinical nurse mentor, operations officer, training and education officer, workforce development officer, outreach workers and a program support officer. It is this unit that facilitates the development of the resources, with the clinical supervisor taking the lead role in their creation, and working with the remote AOD workers and other stakeholders to determine what is best needed in community. The resources are then tested in the field and altered as needed according to worker and client feedback.

The Remote Alcohol and Others Drugs Workforce Program also has a Leadership Group, which is a consortium of senior remote alcohol and other drugs workers from primary health care centres within Department of Health and Aboriginal community-controlled health organisations that sit within the Remote AOD Workforce Program. The Leadership Group functions as professional development to grow and strengthen workforce members. The group also mentors

newer remote AOD workers—giving support with clinical work and community development projects, and providing advice, guidance, feedback and a helping hand—this is essential support when workers are located in isolated communities, facing some of the most challenging work in Australia. The workforce sees closing the gap as starting from the ground up, by empowering local Aboriginal and Islander people in their communities to become remote AOD workers to ensure their voices are heard, and continue to be heard within their communities, the Northern Territory and across Australia.

A recent 2013 evaluation by the Menzies School of Health Research found the workers feel well-supported in their roles as part of a Territory-wide family. Qualitative feedback demonstrates that workers are satisfied by their roles as evidenced by a 40% retention rate since the program's inception in 2008. In 2013, the workforce received the Chief Minister Award for Excellence in Enhancing Health and Wellbeing.

To learn more about the Remote Alcohol and Other Drugs Workforce Program, visit the website.

About the AH&MRC

Sallie Cairnduff
Public Health Manager, AH&MRC

The AH&MRC is the peak representative body and voice of Aboriginal communities on health in NSW. The AH&MRC represents the Aboriginal community controlled health services (ACCHS) that deliver culturally appropriate comprehensive primary health care to their communities, including Aboriginal residential healing services.

The AH&MRC delivers a broad range of support services to member ACCHSs, as well as representing the interests of ACCHSs and Aboriginal communities in policy development, and research and evaluation relevant to Aboriginal health. The AH&MRC is also a registered training organisation, delivering a range of accredited courses (including drug and alcohol and primary care) through its Aboriginal Health College.

Aboriginal community control

Aboriginal community control has its origins in Aboriginal peoples' right to self-determination, including the right of Aboriginal communities to self-govern and determine how health services are designed and implemented. Aboriginal community control is an important determinant of Aboriginal health and wellbeing in itself. Aboriginal community controlled health services develop programs based on the Aboriginal definition of health:

Aboriginal health means not just the physical well-being of an individual but the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.
National Aboriginal Health Strategy, 1989

Evidence suggests that Aboriginal community controlled health services 'provide better access to care, they make the health care provided more appropriate, they provide a more holistic approach to better serve people with complex needs and they improve health outcomes'.[1]

The National Aboriginal & Torres Strait Islander Peoples' Drug Strategy (2014–2019) specifically focuses on building the capacity of the Aboriginal community controlled sector and its workforce to address the AOD needs of the Aboriginal community.[2]

Support for member services AOD programs

The AH&MRC has programs of support for member ACCHSs in public health, including drug and alcohol, social and emotional wellbeing, tobacco control and borne viruses.

AH&MRC public health programs typically include:

- developing and delivering upskilling workshops for ACCHS staff and other Aboriginal drug and alcohol staff (such as workshops on overdose prevention for staff and community, tobacco control workforce support programs, social and emotional wellbeing regional workshops etc)
- supporting ACCHSs to develop and deliver local health promotion campaigns (such as 'HIV-Free generation' or hepatitis B & C awareness campaigns)
- establishing and maintaining statewide networks including the Aboriginal Drug and Alcohol Network (ADAN), the NSW Aboriginal Residential Healing Drug and Alcohol Networks (NARDHAN) and the Social and Emotional Wellbeing (SEWB) Network
- developing and disseminating tools and resources for Aboriginal AOD workers, other workers in the ACCHSs (such as GPs, Aboriginal health workers, clinicians) and for Aboriginal communities
- contributing to policy development, research and evaluation, particularly through managing the ADAN and the ADAN Leadership Group, NARDHAN
- working in partnership with government and non-government stakeholders including participating on state level advisory groups.

The overarching document that guides the partnership work between AH&MRC and other agencies is the NSW Aboriginal Health Plan (2013–2024). The plan identifies building respectful, trusting and effective partnerships as key to improving Aboriginal peoples' health. The strategy also recognises the critical role of the Aboriginal community controlled health sector in enabling the knowledge and expertise of Aboriginal communities to guide the health system at every level.

Footnotes

1. NIDAC 2013, 'Funding of alcohol and other drug interventions and services for Aboriginal and Torres Strait Islander people, http://www.healthinfonet.ecu.edu.au/uploads/resources/25741_25741.pdf

2. Intergovernmental Committee on Drugs, National Aboriginal Torres Strait Islander peoples drug strategy 2014–2019, http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/natsipds2014-19.

Aboriginal Health & Medical Research Council®

To learn more about the AH&MRC, visit www.ahmrc.org.au.

NSW Aboriginal Residential Healing Drug and Alcohol Network

Sallie Cairnduff, Public Health Manager, AH&MRC
Paula Vale, AOD Coordinator, AH&MRC

The NSW Aboriginal Residential Healing Drug and Alcohol Network (NARHDAN) is comprised of managers of the seven Aboriginal community controlled residential rehabilitation services in NSW. Historically, these services have worked in isolation, and had limited opportunities to share information, resources and knowledge. NARDHAN was developed by the services and the Aboriginal Health & Medical Research Council of NSW (AH&MRC) in recognition of the unique and culturally specific service provision that these organisations provide to Aboriginal people in NSW.

Purpose of NARDHAN

NARDHAN was originally established to provide a forum for Aboriginal residential rehabilitation services to share information and knowledge, support the managers and CEOs of Aboriginal residential healing services, share resources and exchange information, and provide a forum for consultation where stakeholders can access the collective knowledge and advice of the group. Recently the group have identified a need to have a state level strategic role, and they also provide input into state policy and program development.

NARDHAN members

NARDHAN members are based in regional and rural NSW, and cover a number of Local Health Districts and Public Health Networks. NARDHAN members are diverse in terms of the services they provide, the size of the service and the target group they reach. Individual NARDHAN members' model of care range from harm minimisation to abstinence models, and use a range of interventions to best address the needs of clients.

The key element that unites NARDHAN members is that they deliver culturally appropriate programs that holistically address the impact of substance misuse on Aboriginal people, families and communities. NARDHAN services have a unique understanding of the underlying impact of colonisation, racism and intergenerational trauma on Aboriginal people and communities. Service delivery is trauma informed, client centred and evidence based, and specifically integrates culturally specific practices, including traditional values with a focus on spirituality and social and emotional wellbeing. All NARDHAN members are based on the concept of Aboriginal community control, and Aboriginal

NSW Aboriginal Residential Healing Drug and Alcohol Network
continued

Service	Target group	Beds	AH&MRC member	NADA member
Namatjira Haven Alstonville, Far North Coast	Men	14	Yes	Yes
Benelong's Haven Kempsey, North Coast	Men, women and families	65	No	Yes
'Ngaimpe' The Glen Chittaway Bay, Central Coast	Men	50	Yes	Yes
Oolong House Nowra, South Coast/Illawarra	Men	24	Yes	Yes
Orana Haven Brewarrina, Central North West	Men	17	Yes	Yes
Weigelli Corporation Cowra, Lower Central West	Men, women and couples	18	Yes	Yes
Maayu Mali Moree, Central Tablelands	Men & Women	18	No	Yes

self determination throughout humankind's history. In response, harm reductionists seek a world where people are informed, have access to safe places and equipment, have access to assistance, support and treatment and are not marginalised because they choose to use a drug that is not sanctioned as licit. Drug free advocates idealise about a world where no-one uses any drugs and any policy or program that does not condemn drug use must somehow then be actively promoting drug use. It of course depends upon what drugs we determine we want to be free from as rarely do we hear calls for prohibition of alcohol, tobacco and pharmaceuticals.

There needs to be an understanding that a drug free world may be a nice ideal but it should never be sought on the back of demonising people with complex social problems or ruining lives because some choose to use drugs at some points in their life's journey.

NARDHAN model of care

One of the tasks identified by the group was to develop a model of care, to describe the unique and critical place of NARDHAN members. The key element of the model is cultural safety, where services are therapeutically and culturally aware of their client's needs, backgrounds and kinship connections. The model encompasses the Aboriginal view of health, the importance of connection to family, community and country, and recognises the need for peer supports and mentors to support the recovery process for clients.

A draft of the NARDHAN Model of Care is currently under review, and will be available in the coming months.

For more information about NARDHAN or the NARDHAN Model of Care, please visit the AH&MRC.

NARDHAN
NSW ABORIGINAL RESIDENTIAL HEALING AND DRUG AND ALCOHOL NETWORK

Aboriginal Health & Medical Research Council®

4TH NATIONAL INDIGENOUS DRUG & ALCOHOL CONFERENCE

The 4th National Indigenous Drug and Alcohol Conference, held at the Stamford Grand Hotel, Glenelg, South Australia from 11–14 October 2016 attracted nearly 300 conference delegates and 100 pre-conference workshop participants from around Australia and New Zealand.

Pictured: Scott Wilcson andd Romlie Mokak

The conference was hosted by the Aboriginal Drug and Alcohol Council (SA) Aboriginal Corporation.

The conference program—built around the theme 'Showing initiative: AOD interventions required to close the gap by 2030'—was designed to highlight the contributing role that harmful alcohol and other drugs use has on the health and life expectancy of Aboriginal and Torres Strait Islander peoples and the interventions that are required to close the gap.

The conference also highlighted emerging alcohol and other drug related issues that are threatening to further increase the gap if effective interventions are not utilised.

For the first time the conference included a pre-conference workshop, Learning About Methamphetamines. This workshop focused on amphetamine type stimulants including 'ice' and provided delegates with an opportunity to learn more about these substances and what interventions can be utilised to address the harmful effects of their use.

This focus continued into the conference itself where a yarning circle was held to develop an Indigenous specific response to the effects these drugs are having on individuals, families and communities.

Keynote speakers included:

- Romlie Mokak, CEO of the Lowitja Institute who spoke on 'Aboriginal and Torres Strait Islander futures: more than closing the gap'.
- Associate Professor Ted Wilkes from the Aboriginal Research Program at the National Drug Research Institute (NDRI) who presented the Noel Hayman Oration on 'The contribution of NIDAC to Aboriginal alcohol and other drug policy'.
- Professor Kate Conigrave, addiction medicine specialist and public health physician who spoke on 'New drugs: keeping up with constant change'.
- Associate Professor James Ward, Head of Infectious Diseases Research Program Aboriginal Health at South Australian Health and Medical Research Institute (SAHMRI) who spoke on 'Understanding AOD use including injecting drug use risks among Aboriginal and Torres Strait Islander people'.

Panel sessions spoke to the theme of the conference, as did the speakers during the concurrent sessions. The conference program also saw the inclusion of five short workshops.

Further information on the conference, including the conference resolutions, can be found at www.nidaconference.com.au.

The National Indigenous Drug & Alcohol Awards

Winners of the National Indigenous Drug & Alcohol Awards were announced at the conference dinner. Recipients of the awards were recognised as having made an outstanding contribution to reducing the harms associated with alcohol and other drug use by Aboriginal and Torres Strait Islander peoples.

The winners

Pictured left to right
Trevor Kapeen, Casey Ardler, Tanya Bloxsome, Samantha Williams, Jocelyn Dhu, Alan Bennett, and Raechel Wallace

Excellence awards (male and female)
Ivern Ardler
The Oolong Aboriginal Corporation, NSW

Raechel Wallace
Wandarma Aboriginal Drug and Alcohol Services, NSW

Remote worker award (female and male)
Jocelyn Dhu
DASSA, NT

Alan Bennett
Orana Haven, NSW

Encouragement award (male and female)
Trevor Kapeen
Bulgarr Ngaru Medical Aboriginal Corporation, NSW

Casey Ardler
The Oolong Aboriginal Corporation, NSW

Recognition award (service/program)
Orana Haven Residential Service, NSW

Coralie Ober honor roll inductee
Samantha Williams
Palmerston Association, WA

NADA congratulates its members who won an award

Aboriginal Drug and Alcohol Council
The Aboriginal Drug and Alcohol Council (SA) Aboriginal Corporation was initially incorporated in 1993 as a direct result of the Royal Commission into Aboriginal Deaths in Custody. It now operates as a statewide peak body and provider of alcohol and other drug related services throughout South Australia.

Orana Haven

Dedicated to the cause for over 30 years

Alice Munro, Doctoral Candidate
National Drug and Alcohol Research Centre, UNSW

For over 30 years, Orana Haven Residential Rehabilitation Treatment Service, a three-month, voluntary residential program for men, has been providing a culturally safe place of healing for Aboriginal substance users in remote New South Wales. It has a long history of community-controlled ownership, becoming incorporated in 1979 after local Elders were concerned about problematic alcohol use in their community. Orana Haven officially opened in 1982 at the site of the old mission in Brewarrina, but later relocated to a 10-hectare property overlooking the Bogan River on traditional Ngemba country.

According to a staff member, when clients first come to Orana Haven, often arriving by bus directly from incarceration, 'they say they feel safe within three or four hours of getting here, they don't understand why, but they say they do'. Over the years, Orana Haven has ensured that culture remained at the heart of their program. Orana Haven takes pride in the fact that most of the staff and clients identify as Aboriginal and that the clients are encouraged to participate in activities that strengthen their cultural identities, such as fishing, bush tucker, painting, wood work, campfire groups and visits to culturally significant places.

The program gives clients the space to regain better balance in their lives by helping them relearn life skills, maintain a daily structure, and acquire work-related skills. This includes their innovative small engines and literacy TAFE courses, which runs three days a week at Orana Haven on seven week rotations throughout the year. Clients are also supported by local health services, such as detox facilities at the Brewarrina Health Service, or health checks, dental appointments and counselling provided by Brewarrina Aboriginal Medical Service.

Orana Haven CEO and residential rehabilitation advocate, Norm Henderson, along with the board, sensed they were starting to get the balance right for their clients but had no sure way of knowing. In 2014, they approached Professor Anthony Shakeshaft and his team at the National Drug and Alcohol Centre (NDARC) to help them find out if the program was really working.

NDARC and Orana Haven worked together to evaluate the program. The collection and analysis of five years of client intake data and qualitative interviews with staff and clients have been completed, with results soon to be published. This innovative evaluation was designed to allow its application to all Aboriginal residential rehabilitation services in NSW.

The value of Orana Haven as a culturally safe and effective treatment service in remote Australia was recently recognized at the 2016 National Indigenous Drug and Alcohol Conference (NIDAC), the peak Aboriginal drug and alcohol conference in Australia.

At the NIDAC gala dinner, Orana Haven received the Service Recognition Award. Alan Bennett, a local Aboriginal man with lived experience who started working at Orana Haven five years ago as a residential care worker and is now transitioning into the role of program manager, was also recognised with the Remote Male Worker Award. In his speech, Alan humbly dedicated both awards to the work NIDAC delegates were collectively undertaking in the Aboriginal drug and alcohol field, and to clients who make difficult lifestyle changes each day striving to recover their lives and rejoin their families and communities.

Orana Haven is a member of the NSW Aboriginal Residential Drug and Alcohol Network (NARHDAN) who are working together to harmonise their models of care and ensure they are evidence-informed. NDARC hopes to continue the research partnership with Orana Haven and NARHDAN for many years to come.

To learn more about Orana Haven Residential Rehabilitation Treatment Service, visit the website.

'I'm doing it for my family…but the biggest thing is that I'm doing it for myself too. I try not to think that it's coming from court. I mean, I'll deal with that for when that day comes. But like I said, if I had to do it all over again, this would be the place.'

44 year old Aboriginal substance user for over 30 years, and Orana Haven client

Translating research into practice

Standardise the delivery of care for a remote Aboriginal resi rehabs

Alice Munro Doctoral Candidate, National Drug and Alcohol Research Centre, UNSW

Over five decades, Aboriginal-specific residential rehabilitation facilities (resi rehabs) have provided substance misuse treatment in Australia. The first independent Aboriginal-led residential program was Benelong's Haven, which started in 1974 by a long term Alcoholics Anonymous member, Val Bryant.[1] In the years following, several similar community-controlled facilities were established in regional and metropolitan centres.

Over the years, research with Aboriginal resi rehabs has looked at how to strengthen and support best practice within this sector,[1-3] however there is still much to be learned. A systematic review currently being conducted by the National Drug and Alcohol Research Centre (NDARC) on this topic has identified over 40 peer reviewed articles related to Indigenous resi rehabs in New Zealand, Canada, the US and Australia. These studies have examined a range of treatment service and client characteristics associated with treatment outcomes. Now that some of these key factors have been identified, the next wave of Indigenous resi rehab research papers can test the efficacy of tailoring programs to better take these characteristics into account.

Rigorous, tailored program evaluation in partnership with Aboriginal resi rehabs has been a priority for NDARC since 2014, when it was invited to collaborate with Orana Haven Residential Rehabilitation Treatment Service to evaluate their program and provide advice on how their service outcomes might be improved through research.

NDARC adopted an action research process to identify the strengths and weaknesses of the program, with the first stage of the research process taking approximately six months. This largely involved initial visits to the service, attendance at bi-monthly board meetings and regular communication. To further aid the development of a strong collaborative partnership, NDARC and Orana Haven agreed on key research guiding principles, which encapsulated the National Health and Medical Research Council guidelines.[4] The second stage of the action research process involved NDARC supporting Orana Haven's strategic planning development for the service's 2015–2018 Strategic Intent, which NDARC will continue to assist with reviewing annually. The next phase of the partnership involved working with the Orana Haven Board and management to iteratively develop and finalise the qualitative interview and intake data collection procedures, which were then submitted for approval to the Human Research Ethics Committees of the Aboriginal Health and Medical Research Council (AH&MRC) and UNSW. Once approved, NDARC was then able to commence the formal research data collection period, which involved the collection and analysis of five years of client intake data, and qualitative interviews with both staff and clients.

During the data collection period, NDARC attended several Orana Haven Board meetings to share and discuss emerging findings, seek the advice of Orana Haven's clinical and management experts and to analyse data in a timely manner to ensure that the results were clinically meaningful to the service, as well as being of high originality and importance for the research sector.

In accordance with the research guiding principles, final results will be presented to the board in 2017, along with a draft, tailored model of care specifically developed for the Orana Haven program. This will delineate how the service can routinely collect client data from arrival, throughout their stay, on completion and follow up to ensure client outcomes can be measured at different points through their resi rehab experience.

NDARC hopes that this community-driven and practical evaluation process can be applied to other Aboriginal resi rehab services across NSW in the next few years. In addition to generating clinically useful and scientifically robust findings, we hope this project can be seen as an exciting model of better integration between the clinical and research worlds, that have traditionally been seen as separate. Of course the clinical and research fields will always have their own requirements and interests, but this project shows that there is the capacity to improve the overlap between them, to the benefit of both sectors and, more importantly, to the benefit of clients.

See bibliography on page 14

Weigelli Centre 20 year celebrations

A worthwhile journey

Doug James
Deputy CEO and Quality Systems Officer, Weigelli Centre Aboriginal Corporation

The Weigelli Centre has been operating just outside of Cowra since 1996. According to CEO Danny Jeffries, 2,316 people have participated in the Weigelli program since its inception. 'The clients and residents have played a big part in the ongoing development of the centres and its program', said Mr Jeffries.

The Weigelli Centre offers a program that involves looking at a client's needs holistically, including the physical, social and emotional aspects of a person's recovery. There is a structured program that consist of education, life skills and health assessments. These are then used to form the basis of a comprehensive care plan and individualised program.

The centre recently held its 20 year open day and used this as an opportunity to showcase the range of services that are offered to the community including the residential rehabilitation program and the community program.

One of the founding board members, Bill Murray, said the handful of people who started the centre in 1996 faced plenty of obstacles in the early days, including four location changes and several petitions opposing the centre.

'I haven't been back for many years, I didn't expect it to be as advanced as it is now', Mr Murray said.

Mr Murray says the actual physical dwellings in the centre have never changed and the 100 acre property was originally a holiday farm with buildings from Wyangala.

Mr Jeffries said 2015 was the busiest year on record for the centre; he attributed increasing harms associated with crystalline methamphetamine to be a significant contributor to the increased occupancy. 'We had 101 residents and 273 clients in the community in 2015', he said. 'Fifty per cent of people complete the program—that's better than the state average'.

Mr Jeffries said without the support of the regional and local communities, the centre would cease to exist.

To learn more about the Weigelli Centre, visit the website.

Translating research into practice continued

Bibliography

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NDARC
National Drug & Alcohol Research Centre
The Difference is Research

Breaking the ice in our community

Aboriginal focus

Annie Bleeker Program and Content Manager, Australian Drug Foundation

As part of the New South Wales (NSW) Government's commitment to tackling the harms of crystalline methamphetamine ('ice'), the Alcohol and Drug Foundation (ADF) was funded by the NSW Ministry of Health to deliver a number of community education and worker initiatives. One of these initiatives was to work in partnership with the Aboriginal Health and Medical Research Council (AH&MRC) and the Aboriginal Drug and Alcohol Network (ADAN) to address crystalline methamphetamine use in Aboriginal communities across NSW.

In order to inform what initiatives would be useful for the Aboriginal community in NSW, ADF conducted a survey late last year with the Leadership Group of the ADAN. The survey and follow up consultations with the group resulted in the development of a combination of initiatives that would help to serve the community as well as build the capacity of the Aboriginal alcohol and other drug (AOD) and allied health workforce to address crystalline methamphetamine use.

One of these initiatives was to run half day workshops conducted by Dr Suzie Hudson who has extensive experience in the field of stimulant treatment. Thus far the training workshops have attracted workers from alcohol and other drug, mental health, primary health, education, employment, criminal justice and family services. The opportunity for these services to be in the same room together and explore not only the impact of crystalline methamphetamine but also the treatment and support pathways they have available in their communities appears to have been very well received:

'All good, was a wonderful workshop and I really enjoyed Suzie's stuff'.

'We received a lot of positive feedback re: the workshop from the participants from both days'.

To date the ADF has conducted three workshops around the state including Moree, Wellington and Broken Hill. Two more workshops are expected to be completed in early December in Taree and Batemans Bay.

To support the training, the ADF worked with members of the ADAN Leadership Group and the AH&MRC to develop two Aboriginal specific resources around ice. One resource is called *Healthy spirit healthy community*, based on a similar booklet developed by the ADF and VACCHO in Victoria. This is a comprehensive booklet on AOD and crystalline methamphetamine; it is accompanied by a fact sheet for family and elders on how to support someone who is experiencing problems with crystalline methamphetamines.

adf Alcohol and Drug Foundation

PREVENTING HARM IN AUSTRALIA

If you would like further information about the project or would like to order resources from the ADF, please contact Sylvia.tiet@adf.org.au or call 02 8923 0000.

Useful resources

One of the first places to look for a range of reports, guidelines and resources is the **Australian Indigenous Alcohol and Other Drug Knowledge Centre**. Building upon the existing AOD related material from Australian Indigenous Health*InfoNet*, the Knowledge Centre offers additional information to provide the evidence base and support those working to reduce harm from AOD use in Aboriginal communities. Also noteworthy is their online network, the AOD yarning place, and the AOD workers portal, which provides easy access to a wide range of resources.

Following are some other helpful resources, websites, organisations and training opportunities to assist Aboriginal AOD workers, their clients and those who work with Aboriginal and Torres Strait Islander people.

Resources and reports for workers

NCETA
The National Centre for Education and Training on Addiction has a range of resources to support indigenous workers, including some that focus on worker wellbeing.

Handbook for Aboriginal alcohol and drug work
Published by the University of Sydney, the handbook is a practical tool to use in your everyday work with clients.

Australian Indigenous Health Bulletin
This peer reviewed electronic journal provides information of relevance to Indigenous health, and keeps people informed of current events, as well as information about recent research and resources.

Family violence prevention programs in Indigenous communities report
This report [PDF], published by Australian Institute of Health and Welfare, examines the extent of the problem, and explores some programs that have been trialled in Indigenous communities to reduce family violence. It identifies principles and components that contribute to successful programs, and highlights the need for well-designed program evaluations.

Archived NIDAC resources and reports
The National Indigenous Drug and Alcohol Committee (NIDAC) was a subcommittee of the former Australian National Council on Drugs (ANCD) from 2005 to 2014. NIDAC provided policy advice to the government on how to address alcohol and other drug issues in Aboriginal and Torres Strait Islander communities. Some NIDAC and ANCD publications relevant to Aboriginal and Torres Strait Islander people are archived.

Workplace ready program
Looking to develop an Aboriginal employment program for your organisation? Written for line managers, human resources managers and supervisors, this toolkit provides examples and insights from organisations that have successfully implemented Aboriginal and Torres Strait Islander employment programs.

Supervision: a practical guide to clinical supervision
Produced by the Social and Emotional Wellbeing (SEWB) Workforce Support Unit (WSU) at the AH&MRC, this video provides workers' and managers' views on clinical supervision, their description of what it is and how it benefits the worker and their employer.

Our healing ways: supervision
Produced by the Victorian Dual Diagnosis Initiative: Education and Training Unit, this resource [PDF] provides a model for culturally appropriate supervision of Aboriginal workers.

Social and emotional wellbeing WSU orientation package
This package [ZIP] includes resources designed to support SEWB workers and may be of value to managers supporting new Aboriginal workers. It includes guidance on case notes, planning community events, developing internal evaluation tools, information on self-care, writing funding submissions, a resource book for workers and notes for managers and supervisors using the orientation package.

The Lowitja Institute
The Lowitja Institute seeks to improve the health and wellbeing of Aboriginal and Torres Strait Islander people through high impact quality research, knowledge exchange, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.

Aboriginal innovation: useful resources
continued

Guidelines

Alcohol treatment guidelines for Indigenous Australians
These guidelines are designed to be a reliable source of information and direction that has sufficient flexibility for appropriate situational adjustment.

Aboriginal health worker guidelines for NSW Health
These guidelines provide a framework for defining, implementing and supporting Aboriginal health worker roles in NSW Health.

Cultural competency in the delivery of health services for Indigenous people
Produced for the Closing the Gap Clearinghouse, this systematic review [PDF] examined 28 publications related to cultural competency in health care for Indigenous populations between 2002 and 2013. Most studies were from Australia and the United States of America.

Useful websites and resources for working with clients

Alcohol awareness kit
This resource [PDF] helps staff talk about alcohol with their Aboriginal clients. It includes information about harms, recommended drinking limits, and tips on how to change drinking.

Cycle of behaviour change
Published by the Northern Territory Government, the Aboriginal Cycle of Behaviour Change [PDF] depicts the six stages of behaviour change.

eBook on volatile substance use
Based on the *Review of volatile substance use among Aboriginal and Torres Strait Islander people*, the Australian Indigenous Alcohol and Other Drug Knowledge Centre created this new eBook about volatile substance use. Free to download, the ebook is compatible with a range of Apple devices, laptop and desktop computers.

Tobacco resistance and control project and resources
The AH&MRC develop, deliver and evaluate culturally appropriate programs and resources in tobacco resistance and control under the A-TRAC program.

Breaking the ice in our community: Aboriginal focused factsheet
The Alcohol and Drug Foundation (ADF), in collaboration with NSW Health and local agencies, has produced a suite of resources to help you educate your communities about crystalline methamphetamine ('ice'). The resources cover the effects of the drug on individuals and communities, explain where someone can get help if they have a problem or want to support someone struggling with addiction.

Learning from each other: working with Aboriginal and Torres Strait Islander young people
Developed by Dovetail, this resource [PDF] guide aims to support workers and agencies in Queensland who work to minimise the harm from alcohol and other drug use experienced by Aboriginal and Torres Strait Islander young people and their communities.

Stay in touch

with AOD news, issues and events

The Advocate raises significant issues relating to the NSW non government alcohol and other drug sector, and develops knowledge about, and connections within the sector.

Previous issues have focused on drug trends, domestic and family violence, and AOD treatment for women. Read recent issues of the Advocate.

To subscribe, email Sharon Lee.

Member profile

Oolong House

The Oolong Aboriginal Corporation (also known as Oolong House) is situated in Nowra on the south coast of New South Wales. It was established by elders in 1981 to address the needs of our Aboriginal men with alcohol addiction, as there was nothing in the Shoalhaven area at that time. It started with four workers using the AA Model of Care.

In 2006, under the leadership of Ivern Ardler as the chief executive officer, funding was sourced from the Commonwealth and NSW Health to build the organisation into the facility that is in existence today, a 16-week residential rehabilitation service for up to 21 men at any one time. Oolong House currently employs 22 workers; 19 are Indigenous and three non Indigenous.

Oolong House provides support to Aboriginal and non Aboriginal residents to overcome drug and alcohol addictions. We aim for long term solutions that rebuild lives and empower people. After graduating from the 16-week program, clients can move into our after care program and continue to be involved as mentors and workers. Oolong House has been successfully accredited from 2011 with the Australian Council on Healthcare Standards.

Oolong House is an Aboriginal community controlled organisation, and all board directors are Aboriginal. The approach is holistic, and includes dealing with clients, families and building community connections. Clients are challenged in compassionate ways, and are encouraged to build on personal strengths and the strengths of Aboriginal culture. Oolong House works as a partner with clients to jointly find solutions.

The therapy program uses cognitive behaviour therapy (CBT groups) to assist clients to learn new skills and behaviours to communicate skilfully, resolve conflict, express feelings safely, and to learn to handle power and authority. The program also includes activities to get physically fit and learn practical survival skills. Clients are assisted with practical issues including money and legal issues. An important component of the program is to develop work skills, so clients can find ways back from shame and contribute to family and community.

We work collaboratively with many partners, including health and non health organisations, and Aboriginal and non Aboriginal services. For the past eight years Oolong House has been working with the University of

Wollongong on collecting data to inform the evidence base of the effectiveness of our work. We use our data to help us maintain best practice, and have developed a report, *Challenges associated with ice*. We have also presented a paper at the Queensland Indigenous Ice Forum to other residential services to allow them to have the advantage of learning new ways of collecting data using the GEM and Kessler 10 tools.

Our staff and board members are dedicated to assisting clients to overcome their addictions by providing a culturally safe facility, and by assisting people to reconnect with their culture, their families and their community. Recently two of our staff members won awards at the 4th National Indigenous Alcohol and other Drugs Conference—Ivern Ardler (our CEO) won the Male Excellence Award and Casey Ardler won the Female Encouragement Award.

Receiving these awards has had a great positive influence within our organisation, and is reflective of the commitment of our staff. We were proud to return and share those awards with others in our organisation, and it is a great boost and motivator for the good work that we put in each day.

To learn more about Oolong House, please visit their website or phone 4422 0644.

Oolong Hose works collaboratively with other organisations and would like to acknowledge: doctors, Aboriginal legal services, Aboriginal medical services, community corrections, Department of Housing, courts, police, solicitors, gaols, CareSouth, refuges, real estates, Homeless Hub, TAFE, employment services, rehabilitation services, mental health facilities, hospitals, dental services, optometrists, Medicare, Centrelink, psychologists, psychiatrists, counsellors, Partners in Recovery, men's sheds, men's groups, RMS, debt recovery, Work and Development Orders with State Debt Recovery, MERIT Program and many more.

RAP working group

Meet a member

Dian Edwards Manager, Namatjira Haven Drug and Alcohol Healing Centre

I am Wiradjuri, Barkindji from my father and have a 'Ten Pound' English mother. I was born in Yuin Country, in the original Nowra Hospital, now Oolong House. My early years were spent in Darug Country at Blacktown when it was still bushland and creeks. Ten years on, I moved to Kameygal Country at Maroubra and later, Cadigal at Redfern.

In the early nineties I went north to give my kids a country upbringing on Bundjalung Country and went back to university. I started working at Namatjira Haven in 1999 and have had various roles including the manager for eight or so years now.

Over the years, I have seen men and families grow healthy and happier and men that have lost their lives. I have also seen the way our sector has had to change and adapt, with funding once a given and now a juggling act that requires a university degree to handle the submissions just to jag it for another few years against the big players.

I am passionate about Aboriginal health and wellbeing and am part of the NSW Aboriginal Residential Rehabilitation Healing Drug and Alcohol Network. I love working with the group to share, support and grow with each other across the state to ensure our communities have the services they need and want.

I have been part of the NADA RAP Working Group since it was formed in 2013. It has been a very intensive project as there are only a couple of us and trying to think of ways that are respectful and inclusive of many mobs across the state is a difficult and responsible job.

Developing a RAP is something other organisations can do to be more inclusive of Aboriginal peoples' practices, heritage and gifts for the sharing and support of Aboriginal businesses in procurement and as a first choice in their workplaces.

Introducing the Aboriginal inclusion tool: improve inclusion in AOD services

The *Aboriginal inclusion tool* is a comprehensive resource that helps services to assess the inclusiveness of organisational practices in working with Aboriginal people and the Aboriginal community, and provides suggestions for improvements to organisational policy and processes. NADA acknowledges the high levels of marginalisation and disadvantage of Aboriginal people in our communities and propose that the use of this tool will help services work towards improved inclusion of Aboriginal people in relation to service access and retention, employment and supplier diversity.

For the 2015–2016 year, 17% of people accessing AOD treatment in NSW identified as Indigenous. While these people have access to Aboriginal community controlled organisations (ACCOs) which provide culturally appropriate holistic programs, this access is limited. Approximately 10% of NADA's members are ACCOs and while they offer diversity in terms of service models, they are a minority of services and there are gaps in terms of women's only and youth specific services. This means mainstream organisations need to have the capacity to provide culturally appropriate services to support Aboriginal people seeking AOD treatment.

Improving mainstream services for Aboriginal people doesn't just mean including culturally appropriate programs—it requires a broader systemic approach that includes: data management, employment and economic involvement, communication, engagement and partnerships. This tool offers organisations one approach to consider these broader perspectives which is aligned to reconciliation action planning, by asking questions which attend to building respect, relationships and opportunities.

The resource is in its final stages of development, integrating comments from reviewers from NADA members, NHDARN, the AH&MRC and Reconciliation Australia. It has been adapted from the KIAP Impact Measurement Tool (2013, Red Elephant Projects and Department of Justice Victoria) with the support of Felicity Ryan, Connecting Cultures. It will be available on the NADA website soon.

For more information, phone Ciara Donaghy on 8113 1306 or email ciara@nada.org.au.

Profile

NADA Board member

Libby George, General Manager
Drug & Alcohol Health Services Inc.

How long have you been associated with NADA?

My association with NADA has been for ten years as an active network member of regional AOD services in the Hunter Valley and the Mid North Coast. The organisation I represent, Drug & Alcohol Health Services Inc. (DAHS), provides a broad range of services that align with NADA's core business of reducing alcohol and other drug related harms to communities by quality evidenced based services that are sustainable.

What does an average day look like for you?

There is no typical day when you manage court diversion programs, opioid substitution treatment clinics and when your role is the general manager. However that is the reason I like my position—it offers leadership, diversity, challenges and the opportunity to assist individuals to achieve their identified treatment goals in all domains of case management.

What experiences do you bring to the NADA Board?

I bring a diverse range of practical experience to the NADA Board inclusive of education, social welfare and specialist drug and alcohol treatment services. I have superior networking skills, and strong links to the communities in which I work. I have solid professional networks and will work to be an advocate for our sector.

What are you most excited about as being part of the NADA Board?

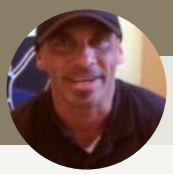
What most excites me about being a part of the NADA Board is being granted the opportunity to be part of forward planning, provide advocacy for our members, strong leadership and above all, contribute to the board in a positive manner.

What else are you currently involved in?

Currently, I am also involved in the facilitation of an Aboriginal Elders social and emotional wellbeing group that meets weekly at DAHS. I am also a member of the MERIT Model of Care advisory committee.

A day in the life of...

Sector worker profile



Matthew Simms
Support Worker, The Glen

How long have you been working with your organisation?

I am a proud Wadi Wadi man of the Yuin nation and have worked at The Glen for two years.

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

I was previously a client of The Glen after suffering from 17 years of addiction. My addiction took me to some dark places, culminating in the loss of my possessions, family relationships, and most importantly, my feeling of self-worth. In 2013, my third attempt at rehabilitation, I successfully completed The Glen's rehabilitation and transitional program. This was a turning point in my life, and I returned to my earlier career of concreting while re-training in the community services sector. In 2014 I was offered my dream job, back at The Glen helping others find their love of life after years of addiction.

What does an average work day involve for you?

An average day involves having what we call 'honest conversations'. These start when I sit with other counselling staff and do a change over. Then we talk to the guys about where they are at and what their plans for the future are. My passion is enhancing the quality of life of clients, particularly through sport. I organise a number of sporting activities, including surfing, touch football and soccer, drawing on my experience as a competitive surfer and representative rugby league player in my school years.

What is the best thing about your job?

I really enjoy outings such as beach trips, touch footy, soccer games or cultural tours. To see the guys learning how to have fun and enjoy being sober is awesome.

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'd like to see an Indigenous residential rehab program for women in NSW, as there is no specific service at present.

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

I would be Aqua Man to preserve all marine life.

Launch of the Miranda Program

Keeping women out of custody

Clockwise from left: Baroness Jean Corston, Her Honour Justice Elizabeth Evatt AO, Her Honour Justice Dina Yehia SC, The Hon Ann Symonds AM, Deirdre Hyslop, Project Director.

Deirdre Hyslop
Director, Miranda Project

The Miranda Program provides holistic support in community-based one-stop shops for women in the NSW criminal justice system. This diversionary program accepts women at any point along the justice pathway. The program, launched on 15 September by Her Honour Dina Yehia Judge SC in the District Court, is modelled on the successful UK women's centres which resulted in the closure of two UK women's prisons.

Legal advice, mental health support, alcohol and other drugs advice and support, counselling, life skills, domestic violence and family support are provided on site or through links with other providers. In addition, incorporation of feedback from Aboriginal stakeholders is underway to ensure the program is culturally responsive.

Four existing women's centres are piloting the Miranda Program: Lou's Place Kings Cross and Women's Health Centres in Penrith, Bathurst and Leichhardt. Referrals are encouraged from community support services as well as the police, community corrections, courts, legal services, family and individual self-referrals. The Miranda Program coordinator is the conduit between referrer, centre and client.

Pending outcomes of the evaluation which is being guided by University of NSW, additional centres will be registered as approved Miranda Program providers in stage two of the project in 2017.

Funded initially through philanthropy, the Miranda Program is supported and administered by the Community Restorative Centre.

The major strategy underpinning the Miranda Program is building on existing services, creating and strengthening networks. Most significantly, the project recognises what can be achieved when women support other women in safe, welcoming environments.

If you know of someone who might benefit from the program or want more information visit www.crcnsw.org.au/program. You can also subscribe to the Miranda Matters newsletter here.

Helping your clients clear hep C

Hepatitis NSW's online web directory lists more than 600 doctors and pharmacies. It's designed to work well on computer, laptop, pad and smartphone.

Our team of volunteers have been busy contacting chemists and doctors, and asking the question, 'do you work with the new hep C treatments?'

Check out our web directory here: https://www.hep.org.au/services-directory.

P.S: Do you want to help get more of your local GPs and chemists onto the directory? Please email pharvey@hep.org.au for more information.

Working with women affected by domestic violence

The NADA Women's AOD Services Development Program has been working on a range of projects focused on supporting our members to identify and respond to victims of domestic violence (DV). Highlights of this work to date are noted below; upcoming activities include updates to the NADAbase to include screening for DV, establishing formal partnerships with DV NSW and releasing a DV policy template for the NADA policy toolkit.

The projects focus on intimate partner violence recognising the high rates of women accessing AOD treatment who experience DV (up to four times more likely to experience DV[1]) and the unique opportunity AOD services have to be able to reduce the very serious risks posed by domestic violence. In 2015–2016[2] over 67,000 DV offences were reported in NSW, with 26% of all NSW DV offences and 30% of violent DV offences identified as AOD related. While DV occurs across all populations, Aboriginal and Torres Strait Islander women are more vulnerable; they are 34 times more likely to be hospitalised and ten times more likely to be victims of homicide.[3] LGBTI people are as likely as their non-LGBTIQ women to experience DV and stigma, poverty, discrimination and institutionalisation compound the risks of DV.

Identifying and responding to DV in AOD settings training

NADA have held five workshops and trained over 50 people since June 2016. The workshop was developed in response to a survey conducted with the Women's Network in December 2015–January 2016.

The workshop included: understanding DV; screening for DV; safety planning and threat assessments; DV assessment and planning; and an opportunity to discuss organisations strengths, gaps and potential strategies for improved practice.

Feedback has been overwhelmingly positive. 95% of participant evaluation respondents believed it will lead to some improvement in their work, 97% identified the training as valuable and worthwhile, and 98% said they would recommend it to colleagues. NADA will continue to rollout this training to support members with upcoming changes to NADAbase to include DV screening questions.

Are you asking the DV question?

NADA and the Women's AOD Services Network hosted the first associate network event Are You Asking the DV Question? on 13 October at the Rydges in Surry Hills. The forum explored the importance of identifying and responding to DV in AOD settings to improve outcomes for women. It sought to recognise the gendered nature of DV, the links between AOD use and DV experiences, and to provide workers with information to support them in their work.

Representatives from Domestic Violence NSW, NCETA, Women's Domestic Violence Court Advocacy Program at Legal Aid NSW, Women's Legal Services and ANROWS spoke at the forum. View the slides online.

Women: choice and change

NADA partnered with Relationships Australia (RA NSW) NSW to rollout a facilitator training program in their Women: Choice and Change six-week group program which has been piloted and tailored to AOD service settings.

The RA NSW's Women: Choice and Change program has been a long running open community eight week group program. In 2015 the program was adapted and piloted in Guthrie House, an AOD residential service for women exiting prison, as part of the NADA Women's AOD Service Enhancement Grants Program. Since then, NADA and RA NSW have worked together to develop a facilitator training program, training up 12 facilitators from six organisations to run the program in-house.

Feedback from facilitator training is encouraging:

'I feel so much more confident about talking with clients who are/have been in DV relationships'.

'I feel I have gained more confidence in co-facilitation and specifically to DV groups.'

The facilitator training program includes three days of training and six months of implementation support with NADA and RA NSW. Facilitators completed their first two days of training in October, and next, will begin to rollout the group program in their service settings.

For more information, phone Ciara Donaghy on 8113 1306 or email ciara@nada.org.au.

Footnotes

1. NSW Health 2014.
2. BOCSAR, 2016, NSW Reported DV offences Jul 2015–June 2016.
3. Steering Committee for the Review of Government Service Provision (2014).

NADAbase

It's time for a reboot

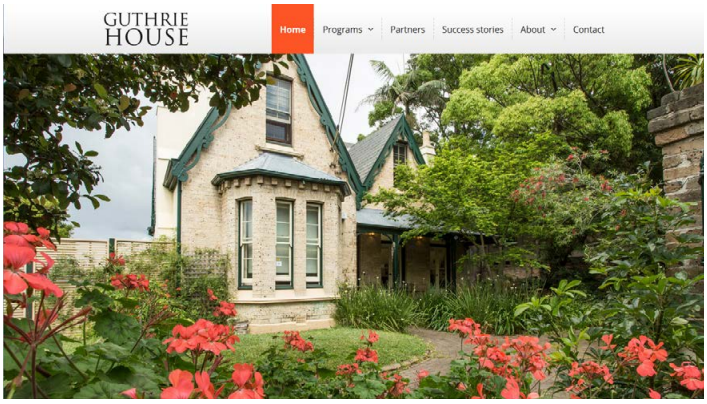
Suzie Hudson Clinical Director, NADA

We are very proud of what we have achieved thus far with NADAbase and the way our membership have embraced client outcome data collection. As you know we have always sought your input for ways of improving the way we collect and report data through NADAbase. As a result of a number of big projects such as implementing version two of the NSW MDS data collection, the support of new importers to the NADAbase system and the introduction of gender and sexuality questions, thus far we have only been able to tinker at the edges in terms of improvements to the NADAbase COMS. However, this is set to change.

In the New Year NADA will seek to form a working party regarding improvements to the NADAbase COMS, including the addition of a culturally appropriate client outcome measure that may assist in better collection of outcome data related to Aboriginal clients. In addition we will be seeking to employ a new NADA staff member dedicated to NADAbase support, data quality checking, reporting and analysis. We are looking forward to having your input.

For any questions regarding NADAbase, please contact ITsupport@nada.org.au.

New website for Guthrie House



Guthrie House's outreach worker and QI project officer, Axel Anthonisz, officially launched the organisation's new website at the organisation's AGM on 15 November 2016. Following a comprehensive review, technology upgrade and visual design, the website is user-friendly for clients and stakeholders alike.

For information on Guthrie house programs, staff and partners and to read some of their success stories, visit http://www.guthriehouse.com.

Introducing Livesofsubstance.org

In 2014 Curtin University's Social Studies of Addiction Concepts research team began work on an innovative project that would underpin Australia's first dedicated website presenting carefully researched personal stories of alcohol or other drug addiction, dependence or habit—www.livesofsubstance.org. The website aims to generate and present much-needed new insights into the range of experiences that make up life for people with drug use experiences. How do people manage this aspect of their lives? How do they cope with the stigma associated with addiction? What challenges do they face and how do they cope and thrive?

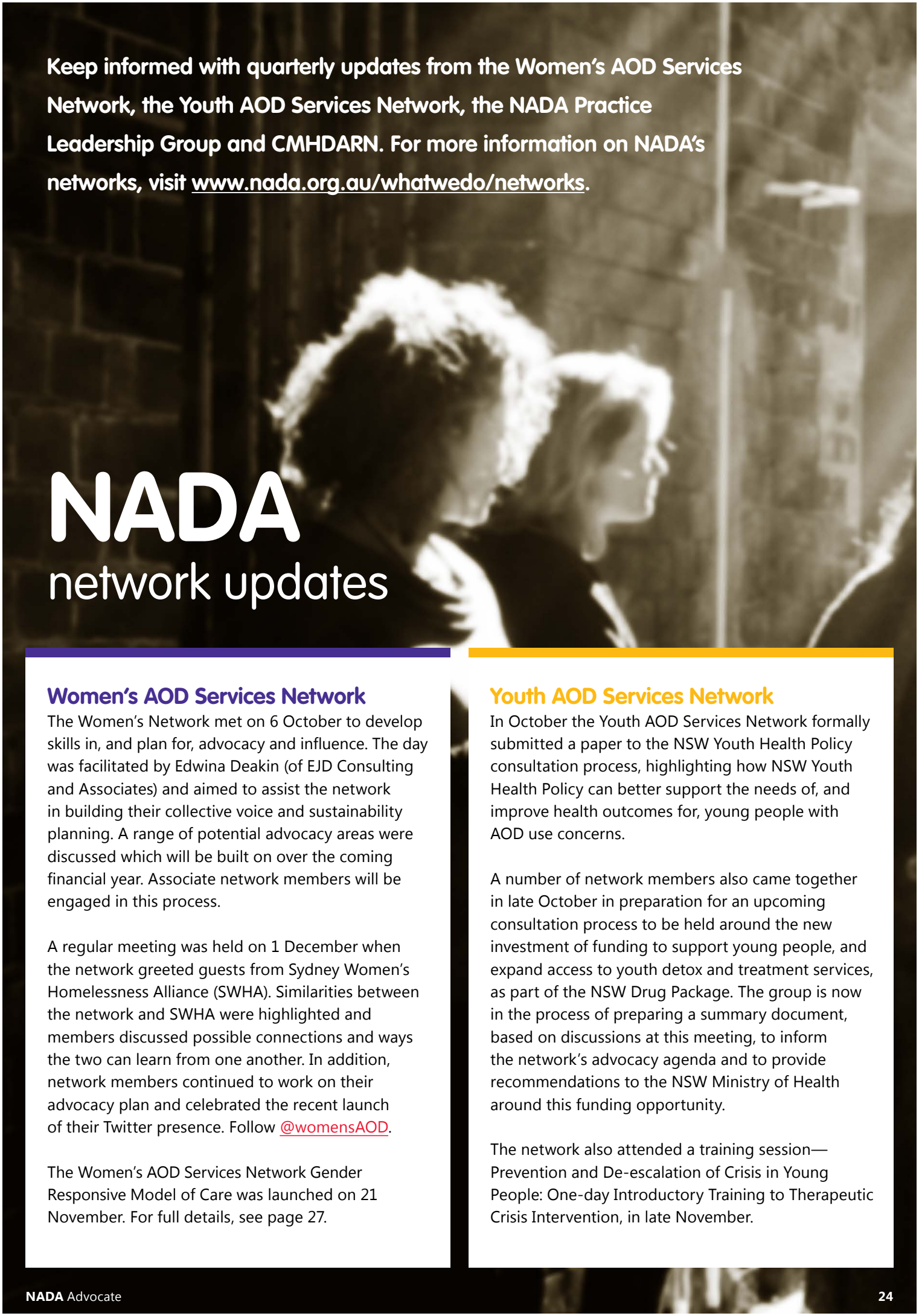
Drawing on in-depth qualitative interviews, the website presents detailed life stories of people who consider themselves to have an addiction, dependence or drug habit.

Also presented are key themes found in the interviews:

- how alcohol and other drug use fits into everyday life
- coping with stigma and discrimination
- looking after health and wellbeing
- seeking help or initiating change.

Livesofsubstance.org aims to support people who take drugs, inform the public about their many different life experiences, and act as an information and training resource for professionals.

LIVES of substance



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

NADA network updates

Women's AOD Services Network

The Women's Network met on 6 October to develop skills in, and plan for, advocacy and influence. The day was facilitated by Edwina Deakin (of EJD Consulting and Associates) and aimed to assist the network in building their collective voice and sustainability planning. A range of potential advocacy areas were discussed which will be built on over the coming financial year. Associate network members will be engaged in this process.

A regular meeting was held on 1 December when the network greeted guests from Sydney Women's Homelessness Alliance (SWHA). Similarities between the network and SWHA were highlighted and members discussed possible connections and ways the two can learn from one another. In addition, network members continued to work on their advocacy plan and celebrated the recent launch of their Twitter presence. Follow @womensAOD.

The Women's AOD Services Network Gender Responsive Model of Care was launched on 21 November. For full details, see page 27.

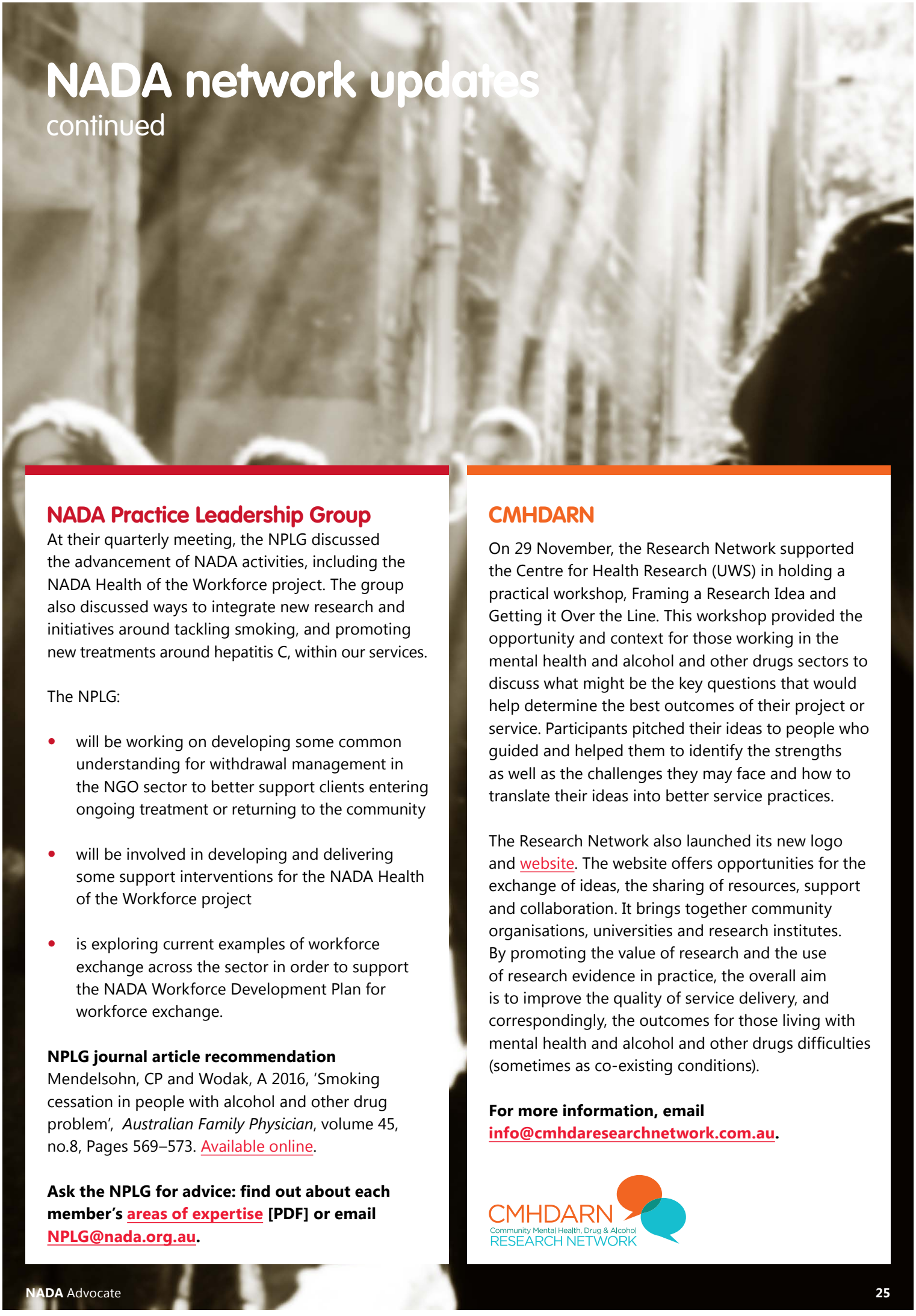
Youth AOD Services Network

In October the Youth AOD Services Network formally submitted a paper to the NSW Youth Health Policy consultation process, highlighting how NSW Youth Health Policy can better support the needs of, and improve health outcomes for, young people with AOD use concerns.

A number of network members also came together in late October in preparation for an upcoming consultation process to be held around the new investment of funding to support young people, and expand access to youth detox and treatment services, as part of the NSW Drug Package. The group is now in the process of preparing a summary document, based on discussions at this meeting, to inform the network's advocacy agenda and to provide recommendations to the NSW Ministry of Health around this funding opportunity.

The network also attended a training session—Prevention and De-escalation of Crisis in Young People: One-day Introductory Training to Therapeutic Crisis Intervention, in late November.

NADA network updates
continued



NADA Practice Leadership Group

At their quarterly meeting, the NPLG discussed the advancement of NADA activities, including the NADA Health of the Workforce project. The group also discussed ways to integrate new research and initiatives around tackling smoking, and promoting new treatments around hepatitis C, within our services.

The NPLG:

- will be working on developing some common understanding for withdrawal management in the NGO sector to better support clients entering ongoing treatment or returning to the community
- will be involved in developing and delivering some support interventions for the NADA Health of the Workforce project
- is exploring current examples of workforce exchange across the sector in order to support the NADA Workforce Development Plan for workforce exchange.

NPLG journal article recommendation
Mendelsohn, CP and Wodak, A 2016, 'Smoking cessation in people with alcohol and other drug problem', *Australian Family Physician*, volume 45, no.8, Pages 569–573. Available online.

Ask the NPLG for advice: find out about each member's areas of expertise [PDF] or email NPLG@nada.org.au.

CMHDARN

On 29 November, the Research Network supported the Centre for Health Research (UWS) in holding a practical workshop, Framing a Research Idea and Getting it Over the Line. This workshop provided the opportunity and context for those working in the mental health and alcohol and other drugs sectors to discuss what might be the key questions that would help determine the best outcomes of their project or service. Participants pitched their ideas to people who guided and helped them to identify the strengths as well as the challenges they may face and how to translate their ideas into better service practices.

The Research Network also launched its new logo and website. The website offers opportunities for the exchange of ideas, the sharing of resources, support and collaboration. It brings together community organisations, universities and research institutes. By promoting the value of research and the use of research evidence in practice, the overall aim is to improve the quality of service delivery, and correspondingly, the outcomes for those living with mental health and alcohol and other drugs difficulties (sometimes as co-existing conditions).

For more information, email info@cmhdaresearchnetwork.com.au.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

NADA Practice Leadership Group

Meet a member

Doug James Deputy CEO and Quality Systems Officer, Weigelli Centre

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have worked in the alcohol and other drug field for over 25 years in a variety of rural and remote locations. For 20 years I lectured in the Charles Sturt University Djirruwang program which is an Indigenous mental health degree program for students from all over Australia. In my current role as deputy CEO and quality systems officer for the Weigelli Centre residential drug and alcohol rehabilitation centre, which is in the centre of Wiradjuri country, I work alongside the team in evaluating the program and quality practice improvements. I have been a member of the NPLG since 2015.

What has the NPLG been working on lately?
The NPLG has recently been looking at best practice in withdrawal management, and have been supporting the NADA Health of the Workforce Project.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
Recently I started a PhD conversion program with my topic being Indigenous residential treatment rehabilitation centres in NSW and defining treatment outcomes and increases in quality of life. My other particular area of interest is in human dynamics and how the environment impacts upon engagement with the social determinants of health.

What do you find works for you in terms of self-care?
For me it is a balance between the work and my other areas of interest. It is important to be able to leave work and then re-engage with home and family, hobbies etc. without having work in your head all the time.

What support can you offer to NADA members in terms of advice?
The support I can offer to NADA members relates to my years of work in the field, including support around how to balance work/life commitments. I am also able to offer support and advice regarding program and policy development. I think it is important for NADA members to be able to have a sounding board for ideas and issues that arise.

NADA events

Save the date

24 February 2017

Sex, drugs and what's my role?

A forum to bring together AOD, sexual and reproductive health
Presenters will be invited from STIPU, ACON and KRC. Themes we hope to explore include:

- field experiences of bringing together AOD and sexual health in practice
- post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP)
- Love Bites project to explore the youth focus
- reproductive health and substance use.

Just launched

Gender responsive model of care

NADA are pleased to announce the launch of the Women's AOD Services Network Gender Responsive Model of Care, now available online [PDF].

Dr Jo Mitchell, Executive Director, Centre for Population Health, NSW Ministry of Health officially launched the resource at NADA's 38th Annual General Meeting on the 21 November 2016, at the Rydges Hotel, Surry Hills. Dr Mitchell provided an overview of the model, highlighting the importance of best practice approaches which acknowledge and respond to the experiences of women with AOD use issues.

About the model

In 2016 the Women's AOD Services Network researched and developed a collective model of care to inform individual network member's models of care, and to provide a comprehensive description of the nature and approach of the specialist women's AOD services in NSW. We hope that all services working with women with AOD use issues adopt this model as standard practice.

The model of care includes:

- at its core, client centred and gender responsive practice
- the theoretical framework of trauma informed, family inclusive, strength based and resilience orientated practice, that provides the foundations for the range of comprehensive services provided
- comprehensive services which deliver a holistic approach, empowering environments, evidence based treatment practices and a continuum of care.

Download the model of care [PDF]. For more information, contact Ciara Donaghy.

To learn more about gender responsive practice in AOD settings, refer to the NADA Practice guide: working with women.

WOMEN'S AOD SERVICES NETWORK

Keep in touch by becoming an associate network member, or follow us on Twitter @WomensAOD.

Call for associate members

NADA and the Women's AOD Services Network are excited to announce the launch of the associate membership category of the network. This category allows people working in mixed gender services, and others with an interest in supporting women with AOD use issues, to exchange information and access networking and capacity building opportunities.

We held our first networking event in October on the topic of domestic violence; the next event will be held in April 2017. The network are asking associate members what they would like to hear about. In the coming months, associate network members will be consulted on a range of topics to help develop a collective advocacy voice for women in AOD settings. For more information, contact Ciara Donaghy.

Register to become a network member

WOMEN'S AOD SERVICES NETWORK

NADA highlights

Policy and submissions

- Submission to the NSW Youth Health Policy consultation
- Feedback provided on a number of PHN Activity Work Plans and updated Needs Assessment
- Review of NSW Ministry of Health Innovation Fund Guidelines
- Letter of support for Hepatitis NSW submission for the consideration of new hepatitis C treatments was provided to the PBAC
- Submission to the Women NSW, NSW Ministry of Health, Domestic and Family Violence Early Intervention Strategy following the roundtable

Advocacy and representation

- NADA and the AOD Peaks Network met to discuss key funding issues for the sector, particularly the NGOTGP and SMSDGF.
- NADA continues to meet with sector funders: Centre for Population Health at the NSW Ministry of Health, the NSW/ACT office of the Australian Government Department of Health, and the NSW Primary Health Networks.
- NADA and the AOD Peaks Network are in discussion with a consortia for the Centre of Excellence for the Clinical Management of New and Emerging Drugs of Concern.
- Discussions with PHNs across NSW regarding the planning and commissioning of AOD services has continued, both collectively and individually.
- NADA and the Women's AOD Services Network participated in the Women NSW, NSW Ministry of Health, Domestic and Family Violence Early Intervention Strategy roundtable.
- NADA presented the Workforce Development Plan and the Working with Women Engaged in AOD Treatment workshop at the 2016 APSAD conference.
- NADA presented at the 2016 STOP Domestic Violence conference on the range of domestic violence capacity building activities underway.

Sector development

- The NADA Workforce Development Plan 2016–2019 was released; the overarching vision is a diverse and sustainable workforce that is competent, capable and supported to meet client needs.
- The *NADA Program Evaluation Guide*, a new resource, was launched.
- NADA facilitated the Working with Women Engaged in AOD Treatment training with guests from the Clinical Issues Team, Office of the Senior Practitioner, Family and Community Services.
- NADA launched the Women's AOD Services Network Gender Responsive Model of Care.
- NADA arranged training around prevention and de-escalation of crisis in young people for our members.

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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