Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 3: September 2016

FUTURE FOCUS

- Harm Reduction Australia
- NSW Ministry of Health
- King's College London
- NSW STI Programs Unit
- DAMEC

NADA
network of alcohol and other drugs agencies

CEO report

Larry Pierce NADA

In this issue of the Advocate, we explore the future of the sector. Are we taking advantage of the digital medium for prevention and health care? Which AOD projects, from within NSW, have the potential to greatly improve service delivery? How can we engage disadvantaged young people and support them to realise their full potential? Read this issue to see what's on the horizon.

The past couple of months has been an exciting and very interesting time for our sector, culminating in the industry briefing co-hosted by NADA and Minister Goward at Parliament House on 20 July 2016. This was a historic moment for our sector because it is the first time NADA has co-hosted a major funding package announcement with the responsible minister, and because the thrust of the package identified NGOs as 'front and centre of the government's response to drug and alcohol misuse'. NADA is expecting to be closely involved in the detail of the planning for the range of funding initiatives in the coming months and we will be providing updates to members on the progress of this planning and the timeframes for project implementation.

The NSW Health Alcohol and Other Drugs Strategy, 2016–2021 is also close to being approved by the minister and should be released in the coming months. NADA believes that the new strategic plan represents a step forward in the planning for the delivery of alcohol and other drugs services and the systemic enablers that will underpin the achievement of the plan's main objectives.

In terms of the finalisation of the NGO grants reform process, the Centre for Population Health Alcohol and Other Drug team in the Ministry of Health are in the process of finalising the risk assessment process, or compliance matrix, that will be applied to the current AOD grant holders in NSW as a key step in preparing organisations for three year contracts. NADA has worked closely with the ministry on this review tool and I can say that it links closely to the continuous quality improvement and accreditation standards all of our members have been going through for up to a decade now. NADA believes that this is a good process and will allow AOD NGOs to not only meet the compliance requirements but to negotiate directly with the AOD team within the ministry on the shape of their new contract performance indicators. NADA will, in partnership with the ministry, keep members updated about this process over the coming month.

Finally, this year's Annual General Meeting is on Monday 21 November and it is a voting year, so you will all get an opportunity to cast your votes for a new NADA Board of Directors for the next three years! I'll be talking about the AGM a bit more later in this edition, but I look forward to seeing you all there in November.

The digital revolution in health care and prevention

Professor Maree Teesson
Director, NHMRC Centre of Research Excellence in Mental Health and Substance Use

Substance use and mental disorders are among the leading causes of burden of disease in young people globally. The peak of this disability is borne by the young adults (aged 15–24 years old). This is also the time that most of these problems start. It is a confronting fact that three in four people with an AOD or mental disorder will develop it before leaving school. Australia falls short on our commitments to investing in early intervention and prevention. Fewer than one in four Australians access treatment at all, let alone prevention and early intervention strategies. For alcohol use disorders, it takes Australians over 18 years after they first have problems to seek help.

Three in four people with a drug and alcohol or mental disorder will develop it before leaving school.

This is hard to believe when prevention interventions can lower the incidence of new episodes of major depression by 25%, and up to 50% for stepped-care preventive interventions. The challenge is that taking an early intervention and prevention approach requires a considerable change in our complex system and a focus on what keeps us healthy rather than what causes illness and keeps us unwell.

Yet all is not lost. There has been a revolution in the way that health care is being delivered and Australia is actually at the forefront of a new wave of using technology and the digital age to deliver exciting new prevention and treatment initiatives.

What is Australia doing in digital prevention?

Over the past 10 years, Australian researchers, in collaboration with teachers, educators, healthcare providers and young people, have developed a series of online prevention and early intervention programs that empower young people and reduce AOD related harms. Some of these programs are embedded into the high school curriculum, and one in particular, 'Climate schools', has been tested in seven randomised controlled trials with 14,169 high school students in Australia and the UK. Excitingly for Australia, 'Climate schools' has been recognised by the US National Register of Evidence-

The digital revolution continued

Based Programs and Practices (NREPP), having clearly demonstrated significant gains in alcohol and cannabis related knowledge, reduced use, and delayed uptake of alcohol and drugs use in the critical adolescent years.

Building on this success, the Australian Government, in collaboration again with researchers, teachers, educator and young Australians, have recently launched the 'Positive choices' online portal. This portal helps school communities access accurate, up-to-date drug education resources and prevention programs. The response to the portal has been very positive:

'It had extensive information. It addressed so many aspects of drug and alcohol usage—facts and information that I may not have thought about addressing myself.'
—Parent

'The whole portal is honestly one of the best, most informative, wide ranging and also easiest to use sites that I have encountered. I shall be sharing this site with my whole school staff and also my friends to help them with their parenting issues. Overall…10/10!'
—Teacher

'This is a great resource. Its primary value is in bringing together all of these resources in an accessible manner.'
—Teacher

What is Australia doing in digital health care?

Our efforts do not stop at preventing mental health problems and AOD use in the school setting. Evidence to support online early intervention and treatment programs for AOD use and mental health problems is rapidly emerging, including programs for people with co-morbid mental and AOD use disorders. Australia has a number of innovative online intervention trials, including the 'SHADE' online treatment program for depression and comorbid AOD use, which is also listed on the US NREPP register as an effective program to reduce alcohol or other drug use and depressive symptoms. Again the challenge is how to integrate these into the health care system, and assist clinicians and potential service users to navigate through the myriad of digital resources currently available online through to those with an established evidence base. In 2016 the NSW Department of Health and the Centre of Research Excellence in Mental Health and Substance Use (CREMS) began collaborating on the 'eCLiPSE' project. Working with two pilot Local Health Districts in NSW, clinicians and service users are engaging with CREMS researchers to design an integrated online portal to facilitate access to evidence-based digital interventions in drug and alcohol and mental health problems. Watch this space.

eCLiPSE
Electronic Clinical Pathways to Service Excellence

Contact Frances Kay-Lambkin for more information on how to get involved.

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.

ACI drug and alcohol innovation forum 2016

The inaugural 'ACI drug and alcohol innovation forum', the first major piece of work for the Drug and Alcohol Network, was held on 11 August 2016 at the Kirribilli Club. The forum brought together a range of innovative projects from the NSW AOD sector with an opportunity to network, share ideas and be inspired. A shortlist of five presented their ideas to the audience, both in the room and online. Additional worthy projects were also presented by poster and streaming video.

A key principle of the ACI Drug and Alcohol Network is that members (comprising clinicians, managers and consumers) drive the work of the network, and influence decisions around how the network invests its time and resources. To that end, members were able to vote for the project they believed had the potential to effect improvements in drug and alcohol service delivery, resulting in the greatest benefit for clients. The winning project will be taken forward by the network and the ACI.

As the event was live streamed across NSW and was also being recorded, a number of Local Health Districts and organisations booked venues across the state to bring staff together to participate.

The projects presented at the forum were:

Project one

Cognitive remediation–improving clients' capacity to successfully engage in AOD treatment

By WHOS and Advanced Neuropsychological Treatment Services

Cognitive remediation (CR) is an evidence-based intervention that has demonstrated successful functional outcomes for those with acquired brain injury and severe mental illness.

It is estimated that between 30% and 80% of clients accessing AOD treatment have a degree of cognitive impairment (Copersino et al., 2009). Executive dysfunction, a common form of cognitive impairment in this population, affects an individual's ability to plan, organise, set goals, solve problems, make effective decisions and regulate emotions. These capacities are required to facilitate positive behaviour change, which is a primary focus of AOD treatment.

In 2015, a pilot CR intervention was successfully implemented with clients in an AOD treatment setting. This proposal is to scale up this intervention for its implementation and evaluation across a number of AOD services.

Project two

The 'Speak out dual diagnosis' program–responding to co-existing issues of AOD use and mental health experiences using trauma informed, strengths based and person centred care

By Weave Youth and Community Services

The 'Speak out dual diagnosis' team at Weave Youth and Community Services works with young people aged 12 to 28 years experiencing dual diagnosis. 70% of their clients are Aboriginal young people and most have experienced complex childhood trauma. The 'Speak out dual diagnosis' program is not about changing people, but supporting people to make changes to their lives. It is for these reasons the team works from a person centred, strengths based and trauma informed practice. This model ensures the program remains innovative, forward thinking, evolving and unique.

The program improves the experience of care because of the unique perspective from which clients are perceived. Clients are seen to be enormously resilient people whose mental health and alcohol and other drug challenges are coping strategies that have helped them survive horrific events. Unresolved trauma will lead to maladaptive coping strategies such as chronic alcohol or other drug use.

ACI drug and alcohol innovation forum 2016 continued

Project three

Drug and alcohol shared care–an evaluated partnership between public and primary health care services in SESLHD

By the South Eastern Sydney Local Health District (SESLHD)

'SESLHD drug and alcohol shared care' model of service delivery evaluated partnerships between public drug and alcohol services (including 'Opioid treatment program' (OTP), counselling and withdrawal services) and two local GP practices, and Local Health District and the two Medicare Locals. The key aims of the project were to improve the experience of care, improve the health of the population and allow for the OTP clinic to treat more complex and unstable clients while those more stable clients could be seen via the primary health care settings.

Project four

Parenting with feeling–a targeted parenting program for parents who use substances and their infants

By Hunter New England LHD

'Parenting with feeling' is a 10-week, targeted pilot group intervention for parents attending drug and alcohol treatment services, and their infants. The intervention aims to improve parental capacity and child safety by focusing on mentalisation, including psychoeducation on trauma, infant development and parenting.

Project five

S-Check–an innovative service model to attract stimulant users

By St Vincent's Hospital Health Network, Sydney

The 'Stimulant check-up clinic' provides an innovative psychosocial and medical brief intervention model designed to attract treatment naïve individuals or those who would otherwise not access drug and alcohol services. The 'S-Check' is a four session brief intervention that provides bio-psychosocial assessment and feedback to clients on a range of physical, mental and emotional health needs. The intervention is brief, effective and is easily transferable to a range of service settings that have access to medical staff. The presentation provided an overview of the service model and its evaluation results.

The winner

A panel of experts were on hand at the event to raise pertinent questions to assist attendees make their decision. Participants also had an opportunity to ask questions. The project chosen to be taken forward was 'Cognitive remediation–improving clients' capacity to successfully engage in AOD treatment', by WHOS and Advanced Neuropsychological Treatment Services. Jo Lunn from WHOS accepted the news on behalf of herself and Jamie Berry, and was thrilled by the opportunity.

NADA would like to acknowledge our members WEAVE and WHOS for their outstanding contribution to the sector and to say how fantastic it was to have such incredible projects being showcased from across the AOD sector.

ACI update

Join the ACI Drug and Alcohol Network to get involved.

ACI NSW Agency for Clinical Innovation

For more information, contact Antoinette Sedwell, Drug and Alcohol Network Manager.

Design by young people for young people

Kieren Palmer
Clinical Services Manager, Ted Noffs Institute

The Street University is a youth development project created by the Ted Noffs Foundation which provides various community based services and interactive spaces for people aged 12–25. We help young people realise their dreams, harness their potential and to create positive outcomes for their lives and their community.

Trained directors, mentors and facilitators use a range of youth work, counselling and community development techniques to combine progressive approaches to youth engagement work with grassroots community participation. We experiment with the artistic and social potential made possible by a uniquely Australian multi-ethnic, inter-faith, and socially diverse culture.

Operating in this multicultural environment, the Street University opens up dynamic and democratic spaces for marginalised and displaced cultures. Programs specialise in channeling young people away from personally destructive and anti-social behaviours to improved self-esteem, inter-communal co-operation and social engagement.

Our services involve parents, schools, local councils and businesses, the state government and community and religious groups and leaders. The Street University uses cultural settings that are familiar and attractive to young people to guide, support and transform their interests into vocational and educational success.

The Street Universities can be considered the engagement phase of the Noffs continuum of care. Specifically, they provide workshops and activities that incorporate creative use of art, music, dance, theatre, multi-media, writing, life skills development and technology and design in a highly visible, youth-friendly venue. They also deliver vocational and educational workshops and bridging programs to further education. The Street University movement has as its primary aim the reconnection with the community and cultivation of social inclusion of young people. Its strength lies in its capacity to engage and motivate disadvantaged young people and its ability to provide them with the material and social support needed to actualize ideas and ambitions.

Design by young people for young people
continued

Currently Noffs operated seven Street Universities nationally. Young people from challenging socio-economic areas in NSW, QLD and ACT gain access to professional standard music recording facilities, artistic workshops and dance facilities. Street Universities engage the talents of some of the countries best and brightest workshop facilitators so young people have the means to reach their artistic potential, and the channels to share these art forms with the wider community.

Although the Street Universities are rooted in urban culture, they provide so much more than simply a place to dance and produce music. Our data consistently shows that we are working with a largely traumatized population. Many of the young people who access the Street Universities present with a range of issues including mental health, drug and alcohol difficulties, histories of abuse, neglect violence as well as a growing refugee population. Many young people who visit the Street Universities have never been afforded the safety to form a positive self identity, nor the support to process and move on from the trauma they have experienced. The growing body of evidence suggests that the key to resolving trauma lies as much in freeing the body as it does in freeing the mind. Our centres offer not only a safe place for young people to express themselves and begin to finally explore the difficult question: 'who am I'? They also offer an opportunity for positive and effective movement. We are currently working with the University of NSW to analyze our data, and we see promising results in reductions of trauma symptoms as a result of our dance classes. This positive movement is supported by the highly trained clinical staff and counsellors who offer counselling to clients of The Street University.

The Street University was designed by the young people, for the young people. Our success rests on this philosophy. By allowing young people to design, decorate and take ownership of the spaces, we promote self belief, confidence and leadership amongst some of the most marginalized young people in Australia.

THE STREET UNIVERSITY™

Learn more about The Street University.

Working better, together

Improving outcomes for people at risk

Dr Jo Mitchell Executive Director, Centre for Population Health, NSW Ministry of Health

The NSW Government has recently announced a package of additional funding of $75 million over four years for the alcohol and other drugs sector to enhance our efforts to support more young people, more families and more people into treatment. This brings the total investment in NSW to $197 million in 2016/17.

We know that the harms associated with alcohol and other drug misuse arise from and impact on the social, economic, community, family and individual environments. They also contribute significantly to emergency department presentations, hospitalisations, early mortality and morbidity. In addition alcohol and other drug misuse has a considerable impact on crime, contributes to road accidents, violence, family breakdown and social dysfunction.

I strongly believe that responsibility to prevent or break the cycle of harm and the broader community impacts is everybody's business, across both the government and non government sectors.

By working together, the health care service system can contribute significantly to these larger societal issues by providing a point of early identification and management, providing more seamless pathways of support and care and better coordination between agencies, when required.

The budget enhancement package is designed to complement and build on the range of existing programs available for people who have alcohol and other drug problems with a particular focus on vulnerable populations who may not currently be receiving the right care in the right place at the right time.

The package is focused on supporting a pragmatic suite of interventions designed to ensure vulnerable people get access to treatment earlier, deliver more flexible evidence based approaches to care and strengthen support for families.

This package aims to reduce service gaps, particularly for complex patients. Individuals who experience multiple and complex needs are often frequent users of emergency services. Without the right network of care in place, we are missing opportunities to direct more people into treatment. This includes pregnant women, Aboriginal women, parents, young people and people with significant, long term dependency.

The package will also leverage off services provided by Primary Health Networks and other Commonwealth welfare supports, including housing and employment.

Concurrent to this enhancement package, NSW Health is considering how to reprioritise the existing investment both within Local Health Districts and non government services to improve prevention, identification and access to treatment.

We will soon be releasing an Alcohol and Other Drugs Strategy, 2016–2021. The strategy aims to reduce harms from alcohol and other drug use for individuals, families and communities; increase access to treatment; and improve health outcomes for people who use alcohol and other drugs.

There are three main directions for the plan:

- Keeping people healthy.
- Ensuring accessible and integrated care.
- Strengthening system enablers.

During the next five years we will have a strong focus on increasing opportunities for early intervention, identification and pathways to care, as well as creating a stronger culture of assertive management and follow up in service delivery. Initiatives will be implemented to continually improve the quality of service delivery though building workforce capacity and the development of a consistent set of patient outcome and service quality indicators. There will also be a concerted effort to support a more connected service delivery system through providing greater clarity and transparency in purchasing and contracting arrangements and having a shared understanding of service specifications.

In NSW we have a proven track record of providing care for some of the most vulnerable people in our community. I see the coming five years as an exciting and transformative time where together we will work towards providing more integrated and holistically focused services, where government and non government agencies will work better together to improve longer term outcomes for people at risk.

NSW GOVERNMENT Health

Harm reduction

It's okay to say it

Gino Vumbaca President, Harm Reduction Australia

Just prior to the federal election, Harm Reduction Australia asked a number of political parties for their support (or not) on a number of drug policy and program measures. The results can be found on our website: 'Harm Reduction Australia 2016 election—drug policy guide' [PDF].

In analysing these responses, as well as the political party positions circulated by the NGO AOD peaks, the statements made by some prominent drug policy advisers to the Australian Government and commentators, it is clear that harm reduction gets an undeserved poor reputation.

We see and hear people going to extraordinary lengths to not even mention the words harm reduction, both in the recent UN General Assembly Special Session on Drugs and even by some here in Australia despite it being a central pillar of our National Drug Strategy for many years.

Leaving aside the ever present strong rhetoric on supply reduction, we do hear a lot about prevention and treatment, as if these were mutually exclusive of harm reduction. It seems to be a case of being prepared to acknowledge all aspects of drug policy except harm reduction.

This current state of affairs is due to the false dichotomy that some like to establish between supporting drug free and harm reduction policies. Harm reduction policies are characterised by opponents as supporting the legal availability of drugs for all without consequences. This is of course untrue. Harm reduction has always encompassed the view that some people choose to use drugs at times. It understands the harm that can result from this drug use. It accepts there is a continuum that exists from abstinence to active use and that people move along this line in both directions at certain points in their life. However, harm reduction neither condemns nor condones drug use. Its primary purpose is to keep people safe and reduce the harm they may experience if they are using drugs. It accepts people's choice to use drugs but it also understands there are inherent responsibilities and obligations when drugs are used, for both the people using the drugs and the system that surrounds them. It seeks to protect the individual and their families from this harm.

Some view harm reduction as only being about legalisation of drugs. Again, this is wrong. What harm reduction highlights is the harm that results from criminal sanctions imposed upon people for using a particular drug. Criminal records and imprisonment inflict lifelong consequences and harms on people for little positive purpose. This view is somehow construed to be advocating legalised drugs for all when what it seeks is sensible drug law reform to not punish people for the act of consuming a drug. There is almost a collective punishment being imposed whereby any individual using a drug is punished because some who use the drug have committed other offences. Imagine if such a principle was applied to those that drink alcohol, and we punished anyone consuming alcohol as if they were a drunk driver or a domestic violence perpetrator.

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.

If there really is one difference between drug free and harm reduction advocates, it is the world in which we live. Harm reduction is based on pragmatism and the reality that many people will use drugs. It has been thus 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.

HARM REDUCTION AUSTRALIA

To learn more, visit Harm Reduction Australia.

Translating research into practice

'SURE': a new treatment outcome measure

Dr Joanne Neale
Reader in Qualitative and Mixed Methods Research, King's College London, UK

Increasingly, we are asked to demonstrate that our alcohol and other drug treatment services are effective and produce good outcomes for service users. But what do we mean by 'a good outcome' and how can we measure this? We already have instruments such as the 'Opiate treatment index' and the 'Australian treatment outcomes profile', but these were predominantly developed to suit the needs of service providers, clinicians and researchers, rather than people who use substances. Latterly, the word 'recovery' has started to be used to denote a good treatment outcome. But the term 'recovery' is at best vague and at worst divisive. So where does that leave us? Maybe we have to start at the beginning. Instead of trying to define what a good outcome measure is 'for' people who use substances, it might be better to ask people who use substances what they think a good outcome is.

Of course, finding a way of measuring a good outcome is not as simple as asking a few people to brainstorm some indicators onto a sheet of paper one wet afternoon. If an outcome measure or assessment tool is going to be useful, it has to be valid and reliable. In other words, it has to measure what it purports to measure and it has to do this consistently. Ideally, it should also be quick and easy to complete and score, and this is where we need some science. The types of scientist who develop validated measures tend to be psychometricians. However, they are unlikely to develop measures with good face and content validity unless they involve researchers who are trained to speak to people about what outcomes matter to them and then to find patterns in people's accounts. In short, if we really want to develop a new treatment outcome measure, we need a team of experts, including people who use substances.

The study

Our study had two main aims: 1. to develop a self-completed measure of recovery from drug and alcohol dependence that has good face and content validity, acceptability and usability for people in recovery and 2. to assess the psychometric properties and factorial structure of the new measure to make sure that it is valid and reliable. The measure has taken three years to complete and was funded by the National Institute for Health Research Biomedical Research Centre for Mental Health at South London and Maudsley NHS Foundation Trust and King's College London. Crucially, the work involved a partnership between academics, clinicians, and the Aurora Project (a peer mentoring service in Lambeth, London).

You can read the details of how we developed and tested the measure in the journal *Drug and Alcohol Dependence*. The paper is free to download. However, here is a brief summary.

'SURE' is a psychometrically valid, quick and easy-to-complete outcome measure, developed with unprecedented input from people in recovery.

First we needed to decide what 'items' or questions to include. To begin, we asked 25 experienced clinicians and service providers how they thought we should measure recovery. Then we asked 44 current and former service users to critique what the service providers told us. From this, we created a list of 33 recovery statements. Next we asked another 17 current and former service users to tell us what they thought about the statements, including their wording, acceptability and importance. Their feedback was used to produce an early-version measure which we discussed with our service user advisory group. After this, another 18 current and former service users completed the draft measure, commenting on wording, content and form. We used their feedback to generate a second version of the measure, again in consultation with the service user advisory group. Lastly, a further 30 current and former services users completed the second version of the measure, commenting on the appropriateness and usefulness of the statements, scaling system, and layout. After we had analysed all feedback we were left with a measure that included 30 questions.

Next we assessed the measure using standard psychometrics. For this, 575 service users completed the 30-question recovery measure. Of these, 461 completed it in person and 114 completed it online. Some completed it twice. Our analyses involved rating scale evaluation, assessment of psychometric properties, factorial structure, and differential item functioning. Nine questions were removed due to low stability, low factor loading, low construct validity or high complexity. The remaining 21 questions were re-scaled. Exploratory and confirmatory

factor analyses found that the measure had five factors which correlated positively with other validated scales. Score differences between participant sub-groups confirmed discriminative validity. The MIMIC model indicated 95% metric invariance across the in person and online samples, and 100% metric invariance for gender. Internal consistency and test-retest reliability were granted.

Service users confirmed that the 21-question measure retained good face and content validity. They then helped us to identify a name: 'Substance use recovery evaluator' or 'SURE'.

What are the practical implications of these results?

The above analyses are not easy to follow, so what do they mean? Basically, they mean that we now have a psychometrically valid, quick and easy-to-complete outcome measure, developed with unprecedented input from people in recovery. 'SURE' can be downloaded here.

'SURE' is completed by people in recovery. It can be completed in private or people may choose to share their responses with a drug or alcohol worker. 'SURE' can also be used to assess treatment outcomes at a service level or by researchers seeking to evaluate new interventions. The 'SURE' scoring system is simple. Each question scores one, two or three, so it is possible to score between 21 and 63. This may seem odd, but it isn't really. There is no such thing as 'zero recovery' and no such thing as 'total recovery'. So we don't need a scale that scores 0-100. Similarly, we don't provide any thresholds for what is 'good' or 'bad' recovery. The aim is not to judge people or be prescriptive, but instead to enable people to reflect on their scores and responses to monitor their own recovery journey.

Obviously 'SURE' was developed and tested in the UK. However, it has generated a lot of international interest, so we now hope that it will be validated for use in other countries, including Australia.

Bibliography

J Neale, E Finch, J Marsden, L Mitcheson, D Rose, J Strang, C Tompkins, C Wheeler & T Wykes, 'How should we measure addiction recovery? Analysis of service provider perspectives using online Delphi groups', *Drugs: education, prevention and policy* 21, 2014, 310-323.

J Neale, C Tompkins, C Wheeler, E Finch, J Marsden, L Mitcheson, D Rose, T Wykes & J Strang, '"You're all going to hate the word 'recovery' by the end of this": service users' views of measuring addiction recovery', *Drugs: education, prevention and policy* 22, 2015, 26-34.

J Neale & J Strang, 'Blending qualitative and quantitative research methods to optimise patient reported outcome measures (PROMS)', Editorial, *Addiction* 110, 2015, 1215-1216.

J Neale & J Strang, 'Philosophical ruminations on measurement: methodological orientations of patient reported outcome measures (PROMS)', Editorial, *Journal of Mental Health* 24, 2015, 123-25.

J Neale, D Panebianco, E Finch, J Marsden, L Mitcheson, D Rose, T Wykes, J Strang, Emerging consensus on measuring addiction recovery: findings from a multi-stakeholder consultation exercise', *Drugs: education, prevention and policy* 23, 2016, 31-40.

J Neale, S Vitoratou, E Finch, P Lennon, L Mitcheson, D Panebianco, D Rose, J Strang, T Wykes, J Marsden, 'Development and validation of 'SURE': A patient reported outcome measure (PROM) for recovery from drug and alcohol dependence', *Drug and Alcohol Dependence*, 2016 http://authors.elsevier.com/sd/article/S0376871616301521

KING'S College LONDON

Together enhancing accessibility

AOD programs are taking action to reduce access barriers

Rachel Rowe Senior Researcher, DAMEC

The sector has known for a long time that there are actions AOD programs can take to reduce service access barriers experienced by culturally and linguistically diverse (CALD) communities. Yet funding agreements and accreditation criteria rarely identify or measure specific activities to make AOD programs more accessible for CALD communities. As a result, despite efforts by clients/consumers, CALD communities, practitioners and agencies in the AOD sector, the benchmarks for action are unclear.

DAMEC's Together Enhancing Accessibility project shows the current state of play at AOD agencies across Australia.

In October 2015, 229 AOD workers Australia-wide participated in a short survey about their practices. 60% of participants worked in NGOs and 29% of the responses were from participants based in NSW.

For this edition of the Advocate, we share the findings on how AOD programs work with and promote themselves to CALD communities, as well as suggestions for action made by AOD workers across Australia. See the posters on DAMEC's website for more findings on interpreter access, training availability and uptake, client data collection and approaches when working with clients from CALD backgrounds.

CALD culturally and linguistically diverse

HOW DO AOD PROGRAMS ENGAGE WITH AND PROMOTE THEMSELVES TO CALD COMMUNITIES?

50% ENGAGE AND PROMOTE

50 PERCENT report at least one specific strategy undertaken by their agencies to engage with and promote services to CALD communities

WHAT'S IN THE NATIONAL AOD WFD STRATEGY?

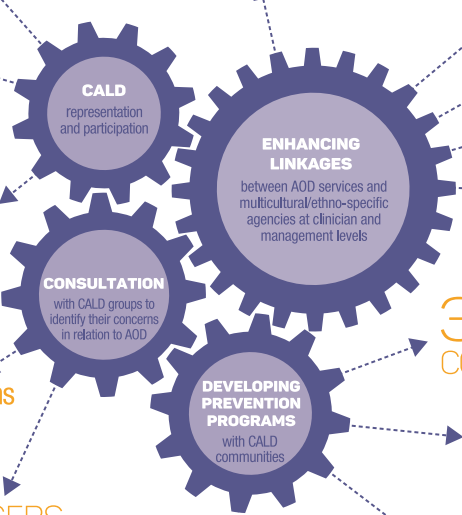
18% outreach to COMMUNITY LEADERS

Composition of BOARDS and other GOVERNANCE

Diverse, intersectional FOCUS GROUPS

25% info sessions with COMMUNITY

41% of MANAGERS reported that general community consultations are used to assist in service planning



HOW DOES THE SECTOR MEASURE UP?

13% engage with CALD ORGANISATIONS

14% promote through REFUGEE SETTLEMENT

27% promote through INTERAGENCY MEETINGS

15% promote through PRIMARY CARE

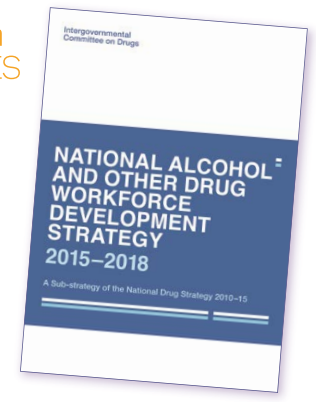
24% attend LOCAL EVENTS

30% have information in COMMUNITY LANGUAGES

7% use AUDIO VISUAL MATERIALS

4% use MULTILINGUAL RADIO

3% use COMMUNITY NEWSPAPERS



Together enhancing accessibility

continued

HOW CAN AOD PROGRAMS IMPROVE? SUGGESTIONS FROM THE AOD WORKFORCE

FUNDING AND ACCREDITATION

- Regional or local area access plans designed by AOD agencies and CALD orgs and/or community groups
- Government and peaks should develop guidelines on structural changes agencies can undertake to become more accessible
- Budgets for interpreters; and/or additional time for more intensive/lengthy engagement when needed.

NO WRONG DOOR

- Offer a range of intake and assessment platforms, e.g. onsite at community orgs
- Improved multilingual capacity on referral hotlines and promote these.

FIRST APPEARANCES

- Cultural diversity represented in all promotional materials and mainstream health promotion messaging
- Co-located services.

MULTILINGUAL RESOURCES AND INTERPRETERS

- Address shortage of interpreters with training in AOD or other health issues
- Fund translated information tailored to subpopulations and in appropriate formats.

PARTNERSHIPS WITH COMMUNITY GROUPS AND SERVICES

- Strengthen partnerships with CALD service providers, covering training exchanges, and joint delivery of community education
- Retain community development programs to address AOD-related harms, improve trust in mainstream services and increase understanding of AOD treatment
- Ensure involvement and visibility of AOD services at community events.

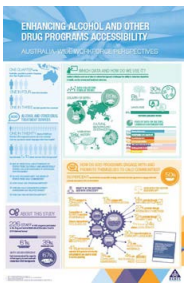
Study highlights

- DAMEC's Australia-wide AOD workforce survey provides new insights into the standards and practices currently undertaken at AOD programs to address known access-barriers for people from CALD communities.
- 229 AOD workers told DAMEC about their clinical and service approaches when working with CALD clients and their communities.
- Key findings represented in colourful posters show evidence of practices recommended in the National AOD Workforce Development Strategy 2015-2018, as well as in other state and federal guidelines. They also offer novel information against which to monitor improvements in practices across the AOD sector.

DAMEC

Visit the DAMEC website for more information or call 9699 3552.

Download the posters



Poster one covers how Australian AOD programs promote themselves and how they identify CALD clients attending programs. Download now.

Poster two covers workforce development, training, interpreter access and bilingual roles, as well as suggestions from the workforce on how the sector could improve. Download now.

Addressing the sexual health needs of clients accessing drug and alcohol services

Sharon Robinson HIV Clinical Nurse Consultant, NSW STI Programs Unit

Supporting the sexual health of clients offers an opportunity for holistic care. Drug and alcohol services are encouraged to provide access to clinical services to meet the physical health needs of consumers. Both the NSW Sexually Transmissible Infections (STI) Strategy 2016–2020 and the NSW HIV Strategy 2016–2020 [PDF] recognise the role that drug and alcohol services can play in reducing the burden of STIs and HIV in the community. They are identified as 'priority settings' for testing.

Clients accessing drug and alcohol services may be at risk of STIs and HIV and face significant challenges accessing other health services for regular screening. The risk may come in many ways including sharing/reusing injecting equipment; inconsistent condom use; exchanging sex for money or drugs; and homelessness. HIV transmission rates remain low in injecting drug users, contributing to 1% of new diagnoses in NSW in 20151. Men who have sex with men who also inject drugs however, made up 6.1% of new HIV diagnoses last year,[1] demonstrating that drug use can be associated with risky sexual activity. The risk is not exclusively associated with injecting drug use. The 'Ecstasy and related drugs reporting system' (2012) identified increasing rates of inconsistent condom use with casual partners among people using recreational drugs (such as alcohol, cannabis, ecstasy and crystal methamphetamine) between 2009 and 2012, with rates of inconsistent condom use highest during concurrent sex and drug use.[2]

How can my service incorporate sexual health testing?

Consider your client group:

- Would a routine offer of a 'sexual health check' for all clients be suitable?
- Could you incorporate sexual risk assessment into your current intake or assessment process?

Consider how testing could be performed:

- Could you provide an in-house clinical service? Would using a visiting GP be appropriate?
- Do you use a local GP to provide care to your clients? Discuss with this GP ways to increase the offer or uptake of screening.
- Could you support clients to use the local sexual health service? These services are free and located throughout the state. Find your local service here.

What if a test is positive?

Most STIs can be easily managed by a GP. A positive HIV test in the laboratory will prompt a notification to your local HIV expert to call you as part of the HIV Support Program to assist with providing the diagnosis to the patient, identifying referral pathways to specialist care and assistance with partner notification.

Training options

ASHM provides a number of training options for health workers. The NSW STI Programs Unit also produces tools to assist with screening. Free online training is available.

Case example

Joel is a 32 year old man, attending a residential drug rehabilitation service for his crystal methamphetamine use. During your assessment you identify that Joel has never injected, but prefers to smoke crystal methamphetamine. You think that Joel is at low risk of blood borne viruses. However, you ask him about his sexual health and he tells you that he uses 'ice' for sex. He has sex with men and doesn't like using condoms. He agrees to have a sexual health check.

Joel's tests come back positive for HIV. The HIV Support Program contacted the doctor at your service and provided advice on informing Joel of his diagnosis as well as referral to the local HIV service. You were able to accompany Joel to his first appointment and have an important role to play through:

- listening and validating his concerns—checking in with him regularly, whilst respecting his privacy
- supporting him with understanding the information he is being provided and reassuring him about the effectiveness of HIV treatments in maintaining healthy physical and emotional wellbeing
- exploring with him how starting treatment also means he can dramatically reduce his risk of passing HIV on to others and that this is an opportunity to explore other harm reduction strategies related to his substance use.

For more information, visit the NSW STI Programs Unit.

Bibliography on page 17.

Sod turned for ground breaking youth detox facility

On Friday 5 August 2016, a ground breaking ceremony kicked off the construction of David Martin Place, a $3 million purpose-built high-quality detox facility for young people at Mission Australia's Triple Care Farm. The rain and muddy conditions were no match for the enthusiasm of the crowd that gathered at NSW's Southern Highlands paddock to turn the first sod for a NSW-first facility that will help young people to take the critical first step out of substance misuse.

With an expected completion date of mid-2017, the new facility will offer a 28-day substance withdrawal and detox program for 10 young people, aged 16 to 24, at a time. The facility will complement Triple Care Farm's alcohol and other drugs program for young people with co-morbid substance dependence and mental illness. This program includes a 12-week residential rehabilitation program and a six-month aftercare program to ensure participants a smooth transition back into the community.

NSW Mental Health Minister Pru Goward, Gilmore MP Ann Sudmalis and Mission Australia CEO Catherine Yeomans and numerous supporters and staff were in attendance at the official ceremony.

Mission Australia CEO, Catherine Yeomans said, 'When a young person experiencing illicit drug or alcohol abuse is motivated to seek change, appropriate detoxification and rehabilitation facilities like this need to be available. We know that adult detox facilities are not the right place for vulnerable young people. For young people with a history of complex illicit substance and alcohol use, we know their situations are more complex, the mental health issues more severe, and the challenges they face to get their lives back on track are increasing. Coming off addictions, particularly methamphetamines, without medical support can be extremely difficult and dangerous.'

A Triple Care Farm resident, *James, bravely shared his experiences of his six year addiction to crystalline methamphetamine. After detoxing at home before attending Triple Care Farm, he acknowledged the importance of youth-specific facilities to help young people to detox in a safe, comfortable environment.

Gabriella Holmes, Program Manager at Triple Care Farm says the project will ensure that comprehensive, quality services are available to support young people to overcome their substance abuse.

'This new program will ensure the right service is available for young people to take that first critical step out of the cycle of substance abuse. Effective and engaging support to withdraw from illicit substances and alcohol will increase the effectiveness of the ongoing treatment; including residential rehabilitation and community treatment,' said Mrs Holmes.

The facility is funded by $2 million from the Commonwealth Government under the Substance Misuse Service Delivery Grants Fund, as well as funds donated by the Sir David Martin Foundation.

Triple Care Farm's Dialectical Behaviour Therapy (DBT) program also won the NADA Award for Excellence in Quality Development in June.

New resource

Program evaluation guide

Knowing that their program makes a difference is essential for AOD organisations. Evaluation provides the means to assess the impact of AOD programs, and identify areas where they can be improved.

Evaluation findings are needed to report to stakeholders and funding bodies, for reporting, benchmarking and to apply for grants. They also form an important engagement tool to be used with clients and staff, providing tangible evidence of a program's value and the impact of participation.

In an environment where programs must demonstrate an evidence base and continuous quality improvement is the norm, evaluation is now the expectation for AOD organisations.

NADA's new *Program evaluation guide* has been developed in partnership with Argyle Research & Training. It contains:

- an overview of evaluation, its benefits, challenges and how to overcome them
- advice on engaging an external evaluation consultant or university researcher
- information on setting up data and support systems for successful evaluation
- a step-by-step guide to planning and conducting an evaluation, and reporting evaluation results
- information for organisations looking to enhance their evaluations, including how to use follow-up data, client feedback, stories and case studies
- advice on how to develop a 'research culture' within your organisation.

This resource was developed with funding from the Australian Government Department of Health. It forms part of a suite of practice enhancement tools that includes NADA's (2014) *Benchmarking* and (2015) *Enhanced performance management* guides. These resources provide guidance on how to use the findings from evaluations to benchmark against other services and programs, and to enhance organisational performance, respectively.

NADA members will receive a hardcopy of this resource in the post. An electronic version can be downloaded here.

For upcoming program evaluation training, refer to the events page on NADA's website.

NADA would like to thank those that contributed to the development of this resource: Family Drug Support, Kedesh Rehabilitation Services, Manly Drug Education and Counselling Centre, Noffs Foundation, and WHOS.

Addressing the sexual health needs of clients accessing drug and alcohol services references

1. NSW HIV Strategy 2016-2020 Data Report: First Quarter 2016.
Accessed 9 August 2016. http://www.health.nsw.gov.au/endinghiv/Documents/q1-2016-nsw-hiv-data-report.pdf.
2. P Nguyen & P Dietze, 'Sexually transmitted testing (STI), diagnosis and sexual behaviour in regular users (REU) in Australia', 2007- 2012.
EDRS Drug Trends Bulletin December 2012. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/EDRSdecember2012.pdf

Member profile

Odyssey House

Odyssey House helps people overcome their misuse of alcohol and other drugs, enabling them to rehabilitate, take control of and rebuild their lives, and become contributing members of society.

Odyssey House's comprehensive services—from medically assisted withdrawal, parents and children's program, MERIT (magistrates early referrals into treatment program), rehabilitation, numeracy and literacy education, to after care in the community—are designed to assist clients to deal with the underlying reasons they resorted to drugs. These may include personal problems such as low self-esteem, relationship issues, trauma and physical and mental health problems.

Detoxification

Based in a rural setting, the detoxification unit is able to accommodate up to 13 people, staffed 24 hours a day by nursing staff. The program lasts 7-10 days and includes social and medical assessment and counselling. The client has the choice of supervised medical or non-medical detoxification.

Rehabilitation

Rehabilitation can be short term (three months) or long term. Odyssey House uses the therapeutic community approach to rehabilitation where residents actively participate in all aspects of the program to help themselves and each other. Residents live and work together as a small community at the main facility in Sydney's west.

The rehabilitation process is undertaken in a highly structured environment, with treatment support provided by professional counsellors and medical staff. Odyssey House treats drug addiction and its associated negative behaviours as symptomatic of underlying personal problems which must be addressed in order to overcome drug dependence and remain abstinent in the long term. After undergoing detox, clients are encouraged to move into long term rehabilitation.

Social support

People who overcome drug or alcohol misuse are most successful when they have family support and this is highly encouraged. Visits by loved ones are an essential part of the Odyssey House support system. Depending on a client's level in the program, contact with approved contacts may be via telephone, mail or weekend visitation.

Cultural needs

All our services are designed to include culturally competent best practice—to work with our residents more effectively to support, promote and embrace cultural differences. This includes a specific program for clients who identify as Aboriginal during assessment.

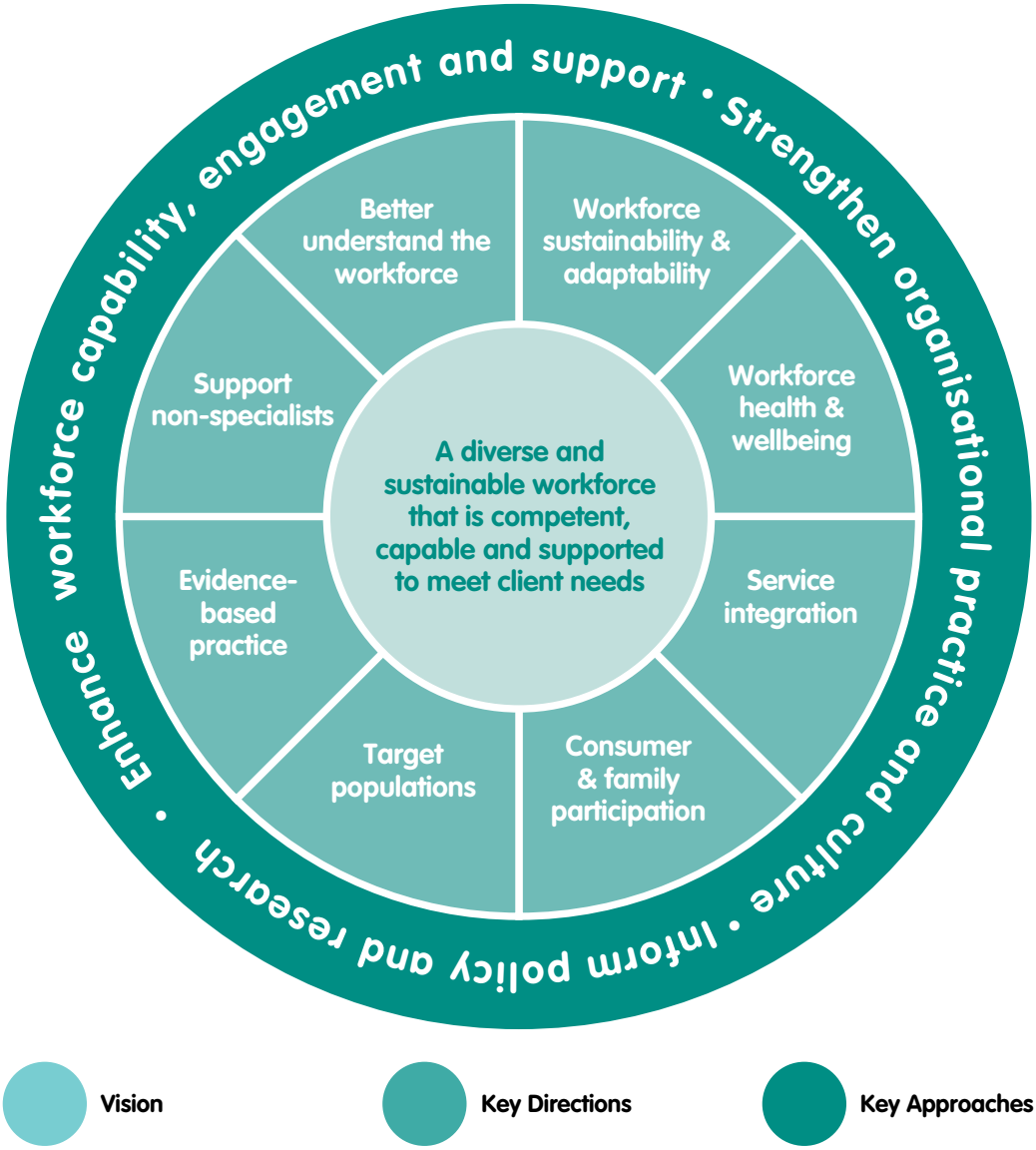
Medical needs

Odyssey House has an extensive clinical department which includes psychologists, therapists, nurses and access to a general practitioner and psychiatric consultants. The medications and both the physical and mental needs of the client are assessed upon entry to the service and integrated as part of their rehabilitation.

ODYSSEY HOUSE

To learn more about Odyssey House, please visit their website or phone 9281 5144.

NADA workforce development plan



The 'NADA workforce development plan 2016–2019' describes our vision of a diverse and sustainable workforce that is competent, capable and supported to meet client needs. The plan is aligned to the National Alcohol and Other Drug Workforce Development Strategy 2015–2018, the forthcoming NSW Alcohol and Other Drugs Strategic Plan 2016–2021, and the 'NADA strategic plan 2015–2018'.

The plan has been developed following extensive consultation with our members and stakeholders. These consultations highlighted the need to increase cross-sector and collaborative practice and to better support the workforce to respond to client needs in a holistic and integrated way.

Key projects resulting from the plan will include defining core workforce competencies, a systems change project to strengthen workforce health and wellbeing, and a workforce exchange pilot. NADA members will receive a copy of the plan in the mail. An electronic version can be viewed here [PDF].

We thank our members and stakeholders for contributing the plan's development. We look forward to working with you all over the next three years to turn the plan's overarching vision into an ongoing reality.

If you have any questions, please contact Sianne Hodge.

Profile

CMHDARN staff member

Kathy Triffitt
Research Network Coordinator

How long have you been with CMHDARN?

At the time of writing this profile, I am in my second week of working for CMHDARN.

What experiences do you bring to CMHDARN?

I come to CMHDARN having worked across both the community and university sectors. As life would have it, I have taken a convoluted path circumnavigating the arts, community cultural development and landing in health promotion. Working for Positive Life NSW (the voice of people with HIV since 1988), I have been involved in the development, implementation and evaluation of health promotion programs on topics that impact on the health and wellbeing of people with HIV and the broader community. More recently, I worked for Alzheimer's NSW on a pilot project linking people diagnosed with younger onset dementia into volunteering organisations to help them to stay connected and engaged with their communities. In addition, I have a background in tertiary education and completed my PhD in 2011. I am also teaching on the Masters of Health Promotion and Social Aspects of Health program at the University of New South Wales.

What activities are you working on at the moment?

In the coming months I plan on building a broader academic network and community practice, which enables the translation of practice based research into better service delivery and better outcomes for people living with mental distress and/or alcohol and other drug issues.

What is the most interesting part of your role?

An opportunity to engage community organisations working in the mental health and alcohol and other drugs sectors in a research culture that both draws from and informs their day-to-day practice, policies and strategic directions.

What else are you currently involved in?

On weekends you will find me exploring junk shops, garage sales and markets searching for that rare find.

A day in the life of...

Sector worker profile

Troy Kitto
Centre Manager, ONE80TC

How long have you been working with your organisation?

This is my ninth year at ONE80TC.

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

In 2008 I began the ONE80TC program after living with 23 years of addiction. I was married, employed, and a father of three girls, but addiction controlled of my life. I graduated the program and was offered an internship at ONE80TC. Since then, I have gained a Diploma of Alcohol and Other Drugs, Certificate IV in Ministry, Advanced Diploma in Community Sector Management and the normal requirements to work inside the sector. My relationship with my wife has been restored, I have fathered another two girls and remain abstinent from alcohol or drugs since entering the program.

What does an average work day involve for you?

Running a team of 22 staff by empowering them and building team morale, making sure the stakeholder, or client, in our program has the best individual case plan to suit their needs. Overseeing meetings and being the middle man between our corporate staff and our onsite staff. Staying in touch with other agencies and upskilling staff on best practice approaches for our clients. And last but not least, all the behind the scenes paperwork that goes with being an accredited not for profit organisation.

What is the best thing about your job?

Seeing men free from addiction and the impact it has on their families.

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?

'Air time!' We're the best kept secret for addicts trying to find recovery and I would like to see government funded ad campaigns that highlight the work that NGOs do to tackle drugs and alcohol in the community.

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

I'd like the ability to down the barriers that prevent people from being empowered to make positive change in their lives.

NADA events

21 November 2016

Register now for the 38th Annual General Meeting of NADA. It's a voting year! Click here.

What's on in September/October

Identifying and responding to domestic violence

29 September 2016
Workshop topics include understanding domestic violence, screening for domestic violence, safety planning and threat assessments, and domestic violence assessment and planning.

Are you asking the DV question? Identifying and responding to victims of domestic violence in AOD settings

13 October 2016
NADA and the Women's AOD Services Network invite you to attend a free, one-day information and networking forum exploring the importance of identifying and responding to victims of domestic violence (DV) in AOD settings.

Get Bloody Serious: A workshop all about hep C, from prevention to cure

14 October 2016
Get the latest developments on hepatitis C and engage your clients, organisations, and communities to help eradicate hep C.

Working with women engaged in alcohol and other drug treatment

27 October 2016
Join us for a practical workshop to enhance your skills for engaging with women accessing AOD treatment. This event will bring to life the *NADA Practice guide: working with women engaged in alcohol and other drug treatment*.

Register now on NADA's website

Seeking diversity on the NADA board

Dear members, it's that time of year again! The NADA Annual General Meeting will be held on 21 November, and this year is a voting year. All current board members have served their three year stint and under our constitution must re-nominate if they wish to remain on the NADA Board of Directors.

Our recent accreditation review report identified the need for diversity in terms of board member representation, and our recent NADA board internal review and assessment process identified that the majority of board members were middle/older aged white males from the residential rehabilitation sector. There are only two women, no CALD service representation, no LGBTI representation, no women's services representation, no consumer representation and only one representative from an Aboriginal community controlled organisation.

While the current NADA Constitution is silent on these issues and stipulates that board members are elected by a secret ballot of the membership, it is important to raise the need for diversity of representation on the NADA board with the membership at this time. As the CEO of NADA I am an employee and in no position to lecture the membership about who they should vote for. This is entirely up to our members to exercise their constitutional rights and responsibilities in relation to the election of the NADA Board of Directors.

Having said that, the NADA membership is in fact made up of representation from all the above mentioned groups and communities and I believe it would be a good thing for individual member agencies to think about the issue of diversity of representation when they consider nominating for board position or the way in which they will base their decisions about voting for nominees who do put their names forward for the governing body elections this year. I would encourage members to discuss these issues among themselves and with their Boards of Directors or Committees of Management.

Having an adequate representation of service types, geographic locations, population groups and specialist services, and gender balance, on the board can only be a good thing for the makeup of the next NADA Board of Directors. This will enable comprehensive representation of the NGO AOD sector in NSW.

I look forward to seeing you all at the AGM in November and I look forward to working with the next board, ideally with a good representation of our membership and the retention of a number of the longer serving board members to ensure there is good corporate knowledge for the next three years. I strongly believe the next three years will be the most significant period for our sector in the history of the network!

Nomination forms for election to the NADA Board of Directors will be sent to members in October.

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 mixed gender service providers and others with an interest in supporting women with AOD use issues to exchange information and access networking and capacity building opportunities to support them in their work.

The first associate network capacity building and networking opportunity is scheduled for 13 October 2016 with a focus on domestic violence.

Register to become a network member

WOMEN'S AOD SERVICES NETWORK

2016 NADA feedback survey results

90.4%
reported that NADA was effective in consulting with members—2016 member feedback

Recently NADA invited both members and stakeholders to let us know how we performed in 2015–16. NADA will present the full results at the AGM on Monday 21 November 2016. Below are some highlights:

Members

88.5%
reported that their organisation improved as a result of NADA activity.

88.5%
reported that NADA was effective at advocating for and representing the non government alcohol and other drugs sector.

88.5%
of members reported that NADA was effective at being a quality, member driven peak body.

84.6%
of members reported that NADA was effective at facilitating partnerships and networks within the sector and with key stakeholders.

Stakeholders

80%
reported that the NSW non government alcohol and other drugs sector better off as a result of NADA activities and initiatives.

75%
reported that NADA was effective at advocating for and representing the non government alcohol and other drugs sector.

88.5%
of stakeholders reported that NADA was effective at being a quality, member driven peak body.

70%
reported NADA was effective at facilitating partnerships and networks within the sector and with key stakeholders.

'NADA is a professional leader in the field of advocacy, research and support of NGOs.'
—2016 member feedback

'We have been thoroughly impressed by the collaborative, supportive and intelligent approach NADA reps have taken to engagement with PHNs. Very pro-active. We have been grateful for the support.'
—2016 stakeholder feedback

Congratulations
Congratulations to Dang-Khoa Nguyen from Vietnamese Drug and Alcohol Professionals Inc who won the iPad mini 2 for completing the NADA member feedback survey.

Thank you
Thank you to members and stakeholders who completed the survey. We appreciate you taking the time to let us know how we are doing.

NADAbase

NADAbase client outcomes data snapshot

Suzie Hudson Clinical Director, NADA

We would like to share with you the first NADAbase client outcomes data snapshot, exploring client data from those who have completed two or more NADAbase COMS surveys while in treatment. Our thanks goes to Laura and Peter at the University of Wollongong for their data analysis expertise. We hope that it will be the first of many data snapshots that will provide useful and timely data from across the NGO AOD treatment sector, so let us know the things that you might find useful in your organisation that we might include in the future.

Now we can clearly see how individuals who access treatment—in both residential and non-residential settings:

- reduce their use and severity of dependence on a range of substances
- experience improvements in their mental health through a reduction in psychological distress
- increase their experiences in relation to general health and wellbeing.

We have looked at some comparisons across gender, Aboriginal and Torres Strait Islander status and age as a starting point and can see improvements overall within each group—which is promising. However, one of the most useful things this initial data snapshot has provided us with is how important it is to follow up with our data collection. Only 34% of people within NADAbase complete a minimum of two NADAbase COMS surveys within an episode of treatment—which is essential for the reporting of client outcome data. So the challenge for us all is to value the power of this data and increase our rates of client follow up – whichever database we are using. We look forward to your comments and to the improvement of our NADAbase reports in the coming months.

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

Vale Craig Bulley

'What can I do for you sweetie?'

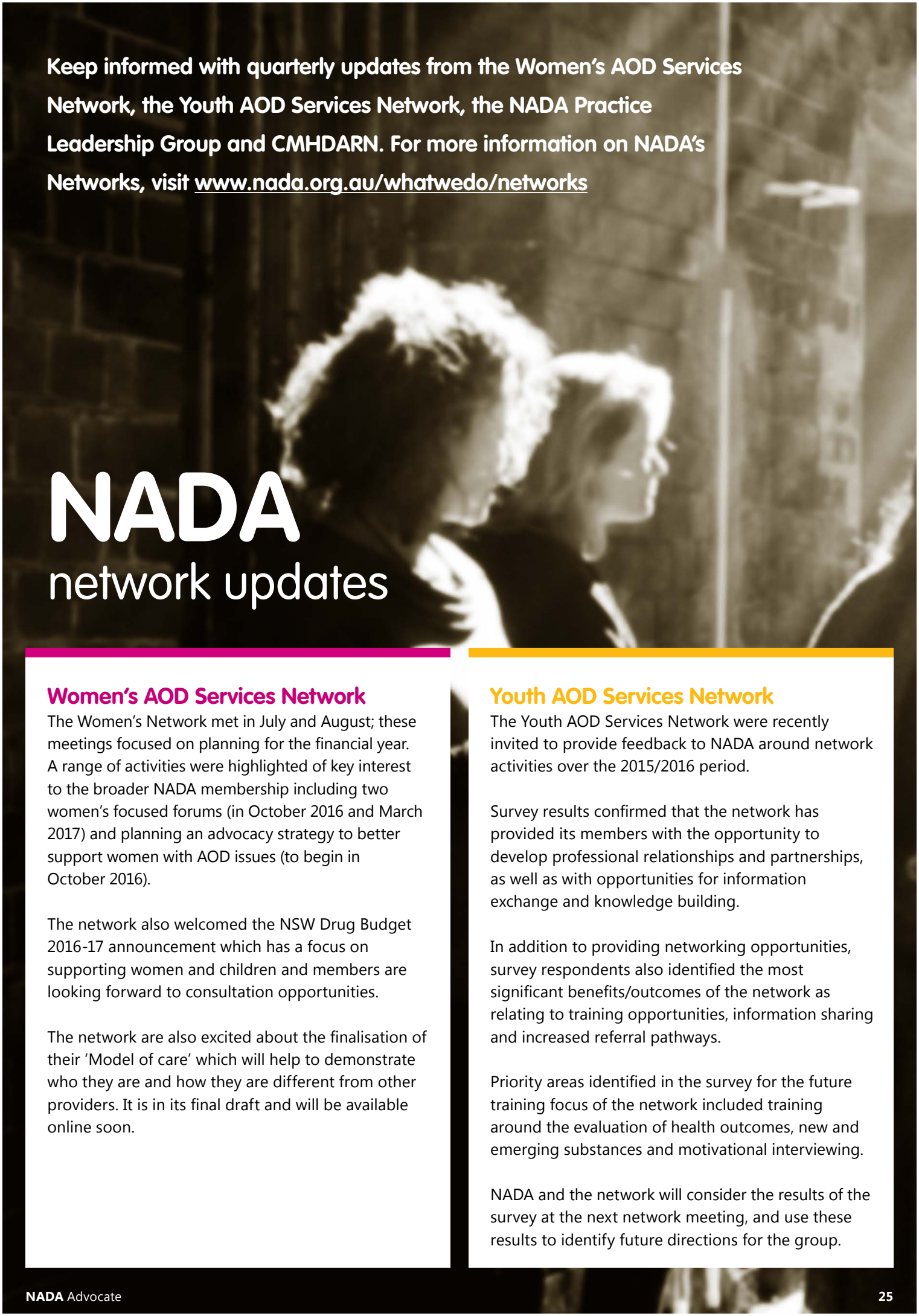
19.11.1959–9.9.2016

Craig Bulley was our go-to man, he was the front of house and the first point of contact at NADA. Nothing was ever too much trouble and he would do everything he could to find a solution to your problem.

Craig worked on and off with NADA in a variety of positions from early 2008 to 2010. In early 2012 he returned to NADA and took up the position of administration officer—and became our member fount of knowledge, supporter of program staff, assistant to Larry and the NADA board, and NADA roadie! Craig brought a smile and a warmth to NADA that made him a much loved staff member. All of us at the office will miss him dearly.

Craig told us that he 'liked the idea that I provide day to day support for the CEO, NADA executive and program management staff to provide the exceptional range of services, events and resources that NADA delivers to the membership,' and it showed. He worked closely with and worked hard for many NADA members—we know you will all miss him too. We also know that both our ACOSS and DAMEC office neighbours will feel his absence, as will many past NADA staff and board members.

Craig loved music—jazz, blues and rock and roll—building an impressive collection of outstanding music on vinyl, that he shared with a number of fortunate people through gigs and office conversations. When he became unwell, music was a source of comfort and something to share with him. We will all remember Craig in our own ways and we at NADA invite you to put on a tune and reflect on an incredible bear of a man. Some of us had the opportunity to meet his three children, about whom he regularly shared warm stories—our thoughts are with them. He will forever be missed.



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 in July and August; these meetings focused on planning for the financial year. A range of activities were highlighted of key interest to the broader NADA membership including two women's focused forums (in October 2016 and March 2017) and planning an advocacy strategy to better support women with AOD issues (to begin in October 2016).

The network also welcomed the NSW Drug Budget 2016-17 announcement which has a focus on supporting women and children and members are looking forward to consultation opportunities.

The network are also excited about the finalisation of their 'Model of care' which will help to demonstrate who they are and how they are different from other providers. It is in its final draft and will be available online soon.

Youth AOD Services Network

The Youth AOD Services Network were recently invited to provide feedback to NADA around network activities over the 2015/2016 period.

Survey results confirmed that the network has provided its members with the opportunity to develop professional relationships and partnerships, as well as with opportunities for information exchange and knowledge building.

In addition to providing networking opportunities, survey respondents also identified the most significant benefits/outcomes of the network as relating to training opportunities, information sharing and increased referral pathways.

Priority areas identified in the survey for the future training focus of the network included training around the evaluation of health outcomes, new and emerging substances and motivational interviewing.

NADA and the network will consider the results of the survey at the next network meeting, and use these results to identify future directions for the group.

NADA network updates
continued

NADA Practice Leadership Group

Throughout the NADA Conference, the NPLG played an active role, chairing sessions and answering delegate questions around their areas of expertise.

During their quarterly meeting, the NPLG discussed the substance and direction of a number of NADA projects, including the 'Health of the workforce project', the 'Treatment service specifications project' and 'Consumer participation' activities.

- Members agreed to play a specific role in the development of targeted worker self-care interventions as part of the NADA 'Health of the workforce project', and will consult with colleagues regarding best practice approaches in this area.

- In response to the development of the NADA 'Treatment service specifications project'—members will engage in the surveys and focus group discussions to shape the specifications and emphasise best practice approaches.

And finally, members would like congratulate NPLG Co-Chair Jo Lunn for the success of her project at the 'ACI drug and alcohol innovation forum'. The 'Cognitive remediation project' is a collaboration between Jo and WHOs staff with Jamie Berry from Advanced Neuropsychological Treatment Services.

To contact the NPLG, email NPLG@nada.org.au.

CMHDARN

CMHDARN are rebranding and working on a new website to become more accessible, and engage our audiences.

Save the date for the CMHDARN research forum
On November 29, CMHDARN is supporting UWS in holding a practical workshop, 'Getting my research idea over the line'. On the day you will have the opportunity to:

- pitch your ideas to people who can guide and help you plan for success
- identify the strengths of your idea/research question, as well as the challenges you may face
- garner support, potential mentorship and consider opportunities such as industry partnerships
- think about embedding your ideas in community, getting buy-in from your workplace, and translating your research outcomes into better practices
- cultivate research integrity include consumers in your research in a real way, and
- walk away from the day with a concrete plan to take your ideas to your workplace.

If you have any questions regarding CMHDARN, email info@cmhdaresearchnetwork.com.au.

NADA Practice Leadership Group

Member profile

Liz Pearce — Clinical Director—Kamira

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have been working at Kamira since 2012, and I joined the NPLG when it started in July last year.

What has the NPLG been working on lately?
At the last meeting the NPLG focused on three areas: supporting the NADA conference and awards, prioritising research devoted to the health of the workforce and assisting NADA working in with PHNs. The members are also interested in developing a health economics framework to advocate for AOD services.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
My focus in clinical and research work is co-morbidity, with a particular focus on complex trauma. I am interested in improving trauma informed clinical practice and also developing trauma informed processes at an organisation level. Please contact me at NPLG@nada.org.au if you would like to discuss any of the areas above.

What do you find works for you in terms of self-care?
Things I do for self care are spending time with family and friends, walking my dog in the park or on the beach, cooking, doing a yoga class and reading books.

What support can you offer to NADA members in terms of advice?
I am happy to help any NADA members develop group programs, or to review and adapt organisation practices to better assist clients experiencing complex trauma.

New staff at NADA

NADA welcomes the following new staff members:

Kathy Triffitt, Research Network Coordinator
Kathy will be overseeing the Community Mental Health Drug and Alcohol Research Network. She can be contacted here.

Najla El Badawi, Quality Improvement Officer
Najla is working on NADA's internal continuous quality improvement system. She can be contacted here.

Do you need assistance with your internal continuous quality improvement program? Feel free to contact Sianne Hodge if you have any questions.

NADA administration and member support
Albina Drannikov has come on board to support administration and member support. For any general member enquiries please email admin@nada.org.au.

The Glen app

The Glen Drug and Alcohol Rehabilitation Centre is always looking for innovative ways to help our clients remain sober while enjoying their new life.

The risk of people relapsing back into addiction after leaving treatment centres is higher if the client is longer engaged and supported. Thus the Glen App was designed to help people stay on track.

The app contains:

- a directory of almost 350 contacts for employment, health, housing, legal services, counselling and more
- AA, NA and other addiction recovery materials
- latest news, events and photos from The Glen
- success stories from former clients
- links to addiction recovery podcasts
- crisis support and motivational quotes.

Download it now Download on the App Store · GET IT ON Google Play

NADA highlights

Policy and submissions

- NADA provided comments on the next iteration of the 'NSW Health alcohol and other drugs plan'.
- The AOD Peaks Network provided a submission to the Productivity Commission's public inquiry into Human Services.

Advocacy and representation

- The Hon. Pru Goward held an industry briefing in partnerships with NADA at the NSW Parliament House on the new NSW Drug Package.
- NADA and AOD Peaks Network met with Drug Strategy Branch at the Department of Health to discuss NGOTGP/SMDSGF funding, PHNs, and national drug policy.
- Attended the 'Harm minimisation summit' at the NSW Parliament House.
- 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.
- Attended a workshop hosted by the University of Sydney and University of New South Wales that explored potential collaborative research projects in the area of mental health and addiction co-morbidity.
- Discussions with PHNs across NSW around planning and commissioning of AOD services has continued, both collectively and individually.
- NADA was invited to present on NADAbase at the 'SANDAS outcomes forum' in Adelaide.
- NADA's clinical director was on the panel for the ACI Drug and Alcohol Innovation Forum.
- NADA was invited to join the Justice and Forensic Mental Health Community reference Group and has attended the first meeting.
- NADA has attended its first Sydney Women's Homelessness Alliance meeting and will go on to be a regular attendee in the future.

Sector development

- The 'NADA workforce development plan' received in principle support from the Drug and Alcohol Program Council of NSW Ministry of Health.
- NADA has provided methamphetamine capacity building sessions to the new regional NGO methamphetamine services and their partners in Dubbo and Goulburn (and upcoming in Wagga Wagga).
- NADAbase incorporates new items on gender and sexuality
- NADA has held training on domestic violence screening on AOD treatment services, as well as 'Aboriginal cultural awareness training'.
- NADA has allocated workforce development grants to support training for member organisations for the July–December 2016 period.

Contact NADA

Phone 02 9698 8669
Post PO Box 2345
Strawberry Hills
NSW 2012

Larry Pierce
Chief Executive Officer
(02) 8113 1311

Robert Stirling
Deputy Chief Executive Officer
(02) 8113 1320

Suzie Hudson
Clinical Director
(02) 8113 1309

Ciara Donaghy
Program Manager
(02) 8113 1306

Sianne Hodge
Program Manager
(02) 8113 1317

Victoria Lopis
Project Officer
(02) 8113 1308

Kathy Triffitt
Research Network Coordinator
(02) 8113 1319

Sharon Lee
Communications Officer
(02) 8113 1315

Albina Drannikov
Administration Officer
(02) 8113 1305

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