Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 1: March 2017

HARM REDUCTION

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- Tackling Nicotine Together
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NADA
network of alcohol and other drugs agencies

CEO report

Larry Pierce NADA

Welcome to 2017, a year that is going to see some major developments in our sector in relation to both state and federal drug and alcohol policy and funding programs—NADA looks forward to working with our membership through this dynamic time!

This edition of the Advocate focuses on harm reduction, a fundamental pillar of Australian drug policy, and I believe, a key platform of the NSW drug and alcohol program. We hear from a variety of contributors about harm reduction and get some key insight into how this critical element of our approach to drug and alcohol service delivery works in practice.

I'd like to focus my comments on the bigger picture for harm reducton as it relates to how we see and treat illicit drug users and how we provide services that seek to assist in mitigating the harms that arise from drug use and dependency. Substance misuse and dependence is known to be a chronic and relapsing condition that is both episodic, and yet can span over the lifespan of people who regularly use substances. All too often drug users are demonised and marginalised and our response to their plight is often punitive and criminological—the most extreme example of this is seen in the Philippines where the current President has declared a 'war on drugs' that has seen more than 7000 people dead, largely as a result of extrajudicial killings by police and 'gunmen'. This 'war' is being waged on people, not on drugs.

In Australia, in the recent past, the dominant political and public discourse has often referred to shifts in drug use patterns as epidemics and scourges that are destroying a new generation. This heightens fear and misunderstanding of the complexity behind drug use and focuses much popular media on calls for greater levels of policing,

Harm reduction is a guiding principle that affirms human rights and the dignity all people deserve within our society.

interdiction and compulsory treatment. When you describe drug use as an epidemic and a scourge, individual drug users inevitably become the virus that must be dealt with. We will never seize, arrest and jail (or compulsorily treat) our way out of drug problems—this is well known. So, the alternative is positive and realistic engagement with those who are suffering from dependence and harmful misuse and appropriate educative and preventative programs.

Harm reduction as an underpinning approach to drug treatment can humanise and engage people who may need support in working their way through physical, mental and social dysfunction. It is also a guiding principle that affirms human rights and the dignity all people deserve within our society. Drug treatment that is client focused, strengths based and delivered with mutual regard, that supports people who relapse from time to time and that focuses on the longer term goals of participative and socially fulfilling engagement in the community can, I believe, only be delivered within a harm reduction framework.

Harm reduction and abstinence based drug treatment

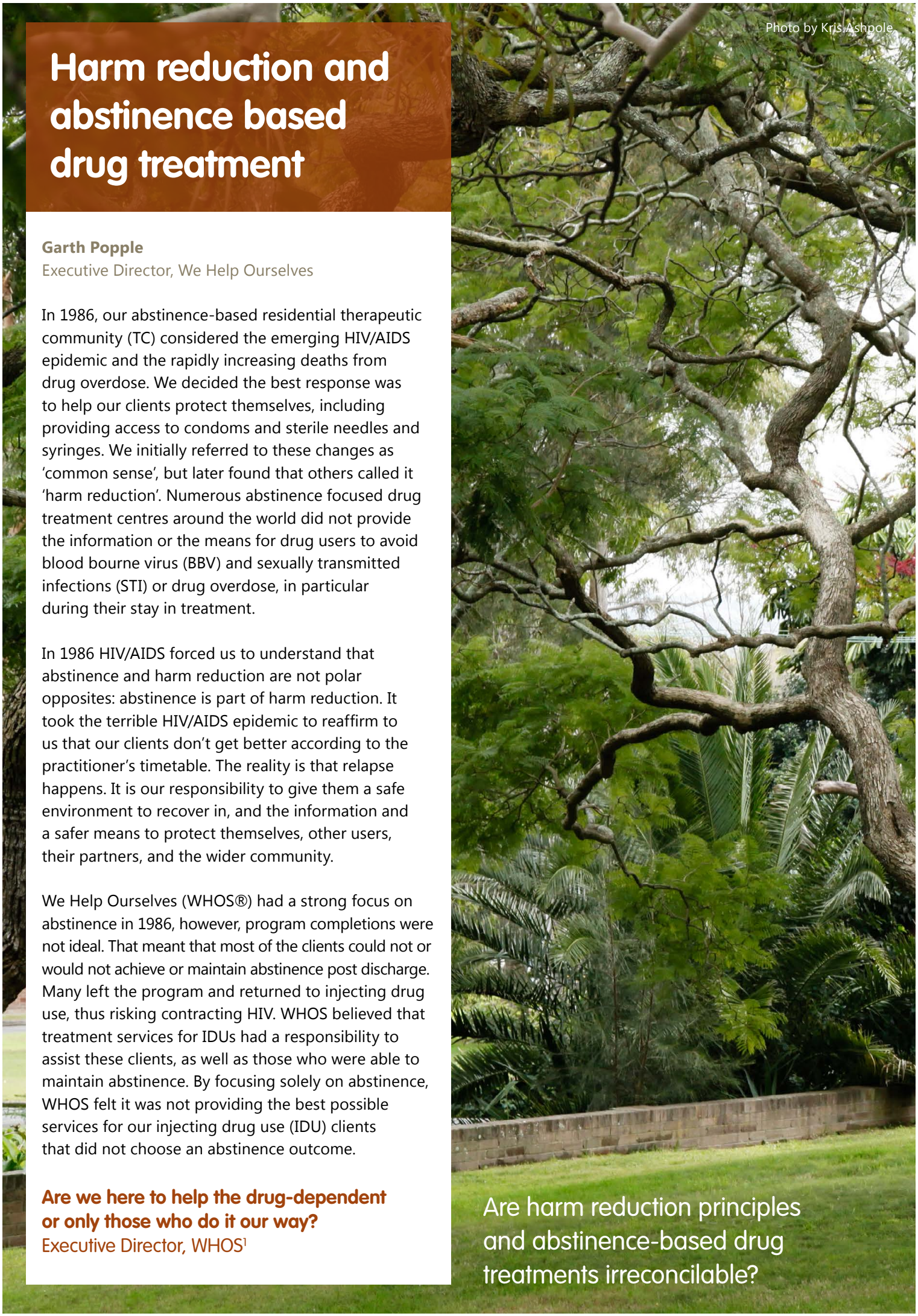
Garth Popple
Executive Director, We Help Ourselves

In 1986, our abstinence-based residential therapeutic community (TC) considered the emerging HIV/AIDS epidemic and the rapidly increasing deaths from drug overdose. We decided the best response was to help our clients protect themselves, including providing access to condoms and sterile needles and syringes. We initially referred to these changes as 'common sense', but later found that others called it 'harm reduction'. Numerous abstinence focused drug treatment centres around the world did not provide the information or the means for drug users to avoid blood bourne virus (BBV) and sexually transmitted infections (STI) or drug overdose, in particular during their stay in treatment.

In 1986 HIV/AIDS forced us to understand that abstinence and harm reduction are not polar opposites: abstinence is part of harm reduction. It took the terrible HIV/AIDS epidemic to reaffirm to us that our clients don't get better according to the practitioner's timetable. The reality is that relapse happens. It is our responsibility to give them a safe environment to recover in, and the information and a safer means to protect themselves, other users, their partners, and the wider community.

We Help Ourselves (WHOS®) had a strong focus on abstinence in 1986, however, program completions were not ideal. That meant that most of the clients could not or would not achieve or maintain abstinence post discharge. Many left the program and returned to injecting drug use, thus risking contracting HIV. WHOS believed that treatment services for IDUs had a responsibility to assist these clients, as well as those who were able to maintain abstinence. By focusing solely on abstinence, WHOS felt it was not providing the best possible services for our injecting drug use (IDU) clients that did not choose an abstinence outcome.

Are we here to help the drug-dependent or only those who do it our way?
Executive Director, WHOS[1]



The long-held aims and priorities of the service had to be reassessed. The reality was that not all clients are willing or able to abstain. Some clients were leaving WHOS and engaging in HIV risk behaviours. Also, despite the program rules, some clients were using drugs and having unprotected sex and were thus at risk of HIV even while in the TC. Finally, even clients who completed the program and were able to abstain might relapse at a later stage and also risk being infected with HIV. WHOS believed that preventing HIV among current and former clients should be as high a priority as helping clients to become drug-free; that is, the organisation should shift towards to a 'health gains' goal.

You might take three or four attempts at treatment before you get drug-free, but once you're HIV-positive, you're positive.
Executive Director, WHOS[1]

WHOS staff worried that providing condoms and injecting equipment might send conflicting signals to clients. Some clients indeed said they were confused: sex and drug use within the program were not permitted, but condoms and syringes were available. Therefore it was explained that while there were program guidelines, not everyone followed them all the time. WHOS' position was that if clients did break program guidelines we hope it was done as safely as possible. WHOS wanted the clients to be prepared, to avoid HIV and other infectious diseases. Abstaining from sex and injecting drug use despite the availability of condoms and syringes became a lesson for clients in coping with risky relapse situations. WHOS did not experience a drop in admissions after it introduced harm reduction; rather, as word spread, more IDUs sought treatment at WHOS, for ensuring the health and safety of clients.

In 2017, and 30 years on, WHOS harm reduction strategies are well embedded into its seven programs across NSW and QLD. Each service has dedicated harm reduction workers who facilitate the education program to the clients. Education groups are provided on BBV, STIs, overdose prevention/CPR/administration of Naloxone, infection control, safer sex and relapse prevention. Harm reduction workers are overseen by the WHOS nurse manager who ensures workers' skills are updated and education and resources provided to clients are current and evidence based.

All WHOS services have well established partnerships with harm reduction services in their areas. At the Rozelle site WHOS programs in partnerships with Sydney Local Health District and other community agencies have established an onsite Liver Clinic, to induct clients on to hepatitis C treatment whilst in program, and an onsite Women's Sexual Health Clinic.

Residential programs for individuals on opioid substitution treatment (OST) were introduced in 1999, 2009 and 2012 to offer support for reduction and stabilisation. A day program for OST clients in these programs was also established to further commit WHOS to harm reduction initiatives.

WHOS' journey from an 'abstinence only' based therapeutic community to a therapeutic community based organisation that integrates harm reduction initiatives in response to the challenges of the HIV/AIDS epidemic has stood the test of time and new challenges continue to enforce the commitment to harm reduction for WHOS.

The transition illustrated clearly that the process of change, while rarely easy, can be managed and is best achieved by identifying common ground between different viewpoints and taking small steps.
World Health Organisation[1]

The WHOS Harm Reduction Program was awarded a commendation for 'Excellence in health promotion' at the NADA Awards in 2016.

WHOS
helping people help themselves

To learn more about WHOS, please visit whos.com.au.

Reference

1. World Health Organisation 2006, *Harm Reduction: Good Practice in Asia. Integration of Harm Reduction into Abstinence Based Therapeutic Communities: A Case Study of We Help Ourselves, Australia. Western Pacific Region.*

Partnering with the police

MSIC consumers and the police co-create a police liaison officer

Mark Goodhew Doctoral Candidate, UTS Sydney
Angela Dawson Associate Professor
Jane Stein-Parbury Emeritus Professor

Many consider the current drug possession laws to be overly punitive and not conducive to positive encounters between people who inject drugs (PWID) and police. However, research undertaken as part of my PhD project, 'Enhancing consumer participation at the Sydney Medically Supervised Injecting Centre (MSIC) through participatory action research (PAR)', provides evidence that positive encounters between PWID and the police are possible.

Consumer participation occurs when consumers are actively and 'meaningfully involved in decision-making about health policy and planning, care and treatment, and the wellbeing of themselves and their community'.[1] This research project involved the formation of a Consumer Action Group (CAG) in June 2015 with the aim of incorporating consumers' voices into MSIC's service delivery and planning.

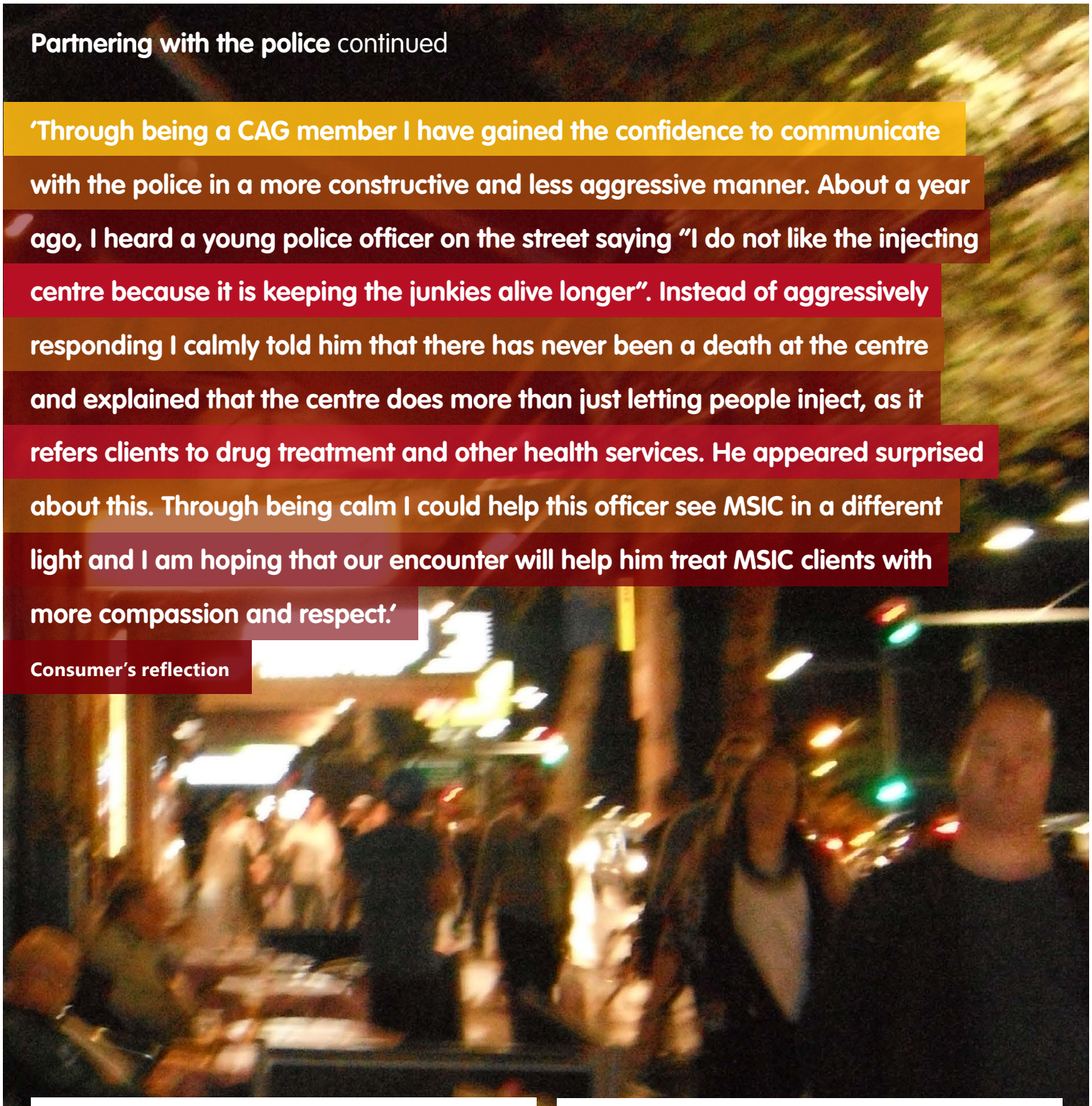
PAR is a research method that involves cycles of planning, action, observation and reflection. All participants are considered equal co-researchers and research decisions are made democratically. Therefore, PAR has emancipatory qualities that are suitable for marginalised people such as MSIC consumers. The MSIC CAG consists of eight consumers and five staff members who meet every three weeks to discuss issues that are important to MSIC consumers.

During the initial stage, the consumers passionately discussed their frustration about police searching them in close proximity to MSIC, forcing them to inject in less safe places due to the fear of arrest. They also said that some police can be rude, aggressive and unprofessional. At first it was thought this problem was too hard to tackle, as police are acting within the law and making complaints against police is an arduous process with rare resolution.

The CAG took action by sharing their concerns with the MSIC management team who then informed the local area police commander. As a result, a MSIC police liaison officer position was created. The CAG arranged a meeting with the police liaison officer to discuss working in partnership to reduce searches.

During the meeting the CAG consumer members were well organised. They presented the officer with a summary of issues in a calm professional manner while highlighting the fact that PWID are not inherently bad people. The group suggested developing an ID card for MSIC consumers who could show the police if stopped and questioned. They also suggested

Photo by Ruby Goes



'Through being a CAG member I have gained the confidence to communicate with the police in a more constructive and less aggressive manner. About a year ago, I heard a young police officer on the street saying "I do not like the injecting centre because it is keeping the junkies alive longer". Instead of aggressively responding I calmly told him that there has never been a death at the centre and explained that the centre does more than just letting people inject, as it refers clients to drug treatment and other health services. He appeared surprised about this. Through being calm I could help this officer see MSIC in a different light and I am hoping that our encounter will help him treat MSIC clients with more compassion and respect.'

Consumer's reflection

that they be invited to educate police about the importance of harm reduction, as ways of improving relations and reducing searches. The police liaison officer was open to these ideas.

The police liaison officer said there is a public expectation that drug related arrests occur, but he agreed that searches should not occur on MSIC's doorstep. The officer was open to the suggestion of educating officers about the important work of MSIC and how they can exercise discretion during searches and arrests. The meeting ended with an atmosphere of goodwill, with both parties expressing a willingness to work in partnership to improve relationships between MSIC consumers and the police.

The creation of the MSIC CAG provided consumers with a new-found voice that has increased their confidence and ability to communicate with the police in a calm and assertive manner. The project provides evidence that it is possible for MSIC consumers and the police to work collaboratively. It is hoped that this union will continue to strengthen.

Reference

1. ACT Government Health 2011, *Consumer & Carer Participation Framework* [Online]. health.act.gov.au/c/health?a=dlpubpoldoc&document=2771. [Accessed 8th November 2014].

Coming to our senses

From law and order to health in drug policy

Dr Richard Di Natale Leader of the Australian Greens

Sadly, the drug overdoses this summer only serve to highlight the failure of the current policy approach. Illicit drug policy in Australia has traditionally been dominated by a 'law and order' approach which responds to personal drug use as a criminal issue rather than a public health issue. Despite the evidence from Australia and around the world repeatedly demonstrating that such an approach does little to curb the use of illicit drug use, and leads to greater harm to users, this approach persists.

The most recent Australian National Illicit Drug Data Report[1] from August 2016 shows that arrests for illicit drug use in Australia have risen, but so too has illicit drug use. This demonstrates yet again that the current approach is having little positive effect, if any.

In early 2016, I initiated a series of roundtables across the country which drew together stakeholders from across the spectrum including law enforcement, drug user advocacy bodies, academics and clinicians. Together we explored alternative, harm reduction approaches to illicit drug policy.

The roundtables fed into the federal Parliamentary Drug Summit, hosted by the Parliamentary Group for Drug Policy and Law Reform in March 2016 which established common principles for moving towards a more evidence-based, harm reduction approach to drug policy in Australia.[2]

In parallel to these engagement processes, the Australian Greens undertook a significant review of its own illicit drug policies. In doing so, we looked at examples of international policy practice, such as in Portugal and the Netherlands, where the benefits of a health approach to drug policy are being seen.

In Portugal, possession of illicit drugs is illegal, but does not result in criminal proceedings if the amount possessed is for personal use, and there is no suspicion of involvement in drug trafficking. Where a person is caught in possession of a small quantity of drugs for personal use, they are evaluated by a panel comprised of a lawyer, a doctor and a social worker. While sanctions may be applied, the main objective is to explore the need for treatment and to promote healthy recovery. The reforms have had positive impacts, including reducing the burden on the criminal justice system, reducing drug-related mortality and a decline in problematic drug use, particularly intravenous drug use.[3]

Since the 1970s, policy in the Netherlands responds to different drugs according to their level of harm. The Netherlands has also invested heavily in health and social services for drug users. While data on prevalence shows drug use in the Netherlands remains at the average to higher range for European countries, the Netherlands performs better than the European average in relation to several drug related harms. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has reflected that the Netherlands' relatively low rate of drug-induced deaths over the years 'might be explained by the low number of socially marginalised high-risk drug users, widely available prevention and treatment measures targeting high-risk drug users and a low rate of injecting drug use'.

The Australian Greens advocates that Australia's legal framework on drugs should be informed by evidence about what works to reduce harms, emphasising a health approach over a law and order approach.

In November 2016, I was proud to announce that the Australian Greens adopted a new element to our already comprehensive drugs policy, which in summary advocates that Australia's legal framework on drugs should be informed by evidence about what works to reduce harms, emphasising a health approach over a law and order approach.

Sadly we have seen more lives lost and damaged by drug overdoses at festivals, nightclubs and on the streets, even while we have many of the policies at our fingertips that we know could work to prevent these incidents from occurring. Over the summer I've been engaging with festival organisers and drug services like Harm Reduction Victoria's DanceWize project to discuss what more we can do to shift the public debate. In time, I believe we will come to our senses on drug policy, but it will take strong advocacy and a united effort.

Footnotes

1. Australian Criminal Intelligence Commission (ACIC), *Illicit Drug Data Report 2016*. https://www.acic.gov.au/sites/g/files/net1491/f/2016/08/acic-iddr-2014-15.pdf?v=1470178813.
2. Material from the Summit, including the Canberra Declaration on Illicit Drugs is available at: http://campaigns.greens.org.au/ea-action/action?ea.client.id=1792&ea.campaign.id=47981#submit.
3. MacCoun, R 2011, 'What can we learn from the Dutch cannabis coffee shop system?', *Addiction*, 106 (11),

Tackling nicotine together

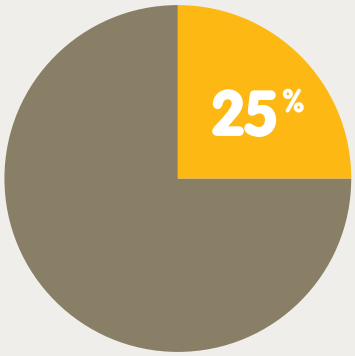
Billie Bonevski, Anthony Shakeshaft, Michael Farrell, Flora Tzelepis, Scott Walsberger, Catherine D'Este, Chris Paul, Adrian Dunlop, Andrew Searles, Peter Kelly, Robert Stirling, Carrie Fowlie, Ashleigh Guillaumier, Eliza Skelton

Tackling Nicotine Together (TNT) is a cluster randomised controlled trial examining the effectiveness of an organisational systems change intervention at increasing smoking cessation rates in drug and alcohol treatment centres. The project recruited 32 AOD treatment centres, including 10 non-government services in NSW. These were randomly allocated to be intervention or control sites.

Workers at intervention sites were provided with smoking cessation and nicotine replacement therapy (NRT) training. The project provided intervention services with NRT that workers could provide to service users at no cost. While the primary outcome measure for the trial is client smoking cessation rates at six months follow-up, the project also collecting data on **tobacco smoking cessation intentions and preferences for quit support among clients**.

Among the AOD treatment client population

greater than the general population



reduction to lifespan

Addressing tobacco with AOD clients

- Drug and alcohol services are well-positioned to treat tobacco smoking.
- Addressing smoking within drug and alcohol treatment is clinically recommended.
- Smoking cessation care has been infrequently provided commonly cited barrier to addressing smoking in this setting is the belief that clients are not interested in quitting smoking.

The study aimed to assess AOD treatment clients'

interest in quitting

preferences for quit smoking support

Tackling nicotine together
continued

Tobacco cessation results

Would you like a staff member of this clinic to talk with you about your tobacco smoking?

46%

Yes

What types of help would you like from staff at this clinic with your tobacco smoking?

81%

Free or cheap NRT*

Did you know that doctors can prescribe cheaper nicotine patches to help you quit smoking?

51% Yes

42% No

6.4% Unsure

*Other types of help requested: support and encouragement to help me quit (70%), to be asked if I would like help to quit (62%) and to be followed-up and given support to stay quit (61%).

Conclusions

- AOD clients are interested in quitting smoking and are trying to quit.
- Clients attending AOD treatment services are open to talking with staff about their tobacco use.
- AOD clients would like support from their treatment staff to help them quit smoking.

Implications

Address tobacco as part of AOD treatment

Strategies

- **Assessing smoking status**
- **Providing help/support to quit**
  Staff training
- **Provision of NRT**
  Link to GP for nicotine patch prescription
- **Refer to Quitline**

For more information about the TNT project, or to discuss this study, please email Professor Billie Bonevski billie.bonevski@newcastle.edu.au.

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

TNT TACKLING NICOTINE TOGETHER

Translating research into practice

Engagement with drug users in an active street market

Peter Higgs Department of Public Health, La Trobe University

This piece is a reflection on my involvement since late 1996 in targeted research and community development activities for people who use heroin in the inner western Melbourne suburb of Footscray.

Much of the focus of my work has been with ethnic Vietnamese heroin users. In 1996, the evidence base for problematic heroin use among ethnic Vietnamese in Melbourne was essentially non-existent. Given this, the initial research with which I was involved concentrated on defining and mapping the extent of heroin use among the ethnic Vietnamese population and profiling the organisations working with this specific group. From this scoping work it became obvious that, in order to understand what places ethnic Vietnamese heroin users at risk of harm, research was required to not only understand what they do and with what frequency, but why they do it and in which contexts this drug use is occurring. Inevitably for me this evolved into outreach focused qualitative research and fieldwork with the broader Footscray drug using scene. Little did I know then that 20 years later I would still be actively doing research in this suburb and with this population. The experiences I have been a part of have framed the kind of researcher I have become.

Over the two decades that I have been doing this work, I have come to understand that there are well established, informal economic networks that support and sustain an active street-based drug scene. No matter how much energy is spent policing these scenes and trying to move the 'problem' elsewhere the street market in Footscray continues today—albeit in a very different form to the one that I saw in the mid-1990s. The fact that around 500 people are dosed for pharmacotherapy in the Footscray CBD means that people will continue to come on a daily basis to contribute to the vibrant social and economic life of Footscray.

When I started doing this work, ethnic Vietnamese illicit drug users occupied a sentinel position in the heroin marketplace in Australia. Between 1995 and 1999, colleagues and I documented and reported a range of risk-taking behaviours by ethnic Vietnamese heroin users in both Sydney and in Melbourne. It was clear from this early work that the patterns of heroin use were different for ethnic Vietnamese heroin users, with most starting by smoking or inhaling rather than injecting. The reported sharing of injecting equipment was also high and travel to Vietnam was commonly reported. We were worried about this because of the emerging HIV epidemic among people who inject drugs in Vietnam and the difficulties in accessing sterile injecting equipment. This preliminary research suggested that heroin users of Vietnamese ethnicity were experiencing saturation levels of drug-related harm and this was something to be concerned about. The need for harm reduction focused work continues today.

The advantages of long term field engagement

In my interviews with ethnic Vietnamese heroin users, it is clear that perceptions of risk are not necessarily constituted in the same way for participants, as they are for public health workers or researchers like myself. For example, when exploring issues of risk-taking through my interviews I may start by asking broad questions like: 'What is the most risky thing you have ever done when injecting?' as a way of eliciting 'war stories' from participants. Often I was given narratives that had little to do with the injection process itself. Some of the responses included driving while intoxicated or running across a busy road at peak hour without looking. I soon came to learn that my interpretation of what constituted 'risk' and what participants themselves saw as risk-taking were quite different. The need to better understand how participants think about everyday activities was clear.

My conversations have highlighted the impact of homelessness and unstable housing, incarceration, and unemployment—all of which serve to emphasise the harm-saturated environments in which many of this study's participants live.

In doing longitudinal qualitative work with people I have uncovered a number of local harm reduction and self-protection issues which are worth highlighting—much of this is impossible with one off interviews—trust and credibility are paramount. Designing the most workable interventions that account for these locally developed harm reduction strategies will mean continuing the active

and assertive outreach conversations with people in spaces where they feel comfortable. This will enable keeping abreast of the changing nature of street drug markets and of the drugs of choice for participants in these markets.

Most importantly in doing this kind of research I have come to understand the range of social factors that contribute to increasing marginalisation for study participants. My conversations have highlighted the impact of homelessness and unstable housing, incarceration, and unemployment—all of which serve to emphasise the harm-saturated environments in which many of this study's participants live. The system simply does not work in the best interests of many of the people I have come to know.

The illegal and stigmatised nature of heroin use further contributes to participants' feelings of guilt and shame, and can be a key reason for them to avoid mainstream health care services.

Continuing assertive and responsive outreach will ensure that these relationships are sustainable and will enable meaningful research to continue. These relationships can build a better understanding of both the social and the injecting networks of people I have come to know. My experience has been that meaningful relationships with people who use drugs can be achieved through this sustained presence in people's lives.

LA TROBE UNIVERSITY

AOD Media Watch

Dr Stephen Bright Addiction Senior Lecturer, Edith Cowan University

The media plays an important role in the public debate regarding alcohol and other drugs (AOD). There is a complex interaction between media reporting, drug policy and drug-related harm. AOD Media Watch is run by a group of researchers and clinicians who work in the field that aim to improve the reporting of AOD issues through putting the spotlight on stories that contain misinformation, perpetuate unnecessary moral panic and stigma.

Moral panics in the media can actually be detrimental by counter-intuitively leading to increased drug use since it increases the perception that more people are using the drug than actually are. It has also been found that moral panics reduce the degree to which some people believe that the drug being reported on is harmful. It also reduces the credibility of AOD information in the media.

Meanwhile, the use of certain language in the media perpetuates already entrenched stigma about people who use certain drugs. Such stigma not only limits people accessing healthcare services, but by internalising this stigma, people who use drugs are more likely to feel marginalised from society which can exacerbate their use of drugs and contribute to addiction.

Following the launch of AOD Media Watch at the VAADA conference, we hope to engage with Australian media so that they appreciate how journalists can help reduce drug-related. To assist journalists in providing critical analysis of drug-related issues and events, that has the potential to help reduce harms from drug use, we have compiled a set of guidelines for journalists.

We hope that the public will help AOD Media Watch spot dodgy AOD coverage, or even work with the reference group to assist in deconstructing poor media coverage of AOD-related events. In doing so, we hope that media reporting of AOD issues in Australia becomes more objective, using science and evidence rather than perpetuating myths, opinions and moral panic.

To learn more, visit www.aodmediawatch.com.au.

AODMediaWatch **@AODMediaWatch**

AUSTRALIA ECU EDITH COWAN UNIVERSITY

Dried blood spot HIV test

Sharon Robinson Clinical Nurse Consultant (HIV), NSW STI Programs Unit

NSW Health is committed to the bold but achievable ambition of the virtual elimination of HIV transmission by 2020, as outlined in the NSW HIV Strategy 2016–2020.

To achieve this goal, very high levels of testing are required among people at risk of HIV. We know that early diagnosis and treatment of HIV provides the best health outcomes for the individual and prevents the onward transmission of the infection to others. However, in NSW, approximately 35% of HIV diagnoses occur at a late stage of the disease. To improve testing rates, NSW Health has invested in innovative testing strategies to ensure a mix of HIV testing options are available to meet the needs of our priority populations.

The Dried Blood Spot (DBS) HIV Test provides a new testing option for people at risk of HIV. The DBS HIV Test is a self-collection test, which enables people to collect a finger prick sample of blood at home. The sample is posted to the laboratory for testing. The delivery of results and follow up care is coordinated through the Sexual Health Infolink and the relevant Local Health District. This allows people to collect samples in their own home, post back and receive results without having to attend a health service.

The test is highly accurate, and is provided free of charge to the patient. This type of testing is particularly beneficial for people concerned about known barriers to HIV testing in conventional health settings, including embarrassment, cost, transport or other logistical issues or concerns about needles or traditional venepuncture sampling.

nswsti PROGRAMS UNIT

DBS HIV Test

The test is offered as part of a pilot project being conducted in two phases. Phase 1 of the project is currently underway.

DBS

Phase 1

During Phase 1, DBS HIV testing is available to men who have had sex with men, people from countries where HIV is more common (Africa or Asia), or people who have had sexual partners from these regions.

The testing kit is ordered online and mailed in a plain express post envelope, to a preferred address.

Phase 2

Phase 2 of the project will allow services within relevant settings to provide testing kits directly to people at risk. The DBS HIV Test will be available to a broader range of risk groups including people who inject drugs.

It is expected that Phase 2 of the project will commence mid-2017 and further information will be provided in due course. Expressions of interest to be involved in Phase 2 can be made to the HIV & STI Branch, Ministry of Health to Rachel.katterl@moh.health.nsw.gov.au.

For more information visit www.hivtest.health.nsw.gov.au.

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.

Harm Reduction Australia

Gino Vumbaca President, Harm Reduction Australia

Harm Reduction Australia (HRA) is a national organisation for individuals committed to reducing the health, social and economic harms potentially associated with drug use.

HRA is a membership-based organisation that represents the views of its members. Our members are primarily people working in the health, welfare and law enforcement sectors, but also includes concerned family members, consumers, students and other individuals wanting to advocate for the continuation and expansion of harm reduction policies in Australia.

HRA was formed in 2015 by a group of professionals concerned about drug policy in Australia. For over thirty years Australia's National Drug Strategy has focused on harm minimisation. In recent years, the commitment and support for this evidence-based and effective approach to addressing drug use has waned across many of its government signatories.

The previous high level of support for harm reduction in Australia had meant that there was a limited need for a national association dedicated to promoting evidence-based, pragmatic and safe drug policies.

The board and members of HRA are people who understand the complexities of drug use and are advocating for the safest, most effective ways to protect the wellbeing of individuals, families and communities addressing drug use.

In essence, HRA aims to ensure that drug policies in Australia first and foremost do no harm and provide real benefit to Australian society through evidence-based and humane responses to drug use. HRA neither condemns nor condones drug use but recognises that drug use will occur and it is important to ameliorate the harms that it can cause for some individuals, families and communities.

The only way to think sensibly about drugs is to ensure that we pursue humane and ethical purposes: to keep people alive, allow for differences of view and choices and as far as possible, in every way, reduce the harm associated with drugs.
Margaret Hamilton AO, Professor

HRA takes a non-judgmental approach to drug use within society and recognises the key role people with current and past drug use experience must play in any effective drug policy solutions.

We are dedicated to reducing the harmful impact of drug use in Australia through evidence-based, sensible and safer drug policies.

Become a member of HRA to advocate for the continuation and expansion of harm reduction policies in Australia.

To learn more about HRA, visit the website.

HARM REDUCTION AUSTRALIA

Goals

To develop Australia's first recognised network of individuals, agencies, and organisation including people with current and past drug use experience, committed to achieving and maintaining best practice harm reduction in Australia.

To educate the public, decision makers and the media about the efficacy and legitimacy of harm reduction and human rights-based policies and programs for redressing some of the potentially harmful consequences of drug use.

To work collaboratively to ensure reform to current drug policy with the primary aims of ending imprisonment, stigmatisation, discrimination and human rights violations against the people who use or have used drugs.

Working with young people and AOD

Working within a harm reduction framework at Dunlea

Daniel Istanbouli Family worker, Youth Off The Streets

The Dunlea Alcohol and Other Drugs Youth Service, a non-residential program of Youth Off The Streets, aims to address the AOD use practices of young people.

We provide treatment for problematic drug use, which ranges from using on weekends to injecting practices. We have identified that most young people are not using one specific drug, rather they are exploring and experimenting with a diverse range, including opiates, stimulants, depressants, hallucinogens, cannabis, and alcohol. Subsequent unsafe practices have led to a range of consequences including sexual transmitted diseases and mental health issues, impacting the individual's daily functioning.

Dunlea identifies three key focus areas:

- drug use within the youth population, both licit and illicit
- drug use which occurs across a continuum, ranging from occasional use to dependent use
- the range of significant consequences that can come from drug use.

Dunlea understands that AOD use and the strategies to reduce harm related to AOD can be influenced by three interacting components: the drug, the individual and the environment.

Thus Dunlea is based on the youth-focussed system approach, which expands on the public health model, as it provides a greater profundity to environmental factors involved. We focus our awareness and understanding of societal and cultural influences. We also consider the interactions between different parts of the interacting components and what impacts these have on young people and their behaviours. By doing so, it helps us to identify that interventions to reduce harm can be directed at different parts: the individual, their environment and community.

Harm reduction is also central to our approach, to provide a safe place for youths. We found that we can engage with young people on this level to achieve positive outcomes. Treatment plans are based on the young person's individual needs and they collaborate with staff to achieve their goals. Our comprehensive treatment program implements dialectical behaviour therapy with the incorporation of harm reduction strategies, psycho education, cognitive behaviour therapy, and a multidisciplinary team consisting of a psychologist, family worker, and AOD caseworkers.

From July 2013 to June 2016, we recorded 143 treatment episodes at Dunlea, of that 108 of them were young people accessing our program and 26 families engaged in support. We supported and maintained treatment with 44 Aboriginal and/or Torres Strait Islander people. 64 clients completed their treatment, and 23 clients left to continue with further treatment.

What we believe in and practice by is: 'for those who were imprisoned or left without notice, we always attempt to make contact and remain as a support to them in hope they will re-engage.'

Father Chris Riley's youth off the streets®

Click here to learn more about Dunlea Alcohol and Other Drugs Youth Service.

Do you have something to share

Contribute to the Advocate to connect with NADA members and stakeholders. Promote new services and projects, innovative partnerships, awards and achievements, or research activity.

Email your content to Sharon Lee.

Useful resources

Evidence

Systematic review
Ritter, A and Cameron, J 2006, 'A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs', *Drug Alcohol Review*, volume 25, no.6, pages 611–24. View abstract.

Sydney Medically Supervised Injecting Centre
The Uniting Medically Supervised Injecting Centre's (MSIC) website contains links to evaluations of the service, along with background resources. To learn more, phone Rohan Glasgow on 9360 1191, or email rglasgow@uniting.org.

Resources

New South Wales Users and AIDs Association (NUAA)
NUAA, the peak drug user organisation in NSW, advocates for people who use drugs, particularly those who inject. Their website contains resources, videos on safer injecting practices and the magazine, *Users News*.

Harm Reduction Victoria (HRVic)
HRVic aims to educate, inform, support and advocate on behalf of Victorian people who use drugs and their friends and allies. The organisation has developed a number of useful resources focusing on a range of issues, including safer drug use.

Hep C and you: a user guide to the latest information
Developed by peers for people who inject, this resource, published by Australian Injecting & Illicit Drug Users League (AIVL), aims to increase hepatitis C literacy and encourage people living with hepatitis C or at risk of transmission to get tested and undertake treatment, if required. The resource acts as a plain language explanation of hepatitis C, screening and treatment options and can be provided to clients by AOD and other health professionals.

Harm reduction resources for dual diagnosis
QNADA recognised the need for more accessible information about the potential interactions of commonly prescribed mental health medications and licit/illicit substances, and so developed a series of harm reduction resources focusing on these interactions.

Opening Doors: enhancing youth friendly harm reduction
This toolkit provide a set of training sessions to stimulate discussion that can lead to youth friendly harm reduction services. This may entail review of services, their renewal and, possibly, re-design.

Black Poppy is a UK-based health and lifestyle magazine for the drug using community.

Exchange supplies is a source of educational materials and resources. www.exchangesupplies.org

HIT delivers effective interventions on drugs, community safety and other public health concerns. www.hit.org.uk

Websites

Bluelight is an international discussion about drugs, drug effects and drug experiences. www.bluelight.org

Erowid contains information about drugs, their effects, their history and more. www.erowid.org

Injecting advice offers support and advice to people working in harm reduction services (especially needle programmes) and to injecting drug users. www.injectingadvice.com

The **Overdose Prevention Alliance** is a place for information and debate on drug overdose worldwide, with the overarching goal of curbing overdose incidence and mortality. The blog largely disseminate new research findings. www.overdosepreventionalliance.org

Stonetree is a blog about harm reduction, learning and practice with an emphasis upon how the use of social media can enhance advocacy, professional development and the provision of AOD/harm reduction services. www.stonetreeaus.wordpress.com

The **International Network of People Who Use Drugs** was established to represent the interests of drug users on the world stage. inpud.wordpress.com

Member profile

Namatjira Haven Drug and Alcohol Healing Centre

Namatjira Haven Drug and Alcohol Healing Centre, situated on rural land close to Alstonville on the far north coast of NSW, services Aboriginal men. We are an Aboriginal Community Controlled Service. Our catchment is principally the northern part of NSW.

Namatjira is continually adjusting and adapting our services to the presenting needs of Aboriginal men and to the contemporary drug and alcohol environment.

At present methamphetamine in crystalline form (ice) is the most readily, and cheapest, available drug on our streets. This substance presents a different and sometimes disturbing dynamic however in the residential rehabilitation abstinence based context we do not see any specific or special issues resultant from this particular drug apart from some differences related to the class of drug. There is less overdose and more mental health issues present. In our view high ice (and other drug) use in Aboriginal men reflects a lack of meaning and purpose in their lives and a lack of less harmful, readily available and cost effective alternative substances. It also reflects that people will use drugs especially when stressed or living without hope or pleasure. Seeking to eliminate drug use has not and will not work nor change the reasons why Aboriginal men are attracted to AOD use or other harmful behaviours and habits.

Namatjira Haven is focussed on a more health based approach to AOD which avoids the demonization of substance use and also seeks to remove the stigma associated with problematic AOD use. In Aboriginal people, stigma is compounded by cultural factors and by high rates of associated psychological issues principally anxiety and depression, often trauma based. Changes to the principle drugs of availability over recent years have also required adaption, however Namatjira does not seek to sensationalise nor continue punitive approaches. The waters are muddy when mandated and self-referred mix and when justice and health collide and this presents challenges to clinical approaches which are in any event not grounded in any one theory of causation or with any definitive treatments. At Namatjira the focus is not on the drug rather it is on the factors making drug use attractive or necessary such as boredom, hopelessness and emotional pain and other determinants.

Methamphetamine has replaced heroin, providing a different presentation, however alcohol and tobacco remain the principle damaging drugs in Australia. Namatjira advocates for drug law reform mindful of the harm drug laws inadvertently cause and of the ineffectiveness of traditional historic approaches which too often simply result in labelling and social isolation. An aversion to mainstream intellectual approaches or authoritarian services is also evident in our Aboriginal men. At Namatjira we believe in a compassionate approach with an emphasis on self-responsibility and an alignment of the individual with the personal, cultural and societal values their drug use has separated them from. This is a work in progress.

Music is a cultural tool for healing and plays a big part in our program. We put a lot of resources into the program and have a talented teacher and musos supporting the men in the program. This year we are incorporating language learning into the music program and hopefully will get to showcase some of that learning in the coming year. Art also is a very important expressive, meditative and cultural tool. Other important cultural program components are language, dance/breath work and family mapping and reconnection.

To learn more about the Namatjira Haven Drug and Alcohol Healing Centre, please visit their website or phone 6628 1098.

RAP Working Group

Meet a member

Felicity Ryan

Felicity (Flic) Ryan is a Waddi Waddi woman and her mother's family are from the Swan Hill and Moulamein areas of Victoria and NSW. She also has family connections to the Wemba Wemba people of this area. Flic's father is of Scottish background and the McMillan family hail from the area below Glasgow in the central lowlands.

Flic has spent 13 years working within both state and local government areas, and her previous roles include women and children's refuge worker, child protection officer, community development officer, HIV care and support officer and sexual health worker.

Flic is an accredited trainer and now specialises in the development and delivery of high quality face-to-face training packages designed around cultural competency, Aboriginal health and employment, child protection and out of home care. She is particularly interested in helping Aboriginal people up-skill within the workforce and has also tailored packages around facilitating workshops and self-care for Aboriginal workers.

Flic has also developed training specific to Aboriginal youth and sexual health issues. She is able to present in-house workshops in both the government and community sector and works on various project teams as a consultant as required. Flic has a diverse range of experience and her style of delivery is inclusive and non-confrontational. She is a dynamic and entertaining presenter who communicates with sensitivity and humour.

Welcome new NADA member

Salvation Army Accommodation and Housing NSW/ACT

The Salvation Army has been in Australia for over 130 years and currently delivers in excess of 1000 specifically designed social programs across Australia.

The Salvation Army helps more than 1 million Australians every year – that's one person every 30 seconds!

In a typical week across Australia we provide approximately:

- 100,000 meals for the hungry
- 2,000 beds for the homeless
- 5,000 to 8,000 food vouchers
- 1,000 people with assistance in finding employment
- Refuge to 500 victims of abuse
- Assistance to 500 people addicted to drugs, alcohol or gambling
- Several thousand people with counselling
- 3,000 elderly people with aged care services
- 1000 people in the court system with chaplaincy services
- Family tracing services which locate 40 missing family members

Homelessness can affect anyone you know—your neighbour, your friends even your family. There is a wide diversity of people turning to us for help for many different reasons. The Salvation Army doesn't just offer people in need emergency accommodation or a roof over their heads. Through our network of services such as counselling, legal aid, domestic violence support and lifestyle programs, it is our aim to bring people back into society, strong and equipped to fulfil a valued role in the community.

To learn more about the services, visit www.salvos.org.au/need-help/accommodation-and-housing or talk to Leslie Butt or Paula Corvalan on 9331 2266.

NADA events

30 March

Working with women engaged in alcohol and other drug treatment

Enhance your skills for engaging with women accessing AOD treatment. This practical workshop explores a range of themes including: women's experiences of AOD use, and accessing treatment; unpacking the issues and identifying the needs of women in AOD treatment; creating a gender-responsive organisation; and improving consideration for pregnancy and parenting within the context of AOD treatment.

03 May

Enhancing your clinical practice: a NADA practice leadership forum

Take part in open discussions on current clinical care topics. Members of the NPLG will share practice tips on: trauma informed practice, working with complex clients, best practice in withdrawal, cognitive impairment, inclusion of hep C treatment in AOD settings, application of dialectical behavioural therapy in AOD treatment and how to harness data to improve therapeutic work.

06 April

Engaging Aboriginal women in AOD services: A forum to support mainstream AOD services working with Aboriginal women

Can your service improve its engagement with Aboriginal women? This forum will traverse: setting the scene, intergenerational trauma and trauma informed responses; Aboriginal workers will discuss what works in their settings and suggest tips for mainstream services; supporting Aboriginal workers in your organisation; and networking opportunities.

13 June

Aboriginal cultural awareness training

Raise your awareness of Aboriginal cultures, nations and protocols, family and kinship systems; discrimination, myths and stereotypes; the impact of colonisation and how this has affected contemporary Aboriginal peoples; current statistics regarding Aboriginal people; traditional and contemporary Aboriginal identity; and how to improve communication with Aboriginal people.

20 April

Methamphetamine workshop

Learn about the current patterns of methamphetamine use, the associated mental health issues and using culture; understand how to support people, their families and friends, impacted by their problematic methamphetamine use; and identify key features of a service that will attract and retain people experiencing issues with their methamphetamine use.

14 June

Aboriginal people and strength based practices within a drug and alcohol setting

Register for this illuminating workshop to learn about traditional Aboriginal practices and AOD, the role of alcohol in Australia since colonisation, current statistics around Aboriginal people and AOD, impacts of alcohol consumption on Aboriginal people, the effects of high risk consumption of alcohol, the effects of illicit drug use and Aboriginal people, why some Aboriginal people drink and/or take drugs, and the media and public perceptions.

Click for more information and to register

Take part in reconciliation

Learn more about Reconciliation Action Plans

Caitlin Maxwell Program Officer, Reconciliation Australia

My name is Caitlin Maxwell and I'm a Reconciliation Action Plan (RAP) program officer with Reconciliation Australia.

Reconciliation Australia is an independent not-for-profit organisation which promotes and facilitates reconciliation on a national level by building relationships, respect and trust between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

The RAP program is a vital element of Reconciliation Australia's work. Through the RAP program, my colleagues and I assist organisations across Australia to develop practical business plans built on the foundation of relationships, respect and opportunities. RAPs provide a framework for organisations to realise and implement their vision for reconciliation and drive social change.

Recently Reconciliation Australia achieved a milestone of 800 RAP partners, and we are always looking for new organisations that wish to take part in the program.

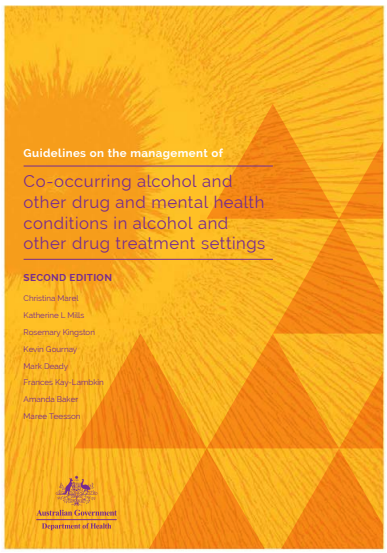
As part of my role, I provide guidance to RAP organisations throughout the development, review and implementation phases of their RAP. I support RAP partners to develop a RAP that is strong and sustainable, as well as tailored to the needs of their organisation.

If you are interested in learning more about Reconciliation Action Plans and how your organisation can contribute to reconciliation in Australia, please don't hesitate to get in touch. Please phone 02 8488 2752 or email Caitlin.Maxwell@reconciliation.org.au.

Guidelines on the management of co-occurring alcohol and other drug and mental health conditions: An evidence-based resource for alcohol and other drug workers

Second edition

In 2014, the Australian Government Department of Health (AGDoH) funded researchers from the Centre of Research Excellence in Mental Health and Substance Use (CREMS) at the National Drug and Alcohol Research Centre (NDARC) to revise and update the Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings that were first published in 2009.



The high prevalence of mental health conditions among clients of alcohol and other drug (AOD) services means that AOD workers are frequently faced with the need to manage complex psychiatric symptoms that may interfere with their ability to treat clients' AOD use. The guidelines aim to increase knowledge and awareness of comorbid mental health conditions in AOD treatment settings, improve AOD worker's confidence in their ability to identify and manage the symptoms of co-occurring mental health conditions, increase knowledge regarding evidence-based treatment, increase the uptake of evidence-based care, and ultimately, improve outcomes for people with comorbid mental health conditions.

The second edition was launched in September 2016 at the NDARC Annual Symposium and hard copies have been distributed to AOD services Australia-wide. The AGDoH has also funded CREMS to develop an accompanying online training program. To subscribe to be notified when the online training program is complete, click here.

To download an electronic copy of the guidelines, click here.

Profile

CMHDARN staff member

Natasha Murray
Research Network Coordinator

How long have you been with CMHDARN?

Seven weeks at time of publication.

What experiences do you bring to CMHDARN?

I have had quite a diverse career, having worked in both the arts and, for the past 11 years, the public service, so I bring a number of skills to the role including: executive support, supporting boards and committees, communications, project administration and coordinating training sessions and conferences.

What activities are you working on at the moment?

I am currently finalising our first event for the year, 'Kickstart: from idea to proposal' being held at UTS on April 27, which will coincide with the launch of the Seeding Grants Program. I'm also working closely with NADA and the MHCC to implement a Research Ethics Committee.

What is the most interesting part of your role?

The best part of my job is being able to work alongside individuals that are driven and passionate about supporting and highlighting the MH/AOD work being undertaken in the community.

What else are you currently involved in?

I have recently returned to full-time study, I'm in my first semester of a Masters of Art Curating, so you will often find me hunched over a laptop in the Fisher Library at Sydney Uni. In my spare time I'm a practising artist, working mainly in photography, and I am currently developing a long term documentary project on early-onset dementia.

A day in the life of...

Sector worker profile

Sylviane Vincent AOD Senior Caseworker
Bobby Goldsmith Foundation

How long have you been working with your organisation?

I have been working here for 13 years.

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

I came from a hospitality background and ran my own business, until my career change. I started as a part-time community support worker at the BGF House (24 hour residential facility). I became team leader, then worked on the outreach brokerage team with clients living in the community. In 2008 after an internal restructure, I applied for a position on a new project, the HIV/AOD Integrated Program, working in partnership with three health agencies, ADAPHS, the HIV Outreach Team, Positive Central, and another NGO, The Haymarket Foundation.

What does an average work day involve for you?

I liaise with case managers, and communicate with clients, FACS housing, and community housing. I advocate for clients with tenancy issues. Due to a harm reduction approach, my day can often result in de-escalating complex client crisis and providing practical solutions. Most of my working day is in an outreach capacity meeting the client 'where they are at'.

What is the best thing about your job?

I enjoy working with a team with so much experience and diversity, and having clients achieve their goals with the ability to provide long term support.

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

I would like to see more diverse AOD services accessible to clients, either harm reduction based, residential, or outreach with ongoing after care support, accommodation and intensive follow up.

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

I am French, so I would be Obelix or Asterix. I would transform society and government to be kinder and more compassionate to the disadvantaged. There would be less corrective services, more health-based programs and more funding for prevention.

NADAbase

The NADAbase Expansion Project has begun

Suzie Hudson Clinical Director, NADA

Consultations have commenced regarding the upgrade of NADAbase, starting with the formation of the NADAbase Steering Committee that includes members from the Ministry of Health, NADA members and LHD representatives. We will also be consulting with NHDARN regarding the inclusion of an Aboriginal specific outcome tool, and via consumer networks regarding the collecting of client experiences of treatment. You will get a chance to have your input too, via surveys and focus groups, later in the year.

We have also successfully recruited to a new program manager position that will have a primary focus on NADAbase—Cassandra McNamara will be formally introduced in the next edition of the Advocate—in the meantime you can find her in the NADA staff section of our website.

In other exciting news, a new study using your NADAbase data, Polysubstance use in treatment seekers who inject amphetamine: Drug use profiles, injecting practices and quality of life, has been published in *Addictive Behaviours*. We would love to hear from you if your organisation is partnering with a university to analyse your NADAbase data—please get in touch!

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

Sex, drugs and what's my role?

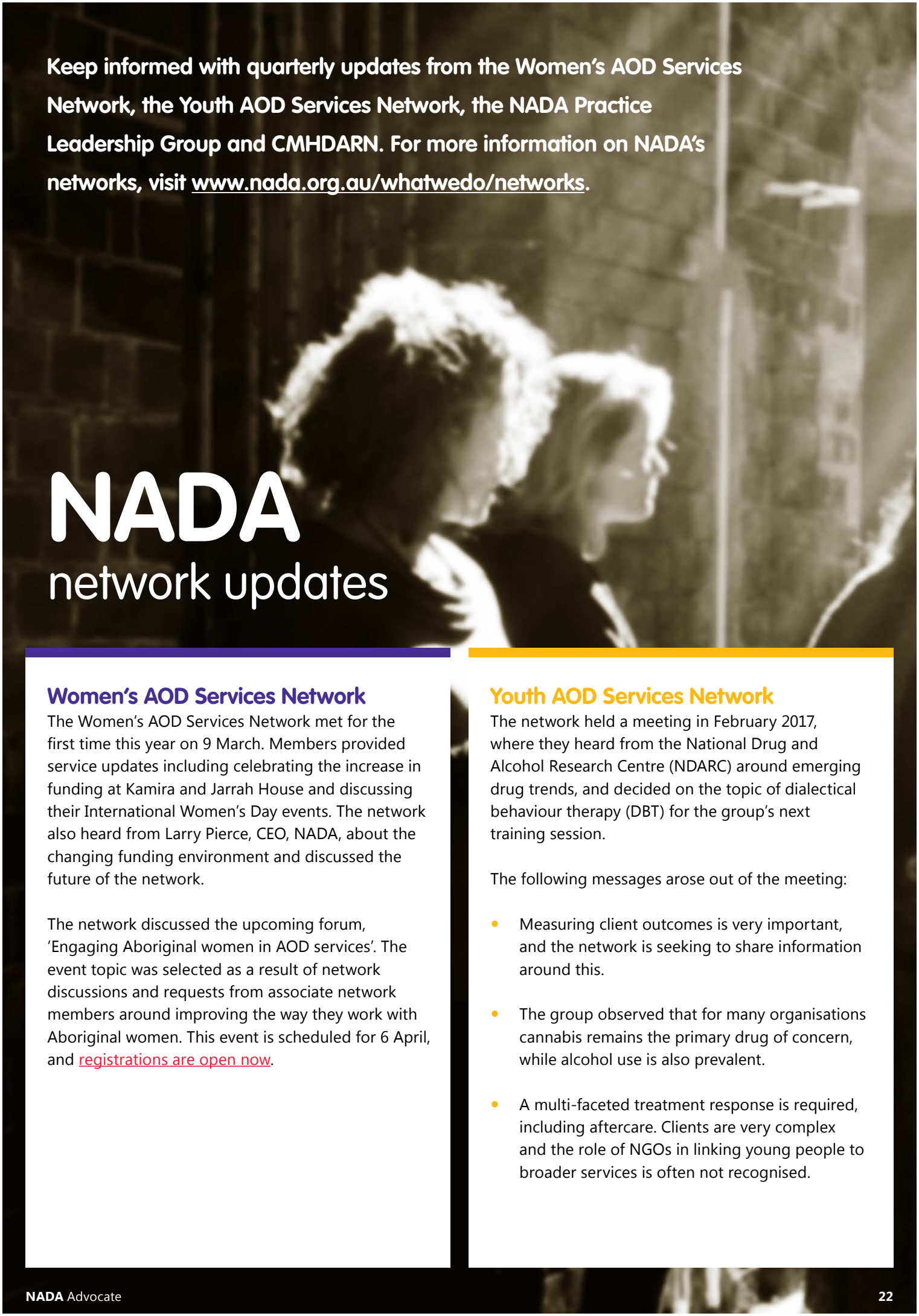
With over 50 participants in attendance from the AOD, sexual and mental health and criminal justice sectors, this was bound to be a stimulating forum.

Specialist knowledge was shared on sexual health testing including a breakthrough in HIV dried blood spot (DBS) testing, sexual health resources that AOD workers can refer to in their own treatment settings, and some fantastic examples of the AOD and sexual and reproductive health sectors working together for the benefit of clients.

The response has been positive! Respondents felt the forum increased their knowledge and confidence in the area of sexual health. They greatly valued the exchange of information in small group discussions between AOD workers and sexual health promotion officers. Norman Booker providing excellent facilitation.

Many thanks to ACON for all their support, for supplying the venue and the goodies to take home and practice with! Stay tuned for more opportunities to expand your knowledge in the area of sexual and reproductive health, intimacy and sexual adventure.

Click here to download the slides



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 AOD Services Network met for the first time this year on 9 March. Members provided service updates including celebrating the increase in funding at Kamira and Jarrah House and discussing their International Women's Day events. The network also heard from Larry Pierce, CEO, NADA, about the changing funding environment and discussed the future of the network.

The network discussed the upcoming forum, 'Engaging Aboriginal women in AOD services'. The event topic was selected as a result of network discussions and requests from associate network members around improving the way they work with Aboriginal women. This event is scheduled for 6 April, and registrations are open now.

Youth AOD Services Network

The network held a meeting in February 2017, where they heard from the National Drug and Alcohol Research Centre (NDARC) around emerging drug trends, and decided on the topic of dialectical behaviour therapy (DBT) for the group's next training session.

The following messages arose out of the meeting:

- Measuring client outcomes is very important, and the network is seeking to share information around this.
- The group observed that for many organisations cannabis remains the primary drug of concern, while alcohol use is also prevalent.
- A multi-faceted treatment response is required, including aftercare. Clients are very complex and the role of NGOs in linking young people to broader services is often not recognised.

NADA network updates
continued

Save the date
3 May

Enhancing your clinical practice: a NADA Practice Leadership Forum

See events page 18

NADA Practice Leadership Group

In November 2016, the NPLG supported a number of projects including the NADA Aboriginal Cultural Inclusion Tool and NADA/NUAA Language Guide, and discussed the potential to develop a withdrawal management best practice group. The NPLG:

- will be writing up a briefing paper on withdrawal management to outline best practice approaches and make some recommendations about the transfer of care between NGOs and LHD services
- have commenced working in partnership with LHD representatives regarding best practice in withdrawal management and transfer of care
- is actively involved in the development and promotion of a 'Language Matters' resource that outlines appropriate and respectful language when working with clients. This is a collaboration with consumer and peer worker groups.

NPLG journal article recommendation

Kelly, PJ, Robinson, LD, Baker, FAL, Deane, FP, McKetin, R, Hudson, S and Keane, C 2017, 'Polysubstance use in treatment seekers who inject amphetamine: Drug use profiles, injecting practices and quality of life', Addictive Behaviors, Volume 71, August 2017, Pages 25–30.

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

CMHDARN

Save the date for the launch of the CMHDARN Seeding Grants Program 2017–18 in conjunction with the CMHDARN research workshop on **April 27**.

CMHDARN is supporting UTS in holding 'Kickstart: from idea to proposal', a one-day practical workshop, that will help participants develop their ideas for research by unpacking the what? where? why? and how? of proposal writing. Registrations open soon.

Have you been published in peer reviewed journals and other places of influence in the last five years? Then we'd love to hear from you. Send a copy of your abstract and/or article to the CMHDARN project coordinator for inclusion on the research showcase.

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

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

NADA Practice Leadership Group

Meet a member

Julie Latimer Nursing Unit Manager, Unitiing MSIC

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have worked in the AOD field for over two decades initially in South London, and in a wide variety of different nursing roles. The most notable would have to be the pilot heroin prescription program in the UK known as RIOTT (Randomised Injectable Opioid Treatment Trial). I have been the nursing unit manager at the Uniting MSIC for just over nine years, and have been a member of the NPLG since 2015.

What has the NPLG been working on lately?
The recent NPLG work is diverse—supporting work with consumers who have a cognitive impairment, hep C treatment, setting up a consumer network and the need for trauma-informed care.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
I am at heart clinically focussed, and spend two days a week on the floor at MSIC—I'm really passionate about overdose management and love to teach and mentor my skills to both MSIC staff as well as external agencies. I am interested in working with consumers who use fentanyl, and have been closely following the events in the North America in relation to opiate usage, overdose and, supervised injecting facilities.

What do you find works for you in terms of self-care?
Making self-care a priority is really important to me. Supervision, boxing and scuba diving are my go-to self-care activities!

What support can you offer to NADA members in terms of advice?
I can support NADA members with advice around all things harm reduction, safer injecting, overdose management and anything related to supervised injecting facilities.

Congratulations

Russell King

Friday, 24 February was an exciting day for the WAYS Bondi Beach site.

The Hon Gabrielle Upton MP, member for Vaucluse, presented Russell King (WAYS Youth & Family CEO) with the Premier's 'Community Services Award'. This award recognises his outstanding contribution to the community over the past 27 years.

NADA highlights

Policy and submissions

- NADA and the AOD Peaks Network provided submissions to the Parliamentary Joint Committee on Law Enforcement Inquiry into Crystal Methamphetamine.
- A brief was provided to the NSW PHNs AOD Network on the data capacity of the NSW NGO AOD sector, including the collection and reporting of outcomes.

Advocacy and representation

- The AOD Peaks Network has had several discussions with Minister Hunt's office and Drug Strategy Branch regarding key funding issues for the sector, particularly NGOTGP/SMSDGF.
- NADA met with the NSW PHN CEs Network to discuss funding implications for the NSW NGO AOD sector, as well discussing the data capacity of the sector with the NSW PHNs AOD Network.
- NADA sat on a number of tender selection panels for the commissioning of AOD treatment, as well as participating in Primary Health Network AOD reference groups.
- The AOD Peaks Network met to discuss key funding issues for the sector, particularly the NGOTGP/SMSDGF and PHN commissioning.
- The Women's AOD Services Network and NADA participated in the Expert Reference Group for the Ministry of Health's Drug & Alcohol Package Women and Children Residential Rehabilitation.
- NADA attended Labor's National Health Policy Summit at Parliament House in Canberra.
- NADA presented on the Regional Methamphetamine Capacity Building Project and Responding to Blood Borne Viruses and Sexual Health at the VAADA Conference.

Sector development

- A forum looking at the intersection between sexual health and AOD treatment was held—'Sex, drugs and what's my role?'
- The NADAbase expansion project commenced, with two steering committee meetings taking place to guide the development.
- NADA has allocated funds for the January–June 2017 Workforce Development Grant Program to support professional development.
- NADA facilitated the 'Working with women engaged in AOD treatment' training with a focus on integrating domestic violence responses in Dubbo.
- NADA filmed members and stakeholders sharing knowledge about working with people who have a cognitive impairment.
- 'Women: Choice and change' is a partnership project with Relationships Australia NSW. Participating members have completed their facilitator training and are starting to rollout the program.

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

Natasha Murray
Research Network Coordinator
(02) 8113 1319

Sharon Lee
Communications Officer
(02) 8113 1315

Maricar Navarro
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