Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 4: December 2017

Healthy relationships

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NADA
network of alcohol and other drugs agencies

CEO report

Larry Pierce NADA

Network and relationship management is core to the work of an NGO peak body like NADA. In fact, it is the reason we exist—we are a network, managed and determined by our relationships to our members and key stakeholders. In this article, I'll focus on one of our key relationships, and an important network, the NSW Ministry for Health's Drug and Alcohol Program Council, and give you an understanding of how this vital structure of the NSW AOD program currently operates.

The Drug and Alcohol Program Council (DAPC) was established more than ten years ago by NSW Health to act as a governance mechanism for the state's AOD program. The council membership consists of directors of AOD from all Local Health Districts, Justice Health, key NGO partners (NADA, the AH&MRC, NUAA, DAMEC) and St Vincent's Hospital Network. It is chaired by the director of the AOD policy unit within the Ministry and is also supported by Ministry staff. Its standing agenda include opportunities for discussion on the current key features of the state-wide program, information updates from the government and NGO sectors, and special interest items. The council also has one major subcommittee, the Quality in Treatment sub-committee, which is a forum for review of important clinical and treatment issues across the program. It comprises senior clinicians from both the government and NGO specialist sectors, and key research academics. NADA's delegate to this is Dr Suzie Hudson, as is one of our senior board members.

Under the management by the Population Health Division within the Ministry, the DAPC is used as a forum to progress the range of change and reform processes across the program and for critical issues management as well as a key information exchange mechanism. From NADA's point of view, the DAPC is an extremely useful process for the NGO AOD sector across the state. This is because we are able to use this forum to progress the interests and issues of our members, advocate for the greater integration of the NGO perspective into the state's AOD program and to progress the central role of our sector as the major provider of community based AOD treatment and support services. Within the council process, we are also able to highlight the major issues and developments our members are experiencing as well as identify opportunities for better integration and new partnerships to help meet client and community need.

NADA has worked hard to ensure that NGO treatment program development and innovation is recognised as a leading evidence based service sector.

It's on this last point that the DAPC will be a useful forum to ensure that key state-wide program developments, like the establishment of the Clinical Governance Framework for the state-wide AOD program, is appropriately progressed. A clinical governance framework is an important element of maintaining a safe and secure treatment service system, but it will only work if it is informed by the current best practice within the NGO specialist sector as well as by the requirements of the Local Health Districts. Through the Council process, NADA will be able to ensure this framework is cognisant of, and appropriate to, the NGO AOD sector.

NADA has worked hard to ensure that the NGO AOD specialist sector is better resourced and accorded its proper status as a major service provider sector, and more importantly, that NGO treatment program development and innovation is recognised as a leading evidence based service sector. It is through our strategic relationship with the Ministry and its key forums like the DAPC that NADA will be able to ensure that our sector is considered central to the overall success of the state's AOD program.

What makes a healthy relationship?

Representations and role modelling in LGBTIQ relationships

Kai Noonan
Coordinator, Domestic and Family Violence Projects, ACON

The people who make up the lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities were raised on the same pop-culture relationships as the rest of society, from *The Brady Bunch* to *Twilight*. We too dreamed of such romances—we learnt about relationships from our parents and grandparents or books and love songs. As adults we are still captivated by the same super-couples as the rest of society, from Barack and Michelle to Beyoncé and Jay Z.

The challenge with the dominant culture is that almost all of the relationships that we grew up with are heterosexual relationships between cisgender men and women, and many LGBTIQ people feel lost or ill-prepared when it comes to navigating our own adult relationships. For this reason, many of us face the challenge of how to create a healthy relationship without many references and without knowing how it is 'supposed' to work?

Developing a good relationship takes skill, and skill often begins with good role models. Unfortunately, many of us lack good relationship role models who identify as being part of the LGBTIQ community.

Despite homophobia and transphobia still affecting us, there has been no other time in our history where LGBTIQ people have been able to be as open about our identities and our relationships as we are today.

LGBTIQ communities are forging new frontiers: we are starting to have public discussions about our gender and sexuality, we are defining our relationships, we are negotiating new gender roles in our relationships, and we are having more 'rainbow babies' than ever before.

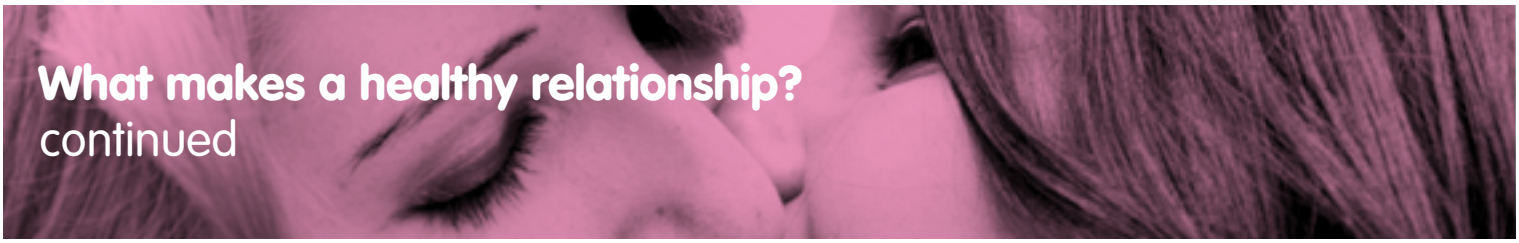
'Which one of you is the man in your relationship?'

'Who will do the cooking and cleaning?'

'Which one of you is the real parent?'

For many LGBTIQ people, these questions are familiar, frustrating and offensive. This may come as a surprise to some, but people in same-sex or queer relationships are actually not in cisgender, heterosexual relationships, so why should they perfectly fit into a neat and rarely questioned heterosexual dynamic?

LGBTIQ people, to some degree, have the freedom to avoid making direct comparisons to non-LGBTIQ relationships; our relationships and our sex lives can be discussed as separate and different to heteronormative expectations. Though of course, heterosexism and the gender-binary are so deeply engrained in our society that it is not always easy to think, act and live outside that paradigm.



What makes a healthy relationship?
continued

There is so much diversity within our own communities—there is no one 'cookie-cutter' relationship type for LGBTIQ couples that fits all.

For example, contrary to popular belief and stereotypes, the traditional gender roles of the man and the woman are relatively non-existent in same-sex couples. This means that there is no 'man' and 'woman' in a same-sex couple, even if one of the pair presents as more masculine or more feminine than the other. Interestingly, research also shows that a lack of conformity to traditional gender roles within a relationship increases relationship satisfaction.[1, 2]

Most research shows that gay and lesbian relationships have the same level of satisfaction and happiness as heterosexual relationships.[3, 4, 5] This of course isn't saying that gay and lesbian relationships are problem free, only that they have conflict with each other at rates similar to heterosexual couples. Research into levels of relationship satisfaction in couples where at least one person involved in either transgender or intersex is too scarce to comment on, however there is no rational reason to suggest that these relationships should be any better, or any worse, than any other relationship.

However there is something which does affect LGBTIQ people and our relationships: minority stress. Although many LGBTIQ people in Australia generally feel 'safe' to be 'out' about who they are, there are still lots of 'little' things every day, that other people don't have to put up with. Add these 'little' things together and they become not so 'little' after all. These 'little' and 'big' things may be a sideways glare from a passer-by, looking around us before we touch our lover in public, hearing people say things like 'that's so gay', being told we are in the wrong bathroom, or repeatedly being asked why we do or don't wear make-up or why we do or don't have long hair. We carry the weight of uncomfortable silence or conversation when someone meets us and assumes we have a husband or wife and we have to weigh up in our heads whether or not this is a safe time to correct that person about ours or our partner's pronoun. We have to put up with all of this on a daily basis in order to be safe, or not to be the object of confusion, ridicule, scorn and stares. And all of this existed before the marriage equality debate in Australia. Since then, all of these 'little' things have escalated into very big things as our very identities, families and our intimate relationships—all of the things we hold most dear to us, is under scrutiny, up for debate and literally voted on by people who don't even know us.

But despite all of this negativity, there is a plus side to facing all of this. For one, we don't take it for granted when we feel accepted for who we are. We tend to form tighter friendship circles and tighter communities with people who we feel accept our gender and/or sexuality. We even have a name for these people that mean the world to us: our 'chosen family'. The moments we share with our partner feel even more special when we can love each other in public and feel safe. For LGBTIQ people, forging safe spaces, creating bonds of trust, empathy, vulnerability, resilience and courage, become a part of our everyday actions, and we love our friends more for their ongoing strength. Because of these reasons, some of our relationships are actually better despite of, and because of, those ongoing 'little' and 'big' negative things.

No relationship is perfect because no person is perfect, no person will always be healthy and no relationship will always be healthy. Every relationship will undergo stress at times, but overall, a healthy relationship is one which will bring you more happiness than stress into your life—the rewards should outweigh the hard times.

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Kamira Alcohol and Other Drug Treatment Services

Strengthen the attachment between mother and child

Photo cc by sa 2.0 Gordon

A mother and child's attachment relationship is the most crucial aspect in a child's life; it will impact the child's future relationships, emotional development and wellbeing. The health of this relationship deserves special attention at AOD services.

Children under the age of eight have always been welcomed to reside at Kamira. However, over time it became evident that the children needed more than childcare on site, as they presented with attachment and behavioural problems. Their mothers' frequently come from a trauma background, or have mental health conditions, as well as substance use problems. The children have often lived with traumatic experiences such as domestic violence, neglect and abuse and have parents who were most likely emotionally unavailable to them. This can result in attachment difficulties.

Attachment issues can often present in children as behavioural difficulties, being withdrawn, emotional regulation problems, sensory integration problems, hyperactivity, post-traumatic stress disorder and other diagnosis such as attention deficit hyperactivity disorder.

Highlighted by Thomas and Gray, 'attachment between caregivers and their children stands out as a paramount aspect when working with children and their caregivers as these important relations between self and others will impact all future relationship.' [1,2]

Studies suggest that secure attachments with loving, reliable and protective caregivers form a crucial foundation in the caregiver-and-child-relationship and for the healthy development of children; supporting this attachment relationship should be a priority. Thus Kamira changed from providing childcare to instead provide an attachment based program for children and their mothers to focus on strengthening this attachment.

We have found that working on healthy attachment relationships enables mothers and their children to reconnect, strengthen the child's sense of trust and security, and in some cases, set the scene for trauma therapy (play therapy) for the child.

As part of the Kamira's child and family program, mothers are required to attend the 'Circle of security' group, a relationship based parenting course. Mothers with babies also attend the infant massage group where they learn how to attach and bond with their baby through nurturing touch, being sensitive and responding to their baby's unique cues.

Attachment between caregivers and their children stands out as a paramount aspect when working with children and their caregivers as these important relations between self and others will impact all future relationship.

In terms of therapeutic work, we facilitate attachment based activities between the mothers and their children. Our attachment based treatment plan is guided by our initial assessments of the child's socio-emotional development, sensory and regulation preferences, attachment relationship, the child's temperament and the history of the child.

Strengthen the attachment between mother and child
continued

We recently had Nadine and her four year old son, Peter, reside with us. Peter presented with anger towards his mother and with challenging behaviours. Over five months, Nadine learned to make changes in her parenting. She validated Peter's feelings and guided his tantrums and behaviour in a way that supported their relationship.

Attachment based therapy with Nadine and Peter has focused on playful, fun, trusting and nurturing activities through sensory and interactive play. It is very helpful in the healing and repairing of ruptured attachments to use repeated cycles of arousal and calming play as well as regressive play. This re-enacts positive development phases and unmet emotional needs in children's lives. Nadine was guided by staff into interactions where she was able to rock Peter, feed him, nurture him and meeting his earlier unmet developmental needs. Peter responded well to these activities. The attachment between Peter and his mother strengthened: Peter's aggression towards his mother changed drastically and he developed more age-appropriate behaviour.

We hope that more AOD services will invite children into their program and enable these mothers and children to repair their ruptured relationships. Not only will there be healing for the mother and child, but this could be an empowering way to start to dislodge age-old patterns and cycles of dysfunction resulting in addiction.

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NADA Conference 2018

Exploring therapeutic interventions

7–8 June 2018
Sheraton on the Park, Sydney

Save the date

Keeping families together

Rekindling the Spirit: Burubi Healing program for Aboriginal men and comorbidity model AOD disorders and mental health conditions

Greg Telford (CEO) and **Sharmaine Keogh** (Comorbidiity Co-coordinator)
Rekindling the Spirit

The Rekindling the Spirit (RTS) program services Aboriginal families in Lismore and the surrounding areas. It works with people who have substance use issues, problems with violent behaviour, and difficulty connecting with partners and children.

RTS aims to keep families together or to facilitate separation to lower the risk and minimise the impact and grief on the family and children. Its secondary aim is to empower clients to take responsibility for their behaviour and to instil feelings of self-love, hope and pride.

RTS delivers a number of programs, but for the purpose of this article, we will refer to Burubi Healing, the perpetrators program that involves behaviour modification, and also the comorbidity program, treatment for co-occurring AOD disorders and mental health conditions.

Complex issues, trauma and grief

Aboriginal peoples have been disenfranchised, displaced and marginalised. Colonisation has left its mark of entrenched prejudice, discrimination and transgenerational trauma. The historical removal of children has had a profound effect on Aboriginal people, and children are still being removed today—albeit under different legislation. Aboriginal 'deaths in custody' has also contributed to an in-built fear or mistrust of authority and authoritarian rule.

Most often than not, the cohort of clients that engage in the RTS program present with a myriad of complex issues, laden with layers of trauma and grief, childhood sexual abuse (with disclosures from both genders)—and the impact on self and families cannot be ignored. The combination of these experiences can further contribute to create victims and perpetrators of family violence. Clients often report coping by self-medicating with alcohol, illicit drugs and gambling, and they often live in a toxic environment, where violence, abuse and self-medicating with AOD is normalised.

Then there is anger that turns into violence, with AOD issues intertwined. RTS looks deeply into these problems, working at the root of these issues. The programs are holistic in their approach: addressing physical and mental health (referral), and acknowledging spiritual and cultural beliefs.

RTS views love and self-acceptance or respect to be the cornerstone to recovery. RTS clients, in most cases, have never experienced unconditional love—they therefore lack an understanding of the concept of love. This is seen as being one of the biggest factors in a person's life that leads to self-loathing and self-blame, and blaming others which often leads to more violence and non-suicidal self-injury and suicidal ideations, contributing to experiences of poor mental health.

Keeping families together
continued

Perpetrators program

The perpetrators program at RTS is a closed group that looks at behaviour modification. The program is supported by a case worker that is employed to work with the victims of domestic and family violence to provide support through advocacy and creating referral pathways to gain access to legal services, medical services, Centrelink, family support, charities and counselling. RTS has a men's and women's group to provide a safe place for clients to work on their issues, while awaiting to enter into the perpetrators program or counselling.

Comorbidity program

This program provides a service to clients that are presenting with co-occurring AOD disorders and mental health conditions. Clients do not have to have a diagnosed mental illness to enter the program. The model is holistic; clients are encouraged to get a physical and mental health assessment on admission and social determents that may impact on clients' mental and physical health and healing such as housing, employment, training and legal needs are considered. General practitioners, clinicians, detoxification and rehabilitation services are an intricate part of this model. The success of the comorbidity model is depended on all stakeholders working together to support the client's treatment plan.

Counselling sessions are tailored to meet the individual's needs, using therapies such as: narrative, motivational, compassion, logo therapy, expressive art therapies, and invitation to take responsibility that may support a client to identify areas of their lives that would benefit from change. The philosophies that mirror RTS guiding principles are seen in mindfulness and Murumalli that take clients to places that they might fear to tread. RTS is conscious that clients require supports and coping skills during and after therapeutic interventions. Facilitation of groups also looks at deep- seated issues that have contributed to their behaviours of self-destruction, self-sabotage and the impacts on partners, families and the community. RTS clients can be engaged in a number of programs simultaneously or separately.

Rekindling the Spirit
Keeping Families Together

To learn more about Rekindling the Spirit, phone 6622 5534 or visit the website at rekindlingthespirit.org.au.

Women's Wellbeing Group

NUAA Women's Wellbeing Group provides a safe and supportive place for women who inject drugs that are experiencing intimate partner violence. The group sessions are designed to explore healthy boundaries, communication skills, self-esteem building, mindfulness and are co-facilitated by an experienced group therapist and a peer support worker. The group also qualifies as 'Work and development order provider activity' for those who attend.

NUAA
NSW USERS AND AIDS ASSOCIATION

The group meets every Wednesday, from 2 to 3:30 pm at 414 Elizabeth St, Surry Hills. For more information, please phone Melanie on 8354 7300 or email melaniej@nuaa.org.au.

NADA Conference 2018

Exploring therapeutic interventions

7–8 June 2018
Sheraton on the Park, Sydney

NADA
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Call for abstracts

Submissions close
Wednesday 28 February 2018
at 5pm EST (Eastern Standard Time).

NADA invites abstract submissions for oral papers, workshops, panel presentations and poster presentations for the **NADA Conference 2018: Exploring therapeutic interventions**.

This is an opportunity for you to showcase your innovative practice and research addressing the diverse and complex needs of people accessing AOD services. Interactive sessions are encouraged to maximise opportunities for conference participants to exchange practice and experience.

Conference topics

- Best practice therapeutic approaches
- Brief interventions and awareness raising/psychoeduction
- Complimentary focus areas to the therapeutic intervention (eg. physical activity, diet, vocation/education)
- Community approaches
- Co-occurring AOD and chronic disease
- Co-occurring AOD and mental health
- Criminal justice contact
- Domestic violence
- Empowering consumers
- Engaging culturally and linguistically diverse communities
- Groupwork or interventions for groups
- Health of the workforce
- Partnerships for treatment interventions
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Request the submission guidelines

To receive the submission guidleines, or to request more information, email conference@nada.org.au.

Culture and community

Aboriginal Community Controlled Organisations

Norm Henderson CEO, Orana Haven
Dian Edwards Manager, Namatjira Haven
Joe Coyte CEO, The Glen Centre

NADA is fortunate to have a number of Aboriginal Community Controlled Organisations as members, and they bring to the sector a specialised approach to AOD treatment. We asked a few members of the NSW Aboriginal Residential Healing and Drug and Alcohol Network (NARHDAN), led by the Aboriginal Health and Medical Research Council of NSW (AH&MRC), to elaborate on the relationship with culture and country for Aboriginal people as part of the healing process in treatment.

From the point of entry into an Aboriginal residential rehabilitation and healing service, clients are met on safe, spiritual grounds that provide an immediate sense of welcome, belonging and peace. Facilities allow for individual expression, belonging, privacy and dignity. The services incorporate cultural values into the design, delivery and evaluation of programs. Aboriginal governance and Aboriginal people's involvement in program delivery is critical.

As Aboriginal services, NARHDAN members have a unique understanding of the impact of colonisation, racism and intergenerational trauma and drug laws experienced by Aboriginal people and communities and how this relates to substance misuse. Service delivery is trauma informed and client centred. Aboriginal residential services culturally adapt mainstream evidence based interventions, and specifically integrate culturally specific practices, including Aboriginal values, and ways of learning with a focus on connections which strengthen social and emotional wellbeing.

Orana Haven

Orana Haven Aboriginal Corporation (OHAC) is a residential AOD rehabilitation centre situated at Gongolgon, south of Brewarrina in north western NSW. The Aboriginal communities of the Murdi Paaki/Orana region of NSW initiated the centre in response to the need for a safe, understanding and culturally sensitive sanctuary for Aboriginal people whose lives were, and still are, being destroyed through the consequences of AOD misuse.

For many men in our program, reclaiming and understanding cultural knowledge, and how it has affected Aboriginal people, is a powerful tool to help them connect to their Aboriginality—which is the essence of being for an Aboriginal person. This is something that they need to regain or experience for the first time, depending on their background. Once they attain cultural knowledge, a sense of identity and belonging follows. The men gain confidence and self–esteem which often gives rise to taking pride, responsibility for themselves and their actions. They learn how and when to put this self-knowledge to use which has positive impacts on the relationships with their family and community safety.

Aboriginal residential services use and adapt mainstream evidence based practice and integrate culturally specific practices; they incorporating Aboriginal cultural values, ceremonies, history, connection to land, family (kinship) and spiritual and healing techniques within the program. We believe, for Aboriginal people, these adaptations make treatment in Aboriginal services more effective than in mainstream services.

A trauma informed, client centred approach encompassing a flexible care plan that addresses individual needs is important, as is the involvement of family and community.

Culture and community
continued

Namatjira Haven

Namatjira Haven Drug and Alcohol Healing Centre provides education and support for Aboriginal men to address substance misuse and related harms such as criminality, and to improve their health and wellbeing. Situated in the rural surrounds of Alstonville, on the far North Coast of NSW, residents are afforded a peaceful opportunity to consider and make the changes they need to make to improve their lives.

One of the main elements of our services to Aboriginal peoples is the safe ground and kinship connections. This enables everything else to fall into place as culture requires it as a job or role spiritually so there for day to day culture is in practice.

We grow a professionally trained Aboriginal workforce. Elders also play a key role linking our service to the community and the community to the service.

The Glen Centre

The Glen Cultural Committee
Ngurra Guril Aboriginal Corporation

Based on the Central Coast, The Glen provides AOD rehabilitation opportunities for indigenous and non-indigenous men from all over NSW. The Glen's program empowers them to take control of their lives, to live a good fun life, and to become active members in their families and the community as a whole. The program—comprising group sessions, one to one counselling, work programs, sport and self help meetings—places emphasis upon the individual, and the consequences of their choices.

Recognising the integral role Aboriginal cultural practices and methodologies play in a clients' healing journey (recovery), The Glen Centre has forged an ongoing partnership with Ngurra Guril Aboriginal Corporation. This partnership helps to ensure the program is culturally appropriate and safe for indigenous people; it has strengthened local community connections and enhanced the cultural knowledge and skills of clients and members of both organisations.

Clients engage with NGAC members for a number of activities: traditional Aboriginal cultural and ecological burn practices and workshops; Aboriginal cultural education and knowledge sharing workshops; culturally experiential activities like dance, story, site visits and camps; rehabilitation of native vegetation and ecosystems; weed eradication and management; native plant identification; seed collection, plant propagation and the development of on-site bush plants and gardens.

These activities affirm the client connection of identity to land and culture by learning about country holistically (bush tucker, medicine, animals, seasons etc) as well as directly enhancing the strength of identity and personal characteristics of the individual. The activities also build the capacity of the clients to value how developing and accepting sustainable cultural practices, and the associated responsibilities in conducting them, can be transferred into other areas of their lives.

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.

Translating research into practice

Healthy recovery

Associate Professor Peter Kelly School of Psychology, University of Wollongong

It is common for people with a history of alcohol or other substance use problems to develop chronic lifestyle diseases such as cardiovascular disease (CVD) and cancer.[1,2] This is largely the result of unhealthy lifestyle behaviours, and significantly contributes to reduced life expectancy in this population. A recent review identified that over 80% of people attending substance abuse treatment smoke tobacco.[3] Tobacco-related diseases are the largest contributor to mortality in alcohol or other substance misuse populations.[4] In addition to their extensive alcohol, smoking and other substance use, people accessing AOD treatment also demonstrate poor dietary habits and low levels of physical activity.[5] It is common for people to be malnourished during active addiction[6] and to report unhealthy levels of weight gain during recovery.[7,8] Cross-sectional research suggests less than half of all participants in residential treatment regularly engage in recommended levels of physical activity.[5] However, many participants report the desire to increase their physical activity during treatment as a way to manage their weight gain[7] and to increase self-confidence.[9] Despite indications of need, it is not common for smoking, diet or physical activity to be systematically addressed as part of routine alcohol or other substance abuse treatment.

Research and practice into health-based behaviour change interventions have traditionally targeted single behaviours. In response to the compelling evidence for the heightened risk of CVD and cancer associated with multiple health-risk behaviours, interventions targeting multiple health behaviour change have emerged as a new and growing area of investigation.[10,11] The premise behind multiple health behaviour change is to intervene more holistically on an individual's lifestyle, maximise the overall impact on an individual's health, and subsequently reduce the onset of premature morbidity.[10] Determining the effectiveness of interventions that address multiple behaviours simultaneously is in its early stages[11] but, a number of trials in the general, older adult, and cancer-risk populations have been promising. Interventions addressing multiple health behaviour changes are also starting to be trialled in mental health populations.[12] There has been limited research examining multi-component interventions within substance abuse settings. Research to date has largely focused on concurrently addressing smoking as part of alcohol and other substance abuse treatment.[13,14] A meta-analysis of this work reported that treating smoking cessation was successful in the short term and did not compromise recovery from alcohol or other illicit substances.[15] Likewise, smoking cessation during the first year of treatment increased the likelihood of abstinence from other drug use at a nine-year follow-up.[16] As an added protective factor for CVD and cancer, physical activity is recommended in addition to smoking cessation treatment, and specifically for individuals with mental illness and/or substance use disorders.[17]

Healthy Recovery

Our team have been working with The Salvation Army to develop and trial a healthy lifestyle intervention within residential AOD treatment. Healthy Recovery is an eight-session group based program that aims to help participants to reduce their smoking, increase their intake of fruit and vegetables, and increase their level of physical activity. Healthy Recovery incorporates six central components: (a) education for participants about the benefits of a healthy lifestyle using the Australian national guidelines for smoking, physical activity and diet; (b) group based motivational interviewing; (c) goal setting; (d) self-monitoring of health behaviours; (e) contingency management; and (f) the use of nicotine replacement therapy.

> People attending residential AOD treatment are willing and capable of engaging in healthy lifestyle programs.

Our studies of Healthy Recovery have demonstrated that people attending residential AOD treatment are willing and capable of engaging in healthy lifestyle programs. Even people who report low motivation or low confidence to address their smoking, were often willing to participate in the program to help improve their other health behaviours. We recently conducted a trial of the program across The Salvation Army Recovery Service Centres in NSW and the ACT. The study included 172 participants. Preliminary results from this work found that when compared to treatment as usual, people completing Healthy Recovery were significantly more likely to demonstrate reductions in smoking post intervention, and maintain reductions at 6-months follow-up.[18] Participants of Healthy Recovery also demonstrated greater increases in intake of fruit and

vegetables, compared to the control group. Unfortunately, there were no changes in participants levels of physical activity. We suspect that rates of physical activity will improve by helping participants to engage in more formal group based exercise programs. Nonetheless, these results are encouraging and suggest that AOD treatment providers could play a greater role in help their clients to improve their health behaviours.

Healthy Recovery is available at no charge for AOD services to use. If you are interested in the program, please email pkelly@uow.edu.au.

UNIVERSITY OF WOLLONGONG AUSTRALIA

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Bridging culture
to enhance client relationships

Vi Nguyen
Acting Clinical Manager
DAMEC

The Drug and Alcohol Multicultural Education Centre (DAMEC)'s counselling service in South West Sydney and Western Sydney is a specialist multicultural service that has a strong focus on meeting the needs of people from culturally and linguistically diverse (CALD) communities. DAMEC counselling's team is made up of multicultural qualified counsellors, psychotherapists and psychologists that provides individual counselling, case management, and outreach support to individuals with substance issues. DAMEC also provides counselling and outreach support to families, carers and significant others of people affected by their AOD use.

What enhances healthy therapeutic relationships with CALD communities?

DAMEC believes in having staff of the same ethnic background can enhance client service accessibility and participation for CALD clients. DAMEC has hired qualified staff of the same ethic background in key communities that we work with, including African, Pacific Islander, Persian, Arabic, Chinese, and Indo-Chinese communities (Laos, Cambodia and Vietnam).

DAMEC recognises the diversity within communities and seeks to respond to client's AOD issues from a cultural perspective that resonates with client's understanding about their presenting issues within their cultural context. Whilst many other AOD services provide a holistic treatment approach, including improving the physical and psychological health of the individuals, DAMEC counselling team also strives to incorporate cultural factors into their AOD assessment and treatment planning.

Culture broadly refers to systems of patterns of beliefs and behaviour that influence the worldview of a member of society. We acknowledge that culture informs our client's worldview, including gender roles, family and community relationships, and sense of self. Our clinicians are also aware of and responsive to how our own culture, education, training, lived experience influence our beliefs and attitudes, and how these play out within the practise.

For example, a Vietnamese man presenting to AOD treatment with a high level of disregard for his wife's thoughts and feelings may be understood by some clinicians as having traits of a personality disorder. However, a clinician with cultural awareness of the gender roles, power and privileges Vietnamese men subscribe to in what has typically been a patriarchal society sees this as a culturally influenced behaviour. Having this understanding about culture and worldview helps clinicians to better understand and conceptualise client issues and interact with CALD clients more culturally specific and appropriate ways.

Using culture to enhance clients' relationships as part of the treatment process

Exploring a client's worldview from a cultural perspective can enhance clinicians' understanding of the client's unique attributes and significant cultural factors that influence client's lives and helps in understanding problems and issues. It can be common for clients of CALD backgrounds to experience family conflict and relationship issues resulting from tensions in adopting to the dominant 'Australian' society and pressures to retain an identity linked to the cultural of origin. As clients struggle to belong to both worlds, immigration and experiences of war, trauma, loss and discrimination can also have significant implications on identity formation, psychological health, self-concept and social relations. Exploring how these issues relate to AOD use can be a powerful tool in designing appropriate therapeutic inventions.

Culturally responsive service provision therefore has the capacity for better client engagement, increased participation levels, and improved client service experience. Unpacking culturally relevant factors allows clinicians to better understand their clients and identify their cultural strengths and challenges. Taking into consideration the importance of feeling safe, belonging and being proud in one's bicultural or multicultural identity is an integral component of strengths based modalities to enhance client's connection, resilience and identity formation.

DAMEC would like to thank our counselling staff and Alison Jaworski for their comments and contributions towards this article.

DAMEC
Health. Wellbeing. Diversity.

For more information,visit the website damec.org.au.

Strong family connections
with effective communication

Jane Singleton Program Coordinator Holyoake, CatholicCare Sydney

CatholicCare's Holyoake programs support family members to access their compassion, hope and resiliency in ways that promote healthy connectedness to self, family and community. Psychoeducational and therapeutic group work encourages family members to explore relevant themes around communication, connection and acceptance and how they relate to their family system, themselves and the AOD use.

Many theorists have considered the effects of AOD use on families and their connectedness. Holyoake programs are informed by Bowen Family Systems Theory (1978) which suggests that problematic AOD use is an issue for the whole family system, not just the individual, and commonly causes inflexible relational patterns that influence the quality of family connection. More recently Peter Adams (2008) highlighted the social-ecological model of AOD use and how although people's substance use can fragment connections to family and friends, it is also these connections that can be leveraged in promoting wellbeing.

Helping clients to externalise their AOD use is often a helpful starting point to maintain or re-establish connectedness as it allows family members to see each other as separate to the issues. Rather than viewing the person as 'an addict', it situates the 'AOD problem' in such a way that family members can reflect on their relationship to it, while still maintaining their desire to be connected to each other.

Communication is a cornerstone of healthy connections and is therefore a central theme when working with families. Xavier Amador's L.E.A.P approach to communication was developed as a way for families to discuss difficult issues in a collaborative way and is underpinned by the notion that it is the strength of the relationship not the strength of the argument that is most important. The first step in L.E.A.P is to 'listen' reflectively to understand what people are saying and to convey that understanding back to them. After reflecting back what you have heard them say the next step is to 'empathise' with feelings or experiences highlighted in their point of view. This is crucial in strengthening trust and connection in relationships. 'Agreement' is next, where family members focus on shared observations or aspects of common ground. They may also decide that perhaps it's best to 'agree to disagree' on some things. 'Partnering' is the final step, where a shared decision or goals can be negotiated together.

Holyoake also helps family members to adapt their way of communicating through the use of 'I' messages as opposed to 'you' messages. Helping people take ownership of their own actions and reactions minimises blaming, lecturing or advice giving which, although often coming from a loving place, can lead to disconnection. 'I' messages more openly allow for the discussion of difficult topics without immediately putting people in a defensive position. Ensuring the environment enhances connection is essential and this might mean finding a private or neutral space and considering the best timing. If people are in the right head space it facilitates thoughtful responses and minimises the chances of emotional over-reactions.

Another central principle when working with families is the importance of taking the focus off the 'person with the problem' and putting the focus back onto the self. This invisible force of intense emotional focus destroys family connection and can be counterproductive for the whole family's wellbeing. In recognising that you can't make others change, and you can only make changes for yourself, the focus can be redirected to working on changes family members can bring to their relationship patterns which enhance connection and recovery. Holyoake's post program evaluations demonstrate that changes made by family members can lead to reductions in substance use by the using family member.

Problematic AOD use can disrupt relationship patterns and family connection, however families also possess great capacity to adapt and navigate the journey. Helping families to externalise the issues, truly listen to each other, look for common ground and put the focus back onto self can open lines of communication in new ways that strengthen connection and support lasting recovery.

For more information on CatholicCare's Holyoake programs, visit the website.

Continuing care

Welcomed with an open door and a warm meal

Simon Reid Support worker, The Haymarket Foundation

It's Thursday night, and a gathering in inner city Sydney is underway. A group of men are milling around as the aroma of nearly-ready dinner wafts through from the kitchen. Some fist-pump, man-hug or jostle in a familiar way. Others sit to one side, to silently observe. The volume drops to an occasional murmur as 'Mark' shares his major milestone of living five years without using drugs. To the casual observer, this could be any group of friends, family or workmates, yet this scene is from a weekly group dinner at one of The Haymarket Foundation's Bourke Street recovery houses.

The Haymarket Foundation's Bourke Street Project provides accommodation and living skills for men over 18 who have completed an AOD rehabilitation program and need further support to return to an addiction and gambling-free lifestyle. In the Project's community-based accommodation, clients safely and surely gain self-knowledge and the resources that help them function in the world, contributing to client's gaining the 'recovery capital' that helps sustain them in the community.

Closely aligned with the 'Recovery Approach', the program recognises recovery as a *process* and not an *endpoint*. As part of this approach, graduate clients are invited back to the program to receive and offer continued support through facilitated groups and community dinners. This aspect of the Project's approach is similarly practiced at both Glebe House and Foundation House.

Being a part of the Project's community helps empower clients to develop a secure base and sense of self; they develop hope, supportive relationships, coping skills and meaning. To achieve recovery, people need skills and opportunities (resources) that will give them the life that they want. Of the many living skills clients secure via the Project, relationship building through healthy communication is one of the most impactful. The dinners, hosted by different households, illustrate the types of safe, group settings and real-life experiences available—in which clients spend time with peers and learn to support them. Powerful connections are formed among current and previous clients, and between clients and workers.

Peer support plays a large role in building 'recovery capital'. Coming back is motivational for current and graduate clients. These dinners give hope to current clients and remind graduate clients of how far they've come and the life they do not wish to return to. They are accountable to something bigger than themselves. Having experienced over 150 group dinners over three years, I believe the communication and relationship-building skills learnt during them are immediate and incredibly valuable, particularly as many clients are experiencing complete disconnection from community, friends, family and workplaces.

By modeling healthy relationships, clients learn how to maintain them and understand how past experiences affect attachments. The Project provides a setting in which clients can 'practice life' in as safe a way as possible. Clients that remain connected do well in their recovery journey. That's why our team invest months and sometimes years of sustained effort in attracting graduate clients to group dinners.

The program recognises recovery as a process and not an endpoint. As part of this approach, graduate clients are invited back to the program to receive and offer continued support through facilitated groups and community dinners.

We're committed to being a place where long term healthy relationships can be learnt, practiced and maintained. By always being available, and committed to abstinence, communication, spending time, ongoing support, honesty, commonality and accountability, we have the privilege of seeing clients create their own quality relationships and reconnecting with community. Importantly, the longstanding relationships formed within the program extend well beyond group dinners and the point of graduation. The doors to Bourke Street are always open.

Call (02) 9361 0203 or visit the Haymarket Foundation website for more information.

Useful resources

Supporting clients

Relationships Australia NSW provides relationship support services for individuals, families and communities including counselling, family dispute resolution (mediation) as well as a range of family and community support and education programs.

Mediation is a process where an independent third party, the mediator, assists the people in dispute to identify the disputed issues, develop options, consider alternatives and try to reach an agreement. However, *the mediator does not give their advice or opinion about the issues or have any role in deciding the outcome of the mediation.*

No to Violence provide telephone counselling, information and referrals for men using violence towards their partner and family. They also provide support and referrals for women and men seeking information on behalf of their male partners, friends or family members, and workers in a range of agencies seeking assistance for their clients who are men.

The Say it out loud web resource is focused on healthy lesbian, gay, bisexual, transgender and intersex (LGBTI) relationships and tackling intimate partner violence.

Drug and Alcohol Multicultural Education and Counselling provide resources to support working with culturally and linguistically diverse (CALD) clients.

A *Language Guide: Trans and gender diverse inclusion* [PDF] explains key terms and offers examples of language that can help us build safer, more inclusive environments for trans and gender diverse communities.

Aboriginal and Torres Strait Islander relationships

The Aboriginal Health and Medical Research Council (AH&MRC) of NSW is the peak representative body of Aboriginal communities on health.

NADA's *Aboriginal inclusion tool* helps services to assess the inclusiveness of organisational practices in working with Aboriginal people and communities, with suggestions for improvements to organisational policy and processes.

Family relationships

COPMI (children of parents with mental illness) provide support for children, parents, families and services that promote healthy family relationships and better outcomes for children and families where a parent experiences mental illness. See Copmi family and friends.

Parent Line is a telephone counselling, information and referral service for parents, grandparents and carers of children aged up to 18 living in NSW. They provide support and information that help healthy family relationships.

Family Drug Support recognises the importance of family relationships and provides support to families impacting by alcohol or other drug use.

NADA developed the *Working with diversity in alcohol and other drug settings* resource to support non government AOD organisations in their work with the diversity of clients that access our services and represent the NSW population, including Aboriginal and Torres Strait Islander peoples, CALD communities, LGBTI people and older people.

Tools for change: A new way of working with families and carers, developed by NADA, support offered to the families and carers of clients with co-existing mental health and AOD problems that are accessing non goverment AOD services. The resource contains a range of interventions, practice tips, service models, resources and training organisations to assist services in working with families

Young people

This training module, from Orygen, looks at why healthy peer relationships (defined in this case as relationships with friends as well as sexual or romantic relationships) are important for mental wellbeing in young people.

Sexual health

Love Bites is a successful school-based domestic and family violence and sexual assault prevention program.

The Family Planning NSW contraceptive kit is designed for practical presentations for learning about contraception.

Consumer participation

Improve outcomes for services and consumers

Fiona Poeder Consumer Project Coordinator, NADA

When I first broach the subject of consumer participation with AOD service providers, I sometimes encounter hesitant responses.

'Consumer participation in the AOD sector? How will this operate? Is it even possible?'

'We've heard the term in relation to mental health but AOD treatment settings are different! Who is a consumer? Who represents whom?'

'What about clients who are still using substances? It could perhaps work with ex-clients, but people who are still using could negatively impact on those who are abstinent.'

'It's too hard to even think about!'

Why should services consider consumer participation?

Whether mandated or core to the service's values, consumer engagement strategies can be beneficial to the lives and wellbeing of clients, staff and AOD services. Consumer participation can improve service planning, targeting, delivering and improving health outcomes; empower individuals in relation to their health decision making; and engender improved relationships.

Exploring consumer participation

From the outset, services should address equality of representation. Recognise that there is a power imbalance between staff and clients, and that the consumer voice should be heard.

Once processes for these are enabled, then consider the following during initial investigation.

What issue do you want to address?
Data determines strategy, so what does the data tell us? What are the issue/s? Consult, map what's out there, and support proven programs. Consider how other sectors might have addressed the issue—cross-sectional engagement or multiple pathways may arise.

What are your objectives?
What does your service want to achieve with consumer representation? Do you want to:

- meet quality improvement measures
- improve relationships
- inform or improve knowledge
- improve client outcomes?

What is your level of commitment?
What can you put into place to enable long-term sustainability? Are you truly committed to consumers as equal partners?

Successful implementation

For consumer participation projects to be both feasible and successfully maintained, a number of factors will need to be in place, or put into practice early.

- Management support is crucial; without this other staff cannot be expected to support the project.
- Training and education for staff and clients alike should be implemented early. This will help challenge myths and misunderstandings, identify barriers and provide strategies to address obstacles.
- Identify a key staff contact person and keep staff informed with updates.
- Equality of consumer engagement within the project is, of course, necessary.

NADA and consumer participation

NADA has long supported consumer participation in AOD treatment settings, having partnered with the NSW Users & AIDS Association (NUAA) on various projects.

Partnering once again with NUAA, alongside other stakeholders, NADA will initiate and evaluate a series of consumer participation projects with a number of pilot sites from within its membership. I have been employed as the consumer participation project coordinator to establish this project, to provide co-facilitated training to AOD services and support the sites to undertake and maintain consumer participation activities. A call for expressions of interest will come soon.

For more information, please email Fiona Poeder at fiona@nada.org.au or call (02) 8113 1324.

Sexual intimacy and substance use

Sex, drugs and what's my role?

Suzie Hudson Clinical Director, NADA

Substance use and sexual intimacy are regularly intertwined, whether it is using substances to gain confidence and relax into an intimate encounter or to heighten pleasure and extend sexual adventure. However, as a topic of conversation in AOD treatment, it is less common.

It can be useful for the AOD sector to have a good working knowledge of how different substances shape sexual desire and performance, and how to provide a safe space for clients to explore the possible impact substance use may have had on their sexual experiences. Healthy sexual relationships can have a profound effect on an individual's emotional, physical and psychological wellbeing and assisting clients to reconnect with their sexual selves should be considered part of holistic client centred care.

AOD treatment can be a useful entry point into sexual and reproductive health check-ups, so linking clients into getting tested and knowing their options for contraception is a good start. The speakers at the NADA February forum, 'Sex, drugs and what's my role,' were able to draw parallels between the approach of sexual health workers and AOD workers in their support of clients—such as a harm reduction philosophies, non-judgemental and confidential service environments and a strengths based approach. The forum also unearthed useful supports for exploring sexuality and sexual expression with young people through the Love Bites program, and resources such as the contraceptive kit that provide real examples of the various contraceptive devices that are available to people for hands-on teaching.

Pharmaceutical drugs can also impact on sexual intimacy, more specifically an individuals' libido or 'sex drive'. A significant proportion of people accessing treatment are also experiencing poor mental health or chronic pain conditions that can have a detrimental impact on libido—even before they are prescribed pharmaceutical medications that further impact sexual desire. Having a working knowledge of the effects pharmaceutical drugs may have on sexual desire, sharing this information with clients and most importantly exploring clients' own experiences is an important aspect of providing holistic care.

What you can do

- Routinely ask about sexual orientation and the role substance use might play in sexual intimacy for your client
- Routinely ask about sexual and reproductive health as part of your therapeutic conversations—apply your non-judgemental approach
- Provide free access to contraception and where to find further information
- Know where to refer for testing or support or where to get more information with your client
- Consider whether you might be able to provide screening kits to your clients
- Create some links or form a partnership with a sexual health service

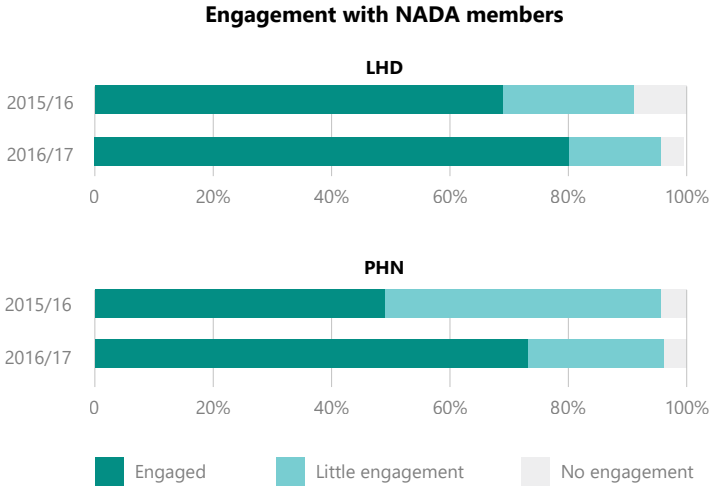
If this is an area you would like to grow your knowledge check out the resources list or contact suzie@nada.org.au.

Cultivating relationships with LHDs and PHNs

By Robert Stirling
Deputy CEO, NADA

Relationships and collaboration across Primary Health Networks (PHNs) and Local Health Districts (LHDs) are vital to a connected system to meet the needs of people accessing AOD services. NADA recognises the key role that each of these partners play and meet regularly through formal network and committee structures, as well as informally through other mechanisms.

Last year, NADA introduced new questions to our annual member survey so that we could monitor how our members report engagement with both LHDs and PHNs and explore themes about how we can improve partnerships. Positively, we've seen an increase of engagement across both LHDs and PHNs in the past year, with a large jump in engagement with PHNs—which was to be expected as a new player to the sector. Some of the themes that have emerged are: improved collaboration and information sharing, coordinated care, and consistent and coordinated data collection to reduce reporting burden.



The latter is an issue high on NADA's agenda based on feedback from members, including with those directly funded through the NSW Ministry of Health or Australian Government Department of Health. NADA, with the state and territories AOD Peaks Network, recently met with both Drug Strategy Branch and Primary Health Network Branch at the Department of Health to discuss how we can improve a range of areas including national consistency and transparency. The meeting resulted in a commitment from all partners to work together on improving these areas.

Data collection and reporting was also one of the key themes that was discussed at a recent joint meeting of the NSW Health Drug and Alcohol Program Council (DAPC) and the NSW/ACT PHN AOD Network held on 7 September 2017. The purpose of the meeting was to:

- develop a better understanding of the Networks' members roles and responsibilities
- provide an opportunity for both Networks' members to meet face to face and build relationships
- identify common areas of priority and potential service gaps
- discuss potential collective activities for action
- identify mechanisms for working together in the future.

Prior to the meeting, a working group that was represented by NADA, was convened to set the agenda for the day. The agenda was themed into the following areas that informed four workshops that were held on the day. Governance and connections between LHDs and PHNs: information sharing, potential for standardisation, where appropriate of KPIs and reporting, state-wide planning and coordination. and models of care (e.g. shared care, quality improvement projects).

The three actions that came out of the day follow.

1. Develop a comprehensive list of LHD, PHN, NSW Health and Department of Health funded NGO AOD services by LHD and PHN regions across NSW by building on existing mapping.
2. Work towards development of a standard set of Key Performance Indicators (KPIs) across NSW Health funded NGOs to minimise reporting burden and enable meaningful information sharing across service providers: Identify standard Key Performance Indicators for NSW Health funded services.
3. Hold a follow up workshop in 2018.

NADA will keep its members informed on the outcomes of the actions and will be closely consulting with members to ensure that the development of a standard set of KPIs are sector informed, meaningful and appropriate.

NADA will continue to support its members through improving relationships across LHDs and PHNs and welcome feedback from members on strategies that will benefit them, or work at a more local level if a member needs direct support. Contact Robert or Larry.

See page 24 for an example of how a PHN, two LHDs and NADA are working together to improve practice and planning.

Networks

Relationships in practice

Rubi Montecinos Program Manager, NADA

People use connections every day to improve processes, solve problems, and complete work. Networks are forms of connections and relationships, formed by people with some crossover or connection in their purpose. Furthermore, networks are structures that are important sources of knowledge, sources for improving effectiveness, and for innovation.

There are many manifestations of networks. Networks may function horizontally, between institutions from the same or different sectors, or they may be vertical arrangements. Networks may have a specific character that binds the network structure e.g. Local and regional networks often find much of their strength in the exchange of tacit knowledge and have a strong informal and social component.[1]

Here are some common types of networks:

- **Operational networks** can include direct reports, decision making responsibilities and representation from key stakeholders.
- **Strategic networks** provide opportunities to look at the wider picture and provide differing perspectives.
- **Community of practice** are driven by the need of practitioners to find solutions to practical problems. This network exchanges knowledge covering the 'who, what, how, where' and is based on the shaping and reshaping of experience.
- **Networked organisations** consists of members staying autonomous and strengthening their own core competence, with interactions between members commonly delivered through a product or service to clients. That is, members profit from the core competence of the other members in the network, and can serve the clients of the other members.
- **Personal networks** include social networks, and provide opportunities to share information and often provide developmental support, such as coaching and mentoring. This type of network is powerful due to its referral potential, which can expand people's networks, can connect people with peers and help overcome potential issues associated with being isolated.

Despite the many types of networks available, there are a number of general characteristics that networks share. These include:

- **The members of networks share a common purpose.** This may be a vision, a mission or a more concrete goal. Members stay active in the network so long as it delivers a benefit for them, which ultimately is also an advantage for the clients of the members.
- **Networks enjoy a degree of self-management.** Networks operate often with different leaders for different aspects, and leadership may be constantly changing.
- **Links are established not only with members but also with other stakeholders and people who access their services.** Networks are used to identify the needs of people accessing services and how to serve them accordingly.
- **Links are interactive.** Potential members specify their needs at an early stage of a project or service and evaluate intermediate results. The use of expertise is not through traditional delivery methods, but instead experts expect gain from being involved in a network.
- **Networks come and go and they come to an end.** They are dynamic structures, they change in terms of type and number of members, roles of members, etc.

So why do networks matter in AOD?

Networks are a great way to identify best practices or industry benchmarks. They have the ability to influence culture, decision making, leadership, innovation and projects. Everyone stands to benefit from positive network relationships. NADA supports a number of networks. The networks work within their memberships and specialities to improve outcomes for people seeking and accessing AOD services, support and treatment in NSW. NADA extends this support to all members, with NADA staff available to provide direct support to members to develop, maintain and improve their network relationships.

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NADAbase

Working better together

Cassandra McNamara Program Manager—Data Systems, NADA

Given this quarter's edition is on healthy relationships, I thought this was an ideal opportunity to reflect on how well NADA, our members, developers of bespoke systems and funders all work collaboratively in the collection and reporting of N/MDS data. In our busy day to day lives we often forget to acknowledge and celebrate the little wins.

I'd like to share with you some great feedback received from the NSW Ministry of Health on the NGO data collected:

'NADA has been responsible for providing AODTS MDS directly to InforMH, NSW Ministry of Health since January 2015. NADA provides one quarter of NSW's Minimum Data Set for Drug and Alcohol Treatment Services. The NADA team have worked tirelessly over the last three years to ensure that the MDS specifications are correct in NADAbase for the non-government organisations. The data flowing in has markedly improved in timeliness and the team is encouraging and working with members to deliver it on a monthly basis. Of the NADA extracts received by NSW Ministry of Health for the financial year 2016/17, there were only two records that were rejected. This is an outstanding effort and a reflection of clinicians and the NADA team's dedication to ensure services delivered are recorded accurately and in a timely manner.

Working with Suzie, Roger and Cassandra is always seamless. Their dedication to provide data that is of top quality and reflective of the services delivered from all members within NADA is high'.

This achievement has been possible thanks to the dedication of our members to timeliness, data quality and most importantly establishing and maintaining positive and respectful relationships. I look forward to continuing to work with you all!

NADAbase expansion project update

Phase 3: self-management

Administrator capability went live in NADAbase on 16 October 2017. For information on how to navigate through your new administrator role, visit the tutorial. If you have not yet nominated your administrator, don't delay and get your form in today! If you have any questions, please contact Cass.

NADA takes seriously the feedback received from members with regard to the recent enhancements made in NADAbase and as such recent changes have been made to the screeners incorporating this feedback. We are always keen to hear how these enhancements are working for you and your service—so please get in touch with Cass or Suzie.

What's coming up?

In December NADA will commence the initial stages of consultation on Phase 4: reporting and analysis, specifically on the designs for the NADAbase dashboards and client summary report content. NADA is always looking at ways we can streamline processes to ensure ongoing efficiencies for our members and as such we are currently developing a new process for members using bespoke systems that are wanting to on board as an importer. Further details and the new process will be released in our next Advocate.

Subscribe to the Advocate

Each quarter, the Advocate raises significant issues relating to the NSW non government AOD sector. Previous issues have focused on drug trends, harm reduction, and AOD treatment for women. Develop your knowledge about, and create connections within, the sector.

To subscribe, email Sharon Lee.

Member profile

Rosalie House Drug Health Day Program, Tamworth

Rosalie House Drug Health Day Program is a non-residential an AOD rehabilitation service based in Tamworth, and is part of St Vincent de Paul NSW (SVDPNSW) Specialist Drug and Alcohol Network. The day program is available to all people aged 18 and over who are seeking evidence based treatment options to help them to achieve and maintain positive changes to their daily lives. Funded by the Hunter New England Primary Health Network, Rosalie House began treating its first participants in early 2017, and began operating at its current location in July.

Photo: Nicole Laupepa, Bonnie Paterson, and Tim Dobbins.

The structure

Rosalie House consists of the team leader, Nicole Laupepa, and four case managers who provide intensive support and case management to clients accessing the day program. There are three components of participation; individual treatment, Catalyst, and Momentum aftercare across a period of up to 12 months.

Catalyst is the core component of the program. It is a six-week, non-residential group program comprising of 16 core topics using cognitive behavioural therapy and relapse prevention strategies, as well as a range of additional psychosocial group sessions including emotional regulation, yoga, art, and the yarning circle.

All new participants begin in the individual treatment phase, which includes one to one motivational enhancement therapy and case management. Once the participant is ready, they are referred in to the next block of the closed six-week Catalyst session. Upon completion of the Catalyst program, aftercare is provided both one to one and in the weekly Momentum group.

The whole picture

The SVDPNSW Specialist Drug and Alcohol Network now includes a range of services for people experiencing problems associated with their AOD use in the Hunter New England Region. As such, Rosalie House is support by a treatment network that assists people across the entire treatment journey. Our New England Community Drug and Alcohol Counselling program case worker, also based at Rosalie House, provides case management, AOD treatment options and support to people living in and around Tamworth and neighbouring communities. The New England Outreach worker assists people in the community to access Rosalie House, as well as assisting with after care to those living outside of Tamworth to those who've completed the Catalyst program. SVDPNSW's first AOD treatment program in the region, the 26 bed Freeman House residential treatment program based in Armidale, provides a four bed medical withdrawal unit, and provides withdrawal services to people prior to accessing the Rosalie House program, or, after attempting to attend Rosalie House day program, the participant and case manager determine that residential treatment is more suitable, internal transfers are arranged.

Local connections

For a large regional city, Tamworth has critically lacked AOD services and as such Rosalie House has been warmly received by in the local community. In its first three months of operation, we have admitted over fifty participants to the program, most of whom are still receiving individual case management, and a third having graduated from their block of Catalyst sessions. Team Leader, Nicole, is a local Gamilaraay woman, and through her connections with community has developed strong linkages with a range of Aboriginal controlled health and social services, with Aboriginal participants now making up 50% of our service. One very interesting anomaly for this service is the fact that 85% of all participants are female.

We recently held our first graduation ceremony for the first cohort of Catalyst graduates, including one beautiful baby who attended every session with her mum. At the graduation all participants added their handprint to a collective symbolic artwork, which also includes one small baby footprint!

St Vincent de Paul Society NSW
Support Services
good works

Hunter, New England & Central Coast AOD Network

By Helena Hodgson
Program Manager—HNECC AOD Network, NADA

The inaugural HNECC AOD Network meetings have just come to a close and were well attended by network members from across the four regions: Central Coast, Hunter Manning Great Lakes, New England and Newcastle Lake Macquarie.

The network is intended to develop a regional, systems approach to meeting the AOD service needs of Hunter, New England and Central Coast populations. The networks will build on existing relationships, initiatives and programs to provide a platform for regional priority setting, population-based planning and improving the health outcomes for people who experience harm from AOD use.

The networks are positive example of bringing together key sector partners—Primary Health Networks, Local Health Districts, non government organisations and Aboriginal Community Controlled Health organisations. Outcomes from the meetings included the adoption of the terms of reference and communication plan, as well as the recognition of service gaps that were identified in the extensive service mapping exercise that took place during August and September.

Network members would like the to achieve strong partnerships, better referral pathways, better outcomes for clients and the community, knowledge of other services, information sharing and to develop a specialised, skilled workforce.

Ongoing work includes a general practice and pharmacy survey and scoping the collection of PREMS and PROMS to inform the development of a standardised collection form for service users.

New online Aboriginal art store

Established in October 2017, The Glen online art store showcases selected artworks created by its clients.

The Glen Centre, based at Chittaway Bay on the Central Coast of NSW, provides alcohol and other drugs rehabilitation opportunities for men.

All artwork sales are used to fund The Glen's program activities which include outings, camps and equipment.

Each artwork come with a photo of the artist and their story. Delivery is free.

Visit the art store at The Glen Centre

Artwork: Goanna Dreaming by Tass Pittman

Profile

NADA staff member

Cassandra McNamara
Program Manager—Data Systems

How long have you been with NADA?

I've been at NADA now for just over eight months.

What experiences do you bring to NADA?

Having worked previously within the drug and alcohol branch at the Ministry of Health as policy officer, I bring with me an understanding and good knowledge of the sector, strong stakeholder management, including experience in managing multiple projects.

What activities are you working on at the moment?

As part of the NADAbase expansion project, we've just successfully rolled out the self-administrator functionality to our members. Work is now underway in the designing of the NADAbase dashboard and various reports.

What is the most interesting part of your role?

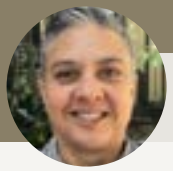
Learning about the diversity of our members and working with them on the way we can best support them in the collection and understanding on their data.

What else are you currently involved in?

Outside of work you will find me either in my garden or training and competing in triathlons.

A day in the life of...

Sector worker profile



Axel Anthonisz Intake and Outreach Case Manager, Guthrie House

How long have you been working with your organisation?

I've been here for seven years.

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

I previously worked for the resource and education program for injecting drug users at 'the Block' in Redfern. With a keen interest in Indigenous justice and specialising in AOD treatment, I completed a Diploma in Community services and commenced work with Guthrie House running the outreach program.

What does an average work day involve for you?

An average day involves facilitating SMART relapse prevention and domestic violence groups for our residents, intensive case management with residential clients, home visits to outreach clients now living in the community, a lot of driving around Sydney, assisting clients to plan and complete case plan tasks, crisis intervention and using motivational interviewing to assist clients to affect change.

What is the best thing about your job?

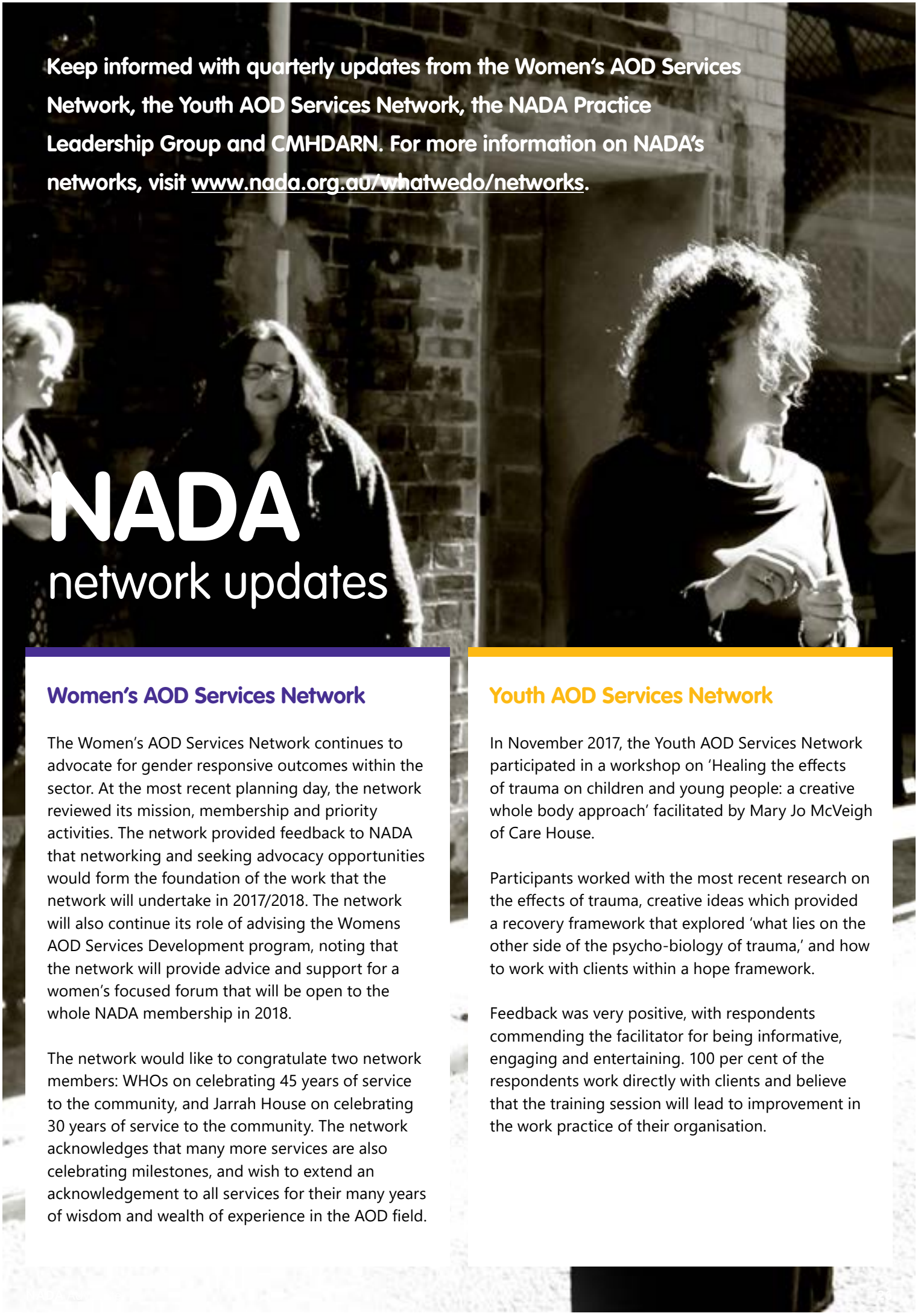
Working with courageous women as they rebuild their lives and successfully achieve a pathway to their hopes and dreams. I love witnessing their transformation from initial devastation to genuine happiness!

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 better access to community mental health services. Local mental health services need to be more willing to partner and prioritise AOD NGOs.

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

I guess I would have to be Wonder Woman because our service is gender specific to women. My superpower would be linking women quickly to community and family so they don't experience loneliness as they so often do when they transition to a drug free life in the community.



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 continues to advocate for gender responsive outcomes within the sector. At the most recent planning day, the network reviewed its mission, membership and priority activities. The network provided feedback to NADA that networking and seeking advocacy opportunities would form the foundation of the work that the network will undertake in 2017/2018. The network will also continue its role of advising the Womens AOD Services Development program, noting that the network will provide advice and support for a women's focused forum that will be open to the whole NADA membership in 2018.

The network would like to congratulate two network members: WHOs on celebrating 45 years of service to the community, and Jarrah House on celebrating 30 years of service to the community. The network acknowledges that many more services are also celebrating milestones, and wish to extend an acknowledgement to all services for their many years of wisdom and wealth of experience in the AOD field.

Youth AOD Services Network

In November 2017, the Youth AOD Services Network participated in a workshop on 'Healing the effects of trauma on children and young people: a creative whole body approach' facilitated by Mary Jo McVeigh of Care House.

Participants worked with the most recent research on the effects of trauma, creative ideas which provided a recovery framework that explored 'what lies on the other side of the psycho-biology of trauma,' and how to work with clients within a hope framework.

Feedback was very positive, with respondents commending the facilitator for being informative, engaging and entertaining. 100 per cent of the respondents work directly with clients and believe that the training session will lead to improvement in the work practice of their organisation.

NADA network updates
continued

NADA Practice Leadership Group

The NADA Practice Leadership Group met in September to engage in an 'Advocacy and influence' training workshop developed and facilitated by Edwina Deakin. The purpose of the workshop was to refine our communication and advocacy skills, and to increase our influence as individuals, and as the NPLG. The workshop produced lots of lively discussion and will assist the NPLG to focus on some specific areas of advocacy in the new year. The workshop also lays the foundation for members of the NPLG to be involved in a board level advocacy group that will lead NADA in responding to specific areas of policy that impact our clients and the work we do in the specialist AOD treatment sector.

The NPLG will now turn their attention to the NADA Conference 2018: Exploring therapeutic interventions, and support members to submit abstracts on the evidence based therapeutic interventions that they provide to clients in treatment. The NPLG will also be crafting their own presentations and workshops for the conference and look forward to seeing you there!

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

CMHDARN

The CMHDARN Ethics Consultation Committee held its inaugural meeting in September, which brought together experienced consumer, academic and community service researchers. The committee is designed to encourage researchers (both academic and MHCC/NADA members) to participate in a process of consultation regarding ethical conduct in mental health and AOD research or evaluation.

The committee will also be available to provide guidance and advice to NADA and the MHCC on the appropriateness of providing resources and/or support to research projects that seek endorsement or requests for access to client-related data.

If you or your organisation is about to engage in research or evaluation that involves clients, consumers or the loved ones of those accessing treatment, we would encourage you to seek support from committee. To find out more, please contact suzie@nada.org.au.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

Pride in Health + Wellbeing

Improve the health and wellbeing of LGBTI people accessing AOD treatment

Dawn Hough Director
ACON's Pride Inclusion Programs

Why did ACON develop a LGBTI inclusion program for the health and wellbeing sector?

For too long, the health needs of lesbian, gay, bisexual, trans and intersex (LGBTI) people have been invisible in health and wellbeing policies and service settings, despite growing evidence that this community have disproportionate needs and require unique approaches for the provision of good care and support.

Most LGBTI Australians live healthy and happy lives but research shows almost 50% of all LGBTI people hide their sexual orientation or gender identity when accessing services for fear of violence or discrimination[1,2] and 25% reported refusal of service of some kind, based on sexual orientation or gender identity.[3] 35% of transgender people aged 18 and over have attempted suicide in their lifetime[2] and 42% of people with an Intersex variation aged 16 and over had thought about self-harm.[2]

The patterns of AOD use by LGBTI people differ when compared to the broader population. Risky alcohol use and illicit drug use is higher among lesbian, gay and bisexual people than heterosexuals.

Whilst these health issues are not directly due to being LGBTI they can be attributed to experiences of stigma, prejudice, discrimination and abuse.[2]

Robert Stirling
Deputy CEO, NADA

Why has NADA become a member of ACON's LGBTI inclusion program?

People identifying as LGBTI are a priority population in the National Drug Strategy 2017–2026. This will be echoed in the soon to be released NSW Health AOD Strategy. We also saw LGBTI people identified as a priority population in many of the NSW PHN AOD commissioning processes. NADA is committed to supporting its members capacity to increase access and equity for LGBTI people in AOD treatment through best practice approaches.

In response to this, NADA has beome a member of Pride in Health + Wellbeing. Our membership will be of direct benefit to NADA members through our sector and workforce development program, including organisational policy and data management.

NADA values the unique role that ACON plays as a member providing a substance support service for LGBTI people, but also as a key partner to build the capacity of the AOD services to increase access and equity for LGBTI people through best practice approaches, policy and workforce development.

We welcome your input on how we can support our members increase their capacity in this area. Contact Robert Stirling on (02) 8113 1320 to discuss.

pride in health +wellbeing

Pride in Health + Wellbeing partners with members to build an understanding of the unique health challenges faced by LGBTI people and to assist with the development of good practice and expertise in LGBTI inclusive service provision. Members have access to a dedicated relationship manager as well as access to publications, resources, and best practice roundtables, communities of practice and training programs.

Pride in Health + Wellbeing would like to invite you to consider this program for your organisation in recognition of the fact the services you provide are of critical concern to LGBTI people. For more information call Dawn Hough on (02) 9206 2136.

Bibliography

1. Bernstein, KT, Liu, K, Begier, EM, Koblin, B, Karpati, A and Murrill, C 2008, 'Same-Sex Attraction Disclosure to Health Care Providers Among New York City Men Who Have Sex With Men: Implications for HIV Testing Approaches', *Arch Intern Med.*
2. Australian Human Rights Commission 2015.
3. National LGBTI Health Alliance 2016, 'The Statistics at a Glance: The mental health of Lesbian, Gay, Bisexual, Transgender and Intersex people in Australia'. (Retrieved from http://lgbtihealth.org.au/statistics)

Drug action teams

By Peter Whitecross
Senior Community Development Officer, Australian Drug and Alcohol Foundation

Community Drug Action Teams (CDATs) have been operating in NSW for over 17 years and many NADA members have been actively supporting the program over this time. Earlier this year the first round of Local Drug Action Team (LDAT) funding was released and this caused some confusion amongst agencies who are not sure if they are eligible to apply. This article seeks to clarify this by highlighting the similarities and differences with the aim to encourage more NADA members to consider applying for LDAT funding.

CDATs were set up in NSW after the NSW Drug Summit in 1999. The LDAT program was initiated late 2016 out of funding from the 2015 National Ice Action Strategy. The LDAT program is national in reach, funded by the Australian Government. The LDAT proposal submitted by the Alcohol & Drug Foundation (ADF) drew on the success of the CDAT model, while making a few significant adaptations in order to work effectively at a national scale and at the same time take advantage of recent developments in communications technology. WA has a Local Drug Action Group program which also shares some of the rationale and theory of the Drug Action Teams (DATs).

DATs (community and local) are similar in many ways. They share the same basic aim, 'to empower communities to identify and respond to issues to help reduce and prevent AOD harms'. The rationale and theory behind the program is based on research and experience that has examined the value of supporting local grassroots efforts to reduce AOD harm. Local initiatives are better placed to understand community dynamics and to mobilise local resources in their programs.

By working together as a group, DAT members can leverage local community strengths and resources to boost protective factors such as quality education, positive parenting and establishing clear pathways from education to work that help protect against AOD harm. The ADF works with DATs to ensure their activities are informed by evidence, regularly monitored, and committed to a process of community consultation. The DAT programs

	LDAT	CDAT
Executive committee elected through AGMs with regular meeting structure	✗	✓
Partnership between three or more organisations	✓	✓
Formal agreement between organisations with MoU	✓	✗
Explicit effort to include local community members in leadership and partnership roles	✗	✓
Two grant rounds per year	✓	✗
Activities must be part of a wider community action plan to address AOD harm	✓	✗
Primary prevention approach to activities	✓	✓
Responsive to local issues and flexibility to change activities based on emergent community needs	✗	✓
Explicit commitment to address social determinants of health	✓	✗
Working with vulnerable groups	✓	✓
Face-to-face support from dedicated SCDOs based in relevant regions	✓	✓
New groups can form partnerships and apply for grants	✓	✗

Drug action teams
continued

recognize that there needs to be an adequate level of support and resourcing to prevent such community based efforts from burning out their participants.

In operation, DATs consist of groups of individuals representing organisations and residents who volunteer to design and initiate campaigns and projects in their community. In principle, the intent of DAT activity is the primary prevention of AOD harm; in practice most projects choose to focus on preventing harm amongst vulnerable and at risk populations and so there is often an element of secondary prevention.

Both DAT programs have a range of online resources.

There are a few significant differences between the two programs. As mentioned earlier, CDATs are unique to NSW and LDATs are national. So while any partnership of organisations committed to the primary prevention of AOD harms can apply for LDAT funding, only registered CDATs (NSW only) can apply for CDAT funding. CDAT funding comes in two forms—core grants (about $3,500) to run the collaboration and partnership grants for larger projects. LDAT grants currently have an upper limit of $40,000, but these funds can be spent on staff salaries as well as other project costs.

While the overall goals of the two programs are broadly similar, and the current funding priorities overlap, there are some differences in focus specified by the funding body.

Program priorities for the CDAT program include:
1. alcohol related violence and liquor licensing
2. crystalline methamphetamine
3. working with families
4. FASD—Fetal Alcohol Spectrum Disorder
5. working with youth
6. Aboriginal communities
7. CALD communities
8. other—these need to be justified.

In the case of LDAT program priorities, these include:
1. prevention of crystal methamphetamine use in the community
2. prevention of alcohol related harms in the community
3. increasing family protective factors in the community
4. priority populations—social disadvantage
5. existing or emerging drugs in the community
6. working with Indigenous communities.

CDATs have terms of reference and office bearers, otherwise they are relatively informal community partnerships and are not incorporated, although most member organisations are incorporated. CDAT funding is provided by NSW Health, administered by the ADF.

For a group to be funded as an LDAT they need to fulfil the following criteria:
- has one partner organisation who can act as the backbone organisation to provide a convening and auspice role to administer LDAT grant funds
- has at least three partners
- has a formal memorandum of understanding amongst members, agreed roles and commitment to act collaboratively
- consists of members who have a demonstrated track record in community development work
- has a strategic primary prevention plan that extends beyond the project being funded and fits in with other local plans for community development.

Refer to the following page for the full list of criteria.

The funding cycle for Round Three of LDAT funding are open now. You can either check the ADF website or contact Ellen Panaretos at the NSW office of the ADF.

adf | Alcohol and Drug Foundation

Should you be interested in pursuing LDAT funding or setting up a CDAT contact Pete Whitecross Peter.whitecross@adf.org.au or Ellen Panaretos Ellen.panaretos@adf.org.au.

Investing in communities

Developing a road map to a fair NSW

Tracy McLeod Howe CEO, NCOSS

'We need for our stories to mean more and matter the most.' This is what a member of the Central Coast community told NCOSS when asked about what needs to happen to see positive change.

We had set out to hear directly from diverse, strong communities about the key challenges they face, but also about the collaborative, innovative and inspiring ways these communities are tackling these challenges. So during July and August this year, NCOSS partnered with NADA, Hesta, iCare, FAMs, the NSW Department of Finance, Services and Innovation and a range of other peaks and government bodies to hold six conferences and two additional consultations across NSW. We spoke with over 500 community leaders and people working in community services, as well as those doing it tough.

We heard stories about the need for people to have a stable base, extra support in times of crisis, and opportunities to empower themselves in the face of disadvantage. We also heard about the consistent challenges and barriers around support for children, young people and families, housing and homelessness, gender equality and domestic and family violence, health, access to justice, and disability.

Mental health was a major concern across the communities we spoke to, with the need for more investment to ensure people can access the supports and services they need close to home. We heard barriers include the rising cost of healthcare, shortage of mental health workers, persistent societal and cultural stigma around mental health issues, and a lack of supports around transfer of care.

We also heard concerns about poor mental health in people seeking AOD treatment and the significant flow on impact on general health, employment and social integration. Communities told us a lack of funding means a major shortage of places in AOD treatment, and limited continuity of support for people transitioning back into the community. We also heard there is not enough support for cross-sector collaboration and resources to meet the intersecting needs of vulnerable groups, such as housing stability.

And then there were the stories about the things making a difference across communities; the residential AOD rehabilitation programs in Coffs Harbour, Bucca and Werrington for men experiencing or at risk of homelessness; the preschool in Lismore providing early support for vulnerable families and connecting them to the services they need; the youth support service in Gosford working with young Aboriginal people to divert them from the justice system. Simply too many to name.

These are the stories that matter, and since the regional conferences, NCOSS has been working hard to make sure these stories get heard. During Anti-Poverty Week 2017 we launched our Pre-Budget Submission to the NSW Government detailing key measures for 2018/19 that would make a difference in our communities.

Our submission distilled everything we had heard across the state into the key principle that we need to be inclusive and celebrate our diversity, by recognising that:

- not everyone starts on an equal footing. We need targeted solutions, led by communities, that recognise multiple and intersecting forms of disadvantage
- communities need to be empowered and resourced to execute cross-sector, place-based solutions in a collaborative way
- isolation and lack of transport has a flow on impact on access to opportunity and vital services, so there needs to be targeted approaches for regional and remote communities.

We see our key recommendations as a roadmap for a fair NSW, in the recognition that people need a stable base and a safe environment to flourish. These include a housing approach that meets our needs and enables us to tackle life's challenges. It means investing in peer support so that people experiencing mental health issues have someone to stand with them throughout their journey to recovery.

These are tangible measures that could alleviate issues for disadvantaged communities right now, and come together to make up pieces of a larger puzzle. NCOSS has already started advocating key decision-makers in the NSW Government, and mobilising communities to engage with their local MPs. We're sending the message that this is what communities need now, and that their stories and experiences matter.

ncoss NSW Council of Social Service

Visit the website to learn about NCOSS.

NADA Practice Leadership Group

Meet a member

Angela Petrolo Service Manager / Psychologist, Kedesh Rehabilitation Services

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have been the service manager of the Kedesh Rehabilitation Services Illawarra site for over two years, and in the last six months I have been seconded to the Manly site as service manager. It has been great to work across the two sites and to see the differences in the client presentations and issues. I have worked for Kedesh previously; I was the clinical lead for a number of years before working outside of the sector, primarily with youth in the community.

I have been a member of the NPLG for a few months, but I am looking forward to being more involved in the group.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
I have worked for many years within the AOD sector and I have a real passion for working with this group of clients, the majority of whom are presenting with a range of highly complex issues. The Kedesh program is cognitive behaviour therapy based, but in recent years we have introduced a strong dialectical behaviour therapy component which has been a particular interest of mine for a number of years. I am also registered supervisor and really enjoy the teaching aspect of that role.

What do you find works for you in terms of self-care?
Exercise—I run. I took up running about two years ago and since then I have run a number of half marathons and completed my first marathon this year. I find the routine of training really helpful and a great outlet. Eating well and lots of sleep also go hand in hand with lots of training. Having an active and varied social life is also important; I spend a lot of time with my family and friends, particularly having brunch—my favourite meal of the day.

What support can you offer to NADA members in terms of advice?
I can support NADA members with advice around working within a client centred model, thinking outside the box and being creative when it comes to client care.

Welcome to our new member

The Royal Flying Doctor Service Alcohol and Other Drug (RFDS AOD) program is funded by the Western Primary Health Network and has a partnership with Lyndon—Lives Lived Well. The program provide quality AOD treatment to communities in rural and remote locations that do not currently have access to AOD treatment. The program consists of three hubs which are located in Dubbo, Cobar and Broken Hill; each hub offers services to communities within a two hour radius. The RFDS AOD program offers individual and group treatment services and also promotes early intervention, prevention and promotion activities.

Royal Flying Doctor Service

For more information, you can visit the website, contact Michelle Warn on 0447 610 846 or email Michelle.warn@rfdsse.org.au.

Welcome to new staff at NADA

Suzie Hudson Clinical Director, NADA

NADA is pleased to welcome two new staff to the team—Fiona Poeder and Michelle Ridley

Fiona is NADA's consumer project coordinator. She will work on a new project to promote, as well as provide, developmental and ongoing support for quality consumer participation through a pilot project with NADA members. Fiona has worked in harm reduction and drug user organisations on both a national and jurisdictional level for nearly twenty five years. Her studies in sociology led her to work with highly marginalised communities, and she has subsequently developed and managed a number of services, resources and programs. Her work at the Australian Injecting and Illicit Drug Users League (AIVL) and the NSW Users and AIDS Association (NUAA) on addressing substance user targeted discrimination has led to her new role with NADA.

Michelle is NADA's clinical consultant for continuing care. She will provide clinical advice, active consultation, training and advocacy to improve pathways for continuing care for AOD clients. Michelle has worked for over 17 years in the human services sector from juvenile justice, housing, domestic/family violence and child protection. Over these years her primary experience has been in the AOD non government sector in clinical positions from supervising and coordinating outreach counselling teams, drug and Koori court diversion services, needle syringe programs, to program development for improved service delivery. Michelle has completed a BA in criminology and is completing a Masters of Addictive Behaviours. Her areas of interest include strength based and trauma informed practice, forensic diversion programs and reducing AOD harm among injecting drug users.

NADA is very excited to add these two important content areas to our portfolio. Fiona and Michelle will be in touch with you soon to gain some input on their areas of work.

NADA events

Benchmarking workshop

Ultimo, 6 February 2018

Learn how to monitor and evaluate how well your organisation is performing and drive continuous improvement in quality and outcomes. This workshop will draw on the NADA resource [PDF] *Benchmarking: A guide for the NSW non-government drug and alcohol sector.*

Register now

NADA Conference 2018: Exploring therapeutic interventions

Sydney, 7-8 June 2018

Save the date! Abstracts close 28 February.
More information

NADA highlights

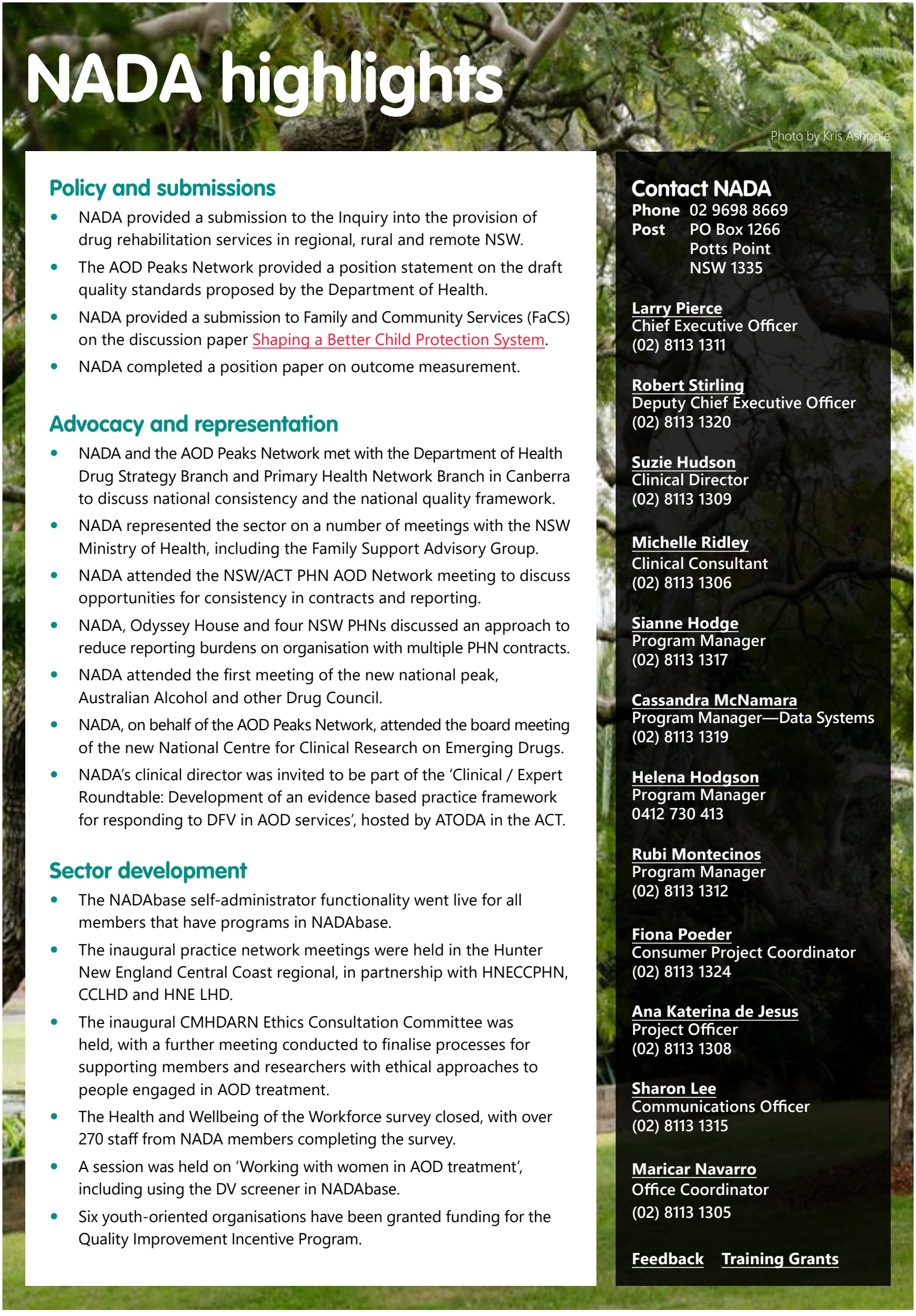


Photo by Kris Ashpole

Policy and submissions

- NADA provided a submission to the Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW.
- The AOD Peaks Network provided a position statement on the draft quality standards proposed by the Department of Health.
- NADA provided a submission to Family and Community Services (FaCS) on the discussion paper Shaping a Better Child Protection System.
- NADA completed a position paper on outcome measurement.

Advocacy and representation

- NADA and the AOD Peaks Network met with the Department of Health Drug Strategy Branch and Primary Health Network Branch in Canberra to discuss national consistency and the national quality framework.
- NADA represented the sector on a number of meetings with the NSW Ministry of Health, including the Family Support Advisory Group.
- NADA attended the NSW/ACT PHN AOD Network meeting to discuss opportunities for consistency in contracts and reporting.
- NADA, Odyssey House and four NSW PHNs discussed an approach to reduce reporting burdens on organisation with multiple PHN contracts.
- NADA attended the first meeting of the new national peak, Australian Alcohol and other Drug Council.
- NADA, on behalf of the AOD Peaks Network, attended the board meeting of the new National Centre for Clinical Research on Emerging Drugs.
- NADA's clinical director was invited to be part of the 'Clinical / Expert Roundtable: Development of an evidence based practice framework for responding to DFV in AOD services', hosted by ATODA in the ACT.

Sector development

- The NADAbase self-administrator functionality went live for all members that have programs in NADAbase.
- The inaugural practice network meetings were held in the Hunter New England Central Coast regional, in partnership with HNECCPHN, CCLHD and HNE LHD.
- The inaugural CMHDARN Ethics Consultation Committee was held, with a further meeting conducted to finalise processes for supporting members and researchers with ethical approaches to people engaged in AOD treatment.
- The Health and Wellbeing of the Workforce survey closed, with over 270 staff from NADA members completing the survey.
- A session was held on 'Working with women in AOD treatment', including using the DV screener in NADAbase.
- Six youth-oriented organisations have been granted funding for the Quality Improvement Incentive Program.

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Feedback **Training Grants**