Advocate

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NADA
network of alcohol and other drugs agencies

CEO report

Larry Pierce NADA

Firstly, let me thank all who came to the NADA Conference 2018: Exploring therapeutic interventions. It was, according to our feedback, one of the best conference programs we have put together to date. I'd also like to thank the keynote presenters, conference program presenters, NADA staff and the conference delegates for making it such a great show!

Dr Kerry Chant, Assistant Secretary, Population and Public Health and Chief Health Officer gave the opening address and focused on the key directions of the NSW drug and alcohol program highlighting the significant reform of the specialist NGO program sector, and discussed the new headline KPI reporting environment and how this aligned with the overall programs priority of ensuring evidence based interventions, quality and safety in service delivery and best practice data and performance reporting.

Our international keynote, Dr Manuel Cardoso, Deputy General-Director of Portugal's General Directorate for Intervention on Addictive Behaviours and Dependencies, gave an excellent presentation on the Portuguese policy on drug dependency and the management of people who use drugs problematically. This policy is based on a public health approach grounded on decriminalisation and integrated responses from health and criminal justice sectors of the Portuguese state. It was well accepted that this approach has provided the evidence base for the decriminalisation approach when it is managed cooperatively by health, law and order and social services sections of the state.

The role of consumers was highlighted with a number of keynote and workshop presentations. We are actively working towards enhancing consumer participation across our sector and we were pleased to have been able to provide five (out of an overall ten) scholarships to consumers from around the state to attend the two-day conference. These scholarships are a new element of the NADA conference program and we will endeavour to increase this opportunity in future conferences.

The access and equity panel discussion at the end of day two was a conference highlight for many, including us at NADA. The panel discussion focused on access to treatment and explored the equity issues—what are our criteria for access to services; are we supporting some clients more than others and how do we assure equitable access to treatment services. This work is ongoing and we believe must be grounded in a human rights framework. NADA will be taking this work further with our members and explore how we, as a sector, can improve access and equity for our clients and embed a rights based approach to service design and delivery into the future.

> We will explore, how we as a sector, can improve access and equity for our clients, and embed a rights based approach to service design and delivery.

And finally, I think the AOD Awards for the NSW Non Government Sector was a highlight of the conference dinner. I congratulate all the award winners and those that received commendations and I trust that the membership found the night to be a celebration of all that is great and good across our sector.

NADA Conference 2018

Exploring therapeutic interventions

The NADA Conference was held on 7 and 8 June 2018 at Sheraton on the Park in Sydney. It was our largest conference to date, with 340 delegates in attendance.

Most delegates (65%) worked in NADA member organisations. 48% reported that they work in direct client services/client support positions and 30% in management roles.

Some of the main reasons delegates attended was to:

- **develop knowledge and/or skills (66%)**
- **network (55%)**
- **hear particular speakers (32%)**
- **better understand the non government AOD sector (30%).**

Watch Dr Manuel Cardoso's keynote speech

Photos by Paul Rodger

NADA Conference 2018
continued

What did they think?

94% of the delegates thought that the conference focused on innovative evidence based practices to improve the lives of clients, consumers and the community. **96%** believed the conference was a worthwhile and valuable event. **90%** agreed the conference streams were relevant to them.

The keynotes

The delegates enjoyed the diversity and quality of keynotes, yet it was clear that Katie Vellins, Youth Advocate from Weave & Community Services, stole the show. She spoke from experience, of her repeated attempts to access treatment, and the barriers she faced. Her keynote was rated the highest on Slido, scoring **4.9** out of a possible **5**.

Dr Manuel Cardoso, Deputy General-Director, General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), shared Portugal's public health response to AOD grounded on decriminalisation and integrated responses. His highly anticipated keynote talk inspired many questions and comments:

'How do you encourage Health and Justice to work well together when their objectives and [sic] not always aligned?'

'Beautiful to hear the "help not punish" approach from Portugal based on humanism and pragmatism ♥ #NADA2018,' said @madyankee.

'Can you apply for a 457 visa and come and work in Australia to help Wodak et al establish the Portuguese system here?'

Beyond the conference, Manuel set the media's agenda throughout the long weekend. He was interviewed by Sydney Morning Herald, Channel 7 Sunrise, and A Current Affair broadcast a timely story about decriminalisation in Portugal.

The presentation by Rodney Vlais about the role of the AOD practitioner when working with a client perpetrating domestic and family violence was also a favourite amongst delegates, as was the presentation by Professor Margaret Hamilton AO and Associate Professor Nadine Ezard about the National Centre for Clinical Research Excellence on New and Emerging Drugs of Concern.

Presentations

The conference theme, exploring therapeutic interventions, came to life through the streams that included: complex needs and continuing care, working with families, client outcomes, integrated approaches to treatment and working with Aboriginal people. Delegates enjoyed attending a variety of presentations and listening to a broad range of relevant cutting-edge topics and best practice approaches.

All in all, NADA provided the platform and you delivered the insights, comments and questions. Thank you to all who delivered keynotes, speeches, presentations and the panel. We believe this year's conference was the best to-date, and we can't wait to begin planning NADA Conference 2020.

Missed NADA Conference 2018 or want to relive the experience? Click to watch the videos.

Access and equity

It takes an extraordinary amount of courage for our clients to reach out for assistance. They can experience overwhelming stigma and discrimination even before they make that call or walk through your service door. The panel discussion, facilitated by Dr Marianne Jauncey from the Sydney Medically Supervised Injecting Centre, explored some of these barriers and ways we can work together to improve access and equity.

Panel speakers on the day were Paul Hardy (Community Restorative Centre), Jen Atkinson (Calvary Riverina Drug and Alcohol Centre), Diego Rivera (NUAA), Grace Ivy Rullis (Haymarket Foundation) and Manuel Cardoso (Portuguese Directorate for Intervention on Addictive Behaviours and Dependencies).

Dr Jauncey started the conversation with an alarming statistic: clients, on average, experience drug use issues around ten years by the time they access services. She emphasised the need to do all that we can to ensure our services are appropriate, respectful and low threshold.

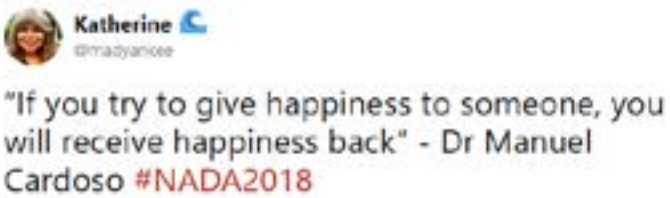
Paul spoke of the barriers that clients who exit the criminal justice system face, for example, programs unwilling to accept people on parole, or with a history of a specific offence. He talked about services that require clients to provide a criminal record check; clients are burdened with this cost and exclusion from the service due to their criminal history—even if the convictions were from a long time ago. His recommendation: services should see the person instead of what is written on their conviction sheet.

Diego suggested workers use unconditional positive regard when engaging with clients. He spoke about workers making judgements, and that this is human, but sometimes we can go too far. Even when you think you're doing it well—review your practice. He also talked about being from a culturally linguistically diverse background, coming to Australia from El Salvador on a humanitarian visa. Diego said when working with CALD clients, to ask questions, engage and just be genuine.

Jen gave reassurance to the delegates that their service does accept people on parole, and that a criminal history should not in itself be a reason to refuse a service. Jen identified an area for improvement at her service: they could work more with people with lived experience and ask them what their service can do to work better.

Grace emphasised that services are not gatekeepers; we need to tackle hidden barriers of access and equity and adapt to our clients, and not the other way around. Grace stated that we need to open doors for vulnerable people, not close them. Her main point: services need to search for ways to say yes.

Manuel spoke about the need to break down the stigma experienced by our clients. Portugal successfully tackled this by educating the media and government, and placing AOD use firmly in the health space and away from criminal justice, he stated. To close the discussion, Dr Jauncey asked the panel for final comments.



In closing, Dr Jauncey highlighted the need to work together to improve the sector's issues around access and equity. She recognised the many dedicated people working in the sector and thanked everyone for their hard work. Moving forward, NADA seeks to support members to improve this, and how we embed human rights into AOD practice.

Access and equity

It's time for services to adapt to the person

Grace Ivy Rullis, manager of homelessness services at The Haymarket Foundation, spoke with authority during the access and equity panel. She shares the approach of The Haymarket Foundation.

The Haymarket Foundation is a Sydney based, secular organisation that has worked with Sydney's homeless and vulnerable for more than 42 years. The Foundation supports people with complex needs across a range of services; from crisis residential accommodation, to early intervention and rapid rehousing, and AOD counselling.

Across our service spectrum, a commonality exists in our clients which transcends age, gender, and cultural background. This commonality is a lifelong cycle of unaddressed trauma, addiction, homelessness, mental health, and rejection by broader society. By understanding this commonality and the impacts of complex trauma, Haymarket is able to support people who are not easily categorised into a service criteria.

Our aim is harm reduction and stabilisation, without exclusion. The Foundation's ideology is working with the client 'where they are at' in a nonlinear support framework. Our ideology places clients at the centre of our work, creating flexible, low threshold approaches to ensure vulnerable populations can access our services as easily as possible. Simply, we constantly try to find ways to say yes to people who are constantly being told no.

This search to say yes is made possible through the passion and skill of our case workers, who are supported by a strong, trauma informed risk management framework. This framework allows us to keep people with active AOD issues in our services, even if they have multiple triggers and risk factors. What really works is an emphasis on the therapeutic relationship with the client, understanding their triggers. **Importantly we do not unpack the trauma, we are trauma informed not trauma specialists.**

When a person has experienced systematic rejection and program exits from services, we acknowledge this trauma and ask them how we can adapt to their current support needs without the threat of exclusion. This translates to a person knowing they will supported without judgment.

How many chances does a person get? Simple. As many as they need. The essence of actively tackling hidden barriers of access and equity are ensuring your service uses a human centred approach adapting to the clients, not the other way around.

Conference reflections from consumer scholarship winners

NADA was pleased to implement our inaugural 'Consumer conference scholarship' program this year. Five consumer and five staff/volunteer scholarships were available and we received a high number of quality applications. Given the keen interest and positive feedback about the program, we plan to double the number of scholarships available for our next conference.

Following the conference, Michelle (NADA clinical consultant) talked to consumer scholarship winners—William (Bill), David and Anne—about their thoughts on the event and NADA's scholarship program.

Bill says, 'I heard about the scholarships through the Illawarra Shoalhaven Hepatitis Implementation Committee that I'm part of. For me, conference highlights were Manual Cardoso from Portugal… what he said made a lot of sense and Australia should do the same. Portugal's approach would help people stay out of prison'. Another highlight for Bill was learning about future interventions and the progress of treatments for addictions. He suggested that the number of scholarships be increased as the information available to consumer advocates was invaluable.

David reported that he 'enjoyed everything about the conference, especially the diversity of topics and having the chance to meet people'. David particularly liked the presentations that focused on research, stating that 'research is an area I'm really interested in'.
David enjoyed all the keynote presentations particularly 'Manuel and the consumer advocate from WEAVE'. He stated, 'I've thought about going to a conference like that for a long time and it was good to see the range of projects which drug and alcohol services do'.

Anne summed up the conference and scholarships as an 'amazing opportunity to network and hear excellent speakers'. She appreciated that 'consumers had the chance to attend the conference and not only senior management from organisations'. A highlight for Anne (again) was Manual's keynote presentation. Anne stated 'what he said made sense and I really liked hearing him use dignity and drug user in the same sentence'. Anne said 'it is really important to have consumers, people with lived experiences involved and represented at these conferences'. Stating it is 'absolutely essential'.

AOD Awards
for the
NSW NON GOVERNMENT SECTOR

NSW has a diverse, strong and effective non government alcohol and other drugs sector that has been providing services to individuals, families and communities for more than forty years.

The AOD Awards for the NSW Non Government Sector were established in 2014. The awards acknowledge the significant contribution of the sector in reducing alcohol and drug related harms to NSW communities through leadership, program design and delivery, and a dedicated workforce.

The awards were presented as part of the NADA Conference dinner on 8 June 2018 by the NSW Ministry of Health director, alcohol and other drugs branch, Daniel Madeddu and NADA chief executive officer, Larry Pierce.

Congratulations!

Excellence in treatment

This award recognises excellence and/or innovation in treatment to reduce alcohol and other drugs related harms. This includes the delivery of services, programs and initiatives for individuals or specific populations.

Winner AOD Transition Project, Community Restorative Centre (CRC) (Broadway, NSW)

Certificate of commendation
Kathleen York House, Australian Drug and Alcohol Foundation (Glebe, NSW)

Excellence in health promotion

This award recognises excellence and/or innovation in health promotion to reduce alcohol and other drugs related harms. This includes harm reduction, community development and prevention activities.

Winner ACON Rovers, ACON (Surry Hills, NSW)

Excellence in research and evaluation

This award recognises individuals or organisations that contributed to building the evidence base for practices to reduce alcohol and other drugs related harms.

Winner SMART Recovery Research Advisory Committee, SMART Recovery Australia (Haymarket, NSW)

Certificate of commendation
Cognitive Remediation Project, WHOS (Lilyfield, NSW)

AOD Awards for the NSW non government sector

continued

First Australians award—improving outcomes for Aboriginal peoples

This award recognises the significant contribution of an Aboriginal and/or Torres Strait Islander individual to improve alcohol and other drugs outcomes for Aboriginal peoples and/or Torres Strait Islander peoples.

Winner Coral Hennessy, The Glen Centre—Ngaimpe Aboriginal Corporation (Chittaway Bay, NSW)

Outstanding contribution

This award recognises the significant contribution of an individual working in the non government alcohol and other drugs sector.

Winner Michele Campbell, Lives Lived Well—Lyndon (Orange, NSW)

Lifetime achievement

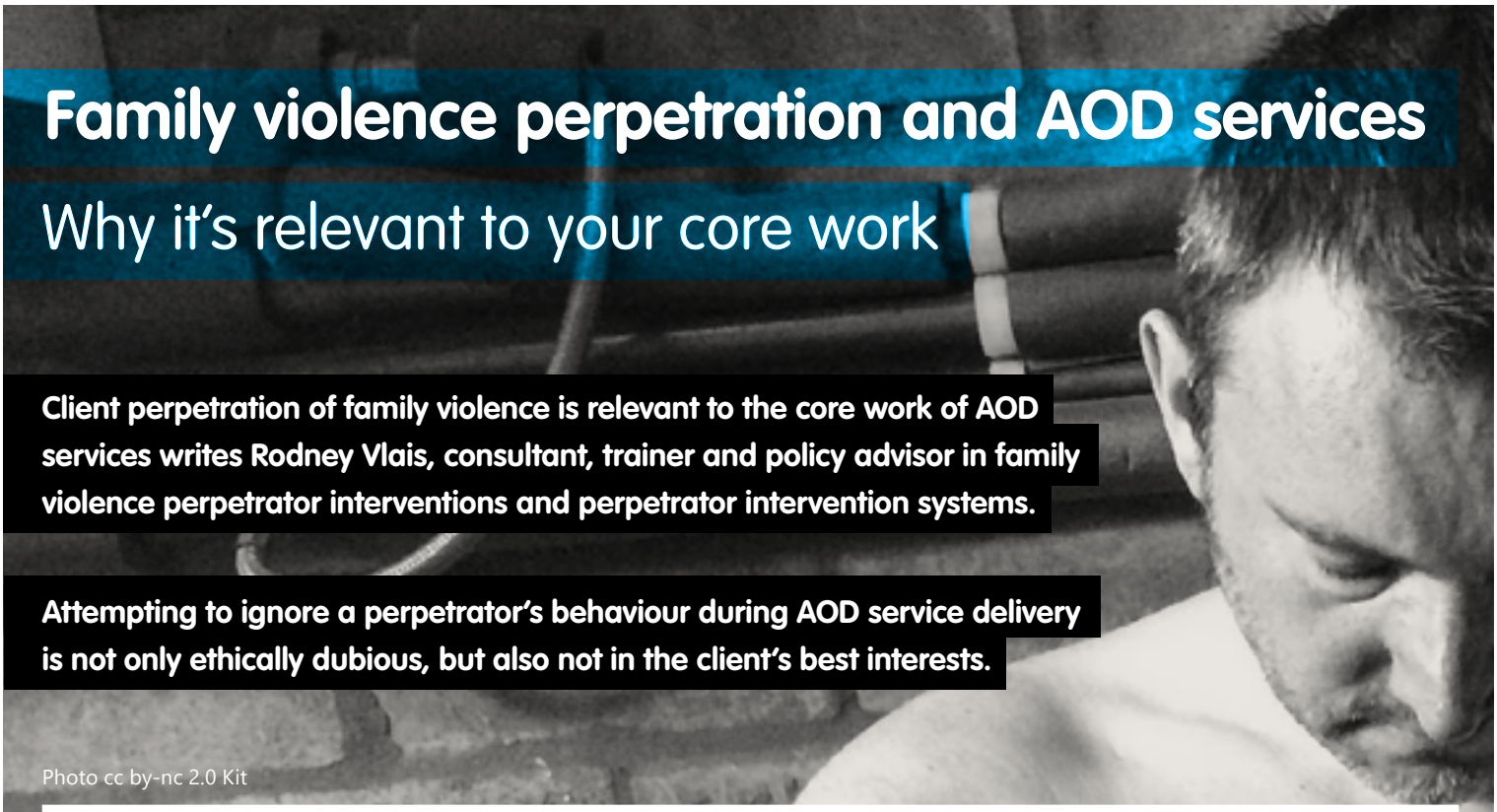
This award established this year to recognise the significant contribution of an individual working in the non government alcohol and other drugs sector over a lifetime.

Winner Shane Brown, Weave Youth and Community Services (Waterloo, NSW)

Dancers from The Glen Centre celebrated Coral Hennessy's win during the award presentation. Watch a video snippet, shared by @BrindleRegina.

Family violence perpetration and AOD services

Why it's relevant to your core work



Client perpetration of family violence is relevant to the core work of AOD services writes Rodney Vlais, consultant, trainer and policy advisor in family violence perpetrator interventions and perpetrator intervention systems.

Attempting to ignore a perpetrator's behaviour during AOD service delivery is not only ethically dubious, but also not in the client's best interests.

Your client's therapeutic goals

Working towards therapeutic goals in AOD service provision often necessitates a holistic assessment of the client's life. AOD use can be complex. In many situations it is not sufficient to present a client with a 'bag of tricks' for them to try to change the behaviour. Central AOD therapeutic processes such as motivational interviewing, case planning and relapse prevention require at least some consideration of the client's AOD use in the context of their whole life.

Family violence perpetration is also highly complex behaviour, and is reinforced through multiple social learning influences at many levels. Men—and it is mostly men who cause family violence harm—make choices to use violence against family members to maintain power and dominance in their relationships. The violence is often intentional and it 'works' for them through using fear and control to exert their will and to get their way. Their use of violence, however, can come at a great cost to them in the long-term.

Perpetrators utilise a sophisticated way of thinking and defences to avoid facing up to and taking responsibility for their behaviour. They often have highly entrenched beliefs and attitudes through which they perceive themselves as the victim. By adopting this victim stance, they provide themselves with permission to use family violence, and are either blind to or do not care about the impact on family members.

There are several ways in which a client's unaddressed use of family violence can significantly interfere with the effectiveness of an AOD intervention:

- While substances do not generally cause a perpetrator to choose to use violence, many perpetrators choose to use substances (paradoxically) as a tactic of control. Many victim-survivors understandably feel especially frightened when their partner uses substances, due to the correlation between substance use and the severity of violent behaviour. Many perpetrators deliberately use substances as part of creating this climate of fear, and to 'punish' the victim-survivor for asking him to drink or use less.
- Substance use conveniently enables perpetrators to 'excuse' their use of violence on the substance.
- Motivational interviewing requires the careful unearthing of dissonance between a client's behaviour and their underlying ethics, goals and strivings for themselves and their life. For many perpetrators, the continued use of violence requires ongoing suppression of these underlying goals and hopes to avoid experiencing this dissonance.
- Perpetrators who want to do something about their behaviour, but are not participating in specialised behaviour change programs to do so, can feel much shame about their behaviour, and low self-efficacy about their ability to change. It can be difficult for them to set and feel confident about meeting substance use reduction goals in this context.

In summary, family violence perpetration can have a significant impact on a client's motivation and efforts towards meeting AOD service intervention goals. Ignoring this behaviour is not in the client's best interests.

Family violence perpetration and AOD services
continued

The clients who aren't in the room

Behind every perpetrator, there are adult and often child victims whose lives are substantially impacted by the client's behaviour. What an AOD practitioner doesn't see, when working with a client who causes family violence harm, are the injuries and psychological torment that many victim-survivors experience. The severe restrictions on their lives. The trauma they experience. The child's developmental delays. In some cases, the threats to their survival.

AOD practitioners—like many other sectors and services that have contact with family violence perpetrators—have an ethical responsibility to victim-survivors who are not in the room. Family violence requires all of us to think beyond the person in front of us. People's lives—both the fact of their lives and their ability to live free dignified lives without fear—depend on this wider vision.

You do not need to do it all, nor alone

It is not an AOD service's responsibility to attempt to 'fix' a client's perpetration of family violence. Generally, only specialised family violence perpetrator intervention services—such as men's behaviour change programs—will make a significant difference to a perpetrator's violent and controlling behaviour. It's such highly specialised, challenging and complex work, and outcomes achieved even by these services are mixed.

However, AOD services can do their bit as part of a wide range of efforts across many service sectors to open doors towards engaging perpetrators carefully and productively, and to open windows onto the risk they pose to family members. The Victorian Royal Commission into Family Violence described this as the *collective responsibility* that we all potentially have, to support and scaffold perpetrator journeys towards responsibility-taking and internalised accountability for their behaviour.

Of course, perpetrator engagement—by any service or service sector—requires particular skill and caution. Well-meaning but misguided attempts to engage with perpetrators can make things worse for both current and future victim-survivors impacted by the perpetrator's behaviour. Over-stepping one's role and being blind to associated risks can contribute to danger. Training and practice guidance is required to lean or step into engaging perpetrators about their use of family violence in ways that will help rather than harm victim-survivors and that simultaneously have your client's best interests at heart.

With sufficient skill and care, and depending on the circumstance, AOD services and practitioners might be able to:

- Identify clients who are perpetrating family violence.[1]
- When safe to do so, be upfront with the perpetrator that his behaviour is not acceptable, and needs to stay within view of the AOD intervention.
- Identify relevant risk factors, or assess changes in the client's behaviour or circumstances that indicate possible increased risk for family members.
- Share information appropriately with other services who can help to manage this risk, authorised by new family violence information sharing legislation.
- In some situations, help to directly manage the risk that the perpetrator poses to family members, at least in the short-term.
- Use motivational interviewing to plant seeds and 'inch' the perpetrator towards developing some readiness to participate in a specialist family violence behaviour change intervention.
- Use skilful, warm referral processes to scaffold the referral process to specialist services.

For guidance and advice about how to address a situation when someone has been identified or is suspected of using family violence, contact the **Men's Referral Service** (MRS) on **1300 766 491**. MRS staff are trained and experienced men's family violence practitioners, and receive hundreds of contacts from agencies each year seeking secondary consultations about or referral options for a client perpetrating violence.

[1] **Note: It might not always be safe to make this identification explicit with the perpetrator. Sometimes, the safest option when identifying or suspecting that a client is using family violence is to share relevant information with other services that might be able to reach out to offer safety planning and support to his family members.**

Family violence perpetration and AOD services
continued

A family violence lens helps AOD work with victim-survivors too

Of course, adopting a family violence lens can also assist AOD practitioners to work more effectively with victim-survivors. The experience of family violence can significantly constrain the ability of AOD therapeutic interventions to achieve desired goals.

Perpetrators engage in a range of tactics that can directly and indirectly sabotage this therapeutic work, such as by:

- directly interfering with victim-survivors' alcohol recovery or relapse prevention plans as one means of maintaining supremacy in the relationship
- controlling victim-survivors' movements in a way that makes it difficult to reliably attend appointments
- creating a climate of fear and terror, such that victim-survivors become too frightened to accept support services, or deny previous disclosures of violence
- creating the very reasons, for some victim-survivors, as to why they became dependent on substances in the first place.

Understanding perpetrator patterns of coercive control can assist AOD services to take a sensitive, non-judgemental and non-pathologising approach to working with victim-survivors. Adopting this family violence lens assists AOD services to work towards core intervention goals with victim-survivors and with perpetrators.

Speak out!

When the community is heard, powerful things can occur. We spoke to Weave's Speak Out team leader, Kylie Fitzmaurice, to learn more about the program.

What does your program provide?

We work with young people aged between 12 and 28 years who experience co-existing challenges around their mental health and AOD use. Our program provides a range of support including long-term intensive casework and counselling, and project work. Our program allows our clients to engage in a way that suits their individual needs: some come and go sporadically and others meet with us weekly over a period of years. Our project work and events offer soft entry points into our program and provide opportunities to our young people they may not otherwise access.

What issues do young people present with—specifically what mental health issues?

Our communities and clients continue to be affected and impacted by youth suicide. Suicide rates among young people is on the rise and it has become a real and almost normalised option for young people who face challenges in their lives. We try to reach young people early so that they can develop their skills around coping with challenges. We want to support young people to change their lives so that they don't see suicide as their only option during times of significant distress.

Can you tell us about the Speak Out workshops? How did they start?

The workshops were one of the main recommendations that came out our social issues strategies work. Through the human centered design process, we collaborated with clients and community to identify the three biggest challenges they face: bullying, suicide and methamphetamine use. The process puts the community at the heart of the work and ensures we remain collaborative and community led. The Speak Out workshops started from here; young people told us they were unable to access information on mental health and AOD at an early enough age, and also, young people who are not engaged with services don't have easy access to this information. We wanted to design a program that filled this gap.

The Speak Out workshops are an eight-week early intervention program aimed to teach young people about mental health and AOD, and give them a space to talk about the challenges they experience. We have a program of eight core workshops addressing topics such as healthy relationships, coping with stress, mental health and wellbeing, healthy sleep, pop culture and substance use. We currently run this core program into schools and in two Weave programs for young people. Each workshop runs for an hour each week and is facilitated by two Weave staff and two of our Youth Advocates. The Youth Advocates are paid for their work on this program—this is a job that requires them to complete compulsory training before they can co-facilitate. The workshops provide a wonderful opportunity for the Youth Advocates to practice their job ready skills in a safe and supported environment. It's a great entry point into this sector.

The Youth Advocates have helped us to develop the content for the workshops and they are able to introduce stories of their own lived experience, where safe and appropriate. We have the core program set up now and will continue to develop workshops that allow us to go deeper into core topics for next term.

Can you talk a bit more about how you run a workshop? For example, the intro to AOD?

The AOD workshop focuses on increasing knowledge and harm minimisation. It gives information about uppers and downers and how to be safe if experimenting with AOD. We want to raise awareness, develop skills and knowledge that will help young people to stay safe, look after each other and to make informed choices for themselves. The AOD workshop talks about the risks associated with polydrug use and gives information about what could happen if a young person is drinking a lot and also taking other drugs. We talk about looking after your friends and what to do if you are worried about someone's use. We have the goggles that simulate the effects of alcohol too, and this activity is a great way to increase awareness around the effects of alcohol. We cover the risks of overdose but we would never promote abstinence. It's about being real and making sure young people have information that can help them make safe choices for themselves.

Consumer participation

By Regina Brindle
Consumer participation facilitator, Uniting Care ReGen

Consumer participation practice at ReGen is, by design, focused on the capacities of the people who use ReGen Services and the organisation. The complexity of the practice is rooted in the necessity of considering the people with whom you are involved, and the systems and culture that shape the organisation and the wider community. Consumer participation practice works best when incorporating the expertise that is borne upon the experience of using services and upon the impact of another's drug use. In seeking this expertise, a system of recruitment must be continuous, targeting people from diverse backgrounds and lifestyles.

Before I commenced at ReGen in 2013, the ReGen leadership team had already completed work on the capacity-building model of consumer participation. Essentially, the aim of that model is that consumer participation practice is included in budgeting, policy, service delivery, evaluation and education and training. The capacity building demands collaboration with staff and people who use services as the first step in accommodating ideas, ascertaining limitations, and devising strategies for altering the structures that bring about these limitations. For example, when introducing a feedback system, the co-operation of both consumers and staff is essential, policy needs to be altered and questions framed broadly, including those pertaining to human rights. How successful this is, may depend on the experience of staff and consumers in participating in feedback systems. Some staff are experienced; others are not. People who use services often don't know their rights. For these reasons, education is vital.

It is pertinent to understand how consumer participation works. When setting up systems in which the opinions of those who use services meaningfully contribute to design and delivery of services, specific expertise is required. This know-how not only safeguards the dignity of the consumers who are involved, but also ensures that any problems that staff have with these practices are discussed.

And people do have problems with consumer participation practice. Consumers need their contributions to be meaningful, they need their opinions to be treated respectfully, and there needs to be continuous recruitment of new consumers. Like staff, people who use services are interested in the opinions of people with experiences and lifestyles that differ from their own. If this isn't achieved, frustration will abound.

For staff, they want guarantees that clients are protected, and that established boundaries between staff and consumers remain. And this is where it becomes complicated. For those undertaking consumer participation activities, often their service use is completed, but there are others who require further counselling or withdrawal. This is the grey area within which staff have difficulty.

There are no ready answers. At ReGen, each situation is dealt with as it arises; but an entrenched attitude that people who use services will always have reduced capacity can be a barrier. People seeking further help can reinforce this attitude despite the current definition of addiction. I believe this attitude stems from the stigma that sticks to life situations perceived as outside of the norm. AOD use that specifically leads to addiction can be viewed as part of this sphere. Creating a culture where this view is challenged requires leadership that is informed and fearless.

At ReGen, people are reimbursed via sitting fees, different amounts for different activities. Hence consumer consultants and consumer participants (the titles of consumer participation roles at ReGen) are not 'workers' nor are they 'volunteers'. Given this, people who use services and contribute their ideas and opinions don't have the insight of the day-to-day workings of an organisation. This is both positive and negative. Positive because consumer input is that of an outsider with minimal investment in maintaining the status quo. Positive because consumers are more likely to maintain an issue when there is no longer the incentive for resolution. For example, with the introduction of the smoking care policy, consumers demanded an evaluation of the response of people using the withdrawal service after the non-smoking policy was introduced. They maintained this as an issue with no fear of upper management simply because consumers are not part of the chain of command.

Negative (only somewhat mind you) because when there is a directive from upper management, people who use services are not invested in taking this as seriously as a person who receives a yearly salary.

All in all, I love this practice because of the intricacy I have described, but mostly because of witnessing people achieve, who have been otherwise vilified by their community. The practice at ReGen has been set up in such a way that assistance in development of employment and education pathways is paramount. The aim is for people to reshape their identity outside of alcohol and other drug use and thereby furthering their resilience.

A conversation for change

Dr Paula Wye's experience ranges from clinical practice focusing on dual diagnosis, to organisational and clinical practice change across the health system. She is a conjoint associate professor at the University of Newcastle and director of Dragonfly Change Agency, providing behaviour change support and performance evaluation for individuals and organisations. We asked her to reflect upon the counselling method of motivational interviewing.

You were taught advanced motivational (MI) interviewing by the founder, Prof Bill Miller—what do you like most about MI?

It is so versatile and effective in so many settings, and with so many population groups! Apart from clinical roles, I've used MI to introduce policy and procedural changes in health services, to create and nurture teams, to coach and mentor managers, to engage executives in organisational change, and to raise a daughter! The fact that it is a real conversation makes it far less confronting and far more engaging for everyone. What I like most about MI is that it provides a structure to demonstrate that I genuinely care about this person and their goals.

How would you describe MI and the spirit of MI?

MI is a strategic conversation. It's about being curious and guiding the conversation through good active listening skills. The spirit of MI is about having a good understanding of human motivation and how fickle we can be—how our thoughts, feelings, experiences can impact from minute to minute. Then taking that knowledge and gently and respectfully supporting the individual in the change process. They are in the captain's chair, we are just steering the rudder in reaction to their responses.

Can you share your ideas around how our personal values and beliefs affect the counselling relationship?

Our values are who we are. They guide our behaviour and provide us with an internal code of conduct. If we take an opportunity to reflect on our values, beliefs, and behaviours we might find aspects of ourselves that we want to change, because we can see we aren't living our values.

Sometimes our values and beliefs can impact on our ability to provide unconditional positive regard for our clients and skew our view of if and how people change. These key perceptions influence our own motivations. Will you give 100% effort to someone you don't think can adjust their behaviour? That is incredibly important to be aware of when you work in a change industry.

Why do you believe it is important that practitioners know themselves more to be able to assist others more?

Even anthropologists, trained in observing others, acknowledge the lens of their own perceptions. Research evidence shows us that knowing what you stand for, what your biases are, and how you view the world, can't help but influence how we engage with others. Biases are so risky and fascinating! They can lead to misdiagnoses, improper treatments, and sometimes exacerbation of client problems.

The best way to increase self awareness is to practice self reflection and to continue that lifelong journey of being 'our best selves'. The concept of being our best selves embodies the conviction that developing the person of the counsellor will most likely actualise expertise.[1] That's a goal worth striving for.

Why are intrinsic and extrinsic motivators important to assist clients achieve their goals?

If the world was raised on intrinsic motivators, it would be a much happier place! Intrinsic motivators are the internal drivers of our behaviours—like our values, beliefs or what we stand for. On the other hand, extrinsic behaviours are external drivers of behaviours—like legal consequences and what others might say or do. If we are only honest because of the fear of being caught, you might well be dishonest if the risk of getting caught is low. But, if one of your values is being honest, And you are living your values, you will be honest all the time. Likewise, if we rely on external motivators for behaviour change for our clients, behaviour is less likely to be sustainable. Doing something because someone told you to is not as sustainable as doing something because you want to. And the punchline is that if you provide an extrinsic reward to someone who is intrinsically motivated, you can extinguish that internal drive.

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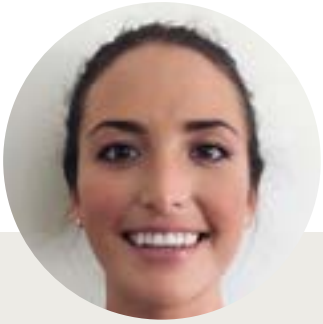

Translating research into practice

The lonely experience: loneliness and recovery

Isabella Ingram Psychologist
PhD (Clinical Psychology) Candidate School of Psychology, University of Wollongong

Loneliness is a distressing emotional experience that arises as a result of a discrepancy between an individual's desired interpersonal relationships and their perceived relationships.[1] Loneliness has been likened to physical inactivity, obesity, and smoking as a leading health risk factor for mortality.[2] About 28% of Australians identify loneliness to be a serious concern. Additionally, 36% of Australians report experiencing loneliness at least once per month.[3]

Surprisingly, rates of loneliness across people with substance dependent problems have not been reported. While it is unknown whether loneliness is an antecedent to, or a consequence of, substance dependence, it is likely to be an issue for people with substance dependence problems. Social relationships, and in particular positive social support and belonging, are key factors involved in recovery from substance use disorders.[4,5] Anecdotal reports concerning feelings of disconnection, isolation, and loneliness are common amongst people in recovery from addiction. In addition, mutual aid fellowships such as Alcoholics Anonymous (AA) make reference to loneliness as a shared experience amongst those in recovery e.g. 'Then he will know loneliness such as few do'.[6] While literature reviews and commentaries suggest that people with substance dependence problems are lonely[7,8] these reviews are often based on theoretical discussions and clinical observations, and note that there is little empirical research in this area.

Our study aimed to provide an empirical examination of loneliness by exploring different types of loneliness amongst people accessing treatment for substance dependence. These types of loneliness included social loneliness, romantic loneliness and family loneliness. This was measured using the Social and Emotional Loneliness Scale for Adults—Short Version (SELSA-S).[3] We compared rates of loneliness of people attending residential substance dependence treatment, to rates of loneliness reported across the general Australian population.[10] We also looked at demographic, physical and mental health variables to determine whether relationships between loneliness and these factors exist across this population.

Our findings suggest that when compared to the general population, the substance dependent population was almost seven times more likely to regularly experience loneliness. Similarly, the substance dependent population was over five times more likely to identify loneliness as a serious concern. We found that a shorter duration of stay was related to higher loneliness scores, suggesting that individuals who had recently entered into treatment were lonelier. Higher levels of loneliness were also related to poorer physical health and mental health. Loneliness appeared to be primarily experienced in the form of romantic loneliness, which is likely explained by the large proportion of the sample who indicated that they were single, or were separated, divorced, or widowed.

Our research suggests that substance dependent populations are vulnerable to experiencing the detrimental effects that loneliness has on physical and mental health. The pervasive nature of substance dependence disorders is likely to have far-reaching effects on social, family, and romantic relationships and the nature of these relationships may change when individuals enter into recovery from addiction. People with a history of substance dependence may make and maintain relationships that meet their needs at the time of active substance use, however, once in recovery, the social needs of these individuals are likely to have changed, and consequently their existing interpersonal relationships no longer meet these needs.

Based on these findings, it will be important for treatment providers to be considering ways to address loneliness, particularly at the early stages of recovery. It appears that romantic loneliness is most problematic for this population. While there are no specific interventions that have been developed and implemented across substance dependent populations, it appears that interventions targeting peoples thoughts that are related to social interactions have had the greatest effect amongst other populations.[10] Our team is working with The Salvation Army Recovery Services to conduct further research aimed at understanding the experience of loneliness across people accessing treatment for substance dependence problems. Our aim is to develop a targeted self-help intervention that will be available for all treatment-providers and individuals accessing treatment for substance dependence.

Translating research into practice

continued

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UNIVERSITY OF WOLLONGONG AUSTRALIA

NADA events

2 Aug

Engaging with families and significant others in the AOD sector—Wagga Wagga

Wagga Wagga

Develop your skills for supporting families and significant others of people with substance use. Participants will have the opportunity to acquire insights into family/significant other experiences; gain knowledge of best practice principles and approaches to working with families from all backgrounds; become familiar with AOD terminology and information that can be provided to families; and increase awareness about local referral pathways.

2 Aug

Smoking cessation workshop

Surry Hills

This one-day workshop provides you with practical information and tips for working with people who smoke and how to transition to a smoke-free lifestyle and environment. Topics covered in this workshop will include nicotine dependence, toxicity and withdrawal; target populations; treatment options; and much more.

Register for NADA events

Applying a **trauma informed** approach and **attachment theory** in therapeutic practice in a residential women and children's service

Liz Pearce, Lindie Windell and Christine Watson

Kamira Drug and Alcohol Treatment Services

Why is a trauma informed approach and attachment theory important in therapeutic practice in a residential women and children's service?

Taking a trauma informed approach immediately acknowledges the difficulties a client and her children may face in treatment. A high proportion of women and their children coming to Kamira have experienced trauma and problems with attachment. A trauma informed approach allows for discussions about mood, trust and relationships and their impact on a person's ability to change. Research is clear that a mother and child's attachment relationship is the most crucial aspect in a child's life, and impacts their emotional development, wellbeing, and future relationships. Understanding the impact of trauma on these children together with the repair of ruptured attachments is paramount. Clients and their children need a safe environment and safe relationships to process issues and make positive change. With this approach the client is more likely to feel accepted and stay in the program.

How do you implement and use a trauma informed approach and attachment theory in your practice? What are some practical examples of this?

The women's group program focuses on aspects of trauma, attachment and the impact of these on mood and relationships. The group program operates on a number of levels—educational, emotional processing and somatosensory.

Feedback Informed Treatment (FIT) values the client's perspective on their treatment issues and progress and is used as a basis for the creation of individual treatment plans. Individual counselling sessions focus on addressing experiential avoidance to improve distress tolerance, using techniques from DBT, ACT and body-focused interventions.

At Kamira we facilitate attachment-based activities that are focused on meeting children's emotional needs. We offer a Circle of Security group and an Infant Massage group that support, develop and strengthen the attachment relationship between the mother and her child. We also offer attachment play therapy that focuses on playfulness, trust, connection, nurturing, self-esteem, communication, emotional regulation and sensory play. These repeated cycles of arousal, calming and regressive play support and strengthen the mother/child relationship.

Can you share some tips with practitioners for providing good practice trauma informed care?

- Begin treatment with the client by working with them on their most pressing concern. This may not initially be their AOD use. Engage with their identified issue, at the level and pace they prefer—from psycho-educational to emotional—is always best practice and leads to a strong therapeutic alliance based on secure attachment.
- Providing group and individual sessions for clients can assist them to understand the links between the impacts of trauma on their current life, their AOD use and their ability to develop a stable drug-free life.
- Using a strengths based approach. This enhances client engagement, values clients' experiences and provides a positive starting point for therapy.

Any suggestions for services about how they could build trauma informed practice and attachment theory into their interventions?

Services could support staff training in trauma and its effects, and also in best practice therapies for working with trauma and mood regulation, such as DBT and ACT.

To provide an effective parenting program requires the provision of both education and attachment-based therapy and to deliver these staff need to be trained in attachment theory and in facilitating attachment-based parenting programs such as Circle of Security. Combining these two strands in treatment produces positive outcomes in the mother/child relationship which then flows on to other relationships in the mother and child's life.

Services might consider a flexible client-driven reintegration process. This allows the safe transfer of secure attachment from the service to the wider community.

Ensure policies and procedures are open to client input and regularly reviewed. This supports a safe environment with transparent and consistent communication pathways.

Sharpen the focus on quality and safety

Tonina Harvey, Senior Project Manager
Tanya Merinda, Senior Program Manager
AOD Safety and Quality, NSW Ministry of Health

The AOD treatment service sector is committed, strong and evolving.

Glancing back over the last 20 years, we see significant improvements in the treatments provided, individualising of treatment, better engaging with clients and family in decision making, and building on the evidence base of what works (and what doesn't!). At the same time, the broader health sector has increased its focus on improving the safety and quality of health services, embedding clinical governance within services to ensure better patient/client care and continuous improvement.

Both government and non government AOD treatment providers in NSW have developed safety and quality systems and continue to improve services. Sometimes these systems are a copy of the broader health systems, and sometimes they are a scaled down version and adapted for different settings.

Our presentation at the NADA Conference posed the question: 'Can we sharpen the view on safety and quality in the AOD sector?' We believe as a sector we can, we should, and that we are.

Improving safety and quality across the AOD services sector is a priority for NSW Health. The AOD Branch now has a team to coordinate state-wide development and implementation, and support local and sector specific initiatives. A number of projects are underway in partnership with local health districts, non government organisations (NGOs), NADA and other health agencies.

One of the first initiatives is the application of core performance indicators into contracts with NGOs delivering AOD treatment services, from July 2018. We recognised that the new safety and quality driven indicators are a tangible change for NGOs and there is a need to support this implementation. The aim is to ensure positive outcomes for clients and provide organisations and contract managers with streamlined and meaningful measures for service delivery.

The new core performance indicators are:

1. reporting the NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services (DATS)
2. organisation accreditation against approved standards
3. implementing and reporting against client reported experience measures
4. implementing clinical incident management processes and reporting serious clinical incidences
5. implementing and reporting against client discharge and transfer of care processes.

Discussion during our presentation showed that many organisations are readily able meet these indicators and that there is strong safety and quality practice already in place. Our partner presenters, Mission Australia and Lives Lived Well, showed practical ways of applying safety and quality to service delivery, and how one or two targeted activities has had a significant impact on client outcomes, i.e. routine interdisciplinary case planning meetings, suicide management training for all staff, implementation of a clinical governance committee, and review of and changes to intake processes.

We also know that some organisations are seeking support to change practice to meet these requirements, and to build stronger safety and quality foundations. The Ministry of Health and NADA are developing information and practice change resources which will be freely available and communicated to all NGO contract holders in the coming months.

NADA and NSW Health have developed resources to help you understand and meet the performance indicator requirements.

NSW GOVERNMENT Health

We look forward to working with service providers to improve AOD safety and quality. You can email us at MOH-AODSafetyQuality@moh.health.nsw.gov.au.

Thanks to Gabriella Holmes from Mission Australia, Julaine Allan from Lives Lived Well, and Suzie Hudson from NADA for partnering with us on the NADA conference presentation.

Useful resources

Consumer participation

Journal article

Rance, J. and Treloar, C. (2015). 'We are people too': Consumer participation and the potential transformation of therapeutic relations within drug treatment clients and workers. International Journal of Drug Policy, 26(1), 30-36.

Working with families and significant others

- Family and significant other workshops 2018: tip sheet
- Family Drug Support Online

Online self-help psychosocial tools

Unhelpful thinking styles

Cognitive distortions are characteristic thinking styles associated with emotional disturbance. Cognitive theory argues that biased thinking and biased information processing affects what an individual perceives. This leads to biased decision-making, biased emotion, and biased action. This information sheet details 10 common cognitive distortions.

- ACT goal setting worksheet [PDF]

Experiences of mental health

Eleanor Longden overcame her diagnosis of schizophrenia to earn a master's in psychology and demonstrate that the voices in her head were 'a sane reaction to insane circumstances.' Watch Eleanor's TED talk.

General health and wellbeing

Sleep hygiene is the term used to describe good sleep habits. Considerable research has gone into developing a set of guidelines and tips [PDF] which are designed to enhance good sleeping, and there is much evidence to suggest that these strategies can provide long-term solutions to sleep difficulties.

The **fun activities catalogue** provides a list of activities [PDF] that clients may consider being fun and pleasurable.

Working alongside clients who have experienced the criminal justice system

See NADA's new Complex needs capable eLearning course.

SpeakEasy podcast

Carla Treloar speaks with Eileen Baldry about her expertise in research within the criminal justice sector and her ideas about what's needed for reform in this complex area. Listen to the podcast.

Kate Pinnock, host of the weekly radio program Jailbreak, talks about making a radio program that appeals to inmates. Listen to the podcast.

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 an expression of interest to Sharon Lee.

NADAbase

Privacy and security

Cassandra McNamara Program Manager—Data Systems, NADA

NADAbase privacy statement

At NADA, your data privacy and security are always a priority. To continue providing our members with a secure, transparent and positive experience, we want to make you aware of some changes to our policies and processes concerning data. We have:

- updated our 'ICT policy' to include information on the new cloud infrastructure, including security and the introduction of the Privacy Amendment (Notifiable Data Breaches) Act 2017
- updated information in the 'NADAbase user agreement' of the responsibilities of NADA and the user in collecting client information
- deployed the NADAbase administrator functionality allowing members to better manage user logins and access to client data
- updated our 'Privacy and confidentiality policy' to include the Privacy Amendment (Notifiable Data Breaches) Act 2017
- developed a 'Data management plan' outlining the data governance in place.

In response to correspondence from the Ministry of Health requesting an outline of the approaches in place to ensure client privacy and data security, the following outlines the security in place for NADAbase:

- a Cisco router/firewall is in place and covers all premise systems, devices, software and business processes that prevent unauthorized parties gaining access to confidential information. NADA's cloud server infrastructure hosted on Azure is also protected by Azure firewall policies.

Contact Suzie Hudson or Cassandra McNamara for more information on NADA's privacy and data protection policies.

Join the RADD working group

We are seeking members to join the 'Reports and dashboard design' (RADD) working group. The group will meet on six occasions, starting August until December 2018. Our aim is for the membership of the working group to be representative of the diversity of the NGO sector, the services provided, and to include staff from all levels of an organisation, that way we can ensure the reports and dashboard we build suits you. If you use NADAbase reports and have an interest in designing data dashboards please get in touch.

Data importing organisations

Changes have now been made in NADAbase to streamline the data uploading process for our members who import data. This includes error batching—grouping errors as opposed to a single error message each time an upload is attempted, and most importantly the introduction of a 'flush' button to allow members to flush their data where a previous upload had resulted in errors. The inclusion of these two items will result in time being saved for the member when uploading data and managing errors.

What's coming up?

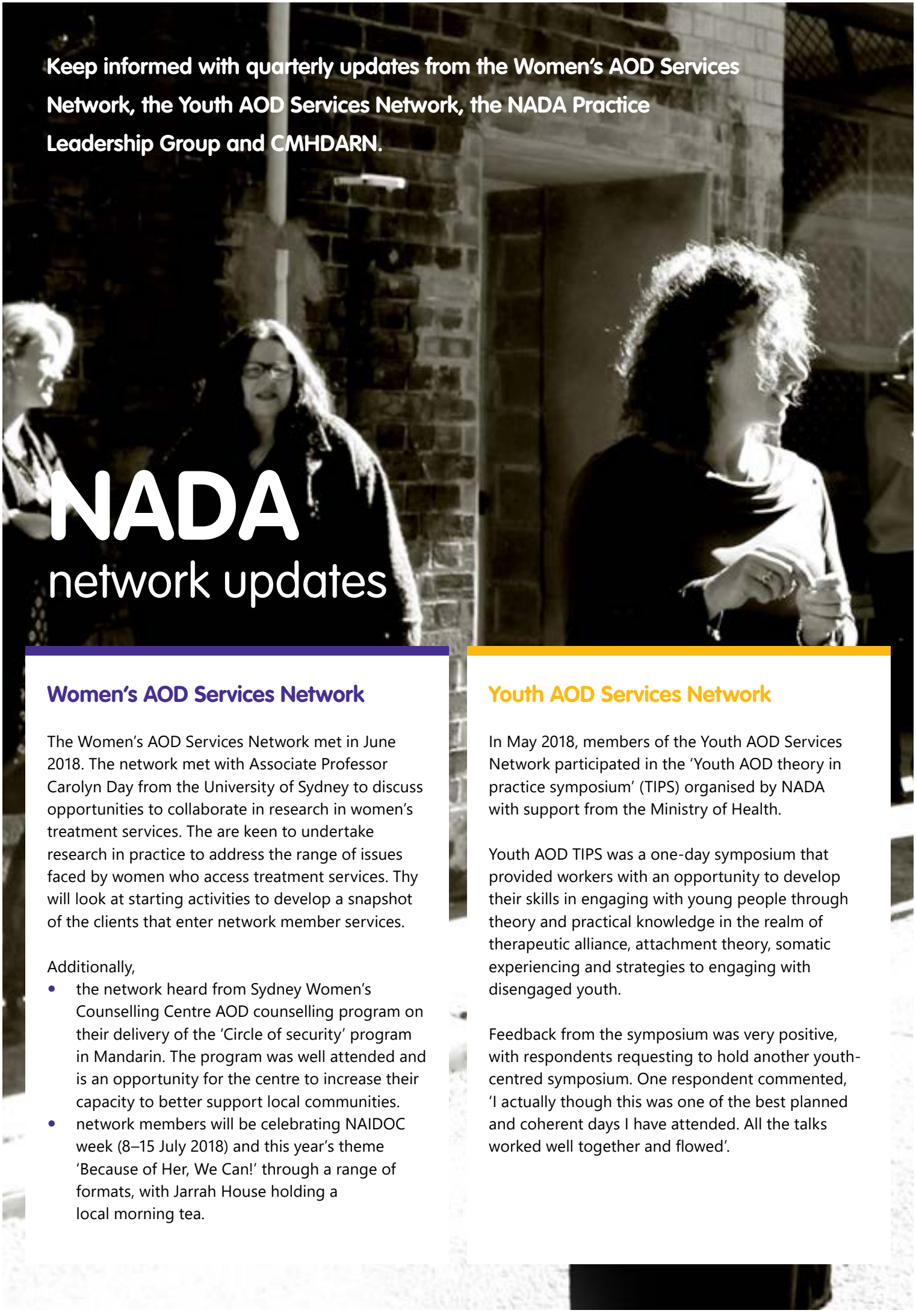
We will soon be releasing the *Data dictionary* for NADAbase. This will include guidance and specifications for data elements that are in addition to the N/MDS.

Holyoake has a new name: Family Recovery

Family Recovery is the new name for Holyoake, a service that has been operating in NSW for over 25 years. Client feedback told us that it was hard to find our service and our name didn't reflect what we do. We offer support for all family members including children (from five years), adolescents, siblings, parents, partners and grandparents who are living in a family impacted by substance use, gambling and/or mental health problems. We offer psycho-therapeutic group programs, supplemented by individual and family sessions, which build coping skills, develop strategies, promote self-care and facilitate change for individuals and the family system.

Refer family members to Family Recovery on 95091255 or visit familyrecovery.org.au.

Family Recovery by CatholicCare



Keep informed with quarterly updates from the Women's AOD Services Network, the Youth AOD Services Network, the NADA Practice Leadership Group and CMHDARN.

NADA network updates

Women's AOD Services Network

The Women's AOD Services Network met in June 2018. The network met with Associate Professor Carolyn Day from the University of Sydney to discuss opportunities to collaborate in research in women's treatment services. The are keen to undertake research in practice to address the range of issues faced by women who access treatment services. Thy will look at starting activities to develop a snapshot of the clients that enter network member services.

Additionally,

- the network heard from Sydney Women's Counselling Centre AOD counselling program on their delivery of the 'Circle of security' program in Mandarin. The program was well attended and is an opportunity for the centre to increase their capacity to better support local communities.
- network members will be celebrating NAIDOC week (8–15 July 2018) and this year's theme 'Because of Her, We Can!' through a range of formats, with Jarrah House holding a local morning tea.

Youth AOD Services Network

In May 2018, members of the Youth AOD Services Network participated in the 'Youth AOD theory in practice symposium' (TIPS) organised by NADA with support from the Ministry of Health.

Youth AOD TIPS was a one-day symposium that provided workers with an opportunity to develop their skills in engaging with young people through theory and practical knowledge in the realm of therapeutic alliance, attachment theory, somatic experiencing and strategies to engaging with disengaged youth.

Feedback from the symposium was very positive, with respondents requesting to hold another youth-centred symposium. One respondent commented, 'I actually though this was one of the best planned and coherent days I have attended. All the talks worked well together and flowed'.

NADA network updates
continued

NADA Practice Leadership Group

NADA would like to thank the NPLG for their support at the NADA Conference 2018—from chairing sessions, driving discussion and presenting papers and workshops. Their latest contribution is on withdrawal management (page 27).

Become a member of the NPLG
The network inform NADA's work and guide the direction of good clinical practice. They are seeking early career members in particular—people relatively new to the sector but with good clinical experience and a passion for quality practice. Aboriginal and peer workers are also strongly encouraged to apply. Contact Tata de Jesus or any NPLG member, to express your interest in joining.

We'd also like to take this opportunity to thank Liz Pearce of Kamira, a founding member of the NPLG, for her commitment and contribution to NADA and its members. Apart from being a founding member of the NPLG, Liz also shared her expertise with the NADA Women's AOD Services Network. We wish her all the very best with her future plans.

CMHDARN

CMHDARN hosted a research network symposium on 20 June 2018. The program presented an exciting opportunity to hear from presenters with lived experience, as well as service providers and researchers, and to network with participants from both the mental health and AOD sectors. The primary focus of presentations was on actions identified in the NSW Mental Health Commission's *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*. Keynotes provided by Dr Mindy Sotiri, Associate Professor kylie valentine and Dr Emma Barrett included conversations around the management of critical transition points, language, and co-occurring conditions.

CMHDARN's 2017 seeding grant recipients provided an overview on their research projects. Another highlight was the consultation with network participants on their priorities for CMHDARN in the future to inform the strategic direction. A big thank you to our speakers and attendees for making this a great event.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

New NADA eLearning course

Complex needs capable

Are you looking to better support clients with complex needs?

NADA has translated the *Complex needs capable: A practice guide for drug and alcohol workers* (2013) into a free eLearning course to increase reach and create a sustainable learning pathway for AOD services to upskill their staff in responding to complex needs. The 'Complex needs capable' eLearning course consists of five modules that focus on cognitive impairment, criminal justice, building practice strategies and service capacity.

NADA would like to thank Lyndon, Lives Lived Well, for their support with the development of this course. We'd also like to extend our thanks to the following people for their time and involvement:

- Dr Jamie Berry (Neuropsychological Treatment Services)
- Nicholas Meumann (Lyndon, Lives Lived Well)
- Claire McMahon (Community Restorative Centre)
- Harry Cavanagh (Haymarket)
- Joel Palmer (Lyndon, Lives Lived Well)
- Kat Baumann (WHOS)
- Mindy Sotiri (Community Restorative Centre)
- Molly Le Breton (WHOS)
- NADA Practice Leadership Group

AOD frontline staff, team leaders and managers can access the free eLearning course at http://elearning.nada.org.au.

Family inclusive practice in the AOD sector

Workforce development training

Ministry of Health in partnership with the Network of Alcohol and other Drugs Agencies (NADA) and Family Drug Support is delivering a series of Family Workforce Development training across NSW.

New funding from the '2016–17 NSW drug package' has been dedicated to boost support for families. Workshops are designed to increase workforce capacity to support families impacted by alcohol and other drug (AOD) use.

Health workers in Local Health Districts (LHDs) and non-government organisations (NGOs) that provide support to families are encouraged to attend. Upcoming workshops are to be held during July to December 2018—contact Rubi Montecinos for more details.

The first workshop held in collaboration with Central Coast LHD was tailored to the needs of the region. It was well represented: over 30 participants from specialist AOD services and generalist services; with 58% LHD, 38% NGO and 4% other sectors.

The workshop provided an opportunity to hear from speakers with lived experience, to network and learn about local services; evaluation showed:

- **92%** strongly agreed or agreed the event 'improved awareness of issues faced by families.
- **83%** strongly agreeing or agreeing this awareness would lead to improvements in their own practice/ work delivery.
- **79%** strongly agreed or agreed that their awareness and knowledge of local and referral services improved.

'The day provided a good opportunity to reflect on how 'family inclusive' our service is and consider—the implications, the weaknesses, the benefits, the costs (resources & otherwise)—particularly from the perspective of the family. Sort of like jumping over the fence and seeing what we do from the other (family) side'. —Participant

Member profile

Lives Lived well

Lives Lived Well is a not-for-profit organisation supporting people and families impacted by AOD, as well as providing mental health support services. Lives Lived Well emerged following the merger of the Gold Coast Drug Council and the Alcohol and Drug Foundation Queensland, six years ago. Lives Lived Well through its earlier incarnations has been offering AOD services in Queensland for over 40 years.

Lives Lived Well and Lyndon have joined forces; Lyndon being a like-minded organisation with a long-standing history of AOD services in NSW.

Our services can now be found throughout regional NSW and Queensland, and include individual AOD counselling, group programs, outreach, case management, withdrawal support, short or long stay rehabilitation, transitional accommodation and wrap around mental health support. Most of our services are free, or for residential services, they include a low-cost accommodation charge.

In NSW, residential services are in Orange, which includes a fully medically supervised withdrawal unit, a rehabilitation service and a recently opened women's program, where children can stay with their mothers during treatment. In QLD, we operate residential rehabilitation centres in Logan (near Brisbane), Mareeba (near Cairns) and on the Gold Coast. Our Logan facility will soon offer a live-in option for families.

On the Gold Coast, we also operate a general and specialist medical practice and we are the lead agency for headspace Southport, a primary mental health care service for young people and for those experiencing or at risk of experiencing their first episode of psychosis. We also have numerous community service hubs (outreach) across Queensland and in Dubbo and Orange.

Applying a harm minimisation philosophy, we seek to deliver integrated place based services, using a stepped model across a continuum of care for clients. We provide evidence informed services that offer safe, supportive and structured environments with the aim of inspiring genuine and lasting change.

We make a significant investment in research within the sector with a dedicated research role undertaken by Dr Julaine Allan co-ordinating a two-state research portfolio. We work with Professor Leanne Hides, the inaugural Lives Lived Well Chair in Alcohol, Drugs and Mental Health on a range of research projects, driving AOD research in our organisation and the sector. We are proud of our partnership with the University of Queensland in treatment research and evaluation of treatment outcomes.

Lives Lived Well also supports education and training through the delivery of the following: 'Drug and alcohol first aid', 'Screening for problem gambling' workshops and our partnership with QNADA in presenting the 'Australian winter school' conference.

We work to meet the individual and community needs of our clients including young people, families, men, women, those in LGBTQI+ community and Aboriginal and Torres Strait Islander peoples. Through community and client engagement, evaluation of our effectiveness and application of research findings we adapt and innovate and our services so that they are consistent, relevant, inclusive and accessible.

At Lives Lived Well, we are passionate about the possibilities. We want to walk alongside without judgment to support people in overcoming the obstacles of problematic substance use so that they might live their lives well.

Lives Lived Well

Lives Lived Well NSW—phone 1300 596 366
Lives Lived Well QLD—phone 1300 727 957

Profile

NADA staff member

Fiona Poeder
Consumer Project Coordinator

How long have you been with NADA?

This is a new position for NADA and different from my previous roles as well—a learning curve for both. I started working here a bit over six months ago.

What experiences do you bring to NADA?

I've been working in harm reduction for national and NSW drug user organisations for the past 25 years, everything from peer education to management.

My passion is to ensure people who choose to use AOD remain healthy and alive. This passion is increasingly focused on raising awareness and providing strategies to challenge the stigma and discrimination which people with lived experience face in all areas of life. It's the culmination of the realisation that the basis of most of the negative experiences that we face are the result of stigma; that ultimately, stigma kills.

I've done considerable work in relation to stigma and discrimination and the ways in which we, unconsciously or inherently, stigmatise an already marginalised community. Of all my personal and professional experiences, I believe this is the most beneficial which I bring with me to NADA.

What activities are you working on at the moment?

I'm in the process of implementing five pilot projects at five different sites. I'm also working with external evaluators to develop a robust evaluation framework.

What is the most interesting part of your role?

Working with people with lived experience, to garner their ideas and help them elicit solutions to meet their own needs.

What else are you currently involved in?

I have recently become 'mummy' to two rescue bunnies, neither of whom have any respect for, or see the value in, my antiques and unusual curio collection. Banjo and Little Moe can be quite a handful, and chew on myself and my prized pieces, indiscriminately.

A day in the life of...

Sector worker profile

Michele Campbell Group Manager
Clinical Services NSW, Lives Lived Well

How long have you been working with your organisation?

I've been working for Lyndon now Lives Lived Well for nearly 11 years.

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

Constant learning and quest for knowledge has seen the completion of further degrees in management and the opportune merger with Lives Lived Well enabled me to apply for a position that fully utilises my knowledge and experience and gives me the ability to build capacity within the organisation.

What does an average work day involve for you?

No such thing as an average day—lots of interacting with staff and management; writing reports; reviewing documents and processes; meetings with various groups.

What is the best thing about your job?

The clinical team and the connections with people.

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?

Comparable pay rates for our nurses to the government sector and more promotion of the benefits of working with the non government AOD sector to nurses and GPs. Education to decrease the stigma would help.

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

I would fly like an eagle.

Withdrawal management in the NSW NGO sector

NADA Practice Leadership Brief

The NADA Practice Leadership Group (NPLG) was established in July 2015 and comprises members that represent a range of specialist non government AOD treatment services and research bodies. Members are clinical practitioners and considered leaders in the sector as evidenced by their professional backgrounds, accreditation status and clinical experience.

One of the key outcomes for the network during 2017/18 was the development of a brief on withdrawal management or the NSW non government sector.

Withdrawal management (detoxification) is a key component of service provision in the sector. Treatment is acute and provides short-term outcomes 'The rationale of withdrawal management is to provide the appropriate level of support for withdrawal to be completed safely, which then allows the individual to determine his or her optimal ongoing management strategy'.[1]

According to the treatment service specifications [PDF], developed specifically for the non government sector, effective withdrawal management care should include the following elements:

- pre-treatment support
- comprehensive assessment
- withdrawal management
- ongoing assessment and transfer of care
- referral at end of treatment
- assertive follow-up.[2]

Recommendations: NPLG focus areas

The NPLG have engaged in discussions regarding areas for improvement in withdrawal management—specifically in regard to transition of care and consumer experience. In addition, the NPLG instigated a meeting with two LHD providers to further inform the following recommendations:

1. **The NPLG, in collaboration with LHD providers, to develop standardised processes and/or forms for transition of care between NGOs and LHDs—based on existing best practice models.**

2. **The NPLG to identify currently funded shared-care models (with PHN involvement) that could be further expanded to increase access to quality ambulatory withdrawal management services available in the community by NGO providers.**

3. **The NPLG to establish opportunities for expanding collaborations with medical professionals (e.g. GPs) who can support NGO services to respond more effectively to acute or chronic medical needs of their withdrawal management clients.**

Would you like to be involved or have some input?
If you would like to be involved in the work to improve withdrawal management, please contact Suzie Hudson.

Alternatively, you may wish to join the NPLG. The network are currently seeking new members. See the network page (page 23) for more information.

Bibliography

1. NSW Department of Health (2007). NSW Drug and Alcohol Withdrawal Clinical Practice Guidelines.

2. Ritter, A., and Sotade, O. (2017). Non-Government Organisation Alcohol and Other Drugs Treatment Service Specifications. NSW Ministry of Health, North Sydney, NSW

NADA Practice Leadership Group

Meet a member

Carolyn Stubley — Nurse Manager, WHOS (We Help Ourselves)

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have worked as an AOD nurse for around 25 years, 20 of those in management roles, 10 of these at WHOS as nurse manager. I have been a member of the NPLG since its fruition in 2015.

What has the NPLG been working on lately?
Now that the NADA Conference has passed, we are focused on the withdrawal management guidelines and workforce development.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
I am an advocate for the therapeutic community model and anything to do with harm reduction or opioid substitution treatment so always involved with initiatives around these areas. More recently I have been overseeing withdrawal management initiatives at WHOS services and of course overseeing the growing nursing force across all services. I had my first journal article published in 2017 related to WHOS opioid treatment programs.

What do you find works for you in terms of self-care?
When I am home it's time to relax (except when there is a deadline to meet or on call) but I tend not to take my work home with me. I am a gaming nerd so indulge in computer games, love to binge watch a good TV series or weekends away with friends.

What support can you offer to NADA members in terms of advice?
Anything to do with harm reduction initiatives and how to incorporate these into services or working with complex clients especially those on opioid substitution treatment.

Welcome to our new member

headspace Newcastle is auspiced by lead agency Hunter Primary Care, and is part of the **headspace** National Youth Mental Health Foundation.

The **headspace** model focuses on early intervention principles, and aims to build the resilience of young people aged 12–25 years old, by delivering effective youth mental health services in partnership with young people, their families and the local community. **headspace** Newcastle objectives include increasing awareness of youth mental health issues, to enhance access to appropriate services for all young people, to provide seamless services that are responsive to individual needs, to develop a long term and sustainable service and workforce, and to deliver the best, most effective model through continued research and validation.

headspace Newcastle provides information and support regarding a wide range of issues for young people and their families living in the Newcastle, Lake Macquarie and Port Stephens and Hunter areas.

Clinical services provided by **headspace** Newcastle include mental health services, general health services, alcohol and other drug services and vocational services.

For more information contact the **headspace** Newcastle team on 0249294201 or email headspacenewcastle@hunterprimarycare.com.au.

headspace Newcastle

Thank you, Shane

Advocate and community leader retires

Shane Brown, as founder and long-time CEO of Weave Youth and Community Services (Weave) is central (many would say, the heart) to the organisation's story and success.

Shane has worked tirelessly in the community sector for over 40 years. He is a passionate and committed advocate and community leader, championing the implementation of services and projects to assist marginalised and socially excluded communities. Shane has dedicated his life to enhance the lives of others, highlighting the generosity, strength and resilience of the community 'as the glue that holds us all together'.

Weave's (and Shane's) vision is to build a strong connected community with opportunities and justice for all, with a focus on support for local Aboriginal people and families. This model of support has had much success engaging and empowering Aboriginal people—including generations of family members returning to Weave and referring family and friends.

Shane's work reflects the importance of connection to community. He has worked with two (and sometimes three and four) generations of families, providing a consistent and caring presence. His genuine, collaborative work with individuals and communities is reflected in the high proportion of Aboriginal people who access Weave's services (around 70% of users across all programs).
His commitment to working alongside the community focuses on closing the gap in parity between indigenous and non-indigenous Australians, with empowerment, social justice and self-determination at the core of his philosophy and approach.

Under Shane's stewardship, Weave has received a number of awards including (but not limited to):

- State Government Award for Annual Reports (South Sydney Youth Services, 1991)
- Human Rights Award, Community Organisation Category (Highly Commended, 2006)
- NRMA People's Choice Award (Kool Kids Club Indigenous surfing program, 2012)
- Pauline McLeod Reconciliation Awards (staff award/s)
- Parliament of NSW Commendation (Kool Kids Club, outstanding service to the community for programs benefitting children and young people, November 2012)
- NADA Drug and Alcohol Award for Excellence in Treatment
- NSW Youth Award for Youth Participation
- NSW Youth Award for Excellence in Indigenous Programs
- In 2014, Weave was accredited under the Australian Service Excellence Standards
- City of Sydney Partnerships Award

In April 2016, Shane received a Betty Makin Youth Award (Hall of Fame Award) for his commitment to improving people's wellbeing and for his active collaboration with other organisations to improve the sector. The Betty Makin Awards were established in 1994 to honour the great Redfern community leader who devoted so much of her time and energy to helping young people.

Supporting young people

Youth quality improvement incentive program

In 2017 NADA, with funding from NSW Health, established the Supporting Young People: Youth Quality Improvement Incentive Program—a quality improvement incentive program to support non government AOD treatment services to provide better access and engagement of young people into treatment.

One-off grants were made available to assist services through enhancements in information and communications technology, program development, and minor amenity/infrastructure upgrades.

Information and communications technology

Youth Solutions

Project summary: ARTucation and DAIR programs evaluation and data collection processes enhancement.

Key outcomes

- Reviewed evaluation tools for the ARTucation and DAIR programs, to be administered in the next financial year.
- Embarked on a qualitative needs assessment of the community to understand needs, perspective and preferences of local youth.

Program development

Mission Australia Junaa Buwa!

Project summary: Evaluation of current aftercare services, in collaboration with Southern Cross University.

Key outcomes

- Obtained greater understanding of challenges faced by young people and those that support them through semi-structured interviews and open-ended survey questions.
- Qualitative data will help develop more effective aftercare mechanisms, and inform service planning and design.

Maari Ma Health Aboriginal Corporation

Project summary: Facilitation training for DRUMBEAT workshops, and purchase of drums to be located in two communities 200kms apart.

Key outcomes

- On-site DRUMBEAT program facilitation training for 10 Maari Ma staff, workers have recently started to roll out the program in Broken Hill and Wilcannia.
- Greater engagement with clients and community —DRUMBEAT program has provided clients and community to engage in and access services as a soft entry to other Maari Ma services.

2Connect Youth & Community, in partnership with WAYS Youth and Family

Project summary: Evaluation of current services; analysis and implementation of service improvements needed using existing evidence based youth-focussed interventions as baseline for research.

Key outcomes

- Improved access, engagement and support for young people—improvement in counselling, case management and other clinical support that provide greater impacts on social functioning and health and wellbeing of young people.

Amenity/infrastructure upgrade

Weave Youth and Community Services

Project summary: Creation of Weave Welcome Wall in four Weave sites (Waterloo, Redfern, Woolloomooloo, Maroubra).

Key outcomes

- Increased client connection and engagement, reduced feelings of isolation; young people were involved in the design process of the Weave Welcome Wall.

Directions Health Services

Project summary: Interior design and furnishing of new Pathways Murrumbidgee Griffith space.

Key outcomes

- Improved young person involvement in program planning and space configuration.

NADA highlights

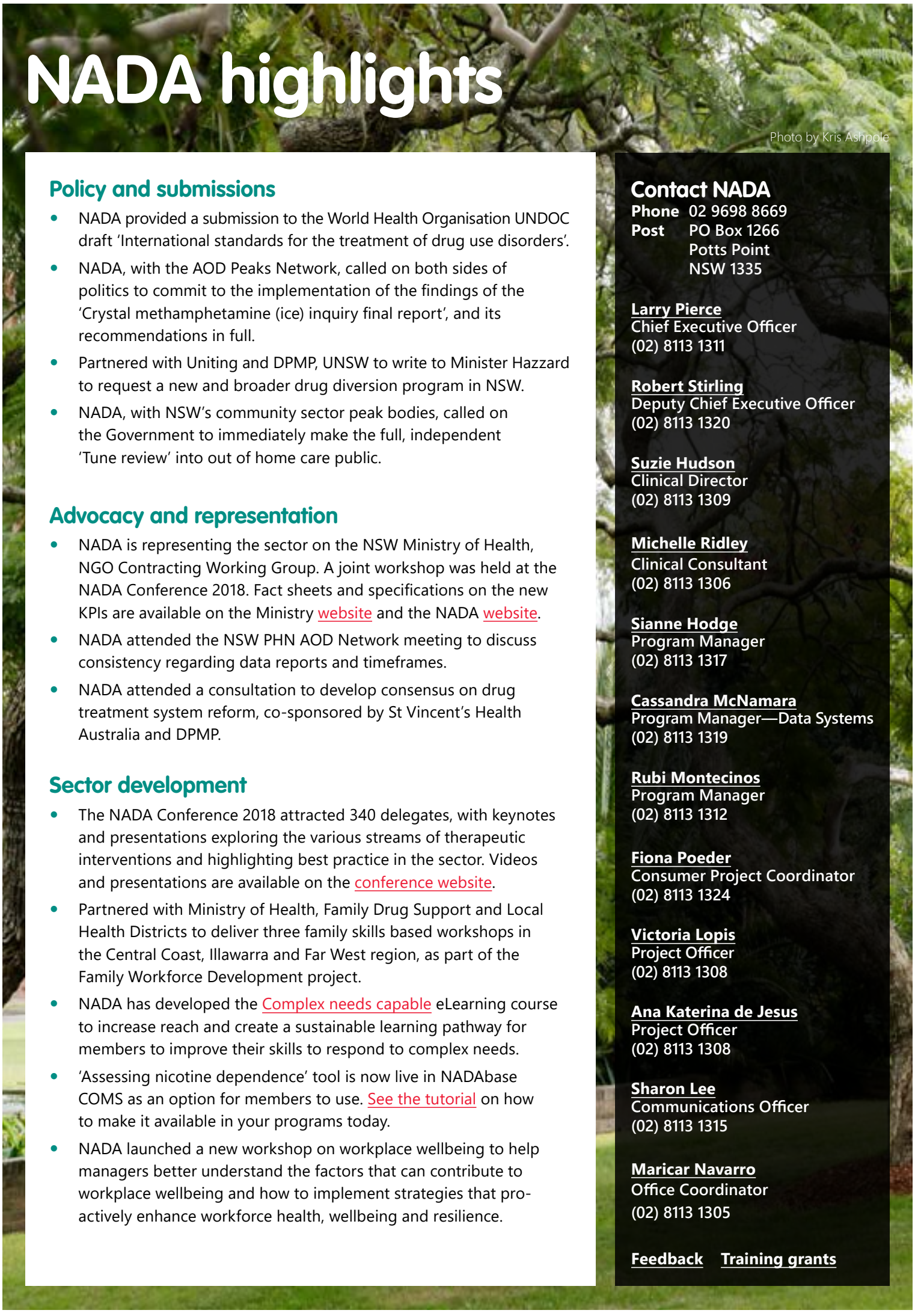


Photo by Kris Ashpole

Policy and submissions

- NADA provided a submission to the World Health Organisation UNDOC draft 'International standards for the treatment of drug use disorders'.
- NADA, with the AOD Peaks Network, called on both sides of politics to commit to the implementation of the findings of the 'Crystal methamphetamine (ice) inquiry final report', and its recommendations in full.
- Partnered with Uniting and DPMP, UNSW to write to Minister Hazzard to request a new and broader drug diversion program in NSW.
- NADA, with NSW's community sector peak bodies, called on the Government to immediately make the full, independent 'Tune review' into out of home care public.

Advocacy and representation

- NADA is representing the sector on the NSW Ministry of Health, NGO Contracting Working Group. A joint workshop was held at the NADA Conference 2018. Fact sheets and specifications on the new KPIs are available on the Ministry website and the NADA website.
- NADA attended the NSW PHN AOD Network meeting to discuss consistency regarding data reports and timeframes.
- NADA attended a consultation to develop consensus on drug treatment system reform, co-sponsored by St Vincent's Health Australia and DPMP.

Sector development

- The NADA Conference 2018 attracted 340 delegates, with keynotes and presentations exploring the various streams of therapeutic interventions and highlighting best practice in the sector. Videos and presentations are available on the conference website.
- Partnered with Ministry of Health, Family Drug Support and Local Health Districts to deliver three family skills based workshops in the Central Coast, Illawarra and Far West region, as part of the Family Workforce Development project.
- NADA has developed the Complex needs capable eLearning course to increase reach and create a sustainable learning pathway for members to improve their skills to respond to complex needs.
- 'Assessing nicotine dependence' tool is now live in NADAbase COMS as an option for members to use. See the tutorial on how to make it available in your programs today.
- NADA launched a new workshop on workplace wellbeing to help managers better understand the factors that can contribute to workplace wellbeing and how to implement strategies that pro-actively enhance workforce health, wellbeing and resilience.

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Feedback **Training grants**