Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

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Consumer engagement

• Maureen Steele • NUAA • SESLHD DAS
• Uniting MSIC • Regen • ACI • NCOSS

NADA
network of alcohol and other drugs agencies

CEO report

Larry Pierce NADA

The history of consumer engagement in our sector has been long and challenging, but not without passion and commitment. While improvements are evident when it comes to engaging consumers in all aspects of alcohol and other drugs, from policy and planning to direct service delivery, we have tended to treat consumers as clients to whom we do things to, as passive recipients of services we have designed for them.

Yet some NADA members have established initiatives such as suggestion boxes and consumer consultation mechanisms. At one service, consultation has led to the implementation of sustainable initiatives with a view to look at consumer advocacy issues. Going forward, the application of mandatory accreditation across our sector has assisted with a shift to a more comprehensive consumer engagement and valuing of the consumer role within AOD services. It is a good starting point in terms of working with organisations to assist with supporting the central role consumers play within service delivery.

NADA has developed a project to support our members in developing a more comprehensive approach to raising the profile and role for consumers in service delivery and this will be discussed in detail in this edition of the Advocate. We recognise the need to work with and through our members to assist with developing an AOD consumer movement and to have a service system that values the lived experience and contribution consumers can play and making our treatment system inclusive of and consistent with consumers needs, just as in other parts of the health system.

Similarly, our partnership with the NSW Users and AIDS Association (NUAA) and their establishment of the new Consumer Academy is important for assisting in growing a network of skilled and supported consumer 'peer' workers who can actively work with the AOD treatment system to amplify the voices and input of people with lived experience. This is an important initiative that will go some way to supporting an active consumer movement in our sector.

It has to be recognised that the biggest issue that face our clients—the consumers of drug health services in general and all drug users—is the illegality, stigma and discrimination attached to nearly all forms of drug use and illicit drug use in particular. Not only does the law marginalise and punish people who use drugs and people whose drug use becomes problematic, it directly feeds the stigma and discrimination they face in the wider community and in the health system. Given the health evidence to the contrary, it is difficult to argue that only legal drugs are acceptable to use and that all other forms of drug use are bad. It follows that using these drugs makes the user bad/deficient and unacceptable as a functioning person. And by extension, they need to be properly 'managed' in the legal system and in the health system. If we genuinely want an active engaged consumer movement we must start addressing stigma and discrimination that flows from the above. A good starting point is changing the language we use to describe and discuss people who use drugs. NADA is actively working on this through our work on the *Language matters* resource we have developed with NUAA and on assisting to develop a consumer movement within our sector. I hope this edition of the Advocate is of interest to our members and we welcome your thoughts and feedback on the work we are doing in this space.

If we genuinely want an active engaged consumer movement we must start addressing stigma and discrimination that flows from the above.

Consumer participation in AOD services

Fiona Poeder Consumer Engagement Coordinator NADA

Consumer participation/engagement has been fundamental to best practice in the mental health field for decades. Positive outcomes based on engagement, for those living with mental health issues, include self-management and partnership in health management, retention in treatment/treatment adherence, capacity building, increase in confidence, and a sector which recognises the value of lived experience.

Learning from the experiences of mental health, consumer participation within the AOD treatment sector is increasingly being recognised as fundamental to necessary improvements in client retention, client service satisfaction and self-directed healthcare. In addition, improvements in policy, service delivery and practice, treatment uptake and staff/consumer relations can all be related back to improvements in consumer engagement.

What then is this nebulous concept with so great potential to improve staff and consumers' experiences of AOD treatment services?

How does a theory transcend to practice and have the potential to improve communication, increase trust and the capacity of consumers to engage in service delivery, policy, procedure as well as improved social and health outcomes?

Organisational buy-in is essential

Consumer engagement is not only a practice, it also includes elements of the individual, environmental, structural and the social. When these elements come together, beneficial change can occur. Changes can only really come about and be sustained when services' governance and management, staff and consumers 'buy in'. There exists a degree of misapprehension and confusion in relation to consumer engagement/participation. This includes concerns that individuals will lose power or employment, a fear of loss of control, concerns in regard to cost (financial and work time), that consumers aren't interested or capable of participation, and that it is ineffective. At the very base of issues impacting on positive consumer engagement, however, are that of stigma, discrimination, language and stereotypes—an inability to appreciate the value of lived experience: that consumers are the expert in their own lives.

> It takes a number of components, planning, training and support for consumer participation projects to come to fruition.

Therefore, the elements at each level within the organisation which need to coalesce for consumer engagement to be effective include:

Consumer participation in AOD services

continued

- **Service governance/management level** direction, guidance and leadership; overt support of consumer engagement initiatives; obvious involvement; ensuring consumer engagement is core to policy; resourcing; and the provision of training (including attendance) for all staff and consumers.

- **Staff level** attendance at relevant training; assessment and acknowledgement of individual fears or concerns; support and participation in consumer engagement initiatives; supporting and enacting relevant policy and procedures; valuing lived experience; working professionally and communicating consistently; and being open to change.

- **Consumer/client level** attendance at relevant training; being open to change; not engaging in stigmatising attitudes (including self-stigma); participating in initiatives; valuing own and others' lived experience; and thinking 'outside the square'.

In a practical sense, consumer participation activities in AOD treatment services can fall into a series of types and levels of engagement.

To **inform** consumers of an issue—
low level of engagement:
- Newsletters
- Websites
- Reports
- Presentations
- Information flyers, posters and other resources

To **consult** with consumer and obtain feedback—
low/medium level of engagement:
- Focus groups
- Surveys
- Suggestion boxes
- Complaints mechanisms
- Feedback

To **involve** consumers in addressing concerns and aspirations—medium level of engagement:
- Workshops
- Community meetings
- Program planning
- Paid participation

To **collaborate** in partnership with consumers on the development of options and decision making—high level of engagement:
- Expert advisory groups
- Research committees
- Staff selection
- Working groups
- Co-facilitation

To **empower** consumers with final decision-making opportunities—very high level of engagement:
- Board of directors
- Speeches and presentations
- Identified and supported consumer positions
- Consumer/peer driven research

Genuine participation is key

Perhaps one of the greatest challenges or barriers to successful change brought about through consumer participation is that of prior experiences and negative expectations. Consumers have often had negative experiences of not being 'heard', their lived experience not being valued, of not receiving feedback, not having complaints addressed, of tokenistic or nil involvement in project and program development (including their own AOD treatment), and of having suggestions and ideas dismissed without explanation. This can lead to disillusionment and suspicion when consumers are invited to participate in these initiatives: the belief that nothing will change regardless, or that their involvement will be undervalued. This is compounded by the reality that consumer participation projects and positive organisational change take time and require patience: baby steps, extensive planning and seeking of support from often time-poor staff and stakeholders.

Therefore, it becomes obvious that it takes a number of components, planning, training and support for consumer participation projects to come to fruition. Consumer initiatives do bring about sustainable change, capacity building, improved health and social outcomes—it's worth the effort when you see the positives for staff and consumers alike.

Responding to new challenges

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Dr Mary Ellen Harrod CEO, NSW User's and AIDS Association

Working to represent peers and consumers in the AOD space can be challenging. It's a complex sector with a diverse range of treatment types, service providers and funding bodies, and to achieve the best for our community we need to take it all on. On top of the complexity inherent in addressing AOD use are the political imperatives that often drive the discussion of the day.

And while drug use, service needs and funding models seem to constantly change, community needs remain the same—dignity, respect and effective person centred services. At NSW User's and AIDS Association (NUAA), we always look for innovative ways to meet the challenges that face our community and to improve the health, dignity and rights of people who use drugs.

About NUAA

NUAA is an independent peer based drug user organisation that has been the voice of the drug using community in NSW since 1989. We are governed, staffed and led by people with lived experience of drug use. We focus on harm reduction services—peer education, hepatitis C treatment support, publications and more recently, music festival harm reduction. We also advocate tirelessly across sectors for better services, policy and legal frameworks for drug use in society.

Established at the height of the AIDS crisis, NUAA has been funded by the NSW Ministry of Health for 30 years as part of the community led partnership response to HIV and hepatitis C. Community engagement, harm reduction and prevention has resulted in Australia having one of the lowest rates HIV rates in the world and being well on track to eliminate HIV and hepatitis C elimination. Contrary to popular belief, 'The Grim Reaper' did not contribute to this success; it served only to increase stigma experienced by the affected community.

Our latest programs

Over the past four years, NUAA has increasingly advocated to improve AOD services, and more recently, delivered AOD services in NSW. All our new initiatives help to ensure that NUAA can continue to give a voice to and meet the needs of our community. We've been happy to have NADA along as a supporter and partner in much of this work.

Responding to new challenges
continued

The Open Clinic on Crown

To improve access to health care for people who use drugs, our needle and syringe program (NSP) on Crown Street, Surry Hills is also now home to the Open Clinic on Crown. The 'OCC' is a nurse led primary health care clinic collaboration with the Kirketon Road Centre. It runs five days a week and provides free, walk-in, stigma free health care to NSP clients and anyone else who wishes to access the service. To date, the clinic has seen 133 clients, trained 12 people on overdose reversal and started six clients on hepatitis C treatment.

For information on clinic hours, or if you'd like to refer a client, please call Tony on 8354 7343 between 8 am–4 pm.

Peer and consumer workforce development

NUAA launched the **Consumer Academy** project in 2017 and has worked with two Primary Health Networks—Western Sydney and Central Eastern Sydney—to train people accessing AOD services to participate in consumer projects within services. (See page 18.)

Please contact Melanie Joyce if you are interested in setting up a Consumer Academy program at your service.

Working in prison settings

Insider's News is a harm reduction resource that is solely distributed through NSW correctional centres. *Insiders News* is done in collaboration with Corrective Services NSW and the Justice Health and Forensic Mental Health Network. Launched in 2016, it is written with people who are currently incarcerated with the aim to both pass on harm reduction messages and give a voice to this sector of our community. *Insider's News* is distributed to every prison in NSW and gains great feedback from the people inside. We are also working to set up a peer education pilot project in a NSW prison in collaboration with **Justice Health**.

Stigma and discrimination

We're incredibly excited to announce that working in collaboration with former AIVL and NUAA CEO (and recent AO) Annie Madden, we have gained RACGP accreditation for our stigma and discrimination training. This training aims to empower GPs to work more effectively with people who use drugs and was developed with a team that included PHN representatives, the Kirketon Road Centre, GPs and a range of other organisations. Look for the launch of this training soon!

Festival harm reduction

DanceWize NSW was launched in November 2017 at Dragon Dreaming in Wee Jasper. DanceWize NSW is based on Harm Reduction Victoria's well-established DanceWize program. DanceWize NSW is funded by the NSW Ministry of Health to attend NSW music festivals to increase the safety of festival patrons through credible and evidence based information about safer partying, provide a care space for patrons who need it and rovers who increase the visibility of the service with partiers, scan the crowd for people who need support while distributing education, electrolytes, lollipops and getting down with the crowd.

DanceWize NSW is led by two highly qualified peer coordinators Dan and Jessie who have, in a very short time frame, entrenched this program as a key part of the NSW response to drug related harm at music festivals. The team has attended about 30 festivals, developed a wide range of safer using resources, established a website and trained more than 150 volunteers, with 80% remaining engaged.

It sounds like fun and games and it can be, but the festival environment is often incredibly challenging with a team, many of whom are as young as 21, often acting as first responders. Our team needs to have excellent relationships with medical teams, police, security and festival promoters and operations managers. It's hard work but the passion of keeping the community safe drives us to continually improve how we work in this space.

Extending our work into this new area and the current highly charged debate on pill testing and festival safety, has brought media attention. We've adapted to this, which we see as an incredible opportunity to promote harm reduction, and push back against the failure of our 'unofficial' drug policy of 'just say no'.

We know we only touch a small portion of the people in NSW who need our services, but with programs like DanceWize NSW in contact with over 80,000 festival patrons since it began, we have high hopes that a significant shift in how we address the issue of illicit drugs in our society is coming.

We asked you...

What are your thoughts on consumer engagement

Sarah Manager, WHOS New Beginnings

New Beginnings is a residential therapeutic community program for women.

How can consumer participation contribute to AOD treatment? Consumer participation should be encouraged at all levels of the organization. It can feed directly into policy, treatment models, application of treatment models, etc. Hearing and honoring the experiences of the consumer and making changes (where applicable) can only improve the work that we do.

Can you give an example of how your service/program has involved consumers? At WHOS we hold a weekly Rainbow Lunch which gives consumers an opportunity to talk about their experiences of treatment. Through this lunch, consumers identified they'd like to see a rainbow flag displayed at the service when they arrived to assure them this was a welcoming space. As a result of this feedback all WHOS sites are now registered with ACON and have the 'welcome space' stickers throughout.

Paul Manager, AOD Transitions Program, Community Restorative Centre (CRC)

CRC provides a variety of services to people involved in the criminal justice system and their families.

How can consumer participation contribute to AOD treatment? It's important to engage consumers to get their feedback about their experiences and advice about how we deliver our AOD services. Organisations and workers can develop programs but without consumer involvement we are building these programs on what we think is best, but it needs to come from people using the service. Also employing people with lived experience is key. In our team we have workers who have lived experience of incarceration. Workers with lived experience of incarceration provide a deeper understanding of the consumer situation, can act as positive role models, and use their personal experiences to assist in decision making.

Can you give an example of how your service/program has involved consumers? Currently we are working on an evaluation of our program with an external consultant that has been funded by Central and Eastern Sydney Primary Health Network. For the evaluation consumers have been engaged and interviewed for their ideas and feedback on their experiences of our program.

Jeanette Program Manager, Elouera

(formerly Lyndon Women's Program). Elouera is a live in AOD rehabilitation program for women and children located in Orange.

How can consumer participation contribute to AOD treatment? Consumer participation gives us feedback on the responsiveness and effectiveness of the service we are providing and helps inform future practice and service planning.

Can you give an example of how your service/program has involved consumers? Each week we hold a Friday afternoon group review that all staff and clients participate in, to discuss the week's program. This gives our consumers the opportunity to provide useful feedback on what they've found beneficial, what wasn't helpful and why, and suggestions for improvement. Feedback is given to the staff and clients at the following Friday group review about what changes have been made and if not, why they haven't occurred.

Jesse Program Manager, Junaa Buwa! Centre for Youth Wellbeing

Located on the Mid North Coast, Junaa Buwa! is a resi-rehab service for young people from across NSW.

How can consumer participation contribute to AOD treatment? Consumers can contribute at all levels of AOD treatment from policy development and staff recruitment to service planning. Junaa Buwa! is a resi-rehab service for 13 to 18 year olds and as we do not have any young people that age on staff, it's really important we engage our young consumers to have a finger on the pulse of the rapidly evolving youth AOD scene. Consumer participation keeps our service fresh and in step with our client cohort.

Can you give a brief example of this / how this is happening at your service? Consumers can provide feedback about their service experiences in different ways like anonymous surveys, semi-structured discussions, disagreement forms, complaint forms, weekly feedback sessions, etc. With their feedback and input we facilitate review and planning meetings where we talk about the feedback and how we can use it to better our service and if we can't—why not. For example, we review and update our policies and procedures with our consumer's advice and feedback like our suite of 'Behavioural management policy and procedures'.

We asked you

continued

Fran Manager Dual Diagnosis & Coordination of Care Programs, The Buttery

The Dual Diagnosis and Coordination of Care programs provide outreach support to people receiving AOD treatment to assist them make connections like housing, education and employment.

How can consumer participation contribute to AOD treatment? Consumers can contribute on an individual level by 'leading' the care they receive 'nothing about me without me' creating a true client centred approach and fostering empowerment and mastery. They can also contribute on a broader level through feedback regarding their experience of treatment, individual staff, occasions of service, and the overall program and organisation.

Can you give an example of how your service/program has involved consumers? We obtain feedback from clients, their families and carers through anonymous surveys at individual sessions, group completion, exit and post-discharge. Their feedback is used to guide program and service delivery. For example, following feedback from families and carers our dual diagnosis program b.well created a new eight week support group 'coping with a loved one in addiction' in Mullumbimby.

We often discover sector activities too good to keep secret —we'll now share them here

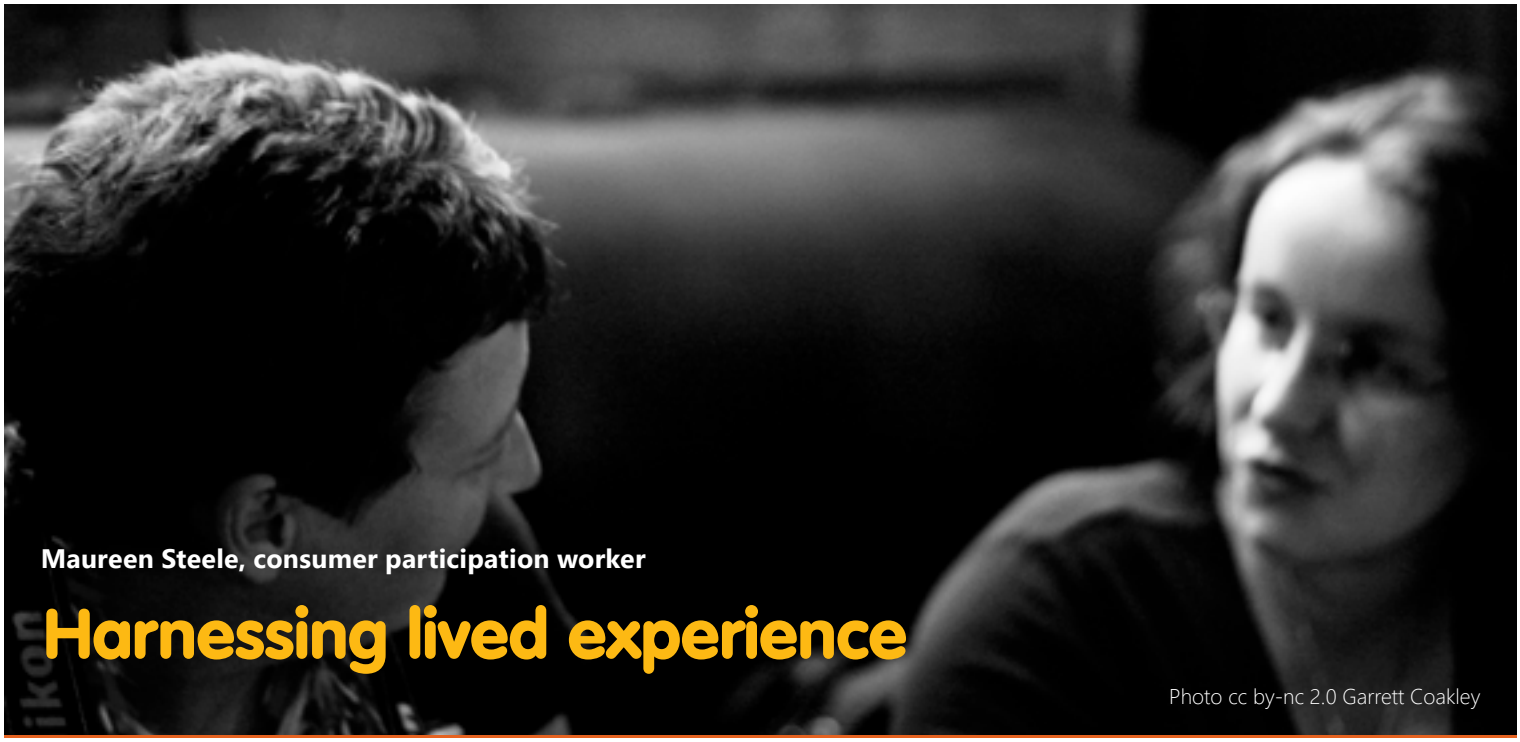
Clever ideas unearthed

South Eastern Sydney Local Health District (SESLHD) Drug and Alcohol Service (DAS) develops resources in consultation with consumers and/or consumer representatives. The process is co-ordinated by the consumer participation facilitator of SESLHD DAS.

A consumer resource (e.g. pamphlet, flyer etc.) is marked with a 'consumer stamp of approval' to indicate that it has undergone a consumer testing process. Organizational resources (e.g. business rules, reports etc.) are stamped when they have undergone a review process with consumers.

What's so clever about that?
The people who will ultimately use, and need to understand health information and education resources, are involved in their development. Attaining feedback, and making changes in response, increases the likelihood that the resource will communicate effectively to its target audience.

Learn more about SESLHD DAS.



Maureen Steele, consumer participation worker

Harnessing lived experience

Photo cc by-nc 2.0 Garrett Coakley

For many years I worked in the AOD sector in a 'non-peer' role. By this I mean the default position for any AOD worker, which is that you do *not* disclose personal issues or lived experience to your clients/patients. The existence of peer workers, or consumer workers, is a recent development in the AOD sector. These are jobs where it is expected that the employee will have 'lived experience' of drug use and be willing to disclose it to some degree.

As a consumer worker, it is not only okay to disclose lived experience, it is expected of you. Mental health services have had consumers on staff for some time, so these services had time to develop a framework for consumer participation, and develop the role of the consumer worker. The AOD field is at the start of this process and it will take some time to establish consumer participation in AOD services. Also, drug use is illegal, which raised some interesting problems for consumer workers in the AOD space, that mental health consumer workers, and people in other 'identified' positions do not have to face.

Talking to consumers about your 'lived' experience can be a daunting prospect. For example, when is it appropriate to talk about personal issues? The illegal nature of drug taking surely has some bearing on what a consumer worker might disclose, but I am not aware that this a discussion that has occurred broadly. I have established some basic guidelines about personal disclosure, which I will now share, and would love to hear what other people think.

My first reason for disclosing is to establish common ground. I generally talk about being on methadone treatment, or my hepatitis status, rather than divulge my current illicit activity, as I feel a little more nervous about this. Quite simply, I don't want anyone reporting me to the police if we have a disagreement. Of course, if you describe your drug use in general terms without divulging details such as the name of your dealer or where you score, the police are unlikely to respond, but I think that it is still worth keeping in mind. I have had the experience of clients trying to blackmail me, because they think I am not supposed to be disclosing my lived experience. I had someone threaten to tell my manager once to which I replied, 'go right ahead!'

Another good reason to disclose drug use or treatment experience is to be a positive role model. I have often heard consumers say, 'Show me someone who has ever succeeded on methadone!' As a consumer worker I have said, 'Well... I don't know what you mean by "succeed", but I have been on methadone for 25 years, and I have job and a mortgage...'

I think that 'non-peers' in health should be also be allowed to talk about their own lived experience if they think that it will be helpful.

But I also understand that describing my life in 'successful' terms (that is, I am fulfilling society's expectations because I have a job, a house, etc.) is unfair to other people who can't live up to these (mostly stupid) expectations. People need to be allowed to set their own goals and not be held to some standard which they either can't, or don't want to, achieve. So, I need to be careful when I talk about my life in terms of 'success'. I often add these caveats; I am *not* abstinent, and my drug use can be problematic at times, and I only work part time, because that is all I can manage at this point in my life.

Harnessing lived experience

continued

Disclosing lived experience is about connecting with someone. Consumers can find it reassuring to be simply be 'heard' by someone who they feel is unlikely to be judge them, or to meet someone who is like them, but appears to be achieving their goals.

I think that 'non-peers' in health should be also be allowed to talk about their own lived experience if they think that it will be helpful to the client/patient/consumer, and if they want to. Considering the majority of the population has used drugs at some point in their life, I think that it is time that we are honest about this. It doesn't matter if you have never experienced a drug 'problem,' because I think just admitting to having used drugs makes you seem more human from the perspective of the consumer. It has nothing to do with being 'professional' or not, but it is simply another technique to get the best outcomes for consumers.

I have heard workers argue that 'surely people will know I have lived experience through the way I talk and my non-judgemental attitude'. Unfortunately, I don't think that this is the case, for many people might not have the skills to pick up your nuanced dialogue. And saying that people will know because of your 'good attitude' is surely implying that people without lived experience have bad attitudes?

I feel that if AOD workers were able to be more honest about their own experiences, we might find that therapeutic relationships would improve, and that positive outcomes for clients would follow.

Note: In this article, I have used the terms 'client,' 'patient' and 'consumer' interchangeably. The use of these terms, along with 'peer' is a discussion for another time.

Principles of co-design

NCOSS Fair Deal Forum

Co-design is increasingly being used by both government and the community sector to describe a range of activities and processes that involve people who use a particular service or product in the design of that service or product. However there is a lack of consistency in how it is used and what it means in practice.

If co-design is to be effective there needs to be agreement on what it is and how it works. This paper presents the community sector's perspective on what we have identified as the key elements of co-design.

What is it?

Co-design is a process not an event. It is also known as generative design, co-creation, participatory design or co-operative design. Co-production may also be used but it is more about the delivery rather than the design aspects of the process.

Co-design originally referred to a process involving customers and users of products or services in their development. It combines generative or exploratory research, which helps to define the problem that requires a solution, with developmental design.

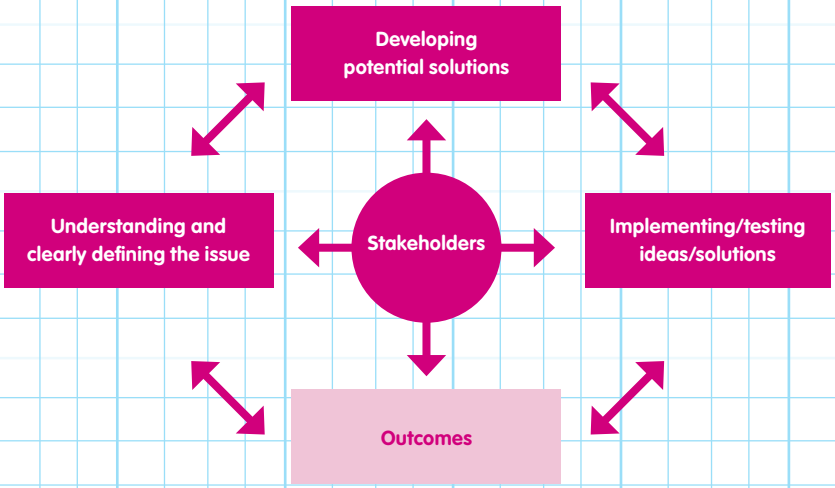
The community services sector has adapted co-design to combine lived experience and professional expertise to identify and create an outcome or product. It builds on engagement processes such as social democracy and community development where all critical stakeholders, from experts to end users, are encouraged to participate and are respected as equal partners sharing expertise in the design of services and products.

When and how is it used?

Co-design can be used to create, redevelop and evaluate a product, service or system. It can be applied to anything from an app to improve people's accessibility, to major community service reform processes. It is not the answer for everything but can be effective when responding to complex issues.

It is not a linear process and cannot be rushed. There are no step-by-step procedures or checklists. The process is as variable as the problems it aims to address, reflecting the issues and the needs of the people it involves. It requires a commitment to create change.

Co-design starts with aspirations, identifying the shared values or common good rather than agendas and solutions. Ideally it includes three phases: understanding and clearly defining the issue; developing potential solutions and testing these ideas. The process is cyclical rather than sequential and may require reassessing or change at any point in the process.



Principles of co-design

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Partners can move between the different phases or work in them at the same time as they participate in a series of conversations and activities that generate new, shared meanings drawn from expert knowledge and lived experience. The process aims to change the mindsets and behaviour of the partners, encouraging and supporting innovative processes and solutions as they work to identify the "sweet spot" where change can evolve.

It invites partners to enter situations where what people say, how the process is structured and what outcomes are possible and appropriate are unlikely to be predetermined. The process targets new ways of understanding the issue, and then jointly develops and tests solutions to understand what works.

Evaluation of the outcomes is an essential part of the process. It shapes the way the process is structured and resourced, ensuring it is reflective and adaptive as much as it is generative.

It is more than a consultation process. Everyone is sees as an expert in their domain and as such has something to offer in the design of products and solutions.

Who participates?

Co-design involves the people who are likely to be impacted by or will benefit from the process and/or the outcome, either directly or indirectly. It can include clients, their carers, community members, researchers, consultants, and staff from funding bodies (both government and non-government), peak bodies, potential or actual service providers, etc.

Principles of co-design

Inclusive The process includes representatives from critical stakeholder groups who are involved in the co-design project from framing the issue to developing and testing solutions. It utilises feedback, advice and decisions from people with lived or work experience, and the knowledge, experience and skills of experts in the field.

Respectful All participants are seen as experts and their input is valued and has equal standing. Strategies are used to remove potential or perceived inequality. Partners manage their own and others' feelings in the interest of the process. Co-design requires everyone to negotiate personal and practical understandings at the expense of differences.

Participative The process itself is open, empathetic and responsive. Co-design uses a series of conversations and activities where dialogue and engagement generate new, shared meanings based on expert knowledge and lived experience. Major themes can be extracted and used as the basis for co-designed solutions. All participants are responsible for the effectiveness of the process.

Iterative Ideas and solutions are continually tested and evaluated with the participants. Changes and adaptations are a natural part of the process, trialling possibilities and insights as they emerge, taking risks and allowing for failure. This process is also used to fine-tune potential outcomes or solutions as it reaches fruition and can later be used to evaluate its effectiveness.

Outcomes focused The process can be used to create, redesign or evaluate services, systems or products. It is designed to achieve an outcome or series of outcomes, where the potential solutions can be rapidly tested, effectiveness measured and where the spreading or scaling of these solutions can be developed with stakeholders and in context.

The Co-Design Principles came out of the Fair Deal Forum in November 2016 with input from the participants and Dr Ingrid Burkett (The Australian Centre for Social Innovation).

Download this resource

The life of a

consumer engagement co-facilitator

NADA's project to increase service and clients' capacity for consumer engagement began with the selection of pilot sites comprising four residential services and one withdrawal unit. Four consumers, previously trained through NUAA's Consumer Academy have been supported to become workshop co-facilitators. They delivered training to the sites' staff and service participants.

Veronica Ganora

How did you get to this place and time in your life?
I had been active in peer and consumer advocacy through NUAA's Peer Participation Program and with the South Eastern Sydney Recovery College, planning, co-developing and co-delivering adult mental health and AOD education.

What is the best thing about your role?
Engaging consumers in training and learning about their experiences of AOD treatment.

What is one thing you would like to see change in the AOD sector?
I'd like to see a shift towards an integrated sector to address co-morbidity and mental health concerns more effectively. I'd welcome a more inclusive system that is accessible and attractive to people from ATSI and CALD communities.

What needs to happen to get there?
For this, we would need services that respond to the voices and unique needs of peers from the most marginalised communities. We would need health workers trained in cultural competence and trauma informed practice.

Lisa Walsh

How did you get to this place and time in your life?
I attended 'The Consumer Academy Workshop', run by NUAA. It had been advertised by our peer support worker in the OTC that I attend.

What is the best thing about your role?
Being part of a group of people passionate about changing attitudes in the community towards people with lived experience. Listening to concerns that have been ignored for too long, and the possibility of changing some of the stereotypical ideas that form the basis for stigma and discrimination.

What is one thing you would like to see change in the AOD sector?
Active participation between service providers and consumers.

What needs to happen to get there?
A genuine interest in the treatment and recovery of consumers.

Fabian Galbraith

How did you get to this place and time in your life?
I have struggled with addiction for 15 years of my life. I have recently been studying to be an AOD counsellor, and I want to give back to society.

What is the best thing about your role?
It is the challenge that I have been looking for in life, I am able to learn new things, and teach people new things. It gives me a great opportunity to give back. NADA made me feel very welcome, and they allowed me to talk about my addiction.

What is one thing you would like to see change in the AOD sector?
I would like to see less discrimination against users and ex-users in the work place.

What needs to happen to get there?
Education is key in developing new ways to teach workers about how people should be treated.

Translating research into practice

Consumer led practices in AOD research

Dr Belinda Green Drug and Alcohol Multicultural Education Centre

Consumer led participation when working with marginalised and minority diverse populations in AOD research is long overdue. The issue of power and trust is an important consideration. Some[1] have noted that positivist and predictable experimental research methods struggle to address the complexities of power and may unwittingly reinforce dichotomies of 'us' and 'them' while not truly integrating community and consumer led participation.[2] Such methods may be particularly troublesome to the issue of trust and authority for consumers whose experiences can include but are not exclusive to the forces of postcolonialism, intergenerational and childhood trauma, state sponsored violence,[3] injustice, inequality, discrimination, social exclusion and disadvantage.

In grappling with these concerns, researchers at The Drug and Alcohol Multicultural Education Centre (DAMEC) have adapted a community based participatory research (CBPR) paradigm to encourage consumer led participation in its research with culturally and linguistically diverse backgrounds (CALD) populations who may be experiencing AOD issues and mental health concerns. The CBPR framework offers a more 'inclusive and flexible research framework that fosters cultural humility, co-learning, and trust'[4] with an emphasis on 'safety' through existing involvement and transparent relationships.[5]

Ideally researchers who want to encourage consumer participation should first look towards frontline staff, community leaders, bilingual colleagues and others who may act as intermediaries i.e. those who understand the cultural worldview or nuances of consumers. Such people offer valuable insight and knowledge to researchers in formulating ideas for studies alongside providing the 'logics' of consumers' context. Intermediaries may endorse and legitimise the research process through their established relationships and links to the community. Careful consideration to confidentiality and the voluntary nature of consumer participation must be upheld through this stage of preliminary information sharing. However, such intermediaries are invaluable to the inclusion of consumer participation in terms of fostering safe connections.

Creating an advisory group of interested consumers to advise on research aims/methods/ethics and logistics is also part of DAMEC's CBPR approach. This should be a group of 8–10 people who represent the various interests of the consumer group. Researchers should be both enthusiastic and appropriate in their communication with such consumers. How this translates for us is ensuring that we adapt to the forms of communication of consumers. This might include but not exclusive to learning small phrases and idioms/jargon of consumers to demonstrate humility, willingness to learn and engage, providing materials in consumers' native language and using trusted intermediaries initially to attend meetings to translate discussion into language/tools of engagement amenable to consumers. Being open and transparent about who we are as researchers and highlighting our interest on building capacity for the consumers themselves whether that be through advocacy, publications, further research, or information sharing alongside issues of co-authorship in report's findings should also be teased out from the onset.

Being process driven rather than outcome focused is important when incorporating consumer participation in AOD research. This includes ensuring that most communication is ongoing and done face to face or through telephone contact to build rapport and establish trust with consumers while the format/space of meetings is safe, private and comfortable. Researchers should have refined facilitation skills to manage group cohesion and processes. This includes regularly paraphrasing and collating consumer ideas and insights to indicate interest, active listening, comprehension and acknowledgement.

Being process driven rather than outcome focused is important when incorporating consumer participation in AOD research.

Culturally appropriate refreshments, vouchers for participation and consideration to light, air and breaks should be included to provide a welcoming environment with enough time that is amenable to the other demands of consumers' lives. This might include some after hours

1. See Jacobsen,K. & Landau, L. (2003); Mackenzie, C. et al. (2007) as cited in Bartomolei, L., Hugman, R. & Pittaway, E. (2010), p. 232
2. See Livingston, W. & Perkins, A. (2018), p. 64
3. See Baro, I. M. (1989)
4. See Collins, S. E. et al. (2018), p. 3
5. See Collins, S. E. et al. (2018), p. 9; Livingston, W. & Perkins, A. (2018), p. 63; Wallerstein, N.B. & Duran, B. (2006). p. 313

Translating research into practice

continued

and weekend work. Providing advance and consistent notice of meetings and providing updates to consumers to ensure that momentum and enthusiasm is maintained is also important.

Through such processes DAMEC is not only working to better understand the 'lived experienced' of consumers who use drugs but also about the relevance of the social determinants of health and wider ecological and multideterminant factors which contribute to AOD prevalence. Additionally, integrating the feedback and ideas of consumers to inform research would surely be a pre-requisite to best practice.

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DAMEC

Ngalaiya wellbeing project

Gary Bell

There are countless opportunities for Koori employees to make a positive contribution to a mainstream health workplace. By employing Koori people, South Eastern Sydney Local Health District (SESLHD) Drug and Alcohol Service (DAS) has gained an insight into the Aboriginal communities; the Ngalaiya Wellbeing Project has improved cultural awareness and is bettering relationships.

Our team of Koori consumer workers provide support and guidance to people having treatment for substance use. Koori consumer workers represent consumers' ideas, suggestions and concerns about the service they attend, as well as promote, encourage and support the consumers' experience and ability to access the relevant services within DAS by providing appropriate referral.

Koori D&A consumer workers will work in a variety of services where appropriate, such as DAS (Langton Centre, St George and Sutherland D&A Services), Jarrah House (women's treatment service), Noffs Foundation (youth treatment service) and William Booth (Salvation Army treatment service).

Some of the follow achievements have been accomplished in a short time.

- Better interaction with Aboriginal consumers
- Increase access and engagement with DAS for Aboriginal consumers
- Fast-track Aboriginal consumers into drug treatment programs
- Increased social interaction and inclusion for Aboriginal consumers
- Improved client experience through engagement with Koori workers and clinical team
- Aboriginal workforce increase
- SESLHD DAS undertaking cultural audit
- Improving cultural competency, awareness and performance of D&A services and health staff

Language **matters**

Language is powerful—especially when discussing alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. "Person-centred" language focuses on the person, not their substance use.

When working with people who use alcohol and other drugs...

try this	instead of this
substance use, non-prescribed use	abuse; misuse; problem use; non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	addict; junkie; druggie; alcoholic
person experiencing drug dependence	suffering from addiction; has a drug habit
person who has stopped using drugs	clean; sober; drug-free
person with lived experience of drug dependence	ex-addict; former addict; used to be a...
person disagrees	lacks insight; in denial; resistant; unmotivated
treatment has not been effective/chooses not to	not engaged; non-compliant
person's needs are not being met	drug seeking; manipulative; splitting
currently using drugs	using again; fallen off the wagon; had a setback
no longer using drugs	stayed clean; maintained recovery
positive/negative urine drug screen	dirty/clean urine
used/unused syringe	dirty/clean needle; dirties
pharmacotherapy is treatment	replacing one drug for another

Adapted from *Language Matters* from the National Council for Behavioural Health, United States (2015) and Matua Raki, New Zealand (2016).

NADA network of alcohol and other drugs agencies NUAA

Language matters

The development of a resource to improve treatment access and reduce stigma in AOD treatment settings through a community partnership

Dr Mary Ellen Harrod
CEO, NUAA

Slanne Hodge
Program Manager, NADA

Download this resource

Introduction

Language mediates our perception of the world around us and is a potent measure of our attitudes. 'Addict' 'Junkie' 'PWID' used carelessly position us in relation to people who inject. Language also has a powerful impact on how people see themselves and acts as a very real barrier to treatment access. The Network of Alcohol and other Drug Agencies (NADA) the peak body for AOD treatment services in NSW Australia, undertook to develop a language guide for members working with the NSW Users and AIDS Association (NUAA), the peak drug user agency in NSW.

Method

Resource development took place across three stages.

Stage one A literature review was undertaken to examine guidelines and resources from comparable settings across the world. These resources were reviewed and compiled to produce a draft guide.

Stage two A series of focus groups were held in order to adapt the guide to the local context. Two service provider groups (n=16) and two service user groups (n=16) took place in Sydney NSW and resources were modified based on this feedback.

Stage three The resource was further refined based on key stakeholder testing with 24 people drawn from service provider and service user groups.

Results

The guide has been successfully promoted with good uptake across multiple platforms including social media, web and wide use at service provider training forums in NSW demonstrating the need for a practical, easy to access guide for this setting.

Conclusion

Our attitudes towards substance use and how we respond rests on the concepts and language we use. We need to be less ambivalent, more mindful and deliberate about avoiding pejorative terms.

Changing our language is an essential step towards person centred treatment and reducing the stigma and marginalisation of people who use drugs.

NUAA

NADA network of alcohol and other drugs agencies

Valuing the voice

South Eastern Sydney Local Health District (SESLHD) Drug and Alcohol Services (DAS) are forerunners in consumer engagement, which can be seen in their treatment and service provision (at Langton Centre, St George and Sutherland), and also in their work with partners Jarrah House, Ted Noffs Foundation and the Salvation Army. Annie Malcolm, Senior Nurse Manager, shares the SESLHD approach with NADA's Suzie Hudson.

We work with consumers through the Consumer Participation Project and the Ngalaiya Wellbeing Project (*see previous page*), working in partnership with Jarrah House, Ted Noffs Foundation and Salvation Army.

Both projects employ a team of consumer workers to provide support and guidance to people having treatment for substance use. Consumer workers represent consumers' ideas, suggestions and concerns about the service they attend, as well as promote, encourage and support the consumers' experience and ability to access the relevant services within DAS by providing appropriate referral. Additionally, consumer workers act as a link between the DAS and the community, and work to reduce the stigma associated with people with substance use issues.

Employing consumers as paid members of staff promotes people with lived experience of treatment programs as valued, worthy of being supported, and having their voice heard. It can also help to challenge stigma, build trust and empower people that may be experiencing difficulty with barriers to their own health outcomes. SESLHD DAS have employed this workforce to assist with breaking down the barriers to service delivery and improved health outcomes for both clients and clinicians.

Coffee mornings are a popular turnout, and a good opportunity to promote health issues in a non-clinical environment. Being a relaxed affair, we get a great deal of scope as to what's going on for a client, without fear of judgement or obligation.

Feedback boxes are another well attended resource. These give consumers anonymity in addressing any issues they may have with treatment from a service. It means clients are able to start a conversation, directing questions or concerns to unit managers, without fear or favour. Responses are posted monthly, and empowering people to have input for a better health outcome for themselves and others.

More than a cuppa

Undertaking a review of community based services, Robert Griew visited a SESLHD coffee morning. He he describes his observations and shares his key learnings below.

- The clients who came in from coffee and a chat clearly felt a level of comfort, trust and respect that they would probably not experience anywhere else in the health system.
- This allowed a series of conversations that were gently encouraging clients to think about whatever the next step in their care might be, including some who needed to talk further with existing professional staff in Langton or elsewhere.
- This was skilled and my guess is very significant in getting the right care outcomes for individual clients. There was a clear understanding of not replacing the role of the professional staff Langton employs—the nurses, social workers etc. But the trust and respect relationships apparent would be enormously significant in opening up conversations that might otherwise stay closed off, with many of the clients.
- In addition a number of non-health needs were coming up, ranging from accommodation to literacy, and peer workers were impressively effective at gently sounding out with clients pathways they might explore.
- The client needs presenting were wide and included both revisiting health care, including drug and alcohol related care, but also the range of other social realities impinging on those clients' ability to stabilise their lives.
- There is something very impressive about the peer worker role and place in your service and the lives of your clients.

Consumer Academy

Melanie Joyce Peer Support Coordinator NSW User's and AIDS Association

Consumer engagement is a key target of the NSW Alcohol and other Drug Strategy, and the NSW User's and AIDS Association (NUAA) is instrumental to achieve this goal through our position as a peer based organisation with consistent outreach work and programs focusing on empowering people who use drugs.

We know the problems for people who use AOD, because we've seen and experienced it firsthand!

- People are criminalised for personal drug use.
- Drug markets are poorly regulated, or not at all, resulting in increased harms.
- People who use drugs face stigma in a wide variety of situations—this can impact our relationships with our families and communities, as well our broader social structures.
- Stigma can lead to discrimination, silence, and fear, which can affect the ways we are treated at work or in healthcare settings.

NUAA designed the Consumer Academy program to address some of these issues. The Consumer Academy is a four stage training program, delivered in a workshop setting by peers who have lived experience of using drugs. Throughout the training, participants use their own experiences of AOD use and treatment, in order to build upon their skills and knowledge.

The Consumer Academy recruits peers through healthcare services like needle and syringe programs and AOD treatment settings. They then participate in a series of single-day staged training sessions.

Stage one
Introduction to peer participation and consumer engagement work; advocacy; the power of personal stories and narrative; and understanding boundaries in AOD work.

Stage two
Navigating the healthcare system; working with a clinical team; AOD issues and treatment options.

Stage three
Communication; motivational interviewing; and graduation.

What peers tell us

'The Consumer Academy taught me that I can have a voice. I learned that my history is important, that we all have a story, each and every one of us and that all of us, no matter our background, race or gender have experienced hardship and have learned how to overcome.'

'I was amazed by the idea I could be welcomed because I use drugs, not in spite of it or because I have kept that dark.'

'The main thing I took away from the workshops was the exciting idea that I could be useful, that as a person with a lived experience of drug use I have value.'

'It was pretty interesting to be in an environment where you can talk freely and without judgement about your drug use. I liked that there was a good spread of age and experience. I learned a lot.'

Some of our graduates have engaged in further activities, participating in important work in the AOD sector, including:

- undertaking NUAA's Stigma and Discrimination training
- consumer representation in a range of steering committees and projects, including two graduates sitting on the steering committee for the development of a peer friendly, plain language version of the *NSW Clinical Guidelines: Treatment of Opioid Dependence*
- becoming sitting members of the Alcohol and Other Drug Consumer Reference Committee
- supporting NADA's consumer pilot, after taking an additional Consumer Academy course, Train the Trainer.

See the calendar for training dates

Involving consumers in research

Creating environments for consumers to lead research and evaluation

Dr Suzie Hudson
Clinical Director, NADA

Edmund Silins
Research Manager, Uniting MSIC

In 2015 the Community Mental Health and Drug and Alcohol Research Network (CMHDARN) published *Ask the Experts*, a best practice guide for enabling consumer and carer leadership in research and evaluation. This guide prompts organisations to not only engage consumers and carers in research, but to create environments in which they can lead research and evaluations in areas meaningful to them. NADA's Suzie Hudson spoke with Edmund Silins to learn how the centre has developed this environment.

Consumer Action Group

Set up in 2015, the Consumer Action Group (CAG) aimed to involve consumers in shaping service delivery. The group continue to meet monthly, now comprising 10 consumers and four staff. Two key outcomes have arisen from the CAG: the instigation of a police liaison officer specifically for the Uniting MSIC—recognising the need to maintain positive working relationships with local police, and secondly, the development of a peer, or consumer, volunteering project to support people using the service. For some, participation in the CAG has led to improvements in their health, wellbeing and sense of self-worth, and having a role in reaching their goals regarding substance use and reconnecting with support networks. More broadly, they have the potential to develop transferable life skills and gain future employment opportunities.

Consumers in research

Today the CAG not only discuss and plan activities to enhance consumers' involvement in service delivery and stakeholder engagement, but also shape Uniting MSIC's research efforts to promote consumer engagement and participation in the AOD sector.

MSIC recently undertook census research, involving interviews with roughly 200 clients, to provide a snapshot of consumers using the service. 'We engaged consumers in the early stages of the research, involving them with reviewing the interview questionnaires and schedule and received feedback on the language, appropriateness and topic areas that were explored in the survey,' said Edmund. Strategies like these are outlined in detail in the CMHDARN *Ask the Experts* resource, along with clear guidelines for reimbursement and remuneration of consumer participation.

Disseminating the results first to the people who contributed to the research not only makes good sense, but also demonstrates to them that they are highly valued and respected as experts in research.

MSIC are currently undertaking research to understand the barriers Aboriginal and Torres Strait Islander peoples experience to access the service, and what might be instituted to improve this. Members of the CAG who identified as Aboriginal were consulted about the questionnaire used as part of the research project and helped refine the interview schedule. They were also given the chance to feedback on whether the culturally sensitive flash cards used in the collection of data were appropriate and acceptable. The needs assessment is being finalised and MSIC aim to engage Aboriginal and Torres Strait Islander consumers once again in the interpretation of the results, Edmund explained.

Disseminating the results first to the people who contributed to the research, and who may be affected by the results, not only makes good sense, but also demonstrates to them that they are highly valued and respected as experts in research.[1]

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Uniting SYDNEY MEDICALLY SUPERVISED INJECTING CENTRE

Patient experience and consumer engagement

Antoinette Sedwell NSW Drug and Alcohol Network Manager Agency for Clinical Innovation

The NSW Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW.

Our vision is for consumers to be equal partners in healthcare provision and improvement in NSW. This means that patients, carers, family members, staff and community members can choose to participate in healthcare planning, design, delivery, monitoring and evaluation; with levels of participation varying from providing one-off feedback to being involved over longer periods in more complex projects.

Consumer participation in healthcare can occur at the individual, service and system level. The individual level refers to shared decision making between consumers and clinicians in healthcare planning, treatment and management. The service level involves consumers participating as part of a team in health service design and quality improvement. The system level involves engaging consumers and community members in system-wide health policy and program development.

Our goal at the ACI is to empower and enable consumers, carers and family members to participate in care planning and decision-making at all levels. We have implemented a number of programs and initiatives to support this.

The ACI Patient experience and consumer engagement (PEACE) team promotes meaningful consumer engagement and the capture and use of patient, carer and staff experiences in healthcare provision and improvement to support NSW Health to deliver person centred care. The PEACE team offers information, advice, resources and tools to drive local innovation and transformational change across the NSW health system.

The Patient Reported Measures (PRMs) program aims to enable patients to provide direct, timely feedback about their health related outcomes and experiences to drive improvement and integration of health care across NSW. The PRMs program works to support patients and clinicians, and add value to their interactions. The program is divided into two sections, Patient reported outcome measures (PROMs), which are used to help assess and follow up a patient's clinical progress, and Patient reported experience measures (PREMs), which help to assess the patient's experience of healthcare.

The ACI has recently released the Consumer Enablement Guide, a comprehensive web resource that brings together evidence and resources to inform and support the use of enablement approaches in clinical practice.

Consumer enablement is the extent to which consumers understand their health conditions and have the confidence, skills, and knowledge to manage their health and wellbeing. People who are more enabled have greater capacity and ability to:

- access health services
- obtain, understand and act on health information
- actively participate in decisions about their healthcare
- make healthy choices in their life.

Visit the ACI consumer enablement web page to access the new guide and other consumer enablement information.

Our clinical networks, taskforces and institutes are open to clinicians, consumers and managers with experience, interest and passion in improving healthcare. We invite you to work with us to improve healthcare delivery across NSW.

NSW GOVERNMENT | AGENCY FOR CLINICAL INNOVATION

Vale Regina Brindle

In December, the Australian AOD sector lost a true champion of consumer participation (and wonderful human being) with the passing of Regina Brindle, following a brief illness.

Regina was a systemic thinker and inclusive practitioner, with broad experience working across the education, disability and AOD sectors since the mid-1980s. Her work in the AOD sector commenced with her taking the role of manager at the Association of Participating Service Users at SHARC (APSU), Victoria's consumer body for people who use AOD services, in 2006. When asked in an interview for the organisation's *Flipside* magazine in 2016 why she considered the role, her response was clear: 'Advocacy. I wouldn't have been interested in anything else.'

During her six years at APSU, Regina worked tirelessly to implement and develop consumer participation in the Victorian AOD sector, and to equip AOD consumers with the skills to participate in the decision making processes around AOD policy, service delivery, research and education. She became the lead advocate for consumer participation within the sector, always focused on creating opportunities for consumer voices by networking, building relationships, attending sector meetings and identifying opportunities to change attitudes and practice.

While the going was often slow and inconsistent across the sector, she was instrumental in having consumer participation recognised as fundamental to good service and policy development.

In 2010, she co-authored *Straight from the source* [PDF], APSU's guide to consumer participation in the Victorian AOD sector. This guide provided a key, practical resource for AOD treatment and harm reduction services seeking to develop their consumer participation practice.

Regina was also a powerful harm reduction advocate, influencing improved integration of harm reduction within treatment service delivery and serving on the Board of Harm Reduction Victoria.

In 2013, she took up the newly created consumer participation facilitator role at Uniting ReGen, working to build organisational systems, training and development opportunities for consumers and integration of consumer participation across the organisation's treatment and education services.

Through her consultative, inclusive and strategic approach, she helped to transform isolated examples of good practice into a comprehensive model for engaging and supporting consumers to undertake a wide range of opportunities to participate in ReGen's work. Her work and approach to consumer participation in the AOD sector can best evidenced in the consumer participation guide, *The reason why we're here* [PDF].

She was a key support for ReGen consumers and a reliable source of thoughtful advice to the agency's staff and managers. She was also a fierce and persistent advocate for consumer rights, participation and inclusion. She fought to ensure consumers had a seat at the table—and wherever possible—were at the head of the table!

Regina presented widely on consumer participation and the learnings from her own work. She was committed to increasing the understanding of (and commitment to) effective strategies for improving individual and organisational consumer participation practice. Her commitment to knowledge-sharing helped challenge assumptions, bridge divides and build partnerships to drive change across the Victorian and national AOD sectors.

One of the last projects Regina worked on was the development of ReGen's *Handy stuff*, a resource initiated and developed by consumers, for consumers.

Her loss has been (and will continue to be) deeply felt across our sector. Her energy, passion and wit will be sorely missed.

She leaves behind a remarkable legacy, to be built upon by the next generation of consumer participation champions. One of Regina's favourite quotes (by Eleanor Roosevelt) inspires all of us to follow her example:

'Where, after all, do universal human rights begin? In small places, close to home -- so close and so small that they cannot be seen on any maps of the world.... Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world.'

ReGen consumers and staff, together with representatives from APSU, contributed to this memorial article.

Useful resources

Organisations

Australian Injecting and Illicit Drug Users League (AIVL) is a national organisation that represents the state and territory peer based drug user organisations and issues of national significance. www.aivl.org.au

NSW Users and AIDS Association (NUAA) provide innovative harm reduction services for people in NSW who use drugs, advocate for improved service delivery and a more rational approach to drug use. www.nuaa.org.au

The **Mental Health Coordinating Council (MHCC)** is the peak body for community mental health organisations in New South Wales. www.mhcc.org.au

Family Drug Support (FDS) provides telephone support, group support and programs for families and carers. www.fds.org.au

Association of Participating Service Users (APSU) is a advocacy service set up to ensure that opinions and ideas of people who use AOD services contribute to service provision, policy, research and professional development. www.apsuonline.org.au

Self Help Addiction Resource Centre (SHARC) is a peer based service that is made up of a combination of people with lived experience and professional expertise. www.sharc.org.au

The International Network of People who Use Drugs (INPUD) is a global peer based organisation that seeks to promote the health and defend the rights of people who use drugs. www.inpud.net

Resources

Straight from the source
SHARC produced this practical guide [PDF] to consumer participation in the Victorian AOD sector.

National treatment service users project
This project (phase one and two), conducted through a partnership between University of NSW Centre for Social Research in Health and AIVL, evaluated the opportunities for, attitudes towards and barriers to consumer participation in the planning and delivery of Australian drug treatment services.

The being real project—working towards best practice
AIVL's principles and best practice framework for organisations to work with Aboriginal people who use drugs and Aboriginal community controlled organisations.

Needle and syringe programs in Australia: Peer-led best practice (the guide)
AIVL's guide [PDF] details the needs of people who inject drugs, service delivery models across Australia and practice considerations for service providers informed by peer experience and led by peer intelligence.

Consumer enablement guide
This guide, produced by the Agency for Clinical Innovation, provides the information, tools and resources you need to help consumers, carers and communities manage their own health and wellbeing.

The reason we're here
Regen's model for consumer participation [PDF] clarifies processes for consumers and staff and provides guidance in the form of learned experience.

Consumer, client and carer participation
The Community Mental Health Drug and Alcohol Research Network (CMHDARN) website provides links to consumer engagement resources.

Ask the experts
CMHDARN's short and accessible 'how to' guide [PDF] helps you to involve consumers, peer workers and carers in every stage of research and evaluation, including co-production and research leadership.

Guideline to consumer participation in NSW drug and alcohol services
This guideline [PDF], from the NSW Ministry of Health provides AOD treatment services in NSW with tools to engage consumers and/or carers.

UNSW Centre for Social Research in Health Community Reference Panel
This panel was established as a mechanism for consumer consultation. The panel comprises community members who can provide comment and feedback on research drawing on personal experiences.

NADAbase

Tata de Jesus Project Officer, NADA

Farewell from Cassandra McNamara

At the end of February, I will be saying goodbye to NADA and I would like to take this opportunity to thank you all for your patience, enthusiasm, shared experience and learnings of NADAbase during my two years supporting you. Your feedback on NADAbase helps us build a better system for you, so keep it coming! Our goal at NADA is to ensure our members continue to be well supported in the collection and analysis of their data, so I leave you in the very capable hands of Tata de Jesus, whom I'm sure you've all had some dealings with. Suzie Hudson will also be playing an active role in supporting our members who import their data or becoming importers. To ensure you continue to be sufficiently supported be sure to email your queries to NADAbase support.

What has been happening?

Over the past six months, NADA has been in consultation with members of the Reports and Dashboard Design (RADD) Working Group to review and audit existing reports, and develop a dashboard for a quick glance at member organisation's activity.

Feedback received from the NADAbase reports and dashboard design survey has helped us shape the final touches currently underway in NADAbase. Once work is finalised it will be piloted with those member organisations who self-nominated. It is anticipated the pilot platform will be made available to those members in late March and direct contact will be made shortly advising of next steps. There is still time if you would like to take part in the piloting of the new reports and proposed dashboard—please email your interest to NADAbase support.

NADA has been working with the Ministry of Health on the inclusion of a question in NADAbase centering around children in the care of clients. This latest item will be added within the 'social items' tab of a client's episode in NADAbase. If you have any queries regarding this inclusion please contact Suzie Hudson.

What's coming up?

- NADAbase data dictionary launch—late February
- NADAbase evaluation survey, University of Wollongong—release date March/early April
- New NADAbase reports and dashboard—early April
- Interactive NADAbase tutorials—mid 2019
- Client Outcome Measures eLearning module —mid 2019

NSW Ministry of Health

AOD Consumer Reference Committee

The NSW Ministry of Health established the AOD Consumer Reference Committee (CRC) in December 2018, as a formal way to connect with consumers who access AOD services. We recognise how important consumer engagement is in shaping and improving AOD policy and programs to deliver better value care to the community, and see the CRC as a way for us all to learn how to better engage with AOD consumers.

The AOD CRC is an active and diverse group, with members coming from regional and metro areas, some new to advocacy and consumer representation, and some with extensive experience in other similar roles. In partnership with the Ministry of Health, the AOD CRC will develop a Consumer Engagement Framework to provide guidance to the Ministry about how to improve engagement and communication with consumers accessing AOD services. The AOD CRC will also act as a consultation and advisory group for AOD policy and program development.

We look forward to sharing our progress and learnings.

More information about the AOD CRC is available from Angela Hua, Senior Project Officer, NSW Ministry of Health angela.hua@health.nsw.gov.au.

Welcome new member

Hello Sunday Morning

Hello Sunday Morning (HSM) is an organisation with a mission to help change people's relationship with alcohol, one day at a time, through its program—Daybreak. This digital service can be accessed through either an app or the Web and comprises three different features: an anonymous forum for 24/7 community support, counsellor and psychologist access through online chat, and a suite of self-directed learning exercises.

Psychologist Brioney Leo, one of HSM's health coaches, describes Daybreak as a unique and supportive community: ' … when people are looking for some extra support, health coaches like me are available to talk things through. Being part of a community that is accepting, and focused on making positive changes, can provide the setting for lasting change to occur.' HSM Clinical Director, Lisa Robins, speaks of the value of Daybreak as a treatment adjunct: 'Daybreak is a low-threshold service which members often sign up to as a first step towards changing their relationship with alcohol … we believe the program also has great value in combination with other treatment options, depending on individual consumer needs.'

The Daybreak program provides a safe space for people to share their experiences of alcohol with like-minded peers.

HELLOSUNDAYMORNING

1300 403 196
info@hellosundaymorning.org
www.hellosundaymorning.org

Naloxone update

Suzie Hudson

The availability of Naloxone and the training support delivered by peers has been a game changer for harm reduction. Several NADA members have held training events, made naloxone kits available to clients and advocated for greater availability of kits in the community.

Recently NADA has been made aware of a new product, a naloxone nasal spray—Nyxoid®. While it is no substitute for emergency medical care and NADA is not promoting its use over any other TGA registered product—providing consumers with more choice regarding the reversal of opioid overdose is vital. Unfortunately, this product is not currently available on the Pharmaceutical Benefits Scheme (PBS). However, the collective of state and territory AOD peaks have made a submission to the Pharmaceutical Benefits Advisory Committee to have it added, which would bring the cost to consumers down substantially. We will keep you posted on the outcome of this submission.

In the meantime, check out these Naloxone trainings for your organisation—or better still encourage your clients and consumers to be trained up as a peer.

- NUAA Naloxone training
- NUAA Consumer Academy
- Uniting MSIC Naloxone training

Annie Madden

Order of Australia

NADA would like to congratulate Annie Madden on receiving an Order of Australia. Annie has dedicated her entire professional career to promoting the health and human rights of people who inject drugs.

Annie is currently a PhD candidate, community engagement and liaison officer and research assistant at the Centre for Social Research in Health at UNSW.

Prior to these appointments, Annie was CEO of the Australian Injecting and Illicit Drug Users League for 16 years until April 2016 and EO of the NSW Users & AIDS Association from 1994 to 2000. She is a founding member of Harm Reduction Australia, is well published in relation to people who inject drugs, opioid substitution treatment and blood borne viruses and has held numerous high level appointments.

Tackling nicotine together

The importance of addressing tobacco use within the alcohol and other drug treatment sector

Dr Ashleigh Guillaumier
University of Newcastle

Dr Eliza Skelton
University of Newcastle

Smoking rates among people in alcohol and other drug (AOD) treatment are 2–5 times higher[1] than that of the general population.[2] AOD clients are interested in quitting smoking and smoking cessation trials show that people in AOD treatment can successfully quit, even if only short-term, if they are provided with access to evidence based quit support.[3] Addressing smoking with AOD clients does not threaten treatment and can improve other treatment outcomes, including abstinence to alcohol and other drugs. Tobacco treatment guidelines in Australia[4] and overseas[5] recommend smokers with substance use disorders or those receiving AOD treatment be offered medication to address withdrawal and cravings experienced during quitting, and behavioural counselling to maintain a quit attempt. Evidence based approaches include: identify smoking status at every visit; advise smokers to quit; assess readiness to quit; provide counselling/pharmacotherapy; consider substance abuse medications that may also help with smoking cessation; follow-up on quit attempts.

Historically, AOD services have sub-optimally delivered quit smoking support and the decision to address client smoking is left to individual staff members.[6] Environmental or systems-based factors in treatment settings that reduce smoking being addressed include: lack of smoke-free policies; staff smoking; smoking permissive culture; and misperceptions that AOD clients don't want to quit or quitting will impact negatively on their other drug treatment.

Tackling nicotine together

Our study aimed to test whether a whole-of-organisation systems-change approach, named the 'Tackling nicotine together' (TNT) intervention, was effective at reducing smoking rates among clients of participating AOD treatment services. The project recruited 32 AOD treatment services, including 10 non government services in NSW. Services were randomly allocated to be intervention or control study sites.

Services allocated to the control group were asked to continue to provide care as usual.

Intervention services were provided with support and resources to integrate the treatment of tobacco as part of routine practice. The TNT program used eight strategies to help build the capacity of intervention services to deliver this care to clients. These were:

1. **Engage organisational support.** All levels of management and staff need to be engaged in the change. Services were given templates for meeting agendas, staff information pamphlets, newsletter articles, and emails to facilitate ongoing communications about the intervention.

2. **Identify and support a smoking cessation 'champion'.** Each service identified a staff member whose 'champion' role was to advocate for change and support staff in maintaining the treatment of tobacco smoking as a priority for the service.

3. **Promote service policies that support and provide tobacco-smoking treatment.** Services were offered assistance and resources to implement smoke-free policies, or develop enforcement strategies where policies were already in place. Smoke-free signage, support for staff to quit, and changes to service processes to create a cessation-supportive environment in the service were discussed.

4. **Implement a system of identifying tobacco smokers.** Services were asked to develop a system (either paper based or electronic depending on their health record/case notes system) of assessing and recording the smoking status of every client.

5. **Provide education and resources (including staff training).** Staff attended one-day smoking cessation training that focused on cessation counselling techniques (i.e brief advice, motivational interviewing) tailored for the AOD setting, and how to administer individual and combination nicotine replacement therapy (NRT).

6. **Provide staff and client feedback.** The research team provided AOD service staff with regular project feedback and reminders, and staff were encouraged

to use quit plans and carbon monoxide (CO) breath analysis monitors (where available) as tools to provide clients with feedback on their smoking cessation progress.

7. **Evidence based smoking cessation treatments (including medication and counselling)**. Services were given free NRT (patches, lozenges, gum, and inhalators), written materials (self-help pamphlets), referral forms to telephone quit support counsellors at Quitline, quit plans (e.g. creating a quit date, identifying triggers and prevention relapse strategies), and information about online programs and smartphone apps to use with clients.

8. **Maintenance and follow-up.** Services were provided resources such as quit plans, Quitline referral forms, and letter templates to send on to clients' primary healthcare providers and encouraged to ensure all clients had an adequate post-discharge plan to support their quit attempt.

Clients in both intervention and control services were invited to complete surveys about their smoking at three time periods: 1) baseline—completed in-person at the service during study recruitment period; 2) 6-week follow-up—completed via telephone 6-weeks post baseline survey, and; 3) 6-month follow-up—completed via telephone 6-months post baseline survey. The effectiveness of the TNT intervention was measured by comparing smoking cessation in clients recruited from the intervention vs control services at 6-weeks and 6-months follow-up. The primary outcome measure was client self-reported smoking cessation at 6-weeks follow-up that was biochemically verified using CO breath analysis testing.

The study did not find any differences in biochemically verified quit rates at the 6-week follow-up between clients attending intervention and control services. However, a number of very positive secondary outcomes were found. Clients who had attended the intervention services (and therefore received smoking cessation support as part of their AOD treatment) were successful in significantly reducing the number of cigarettes they smoked per day. They also reported using a number of different NRT's provided to them by the intervention service. Additionally, staff at intervention services reported being significantly more aware of the service's smoke-free policy, significantly increased the assessment and recording of client smoking status, and significantly increased their delivery of quit advice and provision of NRT to clients following the TNT intervention. When considering these findings in the context of 'practice change' we can view the TNT intervention as successful in improving the delivery of smoking cessation treatments to clients among intervention services.

Lessons for the sector

Committing to incorporating smoking cessation treatment into routine service delivery in the AOD sector should be a priority within all services and programs. AOD clients are interested in and willing to quit, however they require the support to do so. Services can take clear steps to integrate smoking cessation treatment into routine practice and create a smoke-free and cessation-supportive environment for both staff and clients. Resources and templates (like those used in this study) to guide the creation and implementation of smoke-free policies, and development of enforcement strategies, Quitline referral forms and quit support self-help materials are freely available online through reputable sources such as health departments and Cancer Councils. Identifying staff member(s) who can advocate for the treatment of tobacco smoking being maintained as a priority for the service is critical. Opportunities to participate in subsidised staff training on smoking cessation and the use of nicotine replacement therapies are periodically offered through government departments, peak bodies and Cancer Councils. At the very least referring clients to free non-judgemental tailored telephone quit support and subsidised NRT that is available to them through the PBS scheme is helpful.

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Profile

NADA staff member

Larry Pierce
CEO

How long have you been associated with NADA?

I have been at NADA for twenty years this year!

How have you professionally developed during your time at NADA?

I would have to say that the skills and experience I brought to the organisation have all been developed to a much higher extent by my work experience running a peak body. Most importantly developing the balancing act between meeting the needs of our members and the needs of funders and key stakeholders. Making those two things come together in some dynamic balance is no mean feat!

What NADA activities are you currently working on?

Given we have both a state and federal election looming I am working on our election advocacy strategies. Principle of which is a submission to the NSW government on a major funding increase for the residential rehabilitation and detoxification services provided by our members across the state. I am also seeking stated funding certainty for the NGOs funded by the Australian Government and greater representation by the specialist AOD sector on the National Drug Strategy Committee which is one of the principle governance mechanisms of the National Drug Strategy.

What is the most interesting part of your role?

This would have to be the funding and policy initiatives I work on, advocating for more appropriate funding levels and the opportunity to get our sectors views and priorities represented in our submissions to government inquires and reviews. And what goes with that—the chance to closely interact with our members so we can get their needs, priorities and views best represented!

What else are you currently involved in?

Well, I've just taken up cycling again after many years, I love riding a bike and I'm proving that you're never too old to do the things you used to love! I've also joined the Board of NUAA and am enjoying sharing my expertise with that very important organisation.

A day in the life of...

Sector worker profile

Georgina Cohen Programs Manager
Rekindling the Spirit

How long have you been working with your organisation?

I started working at Rekindling the Spirit on a contract basis and began full-time work in July 2017.

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

My background is business management. I worked as an independent contractor and juggled work with running a business alongside many other activities including radio gigs, housing management and youth event management. When I saw a permanent role working with Aboriginal people, I jumped at the chance to be involved.

What does an average work day involve for you?

This morning I was looking at some of additions for the current database in a co-design framework along with the staff using the software. Important for developing our processes and structure for organisational growth, and integrating case management into our database for client services.

We work with a number of contractors, although FACs through a pilot program on data to help tell an evidence based story on how we make change in peoples' lives. This afternoon I have back-to-back meetings, one of which is about integrating healthy lifestyles into our programs. Later I will check in on the accreditation team.

What is the best thing about your job?

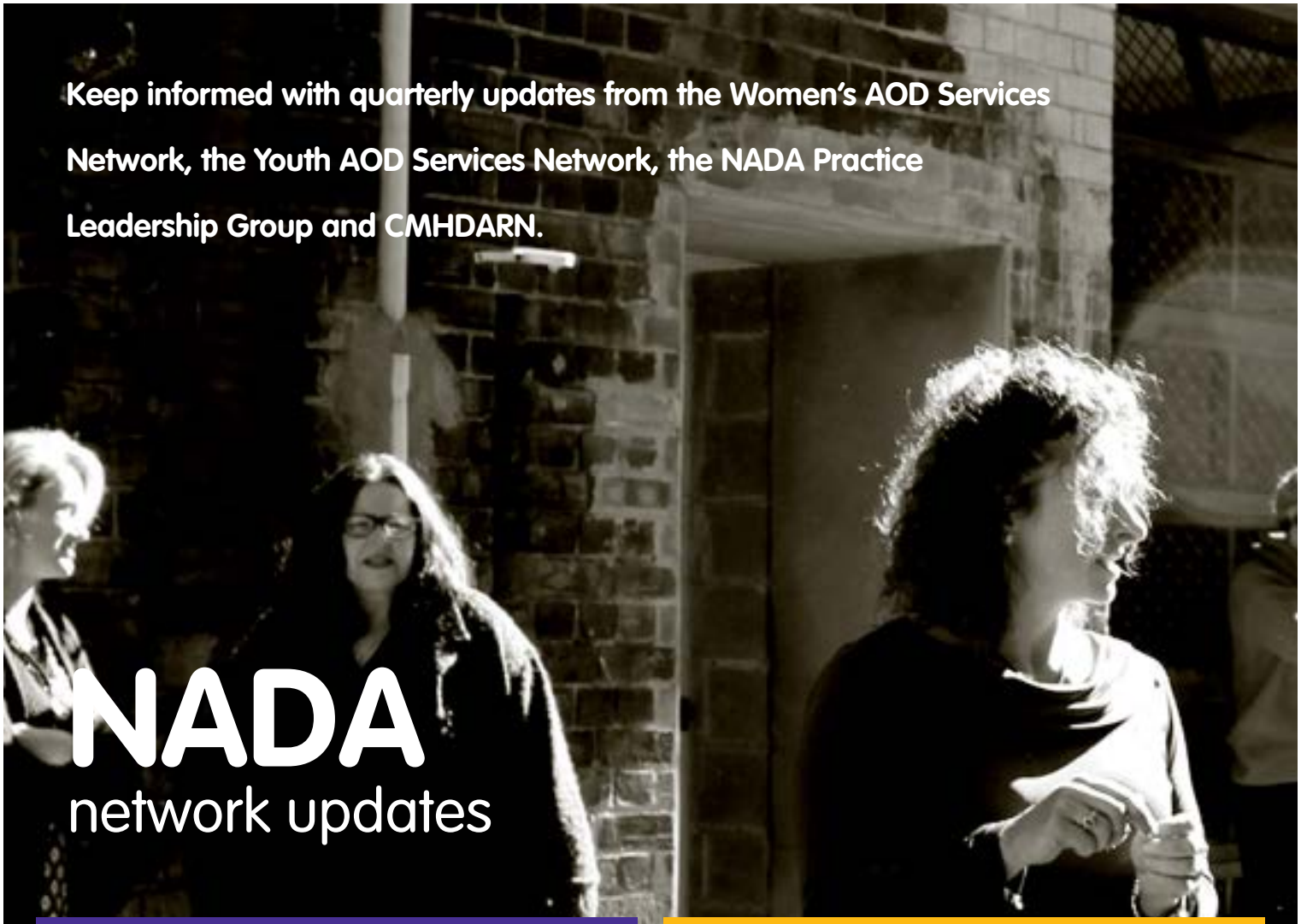
My strength is in business and logic, while staff skills are in people. Together, we make a formidable team!

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

More collaboration! If we learn about each other's strengths we can do more internal referrals and balance the load.

What do you find works for you in terms of self-care?

I enjoy exercise and I am a firm believer in self-reflection and conversation. I think if we can share our journeys we can better strengthen ourselves.



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 Network finished 2018 with a meeting with Minister for Family and Community Services (FACS), The Hon. Pru Goward, to discuss the challenges and possible solutions with working with women in AOD treatment services who have contact with FACS. The meeting was successful in highlighting the wealth of knowledge that AOD services have and the collaboration opportunities with FACS.

The Women's Network have started 2019 by meeting with representatives from The Glen to hear about their work to establish an Aboriginal women's treatment service and also met with AOD & Family Services, Mercy Services, to hear about their services for women within the Hunter region.

Staff of the Women's Network attended a training day in February to hear and learn new skills in two topic areas: co-occurring mental health and AOD issues; and finding strengths to enhance practice and wellbeing. Feedback showed that both topics were well received, and staff enjoyed the opportunity to network across services.

Youth AOD Services Network

The Youth AOD Services Network has seen huge growth over the past six months. We are excited to welcome the following agencies to the network:

- Drug ARM Australasia
- The Buttery
- Hunter Primary Care
- Centacare New England North West
- St Vincent Hospital AOD Service
- Karralika.

These services provide supports including early intervention, education, counselling and referral support for young people. Each of these organisations brings a wealth of experience and will add to the strength, and knowledge base, of the network.

If your service is an non government organisation in NSW, that has a primary or major focus on working with young people around AOD, please email victoria@nada.org.au for information about joining the network. The network meets four times a year—for two meetings and two training sessions.

NADA network updates
continued

NADA Practice Leadership Group

The NADA Practice Leadership Group (NPLG) met in December 2018 to discuss their priority areas for 2018–2020. Among the work that they are prioritising are:

- **standardising clinical standards of care** engaging the sector and providing guidance on how to meet criteria
- **withdrawal management** driving best practice approach to withdrawal management in the sector
- **standardising position descriptions across sector** developing consistency around core practices/experiences needed in the non government AOD sector.

The NPLG are excited to work on these priorities in the next few years to come and believe these key areas will highlight the work of the non government AOD sector.

The NPLG now look to organising an Access and Equity Forum to follow on from the NADA Conference.

CMHDARN

CMHDARN is pleased to announce the successful recipients of the second round of Seeding grants for 2018-19.

Drug and Alcohol Multicultural Education Centre is conducting a project which involves a consultation on the needs and experiences of people from Iran living in Greater Sydney who may face AOD and mental health related issues. **Australian Drug Foundation** is conducting a project to gain an understanding of the mental health needs of women seeking treatment for substance use disorders in NSW.

CMHDARN congratulates these two organisations on their successful applications. The projects are set to progress over the first half of 2019 and we look forward to reporting on the projects and outcomes in the near future.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

Member profile

Positive Life NSW

Service overview

Positive Life NSW (Positive Life) is a community based organisation that speaks for and on behalf of all people living with HIV (PLHIV) in NSW, including women, men, and trans and gender diverse people. We focus on improving health and quality of life, whilst advancing the human rights of all PLHIV in NSW who often face high levels of HIV stigma and discrimination and the impacts of social isolation, financial and housing issues, as well as compromised health and multi-morbidities. We provide information and targeted referrals, and advocate to change systems and practices that discriminate against PLHIV, our friends, family and carers in NSW. As we stand beside our fellow PLHIV, we work to raise the capacity and skill of PLHIV to respond to disadvantage and eliminate social and support burdens within a peer-based health promotion perspective.

Our clients

Positive Life spans a diverse community of PLHIV, across the heterosexual and LGBTIQA+ communities, encompassing people who inject drugs, PLHIV from culturally and linguistically diverse background, people ineligible for Medicare, Aboriginal and Torres Strait Islander PLHIV, as well as their families and partners affected by HIV.

Our staff

Positive Life employs a team of peers living with HIV and other professional community members including; peer support officers (treatments, peer navigators, housing, HIV work ready); a training coordinator, communications and policy officer; communication and Positive Speakers Bureau (PSB) coordinator, and administrative staff.

Our Positive Speakers Bureau is made up of over 16 trained speakers living with HIV who share their personal experiences of HIV and educate from a harm reduction and safer sex perspective to a range of audiences including agencies, schools, organisations and groups.

We are governed by a board of directors (all PLHIV) whose primary role is to set and monitor the organisation's strategic direction and finances. They also work as advocates on HIV policy including issues from discrimination and housing to treatment access and hospital care.

Service highlights

Peer led partner notification offers support from a peer (someone who has been in your shoes) to support PLHIV through the process of notifying sexual and injecting partners that they have potentially been put at risk of an infection.

Peer navigation offers peers with lived experience of HIV who can assist PLHIV to navigate the health and social services system to guide, refer, educate and connect with the supports they need and want.

HIV work ready operates in partnership with the HIV Outreach Team to support PLHIV to build confidence and quality of life by engaging in vocational training and mentoring to prepare for either paid or voluntary work.

Housing support helps to support PLHIV access, achieve and maintain stable accommodation. The program includes finding crisis or temporary accommodation, navigating the housing bureaucracy with applications, applying for a transfer to another property, addressing maintenance or tenancy issues, lodging complaints and attending tribunal hearings.

Peer based treatment support provides advice about living well with HIV, access to health services, support with treatments advice and referrals to HIV health care providers by treatment support officers who also live with HIV.

Social support programs include Peer 2 Peer (for men living with HIV who have sex with men); [+Connect] (for all PLHIV including their families, partners and friend); Genesis (a peer based workshop for gay men who have been recently diagnosed with HIV), and The Social Club (a social peer support group for PLHIV who identify as heterosexual).

PositiveLifeNSW
the voice of people with HIV since 1988

414 Elizabeth Street,
Surry Hills, NSW, 2010
Phone 02 9206 2177 or 1800 245 677 (freecall)

contact@positivelife.org.au
www.positivelife.org.au

NADA training

04 April

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

Develop your skills for supporting families and significant others of people with substance use.

This workshop will explore best practice principles and approaches to working with families/significant others. 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
- increase awareness about local referral pathways.

04 April

Understanding financial reports—workshop for board members and senior management

Attend a half day workshop, developed by Accounting for Good, to support you in fulfilling your governance obligations. The training will cover the elements of key financial reports, cash and accrual accounting principles and in-depth analysis of sample profit and loss balance sheet reports.

The training is a practical and accessible way to help board members fulfil their governance obligations and to get senior managers engaged with the financials and enhance the level of financial capability in the organisation.

Participants are encouraged to bring along their own financial reports to work through in the session.

12 April

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

Develop your skills for supporting families and significant others of people with substance use.

This workshop will explore best practice principles and approaches to working with families/significant others. 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
- increase awareness about local referral pathways.

02 May

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

Develop your skills for supporting families and significant others of people with substance use.

This workshop will explore best practice principles and approaches to working with families/significant others. 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
- increase awareness about local referral pathways.

Click here to register

Or click here to learn online

Asking the question, MERIT and Complex needs capable

NADA Practice Leadership Group

Meet a member

Paul Hardy Manager AOD Transition, Community Restorative Centre

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have been working with the CRC since October 2012 and with the NPLG since September 2018.

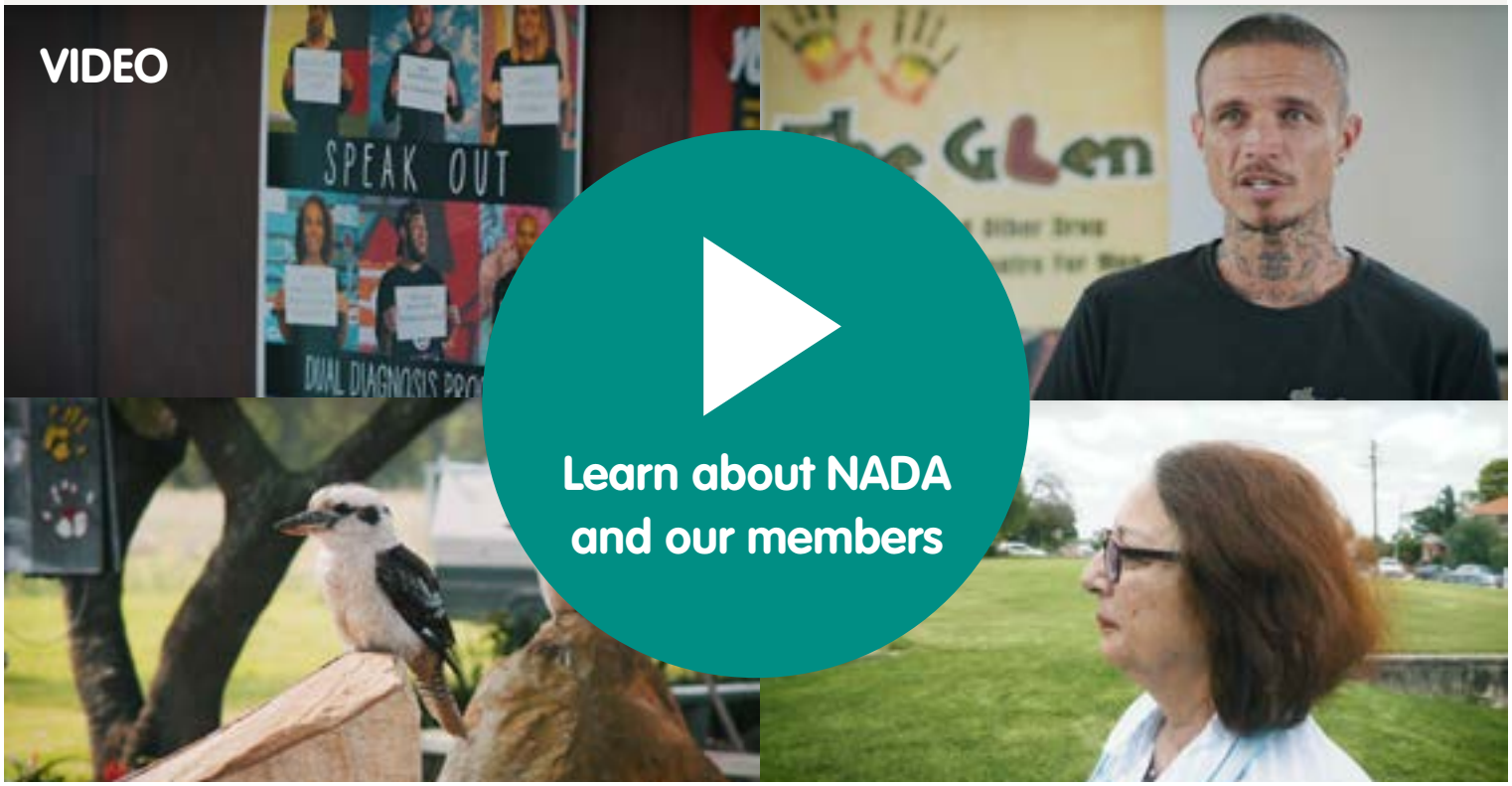
What has the NPLG been working on lately?
Following on from the NADA conference, the NPLG has been working on access and equity issues.
One piece of work is around standardising core processes.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
Throughout my career, I have worked with marginalised and excluded groups. I have a strong commitment to social justice, and equity and diversity have been consistent themes of my work. I have extensive experience of front line harm minimisation based treatment approaches and a broad knowledge of both local and international treatment models.

My interest lies in supporting people with multiple and compounding complex needs such as trauma, cognitive disability, mental health and imprisonment, and their interaction with substance use. This translates into listening to people's stories, taking an interest in the parts of their lives not defined by criminal behaviour, and building relationships of trust no matter what someone may have done in the past.

What do you find works for you in terms of self-care?
Good supervision, swimming and meditation.

What support can you offer to NADA members in terms of advice?
I can provide support and advocacy on seeing substance use as a health issue and specialist information on working at multiple levels of the criminal justice system towards that goal. I can support people and organisations who are looking to use positive, strengths based approaches to work with people involved in the criminal justice system.



What we're working on

Program update

Worker wellbeing

NADA has partnered with the Centre for Rural & Remote Mental Health to develop a pair of worker wellbeing infographics, 'How are you going' and 'The ABCs of self-care'. The resources are intended for workplace health promotion use and are part of a suite of resources that aim to enhance organisational and workforce capacity to recognise and respond to signs of work-induced stress and trauma. Download the resources here.

Contact sianne@nada.org.au to learn more.

Continuing coordinated care

The Continuing Coordinated Care (CCC) program is available state-wide and provides integrated longer term, holistic care, to assist clients' access and remain connected to services and other networks, to help improve their overall health and wellbeing. NADA's CCC clinical consultant role is designed to assist the CCC program staff overcome barriers to providing coordinated and holistic care. Recently the clinical consultant has:

- completed an evaluation framework with an external consultant that will assess the role of the clinical consultant specifically
- organised a 'Double whammy—co-occurring mental health and AOD workshop' for the CCC program to take place in March
- designed the presentation material that the consultant will be presenting at the VAADA conference.

Contact the CCC clinical consultant michelle@nada.org.au.

Family and significant other inclusive practice workshops

NADA delivered nine workshops across NSW in 2018. The project was successful in building the capacity of the workforce by increasing knowledge of family inclusive practices and application of approaches that support families and significant others impacted by the AOD use of others and building better links across the AOD sector and generalist services. We will be delivering these workshops again in 2019 in different locations. Check the events page on the NADA website for upcoming workshops.

Contact rubi@nada.org.au to learn more.

Consumer engagement project

Between October and December 2018, the consumer engagement project coordinator with trained consumers as co-facilitators, conducted six consumer and five staff workshops. A total of 64 consumers and 74 staff participated. We received 56 consumer evaluations and 60 workshop evaluations from staff. Overall the workshops rated successful—with an evaluation report soon to be available on NADA's website.

Workshops consisted of:

- **Staff workshop** Consumer participation—overview, challenges, barriers, participation in practice and implementation. Stigma and the language of stigma as related to people who use/inject AOD.
- **Consumers workshop** Consumer participation—overview, challenges, barriers, participation in practice and implementation. Advocacy and the power of the narrative/personal story. Navigating the health and social systems.

The consumer participation project is now looking forward to working with sites to address issues raised through the workshops and the implementation of advocacy plans.

For more information on consumer issues contact fiona@nada.org.au.

Training grants

Funded by the NSW Ministry of Health, the training grants program is wonderful opportunity for NADA members to access financial support to participate in individual or group training.

NADA coordinates two grant rounds each financial year. The current round, which supports funding for training in the January–June 2019 period, has recently closed. This round was incredibly popular with our members. While we were unable to support all applications for funding, we were pleased to be able to approve 31 grant applications either in whole or in part. Training programs that are proving popular with our members include those around trauma informed care and practice, engaging with families, relapse prevention and motivational interviewing.

Visit the grants and subsidies page on the NADA website to view the guidelines and find out how to apply. Contact victoria@nada.org.au for more information.

NADA highlights

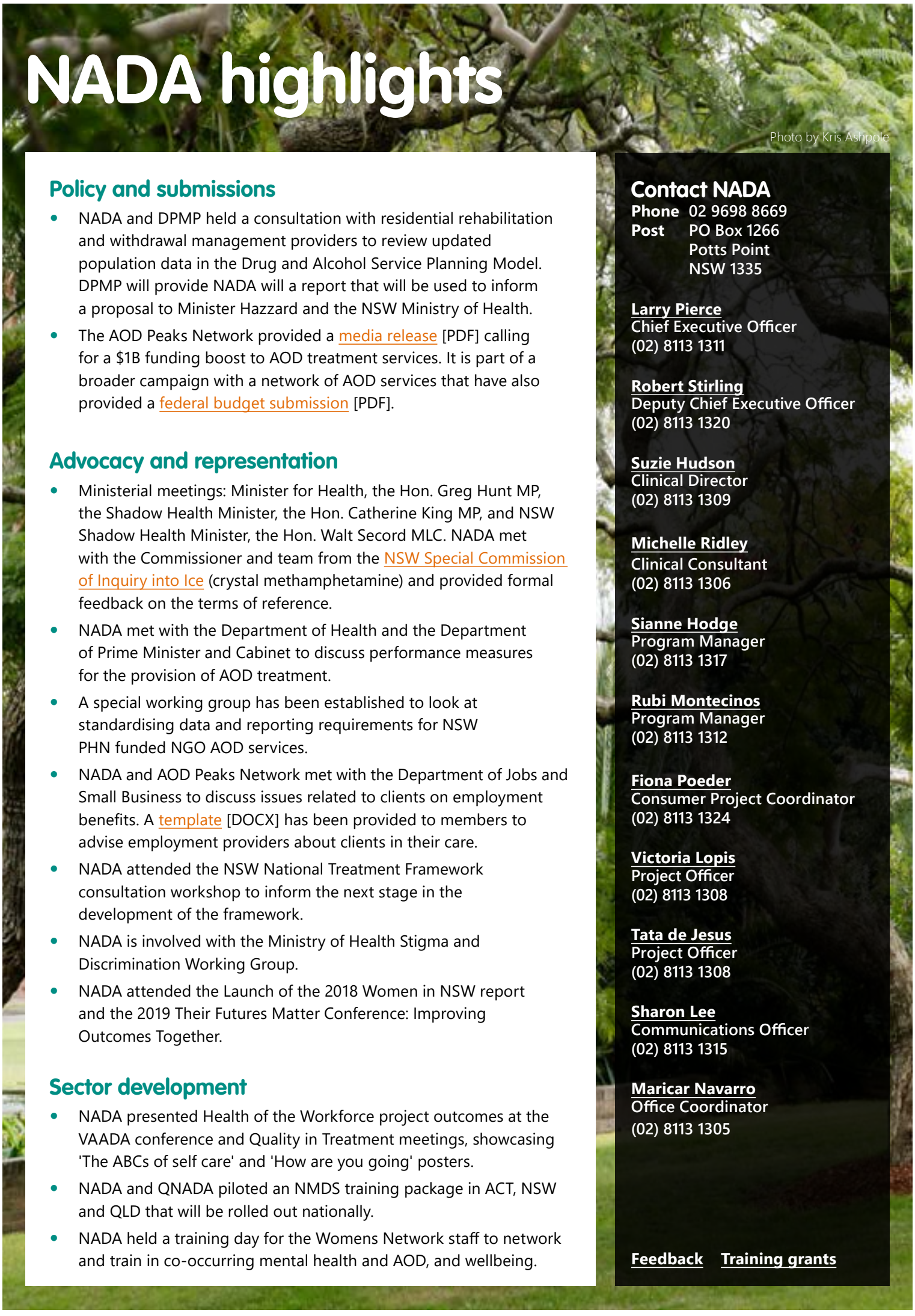


Photo by Kris Ashpole

Policy and submissions

- NADA and DPMP held a consultation with residential rehabilitation and withdrawal management providers to review updated population data in the Drug and Alcohol Service Planning Model. DPMP will provide NADA will a report that will be used to inform a proposal to Minister Hazzard and the NSW Ministry of Health.
- The AOD Peaks Network provided a media release [PDF] calling for a $1B funding boost to AOD treatment services. It is part of a broader campaign with a network of AOD services that have also provided a federal budget submission [PDF].

Advocacy and representation

- Ministerial meetings: Minister for Health, the Hon. Greg Hunt MP, the Shadow Health Minister, the Hon. Catherine King MP, and NSW Shadow Health Minister, the Hon. Walt Secord MLC. NADA met with the Commissioner and team from the NSW Special Commission of Inquiry into Ice (crystal methamphetamine) and provided formal feedback on the terms of reference.
- NADA met with the Department of Health and the Department of Prime Minister and Cabinet to discuss performance measures for the provision of AOD treatment.
- A special working group has been established to look at standardising data and reporting requirements for NSW PHN funded NGO AOD services.
- NADA and AOD Peaks Network met with the Department of Jobs and Small Business to discuss issues related to clients on employment benefits. A template [DOCX] has been provided to members to advise employment providers about clients in their care.
- NADA attended the NSW National Treatment Framework consultation workshop to inform the next stage in the development of the framework.
- NADA is involved with the Ministry of Health Stigma and Discrimination Working Group.
- NADA attended the Launch of the 2018 Women in NSW report and the 2019 Their Futures Matter Conference: Improving Outcomes Together.

Sector development

- NADA presented Health of the Workforce project outcomes at the VAADA conference and Quality in Treatment meetings, showcasing 'The ABCs of self care' and 'How are you going' posters.
- NADA and QNADA piloted an NMDS training package in ACT, NSW and QLD that will be rolled out nationally.
- NADA held a training day for the Womens Network staff to network and train in co-occurring mental health and AOD, and wellbeing.

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Feedback **Training grants**