NADA
network of alcohol & other drugs agencies

The newsletter of the Network of Alcohol and other Drug Agencies

Issue 1: March 2014

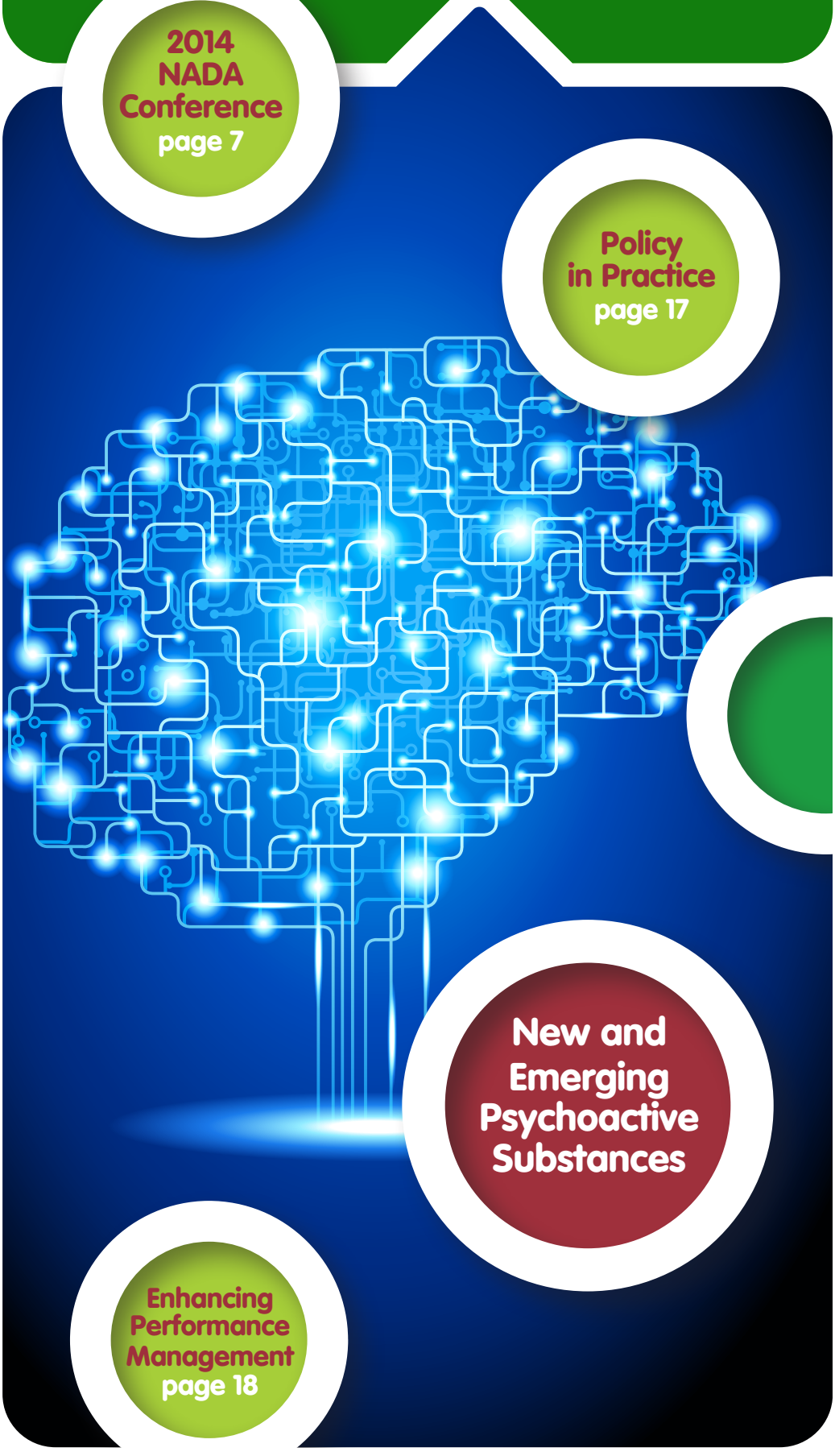
advocate

In this edition we ask a number of guest writers to respond to:

New and emerging psychoactive substances: how do we reduce the harms?

Read features from:

- University of Newcastle
- NSW Police Force
- St Vincent's Hospital
- Curtin University



2014 NADA Conference page 7

Policy in Practice page 17

New and Emerging Psychoactive Substances

Enhancing Performance Management page 18

New and emerging psychoactive substances: how do we reduce the harms?

Adrian Dunlop Conjoint Associate Professor, University of Newcastle

An increasing number of new substances have appeared in Australia and in many other countries over the last decade. 'New' or 'emerging' psychoactive substances are terms that have been used to describe a wide range of substances appearing in Europe, North America and Australia. This group of drugs cross several drug classes and include a number of substances unfamiliar to many drug users and clinicians.

We have seen several fatalities across Australia, including a number of teenage boys, whose deaths appear to be directly due to either the toxic effects of the substances they used or to risk behaviour occurring whilst they were intoxicated. These tragic deaths reinforce the point that drug users, unfamiliar with new substances, risk not having an understanding of likely effects of these substances or experience of the difference between the doses they are taking to get a desired drug effect and those that result in life threatening consequences.

This situation highlights the need to develop relevant harm reduction information for people who use these drugs to attempt to reduce problems occurring from the use of new or emerging drugs. While changes in legislation in NSW (the trading ban that took effect in June 2013 and subsequent reclassification of new psychoactives to be consistent with Federal scheduling) have resulted in reduced presentations to hospitals, these substances have not entirely disappeared as health service presentations continue.

Two strategies to reduce harm from these new substances appear warranted. Consumer information that assists in educating drug users regarding the effects and risks of these drugs can have a major role to play in reducing drug related harms. For a number of years a number of internet sites have existed, both locally and internationally, that provide information about particular preparations of substances and their effects. The challenge for drug users is in knowing exactly what substance(s) they may have purchased, and how that may compare to what they can find reported on a website. Differences in contents and purity/potency may vary widely.

One of the biggest challenges in providing harm reduction information is the relatively small amount of published knowledge on the effects of individual drugs. The EMCDDA has now published comprehensive reports on six drugs/drug groups: 5-IT, 4-MA, mephedrone, BZP, 2-C-1, 2-C-T2, 2-C-T7, TMA-2, (http://www.emcdda.europa.eu/activities/action-on-new-drugs), however even these comprehensive reviews demonstrate how little is understood regarding short term, let alone long term effects of these drugs. Beyond this, new or emerging psychoactive drugs are appearing at a rate of roughly one new substance per week, far greater than it is possible to develop effective information and responses to each drug.

Up to date information may help clinicians respond to people who use new psychoactive drugs. Of course presentations can occur across the spectrum of health services, including emergency departments and mental health crisis services, primary care and drug and alcohol treatment settings. Developing a broad classification of groups of substances can help clinicians understand the effects of these drugs and assist in providing appropriate assessment and treatment.

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Clinicians will be familiar with broader classifications of amphetamine type stimulants – many of the new psychoactives fall into this group (including cathionines and piperazines). Other groups include cannabis like drugs (the JWH and related compounds) and hallucinogen like drugs (including tryptamines). However, substances may not neatly fall into each of these groups, some substances (e.g. phenethylamines) may have both stimulant and hallucinogen like properties. Further, some substances do not fall into these three categories and exist in a distinct ('other') group.

Classifications such as these are a practical way of assisting clinicians to understand the effects of drugs used and may aid in developing responses for people presenting to treatment services. Some substances (e.g. the cannabis like and amphetamine like substances) may produce dependence and result in a withdrawal syndrome that may require support. Other groups (e.g. hallucinogen like drugs) may be less likely to produce dependence syndromes, but may present other challenges (e.g. dangerous intoxicated behaviour). Training packages, expanding on this classification and responses, would assist clinicians in developing their skills in managing harmful drug use from the new psychoactive drugs.

"Developing a broad classification of groups of substances can help clinicians understand the effects of these drugs and assist in providing appropriate assessment and treatment."

A NSW Police Force perspective on NPS harms and responses

NSW Police Force

Ange Matheson Senior Policy Officer, Drug and Alcohol Coordination, NSW Police Force

Police officers were early observers of 'New Psychoactive Substances' (NPS) and the harms and challenges they've brought in NSW. Police attending domestic disputes, suicides, self-harm incidents, mental health crises and episodes of bizarre and violent behaviour were finding people with substances that were apparently legal, and there appeared little police could do to prevent such incidents from re-occurring.

In line with the harm minimisation framework, NSW Police Force's primary role in relation to NPS and other drugs relates to supply reduction. In practice, however, police spend considerable time and resources dealing with the physical and mental health harms associated with drug use. While there have been several police investigations into major importation operations, more commonly operational police encounter NPS in the course of responding to other matters, such as dangerous driving, public disturbances and responding to concern for welfare calls.

Like health professionals in emergency departments, police bear witness to the more extreme drug harms, dealing with incidents where serious harms have occurred much more frequently than where drugs have been used without incident.

Supply reduction remains a prominent element of Australia's response to drug and alcohol issues, primarily because a relationship generally exists between the availability of a substance, and rates of use and harm. In the case of alcohol, we know that proximity and density of liquor outlets, and drink pricing and promotions influence people's decisions around alcohol consumption. Supply reduction measures have therefore been a key element of the government response to alcohol (including the recent response to drunken violence in NSW).

Naturally, supply reduction measures should form part of a comprehensive system that also aims to reduce demand for drugs and alcohol, and to reduce harms experienced by people who use these substances.

Some of the NPS harms we've been seeing stem from the fact that supply of these drugs has been almost completely unregulated in NSW until quite recently. NPS were being sold openly in shops, making them very available, including to people to who may not regularly encounter illicit drugs, and who have limited knowledge about drug harms and harm reduction practices. The low price point of NPS also made them more accessible than other illicit drugs – young people with limited budgets could afford them, and people could afford to use more, sometimes leading to overdose or toxicity.

From July to October 2013 NSW Fair Trading banned the sale of 19 common NPS products that had been associated with harms. Following on from this in October 2013, the NSW government amended the Drug Misuse and Trafficking Act and the Poisons and Therapeutic Goods Act to prohibit the majority of NPS. This response was driven by concerns about the potential harms from using NPS but also shaped by logistical challenges regarding enforcement of drug legislation.

The NSW response has sought to:

- treat NPS in a way that is consistent with existing illicit drugs that cause harm (some NPS are at least as potent and as harmful as illicit drugs. Incentives to trade in them have been removed)
- allow the NSW government to response quickly to new drugs
- improve systems and communication channels between relevant state and national government departments
- educate the public about the health and legal ramifications of using NPS (NSW Police Force recently led a social media-based campaign targeting young people who may experiment with drugs)

Preliminary data suggest that supply reduction initiatives have assisted in minimising individual and community harms from NPS. In the first half of 2013, police attended almost 30 NPS-related incidents each month in the Newcastle area (a hotspot for NPS use and harms in NSW). Following the July 2013 NSW Fair Trading bans on the sale of certain NPS products, police call outs to NPS incidents in Newcastle dropped to 2 per month. Police data are corroborated by a drop in emergency department presentations from July onwards in the same geographical area. It is too early yet to gauge the impact of the more comprehensive amendments introduced in October 2013.

For the NSW Police Force, next steps include working with other NSW government agencies to monitor the impacts of the above changes and any unintended consequences, and the provision of training to NSW Police officers regarding these drugs, including how to respond in emergencies.

The path NSW has taken to respond to NPS is clearly not the only option that was available. We note that New Zealand has taken a very different approach to controlling supply, prohibiting new products unless developers can demonstrate they pose no more than a low risk of harm to users and communities. Along with the rest of the world, we are watching with interest to see how successful this approach is, and what the impacts might be for rates of use and harm in the community. It will take a few years to see the results, and much rests on the rigour of the system New Zealand puts in place to test the safety of products, to regulate their availability and to educate the public about drug harms.

> *"…supply reduction initiatives have assisted in minimising harms from NPS. Following Fair Trading product bans, police call outs to NPS incidents in Newcastle dropped from almost 30 to 2 per month."*

Reducing the harms of new and emerging psychoactives: challenges and perspectives

Elizabeth Merrilees, Assistant Manager Clinical, Alcohol and Drug Information Service (ADIS), St Vincent's Hospital
Dr Catherine Lucas, Clinical Pharmacology Advanced Trainee, Clinical Pharmacology and Toxicology, St Vincent's Hospital
Associate Professor Nadine Ezard, Clinical Director, Alcohol and Drug Service, St Vincent's Hospital

Synthetic cannabinoids – and their dangers – receive a lot of media attention. Synthetic cannabinoids are not just one substance, but stem from one of 7 major structural groups, possessing strong affinity for cannabinoid receptors in the brain.

These drugs can be very potent, which may result in an increase in adverse effects, potentially contributing to increased toxicity. Dr John W Huffman, developer of the first synthetic cannabinoid (JWH-018) for research purposes, described use of synthetic cannabinoids as Russian roulette due to the comprehensive lack of data regarding toxicity, metabolites and pharmacokinetics.

To date, no systematic epidemiologic surveillance or comprehensive pharmacological assessment has taken place in humans to inform questions about the effects and tolerability of these compounds.

Case reports and our experience, suggest potential adverse effects of synthetic cannabinoid exposure include:

- Nausea and vomiting
- Headache
- Fever, perspiration
- Shortness of breath and hyperventilation
- Irritability and agitation
- Confusion, hallucinations, paranoia and psychosis
- Tachycardia and other heart problems
- Rare case reports of death (due to suicide and cardiac ischaemia).

Testing for synthetic cannabinoids faces two significant hurdles:

- Lack of reliable toxicological methods of detection (particularly facing the rapidly evolving and wide range of synthetic substances).
- Lack of availability of suitably rapid laboratory methods of detection

Development of urine toxicology assays for synthetic cannabinoid metabolites is under way, but routine laboratory testing for synthetic cannabinoids is not available.

Because of a distinct molecular structure different from tetrahydrocannabinol (THC, the principal psychoactive constituent of cannabis), synthetic cannabinoid use is undetectable by laboratory assays, even in heavy users.

Methods for screening a few compounds in urine have been developed, but are expensive and time consuming. Given the delay in results, this testing may be useful in confirming diagnoses, but will not aid acute evaluation and management and may be more relevant for epidemiologic and legal purposes. Because most of these new drugs or drug classes are not included in established analytical methods, procedures must be adapted or developed to cover such new compounds.

There is little information about the pharmacokinetic/toxicokinetic properties of these compounds, such as the metabolic or excretion pathways of these drugs in humans. Such information may be essential, particularly for the development of toxicological urine screening procedures and assessing toxicological risks based on drug–drug, drug–disease state or drug–food interactions.

While synthetic cannabinoids are the most commonly seen of the ever increasing array of new psychoactive substances in our services, there are many others. This year, for example, a 17 year old presented to the hospital, having been found sucking a tube of acrylic paint in a garden bed after taking a novel LSD-like substance. Another patient suspected of ingesting the novel compound 251-NBOMe, required treatment in the intensive care unit after attempting to fly.

Globally, more new psychoactive substances have been identified than those controlled under international narcotic and psychotropic conventions, and the number is growing. Australia is not immune to these trends. Police seizure data show a rapid increase in the 'other' class of drugs. Surveys among regular ecstasy users demonstrate expansion in use of new psychoactive substances. The rapid growth in internet sales of psychoactive substances is well-documented. Unpublished data from the NSW Health Department shows an increase in the number of presentations to hospital emergency departments over the last year involving new psychoactive substances.

Reducing the potential harms from these drugs is challenged by a lack of knowledge of the type, frequency and severity of harms. Given the rapid and unpredictable increase in new psychoactive substances and the uncertain public health implications, there is a need to document the current situation, and establish an early warning system to identify and monitor emerging harms.

Nevertheless, we need to keep the challenges in perspective. Synthetic cannabinoids, the most commonly queried synthetic substance, still only accounts for only 1% of calls to the NSW Alcohol and Drug Information Service. Alcohol remains, by far, the number primary drug of concern to callers, followed by cannabis and methamphetamines, and problems from these drugs are the ones we see most commonly in our health service.

ADIS
Alcohol and Drug Information Service
Phone: 02 9361 8000

ST VINCENT'S HOSPITAL SYDNEY

CEO report

Larry Pierce

Are we witnessing the demise of the NSW Health NGO Grant Program? The short answer is yes.

Should the sector be panicking? I don't think so.

During the last 12 or so months, non government organisation (NGO) grant reform has been reported on by NADA many times, we've held meetings with the membership, and the NADA Board of Directors has a constant watching brief on the issue. It has only become apparent in the last month that the ultimate aim of the reform of the NGO grant program is to consign it to the dustbin of history.

But what takes its place? We now know the new system will fund NGOs not as part of an NGO program, but as part of a health program stream. The grants have been organised into nine program areas within the Ministry under the Partnerships for Health reform process. NGOs will become one of the service providers within those streams, along with Local Health Districts, Medicare Locals and for profit providers.

Is this such a bad thing? I think there are some strengths, such as being formally part of program area service delivery (instead of being "those NGOs over there" as often characterised by our government service provider colleges) and having clearer contractual responsibilities as service providers. What we may lose is the sense of protection that being a ministerially funded program provided and the sense of identity that being part of the NGO program provided the sector. I'll leave the judgement on this to others for the moment.

Within the context of the drug and alcohol field I think there are potentially more advantages to being NGO providers formally identified as a significant component of the drug and alcohol service system. This is especially true if, as the government strongly indicates, they want to tender some current government provided services to the NGO sector. Under this scenario, the specialist non government drug and alcohol sector would grow in funding and service delivery opportunities.

Within the context of the drug and alcohol field I think there are potentially more advantages to being NGO providers formally identified as a significant component of the drug and alcohol service system.

There is still much to be worked through with the grant reform process, including tendering out of the program in the 2015/16 financial year. I will keep members fully informed as significant developments emerge. It is worth thinking about just what type of non government specialist drug and alcohol sector we see ourselves becoming, because like it or loath it, this grant reform process is the best opportunity for change we have ever had.

NADA events

Do you have something you would like included in the next NADA Advocate?

NADA encourages members and stakeholders to contribute to the NADA Advocate. You could promote new services and projects, innovative partnerships, awards and achievements, research activity or upcoming events.

Email final content to **Clarissa**

The next issue's content deadline is 30 May 2014 for distribution mid-June.

NADA events

CMHDARN Reflective Practice Forum

20th March 2014 – FREE interactive webinar: 'Analysing Journal Articles - Key Questions to Ask'. For more information click **here**.

CMHDARN Research Forum

15 April 2014 - FREE event: Fundamentals of Research'- Increase your understanding about the purpose and use of research. For more information click **here**.

2014 NADA Conference

12th & 13th May 2014 – The theme of the conference will be Diversity Driving Innovation in the non government drug and alcohol sector and will focus on service responses to people with problematic substance use and complex health and social needs.
REGISTER: Go to the NADA Conference website to register online by clicking **here**.

DRAFT Conference Program now available

NIDAC Conference

Invitation from the National Indigenous Drug and Alcohol Committee Chair Associate Professor Ted Wilkes

As the leading voice in Indigenous drug and alcohol policy advice, the National Indigenous Drug and Alcohol Committee (NIDAC) is proud to host the **3rd National Indigenous Drug and Alcohol Conference, 'What Works: Doing it our way'** aims to highlight approaches that are working to reduce the harmful effects of alcohol and other drugs and its associated harms among Aboriginal and Torres Strait Islander peoples.

We anticipate this event will be the largest gathering of Aboriginal and Torres Strait Islander people working in the drug, alcohol and related fields to take place in Australia.

Aboriginal and Torres Strait Islander and non Indigenous, workers and stakeholders will have opportunity to share, meet with others, and see prominent leaders in this field presenting over the 2 1/2 days.

Keynote speakers include:

- **June Oscar**, CEO Marninwarntikura Women's Resource Centre, Fitzroy Crossing, WA - Fetal Alcohol Spectrum Disorder
- **Mick Gooda**, Aboriginal and Torres Strait Islander Social Justice Commissioner - Justice Reinvestment
- **Steve Ella**, NSW Health State-wide Aboriginal Drug and Alcohol Traineeship Coordinator - Workforce Related Issues

I am sure you will find the range of presentations, workshops and opportunities for discussion enriching and practical.

I encourage you to register for what promises to be a wonderful and rewarding experience and I look forward to seeing you in Melbourne.

National Indigenous Drug & Alcohol Awards

NIDAC has introduced the National Indigenous Drug and Alcohol Awards to provide peer recognition of and appreciation for Aboriginal and Torres Strait Islander people working in the alcohol and other drug field. NIDAC offers six awards:

1. Excellence Award, female worker
2. Excellence Award, male worker
3. Remote Worker Award, female worker
4. Remote Worker Award, male worker
5. Encouragement Award, female worker
6. Encouragement Award, male worker

In addition to the awards, the National Indigenous Drug and Alcohol Honour Roll was established in 2012.

Register for the Conference and find out more on the National Indigenous Drug and Alcohol Awards at nidaconference.com.au

Professor Ted Wilks

nidac

2014 NADA Conference Diversity Driving Innovation

12-13 May, The Grace Hotel, Sydney

DIVERSITY DRIVING INNOVATION

LOCAL, INTERSTATE AND INTERNATIONAL KEYNOTE SPEAKERS ANNOUNCED

NADA is very pleased to have **Associate Professor Ted Wilkes AO** as a conference keynote. Professor Wilkes is Chair of the National Indigenous Drug and Alcohol Committee and Associate Professor National Drug Research Institute, Curtin University, Western Australia.

Bringing international perspectives are **Beau Kilmer** as Co-director and Senior Policy Researcher from the RAND Drug Policy Research Centre and Professor with Pardee RAND Graduate School in California, USA; and **Anneke van Wamel** as Research Associate, Program Reintegration from the Trimbos-institute at the Netherlands Institute for Mental Health and Addiction in Utrecht, The Netherlands.

Theresa Hinton is a Researcher and Policy Officer with the Social Action and Research Centre, AngliCare, Tasmania and will discuss making consumer engagement a reality.

Our two local keynotes are **Professor Anthony Shakeshaft**, Deputy Director of the National Drug and Alcohol Research Centre, University of NSW and **Professor Carla Treloar**, Deputy Director, Centre for Social Research in Health, University of NSW.

The conference will also feature a **special keynote panel who will discuss 'The future of the drug and alcohol sector in Australia'**. Facilitated by **Gino Vumbaca**, Executive Director of the Australian National Council on Drugs, the directors of each of the national drug and alcohol research centres will discuss the strategic directions of their centre and where they see the future of the broader drug and alcohol sector.

Panel:

- **Professor Ann Roche** National Centre for Education and Training in Addiction, Flinders University
- **Professor Michael Farrell** National Drug and Alcohol Research Centre, University of NSW
- **Professor Steve Allsop** National Drug Research Institute, Curtin University

Click here to download the DRAFT Conference Program.

NSW NON GOVERNMENT DRUG AND ALCOHOL AWARDS

Will your program or organisation be recognised for excellence in the inaugural NADA Awards? You can nominate until COB 31 March 2014; view the Awards Nomination Pack here. The Awards will take place during the Conference Dinner on Monday 12 May 2014. See page 8 for more information.

PROMOTION AND SPONSORSHIP

Opportunities are open for organisation, program, resource or event promotion at the NADA conference. For further details on display tables, bag inserts and program advertising space, visit the 2014 NADA Conference website here.

TRAVEL SUBSIDES FOR REGIONAL AND RURAL NADA MEMBERS

NADA travel subsidy grants allow members from rural and regional locations to have greater access to NADA events and networking opportunities that are not held in their immediate location. NADA has a small pool of funds available to assist members attend the NADA conference.

Application for travel subsidies must be submitted by 4th April 2014. Applicants will be notified if they have been successful four weeks before the conference to enable them to make the appropriate travel arrangements.

Please note: Submitting an application does not guarantee that all travel and accommodation expenses will be subsidised.

Click here to download the guidelines and the form.

REGISTRATION

Easy on-line registration is here. We have special NADA member only rates as well single day and full package options.

Email for all conference enquiries here, or contact NADA on **02 9698 8669**.

The NSW Non Government Drug and Alcohol Awards

Recognising excellence in the non government drug and alcohol sector in NSW

This year's NADA conference will also introduce the inaugural NSW Non Government Drug and Alcohol Awards ('The NADA Awards'). The awards have been established to acknowledge the significant contribution of the non government drug and alcohol sector in reducing drug and alcohol related harms to NSW communities.

What will the winners receive?

- A prize of $500 will be provided to the winner of each category to assist in professional development, or contribute to organisational development
- An award plaque
- A certificate
- Award winners will also be recognised in the NADA Advocate and on the NADA website.

What are the categories?

Outstanding Contribution Award

The award recognises the significant contribution of an individual working in the non government drug and alcohol sector.

Excellence in Treatment Award

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

Excellence in Health Promotion Award

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

Excellence in Research and Evaluation Award

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

Excellence in Quality Development Award

The award recognises individuals or organisations that have contributed to building their organisation's, or the sector's, capacity to deliver quality services to reduce drug and alcohol related harms. This could include quality systems, data management, governance, workforce and organisation development.

Where will they be held?

The NADA award ceremony will be held at The Grace Hotel, 77 York Street, Sydney, as part of the 2014 NADA Conference dinner on Monday 12 May 2014.

Who can nominate?

Awards are open to staff, programs and organisations in the NSW non government drug and alcohol sector. Any individual and organisation can submit a nomination. Individuals and organisations may nominate themselves, or their own organisation for an award. Nominations by stakeholders of NADA members are encouraged.

Nominations close: 31 March 2014.

Click here to download the Award Nomination Package.

NADA Member Profile

Drug Arm NSW

Drug ARM NSW is *'founded upon Christian values and principles, committed to reducing harms associated with alcohol and other drug use'* providing a street outreach service and a community and family support service across western and south western Sydney.

Street Outreach Service

The Street Outreach Service (SOS) visits the homeless in locations throughout Western Sydney with volunteers and staff providing referral, information, transport and a listening ear to those on the streets who may be affected by alcohol, other drug or mental health issues.

Community and Family Support Service

The Community and Family Support Service (CAFSS) offers case managed support, intervention and referral to those who are experiencing personal harm associated with alcohol or other drug use, and their family members. CAFSS is available in Fairfield, Cabramatta and Liverpool

Resource Centre

The Drug Arm Resource Centre is a free public lending library specialising in alcohol and other drug resources; available in print, audio visual and digital formats. The collection of alcohol and other drug information covers health and social issues, including homelessness, mental health and dual diagnosis.

An online catalogue of all resources is available on the Drug Arm website www.drugarm.com.au.

Contact Drug ARM NSW

Phone (02) 9755 0596
Email nsw@drugarm.com.au
www.drugarm.com.au
NSW Team Leader: Vanessa Rebello

Clarissa Cole

NADA Staff Member profile

How long have you been with NADA?

I joined NADA as Office Coordinator in September last year, so going on 6 months now.

What experiences do you bring to NADA?

I have worked in a variety of administrative roles across not for profit, non government and corporate organisations. My experience with NGOs includes working in fundraising for Oxfam and Amnesty International, admin for Greenpeace, and five years as the Donor Services Manager and Executive Assistant to the Director of the Australian Marist Centre for Overseas Aid which focuses on providing financial aid to small poverty alleviation and development projects in the Asia Pacific region. My corporate experience includes working for various organisations as an events coordinator, office manager, executive assistant, production/marketing assistant and I have also done some accounts work. So a little bit of everything over the years!

What NADA activities are you working on at the moment?

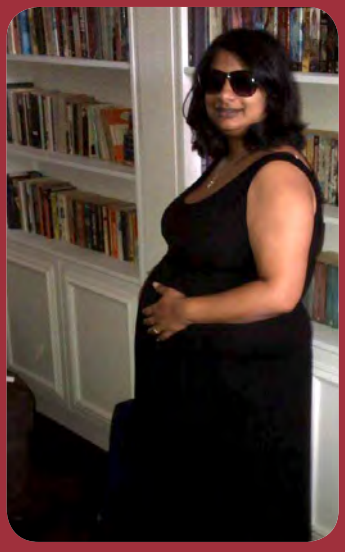
I currently oversee NADA's administration and communications including the Advocate and the member email updates. I am also involved in organising the upcoming NADA conference in May this year and am working on reviewing some of NADA's procedures and policies.

What is the most interesting part of your role with NADA?

I like the variety that my role encompasses from dealing with production of the Advocate, to events and administration coordination. I enjoy organising and getting to streamline processes so everything runs more efficiently and am relishing having the opportunity to use my skills to assist NADA operations to run more efficiently.

What else are you currently involved in?

I have been completing a degree in Sustainable Development as an external student at the glacial pace of a subject a semester for a couple of years now and should graduate sometime before the close of this century. I am also expecting my first child soon, so trying to prepare for that too!



A day in the life of...

Sector worker profile

Deborah Evans-Clark

Mental Health Project Officer, Maryfields Day Recovery Centre St Vincent de Paul Society

How long have you been working with your organisation?

I have worked for the St Vincent de Paul Society since 2007 and in this role for 12 months.

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

I started working in the homelessness sector in the late 90's and was given the opportunity by The Society of a 6 month secondment in this program and I didn't leave. Moving from homelessness to drug and alcohol has been challenging and hugely exciting and I don't regret a minute of it.

What does an average work day involve for you?

Facilitating mindfulness exercises (love, laughter, yoga), monitor our clients wellbeing with the NADA COMS tools, take down client referrals.

What is the best thing about your job?

I love the variety – the mix of client work, community engagement, data analysis and the creativity of developing and facilitating classes.

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

Acknowledgement that one service does not fit all the needs of the people seeking treatment. Residential, outpatient, individual counselling, etc, all meet a need and are all equally important. Government funding of the NGO sector can't focus on one service type as the be all and end all at the expense of other program types. Funding needs to ensure that services have the ability to appropriately, not just adequately, resource service provision.

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

The ability to produce an endless supply of one off shoes at the blink of an eye.

Translating research into practice

New Drugs, Old Tricks: Treatment Guidelines for New and Emerging Psychoactive Substances

Stephen Bright Addiction Studies Coordinator, Curtin University

Over the past five years, the number of new drugs being detected by the European Centre for Monitoring Drugs and Drug Abuse (ECMDDA) has doubled each year. There are a range of factors that have contributed to this influx in the availability of new drugs. Some people have an innate desire to get high and people would prefer not to break the law. This has led to the establishment of an international 'legal highs' industry that has created demand for new chemicals to be developed in response to the chemicals that are contained in products that they produce being banned. In addition, the availability of 'grey-market' chemicals that are higher in potency than traditional illegal drugs could be attractive on the black-market since the reduced risks associated with manufacturing and distributing these chemicals means a potential for increased profits.

A range of these new chemicals have been sold in Australia as pre-packaged products, such as: synthetic cannabis (or "Kronic"), synthetic cocaine (or "bath salts") and herbal ecstasy (or "plant food"). In addition, individual chemicals have been available through overseas online vendors and black-market sites (e.g., Silk Road). Within the media, these new drugs have often been referred to as "synthetic" drugs. I believe that this term is unhelpful since it fuels moral panic. Because the term creates a demarcation between these drugs and natural drugs, the "synthetic" drugs are perceived as more harmful due to the appeal to nature logical fallacy. The term is also confusing since many traditional drugs are also synthetic (e.g., MDMA, LSD & methamphetamine). Further, since the term conflates a number of different drugs with very different pharmacological profiles, it limits policy discussion and education campaigns.

Given the lack of human testing conducted on these chemicals prior to them hitting the market, there is little information about what the short-term effects might be and even less information about long-term effects. Hence, the best way to minimise experiencing harm from these new drugs would be to avoid using them. However, we know that some people will continue to use them since: (i) they can be more accessible, (ii) are less likely to appear in standard drug screens, and (iii) are being sold as traditional illegal drugs such as cocaine, LSD and ketamine. Consequently, it is important that harm reduction information is provided to people who are likely to continue using these new drugs.

> *clinicians should provide those evidence-based treatments that are recommended for the treatment of the traditional drug that new drug is most similar to... Nonetheless, I recommend that clinicians err on the side of caution when working with people who are using new drugs*

Translating research into practice

continued

Ideally, it is best not to be the first in a group to try a product, pill, tab or powder that is unfamiliar. Always start with a very small dose to test for allergic reactions. Some of these new chemicals can be active at doses much lower than expected, so it is important to wait an hour or so before consuming an intended dose. Some chemicals also take longer for the effects to be felt, so people should be encouraged to wait a while before re-dosing. People should be advised to only use one drug at a time and to let somebody know what drug/product they have consumed. Some of the recent chemicals that have emerged appear to exacerbate pre-existing cardiovascular conditions and should be avoided by individuals with such conditions.

While there have been some recommendations regarding the clinical management of acute toxicity associated with the use of these new drugs, there are few treatment guidelines for AOD service providers. Those that are available suggest that assessments need to be adapted so that services identify people who are likely using these new drugs. Good questions include:

- Have you used anything that has been bought online or from an adult store
- Have you smoked synthetic cannabis, kronic or incense?
- Have you taken any: 'herbal supplements', 'legal highs', 'party pills', 'herbal highs', 'research chemicals', 'bath salts' or 'synthetic cocaine'?

While some clinicians could be concerned that asking such questions could have iatrogenic effects, I would argue that since there has already been media saturation regarding the availability of these drugs, clinicians are unlikely to create further awareness.

When a client presents to an alcohol and other drug (AOD) service regarding their use of a new drug, clinicians should provide those evidence-based treatments that are recommended for the treatment of the traditional drug that new drug is most similar to. While there have been anecdotal reports of people experiencing more severe withdrawal and mental health symptoms as a result of using these drugs, research that has recently been conducted by the National Cannabis Prevention and Information Centre suggests that the withdrawal effects of synthetic cannabis are less severe than those associated with cannabis. Nonetheless, I recommend that clinicians err on the side of caution when working with people who are using new drugs. When the use of new drugs is identified as secondary to the AOD presentation, clinicians should still address this drug use in the treatment plan.

Key References:

Bright, S. J. (2013). New and Emerging Drugs. Melbourne: Australian Drug Foundation. http://www.druginfo.adf.org.au/reports/prq-new-and-emerging-drugs

Castellanos, D., & Thornton, G. (2012). Synthetic cannabinoid use: recognition and management. Journal of Psychiatric Practice, 18(2), 86-93.

Winder, G. S., Stern, N., & Hosanagar, A. (2013). Are "Bath Salts" the next generation of stimulant abuse? Journal of substance abuse treatment, 44(1), 42-45.

Winstock, A. R., & Mitcheson, L. (2012). New recreational drugs and the primary care approach to patients who use them. BMJ, 344, 1-10.

Responding to new and emerging psychoactive substances in the non government sector

Engaging the sector in the response

Robert Stirling Program Manager, NADA

The non government drug and alcohol sector is often at the forefront of responses to new and emerging trends in the community.

Over the past 18 months NADA members had reported their experiences and sought advice in areas such as information and education, data collection, what the researchers were saying, and what were the implications of the changing legislation. In December 2013, NADA held a forum to discuss the impacts of emerging psychoactive substances (EPS) in the community. The forum focused on:

- Increasing drug and alcohol staff knowledge, understanding and skills in respect to EPS particularly from a harm reduction perspective
- Identifying options for how to better respond to EPS in the community through activities such as improved education, treatment and policy initiatives.

The forum attracted 63 delegates, representing NADA members, Local Health Districts, NSW Ministry of Health and research institutions.

The forum provided an opportunity for participants to share experiences, clinical observations and research findings related to EPS. Following are the major themes, and some examples from the discussion.

Terminology - The terms new and/or emerging psychoactive substances was preferred over 'synthetic drugs', as it focused attention on the drug's effects rather than its mode of production. It was generally agreed that the sector needs to adopt not just a single term, but also agree on a set of sub-categories of EPS.

Legislative and policy issues – Anecdotal evidence suggests a decline in presentations to health services since the introduction of NSW legislation. However, it has also led the community to think of EPS as primarily a law and crime issue, rather than a health issue where users may require help and support. This has the potential to delay people seeking assistance when they need it. In addition, discussion focused on the challenges to court ordered drug testing which may not detect many EPS.

Treatment issues - While most clinicians reported first-hand experience of working with clients who had consumed some form of EPS, in general these individuals were presenting in the context of poly-substance use, rather than as having EPS as the sole substance. Some clinicians indicated that aggressive or irrational behaviours had been evident amongst some EPS users. However, it was noted that increased levels of aggression was a sector-wide challenge and care needed to be taken to not solely link it to EPS usage. There was some speculation that this could be the result of poly-drug use and/or mental health issues.

Community issues - The impacts of EPS in the community are likely to have been exaggerated by the media given clinicians are not observing significant changes in usage patterns or behavioural impacts. There is currently no prominent reference point for young people and their families to find out about EPS. It was observed, for example, that the current information on the health website was "not youth-friendly" and was unlikely to be accessed by potential EPS users. Accessing alternative and reliable information sources was difficult due to different terminologies and product names.

Recommendations

Participants of the forum workshopped options and actions that could assist clinicians, educators, policy makers and researchers.

Policy

Items related to advocating for agreed terminology, an expert panel to oversee the development of information and workforce initiatives, improved data to inform key decision makers and politicians and the commissioning of a report on the impact of the new legislation.

Information and education

Included the development of resources and fact sheets for both community and clinicians, in hardcopy and online formats. Training and networking opportunities for the workforce and the development of guidelines.

Services and treatment

The development of standardised intake tools, utilisation of peers in treatment programs, management of withdrawal, information exchange for clinicians and further partnership with the mental health sector on this issue.

Evidence base and data

Standardised data collection, using logical groupings of EPS categories, such as: 'cannabis-like', 'stimulant-like', 'hallucinogen-like', 'other (please specify)'. Amendment to NADA's online data collection system (NADAbase) to include sub-categories of EPS.

Research

Partnering with research organisations (a number of research questions were developed at the forum). The quick dissemination of all available research, including outside the drug and alcohol sector, such as mental health, youth and other health and social services.

Full details of the major themes and recommendation are contained in the NADA Discussion Paper.

NADA has developed a discussion paper to inform future work in this area, and to use as a tool to advocate for work outside the scope of NADA.

Click here to read the NADA Discussion Paper.

NADAbase Update

Suzie Hudson, PhD NADA Program Manager

With the launch of NADAbase and the associated conversations I have enjoyed with members through training and support sessions, I have been reminded of the commitment demonstrated by workers in the field to improving the lives of their clients. As more and more member organisations discover the value of reflecting on the work they do via outcome measurement and attending to the data they collect in meaningful ways – it seems to me, that greater clarity is being reached about the purpose of the variety of programs and interventions being offered in the community.

The importance of comprehensive data collection is no more salient than in relation to worker experiences with emerging psychoactive substances (EPS).

Improvements made to the functionality of NADAbase, and in particular its reporting features, appear to have been the catalyst for some member organisations to focus on articulating what it is they strive to provide for their clients. It is no surprise that in thinking about the data you collect questions are raised about how that data informs practice, and in what ways it tells the story of your organisation. Furthermore, the right kinds of data can articulate the nature of the journey our clients embark on when they seek support from our services, as well as capturing the complexity of the issues we work alongside our clients to explore.

Feedback from members about NADAbase has been very encouraging and notification of specific user issues within the system that have needed tweaking has been welcome. As with any new system it is not until it is implemented and in the hands of the users that you truly get to pinpoint the parts that need polishing! So please continue to let me know about the bits that require further improvement.

The importance of comprehensive data collection is no more salient than in relation to worker experiences with emerging psychoactive substances (EPS). In its current form the current data collections (NMDS, MDS) do not adequately provide for the reporting on the prevalence of EPS use among our clients. As a result of the recent NADA forum on emerging psychoactive substances (see page 13), we have commenced work in partnership with members to investigate the inclusion of specific codes that would identify the use of EPS within NADAbase. The data we collect can only assist in providing a more comprehensive picture of our client experiences around the use of these substances, and the potential impact on service provision.

Support around data collecting, reporting and management is always available at NADA – we encourage all our members to engage with data collection that is meaningful and most importantly ethical. Robust data collection and the associated planning and protocols to support its implementation will serve clients, staff and organisations in terms of program/service development and professional development. I look forward to hearing from you and your colleagues on ways NADAbase can support you and the valuable work you do alongside your clients.

If you require support or would like to provide feedback or suggestions on how we can further improve NADAbase functionality, please contact Suzie.

CMHDARN Update

Three years of capacity building!

Deb Tipper CMHDARN Project Officer

Community Mental Health Drug and Alcohol Research Network (CMHDARN) has recently finalised its report to the NSW Ministry of Health after the completion of its three year funding period.

An assessment of the project across those years suggests a positive and encouraging impact of the CMHDARN activities. Over this period, CMHDARN has successfully engaged with workers in the mental health and drug and alcohol community managed sectors (CMOs) and academic researchers in universities and other research institutes through a program of activities. This cross sector collaboration is also reflected in CMDHARN's governance and reference group support structures, which consists of representation from both the mental health and drug and alcohol (MHDA) sectors, academics, consumers and carers. Members of these groups have provided ongoing and valuable guidance to the project. In recognition of its work, CMHDARN received a Certificate of Commendation in the category of Cross Sector Collaboration in the NSW Mental Health Month Awards in October 2013.

Examples of CMHDARNs achievements in the past three years include:

- **Participation in CMHDARN:** 234 people are currently on the formal CMHDARN membership list (substantially up from December 2011 when 94 people were part of the Research Network). There are at least 50 other people who have participated in at least one activity. There are around 2,500 people who have accessed the website since it went live in September 2012, with over 20,000 page views (See Figure 1) - all demonstrating a keen interest in CMDHARN.
- The **CMHDARN Research Forum program** was rated by around 85% of those completing feedback forms as being very good or good (see Figure 2).

Figure 1: Total website use Sept 2012-Dec 2013

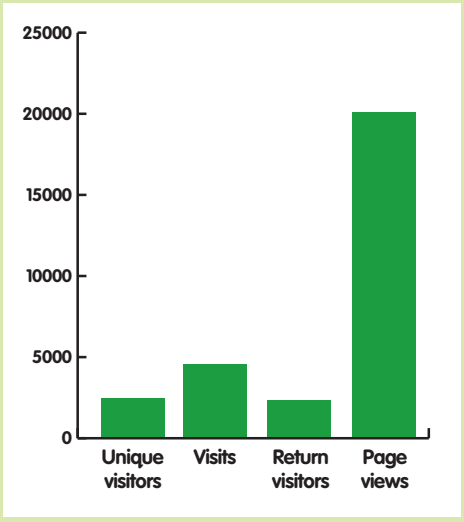
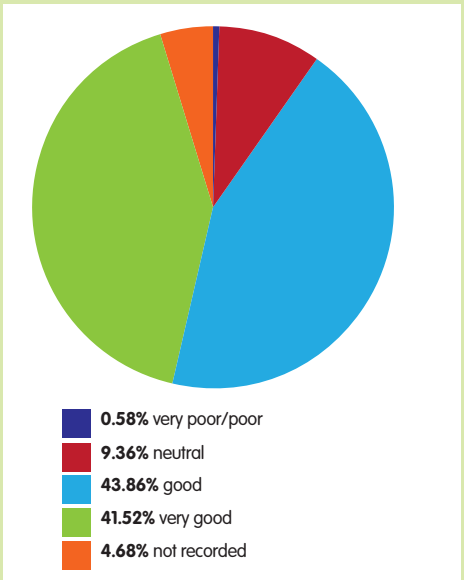


Figure 2: Overall rating of research forums %



- **Collaboration across MHDA and academic research sectors:** 45 academics from 11 universities have supported CMHDARN activities over the last three years. Table 1 below outlines the ways in which academic researchers have participated in CMHDARN activities.

Table 1: Number of Academic Researchers by area of involvement with CMHDARN

Area of involvement	Number of people	Number of universities
Attendance at CMHDARN activity	32	11
Presentations at CMHDARN activity	13	5
Research Seeding Grant partner	15	8
CMHDARN Project Reference Group member	4	4
TOTAL instances of involvement	**64**	**28**
Number of individual academics involved	45	
Number of individual universities represented		11

Continues over >

community mental health drug and alcohol RESEARCH NETWORK CMHDARN

CMHDARN Update

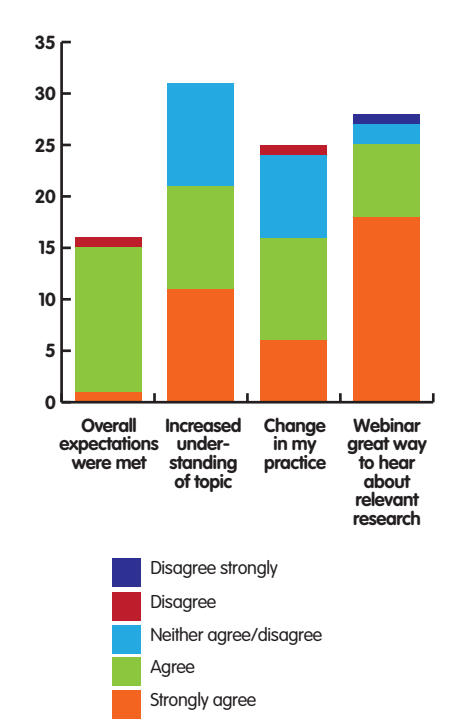
continued

- **CMHDARN Research Seeding Grants Program:** This was a major activity of CMHDARN, and resulted in 16 projects being funded and successfully completed. Some outcomes of these grants include:

- *Dissemination of results:* these grants have resulted in 12 conference presentations reporting on outcomes of these projects, and five papers submitted for publication in peer reviewed journals.
- *Research capacity:* Reflections from academics and the CMHDARN evaluation sub-committee members agreed that all non government organisations (NGOs) that participated in the Seeding Grants program have improved their confidence and that they are much more 'research ready'. Of CMO survey respondents, 90% agreed or strongly agreed that the seeding grant increased their research capacity.
- *Enhanced capacity to deliver services to consumers:* Respondents to the CMO survey agreed that their research findings enhanced the capacity of their organisation to deliver services to consumers in a variety of ways, including 'in general' (90%); with AOD issue (90%), with mental health issues (80%), and with Co-existing issues (80%).
- *Research into Practice:* 60% of CMOs reported that they would be integrating the findings from the project into their service provision.

- **CMHDARN Community Research Mentoring Project:** CMHDARN and the NHMRC Centre for Research Excellence in Mental Health and Substance Use (CREMS) have reached agreement to offer research mentoring to workers based in CMOs. Currently applications from would-be mentees are being assessed for matching with mentors. This unique project will provide mentees with high level support for their work based research-related activity.

- **CMHDARN Reflective Practice Webinars:** CMHDARN has attracted almost 200 registrations for its four events, with forums addressing research relating to coexisting issues within a mental health service, stigma and discrimination, implementation science and working with young people with complex and co-existing needs.



In 2013, the CMHDARN Steering Committee decided a priority theme would be 'implementation science' (i.e. the language and processes relevant to utilising research results into their practice and organisational culture). This decision was made in the belief that the CMHDARN could and should play an important role in promoting improved service delivery and outcomes for consumers by bringing the concepts and practices of implementation science to the MHDA sectors. This focus was maintained through all workshops, research forums, reflective practice webinars and internet based resources for the year.

A very positive outcome for 2013 was the securing of another year's funding through the NSW Mental Health Commission. One thing that has become very obvious to those of us involved with CMHDARN is that there is a growing and ongoing need for support in developing and engaging in research related activity by CMOs. With a variety of abilities and capacities across the sectors, CMHDARN hopes to continue to play a role in facilitating research partnerships and supporting the development of research related skills and knowledge.

For further information on CMHDARN contact Deb Tipper or visit the CMHDARN website.

A very positive outcome for 2013 was the securing of another year's funding through the NSW Mental Health Commission. One thing that has become very obvious to those of us involved with CMHDARN is that there is a growing and ongoing need for support in developing and engaging in research related activity by CMOs.

Policy in practice

Responding to clients in possession of illicit substances in drug treatment services

In 2013 NADA undertook a scoping study and literature review to understanding the current practices of services in responding to clients who are in possession of illicit substances on their premises. The main outcomes of the study were:

- *Current policy and practice in the non government drug treatment sector varies greatly. Service providers are challenged by issues of duty of care, legality and workplace safety.*

The preliminary scoping suggests there is no one size fits all approach to addressing the issue, with noticeable differences in the policy and practice between residential and non-residential programs. More research is required to fully understand current practices of the sector, and to provide guidance to assist organisational policy development to respond this issue.

- *There is very little published literature to assist drug treatment service providers in responding to this issue, with most literature related to the use of substances in psychiatric or mental health units in the United Kingdom.*

Whilst literature relating to in-patient mental health services provides useful information in formulating responses for drug treatment services, it does not assist in addressing areas such out-patient drug treatment services, the impact on others seeking drug treatment, and the responsibilities of providers with clients accessing treatment under court orders for drug related crime.

NADA has obtained ethics approval to undertake further study in this area. The intended outcome of the study is to provide greater clarification and guidance to support drug treatment services in responding to clients in possession of illicit substances, and ensure better access to services for those seeking treatment.

Based on existing information, it is intended that the development of a policy in this area will aim to:

- provide a theoretical and practical framework for staff to balance the therapeutic role with the impact of removing, or requesting removal, of illicit substances and/or equipment used for drug administration
- consider the differences between residential and non-residential treatment
- provide a duty of care for all clients accessing treatment, where the existence of prohibited substances may place other clients at risk of relapse or overdose
- consider the impact of court orders, such as when a client may be accessing treatment under the Magistrates Early Referral Into Treatment (MERIT) and the service provider may be obliged to report incidents.

NADA members: Click here to take the survey. The survey will remain open until 30 April 2014.

For more information on the study, or for a copy of the scoping report and literature review, contact **Robert**.

> *… to provide greater clarification and guidance to support drug treatment services … and ensure better access to services for those seeking treatment.*

THE UNIVERSITY OF SYDNEY

NADA
network of alcohol & other drugs agencies

Enhancing Performance Measurement: A Training Package for Non Government Organisations

NADA has developed a training project to introduce members to changes being implemented by the Ministry of Health in relation to drug and alcohol treatment funding.

The emphasis is on increasing standardisation of performance indicators and expanding the depth and breadth of outcomes and outputs for drug and alcohol programs.

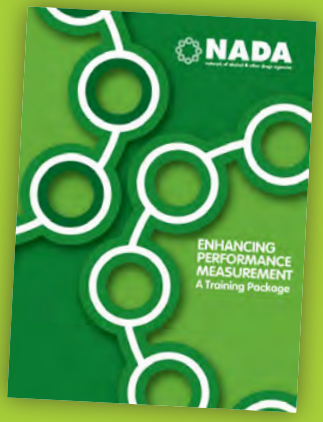
NADA considers it vital for the specialist non government drug and alcohol sector to continue developing quality evidence based performance reporting that is more standardised and systematic. This will increase capacity of the sector to demonstrate effectiveness to deliver high quality services to both the funding bodies and the general community. This is significant as the Ministry moves toward a more contestable tendering environment for the funding of all non government drug and alcohol services services.

The training program aims to increase standardisation and systematic approaches to the delivery of interventions, performance management and reporting across the NSW Health funded NGOs. The program also looks to increase quality and broaden capacity of the number of services in the sector who adopt a standardised evidence based performance management approach that is aligned with the strategic direction of NSW Ministry of Health, and informed by evidence-based best practice guidelines that are situated within a NSW and Australian drug policy framework.

The training is designed to assist and support staff to be better equipped to interpret performance measures, evaluate and report on the outcomes and outputs of interventions delivered within a policy framework that promotes best practice evidence base standards within an increasing competitive context.

This NADA training initiative aims to train and support the broader non government workforce to increase knowledge, capacity and participation in establishing standardised and systematic reporting and service delivery across the specialist non government drug and alcohol sector. We are offering the training program until the end of April 2014 and looking to secure additional resources to roll out the training until the end of 2014.

If any members are interested in this training package contact Larry at NADA.



Drug and Alcohol Inter-rehab Sport Day

The Glen, WHOS, Salvation Army and One80TC

Great weather contributed to a great day of the first local inter-rehab sporting day on the NSW central coast in November 2013.

The Glen and The Glen Annexe hosted the event which had participation from three additional drug and alcohol residential rehabilitation centre clients and staff: WHOs Cessnock; Dooralong Transformation Centre, Salvation Army; and One80TC.

The Department of Sport and Recreation, Doyalson Touch Footy Club and Wyong Council also helped run the day. Special thanks to The Glen staff and clients for setting up the day.

All games were played with great spirit; One80TC were the winners on the day, defeating The Glen in the grand finale. BBQ lunch was enjoyed by all and it was great to see participants taking such pride in representing themselves and the service they were attending.

The inter-rehab sporting day will take place again in 2014; with the inclusion of other sports such as volleyball, and we welcome teams from other services.

Email the Manager from The Glen Joe Coyle or call (02) 4388 6360 for more information or to get involved in the next sporting day.

NADA Snapshot

Policy and submissions

- NADA made a written submission to the Commonwealth Department of Health on the *Review of Medicare Locals*.

Advocacy and representation

- A number of communications have been submitted to the Department of Health and relevant Ministers advocating the need for national drug and alcohol sector representation, following the defunding of ADCA.
- Staff attended the first meeting of the NSW Ministry of Health *Drug and Alcohol Workforce Development Working Group* the *Older People's Drug & Alcohol Project Expert Advisory Group*; *Aboriginal Drug and Alcohol Residential Rehabilitation Group*; and the Ministry of Health *Aboriginal Drug and Alcohol Working Group*.
- Staff facilitated member consultations for Turning Point Drug and Alcohol Centre on their development of a *Quality Framework for Australian Government Funded Drug and Alcohol Treatment Services Project*. We provided feedback on the NSW Overview Report which we do not endorse, and attended a specific peak body consultation aimed at identifying quality domains.
- NADA is providing advice to the NSW Ministry of Health Mental Health and Drug and Alcohol Office (MHDAO) on future funding models, service delivery costs, performance monitoring and contractual and administrative arrangements. We are vocal members of the NGO Advisory Committee, as well as specifically formed Working Group as part of the **Partnerships for Health** agenda.
- NADA attended the second NSW Mental Health Commission strategic planning consultation, with a draft mental health plan due at the end of March 2014.
- NADA and all state and territory peaks participated in a consultation on 7 March with Drug Policy Modelling Program for the Commonwealth's Review of Drug and Alcohol Treatment.

Sector development

- NADA brokered NUAA to provide a member only workshop *'Putting Together the Puzzle: Stigma, Discrimination and Injecting Drug Use'*.

Contact NADA

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

Larry Pierce
Chief Executive Officer
(02) 8113 1311

Tanya Merinda
Director Planning and Strategy
(02) 8113 1312

Heidi Becker
Program Manager
(02) 8113 1317

Robert Stirling
Program Manager
(02) 8113 1320

Suzie Hudson
Program Manager
(02) 8113 1309

Clarissa Cole
Office Coordinator
(02) 8113 1324

Ciara Donaghy
Project Officer
(02) 8113 1306

Edith Olivares
Project Officer
(02) 8113 1308

Craig Bulley
Administration Officer
(02) 8113 1305

Deb Tipper
CMHDARN Project Officer
(02) 9555 8388

Feedback

Training Grants