NADA
network of alcohol & other drugs agencies

The newsletter of the Network of Alcohol and other Drug Agencies

Issue 1: March 2015

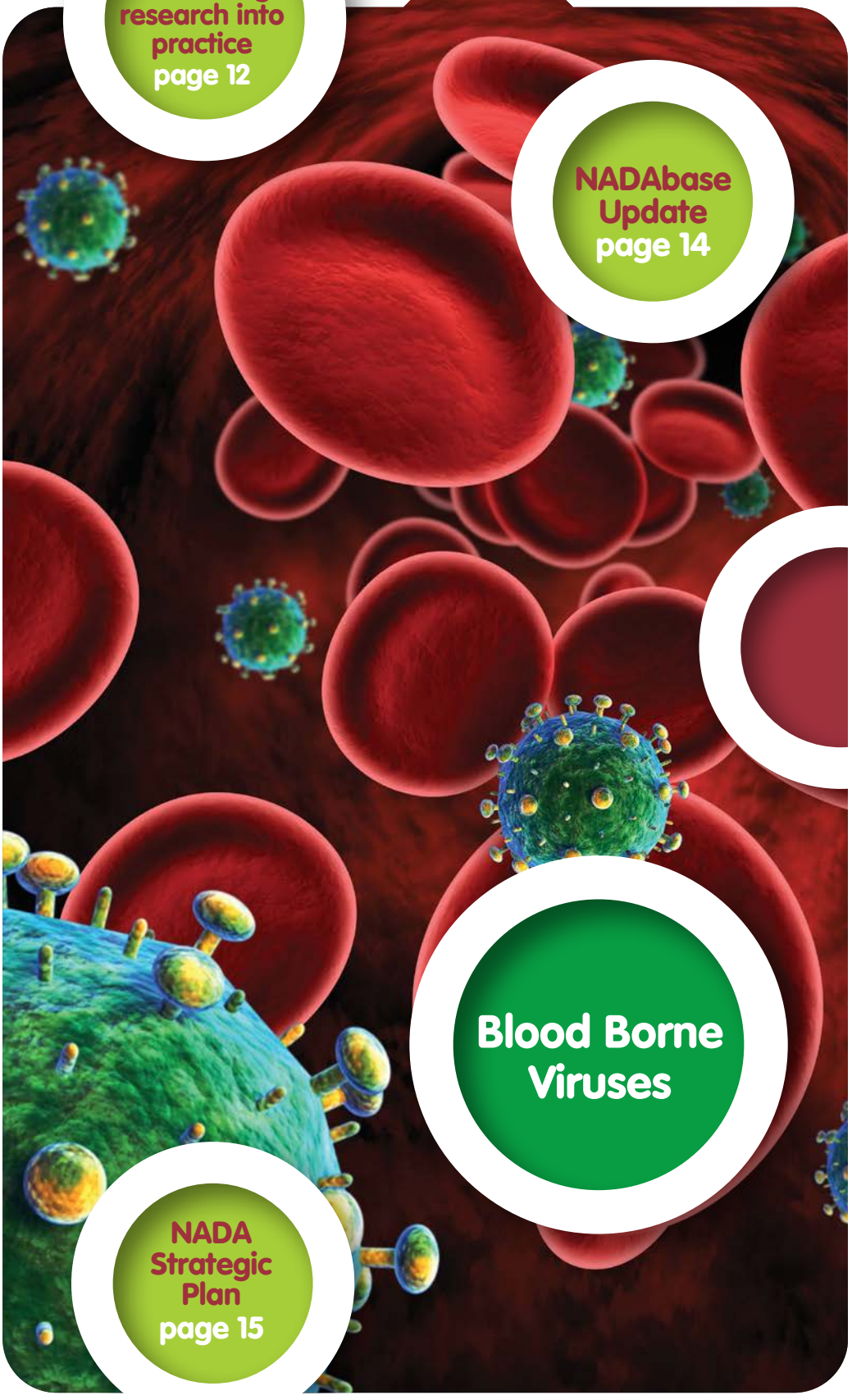
advocate

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

> ***The BBV Landscape is changing: how should the AOD sector be responding?***

Read features from:

- ACON
- Hepatitis NSW
- NSW Users and Aids Association (NUAA)
- We Help Ourselves (WHOS)
- NSW Sexually Transmissible Infections Program Unit



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Blood Borne Viruses

Towards Ending HIV

Shannon Wright, Director, Community Health and Regional Services, ACON

ACON is the leading HIV and lesbian, gay, bisexual, transgender and intersex (LGBTI) health organisation in NSW and we have been active in addressing alcohol and other drug use in the LGBTI community for many years.

In NSW there is already a strong track record of preventing HIV transmission with HIV rates remaining relatively stable. However, over the last four years there have been significant and promising changes in the field of HIV, with new understandings radically changing the prevention landscape and continued improvements in treatment leading to a shift in the needs of people with HIV.

On 1 December 2012, the state government launched the NSW HIV Strategy 2012 – 2015 which aims to virtually eliminate HIV transmission in NSW by 2020 by implementing a range of new approaches to HIV prevention as well as maintaining effective existing strategies aimed at supporting safe injecting and safe sex.

With this new strategy, NSW is now leading the way forward in HIV prevention in Australia and it heralds a new era of HIV prevention that will utilise testing, treatment, support and community education strategies to their full advantage. It is a bold and ambitious plan and achieving the targets contained in the strategy will require significant service reorientation as well as reinvigorated prevention efforts. We are currently at a historic turning point in the response to the HIV epidemic.

These ambitious targets require the HIV sector, as well as other relevant sectors, to mobilise to implement this plan and achieve lasting change in relation to HIV transmission in NSW. There are certainly implications for the AOD and BBV sectors to help reach these targets.

“These ambitious targets require the HIV sector, as well as other relevant sectors, to mobilise to implement this plan and achieve lasting change in relation to HIV transmission in NSW. There are certainly implications for the AOD and BBV sectors to help reach these targets.”

A key focus of the strategy is to make voluntary testing accessible and targeted to high risk populations. Having access to rapid HIV testing in AOD services and encouraging all at risk populations groups to test for HIV and STIs will assist greatly to build up testing to the scale required.

Encouraging gay men with HIV to consider the health and prevention benefits of accessing HIV antiretroviral therapy earlier than is currently the case is also a key focus of the strategy. With around 80% of HIV positive men reporting drug use in the Sydney Gay Community Periodic Survey, the AOD sector is in a unique position to provide information about early treatment and to facilitate referrals to treating physicians.

Additionally AOD services can promote harm reduction by encouraging discussions about sexual practices and making condoms, lube and educational resources freely available.

Undertaking LGBTI inclusivity training will increase the understanding of the diversity of sexual orientation and gender diversity, and build the confidence of workers to comfortably explore the lived experience of LGBTI people in AOD treatment settings.

This training gives workers a broad overview of the specific socio-economic and cultural factors and substance misuse disorders within the LGBTI community. Such training is often a first step in addressing service systems and processes, such as promotional materials, client forms, assessments and referral pathways, to ensure they convey safety and acceptance of diversity and reduce barriers to client access and meeting of needs.

The HIV and LGBTI sector has, for a long time, enjoyed an effective and collaborative relationship with the AOD sector, which is borne from our shared clients, our shared history and our shared prevention and treatment goals. Ensuring that we continue to capitalise on innovative approaches to our work and share in the opportunities to further develop new approaches is essential to our success.

To view the campaign, click http://endinghiv.org.au/

The revolution in hepatitis C treatments is almost here

What does that mean for the AOD sector?

Stuart Loveday, Hepatitis NSW, CEO

2015 should be the year in which the hepatitis C treatment landscape in Australia finally undergoes a much-needed, some might say overdue, revolution.

With new treatments, such as sofosbuvir (Sovaldi) and sofosbuvir+ledipasvir (Harvoni), already approved for use in the US, Canada and Europe, and currently being considered by the Pharmaceutical Benefits Advisory Committee (PBAC), there is hope that the first interferon-free hep C treatments will be available on the Pharmaceutical Benefits Scheme (PBS) later this year.

Of course, that depends on whether the Australian Government is prepared to fund these and other new drugs within the Budget. Hepatitis NSW, Hepatitis Australia and other state and territory hepatitis organisations, and most importantly the communities of people affected by hep C, are doing everything possible to ensure they're approved.

A record number of submissions to the PBAC have been made and more than 4,000 people (and counting) have signed the Equal Treatment Access petition.

When the new drugs are approved, part of the challenge will be ensuring that the people who need them are able to access them. While many people will continue to access hepatitis C treatment through established liver clinics, this may not be sufficient to meet the level of demand – or indeed to meet the treatment targets contained in the National Hepatitis C Strategy 2014-2017 (which commits to a 50% increase in treatment, year on year, every year).

And, as AOD organisations would be aware, not everyone living with hep C is going to want to, or be able to, access treatment at liver clinics in any event. The ETHOS Project (Enhanced Treatment for Hepatitis C in Opioid Substitution Settings) has demonstrated the effectiveness of providing treatment options for people in the place where they are already engaged in health service delivery.

There is likely to be an ETHOS2, also rolled out in OST settings, but it would be great if similar benefits were to be available in other AOD services, such as residential treatment services.

Even if AOD services are not engaged in hep C treatment directly, they will still continue to play a key role in responding to the hep C epidemic in Australia. With roughly 90% of new transmissions continuing to involve the sharing of injecting equipment, AOD services can provide important harm reduction messages to clients (use sterile equipment, every time), as well as being able to inform clients about the importance for those people with hep C (or hep B) to have regular liver health checks.

As the 2014 Hepatitis Australia Liver Danger Zone Report made clear, people aged over 40 who have been living with hep C for some time are at greater risk of developing cirrhosis, and ultimately liver cancer.

This means that, while it may not be their highest priority at any given time, and while they may not even be considering treatment for their hep C (now or in the short-term future), it is still important to know how their liver is travelling, because treatment may be needed sooner rather than later. It is currently recommended that people living with hep C have a Fibroscan (as part of a broader liver health check) every 12 months to determine the state of their liver.

AOD organisations, as services which deal with people living with hep C every single day, are in an ideal position to link with other services which provide Fibroscans, and therefore help people living with hep C to make treatment decisions for themselves; essentially to decide when the revolution is right for them.

Of course, with so much change taking place, it can sometimes be difficult to keep track of the latest developments (let alone learning all of the names of the new drugs in the pipeline).

In December 2014, Hepatitis NSW launched its new (and, we think, much improved) website where we aim to provide updates on all major hep C-related news and events. So, if you have any questions about new treatments try www.hep.org.au first and, if you have additional questions, you can also call our Hepatitis Infoline on 1800 803 990.

Hepatitis NSW also provides a free, peer-facilitated program for people living with hep C run by people with lived experience. Called Living Well, it is based on chronic disease self-management principles.

To find out how your clients might get involved, contact Shae Clayton-Freedman or phone 9332 1853.

And, finally for those services whose staff would like to be better skilled, Hepatitis NSW and NADA are providing two free Get Bloody Serious workshops for NADA members, on 18 March and 20 May.

For more information, please contact Heidi or phone 8113 1317. To chat about tailored education sessions please contact Ruth Bearpark or phone 9332 1853.

For more information about Hepatitis NSW and our services.

Visit: www.hep.org.au

Email: hnsw@hep.org.au

Phone: 02 9332 1853

Hepatitis NSW

Positive responses to the changing BBV landscape within funding restraints

It's not rocket science

Fiona Poeder, Director Programs and Services, NSW Users & AIDS Association (NUAA)

Yes, the blood borne virus landscape is changing: we now have rapid testing for HIV; we have fibroscanning rather than biopsy for hepatitis C liver health assessment. We are adapting and changing our models of care and support for those living with BBVs and we have new and emerging treatments with fewer side effects – with the next generation of hepatitis C treatment said to have a shorter treatment schedule and few to no side effects.

The AOD sector has, it could be said, a captive target group and is well positioned to respond to the changing BBV landscape; but what is being done? While pockets of individuals and services within the sector are coming to realise their unique position, the current response is largely ad hoc and limited to individuals who recognise the potential that AOD services have in the BBV field.

What can the AOD sector do to address emerging issues in relation to this shifting BBV landscape? What can be done within the restraints of funding, staffing and out-dated concepts and program implementation? The most obvious answer is to work in partnership, and in this era of resource restraints and a call to engage with peer based services in order to institute consumer engagement strategies, the most likely partner is the NSW Users and AIDS Association (NUAA).

It is becoming increasingly apparent that reaching People Who Inject Drugs (PWID) through the services they already engaged with is an effective means of increasing access to all types of health services. PWID are more likely to engage in services where they feel a sense of trust and ownership and a sense of being part of the treatment process. We achieve better health outcomes when we feel that they are being heard and are a part of our own treatment pathway.

For many people living with chronic hepatitis C, the standard treatment models of both hepatitis C and drug dependency can be intimidating and difficult to access. Research

> *PWID are more likely to engage in services where they feel a sense of trust and ownership and a sense of being part of the treatment process.*

shows that there is entrenched stigma and discrimination within the health system and people accessing drug treatment often view orthodox medical services as 'forbidding, judgemental, inaccessible, costly or otherwise inappropriate for their needs'.

NUAA is best positioned to partner with to support consumer engagement and participation initiatives which help engender that sense of trust and support in the provision of services to address BBV prevention, testing, treatment and care.

Two models, while overlapping in some ways, which have been successful are the peer support worker (PSW) model and the consumer engagement model. NUAA has partnered with a number of Local Health Districts and services to appoint PSWs in opiate substitution treatment settings (OST) and needle and syringe programs (NSP). The model implemented varies depending on the setting and service, however the basic principle remains the same: the PSW is an identified peer who works with consumers in the provision of support through the BBV treatment journey: from pre-testing to post BBV treatment.

Our PSW initiatives involves a PSW attending designated clinics or services one day per week to engage with clients in the public waiting area. In the course of their time there they Promote hepatitis C and liver health initiatives, encourage people to be assessed for liver health and BBVs, encourage peers to think about going on treatment and support peers undertaking treatment.

The PSW is considered a member of the clinical team as they advocate for, and represent the voice of peers. They may accompany peers to appointments, send reminder messages, refer to associated services and/or provide interpretation of test results. The PSW role should be viewed as the equivalent of that of other staff, a unique and valuable human resource that provides support for those going through the treatment journey.

Outcomes of the PSW initiatives include:

- Increased uptake of assessment and treatment;
- Greater levels of understanding among peers of BBV assessment and treatment options and strategies for maintaining liver health;
- Enhanced relationships between peers as clients, the PSW and service providers; and
- Strengthened relationships between drug user organisations and service providers.

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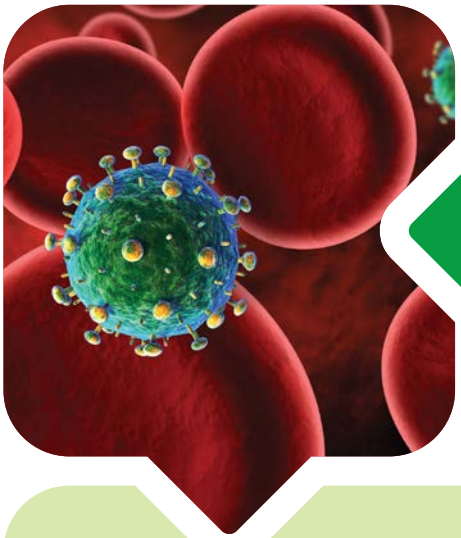


Positive responses to the changing BBV landscape within funding restraints

Continued

One of NUAA's more recent successes in the area of BBV treatment and care is our partnership with the Kirby Institute in relation to ETHOS and Liver R Life. These projects see the engagement of a PSW in various settings - opioid substitution treatment (OST) for instance, who support PWID and consumers of OST through the treatment journey.

Similar to the PSW initiatives NUAA undertakes in partnership with OST, is the work we do with consumer engagement/ consumer participation. While somewhat broader than BBV-related testing, treatment and support, the principles behind consumer engagement are concerned with improving the overall service experience and increasing the capacity for consumers to have a voice and can be replicated in relation to the BBV landscape.

Peer workers are able to play a valuable role in assisting people to make decisions about their health due to the fact that:

- They are on-site and embedded in the context of existing treatment experiences, providing the opportunity for seamless service provision.
- They can informally convey information and encourage learning among people who often find it difficult to access services, and who may be indifferent or less receptive in other circumstances.

NUAA also provides training for health care service providers which addresses stigma and discrimination and offers strategies to address the issues on the personal, worker, organisational and community levels.

The quality of the health service experience and the willingness to participate in treatment in dependant on the stigma and discrimination experienced (real or perceived) towards PWID by workers.

Once we address issues of stigma and discrimination, and understand its impact on the health and wellbeing of PWID, we are on our way to obtaining the longer term goal of incorporating BBV prevention, testing, treatment and care in the AOD sector.

NADA Position Paper

Healthy Partners: Implementing a connected and sustainable system to reduce alcohol and drug related harms in NSW

This position paper has been developed as a result of feedback from members on NADA's strategic direction to inform the development of the Ministry's NGO grant reform process – Partnerships for Health.

Healthy Partners lays out a clear plan for the implementation of a new system of funding specialist drug and alcohol NGOs based on population need, the procurement and pricing of this system, performance management systems, workforce planning, as well as oversight and reporting. These are issues that impact on members and go with the NADA vision for a better funding system for our members.

The NADA position paper also addresses the outsourcing of government services to the NGO sector and the role of NADA in this new system.

Click **here** for the Position Paper. Click **here** for the Position Statement.
Contact **Larry** for more information.

WHOS (We Help Ourselves) Harm Reduction Program

Addressing BBV in a Therapeutic Community

Carolyn Stubley, **WHOS Nurse Manager**

"Are harm reduction and abstinence-based drug treatment irreconcilable? In 1986, our abstinence-based residential therapeutic community considered the emerging HIV epidemic and the rapidly increasing deaths from drug overdose. We decided the best response was to help our clients protect themselves, including providing access to condoms and sterile needles and syringes. We initially referred to these changes as "common sense", but later found that others called it "harm reduction"

Garth Popple 2006.

WHOS was quick to adapt the Harm Minimisation Framework from the mid 1980's in response to the HIV epidemic having already witnessed clients leaving the service, relapsing, and returning with the virus. Provision of safe kits to intravenous drug users (IVDU) and condoms to help control sexually transmitted infection (STI's) were the first controls introduced into WHOS both within the TC's and offered to those discharging. The identification of HEP C as a BBV a few years later further cemented harm reduction strategies into WHOS programs, expanding the education program to all WHOS clients.

In 1999 the WHOS MTAR program was established supporting clients through the reduction off opioid substitution treatment (OST) whilst engaging in the TC program. In 2009 WHOS RTOD, a stabilisation program for OST maintenance clients, was developed as a modified TC with a harm reduction focus allowing clients to remain on OST whilst engaged in the WHOS program. The OTP TC services have the highest proportion of IVDU's and highest incidence of clients with Hep C.

The harm reduction program is entrenched in all WHOS programs in NSW and QLD. Each service has a dedicated Harm Reduction Worker who facilitates the education program to the clients, ensures infection controls are implemented in the TC and are available for confidential sessions with clients in relation to BBV and STI's. Harm Reduction Workers are overseen by the WHOS Nurse Manger who ensures workers skills are updated and education and resources provided to clients is current and evidence based.

Education groups focus on HEP C, HIV, overdose prevention/CPR, infection control, safe sex and relapse prevention. WHOS Rozelle nursing staff oversee the screening and referral to treatment process for all BBV and STI's. With a decrease in funding to some of the external services historically providing screening for WHOS clients, it was essential that the coordination of testing and treatment remained a priority. WHOS regional services in Hunter New England, the WHOS Newcastle Day Program and the Sunshine Coast, have well developed relationships with the relevant stakeholders to provide any external support, screening and treatment for BBV and STI's.

Partnerships with stakeholders in the community are essential to providing the best possible services to WHOS clients. Strong links have been established with NUAA, Hepatitis NSW, ACON, LHD services and local community health services. At WHOS Rozelle initiatives have been implemented in conjunction with the Sydney LHD HIV/AIDS and Related Programs (HARP) Unit and RPAH Liver Clinic increasing the capacity to provide services onsite. Monthly liver clinics are held at WHOS Rozelle attended by a RPAH Liver Clinic Clinical Nurse Consultant who conducts fibro scanning sessions in conjunction with WHOS nursing staff. Healthy eating initiatives are in place and the Liver Clinic dietician also attends where possible to discuss nutrition with clients in relation to liver health.

WHOS is currently trending data on risky behaviour in relation to BBV and STI's and has done so for many years, backing up the need for harm reduction strategies to continue. A snapshot of data collected over all WHOS services for 2014 identified 24% of new admissions had shared needles in the last 12 months and 66% had engaged in unsafe sex. These statistics back up the work of all agencies that provide services to curb the spread of BBV and STI's. When looking at the OTP services, where the percentage of IVDU's is obviously extremely high, the rates of needle sharing increases to 34% of all new admissions having shared needles in the previous 12 months.

The aging population is another consideration with a high percentage of IVDU's having Hep C from as far back as the 1970's. Deaths from liver disease are increasing and anything WHOS can introduce to ensure better health for our clients is always being considered. LiverMates Support groups developed by NUAA, will commence in early 2015, along with a number of other initiatives being introduced to ensure the wellbeing of our clients and certainly to help stop the spread of BBV.

With 25 years of implementing harm reduction strategies, WHOS will have contributed to the wellbeing of clients and the decrease in BBV and STI's, how many we will probably never know but there is confidence in knowing we have been doing our part.

WHOS
helping people help themselves

World Health Organization, (2006). *The integration of harm reduction into abstinence-based therapeutic communities: A case study of We Help Ourselves, Australia.* Western Pacific Region

Ending HIV... Everybody's Business and Everybody's Responsibility

Cherie Bennett, Clinical Nurse Consultant (HIV), NSW STI Programs Unit

About the NSW STI Programs Unit and the role of the HIV Clinical Nurse Consultant

The NSW Sexually Transmitted Infection (STI) Programs Unit was established in 2007 to implement aspects of the NSW STI Strategy 2006-2010. The Unit's focus has been, until now, to work with general practice, publically funded sexual health services, and to develop and implement STI social marketing projects. The Unit welcomes the acknowledgement by the Ministry of Health of our expertise within the NSW HIV Strategy 2012-15 and the broadening of our role to include HIV. The HIV Clinical Nurse Consultant (CNC) Program is funded for three years and will assist in the development and implementation of initiatives which will maintain high levels of safe behaviour, promote HIV testing and make it easier to have a test and provide treatment, care and support in the community.

The picture of HIV in NSW

NSW Health is committed to the bold but achievable ambition of virtually eliminating HIV transmission by 2020 as outlined in the NSW HIV Strategy 2012-2015 titled 'A New Era'. Improved levels of HIV testing, treatment and safe behaviour are the key aspects of achieving the goal and include all parts of the health sector including the drug and alcohol sector.

As of September 2014 10,700 people were living with HIV in NSW, with decreases in new HIV diagnoses noted in 2014 compared to the previous two yearly periods. The proportion of these notifications was among the following populations:

- 14% among heterosexuals
- 80% among gay men
- 2% among Aboriginal people
- 2% among injecting drug users

Testing – a key role in eliminating HIV transmission

Promoting HIV testing and making it easier test are key features of this strategy. Previously HIV testing was viewed as a specialised and time consuming task needing detailed pre and post-test counselling and sometimes written consent. This occurred when HIV was life threatening, difficult to manage, treatments were complicated and toxic, and discrimination against people perceived at risk and fear was prevalent. However, these things are no longer true in NSW so detailed counselling for HIV testing is now obsolete and has been replaced with 'informed consent'- just as you require for most other tests or procedures.

Features of informed consent for any type of testing should include the following:

- What is it testing for?
- Why is the patient being offered the test?
- What are the limitations of the test? (i.e. for HIV you would discuss the window period)
- When will results be available and how will they receive them?
- What does a positive/negative result mean and what supports are available?
- Confidentiality and privacy issues regarding the results
- What are the implications of not being tested? (e.g. in the case of a HIV test not being performed in the antenatal context)

Performing routine HIV testing is now easier than ever. Offer testing to all people according to the HIV Testing Table and recommend regular testing.

How can the drug and alcohol sector help end HIV?

The drug and alcohol sector can:

- Identify risk behaviours for HIV and other Blood Borne Viruses (BBVs) among their clients
- Offer on site BBV testing or
- Link their clients with services where testing for BBVs and other infections they might be at risk of i.e. STIs
- Reinforce to clients the importance of knowing their BBV including HIV status
- Take advantage of educational opportunities with clients and promote harm minimisation.

> *NSW Health is committed to the bold but achievable ambition of virtually eliminating HIV transmission by 2020 as outlined in the NSW HIV Strategy 2012-2015 titled 'A New Era'.*

nswsti PROGRAMS UNIT

CEO report

Larry Pierce

The question of building a consistent and evidence based program response to that very large part of our treatment population living with Hepatitis C in particular, is one of our new and pressing challenges.

We have used the term shifting landscape in the context of a focus on blood borne viruses (BBV) and Hepatitis as the landscape for the development and delivery of drug and alcohol treatment programs is a consistently shifting one.

At the partnership level, Hepatitis NSW and NADA are developing a Memorandum of Understanding to strengthen our organisational relationship in order to support enhanced connection of our sector to the BBV and hepatitis services sector. This is particularly important in terms of information exchange, training and development opportunities for both sectors and in relation to assisting our sector in improving their treatment response to clients with these multiple and integrated needs.

NADA would also like to acknowledge its partnerships with two of its own members, ACON and NUAA. Whilst providing client services, ACON and NUAA also provide capacity building activities that improve the work of other AOD service providers in the area of BBV.

NADA believes that the non government specialist drug and alcohol treatment sector is uniquely placed to combine hepatitis education and information into their programs and, where appropriate, assist in linking clients with treatment providers given that treatment for hepatitis C is moving forward quickly at the current time. Good examples and models of care exist, and we need to come up with ways to have this integrated into the series of interventions that our drug treatment members provide.

This may mean seeking additional resources through the Ministry of Health and NADA would be very happy to follow this up on behalf of the sector. One thing is certain, addressing BBVs and hepatitis C as a major concern for a large portion of our client population is essential as time and developments in Hep C and HIV management move on.

“One thing is certain, addressing BBVs and hepatitis C as a major concern for a large portion of our client population is essential as time and developments in Hep C and HIV management move on.”

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 22 May 2015 for distribution mid-June.

Get Bloody Serious

A workshop (mostly) about Hep C

18 March 2015 or 20 May 2015
Hepatitis NSW, Surry Hills

NADA and Hepatitis NSW are partnering to offer NADA members the opportunity to attend this one day interactive workshop.

- **Know** the difference between hep A, B and C – transmission, effects and prevention
- **Increase** your confidence in talking with clients around risks and consequences
- **Learn** new skills to promote health and harm reduction
- **Get equipped** in supporting people to make informed decisions about managing their hep C and when to start treatment

Click **here** to register. For more info contact **Heidi**

Methamphetamine Workshop

14 April 2015
University of Technology, Sydney
Click **here** for more information.

Working with Diversity in AOD Settings Forum

16 April 2015
University of Technology, Sydney
Click **here** for more information

SAVE THE DATE!

Aboriginal Cultural Awareness Workshops by Felicity Ryan

NADA is excited to offer two workshops on Aboriginal Cultural Awareness facilitated by Felicity (Flick) Ryan. They will be held at NADA on 4/6/15 and the 5/6/15.

Registrations for both days will open on the NADA website on Thursday 12/3/15.

Travel and accommodation subsidies will be available to eligible NADA members.

For further information, please contact **Heidi** at NADA.

Aboriginal Medical Service Western Sydney

NADA Member Profile

The Aboriginal Medical Service Western Sydney (AMSWS) is an Aboriginal community controlled health service located in Mt Druitt. Our opioid substitution treatment (OST) programme began in the year 2000 when Aboriginal people on OST programmes in prison asked if it was possible to have a continuation of their medical and methadone treatment at our AMS after release.

Even when patients on OST have lives full of stressful events, they will usually attend for the GP prescriber review so that treatment for their opioid dependency can continue. Our GP prescribers use this opportunity to provide one-stop-shop care of chronic health issues such as cardiovascular disease and diabetes, mental health support, preventative health care including Pap smears, immunisations, BBV and STI screening. Appointments with specialists such as our Hepatitis C specialist or psychiatrist are often lined up back to back with the prescriber review to maximise opportunities for engagement with our multidisciplinary teams.

Infection with both the Hepatitis B and C virus is much more common among Indigenous people than among non-Indigenous people. For example, while Aboriginal people make up 2.5% of the Australian population, they account for 16% of the Australians living with chronic HBV infection.2 There are disproportionately high rates of prevalence of Hepatitis C in Aboriginal compared to non-Aboriginal people as well.

AMSWS was one of four Aboriginal community controlled health services that participated in an action research project through the Research Excellence in Aboriginal Community Controlled Health (REACCH), a collaborative project funded by the National Health and Medical Research Council (NHMRC) and managed jointly by the Kirby Institute and the National Aboriginal Community Controlled Health Organisation (NACCHO). This study was a retrospective, cross-sectional analysis of clinical encounter data contained within medical records. The AMSWS project developed a set of recommendations, specific to our own AMS, to improve prevention and management of Hepatitis B. Feedback and training sessions to clinical and health promotion staff was provided by the project team, all employees of AMSWS. Through a thorough audit of past management of Hepatitis B, we have been able to improve our prevention and management of this infection. AMSWS also participated in the ETHOS study (Enhanced Treatment of Hepatitis C in Opiate Substitution settings), which evaluated the provision of HCV clinical assessment and treatment uptake among people who inject drugs (current and former) in OST and community-based clinic settings. The ETHOS Cohort demonstrated that a high engagement in care and initiation of treatment for HCV can be achieved in the OST or community health setting.

AMSWS followed on from the ETHOS study to set up an onsite infectious diseases clinic, whereby patients with Hepatitis B and C can attend an outreach clinic at our AMS, on the same day as visiting the GP and Aboriginal Health Workers. Our infectious diseases specialist brings a portable Fibroscan machine to the AMS. This measures the stiffness of the liver, thus allowing patients with Hepatitis C to be assessed more fully at our AMS. The ability to do on site Fibroscans has proved very popular with our patients on OST. It is an assessment tool that is not widely available outside specialist liver clinics so not many of our patients had access to this test before attending our AMS. We currently have patients on OST who are accessing treatment for hepatitis C at our AMS.

This provision of 'triple care' – the delivery of drug, mental and physical health in a primary care setting - has the potential to de-stigmatise drug health treatments for a much marginalised group of people. We are very excited about being able to locate these treatments all together, in our Aboriginal Community Controlled Health Service. This model of care, whereby there is a collocation of an OST program with an onsite Hepatitis clinic, all within a culturally appropriate setting, shows much promise in improving outcomes for patients with Hepatitis B and C.

Dr Jenny James
Medical Coordinator Substance Misuse Program
AMSWS

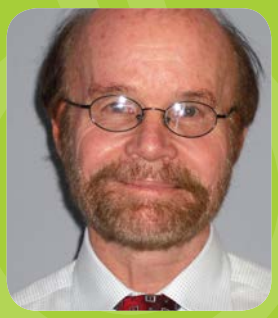
Photo: Percy Gordon, Afm Akilzzaman, Judy Meldrum, Jenny James, Rabina Bari, Sandra Travis.

Aboriginal Medical Service
WESTERN SYDNEY

NADA Board Member Profile

Roy Hambly

General Manager, Mercy Services (incorporating McAuley Outreach Service)



How long have you been with NADA?

McAuley Outreach has been a member of NADA for over 15 years and I was elected to the Board of NADA in November 2014.

What experiences do you bring to NADA?

- Extensive senior management and governance experience of organisations that operate a range of services, including Alcohol and other drug services.
- Initially as a Social Worker working in the AOD sector in Sydney's Eastern Suburbs and then a Community Social Worker on the mid North Coast quite often working with people with substance abuse issues.
- Extensive financial management experience with a M. Commerce degree with overall responsibility for an organisation with over 180 staff and an annual turnover of over $10m.
- Have led Mercy Services through three accreditation processes, firstly with QMS just for McAuley Outreach and then ACHS twice for the whole of Mercy Services. We currently have four year accreditation to August 2018.

What NADA activities are you working on at the moment?

- I have attended two Board meetings and will be participating in the Strategic Planning Process for NADA on 24 February 2015.
- Reviewing NADA draft policies and procedures especially in preparation for the QIP accreditation survey in June 2015.

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

- Access to the larger picture of AOD services in NSW.
- Working with very experienced CEOs of other AOD agencies.
- Working at the forefront of planning for better services for people with AOD problems.
- Being part of an organisation that has direct access to funding bodies and decision makers.

What else are you currently involved in?

- Overall management of an organisation with a diverse range of services.
- Regular bike riding including recent 5 day bike tour around the top of the South Island of New Zealand.
- Still involved with activities of our four adult children and four grandchildren.
- No time for study!

A day in the life of...

Sector worker profile

Nicola Sloane

Outreach Education Officer, The Gender Centre

How long have you been working with your organisation?

I've been with the Gender Centre for a total of 5½ years.

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

I came to work at the Gender Centre by being offered a secondment for the Outreach and the Drop In service that we used to run on a Wednesday evening. Prior to that I was working with youth services from residential to drug and alcohol.

What does an average work day involve for you?

An average work day… can't say there is ever an average day at the Gender Centre. That's one thing I love about my job. You may have one thing planned and something will come along and change that quite quickly. It's an environment that you have to be flexible and readily able to adapt to the sudden changes. Definitely keeps you on your toes!

What is the best thing about your job?

Best thing about my job is the ability to help people. I think an important part of being human is helping others who are less fortunate than we are and my job allows me to do so. I like that I'm always busy, there's never a dull moment where I'm just sitting around the office killing time. There are always new clients or new cases to work with. I could be in the office one moment and at a client's home the next. The whole process allows me to give help to those who need it and see the process of how your work can impact positively on someone's life.

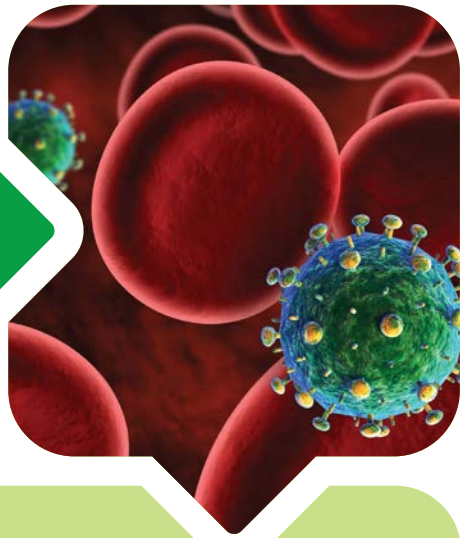
What is one thing you would like to see different in the non government drug and alcohol sector? What needs to change to get there?

I would like to see more education and support programs and more rehabilitation facilities that are trans and gender diverse friendly.

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

Superhero - Mystique aka Raven. If I could have a specific power, it would be Mystiques shape shifting abilities. She's able to morph herself into any form, therefore making it easy to judge people's characters. Say for example you had to help someone get through a certain trauma; they're not willing to open up to you because you could be a total stranger that they're uncomfortable with. If you could change yourself into someone they knew, perhaps they would be more likely to share their story with you?

AOD workers experiences with people who inject drugs and hepatitis C



Hannah Wilson, (Research Officer) and **Loren Brener,** (Senior Research Fellow), Centre for Social Research in Health, UNSW

In order to investigate alcohol and other drug (AOD) workers experiences of working with people who inject drugs (PWID) and people living with hepatitis C (HCV), NADA members organisations were asked to distribute a web-based survey to their staff to complete. Additionally, paper copies of the survey were distributed at key stakeholder meetings to help increase the response rate. In total, 90 surveys were completed by AOD workers from NADA member organisations across NSW.

The demographic profile of the sample was as follows; half (52%) of the sample were female, the mean age was 41 years and over 90% reported that their highest level of education was tertiary e.g. certificate diploma (30%), undergraduate degree (33%) or postgraduate degree (29%).

Just under a third (31%) of participants reported working in the AOD sector for between 3-5 years. The most common role reported by participants was direct client services/client support (44%). Of the total sample, 41% worked in residential rehabilitation facilities, 16% reported working in drug and alcohol health promotion services and 13% worked in therapeutic community facilities.

Around a third (30%) of the sample reported that 60-80% of clients who accessed their service had a history of injecting drug use (IDU) (Table 1). Additionally, 81% of the sample noted that their current role involved working with PWID indicating that a high proportion of the work conducted at these organisations is with PWID. The reported contact by staff with people living with HCV was lower with around a third (30%) stating that they believed that less than 20% of clients who accessed their service are HCV positive.

CSRH

*Not mutually exclusive

Table 1: Contact with PWID and people living with HCV n (%)

Percentage of clients who access your service who have a history of IDU	
<20%	10 (11)
20-40%	21 (23)
40-60%	7 (8)
60-80%	27 (30)
80-100%	17 (19)
Percentage of clients who access your service who you believe have HCV	
<20%	27 (30)
20-40%	21 (23)
40-60%	16 (18)
60-80%	15 (17)
80-100%	3 (3)
Work with PWID	
Yes	73 (81)
No	9 (10)
I don't see clients	4 (4)

Given the volume of clients who inject drugs, it is likely that there are a number of clients who either have HCV or are at risk of acquiring it. Of the 73 participants who reported that they work with PWID, just over a third (34%) reported routinely asking all clients for their HCV status and 16% reported never asking for their clients HCV status (Table 2). When asked the main reason for not inquiring about clients HCV status responses included "maintaining clients right to privacy and confidentiality", "because of standard precautions it is not necessary" and "I didn't feel it was my role". Just under two thirds (64%) of participants always provided information about HCV services to their HCV positive clients, 27% sometimes provided information and only one participant reported never providing information. Of the participants who reported providing information about HCV services (n=67), the most reported type of information included HCV support services (78%), HCV treatment services (73%) and being healthy with HCV (64%).

Table 2: Inquiring about clients HCV status and distribution of HCV information n (%)

Routinely ask for clients HCV status (n=73)	
Yes, all clients	25 (34)
Yes, only clients I suspect have a history of IDU	5 (7)
Yes, only clients who say they have a history of IDU	7 (10)
Never	12 (16)
Other	18 (25)
Provide information about HCV services to HCV+ clients (n=73)	
Yes, always	47 (64)
Yes, sometimes	20 (27)
Never	1 (1)
Type of HCV information provided (n=67)*	
Being healthy with HCV	43 (64)
HCV support services	52 (78)
HCV treatment services	49 (73)
Referrals to HCV services	42 (63)
Referrals to liver specialists	27 (40)
Other	9 (13)

Finally, of the participants who worked with PWID (n=73), just over half (52%) reported receiving training or support to work with HCV positive clients, while a third (32%) noted they had not received any training or support. Additionally, 53% of participants indicated that they would like to receive some/additional training to work with HCV positive clients. When asked what kind of training and support they would like to receive suggestions included "further information on HCV treatment and support", "information about services available to clients" and "better understanding of how best to support clients who have HCV".

This study highlights that some AOD workers from NADA member organisations have a considerable amount of contact with clients with a history of injecting. Therefore, it is possible that AOD workers could distribute information and support to clients living with HCV. Hence this data indicates that it would be important to provide AOD workers training around various aspects of HCV so they feel confident to provide support to clients with HCV.

Introducing the Agency for Clinical Innovation Drug and Alcohol Network

Antoinette Sedwell, Drug and Alcohol Network Manager, ACI

The Agency for Clinical Innovation (ACI) is very pleased to announce the establishment of the ACI Drug and Alcohol Network and the appointment of the Drug and Alcohol Network Manager.

The ACI works with clinicians, consumers and managers to design and promote better healthcare for NSW. The ACI provides a unique forum for people to collaborate to discuss healthcare innovation, share knowledge and experience, and collaborate across regional and service boundaries.

In January 2015 the new ACI Drug and Alcohol Network was established, joining 38 other ACI Clinical Networks in designing and supporting the implementation of evidence-based best practice models of care that meet the need of patients, their carers and families. This is an exciting and important step – ensuring drug and alcohol services receive the benefit of the expertise of the ACI, and linking drug and alcohol to the already well established networks and learnings of the existing streams.

The focus of the ACI Drug and Alcohol Network will be on driving improvements in drug and alcohol treatment services, including those provided by the non-government sector, to improve patient outcomes and to ensure that care is coordinated, patient-centred and evidence based.

New ACI Drug and Alcohol Network Manager

Antoinette Sedwell has been appointed as the new Network Manager for the ACI Drug and Alcohol Network. Antoinette is a registered psychologist and comes to the ACI with extensive clinical and management experience in drug and alcohol and mental health across a variety of settings.

ACI NSW Agency for Clinical Innovation

ACI Drug and Alcohol Network Planning Forum – 19 March 2015

A Forum to introduce the ACI and help establish the key functions and goals and terms of the ACI Drug and Alcohol Network will be held on Thursday, 19th March 2015.

This Forum will provide background to and examples of work from other ACI Networks with a view to help establishing the Drug and Alcohol Network. Recent state wide drug and alcohol initiatives will also be discussed to set the scene and help inform the development of a program of work. Please contact NADA if you are interested in attending.

You can contact Antoinette on 9464 4634.

For more information and to join the Network go to the ACI website

Welcome new NADA Member

Maari Ma Health Aboriginal Corporation

Maari Ma is an Aboriginal community controlled regional health service providing primary health care to Aboriginal people in Broken Hill, Wilcannia, Menindee and Ivanhoe in far west NSW.

We have about 100 employees, more than half of whom are Aboriginal and provide GP-led multidisciplinary care in a whole-of-life course approach to chronic disease: preventing it, early detection, and enhanced care.

GPs, Aboriginal health practitioners and nurses are joined by mental health/drug and alcohol workers, dieticians, a child dental team and visiting specialists in our enhanced primary care model.

We also have a well embedded CQI ethic and clinical governance model, and engage in research which is important to Aboriginal people.

For more information go to the Maari Ma website.

NADAbase Update

Make your data collection count

Suzie Hudson, Program Manager, NADA

In the day-to-day business of AOD work it's sometimes a challenge to observe the benefit of client data entry. Where does it go? What does it tell us? Why is it important to the work I am doing here at the coalface?

Well, with the significant work culture shifts we have witnessed in the AOD sector over the last ten years, data has become instrumental in telling your clients' stories, the complexity of the challenges they face and the sustainability of the services and programs you deliver. The news continues to get better now that the MDS and the NSW Ministry of Health have introduced checks and balances in relation to data quality and the improvements we have made to NADAbase. We have already received some fantastic feedback from members using our Data Quality Check function, which helps to:

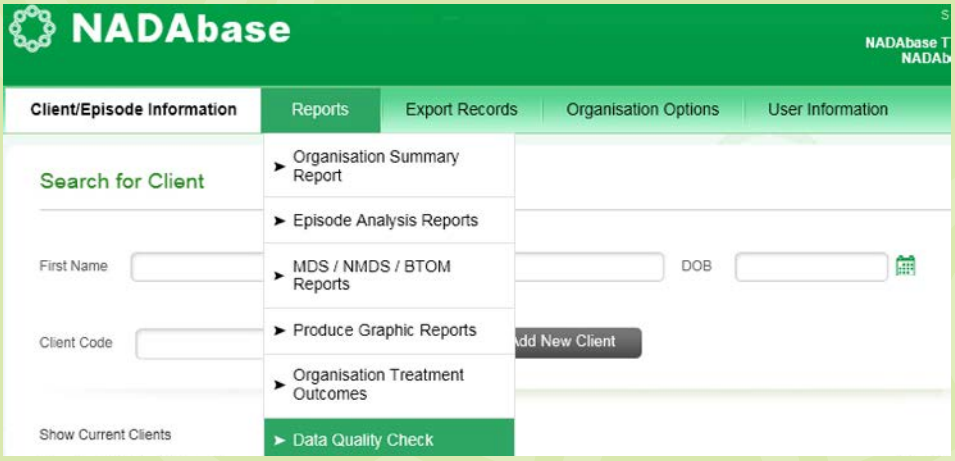
- eliminate duplicates of clients and/or episodes,
- address episodes that have remained open for more than twelve months with no activity,
- address residential episodes open for more than 90 days,
- address non-residential episodes with no service contact recorded for more than 90 days.

Now that many organisations have been collecting N/MDS data and client outcome data (COMS) for a considerable period, it is a good time to attend to quality. InforMH is due to release a new version of its MDS data dictionary and it is a timely reminder to review the meanings of each element within the MDS and what it is actually trying to capture. Similarly, it is important to consider how long episodes are kept open and how they accord with your organisations' business practices. If at any time you feel it might be useful to get some support in this area please contact Suzie.

It is now the norm for our member organisations to explore the collection and reporting of client outcome data, which is fantastic news! It is in this context that we extend to you a friendly reminder about client outcome data quality. It is a good time (well before the madness of reporting) to check how your organisation is doing in relation to follow up surveys. In order for your organisation to be reporting outcome data we need, at the very least, for an 'intake' and an 'exit' survey to be completed, so put it in the team diary!

The most important tip regarding data quality is to check it regularly, bring it to meetings and look at what it is telling you about the clients you are seeing and whether your organisations' interventions are assisting your clients to improve their lives. Support is an email or phone call away – so make this quarter all about DATA QUALITY!

You can find this report within NADAbase as shown here:



Possession of Substances on Premises Policy Template

In response to requests from members, NADA has undertaken work to support members develop a policy that provides guidance and support in responding to the possession of substances on premises.

NADA appreciates that this is a challenging area of practice for organisations and the content of this policy will vary depending on your service setting, philosophy and treatment approach. The policy template provides guidance in developing a policy that is appropriate to your organisation.

Click here to download the NADA Possession of Substances on Premises Policy Template (word document)

Supporting documents

Click here for an example Record of Confiscated Substance Form (word document)

Click here for a Substance Use in Treatment Agreement Template (word document)

Contact Robert for more information.

Look out for version 2 of the NADA Policy Toolkit coming soon, containing this template and a range of other new and reviewed policy templates.

ACWA
AUSTRALIAN COMMUNITY WORKERS ASSOCIATION

New publicly accessible registration system for community workers

Australia's first open access registration system for community workers has launched and alcohol and other drug workers are among those encouraged to register their skills. Initiated by the Australian Community Workers Association (ACWA), the system brings community work practitioners in line with other regulated professionals such as social workers, medical practitioners and engineers.

ACWA, the national professional body, represents Australia's 500,000 community workers who are employed under dozens of occupational titles. All, at some point, work with vulnerable people and this makes public safety the principal concern of the system.

The online searchable register provides practitioners with the opportunity to highlight their qualifications, experience and police or working with children checks. And all registered workers must agree to abide by the ACWA code of ethics.

The register is public, so employers, service users and family members can verify that practitioners are genuinely qualified and certified. Employers can use the register to check that potential employees meet their requirements and as a means of demonstrating transparency to clients. The register will also provide valuable workforce information.

The system has been designed to balance inclusivity and the need to ensure workers meet industry requirements. To manage this, registered practitioners are assigned a practicing level that is visible on their listing. Workers who have obtained a certificate III or IV level qualification are registered at Professional Level 3 (PL3) while those with a diploma (or higher) qualification and ample industry experience are registered at Professional Level 1 (PL1).

Learn more and register at www.acwa.org.au

Your input into the NADA Strategic Plan

NADA values the input of members and stakeholders into the strategic directions of our organisation. NADA recently put out a call for feedback on our strategic plan to inform the development of our new strategic plan.

NADA received 49 responses to the survey, with the majority of responses directly from NADA members.

- **98% of respondent** believe that NADA's current goal to 'advance and support non government drug and alcohol organisations in NSW to reduce drug and alcohol related harm to individuals, families and the community', should continue.
- **89.8% of respondents** believe that NADA's values are still relevant and appropriate.
- **93.9% of respondents** believe that the guiding principles are still relevant and appropriate.
- **89.8% of respondents** believe that the outcomes are still relevant and appropriate.

A number of issues and areas of support that NADA should focus on in 2015-18 were identified including: sector and workforce development; sector advocacy, including sector reform and funding; partnership development, both within the sector, and with external partners; promotion of new and innovative models of practice; and research and evaluation.

Click here to read the report on your feedback.

The NADA Board, staff and key stakeholders recently met to develop the new strategic plan for 2015-18. We'll provide on update on the outcomes in the next Advocate.

Contact Larry or Robert for more information.

NADA
network of alcohol & other drugs agencies

CMHDARN Update

Join CMHDARN today!

Deb Tipper, CMHDARN Project Officer

This last half of 2014 continued to broaden the reach of CMHDARN and develop new relationships with researchers and specialist research centres, as well as CMHDARN membership continuing to grow. This period also saw a focus on overseeing two external projects - one evaluating the CMHDARN program and the second, developing a new resource. We also furthered our ongoing partnership with the NSW Mental Health Commission for another twelve months.

Of particular note are the following achievements:

1. Recognition of the work of CMHDARN by sharing the inaugural Tom Trauer gold award for Research and Evaluation at The Mental Health Services Conference held in Perth 2014.
2. The commissioning of a best practice online guide and resource to support the improvement in the effectiveness and processes by which organisations engage consumers and carers in their research and evaluation work. This will offer a lasting resource for people in the two sectors, with a broad range of ideas, templates and suggested resources.
3. CMHDARN held its first targeted research forum focussed on working Aboriginal communities. New relationships developed through the planning and conduct of this forum were made with the Lowitja Institute (Melbourne) and the Healing Foundation (Canberra).
4. Presentation of a paper on the work of CMHDARN entitled "Research into practice - lessons from a network approach to the challenge of implementation", at the 2nd Australasian National Implementation Conference held in Sydney in September 2014.

CMHDARN Research forums

3 research forums were held in this period.

- Rural Forum held Ballina, 3 July 2014, *Strategies for Building Research Capacity in your Organisation*
- Sydney forum held 7 August – *Understanding Best Practice Research when Working with Aboriginal Communities and People*
- Sydney Forum held December 2nd – *Navigating Research Ethics*

Reflective Practice Forums

- Reflective Practice Webinar held August 12, *Improving organisational capacity and demonstrating efficacy*
- Reflective Practice Webinar held November 25, *Integrated psychological treatment addressing co-existing alcohol misuse and depression*

CMHDARN Mentoring

The CMHDARN Community Research Mentoring Project continued into the second part of 2014. As part of the development of this project, an interim evaluation was undertaken during August 2014.

Key results:

General rating of program

Who?	Excellent	Very Good
Mentees (n= 4, 40% response)	3	1
Mentors (n= 5, 50% response)	2	3
N= 9	5	4

CMHDARN Update

Continued

Key activities undertaken

Activities undertaken varied considerably. Some examples include:

- Advice on designing a service evaluation and specifically an evaluation survey for one part of the evaluation.
- Review of research and evaluation outcomes tools. How to approach the development of evaluation tools.
- Discussion of methodology, analysis and programs to code data (i.e. design of telephone evaluation study, including feedback on survey instruments).

Ways the mentors helped staff improve your research knowledge and skills

- "X has been excellent in guiding my research design. It has also given me an understanding of how to select the right psychometric tools."
- "X has been able to give me good advice regarding survey monkey, survey design, questions to ask and to link me with other similar studies so this has been really helpful."
- "My mentor directed me to research articles and websites which were extremely helpful."
- "Better knowledge of what research and evaluation tools are available."

Promotion of consumer participation in research activity

CMHDARN encourages and promotes organisations to consider the role that consumers and clients play in their research activity, and how they can improve their participation.

In June 2014 a special project to develop an online resource *A guide for organisations for increasing carer and consumer/ client participation and involvement in research activity* was approved in relation to improving organisations' approach to increasing participation of consumers and carers in research activity. The final draft is currently being edited and finalised.

Engaging with stakeholders

The engagement with CMHDARN during the last seven months has included:

- 249 registered CMHDARN members (December 31, 2014)
- 104 people registered for the three research forums
- 52 people registered for the two webinars
- 792 individual users of the website
- 23 instances of academic researcher involvement

Click here to read the CMHDARN Evaluation Report.

More information at: www.cmhdaresearchnetwork.com.au

Farewell to Deb

We recently farewelled Deb Tipper, who oversaw CMHDARN for three years. Deb did a tremendous job in managing the research network, cementing the program of activities, delivering the successful seeding grants program and getting up the mentoring program in partnerships with CREMS.

In addition to balancing herself between NADA and the MHCC to meet the needs of both sectors.

We wish her all the best in the future.

NADA Snapshot

Policy and submissions

- NADA and the other state and territory AOD peaks sent a joint letter to Minister Ley regarding the continued funding of the SMSDGF and NGOTGP.
- NADA developed a position paper to inform the Partners for Health initiative – *Healthy Partners: Implementing a connected and sustainable system to reduce alcohol and drug related harms in NSW.*
- A letter of support was provided for Hepatitis NSW's submission for consideration of Hepatitis C drugs to the Pharmaceutical Benefits Advisory Committee.

Advocacy and representation

- NADA met with the chief advisors of the NSW Minister for Health and Minister for Mental Health to discuss the NADA *Health Partners* Position Paper.
- Participation in the Partnerships for Health NGO Advisory Group meetings and fortnightly meetings with MHDAO to support the planning process. NADA also participated in the *Partnerships for Health: Mental Health Drug and Alcohol Forum.*
- SWSLHD held a planning day in partnership with NADA to map services in the SWS area, identify gaps, priorities and develop a service delivery framework.
- NADA met with the Drug and Alcohol Network Manager for Agency for Clinical Innovation to discuss the role of the NGO sector and nominate an interim co-chair.
- Representation on the Drug and Alcohol Treatment Services Evaluation Workgroup.
- NADA met with ATODA to discuss a range of cross border matters between AOD NGO's in NSW and the ACT. A partnership between the two peak organisations has been initiated to further support cross border relations.
- A meeting was held with NUAA to discuss working more closely on consumer related matters and will explore the development of a formal partnership.
- NADA co-chairs an independent committee to conduct a consultation on the establishment of a new national AOD peak body and provide a report to the ADCA board on options.
- Hepatitis NSW and NADA have commenced drafting an MOU and will establish ongoing meetings.
- Meeting with STIPU regarding HIV testing in mental health and drug and alcohol settings.
- NADA attended the quarterly MHDAO *Drug and Alcohol Program Council* meeting and MHDAO *Drug and Alcohol Quality in Treatment* meeting.
- NADA coordinated the NDARC Suicide Assessment Kit Advisory Group meeting.
- Participation in the Tackling Nicotine Together Investigators Group with the University of Newcastle.
- NADA convened the Peaks Capacity Building Network teleconference meeting which provides ongoing opportunities to collaborate and share information on a range of capacity building initiatives with the other state and territory AOD peaks.

Sector development activity

- NADA hosted a Women's AOD Services Network Meeting which reviewed the progress of the Network to date and began to plan for future activities.
- CMHDARN held a forum that showcased the Mentoring Program, in partnership with CREMS, and explored opportunities to further develop the program.
- NADA hosted a well-attended Benchmarking Workshop for members.
- The first round of Workforce Development Grants for the January to June 2015 period has concluded.

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Training Grants