Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 1: March 2021

Strengths based

NADA
network of alcohol and other drugs agencies

CEO report

Robert Stirling NADA

NADA and its members ended 2020 with the hope that the future will be brighter. And now in 2021, things look promising with the COVID-19 vaccine rolling out to reduce or eliminate community transmission by the end of the year. We do hope, more importantly, that member services will be able to achieve pre-COVID-19 treatment conditions, or have cemented service adaptations that have improved treatment and support. One thing is true, the strength of our members shone through, and the resilience of people reaching out for AOD treatment support continues to be unwavering.

This issue of the Advocate is focused on strengths based approaches—an approach that members have embraced to support the communities we serve. As part of the last NADA strategic planning day, we reflected on how we best support the needs of our members. The three pillars of our own strategy have been advocacy (system level), capacity building (service level) and workforce development (individual level). But we knew something was missing. Our current plan added a new priority—promote the strengths of its members—to 'position the sector as providers of quality, innovative and evidence based treatment and harm reduction services'.

How do we do that? By leveraging off the amazing work that our members do. By learning from, and promoting their practice wisdom, and the evidence that they generate at the service level. We support them to collect data and we try and feed that back in a way that supports practice at the person, service and system level. We listen to what our members' needs are, we commission and partner on research that will improve the quality of their work, and promote the non government sector as professional and credible. A sector that funders want to invest in, to achieve outcomes that matter for people impacted by AOD.

NADA has always believed that the strengths of our sector lies in its diversity. Our members are diverse in their philosophy, treatment approaches, the populations they work with, and the workforce that delivers those services. We are fortunate to have strong networks of services that support Aboriginal and Torres Strait Islander people, women and women with their children, and young people. We have services that support families, gender and sexuality diverse communities, multicultural communities and people with experience of homelessness and the criminal justice system. We value and promote their models of care so that others can learn from the strength of their approaches.

The DPMP study demonstrates that NADA members are responsive and adaptable. But there is a risk that waiting lists will grow and our workforce will be burnt out if we don't secure increased and sustainable funding.

We acknowledge that 2020 was a challenging year for members. In response, we knew that we needed to document that impact and provide independent advice to government on where we go to from here. NADA redirected its funds to commission the Drug Policy Modelling Program (DPMP) to undertake research on the impact of COVID-19 on members and provide advice on the actions that need to be taken—by members, by NADA and by funders. We need to celebrate the adaptations to virtual care that provided continuity of care. However, we need to ensure that we can support and retain our workforce, that worked so hard to continue to provide services through adversity. Read more on page 23.

See you all the NADA Conference in April to promote the strengths of our members.

Come together at the conference of the year

Join us at NADA Conference 2021, to be held on 22–23 April in Sydney. Showcasing interventions designed to improve outcomes for clients, this event will inform with new ideas, engage with the evidence base and provide networking opportunities.
In person registrations close 9 April or when tickets sell out.

See the draft program

Coming in person? Register now.

Let's talk about...

strengths

By Suzie Hudson, NADA

What is a strengths based approach?

You can work using a strengths based approach with individuals, their networks and community. Working from this perspective means identifying positives and putting energy into growing them, focussing on wellness and acknowledging that despite facing adversity, people often do well and thrive. For example, to achieve the goal of reducing substance use harms, this might mean focusing on growing alternative activities, connections and reducing the significant space and time that the substance use occupies.

How do I put it into practice?

Strengths range from personal values, personal characteristics to positive relationships. To reveal and reinforce the strengths people have when they engage in treatment, some questions you might ask are:

- what did it take for you to be here today?
- what is working well for you?
- what have you tried, and what has been helpful in making changes?
- you are resilient—what do you do to help you bounce back?

Let's talk about strengths

continued

How would I know that I am applying a strengths based approach?

The future of strengths based social work practice offers six standards for judging what constitutes a strengths based approach and you can use them to see how your own practice is going:

Standard	What to focus on	How to apply it
Goal oriented	People setting goals they would like to achieve in their lives	Work together to identify what the person would like to achieve by engaging in treatment: **'What is one thing you would like to work towards while you are here?'**
Assess the strengths	Rather than problems or deficits, unearth the personal resources	Step back from focusing on what a person is not doing and highlight what they are doing: **'Even with all that is going on for you, you made it here, that took some courage.'**
Link to resources	Linking people to resources (e.g., people, groups, services) that might assist	In every space and community there are potential resources that might support someone: **'Are there things/people you used to enjoy connecting with? What would it be like to explore things that are in your community now.'**
Apply the right methods	Specific methods (e.g., solution focused therapy, strengths based case management) are applied and match the stage a person might be in their treatment	Several therapeutic approaches are considered strengths based e.g. narrative therapy: **'What might it be like to put energy into growing your story of courage, exploring the things you are doing right now to challenge the dominant story of struggle?'**
Emphasis on positive relationships	Increasing experiences of hope through positive relationships and connection with community and culture	Strengthening relationships and connection is an approach that the Aboriginal AOD workforce have always applied: **'Would it be useful to make some links with the local Aboriginal service—would you like to explore that?'**
Meaningful choice	A collaborative stance, where people are experts in their own lives, is key	The role of the AOD worker is to provide information and options, so that people can make informed choice about their care: **'Are you aware of the different kinds of AOD treatment that are available? We have a day program that might be a bit more flexible for you.'**

Therapeutic methods

Under the umbrella of a strengths based approach there are different therapies that have congruence:

- solution focused therapy
- strengths based case management
- narrative therapy
- family inclusive practices.

Bibliography

Rapp, C., Saleebey, D. and Sullivan, P.W. (2008). The future of strengths based social work practice, in Saleebey, D. (ed) (2006) The strengths perspective in social work practice, (4th Ed) Boston: Pearson Education.

Masten, A. S. (2001). Defining resilience. *American Psychologist*, 56, 227-238.

McCashen, W. (2005). The strengths approach, Bendigo, VIC: Australia: St. Luke's Innovative Resources.

Saleebey, D. (ed) (2006) The strengths perspective in social work practice, (4th Ed) Boston: Pearson Education.

How does the strengths based approach inform your work?

Elouera Women's Program, Lives Lived Well

Lara Newstead, Credentialed Mental Health Nurse

Tell us about the clients at Elouera. Why do they seek your support? Elouera is a gender responsive residential rehabilitation service based in rural NSW. Many of our clients reside throughout Western NSW with a significant proportion of the women who access our service identifying as Aboriginal or Torres Strait islander. Many women tell us that they seek our support due to our location, which for many is on country or near to country. Given the nature of our program, we work alongside women and children (under 12 years) who would not be able to access support if they were unable to bring their children to the program. We also work with women in the perinatal period and who have survived domestic abuse.

Why is it important to worth with women using a strengths based approach? Many of the women we work alongside have experienced significant adversity throughout their lives, particularly trauma. As a result, they often find themselves in quite vulnerable circumstances and surrounded by themes of disempowerment and invalidation; and an overarching narrative grounded in a fragmented sense of self and limited hope. Working within a strengths based model allows us to collaborate with our clients who are ultimately the experts in their own recovery; demonstrate belief in their self-efficacy and to guide them to identify the resilience that is inherent within them.

What does this look like in practice? A service that is strongly founded upon the principles of trauma informed care. A team that is passionate about working alongside women and their children; who value reflective practice; who strive to create a physically and emotionally safe environment; who promote shared control and choice.

We are curious about behaviour and choices, and acknowledge that these are often adaptive strategies that may have been developed in the face of adverse past experiences. We encourage the women to acknowledge that this is the foundation of resilience, not a sign of weakness or that something is 'wrong'.

An evidence based therapeutic group program that is regularly reviewed with input from the women and that is comprised of groups specifically underpinned by the principles of strength based practice, including but not limited to: SMART Recovery, Women Choice and Change, DBT skills, and strengths based case management that is driven by client identified goals and collaboration.

As a program we value strong connections to the wider community and encourage the women to explore these resources as part of their own strengths. This exploration begins with outside services visiting the Elouera Program regularly and is further embedded during the aftercare period where our continuing care team can encourage and coach women in the community.

What are the benefits? From a statistical point of view this results in improved program retention and a significant impact on the outcomes measures we collect, the mental health based outcomes and quality of life measure. We also receive feedback regarding women and children having a positive experience of accessing a service which improves the likelihood that they will mobilise their ability to ask for help in the future.

Here is what some of the women currently accessing our service have to say about the impact of working within a strengths based model:

'For the first time in my life, I realised that it was ok to feel how I was feeling, this was not a weakness. This has changed the way I see myself and my anxiety.'

'If I look back to the start of my program, I could have given you a huge list of what is wrong with me; after being here and doing the groups, my brain now starts to look for the positives, and that list is getting longer each day.'

Speak Out Program, Weave

Mardi Diles, Head of Programs and Partnerships
Dylan Clay, Program Manager of Speak Out Dual Diagnosis Program

Tell us about the clients at the Speak Out Program. Why do they seek your support? People come to Weave for a variety of reasons. In the Speak Out Program, we support young people aged 12–18 years that experience co-existing mental health and substance use challenges. We provide therapeutic case work, counselling, youth advocacy, group work and community development initiatives delivered by trauma informed, strengths based approaches.

Weave offers a diverse range of programs that have been designed to help tackle issues related to poverty, AOD, mental health, homelessness, domestic violence, family breakdown and isolation.

Given the context of our clients' lives, we work from a strengths based approach that supports clients to achieve their goals and aspirations. We walk alongside our clients and help build their resilience by focusing on their capabilities, strengths and resources.

Why is it important to worth with young people using a strengths based approach? Many of the young people we work with have been trapped in systemic disadvantage and often treated in ways that make them feel like they are a problem, they are difficult to deal with, they are worthless.

Working from a strengths based approach provides an opportunity to see young people differently and give them a different experience of themselves. This creates space and opportunity to tune into things they are passionate about, identify what they are good at, and tune into what their values are for themselves in the future.

What does this look like in practice? The young people that we work with at Weave show so much resilience every day, that it feels natural to highlight that resilience and to build on it.

In practice, our strengths based approach looks like listening for strengths and highlighting moments of resilience; focusing on all the skills that a young person brings and finding creative ways to work those skills and strengths into achieving identified goals; or using an individual's strengths as a platform for growth and development.

What are the benefits? When we focus on strengths, we're distancing ourselves from 'problems' or 'issues' by centering what a person can do rather that what they can't do.

Whey you use a strengths based approach to service delivery, both client and support staff can break issues down into manageable and achievable goals, focusing on those strengths, skills and abilities that will help some achieve their goals.

Missed a webinar? Catch up now.

Watch videos

Resilient, connected, Aboriginal

Cultural awareness trainer Felicity (Flic) Ryan, and Nana Muru Project (Lives Lived Well) team leader and ADAN board member, Lee Lawrence, talk about strengths based approaches working with Aboriginal people.

Why is it important to work with Aboriginal people using a strengths based approach?

Flic: We are the oldest continually living culture in the world. To reach that milestone a race of people must be phenomenally strong. I believe that resilience is one of our greatest strengths, as are our connections to country, family, community, Elders and Ancestors. It is unimaginable that a society would not deeply acknowledge and respect those same strengths. This is not only a great disservice to Aboriginal people but to Australian society as a whole.

Lee: Aboriginal people are incredibly resilient! And strength based approaches builds upon this. By using clients' strengths in AOD work, you take away the shame. Strengths based approaches also encourage high levels of self-esteem—clients see achievements quickly and then reach their goals.

What does this look like in practice?

Flic: Practically, Aboriginal people need to be seen as the experts in their own lives. Enforcing personal, professional and systemic values when working with mob can do much more damage. Through the Aboriginal lens this can be seen as regressive, not progressive. An Elder taught me once that humans have two ears and one mouth for a very good reason. Listening deeply is key, as is the self-determination of an individual's strengths and supports within their own community. The use of practical narrative techniques such as eco-mapping and visual timelines when working with Aboriginal people can provide this detail.

Lee: Agree. Lots of listening to the person's view, listening to their story. The principals of strength based therapy outlined by Walter Kisthardt is appropriate for use with Aboriginal people, as this is how most communities and families operate and have done so for thousands of years. This means early in the therapeutic relationship, we identify client strengths, interests, experience and more. We understand that they direct the helping efforts, and that our relationship is built on partnership. Power *with* another. We prefer to work together in the community, and we view them as potential resources. Also, everyone has the capacity to learn and grow, and that may mean they experience falling short of a goal. And that is okay.

What are the benefits?

Flic: When we make genuine and meaningful decisions around our own future, without the imposition of being directed in a potentially unwanted way, we are more likely to own those related processes. Ultimately, this means that we are more likely to experience more culturally appropriate, positive outcomes.

Lee: In relation to AOD work, strengths based works well across all client types. The client can take the knowledge that they now have back into community and this in turn helps a community to grow. Clients feel good about seeking the help as the shame sigma is taken out of the equation focus is not on what the client has done but more towards what the client can do. The client has control over their own recovery and this is empowering!

Strength training

Flic: The strength within our population and ultimately, the healing of our country lies in truth-telling. My strengths based workshops provide people with an opportunity to acknowledge the painful and confronting, but accurate history of this country. It's not until we understand and accept that a very recent history continues to have serious impacts on contemporary Aboriginal people that we will be able to forge stronger bonds as a nation.


cc by 2.0 Kent Wang

Don't mention the war

By Sharon Lee NADA

You're at a barbecue, at the hairdressers or in a ride share—you could be anywhere. Someone asks what you do for work, and you tell them. 'People who choose to use drugs deserve the consequences that come with the choice,' and 'Why would you bother to help them?' are familiar responses. How could they think that?

It's that familiar foe—stigma—rearing its ugly head!

Stigma is a nefarious beast, profoundly affecting people who use AOD, their sense of self-worth and if they experience issues, their ability to seek help. It lies in the path of policy reform and obstructs sector funding.

So how did we get here? And more importantly, how do we change it?

Fear, difference and blame

There is widespread, disproportionate fear in the community about illicit drugs, and many people perceive them to be scary, dangerous and morally wrong. The stigma associated with people who use these drugs reflects this fear. So people who use them are stigmatised, that is, seen to be different, discredited as an individual in the eyes of society, resulting in them becoming devalued, discriminated against and labelled as deviant.[1]

There's not a great deal lot of sympathy for people experiencing issues with their AOD use either. Instead there is blame, as dependence is commonly believed to be caused by a lack of self-discipline, willpower or personal choice.[2] The stigma flows onto the sector that provides specialist services to them.[3] But what causes this fear?

Powerful actors persuading

The illicit status of drugs contributes to the perception of dangerousness. Plus, many people aren't wholly familiar with them; they are poorly understood, rendering an unfamiliar form of intoxication, with the potential for loss of control.[4] People who have little contact with illicit drugs, or the people who use them, 'shape their perception of risk and their behaviour around prominent portrayals in the media'.[5]

News media frequently cover illicit drug stories. During long running campaigns, they may exaggerate drug prevalence to be 'epidemic'. Using this metaphor, they shape public understanding in terms of a sudden outbreak, with powerful and unstoppable spread. And so illicit drug use become a clear and dangerous threat to the community, to be urgently abated.[6]

Police officers are inserted into the frame by their media liaisons who co-ordinate press conferences, issue media releases and provide dramatic 'drug bust' footage. News media then disproportionately portray illicit drugs in a law enforcement or criminal justice context.[7]

Don't mention the war

continued

When politicians declare a metaphorical 'war' on drugs, they activate a cluster of associations like enemies, a battleground, weapons, attacks and defences, victory and defeat. This overstates the danger of drug use, creating panic which seems to justify strict law enforcement and criminal prosecutions.[8]

And lastly, governments often fund, create and broadcast fear based campaigns.

The powerful stoke fear, escalate perceived danger and scorch people who use drugs with their negative portrayals. They repeat their frames, over and over. Their frames are now dominant, people find it difficult to think about the issue in any other way.

Literally.

Cognitive linguistics research tells us that frames are physically realized in neural circuits in the brain, and the synapses in neural circuits are made stronger each time they are activated through repetition.[9]

It's a broken record we need to change.

Change the record

We need to tell a new story about AOD, particularly illicit drugs, and the people who use them. We need to have open and honest conversations with people about them, so they can see the issue from *our* perspective. The Alcohol and Drug Foundation, Uniting NSW.ACT and the New Zealand Drug Foundation commissioned Common Cause to undertake research and develop a resource, *Drug Stigma—Message Guide*, to assist.

The research shows that many of us are unwittingly reinforcing the dominant frame; and the resource provides tips to help avoid this. People are already scared of drugs, so we should not work to activate this, nor imply that all drug use is problematic. We should avoid the repetition of the phrase 'war on drugs' or even mention illegality, crime or community safety.[10] That's because 'words are defined relative to conceptual frames. When you hear a word, its frame is activated in your brain.'[11]

'People in the AOD sector will have to make some hard, fundamental changes to the way they communicate. It will take a lot of practice,' says Erin Lalor, CEO of Alcohol and Drug Foundation.

And while we may want to convince *everyone*, these efforts are less than productive. 'The research shows that people are split into supporters and those who oppose. We shouldn't focus on the opposition, the shock jocks and the like, we should focus our messages on the people in the middle, the people who we can persuade,' says Erin.

To tell our story, we can start by **priming helpful values**, that connect strongly to altruism, like honesty, helpfulness and equality; and open-mindedness, like freedom, choice, creativity and curiosity.[12]

We then follow this by:

- **putting people who perpetuate stigma in the frame** Shift the blame from people who use drugs to people who perpetuate stigma, like prominent people who support punitive policies and sensationalist media coverage.
- **painting a new picture of people who use drugs** Paint a realistic and diverse picture of the people who use illicit drugs in Australia, to show that they are in fact, *us*.
- **pointing out that preventing all drug use is unrealistic** You know, common sense!
- **bringing alcohol into the frame** Remind people that alcohol is a drug that causes significant harm in Australia.
- **framing dependence as a symptom** Explain why substance dependence happens, as an outcome of other life challenges, rather than something caused by the drug itself.[13]

Values based messaging is a key mechanism that we must adopt to make change. 'We have to use values based messaging all the time. When you're at the hairdresser, when you're talking to the media, when you're talking to clients or the government. We must incorporate it in everything we do and say to make an impact,' Erin concludes.

Learn more

- To view a complete message, and read more on the tips, download the *Drug Stigma—Message Guide*.
- Register for the NADA Conference 2021, and attend the workshop 'Evidence based messages that reduce drug stigma' on 23 April, delivered by Mark Chenery (Common Cause).
- NADA members can register for the advocacy skills pre-conference workshop on 21 April, with a session on communicating for change, with a focus on the message guide, also delivered by Common Cause.

Don't mention the war

continued

Stop stigma at the source

The media plays an important role in the public debate regarding AOD. AOD Media Watch was formed to improve the reporting by shining the light on stories that contain misinformation, perpetuate unnecessary moral panic and stigma. They also celebrate exemplary journalism.

AOD Media Watch recently highlighted stories intent on naming and shaming people who use drugs. AOD Media Watch suggests that these efforts perpetuate drug related harms and contribute to the incitement of the very behaviours these publications seek to critique.

Submit an article to AOD Media Watch if you spot a story that that you believe contains misinformation about AOD, or is perpetuating moral panic or stigma among people who use drugs.

Bibliography

1. Goffman, E. (1963). in Lancaster, K., Seear, K. & Ritter. A. (2018). Monograph No. 26: Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.
2. Lloyd, C. (2013). The stigmatization of problem drug users: A narrative literature review, *Drugs: Education, Prevention and Policy*, 20:2, 85-95.
3. Ibid.
4. Caulkins, J.P., & Menefee, R. (2009). in Lloyd, C. (2013). The stigmatization of problem drug users: A narrative literature review, *Drugs: Education, Prevention and Policy*, 20:2, 85-95.
5. Gelders D, Patesson R, Vandoninck S, et al. (2009). in Lloyd, C. (2013). Illicit drugs and the media: Models of media effects for use in drug policy research.
6. Bessant, J. (2008). From 'harm minimization' to 'zero tolerance' drugs policy in Australia: How the Howard government changed its mind. *Policy Studies*, v.29, pp.197-214.
7. Hughes, C., Spicer, B., Lancaster, K., Matthew-Simmons, F., & Dillon, P. (2010). Monograph No. 19: Media reporting on illicit drugs in Australia: Trends and impacts on youth attitudes to illicit drug use. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.
8. Flusberg, S.J., Matlock T & Thibodeau, P.H. (2018). War metaphors in public discourse, *Metaphor and Symbol*, 33:1, 1-18.
9. Lakoff, G. (2004). *Don't think of an elephant: Know your values and frame the debate: The essential guide for progressives*. White River Junction, Vt, Chelsea Green Pub. Co.
10. Common Cause. (2021). Drug stigma—Message Guide.
11. Lakoff, G. (2004).
12. Common Cause. (2021).
13. Ibid.

Workforce capability framework

Central to workforce performance are capabilities—the knowledge, skills and attributes that all workers in this sector must demonstrate to perform their roles effectively.

The *Workforce Capability Framework: Core capabilities for the NSW non government alcohol and other drugs sector* describes the core capabilities and associated behaviours expected of all NSW non government AOD workers.

The main capability related to strength based practice is included below.

a. Works alongside and in partnership with people in a manner that values their strengths and expertise
b. Applies the principles of all relevant state, national and international standards on human rights and responsibilities
c. Treats people fairly and equitably, showing consideration and respect for all people
d. Develops and adjusts own approach to facilitate empowerment, and works to eliminate all violations of human rights and social justice
e. Recognises and supports the principles of autonomy and self-determination by actively and genuinely engaging people in all planning, decision making and goal setting
f. Provides information to people about their rights in a way that supports them to understand and exercise their rights
g. Advocates for non-disclosure of sensitive and confidential information where there are concerns that disclosure could adversely affect a person
h. Ensures that people are aware of organisational feedback and complaint processes and how to use them

See the framework

Resilience

More than a buzzword

Rosemaree Miller, NADA

The personal growth that comes from overcoming adversity is one of the most fulfilling experiences imaginable. Think about your own life; what events, situations, and maybe even tragedies, led you to become the person you are today?

Enhancing psychological resilience is an excellent example of a strengths based approach to service delivery. For people who use drugs, learning strategies for increasing their resilience may improve their long-term outcomes after completing treatment.[1] Maintaining or improving AOD staff's resilience could also translate into a more engaged workforce and increase worker wellbeing.[2]

Psychological resilience
The ability to bounce back or overcome some form of adversity and thus experience positive outcomes despite an aversive event or situation.[3]

Resilience as a protective factor

Being able to bounce back from or overcome adversity may protect a person from engaging in undesirable behaviours or experiencing negative outcomes later in life. For instance, most drug use research on resilience focuses on helping people abstain from future drug use.[1]

However, some researchers caution against concentrating on abstinence as the only sign of resilience in people who use drugs. Doing so could mean that research misses opportunities to gain further insight into why people take up drug use in the first place.[1] In practice, this means viewing the building of a client's resilience as an ongoing process that improves their overall quality of life. Teaching resilience building strategies to clients may help them maintain the gains made during treatment in the long-term.[4,5]

In the AOD workforce, high resilience levels could also protect staff from burnout and disengaging from their work with clients. In their 2017 report on AOD worker wellbeing, Nicholas and colleagues propose that '…resilience promoting work environments can reduce the negative, and increase the positive, outcomes stemming from working in potentially demanding environments'.[6] When juggling multiple competing priorities in a fast paced workplace, resilience may help staff adapt more quickly to change and maintain their productivity during stressful times.

Resilience is multi-faceted

Resilience can be defined as a stable trait or a product of how a person copes with adversity. Still, others characterise resilience as an ongoing and dynamic process.[5] But, no matter how resilience is defined, some research has found that resilience is associated with better long-term outcomes for people who use drugs.

One study assessed resilience in young adults aged 18 to 39 years old who had engaged in polysubstance use within the last 90 days.[7] The researchers reported that higher levels of resilience were related to reduced substance use, a consistent finding at baseline, and 3-, 6- and 12-month follow-up. At baseline, two-thirds of the young adults also participated in a brief intervention designed to decrease risky health behaviours. Interestingly, the most considerable reductions in substance use were observed when the intervention was administered by a person, rather than self-administration.

In another study, researchers who interviewed women undergoing treatment for opioid use disorder during and after pregnancy.[5] Resilience was linked with the women's own motivation and their capacity to positively adapt to changing life circumstances. Examples included feeling more in control of their substance use, being open about their need for treatment to medical specialists and learning how to access social support.

Outcomes
The changes, benefits, learnings, or other effects that happen as a result of what the organisation offers or provides.[8]

Is resilience an outcome, a process, or a trait?

Another significant development in resilience research is a general shift towards treating resilience as an outcome or process.[9] Agreement on the meaning of a concept, such as resilience, is important in research. When researchers agree on what a concept refers to, it leads to consistent practices in how a concept is measured in real-life settings. For instance, how would you go about assessing the resilience of the clients currently engaged with your service?

An outcomes view of resilience aligns with most relevant AOD literature; however, there is still a lack of consensus on how resilience is defined in research generally.[1,9] This discrepancy means you should exercise caution if you evaluate the resilience of staff or clients. Consider whether you want to measure resilience as an outcome, process, or trait, and which of these will be most helpful for your service.

Lower resilience is associated with poorer outcomes in young adults who use drugs.[7] However, inventions for improving resilience and social support may decrease the chance that drug use will become problematic and offset risk factors associated with drug use.[10] For instance, in individuals receiving treatment for substance use disorder rebuilding trust in other people has been linked with emotional resilience.[4]

Conclusion

In the AOD sector, clients come to our services with many different experiences and from diverse backgrounds. A strengths based approach to service delivery can help clients maintain treatment gains in the long-term and help AOD staff avoid burnout. Building resilience continues to be a promising avenue to pursue a strengths based approach.

However, prior AOD research has focused overly on avoiding negative outcomes due to resilience, rather than the positive outcomes that can be gained from increasing one's resilience. The importance of resilience for staff and clients has been especially evident during the COVID-19 pandemic. Being aware of the limitations in current knowledge on resilience helps translate research into practice and implement coping strategies that benefit both clients and staff.

Resources

- The Centre for Clinical Interventions has a range of self-help resources for mental health, including distress intolerance and increasing self-compassion.
- The Positivity Institute has provided the Resilience+ Carekit [PDF] online. The Carekit contains a variety of psychological strategies to help individuals cope with ambiguity and uncertainty.
- In this Conversation article, Jessica Armitage reviews recent research on resilience and the need to shift focus to positive, rather than negative, outcomes.
- *Doing What Matters in Times of Stress: An Illustrated Guide* is a stress management guide for coping with adversity. The guide, created by the World Health Organization, aims to equip people with practical skills to help cope with stress.
- The Black Dog Institute Bite Back Mental Fitness Challenge is a six-week online program designed to increase well-being in young people 13 to 16 years old by reducing stress, depression and anxiety, improving focus and building resilience.

References

1. Rudzinski, K., McDonough, P., Gartner, R., & Strike, C. (2017). Is there room for resilience? A scoping review and critique of substance use literature and its utilization of the concept of resilience. *Substance Abuse Treatment, Prevention, and Policy*, 12(1), 41. https://doi.org/10.1186/s13011-017-0125-2
2. Duraisingam, V., Roche, A. M., Kostadinov, V., Hodge, S., & Chapman, J. (2020). Predictors of work engagement among Australian non-government drug and alcohol employees: Implications for policy and practice. *International Journal of Drug Policy*, 76, 102638. https://doi.org/10.1016/j.drugpo.2019.102638
3. Vella, S.-L., & Pai, N. (2019). A theoretical review of psychological resilience: Defining resilience and resilience research over the decades. *Archives of Medicine and Health Sciences*, 7(2), 233. https://doi.org/10.4103/amhs.amhs_119_19
4. Bjornestad, J., Svendsen, T. S., Slyngstad, T. E., Erga, A. H., McKay, J. R., Nesvåg, S., Skaalevik, A. W., Veseth, M., & Moltu, C. (2019). "A Life More Ordinary" Processes of 5-Year recovery from substance abuse. Experiences of 30 Recovered Service Users. *Frontiers in Psychiatry*, 10. https://doi.org/10.3389/fpsyt.2019.00689
5. Goodman, D. J., Saunders, E. C., & Wolff, K. B. (2020). In their own words: A qualitative study of factors promoting resilience and recovery among postpartum women with opioid use disorders. *BMC Pregnancy and Childbirth*, 20(1), 178. https://doi.org/10.1186/s12884-020-02872-5
6. Nicholas, R., Duraisingam, V., Roche, A., Braye, K., & Hodge, S. (2017). Enhancing alcohol and other drug workers' wellbeing: A literature review. National Centre for Education and Training on Addiction (NCETA), Flinders University.
7. Kurtz, S. P., Pagano, M. E., Buttram, M. E., & Ungar, M. (2019). Brief interventions for young adults who use drugs: The moderating effects of resilience and trauma. *Journal of Substance Abuse Treatment*, 101, 18–24. https://doi.org/10.1016/j.jsat.2019.03.009
8. Network of Alcohol and Other Drugs Network (2016). Program and evaluation guide. Sydney: Network of Alcohol and Other Drugs Network.
9. Chmitorz, A., Kunzler, A., Helmreich, I., Tüscher, O., Kalisch, R., Kubiak, T., Wessa, M., & Lieb, K. (2018). Intervention studies to foster resilience – A systematic review and proposal for a resilience framework in future intervention studies. *Clinical Psychology Review*, 59, 78–100. https://doi.org/10.1016/j.cpr.2017.11.002
10. EL Rawas, R., Amaral, I. M., & Hofer, A. (2020). Social interaction reward: A resilience approach to overcome vulnerability to drugs of abuse. *European Neuropsychopharmacology*, 37, 12–28. https://doi.org/10.1016/j.euroneuro.2020.06.008

Strengths across sectors

Improving the health and wellbeing of people who seek AOD support often means working hand in hand with those who help them in different facets of their lives. In this article we introduce cross sector colleagues who provide affordable housing, support people on their mental health recovery journeys and advocate for people with disability. You'll see that despite our diverse specialties, we hold much in common.

Community and housing development

'We support individuals and families who haven't always had a stable, safe or secure place to call home,' says **Mission Australia Housing**'s community development officer, Kyle Wiebe.

Due to a lack of affordable housing, many people in Australia are at risk of experiencing homelessness, he says. 'Around half of low-income households in Australian private rental homes are experiencing rental stress. This means they spend more than 30% of their income on housing.'[1]

This is where Mission Australia Housing comes in, providing more than 3000 social and affordable homes across Australia. 'We support people to regain positive social roles in the community and eventually achieve independence.'

Kyle says strengths based approaches are used widely in community and housing development. 'In my field, a strength based approach is one that identifies community strengths and enables people to use and build on their abilities to achieve improvements in their community, or foster community connection.'

He spends his days working at Mission Australia's Common Ground in Camperdown. 'Our residents and their community are finding their own purpose and often just want to be able to participate and give back; be it through breakfast clubs, community lunches, or helping artists to share their skills.'

Active listening, learning from everyone's skills and working at their own pace is vital. 'We don't rush things!' he says.

'As we all do, sometimes the people who we work with have their bad days and have to pause the work, and that's okay. It's about ensuring that people feel supported to put their best foot forward, and by uniting individuals we can leverage our skills together,' he concludes.

Mental health

'We support people on their mental health recovery journeys, helping them to build confidence, learn skills and pursue their goals in relation to finding a job, creating a home, making friends and learning new skills,' says **Flourish Australia**'s Trevor Matthews, who manages the South East Queensland region.

The strengths based approach is fundamental the organisation's work, says Trevor. 'Our approach is founded upon mutuality, walking beside someone, focusing on what they can do, and builds upon the individual's existing skills, experiences and attributes.'

1. Productivity Commission's Report on Government Services 2021—Housing and Homelessness. Released on 20 January 2021.

Strengths across sectors

continued

'It helps people to feel good about themselves, to build from where they are, drawing on their current skills to set out a path to success. It recognises that people have skills and experience they can draw on, no matter where they are in life. Sometimes those skills and experiences need to be identified and accessed so the person to make choices and to pursue their goals. As such, our approach is underpinned by the person learning about themselves to discover and work towards what they want for themselves.'

Language is very important to their work and strengths based language makes a key contribution. 'Our role is to inspire hope for people and language is an important part of doing that—inclusive, encouraging and non-stigmatising language,' he says.

A key practice tip is to think small. 'Small steps make achievement more realistic and possible, and provide opportunities to celebrate achievements along the way. Gradual improvements reinforce with a person new possibilities, and lifts their expectations of themselves about they can achieve.'

'Due to their lived experience, many people have not completed school, not had a job (or may have lost one) and may have lost connection with family and friends. Building on strengths, starting small and celebrating each achievement helps people believe that success is possible, and the changes they seek to make in their life are achievable,' he concludes.

People with disability

'Our clients come to us seeking support on a range of issues, including housing and homelessness, disability discrimination, violence and abuse, and issues with the NDIS,' says Frances Quan Farrant, senior research and policy officer for the member based advocacy organisation, **People with Disability Australia**.

'What most people don't realise is the NDIS only covers 10 per cent of people with disability. There are more than four million people with disability in Australia, and we face considerable barriers to living our daily lives. We need advocacy to help us realise our human rights, including our right to be full citizens in the community,' says Frances.

The organisation uses a range of inclusive person centred strategies when working with clients, including strengths based approaches. 'An advantage of the strengths approach is that it supports a person's self-determination and empowers them to take control of their own situation. Self-determination is fundamental for people to realise their human rights.'

In practice, using a strengths approach means walking alongside people in their advocacy rather than just doing-for, she says. 'We might talk to a person about an immediate problem they are facing, noting their experiences of the issue in the past, and highlight they have the tools to solve the issue themselves. Helping someone may be as simple as acknowledging a person's attributes; this helps build up the person, improve their outlook and self-regard.'

Often people with disability are disregarded and this can have a damaging effect on a person's self-image. 'Supporting a person to take control of their daily life can lead to incredible outcomes. People who have been left out of decisions or opportunities can forge ahead to take ownership of their experiences and future. The strengths approach can really support people to become strong in themselves,' she says.

Do you have something to share

Contribute to the Advocate to connect with NADA members and stakeholders. Promote new services and projects, innovative partnerships, awards and achievements, or research activity.

Email an expression of interest to Sharon Lee.

cc by nc nd 2.0 Matt-Richards

What lies beneath the surface?

By Chris Sheppard Effective AOD transition worker, Community Restorative Centre

When Scott Miller presented in Sydney a few years ago, he screened a video. The video showed him conducting a client interview; the client didn't want to do an intake assessment or take the documentation from him. Scott stopped the video and asked, 'What's happening here? Why isn't he taking the paper from me to read or sign?'

A flurry of answers came from the audience, like 'He's high', 'He's not ready to engage' and 'He doesn't trust you'.

The real reason? He had a germ phobia.

Scott Miller demonstrated that we must look at the reasons why a client may not be engaging with us—before we decide that they are 'not ready' or 'not engaging'. We need to ask ourselves: Do I *really* know why my client is 'not ready'? Could it be me, the worker? How can I build a connection?

It starts with empathy

I've had my share of support workers, psychologists, AOD workers, doctors and students during my time in mental institutions, prison, along with being involved in homelessness services. Some I felt engaged with, and others, not so much. For me, what made a worker who I could connect with was:

Someone who was regular with their engagement. After starting with a new support worker, it became a good fit when visits were regular—where possible on the same day, and at the same time. Because a person in recovery who is living with trauma and other issues does not understand a worker's calendar or their other responsibilities. So if you can't make an appointment with your client, keep the reason simple and honest, because the person in recovery is prone to thinking: 'Have I been abandoned again?'

Someone who showed they genuinely cared. At the start of my recovery I was very fortunate to meet a psychologist who was genuinely interested in supporting me to reach my goals and gain a sense of normality. He booked five appointments for me straight away, and we both showed up. Sometimes when I would shed a tear so would he, which showed that he was feeling what I had been through—a huge amount of grief and loss. If he said he was going to ring someone or a service for me, he would do it. He never promised what an outcome would be, but he made me feel he would do his best.

Someone who was calm, patient with active listening skills. Silence is always better than a thoughtless, rushed, 'I know better' response.

Now, working in the sector as a professional, I'm talking less about my own experience but drawing upon my lived experience. Reflecting on what it was like for me fills me with empathy, patience, understanding of people and systems, and just how hard it is for people I work with. Let's all reflect on our practice, and the next time a client is not engaging with us, put in the work in to understand *why*.

TRANSLATING STANDARDS INTO PRACTICE

Clinical care standards

Creating a person centered AOD sector

The NSW Clinical Care Standards for Alcohol and Other Drug (AOD) Treatment, known as the Standards, have been developed as a tool to ensure that safe and high-quality care is constantly provided to all AOD clients. *Standard 1: Intake* and *Standard 2: Comprehensive assessment* was featured in the December 2020 Advocate. This issue will look at *Standard 3: Care planning* and *4: Identifying, responding to, and ongoing monitoring of risk*. Find the Standards here.

Standard 3: Care planning

A client in AOD treatment will be engaged in collaborative care planning to develop a comprehensive care plan which is tailored to their individual goals and needs.

Care planning is centred on achieving client goals and identifying risks and barriers to treatment. All clients should have the opportunity to make informed decisions about their care and contribute to their plan.

Comprehensive assessment (Standard 2) identifies what needs to be considered and included in the care plan. A proposed care plan should be developed by the AOD worker in collaboration with the client. The care plan will outline appropriate treatment options, issues or concerns, goals, actions to achieve goals, persons responsible for completing the actions and review dates. A care plan will improve communication and collaboration with those involved in the client's care and ensure all health, social and welfare needs are identified. A copy of the plan should be given to the client for their reference and review.

Effective care planning will enhance a person's experience and quality of care. Service providers can facilitate this experience by ensuring staff are competent in all elements of care planning (workforce development competencies are currently in development to support this process). Services can also support staff through implementing systems and resources which facilitate documentation and outcomes monitoring.

Standard 4: Identifying, responding to, and ongoing monitoring of risk

A client entering AOD treatment will have substance use related risks identified, responded to and monitored throughout treatment.

Assessing and documenting risk is an important element in AOD treatment and care. Identifying and responding to risk commences at intake (Standard 1) and continues throughout the client journey and on discharge from service (Standard 6). Staff need to address and mitigate risks throughout the care planning process (Standard 3) and review within the agreed timeframes. The use of structured clinical tools in risk monitoring, as outlined in the Standards, will support the ongoing review of risk and effectiveness of risk mitigation strategies.

Core risk issues such as injecting risks, homelessness, violence, psychological wellbeing and any risks associated with children in the client's care should be reviewed regardless of the substance used or treatment provided. Additional risks should be considered depending on the persons presentation. Staff should work collaboratively with clients at this stage to ensure they feel supported and are safe.

Services should implement systems to support staff in identifying, managing and evaluating all levels of risks. Developing appropriate pathways of care, partnerships and local protocols will support staff to respond in a timely manner. Systems to escalate, monitor and track incidents must also be considered.

If you have implemented the Standards in your service, the Clinical Care Standards team would love to hear from you! Please email to showcase your work. A Community of Practice has been established to support services in implementing the Standards. The Community of Practice is a forum for sharing ideas, reflecting on challenges and solutions, and for the project team to consult on resource development. If you would like to be involved in this group or provide feedback, please contact the team.

NSW GOVERNMENT Health

CONSUMERS

Harness insights and strengthen support

Would your organisation like to join an initiative that is, in its essence a strength based practice?

The people who access your service have valuable insights into service delivery which may otherwise not be apparent. Why not incorporate practices that consult and partner with consumers to improve service access and responsiveness?

Consumer engagement in healthcare is not only an ethical and legal right, it has many positive benefits at all levels of the organization including; improvements in retention rates of service users, improved health and wellbeing outcomes, improvements in clients/staff relationship and organizational moral, fewer conflicts and complaints and meets accreditation and legal requirements.

NADA's Consumer Engagement project will help you to reflect on current consumer practices in your organization, help you identify where new practices could be incorporated, as well as ways to improve existing consumer feedback mechanisms.

For more information, contact liz@nada.org.au

Community of practice forum

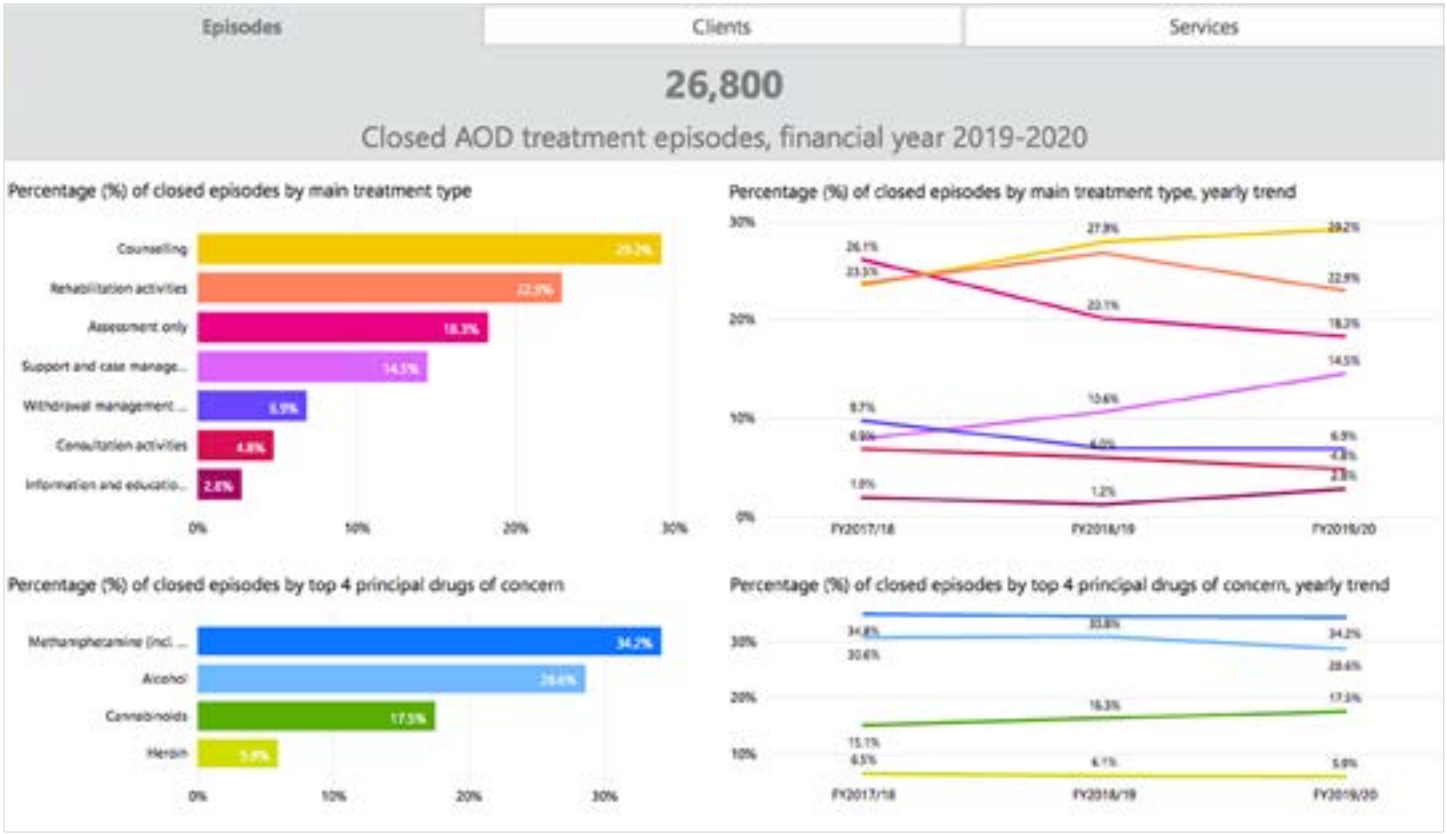
This forum is for workers in the sector who identify as having lived experience of AOD use and/or in consumer identified roles.

There is a depth of literature which highlight the value of people with lived experience working in and informing the AOD sector such as improvement in health and well-being outcomes and improvements in service access and responsiveness. However, issues such as stigma and discrimination, negative perceptions, structural barriers to support and meaningful participation can present as barriers to a deeper acknowledgment of the value of consumer knowledge and the potential for change.

These issues can also pose individual challenges for workers who have lived experience or in consumer identified roles. It is not uncommon for workers to feel isolated in their roles and be unaware of the scope for consumer participation activities. This platform aims bridge the gap with some of these issues by providing a supportive peer based space where workers can share these experiences and hear what has worked for other workers as well as hear about what is being done in the consumer space.

We facilitated the first meeting in December and the feedback has been positive. This forum will continue to run bi-monthly.

For upcoming dates, email liz@nada.org.au



NADAbase update

Tata de Jesus NADA

See the collective impact of NADA members in our new interactive webpage

Take a look at the new NADAbase webpage. It includes an interactive dashboard of sector data collected during the 2019–2020 AODTS N/MDS reporting cycle.

The webpage also includes information on data reporting and governance, factsheets for data collection, and the ins-and-outs of NADAbase.

Expressions of interest are open for the NADA Data and Research Advisory Group

Express your interest in joining NADA's Data and Research Advisory Group. This advisory group is being formed to provide a forum for data related issues specific to the non government AOD sector. It will inform NADA's policy, advocacy, and sector development work concerning data and research. NADA views the advisory group as an important opportunity to enhance evidence based practice in the non government AOD sector and support members with their data and research needs.

We aim to recruit advisory group members who work in data, research or related roles in the non government AOD sector. Apply now or read EOI guidelines [PDF] to learn more. Expressions of interest close **31 March 2021**.

Reporting

On behalf of the NADA membership, the following reports were sent to funding bodies in early February:

- Monthly data reports to InforMH for members who receive Ministry of Health funding
- Quarter 2 October–December data report for members who receive Primary Health Network funding
- Bi-annual report (July–December) for members who receive Methamphetamine, Youth and Continuing Coordinated Care funding from the Ministry of Health

If you are a member who has recently made changes regarding funding and would like NADA to report on your behalf, please contact NADAbasesupport@nada.org.au

Quality improvement

We are still working on improving the quality of data reports and extracts. The first iteration of changes was introduced in Q2 PHN reporting, where we've included: definition of terms, updates to the presentation of MDS and COMS data in table format and updates to the graph format in box plot format.

Work on the data extracts is still underway. Future improvements will provide better and easier data extractions for members for use in program evaluation, research, benchmarking and future planning.

NADA network updates

NADA practice leadership group

The NADA Practice Leadership Group (NPLG) met in December 2020 and gave feedback for NADA's remote supervision animation, the first episode from the Practice Tips series. Key points of the meeting were:

- Research capacity within services and within the non government AOD sector needs to be strengthened; there is a need to promote AOD research to the public to implement changes at service level and inform government directives.
- Funding and reporting requirements continue to be a concern for the non government AOD sector; streamlining performance indicators for different funding streams can significantly reduce burden of reporting.
- The NPLG and NADA continue to have open lines of communication with regards to current issues faced in the sector; it is important to build the capacity of services to advocate from the ground up.

The NPLG are now focusing on the NADA Conference 2021 in April and will chair a few conference streams.

Gender and sexuality diverse AOD worker network

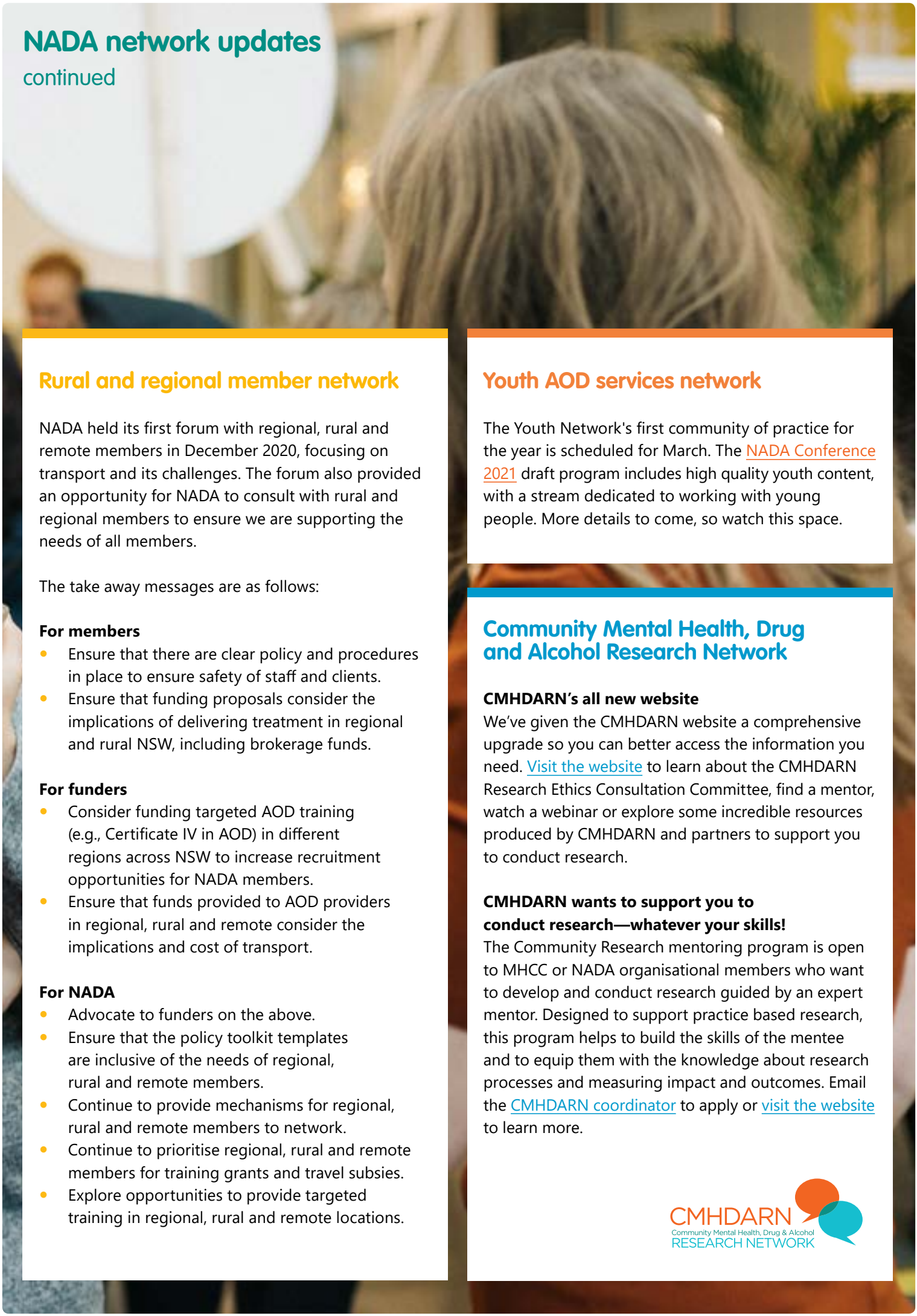
The network is due to meet for the first time in 2021 in March. However, network representatives from NADA, ACON and USYD have continued to progress a position statement to advocate for the inclusion of gender and sexuality specific data items in the AIHW AODTS-NMDS and other data sources. Watch this space.

Women's Clinical Care Network

The Women's Network had its first community of practice online meeting for the year in February, with a discussion held around future training topics, presenters for the community of practice and other support needs. Members provided positive feedback about the DBT training held in December that NADA organised for the network.

If you are a NADA member working with women, you can email Michelle Ridley to join the Women's Clinical Care Network.

NADA network updates
continued



Rural and regional member network

NADA held its first forum with regional, rural and remote members in December 2020, focusing on transport and its challenges. The forum also provided an opportunity for NADA to consult with rural and regional members to ensure we are supporting the needs of all members.

The take away messages are as follows:

For members

- Ensure that there are clear policy and procedures in place to ensure safety of staff and clients.
- Ensure that funding proposals consider the implications of delivering treatment in regional and rural NSW, including brokerage funds.

For funders

- Consider funding targeted AOD training (e.g., Certificate IV in AOD) in different regions across NSW to increase recruitment opportunities for NADA members.
- Ensure that funds provided to AOD providers in regional, rural and remote consider the implications and cost of transport.

For NADA

- Advocate to funders on the above.
- Ensure that the policy toolkit templates are inclusive of the needs of regional, rural and remote members.
- Continue to provide mechanisms for regional, rural and remote members to network.
- Continue to prioritise regional, rural and remote members for training grants and travel subsies.
- Explore opportunities to provide targeted training in regional, rural and remote locations.

Youth AOD services network

The Youth Network's first community of practice for the year is scheduled for March. The NADA Conference 2021 draft program includes high quality youth content, with a stream dedicated to working with young people. More details to come, so watch this space.

Community Mental Health, Drug and Alcohol Research Network

CMHDARN's all new website

We've given the CMHDARN website a comprehensive upgrade so you can better access the information you need. Visit the website to learn about the CMHDARN Research Ethics Consultation Committee, find a mentor, watch a webinar or explore some incredible resources produced by CMHDARN and partners to support you to conduct research.

CMHDARN wants to support you to conduct research—whatever your skills!

The Community Research mentoring program is open to MHCC or NADA organisational members who want to develop and conduct research guided by an expert mentor. Designed to support practice based research, this program helps to build the skills of the mentee and to equip them with the knowledge about research processes and measuring impact and outcomes. Email the CMHDARN coordinator to apply or visit the website to learn more.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

Profile

NADA board member

Latha Nithyanandam
CEO of Kathleen York House (ADFNSW)

How long have you been associated with NADA?

I am the CEO of the Alcohol and Drug Foundation NSW (ADFNSW) that operates Kathleen York House. We provide a long-term residential rehabilitation centre for women with substance use disorders and offer a safe place for their children too. Ever since I came on board at ADFNSW eight and a half years back, I have been associated with NADA.

What does an average day look like for you?

The most interesting part of my job is that there is no typical day. Every day is a surprise. Even though there is a schedule comprising of meetings, coordinating with other agencies and benefactors, the primary role is supporting staff and the clients with complex needs. The satisfaction derived when mentoring staff while they support the clients and their children in their journey is priceless, making this job that much more ingratiating.

What experiences do you bring to the NADA board?

I have worked in three diversely different countries in various health care sectors in different roles and leadership positions. Having worked in a developing country has helped me to navigate tight bureaucracy whilst managing with shoestring resources, without losing focus on the outcomes. I bring this experience to the board along with my ability to think laterally and embrace change comfortably.

What are you most excited about as being part of the NADA Board?

I love what NADA stands for—supporting and advocating for a sector where the organisations and workforce are working hard at changing people's lives but with little remuneration or recognition. I am excited to be part of the board and getting to know and interact with highly intelligent and likeminded people.

What else are you currently involved in?

I am the convenor for the Australian Psychological Society, Sydney Branch as well as the Psychology and Substance Use Interest group. I am also a member of the Innerwheel, a Women's organisation that champions various causes. I'm passionate about cooking and am a very family-oriented person who enjoys conversations and playing board games.

A day in the life of...

Sector worker profile

Jane Singleton Co-ordinator adult programs, CatholicCare Family Recovery

How long have you been working with your organisation?

I started working with CatholicCare Family Recovery 15 years ago, when our name was Holyoake. I have stayed because I get the privilege to see so much change in families, often when hope for recovery has been lost.

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

After 20 years in corporate communications, I wanted to contribute to the community. So I went back to university, became qualified as a counsellor and then continued studies specialising in AOD once I decided I was really committed to making a difference in this field.

What does an average work day involve for you?

I would probably do several telephone or individual counselling sessions daily as well as supervise or facilitate the psychotherapeutic groups we run every week.

What is the best thing about your job?

I love being able to support families who commonly haven't reached out before and feel very alone and powerless in their family situation. It's exciting when I'm able to support the parents, and Sally Riley works the children or young people, and we watch communication and connection grow. The family sessions are often the most difficult, but also personally rewarding, when I see the changes in action throughout the family system.

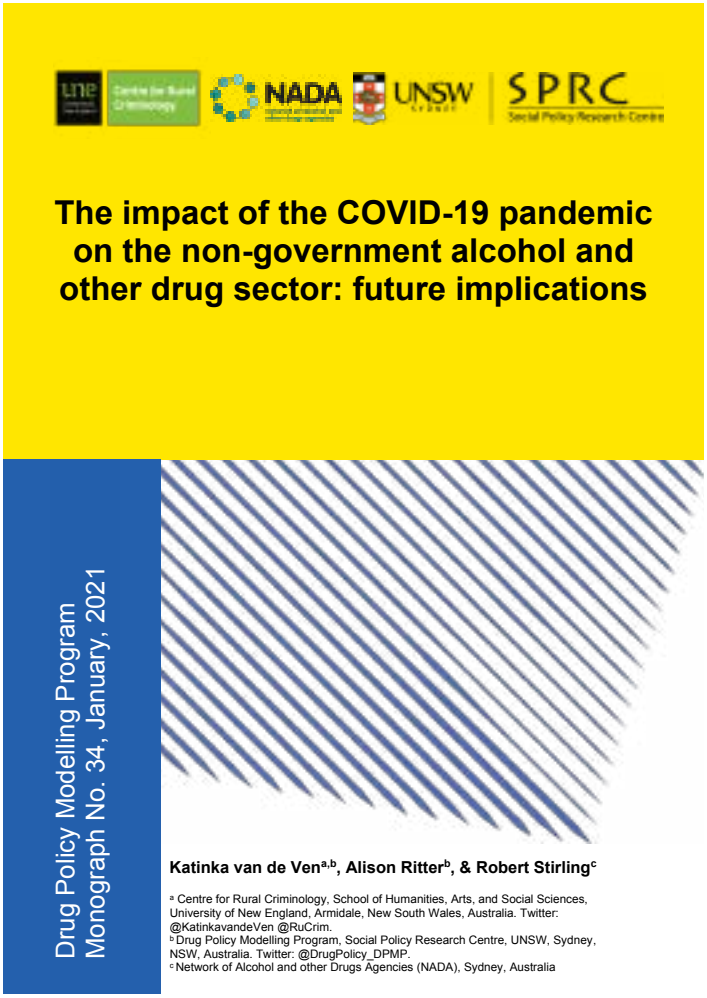
What is one thing you would like to see different in the non government AOD sector? What needs to change to get there?

As a community, we need to be more open and honest about the use of AOD. Currently people found with prohibited drugs for personal use are harmed by a harsh and outdated approach. This prevents people from being honest about their experiences and stops those who need help to seek it. If we change this, many benefits would follow. Funding could be redirected to the development of innovative, diversionary policies that would reap rewards across our communities.

There also needs to be political will to make sweeping changes to the gambling industry, which is a national shame.

New report

The impact of the COVID-19 pandemic on the non government alcohol and other drug sector: future implications



Access the report

The Drug Policy Modelling Program (DPMP) at the University of New South Wales has released a report on The impact of the COVID-19 pandemic on the non government alcohol and other drug sector: future implications. The study was commissioned by NADA with funds from the Australian Government Department of Health.

COVID-19 has demanded significant changes to funding arrangements, leadership and strategic planning, the types of care provided, and workforce requirements and support. It provides the opportunity to review all aspects of non government AOD treatment services, including the ways in which services are commissioned and funded by governments, and how services are supported, led, and delivered.

The overall aim of this research was to inform future planning and service delivery for non government AOD services in NSW, ACT and TAS. This study used survey (NSW, ACT, Tas), focus groups (NSW), and administrative data (NSW) to examine the impact of the COVID-19 pandemic on non government AOD treatment services. The focus was on 1) business practice impacts (e.g. financial impact and data monitoring); 2) workforce impacts (e.g. staff wellbeing and supervision); 3) service delivery impacts (e.g. increase/decrease, changes in mode of delivery); and 4) treatment demand impacts (e.g. number of clients, waiting lists). The future implications of these impacts is explored for non government services themselves, peak bodies that support non government organisations, and for those who commission and fund AOD treatment.

Member profile

Centacare New England North West

Youth Drug and Alcohol Service

The Centacare New England North West (NENW) Youth Drug and Alcohol Service (YDAS) offers a developmentally conducive and culturally safe, non-judgemental service, focusing on the principles of early intervention, harm minimisation, engagement and delivery of evidence based practices to promote best treatment outcomes for young people aged 10–19 years of age.

YDAS assists young people with AOD issues through high quality:

- individual case management
- psychosocial support
- mentoring for young people and their families
- psycho-education, including groups that are tailored to specific needs
- care co-ordination—comprehensive support through collaboration with a range of service providers
- strong continuing care and follow up.

Our team

Our dedicated Team at Centacare NENW YDAS are passionate about providing a high quality, holistic and non-judgmental services to assist young people reach their potential.

YDAS locations

- Tamworth LGA
- Narrabri LGA
- Moree LGA
- About Centacare New England North West

Centacare NENW is one of the leading providers of mental health and wellbeing within the New England and North West regions of NSW. We provide information, education and referral pathways to individuals, families and carers to improve the wellbeing and resilience of our rural communities. We have nine offices located across the region that service all localities from as far north as Tenterfield and Mungindi, to Werris Creek and Quirindi in the south, and all localities in between.

Centacare NENW programs include:

- mental health and wellbeing services
- disabilities services
- youth Programs
- family
- justice programs.

Contact details

Centacare New England North West Rural Resilience

Phone 1800 372 826
Email c.watson@centacarenenw.com.au
Website www.centacarenenw.com.au

Learn online with NADA

Learn online

Courses available

- Coping with stress and uncertainty during COVID-19
- Engaging with families and significant others
- Asking the question (now on the NADA website)
- Magistrates early referral into treatment (MERIT)
- Complex needs capable
- AODTS NMDS

Updates

Programs

Alcohol and Other Drugs Continuing Care Sector Development project

NADA was funded under the 2016 Drug Package to support establishment of the Continuing Coordinated Care (CCC) program. Since then, Ministerial approval was given for Drug Package funding to continue to NADA over four years commencing from 2020/21. This further funding provides the opportunity to broaden NADA's remit, responding to the wider non government sector's needs in developing and delivering evidence informed continuing care services. The project allows NADA to identify and respond to the support and development needs of non government AOD organisations delivering continuing care services. The project will support the CCC programs and the broader non government AOD sector, focusing on organisations already providing elements of continuing care and those wanting to start continuing care service delivery.

For more information, email michelle@nada.org.au

Online resource finder for AOD workers

NADA continues to work with the Peaks Capacity Building Network to develop an online resource finder for AOD workers. The searchable directory will include links to resources developed by the peaks, jurisdictional policy directives and guidelines, and more! Watch this space.

For more information, email sianne@nada.org.au

Managers and leaders study

NADA has partnered with VAADA and Curtin University to examine the capabilities, experiences and development needs of managers and leaders in the non government AOD sector. Keep an eye out for more information soon.

For more information, email sianne@nada.org.au

We want to know: How does research happen at your service?

Are you employed in any type of staff role with one of NADA's member services, and have 20 minutes to spare? Take this survey so NADA and our government collaborators can facilitate future research within AOD services. Please read the study invitation to find out more [PDF].

You may also contact Rose Miller for more details. The study has been approved by Sydney Local Health District Human Research Ethics Committee (X20-0389 & 2020/ETH0230).

New member

Linked

Linked is a free program delivered by Marathon Health in the Yass region for Aboriginal and Torres Strait Islander peoples aged 25 years and under, who seek support for their AOD concerns. Linked is an outreach service and can support young people wherever they feel most comfortable in the community.

Linked can help with:

- case management and care co-ordination
- support to engage with health and other community services
- social and emotional wellbeing support
- advocacy
- support to feel more connected to community
- goal setting and strength based support
- individual and group based support in collaboration with schools and other organisations.

This service is supported by funding from COORDINARE—South Eastern NSW PHN through the Australian Government's PHN program.

linked

Contact

Tracey Powis, Team Leader
Phone 02 5109 9750
Email linked@marathonhealth.com.au
Website https://www.marathonhealth.com.au/linked

NADA practice leadership group

Meet a member

Carolyn Stubley Nurse Manager — We Help Ourselves (WHOS)

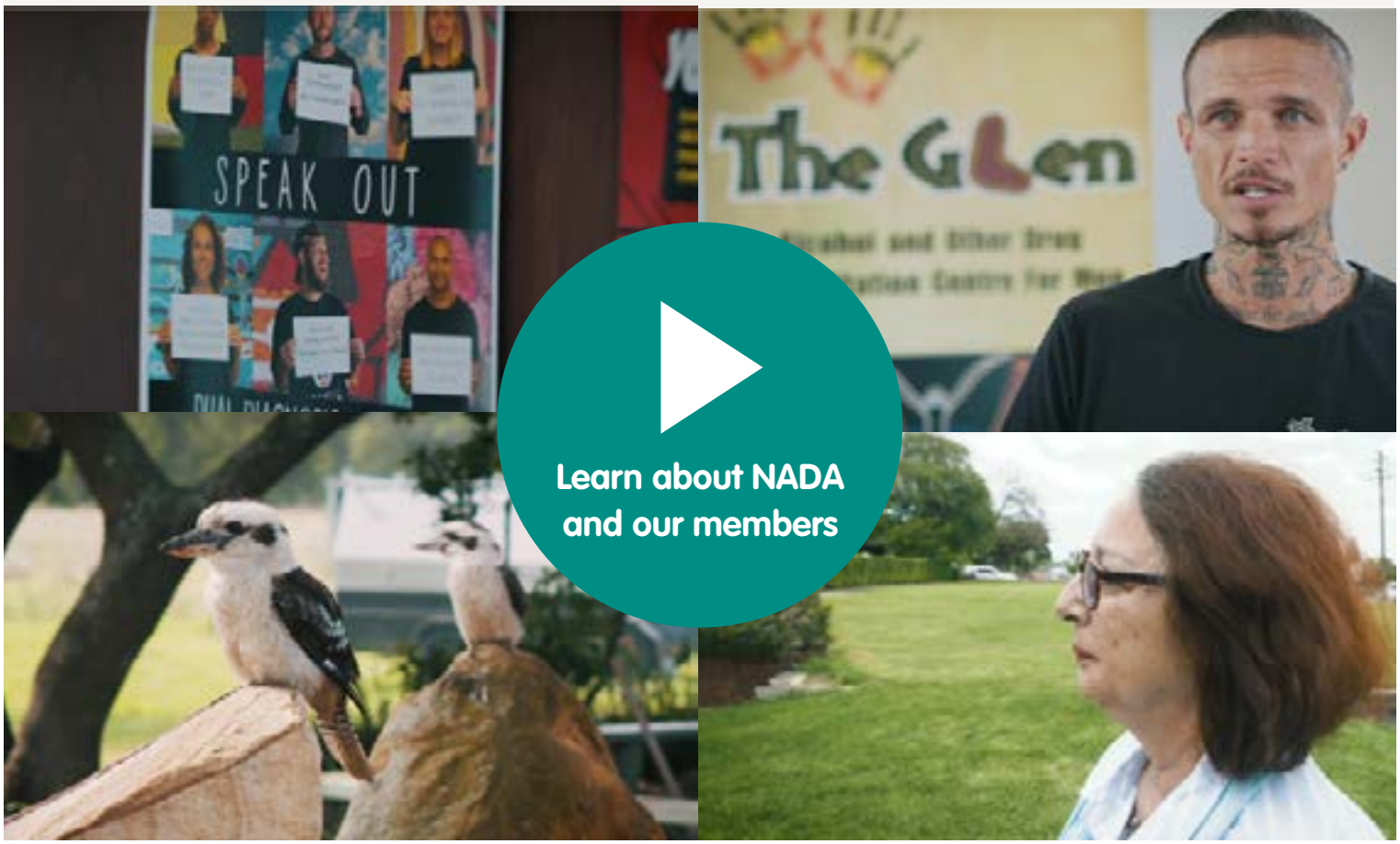
How long have you been working with your organisation? How long have you been a part of the NPLG?
I have been working with WHOS since 2009. I currently work as the nurse manager and oversee several projects and nursing initiatives. I have been a member of the NPLG since it began in 2016.

What has the NPLG been working on lately?
A range of things. Looking at how to strengthen research capabilities across the sector. Reviewing issues associated with reporting across multiple funding bodies with the widely varying performance indicators. And of course, the NADA Conference that's coming up in April.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
My background is in mental health and AOD nursing. My involvement with the non government AOD sector has broadened my scope of practice considerably, especially working in a therapeutic community model of care. I advocate for people who use drugs to lessen stigma and discrimination and to promote better access to treatment, and I am also a harm reduction devotee. Any research to improve health outcomes, I welcome at our organisation, and would promote this involvement across the sector.

What do you find works for you in terms of self-care?
A mini-series binge or playing my Nintendo switch is pretty Zen for me. However, some good advice is to get out into nature whenever possible (just need to take that advice myself).

What support can you offer to NADA members in terms of advice?
I am always happy to assist with any support around AOD nursing in the non government sector, opioid substitution therapy, harm reduction and the therapeutic community model.



Advocacy highlights

Policy and submissions

- NADA provided a submission to the NSW Government Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales.
- The State and Territory Alcohol and Other Drug Peaks Network released a statement on Alcohol and other drug diversion programs in Australia [PDF].
- NADA provided input into the AADC response to the Productivity Commission Inquiry Report on Mental Health
- NADA and DPMP sent a joint letter to Minister Hunt and Minister Hazzard presenting the results of the COVID-19 Impact study.

Advocacy and representation

- NADA President and CEO met with the NSW Health Minister's new AOD Advisor to discuss the representation at the NADA Conference and the study on the impact of COVID-19.
- Representation on the NSW Ministry of Health COVID-19 Clinical Council, NGO CoP and AOD CoP continues, which is now focusing on the roll out of vaccine. NADA has been advocating for members to be involved in supporting the vaccination of people who access our members services.
- NADA is on the NSW Department of Communities and Justice steering committee for the Social Sector Transformation Fund.
- Key meetings: NSW Ministry of Health, NSW Department of Communities and Justice, AOD Peaks Network and Australian Alcohol and other Drugs Council, Mental Health Coordinating Council, NSW Council of Social Services
- NADA staff and members are represented on a range of working groups related to the NSW Ministry of Health's Strategic Research and Evaluation Plan.
- NADA continued to take part in the steering committee and working group tasked with informing the development and delivery of a workforce development package and implementation strategy for the NSW Clinical Care Standards: Alcohol and Other Drug Treatment.

Information on NADA's policy and advocacy work, including Sector Watch and the meetings where NADA represents its members, is available on the NADA website.

Contact NADA

Phone 02 9698 8669
Post PO Box 1266,
Potts Point
NSW 1335

Robert Stirling
Chief Executive Officer
(02) 8113 1320

Suzie Hudson
Clinical Director
(02) 8113 1309

Michelle Ridley
Clinical Program Manager
(02) 8113 1306

Sianne Hodge
Program Manager
(02) 8113 1317

Raechel Wallace
Aboriginal Program Manager
0456 575 136

Tata de Jesus
Senior Project Officer
(02) 8113 1308

Rosemaree (Rose) Miller
Research and Data Management Officer
(02) 8133 1309

Liz Gal
Consumer Engagement Co-ordinator
0414 298 211

Sanjana Budhai
Project Support Officer
0426 846 866

Sharon Lee
Communications Officer
(02) 8113 1315

Maricar Navarro
Office Manager
(02) 8113 1305

Xanthe Lowe
Administrative Officer
(02) 8113 1311

Feedback **Training grants**

Photo by Kris Ashpole