Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 3: September 2021

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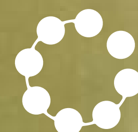
Inclusion is...



NADA
network of alcohol and other drugs agencies

CEO report

Robert Stirling — NADA

I want to start by expressing our gratitude to the NSW non government AOD sector's commitment to supporting the people that access your services, and your staff, in what continues to be a challenging time. Our roles have expanded to include supporting people during a pandemic—from increased infection control measures, vaccination, as well as coping with the stress that the pandemic is having on the communities we serve. On behalf of the NADA board and staff, we thank you.

This issue of the Advocate focuses on intersectionality, acknowledging how the characteristics of people who access our services influence their experiences of treatment, and the differing needs that impact on the outcomes of our services. This builds on the access and equity research that NADA commissioned the University of NSW to undertake to support access, engagement and positive treatment outcomes for all people.

NADA has developed a range of resources and provides workforce development opportunities that support members to deliver quality services that respond to the diverse need of people that access our services. We've also recently launched the AOD Resource Finder, to make it easier to find Australian resources to meet workers' specific needs.

We know that we do not have the capacity to be all things, to all people, and that partnership and collaboration are central to responding to the social determinants of health. Whether that be between our own member services, with specific community groups, or with the primary and public health systems. Those partnerships take time, and we know that the sector needs to be adequately resourced to deliver quality services to people that we serve.

NADA continues to advocate for its members, engaging with the range of funders, across health and social services, and the other partners that are required to support the people who access our services. While we're mindful of the impact that COVID-19 is having on healthcare system, we must ensure that people requiring our support are able to access it at this critical time.

> Our values of collaboration, respect, integrity and inclusion are essential in driving our advocacy and sector development.

This issue again assures NADA, that our values of collaboration, respect, integrity and inclusion are essential in driving our advocacy and sector development. The Advocate is about showcasing the innovation of our members, learning from the experiences of people who access our services, highlighting research and best practice, and hearing from other sectors to improve the way we deliver services. We hope that it provides useful insights to reflect and build on the great outcomes of the NSW non government AOD sector.

Be safe.

NADA
network of alcohol and other drugs agencies

NEW RESOURCE

Access and equity

Working with diversity in the alcohol and other drugs setting

2nd edition

Enhance your service to be more accessible and equitable in your work with the diversity of people that seek out AOD support.

The resource provides best practice approaches and principles for working with the following populations:

- **Aboriginal and Torres Strait Islander communities**
- **culturally and linguistically diverse communities**
- **gender and sexuality diverse people**
- **older people**
- **people with disabilities.**

Stock photo: Posed by models

Improving access and equity to services

By Liz Gal NADA

A key issue for the AOD sector is the difficulties that people have in accessing, and staying engaged in treatment; for people from diverse populations, there are often additional barriers. NADA met with people with experience accessing AOD services to listen to their experiences and ideas on ways services can improve access and equity.

What are the barriers to accessing AOD treatment and support?

Overall, the most common barrier was the stigma they experienced around their drug use and accessing treatment. Not knowing what AOD services and support was available, was another commonly shared barrier.

Gail, a Gumbaynggirr and Wiradjuri woman said, 'I guess firstly it has to be noted the history of my people in this country, it sets the tone, it immediately sets the tone for a sense of unsafety, and I guess the fear of judgement, the lack of exposure, I guess that's a massive barrier because people don't know, kind of, what help's out there and then it's not visible.'

'It took a really long time for me to end up in rehab. I was in and out of prison, I was completely institutionalised. I was ordered by parole to go into this rehab, and I did it hard, I did it really, really hard, because it was a white, mainstream rehab,' she said.

Amad, an Afghan man, reported, 'the stigma is... people are worried about community. They're not worried about their health; they just don't want to get a bad name.'

'Well for me, I was very much scared of my family finding out when I was using and then again, I didn't know about the services that were outside. I came out [of prison] and then I started doing my counselling, and then I realised, "Oh god there was help outside!"'

Talking about older people's experiences of accessing AOD services, Kevin, who is 65 years old, stated, 'I'm in the senior citizens bracket, so to speak. Some of the barriers I run up against all come under the umbrella of stigma. I've been to doctors who have said—surely you're old enough to know better'.

Kevin said that the 'stigma around drug use is the big issue... Everyone has this concept that if someone's using drugs, one that it's problematic, and it was with me. I'll own that. But that they must be committing crimes to finance their drug addiction. I didn't. I worked two or three jobs at times to finance mine.'.

Bas said, 'I come from two communities... from a Lebanese Muslim community... and from a queer community. It can be problematic for both communities seeking any sort of help with any substance misuse issues... I think in the Middle Eastern community, it's not so welcome to be queer

or to be gay yet, there is still problematic issues with that and I think that is a barrier in terms of reaching out for support because there's some shame in there and what can be deemed okay in behaviour so having a conversation about support is part of the problem because there isn't really a safe space to have the conversation.'

How can AOD services improve access and equity for diverse populations?

All the consumers talked about the benefits of having peer workers from diverse populations working in AOD services.

Gail said, 'I've walked into services and have seen they had a plaque acknowledging the traditional custodians of the land, that immediately sets a tone for me. I feel a sense of safety. Having a culturally safe space for me to walk into is something that can set the tone, as is having Aboriginal or Torres Strait Islander staff, that if requested could come to do the intake.'

Ahmed also discussed the importance of having peer workers from culturally and linguistically backgrounds. He said, 'it's very important!' due to the personal experience and knowledge of AOD support that peer workers offered, amongst other things.

Another way for improving access and equity that the consumers mentioned was the need for person centred care. Gail stated that '...it's different for many individuals... I can only go on my own experience, you know we've got mob, we've got Noongars, we've got Murris from Queensland people, from Perth mob, we're not all from the same communities.'

Kevin talked about the importance of respecting older people's choice in AOD treatment, stating, 'they're mature, they know what they want and can be set in their ways. They don't want to be treated like a young child being told what to do... It rubs people up the wrong way.'

For more practical information about improving access and equity to AOD services, see these resources:

Access and equity: Working with diversity in the AOD setting, NADA

Model of care, Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN)

Alcohol and other drugs treatment guidelines for working with Aboriginal and Torres Strait Islander people in a non-Aboriginal setting, NADA

AOD LGBTIQ inclusive guidelines for treatment providers, ACON

Resources, Drug and Alcohol Multicultural Education Centre (DAMEC)

Grey matters: Preventing and responding to alcohol and other drug problems among older Australians, National Centre for Education and Training on Addiction

What's the social model of disability?, People with Disability Australia

Photo by nc nd 2.0 Michael Foley

Leaving no-one behind

People seeking asylum in Australia may experience significant mental illness due to their histories of trauma, and this is compounded by resettlement and socioeconomic stress. You would imagine they would be accessing AOD treatment at a high rate, but they're not. NADA's Sharon Lee explores why, and how we might invite them.

During the onset of COVID-19, 'We're all in this together!' was the rallying cry, uniting governments, citizens and civil society. The pandemic hit home that the health and wellbeing of every single person was interlinked, and nobody could be left behind. The Australian government financially supported people to stay safe, at home, and we successfully sailed through the first wave!

We glimpsed the possibility of living in a society that recognised the worth of *all* people, and it felt good, however short-lived. 'We've forgotten someone!' you exclaim, sensing movement from the corner of your eye.

Forgotten is somewhat generous, *excluded* is closer to the truth. What happens when you leave people behind?

People seeking safety for a better future

Some people choose to move to another country and can return whenever they please; we call them *migrants*.

Others are *forced*. They must flee their home, their country, and cannot return due to a well-founded fear of persecution. If they are assessed by the UN Refugee Agency to meet the definition of a refugee, they are nominated for resettlement. While their refugee status is yet to be determined, they are said to be 'seeking asylum'. Through this program, Australia accepts offshore refugees, and broadly supports them; they can earn a living or learn, access Medicare and welfare supports, and are on the path to gain citizenship.

Yet sometimes, people must flee *first* for safety, and then apply to be recognised as a refugee. *Under international law, everyone has a right to seek asylum; they should be allowed to enter another country, and not be penalised.*

What happened to you?

People who seek asylum come from situations of conflict, persecution, and torture, and are likely to experience significant hardships on the journey to escape. But once they arrive in Australia, sometimes, the worst is yet to come.

Mostly, they enter with a visa (e.g., tourist), then seek asylum. Living in the community on a bridging visa, they usually have the right to work, study, and access to Medicare. They can apply for a permanent protection visa, yet processing can take several years, and during this period, they may lose the right to work if they had it, along with access to Medicare.

Up until 2014, a small number arrived by boat. Many were subjected to mandatory—indefinite and prolonged—detention, in a facility or in the community, until they could be granted a valid visa; those detained in the community were not permitted to work, study, or access Medicare.

Eventually, many were granted a bridging visa. When finally recognised as a refugee, those who arrived by boat,* could only apply for a temporary visa with limited rights, for which they need to reapply every few years.

* Before 2014: now, people are being sent to Manus Island or Nauru for offshore processing with 'no chance of being settled in Australia as refugees.'

This bureaucratic torture creates significant mental, as well as physical harms. Now consider, layered upon this, resettlement stresses: they may be alone without loved ones, in a new country and culture, fearful of being returned.

The cherry on top? 'They face unique barriers to entering the workforce, and for those who are unable to work—due to government policy or health barriers—the result is extreme financial insecurity,' says Katie Spiroski, casework manager from the Jesuit Refugee Service, who provides support to refugees and people seeking asylum.

Improving access to AOD services

While they possess a range of personal strengths and resilience that may be protective against problematic AOD use, their histories of torture, trauma, combined with resettlement and socioeconomic stressors, are likely to make them more vulnerable. Services perceive an increase in their problematic use of AOD over the past few years,[1] but despite this, they have low rates of treatment access,[2] commonly believed to be related to barriers to help-seeking.

DAMEC's bilingual AOD clinician, Yalda Latifi, believes a major issue is their low awareness of AOD services. She encourages NADA members to raise the profile of their service to culturally and linguistically diverse communities. Yalda promotes DAMEC through cultural community media, Facebook pages and events to reach potential clients, for her, people from Afghanistan and Iran.

Additionally, people seeking asylum may be concerned about confidentiality, fearing their community may find out, and the potential impact of disclosing problematic AOD use for their visa application. Yalda frames her service as a healthcare provider first, and over time, introduces the mental health and AOD supports. She stresses client confidentiality during the first session, and tries different modalities over a few more, to enable Afghan and Iranian women to open. 'Talking is hard for them as they have undergone trauma. They don't trust anyone,' she said.

She stresses the importance for services to be culturally responsive. 'The women need a healthcare provider, counsellor or psychotherapist to be from their culture—to speak their language and understand the cultural problems they faced in their past life, like Islamic rules, that pushed them to another country, to seek a better life.'

'The counsellor needs to be female, because the women are feeling shy, or shame, and are unwilling to share their problems with men,' she adds.

Margherita Basile, manager of the Sydney Women's Counselling Centre, advocates for all social and health services to understand how trauma may impact someone's capacity to navigate their systems, complete paperwork, or various tasks. 'I'm working with someone now who has escaped slavery, and she tells me, "I would rather be with him than be in this system",' she said.

'When they [the clients] are unable to do something, they are cut off—or *punished*. The systems are retraumatising them!'

Entry requirements to services form another barrier, as people seeking asylum may not meet visa, Medicare or financial requirements. Katie believes it is important for governments to ensure that people seeking asylum are eligible, and have access to AOD services.

Services can also help. Some NADA members are investigating allied health fees to be integrated into their funding. They can also bypass financial restrictions by asking charitable organisations (*see overleaf*) to pay for client costs, e.g., medication. Or seek emergency assistance funds from the NSW Government, as some NADA members have done, when their client is involved in agencies such as child protection (yet this is unlikely to be easy). Know that people with a bridging visa can access a variety of public services without paying a fee, thanks to NSW Health.

'We welcome people seeking asylum,' said Margherita, whose service does not require any of the above.

'What's stopping us from taking them? We're getting *pounded*. Last financial year, we turned away 284 people at front of house. Our waitlist is growing longer, and my staff are slotting in clients for brief interventions in between counselling sessions,' she said.

'We need ongoing counselling funds to build strength in the community. We would see the benefits for the individual, and for Australian society, for years to come.'

Katie has a message for the Australian government: to *prevent* these harms and bring us into line with many other countries. 'We simply need more efficient, yet effective, processing of protection visa applications. People seeking asylum should be given visas with work rights while they remain in Australia, and those who demonstrably cannot work should be given income support.'

Leaving no-one behind

continued

Practice tips

Trauma informed care People seeking asylum have undergone protracted trauma and tend to live in the fight/flight or freeze mode; we must lead them to safety. Watch this Insight webinar, presented by Rosa Bibby.

Coordinated care with services that support people seeking asylum Help to deliver AOD services to their client in their settings, and they can provide the same for yours. This will also overcome shortages in trained bilingual/bicultural workers.

Cross sector competency AOD workers can gain cultural competency, and services supporting people seeking asylum can gain AOD knowledge. When COVID restrictions allow, options can include cross sector networking, job shadowing or group training.

Speak their language Ideally counsellors can speak the language of their client, yet if not, enlist an interpreter. Yet be mindful that clients may be fearful working with people from their community due to confidentiality concerns.

Continuing care Provide practical support with life issues, given their demonstrated need for better access to financial, food and material support, as well as refugee and immigration issues. If your service has no capacity, partner with an organisation that supports people seeking asylum, or contact michelle@nada.org.au for support.

Strengths based Explore ways clients have been able to manage previous challenges and build on their strengths.

Social connection Use recreational activities (e.g., picnics) to build rapport with participants and facilitate treatment engagement. Link in with your local cultural services and communities (e.g., religious elders, community resource centres and hubs, community refugee women's groups).

Training

Core concepts in working with people from refugee backgrounds, 21–22 October 2021, 9am–1pm

Learn how to work in a trauma informed and culturally competent way that promotes recovery and fosters feelings of trust, safety and control, while minimising the risk of retraumatisation. Become confident in using your skills and experience working with people from refugee and asylum seeker backgrounds. Register your interest.

Resources

QNADA

Supporting refugee and asylum seeker peoples experiencing AOD issues comprises a guide [PDF] and online learning modules.

STARTTS

Working with refugees: A guide for social workers [PDF] and a list of helpful resources.

NADA

See the culturally and linguistically diverse communities section in Access and equity: Working with diversity in the AOD setting.

Primary health clinics

Access primary healthcare for people seeking asylum:

NSW Refugee Health Service 9794 0770

Asylum Seekers Centre 9361 5606

Charities that support people seeking asylum

Asylum Seekers Centre 9361 5606

Australian Red Cross 9229 4266

House of Welcome 9727 9290

Jesuit Refugee Service 9356 3888

Settlement Services Int. 8799 6700

Life without Barriers 1800 935 483

STARTTS 9794 1900

Bibliography

1. Pont, B., & Jaworski, A. (2015). *Helping asylum seeker and refugee background communities with problematic alcohol and other drug use: A guide for community support and AOD workers*. Brisbane: Queensland Network of Alcohol and other Drug Agencies Ltd.
2. Australian Institute of Health and Welfare. (2021, July 22). Alcohol, tobacco & other drugs in Australia: People from culturally and linguistically diverse backgrounds. Retrieved September 5, 2021, from https://www.aihw.gov.au/reports/phe/221/alcohol-tobacco-other-drugs-australia/contents/population-groups-of-interest/people-from-culturally-and-linguistically-diverse

How has your service improved inclusion

Lives Lived Well, Dubbo Outreach Services

Sue Williamson, Roadmaps Coordinator
Caitlin Maginnis, Drug and Alcohol Counsellor Case Manager

What prompted your service to identify areas where you could improve inclusivity? 75% of our current clients identify as Aboriginal—we've always had high Aboriginal engagement. In our experience, it often takes multiple attempts to build a trusting working relationship and rapport. Sometimes accessing support for clients has been crisis driven, or their experience of learning has been negative. 'Wanting' to participate is different to being 'told' by a third party to participate.

Can you describe some of the changes you have put in place to enhance inclusion and how you have implemented them? We work to establish a safe, warm, welcoming, and relaxed environment. Initially we focused on creating a culturally inviting space in our office by sourcing artwork, flags, and mats, moving furniture, and doing so with a sense of fun and purpose.

We fine-tuned our program structure. It originally ran for two whole days over six weeks, but we found this created many barriers for the client group. The program now runs one session each week, over seven weeks. This improved inclusion for clients with memory issues, low attention spans and who hold negative attitudes towards learning (school). We have also adapted the program to suit individual communities, for example, a men's only and women's only program.

The team reviews the participant pack regularly, often with the client group in a consultancy role. We've redeveloped the promotional flyer, logo, and certificate to be more culturally appropriate. We've also sourced and created culturally inclusive cards for group activities.

Our Dubbo Team Leader, Les Coe, worked with staff to create an artwork to reflect the Roadmaps journey. The artwork is inclusive of the individual and the stages of change—a journey of healing, with each person's journey and experience being unique.

The team has a flexible approach to the definition of 'success'. Our staff recognises any, and all levels of engagement, as positive steps in a journey. Success is celebrated, as are special events such as birthdays, positive change, and periods of living in community (as opposed to incarceration). Participants often return to undertake the program again to further develop skills, as well as to support and encourage others.

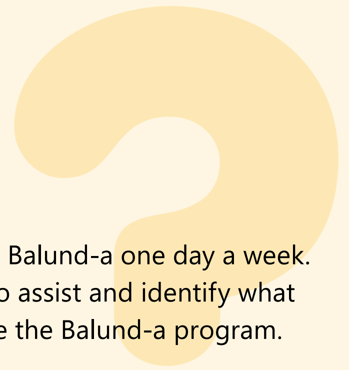
What have been the outcomes for you, your organisation and client experiences as a result of the changes you have made? We are privileged to witness positive change in clients from the beginning of the program to the end, as well as seeing individuals return to undertake the 'next step' in their journey. We witness clients build skills in problem-solving, communication and goal setting.

Due to the ongoing commitment of the Roadmaps team in developing a culturally appropriate space/environment, material, and service delivery, 29% of participants completed treatment, 71% of clients had reduced their levels of substance use.

More than half of clients who completed both pre- and post-outcome measures have shown that, on average, receiving Roadmaps has reduced anxiety and depression and improved overall quality of life.

Participants develop a pride in themselves, and an increased understanding of the tools and strategies needed for their ongoing self-management.

Since its commencement, Roadmaps has participants who have undertaken the program on more than one occasion, who remain in contact with staff to share successes and challenges they experience.



The Buttery
Lisa Hopwood, Program Coordinator

What prompted your service to identify areas where you could improve inclusivity? The Buttery has been working with people who have a history of engagement with the criminal justice system for a long time. Our outreach programs offer Work Development Orders for fines, our residential programs have allocated beds for MERIT clients, and we work closely with referrers from the NSW Department of Communities and Justice to ensure that we can provide a service to those clients they are working with. We know from statistics that when it comes to a more inclusive practice, for this target group, we needed to work more collaboratively with services to get referrals and be able to provide support.

When the Relapse Prevention and Aftercare (RPAS) program commenced, we were aware of a residential diversionary program called Balund-a. Based in Tabulam, this program works with men 18 years and over whose aim is to reduce re-offending. We saw this as an opportunity to work collaboratively with this service to provide support.

Can you describe some of the changes you have put in place to enhance inclusion? How have you implemented them? Through consultation with staff and management, at Balund-a and The Buttery, we determined the needs of the program and the men residing there. Our service wanted to be able to provide support for the AOD and psychosocial needs of the participants, without taking away from the Balund-a program. Through this consultative process, we identified that there was a need for a designated staff member from the RPAS program to sit out at Balund-a one day a week. Staff meet with the residents to assist and identify what their needs are once they leave the Balund-a program.

Staff work with the men to establish goals associated with these needs and assist them in achieving those. Through identifying their needs collaboratively with the men, the staff member can build rapport—this often has a huge impact on them with improvements in their communication and relationships as they navigate systems, that have at times been challenging and not always inclusive.

What have been the outcomes for you, your organisation and client experiences as a result of the changes you have made? We have observed several outcomes across a broad spectrum, including assistance with acquiring secure and safe accommodation post release, skills training through services in their area; this has led to employment, relocation support, linking in with AOD services, support to navigate the Family Law system, referrals to employment services post release and much more.

We have noticed a trend—RPAS has serviced 406 participants, with 40.79% of these participants being Aboriginal and Torres Strait Islander Peoples. This is a direct result of our relationship with Balund-a and contributes to us providing a more inclusive service model for people who have an experience with the criminal justice system and with Aboriginal and Torres Strait Islander Peoples.

Kedesh Rehabilitation Services

Danielle Breeze, Service Manager—Illawara Treatment Facility

What prompted your service to identify areas where you could improve inclusivity? Our focus of treatment and support is to be client centred. What this means is to work in a flexible, collaborative way with our clients and share and discuss with transparency our values as a service with theirs. Due to the way in which we work, it is important to us that we incorporate elements of treatment that make our staff, our clients and people in the community feel included. In order to achieve this, we focus our attention on making people feel welcome from the very first point of contact and use outcome measures and audit tools to maintain and improve this approach throughout a person's individualised treatment plan, whether that's care provided residentially or via access through the community.

Can you describe some of the changes you have put in place to enhance inclusion? How have you implemented them? In order to be truly inclusive, we first looked at individual needs and then incorporated those needs to the environment and treatment provided. Assessment of those individual needs starts at the first point of contact and continuous quality improvement tools support the establishment of change and implementation to ultimately provide inclusive practice. For example, the environment at all three of our facilities hosts a display of Indigenous artwork, including information of its significance and appropriateness to the land on which the facility sits. Through cultural audits and client feedback, we know these elements contribute to a welcoming environment and inclusivity of our Indigenous population seeking support. An example of where we've enhanced inclusivity with each individual is to discuss with the client options toward a flexible treatment plan that is developed collaboratively with the team and the client, not one that is given to the client because we think it's the best option. Working with the client in this way promotes individual buy-in to their treatment and creates a feeling of inclusivity whilst reducing stigma.

What have been the outcomes for you, your organisation and client experiences as a result of the changes you have made? Due to our focus on inclusivity, be that in the physical environment or toward individual needs, there have been numerous positive outcomes. For myself, embracing diversity in order to provide a welcoming environment and encouraging clients to engage in their own treatment has inspired me to further improve the support and service that we provide to our clients. For the organisation, working collaboratively with individual clients has enhanced and improved why and how we collect data for future benefit. Our 2020/21 Patient Reported Experience Measures (PREM) have told us that the changes we have made in the space of belonging and inclusivity promote 93% of clients feeling that staff has listened to their needs and 100% of clients reporting that staff treat them like a person and not an 'addict'. As a result, outcome data through our continuous quality improvement plan not only assists in designing individual treatment plans, but clearly shapes our direction and development for the future.

Learn online with NADA

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

Learn online

Photo by Rodnae Productions

Trans and gender diverse at work

By Christine Minkov NADA

While we know that most LGBTIQ+ people who use AOD do so without problems, some experience significant harms related to their use. The LGBTIQ+ community face a range of specific challenges in relation to substance use as a result of their experiences of discrimination and associated violence.

People who are trans and gender diverse are at elevated risk for developing problematic substance use and often seek treatment much later due to their fear of stigma and discrimination based on past negative experiences. It is essential therefore that AOD services consider the higher prevalence in these populations and the biopsychosocial contributors to problematic AOD use. This requires service providers to be knowledgeable and responsive to the individual needs of gender and sexuality diverse people.

AOD services may also have staff who are trans and gender diverse; inclusion is essential to create a mentally healthy workplace for everyone.

Let's talk about language.

People may find the language used to describe gender and sexuality diverse confusing. However, a few helpful words and phrases you may come across as you seek to better understand the lives and experiences of trans, gender diverse and non-binary people.

Gender is part of a person's internal sense of self. It can be female, male, neither, a combination of the two, or exist completely outside that. A person's relationship with their gender can also change over time.

A **trans** person is someone who was assigned one sex at birth, but who doesn't identify with that sex.

A **cis** (pronounced 'sis', short for cisgender) person is someone whose gender aligns with the sex they were assigned at birth—someone who isn't trans or gender diverse.

Non-binary or **genderqueer** is an umbrella term for gender identities that are neither male nor female—identities that are outside the gender binary

Sistergirl is a culturally specific term describing an Aboriginal or Torres Strait Islander person who identifies as being a woman and/or having feminine spirit, energies or qualities. Most commonly used to describe an Aboriginal trans woman.

Brotherboy is a culturally specific term describing an Aboriginal or Torres Strait Islander person who identifies as being a man or having masculine spirit, energies and/or qualities. Most commonly used to describe an Aboriginal trans man.

Gee Dee refers to Aboriginal and Torres Strait Islander people who are gender diverse and identify outside Western gender binaries. This Trans Mob page from TransHub can be helpful.

Trans and gender diverse at work

continued

Pronouns

Pronouns are words used to refer to a person rather than using their name. Some pronouns are gendered like she/her/hers or he/him/his and some are gender-neutral, like they/them/theirs.

You cannot tell what pronouns people use by looking at them. Using the right pronouns for someone is really important because it affirms the way that person sees themselves.

Some tips on language:

1. Don't make assumptions about someone's gender, sexuality or relationship. Accept and respect how people define their gender and sexuality.
2. Respectfully ask what terms they use to describe themselves, then use those terms.
3. Use non gendered language that reflects diverse relationships and families. This can mean using words like 'partner' or 'parents' rather than 'husband/wife' or 'mother/father'.

NADA spoke with Roxy Tickle, Financial Systems Developer at The Buttery, about her experience of coming out as trans in her workplace.

'I know people who have been sacked for coming out,' said Roxy, 'so it was scary at first but our HR manager helped put me at ease when she said, "We understand that this is a big deal for you, but it's not for us." My coming out journey got better from there.'

There is so much going on in the background for someone who is in the process of transitioning that co-workers may not realise. Fluctuations in hormones, mood swings, often some confusion and possible rejection by family and friends, decisions around gender affirmation surgery and this can all take a toll.

Roxy explained, 'I got a lot of support from The Buttery. In the two years since I announced I was transitioning, I only ever heard my dead name (the person's previous name before transitioning) twice, and people gender me correctly.'

Roxy's tip: People may be fearful that they will say the wrong thing sometimes—so long as it's not deliberate or persistent, it's okay. If you make a mistake, don't make a big deal about it. Don't go on and on about it. We are the same people as we were before.

What can AOD services do to be more inclusive?

As well as becoming familiar with and using the correct language, AOD workers should be free of assumptions about people's gender, sexuality, intersectionality and lived experiences.

Create welcoming environments

Supporting trans and gender diverse people require developing a safe, inclusive environment that goes beyond the clinical work itself. Positive interactions with other non-clinical staff are just as important. Inclusive and affirming online and in-person intake systems and forms go a long way to establish trust.

Ensure you use inclusive promotional material and website content and create affirming waiting areas containing posters, pamphlets and health information that enables each individual to feel accepted, safe and welcomed.

Your service may be interested in joining the Welcome Here Project, created by ACON to support business and services to create and promote environments that are visibly welcoming and inclusive of LGBTIQ people.

Collect meaningful and representative data

Some AOD workers may be nervous about asking what can be seen as sensitive questions. This gets easier when workers understand the purpose behind asking these questions and gain more experience asking. LGBTI people remain absent from basic data collected by many services, therefore LGBTI health issues remain absent from many of the discussions and decisions about the allocation of resources to improve the health and wellbeing of communities.

In 2016, NADA expanded the sex option in NADAbase to acknowledge gender identity and sexual orientation. While an individual's biological sex is the only option provided through the current NMDS, we felt that clients seeking treatment should have the option to describe their gender as a matter of preference. NADA worked with ACON to include these data sets. NADA plans on doing more to improve how we collect data on gender and sexuality diversity by aligning data collection with the ABS standard.

Trans and gender diverse at work

continued

Guidelines

Breaking down the obstacles to better health and wellbeing for trans, gender diverse and non-binary people means enthusiastically embracing an inclusive approach that is open, non-judgmental, responsive to the unique needs of individuals, and validates their experiences and dignity.

NADA, Central and Eastern Sydney PHN and ACON developed *AOD inclusive practice guidelines for treatment providers.* It provides information and checklists to help services become more inclusive and safe spaces.

Networks

NADA's Gender and Sexuality Diverse AOD Worker Network meets to discuss issues affecting the AOD sector. To learn more, contact Hannah Gillard on 02 8113 1309.

Want to learn more?

TransHub

See ACON's digital platform for trans and gender diverse people in NSW, their loved ones, allies and health providers.

- Treating sistergirls, brotherboys and gender diverse mob
- Gender affirmation policy and guidelines template

ACON

Take the Pride Training and become a member of Pride in Health and Wellbeing, that provides support for those working within the health and wellbeing sector.

AusPATH

Australia's peak body for those involved in the health, rights and wellbeing of trans, gender diverse and non-binary people, also includes opportunities for further learning.

NADA

- Working with diversity in the AOD setting: resource launch with contributors (AUSLAN interpreted) Watch
- Providing inclusive AOD treatment for gender and sexuality diverse people: A webinar Watch
- Asking the question: Recommended gender and sexuality indicators Learn
- Asking the question: inclusive data collection for gender and sexuality diverse clients Watch

Australian Human Rights Commission

Sexual orientation, gender identity and intersex status discrimination Read

Turning Point

Working with trans and gender diverse people Watch

LGBTQ inclusion

where do I start?

For many people being inclusive of LGBTQ people is part of the job in the AOD sector. We know there a higher usage and dependence upon alcohol and illicit drugs within the sexuality and gender diverse communities.

Yet despite knowing this, some providers struggle to formalise their inclusion approach, feel uncomfortable in asking service users about their gender or sexuality and many aren't sure what else to do to support LGBTQ service users.

Pride in Health + Wellbeing can help!

Pride in Health + Wellbeing (PIHW) is ACON's national membership program that provides personalised support to organisations to improve their LGBTQ inclusion. The program provides 1:1 mentorship, training and advice on embedding LGBTQ inclusion throughout all aspects of the organisation; from direct care provision, policy and processes design, quality improvement planning, advocacy, as well as personalised staff development and training. Pride in Health + Wellbeing provides specific guidance on how your organisation can better understand the barriers to accessing care faced by the LGBTQ communities, as well as their specific health disparities.

PIHW also runs a free annual index (Health + Wellbeing Equality Index) that is open to every organisation, and you don't have to be a member to take part. There is also optional staff and a service user surveys. Together these allow organisations to measure what they are doing, see how staff respond to providing LGBTQ inclusion and then matches it to service user experience. Together they act as a gap analysis of your current inclusion work, highlight areas for further refinement and a great way to benchmark your inclusion across the AOD sector.

Learn more on the website
www.PrideinHealth.com.au

Photo by Rodnae Productions

Believe me, I'm in pain

What barriers do people with chronic pain face in accessing AOD services? How can workers improve people's access to AOD and chronic pain support? NADA's Hannah Gillard put these questions to Alex, who has lived experience of chronic pain and accessing AOD services. They also spoke to clinical nurse consultant Fiona Hobson, and pharmacist and chronic pain volunteer worker Jarrod McMaugh, both affiliated with Chronic Pain Australia, the national grassroots voice of Australians living with chronic pain.

What are the barriers to treatment for those seeking AOD and chronic pain support?

Difficulty accessing opioids for pain

The 2021 National Pain Survey, conducted by Chronic Pain Australia, showed that, 'almost 50% of patients experienced significant barriers to accessing opioids for their chronic pain.' One reason was that people were being subjected to the staged supply of drug/s if they were experiencing substance dependence or deemed at risk of it. Fiona said some people, 'felt stigmatised around that, and the barriers... [associated with] having to access their GP to get further scripts [and] feeling... that they were being referred to special services... to get authorities for the ongoing chronic opioid prescriptions.' The gap payments accrued by regular doctor visits, and the lack of GPs in rural and remote communities, were also barriers associated with accessing opiates for pain.

Being expected to 'prove' or verify one's pain

This was a barrier raised by all interviewees. Alex stressed that healthcare providers that required him to jump through hoops to provide evidence of his injuries or pain to receive treatment was a barrier to healthcare. A similar phenomenon was reported in the 2021 National Pain Survey. Fiona said in the survey, what, 'came out very loud and clear... [was people] being disbelieved and feeling like you have to prove yourself to every clinician that you see.' Fiona stated that part of the issue was that chronic pain could be 'quite invisible', and that, 'if you had a broken arm or a limb or something you feel like you get more empathy.' Jarrod also said that in his experience, 'we don't put people with diabetes through the same hoops and hurdles that we do for somebody who's got a chronic pain issue or somebody... [seeking AOD support].'

Stigma

The stigma of seeking AOD support was something Alex raised as a barrier to accessing drug treatment. He said, 'you generally don't want certain people to know that you're having issues. I mean, that's... part of the problem in accessing [AOD support], to plan to do it so covertly.' Further, he stated, 'there are often repercussions [to people finding out], like family issues... [and] most people have issues with their employer.'

Difficulties accessing the National Disability Insurance Scheme (NDIS)

Fiona and Jarrod both identified that accessing the NDIS could be incredibly difficult for those experiencing chronic pain. Fiona explained this in part had to do with the aforementioned 'invisibility' of chronic pain, and

Believe me, I'm in pain

continued

'because a lot of it is around mental health and disability.' She reported working with consumers who were 'very distraught' by trying to navigate the NDIS. Jarrod also pointed out that the support needed when experiencing chronic pain could fluctuate, and that if NDIS assessors, 'happen to come and do an assessment on a day where your pain is not as severe as it is it's previously been, they don't see the impact that needs to be assisted.'

How can AOD workers improve people's access to AOD services and chronic pain support?

Knowing referral pathways and chronic pain resources available

Fiona and Jarrod pointed to several pain networks and resources AOD service providers can use. Fiona said, 'there's the ACI Pain Management Network website, which has a whole heap of resources for health professionals and for consumers... they [also] have the... Drug and Alcohol Network at ACI.' Jarrod made further recommendations: 'there's a lot of online courses through colleges... [and another] resource that can be really useful are the PHN's [Primary Health Networks] which all have their own referral pathways... it's worth familiarising yourself with that if you're in a particular geographical area.'

The Chronic Pain Australia website has lots of helpful information and resources, including an online forum. This forum is moderated 24/7 and is for those experiencing chronic pain, and people who support them.

Fiona also suggested that AOD workers become familiar with future avenues for support, considering real time prescription monitoring (SafeScript, see page 27) being introduced in NSW. SafeScript is a system that will enable doctors and pharmacists to see the prescription and dispensation history of medications deemed 'high risk' for patients (NSW Health 2020, p.3). In light of this system being introduced, Fiona drew attention to the development of a 'pain and substance use advisory line... that will be something that people can ring up, which will have resources for both...[chronic pain and AOD support] that will...hopefully...be able to direct people or members of staff to get extra information and resources'. She noted, 'it's not been developed fully yet, but I've heard it's getting there'.

Visiting other services to learn and share knowledge

Fiona suggested networking between AOD services and organisations that support people with chronic pain can be a great way for each to learn more about their respective areas. AOD workers could invite staff from chronic pain organisations to visit their service, attend a team meeting or an online meeting to enhance working relationships and referral pathways. In her experience as a clinical nurse consultant, she said, 'we offer people from other services to come in to our service... and I'm sure other pain clinics and that might have that capacity for people...[to do the same].'

The importance of person centred, holistic care

Fiona stressed the importance of being aware that, 'a person is a person and... not a condition that you can segment and treat.' Jarrod also emphasised that, 'every new person, you see, is new. And regardless of whether you think you're seeing a pattern of behaviour, you don't know this person yet... you need to treat this person with both respect and... give them the benefit of the doubt as you're giving them a treatment... Other than that... be open minded to new treatment paths.'

Alex also highlighted how important it was for services to be open-minded and consider people's preferences in AOD treatment, and to understand the role families can play in supporting those preferences. He said, 'having my parents' support was so vital, because... if I didn't have that, I would have been... co-erced back into the [AOD] treatment program [that wasn't appropriate for me].' He said the AOD treatment plan he selected, against some medical advice, made him more employable and meant he could live more independently.

References

NSW Health. (2020). Regulation to support Real Time Prescription Monitoring (RTPM), consultation paper, viewed 5 August 2021, https://www.nsw.gov.au/sites/default/files/2020-12/RTPM%20Consultation%20Paper.pdf

Resources

Chronic Pain Australia

This site includes a chronic pain forum for people to connect with each other and share information, in addition to National Pain survey results and a wealth of other resources. https://chronicpainaustralia.org.au

The Agency for Clinical Innovation (ACI) Pain Management Network https://aci.health.nsw.gov.au/networks/pain-management

For information about navigating the NDIS, see overleaf.

Believe me, I'm in pain

continued

Navigating the NDIS

Assisting someone to access the NDIS can be daunting. The NDIS was set up to fund 'reasonable and necessary' supports for Australians with permanent and significant disability. However the focus on a 'permanent disability' can disqualify many people from being eligible for the scheme. This includes people with co-existing mental health and AOD use issues.

In regard to the NDIS, co-existing mental health and AOD use issues are described as a 'psychosocial disability'. It is important to note that not everyone with mental health or AOD issues will experience a psychosocial disability. However, for those with co-existing AOD and mental health problems with complex issues such as acquired brain injury, homelessness and childhood trauma; the psychosocial support through the NDIS can be needed in addition to AOD treatment.

However, like the issue for people with chronic pain trying to access the NDIS, the fluctuating nature of AOD and mental health issues can make it very difficult for them to access the scheme. Many people experience episodic clinical problems related to their AOD and mental health issues that can be extremely debilitating and cause ongoing psychosocial disability, but they may not meet the NDIS's criteria for 'permanent' disability.

Although navigating the NDIS can be complicated, there are ways that we can assist our clients. For useful resources and information, click on the links below:

- Understanding the kind of language, you need to use when providing evidence of a psychosocial disability is key to supporting some access the NDIS—see these resources from the Centre for Excellence in Child and Family Welfare.
- For advocacy services and assistance refer to the Disability Advocacy Finder and NADA factsheet, Working with the National Disability Insurance Scheme.
- Mental health and the NDIS from the NDIS website.

NADA is working on ways we can support our members to build workforce capacity around assisting clients to access the NDIS. If you have any questions or feedback, good or not so good experiences of working with the NDIS that you would like to share, please contact michelle@nada.org.au.

Workforce capability framework

Inclusion is...

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.

Where does 'Diversity and inclusion' fit? Start with capability **3.1 Work respectfully and inclusively with people from diverse backgrounds**

a. Focuses on genuinely understanding the needs and strengths of each person, including the person's interpretation of their own identity, situation and experience
b. Identifies and addresses service access and resource barriers to enable full and active participation, engagement and benefit
c. Respectfully collects and records demographic information in line with relevant policies, protocols and guidelines
d. Adapts and modifies practice in order to work effectively and inclusively with people with respect to their age, developmental level, language, culture, ability, sex, gender, sexuality, socioeconomic background, values, faiths, customs and beliefs
e. Maintains a good working knowledge of relevant communities and of locally available services, and facilitates access as appropriate
f. Consults and engages meaningfully and collaboratively with community Elders, religious ministers, spiritual leaders, cultural advisors, traditional healers, local community-based organisations, peer and consumer advocates, interpreters and others as appropriate, in order to develop and provide culturally safe and responsive practice
g. Critically reflects on the extent, limitations and impact of own knowledge, values, assumptions and beliefs, and seeks appropriate consultation, supervision and debriefing
h. Engages in continuing professional development to maintain and advance cultural responsiveness

See the framework

All of me

How intersectionality can improve AOD treatment

Dr. Suzie Hudson NADA

Every person who reaches out for support from a specialist AOD treatment service comes with their own unique identity and experiences. This is why we conduct comprehensive assessments; they reveal what makes up each individual, and the results can then be used to shape the treatment we provide to them.

Research can offer us insight into the way identity and experience intersect. But how might we use this knowledge to increase the equity and effectiveness of the treatment |we provide to the people accessing our services?

What is intersectionality?

Intersectionality was first described by Professor Kimberlé Crenshaw as the ways in which race, class, gender and other individual characteristics 'intersect' and overlap with one another, especially in people's experience of discrimination, oppression and civil rights.

In a landmark legal paper that explored three cases of discrimination, Crenshaw shone a light on the intersection of race and gender, and the discrimination experienced by Black women attempting to gain employment. Under the laws of the time, only one element of discrimination could be considered —that is, being a woman, or being Black. But not both.

Failing to consider how each element of our identity and our experiences intersect continues to be a common experience among people who face barriers to accessing health care. Understanding intersectionality means considering how the various elements that shape us—such as our economic status, age, cultural heritage, gender and sexuality—act upon, and between each other, to shape our experiences in life.

Intersectionality is frequently associated with women and their experience of oppression and violence. In this context, it is important to understand that gender can intersect with other elements of identity and experience in violence against women and girls. For example, women and girls with disabilities are two to four times more likely to experience domestic violence and are at greater risk of family, domestic and sexual violence than women without disabilities.

A recent study (2020) conducted in Victoria on a sample of young people aged between 12–17 years and 19–25 year accessing support through headspace centres examined the intersection of various personal characteristics and their impact on a young person's vulnerability. These characteristics included mental ill-health, homelessness, cultural background and employment status.

The study considered the effect of social inclusion on the young person across the domains of housing, work and study, and social functioning. This study design provided an opportunity to better understand help-seeking and the barriers that can be experienced by specific groups of young people and how the intersection of the different elements of their identity and experiences.

The study results highlighted where intersectionality occurs among the young people sampled and, for those who also reported significant social exclusion, the detrimental impact of intersectionality on health and mental health. In contrast, those who experienced intersectionality across several domains and experienced social inclusion (i.e., social support, stable housing and engagement in work and education) had better access to mental health services and comparatively better mental health outcomes. The findings of the study point to the importance of exploring both the experience of intersectionality and the benefits associated with social inclusion.

Another study, authored by Belinda Green (former researcher with DAMEC) and Yalda Laffi (an AOD worker from DAMEC), explored '…the double displacement of Iranian men as refugees who use drugs in Australia.'

The use of an intersectional framework allowed for a close examination of the experiences of the participants. The results highlighted the ways in which social categories of gender, language, class, ethnicity, race and migration status intersect with participants' AOD use and related harms, leading them to be excluded from Australian society and workforce—and to face discrimination among their own cultural supports. The research also highlighted the need for improvement around cultural awareness, social inclusion and psychosocial support related to migration and interventions that support language and employment.

What can your client treatment data tell you about intersectionality?

Using the lens of intersectionality when exploring AOD National Minimum Data Set (NMDS) and treatment outcomes data can provide us with better insights about who has experience of discrimination across multiple domains and the impact it can have on help-seeking, treatment engagement and treatment retention.

The data collected now in NADAbase has the potential to tell us much about cultural background, sexuality and gender diversity, socio-economic status and homelessness. These data elements, coupled with asking people about their experiences, can assist us to think about how we might provide treatment that is inclusive, respectful and can prepare people for navigating health and social systems in the community.

How does an understanding of intersectionality translate into practice?

Research provides us with examples of intersectionality and makes suggestion for how it might shape practice. Here are 10 tips on how you can apply your knowledge of intersectionality and provide a more inclusive experience for people accessing AOD treatment:

1. Take a respectful and curious approach to a person's experiences
2. Be inclusive in your language and approach to both staff and people accessing treatment
3. Ask specific questions that reveal elements of a person's identity that may be relevant to treatment planning
4. Examine the physical environment and assess its accessibility, e.g., wheelchair accessibility and gender-neutral toilets
5. Explore the potential cultural and social needs of people accessing your service—make links
6. Explore a person's social needs and experience of accessing health care
7. Create opportunities for a person accessing treatment to connect with cultural, spiritual or other community support needs
8. Promote consumer engagement and participation to empower people accessing treatment
9. Celebrate strengths in diversity and how they might contribute to treatment programs
10. Use your data to explore intersectionality and the impact it has on outcomes for people accessing AOD treatment at your service.

See the references overleaf.

Learn more

- This video Intersectionality and health explained, developed by researchers from the University of Sheffield, explains how the intersection of gender, ethnicity and social class can have a strong impact on our health and shape the course of our lives.
- This description of what intersectional needs are, by Health Consumers NSW, explains how many parts of a person's identity can intersect to impend their access to health care.
- *The Conversation* article Explainer: what does 'intersectionality' mean? covers the history and limitations of the 'intersectionality' term.
- The Victorian peak body for non government AOD services, VAADA, held a forum on intersectionality and why it matters for service providers. See the resources and presentations.
- Watch this NADA webinar on Asking the question: inclusive data collection for gender and sexuality diverse clients.

Twenty years of Kool Kids

Kool Kids is an early engagement and intervention program for young people aged 7-13 in the South East Sydney catchment areas. Twenty years ago, community members expressing concerns about the safety and wellbeing of the young children living in an area with service gaps, condensed public housing and complex social issues. Weave established Kool Kids to improve young people's attendance at school and to engage them in the afternoon.

Today, Kool Kids works with three schools and supports over 70 families (including 140 young people) in the area with daily programs and therapeutic mentoring in school. Over 95% of the young people in the Kool Kid program identify as Aboriginal, and all live in public housing.

The program engages young people with a series of therapeutic after school programs that equips them with the tools they need to overcome life's challenges. Each afternoon, Kool Kids youth workers collect the young people from school and takes them to an activity. Some activities are facilitated externally (such as swimming lessons) whereas others are facilitated by Kool Kids staff.

Each afternoon begins with one of the young people reciting an Acknowledgement of Country followed by the group agreement (rules for the program). The young people devise the group agreement on the first week of the program of each school term. We call it group agreement rather than rules, as this acknowledges that the group determined what the precedent for the program will be and therefore if staff ever have to correct a behaviour, it is easy to refer back to.

Kool Kids staff create a therapeutic program curriculum to be delivered over the eight weeks of the term. Topics include self-love, emotional regulation, risky behaviour, racism and bullying. Each program creates an open and safe space for young people to talk about their experiences, to equip them with emotional intelligence and a language to express their internal environment.

Kool Kids also offers one-to-one therapeutic and/ or cultural mentoring within its partner schools. This individualised time with a Kool Kids youth worker further cements the relationship with young people on program and allows them to access more tailored support to meet their complex needs.

Kool Kids also runs a program called SWITCH, for young people transitioning from year six into high school, to help them navigate this significant transition smoothly. After completing this training, they graduate to being Switch Leaders and mentor the younger Kool Kids. The young people who engaged with Kool Kids in 2001 have transitioned to Switch Leaders and are now youth workers with the program.

Having a longstanding, small and diverse team allows young people to build rapport with the individual/s on the team they relate to the most. Building trust and long standing connection with and between the families we work alongside is at the core of all the work we do.

To learn more, email Tate Peek-Silva, Kool Kids Program Manager, or visit the Weave website.

TRANSLATING RESEARCH INTO PRACTICE

References

1. Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, Vol. 1989: Iss. 1, Article 8. http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8
2. Bastos, J.L., Harnois, E.E., Paradies, Y.C. (2018). Health care barriers, racism, and intersectionality in Australia. *Social Science & Medicine*, Volume 199, 2018, Pages 209-218. https://doi.org/10.1016/j.socscimed.2017.05.010.
3. Collins, P. H. (2015). Intersectionality's Definitional Dilemmas. *Annual Review of Sociology*, 41(1), 1–20. https://doi.org/10.1146/annurev-soc-073014-112142
4. Morgan, A. & Chadwick, H. (2009). Key issues in domestic violence. Research in practice no. 7. Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/rip/rip7
5. Filia, K., Menssink, J., Gao, C.X. et al. (2021). Social inclusion, intersectionality, and profiles of vulnerable groups of young people seeking mental health support. *Soc Psychiatry Psychiatr Epidemiol.* https://doi.org/10.1007/s00127-021-02123-8
6. Green,B.A., and Latifi, Y. (2021). No One Smiles at Me: The Double Displacement of Iranian Migrant Men as Refugees Who Use Drugs in Australia. *Social Sciences 10*, no. 3: 85. https://doi.org/10.3390/socsci10030085

Improving AOD services for priority populations

The NSW Ministry of Health strategic prioritisation framework for alcohol and other drugs research and evaluation: 2020–2024 identifies the Centre for Alcohol and Other Drugs (CAOD) research and evaluation priorities: areas where evidence gaps exist, and where addressing these gaps would improve outcomes for people experiencing AOD related harms.

Five priority areas were identified, including that of 'Improving AOD services for priority populations'. This area is overseen by a working group (*see blue box for members*), responsible for identifying specific evidence gaps to progress research and/or evaluation which can be translated into policy insights that will improve service delivery, access, experience and outcomes for priority populations.

To date, the working group has decided to progress the following:

- **Funding NADA to support the evaluation of a cultural inclusiveness audit tool.** Developed in partnership with DAMEC, the tool aims to optimise service experiences for culturally and linguistically diverse populations in mainstream AOD treatment services by identifying organisational factors that support best practice cultural inclusion. The tool will be piloted in four locations for use in public health and non government services. The evaluation will be completed in June 2022.
- **Supporting the delivery of trauma informed care (TIC) and application of best practice TIC principles.** The aim is to define the application of TIC in the context of AOD treatment delivery and best practice principles to support integrated care. The CAOD are exploring the broader scope of work occurring across the health system to ensure consistency of approach, and best outcomes for people who access health services.

Over the next three years, this working group will also engage in a 'co-creation of evidence process' where research questions answerable through the analysis of public health datasets are generated. Seed funding will then be provided to a research organisation to generate policy and practice insights for the purpose of quality improvement.

To learn more about CAOD priorities and other research and evaluation activities, download the July 2021 quarterly update [PDF].

Who is in the working group?

Membership of this working group comprises:

- CAOD, NSW Ministry of Health
- Prevention and Response to Violence, Abuse and Neglect Unit, NSW Ministry of Health
- NADA
- The NSW Ministry of Health's Consumer Reference Committee
- ACON
- The Centre for Research Excellence: Indigenous Health and Alcohol
- The Drug and Alcohol Multicultural Education Centre (DAMEC)
- The Sydney Medically Supervised Injecting Centre
- St Vincent's Health Network
- Centre for Social Research in Health
- Community Restorative Centre
- NSW Aboriginal Drug and Alcohol Residential Rehabilitation Network
- Aboriginal Health and Medical Research Council.

If you are interested in research and evaluation activities that align to CAOD priority areas and would like to speak about partnership opportunities and/or in-kind support, please contact Lexi Buckfield, Strategic Research and Evaluation, CAOD.

NSW GOVERNMENT | Health

Annual reporting: what data should you highlight?

Have you considered what data you could highlight in your annual report?

We asked members who are involved in our NADA Data and Research Group, and Dez Hoy from Namatjira Haven and Emma Scott from the Salvation Army told us:

- data and information that describes who is coming through the doors
- people's treatment journeys: progress towards outcomes using your outcomes measurement data
- highlight the things that your program provides that build resilience and grows opportunities for people
- evidence of your inclusivity for people with a variety of needs, with a focus on a person's experience of service and what you might have done to respond better
- provide a snapshot of your workforce and board: who are they, what are their qualifications and roles

In terms of where to source this data, Dez and Emma indicated a variety of sources such as client's data, worker profiles, interviews with staff and clients, website analytics. Most importantly, the content should be tailored to the audience: short, lay language and engaging.

Why not highlight the diversity of your clients?

Drawing attention to the variety of experiences and identities of your clients is important for a number of reasons. It can help identify groups who are attending your service and whether tailored programs or services for these groups would be helpful. By reporting on the diversity of clients, you might also show how you've met desired service outcomes for specific groups. Highlighting identity data in your annual reporting can additionally help you see if there are particular groups who aren't accessing your service, which can be an area of improvement for future annual reporting periods.

What identity data could you highlight?

Gender and sexuality data: Tracking and reporting data about gender and sexuality diverse communities is crucial, particularly given data about these communities isn't currently collected in national datasets. NADA members are in a unique position to be able to report on this data to funders and their communities.

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NADAbase update

Tata de Jesus

NADA

Annual data reporting is on the horizon

Data reporting to the Australian Institute of Health and Welfare (AIHW) is coming up. It's good practice to review your program's data quality to ensure your data accurately describes who is accessing your service. Key data quality concerns to look out for:

- Episodes that have been open for more than 12 months
- Client's age at episode commencement is under 10 years old

NADA is preparing the data submission extracts and will be in touch with services if clarification on data is needed.

Reporting

Regular reporting is still ongoing, NADA have sent the following reports:

- Monthly data reports to InforMH for members that receive Ministry of Health funding
- Quarter 4 April to June data report for members that receive Primary Health Network funding
- Bi-annual aggregated report to NSW Health
- Bi-annual aggregated reports for members that receive youth, methamphetamine or continuing coordinated care funding from NSW Health

NADAbase documentation project

NADA engaged an IT technical writer last financial year to conduct a whole-system review of technical documentation available for NADAbase reporting, maintenance, architecture, and development. As a result, the NADAbase data dictionary has been updated. NADA is also looking to produce technical documentation templates to incorporate the NADA Policy Toolkit—watch this space!

Changes to coding for child/ren in care questions

In reviewing the NADAbase data dictionary, NADA found the coding for the child/ren in care questions to be incorrect. This does not affect manual entry in NADAbase however it may have an impact on NADAbase importers.

Please note, the changes to coding are:

Item 40: Have you at any time in the past 4 weeks, been a primary caregiver for or living with any child/children (under 5 yrs)

Code	Description
1	Yes
0	No
9	Not stated/inadequately described

Can be left blank (-1 will be stored)

Item 41: Have you at any time in the past 4 weeks, been a primary caregiver for or living with any child/children (5-15 yrs)

Code	Description
1	Yes
0	No
9	Not stated/inadequately described

Can be left blank (-1 will be stored)

Security enhancements in NADAbase

NADA introduced two-factor authentication for all NADAbase users in June 2021. Two-factor authentication is an important security measure that adds a second layer of protection to your NADAbase password. It will increase the security of client data and reduce the risk of data security breaches.

For users logging in for the first time, you will be requested to:

1. change your password to fit the security parameters (8-50 characters with at least one uppercase character, one lowercase character, one number and one special character)
2. enter an access code (sent to your email).

Watch this video for more instructions.

Why does the media misreport AOD issues?

By AOD Media Watch

There are several reasons why misreporting on AOD related issues generate large audiences for the media. The three articles published by AOD Media Watch over the past month help the community to understand what drives the media to engage in such misreporting. And more importantly, we highlight what impacts such reporting has in terms of creating moral panics and perpetuating stigma.

These three pieces were in response to poor media reporting of naloxone, vaping, and cannabis. Interestingly, the piece on cannabis published in *Forbes* magazine appeared to be a positive story that did not perpetuate stigma, but does highlight the complexity that emerging new cannabis and psychedelic industries creates. We also called attention to *The Herald Sun* for their continued unfounded criticisms of a proposed injecting facility in Melbourne, noting a *seventh* Herald article on the topic.

While we know how and why the media perpetuate moral panics, it remains unclear how we can generate attention for evidence based drug information. To address this, AOD Media Watch have begun mapping new territory using an ethnographic approach that seeks to understand how to maximise the public's engagement with drug science communications on social media. In doing so, we have updated our guidelines for journalists reporting on AOD issues.

We have also updated our article submission and governance process to make it easier than ever to submit a story and help co-create new narratives of AOD. If you spot some poor reporting, let us know via our website or Facebook.

NADA webinars

15 Sep

How to use ATOP data for service evaluation, quality improvement and research activities

12 – 1pm: NADA is pleased to present this webinar on How to use the ATOP in your Clinical Practice, with Professor Nick Lintzeris. Register now.

6 Oct

Connecting NADA members forum

Enhancing connections between community based/outpatient member services and residential rehab programs

12 – 1pm: In this forum we will start the conversations about how we as a sector can better facilitate referral pathways for people who are most in need of treatment. We will hear from residential and community based/outpatient services about ways that we can enhance networks and referral pathways. Register now.

19 Nov

Drug stigma message training

Learn key skills and share with your colleagues

Applications close 6 October

9:30am – 12:30pm: Learn how to develop persuasive communications around drugs and drug policy that reduces stigma. You will work in groups on a number of communications scenarios designed to help you learn through practical application. Express your interest.

SafeScript NSW system to support the safe use of high-risk medicines

SafeScript NSW is a real-time prescription monitoring system being implemented by NSW Health. It will provide prescribers and pharmacists with real-time information about a patient's prescribing and dispensing history for certain high-risk medicines, known as monitored medicines. This information will support improved clinical decision making and help keep patients safe. The list of medicines monitored by the SafeScript NSW system can be viewed here.

Prescribers and pharmacists in the Hunter New England and Central Coast regions will be the first to have access to SafeScript NSW from late October 2021, as part of a phased state-wide rollout. All NSW prescribers and pharmacists will have access to the system in the first half of 2022.

What will SafeScript NSW mean for the specialist alcohol and other drug treatment sector?

Clinical support will be available for prescribers and pharmacists including:

- ·accredited training and education materials, which explain how and when to use the system, information about monitored medicines and clinical practice, and how to support patients who may be at risk of harm
- enhancements to local HealthPathways, to help navigate local pain management, mental health and specialist alcohol and other drug services
- the SafeScript NSW Clinical Advice Line, a dedicated service offering specialist advice on pain management, mental health and substance use disorders with related use of monitored medicines.

Clinical advisors on the advice line will provide guidance and support to GPs, nurse practitioners and pharmacists so that they can continue to play a leading role in caring for their patients. This will help mitigate any potential excess demand on specialty health services. The intent is to promote GP led care wherever practical, supported by appropriate allied health and other specialist services as required.

The SafeScript NSW program team will be evaluating the implementation of SafeScript NSW and you are encouraged to report on any impacts to service provision which may include an increase in people reaching out for treatment support or referrals to your service. For enquiries about the program or to provide feedback, email safescript@health.nsw.gov.au. To learn more, visit www.safescript.health.nsw.gov.au.

15
Nov

Save the date
NADA annual general meeting

NADA network updates

NADA practice leadership group

The NADA Practice Leadership Group (NPLG) are focusing on the 2022 NPLG practice forum and drafting activities for the network's workplan. The NPLG recently sought expressions of interest from the NADA membership, and extend a warm welcome to the newest members of the group:

- **Dylan Clay** Program Manager, Speak Out Dual Diagnosis Program, Weave
- **Emily Deans** Research Strategy and Design Coordinator, Youth Solutions
- **Levii Griffiths** AOD Case Manager—Bourke Street Project, The Haymarket Foundation
- **Danielle Breeze** Service Manager, Kedesh Rehabilitation Centre
- **Simone Angus-Carr** Programs Manager—Western Sydney, Ted Noffs Foundation

We would like to thank Jo Lunn, Doug James, Tara Morrison and Mathias Dussey who have left the NPLG. We are grateful for their commitment, contributions and support and wish them all the best in their future plans.

Women's clinical care network

The Women's Clinical Care Network held an online meeting in August. At this meeting, workers gave an update on how their organisations were connecting with service users in light of the COVID-19 lockdown impacting various parts of NSW. Services shared their AOD support needs, and NADA's Michelle Ridley gave an update on her work in the Department of Communities and Justice (DCJ) space.

Many network members attended the NADA forum in June on enhancing partnerships between non government AOD workers and DCJ child protection services. This forum was an excellent space for AOD and DCJ workers to network and share knowledge. Also, some network members attended the PRISM LGBTIQA+ Inclusivity training in late June and early July, run by Twenty10 and organised by NADA. The participants are now equipped with new skills and knowledge that will strengthen the promotion of LGBTQIA+ inclusivity for clients and co-workers in AOD services.

The Women's Network is open to any NADA members who are working with women. If you would like to join the network, please email hannah@nada.org.au.

Youth AOD services network

The Youth Network's July meeting was jam-packed with services updating with inventive ways they were engaging young people during lockdown. CORE Community Services shared one creative engagement idea; they have been running weekly online Kahoots quizzes with UberEats voucher prizes. In the network meeting, members shared their training and support needs. Additionally, some network members attended a full day of PRISM LGBTIQA+ Inclusivity Training, run by Twenty10, and organised by NADA. The training educated participants about identities in LGBTQIA+ communities, microaggressions faced by LGBTQIA+ communities, and how to make AOD services more inclusive for these communities. If your service supports young people and you would like to join the network, please contact hannah@nada.org.au.

Consumer representative and peer worker network

This network met in July and August and are planning on having more regular meetings while many people in the network are in lockdown.

This network is open to consumer representatives and peer workers of NADA member services. It is a supportive peer based space where people can share their experience, hear about and experience learning opportunities and find out what else is happening in the consumer representative and peer work space. For more information or if you'd like to join, please contact liz@nada.org.au.

Gender and sexuality diverse AOD worker network

The network held a meeting in August to provide support to members, share resources and discuss a future possible joint event. Additionally, network members Jack Freestone and Julie Mooney-Somers, along with NADA's Suzie Hudson, recently published an article in the *Drug and Alcohol Review*. The commentary called for indicators on sexuality and gender to be included in minimum datasets for Australian government and non government AOD support services. It also advocated for worker training to enable this to be implemented. Given that this year's Australian census did not collect data on gender and sexuality diverse communities, such advocacy work is crucial to ensure the specific needs of LGBTQ groups in relation to AOD support are counted. If you work in AOD, are gender and/or sexuality diverse and would like to join the network, please email hannah@nada.org.au.

Community Mental Health, Drug and Alcohol Research Network

CMHDARN welcomes a new coordinator
CMHDARN is pleased to welcome Katy Sam as the new coordinator. Katy is excited to hear what research is happening in the community managed and non government areas to support the mental health and AOD sectors, and what the members would like to see from CMHDARN. Don't hesitate to email info@cmhdaresearchnetwork.com.au.

Being a member offers many benefits
Gain exclusive access to the CMHDARN Research Ethics Consultation Committee, the Community Research Mentoring Program, the CMHDARN Connect Newsletter, and many more exciting research capacity building activities and resources. Sign up today!

NADA data and research advisory group

NADA is pleased to introduce the NADA Data and Research Advisory Group. Established in April 2021, the purpose of the network is to help NADA and other key stakeholders in the AOD sector to consult with experienced, committed, and skilled data specialists from NADA member services. Network members are staff from non government AOD services that specialise in data, research, or a related field:

- **Alex Lee** Chief Executive Officer and NDRAG co-chair, The Glen
- **Sarah Ticehurst** Research and Evaluation Coordinator—Youth off the Streets
- **Emma Scott** Research Analyst, Salvation Army
- **Kathryn Sweegers** Area Manager, CatholicCare Social Services Hunter-Manning
- **John Kerr** Systems Coordinator, The Buttery
- **Dez Hoy** Project Officer, Namatjira Haven
- **Gen Whitlam** Associate Director, Client and Clinical Services, ACON
- **Junhua Li** Head of Business Systems, Data and PMO, Odyssey House NSW
- **Joshua Snowdon** Data and Business Analyst, Lives Lived Well
- **Rosemaree Miller** Research and Data Management Officer and NDRAG co-chair, NADA

To learn more about the network and its future activities, please contact rosemaree@nada.org.au or sanjana@nada.org.au.

Profile

NADA board member

Peter Valpiani Chief Executive Officer
The Haymarket Foundation

How long have you been associated with NADA?

I've been associated with NADA for four years, starting when I joined the Haymarket Foundation in 2017. I've been proud to contribute to NADA's work as a Director and Chair of the Finance Committee since November 2019.

What does an average day look like for you?

Do average days exist anymore? On any given day, I can be supporting Haymarket's frontline teams, working with the sector on broader challenges, or developing new strategic initiatives.

What experienced do you bring to the NADA Board?

I draw on a range of experiences stemming from my career working in communities experiencing a broad range of disadvantage, both in Sydney and in remote Aboriginal communities in Cape York. Skills that I bring to the NADA board include financial, project, and change management capabilities.

What activities are you working on at the moment?

On top of my usual admin, finance, event and member support tasks, I'm currently reviewing a number of internal policies and procedures, assisting with accreditation processes and end of financial year preparations.

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

The most exciting part is working with a great team of like-minded directors and highly capable staff. It is humbling to be a part of an organisation that is constantly working support member organisations, their staff, and the clients they work with to build capability and meet the complex challenges we face as a sector.

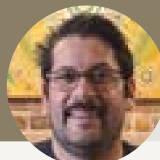
What else are you currently involved in?

I'm currently involved in several advisory groups delivering systems change for people experiencing, or at risk of homelessness in Sydney. I also enjoy academia, currently lecturing in project management and contributing to several research projects.

Photo by Anna Kuchera

A day in the life of...

Sector worker profile



Levii Griffiths AOD Case Manager, Bourke Street Program, The Haymarket Foundation

How long have you been working with your organisation?

I have been working at Haymarket for close to a year.

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

I have been working in the AOD sector for almost four years. I started off as a support worker working with the detox unit in a residential rehab and made my way to working more closely with clients as a case manager.

What does an average work day involve for you?

I spend each day focusing on individual case management and group programs. I help clients to become more self-supporting with self-avocation using a biopsychosocial model.

What is the best thing about your job?

Seeing someone go from their deepest struggles with dependence and homelessness to working towards a life of happiness, AOD- and gambling-free, living in their own place, having a job, and being with their children again. Seeing a person improve their quality of life makes the job more rewarding than anything.

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

I would like to see more collaboration between organisations. We can be more open to other services, consider what you struggle with, what help do you need to support your client? We need to work together so clients never feel like a number in the system.

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

Brazilian Jujitsu and Muay Thai kickboxing keeps my body and mind fit to focus on other aspects of life.

Member profile

CatholicCare Social Services Hunter-Manning

Service

The AOD Connected Recovery program is a free and confidential service covering the Mid North Coast region of NSW. We offer:

- **telephone support** supporting people with less complex needs
- **case management** supporting people with more complex needs
- **care coordination** interaction with other health providers
- **group programs** evidence based group programs that focus on social and living skills, harm reduction and recovery.

Clients

We work alongside communities including Aboriginal and Torres Strait Islander peoples, young people aged 16–24, pregnant women and those with young children, individuals exiting the criminal justice system, those with co-occurring AOD and mental health issues.

Our qualified and dedicated staff are committed to supporting people to define their goals, identify their strengths and access resources by developing collaborative, honest and transparent relationships.

We work alongside people in need to help them to thrive. We listen and respond by working with communities to help build a stronger, fairer and kinder society that values children, young people, families and individuals.

Case study

For five years, Larissa* had abstained from using AOD, but due to experiencing difficulties and stress at work, she began using alcohol again. Within a month her use escalated, and she was unable to function.

She took time off work and, with the help of her GP, was admitted to the Mayo private hospital for a withdrawal management intervention. She contacted AOD Connected Recovery and requested support with psychosocial counselling and relapse prevention suggestions.

Initially we provided support on the phone. Upon her discharge, Larissa attended counselling with the AOD worker in our Forster office. Having developed a comfortable therapeutic relationship with the worker, she eas able to discuss issues of trauma and attachment, mainly stemming from her childhood.

At the time of this writing, she is still engaged with our service. She reports that she has achieved close to 90 days without using AOD. We have supported her to develop a self-managed recovery program with tools and interventions (recovery routines) she can use daily. She also uses community peer support groups and online support groups for support. Normal functioning has returned and further improved. Due to engaging with AOD Connected recovery, she has accepted—both intellectually and emotionally—that she cannot drink alcohol safely again because of her alcohol use disorder, and she says that she finally is at peace with that.

**Name has been changed for anonymity*

Contact us

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DIOCESE OF MAITLAND-NEWCASTLE

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33 Lake Street, Forster NSW 2428
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NADA updates

Programs

Increasing capacity of AOD treatment services to support CALD people and their communities

A partnership project between NADA and DAMEC, this project aims to devise, implement and evaluate an auditing process to enhance the cultural inclusion of mainstream AOD treatment services in supporting people from Culturally and linguistically diverse communities (CALD) communities accessing treatment. The auditing process aims to optimise service experiences by identifying organisational factors that support best practice cultural inclusion.

The development of the organisational audit tool will be informed by an Expert Advisory Group comprising representatives from AOD treatment services, government, CALD community leaders and people with lived experience.

We invite you to submit an expression of interest to join the Expert Advisory Group. Applications close 5pm Tuesday 19 October 2021.

Improving governance practices

In responding to the needs of members, NADA has partnered with Justice Connect's Not-for-profit Law program to offer 15 free Governance Health Checks via one-on-one support from a lawyer to eligible NADA members. Read more.

Continuing coordinated care sector development

NADA's Clinical Program Manager continues to work on activities to build cross sector partnerships and collaborative practice between NADA member organisations and other service sectors. Recent activities include a cross sector forum in partnership with Department of Community and Justice child protection to enhance working relationships and referral pathways between our two sectors. There were over 70 virtual attendees and 45 in person. The feedback about the event was overwhelmingly positive.

A webinar that looked at supporting people accessing AOD services who are homeless or at risk of homelessness was conducted that included a panel with NADA members and staff from the housing sector.

For more information, contact Michelle Ridley.

Try our new tool

Unearth evidence based AOD resources with the AOD Resource Finder

The NADA has just launched the AOD Resource Finder. This digital portal makes it easier for AOD workers to find evidence based practice resources online.

Now AOD workers can find resources specific to their needs by searching for AOD resources from trusted service providers.

The digital portal contains thousands of resources that explore a wide range of topics and in various formats, including reports, guidelines, factsheets, eLearning, webinars, and more!

The best way to find what you need is to combine multiple 'tags' with other filters (e.g., 'practice theory', 'trauma' and 'guideline'). For optimal experience, use the Chrome web browser.

The AOD Resource Finder was developed in collaboration with the State and Territory Alcohol and other Drugs Peaks Network and is supported by funding from the Australian Government Department of Health.

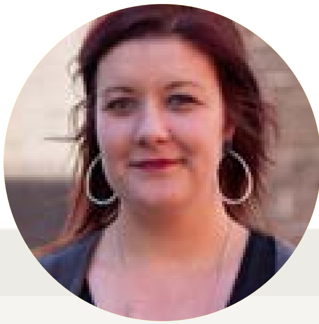
'I am very excited to start to use this resource and it looks like the type of resource I have often been searching for,' said Leanne Fletcher, Care Coordinator at St Vincent de Paul Society.

Highlights from the virtual office

International non-binary people's day event

A number of NADA staff attended an online event, held by Pride Inclusion Programs, for International Non-Binary People's Day! This day falls on 14 July each year. The event featured a discussion between Ellie Watts and Nicki Elkin about what it's like to navigate the world as non-binary people.

You can take a read of what being non-binary means here. Also check out Sandy O'Sullivan's Twitter thread on non-binary myth busting. Additionally, take a look at this resource by Minus18, which is designed to educate people about pronouns, and help you practice using the correct ones for people you interact with.



NADA practice leadership group

Meet a member

Lauren Mullaney — Mission Australia, Triple Care Farm

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have worked at Triple Care Farm since 2015 and became part of the NPLG in 2016.

What has the NPLG been working on lately?
The NPLG continues to work on many wonderful things to do with sector development and advocacy.
More recently, the NPLG reflected on the work completed by NADA around workforce development.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
I am a psychologist by trade, and really value getting to walk alongside the clients who attend our services for treatment. I also really value using evidence based research and working with staff to ensure they are supported to do the work they do.

Triple Care Farm are involved in a few research studies at the moment, which we are pretty excited about. More recently, in conjunction with Project Air (UOW), we had an article published around our dialectical behavioural therapy.

What do you find works for you in terms of self care?
It's a bit tricky at the moment given all the ongoing restrictions, but I am sure that's not too dissimilar to everyone else! At the moment, I am focusing on staying connected to my friends and family, and making sure I take time to get out of the house and into the sunshine. In terms of professional self care, clinical supervision is always important.

What support can you offer to NADA members in terms of advice?
I am not sure about 'advice' but am always happy to have a discussion around all matters related to the work we do! At the moment I would say it is extra important to engage in self-care, and to check in with yourselves (and your expectation of yourself). You are important, and you can't do the work you do long term without looking after you!

Learn about NADA and our members

Advocacy highlights

Policy and submissions

- NADA provided a submission to the PBS opiate dependence treatment program post market review
- NADA provided a submission on changes to the Certificate IV and Diploma of Community Services
- NADA and the University of Wollongong published an article in the *Drug and Alcohol Review* journal on NADAbase data: 'Polysubstance use classes and health outcomes among women attending specialist substance use treatment services'
- In partnership with ACON and USYD, NADA have had a commentary published in *Drug and Alcohol Review*: 'The sector is ready, and the community needs Australian alcohol and other drug treatment services to ask about sexuality and gender identity'

Advocacy and representation

- Key meetings: NSW Ministry of Health, NSW Department of Communities and Justice, Department of Health, National Indigenous Australians Agency, Australian Alcohol and other Drugs Council, Mental Health Coordinating Council, NSW Council of Social Services, NUAA, MHCC, AOD Peaks Network, Health Justice Australia, and NSW/ACT PHN AOD Network.
- Ongoing meeting representation: NSW Ministry of Health COVID-19 Clinical Council, NGO CoP and AOD CoP, Business and Funding Models Study Steering Committee.
- NADA CEO hosted a webinar with the NSW Ministry of Health and NCOSS as Co-chair of the NGO CoP, providing a Q&A with Dr Jan Fizzell.
- Ongoing roundtable meetings between NADA, NGO AOD services, MOH and DCJ child protection.
- NADA is representing NGO AOD services on the National Alcohol and other Drug Workforce Development Strategy Project Advisory Group.
- NADA has represented members on a number of meetings focused on the impending Real Time Prescription Monitoring, now named Safe Script NSW.
- NADA continues to participate in two working groups designed to provide input into the Clinical Care Standards implementation.

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.

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Feedback **Training grants**

Photo by Kris Ashpole