

Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 4: December 2023

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NADA
network of alcohol and
other drugs agencies



CEO report

Dr Robert Stirling

NADA

People accessing NSW NGO AOD services often present with a range of issues impacting their lives. Common co-occurring concerns include physical and mental health, homelessness, unemployment, domestic and family violence and child protection involvement. In fact, the NGO sector excels at supporting people in these areas, particularly the Aboriginal Community Controlled AOD services; it has always been central to the work that we do.

Yet, it's often the part that is poorly or unfunded, and requires collaboration and partnership across sectors that are similarly under-resourced.

NADA recently made a submission to the NSW Special Commission of Inquiry into Healthcare Funding. While focused on the public system, it is essential that the Commission understand the critical role of the health-funded NGO sector and see us as part of the NSW healthcare system. To deliver meaningful improvements and outcomes for people across NSW, we reported that any review of healthcare funding must ensure that policies and programs respond holistically to people accessing services, supported by appropriate funding and contracting arrangements for NGOs.

The health-funded NGO sector is not adequately funded to address the increase in health complexity, rising costs to deliver healthcare services, a multidisciplinary workforce, as well as growing IT, compliance and insurance costs. Further we reinforced that the NGO sector is subject to short-term contracts that impacts the ability to retain a qualified workforce and that funding arrangements for the NGO sector must be long-term and include cost escalation. Check out NADA's [submission](#) [PDF].

Positively, we are excited that our collective advocacy on issues related to longer-term contracts and indexation was recognised as part of the NSW Secure Jobs and Funding Certainty Election Commitment and will be subject to a Taskforce in 2024, with a similar process happening at the federal level. Watch this space for future updates.

In future advocacy for funding, the NADA team have worked with the Board and the Advocacy Sub Committee to develop a position statement on the Business and Funding Models (BAFM) Study. We acknowledge that the data from the BAFM was collected in 2020 and have

included in the statement that the average costs identified in the BAFM no longer reflect the cost for NGOs to deliver services in 2023. Check out NADA's [BAFM position statement](#) [PDF]. We will soon be meeting with the Centre for Alcohol and other Drugs to discuss this further shortly.

As we come to the end of 2023, we celebrate the funding of new NGO services, increases to funding for the MERIT and Drug Court programs, availability of funding for infrastructure, research capacity and workforce initiatives. But we have to acknowledge that the response to the Special Commission of Inquiry into the Drug 'Ice' will not resolve all the issues that impact on people who need support. We must acknowledge the impact of the referendum and its impact on First Nations workers, organisations and communities. NADA supports the rights of First Nations people to inform the policy that impacts on their communities.

Any review of healthcare funding must ensure that policies and programs respond holistically to people accessing services, supported by appropriate funding and contracting arrangements for NGOs.

One of the primary positions of NADA members for the upcoming NSW Drug Summit, is that the Summit is centred on the views and experiences of those most impacted. The Summit must provide a safe and inclusive environment for First Nations people, community-led organisations and the people that access those services to meaningful participate. NADA recently met with the NSW Health Minister, Ryan Park, to provide an overview of the sector's position. The Minister was very open to the views and concerns of the NGO sector to inform the Summit and he has encouraged us to continue regular contact with his office. Unfortunately, no date has been set. But we are hopeful that the Summit will provide an opportunity to ensure that all NSW parliamentarians are informed about the needs of the sector and that it will result in bold drug policy that will benefit those most impacted. View the [NADA Drug Summit position](#).

On behalf of the NADA Board and team, we want to thank you for all that you do. We hope that you have a safe and replenishing festive season with loved ones and your communities. We also want to acknowledge those working on the frontline that continue to support people over this time.



NADA
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Stock image: posed by model

Healthy mouths, healthy lives

People experiencing AOD dependence have poorer oral health than the general population, but are less likely to receive dental care. Discover the different ways that NADA members are facilitating people's access to oral healthcare. By Sharon Lee, NADA

I was talking to a friend on Crown Street, when Fiona* arrived to meet us, a little late.

I had first met Fiona at Surry Hills market where she sold handmade jewellery, and we discovered a shared love for hard music, good food and creative pursuits.

'Fiona's just been to the dentist,' my friend announced.

Fiona shyly smiled, and I saw a flash of white. "Oh my god! Let me look!" I exclaimed.

She bared her teeth.

It was then that I realised, I had never seen her fully smile; she would press her lips together, upturn the corners, then look down. Like many people who experience issues with AOD use, her [teeth and gums were affected](#). She hadn't seen a dentist for years because she couldn't afford private care.

She had been hiding her teeth and gums all this time.

Have you considered oral health?

Good oral health is essential for a person's overall health, wellbeing, and quality of life. It allows people to perform everyday functions, such as eating, speaking, and smiling. Yet oral health can be compromised in a variety of ways, with cavities, gum disease, dental decay, cancer, or injury.

Poor oral health has a negative impact on a person's quality of life, with feelings of pain, discomfort, and embarrassment. It can increase the risk of chronic disease, including conditions such as diabetes, heart disease, stroke, and respiratory conditions. Additionally, people with visible signs of oral disease may feel negatively judged and stigmatised.

People experiencing AOD dependence have far greater and more severe tooth decay and gum disease than the general population, but are less likely to receive dental care.¹ For people on low incomes or who are experiencing social disadvantage, barriers include high cost, lack of appropriate service delivery and lower levels of health literacy.² First Nations communities, people living in regional and rural locations, and with additional needs (e.g. mental health, living with disabilities, etc) face additional barriers.

People accessing AOD services appreciate the opportunity to improve their physical health, with dietary and fitness activities, health education, and referral pathways or staff liaison for specialist appointments.³ Addressing oral health needs can improve a person's general health and quality of life. This is why NADA members are facilitating access to free, quality oral health care.

Public partnerships

Why do people accessing support from the Haymarket Foundation have poor oral health? Homelessness programs

Healthy mouths, healthy lives

continued

manager, Aliza Denenberg, describes the all-too-common circumstances of a typical client: 'He is chronically homeless, has an acquired brain injury, poor education, financial restraints, and for lifestyle associated reasons—he has had a poor diet over the years, and AOD use. He is on Centrelink or is not eligible for Medicare; he has dental health issues but has not had the opportunity for care.'

The Haymarket Foundation has developed a partnership with the Sydney Dental Hospital to provide oral health promotion and care. This collaboration sees dental staff visit Haymarket each month to promote oral hygiene, a commitment to see urgent cases within a day, and dedicated appointments each Monday. Haymarket sends the person to the dental hospital with referral information, and they are welcomed by a community engagement worker on the other side.

Oral health provider

A handful of NADA members provide free oral health services, including new member, the Exodus Foundation. Practice coordinator, Carla Foustellis, recounts a recent story, 'Due to regular heroin use and poor oral hygiene, one of our guests had lost most of their teeth. The remaining teeth were loose, and they were in pain due to infection. They were unable to pay for private dental, and because they were in Australia on a Visa, they were unable to access public dental care.'

The Exodus Foundation dentist began work on the existing teeth with a scale, clean and restorative treatment of dental decay. The dentist started the process of making upper and lower dentures, which were ready in six weeks. The recipient was so overwhelmed, they began crying in the dental chair, 'I would never have imagined seeing myself with a full set of teeth again!'

The dental nurse provided an oral hygiene tutorial so they could maintain a healthy mouth. A few weeks later, the guest returned, saying their newfound confidence helped them apply for a job, and they were getting their life back on track.

Access via the dental peak

Few NADA members can provide oral healthcare inhouse, and so the charity arm of the Australian Dental Association fills the gap. The dental peak organisation has two programs that partners with charities so that a person can undergo a course of treatment from their dental clinic,

located in St Leonards. A range of members—including Detour House, William Booth House, and the Community Restorative Centre—have taken advantage of this opportunity.

'We tell people: you don't have to live with tooth pain. You can get that fixed,' says Aliza from Haymarket.

'Free dental support services are available.'

**Name changed*

Practice tips

- Increase your [general](#) and [AOD-specific](#) oral health knowledge, and share what you learn
- [Display oral health promotion posters and share brochures](#) in your service.
- Arrange for volunteer dentists or dental students to provide oral health information sessions for staff and participants
- Include oral health in your assessment, care planning and treatment/service processes
- Develop partnerships with oral health providers to access priority care; accompany the person to the appointment, where possible
- Make a warm referral for people to seek oral care in the community. Seek regular feedback from your client to ensure they have not experienced stigma or negative attitudes which inhibits them accessing services in the future
- Provide oral health kits with toothbrushes and toothpaste
- Provide fruit, vegetables and tap water and minimise sugary drinks and food

Be inspired

Palmerston Oral Health Project: Read a [recent evaluation](#) [PDF] of an oral health pilot project from a non-government AOD service in Western Australia.

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Healthy mouths, healthy lives

continued

Find a dental service near you

Aboriginal Medical Services are vital providers of holistic and culturally appropriate health services to First Nations communities. [Find a local service](#). Each may have different eligibility criteria and appointment processes for their dental programs.

Providers of comprehensive dental care, **public dental services** are often located in public hospitals and community health centres. People are prioritised for care through a triage system. This means that those with urgent dental conditions are treated sooner, and that there may be wait times for routine dental care. Find your [local Primary Health Network](#) or call **1800 679 366**. Read the oral health [eligibility](#) and [referral information](#).

Dalarini Aboriginal Oral Health Clinic, a public dental clinic, is housed at the Sydney Dental Hospital. Eligible people can access a range of dental services from routine check-up and cleans to emergency dental care. Learn more information about [this service](#), or call **9293 3438** to make an appointment.

Special Needs Dental Clinic, a public clinic, is co-located in Mission Australia Surry Hills, and provides services to those experiencing homelessness, AOD or mental health concerns. Read information about [this service](#), or to book an appointment, please call **9356 0621**.

St Vincent's Hospital Sydney Dental Department provides dental services to a wide range of underserved communities including people with AOD concerns, those with complex medical backgrounds, people experiencing homelessness and more. [Learn more](#) about this service. For referrals, email enquiry@stvincents.com.au or phone **9382 3219**.

Australian Dental Association has two programs (Filling the Gap and the Australian Dental Health Foundation) that partner with charities. Register your interest to partner so people accessing your service can obtain oral healthcare in the new year. [Learn more](#). Email smile@fillingthegap.com.au or phone **8436 9900**.

Exodus Foundation offers checkups and fluoride treatments, as well as fillings and more complex oral care, like dentures. Dental appointments can be made for Tuesdays and Thursdays. To [make a dental appointment](#), [send an email](#) or phone **8752 4600**.

Royal Flying Doctors has established oral health services in parts of remote and rural Australia. Book an appointment at a [listed remote dental clinic](#) or call **08 8080 3735** for other locations.

SAVE THE DATE

Collaborative Connections: Mental health and AOD symposium

Network of Alcohol and other Drugs Agencies (NADA) is excited to announce our collaboration with the Mental Health Coordinating Council for a unique and valuable cross-sector symposium on **10 April 2024**.

Collaborative Connections: Mental health and AOD symposium will be an opportunity for the mental health and AOD sectors to come together to strengthen relationships and showcase progress and achievements.

Invitation with registration details coming soon

What Collaborative Connections: Mental health and AOD symposium

When 10 April 2024

Where Rydges Sydney Central

Cost Free

This free event is brought to you by Mental Health Coordinating Council and the Network of Alcohol and other Drugs Agencies.





TRANSLATING RESEARCH INTO PRACTICE

Let's get physical

By Michelle Ridley, NADA

Over the past two decades working in the AOD sector, I've seen a lot of changes in the way we support people accessing services. One of the biggest shifts, I think, is the focus on holistic care and not looking at someone's drug use in isolation. This is important because people accessing AOD services often experience a range of issues, including mental and physical health concerns, domestic and family violence and impacts of trauma.

While there has been a lot of research and policy investment to improve how the AOD workforce responds to some common co-occurring issues, in particular mental health, there hasn't been the same focus on addressing physical health problems and health-risk behaviours. Poor physical health can significantly impact a person's life expectancy, treatment outcomes and their risk of relapse. So, it's crucial we explore how we can better integrate physical health care into AOD treatment.

To find out more about this, I examined research by the team at the University of Wollongong. Briony Osborne, Professor Pete Kelly and their colleagues have carried out studies to understand the facilitators and barriers to integrating physical health in non-government AOD services. Their research involved interviews with both clients and staff working within AOD services and it found that being physically healthy was important for people accessing support. Looking after their physical health helped clients learn new things, have fun, connect with others, and feel independent. It also helped them deal with issues like chronic pain, boredom, loneliness, and mental health problems; and overall, it improved their treatment journey.

Their research echoed previous studies, that found neglecting physical health can affect someone's ability

to reach their AOD treatment goals. Specifically, it can increase a person's risk of experiencing pain and discomfort due to poor physical health and in turn increases their risk of relapse and becoming dependent on prescription pain medications. Not addressing physical health also impacts mental health issues and hopefulness for the future, both of which affect a person's engagement in AOD treatment.

Overall, the importance of integrating AOD treatment and physical health is evident, but how do we do this in practice, when services are under-resourced and already going above and beyond what they're funded to do? Some practical suggestions from the research include:

- Have resources/fact sheets/posters visible and available in your service to enhance the health literacy of people accessing your service and the staff to address the physical health of clients. Check out the links for more health resources:

[Head to health](#)

[A nutrition and healthy guide for AOD clients](#) [PDF]

[Exercise and mental health](#)

[Healthy eating during treatment](#) [PDF]

[Section 5.11 Physical exercise and healthy diet in NADA's AOD residential treatment guidelines](#) [PDF]

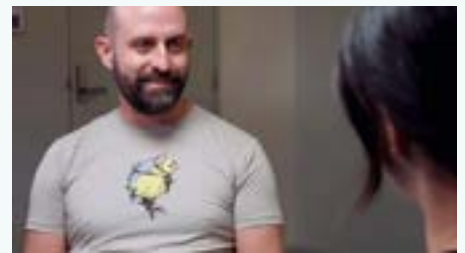
Let's get physical

continued

- Incorporate healthy eating and physical activity into your treatment program/service provision where possible. For example, instead of sitting for a counselling session with your client, go for a walk, get outside and moving. Have water and fruit/healthy snacks available in your service. For more details, see [Fact sheet: Getting active](#) [PDF]
- Support clients with referrals to external health care providers as a part of routine treatment and regularly check in with them about their experiences with the external provider. The research stresses the importance of regular check-ins because some clients reported negative experiences with healthcare providers that were not identified by AOD staff, and this impacted the client's future level of engagement with health care.
- Use a strength-based approach to encourage people to engage in physical health care. Recovery capital provides a framework that finds a way to replace unhealthy habits with healthier ones. For example, instead of sitting too much, replace this with a walk and activity. Check out the recovery capital practice sheet [Module 7: assessment of recovery capital](#) [PDF].

For more details about the research by University of Wollongong, refer to: [Systematic review of guidelines for managing physical health during treatment for substance use disorders: Implications for the AOD workforce](#)

Learn online with NADA



NADA has moved its learning content to the Insight platform. Insight are specialist providers of AOD training, education, clinical resources and practice advice for workers and services.

To unlock the NADA learning portal

1. Go to insight.qld.edu.au and sign up
2. Complete your registration

The NADA learning portal is only available to learners in New South Wales so make sure to update your profile to capture this information.

[Learn online](#)

Modules include:

- Monitoring treatment and transfer of care
- Comprehensive treatment and standards of care
- Engaging with families and significant others
- Asking questions on gender and sexuality

Plus many more to enhance your AOD core knowledge and skills.

How do you promote holistic health



Mission Australia
Continuing Coordinated Care team,
Far West and Western NSW

What type of holistic approaches do you provide at your service? We deliver evidence-based programs like SMART, MyMorningsMatter and ACT to address the emotional and physical needs of our program participants. We also play a crucial role to help people access residential rehabilitation and detox services both regionally and interstate. Recently, we have assisted people to access and engage with in-home detox delivered by the Clean Slate Clinic, as part of a trial project within Western NSW, facilitated by the PHN. We have been able to access these resources by maintaining strong, collaborative relationships with our stakeholders. The Community of Practice for Continuing Coordinated Care providers that NADA facilitates has also helped us to develop collaborative networks across the state, and we enjoy learning and sharing with our colleagues.

Staff undertake training and education beyond the AOD space with the potential to further expand on our approaches to holistic care and support. The Western NSW LHD delivered a webinar on the benefits of the Mediterranean Diet, for example, which we are modelling an internal Independent Living Skills group program around to improve physical health outcomes. In an ever-evolving world, one can never learn too much!

Why is this important? The Oxford dictionary defines holistic as 'characterized by the belief that the parts of something are interconnected and can be explained only by reference to the whole', so to take a holistic approach to delivery of supports and care provided to someone accessing our program we first need to know and understand 'the whole'.

Within our program, the person is at the forefront of their care planning. A whole-person consideration is the foundation of recovery planning as it is not measured as a linear outcome, but more so, a uniquely individual experience. Like many AOD services, we set out to identify the strengths and needs of the individual from the referral

and assessment process, and use this to develop an achievable goal plan that reduces or removes psychosocial obstacles that stand in the way of ongoing recovery for the person.

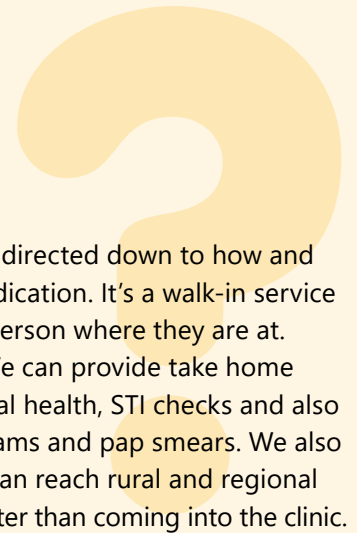
We have some unique circumstances, in that the further inland you come, the fewer resources are available to people wanting to access treatment services—and this is where the flexibility and innovation of the frontline workers comes into play.

Any practice tips for other services to provide holistic support? When working with the individual in a whole-person practice it's important to meet the individual where they're at—it's not a one-size fits all approach as we know. For some, this may mean re-engagement with the program after a period of time to support them to re-centre or get back on track, and that's okay. We know that recovery is a continual path for most if not all people, and we're prepared to step back in alongside someone on their journey to navigate this path.

The Station
Graciela Luna, CEO

What type of holistic approaches do you provide at your service? The people that come to our service haven't been taken care of by anyone. This is what they need. They need support, family and community. First, we focus on their immediate needs. Do you need food? We provide it. Do you need a shower? Take one. Do you need to wash some laundry? Here you go. This helps them to start feeling good about themselves.

Then we provide accommodation, health and income support. We provide active referrals and collaborate with other agencies. A number of services regularly visit. Every Monday, a doctor and registered nurse from St Vincent's Hospital come here, and they also do outreach. We have



lawyers from PIAC's Homeless Persons' Legal Service come here every week. We also have Centrelink to visit and assist.

Why is this important? We want people to be housed, not to be on the street. We want them to live 'normal' lives, so we give them all the help we can. Some of the people have been homeless for so long they don't know how to deal with the usual things we do—they don't have living skills.

Any practice tips for other services to provide holistic support? It's not just about detox or stopping use of AOD. There's a reason why people start using AOD. They've been traumatised and have told their story so many times.

NUAA Open Clinic on Crown
Nikkas Skelley, Continuing
Coordinated Care team, NSP LEAD

What type of holistic approaches do you provide at your service? NUAA on Crown St is a peer-based organisation—when a client comes into our needle and syringe program (NSP), there is engagement at the counter straight away from peers. We provide them with access to all NSP equipment, share tips and tricks for using equipment, and have a Venoscope to assess the health of someone's veins. We can also offer our open clinic services, which has blood borne virus testing; we partner with a Kirkton Road Centre nurse who comes on site and is able to conduct Dried Blood Spot and Point of Care Testing; we have a fibro scan machine on site, and also have referral treatment pathways.

Every step of the way is client-directed down to how and when they want to collect medication. It's a walk-in service and we are able to meet the person where they are at. We are here for the people. We can provide take home naloxone, contraception, sexual health, STI checks and also referrals to dental, mammograms and pap smears. We also provide a postal service that can reach rural and regional areas that may suit people better than coming into the clinic.

Why is this important? Being peer-based, I have seen somebody who came in nervous, but then we explain who we are, our expertise and experience and you slowly see the tension goes and the shoulder drop. They feel safe. They are not stigmatised and discriminated against; the people are important. Building that bond and relationship with clients and we are able to explain all the services we offer; we make it easy for people to access these services.

Any practice tips for other services to provide holistic support? Being able to be open and non-stigmatising/discriminating. Feel welcome and safe, explain the boundaries of your service and always ensure referral pathways when unable to meet the need. Build networks within the sector and work collaboratively to support a person as a whole. It's up to the individual what's important to them at that time, everything needs to be client-directed always, for the people.



Unmasking eating disorders

By Antonia Ravesi, NADA

Eating disorders are a serious and complex mental health issue characterised by disturbances in behaviours, thoughts and feelings towards body weight and shape, and/or food and eating. Common forms include anorexia nervosa, bulimia nervosa, binge eating disorder and avoidant/restrictive food intake disorder.

Research suggests that up to half of people with an eating disorder will also be concerned about their AOD use.¹ While women are most affected, men make up about 25% of people with anorexia nervosa or bulimia nervosa and 40% of people with binge eating disorder.¹

You look well

As we move to a season characterised by parties, lunches, and celebrations based around communal eating and often the drinking of alcohol, it is important to consider the additional pressure this places on people who have a history of co-occurring disordered eating and substance use. It is not uncommon for people who have detoxed and settled into a period of reduced substance use or abstinence to report experiencing mental health symptoms such as anxiety. Participants in aftercare programs describe using substances to self-medicate intrusive and obsessive thinking about their physical appearance and food intake. Well intentioned comments such as 'you look well', may be heard by a person struggling with depreciating thought processes as 'you're looking fat'.

The emergence of underlying mental health issues in early days of treatment is not uncommon in the AOD sector, however the serious nature of eating disorders can create

apprehension and feelings of inadequacy in workers. One of our roles in working with people changing their use of substances is to support them to identify and understand what drives problematic use. Unmanaged disordered eating will quickly reactivate the use of substances. Including questions in our intake processes that provide an opportunity for a person to talk about their history of eating disorders or problematic relationship with food that alerts to the risk of disordered eating, paves the way for later conversations, particularly when we are working with people to develop maintenance plans.

Bringing the issue to light

A large experience of eating disorders is the secrecy, which feeds the shame and self-loathing that people experience. Being able to acknowledge and talk about the early warning signs in a trusted therapeutic relationship will reduce the risk of the illness escalating and reaching stages where medical intervention is required. Given the opportunity, people will describe the complex intersectionality between substances and patterns of disordered eating, and it is this information that is crucial to developing a holistic care plan. Staff can be trained in identifying early warning signs and in having conversations to support early identification of someone struggling.

The Eating Disorder Screen for primary care workers has been developed as a way of structuring screening questions and provides an avenue for starting the conversation.

Unmasking eating disorders

continued

*Are you satisfied with your eating patterns?
Do you ever eat in secret?
Does your weight affect the way you feel about yourself?
Have any members of your family suffered with an eating disorder?
Do you currently suffer with, or have you ever suffered in the past with an eating disorder?*

Researchers Cotton, Ball and Robinson identified that the use of just two questions from screening tool were effective in the early identification of people at risk.

*Do you eat in secret?
Does your weight affect the way you feel about yourself?*

If these questions feel too prescriptive, a broader conversation topic with participants about their relationship with food can expose significant underlying beliefs and behaviour patterns. These conversations tend to reveal struggles themed around identity, worthiness, a worry that they take up too much space on the planet and the desperate need for protection from further abuse and emotional pain. These states of extreme vulnerability previously masked by substances, play themselves out, in the person's relationship with food and how they look, think, and feel about their body.

Asking these questions won't cause harm, noticing and not asking is when the damage is done. Working collaboratively with participants to identify what sets off disordered eating, what early warning signs look like and where substance use fits in, provide opportunities to address a significant contributor to continued problematic drug use and a cause of major damage to people's health.

Support is available

If identified, working with health professionals specialising in eating disorders is important. If you are seeing an increase in participants in your programs experiencing disordered eating, work on developing treatment partnerships with specialists. This is key in supporting people with this under identified mental health issue to be able to continue to access holistic AOD treatment and support.

Also, consider adding eating disorder support lines on your list of support information and help participants to attend online and web chat groups.

For participants

Butterfly National Helpline

Freecall: 1800 33 4673, 8am to midnight, 7 days

[Chat online](#): 8am to midnight (AEST/AEDT)

Support groups for participants

The Butterfly Foundation's [recovery support groups](#) provide spaces where people can feel free to discuss their body image and eating concerns.

- **Butterfly's Virtual Recovery Support Groups** are facilitated by trained peer facilitators with lived experience of an eating disorder. For anyone over age 18 in Australia.
- **Webchat Recovery Support Groups** are facilitated by specialist counsellors from the National Butterfly Helpline. For anyone over 16 in Australia.

Supports and resources for workers

The **Butterfly Foundation** has a [referral database](#) of practitioners and specialists who specialise in eating disorders, resources and lots of information for workers.

National Eating Disorders Collaboration

[Visit the website](#) for resources, professional development, service locator and National Eating Disorders Strategy, 2023–2033.

Learn more

Eating disorders: About more than food

[Informative brochure](#) about eating disorders, published by the National Institute of Mental Health, the lead federal U.S. agency for research on mental disorders.

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Folks out west

If you provide AOD support in Western Sydney, being curious about the unique experiences of culturally, linguistically and ethnically diverse LGBTQ+ young people can help you to better understand their substance use and how to support them. By Hannah Gillard, NADA

'Knowing LGBT+ CALD [culturally and linguistically diverse] support services can help a young person integrate their sexual orientation with their cultural/religious background, and find an authentic safe space to be themselves,' said psychiatrist Dr Anusha Saxena.

Anusha is demisexual¹ and homoromantic² woman of Indian origin, who has grown up in Australia. She has also provided healthcare to people living in Western Sydney. In her experience, the biological families of some culturally, linguistically and ethnically diverse young people may not initially accept their LGBTQ+ identities. She believes young people may use substances to 'cope with the emotional pain of being ostracised or disowned, or distanced from their family.'

Yet, family may be found in a variety of places; culturally, linguistically and ethnically diverse people in Western Sydney have created an array of social support groups for their LGBTQ+ community members.

However, Anusha is aware that young people might not know that this community exists. Additionally, what is lacking are groups to cater to the intersecting identities of those seeking AOD support.

Anusha believes it could be beneficial start one up, either online or in person. Yet she acknowledges it may not be

for everyone, due to privacy concerns: 'They might not want to let other people in those groups know about their substance use, because even though they are LGBTQ+, some people in groups may still have stigmatised attitudes.'

'And then within that, if you think of sub communities—like people of different racial minority backgrounds—they might know each other already,' she added.

So, complementing the AOD support that you provide people in this community, a referral to social support groups and directories listed overleaf could also assist.

Practice tips

Clients could seek a peer or mentor

While most of the groups listed overleaf do not specifically provide AOD support, people may feel comfortable posting in the groups to see if there was anyone else who had accessed AOD support before, to see if they would be interested in being a mentor-type figure to the client.

Follow up with clients after suggesting groups to them

After referring clients to a group, we suggest following up with them about how they found the group, or how it is going.³ This can provide insight into what aspects of people's identities the group catered to well, and give you insight as a practitioner about future referral decisions.

Folks out west

continued

Social and support groups

LGBTQ+ online

If the client is interested in the AOD evidence-based [SMART Recovery Program](#), LGBTQ+ Smart Recovery groups are available. Also, if the client is trans, they may be interested in a trans-specific SMART Recovery group: <https://pivotpoint.org.au/smart-tees>

Street Pride: [LGBTQI+ Social and Support Group](#), run by the Street University, Ted Noffs Foundation. Young people can access this group through the Street University app or via their website. Please note that this group is not AOD specific.

OUTWest by Twenty10

OUTWest supports young people aged 12-18 living in Western Sydney. The group is currently meeting in Parramatta. While this group is not specific to culturally and linguistically diverse young people, it may have a higher proportion of culturally and linguistically diverse people due to its location. [Find out more.](#)

Trikone Australia

[Trikone](#) is a social-support organisation for LGBTIQ+ people of South Asian descent in Australia. They provide a private online support space for members, events and resources.

Australia and New Zealand Tongzhi Rainbow Alliance

[Australia and New Zealand Tongzhi Rainbow Alliance](#) (ANTRA) is a community-based not-for-profit organisation. ANTRA supports young Mandarin- and Cantonese-speaking LGBTQIA+ communities through social chat groups on WeChat, LINE, Facebook and various online forums.

Muslim Peers Project

[Muslim Peers Project](#) is an initiative by Outloud to support young queer Muslims experiencing mental health distress. Led by a Muslim social worker, this project hopes to provide a safe space for young people to access culturally sensitive support. This project uses community peer support and mentoring, and art-based therapeutic intervention to strengthen solidarity, connection and community understanding.

Sydney Queer Muslims

[Sydney Queer Muslims](#) is a non-profit which provides social support, education and resources to individuals and families in NSW. The group runs a monthly support group for queer Muslims.

AllOut Blacktown

[AllOut!](#) is a youth-led social group run by volunteers from the Blacktown area.

Canterbury-Bankstown Pride Group

[A safe, inclusive and friendly space](#) for young people aged 16-25.

The Youth Co-Lab

This [youth group](#) provides opportunities for all diverse groups and individuals to contribute to the community in Fairfield.

Directories

Rainbow Cultures: LGBTQIA+ multicultural directory

You can search for further services/groups in the [Rainbow Cultures](#) directory. This directory covers legal services, sports, and community groups.

City of Parramatta LGBTQIA+ Communities directory

Search the Parramatta Council webpage for community groups and services relevant to the Parramatta area: <https://www.cityofparramatta.nsw.gov.au/lgbtqia-communities>

This is not an exhaustive of support groups available, and we encourage further research and community consultation to unearth useful groups and resources.

Acknowledgments Thanks to organisations and individuals in the NADA Gender and Sexuality Diverse AOD Network, including Angus Mason, Bo Justin Xiao, and Sasha Bailey for contributing to this article. Thank you also to members of the NADA Youth AOD Network for your suggestions of support services for this article. Finally, thank you to Dr Anusha Saxena for agreeing to be interviewed for this piece, and to Dr Sujith Kumar Prankumar for your assistance with formulating groups for this article.

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HEP CURED

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Eliminating hep C

By Jennifer Uzabeaga, NADA

Hepatitis C (hep C) is an easily treated and curable viral infection that is transmitted via blood-to-blood contact, most commonly through sharing drug injecting equipment (including, spoons, tourniquets), tattooing, and piercing. Hep C treatment has come a long way and, since 2016, is now easily cured; with new treatments having a 95-99% success rate. With over 100,000 people still living with hep C in Australia it is vital to keep testing and treatment numbers high if we are to achieve the global health goal of eliminating hep C by 2030.

In this article, we highlight the differences between dried blood spot testing and point of care testing, and showcase the Hepatitis NSW Peer Partnership Program and how your service can access these testing and treatment pathways.

Dried blood spot testing

Dried blood spot (DBS) testing uses a lancet to get drops of blood from the tip of the finger onto a card. The card is then sent to be tested for hep C RNA, with result available within 2 weeks. DBS is not diagnostic and if results return positive, then follow-up testing is required, along with access to treatment pathways. Hepatitis NSW, a state-wide community organisation which supports people living with viral hepatitis, is a registered DBS testing site. NADA services interested in offering DBS testing to clients can partner with their Local Health District, or with Hepatitis NSW, or become a registered testing site themselves. DBS testing can be carried out by trained peer workers and service staff; it is quick to perform, and is confidential.

Point of care testing

Point of Care Testing (POCT) also uses a lancet to prick the finger and takes a blood sample that is placed in a cartridge and is processed through an on-site machine. This machine is like a mini laboratory and results are returned within an hour. This machine tests for hep C RNA and provides a hep C diagnosis. A prescription for hep C treatment (cure) can be written from a positive POCT result which, if done as soon as possible by a GP or nurse practitioner, can reduce loss to follow up. POCT can be done on site and/or at a registered site via peers, nurses or any staff who have had appropriate training.

Hepatitis NSW peer partnership program

The Hepatitis NSW Peer Partnership program has improved access to hep C healthcare for priority populations in key

services across NSW. Peer workers with lived experience of hep C and cure work alongside clinical partners to offer testing and treatment at sites that people are already visiting. These engagements (sometimes a couple of hours, sometime longer) help improve the cascade of care. Peer workers engage with people to make it more likely they will get tested, and assist them in navigating the health system, understanding hep C and how to access the healthcare they need. Combined with clinical hep C nurses, this ensures that treatment results in better access and outcomes.

HEP CURED

The [HEP CURED](#) campaign uses simple messaging and warm imagery to promote the availability and effectiveness of cures for hep C. The key message is one of connection with loved ones or significant others. The hep C treatments give people the chance to be free of the virus and be healthier, to be part of the future of their loved ones, children, and grandchildren. HEP CURED not only spreads the good news that hep C can be cured, but also provides information on how to get support and access treatment. The new treatments really are a game changer.

More information

[Hepatitis NSW website](#)

Hepatitis Infoline on 1800 803 990

Hepatitis NSW contact

Elle Wales, Peer Partnership Coordinator

ewales@hep.org.au, 02 8217 7712

Express your interest

To learn how your service can access these testing and treatment pathways, email [Jennifer Uzabeaga](#) or [Antonia Ravesi](#).

AOD integrated care program

The HIV / AOD Integrated Care Program is a residential support program that provides intensive support to people experiencing homelessness, who are also living with HIV, mental health and AOD comorbidities.

The program is a partnership between 5 support organisations, namely the Haymarket Foundation, ADAHPS, the SESLHD HIV Outreach Team, the Sydney LHD's Positive Central and the Bobby Goldsmith Foundation (BGF). Each organisation uses their particular area of expertise to transition the client to a better quality of life. In addition, each support organisation has their mission aligned with the NSW HIV Strategy 2021–2025. There is a strong focus on antiretroviral medication adherence as this is a foundation to reduce transmission and ensure participants can live with good health.

The Haymarket Foundation provides 4-bed crisis accommodation for those requiring stabilisation with multi-agency case management support provided by the 4 other partner agencies. The program has been running since 2009 and has supported hundreds of participants. The program works from a harm minimisation point of view and focuses on stabilisation of drug use and building a routine. This helps participants to transition into more long-term housing solutions.

Each month, case managers of all 5 organisations meet for a formal meeting to discuss progress and barriers. In addition, case conferences are organised with external supports such as NDIS, financial counsellors or legal agencies. And often it's the informal meetings and connections that give clients a head start on their journey to exiting homelessness and achieving an optimal quality of life.

The formal referral pathway is through ADAHPS. Due to the nature of the distressful situations that involve homelessness, most of the time a client is being assessed for a crisis bed first and then connected with the other services. In practice, any of the participating organisations can be contacted if you would like to refer someone into the program.

A typical client who accesses the program would be homeless at the initial contact, use drugs at least once a week, is living with a diagnosed or undiagnosed mental health concern, is struggling to overcome current challenges and is a person living with HIV. While these

criteria make a person eligible for the service, many participants present with many more obstacles such as no immediate access to antiretroviral (ARV) medication or medication non-adherence (which can have disastrous consequences), lost contact with other support services, acute suicidal ideation, and in need of legal support, including advice for visa applications. On an emotional level, clients usually present in a very fearful state, stressed out due to being exposed to the above challenges.

Once the client has left the homelessness shelter and found a transitional or permanent home, the support services continue to assist the client. The supports only exit the client from their services when the client is in a position to live independently. This is done on a needs basis. While some services stay involved with a client for several years, other support services disengage earlier. However, the services are extremely flexible in reconnecting with the client should this be required. Often, the client can get support back with a single phone call. Another pattern that has been observed is that their client journey brings them back to the program after many years of independent living. Re-accessing the program is a common occurrence especially for clients with forensic histories.

Case study

Three years ago, a young, transgender women presented in a total state of hopelessness. She was immediately given a crisis accommodation bed. The challenges appeared to come from all directions at that moment in her life. She used methamphetamine frequently to cope with her situation. She was not eligible for traditional housing pathways, nor did she have a regular income. She was considered a non-citizen under Australian law, and she was solely reliant on charities and support services. The progress was slow and at times seemed impossible. Fast forward to 2022: With the help of various specialised support services such as HALC (HIV/AIDS Legal Centre) she has overcome numerous challenges. Her visa has evolved through a refugee status to that of a permanent residency visa, and she is now receiving Centrelink benefits. Her way out of homelessness and into permanent housing looks promising. Having achieved goals that were deemed improbable three years ago, she is now talking about other goals, such as wanting to attend TAFE, and starting part-time work.

BGF's current HIV / AOD Case Manager is Hannes Isensee.



Holiday harm reduction

By Antonia Ravesi, NADA

The festive season feels like it starts earlier each year with Christmas decorations fast replacing Spring sale signs in stores. While many enjoy the warmer weather and catching up with loved ones, for the participants of our services, there is an edge to this time of year. The social acceptance of AOD to enhance the festivities, along with the additional expectation that we have friends and a cohesive family to spend this time with, can make this time of year challenging. Sometimes this results in oft-repeated heated discussions and family dynamic scenarios, as many find themselves back in the same role.

A Red Cross survey conducted last year revealed that 31 per cent of adults feel lonely around the festive season. The [TeleCross Program](#) volunteers made over 2,700 social support calls nationally to people on Christmas day to people who are frail, in poor health, or vulnerable to accident or falling ill. This service runs 365 days a year and can be used on a temporary or longer-term basis depending on the need.

Festivity checklist

- Deliver harm reduction or recovery maintenance sessions with clients to make safety plans around their drug use, family situations, mental health and identify support people and services.
- Smart Recovery has [worksheets and tools](#) such as 'Coping with urges' and 'Disrupting unhelpful thinking', helpful companions to relapse prevention or recovery planning conversations.

- Confirm with other service providers hours of operation over the Christmas/New Year period. In regional areas, services have been networking and coordinating closure times to ensure there is at least one service open and able to respond to people in need.
- Create a list of AOD support meetings, phone lines and web-chat services, Christmas lunches and community events. Include these lists in care packs for participants going on leave or if your service is closed over this time. Make sure participants know where to access drug alert information such as [The Know](#) and [Australian Emerging Drug Information](#).
- Put together festive care packs, include items like ear plugs, [sanitary products](#) and personal care items: lip balm, tissues, wet wipes, and safe sex items, a key ring imprinted with emergency contacts, a [handmade blanket](#) and a [pair of socks or a beanie](#).

Thrive and survive with support

[Family Drug Support](#) (FDS) 1300 368 186 provides a 24/7 day a week telephone support line that provides up to date information and support on all aspects of AOD use to the families of people who use substances.

[The Daybreak app](#) developed by Hello Sunday Morning is a non-judgemental community of people wanting to change their relationships with alcohol, whether to reduce or be abstinent.

Holiday harm reduction

continued

The [National Health Services Directory](#) is a national directory of health services and the practitioners.

[Alcohol Drug Information Service](#) (ADIS) 1800 250 017 provides a 24/7 day a week telephone counselling, support, referrals and information for people using substances.

Call 1300 DRIVER (1300 374 837) 24/7 days a week for information, support, and referrals for long haul truck drivers and their families with concerns around health, wellbeing, stress, anxiety, the use of AOD.

Clinical advice and support for workers

[Drug and Alcohol Specialist Advisory Service](#) (DASAS) Call (02) 8382 1006 (Sydney metropolitan) or 1800 023 687 (regional, rural, and remote NSW) for a 24/7 day a week telephone service for AOD workers and health professionals. The DASAS team provides advice on clinical diagnosis and management of AOD concerns, such as intoxication, withdrawal, opiate treatments and different substances.

Naloxone saves lives

Evidence has highlighted the heightened risk of opiate overdose following periods of abstinence, or after a recent overdose, and holidays season is a well-known time of increased risk.¹ Participants of residential rehabilitation programs who go on leave at Christmas are in this risk category, as are participants in outreach programs who have sustained periods of reduced substance use.

NSW Health delivers a [Take Home Naloxone Program](#) to reduce mortality and morbidity amongst people across NSW who use opioid drugs or medications. Through this program, you can play a role in ensuring naloxone is available for people who are likely to need it. Naloxone comes either as an injection or a nasal spray known as Nyxoid.

Insight has developed the eLearning module [Respond to an opioid overdose and administer take home Naloxone](#). It educates health workers on how to recognise and respond to an opioid overdose and deliver a brief take home naloxone education session with clients.

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Reducing risk

Situated at Coffs Harbour, Adele House is a forty-bed residential service for men released from the criminal justice system.

'Many of our participants have witnessed or experienced overdose and describe it as being very traumatic,' says team leader Ell Rees.

In response, Adele House has adopted the NSW Health Take Home Naloxone program. All staff have taken Insight's eLearning module [Respond to an opioid overdose and administer take home Naloxone](#). They display posters onsite illustrating first aid steps, early warning signs and how to respond to a suspected overdose. Participants learn how to respond to an overdose and are given a personal kit of the spray and information booklets. They are encouraged to share this knowledge with their friends and family.

The result? 'More lives are not lost by opioid overdose and the trauma does not continue to ripple through the community,' says Ell.

Member profile

Leichhardt Women's Community Health Centre

Leichhardt Women's Community Health Centre (LWCHC) is a multi-disciplinary not-for-profit organisation that seeks to service women who struggle to access mainstream health services. The team operates from a trauma-informed and client-centred lens. The service offers access to diverse health care for women, including naturopathy, acupuncture, medical and nursing appointments, community education and support groups and counselling. As the Drug and Alcohol counsellor I am informed by various evidence-based therapeutic frameworks that aim to empower and support clients through their journey with addiction. I meet clients in person at the centre, through outreach partnerships at rehabilitation programs and through telehealth formats to provide confidential sessions with individuals who are struggling with their drug use, are in recovery or contemplating change.

The service offers non-judgemental support for female identifying and non-binary people struggling with drug and alcohol addiction, whether it is them as individuals or the impact of a loved one's addiction challenges. Using a harm minimisation approach, the service aims to act to help remove stigma and shame about the use of drugs, empowering individuals in their story and selves through a decolonisation and feminist lens. With the understanding that the client is the person who knows themselves best, the service is a confidential ear to support reflection that helps individuals find their own paths out of addiction, and into a space of connection, stability, and self-awareness. The service uses an array of evidence-based frameworks within sessions, including Acceptance Commitment Therapy, Cognitive Behavioural Therapy and Narrative therapy as well as mindfulness activities.

The Drug and Alcohol Counsellor at Leichhardt Women's Community Health Centre holds a multi-cultural understanding of therapeutic support. In her honours thesis, the counsellor focused on how to work in a way that promoted empowerment away from a colonial lens. Within this time, she learnt the importance of focussing on connection in promoting wellbeing, that is connection with others, purpose, the land and ourselves as a way of reducing the impact of addiction. In using a strengths-based approach in supporting reflections of someone's story, the sessions aim to empower people through acceptance, safety, and consistency.

With this, in partnership with rehabs, the service offers psycho-educational groups for people with addiction issues around mental health and stability. With the understanding of empowerment through knowledge, the groups teach a deeper understanding of individual's own triggers, the use of mindful activities to get into a steady head space, and ways they can heal from trauma in their own time. The aim here is for clients to gain a sense of self-worth within their lives, practicing self-care and awareness.

LWCHC encourage clients to call the reception themselves as a way of taking control of their own journey, on 02 9560 3111, to book an appointment with Freya. Alternatively, Freya can be contacted with any questions/referrals at Freya@lwchc.org.au.

The Drug and Alcohol Counselling Service at LWCHC is funded by NSW Health.



Profile

NADA staff member



Antonia Ravesi
Program Manager

How long have you been associated with NADA?

I first had contact with NADA over 20 years ago when I was working at the Buttery in their outreach team. When I was employed to establish Dianella Cottage, a dual diagnosis day program for women in the Blue Mountains, NADA was instrumental in providing support. I feel very proud to have joined NADA in July this year.

What experience do you bring to NADA?

I am a capable AOD clinician, with experience in developing and writing programs, providing counselling, clinical supervision, and therapeutic group work, and have focused on developing skills and knowledge in working with people with co-occurring mental health and AOD issues, specifically sensor-motor psychotherapy practices for working with trauma, self-harm, and suicidal ideation.

What activities are you working on at the moment?

I am familiarising myself with member services, building connections and identifying the clinical needs for the sector. We are working with NSW Health to increase access to regular hepatitis C testing and treatment. My role also includes working with services to orientate to the Clinical Care Standards, and in supporting the Continuing Coordinated Care Program teams across NSW.

What is the most interesting part of your role?

Gaining a broad view of the sector and to be able to bring areas I am passionate about to light. I am committed to raising the profile of rural and regional areas across NSW and the needs for specific strategies to address the lack of access to basic health services. I am committed to increasing opportunities for AOD support and treatment for people who experience significant mental health issues, use substances, and have experience with the criminal justice system.

What else are you currently involved in?

I am involved with my local RFS Brigade and WIRES animal rescue group. I am a yoga teacher which I love. I am also mum to my adult daughter and young son and Nani Ant to my two energetic grandchildren.

A day in the life of...

Sector worker profile



David Willis, AOD Counsellor (Youth)
Core Community Services

How long have you been working with your organisation?

I have been working for CORE Community Services for approximately 12 months.

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

I have had a varied experience, including out of home care, youth work, homeless services, AOD treatment centres, and working with veterans.

What does an average work day involve for you?

No two days are the same. I could be seeing a young person one-to-one, conducting an outreach visit or completing an assessment at a detention centre. I present workshops at the local schools and attend large events in the local community. I am always on the go and am out and about a large proportion of my time.

What is the best thing about your job?

Seeing young people make changes in their lives however small. I am always amazed at the resilience of young people and their ability to be able to face some of the big challenges they've experienced. I learn something new from every young person I meet and am inspired to want to continue to do the work that I do.

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

More services for AOD treatment, so that when a person is ready to seek treatment, the opportunity is there, and the wait time is not too long. Incentives to attract and retain staff.

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

A motorcycle ride to the Royal National Park clears my head and is a practice in mindfulness.

NADA innovate reconciliation action plan 2023–2025

NADA is committed to leading and supporting reconciliation across the NSW non-government AOD sector. As a peak organisation, we have the potential to make a broad impact through our 80 organisational members and numerous partners. We presented the first NADA Reconciliation Action Plan (RAP) in 2017, and the second in September 2023.

We are proud to work alongside Aboriginal Community Controlled Health Organisations members that provide culturally competent services to First Nations people. Close to 23% of episodes of care delivered by NADA members are to First Nations peoples; so, we work with our greater membership so they too can provide services that feel culturally safe. We are also working to ensure that the outcomes of treatment consider social and emotional wellbeing, and the importance of connection to culture.

This RAP aims to promote accountability through setting out the 'who,' 'when' and 'what' of reconciliation work. Through the deliverables, timelines, and allocation of responsibility for actions, we will spend the next 2 years working to make our vision reality.

This work will see us progress towards a society that is inclusive and equitable, where the health and wellbeing of First Nations peoples is equal to that of non-First Nations people, a society that has eliminated racism and other social determinants known to cause health inequity, and where everyone can access the help they need, when and where they need it, including AOD treatment.

NADA acknowledges the RAP Working Group for driving the development of this RAP and to NADA staff, members and partners for their support and contribution.

Progress and achievements

2017 NADA launched its first Innovate RAP, which was developed to strengthen our relationships and partnerships and to help foster shared cultural understanding and respect across our sector. It was also intended to strengthen opportunities for First Nations people within the context of NADA as a peak body and as an organisation committed to strengthening its employment and supplier diversity.



[Click to download](#)

The NADA RAP features artwork by Karlie Stewart, titled 'Gudjagas'.

2019 *Development of the Alcohol and other Drugs Treatment Guidelines for Working with Aboriginal and Torres Strait Islander People in a Non-Aboriginal Setting* (2019). The resource was developed alongside a cultural 'audit' process for NADA members, preferably referred to by Raechel Wallace as a yarning process, wherein 12 community services were engaged and given feedback about the inclusiveness of their workplace towards First Nations communities. Aboriginal 'auditors' were also trained as a result of the project to assist more workplaces in assessing and acting on the inclusiveness of their service towards First Nations communities.

NADA innovate reconciliation action plan

continued

2023 NADA's second Innovate RAP launch. This RAP aims to promote accountability through setting out the 'who,' 'when' and 'what' of reconciliation work. Through the deliverables, timelines, and allocation of responsibility for actions in this RAP, we will spend the next two years actioning our vision of accountability.

2023 NADA represented the sector with the Special Commission into Ice with the Centre of Alcohol and Other Drugs on the Aboriginal Workforce Roundtable, and the Aboriginal Program Manager is a member of the Centre of Alcohol Other Drugs Aboriginal Strategic Collaboration Group. This group has been established to provide advice on the implementation of new policies and programs through collaboration in developing culturally safe responses to reduce the harms from AOD in First Nations communities.

Ongoing NADA is a partner of the Strategic Partnership Group, a partnership in NSW between the Aboriginal Health and Medical Research Council of NSW, Aboriginal Corporation Drug and Alcohol Network and Aboriginal Drug and Alcohol Residential Rehabilitation Network. This network meets quarterly to share information from the sector, working collaboratively in partnership with the AOD sector in NSW.

Increasing challenges

Since the last NADA RAP, we have learned about the challenges of sector funding instability. This can negatively impact key groups informing NADA's reconciliation work, like Aboriginal Corporation Drug and Alcohol Network. Sector funding shortages and instability can additionally impact the capacity of NADA to give RAP development and implementation the focus and prioritisation that it requires. One result of this has been a lag in the development of this RAP.

NADA has also learned about the burden that can be placed on First Nations communities on RAP working groups, given their multiple competing priorities. Being flexible and sensitive towards these multiple competing priorities, in addition to ensuring RAP implementation is done through a whole of organisation approach, is one way we are working to ensure RAP work is genuinely shared.

Finally, we have learned more about the time taken to do the consultative work for RAP development. As such, we have allocated ample time for developing the future NADA RAP in this document.

**Congrats on
your new role!**

**Have you subscribed
to the Advocate
and Frontline?**

Help your colleagues stay current with NADA communications

There has been a lot of movement in the sector, and we want to stay in touch. Help your colleagues keep up-to-date with AOD resources, information and events. They can subscribe on the NADA homepage or write to sharon@nada.org.au from their new email address.



News and events

Season's greetings

On behalf of the NADA Board and team, we want to thank you for all that you do. We hope that you have a safe and replenishing festive season with loved ones and your communities. We also want to acknowledge those working on the frontline that continue to support people over this time.

The NADA office will be closed from **22 December 2024**, and will reopen on **2 January 2024**.

Congratulations Valda Allen

Recognised for her tireless work at the Haymarket Foundation, **Valda Allen** was nominated as the Sydney Westfield Local Hero. Valda came out of retirement 16 years ago to take on the part-time quality coordinator role to ensure the service complies with safety and quality standards. The foundation will receive \$20,000 to directly support clients experiencing homelessness.

Welcome to the NADA team

We are excited to welcome **Michele Campbell** to the team. As NADA's new clinical director, she provides expert clinical advice and resource development across the range of NADA strategic goals, informing the continued development of a skilled, competent and relevant AOD sector. She is also responsible for sector advocacy and representation with external stakeholders, as well as contributing to NADA policy responses and external policy development.

A hearty welcome to **Michelle Black**, who has recently joined us as the research project officer for the Research Capacity Building project. Michelle brings with her a wealth of experience from the higher education sector, and researcher in the NGO sector for organisations including the Drug and Alcohol Multicultural Education Centre, Family Planning NSW, and the Sex Workers' Outreach Project (SWOP).

Goodbye, farewell

We bid farewell to longtime colleague, **Michelle Ridley**. We consider her greatest contributions to NADA and the sector were to enhance partnerships with DCJ child protection, and increase member capacity to work with men who perpetrate DFV in an AOD context. She is a font of knowledge for clinical advice, an enthusiastic trainer, and a great communicator. We wish her all the best in the future.

Changes to the NADA Board

We bid a sad farewell to **Norm Henderson** who has been on the board for the past 4 years. Norm has not only been a great contributor to NADA's governance, but also to NADA's advocacy and sector development, sharing his wisdom from an extensive career in the AOD sector, particularly with Aboriginal Community-Controlled AOD services. We want to wish him all the best in his 'retirement'. Thanks, Norm.

We welcome new board member **Carmel Tebbutt**, CEO of Odyssey House NSW. Previously CEO of the Mental Health Coordinating Council, Carmel has over 30 years' experience in government and the not for profit sector. She has a deep understanding of advocacy, campaigning, policy development and government decision making. She has an economics degree, is a graduate of the AICD and a former board member of Mental Health Australia.

We also welcome to the board **Monique Cardon**, CEO, Kamira. Monique has over 30 years' experience in the not for profit sector and has worked in children's services, community aged care, volunteering, disability services, homelessness, domestic and family violence and most recently in the AOD sector. An MBA qualified executive, Monique has sound governance experience across a range of local community organisations.

NADA network updates

Gender and sexuality diverse AOD network

At the November meeting, network members discussed the Trans Youth AOD Research Project, of which a driving force is network co-chair Sasha Bailey. This research project will survey young trans people who access AOD services across Australia. Survey results will inform a 'tips and tricks' resource that AOD workers can use to inform trans-inclusive service provision. Also, Elke Wooderson, who is the Redress Support Program Counsellor at The Buttery, came on board as the new network co-chair. Elke will work with fellow co-chair Sasha Bailey (The Matilda Centre) to steer the network.

If you are a gender and/or sexuality diverse person who works in the AOD field, you should join the network! You can find out more about the group, and how to join, [here](#).

NADA practice leadership group

The NADA Practice Leadership Group (NPLG) has welcomed Michele Campbell (NADA) as the new chairperson. They also welcomed new members Aaron More (The Glen), Frances Pidcock (The Buttery), and Mel Stott (Lives Lived Well).

The NPLG met on 7 November and discussed upcoming priorities for advocacy, with a focus on championing the non-government AOD sector at the upcoming drug summit. They also discussed the importance of the necessity of competent, culturally safe and regular clinical supervision, and plan to continue advocacy efforts to ensure organisations are adequately funded to provide staff with clinical, cultural, and peer worker supervision as needed. Finally, the NPLG acknowledged that this is a time of significant change in the sector and encourages members to continue to engage in conversation on complex issues such as vaping and medicinal cannabis.

Youth AOD worker network

During the November meeting, the network discussed project planning for 2024. At the meeting prior to this, Tim Powell (DanceWize, NUAA), presented on the history of DanceWize, and provided further information on the work it does performing peer-based harm reduction at festivals in NSW.

Throughout 2023, network meetings have included designated time for a 'schools working group'—a space for members who provide AOD education in schools, or who are interested in learning more about this work, to support and learn from one another. A staff member from the Matilda Centre regularly attends the Schools Working Group section of network meetings to share information and new resources that may be useful for network members.

A big thank you to those who have made the Youth AOD Network what it is in 2023, including the Matilda Centre staff, network members, and Jesse Wynhausen (St Vincent's Hospital) who has chaired some of the meetings this year. You can find out more about the network, and how to join, [here](#).

Women's clinical care network

A big thank you to all Women's Network members who have contributed to the network in 2023—for your information sharing, support for one another, and attendance at network events.

At the November network meeting, the group discussed work they would like to focus on in 2024. At the August meeting, NADA Program Manager Antonia Ravesi gathered network needs around domestic and family violence professional development. The next event for the network will be International Women's Day in March 2023.

If you work for a NADA member service and support women in your AOD work, you should join us! Find out more about the network, and how to join, [here](#).

NADA network updates

continued

Nurses network

The nursing workforce is growing in the non-government AOD sector! The NADA Nurses Network meets bimonthly to discuss all things AOD nursing and are always looking for new members.

Network members work in NADA member services as well as relevant stakeholders. If this sounds like something you would like to be a part of, contact [Jo Murphy](#) or find out how to join, [here](#).

NADA data and research advisory group

The network held its last meeting in October 2023. They are currently hard at work on the upcoming 2024 NADA Data Forum with a range of exciting data and research topics to share with the sector. Watch this space for future forum details!

The NADA Data and Research Advisory Group informs, provides feedback on, guides and critically evaluates the implementation of the NADAbase Workplan. They also seek to increase the capacity of the sector to use data to actively inform treatment and service delivery, fulfill funding and reporting requirements, and represent its strengths to the broader community.

If you would like to make a difference to the sector using research and data, then please contact [Jo Murphy](#) to join the network or to learn more!

CMHDARN

The Community Mental Health Drug and Alcohol Research Network (CMHDARN) has so many exciting projects in the pipeline, we can't wait to share updates and present you with these new resources in the new year!

CMHDARN encourages all NADA members who have an interest in research practice, and keeping up to date with new evidence-based resources and tools to sign up to the network—it's free! We also are eager to remind you to check out all of CMHDARN's existing

resources to help improve your capacity to undertake research, and if you're already starting a research or evaluation venture be sure to utilise the CMHDARN Research Ethics Consultation Committee who help provide ethical advice and guidance for your project.

If you have any questions about the Community Mental Health Drug and Alcohol Research Network, please don't hesitate to email the Project Coordinator at info@cmhdaresearchnetwork.com.au



NADAbase update

Mei Lin Lee PhD

NADA

Annual data reporting

NADA reported member data to the following stakeholders:

- National Minimum Dataset (NMDS) for FY22/23 data collection to AIHW for members who receive Commonwealth funding and Primary Health Network (PHN) funding
- Monthly minimum dataset to InforMH for members who receive Ministry of Health funding
- 4th Quarter for FY22/23 (Mar to June 2023) data report (including outcomes data) for members who receive Primary Health Network funding
- Jan-June 2023 biannual data report to Ministry of Health for members who receive funding for the Continuing Coordinated Care (CCC) and Methamphetamine programs

Postcode and Suburb data collection - LIVE NOW

Information on clients' postcode and suburb at the start of each episode of care are now mandatory since 1 July 2023. Postcode and suburb are two of the several geographic

boundary determinants to extrapolate a person's locality, for example, remoteness of the location (rural, regional or metropolitan). Collecting this information will help the sector to better understand the geographical representation in the broader AOD sector.

What are we working on? Watch this space

- **Refreshing NADAbase tutorials** including reviewing and updating the NADAbase tutorials.
- **Introducing validation checks** to ensure members have the best quality of data for these data to be reported through NADAbase to AIHW and to funding bodies as per NADAbase user agreement.
- **Introducing outcomes dashboard** for data quality improvement activities and ease of reporting
- **Planning for NADA Data Forum 2024** to continue where we left off in 2022, what we did since then and where we are heading to.

For all queries relating to NADAbase, please email nadabasesupport@nada.org.au.



2023 Annual report

[Click to download](#)

Aboriginal Corporation for Drug and Alcohol Network NSW

Aboriginal Corporation for Drug and Alcohol Network NSW (ACDAN) is a member-based organisation led by a Board of Directors, who represent separate, but interconnected organisations across the AOD sector. Our goal is to help strengthen the Aboriginal and Torres Strait Islander AOD workforce across government, non-government, and Aboriginal Community Controlled Organisations.

ACDAN will support the Aboriginal AOD workforce sector by:

- providing a forum for workers to influence policy, meet cultural values and to represent the Aboriginal AOD workforce to inform program development
- holding bi-annual symposiums across NSW with industry-leading speakers, presentations with up-to-date and informative data, and the opportunity to network with like-minded, driven individuals.
- hosting regional forums across our four regions. Within these forums, we hope to gather the wants and needs of our members/Aboriginal AOD workforce, provide adequate training based on the data gathered and provide a culturally safe space for the Aboriginal AOD workforce to get together and have a voice
- offering various training options throughout the year to all ACDAN members based on the wants and needs of the Aboriginal AOD workforce.
- supporting career pathways for Aboriginal AOD workers between various organisations in NSW.



Join the ACDAN

ACDAN have 2 membership opportunities:

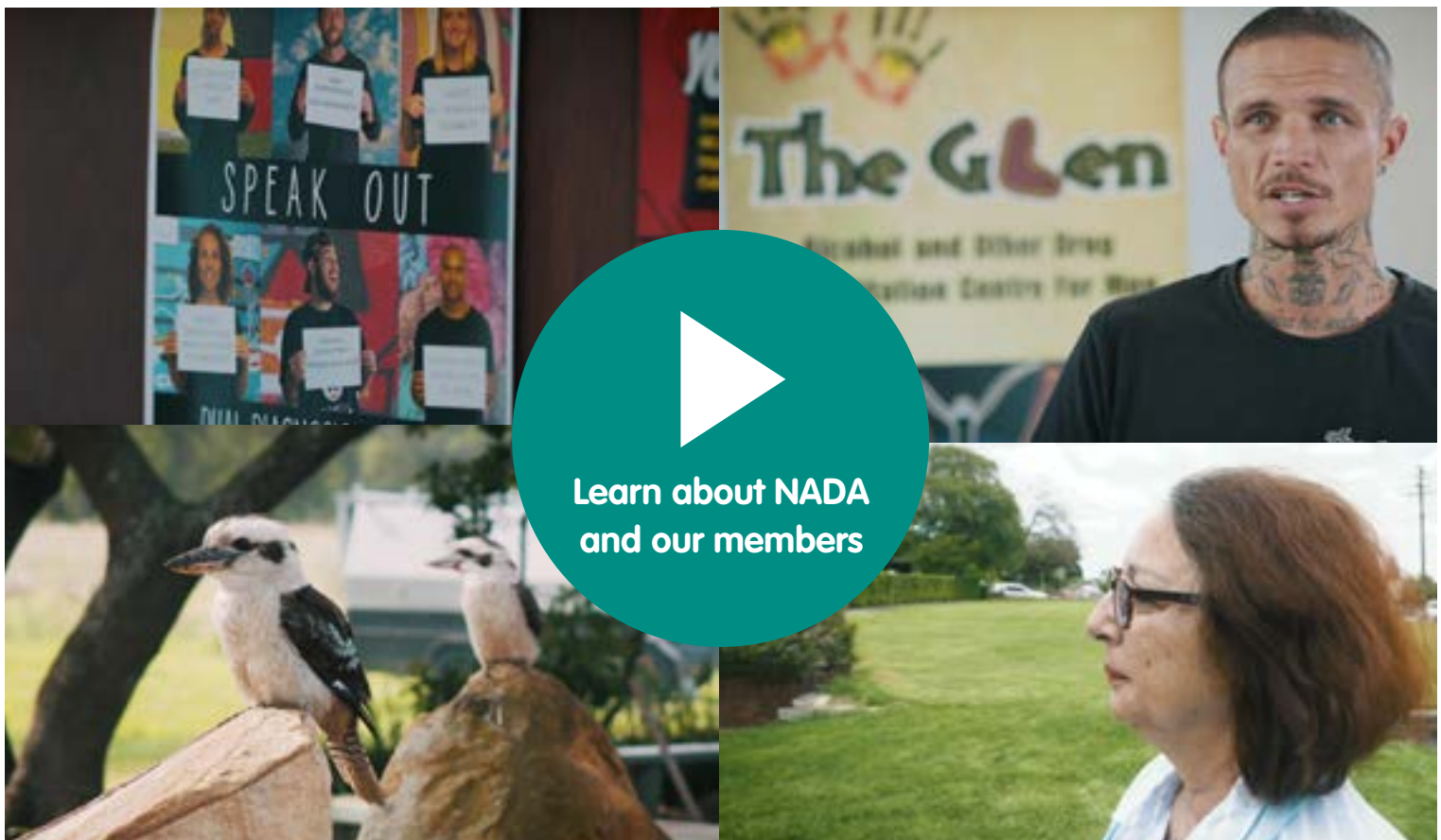
- **Full:** Aboriginal and/or Torres Strait Islander person primarily working in the AOD sector
- **Associate:** Aboriginal and/or Torres Strait Islander person not working directly in the AOD sector but supporting Aboriginal or Torres Strait Islander peoples to address their substance use:
 - non-Aboriginal or Torres Strait Islander person working primarily within the AOD sector in specific roles
 - a person with significant experience in working alongside Aboriginal or Torres Strait Islander peoples, to improve social justice and equity within the Drug and Alcohol sector.

To find out more information about ACDAN or to become a member, please head to our [website](#), follow us on [Facebook](#), [Instagram](#) and [LinkedIn](#).



NADA provides a suite of resources to support organisations and workers in the NSW non-government AOD sector

[View resources](#)



Advocacy highlights

Policy and submissions

- Developed a member position paper on the [NSW Drug Summit](#) [PDF]
- [Special Commission of Inquiry into Healthcare Funding](#) [PDF] submission
- [Position statement](#) [PDF] on the Business and funding model (BAFM) study
- [National Housing and Homelessness Plan](#) [PDF] submission
- Provided input to a number of [submissions and position statements](#), coordinated by Australian Alcohol and other Drugs Council
 - AADC's submission to the *DSS Stronger, More Diverse and Independent Community Sector*
 - AADC submission to Australian Human Rights Commission: Youth Justice and Child Wellbeing Reform across Australia

Advocacy and representation

- Met with the NSW Health Minister, Ryan Park, to present the NADA member Drug Summit position and BAFM position statement. We also met with staff from Minister Jackson's office.
- Attended a number of meetings related to the SCI implementation.
- Met with the Assistant Secretary from the DOHAC and the NIAA to discuss a nationally consistent KPI performance framework and NGO/ACCHO funding and policy matters.
- Participated as a Fair Treatment campaign member, in a Drug Summit Planning Session to determine the group's priorities.
- Continued to work with the Community Grants Hub on a pilot Activity Work Plan that incorporates the standardised KPIs an option for NADA members directly funded by DoHAC.
- Represented on the National Industry Advisory Committee for Humanability, the new Jobs and Skills Council for Community Services, attending the first committee meeting and the Inaugural National Forum.
- Met with the National AOD Commissioning Team, Health New Zealand, about NADAbase, standardised KPIs and our practice guides. We also met with Te Pou, the NZ workforce development organisation to discuss peer workforce development, data development and other activities of mutual interest.
- **Continues to represent the sector with key stakeholders:** NSW Ministry of Health; Department of Health and Aged Care; DSS Community Grants Hub; NIAA; PHNs; ACDAN; ADARRN; AADC; AOD Peaks Network; DACRIN; DPMP; Insight; Justice Connect; MHCC; NCOSS; NCETA; NDARC; NCCRED; UQ, UoW and TAFENSW.
- **Ongoing meeting representation:** MOH AOD NGO Reference Group; DAPC, QIT Sub Committee; ACI D&A Executive Committee; MOH CAOD Treatment and Support Hubs Project Group; Project Advisory Group for the AOD Information Access and Support Model MOH CAOD; AADC Members Council; AADC Policy Officers Network, CAOD Strategic Research & Evaluation Advisory Group; and more.
- **NADA staff presented at:** Cutting Edge, ATCA and APSAD conferences.

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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