

# Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 1: March 2016

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## COMMUNITY

Read features from

- The Salvation Army, Dooralong Transformation Centre
- PHN NSW/ACT Coordination
- Vietnamese Drug & Alcohol Professionals
- Weigelli Centre Aboriginal Corporation
- Unharm



**NADA**  
network of alcohol and  
other drugs agencies



# CEO report

Larry Pierce

NADA

This edition of the *Advocate* focuses on community—the role that the broader community plays in supporting AOD services across NSW, the role of more immediate communities in responding to alcohol and other drugs (AOD) issues, and in particular, how NGO AOD services can better engage with their surrounding communities for the benefit of their clients. The articles draw upon contemporary and practice-based research around the importance of social connections and networks, considers personal accounts of community support in recovery, and highlights service initiatives that seek to integrate families and communities into harm reduction, treatment and recovery processes.

NADA engages with the broader AOD community, that includes state and federal health departments; Local Health Districts (LHDs); researchers; specialists in alcohol and other drugs, mental health, sexual health, HIV/AIDS and blood borne viruses; and drug and alcohol consumers. These relationships are essential to provide an integrated response to working with our clients. We also work with the media when we can make a contribution to the public debate, and we believe our member agencies also have an important role to play in this public sphere.

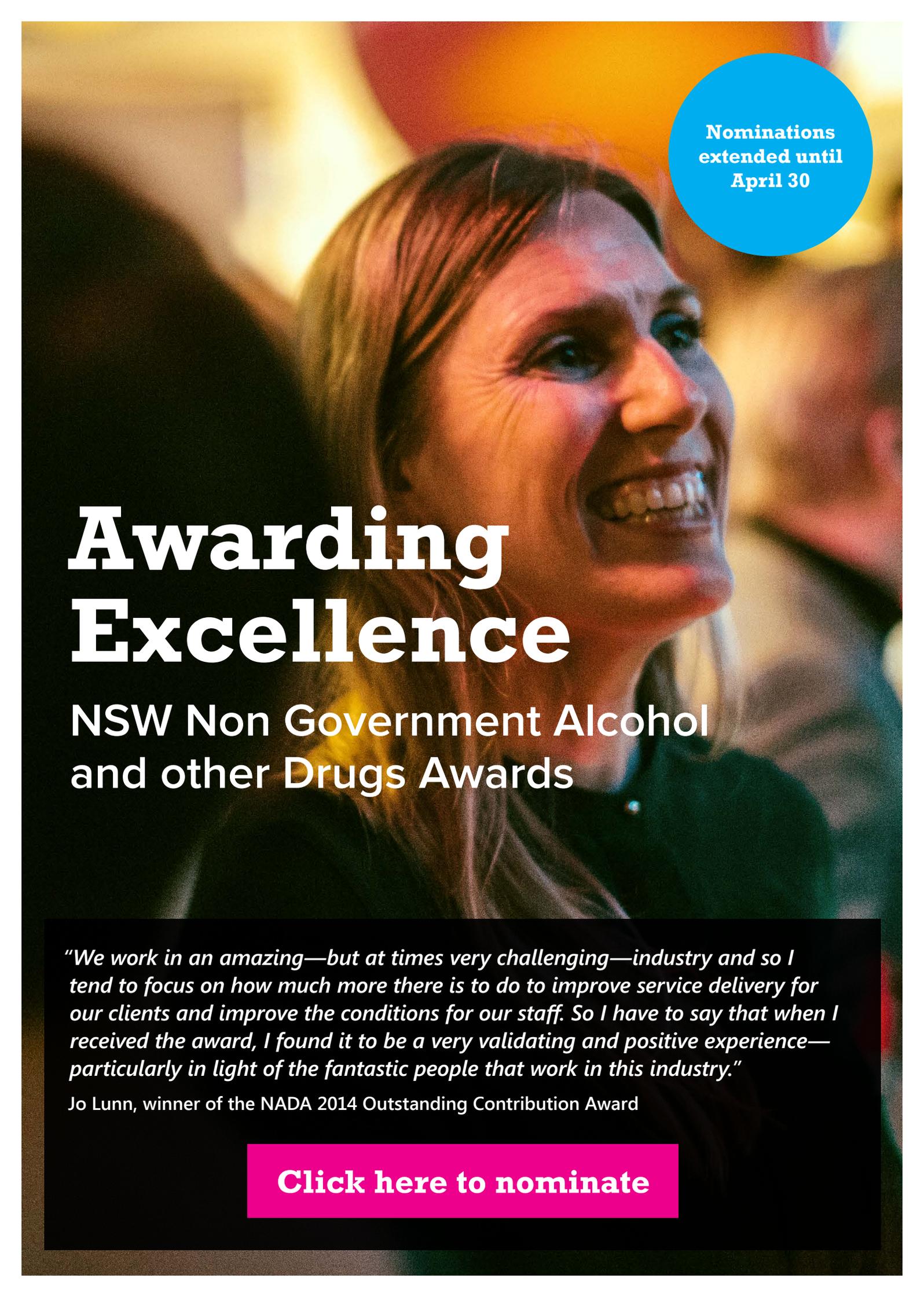
I would also like to use this opportunity to discuss NADA's newest partner within the broader AOD community—the Primary Health Networks (PHNs). As you will be aware, the Prime Minister made an announcement last year about the federal government's new funding provision to tackle the misuse of methamphetamines. He also highlighted the government's intention to use the PHNs as commissioners, or funders, for new treatment under the National Ice Action Strategy.

At NADA, we have taken some important first steps in establishing relationships with the PHNs. Firstly, we have met with the state-wide PHN network of CEOs—to provide them with an introduction and orientation to the specialist NGO AOD sector in NSW, and to highlight the range of service types and programs our sector provides to people requiring specialist AOD treatment. This was an extremely productive first engagement and we will be working with this CEOs network closely over the next couple of years.

Secondly, we have been engaging with each of the 10 PHNs in NSW to discuss the range of specialist AOD NGOs in their areas, also considering how NADA can best assist them in engaging with our members. Our discussion with the PHNs has also centred on how NADA can also provide assistance to PHNs in planning for the commissioning of services under the federal methamphetamine funding to be allocated later this year. This will be most important to assist them in making good decisions about expanding the availability of specialist AOD treatment services across the state.

I encourage all NADA members to actively seek to engage with their local PHN, as they are, and will continue to be, a major part of our broader AOD community and a key partner. To view PHN boundaries and contact details, [click here](#).

NADA hopes that through proactive engagement with the state and federal governments, LHDs and the PHNs, we can ensure that we have a planned and integrated service system that is able to meet the needs of NSW communities.



Nominations  
extended until  
April 30

# Awarding Excellence

NSW Non Government Alcohol  
and other Drugs Awards

*"We work in an amazing—but at times very challenging—industry and so I tend to focus on how much more there is to do to improve service delivery for our clients and improve the conditions for our staff. So I have to say that when I received the award, I found it to be a very validating and positive experience—particularly in light of the fantastic people that work in this industry."*

Jo Lunn, winner of the NADA 2014 Outstanding Contribution Award

[Click here to nominate](#)



# Community development

## Helping young people with alcohol and other drug addiction

Shane Brown

Chief Executive Officer, Weave Youth & Community Services

Weave Youth & Community Services knows that providing holistic support and opportunities to participate in community life, give back and be meaningfully connected is one of the best paths to harm minimization or recovery. I've spoken to many adults about why they avoided drug or alcohol addiction in adolescence, and many have said that feeling wanted, needed, and purposeful helped them regulate their drug use and avoid addiction. New understanding of trauma informed care has also been a milestone in better understanding addiction. All of the young people who use our Speakout program have experienced mental health problems and almost all of the Aboriginal young people have suffered childhood trauma or been part of a family that has intergenerational trauma.

Many would say that the common language of treatment services is heavily biased towards a medical model approach that makes determinations about the causes of addiction that we think need to be challenged. A good example of this is the old idea that Aboriginal people are somehow more susceptible to addiction or that alcohol addiction is a lifelong disease. A good alternative view is provided by [this video](#) that explores the causes of addiction and the role our social system plays.

Over the past five years, I have noticed many new processes that contribute to community development, including collective impact and the idea of co-design. These strategies encourage inclusive ways of working.

Weave Speakout program works with young people 12 up to 28 years old in the inner city with a dual issue, a mental health problem and an alcohol or other drug issue. 80% of the young people we work with are Aboriginal. We make sure that our services are culturally appropriate and that we employ Aboriginal workers in the program. We engage young people with soft entry points—we are a generalist youth service—so referrals are not stigmatising. We provide talking therapies including narrative therapy as an essential tool, and also provide therapeutic casework, a combination of counselling and practical support. Our regular programs include fitness classes with young people leading the classes, a basketball team, a gardening group, a social group and a social enterprise group selling artworks at a local market. Last year we ran a series of programs called bush circle, where young people travelled to the

country and we held therapeutic discussions. The highlight of those trips was reconnecting with Aboriginal culture through Indigenous speakers.

We provide lots of community development opportunities for young people to work together to help peers, get their ideas out into the wider world and influence decision makers. We know that using social capital changes lives. An example of this is our involvement in the Justice reinvestment campaign—a campaign to reduce the number of Aboriginal young people incarcerated. Three Aboriginal young people, who are clients of the service, have been telling their own stories and in the process are feeling empowered and proud of their rich cultural heritage.

Our youth advocates program also provides space and time for young people to consider their own lived experience and then work out ways they can help other young people learn from their experiences. The group of 13 advocates have been engaged in *Weave Survival Tips* ([#weavesurvivaltips](#)), a campaign to improve the way young people deal with mental health issues. The campaign invites people to tell us how they get through hard times and write it on a large sheet of paper. We then photograph people with their tip and post it on our blog.

This group was also involved with the 2015 Commonwealth consultation about ice and was interviewed by our staff to gain their views. The paper we prepared was shared with the group for comment and then sent to the government. In the process of thinking about their own and friends' ice use, some of the group gained a clearer perspective of what needed to change in their own drug use habits and sought advice about strategies to deal with addiction. For those who were not using ice it reinforced their understanding of the dangers and pitfalls.

Engaging young people in meaningful dialogue, and establishing processes for them to contribute to solutions for their own and others' issues, creates real purpose and connection. The combination of practical support and counselling, therapeutic groups and a chance to give back can have a dramatic impact on reducing alcohol or drug use. Feeling part of a community and feeling valued are key.

# Reconnecting with community

**David\*** recounted his story to **Douglas James**, Quality Systems Officer, Weigelli Centre Aboriginal Corporation.

Weigelli is an Aboriginal Community controlled residential drug and alcohol rehabilitation centre that has been in operation for 20 years. It has a long and proud history of providing services to people from rural and remote areas in their communities. Weigelli is a residential facility that operates within a community based holistic model. Clients are encouraged to be part of the centre and have a say in the program and running of the centre.

The program strives to equip clients with the skills to re-join their communities as active participants so they can enjoy the benefits that being part of a community provides. The program takes into account a client's total social and emotional wellbeing and their connections to family, country and communities. Weigelli has a community team that provides a conduit for clients once they complete the program, to support them on their recovery journey and reintegration back to community.

David\* is one such client, and he has kindly provided some details below of how important community has always been to him on his journey of recovery from addiction.

"My name is David and being on country and in community is really special to me. For a long time I didn't know where my home or country was. About twenty years ago by accident I found out about my being Aboriginal and where my community was in the middle of NSW. I have always had a sense of wanting and knowing to go back to where I was from."

"You can imagine how excited I was to be able to drive into my real community and meet all of the cousins, aunties and uncles I had never met. Some of them had been there all their lives."

"I really cried hard when I met them all and was able for the first time to be back on country after living a life on the streets of Sydney."

"It has been really hard but I am slowly getting back into my community and find it really good for me and my wellbeing. I never realised till now how important community is to our mob. It gives us boundaries and guides us in our lives and actions. Community has helped to give me a sense of identity and who I am as an Aboriginal man, something I had lost sight of in the years gone by."

"Being community minded we all now help look after each other and find ways to spend our time. I really enjoy fishing and hunting for bush tucker just out of town. I get to spend time with all of my mob and people in the community. The community helps and supports me to grow and move forward from the life I used to lead. I can't imagine not living in my community now. I lay awake at night on the veranda and look up at the sky and stars and feel a sense of peace and contentment at being a part of my community again."

The Weigelli Centre's Community and Family Support team plays a vital role in delivering holistic culturally appropriate services to the centre's clients and the general community of central west New South Wales.

The Community and Family Support team offers a range of services specifically designed to meet a client's individual needs such as post residential support, pre residential support and support for community clients. The team also runs health and education groups for numerous communities.

*\*Names have been changed to protect the client who gave of their time to be involved in this story—we thank them.*



**"I lay awake at night on the veranda and look up at the sky and stars and feel a sense of peace and contentment at being a part of my community again."**

6–7 June 2016 | Sydney

# Integrated care

Working together to respond to complexity

[Click here to register nadaconference.org.au](http://nadaconference.org.au)

Join us at the NADA Conference 2016—*Integrated care: Working together to respond to complexity*. Bringing together people from across the alcohol and other drugs sector, this conference will provide a forum to highlight and foster interagency partnerships. This is a vital opportunity for the sector to exchange best practice and showcase its achievements in responding to complexity.

**Keynote presentations** [More speakers to be announced](#)

## Consumer perspectives

Suzy Morrison *Consumer Project Lead, Matua Raki, New Zealand*

## Responding to prescription drug misuse

Dr Suzanne Nielsen *Research Fellow, NDARC*

Dr Tony Gill *Senior Staff Specialist, St Vincent's Hospital, Sydney;*

*Medical Director, Drug and Alcohol Services, Central Coast Local Health District*

## Relationship between sexual health and treatment for Aboriginal and Torres Strait Islander communities

Associate Professor James Ward *Head of Infectious Diseases Research—Aboriginal Health, South Australian Health and Medical Research Institute*

## The intersection of father attachment and addiction

Dr John Toussaint *Chief Executive Officer, ProCare Alliance*

## Neuropsychological interventions

Jamie Berry *Senior Clinical Neuropsychologist and Director, Advanced Neuropsychological Treatment Services*

## Panel discussions

### What does an alcohol and other drugs workforce look like?

#### Hear a range of perspectives from an

- Alcohol and other drugs worker
- Addiction medicine specialist
- Allied health professional
- Peer worker

### Integrated care

#### What does it mean?

#### Featuring representatives from

- Agency for Clinical Innovation
- Primary Health Network
- Local Health District
- Non government sector
- National Complex Needs Alliance

**Early bird  
registrations  
close  
March 31**

# Primary Health Networks

## Responding to local needs

Primary Health Networks (PHNs) were established by the Australian Government in July 2015, with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.<sup>1</sup> In NSW there are [10 PHNs](#).

In December 2015, the Government released its Response to the National Ice Taskforce's Final Report. The Response outlined an investment of \$298.2 million over four years (from July 1, 2016) to strengthen services across prevention, treatment, drug education, support, and community engagement. Of this funding, \$241.5 million is for PHNs to commission additional drug and alcohol treatment services, including Indigenous-specific services, based on needs of their local communities.<sup>2</sup>

PHNs in NSW welcomed the Australian Government's Response, and the opportunity to improve the health outcomes of their communities. Vahid Saberi, CEO from the North Coast NSW PHN has emphasised that "the Commonwealth announcements in the last few months herald the beginning of a major change in the Australian healthcare system. They signal the intention of the Commonwealth Government to give power to the regions and local communities to rethink, reorient, redesign and commission the manner in which services are delivered."

The role of the PHNs support the World Health Organisation's<sup>3</sup> premise that a strong primary health care system is more efficient, has fewer health inequalities, lower rates of hospitalisation and better health outcomes. Richard Nankervis, CEO from Hunter New England, Central Coast PHN has pointed out that "this additional funding to PHNs is further recognition of the important role primary care plays in delivering flexible services, and the ability to respond effectively to community needs and local circumstances."

Historically the Commonwealth led service planning has been, in some cases, bereft of regional planning. The intention of PHNs is to reverse that process so planning and design, and decisions about how services are delivered, occurs regionally. In addition to their baseline needs assessments, PHNs will be undertaking specific drug and alcohol assessments and analysis to inform the development of regional operational drug and alcohol treatment plans for 2016–17, this includes factoring in the specific needs of Aboriginal and Torres Strait Islander communities.

PHNs are currently undertaking needs assessments in collaboration with their partner agencies, including Local Health Districts (LHDs), and clinical and community partners. From these assessments, appropriate services and solutions can be planned. The delivery of services will not be provided by the PHNs; they are designed to be commissioning organisations. The Horvath Report<sup>4</sup> in 2014 concluded that once PHNs were established, they should not deliver services unless there is market failure. The Department of Health is keen, where possible, for PHNs to move away from service provision from 1 July 2016. This means they will not be in competition with local service providers.

According to the Department of Health's Update in early February, there will be a phased implementation approach to prepare PHNs for the additional responsibilities. During the transition to PHNs, existing drug and alcohol treatment services currently contracted by the Commonwealth Department of Health will have their contracts extended for a further 12 months to the end of 2016–17 while PHNs establish their role.<sup>2</sup>

PHNs recognise that change is necessary and will result in improvements in the care for their communities. They are, and will continue to, work in collaboration with stakeholders to co-design and bring about system wide changes to increase efficiency and effectiveness of drug and alcohol services. Performance management and evaluation will be built into commissioning plans to ensure commissioned services are fit for purpose, and impacts on outcomes can be measured.

They also recognise this important work is not a solitary task, and that the process of change requires collective effort. PHNs' success will depend on the degree of collaboration they can engender, and they welcome organisations' reaching out to them to facilitate this process. Increasingly, as more information becomes available to PHNs, local service providers can expect to be further engaged.

Additionally, PHNs in NSW have met with the Network of Alcohol and other Drugs Agencies (NADA), both collectively and individually, and are keen to work with this agency. NADA has offered their support to PHNs to assist with appropriate engagement and planning with the specialist NGO alcohol and other drug (AOD) sector.

Prepared by Natalie Cook, NSW/ACT Primary Health Network State Coordinator. Email [ncook@snhn.org.au](mailto:ncook@snhn.org.au) for enquiries.



# The journey to understanding

## Integrating a therapeutic community with a local community

**Craig Stephens** Centre Manager, The Salvation Army, Dooralong Transformation Centre

The Salvation Army opened Dooralong Transformation Centre (DTC) therapeutic community (TC), combining existing services of Selah, Miracle Haven, Endeavour Community, in March 2013. However DTC's integration with the Dooralong Valley community began much earlier with community consultations, legal briefings, council approvals, and then finally to the NSW Land and Environment Court.

There was considerable resistance to DTC moving into Dooralong Valley. Locals feared for their safety, and were concerned that their property values would be reduced.

Participants of the TC lead the way, with a passion to serve and connect with the community. A group of participants formed the "Acts of Service" (AoS) approach within Dooralong Valley. The group developed flyers offering to send teams to clean, remove rubbish and do small repair work, free of charge. Households in the rural community were experiencing difficulties making ends meet, so it was not surprising that there was a high take up rate. Every afternoon, AoS groups were at work, serving in farms and homesteads, cultivating in them generosity of spirit, with the residents benefitting as well.

The Dooralong Community Hall is a community asset, situated on a property with a football/cricket oval and children's play equipment. DTC AoS groups maintained the grounds using DTC vehicles, trailers, gardening equipment, and their own initiative and labour.

Links with the local school has helped break down stigma and stereotyping often experienced by people with an addiction—even by those in recovery. The DTC manager is the President of the Jillby Public School Parents and Citizens' Association (P&C), and some staff members had children attending the school. This gave parents regular opportunities to ask questions and grow their understanding of recovery. Whether through formal channels such as the P&C, by DTC participants building a

race car track in the school playground, casual conversations during school pick-ups with parents, or by facilitating play groups, the integration has been a rich source of discovery.

By hosting practical and relevant training, the DTC conference centre has become a valued asset for the community. The centre is used by a number of groups for forums and training events, such as the NSW Government Greater Sydney Local Land Service (LLS). Services relating to native flora and fauna management are also offered.

In 2015, the Dooralong Valley was hit with a number of severe storms. Extensive road closures and power outages, flooding, power lines down, and trees across roads meant the Valley was cut off for periods of up to a week. Properties began to run out of fuel for backup generators. DTC was able to assist its neighbours keep operating their essential services using its reserves of onsite fuel, until the SES were able to clear the roads.

Trees across fences and widespread flood debris posed a significant problem for many neighbours. DTC participants were able to help with chainsaws and other small machinery. Assistance provided by DTC during times of crisis has brought further integration with the local community than any amount of forums could possibly hope to achieve. DTC is now an integral part of the valley.

We know addiction does not discriminate, and we found that our neighbours needed recovery too. Perhaps the deepest connections forged have been between DTC and those in the local community seeking recovery. Over the past two years, a number of people from the local community have joined the DTC TC residents.



### Primary Health Networks Notes

1. Australian Department of Health (2014) Primary Health Networks Grant Programme Guidelines Version 1.1
2. Australian Department of Health (2016) PHN Update 1: Drug and Alcohol Treatment Services [http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Circular1\\_AOD](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Circular1_AOD)
3. World Health Organisation (2008) The World Health Report: Primary Health Care Now More than Ever
4. Horvath (2014) Review of Medicare Locals [http://www.health.gov.au/internet/main/publishing.nsf/Content/A69978FAABB1225ECA257CD3001810B7/\\$File/Review-of-Medicare-Locals-may2014.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/A69978FAABB1225ECA257CD3001810B7/$File/Review-of-Medicare-Locals-may2014.pdf)



# Help people stay safe and live well

## Include people who use drugs in the community

Will Tregoning

Director, Unharm

Reporting on the National Ice Taskforce consultations, minister Fiona Nash (2015) wrote that “from Lismore to Geraldton, police said the same thing: ‘We can’t arrest our way out of this’... We need help from the whole community.”

Community is often invoked as the solution to drug-related problems, but what is it and who is included? It can be an amorphous concept until alienation brings it to the fore.

“Minister Grant, do you support the introduction of pill testing to reduce harm?” asked journalist Caro Meldrum-Hanna on *Dying to Dance* (Four Corners 15 February 2016).

“I absolutely do not,” he replied, twice.

Later in an interview on 2UE, Grant proclaimed that drug-related problems were the product of a generation alienated from reality. “The generation we have now, ‘Generation Me’ I think they’re calling it, they’re desensitized but they’re also cavalier, and I think it stems from, in their life, they’re able to hit the refresh button on the internet or their phones; playing video games there’s a reset button once they’ve crashed the car or shot all the people.”

“In life, there is no reset button: you take a pill, it kills you, it harms you irreversibly—you can’t hit a reset button on life. We have to be vigilant on that message that you cannot take these things [pills] without significant risk.”

The criminalisation of drugs meant that the young people who talked about their illicit drug use on *Four Corners* were shown without faces. Literally effaced, they seemed less than full people, in contrast to the experts whose faces were clearly shown. This replicates something implicit in Grant’s comments about young people: they are the source of the problem but are diminished as people so they cannot be part of the solution.

At the same time, the young people depicted in *Four Corners* made it abundantly clear that Grant’s “just say no” is not good enough. Abstinence really is the only way to eliminate risk, but “just say no” does not deal responsibly with the reality that people do use drugs.

Drug checking—the new term for “pill testing”, in an age where powders and crystals are more common—is a responsible government intervention. There are no labelling

regulations or quality control for illegal drugs, so its contents and level of purity are unknown. Drug checking creates transparency. This makes it more difficult for drug dealers to sell unknown, contaminated or unwanted substances, and less likely that people will take them. With the recent uptake in the number of new psychoactive substances on the market, and widespread increases in drug purity, drug checking services are needed now more than ever.

The benefits of drug checking are widely understood by the demographic where illicit drug use is most common, with 82% of young people supporting the practice (NDARC 2013). Research participants seemed to understand that it is better that people who are taking a drug know what it is, its potency, and whether it is contaminated. Young people should be part of the conversation about policy, not excluded from it.

Unharm’s mission is to activate and empower people who share our vision: a world where drug use is as safe, positive and ethical as it can be. We are a volunteer organization that does community organising and capacity building in Sydney, and digital and media campaigning nationally. We want to undo the harm caused by prohibition and promote programs that actually help people stay safe and live well as productive members of the community.

Unharm’s position is that criminalising drug use is out of step with how we deal with other risky behaviours and it does not work. The alienation of people who use drugs promotes riskier practice and can be a barrier to treatment for those who need it. These are serious problems, and there is another more fundamental one: criminalising drug use disenfranchises millions from legitimate membership in “the community” and alienates us from being part of the solution to drug-related problems. Fiona Nash is right—real solutions will require help from the whole community. That is why drug use should not be a crime.

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- Dying To Dance*: Four Corners (2016) television program, Australian Broadcasting Corporation, Sydney, 15 February.
- Fiona Nash (2015) ‘Helping addicts is the only way to halt scourge of ice’, *Sydney Morning Herald*, 23 December, accessed March 2016.
- Lancaster K, Ritter A & Matthew-Simmons F. (2013) Young people’s opinions on alcohol and other drugs issues. Sydney: Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales.

**Unharm!**  
Getting drugs right.

# Translating research into practice

## Social networks, identity and recovery capital



**Emily Mawson**  
Student, University of Melbourne



**David Best**  
Professor of Criminology, Development and Society, Sheffield Hallam University

Emerging adults entering drug and alcohol treatment experience a range of challenges to recovery specific to their developmental stage, including the growing importance attached to social groups in the transition to adulthood. Using a strengths-based approach, the concept of recovery capital (Cloud and Granfield 2018) takes into consideration the range of social and personal resources that provide support at all stages of the pathway to wellbeing. Personal recovery capital draws on individual strengths such as resilience when faced with challenges to recovery, physical and psychological health, and the ability to cope with the challenges of everyday life. Social recovery capital grows from the social resources that a person can draw on to support their recovery goals, such as social support, a feeling of belonging, and friendships that support commitment to recovery. Social and personal recovery capital are complementary, and one set of resources may support the other. For example, friendship networks may bolster personal resilience to stressful events that have overwhelmed coping and threaten to trigger relapse.

The “social identity” approach to recovery looks at ways that groups can support emerging adults’ sense of self and of belonging. The core idea is that a person’s sense of self is connected to the groups they belong to—how much the sense of *who I am and what I can do* is connected to the group’s sense of *who we are and what we do*. In particular, the presence of recovery groups and other non-using groups in the social network who are identified with, are social resources that support emerging adults to stay in recovery, and provide social connections consistent with emerging adults’ aspirations in mainstream society.

### Components of recovery capital

#### Personal recovery capital

Psychological wellbeing  
Physical health  
Risk taking  
Coping and life functioning  
Recovery experience

#### Social recovery capital

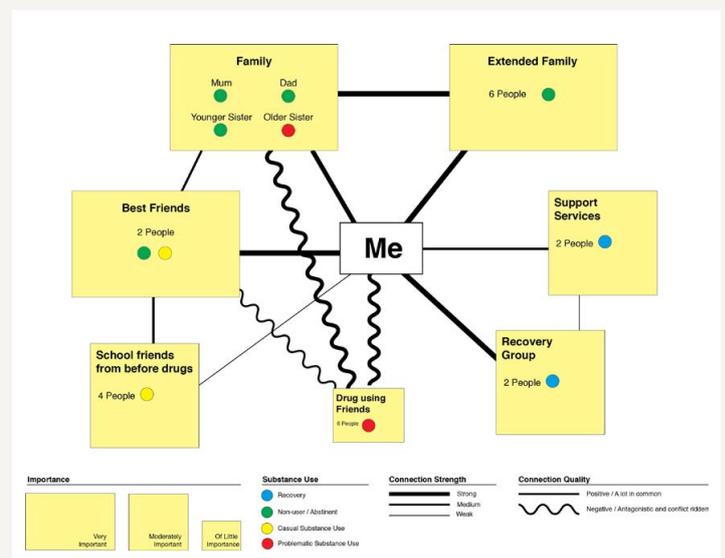
Social support  
Community involvement  
Housing and safety  
Meaningful activities

(Groshkova, Best and White 2013)

### The study

In a study conducted at Monash University and Turning Point, partnering with Youth Support + Advocacy Service (YSAS), we explored relationships between social groups, identity, and recovery capital (Mawson et al. 2015). Our participants were 20 emerging adults aged 18 to 21 years in residential treatment in Melbourne and regional Victoria. The majority were in their first week of detoxification, with a smaller subgroup in residential rehab. Fourteen reported at least one earlier substance use treatment episode, and the most frequently used substances were alcohol, cannabis, and amphetamines. Half of the participants normally lived at home with their immediate families, while the other half were out of home, including three who reported being homeless or in transitional housing prior to treatment.

Interviews started with a questionnaire that collected background information, and included questions on personal and social recovery capital. We used an amended version of the social identity mapping model developed at the University of Queensland and adapted at Turning Point for use with substance using populations (Best et al. 2014). We worked with each participant to map out their social networks, asking them to write down the groups they belonged to on post-it notes and to place them on a sheet of A3 paper. Next we asked participants to draw in the ties between each group in their network, differentiating between positive, harmonious connections and negative, conflict-laden connections. Last, we asked participants to rate the typical or average substance use of each group, how important each group was in their lives, and how much they identified with each group.

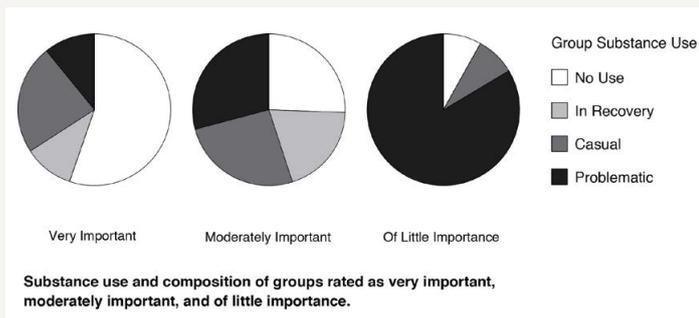


Example of a social identity map\*

# Translating research into practice

## continued

Participants ranged from having only one group to having up to six groups in their social networks. For groups rated as very important, the majority were non-using groups (53%), with only a small number of heavy-using groups rated as very important (10.6%). The opposite pattern was found for groups rated as of little importance, where the majority were described as heavy-using groups, suggesting that early detoxification and rehabilitation is a time of key life transition in terms of social networks and identity.



Higher levels of substance use by groups in the social network in the period before admission to treatment was linked to

- higher identification with groups who engaged in heavy use
- higher importance of those groups
- lower identification with groups who used low levels of substance use, and
- lower importance attached to low-using groups, and lower personal and social recovery capital.

### What are the practical implications of these results?

Emerging adults bring their social networks into treatment in a way that has direct implications for the resources that they can call on to support their recovery. Belonging to a social network dominated by heavy-using groups prior to treatment entry and the continuing importance of these groups in treatment is linked to lower recovery capital and lower chances of sustaining gains achieved in treatment. However, heavy using groups may provide emotional and social support that is otherwise difficult to access outside of treatment, and so returning to these groups may be seen as a personal and social need despite being in conflict with emerging adults' goals from treatment. This is likely to be particularly the case when substance-using groups

and group members are long-standing friends who have been critical sources of support, wellbeing and identity development throughout adolescence.

Re-engaging with heavy using groups will almost certainly result in a return to substance use, and so it is critical that emerging adults' social needs are able to be met by other groups who do not engage in heavy substance use. If treatment success relies on changing the make-up of emerging adults' social networks away from heavy using groups, then encouraging stronger connections to recovery peer groups should be a core aim of treatment and aftercare. This may be especially important for emerging adults whose pre-treatment networks are dominated by heavy-using groups. However, identifying emerging adults who are more strongly connected to heavy using groups rests on systematic mapping of the groups that are in the social network and their relationship to the emerging adult's sense of self. Work is ongoing at Turning Point to develop materials that will support mapping social networks and linking this to recovery planning in the community.

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\*Please note this map is a composite representation of several maps and does not depict any one participants' social network.

**Sheffield  
Hallam  
University**



# Breaking the ice in our community

Annie Bleeker

Program and Content Manager, Australian Drug Foundation

After close to four years working as a freelance trainer in the alcohol and other drugs (AOD) sector, I recently took the plunge back to full time work to manage the *Breaking the ice in our community* project at the Australian Drug Foundation (ADF). So what brought me back? A commitment to address some of the community's fears about this drug, and a passion to see an end to stigma and discrimination experienced by users and their families.

New data shows that in New South Wales between 2009 and 2014, the number of methamphetamine related hospitalisations increased from 534 to 2 616. In response to this, the NSW Government committed to implementing a comprehensive package to address crystalline methamphetamine use across NSW.

*Breaking the ice in our community* will deliver community focussed education on crystalline methamphetamine to the NSW community. A project advisory group consisting of a range of government and non government AOD agencies and allied services (including NADA) meets regularly to advise on project strategy.

A key component of the project is to conduct 10 regional community education forums in 2016/17 partnering with Community Drug Action Teams (CDATs), councils, Local Health Districts, alcohol and other drug agencies and Aboriginal services. The forums will educate the NSW community about ice, as well as alcohol and other drugs, and provide information on where to go for help, support and treatment.

The key community education messages of the project are to

- inform the community about crystalline methamphetamine (and alcohol and other drugs)
- let people know that help is out there for individuals, friends and families—and where to find it
- see the person, not just the drug—this relates to addressing stigma and promoting connectedness and social inclusion in communities, and
- understand we are all in this together—communities can work together and implement primary prevention programs and activities to prevent problems with AOD use.

The ADF is also working to build the capacity of CDATs to run their own smaller community events focusing on ice.

Over the course of 2016/17, a total of 20 small community grants will be provided to CDATs across NSW to support the *Breaking the ice in our community* project.

A "How to run a forum" kit has been developed for CDATs and other community groups interested in running forums and events. It contains information about how to stage a community event as well as a presentation about ice with speaking notes and templates.

One part of the project I am particularly proud of is the *Breaking the ice in our community* digital resource which addresses stigma and discrimination experienced by people who use ice. The digital resource will be used at our regional forums, CDATs events and will also be available on our website.

So far we have locked in three *Breaking the ice* forums in NSW. The first will kick off on March 2 in Wollongong followed by Tweed Heads on March 10 and Queanbeyan on April 5. Forum locations have been determined by community need with particular emphasis on where new funding is being rolled out to support new and existing stimulant treatment programs in the state. Negotiations are underway with local health district to run forums in Blacktown and Liverpool in Sydney, as well as regional centres such as Wagga and Dubbo.

The ADF is also working in partnership with the Aboriginal Health and Medical Research Council to develop culturally specific resources to support Aboriginal communities in NSW affected by ice.

A dedicated [website](#) has been created to support the project where people can register for forums and also download resources and facts sheets on crystalline methamphetamine.

We are also in the process of producing four online e-learning packages about methamphetamine which will be launched in the second half the year.

**For further information about the project, email [Annie](#) or [Damian](#). You can also phone 02 8923 0000.**

# Vietnamese Drug & Alcohol Professionals

## Helping the community cope with drug and alcohol concerns



**Dang Khoa Nguyen** President, Vietnamese Drug & Alcohol Professionals



**Vuong Nguyen** Phd

In 1975, the Vietnamese community, mainly comprised of refugees and family members, began to settle in Australia. Generally speaking, the community's socio-economic level was relatively low and their English language ability was limited. The language barrier and their minimal knowledge of government and community services made it difficult for the Vietnamese community to cope with social and health concerns.

In Vietnamese culture, drugs and alcohol are taboo subjects, and addiction brings shame to families. Families, therefore, felt helpless when young members began experimenting with drugs; they were unable to prevent or treat these family members who faced addiction, and so they suffered dearly.

Thus Vietnamese Drug & Alcohol Professionals (VDAP) was established to help the Vietnamese community understand drug and alcohol related issues. The organisation began in Cabramatta where the Vietnamese population was dense, and where they were experiencing serious drug and alcohol concerns.

VDAP provides information and promotes discussion in Vietnamese and English, to reach our audience. We use every opportunity to have face-to-face sessions with the Vietnamese community in NSW. We also use Vietnamese media outlets—including newspapers, magazines, pamphlets, booklets, CDs, online, radio and television—to transmit our messages to the greater community across Australia, and even overseas.

We help the community to look at drugs and alcohol issues as social and health matters. By increasing their awareness and improving their understanding, we help them gain coping strategies. We suggest families improve their relationships, between parents and young people in particular, as a part of prevention and treatment. We bring to the community knowledge about the complex world of drugs and alcohol, its nature and impacts on Australian society in general, and on Vietnamese people in particular.

Individuals and families want to know how people misuse and become addicted to drugs and alcohol, and how they can help these people gain treatment. People are unaware about treatment methods and services, especially services that include counselling, pharmacotherapy and rehabilitation.

VDAP channels the above information, which is abundant in English, to the Vietnamese community. We have worked closely with mainstream services to achieve our aims, including Drug Health Services of South Western Sydney Area Health Service (currently South Western Sydney Local Health District), DAMEC, local CDATs, NCPIC, Family Drug Foundations, Smart Recovery Australia and NSW Corrective Services.

The [VDAP website](#), launched in Cabramatta during Drug Action Week in 2011, receives around 3 500 worldwide visitors each month.

Other notable culturally appropriate materials and activities we have developed include

- *The Happy Family Program for Domestic Violence Prevention* resource
- provision of short term counselling to Vietnamese gamblers and drug and alcohol users, in partnership with Vietnamese Australian Welfare Association (VAWA), SWSLHD Drug Health Services and Community Correction
- translation of the *Smart Recovery Handbook* into Vietnamese, and counselling using this method in Cabramatta
- translation of *Treatment Options for Heroin and Other Opioid Dependence* into Vietnamese
- *Safe and Joyful Drinking* which provides information about Vietnamese drinking culture, and how to keep drinking levels safe among men, women and young people, and
- *New Journey*, a booklet, CD and SBS radio series about families and drugs.

VDAP has continuously contributed to the successful resettlement of the Vietnamese community in Australia. We believe individuals and families should be aware of all aspects of life when they arrive to a country with socio-economic and cultural differences.



# Useful resources

Community engagement is essential in supporting sustainable AOD treatment outcomes for our clients. The following are some helpful resources, websites, organisations and training opportunities that may assist you and your organisation to become better connected with your community.

## Services in NSW

**Local Community Services Association (LCSA)** is the peak body for neighbourhood centres in NSW. LCSA supports its members' focus on social inclusion and all facets of community development through resources, networking and advocacy. [Learn more.](#)

**Community Builders NSW** is an online hub for everyone involved in community level social, economic and environmental change. This website provides insights in engaging, building and strengthening communities. [Learn more.](#)

**CCWT Training Courses: Community Development**  
Centre for Community Welfare Training provides accredited training courses in a range of topic areas, with a number of workshops on community development, including

- [Community Development: Introduction](#)
- [Community Work Principles and Theories](#), and
- [Community Engagement and Consultation.](#)

**Immigrant Women's Speakout Association** is the peak advocacy, information/referral and research body representing the ideas and issues of immigrant and refugee women in NSW. The Association also undertakes community development projects and provides direct services in the areas of homelessness, domestic violence and employment, education and training. [Learn more.](#)

## Useful websites and resources

**Australian Indigenous Health InfoNet** is a comprehensive and easy to navigate website that brings together information, training, resources and guides relating to Indigenous health across Australia. There are specific AOD portals and resources that focus on the significance of community development work with Aboriginal and Torres Strait Islander people. [Learn more.](#)

**Australian Drug Foundation: [Community Drug Action Teams](#)** (CDATs) are groups of volunteers across NSW who work together to minimise and prevent the harmful use of alcohol and other drugs in their neighbourhoods. They have developed a range of resources and templates to support AOD work in the community such as

- [Building Successful Community Drug Action Teams](#) (CDATs), and
- [Confident Communities](#): A guide to working together with African communities to reduce alcohol-related harms.

The **Family and Community Services [website](#)** has a number of projects, resources and updates relevant to AOD workers, including best practice approaches to working with different community groups and access to its Clinical Issues Unit.

## Department of Social Services: **Communities and Vulnerable People**

One aspect of this program is the [Community Investment Program](#), which aims to strengthen communities and promote social inclusion and participation of disadvantaged people in community life. The program supports not-for-profit organisations to develop solutions and deliver responsive and integrated services that meet local community needs.

The **Office of Local Government [website](#)** assists in finding out what your local council is up to and where your organisation might make links on specific projects.

## Campaigns

**Just Reinvest NSW** aims to convince the NSW government to implement justice reinvestment to reduce the number of Aboriginal children inside our prisons. Justice reinvestment is a smarter, cost-effective approach to criminal justice being implemented overseas and now in Australia to reduce mass imprisonment and strengthen capacity in local communities. [Learn more.](#)

**The Collective NSW** welcomes anyone who wants to help break the cycle of disadvantage; no matter what your skills or background you can contribute. [Learn more.](#)

# The new hep C treatments

NADA members can help people with hep C get informed, take action and achieve cure

“The hep C treatment landscape, and potentially the lives of all 230 000 people in Australia, changed irrevocably on 1 March 2016. On this day, a range of new, all-oral, direct acting antiviral treatments for hep C were listed under the Pharmaceutical Benefits Scheme (PBS),” said Stuart Loveday, CEO of Hepatitis NSW.

“What makes these new treatment drugs so remarkable is that, unlike with the old interferon weekly injections, the new drugs are very easy to take: one, two or a few pills per day. With these all-oral, interferon-free treatments there are no or few side effects and even when there are they are relatively mild. And best of all, the cure rate is around 95%. And for most people, the treatment duration is 12 weeks—just three months of easy-to-take, daily pills,” he said.

From being way behind the rest of the world in terms of timing, suddenly Australia is way ahead in terms of access—as we truly have ETA! Equal Treatment Access for all people with hep C, regardless of their stage of liver disease, current injecting status or how hep C was acquired in the first place.

There are still even better treatment drugs in the development pipeline, but for now, this is the biggest leap forward, in terms of chance for cure and in terms of starting to see the end of the hep C epidemic, that we have had since hep C was identified and the first clinical treatment trials started in 1989.

While there will be bottlenecks in liver clinics in the first weeks and months, and while there are still some people with particular strains of hep C who may require interferon-based therapies for a while longer, and while those people needing to take ribavirin (Ibavyr) in combination with the new drugs may still endure the effects of being anaemic, it really is time for ALL people with hep C to think about going on the new treatments.

“This is where NADA members can help, and take advantage of the strong partnership between NADA and Hepatitis NSW,” said NADA CEO Larry Pierce. “Many clients accessing NGO AOD services, as well as government AOD services, throughout NSW have hep C, and we are delighted to help emphasise strongly that now is the time to get ready—because the hep C treatment revolution is with us,” he said.

Hepatitis NSW is a not-for-profit charity started by the hepatitis community and is funded by NSW Health to provide free information, support and education services for all people in NSW affected by viral hepatitis.

There is a range of services that workers and clients of AOD services can access free

- *Get Bloody Serious* training and webinars for NADA members
- Tailor-made resources developed for NADA members
- *Hepatitis Infoline* service (1800 803 990) for workers and clients
- *Living Well* peer support program for clients who would like to improve and take control of their health
- *Let's Talk* counselling service for clients (face-to-face, phone, online), and
- *HepConnect* treatment peer support for clients.

Hepatitis NSW provides a wealth of resources, on our website and in hard copy which you can order via [our website](#).

The new treatments factsheet can be [downloaded here](#).

The new hep C DAA treatments infographic overview can be [downloaded here](#).

“Another great thing about these new treatments is that GPs and other primary health physicians will be able to prescribe them following consultation with a hepatitis C treatment specialist: a hepatologist, gastroenterologist or infectious diseases physician,” said Stuart Loveday.

“We encourage all people living with hepatitis C, whether they were diagnosed three months ago or three decades ago, to see their doctor and start preparing for treatment,” he said.

Not everyone living with hepatitis C will want, or need, to be treated immediately, however.

Of course, if clients have more serious liver disease like level F4 fibrosis, which is cirrhosis, then it's very important to have treatment immediately, and that will need to be prescribed and managed by a hep C treatment specialist.

But now is the time to take action, get your clients' liver health assessed by arranging a non-invasive Fibroscan test and other blood tests, and plan for treatment.



# Member profile

## Holyoake

**CatholicCare's Holyoake program knows the power of one: that by working with just one person, lasting change can flow through entire families.**

Substance misuse affects every family member and is intertwined within family dynamics. By working systemically with just one family member—a partner, parent, sibling or child—Holyoake programs build clarity, resilience and strategic action in families. More often than not, changes in behaviour and communication within the family consequently mobilise the user to make positive changes in their lives. This is evidenced by the fact that over 50% of partners or parents that complete the 12-week group program report that their using family member's use had reduced or ceased.

One of the pioneers of the family systems therapeutic framework, Holyoake was founded in Perth in 1976 and now has affiliates throughout Australia. CatholicCare Sydney facilitates the Holyoake program from its site in Lewisham.

Interventions involve psycho-educational and therapeutic group work supplemented by individual counselling and family therapy. The family programs explore similar issues to those covered by clients in rehabilitation: boundaries, communication, managing difficult thoughts and feelings, grief and anger, stress overload, self esteem, self responsibility, coping styles and family dynamics. It can be a critical factor in a person's recovery to be supported by family members that understand the dynamics of addiction and how best to respond to relapse.

Holyoake's **Focus Program** supports partners, grandparents and other adult family members who are in relationship with someone experiencing problematic substance use and/or mental health problems, past or present. People in recovery from addiction and those that grew up in families with dependent parents may also find this group useful to gain insight into family of origin patterns that have been carried into adult relationships.

The **Pause Program** was developed for parents of young people aged 13–25. It covers specific concerns of parents such as adolescent development, parenting strategies, legal issues of safety and how to let go of the drug problem and still be a parent.

The **Kaleidoscope Program** is an eight week program supporting children (5–18) who have a parent or sibling with AOD and/or MH problems. The groups are age specific and work towards breaking the inter-generational transmission of negative coping styles and family patterns of relating. Children commonly believe they caused the problems and that it's up to them to fix it. This puts huge pressure on a child to look after their siblings or parents.

Programs focus on self care: teaching children that they are not alone, that they don't have to fix the family problems and how to recognise what they can and cannot change. CatholicCare Holyoake also offers support for adolescents (13–17 years) who are using, through either individual counselling or the group **Pathways Program** which can also be delivered offsite such as in schools or youth services.

**Drumbeat**, an award-winning evidence-based program developed by Holyoake WA, is also delivered by CatholicCare and uses drumming to explore relationships, communication and resilience.

The programs have been independently assessed and achieve significant reductions in clients' anxiety, depression and stress levels, as well as improved well-being and family functioning. For example, last year over 70% of adult clients reported reductions in their post-group DASS-21. Holyoake's approach centres around four guiding principles: self-responsibility, acceptance and respect, peer support and inspiration, and being person-centred. All programs draw upon a wide range of evidence-based practice including: systems theory, harm minimisation, social learning theory, stages of change, motivational interviewing, cognitive behavioural theory and acceptance commitment therapy.

CatholicCare's Holyoake program is keen to partner with NADA members to support families of recovering clients. The team can coordinate outreach groups where staff from partnering organisations can co-facilitate group programs.

**Family members wanting support don't need a referral, they can simply contact CatholicCare's Holyoake program on 95091255 in Sydney.**



# Profile

NADA staff member



**Sianne Hodge**  
Program Manager

## How long have you been with NADA?

I joined the NADA team in September 2015.

## What experiences do you bring to NADA?

I've worked in the AOD sector for almost a decade now (how time flies!). My background is in quality improvement, project management, and research. If you need help with QI, accreditation, or just want someone to bounce ideas off, give me a call!

## What NADA activities are you working on at the moment?

I'm working on lots of exciting things like NADA's Workforce Development Plan and a program evaluation resource for the non government AOD sector. I'm also coordinating our conference in June (don't forget to register!) and have the pleasure of leading the development of NADA's Reconciliation Action Plan.

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

Variety really is the spice of life! At the moment I'm enjoying consulting with our stakeholders for the NADA Workforce Development Plan and am looking forward to working with our partner, Hepatitis NSW, on developing a tool to improve care, treatment and support for people affected by viral hepatitis accessing non government AOD services.

## What else are you currently involved in?

I would love to complete a Masters of Research and am interested in doing a project around developing a systems change intervention to enhance person-centred care in AOD.

# A day in the life of...

Sector worker profile



**Karen Yuen** Youth Development  
Coordinator, Youth Solutions

## How long have you been working with your organisation?

I have worked at Youth Solutions for two and a half years.

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

My first full-time job was as an auditor for one of the 'big-four' accounting firms. About one and a half years into my job, I decided to pursue a career in community work. Whilst studying, I worked in a youth refuge. After completing a Diploma of Youth Work, I worked delivering youth educational and recreational programs. I joined Youth Solutions in late 2013.

## What does an average work day involve for you?

I am mainly facilitating AOD-related and health promotion workshops to groups of young people in Macarthur and Wingecarribee. I also coordinate Youth Solutions' Youth Advisory Group and Peer Education program, which provides local young people with volunteering opportunities. In addition, I provide sector training and referrals to community members.

## What is the best thing about your job?

I am passionate about education and find it very rewarding to see personal growth and development in the young people who participate in our workshops, and in our young volunteers. I also find it rewarding to work collaboratively with the passionate team at Youth Solutions as well as other community organisations to transform ideas into actions.

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

I would like to see more youth-specific AOD services, particularly prevention and education services, in Australia. Further government and corporate sector investment into the area is required.

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

I would love the ability to fly. I could travel the world and avoid being stuck in Sydney traffic.



# NADAbase upgrades

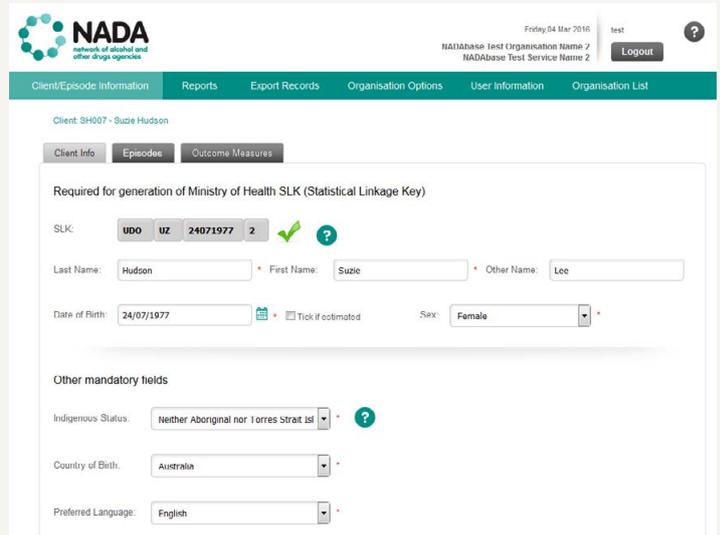
A new paintjob, a tune-up, and we're raring to go!

Suzie Hudson

Clinical Director, NADA

We hope you like the new look of NADAbase, and the upgraded NADAbase online tutorials that have replaced the old NADAbase online help. We have been working hard behind the scenes to make changes to the NSW Minimum Data Set as per the new guidelines and you may notice that some of the options you used to see have now been removed. We have also been engaging with those organisations who have bespoke client data management systems that import to NADAbase, to ensure we have a comprehensive repository for NGO AOD treatment data. We hope to have set the stage for more accurate data collection, that will feed into the data snapshots posted twice a year, by 1 July 2016.

In other news, NADA has committed more of its own funds to upgrade our NADAbase COMS reports, and this upgrade will be informed by member feedback and what we have learned from analysis that has been conducted by our research collaborators and mentors Peter Kelly (University of Wollongong) and Matthew Sunderland (CREMS UNSW). We are committed to making NADAbase the best it can be in terms of accurate and useful data reporting for the benefit of the clients our members work so hard with.



**If you have any queries or questions regarding NADAbase, please contact [ITsupport@nada.org.au](mailto:ITsupport@nada.org.au).**

## Stay in touch

with AOD news, issues and events

The Advocate raises significant issues relating to the NSW non government alcohol and other drug sector, and develops knowledge about, and connections within the sector.

Previous issues have focused on drug trends, domestic and family violence, and AOD treatment for women. Read [recent issues](#) of the Advocate.

To subscribe, email [Sharon](#).



# NADA events

## During May

Workshops exploring the gendered nature of trauma, addiction and recovery.

Check NADA's event page.

CC BY SA 2.0 Media Evolution

## June 6-7

### **NADA Conference 2016** Integrated care Working together to respond to complexity

The NADA Conference 2016 will feature experts from across the AOD sector speaking on a range of exciting topics including

- domestic and family violence and drug and alcohol abuse
- integrating sexual health and AOD treatment to improve outcomes for Aboriginal and Torres Strait Islander young people
- the intersection of father attachment and addiction
- consumer perspectives: responding with integrity
- responding to prescription drug misuse, and
- the impact of a cognitive remediation program on a therapeutic community.

**Visit the conference website for speaker details and more. Early bird registrations close March 31.**

### **NSW Non Government Alcohol and other Drugs Awards** ('The NADA Awards')

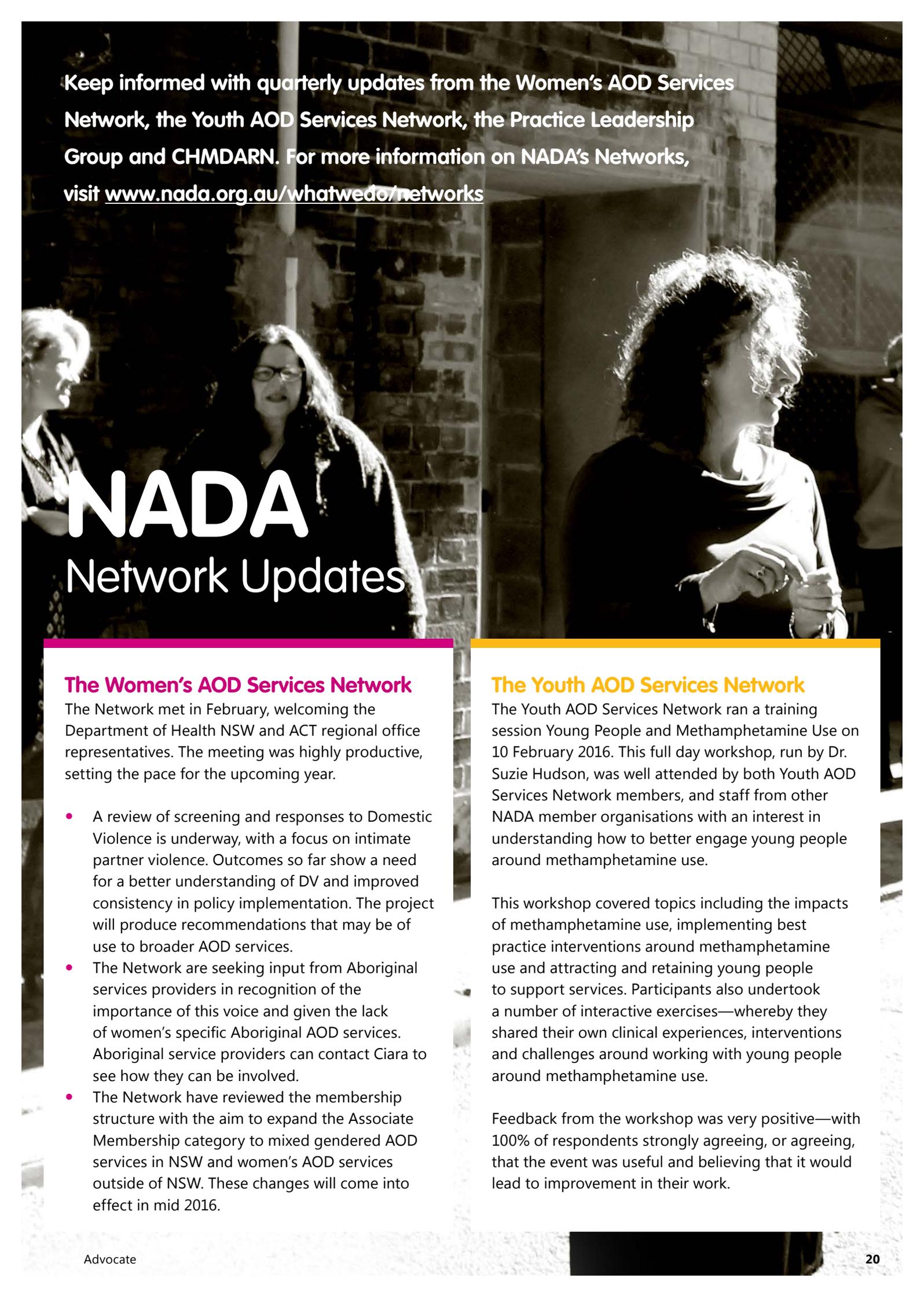
The NADA Awards acknowledge the significant contribution of individuals and organisations in the sector in reducing drug and alcohol related harms to NSW communities. The award categories are

- Outstanding Contribution Award (Individual applicants only)
- Excellence in Treatment Award
- Excellence in Health Promotion Award
- Excellence in Research and Evaluation Award, and
- Excellence in Quality Development Award.

Individuals can nominate themselves, or their own organisation for an award.

**Visit the conference website for award details. Nominations close April 30.**

[Click here to visit nadaconference.org.au](http://nadaconference.org.au)



Keep informed with quarterly updates from the Women's AOD Services Network, the Youth AOD Services Network, the Practice Leadership Group and CHMDARN. For more information on NADA's Networks, visit [www.nada.org.au/whatwedo/networks](http://www.nada.org.au/whatwedo/networks)

# NADA

## Network Updates

### The Women's AOD Services Network

The Network met in February, welcoming the Department of Health NSW and ACT regional office representatives. The meeting was highly productive, setting the pace for the upcoming year.

- A review of screening and responses to Domestic Violence is underway, with a focus on intimate partner violence. Outcomes so far show a need for a better understanding of DV and improved consistency in policy implementation. The project will produce recommendations that may be of use to broader AOD services.
- The Network are seeking input from Aboriginal services providers in recognition of the importance of this voice and given the lack of women's specific Aboriginal AOD services. Aboriginal service providers can contact Ciara to see how they can be involved.
- The Network have reviewed the membership structure with the aim to expand the Associate Membership category to mixed gendered AOD services in NSW and women's AOD services outside of NSW. These changes will come into effect in mid 2016.

### The Youth AOD Services Network

The Youth AOD Services Network ran a training session Young People and Methamphetamine Use on 10 February 2016. This full day workshop, run by Dr. Suzie Hudson, was well attended by both Youth AOD Services Network members, and staff from other NADA member organisations with an interest in understanding how to better engage young people around methamphetamine use.

This workshop covered topics including the impacts of methamphetamine use, implementing best practice interventions around methamphetamine use and attracting and retaining young people to support services. Participants also undertook a number of interactive exercises—whereby they shared their own clinical experiences, interventions and challenges around working with young people around methamphetamine use.

Feedback from the workshop was very positive—with 100% of respondents strongly agreeing, or agreeing, that the event was useful and believing that it would lead to improvement in their work.

# NADA Network Updates

continued

## The NADA Practice Leadership Group

The NADA Practice Leadership Group (NPLG) met at the end of December and reflected upon its activities that have commenced in its first six months of establishment—providing NADA with consultation advice in preparation for [NADA Conference 2016](#), its exploration of health economics and the ways in which the NGO AOD treatment sector can incorporate this thinking into their approach to data collection, and its engagement in the development of the NADA Workforce development planning.

The NPLG would like to share

- the need to engage and improve understanding of the PHNs so as to inform more integrated ways of working for the benefit of our clients
- that the NPLG are keen to promote ethical data collection, reporting and research, and
- that updates provided by NPLG members at meetings have demonstrated the current clinical innovation occurring in the NGO AOD treatment sector, which is effectively responding to complex needs.

To contact the NPLG, email [NPLG@nada.org.au](mailto:NPLG@nada.org.au).

## CMHDARN

CMHDARN has developed a new resource, [Ask the Experts: CMHDARN Best Practice Guide to Enabling Consumer and Carer Leadership in Research and Evaluation](#). Ask the Experts is a short and accessible 'how to' guide to involve consumers and carers in each and every stage of research and evaluation, including co-production and research leadership. It is intended to empower you to work with consumers and/or carers as active instigators, developers, leaders and experts by experience. Prepared in consultation with diverse key stakeholders in the mental health and alcohol and other drugs sectors, including people with lived experience of mental health and/or alcohol and other drugs issues, as well as carers, this guide contains a brief review of existing resources, tools and models. It caters for a range of starting points and is structured to provide direction and practical strategies, regardless of organisational capacity, so that all organisations, consumers, peer workers and/or carers will have somewhere to begin or continue to grow, and enable consumer and/or carer leadership in research and evaluation.

Also new

[Research showcase](#)

[Webinar: Effective Models of Care for Comorbid Mental Illness and Illicit Substance Use](#)





## Exciting happenings at The Glen

Within a short space of time, The Glen Rehabilitation Centre in Chittaway Point hosted its inaugural Trivia Night, received a visit from the Prime Minister, and also a helping hand from country music greats, Kasey Chambers and Adam Harvey. It's been busy!

The Glen's inaugural Trivia Night was held on 26 February at the Mingara Recreation Club. Hosted by NRL legends Peter Sterling and Steve Mortimer, the evening saw the

Central Coast community come together for a night of food, trivia and prizes in support of The Glen. Through the generosity of sponsors and guests, the night raised more than \$25 000 toward building a new gym and expanding the Glen's sporting facilities.

A week later, Prime Minister Malcolm Turnbull paid a visit to The Glen alongside Karen McNamara MP, the Member for Dobell. While on site the Prime Minister and the Member for Dobell had an opportunity to meet some of the clients and hear their stories, and to witness first-hand the work The Glen is doing in the community.

The following week, country music greats Kasey Chambers and Adam Harvey, along with sound engineer Jeff McCormack, were on site to check out The Glen's under-construction sound studio. The trio were able to provide technical and equipment advice to help complete the project, which aims to give clients a creative outlet and provide an opportunity to harness their existing skills or learn some new skills.

**The Glen**

Join us at the

AGPAL and QIP  
2016 Conference...

Brisbane, 26 - 28 May 2016

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With keynote speakers, including Rosie Batty, Mark McConville, Dr Norman Swan, and Professor Clifford Hughes - you'll be inspired and equipped with a wealth of knowledge.

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- Trends and strategies to transform and improve health and community care outcomes
- Tools and tips on how to create a 'fit' organisation for your clients and staff
- Unique perspectives and a deeper understanding of cultures and diversities
- Resources to actively improve your health service, and much more!



Quality  
Innovation  
Performance

For more information, the latest conference updates and to register online, visit [www.agpalqipconference.com.au](http://www.agpalqipconference.com.au)

# NCETA online ice training

## and other information for frontline workers



A new free online training package, *Ice: Training for Frontline Workers*, developed by NCETA, is available for workers from a wide variety of sectors including health and welfare, education, criminal justice, and transport. It was launched by the Acting Premier of Victoria, the Honourable James Merlino MP and the Victorian Minister of Health, the Honourable Jill Hennessy MP, on Thursday 21 January 2016.

The resource contains seven modules and 28 topics and includes information about

- crystal methamphetamine, its use, harms and effects on people and communities
- supporting people who use crystal methamphetamine, and
- worker safety and managing critical incidents.

Workers can complete all modules, just one module, or any number of individual topics. NCETA encourages workers to select the modules and topics that are most relevant to their particular work circumstances.

This free online training resource provides much needed information and resources for frontline workers to enhance their existing skills and knowledge and to guide their practice when assisting clients and their families, and working with their colleagues.

Since its launch, over three thousand workers have enrolled in *Ice: Training for Frontline Workers*, highlighting the need for ongoing support to workers dealing with clients with crystal methamphetamine-related problems.

NCETA is also developing a facilitator's guide to assist trainers to deliver the resource in face-to-face training sessions with workers.

[Click here](#) to access the training resource.

Complementing the launch of *Ice: Training for Frontline Workers*, NCETA also recently released the methamphetamine section of the National Alcohol and Drug Knowledgebase (NADK).

The NADK, funded by the Australian Government Department of Health, provides answers to key questions on methamphetamine (including crystal methamphetamine) and its impact on health, law enforcement, crime, young people, employment and medical treatment.

NCETA uses a frequently asked questions (FAQ) format in the NADK to provide easily accessible high quality research findings and data on important and often misunderstood questions about the short-term and long-term physical and psychological effects of methamphetamine and how to identify if someone is experiencing adverse effects.

The timely release of the methamphetamine section of the NADK is aimed at helping health and community service practitioners, law enforcement, and the public, make sense of the current media spotlight on methamphetamine.

To find out more about the NADK, [click here](#).





## Update

# Agency for Clinical Innovation Drug and Alcohol Network

**Jo Lunn**, Improving Organisational Capacity Project Officer, We Help Ourselves (WHOS) and ACI Drug and Alcohol Network (Co-chair)

A comprehensive process has led to the identification by the ACI Drug and Alcohol Executive Committee of three initial priority areas for activity in the coming year.

A request has gone out to the ACI Drug and Alcohol Network membership to join working parties with the aim to further develop of each priority area. These overarching areas are:

**1. A connected system** Facilitating greater communication and connectivity between drug and alcohol services across NSW and improving access to evidence based, peer reviewed resources, with a particular focus on online options.

**2. Being leaders in innovation** Promoting and supporting innovation in drug and alcohol models of care and service delivery. This will include both stimulating new activity and profiling innovations already happening across the system. A forum focused on innovation is planned for 11 August 2016.

**3. Supporting a strong partnership with Primary Health Networks** Strengthening the continuum of care, through improved collaboration and integration between specialist drug and alcohol services and the Primary Health Networks.

If you want further information about about the point and purpose of the ACI there are some great [short videos](#).

If you are interested in getting involved and having your say about how as an industry we can best respond to our clients accessing drug and alcohol treatment across NSW, please become a member. Membership is free, so if you want to become a member, join a working party when the opportunity arises, or get more involved. [Learn more](#).



## Measuring outcomes in drug and alcohol services

Shaping the future



NADA has been working with the Centre for Social Research in Health and Dr Joanne Neale from Kings College (UK), to develop a symposia looking at measuring outcomes in drug and alcohol services. We encourage members and stakeholders to attend to contribute to the discussion.

**When** 31 March 2016, 5pm–6:30pm

**Venue** Colombo Theatre, UNSW Kensington

**Who** Social Research Conference on HIV, Viral Hepatitis & Related Diseases

[Click here](#) to register.

# Congratulations to Thanh Nguyen

**The Drug and Alcohol Multicultural Education Centre (DAMEC) congratulates Thanh Nguyen for receiving an Order of Australia Medal in the 2016 Australia Day honours list.**

Thanh came to Australia by boat in 1980 as a refugee from Vietnam. After his arrival, Thanh worked in a number of factories as a process worker and was then employed by Australia Post for 20 years. During that time, he completed his degree in Community Welfare at the University of Western Sydney.

Thanh has been a valued member of DAMEC since 2008. In his current role as senior case manager in the Transitions program, Thanh supports Vietnamese-speaking ex-offenders with a history of AOD issues to reintegrate within the community. He also played an important role in the translation of SMART Recovery into

Vietnamese and has helped run multiple SMART Recovery groups. Thanh's work was instrumental in DAMEC receiving Corrective Services NSW's inaugural Equity and Diversity Award in 2013.

Thanh has also tirelessly volunteered his time to many other community projects, including supervising the construction of the Vietnamese Boat People's Monument in Bankstown and organising fundraising to help natural disaster victims in Australia and overseas. Thanh was president of the Vietnamese Catholic Community in NSW from 1990 to 2006 and President of the Vietnamese Community in Australia NSW Chapter from 2009 to 2013.

"I am delighted the government awarded me a medal. This is not only an honour for me, but also an honour for Vietnamese refugees because the work I have done has been due to the contributions of many people.



Thanh Nguyen

Personally, I would not have been able to do anything without the donations, help and support of my wife, family, friends, and others. I think this reward is for all of us—I am just a representative. I hope that the reward will encourage many other people, especially the youth, to participate more in their community," said Thanh.



## National Family Drug Support Day

On 24 February 2016, the inaugural Family Drug Support National Day was held. Parliament House in Canberra was the location for the primary event, with satellite events held in Sydney, Melbourne, Brisbane and Adelaide.

The campaign, an initiative of Family Drug Support Australia (FDS) aims to reduce the stigma and discrimination families often encounter as a result of drug misuse, and to raise the importance of families in drug policy discussions.

Addressing the event in Canberra, FDS CEO Tony Trimmingham called for policy measures that reduce drug fatalities. He said that families wanted informed and innovative policies and programs that keep their children

alive, and corresponding increases to funding for harm reduction and treatment services. He also called for the inclusion of family members in the decision making process for families experiencing problematic drug use.

Many community members attended, along with members of parliament, and representatives from the alcohol and other drugs sector. NADA CEO, Larry Pierce, addressed the Sydney event, held at NSW Parliament House.

**For more information, visit <http://nationalfdsday.fds.org.au>.**



Family Drug Support Australia CEO Tony Trimmingham and the Hon Pru Goward MP

# NADA Snapshot

## Policy and submissions

- NADA and the AOD Peaks Network provided a submission to the Drug Strategy Branch and state and territory Health Officers on PHN Commissioning of AOD Treatment.
- NADA wrote an article for the PHAA newsletter on the Women's AOD Services Development Program.
- CMHDARN wrote an article for the CREMS Newsletter on the Mentoring Program. The issue also featured an article on the partnership with NDARC on the Suicide Assessment Kit.

## Advocacy and representation

- NADA met with sector funders: Mental Health and Drug and Alcohol Office, NSW Ministry of Health, the NSW/ACT office of the Australian Government Department of Health.
- NADA attended a NSW Government, Drug Roundtable at NSW Parliament House with the NSW Deputy Premier, the Hon Troy Grant MP and Assistant Minister for Health The Hon Pru Goward MP.
- NADA and the Women's Network welcomed NSW Minister the Hon Pru Goward MP at a session highlighting issues relevant to working with women in treatment.
- NADA also met with the Hon Pru Goward MP to discuss drug and alcohol service system planning.
- NADA CEO, Larry Pierce, spoke at the inaugural National Family Drug Support Day at NSW Parliament House.
- NADA and the AOD Peaks Network met with the Assistant Secretary of the Drug Strategy Branch, the Co-Chair of the Inter-Governmental Committee on Drugs and Senator the Hon Fiona Nash to discuss national funding, including PHN commissioning.
- NADA and the AOD Peaks Network formed a collaboration with the three national AOD research Centres and held their first teleconference.
- NADA met with the NSW PHN CEOs group to discuss commissioning of AOD treatment. Initial meetings have also commenced with individual NSW PHNs.
- NADA met with the Kirby Institute regarding responses to Hepatitis C in AOD treatment.
- NADA had regular meetings with partners: MHCC, Hepatitis NSW and NUAA.
- NADA represented the sector at the following committees/meetings
  - NSW Health: Partnerships for Health—Drug and Alcohol Reference Group
  - NSW Health: Drug and Alcohol Program Council
  - NSW Health: Quality In Treatment Committee
  - NSW Health: Methamphetamine NGO Project Working Group Meeting
  - NSW Health: Drug and Alcohol Service Clinical Outcome and Quality Indicator (COQI) Framework Advisory Committee
  - NSW Health: Community Engagement and Action Program Advisory Committee (CEAP)
  - AOD Peaks Network: Peaks CEOs Network meetings
  - AOD Peaks Network: Peaks Capacity Building Network meetings
  - ACI Drug and Alcohol Executive Committee meetings
  - AH&MRC: NSW Aboriginal Residential Healing Drug and Alcohol Network (NARHDAN) meeting
  - NCOSS: Forum of Non Government Organisations
  - NCOSS: Sector Development Forum
  - NSW Family and Community Services Clinical Issues Unit regular meeting, and
  - The Inner City Health Program NGO Partnership Group.

# NADA Snapshot

## Advocacy and representation continued

- NADA attended the following events
  - Sydney Drug Law Reform Roundtable at NSW Parliament House, and
  - The Royal Australian College of General Practitioners Domestic/Family Violence Roundtable at NSW Parliament House.

## Sector development activity

- NADA held Expert Advisory Groups for the following projects
  - NGO AOD Treatment Service Specifications with DPMP, and
  - NSW NGO AOD Workforce Development Plan with NCETA.
- NADA hosted the following events
  - Hepatitis NSW—Get Bloody Serious: A workshop (mostly) about Hepatitis C
  - Enhanced Performance Management training workshop with the Women's AOD Services Network
  - Working with Women Engaged in AOD Treatment Pilot
  - CMHDARN hosted a webinar looking at models of care to respond to comorbidity, and
  - Young People and Methamphetamine use workshop.
- NADA hosted the following network meetings
  - NADA Practice Leadership Group (1)
  - Women's AOD Services Network (2), and
  - First meeting of the NADA Strategic Communication Committee.

## Advocate

Would you like to include something in the next issue?

Members and stakeholders can promote new services and projects; innovative partnerships; awards and achievements; and research activity.

Contact [Sharon](#) for more details.



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### Feedback

### Training Grants

NADA is accredited under the Australian Services Excellence Standards (ASES) a quality framework certified by Quality Innovation and Performance (QIP).