Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 3: September 2022

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A new direction

CEO report

Robert Stirling

NADA

Responses to AOD related harm should be a public health matter. Yet, as we know, through the experiences of the people we support, and where the government directs most of the funding, the response is often driven by the criminal justice system.

People who use illicit substances, and their families, experience significant amounts of shame, stigma, and discrimination. The criminalisation of illicit drug use adds to the shame and stigma, creating a barrier for people seeking support, and in many cases may increase AOD related harms.

Worse still, the justice system is failing those people. It is failing Aboriginal and Torres Strait Islander people, young people, women, people with mental health and cognitive issues, people from culturally and linguistically diverse backgrounds, the disadvantaged and even the victims of crime. And it is failing, in terms of rehabilitation.

This issue of the Advocate focuses on the interaction between AOD and the criminal justice system, with the aim of improving policy and practice to ensure that all people who need AOD treatment and support are able to access it. The non government AOD sector is under-resourced and supports the most vulnerable and complex people in our communities. We hear about the challenges that our members face in supporting people in contact with the criminal justice system and we hope that through our continued advocacy for additional resources and capacity we can break down barriers for all people seeking treatment and support.

The Special Commission of Inquiry into the Drug 'Ice' made 109 recommendations, many of which related to both a public health and criminal justice response. Some of those recommendations related to pathways between the two systems. NADA and its members need to ensure that we strengthen these relationships and pathways of care—not new practice for members who work with people referred from Drug Court and MERIT.

There has been a lot of discussion across the country about decriminalisation, diversion and other mechanisms to remove criminal penalties for possession of illicit substance, including the potential introduction of an infringement notice scheme. We've heard that some of these discussions are preventing the NSW Government from formally responding to Inquiry. Positively, we've heard about the shift in public opinion that drug use should be treated with a public health response, and we hope that Ministers will listen to the views of their constituents and not allow these discussions to further delay a formal response to the Inquiry.

While we are grateful that the NSW Government has committed some funds as part of an informal response, including the establishment of ten regional AOD hubs to provide case management and psychosocial support across regional NSW, we need a formal response and commitment to a long-term strategy to increase the capacity of the sector to respond to the demand for treatment.

Several NADA members conduct excellent work in supporting people transitioning from the justice system. As specialists in this area, the Community Restorative Centre (CRC) provide guidance on how we can do better. As a sector, we need to equip ourselves with the tools, and advocate for increased resources to ensure that we can support people.

NADA is embracing our new relationship with Health Justice Australia and hopes that we can see an increase in Health Justice Partnerships across the NSW AOD sector. These partnerships are not just about criminal penalties for possession of illicit substances, it's about support to restore relationships with their children, responding to fines and debts, and access to stable housing. We encourage members to reach out to NADA to understand more about Health Justice Partnerships, and to discuss how NADA can support you to break down barriers.

Finally, we know that being able to attract, recruit and retain workers is your number one priority. NADA has been meeting with both levels of government and industry partners to work on solutions. We've been clear that providing indexation to keep up with the real costs of providing services and long-term contracts is a 'quick win' that will go to making a difference for your organisations. We're also working closely with the NSW Ministry of Health on the establishment of an AOD Workforce Action Plan and hope this comes with significant investment and support to attract, recruit and retain the workforce that NADA members desperately need to continue to deliver services.

Jailing is failing

Photo posed by model

By Dr Mindy Sotiri, Executive Director, Justice Reform Initiative

Instead of solving problems caused by a lack of resources and services in many communities, Australia's current justice system chooses to lock people up. Yet in many nations across the world, governments are reducing incarceration because they realise that it doesn't work. What will it take for Australia to act on the evidence?

On the eve of the COVID-19 pandemic, Australia's imprisonment rate soared to its highest level in over a century—an almost uniquely Australian story, with just Turkey and Colombia, in the lead.[1]

In NSW, the prison population rose more than 38% over the last ten years,[2] and most (69%) people in prison today have been there before.[3] This incurs significant operating costs of over $1.1 billion annually.[4]

Yet imprisonment has no significant impact on crime rates and does not build safer communities.[5]

So why do we lock up so many people, when it clearly doesn't work, and it costs so much?

Who goes to prison in NSW?

We are currently incarcerating (across Australia, and in NSW) large numbers of people who have been criminalised as a consequence of their disadvantage. The majority of people incarcerated in NSW have a history of mental illness (63%),[6] a disproportionate number have a cognitive impairment (between 10% and 30%),[7] and more than 60% are in prison as a consequence of their AOD use.[8] Half of the people in prison were homeless before entering custody[9] and a disproportionate number come from a small number of 'postcodes of disadvantage' where access to education, healthcare, support, and employment are all comparatively lacking.[10]

We know that our prisons are filled with people who have come from situations of extreme poverty. We also know that *had* the majority of people we incarcerate, received support and opportunity in the community; had they had access to resources, to education, to housing, to employment; had their disabilities and mental health conditions been adequately responded to; had they had access to AOD support or treatment at the moment when they needed help; and had they had access to anchors and cultural connection in the community to assist with trauma and poverty and discrimination—then we would have a vastly different looking (and substantially smaller!) justice system.

The fact of disadvantage, of course, does not and should not minimise the severity of crime, but in order to understand how to reduce the numbers of people in custody, and to understand the failures of the existing system, we need to genuinely have disadvantage front and centre of our analysis.

There have now been more than three decades' worth of government reports, inquiries, and commissions into the over-representation of disadvantaged groups (including significantly Aboriginal and Torres Strait Islander populations) in Australian prisons and into the failures of imprisonment for these groups. Without exception, these reports have pointed to the critical role of addressing the social and health drivers of incarceration, the failure of our existing systems to do that, and need to respond to the criminalisation of poor, marginalised, and colonised populations.

Jailing is failing

continued

What works in keeping people out of prison?

Decades of evidence shows us that for the vast majority of people, imprisonment doesn't work to deter or to rehabilitate. Prison is in fact 'criminogenic'. The experience of going to prison makes it more likely that someone will go on to re-offend and return to prison. Yet despite this, governments on both sides of politics have regularly adopted a 'tough on crime' approach. The Productivity Commission noted that the justice system is failing to achieve its intended crime control ambitions at enormous expense.

While there is no single 'reform fix' to reduce prison numbers, there are multiple proven, cost-effective reforms that can work together to make progress.[11] There are clear examples and case studies both Australian and internationally that point to approaches led by the community and health sectors which can make a profound difference in disrupting entrenched criminal justice system trajectories.[12] There is also a growing body of more formal research exploring the impact of various models of support.[13]

We have in Australia multiple evidence based reforms that will make a difference and are extraordinarily economical when compared to incarceration. For example, there are opportunities for *diversion* at the point of police (including pre-charge diversion and alternative first responder models); diversionary and specialist courts (including bail support programs for people in the community); there are *First Nations-led responses* that are place based, culturally meaningful and already achieving strong outcomes for those who are able to access them; and there are *health and community focused responses* at the point of release from custody that show dramatic reductions in recidivism.

The issue we face in Australia, is not an absence of evidence about what works to reduce imprisonment; it is an absence of political will.

Building a movement for change

Australia is out of step with most countries in Western Europe, Canada and New Zealand in our ongoing attachment to, and over-use of incarceration. Even in the United States, there has been a significant rhetorical shift politically which acknowledges the policy failure of mass incarceration.

We formed the Justice Reform Initiative in 2020 to turn things around in Australia, and reduce our harmful and costly reliance on incarceration. Our goal is to reduce incarceration by 50% by 2030. Our patrons include over 120 eminent Australians, including former Governors-Generals, High Court judges, respected Aboriginal and Torres Strait Islander leaders, and former parliamentarians from all sides of politics.

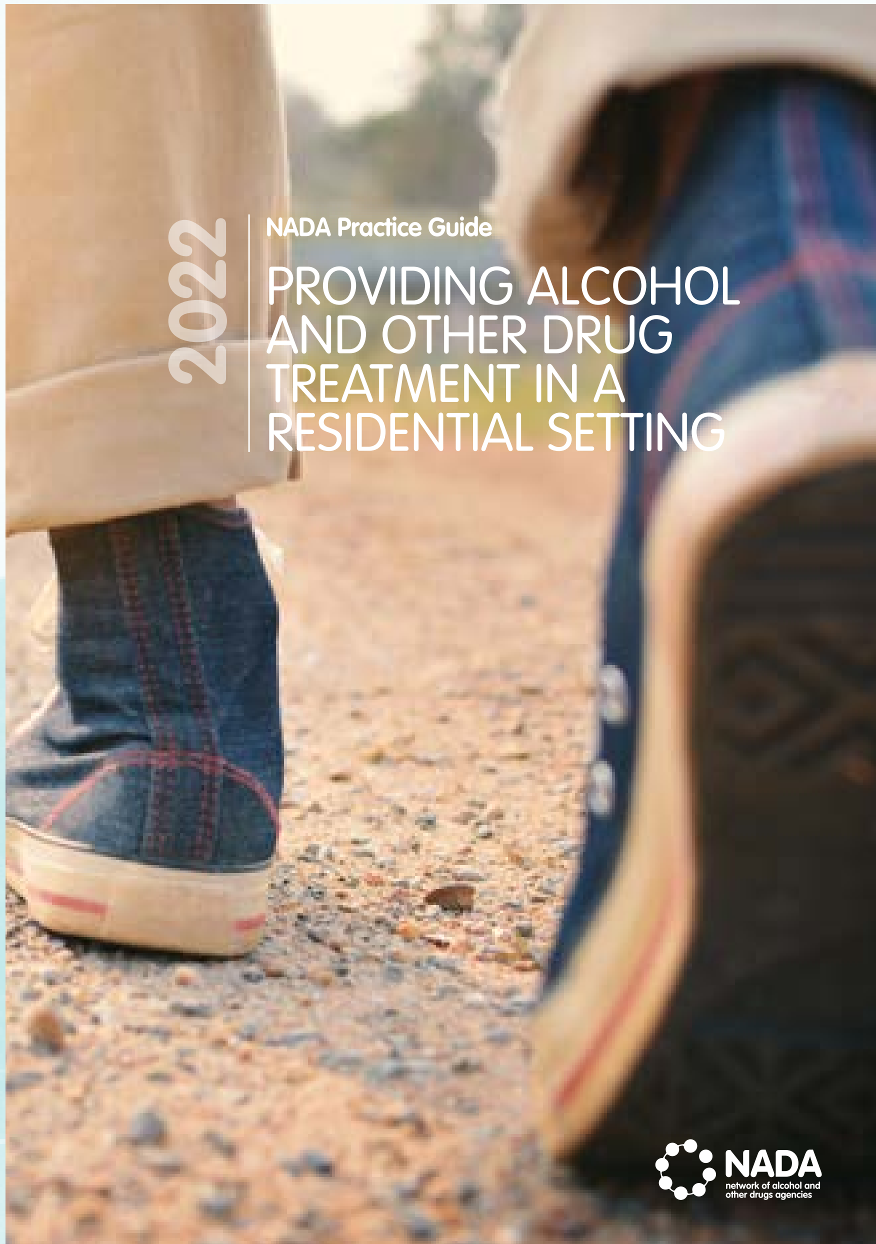
The issue we face in Australia, is not an absence of evidence about what works to reduce imprisonment; it is an absence of political will.

We need to work with all sides of politics to promote evidence based justice policy. We need to discourage 'law and order' auctions and competitions focused on who can be the toughest on crime around election time. We need to call for an end to knee jerk policy making designed to win political points. Alongside this political work, we need to build community support, increased stakeholder engagement and deeper understanding in the wider community about the failures of incarceration. We need both decision makers and the broader community to understand; locking people up, without addressing the underlying drivers of justice system contact doesn't stop crime and it doesn't make communities safer.

Join the campaign

- Sign the Justice Reform Initiative online petition.
- Follow us on Twitter, Facebook and LinkedIn (and please share our posts!)
- Invite a Justice Reform Initiative representative to speak at your public event.
- Donate to help us build public education campaigns (about the failures of imprisonment); to call on our parliamentary leaders to reduce harmful and costly incarceration; and to garner support in the community and in parliament for the implementation of evidence based alternatives.

See references overleaf.



New

NADA practice guide

This comprehensive resource contains research outlining the effectiveness of residential treatment. It covers a variety of different types of residential treatment for the range of people who seek support.

This resource will support the work that you and your organisation engage in every day.

Download now

Jailing is failing

continued

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Photo posed by model

By the Community Restorative Centre **The vast majority of people in prison in Australia have been victims of violence at some point in their lives. The experience of abuse and violence has a relationship with substance use, which can forge pathways into the criminal justice system, which in turn perpetuates a cycle of disadvantage. Yet, AOD services can change this trajectory, by creating pathways out.**

Criminalised people are typically viewed as 'offenders', not 'victims'. However, these categories are not always distinct. Almost every person in prison today has experienced some form of violence, and this is particularly the case for First Nations people and women.[1]

Symptomatic of structural racism, First Nations people are 14 times more likely to face imprisonment than people who are non-Indigenous.[2] Aboriginal communities have been subject to successive governments' interventions that have over-policed them, and forcibly removed children from their families.[3] There is a complex intersection between vast social determinants that lead to their incarceration, including state violence, intergenerational trauma, and substance use.[4]

The vast majority (70–90%) of women in prison have been victims of violence;[5] this includes high levels of intimate partner violence and abuse throughout their childhood. Women frequently use AOD to anesthetise the pain of violence and trauma,[6] which has complex impacts on the nature of women's pathway into the criminal legal system.[7]

Long after abuse and violence is experienced, it continues to impact people. Trauma affects all areas of a person's life, including their mental and physical health, sense of love and connection (to family, community, spirituality and land), their sense of wellbeing and safety, as well as their access to resources to meet their basic needs. Substance use can at once be a coping mechanism for trauma, yet also a driver for violence or committing offences while under the influence.

On the road to nowhere

Imprisonment and various processes within the criminal justice system can retrigger and retraumatise. These processes mirror ways people have been harmed and disempowered in the community—through being deprived of their freedom and agency, not being believed, surveilled, controlled, isolated, and violated (e.g., strip-searching). First Nations people are subject to the pervasive threat of death in custody, with prison being the ultimate expression of state violence. For women, prison can replicate previous experiences of domestic violence, or repeated physical abuse and chronic emotional stress experienced in interpersonal relationships.[7]

People in prison are very rarely given the opportunity to truly heal, so it's not surprising they might use AOD to cope. When they return to community, life can be uncertain, stressful, and chaotic as they face overwhelming pressures such as housing insecurity and financial instability. 'Even the best intentions to get your life on track and not engage in old habits can come undone once you're out because you're facing the same issues you were before going in,' said Chris Sheppard, Community Restorative Centre (CRC) AOD Transition worker, who has lived experience of the justice system.

Break the cycle of disadvantage

By addressing the drivers of a person's substance use, AOD services can create pathways out of the justice system. Establishing a positive relationship prior to release increases the effectiveness of this support. Workers can

establish rapport, build trust, and identify their support needs; they can also facilitate a harm-minimisation approach and provide opportunities to prevent relapse. For instance, some clients exit prison with reduced tolerance, putting them at greater risk of overdose.

‘Upon my exit from a justice system setting, there was no-one to support me, so being the person to walk alongside a person reintegrating back into community makes me feel proud,' said Chris.

Chris shows his clients that he is on their side, that he is reliable, and that he genuinely cares for them. He works with them to build their trust and feelings of safety. 'I always do my best to work with clients in a way that suits their needs. Practically, this might involve making simple adjustments to make people feel safe, such as being flexible about appointment times, or meeting them in a place they are comfortable, whether that’s a local coffee shop or sitting in the Grandstand at Redfern Oval,' Chris explains.

He also believes it is crucial to show that a person has a chance to restore normality and peace in their life and be engaged in the community. 'Behaviours, values and beliefs can be quickly learnt or forced upon oneself in a correctional setting. While these may keep us safe and alive while in prison, they may work differently for us when reintegrating and living in the community. The people we work with have a lot of street smarts and the ability to sense any unsafety quite easily. Working with them to identify and unravel these takes a lot of trust, time, and hard work from both of us,' says Chris.

'It’s so important to show clients you’re on their side and will stick by them as we navigate with them to build new pathways in their lives, despite what their history is.'

See bibliography overleaf.

Chris tells a client story

'I started working with Doug* when he was still in prison. He told me that he’s been in prison on and off for about 20 years for charges related to his drug use. He’d only been in the community for short stints, and then would end up in custody again. He was pretty nervous leaving prison, he'd never had any support when leaving prison before,' said Chris.

During our first session, I was able to let him know I understand what he is feeling, and that he can trust me to help. He told me he had nowhere to stay when he gets out, so I connected him with the CRC Boarding House Outreach Service (BHOS) to see about getting him accommodation (as well intensive case-management).

Doug has a history of trauma and related mental health concerns, and using opiates was a way to cope. He hadn’t been on treatment or using while in prison, but in coming out, he was worried that he’d end up using again. So he wanted to get on suboxone. He could see that he needed AOD and mental health support as part of his plan. So, I needed to get Doug connected with a treatment service to be assessed and prescribed pharmacotherapy.

But, this can take up to 6 weeks to access, and Doug didn’t have his Medicare or Centrelink number, and as he was still in custody, he didn’t have an address in the community. So, I contacted a pharmacist (who I know) to help find a GP who would take on a patient despite this. I then made an appointment for Doug within 2 days of his release and advocated to the GP about what support he’ll likely need.

We went to the GP, who did a health check and assessed Doug’s suitability for treatment. When we went back to discuss starting treatment for opiate dependence, Doug told us that he didn’t want to go on suboxone after all. This surprised me. He explained that he felt he might be able to cope without it because he had the support and connection of myself, the CRC’s BHOS worker, as well as the GP (and having a place to live helped too!). Doug’s words were, ‘I might try people instead’.

Fast forward a few months, and Doug is doing well—he is regularly engaging with myself, the GP, as well as a psychologist. He has permanent housing, enjoys going to the gym, and has enrolled to study in the community services sector. He is optimistic about his future.

**Not his real name*

Change direction

continued

What works?

- Long-term, holistic case management
- AOD counselling
- Trauma counselling and connecting clients with Victim's Services
- Addressing mental health concerns and connecting with appropriate services
- Encouraging cultural engagement and connection to community
- Working closely with Drug Courts, Koori Court, Circle Sentencing, Walama List
- Diversion and early intervention for people at risk of entering the criminal justice system.

Resources

They're there to support you and help you, they're not there to judge you: Breaking the cycle of incarceration, drug use and release [PDF} An evaluation of the CRC's case management support model of support with pre-release engagement. It also contains case studies of note.

CRC language guide Language can be used as a practice tool to empower clients and resist stigma, specifically in relation to the criminal justice system.

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Save the date

11 May

12 May

NADA Conference 2023
Creating safe spaces

ICC Sydney

How do you work with people impacted by the criminal justice system

Guthrie House
Axel Anthonisz, Senior Case Manager, Intake and Outreach

People with a criminal history have complex and multiple needs—can you describe your clients? Our clients have to contend with different types of stigma, just from being involved in the criminal justice system. Given this, by the time they get to us, they've already experienced barriers to accessing services.

Almost all our clients have experienced trauma, domestic and family violence, and/or sexual assault, and this can lead them down pathways of drug use and criminal behaviour.

Exclusion from programs and services in the community just entrenches outcomes of poverty, homelessness, and poor mental health for clients.

Describe one thing you do to best support this client base. One thing we do best is take a trauma informed approach to all aspects of our program delivery. We work with clients where they're at in terms of the barriers that they face, and their mental health needs. This creates a safe space, and it assists clients to access services based on their needs, rather than focusing on behaviours. Having a trauma informed approach is baseline practice for working with this cohort.

Share one piece of advice for AOD services concerned about engaging with people with criminal justice involvement. The one piece of advice I would give is to look at, and focus on, the needs of the person involved in the criminal justice system, rather than any kind of presenting behavior. Focusing on the positive aspects or achievements of the clients—no matter how small they are—empowers them to be in a place to try new things, and it breaks them away from stigmatisation. Digging into client needs and not focusing on presenting behavior is really important.

Youth off the Streets, Dunlea
Joseph Ratuvou, Team Leader —Specialist Interventions

People with a criminal history have complex and multiple needs—can you describe your clients? The majority of young people that come through our service have youth justice involvement (presently or historically). They are aged between 13 and 24.

Describe one thing you do to best support this client base. Our niche is young people. We work with them in an informal, trauma informed, and accessible way to build relationships with them.

In relation to accessibility, there are multiple access points for our service across Sydney, and there are many areas we can support young people with. If the young person doesn't need AOD support, we can provide support with homelessness, or education access, for example. Additionally, we're not just a 9 to 5 service—we can be 9am to 9pm, for example with our outreach, so we're accessible for young people.

Share one piece of advice for AOD services concerned about engaging with people with criminal justice involvement. The young people can be just as scared to engage with you as you are with them.

My advice is don't go down that dark path of conversation with a young person before you've entered through the light: you go up to them and say, 'Hey, my name is Gerald from Youth off the Streets, and I'm AOD caseworker. I'm just helping out at the courts' and have a dialogue with them.

Outside my role here, I'm a teacher with TAFE NSW in the AOD field. One thing that happens is a student will say, 'What happens if a young person doesn't want to talk to you about their problems?'. And it's like, well, that doesn't mean you stop there. You find another strategy: you ask them, do they want a coffee, or a hot chocolate? You pull out your bag of tools, and you just keep pulling things out until something works, because you could be the point of difference to any other service out there in the community.

Adele House, The Salvation Army

Andy Biddle, State Manager, Alcohol and Other Drugs Services—NSW/ACT, Social Mission Department

Can you describe your clients? Adele House is a residential facility that works with men engaged with the criminal justice system. Data for June 2022 showed: 25% of clients had involvement with domestic violence; the average age of first conviction was 18; people had been before court on average 11 times; and their primary drug of choice was 'ice'. People with a criminal justice background can be some of the most vulnerable people with complex needs, though equally they can be some of the most resilient.

Better funding and training for services catering to people with intersecting AOD support needs and criminal justice involvement, *would save a fortune*, in terms of the amount of money it costs to put somebody through treatment, versus the amount it costs to put someone in prison. It would also benefit people's families and communities.

Describe one thing you do to best support this client base. We target interventions to meet individual needs and allow for flexible delivery, to create treatment plans that are meaningful. We look at people's aspirations and support people to achieve them. The work is essentially a recovery capital model, and is based around working with people to understand their strengths, values and what it is to lead a purposeful, meaningful life (as defined by that person). We offer group programs (AOD and criminal justice), create intentional links to community, and work to foster better social bonds and create hope in people—moving them away from a culture of addiction/offending to a culture of recovery.

Share one piece of advice for AOD services concerned about engaging with people with criminal justice involvement. Challenge stigma, reduce labelling (for example, labels like 'offender'), and ensure you treat everyone as an individual. Hope can be fostered by identifying and engaging people in their passions, for example, sports, hobbies, or community connection! The effect is showing people there are more valuable pursuits than using/re-offending.

Strive to have services that offer a menu of treatment options, that allow for a flexible and holistic approach to individuals meeting their own goals, and allow people to redefine who they are based on hope for the future.

Centacare New England North West, Youth Drug and Alcohol Service

Christopher Rowden, Youth Counsellor

Can you describe your clients? We receive referrals from youth justice services across the region. The clients that are referred often present with complex history and multiple needs including AOD and exposure, disengagement from education, history of engagement with the criminal justice system, trauma, exposure to family and domestic violence and diagnosis of mental illness. Negative peer associations is one of the biggest issues we see which often leads to antisocial behaviour and further criminal activity.

Describe one thing you do to best support this client base. We support young people with AOD issues through high quality individual case management, psychosocial support, mentoring, psychoeducational groupwork, care coordination, strong continuing care, and follow-up.

We help them to address their anger, a common behaviour we see in young people we work with and often a standard default response. Often these young people have not been taught how to express anger in a healthy way with many also exposed to significant family domestic violence. This can lead to young people expressing emotion through aggression and violence towards peers and family members. The team works with the young person through prosocial modelling, group and individual work targeted at healthy emotions and relationships and often refer or partner with services to deliver targeted interventions designed to address the specific behaviour. Working in rural and remote locations, strong relationships with key stakeholders, including juvenile justice if the young person is currently engaged with justice, to ensure collaborative and coordinated case management approaches. This is especially essential in the more isolated communities as services can be scarce or stretched.

Share one piece of advice for AOD services concerned about engaging with people with criminal justice involvement. Build trusting professional relationships with all young people who are referred, and while this may take time, it is essential to ongoing engagement. The program should be flexible in approach. For example, meeting with clients in places where they are comfortable; this may include the local skate park, a café or playing a sport. To ensure success, it is also important to build engagement with key people in the young person's life and encourage the development and maintenance of an informal support system. Showing respect, advocating on the young person's behalf, being transparent and providing a safe space that is non-judgmental and supportive is also key.

Odyssey House NSW
Sandy Ngo, Senior AOD Worker

People with a criminal history have complex and multiple needs—can you describe your clients?
They are regular people who have families, goals, and dreams, just like everyone else; however, they are often marginalised. They often present with multiple and complex needs, including mental health, physical health, financial, housing, employment, relationship issues, isolation, low self-esteem, and self-stigma. If these issues are not addressed and our clients are not provided with holistic support, it is so easy for our clients to revert to that default position of hopelessness.

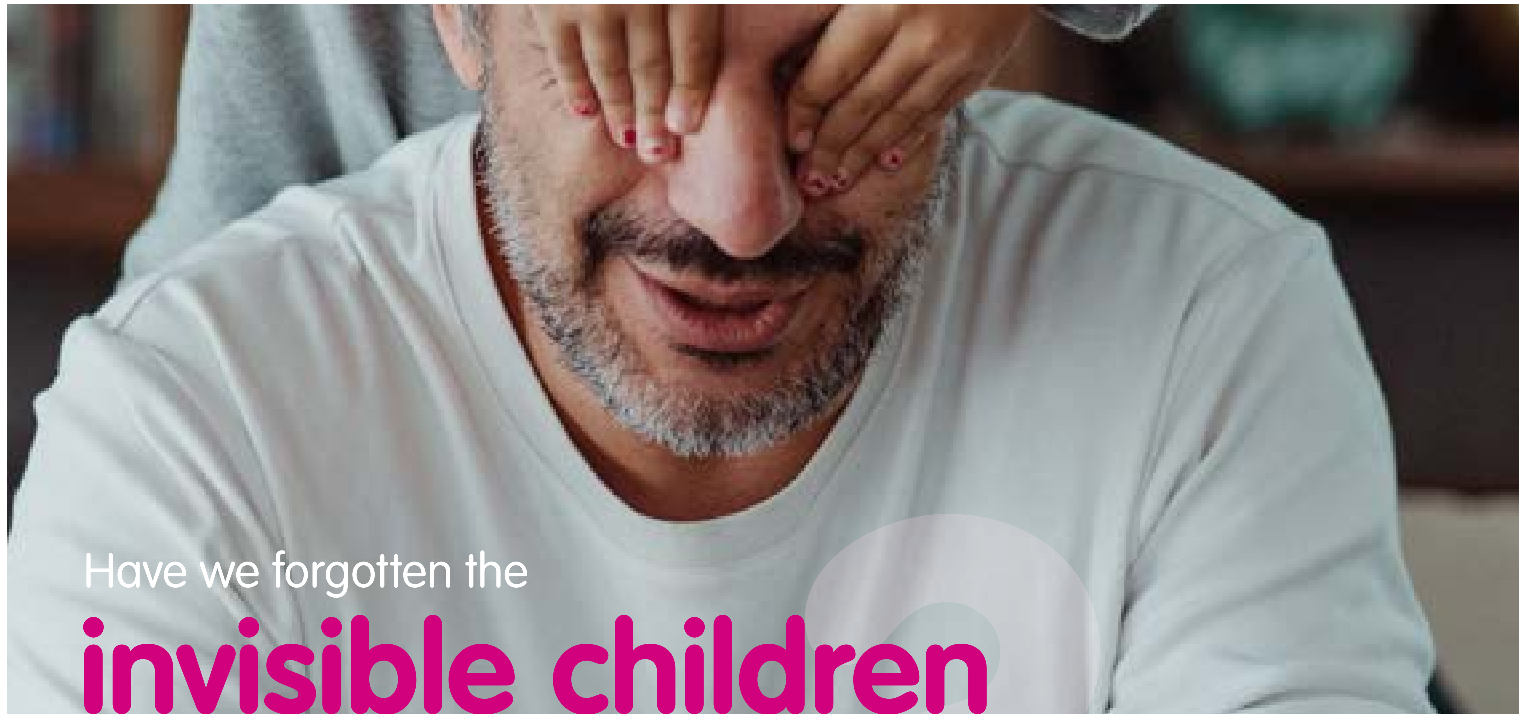
Many of our clients with a criminal history report fear and anxiety around applying for jobs. For some, the fear of being discriminated against have prevented them from applying for jobs, and for others, it is the fear of having to expose to their potential employers a blemished past that they are desperate to put behind them. Even those with jobs may experience other issues that often perpetuates their potential for relapsing and reoffending, such as challenges with developing positive social connections with people not involved with crime and AOD use.

How has your service adapted to work better with people with criminal justice involvement?
We conduct risk assessments based on previous charges, whereby certain offences are reviewed with the clinical team, so clients are provided with options that meet their treatment needs while ensuring staff safety and wellbeing. Treatment options may include telephone or online counselling or offering clients a male clinician to work with.

To ensure that our clients receive a simple and efficient intake process, we maintain strong relationships with our stakeholders from Community Corrections, Compulsory Drug Treatment Correctional Centre (CDTCC), Drug Court, Justice Health and Corrective Services, Parole Unit. Non-judgmental communication is key to ensure that our clients continue to engage with our service past that initial assessment. We try to build rapport and connect.

We can arrange pre-release assessments with clients, so that they have supports in place before they leave. We run programs specifically for Community Corrections clients with a history of sexual offences. We run online relapse prevention group programs for CDTCC clients and in some cases have adapted our service delivery mode to provide group programs for CDTCC clients one-on-one. We provide court letters for clients as proof of progress and engagement with our service, which has assisted many clients with a favourable court outcome. Odyssey House is also a Work and Development Order sponsor, which has helped to ease the financial stressors for many of our clients.

What is one piece of advice you would give to other AOD services concerned about engaging with people with criminal justice involvement?
Everyone deserves a chance, and anyone can change. Listen to the client's needs. It is important to work with clients where they are at, and rather than just focusing on their AOD use, focus on helping clients to improve their other areas of concern, as any improvement usually has a positive rippling effect on their life. For clients that disengage and are not ready at that moment, let them know that your service is not going anywhere. They will remember the positive experience they had with your service and will reach out when they are ready to engage.



Have we forgotten the

invisible children

By Michelle Ridley, NADA

I'm coooooooold!' complained Em, my daughter. 'How much longer will it be till we get in to see Dad?'

We were in a queue, alongside crying children and parents yelling out of sheer frustration. It was 13 degrees, raining and Em was shivering from the cold. She jumped up and down to keep warm. This scene could be from any time and any place. But it wasn't. We were in line to visit Em's dad in jail.

Em is just one of 700,000[1] children across Australia who experience parental incarceration. A great proportion of these are First Nations children, due to Aboriginal and Torres Strait Islander peoples' over-representation in the criminal justice system. Yet despite the numbers, children receive little or no formal support mechanisms.[2] There is no peak body to represent their interests, no government agency that has direct responsibility for their wellbeing, and community attitudes are typically dismissive and lacking in understanding.[3]

Recently, a NSW government inquiry was held into the impact on children from having an imprisoned parent, almost 25 years after almost an identical one, and it was noted that the issues impacting children had remained largely the same.[4] They experience a broad range of negative outcomes, including:

- poorer physical and mental health
- developmental delay
- financial and housing stress
- poorer educational and employment outcomes
- intergenerational issues with an increased risk of being placed in the child protection system or having contact with the justice system themselves.[5,6]

Em was eleven when Sam (her dad) was sentenced to prison for drug related offences. Sam had struggled with mental health issues and had experienced significant trauma. He'd struggled on and off with substance use issues for years but always tried his best, and to be there for our daughter. Sam hadn't lived with us for a long time, but he was still an important part of our lives.

My daughter went from feeling confused and angry to feeling shame. Shame caused immense feelings of guilt, because she loved her dad and didn't want to feel that way about him. But while Em felt a mix of emotions, she was determined to maintain a relationship with her dad. We spent many weekends waiting for hours to visit. Sometimes correctional staff would be there with sniffer dogs, and yell at us to stand still, and in line.

Once we got in the yard for our visit, things weren't much better. One time, he was nearly unrecognisable because his face had swollen up; he had infected abscesses in his mouth, but he'd received no medical help. Despite occasions like this, visiting her dad gave my daughter peace of mind, and gave her some sense of security in a time when she had no control. She knew he was alive. Yet sometimes visiting Sam wasn't possible, like when COVID-19 first hit, and this was really hard.

The whole experience—from his arrest, pre-trial detention, conviction, and imprisonment[7]—triggered her mental health to decline. Yet for over six years of Sam's involvement with the criminal justice system, no service or government agency ever reached out to see how Em was coping. And we are privileged; I have a good job and the resources to support my child, but there are many who don't.

Invisible children

continued

Children and family support is needed

I know the non government AOD sector does amazing work with very little resources and that providing AOD services is challenging, especially over the last few years. However, as a sector we must enhance our engagement with people involved in the criminal justice system, and their children and families. We don't need to become family or child specialists but including them in your intake assessment and treatment plan and linking the family with other services is important. Sam reached out for AOD treatment but was denied access because of his criminal justice involvement. We need to think holistically about people's situation as they are much more than their criminal record. They are somebody's son, daughter, dad, mum, sister, brother, friend, and when they cannot access services, this not only impacts the individual but everyone around them, especially children and for generations to come.

Practice tips

- Ensure trauma informed policies are embedded in all aspects of service provision:[8] consider your services policies and procedures (e.g., Do they recognise the prevalence and impact of trauma?). For more details see Alcohol and other drug use and trauma - informed practice companion document [PDF]
- Involve the person's family and support network in their recovery and treatment (with the client's approval), and link children and family into suitable services. Refer to SHINE for kids for more information.
- Think holistically about the person reaching out for support using a person centred, strength based and holistic practice. Learn more.
- Engage with cross-sector agencies and services to assist the client and their family (e.g., housing, education, mental health) and provide them with continuing care support. Learn more.
- Consult with specialist services to gain advice and information including CRC support for families - information advice and referrals and VACRO resources and information
- Learn more about the issues and refer to Support for children of imprisoned parents in New South Wales [PDF] Committee on Children and Young People Report and The Conversation 2022 [PDF]

If you have any questions about this article or working with children and families and people involved in the criminal justice system, email michelle@nada.org.au.

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Walk in my shoes

Providing criminalised populations with AOD support can break entrenched cycles of re-offending. So why do they find it so hard to access treatment? By the Community Restorative Centre

SEEKING HELP IN PRISON The process is complex and unclear

Photos posed by models

IMAGINE... You are on remand, which has given you pause for thought. You had used drugs to cope with past traumas, but you want to make a fresh start. So you decide to seek AOD treatment.

But you soon discover how difficult it is to get support from inside jail. Calls are restricted. You have no money in your prison bank account. Your family are no longer in contact. Communication with your lawyers is slow. When you're allowed, you try to contact services, but it's confusing. *What are you eligible for? What treatment is out there? What does it look like?* You want to secure a spot before you're out—you don't want to fall back into old habits of coping.

Please call back when you are released.

Feeling Overwhelmed

But... How do I get the support if no one will talk with me?

FYI: There isn't a streamlined process for accessing AOD support from prison. Eligibility criteria, policies and application processes differ across services. Making sense of what options are available can be a daunting task for both clients and their support networks. Being restricted by prison conditions further complicates the process. There is limited access to phones, which means people are rarely able to fulfil service requirements such as consistent contact. There are limited services that have the capacity or funding to engage clients while in custody. As a result, people need to wait until they are released, which has its own challenges.

BAIL CONDITIONS This can make accessing rehab challenging

We have a bed but you'll have to find your own way here.

Feeling Helpless

But... I have no-one to take me! And I'm not allowed to travel alone?!!

Your lawyer tells you, 'The prospects of being bailed to rehab is low. But the magistrate is willing to grant bail if a rehab bed can be found, and you have a plan for how to get there. Waiting lists are long, you need to start looking now!'

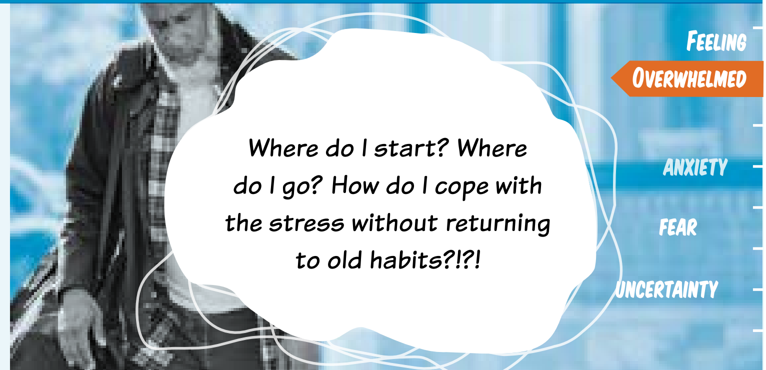
You've been given a chance, you could make this work! Yet, after lots of searching, you are hit with closed door after closed door. You wonder why it is so difficult to get the help you need. It feels like an impossible task.

FYI: People leaving custody on bail may have strict conditions that prohibit their independence and access to services. Sometimes conditions prohibit independent travel which makes travel to rehab a barrier, especially if it is far away. This poses problems if people do not have a strong support network to facilitate transport, or if services are unable to pick people up. Most bail conditions require people to only access residential services. This can put some people at risk of losing their home, depending on their circumstances.

Walk in my shoes
continued

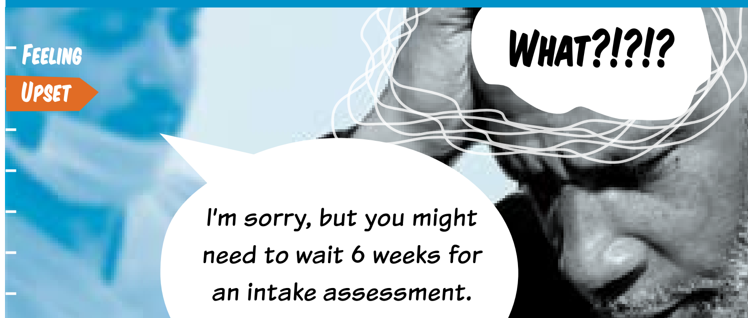
RETURNING TO COMMUNITY Where do I even start?

You've completed your sentence and can finally return to community. You feel good about having detoxed from drugs! But going back without any support lined up makes you feel stressed. The only people you can stay with could be currently using, and the last time you slept rough you were beaten up. You don't have a phone, you don't have money, you have no support. Your mental health is on the line without any coping strategies.



FYI: Once people are released, they often face further structural barriers and a range of compounding life stressors that make it difficult for them to get their life back on track. People come out of custody nervous about being in the community, including the risk of exposure to drugs and figuring out how to access necessities like shelter, clothes, food, income and technology, often while also navigating mental health issues and complex trauma. This places enormous limitations on their capacity to organise AOD support.

PHARMACOTHERAPY Getting OTP in the community can be tricky

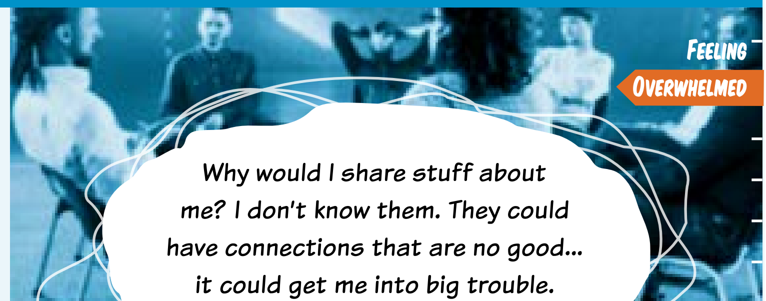


You were on an opioid treatment program (OTP) while in prison, but you don't know if your plan has been transferred to a community based service. No one in prison told you anything. You want to sort it out to prevent relapse, so you visit a nearby medical centre, but they won't let you see a GP without a Medicare card. You decide to walk more than an hour to the hospital to see if they can help you.

FYI: While prisons offer OTP services (mostly for people who enter custody on an existing OTP), it is not guaranteed or automatic that treatment plans are transferred to a community based service. Therefore, people who were on OTP in prison might have to find a new prescribing GP in the community, which can be subject to lengthy wait times.

RESIDENTIAL TREATMENT Being in groups hasn't always felt safe

After weeks of sleeping rough, and after repeated knockbacks, you've managed to find a bed in a residential rehab. Just a few days into a program, you already feel exhausted. The environment is so different to prison, it's nothing like you've ever experienced. You're on high alert, unsure if you'll bump into someone familiar. You want to do the work, but this is the hardest challenge yet.



FYI: There can be a culture clash between prison and rehab: prison requires keeping information to yourself, and rehab requires being open with others and sharing your feelings. Group programs can, at first, feel dangerous as opposed to therapeutic. This can make it difficult for someone who has been in prison to feel safe and comfortable engaging in rehab, as it requires building trust and unpicking survival strategies that are familiar. It's important to work with formerly imprisoned people in a trauma informed way to safely and gently unpack these feelings so that they feel safe and secure in their recovery journey. This work can take time, understanding and flexibility.

Walk in my shoes

continued

COMMUNITY AOD SUPPORT Circumstance limits capacity to engage

A worker at the shelter suggests you could try AOD counselling, and gave you places to call. Yet contacting services proved tricky because your phone was stolen. Eventually you borrow a phone, and speak to someone who says they can help. 'See me at 3pm sharp!' they said.

You start to feel overwhelmed. You don't know how you're going to get there—it's too far to walk and you haven't used public transport across town before. It's 2.30pm and you're about to jump on a bus, but the driver yells that they don't accept cash, kicks you off and shuts the door. You walk as fast as you can, but you're going to be late! It's so stressful and you're itching to have a shot. You finally arrive, and the building feels intimidating. You start to wonder if maybe you should turn around. You decide to give it a go... but you've missed your appointment.

FYI: Community programs can be a great option when people are released. Some programs require a high level of motivation and commitment to maintain contact. However, people's capacity to regularly make contact may be limited due to systemic barriers such as housing instability or difficulties accessing technology. When people first return to the community, they may be returning to chaotic, transient, and stressful environments that make attending regular office appointments difficult. If people do not have the supports or skills, accessing community treatment can be really challenging. This can then lead to further isolation.

WHAT SHOULD WE DO? Four ways to overcome structural and systemic barriers

1. **Connecting with people prior to their release from prison:** Establishing rapport and a plan *before* people are released from prison can increase the likelihood that they will remain engaged with support. This allows you to identify things that might prevent people from remaining engaged and putting in a support plan to overcome these barriers.
2. **Non-judgemental, empathetic, trauma informed, and strengths based approaches:** A range of interpersonal skills help engage people in AOD treatment, including being non-judgemental, empathetic, and caring in working with them. Working with clients in a trauma informed way means taking individuals' experiences of trauma into account and working in a way which avoids retraumatising the person. Working with people in a strengths based way means focusing on their strengths and positive attributes, as opposed to negative ones.
3. **Flexible outreach and aftercare:** Remaining flexible means, where possible, providing support where workers physically meet clients at a time and place that is suitable to them. This takes away the burden of accessing and navigating technology, transport, and potentially triggering environments. If programs are only funded for a short-term (such as 12-weeks), an aftercare component of the program is crucial.
4. **Long-term, specialist holistic case management and through-care:** Long-term engagement is usually required for people with long histories of trauma. Providing wrap around supports and providing warm referrals to other service providers allows people 'the opportunity to develop the skills required to navigate frequently hostile service systems'.

Lastly, there is a need for a clearer process for people in custody to access treatment in the community, especially if exiting prison into residential rehabs. Streamlining this process would remove a huge structural barrier that creates referral fatigue and disengagement.

BIBLIOGRAPHY: They're there to support you and help you, they're not there to judge you [PDF}

TRANSLATING RESEARCH INTO PRACTICE

AOD health promotion

Talking to young people with criminal justice contact

Our team were privileged to chat with 30 young people in contact with the NSW justice system about what influences their AOD behaviours and how services can effectively support. Our findings raise three important implications for how we can better respond to the needs of young people who are highly marginalised and experiencing complex comorbidities.

1

Harm reduction and health promotion work must trickle into spaces where young people are most vulnerable so there is equitable access to health literacy.

2

AOD harm reduction and health promotion strategies need to move beyond developing personal skills to addressing social and environmental influences on substance use. This can start with an awareness of the drivers of substance use that are beyond an individual's control.

3

Early intervention work can benefit from incorporating lived experiences, and systems should work to support young people with lived experience who want to advocate for change.

We were incredibly humbled by the young people's transparency and willingness to share their perspectives with our team. We trust that we have relayed their stories in the most faithful way possible.

Full access: Deans, E, Ravulo, J, Conroy, E & Abdo, J 2022, 'A qualitative study exploring young offenders' perspectives on alcohol and other drug health promotion', BMC Public Health, https://doi.org/10.1186/s12889-022-12953-z

Emily Deans Research, Strategy & Design Coordinator, Youth Solutions

Health justice for all

In Australia, many people experience legal problems each year. These legal problems tend to cluster around experiences like family violence, money problems (such as credit and debt, consumer transactions, welfare, and benefits) or problems with poor quality housing. Yet many people aren't aware that legal help is available for these problems, or they don't know how to access it for themselves, writes Cathy Bucolo from Health Justice Australia.

In the June Advocate, we introduced you to Health Justice Australia and the concept of health justice partnerships; that is, when legal assistance services collaborate with healthcare teams and non-legal practitioners to provide free legal help in the healthcare settings that people are more likely to be accessing. There are over 100 health justice partnerships across Australia, with many ways of working to meet the various health and legal needs of people.

How can health justice partnership assist people accessing AOD treatment?

Following are two accounts that describe how health justice partnerships help those who have criminal justice involvement, and intersecting health and legal needs.

Angela's story

Angela* was supported through NSW's Redfern Legal Centre's health justice partnerships with Sydney Local Health District where they have co-located lawyers at the Royal Prince Alfred Hospital, the Sydney Dental Hospital and community outreach settings.

As a result of a fluctuating mental health condition, Angela had a history of altercations with police and a record of previous minor criminal offences. The Concord Hospital Mental Health Team had grave concerns for Angela's welfare if she received a custodial sentence following a recent mental health episode that had resulted in police intervention. Working closely with Angela's treating psychiatrist and social worker, Redfern Legal Centre's (RLC) health justice partnerships solicitor highlighted the impact of intergenerational trauma to successfully argue the full weight of the Bugmy principle; that Angela's experience in childhood informed by the Stolen Generations be considered in sentencing. As a result, Angela did not receive a jail term. Working with a community housing provider, RLC assisted Angela to obtain stable housing. This outcome, as well as her cat, continue to support her mental health.

Elijah's story

Elijah* was supported through the partnership between Victoria's First Step, an AOD, mental health healthcare service, and First Step Legal, a community legal centre that operates within First Step.

Elijah came to First Step Legal (FSL) via a residential rehabilitation setting where he was addressing his substance use issues. He struggled with complex PTSD, having experienced physical and sexual assaults as a child. He had criminal charges and was subject to an intervention order in relation to an incident involving his mother.

Elijah requested assistance with the Family Violence Intervention Order proceedings and criminal charges. A prerequisite to ongoing assistance by FSL is that the client engages in treatment and therapeutic supports to address issues underlying their contact with the justice system. While FSL were able to successfully resolve the criminal charges and have the FVIO withdrawn, FSL also facilitated Elijah's engagement with a specialist family violence clinician to enable Elijah to explore and reflect upon his family dynamics and the impacts of his behaviour on himself and his mother.

With the ongoing support of FSL, Elijah has continued on a long journey towards building insight and coming to terms with his own trauma and its impact on those around him. FSL has helped Elijah to achieve a legal outcome supportive of his ongoing efforts. It also maximised the opportunity to facilitate therapeutic support beyond the obligation imposed by the legal proceedings, with the aim of improving Elijah's quality of life in the long term and preventing future interactions with the legal system.

My clients would benefit from this service—let me know more!

Health Justice Australia convenes a network of practitioners for anyone working at the intersection of health and justice and who are keen to explore partnership as a tool in their practice. You can join the National Health Justice Partnerships Practitioner Network by emailing Cathy.Bucolo@healthjustice.org.au. Find out how Health Justice Australia can support you in this way of working: see the resources and service offerings.

**Name changed to protect client safety and privacy.*

Dear NADA

I am writing from a service that has been actively reducing clients from the criminal justice system, to encourage and prioritise self-referred health based clients. We felt this change was necessary, as we were inundated by men seeking entry from justice services. These included people directly from prison, where they often required housing as a priority if due for parole or seeking bail and release from, or to avoid, remand in prison.

This was the situation for many years, and it got to the point where we had almost a complete population of residents who were either bailed or paroled, or otherwise essentially mandated via justice services. We experienced a lot of challenging behaviour which caused us high levels of stress.

The men were largely non-compliant with on-site substance use, displayed intimidating behaviour, and we felt that they had little or no intention of using our service to change. We believed they simply wanted to find an avenue out of prison or a way to reduce sanctions for crimes committed.

Local people who wanted to access AOD residential support would not even try to enter as they had heard of the environment of intimidation and prison culture that was once present. We also heard that men were telling others in the prison system to apply for rehab, and we would have waitlists of 30 or more, most all from justice systems.

Yours sincerely,
NADA member worker

Dear NADA member worker,
Thank you for raising your concerns; NADA is aware that members feel challenged in this area. We also appreciate that members need to make hard decisions due to the limited capacity of the sector.

While we understand it would be difficult to have a *full* complement of clients from the criminal justice system in treatment, we do think there is a balance to be had. Turning away *everyone* is not the answer—where else would they go? One solution may be that the amount of people in treatment from the criminal justice system is limited, but not excluded. Another solution is that more services should take people direct from custody, thereby spreading the number of referrals across the sector. Access to residential treatment is extremely limited and in very high demand for people in custody, so it is no surprise that services that do take pre-release referrals receive a large number of referrals.

There is very limited support for people in prison, and often custody will be the most stable situation for many. So it is to be expected that many people will attempt to access support at this time in an effort to not return to the same situation upon release to the community. Over half of people in prison today will be back inside within 2 years, mainly due to a lack of support.

It is also important to look at *who* is in prison. 60% are in prison due to an AOD related offence, 63% have a mental health diagnosis, 24% are homeless, and up to 20% have a cognitive disability. Many experience these factors chronically and simultaneously. First Nations people are also vastly over-represented to the extent of being the most imprisoned group of people anywhere in the world.

So it is no surprise that clients present with concerns in addition to AOD, for example, as you highlighted, homelessness. Many who struggle with homelessness and AOD concerns would determine their main need as finding stable accommodation. This does not preclude the notion that they also may be challenged by their AOD use and possible related harms. There are opportunities for intervention at every point of the journey.

NADA supports the practice of working with people referred from the criminal justice sector as referenced in our new NADA Practice Guide, stating: 'Some treatment services have strict policies about accepting people with a criminal history into their service, and this may be informed by concerns about potential safety risk. However, there may be constructive ways to support people with a criminal history that avoids excluding them from treatment. There are specialist residential programs designed to support people who are engaged with the criminal justice system, for both adults and young people. It is often the case that these specialist programs have links or conduct specific therapeutic programs designed to address offending behaviour. However, many of the themes and topics covered in these programs are aligned with principles of trauma informed practices, exploring emotion regulation, problem solving, building social networks, and developing resilience.'

NADA encourages these conversations, as well as supporting sector development in working with priority populations, such as people involved with the criminal justice system.

Yours sincerely,
NADA

Member profile

The Farm

Based in rural NSW, the Farm is a residential rehabilitation service for women. The Farm is a modified Therapeutic Community designed to equip women in recovery with the skills and insights they need to lead productive and meaningful lives.

Clients

We focus on mothers who have had children removed from their care and work with relevant stakeholders towards the restoration of children to their mothers where possible. We also specialise in early intervention for young women in the criminal justice system. Our clients have often experienced a range of situations such as domestic violence, trauma, homelessness, or incarceration.

Program

The program is 12 months long to allow sufficient time for clients to heal. Residents live to a timetable with hours for study, reflection, and chores. They also undertake a course of study to qualify for employment, and program completion includes accessing employment before exit. There is also a 'green therapy' program component with a large garden and menagerie of livestock to nurture.

Staff

A house care supervisor cooks, cleans, and gardens; and transfers these skills to the residents. Other staff include case managers, a finance coach, tutor and an early education teacher for the children's program. We also have the assistance of a parenting therapist, a visiting medical officer, and a psychologist.

Referrals

You can make a referral through our website www.thefarmingalong.com.au or by phone on 02 6386 7275.

Client testimonial

'At the Farm, I studied philosophy, and learned how to develop the cardinal virtues (i.e., prudence, justice, temperance, and fortitude) which are essential in living a good life.

I saw a psychologist once a week who helped me to understand my past behaviours and settle any arisen trauma. I was also given the opportunity to complete a Certificate III in Community Service and look forward to what a career in this industry may hold.

The Farm has helped me become mindful of my triggers and how to avoid and deal with them when confronted. They helped to develop my character, reminding me of my aspirations and true potential in life. I am now back to exercising and working full time which has helped me save for my plans to travel around Australia. I have re-established a healthy relationship with my family and friends which I could not have done without the help of the Farm.'

Profile

NADA staff member

Mei Linn Lee
Senior Research Officer

How long have you been associated with NADA?

Just six months, I started in March 2022.

What experience do you bring to NADA?

I have extensive experience in translational research, drawing on multiple approaches including quantitative research and qualitative research. My areas of expertise are public health and pharmacoepidemiology, focusing on addiction and best practice care. I worked more than fifteen years as a clinical pharmacist, serving the under-represented population in Malaysia, with my most recent work in the pharmacovigilance aspect of COVID-19 vaccines.

What activities are you working on at the moment?

I am working on developing the SQL codes to extract data from NADAbase in a research-ready format. I am also working with Professor Peter Kelly from the University of Wollongong on analysing data for the 2022 NADAbase snapshots.

What is the most interesting part of your role?

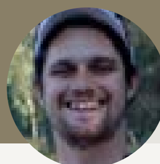
I love catching up with NADA members to offer my research and data support. The geeky me also loves to rework clunky SQL codes into elegant ones for the desired data pull-out.

What else are you currently involved in?

I am waiting for AHPRA's approval for my registration to begin my pharmacist journey in Australia. As a newly minted resident of Australia, I am now getting myself acquainted with the rental and housing concerns in Sydney. Outside work and coffee, I simply love bushwalking, sitting on ferry rides to catch sunsets and parenting a teenage daughter!

A day in the life of...

Sector worker profile



Jacob Cummins Support Worker
Samaritans Recovery Point

How long have you been working with your organisation?

I've been working here for 2 and a half years.

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

I was studying a Bachelor of Music Composition at the Sydney Conservatorium, but never finished, and was getting too involved in negative habits. After 10 years of hospitality work, some things in my life changed and I moved to Newcastle. I heard about a trainee role at Recovery Point—right place, right time, for me.

What does an average work day involve for you?

I facilitate 'Ice recovery' and 'Alternatives to violence' programs throughout the week, and in between there's a lot of intensive casework to support people released from jail to get back on their feet.

What is the best thing about your job?

Being a Gamilaraay man, being able to play an active role in the community intervening and supporting to reduce recidivism amongst my people, on a local level.

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?

There needs to be more services of Recovery Point's nature, and more Indigenous people working in services. If there were more dedicated and culturally safe post-release AOD centres (not just in major cities, but services for regional mob too) we would see a significant shift in recidivism and relapse rates.

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

Music has always been crucial self-care for me. Whether it's listening, playing or composing, I've always got something I can do there. But if I knew the secret to maintaining work/life balance I'd have a bit more in the bank, I reckon.

NADA updates

Thank you DAMEC

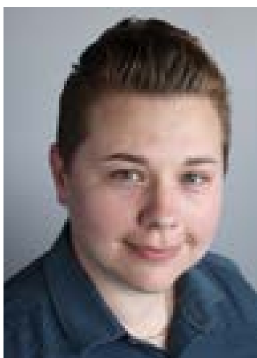
Thank you for your contribution to the sector
After more than 30 years of providing services in the community, the Drug and Alcohol Multicultural Education Centre (DAMEC) will cease operations after September 2022. NADA would like to acknowledge and thank DAMEC staff for the high level of services they have provided to culturally and linguistically diverse (CALD) communities across NSW. NADA also thanks DAMEC staff for the important contribution they have made to support the AOD and broader health and human services sectors with a range of research and resources.

NADA especially thanks Yasmin Lese (former Deputy Chief Executive Officer) and Mathias Dussey (Drug and Alcohol Bi-lingual Clinician) for their involvement in the NADA Practice Leadership Group (NPLG). Yasmin and Mathias joined the NPLG in 2019 and were valued members of the group, sharing their wealth of knowledge and experience of working with CALD people to inform various NADA activities that supported the wider sector.

Continuity of care for CALD people
While it is the end of an era for DAMEC, people from CALD communities in Western and South Western Sydney will still be able to access culturally appropriate AOD healthcare and support through Odyssey NSW. In recognition of the quality community AOD services already provided by Odyssey, the NSW Ministry of Health, SWSPHN and WentWest have contracted Odyssey to continue these vital services for up to 2 years. Odyssey has been able to recruit most of the DAMEC staff as a means of ensuring continuity of care for vulnerable clients and continuing community connections.

For more information, contact: Sandy Schofield, Director Development and Engagement, Odyssey NSW.

Introducing Sarah Etter, NADA's new clinical director



In my role as clinical director, I look forward to providing clinical leadership for the non government AOD sector in line with NADA's strategic direction. I look forward to providing consultation and support for clinical or treatment concerns that arise and fiercely representing the sector to government and other stakeholders.

As co-chair of the NADA Practice Leadership Group, I will lead on policy development, advocacy, and participate in program development of best clinical practices across the sector.

I come to this position with over ten years of experience ranging from long term residential treatment to harm reduction community based services, across both government and non government. I am a social worker and a member of the Australian Association of Social Workers (AASW). I have specific areas of interest that include reducing barriers to treatment, supporting services to implement best practice approaches when working with vulnerable populations (e.g., Aboriginal people, gender and sexuality diverse people, women with children, etc.), and how to incorporate data and research into practice.

If there is any way I can support, please feel free to reach out. I am looking forward to working with you.

Express your interest

Mental health capacity building project
NADA is seeking expressions of interest from members to participate in a project to further build the mental health capacity of the non government AOD sector.

NADA have commissioned the Matilda Centre for Research in Mental Health and Substance Use, University of Sydney, to undertake this project. They will use an extended version of the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Tool to complete a baseline assessment of organisational capacity in working with people who have co-occurring mental health needs. This assessment will guide the formulation of a one-year work plan targeted at increasing organisational capacity. The implementation of this work plan will be supported by the Matilda Centre and NADA, where appropriate. Upon completion of the work plan, The Matilda Centre will carry out a final DDCAT assessment to measure the effectiveness of this intervention.

While the project will involve four member organisations, the outcomes of this research will be shared with the broader sector once completed. This EOI will close on 7 October 2022. Download the EOI.

Callout for Aboriginal artists

NADA 2023–2025 Reconciliation Action Plan
NADA is seeking submissions from member organisations that work with Aboriginal people to submit artwork that would contribute to the NADA 2023-2025 Reconciliation Action Plan (RAP). We're seeking small artworks, and clients would be compensated for their work. It would be greatly appreciated if workers in member services could let clients know about this opportunity.

NADA's RAP for 2023–2025 will outline the practical actions that we will take to build strong relationships with Aboriginal and Torres Strait Islander communities, and people outside these communities. Reconciliation Australia describes a RAP as, 'a structured and strategic approach to advancing reconciliation'.

Members can get in touch with Hannah Gillard (hannah@nada.org.au), NADA Reconciliation Action Plan Working Group chair, if they're interested in learning more about the NADA RAP, and the opportunity to submit artwork.

Submissions close 21 October 2022.

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.

NADAbase update

Tata de Jesus

NADA

Annual data reporting is coming up

NADA has started the process of validating data to report to the Australian Institute of Health and Welfare (AIHW). It's good practice to review your program's data quality to ensure your data accurately describes who is accessing your service. Key data quality concerns to look out for:

- duplicate episodes
- client's age at episode commencement is over 100 years old.

We will be in touch with services if clarification on data is needed.

Reporting

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

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

Enhanced—self administration

In the spirit of quality improvement, NADA will be introducing enhancements to NADAbase administrator functionality in October 2022. This means NADAbase administrators will be able to:

- edit/delete/move episodes
- edit/delete/move completed client outcome measures (COMS) data from one episode to another
- edit/delete/move clients from one program to another

A new 'Data maintenance' tab will be available for Administrators which would allow them more control over their program data. Watch this space!

NADAbase plan of action 2022–2023

NADA held a member forum in March 2022 to help shape the future of NADAbase. With over 20 years of NMDS–AODTS data and over 10 years of COMS data, the forum served as a platform to showcase members' use of their data in service delivery, program evaluation, and benchmarking.

Work continues in support of NADA members regarding client data collection, collation, reporting and informing of quality client care. At the forum, NADA also collected feedback on what member data collection support should look like over the next 5 to 10 years. This, alongside consultations with stakeholders, IT systems support and the NADAbase team, guided the formation of the NADAbase plan of action. Download report [PDF].

NADA events

Register now

- **27 Sep:** Providing alcohol and other drug treatment in residential settings (Webinar)
- **4 Oct:** Performance outcomes virtual workshop
- **5 Oct:** Performance outcomes virtual workshop
- **3 Nov:** Working with women engaged in AOD treatment, and responding to domestic and family violence
- **14 Nov:** 2022 NADA annual general meeting

NADA network updates

NADA practice leadership group

Following the NPLG forum (8 June) which focused on resilience and innovation, the NPLG met in person in September. They sadly farewelled Paul Hardy and Yasmin Lese, and welcomed back Danielle Breeze from maternity leave.

During the September meeting, the NPLG contributed to consultation around clinical care standards resources, and participated in discussion of the next NADA strategic plan. There will also be increased representation from the NPLG at the ongoing Quality in Treatment meetings. The NPLG would also like to take this opportunity to acknowledge the incredible and worthwhile work the sector continues to do and has done through a challenging few years.

NADA is looking to fill vacancies on the NPLG and are seeking representation from diverse backgrounds (culturally and linguistically diverse, Aboriginal, gender and sexuality diverse, people with lived experience). Look out for more information in the coming weeks.

Women's clinical care network

Training was held for the network in early August on 'Understanding the NSW child protection system'. This training assisted AOD workers to engage with families involved with the child protection system or Children's Court, and build their understanding of legal and the Department of Community Justice (DCJ) processes. It was popularly requested by the network, and booked out due to demand.

Additionally, at the Women's Network meeting in July, Latha Nithyanandam presented on her work with women requiring AOD support at Kathleen York House. At the prior network meeting in June, Bianca Amoranto from Community Restorative Centre spoke about the benefits of AOD support that caters to women who've experienced incarceration.

To learn more about the network, and how to join, click here. The network meets bi-monthly, and is a space for women's AOD service providers to network, share resources and events, and talk about challenges they're tackling in their work.

Youth AOD services network

At the network meeting in July, Dylan Clay from WEAVE spoke about the Speak Out Dual Diagnosis program within the service, which assists young people with co-occurring mental health and substance use support needs. He also spoke about some excellent projects involving young people at WEAVE, including the What you Don't Hear podcast, a block party for Youth Week, and Mad Pride, an event celebrating the achievements of young people, held during Mental Health Month to shine a light on youth mental health issues.

The network is currently working to connect and support members who are delivering AOD education in schools.

You can learn more about the Youth Network, and how to join, here. The network meets every couple of months to connect, share information, provide updates on projects, and support each other to enhance AOD service provision for young people.

Community mental health, drug and alcohol research network

Receive guidance from the CMHDARN Research Ethics Consultation Committee (RECC)
CMHDARN seeks to encourage researchers to participate in a peer-review process focusing on ethical issues in order to promote ethical conduct in practice based research in mental health and AOD sectors. This process helps to improve the quality of research related to these sectors, which, in turn, makes the research more useful for CMHDARN's members.

The CMHDARN RECC has been established to provide ethical guidance to researchers and research participants. The RECC provides a researchers' forum for ongoing consultation and guidance in matters of ethics regarding human research enquiries within the mental health and AOD sectors.

How to apply

1. Read the CMHDARN RECC – Information for Applicants guide.
2. Complete the Request for Ethical Research Consultation or the Request for CMHDARN, NADA and/or MHCC Promotion form
3. Email it to the CMHDARN Coordinator.

For more information email the CMHDARN Research Network Coordinator or visit the RECC webpage.

CMHDARN innovation and evaluation grant
Would you like to demonstrate the impact of your service or program in the mental health and AOD sectors? Do you have innovative concepts that could lead to better outcomes for mental health and AOD service users?

MHCC and NADA members are invited to apply for the CMHDARN Innovation and Evaluation (I&E) grant. The I&E grant is intended to support organisations to undertake a project that focuses on innovation and/or evaluation in both the community managed/non-government mental health and AOD sectors and promote lived experience partnership in research.

The $20,000 grant will be funded from October 2022 to October 2023.

For more information, please read the applications guidelines. Click here to download the application form.

Applications close 14 October 2022.

Gender and sexuality diverse AOD worker network

The network recently held a forum entitled, 'Creating inclusive AOD services for gender and sexuality diverse people'. The event booked out, and the verbal feedback from the forum was outstanding. The event featured an introductory session on what the LGBTQ+ acronym is, and the specific issues LGBTQ+ communities face in the AOD context. The forum additionally included a workshop on what pronouns are, and how to use them correctly in an AOD setting. The event also featured a panel of women with trans experiences, who talked about blockages to inclusion in the AOD setting, and what AOD services could do to foster trans inclusion. Thank you to all who organised the forum and came along!

If you are a gender and/or sexuality diverse AOD worker, consider joining the network! The group meets bi-monthly to support GSD AOD workers, to network, share resources, and collaborate on new resources. You can learn more about the network, and how to join, here.

NADA practice leadership group

Meet a member

Michele Campbell — Group Manager Clinical Services NSW, Lives Lived Well

How long have you been working with your organisation? How long have you been a part of the NPLG?
I have worked with Lives Lived Well for 15 years and have been part of the NPLG since its inception. Prior to that I worked at St Vincents Hospital in the AOD units.

What has the NPLG been working on lately?
NPLG members are working closely with NADA in the planning of the 2023 NADA conference, and also working with NDRAG to inform the direction of future research. At the moment, we are also very focused on workplace wellbeing and workforce challenges in the AOD sector.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
These days it is around working with team leaders to improve practice outcomes and embedding evidence-based practice in all our programs. I manage day programs, community outreach, residential withdrawal and rehabilitation and women's residential services across Dubbo, Orange, Katoomba and Lithgow. I have an interest in workforce and leadership development, and developing stakeholder relationships.

What do you find works for you in terms of self care?
Time out during the day, pilates and yoga, table tennis, spending time with family, horses, dogs, cats and riding motorbikes. I also schedule regular breaks, even a day out can recharge.

What support can you offer to NADA members in terms of advice?
I can advise on information from a rural and remote service delivery perspective, withdrawal management, community and residential programs leadership development and project management.

Learn about NADA and our members

Advocacy highlights

Policy and submissions

- NADA released an issues paper on Challenges and opportunities for the non government alcohol and other drugs workforce [PDF] to highlight the critical issues facing the sector. Following this, NADA met with NSW Ministry of Health CAOD, DSS Community Grants Hub and Community Services and Health Industry Training Advisory Board to discuss highlighted strategies.
- NADA and NSW NGO Peaks wrote to NSW Treasurer and NSW Health Minister Hazzard calling for government to match wage increases and apply indexation to reflect real costs.
- AOD Peaks Network wrote to Minister Butler requesting a consistent approach to application of indexation. A letter was also sent the Department of Health, PHN Branch, on the inconsistencies between NSW PHNs providing indexation to commissioned NGOs.

Advocacy and representation

- Special Commission: NADA CEO was invited to write an OpEd for Croakey Health Media relating to the NSW Government's inaction; NADA, NUAA and a representative from the Chapter of Addiction Medicine met with the Secretary, NSW Department of Premier and Cabinet; and NADA met with the Member for Sydney, Alex Greenwich.
- NADA with the AOD Peaks Network met with Ged Kearney MP, Assistant Minister for Health and Aged Care, the Department of Health, PHN Branch and ATODS Branch, to discuss inconsistencies between PHNs providing indexation to commissioned services, as well as national AOD governance arrangements.
- NADA CEO and Aboriginal Program Manager have participated in a number of consultations for the National Indigenous Australians Agency regarding new funding that will be made available.
- NADA CEO attended the NSW NGO Closing the Gap Roundtable hosted by NCOSS and the NSW Minister for Indigenous Affairs.
- NADA continues to represent the sector with key stakeholders: NSW Ministry of Health, Department of Health, DSS Community Grants Hub, NCOSS, NUAA, AADC, DACRIN, AOD Peaks network, PHN AOD Network, CSH ITAB, NSW TAFE Industry Collaboration Reference Group, NCETA, ADF, The Matilda Centre, ACT Health.
- Ongoing meeting representation: NSW Ministry of Health COVID-19 Clinical Council, NGO CoP and AOD CoP. Stigma and Discrimination Steering Committee, NSW Ministry of Health AOD Quality in Treatment, Dubbo Residential Rehabilitation and Withdrawal Centre Project Team, NCOSS Health Equity Alliance, CMHDARN Operations Meeting and CMHDARN Reference Group Meeting, CESPHN AOD Advisory Committee.

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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Photo by Kris Ashpole