

Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 4: December 2024

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Purpose



NADA
network of alcohol and
other drugs agencies



CEO report

Dr Robert Stirling

NADA

As a for-purpose sector, we are driven to improve the lives of people. We come to work with our skills and experiences, with compassion, and a strong commitment to human rights and social justice.

NADA's purpose is to lead, strengthen and advocate for the NSW non-government AOD sector. Over the past 12 months, we have:

- **Led strong and impactful advocacy:** Representing members to both levels of government and positioned the NGO sector as an important stakeholder at the NSW Drug Summit. We have led or contributed to over 20 policy positions and submissions.
- **Strengthened AOD services and workforce:** We delivered events for both frontline workers and managers. We developed resources to support members to deliver quality and evidence-based services. We supported our member networks, or partnered with other member networks, to share practice wisdom and strengthen services for priority populations.
- **Promoted the impact of members and the AOD sector:** We improved our data systems so we can tell the story of sector outcomes, and supported members to use that data for reporting and tell their own story. We continued to work with members and their funders to streamline and reduce reporting burden, while also making reporting more meaningful. We have published in peer-reviewed journals and taken part in research relevant to the needs of members.

In this issue you'll also hear from NADA staff, board and members about their experiences of the NSW Drug Summit, both positive and negative. NADA was in a privileged position to provide advice to the NSW Government to inform the process and program on behalf of members. While some of that advice was taken, we know that many would have liked to have seen things done differently. But the success of the summit will be in the outcome that it delivers.

Along with the Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN), ACON, and NUAA, we have urged the NSW Government to appoint a Taskforce to carry forward the recommendations of the summit and co-design a whole-of-government strategy with representation from across the community and from people with lived and living experience. By working in partnership and collaboration, we have a chance to drive change.

At the conclusion of the summit, and as part of media, we have asserted that the NSW Government doesn't need to wait to increase funding to the sector. NADA has submitted a [Pre-Budget Submission](#) [PDF] to the NSW Government on behalf of members that asks:

- that the NSW Government increase funding to existing NSW NGO AOD services by an additional \$13 million each year for the next five years to increase the total quantum of recurrent funds to the sector to \$65 million by the fifth year. This is in addition to the projected cost escalation that is applied to NGOs each year by the NSW Government.
- consolidation of historic funding sources to existing funded NGOs into a single fund for the NSW NGO AOD sector (including, NSW Drug Package, Methamphetamine, Drug and Alcohol Treatment Services) to simplify contract arrangements and support workforce retention. This should include a commitment to fold the new investment from the Special Commission ('Ice') into that fund once evaluated.

So we end 2024 in a familiar place of waiting. Waiting for the summit report to be handed to the NSW Government, and its response. Waiting for the NSW Government to hand down its budget. Waiting for the report on the Australian Government *Inquiry into the health impacts of alcohol and other drugs in Australia*, and its response. Waiting to see if there will be a change of government after the federal election and what impact that will have on the inquiry.

That's a lot of waiting. However at the end of 2024, there is a glimmer of hope that we may get a government (or both levels) that has courage to deliver reform. The optimist in me sees that we could be on the edge of real change.

We want to thank members and those who work alongside them for their tireless efforts over 2024. It's been a challenging year. But a year that we have gone forth with purpose, adhering to our values, and committed to improving the lives of people across the NSW community. The NADA board and team wish you all a safe, restful and fun festive season.

STOP PRESS: [NSW to introduce pill testing trial at music festivals from early 2025 to combat harm.](#)

NADA Conference 2025

Strength in community

Building a brighter,
kinder future

5–6 June 2025, Sydney



Save the date

Join us at the **NADA Conference 2025**, to be held on **5–6 June** in Sydney. This conference will attract delegates from across NSW, the broader Australian alcohol and other drug treatment sector and other health and human services. Showcasing interventions designed to improve outcomes for clients, this event will inform with new ideas, engage with the evidence base and provide networking opportunities.

Abstracts are now open

NADA invites abstract submissions for oral presentations, workshops, symposium and poster presentations. This is an opportunity for you to showcase your innovative practice or research. Abstracts must be submitted online by **5pm Friday 7 February 2025**. No extensions to the deadline will be granted.

We encourage workers and services across all sectors to submit an abstract. Interactive and practice-focused sessions are encouraged to maximise opportunities for conference participants to exchange practice and experience. [Learn more.](#)

Keynote speakers



Taimalelagi Mataio Faafetai (Matt) Brown is a New Zealand born Samoan author and renowned communicator who works to eradicate domestic violence by supporting those who perpetrate violence, to heal. A survivor of family violence and childhood sexual abuse himself, he works to redefine society's view of masculinity. He hosts anti-violence support groups for men in a range of locations like barbershops, construction sites, and prisons.



Dr Tracy Westerman AM is a proud Nyamal woman from the Pilbara region of Western Australia and thought leader in Aboriginal mental health, suicide prevention and cultural competency. Her research, including the development of several psychometric tests, enable screening of Indigenous people for suicide and mental health risk and have had an impact across the world.

Stay up-to-date at nada.org.au/news

How does your wellbeing support your purpose



Erin Reberger
Team Leader
Mission Australia, Far West NSW



Aaron Beatus
National Manager
Grow

How did you come to work in the AOD sector?

I've worked in community services for over ten years across different sectors and have always been drawn to supporting people to reduce the harms related to their substance use. For the past five years, I've been working with Mission Australia. Initially, this was in the AOD CCC program. At the beginning of this year, I moved into the role of AOD team leader, supporting the AOD CCC team and our new service YADSS—Youth Alcohol and other Drugs Support Service. This has been an exciting challenge!

Why is this work important to you? I feel honoured to be able to walk alongside people as they navigate their recovery journeys. I never take for granted how privileged we are to be trusted with another person's life experiences and story. We're often working with clients who have likely experienced stigma and judgement from others in the community. Being able to give people a safe place, where they can be authentically themselves without the fear of judgement is one of the most important elements for me. Encouraging people to see the strengths they possess when they may have lost sight of them is my favourite part of what we do. With that comes the opportunity to advocate, ensuring every person we meet can access the supports they require, whatever they may be.

How does your wellbeing support your work? It's important that I take care of myself and my wellbeing, so I can stay resilient, create positive working environments, and ensure my productivity and quality of the support I provide remain at a high level. I love the quote, 'It's only when you have mastered the art of caring for yourself that you can truly care for others.' I'm not saying I've mastered this by any means, but it's a timely reminder that we must take care of ourselves so the people we support are receiving quality care.

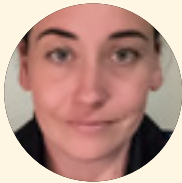
I spend lots of time in my garden; the colours, being outside and pottering is great to unwind. I would love to say exercise, but we might come back to that one in 2025—it's a work in progress.

How did you come to work in the AOD sector? I began my career as a carpenter, and in my early twenties, moved to London to work for a global construction company. A lot of hard work resulted in me becoming the Construction Director Asia. I oversaw large scale projects in Hong Kong, Singapore, Malaysia and China; for clients like Apple, Louis Vuitton, and Google. As I grew the business, the pressure increased immensely. I began drinking in the evening to help me sleep, and this progressed to drinking as soon as I woke up, to calm my nerves. I became depressed and suicidal. When my wife and I lost a child during pregnancy—I had a complete breakdown. I resigned, came back to Australia, and sought help via rehabilitation; I thought about what I wanted to do with the rest of my life.

I studied addiction and mental health to help other people who may find themselves in the same position I was in. I worked in a rehab as a support worker, and after a year applied for a position at Grow. I was quickly promoted to manager and then national manager overseeing Grow's residential rehabilitation centres across Australia.

Why is this work important to you? I am incredibly passionate about helping people overcome addiction and poor mental health. After what I went through, I can see how quickly addiction can creep up on someone, how painful life in active addiction can be, and how it can destroy lives. As Grow offers dual diagnosis rehabilitation, it's the perfect fit for me and allows me to help people who often get turned down from other services. I am now in a position in life where I am happy, I love my job and the people I work with, and I am dedicated to grow the business further to help as many people as we can.

How does your wellbeing support your work? My role is all encompassing, and being a huge empath it can be easy for me to 'take work home', however over the years I have learnt to switch off and decompress when I am not working. Meditation and swimming are a huge part of my daily routine which assists with my wellbeing and work/life balance.



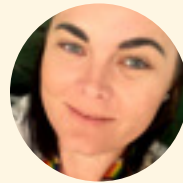
Nicole Spencer
AOD Counsellor
Aboriginal Community Housing

How did you come to work in the AOD sector? Growing up in Kempsey, I witnessed the impact of addiction on my family and community. Searching for a new life aged 18, I moved to Newcastle, got a job, then found out I was expecting a child of my own. A few months after my son was born, I became the guardian of my brother's two children, both aged five. They had been removed by the Department of Communities and Justice. I needed to break the cycle so they could have a brighter future. I decided to pursue a new career, so I studied community services at TAFE. When I finished, I applied for a job at WHOS-TC, where I worked for five years. Driven by a desire to make a difference in my own community, I returned home.

Why is this work important to you? I wanted to be part of the solution, helping people navigate their own journeys to recovery. Additionally, I am passionate about advocating for those who face discrimination due to their substance use. It's crucial for individuals to feel empowered to speak up against stigma and prejudice that can further isolate them on their path of recovery. My personal experience allows me to approach my work with empathy and a genuine understanding of the struggles many face. I wanted to support those that struggle to ask for help and for those that are too afraid to speak up.

How does your wellbeing support your work? Being in a field that often deals with complex emotions and challenging situations can be demanding, and I recognise that to effectively help others, I first need to take care of myself. When I prioritise my mental and emotional health, I am better equipped to approach my clients with empathy and compassion. Maintaining healthy balance allows me to be fully present and engaged, creating a safe space for individuals to share their stories and struggles. Knowing that I am grounded in my own wellbeing helps me to avoid burnout and feel more resilient in the face of the challenges that arise in this work.

I find that practicing self-care—whether through regular exercise, mindfulness, swimming at the beach or simply taking time to connect with loved ones—enhances my emotional resilience. These practices help me to recharge and process my experiences, allowing me to return to work with a renewed energy and perspective.



Jody Baker
Manager Clinical Services
Lives Lived Well, Coffs Harbour

How did you come to work in the AOD sector? As a TAFE student, I had dreams of becoming a stoma nurse. While studying for my Certificate IV in Community Services, I needed a placement before commencing nursing. The only placement available was in a AOD withdrawal unit. From the moment I stepped in, I was hooked! I fell in love with this incredible field and have never looked back.

Working at Lives Lived Well has given me the chance to work in different roles across various regions, helping me grow professionally and deepen my understanding of the AOD sector. In my current role as manager of the Coffs Harbour Youth Residential Service, I lead a team and support young people on their recovery journeys.

Why is this work important to you? Many of us know someone who has faced challenges related to substance use, and working with individuals in this area is truly inspiring. It's an immense privilege to support someone on their path to recovery. Helping people find a life free from substances, encouraging their healthy choices, and witnessing their bravery in embracing honesty is incredibly rewarding. Every day working at Lives Lived Well brings new and memorable experiences, and I wouldn't trade it for anything.

How does your wellbeing support your work? My favourite quote is, 'You can't pour from an empty cup!' By taking care of yourself—getting enough sleep, eating well, and taking breaks—ensures your cup stays full, allowing you to show up and share each day. This way, you're always ready to tackle any challenge at work with a smile and a burst of energy.

Taking photos that evoke feelings of grounding or inspiration really rejuvenates me. I also cherish spending time with my family and friends and walking in nature. I reflect daily on how lucky I am to have five wonderful children, a loving and supportive husband, and friends who inspire me.



Emily Deans
Manager Strategy and Design
Youth Solutions

How did you come to work in the AOD sector? I originally came from the gambling field, working with colleagues at Deakin University in Melbourne to spotlight the harm experienced among the community from gambling, and to advocate for tighter regulations around the marketing and promotion of gambling products. From here, I entered the non-profit field, as an opportunity presented to work with young people to educate, prevent and minimise the uptake of AOD. I have been working in the AOD sector for close to eight years, and have been humbled by the sector's compassion, resilience, and skill.

Why is this work important to you? Through my role at Youth Solutions I have had amazing opportunities to lead and conduct research with young people experiencing harm from AOD, including those accessing treatment support, to shape and design preventive programs. The AOD sector is highly collaborative, and I have been privileged to learn from amazing clinicians, social workers, and researchers, who are working consistently and persistently to prevent and minimise harm from AOD among the community.

How does your wellbeing support your work? I have a few things that keep me balanced and help me manage the competing demands of working in the AOD community services and research sectors. For me, exercise is a big part of staying well, including swimming laps, cycling and walking, which I try to do as often as I can. I love to listen to music and enjoy crafty/creative activities. Some downtime helps me too, which could look like making myself a latte and sitting down to enjoy it while reading a Frankie magazine. I would say I am an introvert, and I know need time by myself to reflect and make space for a clear head!



Kelly Fewtrell
AOD Senior Case Manager
Detour House

How did you come to work in the AOD sector? I began my work in the community services sector working with young people. I always had an interest in AOD and mental health, so I decided to study the subject. I was interested in society and the influence it plays with circumstance, family, stigma and so on. I wanted to learn more about those in addiction, their background and story and support them in getting sober.

Why is this work important to you? Every client is unique and has their own story to tell, I am always up for a challenge and am consistently researching and finding new evidence-based theories and skills to use. I love the advocacy part and giving education around addiction allowing clients to make fully informed decisions while teaching them new techniques and strategies to manage the challenges sobriety can bring.

How does your wellbeing support your work? What do you do to improve it? I receive clinical supervision once a month. I debrief daily with my coworkers. Outside of work I meditate, walk my dog, socialise and love to read Swedish crime stories. I feel that in this job we need to be able to switch off and not take our work home. By doing these things I feel more grounded and present and able to focus on each new day and what it brings. I love what I do. .



Rebecca Johnson
Assistant Manager
WHOS New Beginnings

How did you come to work in the AOD sector? I had always known that I wanted to help people who struggled with addiction issues. After being a participant in residential programs and seeing firsthand the impact this had on me, I wanted to pay it forward and try and help others going through the same struggle.

Why is this work important to you? It's important to me because I have understanding of the challenges faced by those struggling with addiction. This allows me to lead with compassion and empathy when providing support, treatment to those seeking help.

How does your wellbeing support your work? It helps to maintain ongoing support for those I work with. Through the years of working in the AOD field, I understand what I need to do for myself to maintain balance in my life and look after my emotional, physical, and mental aspects of my wellbeing. By taking care of my wellbeing this in turn supports the work I do by being more equipped to lead with compassion, gives me clarity around decision making and prioritising my day and also benefits me by enhancing my ability to support those I work with effectively, being able to connect with client's and the team I lead.

WE ASKED YOU



Dan Ward
Post Custodial Support Case Manager
The Buttery

How did you come to work in the AOD sector? I am a peer worker and I went through the Buttery Residential Rehab program in 2019. I have a background working in health, the criminal justice system and the NGO sector. This role was a natural progression.

Why is this work important to you? I tried for 20 years to sort things out myself. I didn't realise that there was a whole world of people going through the same thing. We can't do this alone and that is why I am passionate about this sector. I am also passionate about working with marginalised communities and helping people by building resilience and hope. The power of a peer helping another person through lived experience is unmeasurable.

How does your wellbeing support your work?

Maintaining clear boundaries and a healthy work-life balance is key, along with practicing gratitude and regular exercise to support my mental health. I have strong support networks and follow a solid recovery program from AOD. This clarity of mind has become one of my greatest strengths. I have learnt about myself and I understand what I need to do when I am out of balance.



Alison Farnham
Counsellor (Adults) Family Recovery
Program, CatholicCare Sydney

How did you come to work in the AOD sector? I took my student placement at Kedesh Rehabilitation Services Manly and was offered a position on completion. I worked in this space for around seven years. In April 2022, I started working in the Family Recovery Program. I have always had a desire to work with families, children, and adolescents, and felt that this was a step into this while using my experience in the AOD sector.

Why is this work important to you? AOD work in a family systems frame is important to me as it allows me to provide support to families impacted by another's substance use, gambling, and mental health issues. I believe the work I do helps in destigmatising addiction and gives families knowledge and skills to approach the problem differently. As the work is within the Family System, the impact is not only on the individuals who are supporting someone with addictions, but also on the person with the addiction. This is powerful and validating.

How does your wellbeing support your work? My wellbeing is important in supporting my work as it allows me to create space between the individual client stories and day-to-day life. It helps me in being an effective and present counsellor, so I can provide the clients with the best outcomes possible.

I have improved my wellbeing by having firm boundaries (especially when online/working from home), connecting with my family and friends, exercising and creativity. I love reading novels. I rest when I need. A shower to 'wash it off' helps! Routine and rituals.



Dennis Kaip
Clinical Director
Odyssey House NSW

How did you come to work in the AOD sector?

My journey of supporting individuals, families, and communities began well over two decades ago, and I have been fortunate that it has taken me across the globe.

Why is this work important to you? I see the ability to support those in need as a privilege, and I strive to do so through a person-centred, culturally, and trauma-informed lens. As a scientific practitioner, my commitment is grounded not only in my extensive experience, but also in validated and reliable research evidence. This forms the foundation of my passion for research, particularly its real-world applications in improving holistic care.

How does your wellbeing support your work? To manage the demands of our work, I focus on maintaining a healthy work-life balance. I enjoy exploring Australia's beautiful nature and regularly take part in sports, which helps me recharge both mentally and physically.

For my overall wellbeing, I take practices such as meditation and breathwork seriously, as they help me stay grounded and focused. Regular reflection through clinical supervision is equally important in processing experiences and challenges.

We know that clinical work combined with in-depth research can be both rewarding and, at times, isolating. This is why I prioritise connecting with peers and other experts in the field. These connections not only counter feelings of isolation, but they also help me maintain an open mind and ability to support others.

Thank you to all. We'd like to acknowledge Erin, who submitted her piece during Broken Hill's power blackout!

New resources

NADA LLE speakers guide

Living and lived experience (LLE) representatives play a vital role in sharing firsthand accounts of using or having used AOD and their experiences in accessing health, community and AOD treatment services. As the AOD sector spotlights the value of LLE and the peer workforce, LLE representatives are increasingly being called upon to speak at network events, in the media, planning, and policy meetings.

The NADA [LLE speakers guide](#) [PDF] provides recommendations and points for consideration to ensure that these engagements are empowering and meaningful and that the conditions around engagement are supported, organised, and considered.

Thank you to LLE representatives for their valuable contribution and the NADA Consumer Advisory group for their contribution and consultation in developing this guide.

AOD care charter

Reducing stigma for people who use or have used AOD is vital to improving their health and wellbeing. The new [Alcohol and Other Drugs Care Charter](#) [PDF] aims to reduce stigma and improve healthcare for people who use or have used AOD. It supports staff in reflecting on their practices and making changes to reduce stigma within the health system. While it can be promoted by anyone, it targets staff in health services whose core business is not AOD, such as Emergency Departments, mental health and maternity units or other community health services and general practitioners.

This charter was co-designed by the NSW Ministry of Health, NADA, NUAA, and ACI Alcohol and Other Drugs Network, people with lived experience and a range of healthcare professionals.



Strengthen your service with a NADA program, be supported in a network, and take advantage of the latest opportunities.

Visit www.nada.org.au/take-action





Robert



Antonia



Michele



Chris



Jennifer



Mei

WE ASKED NADA

What motivates you

NADA is staffed by a diverse group of individuals who collaborate to support you. Team members reflect on what brought them to NADA and the sector, and what keeps them engaged.

Robert Stirling, Chief Executive Officer

I came to the AOD sector because of the experiences in my own life, but stay because I immediately felt like I'd found my people (or 'tribe', as Margaret Hamilton says) and work that aligns with my values. It was the former CEO, Larry, that brought me to NADA after working on NGO policy at the Ministry. I've stayed so long because of the people and the incredible opportunities that working at NADA has afforded me.

Chris Keyes, Deputy Chief Executive Officer

What brought me to NADA is also what drives me every day—the opportunity to represent the dedicated and passionate people who make up the NGO AOD sector! I gain so much meaning and pride from the shared experiences of members as we work together for a strong and sustainable future. I also feel so lucky to work as part of an absolute dream team here at NADA!

Michele Campbell, Clinical Director

I aim to inspire people so that together we can support others to be the best possible version of themselves. We have an amazing team at NADA and it is a privilege to work within the AOD sector supporting services and staff to make a positive difference in people's lives.

Antonia Ravesi, Program Manager

Joining the NADA team is an opportunity to consolidate and expand my skills as an AOD clinician. Through this work, I meet incredible and memorable people, who allow me into their lives, their inner worlds and share with me their joys and their deepest pain. This is a privilege. My role at NADA connects me with the committed, resourceful, and amazing workers in the sector who constantly inspire me with their compassion and unconditional love.

Mei Lin Lee PhD, Senior Research Officer

Working here is very fulfilling as I get to learn new things every day. People amaze me. Human resilience, especially in the AOD sector, is one of the unspoken eighth wonders of the world. Of course, NADA is a great family to be a part of. Best part, if I mess up in NADabase, all I can see are red, squiggly lines in my code—meds do not run out of stock and patients are alive and well.

Jennifer Uzabeaga

Consumer Engagement Coordinator

I joined NADA to further my work in AOD and to use my living/lived experience to advocate for consumer voices on a broader scale. I enjoy seeing the AOD sector embrace and appreciate the value of living/lived experience, along with the incredible and passionate people who work in this sector.

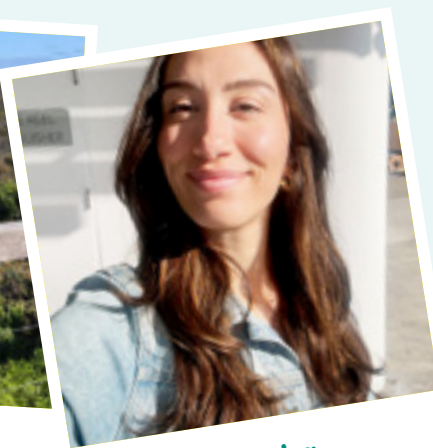
WE ASKED NADA



Maricar



Nathanael



Samantha



Sharon



Michelle



Majella



Amelia

Majella Fernando

While I am new to the AOD sector, I feel privileged to be given the opportunity to work at NADA, supporting NADA's NGO member services through networks and project coordination. My previous work experience was working for a red meat and livestock industry body, so this is different, but in a great way!

Samantha Toaouk

I joined NADA to apply my data analysis and project management skills in a more impactful setting, focusing on improving outcomes in the AOD sector. I stay because of the supportive team culture, where hard work is valued, ideas are heard, and employee wellbeing is prioritised.

Michelle Black

I was familiar with NADA from my previous work in the NGO AOD sector and was always impressed by its reputation. Working here has reinforced that impression—the staff are professional, dedicated, and aligned with NADA's caring and inclusive values. It's been a privilege to work at such an amazing organisation.

Sharon Lee

I started a project to navigate a career move. I explored issues in the Australian food system, and helped catalyse the fair food movement. I championed ecological farmers, trashed supermarkets, and shone the light on Corporate Food. Swap farmers for the AOD sector, my blog for the Advocate, and I made it! I promote health, and I am so proud to champion you! I'm here to make change.

Nathanael Curtis

What brought me here to NADA was a desire to get back into the AOD sector after having a time away from it. Being able to represent Aboriginal people, services, communities and my family is a real privilege. I hope to be able to make a real difference.

Maricar Navarro

I'm passionate about community-based NFPs and the health sector, and my experience with a peak body naturally led me to NADA. Supporting our team to empower our members is really inspiring. The AOD sector's agility, combined with the dedication of passionate colleagues, makes working at NADA incredibly rewarding and motivating.

Amelia Tawfik

I'm passionate about making a difference in the community sectors. Working for NADA offered the opportunity to support frontline services and contribute to meaningful change in the community, in my own way. I'm inspired by the dedicated professionals at NADA and all of their knowledge and experiences they have gained throughout their tenure within the industry.

We hope your festive season is both joyful and restorative! As 2024 comes to a close, we would like to thank you for making a difference in the lives of people seeking support. We also want to acknowledge those working on the frontline that continue to support people over this time.—Team NADA



NSW Drug Summit 2024

Over 400 people came together for the NSW Drug Summit to explore the best ways to address drug use harms and issues. The sector sought positive changes in funding, service co-ordination, policy and more. So, how did the summit go? By Sharon Lee and delegates (NADA staff, board, members and colleagues).

Save the date

In government opposition, NSW Labor made an election commitment to hold a drug summit in its first term. The 1999 summit had a significant impact on drug policy with many programs established continuing today. In March 2023, they came to power.

Months flew by with radio silence. Nonetheless, NADA released its [position paper](#) [PDF] to shape the summit. Our first point was for the government to centre it around the views and experiences of people most impacted—those with lived or living experience of drug use, and representation and meaningful consideration of priority populations.

By mid-2024 there was growing [concern](#). Surely, if the summit was to be held this year, they would have announced it by now. Is it on? I heard yes. I heard no. Will there even be a summit? We did wonder.

Mid-July 2024, the government [confirmed](#) the summit would be held over four days in regional NSW and Sydney. Two weeks later, they confirmed the Sydney dates.

What's the process? Who's invited? When is the regional summit? Where?

Meanwhile, NADA met with a wide range of parliamentarians, including the Health Minister, to [educate](#) [PDF] them about sector and promote our position. We engaged in [research to demonstrate sector outcomes](#) [PDF] and commissioned [research to document wait times](#) [PDF]. We developed a supplementary paper to provide [recommendations on funding](#) [PDF] and a [proposal for a drug education centre](#) [PDF].

Media reporting

By and large, reporting by the media was exemplary. They amplified concerns about the secretive nature of the proceedings, and key people and sectors not receiving invitations. They highlighted the [ruling out of decriminalisation](#) on the day of the parliamentary inquiry.

In the media, NADA and our members called for systemic reform and funding. [ABC 7.30](#) shone light on the length of AOD rehabilitation waitlists, particularly in rural locations.

NADA CEO Robert Stirling took part in both regional consultations. He gave [ABC News](#) the wrap up for the Griffith event (1 November) before travelling to Lismore (4 November). He provided feedback to the organisers to improve the Sydney proceedings.

'It was rushed. It was too engineered. It kept the discussion focused down a pre-determined pathway. It also lacked local (the southern part of regional NSW) input.'

—**Delegate**

[A number of times](#), the **NSW Government** re-announced ice commission funding. Yet most of these funds went to government services or new initiatives. Existing NADA member services are running threadbare.

As noted by **Professor Dan Howard SC, Commissioner of the Special Commission of Inquiry into the Drug 'Ice'** in his [brilliant opinion piece](#), the 'sector remains seriously under-resourced.' He highlighted the need for reform, resources, and a 'comprehensive, integrated, whole-of-government AOD policy.'

NSW Drug Summit 2024

continued

Sydney consultations, 4–5 December

[Watch the video recording](#)

Inspiring speeches

Delegates heard a range of perspectives from drug policy, drug trends, and lived/living experience. Veteran drug policy expert, **Dr Anne Madden AO, Executive Director of Harm Reduction Australia** gave frank advice: drug laws must be just, humane, and effective; and if they aren't, they need to be changed.

'I was pleased to hear that Premier Minns is on the public record as saying that he is open to hearing the hard things from the summit participants,' Madden said, referring to the Premier's opening speech. 'That nothing is off the table, as it were. So, to the Premier, to the Health Minister and other government members, I say, please honour that.'

She advised that a well-implemented drug decriminalisation policy needs to address the harms of 100 years of prohibition by shifting drugs to a regulated market. It requires social and cultural change, and investment in health and social services upfront.

The inclusion of **Ted Wheeler, Mayor of Portland, Oregon** was commonly viewed as an attempt by the organisers to quash calls for decriminalisation; a few years after Oregon decriminalised drugs, the law was repealed. Nevertheless, many took away key lessons on the importance of consideration and planning for implementation and adequate funding of AOD services.

['The message I heard was the importance of treatment infrastructure and capacity.'](#)—**Delegate**

Representatives from the **National Drug and Alcohol Research Centre** shared evidence and trends. **Associate Professor Amy Peacock** began with the age-old truth: overwhelmingly, it is tobacco and alcohol that drive mortality in NSW.

['I think alcohol should have been included more in the discussion.'](#)—**Delegate**

Peacock ended by describing the dynamic drug market; new emerging risks that are rapidly outpacing existing responses, and the significant challenges in responding to new psychoactive substances.

Q&A panel

'How might we address all of the issues we've talked about for Indigenous communities,' **Co-chair John Brogden** asked the panellists.

'I am feeling acutely aware that I'm sitting here as a white person, amongst white people here, and we've all mentioned Aboriginal and Torres Strait Islander people,' said **Professor Maree Teesson AC, Director of the Matilda Centre for Research in Mental Health and Substance Use**.

'First Nations people are over-represented in the criminal justice system, over-represented in prison and over-represented in treatment. The question we have to ask is, *why?*' said **Professor Alison Ritter AO, Director of the Drug Policy Modelling Program at the University of New South Wales**, referring to the systemic issues related to Australia's colonial history.

Three hours after the day's proceedings began, the organisers addressed the glaring oversight.

They issued a last-minute invitation to **Associate Professor Michael Doyle, University of Sydney** to join the stage. Doyle graciously accepted. How might we address the issues for First Nations people? He spoke to racial bias in police discretionary power in the application of the diversion schemes. 'We have a situation where non-Aboriginal people are more likely to be cautioned than Aboriginal people, and Aboriginal people more likely to be pursued during the court system,' he said. 'We need to change that.'

A standing ovation

Professor Dan Howard SC, Commissioner of the Special Commission of Inquiry into the Drug 'Ice' reminded delegates that most of the summit's discussions have already taken place in the [ice inquiry](#). It is action and implementation that was needed.

['His speech was appropriately blistering in its attack on the government for the disrespect shown in repeatedly asking people to tell their stories and doing nothing, in announcing decriminalisation was off the table during the summit, in using a politician to attack the evidence of decriminalisation when the Royal Australasian College of Physicians \[states it has sufficient evidence and recommends it.\]\(#\)'](#)—**Delegate**

Mary Harrod, CEO of NSW Users and AIDS Association (NUAA) shared her own powerful story of stigma, and that of a peer worker. There were decades between the two encounters, yet the judgement was the same. 'Stigma is the cement that keeps everything locked in place. It's the thing that enables us to keep persisting in getting lots of evidence, but not actually acting on it,' said **Megan Moses**.

NSW Drug Summit 2024

continued

Revolt in the breakout

The breakout discussions centred on five themes: health promotion and wellbeing; equity, respect and inclusion; safety and justice; keeping young people safe and supporting families; and integrated support and social services. A panel of experts provided advice, and session chairs captured the ideas and had the group prioritise issues and solutions.

Day one

Delegates chose two sessions to attend—however, some found their choices were not heeded. Nevertheless, they took part in robust discussions on engagement, service delivery, policy and funding changes that are required.

'I was told, "We're not going to deal with decriminalisation here, that's going to happen in another room."—**Delegate**

Despite the Premier saying that decriminalisation was off the table, despite the intent behind the inclusion of the Oregon Mayor, despite attempts to herd the conversation like cattle in a run—many of the sessions called for decriminalisation.

Overnight, the organisers scribed information from the day's sessions, and synthesized them with the rural consultations, and findings from the written submissions.

Day two

Delegates returned to a session theme, to weigh up its top 20 priorities. The *Equity, respect, and inclusion* group had discussed a wide range of ideas and suggestions the day before, for example:

'We heard that Indigenous leadership is essential from the top and at every level across the sector—including in the Ministry, the Minister's Office, and service providers, with transparent accountability measures to the many First Nations communities in NSW. We also heard from CALD community members calling for greater representation and investment into collating data, to drive community-led programs.'—**Delegate**

Yet these and many other perspectives were not accurately reflected in the top 20 priorities. Many recommendations were in contrast to common delegate opinion, leaving them questioning how these were compiled. Some also felt the nuance had been lost and specific recommendations were sanitised into generic versions. The group could not support *any* of the recommendations.

'The discussion then shifted to the forced direction of the drug summit.'—**Delegate**

Reporting back

The chair and one representative from each key theme reported back the top five priorities to the main plenary; many called for decriminalisation.

Several representatives from the *Equity, respect, and inclusion* session took to the stage. 'We did have this robust conversation, and we feel that we haven't been included in the way should have been in this summit. We feel that it wasn't done in a way whereby we felt safe in order to express directly what we wanted to express. We felt that the way in which some of the recommendations were written up lost the meaning of what it was that we were wanting to say,' **Doyle** explained.

He called for a summit for First Nations people that did not only talk about drugs, but also other related issues, including criminal justice and child protection. This would have Aboriginal people talking *directly* to government, and not through a 'filter'. Next, **Raechel Wallace, Aboriginal Program Manager, NADA**, called for a First Nations AOD strategy, as the population making up one in four people in treatment should not be reduced to a few pages in a mainstream strategy.

'They spoke about the personal and systemic impacts of these oversights. First Nations people in the room admitted being traumatised by the summit proceedings and there was anger and disgust that organisers had not sufficiently considered the input of people, including First Nations people, CALD communities, LGBTQIA+ people, young people, and people with lived and living experience in the summit design. Representatives of these groups felt even more marginalised.'—**Delegate**

Shawnee Rose called for accountability and transparency for the summit outcomes. 'This may be just legalisation for the government, but these policies will be affecting our lives every day,' they implored.

Co-chair Carmel Tebbutt noted a few people from this group will receive an invitation for further engagement. The co-chairs are now tasked to accurately and faithfully transmit all the recommendations from the consultations from Sydney, Lismore and Griffith. They will submit the report to the government, which will make the report public and report back in a timely manner.

NSW Drug Summit 2024

continued

Suggestions for improvement

1. Organise the summit during a sitting week for Parliament.
2. Co-design with communities from priority populations: First Nations people, CALD community, gender and sexuality diverse communities, women and children, young people, and people with lived and living experience.
3. Improve timing, for example, do not hold a summit just prior to Christmas.
4. If you want to show a negative case study, balance it with a positive one.
5. Involve the Centre for Alcohol and Other Drugs more in the planning.
6. Be respectful with your use of language. One of the speakers used phrases better suited to a gossip magazine; this was a deliberate choice.
7. Ensure separate consultations and submissions are delineated.

—Kevin Street, NADA Consumer Advisory Group

Urgent action needed following drug summit

The next day, NADA issued a [joint statement](#) with the Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN), ACON, and NUAA.

We call on the NSW Government to:

- develop an evidence-based whole-of-government strategy on AOD, with goals to reduce drug-related harm, with action and investment across the continuum of care
- increase funding for existing NGO AOD services, and to commit to funds in the next budget

Delegate highlights

- A clearly united sector in favour of progressive change.
- Witnessing the power and resilience of people with lived and living speaking truth to power. Their voices demanded attention and respect.
- Speeches from Dan Howard, Mary Harrod, Annie Madden and Megan Moses.
- Leaders in the field of research and policy were inspiring and gave excellent context to the proceedings.

Delegate lowlights

- Not enough people sharing a lived and living experience at the table.
- Seeing marginalised people come with high hopes and leaving feeling deflated and angry at the process.
- People being overlooked e.g., First Nations people, women and children.
- Hearing that decriminalisation was off the table.

- appoint a Taskforce to carry forward the recommendations of the summit (*below*) and co-design the strategy with representation from across the community and from people with lived and living experience.

In addition to the strategy, summit participants prioritised:

- immediate increased investment in services so that everyone looking for help can get an appropriate service in a timely manner. This included prevention, early intervention, treatment and harm reduction
- expanding and supporting the peer workforce, including the Aboriginal peer workforce
- support for harm reduction including the expansion of peer-led services, the introduction of drug checking services and allowing more supervised injecting facilities
- decriminalisation of possession of drugs for personal use and a reform of diversion programs
- review of approaches to policing at festivals and immediate cessation of strip searches related to drug possession
- strategies to reduce the stigma faced by people who use drugs and their families
- improve cross-sector partnerships across health, justice and social services
- address barriers to accessing housing.

Success will come from a response marked by partnership and collaboration among government, NGOs, health services, researchers and people with lived or living experiences of AOD use, their families and diverse communities. We stand ready to work with government.

What do you hope to see?

- A summit report and recommendations that accurately reflects the views of participants—with a strong call to action which the government will heed—particularly around drug checking and decriminalisation.
- The removal of restrictions on supervised injecting centre licenses by April 2025 and improvements to the Early Drug Diversion Initiative by the first half of 2025.
- Funding announcements post co-chair report.
- A review of how we provide AOD services in NSW; that the services are based on best practice and outcomes.
- Services funded appropriately so clients can have all their needs met in one service.
- Change so we don't have another drug summit in 25 years' time talking about the same things. I hope we don't need another drug summit at all.

Thank you delegates for taking time to share your reflections.

Building a stronger future for the sector

The newly released NSW Alcohol and Other Drugs (AOD) Workforce Strategy 2024–2032 was developed with the goal of creating a skilled, diverse, and resilient workforce. Chris Keyes (NADA) and Lexie Buckfield (Ministry of Health) outline current and upcoming projects to support workforce growth.

The [NSW AOD Workforce Strategy 2024–2032](#) has officially been released, marking a significant milestone for our sector. Developed with the goal of creating a skilled, diverse, and resilient workforce, the strategy aims to ensure that AOD professionals are well-equipped, engaged, and supported in delivering high-quality, person-centred care across the state.

Extensive consultation and data-driven approach

The strategy is the result of extensive consultation between June 2022 and June 2024, involving key informant interviews, focus groups, and drafts for comment. NSW Health, working closely with NADA and the NGO sector, gathered insights from frontline workers, service providers, and community advocates, capturing the key themes in a consultation report. These contributions shaped the strategy to address the needs of the whole AOD workforce.

This strategy was informed by the inaugural NSW AOD Workforce Census, with a report on the findings published in September 2023. The census captured baseline data for the AOD workforce, including size, distribution, roles, gaps and vacancy rates as of 30 September 2022. The census highlighted that the NGO sector employs 43% of the AOD workforce, with a full time equivalent of 980 positions. The census will be repeated periodically to measure progress and ensure the strategy remains aligned with workforce needs.

Current and upcoming projects to support workforce growth

To support the objectives outlined in the strategy, several key projects are planned or already underway. These initiatives address critical workforce priorities identified through consultations with the sector, particularly the need for clear career pathways and the development of a workforce that reflects the diversity of the community, including Aboriginal

and lived and living experience (LLE) workforces. The following professional development opportunities have been funded to date, for up to four financial years: Alcohol and Other Drugs Certificate IV, delivered by the Aboriginal Health and Medical Research Council

- Exploration of new and/or existing accredited and non-accredited training options for the lived and living experience workforce.
- Delivery of ConnectEd through NUAA, providing workforce development training, support and peer supervision to the lived and living experience workforce.
- AOD Skillset delivered by TAFE NSW to new and recent sector entrants.
- Diploma in Leadership and Management for new and future NGO managers, delivered through Centre for Community Welfare Training.
- State-wide delivery of accredited capability development through Centre for Community Welfare Training across areas of identified need (Complex case management, Mental Health First Aid, Complex Trauma and Mental Health, Motivational Interviewing, Acceptance and Commitment Therapy).
- State-wide accredited graduate, individual, group and advanced supervision training delivered by The Australian Association of Social Workers.
- Individual training, and train-the-trainer sessions will be delivered state-wide for people to build dual diagnosis capabilities by the Matilda Centre. Quarterly Project Echo sessions will facilitate collaboration and learning between the mental health and AOD workforces.
- Development, piloting and evaluation of a co-designed one-day AOD education program for health professionals working in AOD and other health services, to be developed and delivered by peers and clinicians and led by Western Sydney University.

Building a stronger future for the sector

continued

It has been exciting to already be seeing a number of important workforce impacts in response to some of the above initiatives:

Fifty team leaders and managers have been trained in the Diploma of Leadership and Management, having their experience validated and benefiting from the option to learn and share with peers.

'It was great being in a room full of other leaders from other organisations. You hear a lot of different perspectives, different lessons learned from them.'

The success of this initial program has now led to an expansion of this program to a further 50 participants which will commence in the new year. The Alcohol and Other Drugs Skill Set, delivered in partnership with TAFE NSW, has now benefited over 80 NGO workers who are new to AOD. This program will be available to the AOD sector over the next three years, with inclusion of a supported self-paced training option.

'I just wanted to say thank you for providing me with this great opportunity. It's really hit the mark for me professionally and I think it's going to make a big difference in the way I practice.'

NADA also recently commenced an exciting partnership with MHCC and NUAA to contribute to the development of an LLE qualification, through a pilot project with 20 LLE workers. This will contextualise a component of the existing mental health peer qualification, deliver to 20 participants and share the evaluation to support national qualification development.

Further details on accessing training opportunities for the NGO sector will be shared through NADA publications.

Attracting new talent: Employee value proposition and recruitment campaign

To attract and retain talent, an Employee Value Proposition (EVP) has been designed for the AOD sector, by the sector.

The EVP highlights the sector's commitment to meaningful work, professional growth, supportive environments, and the opportunity to make a lasting impact on individuals and communities. It is a series of statements and insights, designed to complement existing organisational value statements. It can assist organisations in providing a clear, unified narrative that can be used in job advertisements, onboarding processes, and employee engagement initiatives. By aligning organisational messaging with sector-wide values, the EVP helps attract people who are

motivated by purpose-driven work, fosters a shared vision amongst staff, and supports the retention of employees by reinforcing the importance of their contributions to both the organisation and the broader community.

These statements and narrative was generated and shaped by focus groups with representatives working in a variety of roles across the sector, and with guidance from a sector wide advisory group.

Thank you to NADA members and people with LLE who generously gave their time to this process. The resulting EVP summary statement for the AOD sector is:

'Be part of the vibrant and professional team working to improve the health of our communities.'

NSW Health and NADA are now developing video-based recruitment campaigns, set for release in February 2025, to showcase the unique rewards and opportunities of working within the AOD sector. These campaigns target new talent while also reinforcing the sector's commitment to a skilled, supported, and well-resourced workforce.

Informed by learning from the workforce census, this was an opportunity to consider the roles that would benefit most from being featured and to showcase dedicated and passionate workers across the state. These roles included caseworkers, identified LLE and Aboriginal positions in various program settings. NADA and the film crew worked collaboratively with workers in Orange, in regional NSW as well as Sydney based sites, to develop dynamic and inspiring film and photography. It was a privilege to work with those involved, who openly shared what connects them to their work and maintains their passion for supporting our community.

A collaborative path forward

NSW Health extends its sincere gratitude to NADA and the NGO sector for their generosity of time, expertise and experience in conducting the Workforce Census and developing the strategy. The partnership between NSW Health and NADA ensured that the voices of frontline workers, service providers, and community advocates were integral in identifying the workforce's needs and aspirations.

The NSW AOD Workforce Strategy is a testament to the power of collaboration and shared vision. By working together, we can strengthen the sector, ensure a sustainable workforce, and, ultimately, improve outcomes for those affected by AOD across the state.



A relationship with risk

Antonia Ravesi (NADA) explores the ambiguous space between the perception of risk by the organisation, clinician and client, and posits that engaging with risk will help us to navigate this space together.

Stevie was referred by their GP to an AOD service for cannabis dependence. Stevie smokes cannabis daily, ever since they were seriously assaulted 15 years ago. The assault left them with long-term pain issues and other active trauma symptoms such as flashbacks and anxiety.

Of greatest concern to Stevie is the persistent suicidal thoughts which they say cannabis supports them to control. Stevie's GP is primarily concerned about injury to their lungs and the risk of contact with police. Stevie tells you that when they last stopped smoking for six months, they were hospitalised for suicide attempts on five occasions, experienced panic attacks and had to give up their part-time job as they were unable to cope with people and the noisy work environment. For Stevie, while the health risks are undeniable and concerns about criminality are legitimate, cannabis plays a protective role for Stevie.

This story highlights the different perceptions of risk and the importance of working with people where they are at.

People are at their best when their basic needs are met, when they are provided with opportunities for connection and belonging, and are supported to make choices that determine their own decisions. It is through trust, transparency and collaborative decision-making that we mitigate immediate risk.

Organisational risk management provides the foundation and the overlay to therapeutic interventions. Organisations have the capacity to absorb risk when staff are confident, skilled and the task of defining, or possibly redefining

risk, is shared across the team, and with the client. Service cultures that encourage robust conversations, reflection and a holistic understanding of risk open the door to meaningful client participation.

To learn more about this, we will delve into two different types of risk, and the ambiguous space in between.

Organisational risk

Organisations must ensure worker and client safety and protect the service reputation. This level of risk management uses specific language and works on systems and processes that protect against potential threats and harms.

Risk management plans are usually implemented for specific activities that carry likely or almost certain risk which are inherent in working with our clients. The plans provide specific guidance to staff in managing concerns that are likely to arise when providing direct client services.

Organisations need to set clear expectations for workers on the frontline. To mitigate risk, the worker's responsibility is to assess, identify, respond and document the risk. Sometimes there is tension between the delivery of organisational responsibilities and the provision of therapeutic opportunities.

There is a delicate balance between managing reasonable risk and becoming hypervigilant for organisations and their workers. Continuous quality improvement and review of perceived risk is required with the changing needs of clients presenting to services.

A relationship with risk

continued

Therapeutic risk

The therapeutic view of risk is seen from a broader perspective. Risk is not seen as the opposite of safety, taking risks can create possibilities and opportunities for a deepening of the therapeutic work and a strengthening of the connection. Responding to risk requires complex decision making, reflection and skills. It can take some time to shift and reshape perspectives. Being aware of our own cognitive biases around risk and how they may impact interactions with people is important.

A comprehensive assessment of risk includes consideration of risks posed by people to themselves or others.

Principles of therapeutic risk management

- Collaboration with clients as active participants in their assessment and safety planning
- A risk assessment is an integral part a person's comprehensive assessment and care plan
- Informed choice is always provided, even when the options may not be palatable
- Works from a strengths-based approach
- Positive risk provides the opportunity for learning while minimising potential harmful consequences.

'There can be no vulnerability without risk, there can be no community without vulnerability.'

Morgan Scott Peck

Whose risk is it anyway?

To develop a clear understanding of the difference between what is organisational risk versus the right of clients to choice and autonomy; we need to step into the space where these two intentions meet.

When organisations have rigid risk management procedures it can communicate a lack of confidence in staff to navigate this divide. Allowing more opportunities for staff to be part of the decision making process—by providing a psychologically safe environment for both staff and clients to approach this in a more individualised way—can lead to a better outcome for groups of people who are assessed as 'unsuitable', 'too risky' and 'too complex.' Thus, giving them more opportunities to receive treatment that is right for them.

In the AOD sector, working alongside risk is inevitable. Risk management processes and mitigation provide a scaffold; a framework to guide decision making. Shouldering up to risk takes conscious teamwork between staff, managers, the boards of organisations and a commitment to cross-sector and service collaborations that share the care and the risk. It takes proactive invitations to clients to be part of the process and encourages us to draw on broader applications than the standard harm minimisation messages.

Risk management is in the relationship

The AOD sector has the experience and the capacity to develop networks and expansive spaces to hold and engage with positive risk. Inclusive, respectful mitigation relies on contributions of all involved; it is a sharing rather than a handing over; it is a humanising of our relationship with risk. It ensures that our services are progressive and safe places, where people are fully welcomed.

Factors supporting retention of Aboriginal health and wellbeing staff in Aboriginal health services

A comprehensive review of the literature

Sara Deroy and Heike Schutze (University of Wollongong)

Aboriginal Community Controlled Health Services (ACCHS) deliver culturally safe, holistic services for First Nations peoples. Aboriginal health and wellbeing staff are crucial for the successful delivery of this care. However, workers are often affected by high rates of stress and burnout and staff turnover. Researchers undertook a literature review to identify organisational factors that support their retention.

Top 5 tips

Feeling culturally safe and secure within the workplace

Workplaces should allow Aboriginal health and wellbeing staff to confidently and safely walk as both an Aboriginal person and as a health professional. There is a lack of recognition for their abilities to bring local community knowledge into their everyday work, which enables them to bridge communication gaps between community members and health workers. Cultural mentoring and cultural awareness training are vital to increase awareness of cultural differences and provide cultural guidance.

Teamwork and collaboration Partnerships between Aboriginal health and wellbeing staff and non-Aboriginal health professionals have been highlighted as crucial. Additionally, in rural and remote areas with high Aboriginal populations, teamwork and collaboration were critical to reduce feelings of isolation and to create support networks. Internal and external collaboration assist staff to provide more comprehensive care to clients and build networks with other staff and other service providers.

Supervision and strong managerial leadership and support from peers (to debrief, reflect, receive emotional support and strengthen coping mechanisms) Supervision can contribute to improving workplace wellbeing and job satisfaction, and in-turn have positive effects on length of employment. Internal supervision at the workplace contribute to developing a strong, supportive relationship with a supervisor. External

supervision with a counsellor offers staff a safe and confidential environment to talk about the workplace. Other suggested methods of supervision include self-evaluation, narrative supervision, peer supervision, and cultural supervision.

Professional development (the opportunity for skill development and role progression) Aboriginal health and wellbeing staff identified the importance of furthering their education, training and skills. This enhances their sense of job satisfaction, opens opportunities for career progression and improves staff retention.

Recognition (of workload, quality of work performed, being trusted to work autonomously, and financial remuneration that reflected the high pressure of the role) Recognition of the skills and strengths that staff bring to their role increases Aboriginal health and wellbeing staffs' sense of self-worth and meaningful contribution to the organisation. A clear understanding of job roles and responsibilities can help provide greater confidence in performing duties, while recognition of work done helps promote high job satisfaction, both which lead to improved staff retention. Aboriginal alcohol and other drug workers in Australia identified changes in pay, staffing, shift and employment flexibility conditions positively influenced rates of retention within organisations.

In conclusion, state and federal governments should consider formalising recognition of the significant cultural knowledge that Aboriginal health and wellbeing staff bring to their roles. This could pave the way to revise remuneration as well as ensure adequate support mechanisms are put in place to improve the wellbeing and retention of Aboriginal health and wellbeing staff, ultimately improving the health and wellbeing of their communities.

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Purposeful leadership and worker wellbeing

Michele Campbell

NADA

Life is complicated and the demands on people's time can fluctuate and impact their performance at work. Knowing when your own cup is full and how to address it is important, so too is making sure your staff are well.

Staff in our sector are dedicated, often going above and beyond in their desire to do a good job. We need to look after them to ensure they can remain in the sector where they can continue to learn and grow. The work is rewarding and needs to be balanced in their life to ensure longevity in their chosen career.

If you notice someone is a bit short, irritable or demonstrating heightened sensitivity, something may be going on. There are physical, mental and emotional symptoms of burnout that can be recognised by tuning in to people. Other symptoms include forgetfulness and difficulty concentrating, missing deadlines, lethargy, increased personal leave, and apathy.

Approximately 4-7% (1) of the general workforce may be affected by burnout, and in our sector that could be much higher (2).

What might be helpful?

- Understanding the cause—it may not be work-related. Speak to your people and listen to understand, do not make assumptions. Let them know you are available and be approachable.
- Be an advocate for them—push back on workloads, make time for thinking and reflection, give them time-out or flexible schedules. Do activities as a team, such as going for a walk and talk.
- Provide relevant resources to support depending on their needs, not just a referral to the Employee Assistance Program, or telling them to do yoga or have a bath.
- Tune into your team, are all voices being heard? Have some gone quiet or withdrawn? Self-reflection exercises can help this process.

- Connect at a personal level and have empathy; people face challenges many of which may be unknown to you and their teammates, the safer they feel the more likely they will ask for help sooner.
- As a leader, set the example. Unless your hours are flexible, keep to your boundaries, for example, do not send emails after-hours. Make sure the boundaries you set are the boundaries you expect from your team.
- Take time off when you need to or want to. We often hear 'it can be lonely at the top', recognise when you need time out and take it. Sometimes it is hard managing people when there are competing demands, and you need to look after them as well as yourself. Seek likeminded peers for support and reflection.

Remember, you are human too and there are days when you will feel tired and stressed, it is okay to be vulnerable and share that when it is productive to do so.

Work-life balance is not about how many hours you work, rather about being in sync with your purpose across your life. Unless you are aligned in all aspects of your life (work taking up a large part of it) everything will seem a lot harder.

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'We specialise in harm reduction...'

By Dr Suzie Hudson, Clinical Advisor and Josie Smith, Project Officer Harm Reduction

Traditional approaches to AOD treatment often emphasise the dangers associated with substance use. This creates a fear-based discourse that can stigmatise people who use AOD, inhibiting them from seeking help when they need it most. By reframing the conversation from risk alone (AOD Clinical Care Standard 4) to a harm reduction approach, we can create a more supportive, effective and compassionate environment for our community.

Understanding the shift

Harm reduction prioritises the minimising of negative health and social outcomes associated with substance use rather than total abstinence as the goal. This paradigm acknowledges that while some individuals may choose to abstain, others may not. Harm reduction empowers people to take control of their substance use and reduce the related harms—such as overdose, disease transmission and social stigma. This can be extended to other risks experienced by people, including domestic violence or suicidal ideation. Drawing on personal experiences of mitigating risk, however small, can foster a sense of agency and acknowledges a person's expertise when it comes to managing their own experiences of risk.

Supporting the shift

This shift requires us to ask how a person may have managed, or is actively managing, their experiences of risk and how we can help them to grow these strategies. The invitation is not to ignore the potential seriousness of risk, but rather to focus on mitigating them, and involving a person's own strategies in the process. This can involve asking questions like:

'What has worked in the past to keep you safe from overdose when injecting heroin?'

'What plans can we put in place now to ensure you are safe?'

'Let's explore what we at this service can do to ensure you and your children are safe. What do you think might be most helpful?'

To further support this shift, we can share information about resources, provide psychoeducation, and identify additional supports in their community. We can also emphasise the importance of connections. Strong support networks encouraging open communication about safety concerns fosters an environment where individuals feel enabled to seek support.

By focusing on empowerment, education and community engagement, we can cultivate a culture where people feel equipped to manage risks rather than being defined by them.

Key inclusion for the harm reduction toolkit Take home naloxone

The provision of Naloxone is a welcome addition to all home first aid kits and one that all AOD treatment providers can get involved with. NSW Health has now enabled any first aid trained or THN credentialed worker to administer naloxone if they witness a suspected overdose at work. A new legal authority was created to allow this.

For NGO and private services that deliver the NSW THN program, THN credentialed workers can access the free Nyxoid® or Prenoxad® stock on site if they need to administer naloxone in response to a suspected opioid overdose.

The new legal authority extends to settings that are not participating or are not eligible to participate in the THN program. In these settings first aid trained workers can collect Nyxoid® for free from a [participating community pharmacy](#) to carry while at work or to store in the workplace's first aid kit.

NSW Health continues to encourage participating services to supply additional units of naloxone upon client request. Services should record these as an additional THN intervention in the PPA portal.

For more information on the take home naloxone program visit the [NSW Health website](#) or contact moh-naloxone@health.nsw.gov.au

Member profile

Brown Nurses

Service overview

Brown Nurses is a nurse-led, non-government, not-for-profit professional community nursing organisation providing in-home community based care, advocacy and support to disadvantaged and marginalised people in inner city Sydney.

The service began over 110 years ago under the pioneering work of Our Lady's Nurses for the Poor which was co-founded in 1913 by Eileen O'Connor and Father Edward (Ted) McGrath. The sisters that cared for community members became affectionately known as the 'Brown Nurses', recognisable by their traditional brown cloaks and bonnets. The service went into the local community to offer physical, emotional, and practical support. Today, this legacy continues as the Brown Nurses, and the service remains dedicated to its original mission under Our Lady's Nurses for The Poor—providing holistic care and partnering with isolated, marginalised, and vulnerable clients to restore their dignity and self-worth. The Brown Nurses advocate for better health services, to build trust, and offer hope and compassion to those in need.

Our clients

Our nursing care is person-centred, evidence based, collaborative, compassionate and driven by a sense of purpose. We provide in-home care and support to disadvantaged and marginalised people, many who are living with chronic physical and mental health conditions, are isolated and at risk of homelessness and have difficulty in accessing mainstream services. The Brown Nurses support clients to maintain independence and remain connected to local community and health services through advocacy and psychosocial support.

Our staff

Our team of registered nurses, clinical nurse specialists, clinical nurse consultant and health service managers come from a range of clinical backgrounds with a depth and breadth of relevant clinical experience. We embrace individuals with diverse backgrounds and expertise and offer clear professional development pathways within primary health care, AOD and mental health nursing.

Our nurses work in partnership with clients to collaboratively address their healthcare goals including, chronic and complex health conditions, cultural and social care needs.



Practicing within the Brown Nurses Model of Care (MoC), our team provides comprehensive, best-practice nursing care, assessment, care planning, and care coordination. This approach supports clients in maintaining their health and well-being whilst aiming to prevent unplanned hospital admissions.

The Brown Nurses are governed by an independent board of highly-qualified professionals with a wealth of experience in healthcare, management, communications, finance and corporate governance.

Service highlights

- Nurse-led Model of Care
- Care coordination and health navigation
- Holistic and person-centred care
- Collaboration with community organisations and mainstream services (including drug and alcohol and community mental health services)
- Skilled nursing workforce
- Open-ended and flexible service—spending time with clients

Brown Nurses

Po Box 756, Broadway, NSW, 2007

Phone: 02 9578 6466

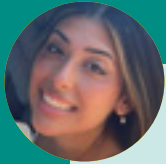
Email: brownnurses@brownnurses.org.au

Website: www.brownnurses.org.au



Profile

NADA staff member



Amelia Tawfik
Project Support Officer

How long have you been associated with NADA?

I joined NADA a month ago and have eagerly embraced this dynamic community. It's been a fast-paced journey of learning and growth.

What experience do you bring to NADA?

I have a solid background in planning and administration, especially in grant management, complemented by practical experience in office management and event coordination. My unique perspective, influenced by my family violence background, fuels my dedication to creating a positive impact in our sector. With a versatile skill set, I aim to contribute in any way I can.

What activities are you working on at the moment?

I've been busy organizing several important events, including the Aboriginal cultural awareness workshops, the Safe Men, Safe Communities event, and the upcoming NADA Conference 2025! I also support a few networks as the secretariat, which keeps me immersed and helps me connect with our incredible community.

What is the most interesting part of your role? The most exciting aspect is diving into the AOD space and exploring the diverse initiatives at NADA. Each day offers fresh insights and exciting opportunities to contribute and learn.

What else are you currently involved in?

Outside of work, I'm an avid reader with a passion for uncovering classic literary finds. I'm also a self-proclaimed foodie. In my spare time, I enjoy rewatching the same shows I've seen a thousand times and planning my upcoming trip to Japan over Christmas, which I'm very excited about!

A day in the life of...

Sector worker profile



Mark Henson Education and Outreach
Oakdene House

How long have you been working with your organisation?

I've been with Oakdene House since its early days in 2012. It's certainly been a rewarding journey.

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

My journey started in 1996 when I checked into the long term residential program at William Booth House. This experience shaped my future and inspired me to help others. I later transitioned into a counselling role and eventually joined forces with Anthony Sobb, who I'd met years prior, when Oakdene House was newly established.

What does an average work day involve for you?

My days are varied, but typically they involve facilitating groups, providing counselling, supervising staff and supporting clients. I'm constantly engaged in helping people navigate their recovery journeys.

What is the best thing about your job?

The most rewarding aspect is witnessing the transformative power of recovery. Seeing people rebuild their lives is truly inspiring.

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

Improved collaboration between services would streamline the referral process and make it easier for people to access the help they need.

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

I prioritise outdoor activities like golf and surfing. Regular exercise and attending recovery groups are also essential for my wellbeing.

News and events

ACDAN award winners

The ACDAN NSW Aboriginal and Torres Strait Islander AOD Workforce Awards recognize the incredible work of those dedicated to making a difference. The awards were presented at the 2024 Aboriginal Drug and Alcohol Network NSW symposium, held in Canberra.

James Ward Outstanding Worker of the Year

Michael Duncan, Armajun

Male Worker of the Year

Jonny Falzon, Armajun

Female Worker of the Year

Kate Forbes-Walker, HNELHD DHS

Youth Worker of the Year

Tyson Coen, Yerin

Project/Team of the Year

Rivmed Medical and Dental Aboriginal Corporation

New NADA staff

Welcome to **Majella Fernando**, project coordinator, who is supporting NADA networks, the conference and the NADA RAP. We also welcome **Yasmin Iese**, program manager for workforce development, who will be progressing sectorwide initiatives that positively influence the workforce



Have you subscribed to the Advocate and Frontline

Help your colleagues stay current with AOD resources, training and information

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 NADA communications. They can subscribe on the NADA homepage or write to sharon@nada.org.au from their new email address.

Reconciliation Action Plan Working Group (RAP WG)

NADA's current [Reconciliation Action Plan](#) (RAP) is effective September 2023 to September 2025. Out of a total of 65 deliverables in the current RAP, with the support and guidance of the RAP Working Group, NADA has successfully achieved 20 deliverables with 36 deliverables partially achieved, because they are annually due or are ongoing activities.

Some recent highlights:

- RAP Impact Measurement Questionnaire 2024 submitted to Reconciliation Australia
- Aboriginal Cultural Awareness Training provided for NADA staff and offered to member services
- Draft Cultural Learning Strategy prepared
- First Nations Stakeholder Engagement Plan revisited

Call for RAP WG members

We are seeking NADA stakeholders or representatives from NADA member services to participate in the implementation of the NADA RAP by joining the RAP Working Group. By participating, you are having a voice in NADA's plans and goals for reconciliation over the next two years, helping us turn planned reconciliation work into real actions as well as plan for the next RAP 2025-2027. This is an opportunity to enhance your networks and apply your Working Group experience to planning or implementing your own organisation's RAP. If you would like to join the group, please complete this [expression of interest](#) form. If you have any questions, email [Majella](#).



NADA network updates

NADA practice leadership group

The NADA Practice Leadership Group recently met on 13 November. Some key highlights from the meeting were:

- HETI is adapting existing Towards Zero suicide prevention training modules for the AOD sector. These training modules will be released on the NADA portal as well as HETI and all NGOs will be able to access them. The project is planned to start in FY2024/25 and be completed in FY2025/26.
- The [AOD charter](#) was successfully launched at APSAD in a poster and was showcased at the upcoming Tackling Stigma conference.
- A list of myths on residential rehab has been drafted for input from the group and a similar myth busting exercise will soon be undertaken targeting consumers' misconceptions.

NADA consumer advisory group

NADA's Consumer Advisory Group supports NADA by providing advice based on the living/lived experience and expertise of its members. The CAG is excited to announce that we are opening a position for a abstinence-based consumer to join the CAG. If you or anyone you know may be interested, please get in touch. For more information, please contact jennifer@nada.org.au.

LLE community of practice

The peer living/lived experience community of practice is open to all NADA member organisations that have workers with a living/lived experience of AOD. The community of practice meets monthly to provide a space for collaboration, learning, and reflection. Please email jennifer@nada.org.au to join.

Youth AOD services network

At the September meeting, Carolyn Murray from the Centre for Population Health talked about changes to vaping laws and asked for messages from the frontline youth on what the needs are. There were discussions around AOD education and early intervention in schools and current practice.

If you would like to learn more about the network and how to join, check out the [network webpage](#). The network aims to enhance the ability of services to support young people accessing AOD support. The group also provides a space for networking, professional development, problem-solving and resource sharing for NADA member services.

Women's clinical care network

A meeting of the Women's Clinical Care Network was held on 29 November. While we didn't have too many network members at the meeting, some very useful conversations were had around the varied domestic violence screening methods undertaken by services and a valuable information sharing from Lara from Guthrie House focussed on GHB presentations. This information will be shared with the network members. The next meeting will be held at 10.30am, 19 February.

The network continues to meet four times per year, and is a space for resource sharing, professional development, promoting service referrals and networking. The network aims to enhance the ability of AOD services to support women and children accessing AOD support. Staff who are employed at NADA member organisations and provide women specific AOD treatment programs are eligible to join the Women's Clinical Care Network. Read more about the network [here](#) and email Majella if you would like to join the network.

NADA network updates

continued

Nurses network

We welcome new members to the network and Odyssey House volunteered to host the October meeting. Many members had not previously visited so it was a good opportunity to connect in-person and have a tour of the Ingleburn site.

The Nurses Network continues to be a space for AOD nurses working in the sector to share their experiences and seek feedback and knowledge from their peers in the network. If you are a registered nurse working in a NADA member organisation and would like to be a part of the network, please [email us](#).

Gender and sexuality diverse AOD network

The Gender and Sexuality Diverse AOD Network welcomes gender and sexuality diverse people who work in the AOD space, including research, admin, project and frontline work. The network offers peer support, resource sharing, joint project opportunities and networking for members. Learn more about the network and how to join [here](#).

NADA RAP working group

We are seeking NADA stakeholders or representatives from NADA member services to participate in the implementation of the NADA RAP by joining the RAP Working Group. By participating, you are having a voice in NADA's plans and goals for reconciliation over the next two years, helping us turn planned reconciliation work into real actions as well as plan for the next RAP 2025-2027. This is an opportunity to enhance your networks and apply your Working Group experience to planning or implementing your own organisation's RAP. If you would like to join the group, please complete this [expression of interest](#) form.

If you have any questions, email [Majella](#).

NADA data and research advisory group

The group is always looking for new members who have an interest and experience in the data and research space, so if you are interested, please [email us](#).

CMHDARN

In the community sector, research is crucial for shaping policies, programs, and training based on the latest evidence. Our sector has a unique opportunity to engage deeply with every phase of the research cycle—from setting priorities and ensuring relevance to translating knowledge into impactful action.

We're thrilled to introduce a new resource: [Research Essentials for the Community sector](#) which is designed to guide you through the design, planning, execution, and management of research projects. This comprehensive tool will walk you through all key stages of research, enhancing your understanding and application of effective research practices.

A big congratulations to Steph Kershaw, Emma Devine, and Georgette Borel from The Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney for their hard work in creating this invaluable resource. Explore how you can contribute to the advancement of mental health and substance use research with this essential guide! [Access it here](#).

Additionally, don't forget to check out the CMHDARN Research Showcase, a bibliography of the research conducted by our sector. It contains a comprehensive list of contributions from NADA/MHCC members and stakeholders to peer-reviewed journals and other influential platforms over the last five years. [Access it here](#) [PDF].





NADAbase update

Mei Lin Lee PhD

NADA

Reporting

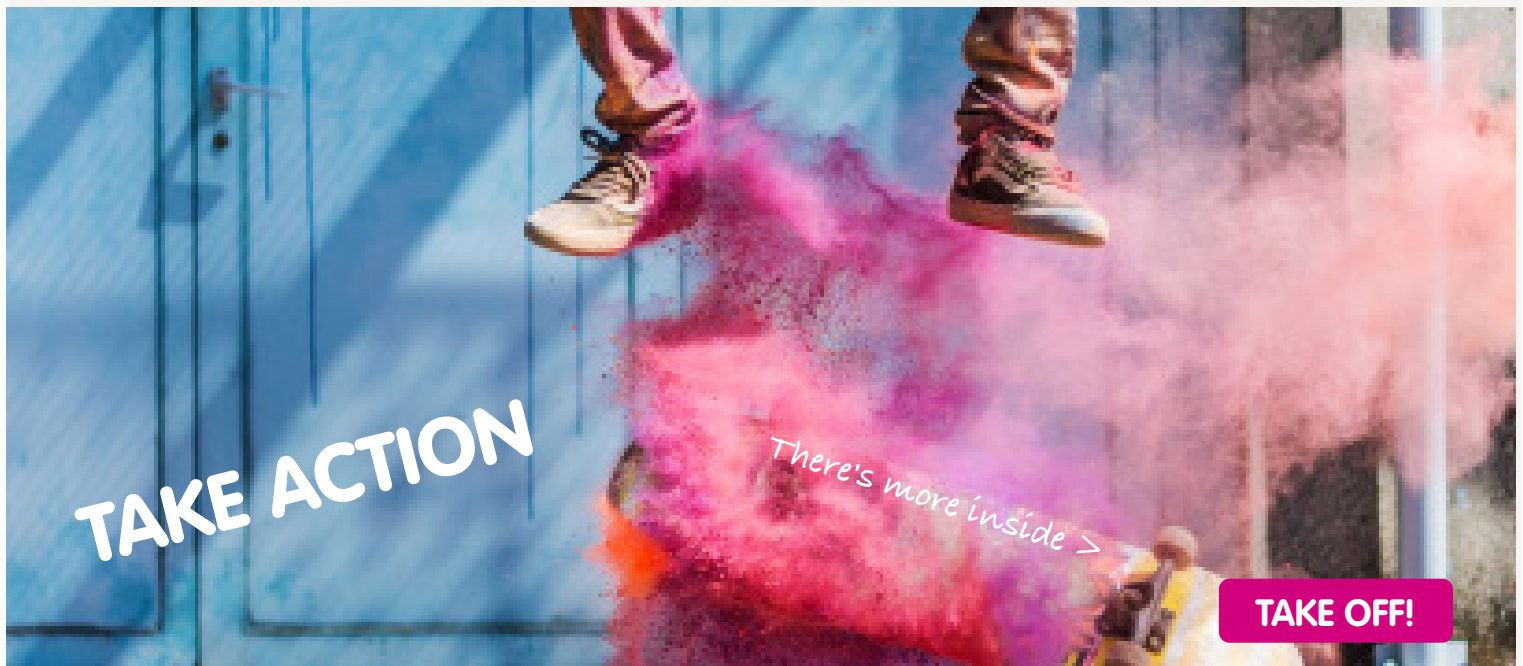
NADA reported members data to the following people:

- National Minimum Dataset (NMDS) for FY23/24 data collection to AIHW for members who receive Commonwealth funding and Primary Health Network (PHN) funding
- Monthly minimum dataset to InforMH for members who receive Ministry of Health funding
- 1st Quarter for FY 23/24 (July – Sept 2024) data report (including outcomes data) for members who receive Primary Health Network funding
- Jan-June 2024 biannual data report to Ministry of Health for members who receive funding for the Continuing Coordinated Care (CCC) and Methamphetamine programs

What are we working on? Watch this space

- **Refreshing NADAbase tutorials** including reviewing and updating the NADAbase tutorials
- **Developing a NADAbase cheat sheet** for quick guidance for efficient use of NADAbase
- **Improving outcomes dashboard** to include days of using substances
- **Preparing the NADAbase snapshots FY23/24 report**

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



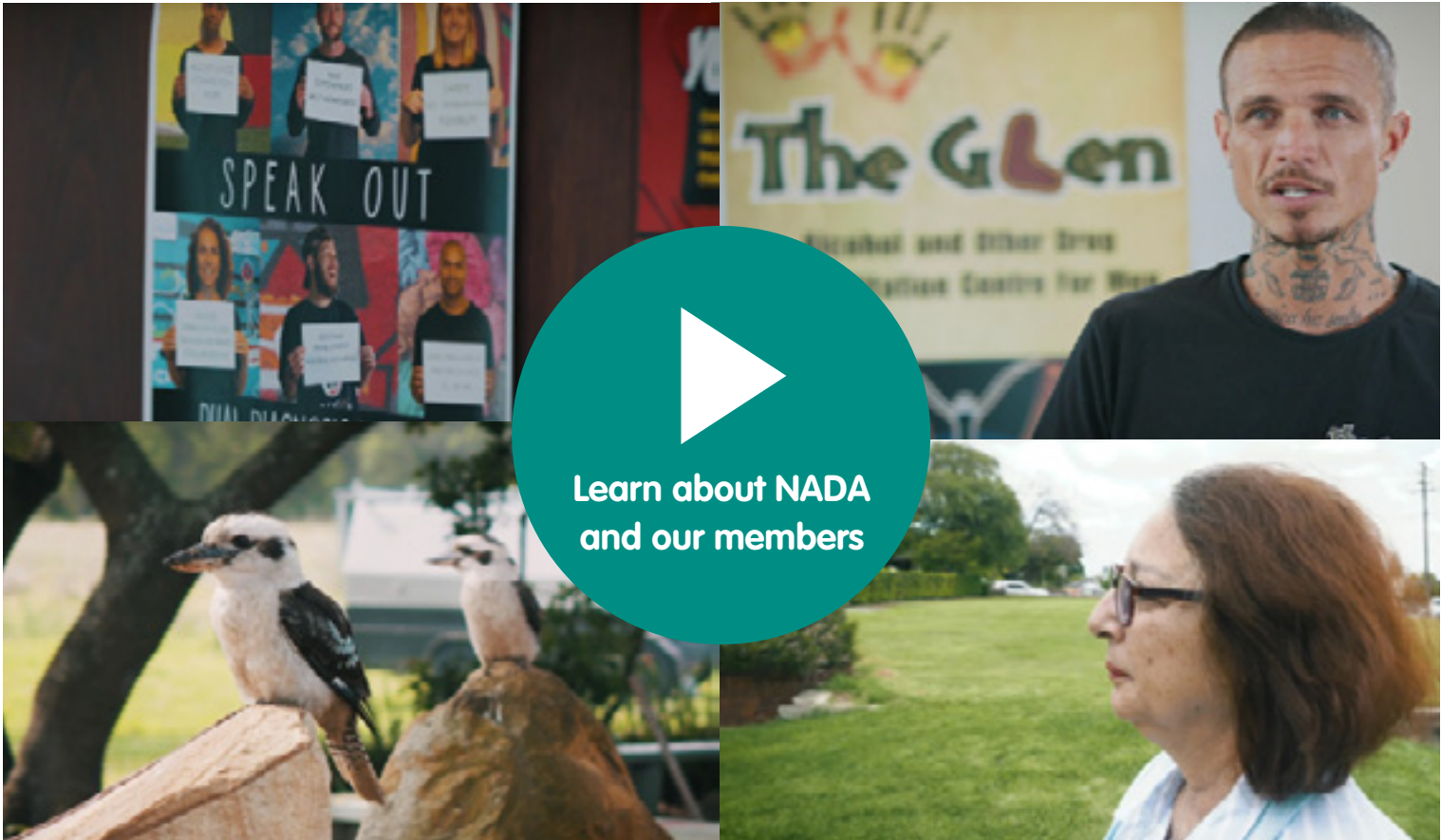
Current opportunities

- >> **Enrol now** Full qualification: Certificate IV in AOD with TAFE NSW. **Fee-free places limited.**
- >> **Enrol now** Advanced entry: Certificate IV in AOD with TAFE NSW. **Fee-free places limited.**
- >> **Apply now** AASW supervision training. **Express your interest ASAP.**
- >> **Apply now** AASW Putting theory into practice: Core skills. **Apply ASAP.**
- >> **Apply now** Guidelines on co-occurring conditions skills-based training program. **EOIs close 5 January.**
- >> **Apply now** Guidelines on co-occurring conditions train the trainer workshop. **EOIs close 5 January.**
- >> **Submit an abstract** NADA Conference 2025: Strength in Community. **Closes 7 February.**



Enhance the quality of your service, the experiences of people accessing support, and worker wellbeing.

[Download resources](#)



Advocacy highlights

Policy and submissions

- Commonwealth Inquiry into the health impacts of alcohol and other drugs as well as contribution to the AADC submission
- Inquiry into prevalence, causes and impacts of loneliness in NSW
- Signed open letter to the NSW Premier on the impact of strip searches to young people, led by Redfern Legal Centre
- Prepared comprehensive materials for the NSW Drug Summit, including a Position Paper, supplementary papers outlining NGO funding requests, achievements of the NGO sector, and wait times for accessing NGO treatment services. NADA also developed a position paper for establishing an education centre for the AOD and related sectors. Additionally, NADA created a dedicated webpage as a hub for relevant information and resources for the Summit.
- NADA CEO represented members in a range of media: ABC 7.30, ABC News, SBS News, a number of radio programs, as well as The Guardian, SMH, ABC, Croakey and a range of other print/online media.

Advocacy and representation

- Held regular meetings with the NSW Health Minister's Office and the Centre for Alcohol and other Drugs to discuss the NSW Drug Summit. NADA also met with the NSW Police Minister, Leader of the Opposition, the Shadow Health Minister, and a number of other key stakeholders to advocate for the sector's positions.
- NADA is on the Secure Jobs and Funding Certainty Leadership Group led by DCJ and is involved in workings groups on long term funding arrangements and Community Services Funding Framework.
- Attended peak body consultation workshop on the NSW Portable long service leave scheme to refine the proposed regulation.
- Held meetings with DVNSW, Fams and No to Violence to discuss strategies on how the sectors can work better together.
- DCJ Roundtable membership and structure is finalised and includes an executive committee and three working groups; Aboriginal Families in Focus, Youth in Focus and Parents in Focus. Quarterly meetings are held with members including DCJ, MoH, Mental Health and the Centre for Alcohol and Other Drugs and a range of NADA member representatives.
- NADA represents the sector at over **40** regular meetings, including:
 - Living and Lived Experience Workforce Steering Committee and Expert Advisory Group
 - Secure Jobs and Funding Certainty Leadership Group
 - Ministry of Health AOD Stigma and Discrimination Working Group
 - Clinical Care Standards Workforce Development training package: suitability for the Aboriginal AOD workforce
 - NSW Education in Addiction Advisory Group
- NADA staff participated in the NSW Drug Summit.

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

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[Feedback](#) **[Training grants](#)**