# Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 2: June 2025

Building a brighter, kinder future

## Strength in community

NADA
network of alcohol and other drugs agencies

Stock photo posed by models

# CEO report

**Dr Robert Stirling** NADA

This issue of the Advocate is focused on *Strength in Community: Building a brighter, kinder future.*

It builds on the content from the NADA conference, with articles from the keynote and panel discussion, and reflections from the two days. As I mentioned in my conference welcome, this year's theme was selected because it goes directly to what the NSW NGO alcohol and other drug (AOD) sector is all about.

NADA members are part of the communities they serve. They work together to build on their strengths. They work with the diverse range of communities that make up NSW and celebrate their culture, identity and right to access the best possible care. Collectively, we are building a brighter and kinder future for people who use, or have used, AOD. Working with people where they are at and supporting them based on their unique needs.

The NADA team are still riding the high from the conference. We had over 550 members and stakeholders come together to connect, share their insights and learn from others. The NADA conference continues to grow and attract more people, including policy makers, researchers and our cross-sector partners.

A big congratulations to all the winners (see page 7) of the sixth biennial AOD Awards for the NSW Non-Government Sector. It's hard to believe that we started the awards over 12 years ago. Thank you to all the nominees. As I mentioned on the day, the selection panel had a hard decision as the quality of applicants was so high. If you weren't selected this time, we hope that you nominate again for the next awards.

We are coming to the end of the financial year, and it's been a busy year for NADA and its members. The NSW Drug Summit finally happened, and the report was handed to the NSW Government. We are currently working on a response to the priority areas to give to government before they respond. The Committee leading on the Federal Inquiry into the health impact of alcohol and other drugs in Australia handed down an Issues Paper before the Federal Election, and we are waiting to hear whether the Inquiry will recommence. The report on the evaluation of the Drug and Alcohol Program is due by the end of the financial year, which we hope will be used to improve AOD policy and funding.

**NADA calls on both levels of government to deliver on policies that create a brighter and kinder future for people who use, or have used, AOD, as well as their loved ones and local communities.**

We hope that you enjoyed the NADA conference and this issue of the Advocate. Remember, if there is a story that you want told in the Advocate, reach out to NADA's Communications Officer, Sharon Lee.


# NADA Conference 2025

**The highly anticipated NADA Conference 2025 took place on 5–6 June at the International Convention Centre in Sydney. Read the conference wrap-up with reflections from Michele Campbell (NADA), feedback from delegates, and photographs by Helene Cochaud.**

Held at the International Convention Centre in Sydney, the *NADA Conference 2025: Strength in community was* our largest to-date. Over **550** delegates attended, coming from member organisations, other AOD services, cross-sector organisations and universities. Delegates embraced the opportunity to network, showcase their interventions, and discover new ways of working.

*Strength in community* encompasses the need for connection across all aspects of how we work and live. This includes the importance of services being connected and collaborative; working with families and carers; building communities, meeting people where they are at and ensuring they have choices in their journey.

This conference provided a safe space to talk about language and the importance of diversity in approach. This ensures that people's voices are heard, and they can be supported to be the best possible version of themselves, on their terms.

Most delegates attended in-person; however, the plenary and some streams were also available online. Around **40%** of delegates came from rural, regional or remote NSW, including visitors from the ACT, Queensland and Victoria.

## The keynotes

The keynotes and panel members shared their wisdom on lived/living experience, culture, practice and diversity.

**'There were many highlights for me, especially the Welcome to Country, Mataio Brown, Dr Tracey Westerman and the keynote panels. Thank you very much. I'm already looking forward to the next one!'**

The conference began by highlighting the importance of lived/living experience and the diversity of experiences.

**'This year's theme, Strength in Community, really resonated with us. It reflects what we see every day in our work—the power of connection, trust and working together to support people on their journey.'**

Speakers shared how their own journey to healing drives their aim to address and dismantle cycles of intergenerational trauma by promoting safe relationships and providing support for individuals and communities. Mataio Brown's keynote address was incredibly emotive and powerful.

The Leadership in the NGO AOD Sector panel highlighted the importance of supporting our workforce to gain the confidence to move into leadership and management positions and how important ongoing support is for these roles. Communities of practice can play an important role in supporting this growth, and the conference made space to bring together both emerging and established leaders across our sector for the inaugural NADA Leaders and Managers Network (see page xx for more).

Day two started with a conversation with Dr Tracey Westerman on understanding the clinical and cultural complexity of work with Aboriginal clients. This keynote was one of the highlights for many. It highlighted that the answers already exist and need action to be implemented.

We continued by looking at an 'outside in' model of recovery with Professor David Best and how this model has been used in the UK and internationally. He discussed

## Conference wrap-up
continued

Delegate in conversation with keynote Dr. Tracy Westerman

# Conference wrap-up

continued

building social and community capital as a foundation of inclusive recovery cities (see page 8 for more). Despite delivering his presentation at 2am local time, David spoke with good humour.

The keynote panel on Day 2 looked at how we build a brighter, kinder future and had diverse perspectives participating in an engaging discussion (see page 13 for more).

## Presentations

A total of **58** abstracts were accepted for the conference, including **7** poster presentations. **31** of these were from NADA members; **35** were practice-focused and **23** were research-focused.

The conference streams focused on supporting priority populations, building workforce capability, integrated treatment models; sector partnerships; innovative solutions; and rural, regional and remote locations. Delegates commented on their difficulty in choosing streams to attend and the diversity of presentations.

The presentations ranged from:

- those with a lived and living experience perspective; on how services have created inclusive environments and a 'no wrong door' approach. The importance of leveraging external partnerships to support clients was highlighted
- approaches to working with marginalised populations and how they adapted to individual needs to streamline care
- the value of peer-led networks and collaboration to build a more resilient and effective harm reduction framework
- current research such as the Building Belonging Project which trialled a loneliness intervention for people attending AOD treatment showed the importance of connection and strength in developing interventions to foster improved wellbeing for clients
- empowering Aboriginal women and strengthening Indigeous leadership in AOD rehabilitation by using a participatory action research approach. Key takeaways included challenging mainstream health frameworks and delivery of culturally responsive practices
- how services are using data to inform continuous improvement and evaluation.

A theme across streams was the complex relationship between seeking connection and the stigma associated with drug use and spoke to the stigma AOD workers can face.

**'Thank you so much, this was my first NADA conference, and I really enjoyed it. Gained so much from it and loved being around other AOD service providers—connecting on a human level and chatting about the emotion and person-centered approaches to AOD service delivery—it was absolutely fantastic.'**

Delegates reported one of the best aspects was the relevance to their work and balance between research and practice. They acknowledged the embedded lived experience and that diversity was recognised and celebrated.

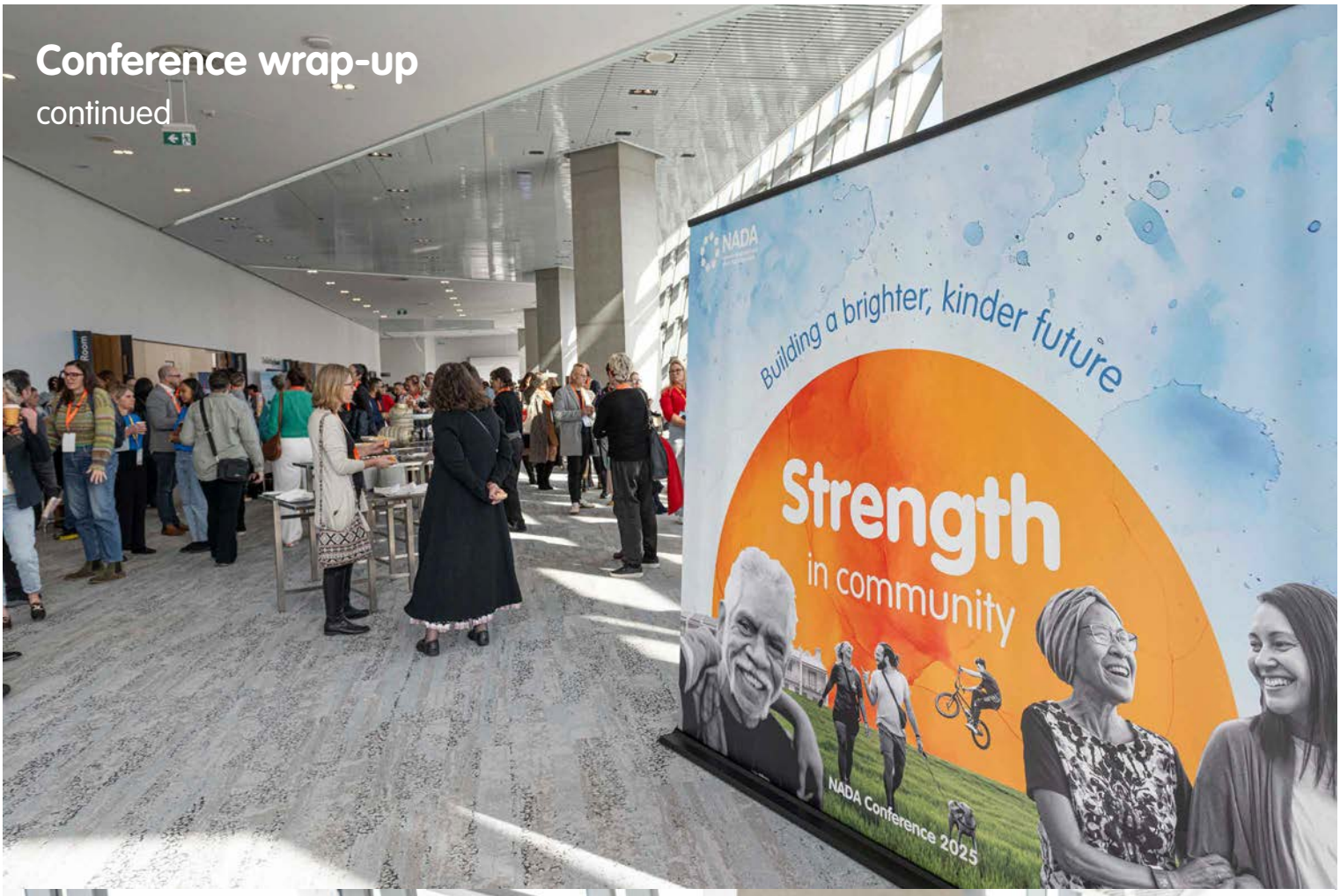
**'The highlight of the whole event was Matt Brown. He was phenomenal and we need to have more speakers like him present.'**

**'This is THE conference that I recommend colleagues to go to—it's really excellent. ALL of the presentations/ sessions that I attended were interesting and useful to my practice in some way.'**

**'This conference was one of the best I've been to over the last few years—some inspiring and eye-opening keynotes and many great conversations started and continued.'**

**'The event strikes an excellent balance between research and practice, and I love how there's space for services to talk about their evidence-based and innovative models of care. I also love the bold choices of keynotes speakers and topics that are really thought-provoking.'**

# Conference wrap-up
continued




**Thank you to everyone who attended the conference, we appreciate your insights and contributions. Thank you to our keynote speakers, everyone who presented or participated in panels and our award recipients who reflect the dedication and enthusiasm of our sector.**

**We look forward to seeing you all at our next conference in 2027!**

# AOD Awards
for the
NSW NON-GOVERNMENT SECTOR

**First Australians award**
Rebecca Riseley, NSW Users and AIDS Association (NUAA)

**Outstanding contribution in peer work and/or consumer representation** Bo Justin Xiao, M3THOD Program, ACON


**AOD frontline champion award**
Shane Mehew, Mission Australia

**AOD frontline champion award**
Callum Mokaraka, Weigelli Centre Aboriginal Corporation

**Outstanding contribution award**
Latha Nithyanandam, Alcohol and Drug Foundation NSW, Kathleen York House

**Excellence in health promotion**
Guiding Rural and Outback Wellbeing (GROW) Program, Royal Flying Doctor Service South Eastern Section

**Excellence in health promotion**
Community Drug Action Teams—Odyssey House NSW, The Buttery, Karralika, and Bila Muuji Aboriginal Corporation Health Service

**Execellence in treatment**
Pathways Home Youth Program, Community Restorative Centre

**Excellence in research and evaluation** Lives Lived Well

Photos by Helene Cochaud


# Recovery and community connections

**What would happen if we made recovery visible, accessible and attractive? What if we connected the community?**
**By Professor David Best, Shelley Duffy (STAR Recovery), Dot Smith and Mark Stephenson (Recovery Connections)**

**Middlesbrough is a post-industrial town in the North-East of England that has suffered considerably through various recessions, leading to a toll on jobs, housing, and hope, and contributing to high rates of premature mortality, binge and chronic drinking, and morbidity from illicit and prescription drug use.**

It is also home to Recovery Connections, an innovative Lived Experience Recovery Organisation (LERO) with a staff of over 150 across seven areas in the North-East. All but a few team members have their own lived experience, with the majority having used Recovery Connections' services before going on to become members of staff. Middlesbrough also hosted the launch of the Inclusive Recovery Cities movement in the UK, launched at the stadium of the local football team, Middlesbrough FC's Riverside Stadium.

The aim of Inclusive Recovery Cities,[1] outlined in more detail below, is around challenging stigma and exclusion by creating public-facing and inclusive celebrations of recovery (in all of its forms) that provides opportunities for volunteering and active contribution to the overall wellbeing and connections in communities.

But back to Middlesbrough. Right in the centre of the town there is an emerging 'recovery village' that consists of Connections Café, which is next door to the Recovery Deli (a form of social supermarket) and above the deli is 131, The Venue, which provides a hall that can be hired out for all kinds of events. All of these are direct contributions to the community, staffed by people at various stages of their recovery journey. This is also the location for a range of mutual aid groups and monthly Sober Social events. The food theme continues with the Coffee Bike, that goes out into the housing estates of Middlesbrough and the local university campus offering a free cup of decent coffee if the person will talk to the Recovery Ambassador for five minutes about recovery (the Ambassadors are graduates of the recovery programme). There is also a food van that goes out to sporting and music events to increase the catering offer, the visibility of the recovery community and valuable training and employment opportunities.

Across the road from these venues is Bedford House, a drop-in and recovery hub that provides support for people and a range of groups for people at all stages of their recovery journeys. Further along the road is McDonalds, whose staff were trained as Recovery Allies, to support everything from naloxone administration to engaging with recovery support. Incidentally, the volunteers who gain their food hygiene and preparation certificates at the venue and café are also guaranteed a job interview at McDonalds.

However, the Inclusive Recovery City is also based on a hub and spoke model and Recovery Connections have established key local partnerships. The largest employer in the town is PD Ports, who provide all of their Employee Assistance Program for AOD through Recovery Connections (and whose CEO spoke at the launch of IRC), an offer that extends to family members and affected others. Similarly, there are partnerships with Teesside and Sunderland universities to deliver a Collegiate Recovery Programme designed to support students in recovery (back) into education and to support students and staff in the university to seek help if they have problems with AOD. Since the launch of Inclusive Recovery Cities in Middlesbrough, there was also the launch of Discovering Connections, a project based on the principles of Asset

# Recovery and community connections

continued

Based Community Connections[2] where people in recovery are trained as Community Builders to identify people who hold the community of Middlesbrough together and to provide 'touching points', walkabouts and activities that bridge the gap between the recovery community and the local community in Middlesbrough. This has helped to raise awareness of both visible recovery and of Recovery Connections who have gifted the work of the Community Builders to actively build community engagement and community participation.

## So how does that fit into a broader model of Inclusive Recovery Cities?

The underlying principle of Inclusive Recovery Cities is built on three linked concepts:

1. social capital[3]
2. recovery capital[4,5,6]
3. collective efficacy.[7]

We know that recovery is a form of social contagion that is primarily spread through peer networks,[8] and that the strongest predictor of the spread of recovery in communities is its visibility, accessibility and attractiveness. This is consistent with the model of social capital developed by Robert Putnam[9] who argued that social capital has three types—the strengths of connections within social groups (bonding capital), the connections between people at different areas or levels of a group (bridging capital) and the strength of connections between different groups (linking capital).

For people at any stage of recovery this means linking to groups who are connected to meaningful activities and groups who have desired resources and assets. The second model, originally articulated by Granfield and Cloud[4] and since developed into a range of metrics, is that recovery capital is the breadth and depth of internal and external resources that can be accessed to support the individual's recovery goals. For those who have low recovery capital


(either because they never had high levels of resources or because they have lost what they had through lifestyle and consequences) recovery is likely to grow 'outside in'—access to community resources generates opportunities for new social networks that create the conditions to grow internal resources and capabilities.

What Inclusive Recovery Cities aims to do is to maximise the likelihood that individuals are exposed to visible, accessible and attractive recovery through public celebrations that generate all three of bonding, bridging and linking social capital. By increasing contact across social groups, there is a challenge to stigma and exclusion and a pathway to opportunities for active civic participation for those who aspire to it. Finally, our aim is not 'giving back' but 'reciprocal altruism' by doing, what is happening in Discovering Connectors in Middlesbrough—attempting to use the skills, connections and resources of the recovery community to improve the wellbeing of the community as a whole. Thus, one of our core metrics for Inclusive Recovery Cities is collective efficacy, identified by Sampson[7] as a barrier to offending and identified as the level of shared cohesion and expectation of positive interventions by neighbours.

*Postscript: Middlesbrough is now twinned with Richmond, Virginia as recovery cities.*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# How do we build a brighter, kinder future

## **Dr Latha Nithyanandam** CEO, Kathleen York House

The key areas that need attention to create a brighter, kinder future for women with substance use disorders and their children are the following.

**Access to detox and rehabilitation facilities for women with children** Currently, there are no dedicated detox or rehabilitation facilities in NSW that accommodate women with their children. This forces many mothers into an impossible choice: forgo treatment or leave their children in unsafe environments, often with fathers who have histories of domestic violence or substance use.

This lack of family-inclusive treatment results in many women falling through the cracks, and remaining in harmful environments to avoid losing custody or contact with their children.

Establishing child-inclusive detox and rehab centres is crucial for safe, holistic recovery and family preservation.

**Early therapeutic intervention for children to break the cycle** Children of mothers with substance use disorders are often living in conditions marked by trauma, neglect, and instability. Without targeted early intervention, these children are at high risk of developing their own substance use issues and mental health challenges.

Adequate funding and infrastructure must be provided for trauma-informed therapeutic programs that support these children, build resilience, and interrupt the generational transmission of addiction and psychological harm.

**Programmes for the 5–12 age group: A critical gap** A major service gap exists for children aged 5 to 12—a formative developmental stage.

While early childhood and adolescent services are more commonly available, children in this age range often have no access to appropriate counselling, social-emotional learning, or family support programs. Tailored services for this age group must be prioritised to address emotional development, school engagement, and early behavioural issues before they escalate.

**Timely access to psychiatric and mental health services** Many women with substance use disorders struggle with complex mental health needs, yet access to psychiatric care is slow and fragmented. Psychiatric reviews are delayed, leaving women on outdated or ineffective medications.

Streamlining access to psychiatrists and integrating mental health services into addiction treatment pathways is essential for stabilisation, recovery, and long-term wellbeing.

Overall, systemic change is required.

## **Kieren Palmer** Clinical Services Director Ted Noffs Foundation

Having worked with young people and their families in the AOD sector for the past 20 years, I have had the privilege of spending time with some remarkable individuals, family members and workers.

In my experience, the standout feature of working effectively with young people is the truth that young people are not 'small adults'. As such, they require a truly unique approach. An engagement strategy informed by young people themselves is paramount.

We need to be setting up services that young people genuinely want to engage with. Young people with emerging AOD issues often find themselves involved in the sector through coercion rather than motivation: it's often someone else's idea. This is particularly true of the "pointy end" young people, those with multiple comorbidities and complex needs.

As such, approaches need to be tailored and holistic for this population. Young people may not be ready to contemplate their AOD use at this stage, but may be open

to discussing their stress, anger or depression. Clinicians need to be sensitive to this, and willing to work on the periphery issues before the doorway to AOD support can open.

Centres need to be inviting for young people, which is vastly different to what adults would find appealing. In essence, spaces need to speak the young person's language.

As such, approaches need to be tailored and holistic for this population. Young people may not be ready to contemplate their AOD use at this stage, but may be open to discussing their stress, anger or depression. Clinicians need to be sensitive to this, and willing to work on the periphery issues before the doorway to AOD support can open.

Centres need to be inviting for young people, which is vastly different to what adults would find appealing. In essence, spaces need to speak the young person's language.

Finally, services need to be proactive. This is a population over-represented with past and ongoing trauma, poor attachments, and cognitive impairments. Services need to adopt an attitude of shared motivation for treatment.

### **Alex Lee** CEO, The Glen Group

A brighter kinder future for multicultural communities in the AOD sector would see the transformation of service delivery to reflect the cultural diversity of multicultural communities in Australia.

We know there are AOD issues in multicultural communities, but this often isn't reflected in datasets due to shame, stigma, language barriers and data collection in datasets. challenges. We hope to see a future where the issues and needs of multicultural communities are accurate reflected.

More importantly, we hope to see a future where the strengths, practices and wisdom of multicultural communities are recognised in addressing AOD issues.

We believe that society is enriched by the diversity of culture and hope to see more programs that are led by the community, for community that'll translate to better support for individuals and families and ultimately and a brighter kinder future for multicultural communities.

### **Teguh Syahbahar** Manager Multicultural Programs, Odyssey House NSW

A brighter, kinder multicultural AOD sector starts with recognising that many culturally and linguistically diverse (CALD) people face shame, stigma and silence when it comes to substance use. Culture, faith and family are often protective to our communities, not problematic.

A brighter future means that the AOD sector can walk beside communities and embed their voices into co-design, delivery and evaluation. When we do this, we open the door to genuine prevention and treatment approaches that are both culturally grounded and evidence informed.

This kind of partnership can help grow a more representative and stronger CALD workforce and improve long term outcomes, not just for individuals, but for the broader CALD population in Australia.

# How do you harness community strengths?

**Liz Scott, Team Leader, Sapphire Hub Health and Wellbeing Service Directions Health Services**
We use **innovative, flexible** and **assertive** approaches to harm reduction and accidental counselling with young people. We learned that it is vital to involve young people in **meaningful** and **relevant** ways in the design and development of any project and intervention; this is fundamental to their **engagement**.

These interventions, such as outreaching to local areas **where young people congregate**, and supporting and facilitating **pro-social activities** for young people to engage in, have provided valuable opportunities for the sharing of information between youth AOD workers and young people, to support the development of further interventions targeting this priority population and the communities they live in.

**Alison Evans, Post Doctoral Research Associate Faculty of Medicine and Health, The University of Sydney**
This was a **First Nations-led** project. We consulted Aboriginal and Torres Strait Islander health professionals about the **use of culture in therapeutic settings** to support young Aboriginal and Torres Strait Islander people.

Our findings showed that **cultural ways** of working, integrating **client-centred**, **strengths-based** and **trauma-informed** approaches, were key to successful healing. Health workers reported a range of cultural practices or activities they regularly incorporated that were highly beneficial for strengthening clients' **connection to culture** and improving their **social and emotional wellbeing**.

**Kylie Lee, Professor, La Trobe University**
We **co-created** the Grog App to make it easier for Aboriginal and Torres Strait Islander peoples to describe their drinking (or non-drinking). Working together, we were able to co-create an **adaptable** and **culturally appropriate** validated tool to ask about a sensitive topic (alcohol) in a **culturally-safe** way.

Each community and health service has **different priorities**, so we chose to co-create a **flexible** and **modular** tool that can work offline.

It is important to **not just 'take'** people's information (survey response). So each person who completes the Grog App also receives a tailored brief intervention based on their responses.

**Kriscia Tapia, Research Fellow, The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney**
We developed a culturally-inclusive school-based wellbeing program for Aboriginal and/or Torres Strait Islander young people. This program had a specific focus on AOD prevention for high school students.

Consultations with First Nations stakeholders determined that evidence-based AOD prevention education should include messaging that is **empowering** and incorporates elements of **Aboriginal cultural strengths**.

**Co-designing** a health program together with First Nations communities and young people makes it more likely that they will **engage** with and benefit from it.

Adaptations to the program recognises the diversity of communities and ensures that community members have a **strong voice** and **authentic representation** within the program.

**Julaine Allen, Professor, Rural Health Research Institute, Charles Sturt University**
We developed an online 6-8 session therapy program for people located in **remote and rural** locations who were concerned about their loved ones' substance problems.

We learned that people need **practical strategies and support** to implement them, to change how they communicate and relate to their loved ones. Support groups are not enough.

Women are the primary careers for people with substance problems, and they are blamed for causing 'the problem'.

Online delivery enabled **national reach.**

Listen to stories from the participants and clinicians.

# Envision a brighter future

**At the NADA Conference 2025, the final panel session addressed the question, 'How do we build a brighter and kinder future for people who use or have used alcohol and other drugs?' Dr Ruth Armstrong from Croakey reports on the discussion, and amplifies voices yet to be heard.**

**Law reform to ensure human rights and healthcare responses to AOD, stable funding for AOD services, and ensuring services are recovery-centred, supportive, caring and connected.**

These were some of the suggestions from the NADA conference's panel discussion on how to build a brighter, kinder future for people who use or have used drugs.

Other suggestions highlighted the importance of valuing the AOD workforce and the importance of lived experience, and of listening more closely to the diversity of communities' needs.

The importance of addressing the needs of people in prison was also stressed.

The conference came in the wake of two significant events —the NSW drug summit and a Federal Inquiry into the health impact of AOD.

NADA CEO **Robert Stirling** told the conference that these events suggested there was political interest in, if not prioritisation of, the need to reduce the harms caused by AOD in Australia.

Stirling had a receptive audience. There was a palpable sense of solidarity in the room, in line with the conference theme of 'Strength through community'.

The conference began by highlighting the importance of lived/living experience and the diversity of experiences. The panelists, selected to reflect the broad church that is this workforce, included:

- **Alison Churchill**, AM, CEO of the Community Restorative Center CRC, a specialist organisation which supports people in NSW affected by the criminal justice system.
- **Tina Taylor**, a proud Ngiyampaa Wailwan woman, born on Wiradjuri country in Cowra New South Wales, with more than ten years in the Aboriginal community control sector, Tina works as a senior engagement officer at the Center for AOD at the NSW Ministry of Health.
- **Maureen Steele** is an advocate for people who use drugs and people in drug treatment. She holds the first identified consumer role at the NSW Ministry of Health's Centre for AOD.
- **Craig Worland** is at the forefront of integrating lived/living experience perspectives into policy, service design, and systemic transformation. He is the Manager of Lived Experience in the Queensland Health Mental Health Alcohol and Other Drugs Strategy and Planning Branch.
- **Stephanie Stephens** is COO of Directions Health Services, supporting people affected by AOD in the ACT and regional NSW.
- **Michael Woodhouse** has been executive director in health and human services for over 20 years, including in both government and non profit sector. He is the current CEO of ACON.

# Panel discussion

continued

## Critical context

**Maureen Steele**, a veteran peer worker and consumer advocate for more than 30 years, reminded the audience that AOD harms need to be viewed in the context of the social determinants of health, particularly inequality and poverty.

'Life is hard and getting harder,' she said, 'and we wonder why people drink and take drugs.'

Steele nominated stigma and discrimination as key issues that have long been recognised but are unlikely to improve while drug use remains criminalised in most Australian jurisdictions.

'While something is against the law, it's natural to stigmatise against it, she said. "So how are we going to address stigma and discrimination until we get changes in law?'

Lived experience expert **Craig Worland** invoked the long and evolving history of peer work in AOD and called for transformation in the workforce.

He noted that peer workers have the added burden of self-stigma to overcome but that, as the sector has matured, peer roles had solidified and were key to building capacity.

'Now we're here, we want to work alongside you,' he said.

'Until we can pull it together, we miss opportunities, and we have longer waiting lists for the people that are reaching out to us at the absolute worst time of their life…

'The kinder future is about pulling it together, putting that client at the core of every single thing we do.'

**Alison Churchill** built on Steele's comments, calling for a shift in focus in our responses to AOD use 'away from criminal intervention or criminal legislation to a human rights and healthcare response'.

Churchill, whose work centres around supporting people affected by the criminal justice system, said the criminalisation of drug use was a major contributor to AOD harms via incarceration and all its attendant risks.

'Let's put a recovery-centred approach to our systems across government,' she said.

'The people that often experience harm from drugs are people that are using them as a way to resist and cope with mental health, colonisation, domestic and family violence…

'We need more supportive, caring, connected services in order to support all this for a kinder, brighter future.'

**Stephanie Stephens** who has been heavily involved in a range of harm minimisation, health and treatment services through her work in Canberra and regional New South Wales, agreed that stigma and harm minimisation were key issues.

In 2023, the ACT became the first Australian jurisdiction to decriminalise small amounts of illicit drugs. Stephens encouraged the audience to keep having conversations about decriminalisation with their services, funders, government and the broader community.

Stephens told the conference that services needed to welcome people at any point in their journey with AOD, regardless of what drug or administration route they are using.

'Even if we are funded to be an abstinence-based program, we're going to work with people in every stage of change,' she said.

Proud Ngiyampaa Wailwan woman, **Tina Taylor**, who worked for more than a decade in the Aboriginal community controlled sector before taking on her current role at NSW Health, said one key to a brighter, kinder future was truly listening to people—both those who access services and those who don't.

She told the audience: 'Different communities need different things, and I think it's going back to grassroots and finding out what's happening, talking directly to them and getting genuine feedback.'

**Michael Woodhouse**'s long career in the community sector has left him as an unlikely optimist.

He told the conference: 'Actually, we can do great work here. And part of creating a brighter and kinder future for people who use drugs, is holding on to our own hope and optimism.'

In terms of reducing stigma and minimising harms, Woodhouse said that part of the AOD sector's role was to help the broader community see that people who use drugs are just people—'people with strengths, people with lives, people with names'.

# Panel discussion

continued

'How do we try and tell all the stories about the full lives, strengths, the wonderful contribution of the people that we work with—the people who use drugs—to our community, to our organisations, to our society?' he asked.

## Workforce matters

As the peak organisation for non-government AOD services in NSW, part of NADA's role is supporting and developing the workforce.

Stirling next asked the panel to reflect on how we might build a brighter and kinder future for this workforce.

**Stephanie Stephens** raised the importance of stable funding for AOD services to help the workforce feel valued and secure.

She also called for more supportive workplace cultures for the growing and evolving workforce, particularly as AOD workers themselves have sometimes been stigmatised.

'Having an ethos and a culture where the work that the frontline workers do is valued is what really sits behind and helps to address some of the stigma that people have talked about today,' she said.

**Maureen Steele** picked up on this concept, observing that, in her experience, most people working in AOD do so with lived or living experience.

'It'd just be great if you could acknowledge that and talk about it,' she said. 'I've seen it work so well.'

But there are still too many barriers to becoming a lived and living experience worker, Steele said, citing employers' aversion to applicants with police records, specific qualification requirements, inflexible working hours and managers who are inexperienced in managing peer workers.

'Everyone's sort of set up to fail, so there needs to be a lot more support for the lived and living experience workforce,' she said.

**Tina Taylor** raised three issues for the Aboriginal and Torres Strait Islander AOD workforce – daunting position descriptions that can 'scare people away', a lack of recognition of cultural knowledge as an area of expertise and practice, and lack of provision for workers to stay connected with community.

She said plain language position descriptions and speaking directly to people who take an interest in available positions can be helpful in finding the best people for the job. Also, formal recognition of cultural knowledge should be on the agenda.

**Michael Woodhouse** had a practical suggestion: 'How about we fund that unmet need!' Woodhouse was referring to the elephant in the room of a sector that is often overwhelmed by the large number of people seeking assistance.

He said capacity problems put pressure on systems, organisations and the workforce and that funding the sector accordingly seemed like a good place to start.
'How do we try and tell all the stories about the full lives, strengths, the wonderful contribution of the people that we work with—the people who use drugs—to our community, to our organisations, to our society?' he asked.

## Equity focus

Stirling asked the panel to address the challenge of reducing harms for Australia's diverse, widely dispersed and unequally resourced populations.

**Michael Woodhouse** told the conference that his experience in the LGBTQ plus community had taught him that people were looking for choice—be it in the mainstream, queer or other sectors.

It was important, he said, that we create a network of services to 'meet people where they are at.'

To address access gaps, he said, we need to organise our systems around the people needing support, 'not people trying to get themselves into the system that wasn't designed for them.'

**Craig Worland** stressed the importance of bringing the 'chosen family' of people seeking assistance for AOD use into the fold, and to work with them.

**Alison Churchill** said equity of access remained an issue: in metropolitan areas, where people can feel unable to come forward without fear of legal ramifications; in regional areas, where co-location with health services makes privacy challenging; and in Aboriginal communities where there may be no suitable service.

# Panel discussion

continued

Churchill said there were many 'wins' from the NSW Drug Summit and that she 'supported 100 percent' the recommendations for pill testing in NSW.

It would be amazing, she said, if this could also be delivered equitably—with testing available no matter where you live in the State.

But she said the need for decriminalisation or regulation of illicit drugs remained the sticking point.

'I honestly don't know how you can implement an equal system, which ultimately needs to be a healthcare system, along with addressing other forms of disadvantage, whilst we continue to define this particular activity as illegal,' she said.

**Maureen Steele** said harm minimisation initiatives like pill testing would have limited efficacy while police continued in their current way of working.

'It seems crazy to me, if you're going to have drug checking at a festival, and then you've got police doing searches over there,' she said.

In rural areas in particular, she said, kids with previous drug charges became police targets.

She called for a public health approach to policing using principles such as those espoused at the University of Melbourne's Centre for Law Enforcement and Public Health.

'Instead of strip searching a young person and traumatising them, why don't you help them? So, they're off their chops... You know, take them home. Don't arrest them and strip search them.'

## Aboriginal leadership

Stirling noted that the report and recommendations of the NSW Drug summit had been handed down and a Government response was awaited.

An Issues Paper was compiled from the Federal Inquiry when it lapsed in the leadup to last year's election, and its first recommendation was that the inquiry continue under the re-elected Albanese Government.

In response to concerns about under-representation at the four-day NSW Drug Summit, Health Minister Ryan Park asked Tina Taylor and Dr Michael Doyle to co-chair a yarning circle with him (report available at Appendix D here).

Taylor told the conference that a lot of work went into organising the yarning circle to make sure that 'people who had never had a seat at the table' were included. On the day, there were 37 attendees.

'All but about six were Aboriginal', she said. 'And that was really different for all the Aboriginal people in the room. It was like, "Now you know how it feels!"'

The yarning circle covered four key topics: cultural approaches to working and workforce, infrastructure, supporting parents who use AOD, and treatment and diversion.

Taylor said the process and the outcomes had left her with 'a lot of hopes,' particularly around Aboriginal leadership, which she urges people to take hold of.

'We're in jobs that never existed before, and this is our chance to fight for what's right,' she said.

## Missed opportunity

**Alison Churchill** told the conference she supported the 56 recommendations of the NSW Drug Summit but that it was a 'missed opportunity and a tragedy' that the perspectives and needs of people in prison, and their families and kin, went unrepresented.

'We've got over 10,000 people that are incarcerated in our prisons... every year, 20,000 people ...They're at the pointy end of the AOD laws, and there was zero consultation or concern.'

'They don't have access to safe injecting equipment. They don't have access to AOD counselling. There's limited options in relation to opioid treatment programs.

'And then we know there's perpetual problems when they come out of custody. This was completely omitted from any of the conversations,' she said, adding that it was not too late to commission a body of work to include people in prison in the discussions.

Churchill was also dismayed that, despite many voices 'overtly and covertly rumbling in the corridors about the need for decriminalisation,' this was not reflected anywhere in the Summit's recommendations.

**Michael Woodhouse** told the conference he was optimistic that the wider community and those who make policy were coming around to seeing AOD use as a health, rather than a justice issue.

# Panel discussion

continued

'The opportunity for us,' he said, 'is to keep on finding concrete parts of the work that we all know needs to be done, to explain it to the broader public, to continue to make this less scary for politicians to be doing the right thing.'

He also hoped that, as the next 10-year strategy was rolled out, it was done in genuine partnership between governments, services, clinicians and academics, and most importantly, people with lived experience.

'If all of us are working together and having some of those tricky debates about, "what do we move on first and in what order, and how do we resource it?" We've got a real chance of success,' he said.

**Stephanie Stephens** told the conference that recommendations from submissions to the Issues Paper from the Federal Inquiry should be implemented.

Stephens praised the Issues Paper's acknowledgement of the need to work across sectors and address the social determinants of health, the recommendations around short term contracts and data collection, and thoughts around stigma, working through a health lens, and harm minimisation.

## Grassroots

**Maureen Steele** rounded out the panel by speaking to the long haul of getting things done in AOD policy.

She was one of only two lived experience voices in the historic 1999 NSW Drug Summit and said the recommendations of the current summit were basically the same. 'It doesn't feel like much has changed,' she said.

Steele reminded the conference that it's not summits, inquiries and reports that change hearts and minds, but hard consistent, grassroots work on the ground.

'As far as I'm concerned,' she said, 'the NSW Users and AIDS Association (NUAA) was responsible for getting Sydney Medically Supervised Injecting Centre up. And as per usual, drug users don't get acknowledged for the work they did.'

Steele described how NUAA's then policy officer, Dr Rod Bennison, worked tirelessly and unacknowledged to brief politicians of all stripes well before the summit was even announced, paving the way for the summit recommendation and legislation allowing the trial of a safe injecting facility in 1999.

'A lot of that advocacy work does get forgotten,' she said.

'But it's so important. In America you have town halls. I'd love to do those in Australia, just go and talk to community... more and more of it all around, grassroots groundwork and I think we can get there.'

*Note: The opinions shared above are the panelists' own views and may not reflect the views of employers.*


Panelists Alison Churchchill, Tina Taylor, Craig Worland, Stephanie Stephens and Michael Woodhouse; and discussion facilitator Robert Stirling. Photos: Helene Cochaud

# Purposeful leadership and worker wellbeing

**Michele Campbell** NADA

**When I first moved into a leadership position, working in a small NGO in a regional area, I had limited opportunity to learn from others. Being one of the few managers, much of my learning was on the job and by trial and error. Yet growth doesn't happen in a vacuum; I completed further education in leadership and management to support my development in the role.**

Another option you could consider for professional development is to join a community of practice (CoP). These are groups of individuals with a common interest coming together to share knowledge, solve problems, and develop new ideas; they are not bound by organisational hierarchies or geographical locations.

For leaders and managers, CoPs offer a dynamic and flexible approach to:

- **gain new perspectives** by learning from the experiences of others on common challenges.
- **access specialist expertise** from members to inform your decision-making
- **develop innovative solutions** to complex issues by pooling the experiences of members
- **spark creative ideas** and approaches through interaction with others
- **develop professionally** with opportunities for mentorship and encouragement to continually improve
- **feel supported by peers** who understand the unique challenges of leadership
- **strengthen professional relationships** with regular interactions that foster trust.

## Join the NADA Leaders and Managers Network

The **NADA Leaders and Managers Network** offers an opportunity for leaders and managers from NADA member organisations to connect, collaborate, and enhance their leadership capabilities.

Please submit your expression of interest by briefly outlining (maximum 100 words) why you would like to join and what you hope to gain from participating in the network to Yasmin Iese.

We look forward to hearing from you and working together to strengthen our leadership in the sector.


## Current opportunities

**>> Express your interest** Co-occurring mental health conditions in AOD treatment settings. Express your interest **ASAP.**
**>> Express your interest** Ministry of Health AOD training program. **Various dates.**
**>> Apply now** AASW supervision training. Express your interest **ASAP.**
**>> Apply now** AASW Putting theory into practice: Core skills. Apply **ASAP.**

# Member profile
## Wesley Mission

**For more than 200 years, Wesley Mission has been a trusted part of communities across New South Wales and Queensland. As a not-for-profit organisation, they've quietly made a big impact—supporting people through tough times and helping them find hope. From housing and foster care to mental health, disability support, and family services, Wesley Mission is there when it matters most.**

One of their key areas of work is through the Wesley Mission Child, Youth & Family team—a group of dedicated people who focus on early intervention and mental health support for children, young people, and their families. Their work is about more than just services—it's about helping families feel stronger, more connected, and better equipped to face life's challenges.

Through a mix of one-on-one support and group programs, the team helps young people build resilience, improve their mental well-being, and create healthier relationships at home and in the community. Their programs are practical, supportive, and always focused on what each family needs.

Wesley Mission offers supported playgroups, parenting workshops, tailored programs for children and young people, case management, drug and alcohol education, and local community events—each designed to bring people together and provide the kind of support that makes a real difference.

One of the exciting projects the team is currently running is a fun, inclusive after-school sports program for young people from culturally and linguistically diverse backgrounds. It's about more than just staying active—it's helping kids build confidence, learn teamwork and leadership, and form new friendships in a safe, supportive space.

At its heart, Wesley Mission is all about people—walking alongside them, offering support when it's needed most, and helping every child, young person and family feel seen, heard, and valued.

wesley mission

**Wesley Mission**
**Phone** 9263 5555
**Fax** 9264 4681
**Email** wesley.mission@wesleymission.org.au

## Welcome new member

**Salt Care began in Bomaderry, NSW, in 2011 (registered in 2018) in response to rising social disadvantage in the Shoalhaven. Today, Salt Care delivers a range of integrated programs that promote inclusion, connection, and practical support, offering a holistic, wraparound model of care grounded in compassion and dignity.**

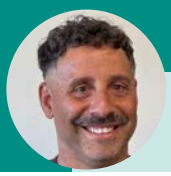
Salt Store provides groceries, meals, clothing, furniture, and essential support to over 1,250 individuals and families experiencing financial hardship. Safe Shelter Shoalhaven offers overnight crisis accommodation, while Salt Assisted Housing (SAH) supports people transitioning from homelessness to stable, independent living. Salt & Co operates as a social enterprise, creating employment and training opportunities. Salt NDIS assists people living with a permanent disability to lead full, engaged lives. The Salt Wellness Farm, Salt Care's Therapeutic Facility provides trauma-based recovery programs for people suffering from life hindering, mental health issues.

In May 2025, Salt Care launched its Empowering Recovery and Resilience AOD Wellbeing rogram, a free, trauma-informed initiative for people impacted by AOD dependency. This innovative program provides integrated mental health and AOD support, peer mentoring, and nature-based recovery pathways across Shoalhaven, Eurobodalla and Bega Valley. Learn more at saltcare.org.au

salt care

# Profile

## NADA staff member



**Nathanael Curtis**
Aboriginal Research Officer

### How long have you been working with NADA?

I have been working with NADA now for a bit over 10 months.

### What experience do you bring to NADA?

I bring over a decade's worth of experience working in the AOD and mental health sectors. Starting as an AOD caseworker, then managing the wellbeing team at the South Coast Medical Service Aboriginal Corporation, to an engagement role the Illawarra Shoalhaven Local Health District. So I have learnt effective casework, management, as well as data, and the stories they tell.

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

I am facilitating our First Nations Research and Data Reference Group here at NADA. This group's primary purpose is to inform, provide feedback on, guide and critically evaluate the way NADA collect, analyse, interpret, and report on data for First Nations people, both through NADAbase, and any other contact points that NADA has with research, data and publications.

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

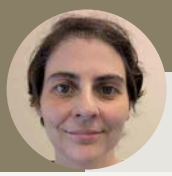
There are a few interesting parts to this role. Besides working alongside a great team here at NADA with the support they provide each other, as well as delving into the research world, I find meeting our members and hearing their stories and the great work they provide across our state to be something inspiring and encouraging.

### What else are you currently involved in?

I am heavily involved in my church, I love playing guitar and singing, going to the gym, and playing golf. But most importantly raising my three beautiful daughters, with my beautiful wife, and spending time with them is what I love most.

# A day in the life of...

## Sector worker profile



**Ilona Santa** Practice Manager, Addiction Counselling at CatholicCare Sydney

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

I've worked at CatholicCare Sydney for four years this year.

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

I was a counsellor for 12 years before moving into a management position a year ago. I've been a telephone crisis counsellor, provided art therapy, and spent most of my career in the gambling counselling space.

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

While I don't support clients directly any longer, I have the great privilege of supporting my staff to do the best work they can in helping our service's clients achieve the goals they set for themselves. The work I do offers a variety of activities: providing staff supervision, implementing quality assurance frameworks, ensuring there are support structures in place for staff and clients around risk mitigation, and of course having many, many meetings.

### What is the best thing about your job?

I really enjoy supporting staff. I treat them with empathy, compassion, offer direction and guidance.

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

Funding I think is on everyone's minds—everyone is stretched thin, providing the best services they can. There is no simple solution to changing this. I feel advocacy is a big important ingredient though. Making sure the right people see and hear people's struggles, because it is easy not to care when people are just numbers and statistics. It's harder to ignore the human story.

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

Exercise is a big way to help me manage my stress levels. I also partake in creative pursuits: writing and drawing, and I surround myself with good people who I have meaningful and supportive relationships with.

# Successful transfer of care to community

**By Dr Suzie Hudson, Clinical Advisor**

**For people completing AOD treatment, what comes next is just as important as what has happened in treatment. The transition back to everyday life can be challenging but, with the right supports, it can also be a time of growth, connection and sustained wellbeing. One of the most powerful tools during this phase is connection to community.**

A strong community can provide ample support to someone who has just completed treatment. An engaged support network can help in spotting early signs of distress or vulnerability. Friends, peers and mentors involved in someone's journey can be the first to notice subtle changes in mood, behaviour or routine that might suggest a risk of relapse. These early signs can be gently raised in a non-judgmental way, opening a supportive conversation before things escalate. When someone feels known, seen and cared for, they're more likely to reach out rather than withdraw.

The NSW AOD Clinical Care Standards highlight the importance of planning for the transition out of treatment. AOD clinicians are encouraged to begin conversations about discharge from the outset—focusing on the connections, services and supports that will help sustain progress after treatment ends.

At the NADA Conference 2025, Dr David Best used the concept of recovery capital to show how important connections can be during the transfer of care phase. Included in recovery capital is:

- social capital: supportive relationships with family, friends, and community
- physical capital: tangible needs like housing, income, and work
- human capital: personal strengths such as health, education and confidence
- cultural capital: values, beliefs and cultural identity that promote belonging.

Research focused on recovery capital shows that people who are actively involved in their communities through cultural activities, sports, volunteering or peer support are more likely to experience long-term positive outcomes from their AOD treatment experience. These meaningful connections reduce isolation, build identity and increase wellbeing.

AOD clinicians and services play a vital role in linking people with these community opportunities. Care Planning (CCS Standard 3) and Transfer of Care (CCS Standard 6) are specific elements of AOD treatment for exploring the community connections available. That's why services work to connect clients with local networks, including peer groups, health services, cultural organisations, and social or sporting activities.

These supports don't just fill time—they help people access life experiences they can stay engaged with.

At its heart, a successful transfer of care is a shared effort—between clients, clinicians and community. Together, we can make sure the journey doesn't end with treatment, but continues to grow through strong, connected and supported lives.

# NADA network updates

## NADA practice leadership group

The NADA Practice Leadership Group met on 14 May to which six members attended in person. There was a comprehensive update from Suzie Hudson (Ministry of Health) covering the meeting with the minister following the Drug Summit, the youth presentation and EOI for a youth advisory group, the Zero Suicide program and upcoming workshops with Justice Health and the Drug Court.

Updates from each member service garnered good discussion and input from the group. In particular, there was discussion around medicinal cannabis, new emerging CALD communities, research and evaluation projects, Youth Week activities and a revamped Drug and Alcohol first aid course.

The NPLG Skills Matrix was updated earlier this year and shared with the group. There are plans for annual training which will likely take place in July 2025.

## Youth AOD worker network

After a well-deserved break, the NADA AOD Youth Network held its first meeting of the year on 3 April. We welcomed new members, along with a new Chair and Secretariat. The meeting provided a great opportunity for members to introduce themselves, share service updates, and discuss emerging trends observed among young people. As it was the first meeting with several new faces, the focus was on building connections, exchanging information about services, and laying the groundwork for future collaboration. An important discussion also took place around working alongside schools and the role of AOD services in those settings.

The Youth AOD Network offers training, networking opportunities, and a valuable space for information sharing for AOD workers supporting young people. If you support young people, and work in a NADA member organisation, please send an email to join the network.

## Nurses network

A meeting of the Nurses Network was held on 28 April. There was discussion around standardised tools or templates being used by organisations and potentially creating a working group of the Nurses Network members to develop a standard set of criteria for use across NGOs. The members discussed use of domestic violence (DV) screening tools; some organisations include DV related questions in the outcome measures requested from clients, prior to intake.

The next Nurses Network meeting is on 23 June. This group provides a space for 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.

## Women's Clinical Care Network

The network held its second meeting for 2025 on 20 May. The meeting included a presentation by two members of the NADA Consumer Advisory Group (CAG) Nicole Edwards (NUAA) and Kate Johnson (Lives Lived Well) who described their own experiences of being treated by AOD services, both positive and negative. Nicole discussed the challenges in her role in Dubbo, where access to treatment is scarce and drug use is still very much stigmatised.

Members of the network were invited to provide input into the NADA response to the NSW Drug Summit report, in particular relating to family and community support. Constructive feedback and input from the Women's Network members into the 56 action items were discussed during an online session.

The next Women's Network meeting will be held on 12 August. If you are representing a current NADA member organisation providing AOD services and/or support to women and would like to become an active network member, please email us.

# NADA network updates
continued

## NADA multicultural AOD network

The Multicultural AOD Network held its first meeting on 1 May, bringing together a diverse group of professionals from across the sector. Chaired by Yasmin Iese and co-chaired by Teguh Syahbahar, the meeting opened with introductions that celebrated the cultural backgrounds and varied roles of members. A strong sense of shared purpose emerged, with participants expressing interest in collaboration, peer support, and deepening their understanding of multicultural issues in the AOD sector.

Key discussions included:

- **Meeting frequency:** Members agreed to meet quarterly, with flexibility to schedule additional meetings as needed. There was strong support for in-person gatherings, hosted on a rotating basis and supported with catering.
- **Sector updates:** Members discussed the cultural influences on substance use and barriers to service access, highlighting the need to strengthen cultural competence and improve data collection across services.
- **Collaboration opportunities:** The network explored ways to share resources and support collaborative initiatives, reinforcing the importance of collective action.

If you're interested in joining the network or would like more information, please email us.

## CMHDARN

**Celebrating research and collaboration**
CMHDARN recently had the pleasure of attending the official launch of the 'PARC Bondi Evaluation' hosted by Independent Community Living Australia (ICLA). This research, funded by CMHDARN's annual Innovation and Evaluation Grant, highlights the innovative step-up/step-down services that bridge the gap between hospital care and community-based wellbeing supports. The event was a powerful demonstration of how research can drive meaningful change, showcasing the tangible impact of dedicated efforts and collaborative initiatives in our communities. Witnessing the research come to life as a critical advocacy piece for ICLA, peak bodies, and the government was an exciting full-circle moment for CMHDARN.

**Innovation and Evaluation Grant announcement**
We are thrilled to announce that the 2024-2025 Innovation and Evaluation Grant has been awarded to One Door Mental Health for their project on addressing barriers to AOD support for culturally and linguistically diverse mental health consumers.

Stay tuned for more updates and thank you for your continued support!

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

# NADAbase update

**Mei Lin Lee PhD** NADA

## Reporting

NADA reported members data to the following:

- Monthly minimum dataset to InforMH for members who receive Ministry of Health funding
- 2nd Quarter for FY 23/24 (January–March 2025) data report (including outcomes data) for members who receive Primary Health Network funding
- July–December 2024 biannual data report to Ministry of Health for members who receive funding for the Continuing Coordinated Care (CCC) and Methamphetamine programs

## What's new? Now LIVE:

- **NADAbase** tutorials
- **Quick reference NADAbase cheat sheet**
- **Enhanced outcomes dashboard** now include days of substance use

## What're we working on?

- **New data items:** pregnancy status, number of children accompanying adult admissions and Child Protection Services (DCJ and/or NGO) involvement
- **Data dictionary updates, with FAQs and logic rules**

## We want to hear from YOU

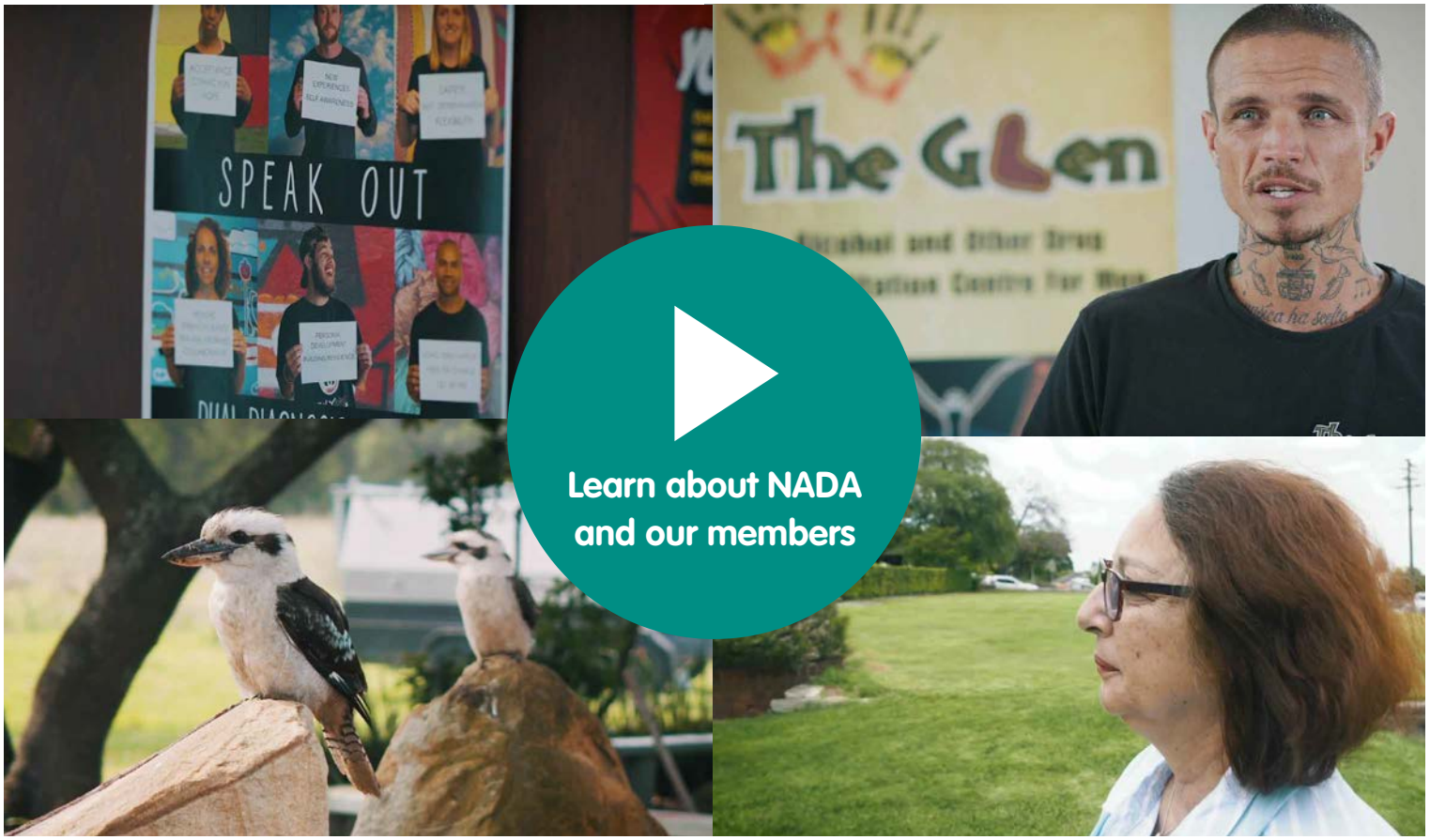
- A scoping review is underway for members interested in transitioning NADAbase to a Client Management System (CMS).

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

NADA
network of alcohol and other drugs agencies


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

**Download resources**



# Advocacy highlights

## Policy and submissions

- NADA put out two media releases in response to the NSW Drug Summit Report. Media was picked up by the ABC (radio and TV), 7 News, 2GB, and other online media outlets.
- Provided feedback on Draft Consultation Paper—NSW Strategy for Mental Health and Wellbeing.
- NADA provided NADAbase data to KPMG to highlight outcomes delivered by members for the evaluation of the Commonwealth Drug and Alcohol Program (DAP).
- A letter was sent to Minister Butler to congratulate him on his re-appointment and confirm his priority on AOD policy.

## Advocacy and representation

- Consultation by ACON on resource development for carers, friends and family of LGBTQ+ people using drugs.
- Meeting with the Department of Health, Disability and Ageing and the National Indigenous Australians Agency to provide an update on our work, key member issues, and KPI standardisation implementation. NADA has suggested a national process to develop a performance framework and review of overall AOD governance, as well as data governance structures.
- Participation in HumanAbility (Jobs and skills council) qualifications review consultations.
- Attended state and territory peak body focus group for the evaluation of the Commonwealth Drug and Alcohol Program (DAP).

**NADA continues to represent the sector with key stakeholders:** NSW Ministry of Health; Department of Health and Aged Care; DSS Community Grants Hub; NSW Dept of Communities & Justice; NIAA; PHNs; ACDAN; ADARRN; AADC; AOD Peaks Network; NUAA, ACI, DPMP; DVNSW; NTV; MHCC; NCOSS; NCETA; DACRIN; USyd Matilda Centre, UQ, UoW, UNSW, TAFENSW.

**Ongoing meeting representation:** NSW Ministry of Health AOD NGO Reference Group; NSW NGO Advisory Committee, DAPC, QIT Sub Committee, CAOD Values Based Health Care Advisory Group and working groups, Living and Lived Experience Workforce Steering Committee, ACI D&A Executive Committee; State and Territory AOD Peaks Network, AADC Members Council; AADC Policy Officers Network, NCOSS: FONGA, NCOSS Health Equity Alliance, MoH Strategic Research and Evaluation Advisory Group, MoH AOD Stigma and Discrimination Working Group, and more.

**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.**

## Contact NADA

**(02) 9698 8669**
Gadigal and Birrabirragal Country
PO Box 1266, Potts Point, NSW 1335

**Robert Stirling**
Chief Executive Officer
(02) 8113 1320

**Chris Keyes**
Deputy Chief Executive Officer
(02) 8113 1309

**Michele Campbell**
Clinical Director
(02) 8113 1312

**Raechel Wallace**
Aboriginal Program Manager
0456 575 136

**Nathanael Curtis**
Aboriginal Research Officer
0423 947 722

**Antonia Ravesi**
Program Manager
(02) 8113 1322

**Yasmin Iese**
Program Manager
(02) 81131306

**Jennifer Uzabeaga**
Consumer Engagement Coordinator
(02) 8113 1307

**Majella Fernando**
Project Coordinator
(02) 8113 1365

**Mei Lin Lee**
Senior Research Officer
(02) 8113 1319

**Samantha Toaouk**
Business Analyst
(02) 8113 1308

**Jawaahir Alim**
Project Support Officer
(02) 8113 1324

**Michelle Black**
Research Project Officer
(02) 8113 1320

**Sharon Lee**
Communications Officer
(02) 8113 1315

**Jo Penhallurick**
Operations Coordinator
(02) 8113 1317

**Angela Liyanto**
Administration Officer
(02) 8113 1311

Photo by Kris Ashpole