Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 4: December 2025

Art of risk

NADA network of alcohol and other drugs agencies

CEO report

Dr Robert Stirling NADA

Welcome to this issue of the Advocate, where we explore how the sector navigates risk—a topic that underpins the sustainability and integrity of our work in the AOD sector. In an environment shaped by political uncertainty, heightened public scrutiny and accountability, and increasing complexity in service delivery, our sector continues to demonstrate positive outcomes for NSW communities.

Clinical risk management is an area of priority, and one that we are collaborating on with the NSW Ministry of Health to ensure the implementation of Clinical Care Standards within the NGO sector. Services must balance innovation with safety, particularly when responding to emerging drug trends and complex client needs. NADA supports members to ensure that they have sound clinical governance frameworks, workforce development initiatives, and tools that promote best practice.

The AOD sector is well adept at understanding and navigating the politically risky environment we operate in. Recent activities, such as the NSW Drug Summit, the Drug and Alcohol Program evaluation and the reinstated Federal Inquiry into the health impacts of AOD will shape the space that we work in. NADA is actively engaging with government to ensure that reforms reflect the evidence-and-practice-base and the voices of our members. We hope that our submissions, including our recently released Pre-budget submission [PDF] will put the needs of members at the front of the decisions of policy makers and funders.

The NGO sector operates in a space where public perception matters. Misunderstandings about harm reduction or treatment approaches can lead to reputational challenges. NADA supports members through clear communication strategies, media engagement, and sector-wide messaging that reinforces our commitment to compassion, cultural safety, and evidence-based care.

As services increasingly adopt digital tools and explore artificial intelligence (AI) for data analysis, client engagement, and operational efficiency, new risks emerge. AI systems must be implemented ethically, with safeguards to prevent bias and protect client confidentiality. Cybersecurity threats—including ransomware and data breaches—pose significant risks to client privacy and organisational reputation. NADA is working with members to strengthen cybersecurity through training, secure systems, and compliance with privacy legislation, especially in relation to NADAbase.

Risk will remain a constant—but so will our sector's commitment to collaboration, transparency, and evidence-based practice. Together, we can turn challenges into opportunities and continue building a brighter, kinder future for people who use, or have used, AOD. Risk is often viewed negatively but it isn't always so. We hope government will show political courage in establishing new AOD strategies that will set the sector up for positive reform over the next 10 years.

In an environment shaped by political uncertainty, heightened public scrutiny and accountability, and increasing complexity in service delivery, our sector continues to demonstrate positive outcomes for NSW communities.

While I'm excited by some of the big plans for 2026, I'm also excited to share that I'm part of the Social Impact Leadership Australia (SILA) program [PDF]. SILA is a national capacity building and leadership program designed specifically for CEOs of Australian for-purpose organisations. The program involves a remarkable combination of executive coaching (for CEOs and Step Up Leaders), curated leadership retreats/intensives, peer learning groups, organisational capacity building, and a three-month sabbatical. I will be taking a sabbatical from NADA, from 1 January to the 1 April 2026.

During the next three months, the awesome Chris Keyes (Deputy CEO) will be stepping up to lead the work of NADA. Chris has extensive service delivery, workforce and advocacy expertise, deep knowledge of our organisation, members and the sector, and is incredibly well-placed to lead the NADA team over the coming months.

We hope that you enjoy this issue of the Advocate, showcasing great examples from the sector. On behalf of the NADA Board and team, we wish you safe and happy festive season and look forward to working with you in 2026.

Painting the art of risk

The space in between our duty of care and the dignity of risk is multilayered and nuanced. By giving light to the possibilities, we can harness risk for growth and change. By Lauren Mullaney, Triple Care Farm.

I went to a few painting classes a couple of years ago. It's not as if I'm especially talented in this area, but you know how it goes. I was there for the *experience*, with a friend.

One of the first things we had to produce was a landscape, which sounds simple enough. However, conjuring the picture in my head versus putting it onto the canvas was a different thing entirely. I realised the vast fields of green were underpinned by a multitude of other colours. The trees also had a great deal of variability. It was about depth and nuance.

There's a fine line in painting: knowing when to add more layers versus overworking it. Ensuring that the landscape wasn't so abstract that it didn't represent what it was supposed to be, or so 'perfect' that it lost what made it unique.

It was also about having the right tools and the right environment in which to paint. For instance, I had to consider the brushes I used, the size of the canvas, the type of paints, and make sure the room was well lit and equipped with an easel.

Now, for those of you who *do* paint, this is no doubt a simplification of what you do. Yet this experience reminded me how similar painting is to the work we do when balancing and understanding risk.

Risk management is not just about what we think we see. More often than not, it's about acknowledging what lies beneath. It's about understanding that our assumptions—and the lens we already bring—can influence the outcome: our gender, our sexuality, our race.

It's about recognising our bias, whether it's positive or negative.

In a work context, our lens is also shaped by our policies and procedures, our specific roles, and the laws or legislation we work within. At times, this can be beneficial; at other times, we may become stuck within these 'rules' and have difficulty seeing beyond them—seeing what *could* be possible.

Our capacity to respond also depends on the resources we available to us. These might include tangible things like finances or staffing ratios, or less tangible factors like feeling time poor or believing that the risk isn't actually ours to manage.

All of these elements collectively inform our final product —our landscape—our risk aversion and our approach. There's always the possibility of not 'doing enough' because that's just 'how it is', or because we lack capacity. Conversely, we might 'overwork' it to the point that it becomes restrictive.

By acknowledging the pendulum that swings between these extremes, and what we bring to each situation, we can work towards achieving a healthier balance, between our duty of care and the dignity of risk. If we consider what could be possible, rather than just what we think we see, we can harness risk for growth and change. And of course, that benefits not only us, but also the clients we serve.

Now, if only my actual artwork had reflected this possibility —I could be producing masterpieces!

CASE STUDY

Managing risk in crisis accommodation

Gary Smith, The Haymarket Foundation

Located in inner city Sydney, the Haymarket Foundation (Haymarket) operates in a high-risk, high-need environment working with people who have experienced complex trauma and disadvantage, homelessness, AOD-related harms and mental health conditions.

We acknowledge that some risk is necessary to advocate, innovate, and respond to evolving client needs. We manage risk through a comprehensive risk framework that includes a risk appetite statement, risk policy, risk register and incident reporting. We anticipate and respond to risk by understanding each resident's history and needs, and by embedding risk assessment throughout the client journey.

Our staff are often exposed to challenging and unpredictable situations. We support staff by providing specialist training in trauma-informed care and de-escalation; access to clinical supervision and management support; a culture that encourages ethical risk-taking, reflection, learning, and innovation; new workforce models that strengthen wellbeing, diversity, and inclusion; and robust governance through annual review of the risk framework.

Client journey

Jonas[1] self-referred to Haymarket. At intake he did not disclose his tendency to accumulate possessions or the distress he experienced from it. The issue became apparent to staff over a few weeks. Jonas' modest living space, that is shared with others, had become increasingly cluttered. It was impinging on the amenity of others until it was not possible to share; it was difficult for staff to access, and became a fire and health hazard. Informal support was not effective.

Jonas's support worker submitted an incident report, triggering our incident and risk management process. The incident is described, categorised, brought to the attention of management, and ways were found to effectively resolve and remediate the issue.

Jonas and his case manager revised his support plan to:

- reinforce the service agreement rights and responsibilities for staying with us. This was a trauma-informed collaborative process, in recognition that Jonas had a complex psychological relationship with possessions
- include a written agreement between Haymarket and Jonas about managing his accumulation of possessions
- closely monitor possessions bought onto the premise and more frequent room checks
- schedule times for staff to support decluttering
- include regular updates at shift handover meetings.

During our investigation and assessment of the 'incident' we discovered Jonas had a visual impairment. This was likely to have contributed to his inability to maintain and organise his space. Optometric support was incorporated into his plan, as well as engagement with specialist hoarding service for support and advice.

What did we learn?

At an individual level, the 'incident' and response benefitted Jonas. He is working with support workers to manage the risk. With a better understanding of Jonas' risk, his case manager can devise an appropriate independent living support plan so he can have a sustainable tenancy in the community.

We also learnt at a systemic level:

- the risk of future hoarding incidents is highly probable, and there are previous examples of it, so we developed and implemented a hoarding protocol
- there was an opportunity to consider refresher front line staff training on hoarding and squalor and relevant resources
- any incident is an opportunity to review our procedures and internal risk register to ensure it adequately capture the risk and controls in place.

Dignity of risk vs. duty of care

We all make decisions that are less than perfect and have that right. We recognise the 'dignity of risk' and also work to understand *why* a person is taking risks. For Jonas, he was not *choosing* to hoard. His tendency to do so has complex underpinnings: mobility. visual impairment, and mental health condition. The 'dignity of risk' must always be balanced against our duty of care: when we recognise a client is potentially harming themselves or others, we are obliged to support the person to minimise the risk. It is a balancing act that is challenging to navigate.

Risk through the consumer lens

We often conceptualise risk through the perspective of a service. But what about the client? For people accessing AOD services, risk is complex. It is personal, social, and structural. It shapes whether they seek support, how they experience services, and whether their treatment goals are sustainable. Step into their shoes to learn why. The NADA Consumer Advisory Group (CAG) and Jennifer Uzabeaga (NADA) explore the perceived risks of engaging in AOD treatment and unlock possibilities when we reimagine risk through lived and living experience.

THE RISK TO ENGAGE

IMAGINE... You want to access AOD treatment, and your family and court insist you need it, but the process feels overwhelming. Friends share mixed experiences with services; one said they were discharged for choosing not to share details about another person. The pressure builds—you wonder if maybe things aren't that bad—maybe you don't need it after all. But deep down, you know you do.

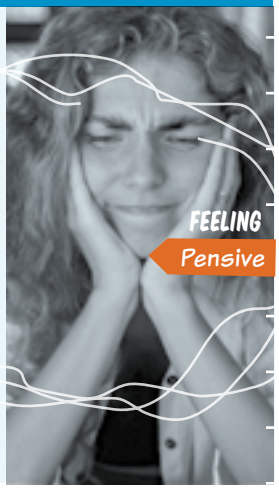
Every call you make forces you to reveal your most painful truths, and you are terrified of judgment and stigma. One service says your mental health is too high-risk; another rejects you as 'too complex' because of legal issues—after you've already poured your heart out. It's exhausting. Door after door closes, and slowly, you begin to feel like there's nowhere you'll be accepted. You are caught between keep trying or giving up.

WHEN TREATMENT FEELS RISKY

You persisted and were accepted into treatment. But this brings a new set of challenges. You need to be there to keep your kids at home with you—you would do anything for them. But each day revolves around meeting expectations so you don't lose your freedom, your housing, or the fragile relationships you are trying hold together. Fear and guilt consume you.

Inside the service, it feels like there is only one way forward—their way. When you try to express what you need or suggest alternative approaches, they labeled you as non-compliant. Is being honest really worth the risk? You shared your story confidentially, but somehow it got out. It reached agencies you never agreed to involve, which shattered your trust. So, you start to withdraw because you're unsure if your vulnerability will be used against you. Your future seems to hinge on compliance.

THE SILENT RISK



You showed up, followed every rule, and fought hard to reach 'stability'. You made it! It feels like you crossed a finish line, until the support begins to fade. The calls stop. Check-ins become rare. You are celebrated as a success, and suddenly, you're no longer a priority. On the surface, you look fine, but inside, you know it isn't over. When you ask for guidance, the conversation isn't about staying strong; it's about how quickly you can re-enter the program if you relapse. But you're asking for a hand to keep moving forward, not a safety net for falling back. The message is clear: stability means goodbye.

Meanwhile, life outside treatment feels fragile. Employment is uncertain. Housing is unstable. Family relationships are complicated—sometimes dangerous. You're stepping back into environments that can undo everything you've worked hard for. You crave consistency, connection and someone to walk alongside you. Without that, the risk of slipping away grows heavier every day.

Consumer perspective

continued

There's another way: peers as bridges

Imagine walking into a service where trust feels like a fragile thread—ready to snap at any moment. You've carried the weight of stigma for so long that it feels like part of you. Every glance, every question, every form whispers judgment, reminding you that acceptance is never guaranteed. You came because you want help, but you also want dignity. You want to feel like a person more than a case file.

Then, someone sits beside you—not across a desk, not behind a clipboard—but *right next to you*. They've walked this road. They don't just listen; they truly understand. In that moment, the room shifts. It feels human.

Peers—people with lived and living experience—are the bridge between two worlds: the structures of treatment and the messy reality of life. They walk with you, not ahead of you. They create spaces where you feel seen, respected, and safe. This isn't just about reducing stigma; it's about restoring dignity. It's about building real connection—the kind that transforms treatment from a process into a partnership.

The NADA CAG highlight what can be done:

- Embed trauma-informed and culturally safe practices as standard.
- Design flexible, person-centred treatment pathways.
- Ensure continuity of care beyond discharge
- Invest in peer-led and co-designed models to strengthen trust and connection.
- Prioritise dignity, autonomy, and respect in every interaction.

Make change

Consumer participation will improve the quality of your services, lead to increased engagement in treatment, and will improve the relationship between consumers and staff. Take part in a trial for the new version of the NADA Consumer participation audit tool with new content to guage organisational readiness for the peer workforce.

To learn more about the trial or discuss consumer participation at your service, contact Jennifer Uzabeaga.

New resource

NSW alcohol and other drug sector orientation guide

Embarking on a career in the NSW AOD sector? The Orientation guide for the AOD sector in NSW is your essential companion as you begin this journey of supporting individuals, families and communities impacted by AOD use.

The guide offers a practical overview of essential knowledge, core principles, and practical resources that define AOD practice. It's designed to help you confidently navigate the sector and set yourself up for success.

This resource was created through a partnership between the National Centre for Education and Training on Addiction (NCETA), The Network of Alcohol and Other Drugs Agencies NSW (NADA), and the NSW Ministry of Health, with funding support from NSW Health and the Department of Health, Disability and Ageing.

How do you approach risk in your service

Belinda Waugh Nursing Unit Manager
Calvary Riverina Drug and Alcohol Centre

What does risk look like to you?
We want to provide a safe service that does no harm, but it is impossible to alleviate all risk. Knowing where the risks are and implementing strategies to mitigate them improves the chances of a positive outcome. The risks in the service I run are reflective of those across the sector including staff safety, client safety, stigma, financial safety, recruitment and retention, skill mix, and isolation in the rural setting.

Working with and supporting our clients is a privilege. The clients we work with are some of the most resilient people in society; it takes strength to keep getting back up and trying. They carry more than their fair share of risks in their lives. This may look like substance use risks, physical and psychological risks, behavioural risks, housing risks, domestic violence, child welfare, and cultural risks.

How does that impact the way you work with clients?
AOD services are in place to address risk taking behaviour. When examples such as this are taken into consideration when care planning, how do we match treatment to clients to facilitate the best outcomes? How do we address all these risks in one setting?

The key, I believe to working with clients in this sector is a thorough intake assessment, this becomes the foundation for risk identification. Care planning then becomes the risk mitigation, or management plan for the risks. We aim to 'do no harm', so treatment matching with individuals risks in mind is the next step. This is where we sometimes 'take a risk'. Not all clients clearly fit into different settings so sometimes we decide to own the risk and implement a plan to manage it.

How do you support the workforce to navigate risk?
Risk is a part of daily conversations where we communicate for safety. This occurs during handover between shifts and within a team huddle at the start of a shift. Individual client or service risks are highlighted, and a plan is in place for all risks. Risks are reviewed during care planning and multidisciplinary clinical reviews.

The staff play a large role in identifying and reporting new risks. Staff are encouraged to enter incident reports when anything occurs outside of the normal parameters of service provision which results in this positive reporting culture. Reviewing these incidents monthly and annually provides opportunity to learn and grow. Learnings are shared with the team following incident reviews and this results in changes in procedure and reduces the risk of repeating the incident.

Nic Nash Manager
WHOs Southern NSW

What does risk look like to you?
Risk in a residential community service setting is a complex concept and can emerge from various factors in the working and living environment. These can include but are not limited to health and safety risks, psychological risks and physical risks.

These different types of risk are a part of our everyday practice and can influence the way that we operate in the workplace and deal with clients. With risk comes uncertainty, but with appropriate procedures we can navigate and minimise the severity of risks to the best of our ability. And, in addition to the above, there are also positive and necessary risks, which are essential to the growing and learning experience of our clients. For example, a client in a residential AOD setting taking leave may come with a risk of relapsing, but the alternative is a lack of both reintegration into community, and the building of relapse prevention and general living skills.

How does that impact the way you work with clients?
These risks and the ongoing consideration of them can impact the way we work with clients in many ways. Risk, from a treatment perspective, can be a balancing act between duty of care and mitigation, and a client's 'dignity of risk'. Staff need to try to balance the management of these risks, and protecting the wellbeing of themselves and clients, while still empowering clients to make their own choices and live as independently as possible.

Continued overleaf

We asked you

CONTINUED

The focus on risk should shift to being on positive risk-taking and increasing independence. These factors allow collaboration between client and staff to develop support plans, inform case management and goal setting, and enhance the learning experience that is living in a residential community.

How do you support the workforce to navigate risk?
We encourage a general awareness and ongoing discussion of risks. It is important to have processes in place which record and review potential risks on a regular basis, to build this awareness and help to reduce the severity if risks are actualised. Supporting the workforce involves regular training, regular review and update of procedures, clear practices and an environment that encourages open communication. Additionally, ongoing supervision and opportunities for debriefing are an important part of the ongoing improvement of the service and awareness of navigating risks as a team in this environment.

Delivering health and wellbeing outcomes in NSW communities

During 2024/25, members entered **28,499** episodes for **19,072** people into NADAbase.

70% of people reported improvements in their quality of life

71% of people reported improvements in their mental health

63% of people reported reduced severity of dependence of their AOD use

45% of people reduced their drug use

35% of people maintained no drug use

As this year ends, we would like to acknowledge the incredible work of the NSW non-government AOD sector. They play a significant role in responding to the needs of people who seek support. 70% of people who accessed NADA member services reported an improvement in their quality of life. Given the broad range of clients that members see—presenting with growing complexity—this result is phenomenal!

Cyber safety 101

Corporate data breaches and large-scale virus attacks are always breaking news. But what if your service became the target? Amy Jarman (Workventures) shares cyber safety essentials for people working in NGOs.

You've got back-to-back appointments, urgent reports to complete, and a mountain of emails waiting. As you scan, one email catches your eye—it looks like it's from your client or case management system. 'Your account has been locked! Please reset your password,' it instructs.

You only reset it last month, but you can't afford to lose access. So you click the link, log in, and… the page crashes. No time to deal with that right now—the phone is ringing, so you move on.

A few hours later, you notice strange activity in the system. Some account settings have been changed. A few emails have been sent from your account that you don't remember writing. That 'reset password' email wasn't from your system after all; it was a phishing scam designed to steal your login details!

Sound far-fetched? Unfortunately, it's not. Attacks like these happen every day, especially to NGOs. And here's the key point: *even with spam filters or antivirus software, no technical tool blocks 100% of attacks*. Criminals constantly change tactics and use social engineering to exploit the human vulnerability (psychology, urgency, trust) to slip past tools and target people. That's why *you* are the organisation's strongest defence.

Why non-government organisations are a target

It's easy to think that because your organisation isn't a big corporation or doesn't have millions in revenue, no one would bother targeting you. But the truth is, cybercriminals know smaller organisations are often the easiest to breach—and they have a lot to lose.

Here's why

- Many NGOs don't have dedicated IT or cybersecurity teams and no immediate tech support available in-house.
- Staff are stretched thin, balancing client needs with administration and reporting.
- Systems can be older or harder to update regularly.
- Many NGOs rely heavily on trust, email communication, and volunteers, making phishing and social engineering scams more likely to succeed.
- Most NGOs now depend on multiple cloud-based services and vendors for their core systems such as client or case management systems, accounting or HR platforms, meaning sensitive data is spread across multiple systems, usually without proper oversight of how they're set up and secured.
- And most importantly, organisations like those in the NADA network hold incredibly sensitive and valuable data about people.

NGOs also depend on trust and reputation. Even a small data breach can damage relationships, compromise client privacy, or jeopardise grant funding.

This makes NGOs and health services a prime target. A single click on the wrong email link can expose client data, disrupt services, and cause major stress for staff and clients alike.

Small actions make a big difference

You don't need to be a tech expert (or have a big budget) to protect your organisation and your clients. A few small habits and tools can dramatically reduce your risk. Humans first, tools second. Think of technology (spam filters,

Cyber safety 101

continued

antivirus etc) as seatbelts and airbags: essential, but not a guarantee. Safe driving habits, for example, pausing before you click, using strong passwords and enabling multi-factor authentication (MFA) are what prevent most incidents.

Here are some practical steps you can take right now:

1. Turn on multi-factor authentication
You've probably used MFA before—when a system sends a code to your phone or asks you to approve a login through an app. This simple extra step makes it much harder for anyone to break into your account, even if they have your password.

Think of it like locking your front door and setting the alarm. It's a second layer of protection that stops the most common password attacks from successfully gaining access to systems.

Tip: Turn on MFA wherever it's available—especially for your email, client systems, financial systems and cloud storage (like Microsoft 365 or Google Workspace). And make sure it's enabled for all users!

2. Use strong, unique passwords (and a password manager)
Passwords like 'Summer2025' or 'Welcome1' might be easy to remember but they're also easy to guess. And it's not just someone trying random words to crack your password: attackers use advanced automated tools to run millions of guesses per second (a technique called 'brute-force'), try common patterns across lots of accounts ('password spraying'), and even reuse passwords stolen from other breaches ('credential stuffing'). Short or common passwords are cracked by these tools instantly. Instead, use long, random combinations that would take years for these tools to crack and be impossible for a human to guess. For example:

Good: 3Purple!Piggies!River-Swimming
Bad: Password123 (cyber tools crack this in less than a second!)

And here's the real lifesaver: use a password manager app (like Bitwarden or 1Password) to securely store and remember all your passwords for you. It helps you create strong, unique passwords for every account without writing them down or reusing the same one everywhere.

3. Watch out for phishing emails
Phishing is when someone tries to trick you into giving up information or clicking a malicious link—often by pretending to be someone you trust.

Common signs include:

- unexpected password resets or invoice emails
- messages that sound urgent or threatening (e.g., 'your account will be locked in 24 hours')
- poor spelling or unusual wording
- links that look slightly 'off' (e.g., mygov.au.net instead of my.gov.au or gooogle.com instead of google.com).

If something doesn't feel right—pause before you click. Double-check the sender's address, where possible confirm with the sender via a phone call or other method, hover your mouse over the link to see where it leads—does it look like a legitimate web address? Or does it look like something completely unrelated? If it looks odd, don't click it!

4. Keep your systems up-to-date
Those annoying software updates? They're not just new features; they fix the latest security flaws that cybercriminals are actively attacking. So, when your computer, phone, or browser says there's an update, install it as soon as possible.

Tip: Turn on automatic updates wherever possible, so you don't have to think about it.

What to do if something goes wrong

If you ever suspect a cyber incident, like a strange login, missing files, or suspicious emails, report it immediately to your manager, IT contact, or whoever helps look after IT in your organisation to escalate the issue for investigation and support if needed. If you receive a suspicious email that others in the organisation might get, warn them not to click it (don't resend the email though!). The faster you act, the more likely it is you can contain the issue before real damage is done.

The bottom line

Cybersecurity can feel like a tech issue, but it's really a people issue. Just like you protect clients' wellbeing in person, these digital habits help protect them online. Your eyes and instincts are the frontline.

Every click, password, and update counts.

Resources

For more advice, visit the Australian Cyber Security Centre. You can also read WorkVentures' report with the NCOSS: Cyber Security in the NFP Sector.

WorkVentures provides practical cyber support for NGOs, including cyber awareness training, and tailored cyber assessments to help identify your highest risks and strengthen your organisation's defences. If you'd like guidance for your organisation, visit workventures.com.au/cybersecurity

New resource

Governance Toolkit

This toolkit has been developed to assist organisations within the NSW non-government AOD sector to improve governance knowledge and practice. This toolkit is aimed at voluntary Board members, paid CEOs, and other staff working at NADA member organisations, however, it is applicable across the range of non-government and community service sector.

Download this resource

The toolkit is divided into three sections:

Board responsibilities

***What* has to be done**

– provides an overview of the legal and other responsibilities of Boards.

Governance processes

***How* it is done**

– looks at how the Board works including committees, meetings, conflict of interest procedures, and managing the CEO.

Characteristics of an effective board

How to do it better

– provides tips on making the Board more effective.

The toolkit also highlights governance practice from the non-government alcohol and other drugs sector, provides practical resources, and refers readers to external sites for further information and other resources.

The first edition of this resource was published in 2011, and its development has been supported by a number of partners over the years. For this version, we would like to highlight the significant time and effort donated by Baker McKenzie Law Firm in reviewing and updating information and links within relating to specifically to current legislation and regulation.

Suicide and assessing risk

Sally Boardman and Christina Marel
The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney

Many factors that elevate risk of suicide are common among people entering AOD services, including co-occurring mental health conditions, trauma and social disadvantage. However, even in the absence of these factors, substance use alone can increase a person's risk of suicide. It's essential therefore, that we get comfortable talking about suicide and assessing suicide risk in AOD treatment services.

When should a suicide risk assessment be done?

Ideally, a thorough assessment of suicide risk should take place in the initial consultation phase and then also be assessed and monitored throughout treatment, particularly at pivotal points in treatment and at times of increased risk (e.g., during periods of instability, when experiencing additional stressors). Suicide risk is dynamic and can change over time. If a person presenting to treatment is not at risk of suicide at intake, it should not be assumed their low level of risk will remain the same.

Addressing suicide risk with the client

One of the most important points to know is that **discussing suicide with clients is vital and does not increase the risk of suicidal behaviour**. Rather, sensitive questioning by a healthcare worker can be a relief for clients who have been thinking about self-harm or suicide, and provides an opportunity to manage this risk appropriately, either within the AOD service, or in collaboration with mental health and emergency services.

What does a suicide risk assessment look like?

The assessment of suicide risk is a process through which an AOD worker directly enquires about suicidal thoughts (frequency, intensity, plans, intent), history of suicidal behaviour and self-harm, current stressors, hopelessness, and protective factors (e.g., family, friends, other services). While self-harming behaviour is a risk factor for suicide, it may not always be indicative of suicide risk. For some people, self-harm may function as a mechanism for coping with distress without there being an intention to die. Irrespective of intention, it is important to consider the lethality of self-harm behaviours in assessing risk. The table below outlines some dos and don'ts in regard to managing suicidality.

Managing a client who is suicidal

Do:

- ✔ Ensure the client has no immediate means of self-harm; remove weapons and potentially dangerous objects.
- ✔ Talk to the client alone—without any family or friends present.
- ✔ Allow sufficient time to discuss the issue.
- ✔ Discuss limits of confidentiality.
- ✔ Introduce suicide in an open, yet general way (e.g., 'sometimes people feel so overwhelmed they think about suicide, is this something you've thought about?').
- ✔ Ask the client about suicide directly. An indirect question may be misunderstood.
- ✔ Use clear unambiguous language that is non-threatening (e.g., 'thinking about suicide', 'killing yourself').
- ✔ Be non-judgemental and empathetic.
- ✔ Emphasise that there is help available.
- ✔ Validate the client's feelings and emphasise the fact that speaking with you is a positive thing.
- ✔ Consider what the predominant concern is for the client, and how you might be able to help remedy this concern (e.g., removal of stresses, decreasing social isolation).
- ✔ Contact the local mental health crisis team if the client appears to be at high-risk.

Don't:

- ✘ Invalidate the client's feelings (e.g., 'All you have to do is pull yourself together', 'Things will work out').
- ✘ Panic if someone starts talking about their suicidal feelings. These feelings are common and talking about them is an important, encouraging first step.
- ✘ Be afraid of asking about suicidal thoughts. Most clients are quite happy to answer such questions.
- ✘ Worry that questions about suicide may instil the idea in the client's mind or embarrass the client.
- ✘ Leave a high-risk client unattended.

Translating research into practice

continued

There are many tools that have been developed to assist AOD workers and services with the identification and management of suicide risk. One resource that may be useful is the Suicide Assessment Kit (SAK), developed by researchers at the National Drug and Alcohol Research Centre (NDARC). The SAK is a comprehensive assessment and policy package containing four key resources for AOD staff and managers:

SAK key resources

Resource	Purpose
Suicide risk screener	Designed for use at specific time points in treatment (i.e., admission, transition points, discharge), or when the client is suspected to be at increased risk of suicide.
Suicide risk formulation template	Designed to help AOD workers develop a comprehensive picture of background factors that may contribute to a client's risk of suicide, as well as strengths and protective factors that can be incorporated into management and treatment.
Safety plan	Designed to help AOD workers develop a plan with a client on how to manage suicidal thoughts when they occur.
Suicide policies and procedures pro forma	Designed to help agencies develop policies and procedures for the assessment and management of suicide risk, as well as documentation regarding file and resource sharing, referral sources, and procedures.

These, together with a number of other supporting resources can be downloaded from the SAK webpage. This is the screening tool that is currently in NADAbase and can be accessed by NADA member services.

Although these resources can be incorporated into AOD workers' everyday practice, it is vital that risk assessments are not conducted according to a checklist or routine. All clinicians bring a wealth of knowledge, background, skills, and experience, all of which should inform the evaluation and assessment of an individual client's level of risk. Suicide risk screeners and templates rely on AOD workers incorporating their knowledge, judgement, expertise, and skill in the assessment of risk—not on the template alone.

Before you go, did you know:

The term 'commit' suicide is a remnant from when the act of suicide was a criminal offence – it also has religious associations (i.e., to 'commit' a crime or a sin). The last Australian jurisdictions to decriminalise suicide were the Australian Capital Territory in 1990 and the Northern Territory in 1996. Similar to how we use non-stigmatising language when talking about AOD use, it is important that discussions involving suicide also remain non-stigmatising. Instead of saying 'commit' suicide, try saying 'died by suicide', or 'took their own life'. This language also takes away any mention of completion, attempt or failed which also carries implied judgement and stigma.

More information on suicide assessment and assessing risk can be found in the Guidelines on co-occurring conditions. You can also access free online training and find out about the Guidelines Community of Practice, which has been developed specifically for professionals working in AOD and mental health.

Toward Zero Suicide Prevention eLearning for the AOD workforce

The Centre for Alcohol and other Drugs, NSW Health partnered with HETI and a senior AOD Clinician Advisory Group to tailor the existing mental health modules for the AOD workforce. These modules will be available for all AOD providers whether in LHDs, ACCOs and/or NGOs. Further information will be sent out in line with Clinical Care Standards roadshows highlighting risk and the workforce development package.

Navigating risk as a leader

Michele Campbell NADA

'Where there is no uncertainty, there is no longer the need for leadership. The greater the uncertainty, the greater the need for leadership. Your capacity as a leader will be determined by how well you learn to deal with uncertainty.'—Andy Stanley

Leading in the NGO sector is deeply rewarding—but it's not without its challenges. Leaders in our sector often find themselves balancing passion with pragmatism, navigating risks that can impact not just their organisation, but the people they serve.

Leadership in our sector is not just about managing programs or securing funding—it's about showing up with heart, vision, and resilience. The path is rarely straight, and uncertainty is a constant companion. But within that uncertainty lies opportunity: the chance to innovate, to adapt, and to grow.

For example, some roles are tied to 12-month grants with uncertainty around renewal. Staff morale dips and people may start looking for more stable opportunities. Key staff may leave and there can be difficulty recruiting to short term roles.

Tips on managing this uncertainty:

- Transparency—keep the team informed about contracts, timelines and renewals. It often feels worse when people are kept in the dark.
- Plan for different outcomes, e.g., full funding, partial or no renewal
- Employ retention strategies such as professional development, flexible work, and redeployment orsecondment to help ensure people feel valued, work with strengths
- Build talent internally and maintain a network of possible people, such as past employees, students, volunteers.

As a leader, we're not expected to have all the answers. What matters most is how you respond—how you stay grounded in your values when the way forward isn't clear. Your integrity, your commitment to your vision, and your willingness to lead by example are what inspire trust and drive impact.

Remember the purpose of the organisation and how that aligns with why you do what you do. It is important to communicate this with your teams and model good work/life synergy which occurs when you are aligned with your purpose.

Embrace flexibility, cultivate resilience and focus on what you can control. For example, building and maintaining good relationships with funders, contract managers, staff and other stakeholders. It's all about connection.

Balancing risk isn't about avoiding it—it's about understanding it, preparing for it, and making bold decisions with wisdom. A tool you can use for support is the risk matrix.

Its key aspects are:

- identify risks relevant to your organisation
- rate each risk on how likely it is to occur and the likely impact
- prioritise risks that are highly likely and would have high impact
- develop strategies to mitigate or respond to each risk.

Examples of risks you could include funding not being renewed, key staff turnover, data breaches, program misalignment with the mission or vision of the organisation, staff burnout due to limited resources, or reputational damage.

So, embrace the complexity. Let your values be your compass. Lead with courage and remember: every challenge is a chance to reaffirm your purpose and strengthen your impact. Our sector needs leaders who are willing to step into the unknown and guide others with clarity, conviction, and hope.

Building confidence in responding to risk

By Dr Suzie Hudson, Clinical Advisor (Ministry of Health)

When supporting people who reach out to the AOD sector, we know it's rarely AOD use in isolation that causes harm. Experiences of trauma, mental health concerns, suicidal thoughts and exposure to domestic and family violence (DFV) are common, and we are well positioned to provide care with sensitivity and safety.

The AOD Clinical Care Standards workshops have assisted in growing confidence across the sector, including in the delivery of high-quality care that is truly trauma informed. One aspect of the 2025/26 workshops, Applying a harm reduction approach to risk, is focused on a suicide prevention training program designed specifically for the AOD workforce. It brought together people with lived and living experience, NSW Health Education and Training Institute (HETI), the Centre for Alcohol and Other Drugs (CAOD), Aboriginal Mental Health, and a wide range of AOD service providers—including Aboriginal Community Controlled Organisations (ACCOs), Local Health Districts and NGOs.

At the heart of this initiative is the adaptation of the NSW Government's Towards Zero Suicides approach. Together, we shaped eLearning modules and face-to-face workshops that use language and content relevant to the AOD workforce. This ensures the training isn't just informative—it's practical, culturally appropriate and impactful.

In addition to including suicide prevention content, these 2025/26 AOD Clinical Care Standards workshops will explore screening and assessing for DFV, address support for parents and their children, as well as sexual health, overdose and blood borne virus testing and treatment.

Challenging service delivery that can often be a siloed experience for people, this workforce training reflects the interconnected realities of people's lives. We will be inviting local colleagues from mental health, violence, abuse and neglect (VAN) services, child protection and sexual health services to participate and strengthen local pathways. By aligning how we deliver services in partnership, we're creating a more unified, compassionate and effective response.

Building confidence in responding to risk isn't just about ticking a box. It's about giving AOD workers the tools and knowledge to engage in these critical conversations safely and effectively. It's about strengthening the system so that every person who walks through the door feels supported, and we lean into building their own strategies to mitigate risk.

We're also proud to announce the launch of Towards Zero Suicides for the AOD Workforce: Suicide Prevention eLearning modules. If you're part of the AOD workforce, we encourage you to complete this training as pre-learning—especially if you're attending the upcoming Clinical Care Standards workshops. Access for NGOs and ACCOs will be facilitated by HETI. For details, email Ryan.Webster@health.nsw.gov.au or reach out to Suzie.Hudson@health.nsw.gov.au

Together, we can build a stronger, safer and more responsive AOD sector. I look forward to seeing you at the Clinical Care Standards workshop soon!

Research to improve practice

What happens when frontline services take the lead in research? Over the past year, six NADA members have done just that. Read how members lifted their research ability with the NADA Research Capacity Building Project.

Supporting Aboriginal women and researchers
The Glen Centre for Women

A/Prof Danielle Manton, Director of Indigenous Health Education (University of Technology Sydney)

What was the project objective? The project aimed to empower women and strengthen Indigenous leadership of research in AOD rehabilitation.

How did the project lift The Glen's research and evaluation capacity? Firstly, the project was undertaken as participatory research. This collaborative approach meant that Aboriginal staff were equal partners in all phases of the research process. They led all phases of the evaluation project, using the Yulang Holistic Health Framework[1] and culturally based data collection methods, like yarning.

The findings were rich as a result. Participants shared powerful reflections on their journeys, highlighting the impact of connection, culture, and community. *'The Glen for Women helped build my confidence up a lot… I struggled with meeting people and making connections.'*

Recovery was described as more than abstinence—it was about rebuilding relationships, identity, and spirit. *'Now that I'm clean and sober… I'm honest with them, I don't need to run away from them anymore,' said one participant about reconnecting with family.*

Cultural pride was central: *'Dancing has brought me to tears nearly each and every time… there's a lot more to Aboriginal culture than I'd ever known.'*

How did it elevate The Glen's research culture? The project demonstrated that Indigenous-led research, grounded in culture and lived experience, can be both transformative and effective.

Staff learned that research must be clear, culturally relevant, and grounded in lived experience. *'The questions were important, but they needed to be easier to understand.'*

Another insight was the value of lived experience. Staff found *'personal motivation and fulfilment in conducting the research'* because of their own connection to the program. This not only enhanced engagement but also improved the quality of outcomes. Coordinating with participants who had busy lives also taught staff the importance of flexibility and commitment in community-based research.

1. Williams, M., Ragg, M., & Bulman, J. (2023). A holistic view of health. Yulang Indigenous Evaluation. https://yulang.com.au/starburst-indigenous-evaluations/holistic-health/

Building a research and evaluation culture from the ground up
The Buttery

Theresa Caruana, Research Capacity Project Coordinator and Sam Booker, Clinical Director

What was the project objective? We wanted to evaluate the clinical outcomes of our AOD residential rehabilitation service, the therapeutic community. We wanted to gain a better understanding of participant experiences within treatment; what personal changes they attribute to the program, and what changes can be measured in psychometric scales; and if changes experienced are long-lasting and have acted to improve people's lives.

How did the project lift your research and evaluation capacity? The project lifted our capacity in several ways. We employed a project convenor to coordinate and

champion the project. We created a cross-organisational research and evaluation committee to guide the research and evaluation initiatives. And we upskilled the committee members in research with training from the University of Queensland's Institute of Social Sciences Research.

How did it elevate the Buttery's research culture? The project highlighted the impacts of meaningful evaluation into service delivery improvement. So, we invested in further research by employing a research and evaluation project convenor in 2025-2026.

The project also provided substantive evidence of the positive outcomes of the therapeutic community e.g., achieving recovery goals, reducing harm and maintaining wellbeing. It also provided evidence of areas for improvement e.g., enhancing psychological safety and need for more robust post-discharge data.

The evaluation findings have been fed into a Model of Care review conducted by Ernst and Young. This review reimagines treatment at The Buttery that is community as method, embedded with client-centered, trauma informed and recovery-oriented care.

Rich, real-time, bespoke data system

Directions Health Services Ltd

Corrina Trimarchi, Quality and Organisational Development Manager

What was the project objective? We wanted to improve our bespoke assessment, treatment and outcome measure (ATOM) system.

How did the project lift your research and evaluation capacity? The ATOM system makes research and evaluation much easier. It supports automated data extraction, has capacity for advanced data analytics, and delivers intuitive, and customised dashboards to support program evaluation.

How did it elevate Direction's research culture? We can now review performance data live, embedding evaluation as part of business-as-usual operations. The upgraded ATOM integrates client outcome data with biographical and episodic datasets, enabling advanced analytics, real-time performance monitoring, and program evaluation. Its dashboards track individual progress and program outcomes, supporting collaborative goal setting and improving service engagement.

ATOM data has already been applied in evaluating the innovative Sapphire Health and Wellbeing Service (SHaWS), which supports people with co-occurring AOD, mental health, and complex wellbeing needs. Preliminary results have informed knowledge sharing through presentations at AddictionZ and the NADA Conference 2025.

Overall, the project has built our capacity to capture, analyse, and interpret outcomes data, strengthening evidence-based service design and delivery. Enhanced system functionality and user engagement are improving client outcomes, enabling more responsive and tailored programs, and contributing valuable insights to the AOD sector's evidence base.

Lived and living experience workers as researchers

NSW Users and AIDS Association (NUAA)

Angie Kocsisek, Program and Policy Lead; Alice Pierce, Director of Programs.

What was the project objective? The project had a dual focus: evaluate our Postal Needle and Syringe Program (NSP) and build internal research capacity. The Postal NSP distributes around 200,000 units of sterile injecting equipment each year, including naloxone. We also wanted to enhance peer-led evaluation and organisational learning by engaging peers with lived and living experience (LLE) in structured training and research activities.

How did the project lift your research and evaluation capacity? LLE peers took three workshops to build their knowledge in research design, data analysis, and evaluation planning, while fostering leadership. The LLE Evaluation Working Group co-developed the Postal NSP evaluation framework and service user survey, embedding evaluation practice across our programs. A comprehensive evaluation report is underway, with future e-learning resources planned for 2025–26 in collaboration with NDARC.

How did it elevate NUAA's research culture? The project empowered LLE peers to participate meaningfully in evaluation, informed service delivery improvements, and strengthened our ability to use data for program design. The project also addressed barriers to research engagement by providing dedicated time and peer-led learning. These developments have enhanced NUAA's capacity for ongoing, inclusive, and evidence-informed evaluation across its harm reduction programs.

Research to improve practice

continued

Stories behind the data: People rebuilding their lives

The Haymarket Foundation

Aliza Denenberg, Manager Client Services

What was the project objective? We partnered with the City Futures Research Centre at UNSW to develop a comprehensive outcomes measurement framework that could truly capture the depth and impact of our work. We support people experiencing homelessness, harm related to AOD dependence, mental health challenges, and complex trauma. So, our project aimed to go beyond compliance reporting to measure the organisation's unique contribution—from trust and safety to collaboration and client empowerment.

How did the project lift your research and evaluation capacity? Through workshops, a literature review and co-design with staff, the project mapped existing data systems, identified gaps, and prioritised outcomes that reflect our values. The resulting framework combines quantitative and qualitative measures, integrating existing tools such as the Personal Wellbeing Index with new indicators focused on relationships, safety, and self-identified goals.

How did it elevate Haymarket's research culture? The project built confidence and ownership among staff, shifting evaluation from a compliance task to a process of learning and reflection. Teams developed a shared understanding of 'impact' and began using data to tell meaningful stories of change.

Haymarket is now integrating the new framework into its client management systems. Regular assessments, including the Personal Wellbeing Index, Client Outcomes Survey and Lawton's Activities of Daily Living assessment, will be conducted across the organisation to measure outcomes effectively.

The framework provides a sustainable model for continuous learning, quality improvement, and advocacy—helping us measure and communicate the outcomes that matter most to clients.

The outcomes measurement project has positioned the Haymarket Foundation as a sector leader in demonstrating the social value of complex, person-centred work. Ultimately, the framework ensures that the stories behind the data—the everyday progress of people rebuilding their lives—are visible, valued, and celebrated.

Empowering inquiry with statistical tools

The Community Restorative Centre (CRC)

Cassandra Kang, Strategic Development Manager, Advocacy Research Policy

What was the project objective? The CRC is the lead provider of specialist throughcare, post-release and reintegration programs for people transitioning from prison into the community in NSW. Our Advocacy, Research and Policy Unit (ARPU) was established to achieve better outcomes for people impacted by the criminal legal system on both a service delivery and systemic level through conducting research to guide our work. We used the grant to purchase data analysis software, with the aim of enhancing ARPU's ability to manage and analyse data.

How did the project lift your research and evaluation capacity? The software allowed CRC to collect and analyse large amounts of data more easily and accurately, and with statistical rigour. It also enabled ARPU staff to perform complex statistical analyses of the data, including capturing client and program outcomes not required by funders but pertinent to our own research agenda. We collect a range of data not typically available to government and academia, and insights gleaned from this frame our strategic direction, as well as informing our advocacy and policy work.

How did it elevate the CRC's research culture? The data analysis tool enabled us to embed research and evaluation into organisational practice. Having industry-standard software to assist with data analysis ensures that our programs are evidence-based, and that this evidence is translated into improved practices. Equally important is the ability to identify and cross-tabulate trends in our client population so that we can identify gaps in service provision and focus support where it is needed most, ensuring that our AOD program continues to assist clients to achieve their goals, particularly in relation to harm minimisation and reducing substance use.

Email Michelle Black to learn more about these projects.

The Research and Evaluation Capacity Building project aims to strengthen NADA members' ability to conduct meaningful research to improve service delivery and outcomes for clients. NSW Health awarded grants to six organisations to build research confidence and capacity within their teams.

Health
South Eastern Sydney
Local Health District

Community based clinical consultation

South Eastern Sydney Local Health District has established a new community consultation liaison clinical nursing role to strengthen support for primary care, NGOs and community health providers working with people who use AOD, their allies, friends, families and carers and other community supports. This role provides specialist clinical advice, case consultation and practical guidance to assist teams in managing complex presentations, navigating treatment pathways and ensuring clients receive safe, coordinated and evidence-based care.

Services can contact the community consultation liaison clinical nurse consultant for support with treatment planning, interpreting clinical guidelines, reviewing options for referral or transition, or discussing emerging issues in care. The role also offers secondary consultation, brief education and structured clinical referral or escalation where appropriate, to support clients and their supports in safe and informed decision-making.

The central focus of the position is bridging systems and relationship-building. By strengthening communication between NGOs, GPs, hospital teams and specialist AOD services, the role aims to improve continuity and transfers of care and reduce the fragmentation or sense of alienation that can occur when people's needs are not placed at the centre.

Currently developing and delivering this work is clinical nurse consultant Anna McVinish, who brings extensive experience across community, primary care and hospital settings. Anna's focus is on shaping the role into a practical, accessible and responsive resource for the workforce; while ensuring it remains flexible enough to grow in scope and utility according to the needs of the community and with client voices at the forefront of decision making.

The position is designed to be practical, accessible and adaptable. It is intended to evolve over time, supporting capability-building, shared problem-solving and improved coordination across community-based specialist AOD services and enhancing the interface between primary and acute care services.

You can contact the community consultation liaison AOD clinical nurse for:

- specialist clinical advice on AOD presentations, use and dependence
- case consultation for complex or uncertain situations
- treatment planning support, including risk management and care coordination
- guidance on referral pathways across primary care, NGOs and specialist AOD services
- troubleshooting care challenges, including service access or continuity issues
- interpretation of clinical guidelines, protocols and best-practice frameworks
- secondary consultation for teams seeking reassurance or shared decision-making
- brief education or other support with clinical upskilling, tailored to your service needs.

The role also focuses on:

- building links between primary care, NGOs, hospitals and specialist services
- strengthening relationships to support smoother transitions for clients
- bridging service gaps to reduce fragmentation and improve care pathways
- supporting collaborative problem-solving across teams
- enhancing workforce capability in AOD care
- responding flexibly to the emerging needs identified by services.

How to use this role:

- contact for a case discussion, quick question or shared planning
- request service-based support (e.g., team consult, education, guideline walkthrough)
- reach out early when situations become complex, unclear or resource-heavy and you believe that specialist clinical advice could help.

For information, advice or support, contact Anna on 0439 351 926, or by email. **For phone enquiries outside of office hours,** call the SESLHD Drug and Alcohol service centralised intake on 1300 001 258, or the Drug and Alcohol Specialist Advisory Service (DASAS) on 1800 023 687. **For urgent advice or in an emergency** contact 000.

Member profile

Toora

For over 40 years, Toora's purpose has been to support, connect and advocate for Canberra women who are impacted by domestic violence, homelessness, institutions and substance dependency to create better life outcomes and community change. Our work is motivated by a simple and powerful vision—women living with agency, dignity, safety and respect. These aren't just words—they guide everything we do.

Our services are inclusive, evidence-based and led by women—for women. We operate within a culture of empowerment and equality and provide practical support and individually tailored services within a safe, friendly and welcoming environment, so women can build the life they want to live.

We work holistically because life doesn't happen in neat categories. Many of our clients who are experiencing homelessness are also navigating complex challenges like domestic violence, substance dependency, and mental health concerns. We see the intersections between these issues and design support that reflects real life—not just one problem at a time.

Through both support and advocacy, Toora's many services listen together and work as one. This is our power and it is how we are able to change lives today, and society tomorrow.

This is Emily's story.

Emily, 48, has a history of heroin and alcohol use, beginning with binge drinking at 18 and progressing to heroin use at 31. For 10 years she was in an emotionally abusive relationship and her substance use continued for five years after the relationship ended. She also experienced trauma from the death of her father, and following this was estranged from her family. She suffered from depression and anxiety and was homeless upon arriving at Toora's AOD service, unable to continue working in her profession due to her addiction.

How support helped

Emily began treatment and recovery support at Toora's short-stay residential program, Lesley's Place, and then a month later was transferred to Marzenna House for longer-term support. She actively participated in Toora's Day Program, regularly attended her meetings and kept in contact with her sponsor. She commenced sessions with Toora's counselling service and with her psychologist in the community and worked intensively on self-esteem, grief, domestic violence issues, and emotional regulation. She adopted mindfulness and meditation practices to manage anxiety and improve focus and was fully engaged in case management and set recovery goals.

While with Toora, Emily began studies to obtain a Diploma in Business and Management. She reconnected with her family and was able to support her brother through terminal cancer. After eight months, she was offered a property with ACT Housing and moved out of Toora's AOD residential program into her new home to continue her life and recovery in the community.

Where she is now

Emily now has full-time employment and has finished outreach support. She continues to apply recovery skills in daily life and maintains structured routines with meetings, counselling, and work. She has now been abstinent for 14 months, has a strong connection with her peers and family, and is proactive with voluntary work in community groups and committees.

TOORA

Contact us

Phone: 6122 7000 (Weekdays 9am – 5pm)
Email: TooraAdmin@toora.org.au
Address: Weston Community Hub, Hilder Street, Weston Creek ACT 2611, Australia

Profile

NADA staff member

Majella Fernando
Project Coordinator

How long have you been working with NADA?

Just over a year. It has gone by in a flash, mainly because the first few months of 2025 was a blur of planning and implementing the NADA conference.

What experience do you bring to NADA?

I previously worked at a member-based red meat industry organisation and held a variety of roles. In my last position I looked after sponsorship, external events, and collaborating with external partners on joint marketing projects. I bring strong event, project management and communication skills as well as a keen interest and knowledge of databases, systems and processes.

What activities are you working on at the moment?

I am currently updating policy templates within the NADA policy toolkit. The toolkit is a valuable free resource for NADA members who can download and customise a policy template to suit their own organisation. This removes the burden of having to write the policies themselves.

The other key activity I am working on is the NADA Reconciliation Action Plan (RAP); tracking and completing our planned deliverables, co-chairing RAP working group meetings, reporting back to Reconciliation Australia and drafting the next NADA RAP. Additionally, I am the secretariat for several NADA networks.

What is the most interesting part of your role?

Working at NADA has been a highly educational experience and I have gained valuable knowledge and insight about a sector that was previously unfamiliar to me. It is fulfilling to work within a peak body that supports professionals who are providing vital care and service for people seeking AOD support.

What else are you currently involved in?

I recently discovered the author, Michael Robotham and I am currently in middle of reading book number 10!

A day in the life of...

Sector worker profile

Monica McMahon D&A Counsellor,
Leichhardt Women's Community Health Centre

How long have you been working with your organisation?

I've been with Leichhardt Women's Community Health Centre for just over three months, after working at RPA as a Drug and Alcohol Counsellor and in a Sydney-based private rehab. These days, I divide my time between the centre and outreach in women's rehabs—spaces where recovery, resilience, and empowerment unfold daily.

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

My path here has been anything but linear—spanning different careers; years of study; life on the road playing in bands; and plenty of blood, sweat, and tears. What's kept me grounded in this work is a deep commitment to trauma-informed, person-centred care, and the privilege of walking alongside women as they rediscover their own power and sense of self.

What does an average work day involve for you?

No two days are the same—counselling, crisis support, outreach—but the constant is creating safe, respectful spaces where women feel seen, heard, and valued.

What is the best thing about your job?

The heart of this work, for me, is witnessing women reclaim their voices and write new chapters in their lives.

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

I'd love to see stronger investment in accessible, free, and comprehensive mental health and addiction support. Women deserve more than band-aid fixes—they deserve care that honours their complexity. Too many women fall through the cracks. Lasting change requires genuine investment in integrated, wraparound supports that reflect the realities of people's lives.

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

For self-care, I turn to music, gardening, and friends—consistent steady anchors in this meaningful work. and making time for rest and the things I enjoy, such as snorkelling, adventuring to new places, creating memories with my loved ones.

NADA network updates

Women's clinical care network

The Women's Network meeting was held on 18 November 2025. NADA's new program manager, Millie Taylor, chaired the session. The key topic of discussion was around vaping policies within services and there was a robust discussion and generous sharing of knowledge from all attendees. As the year comes to a close, an annual survey of network members will be undertaken shortly and the Terms of Reference for 2026 is currently being reviewed.

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.

Nurses network

The Nurses Network held their 6th meeting for 2025 on 27 October. A trial about using Listexamphetamine for people withdrawing from methamphetamine is underway with St Vincent's seeking trial participants. This information was shared with the network.

NADA reviewed the network's Terms of Reference and sent a survey to gather feedback from members about if/how we can improve the network to suit members.

The previously referenced working group are still working on a standard withdrawal risk assessment tool and criteria, as more information has come to hand. The aim is to develop a tool that covers requirements from all settings and enables easy decision making.

The next meeting will be in-person and kindly hosted by WHOS in Lilyfield on 25 February 2026.

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.

NADA practice leadership group

The NPLG held their final meeting for the year in December. It has been 10 years since this group was formed and NADA is grateful for the valuable input and advice provided by group members towards developing resources and advocating for the sector.

There was discussion around youth in custody and concern raised from representatives of the youth related services. Rob Stirling provided a policy and advocate update for the group. Potential themes for the NADA Conference 2027 were brainstormed, and each service representative shared information about current activities in their service and trends of presentations. Due to a few group members recently leaving their organisations, NADA is seeking to recruit new group members through a expression of interest process, currently open to eligible applicants.

CMHDARN

We have developed an animated explainer video titled 'What do we mean by co-design research?' Co-design is a commitment to sharing power in research. This video unpacks how people with lived experience and researchers collaborate through every stage of the research process. From its origins in 1970s design to today's calls for 'nothing about us without us,' co-design is about making research more inclusive, ethical, and impactful. Developed in partnership with the University of Technology Sydney, the video explores what substantive co-design really looks like. Find it here.

We've been reflecting on the last five years of CMHDARN, and we're inviting you to contribute to our internal evaluation. Help us understand how we have supported your work, research, and advocacy, and guide our future direction. Take this short, anonymous survey.

CMHDARN
Community Mental Health, Drug & Alcohol RESEARCH NETWORK

NADA Innovate RAP
September 2023-2025

NADA have completed our third Reconciliation Action Plan and wish to share key achievements, challenges and lessons learned along the way. We are grateful for the contribution from the RAP Working Group who were an integral part of the Innovate RAP. In particular, we appreciate that they volunteered their time so generously while managing their own work priorities.

NADA achievements

Activities and resources completed

- Cultural supervision webinar for NADA member service staff from Aboriginal community-controlled organisations and a fact sheet on cultural supervision and safety
- Self-care workshop for Aboriginal and Torres Strait Islander workers in the AOD sector
- Culturally Responsive Trauma Informed Practice workshop held for Aboriginal and non-Aboriginal staff from NADA member services
- Aboriginal Cultural Awareness and Training for NADA staff and members.

Development of the **Aboriginal and Torres Strait Islander Research and Data Reference Group** who will inform, provide feedback on, guide and critically evaluate the way NADA collect, analyse, interpret and report on data for Aboriginal and Torres Strait Islander peoples, through NADA's database and any research, data and publications. This resulted in NADA developing an Aboriginal and Torres Strait Islander data sovereignty statement which will be published on the NADA website.

Consulted with the Metropolitan Local Aboriginal Land Council and Aboriginal and Torres Strait Islander stakeholders to develop and implement NADA's **Aboriginal and Torres Strait Islander Stakeholder Engagement Plan**.

Developed NADA's first **Aboriginal and Torres Strait Islander Cultural Learning Strategy**, affirming our commitment to fostering an inclusive workplace culture and encouraging staff to enhance their understanding of Aboriginal cultures.

Increased **Aboriginal staff representation** from one to two team members in 2024.

NADA's HR policy was updated to include an **Aboriginal and Torres Strait Islander recruitment, retention and professional development strategy** affirming NADA's commitment to employment and workplace practices that respect and support Aboriginal and Torres Strait Islander employees.

The **NADA Conference 2025: Strength in Community** featured an Aboriginal yarning circle and 10 Aboriginal-focused abstract presentations in relation to workforce and providing AOD services to Aboriginal and Torres Strait Islander peoples.

Challenges and key learnings

Identifying an efficient system to monitor and report on RAP deliverables proved challenging. While initial efforts using Teamwork were helpful, the transition to Excel provided a more user-friendly and accessible solution for staff, allowing for clearer management and visibility of progress across all deliverables. Such tools and systems enhance engagement and accountability across the organisation.

Integrating RAP priorities with broader organisational goals required careful consideration, especially in a resource-constrained organisation such as NADA. Clear prioritisation and efficient project management processes helped to maintain progress of RAP activities without compromising NADA's core purpose.

Maintaining consistent representation and active engagement from external voluntary Aboriginal representatives on the RAP Working Group required ongoing effort and coordination. To ensure sustained engagement, NADA reduced meetings from bi-monthly to quarterly and includes an e-update between meetings. NADA acknowledges the challenge of managing competing priorities and encourages email correspondence to provide input or advice.

Our next RAP will build upon and reach higher, based on the strong foundation established through this last Innovate RAP and previous RAPs. NADA looks forward to taking on new challenges and hopes to deepen our commitment to reconciliation in the Stretch RAP planned for 2026-2029 with continued support from our member services and guidance from the NADA RAP Working Group.

News and events

Report from the ACDAN symposium

Over three days in November, the ACDAN Symposium brought together a range of professionals and community stakeholders to discuss trends, challenges and celebrate the incredible work of the Aboriginal and Torres Strait Islander AOD workforce.

Delegates heard from powerful voices including Dane Simpson, Latrell Mitchell, Kobie Dee, Angela Keanelly, and Dr Aunty Karen Demmery. Sector leaders and researchers included Michael Doyle (University of Sydney), Brooke Tapai (AH&MRC) and Nathanael Curtis and Raechel Wallace (NADA).

Engaging speakers and yarning circles explored leadership, wellbeing, and innovation in the sector; and abstract presentations shared a range of insights.

Overall, the takeaway from the symposium was to effectively support communities to reduce AOD -related concerns, the approach must be community driven, culturally rooted, holistic and long term.

Healing is not just about reducing substance use, it's about restoring identity, dignity, connection and empowerment.—*Michael Duncan, Armajun A.H.S.*

Policy toolkit

The NADA policy toolkit provides you with easy access Word templates assisting you with compliance, to stay aligned with legislation and to reach accreditation

Recently updated

- Information, communication technology (ICT)
- Human resources.

New policy templates

- Suicide and self-harm prevention
- Diversity, inclusion and anti-discrimination.

NADA is continuously reviewing these policy templates and values member feedback. Email your comments or questions to Majella Fernando

Working with criminalised clients

Build service capability to support people impacted by the criminal legal and prison system. Take team training by the Community Restorative Centre (CRC). The CRC specialise in reintegration programs for people with multiple and intersecting needs who have been recently released from prison.

Training will improve knowledge of the prison system and its impact, increase understanding of the key challenges that people may experience on release and build awareness of best practice reintegration models. Training is delivered by practitioners with frontline experience, informed by people they walk alongside.

Current training packages include:

- Working with people impacted by the prison system
- Working with women impacted by the prison system
- Working with families of people in prison

Packages can be tailored and delivered online or in-person. Organisations can register interest by email and to seek additional information about fees.

Hello and goodbyes

There have been a few changes in the NADA office. Maricar Navarro has left for maternity leave, closely followed by Samantha Toaouk. We warmly welcome babies Sialla and Michael into the world!

We bid farewell to Jo Penhallurick, who did a phenomenal job planning the NADA conference while keeping operations ticking along. Tina Chalabian is now coordinating operations until Maricar returns and Jules Brown is supporting members with NADAbase for Samantha.

We bid Antonia Ravesi a fond farewell, who was instrumental in progressing the critical work of the DCJ roundtable and much more. We warmly welcome Millie Taylor who has just recently stepped into the role. We also welcome program manager Yasmin Iese, project officer Jawaahir Alim, and administration officer Claire O'Moore.

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
- 4th Quarter for FY 23/24 (April—June 2025) data report (including outcomes data) for members who receive Primary Health Network funding
- July—Dec 2025 biannual data report to Ministry of Health for members who receive funding for the Continuing Coordinated Care (CCC) and Methamphetamine programs

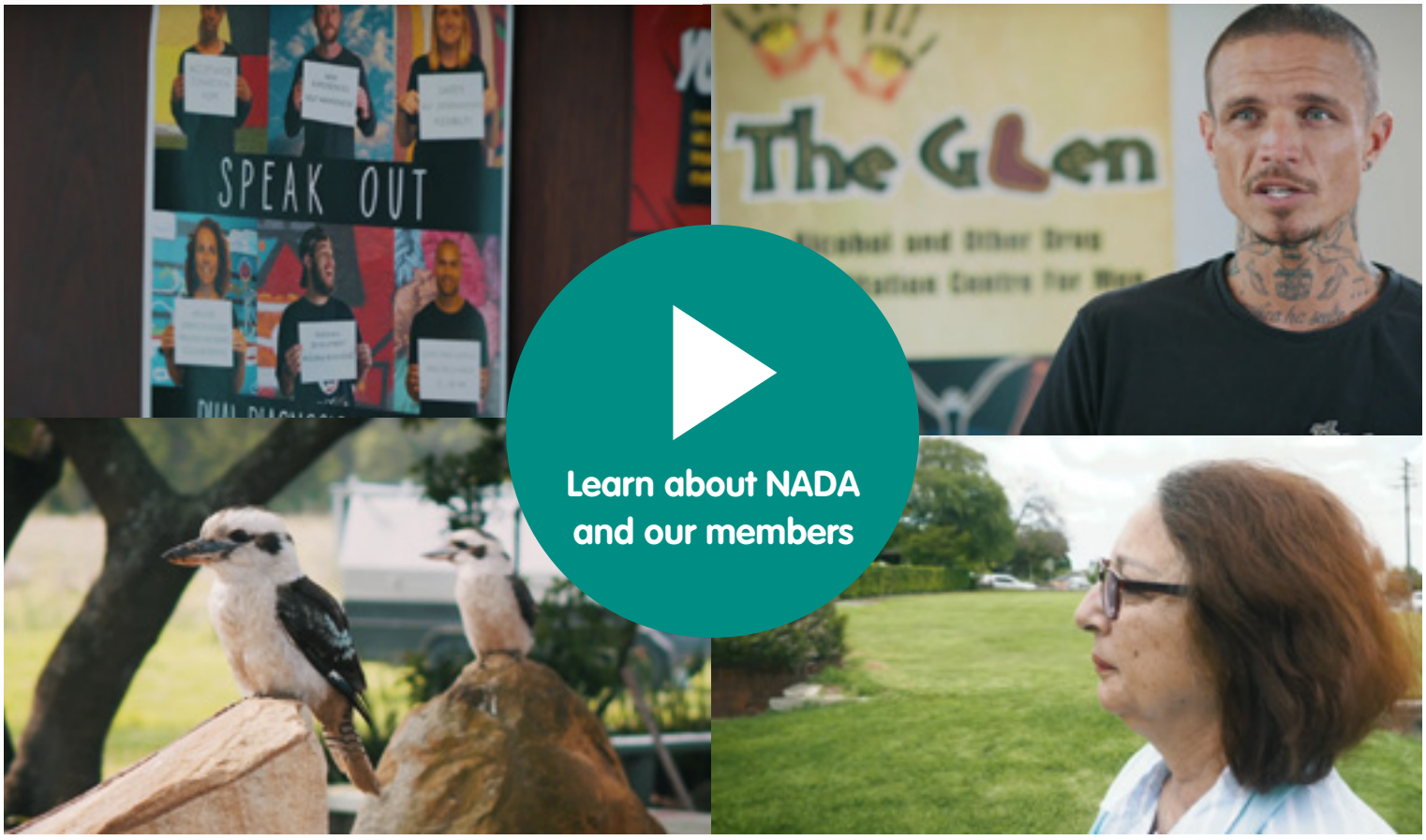
What's new? Now live!

- **New data items** (pregnancy status, number of children accompanying adult admissions and Child Protection Services (DCJ and/or NGO) involvement)
- **Updated** NADAbase data dictionary [PDF], June 2025, with FAQs and logic rules included

What are we working on?

- **Initial AIHW data cleaning** for FY 2024/25 submission
- **One-on-one sessions with NADA members to review and scope** current Report tab functionality
- **NADAbase snapshots** in progress

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

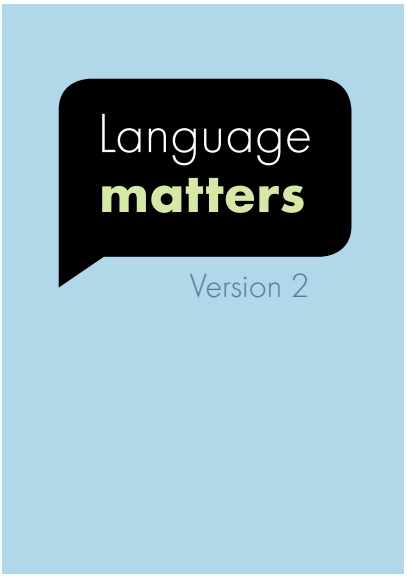


NADA
network of alcohol and other drugs agencies

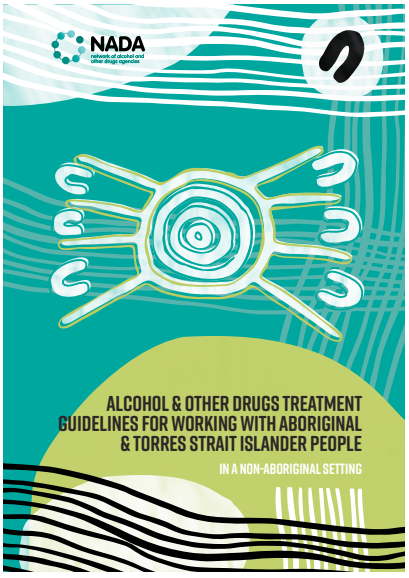
Enhance the quality of your service, the experiences of people accessing support, and worker wellbeing.

Learn more

Learn more



Learn more



Learn more

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Visit our website for more resources.

NADA resources

Advocacy highlights

Policy and submissions

- NADA has submitted our Pre-budget submission [PDF] to the NSW Treasurer and Health Minister. We will be actively seeking representation with the NSW Government to impress the need to implement our funding recommendations.
- NADA provided an updated submission on the Federal Inquiry into the health impacts of AOD. This included updated outcomes data from NADAbase which demonstrates that the NGO sector is a valuable investment.
- NADA contributed to a submission by the National Peak, AADC, on the Fair Work Commission's Gender-based undervaluation—priority awards review [PDF]. Our advocacy calls for a longer consultation period, a classification structure that properly reflects the expertise of the NGO AOD workforce, is practical to implement and that wages be covered in funding contracts across all AOD funders.
- NADA provided a submission [PDF] to support the development of the NSW Mental Health and Wellbeing Strategy, *calling for expansion to effective integrated models of care, workforce capacity building and funds to include mental health specialist roles in AOD services to support people with cooccurring needs.*

Advocacy and representation

- NADA have continued to engage with NSW Parliamentarians and the CAOD on our response to the Drug Summit Report. NADA met with Minister Park, Minister Washington, Alex Greenwich, Cate Faehrmann and Jo Haylen. NADA discussed the development of the NSW AOD strategy and funding with the Health Minister, who was supportive of NADA having a seat at the table for the development and monitoring of the strategy.
- NADA is on the Secure Jobs and Funding Certainty Leadership Group, led by DCJ to implement long term funding arrangements for AOD NGOs. The next and biggest tranche of contracts to move to 5 years with the Ministry, will be MAG Grants. An NGO Funding Framework and a Jobs Compact have been finalised, with plans for a standardised NSW Government NGO funding agreement and a pre-qualification scheme to reduce burden when tendering.
- NADA met with the NSW PHN AOD Network and the CEO Network to discuss how we can work together to enable implementation of standardised KPIs for the NGO AOD sector into future contracts administered by PHNs. There was discussion on holding an event with NGO AOD funders to progress this work and identify next steps. We will also be presenting on this matter to the Policy Officers Group—represented by the DHDA and each jurisdictional health department.
- NADA held its Advocacy sub-committee meeting in November, which informed the drafting of NADA's position paper on Gambling and AOD, which will support advocacy by Wesley Mission on gambling reform in NSW. The group also provided advice on an updated pre-budget submission for NADA.

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Photo by Kris Ashpole