

Brave New World: Innovation in the AOD sector #WINTERSCHOOL22

BRAVE NEW WORLD

INNOVATION IN THE AOD SECTOR

**Conference Handbook** 



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Australian Winter School organisers acknowledge Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. We wish to pay our respect to Elders past and present and extend this to all Aboriginal and Torres Strait Islander people reading this message.



The Queensland Network of Alcohol and Other Drug Agencies is pleased to warmly welcome delegates, speakers, sponsors and guests to this 32nd Australian Winter School Conference. If you have travelled from afar to be with us, we particularly welcome you to the river city.

This year's theme speaks to the challenges of the pandemic that both delayed our bringing the conference to you and inexorably changed the way we think about and provide human services. It is indeed a brave new world, and innovation is all around us. It will be a privilege to witness the broad discussions the conference will facilitate so again, thank you for joining us, and we hope you take away a renewed sense of vigour in tackling the contemporary challenges we find ourselves facing.

We could not bring this conference to you without the vital support of our backers. We sincerely thank our Platinum Sponsor, Lives Lived Well; our Gold Sponsors, The Queensland Mental Health Commission and The Salvation Army; and our Silver Sponsors, Drug-ARM and the Queensland Health.

We are grateful too, to the agencies Youth Empowered Towards Independence (YETI) and the Queensland Injector's Health Network (QuIHN) whose support enabled workers to attend the conference.

We also acknowledge each of the sponsors in our networking hubs - Camarus; Cracks in the Ice; Dovetail; Goldbridge; Insight; and QuIVAA.

Finally, we thank each member of our conference organising committee and all those too numerous to mention whose work and dedication have helped bring the conference to life.

QNADA is very proud to present #winterschool22 and we hope it is an enjoyable, interesting and valuable experience for all.

Rebecca Lang CEO | QNADA

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## **ABOUT QNADA**

The Queensland Network of Alcohol and other Drug Agencies (QNADA) is the peak organisation in Queensland for the non-government (NGO) alcohol and other drugs (AOD) treatment and harm reduction sector, representing over 55 member organisations across the state.

QNADA members provide a range of services, including residential rehabilitation, case management, harm reduction advice, counselling support and pharmacotherapy. QNADA's purpose is to support its members in the delivery of high quality alcohol and other drugs treatment and harm reduction services through policy and system improvements.

QNADA's vision is to support and advocate for a system that values responses that address the social, cultural and structural determinants of health.

For more information please go to www.qnada.org.au.



#### ORGANISATION

#### MEMBERS

Queensland Network of Alcohol and other Drug Agencies (QNADA)	4
Dovetail	1
Hepatitis Queensland	1
Lives Lived Well	1
Mental Health Alcohol and Other Drugs Branch, Department of Health, Queensland government	2
Queensland Aboriginal and Islander Health Council (QAIHC)	1
Queensland Injectors Voice for Advocacy and Action (QuIVAA)	1
Queensland Mental Health Commission (QMHC)	1
University of Queensland	2

#### NAME/TITLE

Rebecca Lang, CEO (chair)

Sean Popovich, Director, Policy and Systems

Tom Ogwang, Sector Capacity Building Officer

Rebecca Wen, Executive Assistant (Secretariat)

Cameron Francis, Social Worker (Team Leader)

Dr Katelin Haynes, CEO

**Nicole Yates,** Manager Strategic Partnerships and Clinical Innovation, Clinical Services

Julie Reidy, Principal Policy Officer (Alcohol and Other Drugs Strategy)

Kate Podevin, Principal Policy Officer (Alcohol and Other Drugs Strategy)

Eddie Fewings, Alcohol and Other Dugs Coordinator

Emma Kill, President

Clare Mason, Program Manager (Alcohol and Other Drugs)

**Leanne Hides PhD,** Professor, School of Psychology, Faculty of Health and Behavioural Sciences

Jason Ferris PhD, Associate Professor, Centre for Health Services Research, Faculty of Medicine

## ABOUT THE CONFERENCE

PRESENTED BY QNADA, THE THEME FOR THE 2022 AUSTRALIAN WINTER SCHOOL (AWS2022) IS BRAVE NEW WORLD: INNOVATION IN THE ALCOHOL AND OTHER DRUGS SECTOR.

This conference program highlights innovation within our sector in response to the Covid-19 pandemic, and explores opportunities for further innovation across research, policy and treatment relating to alcohol and other drugs.

With a focus on innovative practice and new ideas, the conference will have something for everyone, including:



- Our workforce increasing skills, knowledge, and collaboration potential while gaining greater awareness of trends and issues to develop your practice and career potential.
- External partners connecting and sharing with health and other professionals whose work intersects with the alcohol and other drug (AOD) treatment space
- The community exchanging views and experiences on how the AOD sector has been and is responsive to challenges and needs to identify opportunities that enhance recovery experiences for people and their families.

The Australian Winter School has built a reputation over more than 30 years for delivering a high-quality program of the latest developments in emerging issues and effective approaches in harm reduction and the treatment of alcohol and other drug related problems.

This national forum supports workers, clinicians and policy-makers in the sector to develop skills and knowledge in responding to, and treating, alcohol and other drugs related issues.

The conference is run over two days and features keynote speakers, breakout presentations and panel discussions to explore ideas and provide delegates with the tips, tools and solutions to:

- Build capacity around implementing evidence-informed practice;
- Examine the key components of successful and effective alcohol and other drugs harm reduction and treatment interventions;
- Develop an understanding of the latest innovations, good practice and continuous improvement;
- Discuss ways to influence policy and the important role of research and evaluation.

## LANGUAGE GUIDE

It is widely acknowledged in the AOD sector that people who use alcohol and/ or other drugs experience significant stigma and discrimination and that this can discourage people from seeking help when they want it. The conference organisers are committed to improving how we talk about people who use alcohol and/or drugs in order to contribute to an environment in which people feel safe to ask for help. Please keep this in mind when asking questions or providing feedback or comments during the conference.

Please use person-first language and remember that people are more than their substance use choices and that the social, cultural, historical and structural determinants of health are often the driver of vulnerability to substance use problems.

## INCREASE THE VOICES OF PEOPLE WITH LIVED EXPERIENCES

People with lived or personal experience of alcohol and other drug use have an important role in contributing to the development of policy, services, and systems that are relevant to them. This conference recognises the value of these contributions and commits to amplifying these voices.

Videos are being played throughout the conference that feature quotes from people with lived experience, read out by some recognisable faces in the Queensland AOD sector. These quotes are selected highlights from the Peer Peak Body Scoping project recently conducted by QNADA, in collaboration with Queensland Aboriginal and Islander Health Council (QAIHC)/Queensland Indigenous Substance Misuse Council (QISMC) and Queensland Injectors Voice for Advocacy and Action (QuIVAA). This project aimed to understand the experiences of people who use drugs and the issues that are important to them, and to explore possible models for systematic peer representation in Queensland. The project findings will be presented during a plenary session on day 2 of the conference.

Thank you to the people who were involved in filming the videos. Your participation highlights this collaborative project and supports the call for more representation of people with lived experience in the AOD sector.

## INFORMATION FOR DELEGATES

### Venue

#### Brisbane Convention & Exhibition Centre (BCEC) Glenelg Street

South Brisbane QLD 4101 www.bcec.com.au

## Registration

The The conference registration area is in the exhibition foyer area, outside the Plaza Terrace Room. The conference registration desk will be open from 8.00am - 5.00pm on both days of the conference.

## **Meal Breaks**

Morning tea, lunch, and afternoon tea will be served in the exhibition foyer area.

### **Special meal requests**

If you have special dietary requirements and have requested a special meal, a dietary table will be set aside at all meal breaks. All requests have been passed onto the venue and will be catered for accordingly on a special dietary table.

## Mobile Telephones

Delegates are asked to turn their phones and other mobile devices to silent during all conference presentations.

## Filming/presentation access

Delegates are invited to take their own notes and follow up with presenters for further information. We will not be filming sessions or disseminating presentations post conference.

## **Getting There**

Undercover parking is available at BECE. Parking rates and information are available via www.bcec.com.au/visit/car-parking

Public transport is easy and efficient with bus, ferry and train options available.

Taxi ranks are located outside the main entrance to the Centre on Merivale Street and a taxi drop off located at the Convention Centre Grey Street entrance.

Both Brisbane domestic and international airports are 30min drive from BECE.



BCEC is a short stroll across from the Brisbane CBD connected by Victoria Bridge. Hotels, restaurants & bars, South Bank beach and its parklands are all within walking distance from BCEC.

### Lost property

Please return lost property to the conference registration desk.

## Internet

Complimentary high speed Wi-Fi is available to conference delegates: SSID: AWS22 Password: winterschool22

## Name badges

Name badges will be provided to you at the registration desk, along with a program that can be stored in your lanyard for easy reference. You can also scan the QR codes on your name badge to access the digital version of the conference program and handbook.

## **Feedback from**

We value your feedback and encourage you to complete an evaluation form by scanning the QR code found in various locations around the conference venue.

## Welcome reception

A welcome reception, with beverage provided, will be held from 5.15 - 6.15pm on day one in the Plaza foyer area. All delegates are invited to network, relax, and reflect on day one. Entrance to this function is included in the registration fee.

## Filming and photography

Some filming and photography will be done during the conference by the organisers. These images may be published on the conference website, social media, or given to news media. There may be news media present at the conference.

QNADA recognises the importance of protecting people's privacy, and will gladly note any preference not to be photographed or filmed. If you would like to discuss this further, please see the registration desk

## **Conference contacts**

If you need assistance during the conference, please liaise with the conference organisers at the registration desk or contact Rebecca Wen (QNADA) on 0411 635 380.

## MEET OUR SPONSORS

## PLATINUM SPONSORS

## **Lives Lived Well**



Lives Lived Well is a not-for-profit organisation working to support people impacted by drugs, alcohol and mental health concerns. Their purpose is to support people to live their life well. They do this by providing evidence-informed services to deliver outcomes that make a difference in people's lives. Lives Lived Well work with GPs, allied health professionals and other services to offer an integrated approach that meets the needs of the people they support. They believe that with the right support, people can change their lives, and they see evidence of this every day as they support people to make changes to live their life well.

## **GOLD SPONSORS**

## The Salvation Army



The Salvation Army is one of Australia's largest providers of alcohol and other drug treatment services, with centres located in every state and territory. They hope that their treatment services can help people build their lives in meaningful and purposeful ways. The focus of The Salvation Army services is harm reduction – they aim to prevent and reduce harm for both individuals and the wider community. While addressing problematic substance use is key, they also strive for people to have better relationships with their families, friends, and communities. Their core belief is that all people are worthy and deserving of love, respect, and dignity. Across Australia, The Salvation Army offer a range of programs, including withdrawal management, residential rehabilitation, non-residential rehabilitation, community programs, and harm-reduction interventions.

## Queensland Mental Health Commission

The Queensland Mental Health Commission drives reform of the mental health and alcohol and other drugs systems in Queensland, with a focus on improving the mental health and wellbeing of all Queenslanders, preventing and reducing the impact of mental illness, preventing and reducing the impact of problematic alcohol and other drug use, and preventing and reducing the impact of suicide.

The Commission actively seeks the perspectives of people with a lived experience to help shape the reform agenda, working across a broad range of portfolio areas including health, communities, education, child safety, employment, police, corrections, the economy and justice.

## SILVER SPONSORS

## **Drug ARM**

Drug ARM is a specialist not-for-profit, non-government organisation that supports people, families and communities to achieve positive transformation through awareness, rehabilitation and management. They aspire to bring about positive social change and build flourishing communities where people and families can thrive, not just survive. Their purpose is to reduce the mental, physical and social harms related to alcohol and other drug use, and to achieve positive transformation for individuals, families and communities.

## **Queensland Health**

Queensland Health is the state's largest healthcare provider, delivering a healthcare system that ranks amongst the best in the world. Through a network of 16 Hospital and Health Services, as well as public health services through the Mater Hospitals, Queensland Health delivers a range of integrated services. These services include hospital inpatient, outpatient and emergency services, community and mental health services, aged care services, and public health and health promotion programs.

Queensland Health is committed to ensuring all Queenslanders have access to a range of public hospitals and healthcare services aimed at achieving good health and wellbeing. Our shared vision in the department's strategic plan 2021-2025 (2022 update) is 'a world class health system for all Queenslander's'.









## PLAZA LEVEL

BCEC on Merivale Street \* Grey Street



The Plaza Level is the connecting link between the Grey Street and Merivale Street buildings.





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## DAY1

#### THURSDAY, **18 AUG 2022**

## **SESSION 1**

Facilitated by Rebecca Lang

## KEYNOTE

Plaza Terrace Room

#### 9:30am: Using Drugs to Expose Injustice

#### Dr Carl Hart

Dr Carl L. Hart is the Ziff Professor of Psychology in the Departments of Psychology and Psychiatry at Columbia University. He is also a Research Scientist at the New York State Psychiatric Institute. Professor Hart has published numerous scientific and popular articles in the area of neuropsychopharmacology and is coauthor of the textbook Drugs, Society and Human Behavior (with Charles Ksir). His book High Price was the 2014 winner of the PEN/E.O. Wilson Literary Science Writing Award.

#### Abstract

In this talk, I will discuss some of the lessons that I have learned from studying psychoactive substances use and treatment related to their addiction for more than 25 years. I will briefly describe the neurobiological, socio-environmental, and political forces that influence substance use and society's response to it. Particular attention will be paid to how specific drug policies have led to discrimination, group marginalization, and countless preventable deaths. Finally, I will offer solutions to remedy many of the problems attributed to drug use.

## KEYNOTE

Plaza Terrace Room

**10.15am:** Health Equity Reform: What is it? What does it mean for the non-government AOD service delivery sector?

#### Abstract

In 2017, Queensland Aboriginal and Islander Health Council (QAIHC) and the Anti-Discrimination Commission Queensland (ADCQ) commissioned an audit to address institutional racism in Queensland's public health system. The Health Equity Report that resulted from this audit found that all 16 Hospital and Health Services (HHSs) had either very high or extremely high levels of institutional racism. QAIHC and ADCQ presented these findings to the Queensland Government in the hope that this would be the first step towards addressing institutional racism and supporting Aboriginal and Torres Strait Islander peoples to achieve health equity.

The Government's response to these findings and to the advocacy and lobbying by QAIHC was to initiate a Health Equity Reform, which aims to achieve life expectancy parity for Aboriginal and Torres Strait Islander people, as well as eliminate institutional racism in Queensland's public health system by 2031. A key driver of the Health Equity Reform were legislative amendments to the Hospital and Health Boards Act 2011 (the Act) and to the Hospital and Health Service Regulation 2012 (the Regulation). These legislative changes now require each of the 16 Hospital and Health Services (HHSs) in Queensland to have at least one person identifying as Aboriginal and Torres Strait Islander represented on their Board, and from 2022 HHSs will be required to develop, and adhere to, a Health Equity Strategy for their region.

Health Equity Strategies aim to support progress towards the broader Closing the Gap targets in the National Agreement on Closing the Gap (the National Agreement) and the Queensland Government Closing the Gap Implementation plan, which stretches across the social, cultural and economic determinants of health.

What does this mean for the non-Government service delivery (AOD) sector?

#### Eddie Fewings, QAIHC

Mr Edward (Eddie) Fewings is a member of the Mbabaram Traditional Owners whose lands are located on the north western edge of the Atherton Tablelands, in far North Queensland.

Since 2011, Eddie has worked at the Queensland Aboriginal and Islander Health Council (QAIHC), and the Queensland peak body for Aboriginal and Islander Community Controlled Health Organisations (AICCHOs).

In his role, Eddie works closely with the Aboriginal and Torres Strait Islander alcohol and other drugs service sector, specifically supporting the Queensland Indigenous Substance Misuse Council (QISMC) to strengthen and expand the community-controlled alcohol and other drugs (AOD) treatment sector.

Eddie advocates for and supports accessible, culturally safe and responsive AOD treatment options in the AOD treatment service system. At a strategic level, he engages agencies with AOD agencies with program and policy responsibilities at state and national levels, to ensure policy and program responses support Aboriginal and Torres Strait Islander individuals, families and communities overcome substance related issues.

#### **Jasmyn Adams,** Aboriginal and Torres Strait Islander Health Division, Queensland Health

Jasmyn is a proud Malak Malak woman from the Northern Territory and has worked in health for the last 12 years after completing her studies in Public Health.

Jasmyn has dedicated her career to working in Aboriginal and Torres Strait Islander health , in particular nutrition, physical activity and chronic otitis media and associated conductive hearing loss. Working across these portfolios, in urban, rural and remote communities across Queensland, she continues her work in contributing to addressing the health inequities and disparities experienced by Aboriginal and Torres Strait Islander people through the First Nations Health Equity Reform agenda.



## **SESSION 2**

Facilitated by Eddie Fewings

### PANEL DISCUSSION

Plaza Terrace Room

**11:30am:** The role of drug policy and the AOD treatment system in Closing The Gap.

## Ailsa Lively, CEO, Gindaja Treatment & Healing Indigenous Corporation

Ailsa Lively is a Gunganji woman from the Yarrabah Aboriginal Community in Queensland. She has lived most of her life in the Yarrabah Community and is very passionate about assisting her community to become self-sustainable. Ailsa is currently the Chief Executive Officer of the Gindaja Treatment & Healing Indigenous Corporation in Yarrabah and has held this position since January 2008. She is also a member of the Qld Indigenous Substance Misuse Council and has held the position of Chair for 3 years. Ailsa is a firm believer in empowering others and community succession planning to ensure she is assisting others to achieve their goals through passing on of skills and to ensure her community is prepared for the future.

#### Naraja Clay, System Reform Officer, Queensland Network of Alcohol and other Drug Agencies (QNADA)

Naraja Clay (she/her) is a Kalkadoon and Bwgcolman woman from North Queensland who currently lives and works in Meanjin. Naraja is a disability aware international social and emotional wellbeing advocate. She has recently returned from having attended session 15 of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities in New York City. Naraja currently works for QNADA as the System Reform Officer, she also provides advocacy from both a lived and living experience. She started this journey as a passionate teenager living with multiple intersections who wanted to see more services and better access in the region she was living in. Naraja is passionate about ensuring diverse First Nations representation and cultural safety for First Nations staff at all levels of organisations and government. When she isn't working, she enjoys being by the ocean or hiking through rainforests.



#### Genevieve Sinclair, CEO, Youth Empowered Towards Independence (YETI)

Genevieve Sinclair is the current Chief Executive Officer of Youth Empowered Towards Independence (YETI). YETI is a small non-government agency with a mission to provide a community-based, empowering, supportive, responsive, and healing environment that meets the needs of vulnerable young people through the provision of holistic services that foster social, emotional, spiritual, and physical wellbeing. Genevieve has been in this role for over 11 years and has worked in the community and university research sectors for the past 22 years. Genevieve has two Bachelor of Arts degrees (Cultural Studies and Youth

#### Assoc Prof John Allan, MBBS, FRANZCP, PhD, GAICD | Executive Director, Mental Health Alcohol and other Drugs Branch, Queensland Health

John is the Executive Director of Mental Health Alcohol and other Drugs Branch in Queensland Health. He has previously been Chief Psychiatrist in both Queensland and New South Wales. He spent twenty years working in North Queensland where he developed a wide range of new mental health services, following his psychiatry training in Adelaide. His clinical interests include the mental health and wellbeing of Aboriginal and Torres Strait Islander people and comprehensive care for those with serious mental illness. His current research and policy interests focus on mental health system reform, clinical service improvement, reduction in restrictive practices, human rights, recovery-oriented practice and smoking reduction strategies.

He is the immediate past President of the Royal Australian and New Zealand College of Psychiatrists. He is a foundation member and current co-chair of Equally Well Australia. He co-coordinates the World Psychiatric Association Alternatives to Coercion Working Group.

## SELECTED SNAPSHOTS

Plaza Terrace Room

**12:30pm:** Families Demand Change: Family Drug Support's "Voices to be Heard" survey results

#### Chloe Span, Family Drug Support

Chloe is the Victorian Manager for not-for-profit organisation, Family Drug Support Australia (FDS). She has a background in case management for people receiving unemployment benefits, is the Founding-Secretary of Students for Sensible Drug Australia and is the winner of the Australian Association of Social Workers (AASW) Student of the Year Award, 2021. She is in her qualifying degree to become a social worker, is a board member of Harm Reduction Australia and a member of the AASW. **12:35pm:** Hepatitis C Clinics in AODS: The Why, Where, How and Results from QuIHN Clinics

#### Amanda Kvassa, Queensland Injectors Health Network (QuIHN)

Amanda has worked for the Queensland Injectors Health Network (QuIHN) as the Program Manager for the Hepatitis C testing and treatment services for the past 7 years. Amanda is a passionate advocate for equitable and accessible harm reduction services in Queensland having worked across the State over the past 23 years. She currently works with a team of dedicated harm reduction workers, peer workers and clinical staff to implement Hepatitis C services targeted towards people who are injecting drugs.

### PLENARY

Plaza Terrace Room

## **12:45pm:** Towards a new policy direction

#### Ivan Frkovic, Queensland Mental Health Commission

Ivan Frkovic was appointed Commissioner from 1 July 2017 and brings substantial policy, academic and patient-centred experience to the role, having worked in the Queensland mental health system for over 20 years.

With a focus on strengthening partnerships and collaboration, he oversees delivery and implementation of the State's strategic plan for mental health, alcohol and other drugs -Shifting minds. Ivan's experience across government and non-government organisations provides valuable insight to help bring all sectors together to focus on delivering better mental health outcomes for Queenslanders.

He has made a significant contribution to community mental health through published papers and articles.

## **SESSION 3**

Breakout sessions

## BREAKOUT STREAM 1

#### **Residential** Plaza P4

Facilitated by Courtney O'Donnell, Queensland Network of Alcohol and other Drug Agencies

**2:00pm:** Letting the Sunshine in: Lessons from a comprehensive clinical program review

#### Abstract

Issue: Alcohol and drug services are rightly focussed on providing the maximum value to service users within limited resources. Taking stock of how well a service meets the needs of the community and how well it is aligned with best practice often feels like an optional extra.

Comprehensive program reviews can be challenging, but they offer real benefits. They can assess how effective and efficient a program is and how well it reflects evidence based treatment. Reviews identify areas of strength to consolidate and gaps to address, providing valuable insights for quality assurance and service improvement. Transparency and openness to constructive feedback are important predictors to getting the most from a review.

Setting: Sunrise Way is a 20 bed residential alcohol and drug treatment service in Toowoomba, Queensland. In June 2021, Sunrise Way engaged 360Edge (an alcohol and other drug consultancy group) working in partnership with the Queensland Network of Alcohol and Drug Agencies (QNADA) to undertake an independent review of its clinical program operations.



**Project:** The review was comprehensive in scope and involved an exhaustive review of policies and procedures, program materials and service utilisation data. The review assessed how well existing operations reflected bestpractice service delivery and were aligned with evidence based treatment. In-depth consultations provided insights about strengths and gaps in current service delivery, and opportunities for enhancements.

Outcomes: The review identified a range of strengths underpinning Sunrise Way's operations, including community support, close relationships with partner organisations and committed staff.

It also identified opportunities for improvement, including developing a model of care that reflects current best practice and restructuring the program to provide a more seamless experience for service users. Program content, evaluation and workforce development recommendations also identified areas for Sunrise Way to consolidate best practice.

#### Dr Nicole Lee, 360Edge

Dr Nicole Lee is CEO of 360Edge and Adjunct Professor at the National Drug Research Institute Curtin University. She has 30 years' experience in the alcohol and other drug sector, spanning policy and practice implementation, clinical practice, academia, and teaching. She is a member of the Australian National Council on Alcohol and other Drugs (ANACAD), Australia's key expert advisory council to the Australian Government on drugs: Board Member of Hello Sunday Morning and Chair of the Clinical Governance Committee: Board Member at The Loop Australia: and Fellow of the Australian Association for Cognitive and Behaviour Therapy.

#### Colleen Besgrove, Sunrise Way

Colleen Besgrove is the Clinical Service Lead at Sunrise Way Residential Rehabilitation Service. She has completed certificates in both General and Psychiatric nursing as well as a Bachelor of Nursing. She has some 18 years' experience working in the Community Alcohol & Other Drug area in Toowoomba both in clinical and managerial roles. She joined Sunrise Way in February 2021 and remains passionate about her work in the Drug & Alcohol sector.

#### Sean Popovich, Queensland Network of Alcohol and other Drug Agencies (QNADA)

Sean Popovich is the Director - Policy and Systems at QNADA. Over his 13 vears in the AOD sector. Sean has worked in both non-government and government roles in a range of direct service delivery, treatment service management, and policy and workforce development settings. In collaboration with the Queensland AOD Sector Network and representatives from AOD organisations across Queensland. Sean led the development of the Queensland AOD Treatment and Harm Reduction Outcomes Framework (THROF) in 2019. and the review of the Queensland AOD Treatment Service Delivery Framework (TSDF) in 2022. Sean currently oversees and facilitates a range of state-wide AOD workforce development projects and contributes his expertise to various committees, working groups, and submissions to government.

#### Non-presenting author/s: Louise Sanderson (Sunrise Way)

#### **2:20pm:** Implementing a Model of Care: Challenges and opportunities

#### Abstract

At the end of 2019, The Salvation Army partnered with 360 Edge to create a new model of care for their alcohol and other drug (AOD) services. This model was the first to be rolled out nationally in TSA's new Australia wide structure. The model was designed to ensure consistency and that we held to national standards of care utilising contemporary best practice, and effectively provide an inclusive treatment service that manages increasing complexity in participant needs. The model has harm reduction as its overarching philosophy and points to the frameworks and approaches that one would expect to see in all our various services. This was a large shift philosophically and operationally in a previously diverse landscape, affecting all areas of practice. This presentation will cover the journey of change from when the new model was created to now, and what structures and work supported this journey. We will take a look at the challenges, opportunities, and learnings that came with it.



#### Harriet Crisp, The Salvation Army

Harriet Crisp is the current State Manager AOD (Queensland) for The Salvation Army, with AOD services in Mt Isa, Townsville, Brisbane, and Gold Coast. She began in June 2020 after moving from New Zealand. Her previous role was National Manager Education Services (Corrections) for the largest indigenous tertiary education provider in NZ. Having worked in both the non-government and government sector in NZ and Australia. Harriet has spent the last decade widening her experience in the areas of criminal justice, education, and mental health. in both frontline and management roles. Harriet holds Honours in Social Sciences (Psychology), a Diploma in Community Services, and is currently completing an MBA

2:40pm: 'Don't Get Me Wild...!' An Indigenous Anger Management Program

#### Abstract

'Don't Get Me Wild...!' is an anger management program designed and written by Gindaja Treatment and Healing Indigenous Corporation with funding from the North Queensland Primary Health Network.

While there are an abundance of anger management programs, advice, frameworks and suggested session plans in the peer reviewed and grey literature, there were none that specifically reflected a First Nations approach (or experience). In particular, the part that historical grief and loss, dispossession, loss of Indigenous culture and identity and the stolen generations have had on Aboriginal and Torres Strait Islander people and communities.

'Don't Get Me Wild...!' has been written from a Yarrabah cultural perspective and takes on the humour of irony which is so prevalent in the community. The title came from a group meeting between Gindaja staff who wanted to create something that was intrinsically 'Yarrabian' and which spoke to clients/ participants in a unique way.

This interactive workshop will facilitate conference delegates as 'program participants' through 1 session of the program. Delegates will divide into small groups of between 5-8 participants each and Gindaja's team facilitators will guide participants through a range of simple activities and discussions drawn from 1 session of the program.

The aim of this session is to demonstrate how an innovative approach in a small communitycontrolled organisation can create powerful tools in working with First Nations clients.

#### **Training Objectives**

- To highlight how our anger is often underpinned by unresolved issues of deep wounds and hurt and this can act as a barrier to recovery and healing for many Indigenous AOD clients
- To demonstrate how an Indigenous approach goes beyond 'management' of anger to 'healing' of the causal issues that underpin it

This presentation will include the following Gindaja staff members:

- Kathy Desmond (Treatment Manager)
- Jasmine Keyes (Client Support Officer)
- Mianna Jackson (Client Support Officer)
- Ian Patterson (Client Programs Officer)
- Colin Cedric (Client Support Officer)
- Ashton Schrieber (Client Support Officer)
- Jayden Kynuna (Client Support Officer)
- Nazarauni King (Justice Officer)
- Jacinta Keyes-Lively (Youth Bail Support Officer)
- Tania Patrao (Health/Research Development).



## **3:00pm:** Outcomes and a women's perspective on care

#### Abstract

**Issue:** The program aims to reduce alcohol and other drug use related harm by delivering high quality, person centred and safe residential rehabilitation and continuing care services to the target group.

Setting: Elouera provides residential drug and alcohol support for women with or without children. Improving the health, well-being and social outcomes of program participants by delivering comprehensive alcohol and other drug treatment interventions is key. Relationships between women and their children are strengthened by supporting women to achieve their treatment goals while continuing to care for their child/ ren, and program support that builds on parenting skills and connection.

Project: This presentation will discuss the outcomes achieved for women exiting the service across the previous 12 months. In early 2020 Lives Lived Well implemented a suite of Outcome Measures across the organisation at significant time points in a client's treatment including baseline, 4 weeks, 3 and 6 months. These measures include World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (WHO ASSIST), combined Australian Treatment Outcomes Profile and Quality of Life ATOP & QoL), Patient Health Questionnaire (PHQ-9), Generalised

Anxiety Disorder 7-item Scale (GAD-7), The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5), Psychosis Screen, Problematic Gambling Severity Index (PGSI), and the Patient Experiences Questionnaire (PEQ).

Outcomes: Elouera has shown statistically significant reductions/ increases in these scores following the clients in our Aftercare Program for six months after inpatient treatment. These results will be discussed.We have learned is what we do works. Elouera has subsequently run focus groups with current and past clients as well as staff. We will also provide comprehensive case studies highlighting these outcomes. The next steps would be the implementation of monthly client focus groups as well as a further 6-12 months of outcome measure collection and evaluation.

#### Liz Priest, Lives Lived Well

Liz Priest is the Team leader for Elouera Women and Children's Program with Lives Lived Well in Orange NSW. Liz comes to the role with a combined 10+ years' experience in Drug and Alcohol and Early Childhood services. Liz is passionate about walking alongside women in their recovery to achieve the best outcomes for themselves and their children. Liz is driven to ensure Women have access to care that meets their needs and the needs of their families.

Non-presenting author/s, Michele Campbell

## BREAKOUT STREAM 2

**Towards Drug Checking in Australia** Plaza Terrace Room

Facilitated by Assoc. Prof. Jason Ferris, The University Of Queensland

## **2:00pm:** Drug testing in Australia: How far do we have to go?

#### Abstract

**Issue:** Drug checking or pill testing services have existed for over 50 years and now operate in more than 20 countries. These services provide information about the chemical composition of substances to consumers via a brief intervention, often in unison with a community-wide alert system. In recent years, there has been significant public debate in Australia on the merits of introducing drug checking as part of our national commitment to harm reduction.

**Approach:** We review the history of drug checking in Australia, current evidence and the political context.

Key Findings : In response to recent drug-related fatalities at music festivals, as well as concerns about the appearance of high-potency synthetic opioids, drug checking is being considered as a harm-reduction service by state health departments. Two successful trials have been conducted at a music festival in Canberra and recommendations for event-based and fixed-site services feature in several recent major inquiries. There is also evidence of significant public support. Still, drug checking remains a contentious public health intervention and scepticism about the efficacy and real-world effectiveness of drug checking remains steadfast in some quarters. Only one jurisdiction (ACT) has pledged support for providing a service at the time of writing.

**Discussions and Conclusions :** Despite evidence of public support, political anxiety and wariness plagues the implementation of drug checking as a harm-reduction initiative in Australia.

#### Implications for Practice or

**Policy:** Finding effective ways to address common concerns (and misconceptions) may help progress the state of drug checking in Australia. In the meantime, other methods of drug monitoring and surveillance can help us better understand shifting drug markets, and characterise the extent of adulteration and variable purity, thus strengthening the rationale for the introduction of drug checking services.

## **Dr Anna Olsen,** Australian National University Medical School

Dr Anna Olsen is Associate Professor of Social Foundations of Medicine at the ANU Medical School. Her interdisciplinary program of research combines practical and critical approaches to public health, with a particular interest in marginalised populations and qualitative methodologies. Current research includes: pill testing: opioid overdose prevention: methamphetamine use: drug use and motherhood: domestic and family violence; Aboriginal and Torres Strait Islander Health: and ethical practice in social research. She values collaborative approaches to research

and has extensive experience working with government and community on evaluation and research projects. Dr Olsen teaches and supervises postgraduate students across anthropology, medicine, public health and psychology.

Non-presenting author/s, Dr Monica J. Barratt (National Drug and Alcohol Research Centre, University of New South Wales)Olum quia comniandere

**2:20pm:** Leveraging existing policy and legal frameworks that support the establishment of drug checking services in Queensland

#### Abstract

Background: Harm reduction has been a key pillar of Australia's National Drug Strategy since its inception in the late 1980's, along with demand and supply reduction. However, the introduction of new harm reduction interventions such as drug checking are frequently met with policy and legislative barriers to implementation. We provide an overview of policy and legislative advocacy undertaken in Queensland since 2017 to build support for drug checking. Finding: Policy and legislative processes reflect an historic approach to managing illicit drug use via the criminal justice system. Introducing new harm reduction interventions to support the health and wellbeing of people who use illicit drugs is impeded by this approach, which can be overcome through knowledge building with key public service policy development mechanisms, as well as direct advocacy with government.

#### **Discussion and Conclusions:**

Collaboration between government and non-government system and policy advocates can assist in building a supportive environment where the usual mechanisms of government, such as strategies for the growth in the alcohol and other drug treatment system and the regulation of medicines and poisons can provide a legislative and policy framework that normalise the introduction of drug checking for policy makers.

#### Implications for Translational Research:

The lag time between new discovery and routine implementation could be condensed through collaboration between system advocates to promulgate and build support for the case for change.

## **Clare Mason,** Queensland Mental Health Commission

Clare Mason is the Program Manager for Alcohol and Other Drugs at the Queensland Mental Health Commission. She is a social worker with 19 years' experience in the alcohol and other drugs sector. Her qualifications include a Master of Social Work. Honours in Social Science and a Bachelor of Arts majoring in Criminology. Clare has worked in clinical roles in alcohol and other drugs in the youth sector in Brisbane. Melbourne and London for many years. Her current role is in strategic policy development at the Mental Health Commission. Her areas of focus are drug policy reform, alcohol and other drug treatment and harm reduction.

#### **Rebecca Lang,** Queensland Network of Alcohol and other Drug Agencies (QNADA)

Rebecca Lang is the Chief Executive Officer of QNADA, the peak body for the non-government AOD treatment and harm reduction sector in Qld. Rebecca is also a member of the Australian National Advisory Council on Alcohol and other Drugs (ANACAD), which is a principal expert advisory body to the Australian Government on AOD related issues, and she is a director of Unharm.

## **2:40pm:** The Path Towards Drug Checking in Queensland

#### Abstract

Background: Drug checking (also known as pill testing) is a harm reduction intervention with a growing evidence base. In Australia, drug checking remains controversial with only two government-sanctioned episodes of drug checking occurring to date, in the ACT. This presentation will provide an overview of the work of The Loop Australia in Queensland from 2018 to current. The presentation will include a live demonstration of two key analytical instruments used in The Loop Australia's laboratory - the FTIR (Fourier Transform Infrared) and UV-Spectrophotometer, along with an overview of the brief intervention conducted with service users who receive results of chemical analysis.

#### Description of Model of Care/ Intervention:

- The service user is instructed by a chemist to place a full tablet, partial tablet, or powdered sample into a sample bag. The sample is then placed into a locked box.
- The Lead Chemist maintains a secure register where each sample is catalogued to ensure accurate tracking of the sample throughout the analysis and destruction process.

- The Loop Australia chemist analyses the substance using a range of analytic techniques including FTIR and UVspectrophotometry..
- The test results are disseminated within 30-45 minutes to individual service users through a confidential consultation with a health professional.
- Test results will be disseminated to stakeholder agencies and to relevant alerts provided to the wider public via media and social media. who use illicit drugs is impeded by this approach, which can be overcome through knowledge building with key

Effectiveness: There is a growing body of evidence supporting drug checking from around the world. While we are as yet unable to operate a public drug checking service, we will instead provide an overview of our intended evaluation methodology.

#### **Conclusion and Next Steps:** The Loop Australia hopes to commence operations in Queensland soon.

#### **Cameron Francis**

Cameron Francis is a Social Worker with 20 years' experience in the youth alcohol and other drugs sector. Cameron has worked in a number of different roles including peer education at dance parties and music festivals, needle and syringe program work, individual counselling, and more



**3:00pm:** Pills & Pee - Using triangulated survey and wastewater data to understand patterns of illicit drug use among Australian music festival attendees to inform implementation of a drug checking service

#### Abstract

Background: Festival-based drug checking services provide an opportunity for the provision of information and education about potential risks of drug use. To assist in the development and implementation of fit-for-purpose drug checking services, this study uses triangulated survey and wastewater data to investigate patterns of drug use among attendees of a Queensland-based music festival across two years.



Methodology: A cross-sectional survey focusing on illicit drugs used or intending to be used and perceptions of drug checking services was administered to convenience samples of attendees at a Queensland-based music festival across two years (2021 and 2022). Survey findings were compared to drug residues detected in the festival's wastewater.

Results: In 2021, alcohol, nicotine, MDMA, cocaine, amphetamines, MDA and ketamine were identified in wastewater and in the survey as substances that respondents used or intended to use. Substances detected in wastewater but not the survey were methamphetamine and eutylone, a potentially dangerous synthetic cathinone. Wastewater analyses identified that the most common substances used at the festival (in order) were caffeine, nicotine, alcohol, paracetamol, MSMA, ketamine, cocaine, methylamphetamine, and amphetamine. 120 participants (88.2%) reported that they would use a drug checking service if it was available. Those who would not use the service reported that this was due to concerns about privacy (n=5) or getting in trouble with the police (n=7), or a lack of concern about the contents/ purity/quality of drugs (n=3). 2022 results will also be presented.

**Conclusion:** This study's findings highlight the utility of a festival-based drug checking service and can be used to develop effective festival-based drug checking services and guide future policies on festival safety and harm minimisation strategies.

## **Dr Cheneal Puljevic,** The University of Queensland

Dr Cheneal Puljevic is the Research Operations Manager for the Centre for Research Excellence on Achieving the Tobacco Endgame, and a Research Fellow at the Centre for Health Services Research at The University of Queensland. Her research broadly focuses on reducing harms from drug use, with specific areas including smoking cessation among priority populations, reducing alcohol-fuelled violence, illicit tobacco and drug checking services.

Non-presenting author/s, Ellen Leslie Wessel; Monica Barratt; Jason Ferris; Ben Tscharke; Rory Verhagen; Richard Bade; Jochen Muller; The Loop Australia.
## BREAKOUT STREAM 3

Innovative Ways of Working Plaza P4

Facilitated by Dr Katelin Haynes, Hepatitis Queensland

**2:00pm:** Hard-to-reach or hardly reached? Redefining hepatitis C treatment delivery to fit client needs

#### Abstract

**Issue:** All jurisdictions in Australia now have well-established models of care for hepatitis C (HCV) in the prison setting however, these programs only service people in prisons. Despite common population risk factors for HCV transmission, care coordination, testing and treatment are not easily accessible in the Community Corrections setting.

Setting: The prevalence of HCV is disproportionally higher among people in correctional settings than in the general community. This is largely due to the over representation of people who inject drugs (PWID) and a lack of integrated coordination and access to broader healthcare. For people reporting to Community Corrections, these existing barriers are resulting in significantly poorer health outcomes.

**Project:** Hepatitis Queensland has been providing monthly onsite HCV testing and treatment clinics at three Community Corrections district offices. The unique model provides a one-stopshop with access to a GP, Community Outreach Nurse providing Fibroscans, point-of-care testing and phlebotomy services. The model offers people reporting to Community Corrections a direct pathway to access testing and treatment while supporting their willingness to engage in treatment, ongoing monitoring, and reducing rates of treatment non-adherence or discontinuation.

Outcomes: From August 2020 to December 2021, 139 clients attended an onsite clinic. Of these clients, 34 tested HCV RNA positive (24%) and 66% reported a history of injecting drug use. 25 clients have been scripted and 12 clients have completed treatment. Five clients have been referred to a specialist. Clinics in Community Corrections offices represent not just a significant public health opportunity to enhance the health outcomes of people living with hepatitis C but is bridging the gap for people who are not currently engaged in standard models of care in the community. This project has demonstrated that onsite clinics at Community Corrections are a unique and essential setting for people with intersecting challenges to access health care.

#### Rachael Bryett, The Hepatitis Queensland

Rachael Bryett leads Hepatitis Queensland's probation and parole project to make hepatitis C testing and treatment accessible for all. Rachael has worked at Hepatitis Queensland for 12 months. Rachael has previous experience in the alcohol and other drug harm prevention space and in women's health with a focus on chronic disease prevention.

#### Non-presenting author/s, Winnie Nguyen

# **2:20pm:** Frontline workers saving lives with take home naloxone in Queensland

#### Abstract

**Issue:** Queensland Injectors Health Network's (QuIHN) goal is to reduce harms associated with drug use, and save lives from opioid related deaths in expanding & advocating for wider naloxone access.

Setting: QuIHN supplies free naloxone & training across 4 NSP sites- Burleigh, Townsville, Brisbane, and the Sunshine Coast to anyone who is at risk of witnessing/experiencing opioid overdose.

Project: QuIHN adapted that program from Western Australia's SASA naloxone project 2018-2020, QuIHN applied for Approval to obtain, possess and use scheduled substances for nontherapeutic purposes In March 2020 a section 18(1) Approval was received. This model was the first of its kind to be rolled out in a Queensland needle & svringe program and granted an approval that allows non-medical needle & syringe program workers/ volunteers to train and supply free naloxone to people at risk of witnessing/ experiencing opioid overdose. Client completes a 10 minutes training where staff provides education around understanding overdose prevention, signs & symptoms, what naloxone is, and how to use it. No prescription. Medicare card, nor personal identification is required.

Outcomes: From July 2020 to February 2022 QuIHN has trained and supplied naloxone to 810 clients & provided 1,131 devices. 231 clients have returned for resupply. Anecdotally, we are aware that more than 231 have been used in the community, with no reports of adverse effects from naloxone administration. The model implemented has been well received by clients demonstrating an increase in knowledge and harm reduction messages relating to overdose related harms. Lessons learnt from implementation through the QuIHN Take Home Naloxone program can be translated to alcohol and drug services, emergency responders and other community organisations.

#### **Tegan Nuckey,** Queensland Injectors Health Network (QuIHN)

Tegan Nuckey has worked in the AOD/ Community services sector for the past 12 years and is currently employed as the Harm Reduction coordinator at QuIHN Burleigh Heads. Tegan's expertise is in Hepatitis C prevention and broad Harm Reduction for people who inject drugs. During her time at QuIHN, Tegan helped drive development and implementation of one of Queensland's first Take home naloxone programs via the QuIHN needle and syringe program. Tegan is passionate about AOD harm reduction, improving pathways for people who inject drugs, reducing deaths related to overdose and advocacy against stigma and discrimination within health services and the wider community for people who use drugs.

**2:40pm:** From victim to offender: Rewriting the narrative of women in the justice system

#### Abstract

Issue: An innovative response diverting girls and women from entrenchment in the justice system is being piloted in the Bayside Peninsula area of Victoria, demonstrating how gender responsive, community-based support will eradicate the need to criminalise our most vulnerable. Funded by philanthropic organisations, the Living Free Project leverages health/justice partnerships to enhance accessibility to services and improve responses for vulnerable girls and women, many of whom present with complex trauma and needs.

Underpinned by multi-sectoral partnerships, and positioned within the alcohol and drug sector, the Living Free Project's model of care encompasses stepped, flexible and responsive intervention for girls aged 10 and up through to women in contact with the justice system. The direct service delivery is enhanced through a project co-ordination function that supports service integration across sectors, capacity building, collaborative practice, strategic advocacy and research for policy and practice change.

Outcomes from the project have been overwhelmingly positive with over 300 girls and women supported across the last four years. A mid-term evaluation identified positive improvements for participants on multiple domains supporting sustainable change, reduced contact with police/justice, reduced alcohol and drug use and improved engagement with specialist services. Participant voices are at the centre of continuous project development and participants are supported to use their lived experience in professional capacities.

The Living Free Project provides a voice for girls and women, and their children, whom the education and service system has failed and who quickly shift from a victim to an offender. Every journey is unique, yet common failures exist. Through support from philanthropy, TaskForce continue to access platforms to share participant's journeys and advocate for vital changes in policy and practice to ensure our most vulnerable do not continue to fall through the gaps

#### **Megan Conway,** TaskForce Community Agency

Megan Conway is the Women's Justice Intake & Service Team leader with TaskForce Community Agency's 'Living Free' Team. With an interest in trauma informed & attachment theory practice, she believes in walking alongside the vulnerable women in our community to change the trajectory from disadvantaged origins into the justice system to a strengths based. healthier, safer life. As a qualified Psychotherapist & Counsellor with 16 years in AOD counselling, youth work and assertive outreach she clinically leads the Living Free team to support and advocate by direct service delivery and on a systems level within community sector partnerships.

#### Non presenting author/s, Lisa Abbott

**3:00pm:** Responding to AOD use in refugee and asylum seeker background populations: developing partnerships among AOD and multicultural service providers in South East Queensland

#### Abstract

Issue: Problematic substance use in refugee and asylum seeker communities is often found to be lower than the general population. However, there is an ongoing disconnect between research findings and community experiences. Risk factors relating to the experiences of these populations (eg. displacement, trauma, resettlement), and Australia's socio-political environment mean people experiencing problems among these communities are less likely to seek AOD treatment. It is thought this relates to mistrust of services and the propensity for AOD to be a taboo subject rarely discussed outside family circles. Other barriers to treatment may include the knowledge, skills and linkages seen among AOD and multicultural services

Approach: A QNADA partnership with the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) led to the formation of a Multicultural AOD Reference Group that, guided by QPASTT, supported the development of training packages for existing AOD workers into issues surrounding AOD use in refugee and asylum seeker communities, and introductory AOD training for multicultural community workers. **Results:** Both training packages were piloted in February 2021. Pre and post training feedback indicated participants found it significantly increased their subject matter expertise and was both useful and informative to their real world practice.

**Conclusions:** There is a knowledge and skills gap amongst AOD workers relating to refugee and asylum seeker populations, and a gap in AOD knowledge and skills amongst multicultural community workers. Through the use of partnership approaches between the AOD and multicultural sectors, we can drive improved service responsiveness with these communities.

#### Tom Ogwang, Queensland Network of Alcohol and Other Drug Agencies (QNADA)

Tom Ogwang is a Sector Capacity Building Officer at QNADA, Previously, Tom worked in Aboriginal and Torres Strait Islander Health research and teaching roles at the University of Queensland and has experience working in mental health and substance use treatment for young people and adults. Tom holds a Bachelor of Applied Health Science (Indigenous Health) with Honours from the University of Queensland and is currently undertaking a Master of Social Work Practice at Griffith University. He is also of refugee background and brings insight from that experience to this work and his broader role at QNADA



## **SESSION 4**

Facilitated by Sean Popovich

## KEYNOTE

Plaza Terrace Room

# **3:50pm:** Making drug policy good for people

#### Abstract

We're at our best when we take care of ourselves and one another. But each year Queensland police arrest over 40,000 people for using drugs and plenty of politicians and media commentators are still ready to pretend that hurting people helps them. In recent years, major Queensland Government reports have recommended drug law reforms, and public support for legalising cannabis use is overwhelming. With this increased opportunity for positive change, what problems still stand in the way and how can we work together for solutions that support wellbeing?

#### Dr Will Tregoning, Unharm

Will Tregoning is the CEO and cofounder of Unharm, which was established with an aspiration to make drug use positive, ethical and safe. Will came to drug law reform from a background in social policy research, communications consultancy and health equity program management. Will completed a Bachelor of Arts and a PhD in Cultural Studies at the University of Sydney before beginning a career as a research and evaluation consultant to Australian government departments and agencies, focussing on alcohol and other drugs. He is also co-founder of drug checking organisation, The Loop Australia.

### PANEL DISCUSSION

To disclose or not to disclose? That is the question. Plaza Terrace Room

**4:35pm:** The role of disclosure in moving our thinking forward about who uses drugs and why?

Mustafa Elkhishin, Manager, Clinical Services Central and North Qld, Lives Lived Well

Mustafa Elkhishin is the Central and North Queensland Clinical Services Manager for Lives Lived Well who began his career in the AOD space at the grassroots peer level. He later moved into policy and commissioning space working for the Primary Health Network where he facilitated the expansion of Government funded AOD treatment services in Regional Queensland.

He continues his passion supporting his Clinical team to improve health outcomes for the community's most vulnerable and marginalised people, using evidence informed treatment and best practice to improve the lives of people experiencing substance dependency and related issues. Through his own lived experience, he understands firsthand the incredible barriers, stigma and shame that people face when seeking help for addiction related problems. He has proven though that recovery is possible and believes that people experiencing addiction deserve support, respect, compassion, and every opportunity to access health services - as substance dependence is a public health priority, not a criminal justice issue.

#### **Gemma Nevin,** Advanced Peer Worker, LADDERS, Queensland Health

Gemma has worked within the peer workforce for Metro South Addiction and Mental Health Services since 2016. In her current role as Peer Support at LADDERS, Gemma most enjoys being able to help young people discover new interests and support them to build new, positive life pathways, away from the influence of alcohol and drugs.

#### Jaye Murray, Vice President, Queensland Injectors Voice for Advocacy and Action (QuIVAA)

Jaye is really passionate about human rights and the rights of people who use drugs. She is the Vice President of QuIVAA, a peer-based organisation which has been fighting for the health and human rights of people who use drugs in Queensland for over 30 years. QuIVAA aims to be the amplified voice representing the diversity of people who use drugs, through advocacy aimed at addressing systemic and individual issues affecting people throughout Queensland. Jaye has personal and professional experience with alcohol and other drugs and she is involved within the AOD community where she hears the stories, issues, questions and see the implication of stigma and discrimination.

## **Eddie Fewings,** Alcohol and Other Drugs Coordinator, QAIHC



# DAY2

#### FRIDAY, **19 AUG 2022**

## **SESSION 5**

Facilitated by Clare Mason

### KEYNOTE

Plaza Terrace Room

**9:00am:** Psychedelic Medicine: Principles, Potentials, Pitfalls.

#### Abstract

Psychedelic therapies are making a comeback, with rapid increases in research programs, financial investment, and public interest. Regulated psychedelic therapy may be only a year or two away in many countries including Australia, and yet the capacity to deliver this unique set of treatments and the availability of adequate training, infrastructure, and standards of care are limited. Healthcare practitioners increasingly ask about the key principles and best practice in psychedelic therapies, what the research to date suggests, what the risks might be within service delivery, and what the initial stages of regulated psychedelic therapy might look like. This talk will address these questions in the context of mental ill-health and AOD treatment.

#### Dr Paul Liknaitzky, Monash University

Paul Liknaitzky is Head of Clinical Psychedelic Research at the Turner Institute and the Dept of Psychiatry, Monash University. He earned an Honours in Neuroscience and a PhD in Psychology from the University of Melbourne. He is an Investigator across a number of Australia's first psychedelic trials, leads Australia's first clinical psychedelic lab and first applied psychedelic therapist training program, and obtained the first industry funding and partnership for psychedelics in Australia. Paul's work examines mechanisms of mental illness. and treatment development primarily within mood, anxiety and addiction research. He is currently focused on developing a rigorous program of research in psychedelic medicine at Monash University that seeks to evaluate therapeutic effects, innovate on treatment design, mitigate known risks, explore potential drawbacks, and understand therapeutic mechanisms.



### PLENARY

Plaza Terrace Room

**9:45am:** The Nukal Murra Alliance – a journey to self-determination in health and wellbeing in Western Queensland

#### Abstract

The Nukal Murra Alliance brings together and comprises five equal partners: the Western Queensland Primary Health Network (WQPHN) and the four Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS) serving large and distinct areas over nearly one million square kilometres of Western Queensland - including; Gidgee Healing, Cunamulla Aboriginal Community Health, Goondir Health, and Central Western Areas Aboriginal and Torres Strait Islander Community Health in a regionally focused, culturally informed partnership to improve the health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people.

The naming of the "Nukal Murra" combines two traditional languages from the Western Queensland catchment; Nukal, meaning 'plenty or many' in the language of the lower gulf and Murra meaning 'hand or hands' in the language of Central West and South West. Nukal Murra also reflects joint aspirations to create greater service alignment, integration and consumer engagement to improve the health outcomes of Aboriginal and Torres Strait Islander peoples in Western Queensland, supporting innovation and co-commissioning of mental health, alcohol and other drug, suicide response and prevention, and chronic disease support services.

This presentation will outline how the Nukal Murra Alliance was conceptualised and realised, it's model of care and governance and why it is considered a key mechanism for selfdetermination and improved health outcomes for and by Aboriginal and Torres Strait Islanders on their lands that comprise Western Queensland.

#### Sandy Gillies, Chief Executive Officer, Western Queensland Primary Health Network (WQPHN)

Born and raised in Winton in Western Queensland and a proud Gunggari woman, Sandy (Cassandra) Gillies began her career in health as an Enrolled Nurse in Charleville in the State's South West, where she gained invaluable experience at the coalface of rural and remote primary and tertiary health care. Often working with scarce resources across vast distances, Sandy developed a deep understanding of the challenges of outback health, and particularly for the lived realities of First Nations communities.

Sandy's passion regarding improving Aboriginal and Torres Strait Islander health and wellbeing led her to work as an Aboriginal Health Worker, and then to senior and executive roles with Queensland Health, the Queensland Mental Health Commission and the Queensland Aboriginal and Islander Health Council. In 2021. Sandy brought her breadth of experience, gualifications, skill and continued desire to help lead improvement in the health of all Western Queenslanders to her appointment as the Chief Executive Officer of the WQPHN, making her the first Indigenous Australian to be appointed CEO within the 31 Primary Health Networks nationally.

### PLENARY

Plaza Terrace Room

# **10:15am:** It's not the drugs, it's the system response.

#### Abstract

The Over the last decade, QNADA members have frequently reported increasing levels of complexity in working with clients. Initially, our proposed solutions focussed on AOD workforce development, but this does nothing to reduce the complexity that is produced by systems. A review of system level inquiries and strategies in Queensland confirms that these processes have consistently identified ways to improve responses, in line with our understanding of the drivers of problematic substance use have improved, but the approach of police, courts, youth justice and child safety to substance use remains largely unchanged. Driven by the visible impact on service delivery in the AOD sector, our Responsive Systems work focuses on building the capacity of these systems to value our sector's perspective on the evidence base for contemporary practice with a view to supporting the evolution of their responses.

**Rebecca Lang,** Chief Executive Officer, Queensland Network of Alcohol and Other Drug Agencies (QNADA)

## **SESSION 6**

**Breakout presentations** 

## BREAKOUT STREAM 1

Substance Use Experiences Plaza Terrace Room

Facilitated by Emma Kill, Queensland Injectors Voice for Advocacy and Action (QuIVAA)

**11:15am:** Shifts in cannabis use and outcomes at the onset of the COVID-19 pandemic and associated restrictions in 13 countries

#### Abstract

**Background:** The COVID-19 outbreak is hypothesised to have had a widespread impact on cannabis distribution, access and usage worldwide. This study aims to describe changes in cannabis use and related outcomes following COVID-19 restrictions among an international sample of people who use drugs.

Methodology: Using data from the Global Drug Survey COVID-19 special edition, we identified 20,416 respondents from 13 countries who reported changes in the number of THC-containing cannabis usage days since COVID-19 restrictions were introduced. Using descriptive statistics and a multinomial multivariable logistic regression we investigated the impacts of changed cannabis use on respondents' mental health, physical health, relationships, finance, work/study performance, and cannabis-related pleasure/enjoyment.

**Results:** Respondents most commonly reported that their cannabis use had staved the same (38.2%). The most common reason for increased cannabis use was having more time to use it. (68.4%), while those who described decreasing their cannabis use most commonly ascribed this to having less contact with people they use the drug with (58.4%). Respondents from Australia were most likely to report increasing their cannabis a lot (25%), while respondents from Brazil were most likely to report decreasing their cannabis use a lot (33.5%). Respondents were most likely to report that their mental health, physical health, relationships, finances, work/study performance, and cannabis-related pleasure stayed the same as before COVID-19 restrictions commenced.

**Conclusion:** These findings provide an understanding of the short-term international impact of initial COVID-19 restrictions on cannabis use in 13 countries. hypothesised

# **Dr Cheneal Puljevic,** The University of Queensland

Dr Cheneal Puljevic is the Research Operations Manager for the Centre for Research Excellence on Achieving the Tobacco Endgame, and a Research Fellow at the Centre for Health Services Research at The University of Queensland. Her research broadly focuses on reducing harms from drug use, with specific areas including smoking cessation among priority populations, reducing alcohol-fuelled violence, illicit tobacco and drug checking services.

Non-presenting author/s, Amelia Cossart; Emma L. Davies; Monica Barratt; Larissa Maier; Adam R. Winstock; Jason Ferris.

**Disclosure of Interest Statement**, Adam Winstock is the founder and owner of the Global Drug Survey (GDS). No other competing interests to declare.

**11:35am:** What will everyone think of me? Stigma and discrimination surrounding crystal methamphetamine ('ice') use in Australia

#### Abstract

Background: Crystal methamphetamine ('ice') causes significant societal harm and was perceived by the Australian public to be the drug of most concern nationally (NDSHS 2019), Although there are effective treatments available. stigma and shame can prevent people from seeking help. Despite the negative portrayal of crystal methamphetamine use in the Australian media and the community concern attached to this drug, little research has been conducted into public stigma and discrimination surrounding its use in Australia. In the current study, we investigated and compared levels of public stigma, selfstigma and discrimination surrounding crystal methamphetamine use in a large sample of Australian residents.

Methodology: The cross-sectional online survey was conducted among Australians aged 18 years and over between Nov-18 and Mar-19. Participants included people who use ice, affected family members and friends, health professionals and general community members. Participants were asked to complete two validated and reliable scales for measuring attitudes adapted for this study. People who reported prior use of crystal methamphetamine were also asked about experiences of discrimination.

**Results:** The survey was completed by 2108 participants. There was evidence of widespread public stigma and discrimination, with 66% percent of people saying they would not associate with people who have used it in the past. People were also more likely to hold negative views about crystal methamphetamine , if they had less knowledge about the drug and its effects. Self-stigma was evident, as 30% of participants who had used ice voted they would not tell anyone if they had a problem with ice.

**Conclusion:** Gaining a better understanding of stigma, discrimination and barriers to help-seeking for people who use ice is needed to improve health outcomes. The current presentation will interest service providers, researchers and the general community.

#### Anna Grager, The University of Sydney

Anna Grager is a Research Assistant at The Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney. She has a Bachelor of Health Sciences and has been working in the area of mental health and substance use research since 2019. Anna currently works across two translational research programs: Cracks in the Ice and The Family and Friends Support Program.

Non-presenting author/s, Steph Kershaw; Hannah Deen; Louise Birrell; Katrina Champion; Lexine Stapinski; Frances Kay-Lambkin; Maree Teesson; Nicola Newton; Cath Chapman

**11:55am:** : The 'new' common drugs: "Ends and means" when considering recreational alcohol and drug use

#### Abstract

This snapshot presentation will discuss emerging trends, issues and questions related to community alcohol and other drug use. For example, alcohol use (frequency and amount) by young people is reportedly declining, however such trends are not reflected in older cohorts, particularly the over-60s. Mainstream media suggests COVID-19 triggered an alcohol consumption surge: what has been the impact of this increased alcohol consumption on people experiencing problematic mental health? If COVID-19 impacts drinking behaviour, what has been its impact on cannabis use? Further. nitrous oxide is a drug that is gaining media attention across the globe; is

this just media spin? Are psychedelics (LSD, psilocybin, 5-MeO-DMT) the next 'medicinal cannabis' and what does this mean for mental health and substance use treatment? This presentation will make use of Global Drug Survey data from almost 1,000,000 respondents to examine these issues and offer some insight into AOD trends going forward.

#### Jason Ferris, The University of Sydney

Associate Professor Jason Ferris is a drug and alcohol epidemiologist and biostatistician with 20 years of public health research experience. He leads the Global Substance Use and Mental Health Unit and is the Director of the Research and Statistical Support Service (RASSS) in the Faculty of Medicine, University of Queensland.

His extensive research portfolio, at the intersection of Substance Use and Mental Health, represents his efforts to increase public understanding of the harmful impacts of substances on mental and physical health. He is involved in almost 50 funded research projects (over \$50M) as a chief investigator. He is also the Chief Biostatistician for the Global Drug Survey since 2013. In 2020, The University of Queensland recognised his contributions to his research field: he was awarded and Academic Leader of the Future Award, and in 2019 The Outstanding Mid-Career Researcher within the Centre for Health Services

**12:15am:** : Hi-Ground – Providing harm reduction to Women and Non-Binary people in a digital world

#### Abstract

Issue: The internet has become an important source of information about a range of health issues, including substance use and mental health, as well as being a platform to share accounts of lived experience. Queensland currently lacks peer-led and well researched and designed resources for women and drug use. Women who use substances may autonomously organise themselves into groups to provide harm reduction, peer support services and advocacy, which is increasingly happening online. In person group therapy and support sessions have been disrupted due to COVID-19 related restrictions and in some cases chatrooms have acted as the platform for this group work to continue. The engagement of health care professionals into these platforms is a useful strategy to provide harm reduction interventions and support, allowing online participants seeking reliable information to guide them to better informed decisions. The inclusion of peers has led to a demonstrated range of better health outcomes around the world. This easy to access service could benefit many Women who do not have access to in person services,

such as communities in rural and remote areas, Women living with a disability, those who are required to isolate during COVID-19, as well as include clients who prefer online communication. .

There is little funding dedicated to researching illicit drugs and drug use. When this research is done there is a focus on males, disregarding the various differences in the effect of drugs in terms of physiological and social implications for males and females. It is important that more research about drugs, drug use, and people who use drugs be more widely gendered. Another important note about the research we found referenced gender and sex binaries - women and men. females and males. They have also associated specific sexes with certain genders - females and women, males and men. This is an issue for nearly all areas of research. We recognise that these binaries are damaging and are not a reflection of the complexities and scope of varied identity.

Setting: Based on the evidence from the National Drug Strategy Household Survey - Risky alcohol consumption, tobacco smoking, recent use of illicit drugs and pharmaceutical misuse in Queensland exceed national levels, illicit drug use among women in their 30s has increased and (LGB) women report higher rates of drug use. Project: Thanks to the 'Investing in Queensland Women Grant 2021' we received \$10,000 to deliver our project. We asked our clients and community of women who use drugs in Queensland what information they would find useful and then we got to work and developed relevant and non-iudgemental harm reduction resources for diverse Queensland women and people. Resources include mental health, wellbeing, parenting, stigma education and substance harm reduction information. We developed these resources alongside our clients running 18 chatroom feedback sessions. 1 online survey (45 participants) and ending the project with 6 e-support sessions using our chatroom and an especially designated channel called #women-and-femmes. We were able to develop 13 substance info cards and print 100 copies of a 68 page booklet. All the contributors, artists and writers are also peers with experience of mental health and/or substance use. By doing this we are directly supporting peers of the local Queensland community of women, femmes and non-binary people.

Outcomes: We are very proud of what we were able to achieve with such a small budget, but with a bigger budget we could have reached more people, as well as expanded the resources we did produce. For example, we would love to complete the entire drug card series, as well as include more therapeutic activities in the booklet and produce more copies for other regions across Queensland. Through our online support sessions, we were able to reach approximately 47 women. The issues however with pilot programs are ending something just as it is becoming familiar with clients and building momentum. With more funding this project could have provided clients with consistency and the opportunity to grow and promote more widely.

#### **Brooke Walters,** QuIVAA, QuIHN, ConsciousNest

Brooke Walters is the coordinator for Hi-Ground which is co-owned project of QuIVAA and QuIHN. Brooke is a social worker, harm reduction educator, art therapist, events co-ordinator, and peer. Brooke has over 13 years working in the Music Events and Festival Industry and has run her own festival harm reduction and support service 'ConsciousNest' for 8 vears in Southeast Queensland. She is also an educator at the Queensland University of Technology in the undergraduate social work degree. Brooke is passionate about creating innovative harm reduction approaches to education and support that is colourful, fun, engaging and progressive.

## BREAKOUT STREAM 2

Improving Access Plaza P4

Facilitated by Julie Reidy, Mental Health Alcohol and Other Drugs Branch, Queensland Health

**11:15am:** Increasing access to clinical/ practice supervision in the Australian alcohol and other drugs sector

#### Abstract

Introduction and Aims: Internationally, clinical supervision is accepted as an essential and integral component in the development and maintenance of professional proficiency across disciplines. Among alcohol and other drug (AOD) workers however, access to effective clinical supervision is limited. This research sought to examine the feasibility and effectiveness of implementing a clinical supervision exchange model in the AOD treatment service sector.

**Design and Methods:** Participants were twenty supervisees (13 females; 7 males) and five supervisors (4 females, 1 male) from six AOD treatment services in Queensland, Australia. Supervisees were randomly allocated to the supervision exchange (n=10) or supervision-as-usual (n=10) arms of the study. Participants in the supervision exchange arm of the study were matched with a supervisor (n=5) employed by another participating treatment service and received regular supervision for 10 months. Participants completed a survey at baseline (0 months; pre-), 5-months (mid-), 10-months (post-trial) and 15-months (follow-up) to measure access to clinical supervision, perceived effectiveness of clinical supervision, burnout, turnover intention, job satisfaction and self-efficacy.

**Results:** Results are due to be finalised in June 2022.

**Discussion and Conclusions:** The findings of this study could have important implications for the provision of clinical supervision in the AOD treatment sector.

#### **Courtney O'Donnell,** Queensland Network of Alcohol and Other Drug Agencies (QNADA)

Courtney O'Donnell is the Sector and Workforce Development Officer at QNADA. She is also undertaking her PhD at the University of Queensland. exploring opportunities to increase access to clinical/practice supervision among alcohol and other drug workers. Previously, she worked as a Research Assistant and Research Officer at the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales (UNSW). Courtney holds a Master of Public Health from the University of Sydney and a Bachelor of Psychological Science (with Honours) from the University of Queensland.

#### Non-presenting author/s, Sean Popovich; Nicole Lee; Leanne Hides

#### **Disclosure of Interest Statement,**

Courtney O'Donnell is supported by the Queensland Network of Alcohol and Other Drug Agencies (QNADA) to undertake her PhD. The project was funded by the Brisbane North Primary Health Network (BNPHN). The clinical supervision exchange model was developed by QNADA. Nicole Lee is the founder and CEO of 360Edge who led the co-development of AOD supervision training and resources with QNADA.

**11:35am:** Tools for Change': Evaluation of a six session 'open' group intervention for clients attending psychosocial treatment at an alcohol and other drug treatment service

#### Abstract

Introduction : Group-based interventions are well evidenced as an effective alcohol and other drug (AOD) treatment. However, uptake of groups has been limited within the Metro North Mental Health - Alcohol and Drug Service (MNMH-ADS), due to problems such as limited effective group treatments, high rates of client drop-out, issues with closed group formats and staffing skill. The purpose of the current study is to report on the outcomes from the trial of a six-session 'open' psychoeducation and skills-based group ('Tools for Change'), within MNMH-ADS.

Method: Participants were referred to the MNMH-ADS Psychosocial Treatment Teams regarding their AOD use. Participants were 18 years or older, had moderate/severe substance use disorders, were willing to attend groups and not in current crisis. Group content was developed from consultation with clinicians, clients, and existing research. Each session duration was 1.5 hours, facilitated by trained clinicians, with group topics rotating weekly. Measures included demographics; attendance; Outcome Rating Scale (ORS; Miller et al 2003); Group Session Rating Scale (GSRS: Duncan & Miller 2007) and a clinician measure. ORS change scores were calculated as the difference between first attended session and the last.

**Results:** A total of 168 clients attended. Mean attendance was 2.8 sessions, with an average of 70% client retention between sessions. Preliminary results indicate that ORS change scores were significantly larger for participants attending 3, 4, or 6 sessions, when compared with those only attending 2, meeting ORS cut-off for clinical significance. GSRS scores were high (M=32.8). Positive clinician feedback was received on group content and group usefulness.

**Conclusion:** An 'open' style AOD group intervention is showing promising results, with fair group attendance, high client and clinician satisfaction, and clinically significant improvements, most likely after three or more sessions. 'Open' AOD specific groups appear effective for some clients as a standalone intervention or in conjunction with individual treatment.

#### John Kelly, Metro North Mental Health Alcohol and Drug Service

John Kelly is a psychologist and currently acting as Director of Allied Health with Metro North Mental Health Alcohol and Drug Service. John has nearing 20 years' experience in the youth, mental health, and alcohol and drug sectors, working in a clinical capacity, as a clinical educator and supervisor. John has extensive experience in program development and evaluation, including publications

Non-presenting author/s, James Searles, Dee Burdone

**11:55am:** Don't Leave Me Hanging on The Telephone: Sensory Strategies to Optimise Telehealth in Alcohol and Drug (AOD) services

#### Abstract

Issue: Even before the rise of telehealth due to the COVID-19 response, telehealth has been integral in case management and treatment of people with problematic AOD use. This population can experience complex trauma, cognitive, sensory and health challenges (Engel-Yeger, Palgy-Levin, & Lev-Wiesel, 2013; Jennings, 2004), all of which may impact capacity to engage in a unimodal sensory experience such as a phone call.

Setting: Trauma and cognitive impairment is common, manifesting in difficulties with attention and memory (Bruijnen et al., 2019). People with AOD disorders may be more sensitive to sensations, more likely to avoid sensory inputs, miss sensory cues, or seek out low or high amounts of sensory stimuli (Engel-Yeger, 2014; Kelly, Meredith, Taylor, Morphett, & Wilson, 2021a, 2021b). Further to this, if they are a Covid-19 survivor, additional cognitive deficits may endure for many months (Zhao et al., 2022). Project Sensory approaches refers to a range of strategies which utilise the sensory systems to regulate arousal states and optimise participation in activities. Training in this approach was provided to ADIS Queensland staff to enable sensory strategies to be used alongside AOD telehealth interventions and The Person-Environment-Occupation model (Law et al., 1996). The person's sensory preferences and processing, the environment and occupation (or activity) can each be assessed and adapted using sensory inputs to optimise engagement.

Outcomes: Sensory strategies provided ADIS staff with options for adapting telehealth services which had the benefits of rapid effect, low cognitive demand and minimal resource outlay. These include:

- Supporting auditory processing
- Co-regulation via sensori-motor activities
- Sensory inputs to decrease cravings and anxiety
- Sensory inputs to improve mood, task attention and efficiency
- High or low stimuli environments

A sensory approach to telehealth is both trauma and evidence informed and offers many opportunities for AOD workers to innovate and enhance engagement for people with AOD issues (Blueknot, 2012).

#### Michelle Taylor, Insight

Michelle Taylor is a clinical educator and occupational therapist at Insight: Centre for Alcohol and other Drug Training and Workforce Development. She has over 25 years' experience supporting those impacted by alcohol and drug and mental health issues. Her research and practice interests include sensory approaches, trauma Informed care and occupational approaches.

**12:15am:** Have you tried this? A visual substance use screening tool for Child and Youth Mental Health Services

#### Abstract

Issue: There is a high prevalence of voung people presenting with alcohol and other drug (AOD) concerns to Child and Youth Mental Health Services (CYMHS). However, chart audits within CYMHS. Children's Health Queensland (CHQ) over a 3 year period found that there were low completion rates of formal substance use assessment forms. It was identified that CYMHS consumers may struggle to complete standardised assessment forms, especially given that many experience communication difficulties arising from literacy, speech and language or neurodevelopmental challenges.

Setting: Children's Health Queensland (CHQ) CYMHS covers a large geographical area across Metropolitan Brisbane. It includes a range of community CYMHS, inpatient and other specialist teams. There are over 1000 consumers open to CHQ CYMHS services on any single day. According to Chart Audit data, approximately a quarter of CHQ CYMHS consumers aged 10 -18 yrs engage in substance use, with 18% using at clinically significant levels.

Project: In 2019, the CHQ CYMHS Dual Diagnosis Coordinator and Director of Speech Pathology collaborated to develop a visual version of the Alcohol, Smoking, and Substance Screening Test - Youth (ASSIST-Y) a World Health Organisation substance use screen. Codesign input was provided by a range of CYMHS stakeholders including the consumer and parent/carer advisory groups, Indigenous Health Workers and clinical staff. Design work and publication was completed by the CHQ Media and Engagement Unit.

The visual tool is simply called Have you tried this? and aims to improve both consumer and clinician engagement in substance use screening through the use of bright, engaging images and minimal, Plain English text. The images act as visual prompts to help young people organise their thoughts and take part in a conversation about substance use.

Outcomes: Quantitative data from a chart audit the year following roll-out of the tool showed a 300% increase in completion rates of substance use assessment forms. Qualitative data will also be presented regarding clinician experience of using the tool. There were some challenges in developing the tool, such as converting some of the more complicated written questions into a visual format and designing a tool that was culturally appropriate for all consumers. State-wide roll-out and evaluation of the tool has also been a challenge without dedicated AOD or Dual Diagnosis staff in other CYMHS services outside of CHQ. Work is currently underway to review and revise some aspects of the tool based on feedback to date

# Laura Quinlan, Child and Youth Mental Health Service (CYMHS)

Laura Quinlan is a Social Worker with over 20 years of experience. She is currently the Dual Diagnosis Coordinator at Child and Youth Mental Health Service (CYMHS). Children's Health Queensland (CHQ) Health and Hospital Service. Her role includes direct clinical work. secondary consultation and staff training. Laura has previously worked in youth alcohol and other drug services, and specialist CYMHS teams where she provided dual diagnosis intervention to young people in custody, and assertive outreach services to young people with complex needs. She has an interest in working with vulnerable young people who often fall through service gaps.

## BREAKOUT STREAM 3

Innovation in Service Delivery Plaza P5

Facilitated by Sue Pope, Queensland Network of Alcohol and other Drug Agencies (QNADA)

**11:15am:** The Intersection of Domestic and Family Violence (DFV) and AODs Practice

#### Abstract

This presentation will discuss the commonalities between DFV and AODs practice and service delivery, and the points of difference in each approach. It will also identify some possibilities for greater collaboration between both sets of practitioners and sectors with a view to improving the experience and potential outcomes for the clients we are all walking alongside as they navigate complex systems, and for supporting each other's practice while working together within the same system/s.

#### **Rosie O'Malley,** Domestic Violence Prevention Centre (DVPC

A AN ICH

Rosie O'Malley. CEO of the Domestic Violence Prevention Centre (DVPC) since 2016 Rosie commenced working for DVPC in 2009 and was the Manager of the Men's Domestic Violence Education and Intervention Program (MDVEIP) for seven years. Previously she worked for many years at Queensland Corrective Services (QCS) where she commenced facilitating the MDVEIP in 2005. Her academic background is in criminology, and she has written journal articles, and contributed a chapter to the book. Domestic Violence, Working With Men: Research, Practice Experiences, and Integrated Responses. In 2011 she travelled to the United States to investigate good practice regarding men's programs, fathering programs, and integrated responses, and she delivers workshops and speaks at conferences throughout Australia on collaborative practice to improve the safety and well-being of those experiencing or escaping domestic violence. Rosie sits on the Domestic. Violence Death Review Board and has been the Convenor of the Queensland Domestic Violence Services Network



#### **Girija Dadhe,** Domestic Violence Prevention Centre (DVPC)

Girija Dadhe is currently the Coordinator of the Domestic Violence Integrated Response at the Gold Coast Domestic Violence Prevention Centre (DVPC). Prior to this role, she worked as a Women's Advocate and Team leader of the Intake team at DVPC. As a part of the co-located pilot project between QPS and DVPC, Girija has also worked as an Advocate at Southport police station to support women attending the station to seek assistance for domestic violence matters. Girija has previously worked in the AOD sector and is passionate about addressing the intersecting complexities of domestic violence, AOD and MH issues to provide more holistic responses . Girija has a Graduate Diploma in Counselling and a Master's degree in Counselling and Psychotherapy. Her research article "Lived experiences of adult crystal methamphetamine users " was published by PACFA and received the Research and Excellence Award from the Australasian Therapeutic Communities Association (ATCA).

# **11:35am:** Elimination of Hepatitis C in Queensland: Progress and problems

#### Abstract

Hepatitis C is now a curable condition, with new direct acting antiviral (DAA) treatments lasting 8 – 12 weeks with minimal side effects. Treatment can be undertaken by general practitioners, nurse practitioners and in corrections settings; people can be retreated if required. Point of care testing is TGA approved and can provide a hepatitis C test result in as little as one hour. With all of these advancements in the medical care of hepatitis C, what is the current state of hepatitis C elimination in Queensland?

#### **Dr Katelin Haynes,** Hepatitis Queensland

Katelin Haynes recently stepped down as the CEO of Hepatitis Queensland. She has held leadership positions in the Queensland BBV/STI sector for the past 7 years and holds an MBA and a PhD in medical research. Katelin is passionate about translating science into change and enjoys collaborating to achieve systems change and improved health outcomes.

# **11:55am:** Developing a structured approach to monitoring system reform

#### Abstract

It is critical that system and policy reform is evidence-informed and achieves value for money. With so much activity across sectors it is often hard to understand what is happening, how to contribute and how to get involved. In 2021 QNADA developed an analytical framework to consider to what extent reforms across the criminal justice. youth justice and child protection systems over the past ten years have made findings or recommendations in relation to alcohol and other drug use, and related harms. This session discusses the approach taken to develop the framework, key findings and how it is being used to monitor progress towards implementation, inform planning and advocate for change.

# **Susan Beattie,** Research & Knowledge Translation Lead

Susan Beattie is the Research and Knowledge Translation Lead at QNADA. and is responsible for the coordination of its Responsive Systems project. Susan has worked in a variety of senior policy. research and project management roles within the public sector and in nongovernment organisations focusing on driving service improvement and reform. This includes initiatives that seek to reduce alcohol and other drug related harms, prevent and reduce suicides, and those that aim to improve system responses to people experiencing domestic and family violence and children known to child safety services. Susan currently holds a Masters in Forensic Mental Health and a Bachelor of Behavioural Sciences, majoring in Psychology.



## SESSION 7

Facilitated by Cameron Francis

## PLENARY

Plaza Terrace Room

#### 1:45pm: Peer peak scoping project

#### Abstract

**Issue:** People can have an important role in contributing to the development of policy, services and systems that they relevant to them. This consultation project sought to understand the experiences of people who use drugs, the issues that are important to them and how their voices could be amplified to influence the policies, systems and services that are relevant to them. Method: The project utilised a collaborative, peer-led, partnership approach via a social media campaign, online survey and interviews with people who use drugs. 401 people participated from a diverse range of ages, genders, locations and cultural backgrounds.

Key Findings: The consultations revealed a range of experiences and perspectives of people who use drugs including:

- Nearly 1/3 of respondents reported that they hadn't experienced any challenges as a consequence of their substance use.
- Respondents believe that representation for people who use drugs in Queensland should include people who use illicit, licit and have previously used drugs and there should be particular attention paid to the people who experience significant harms including frequent experiences of discrimination in the community.
- Respondents agreed that representation activities should include advocacy for changing drug laws and policy, activity with a focus on the health, happiness and human rights of people who use drugs and work to end stigma and discrimination.

**Discussions and Conclusions:** The key themes that warrant further consideration are:

• The population of people who use drugs in Queensland is

heterogeneous.

- Peer-based organisations, including those who represent people who use drugs, already exist in Queensland.
- The representation activity required stretches beyond the health system.

#### Implications for Practice or Policy:

The information gathered through this consultation and the process employed has the ability to influence the way that policy makers and system/service designers make space for people who use drugs in decision-making and co-design.

#### Disclosure of Interest Statement: Whilst

we acknowledge the funding provided by Queensland Health Mental Health Alcohol and Other Drugs Branch to undertake this consultation, we note that this report does not constitute Queensland Government policy.

#### **Sue Pope,** Deputy CEO, Queensland Network of Alcohol and other Drug Agencies (QNADA)

Sue has more than 20 years' experience working in health policy roles in Queensland. Her vision for Queensland is an appropriately resourced AOD treatment service system that is accessible to all and a community which has a more understanding and empathic view of people who use alcohol and drugs.

Sue is the Deputy CEO at QNADA, which is the peak body for nongovernment AOD treatment services in Queensland. She has been in this role for the past 3 years and works with the sector by contributing to the discussion, debate and advocacy on a range of alcohol and other drug policies. Sue has more than 20 years' experience working in health sector policy in Queensland and has worked in AOD, mental health, chronic disease and primary care.

#### **Emma Kill,** Chairperson, Queensland Injectors Voice for Advocacy and Action (QuIVAA)

Emma Kill is the current chairperson of QuIVAA and a council member on the Qld Mental Health Commission. Emma has worked as a consumer voice challenging the stigmatisation of those who use illicit drugs and representative of the lived experience community since 2000. As team leader delivering therapeutic services with QuIHN across the Sunshine Coast Region and into regional Qld, Emma has a firsthand understanding of the impacts that Australian drug policy is having in the community, and is a passionate advocate for systemic drug law reform.

## PANEL DISCUSSION

What's life got to do with it? Plaza Terrace Room

**2:15pm:** What does the future look like from a lived experience perspective?

#### Sarah Reed, QuIVAA, QuIHN

Sarah Reed is currently on the board of both QuIVAA and QuIHN, and she is also a member of the Q-LEWN Round Table. Sarah identifies as a person who uses drugs, and she is a professional in the Lived Experience AOD & Mental Health workforce. Sarah has been juggling life from both sides of the desk for over 40 years, always a peer. She has a strong passion for social justice and change.

#### Kathy Desmond, Treatment Manager

Kathy is the Treatment Manager at Gindaja's AOD service in Yarrabah and has worked in the community sector for 35 years. She started her career in AOD in 1987 working in a small peer orientated service in Melbourne's inner suburbs when she was 2 years without using substances. She completed her post graduate qualifications in 1994 and spent the next 10 years focussing on research and development within the AOD, Indigenous and youth fields. In the 2000's she worked as a research consultant on a range of national projects including 'Bringing Them Home'; the 'National Suicide Prevention Strategy' and the 'National Drug Strategy'. Kathy is a published author and received an Australia Day award in 1996 for her original work in the field

of youth homelessness which led to a commonwealth government funded strategy to address homelessness at the early intervention point in secondary schools. Kathy moved to FNQ in 2016 to join her adult son and large extended family in the Tropics. Her only regret is that she did not do this sooner!

Dr Will Tregoning, CEO, Unharm

**NOX** THANK

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# NOTES

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Queensland Mental Health Commission



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Goldbridge provides services for people adversely affected by co-occurring alcohol, other drugs and mental health concerns. Services include: a residential rehabilitation Therapeutic Community (TC); Intake and Assessment; Day Program; Transition-to-Community and Continuing Care.



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Goldbridge welcomes First Nations, LGBTIQAP+, and CALD people.

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Goldbridge provides evidence based treatment, utilising a trauma informed framework, and is certified with both ISO 9001:2015 quality standard

and the Australasian Therapeutic Communities Association (ATCA) standard for Therapeutic communities and Residential Rehabilitation Services (STCRRS).

> For further information contact us on: <u>info@goldbridgge.com.au</u> or call **07 5503 1255**





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