

# 2018 Alcohol and Other Drug EXCELLENCE AWARDS



2018 Western Australian  
Alcohol and Other Drug Conference



**AWARDS  
FINALISTS**

21 March 2018  
Novotel Langley Hotel,  
Perth



Government of Western Australia  
Mental Health Commission



Western Australian Network of  
Alcohol & other Drug Agencies

# 2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS

## WELCOME

On behalf of the Mental Health Commission and Western Australian Network of Alcohol and Other Drug Agencies, welcome to the 2018 Western Australian AOD Excellence Awards: Recognising outstanding achievements in addressing alcohol and other drug issues.

These awards acknowledge and celebrate alcohol and other drug initiatives that have been undertaken in the following categories:

- \* PREVENTION
- \* HARM REDUCTION
- \* TREATMENT
- \* CAPACITY BUILDING
- \* PARTNERSHIPS
- \* ABORIGINAL
- \* FAMILIES
- \* YOUNG PEOPLE
- \* RESEARCH INTO PRACTICE
- \* CONSUMER PARTICIPATION

It is encouraging to see the number of outstanding projects and programs nominated for an award from around the state.

The quality of the work undertaken to prevent and reduce AOD-related harm in Western Australia is inspiring. The awards provide due recognition of the dedication and hard work of individuals, organisations and groups.



Timothy Marney  
Mental Health Commissioner



Jill Rundle  
Chief Executive Officer  
Western Australian Network of  
Alcohol and other Drug Agencies

# PROGRAM

**21 MARCH 2018 | 1-2PM**

**12.45 ARRIVAL AND SEATING OF GUESTS**

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**13.00 – 13.05 WELCOME TO ATTENDEES AND PARLIAMENTARY SECRETARY TO THE DEPUTY PREMIER; MINISTER FOR HEALTH; MENTAL HEALTH**  
Emcee Ms Ingrid Cumming

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**13.05 ACKNOWLEDGEMENT OF TRADITIONAL OWNERS**  
Emcee Ms Ingrid Cumming

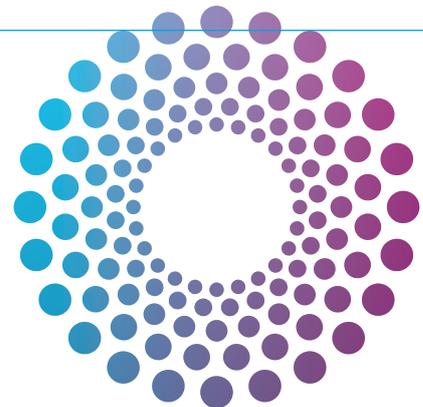
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**13.05 – 13.10 OPENING OF THE AWARDS**  
Hon Alanna Clohesy MLC  
Parliamentary Secretary to the Deputy Premier;  
Minister for Health; Mental Health

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**13.10 – 14.00 PRESENTATION OF THE AWARDS**  
Hon Alanna Clohesy MLC  
Parliamentary Secretary to the Deputy Premier;  
Minister for Health; Mental Health

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# 2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

## PREVENTION - EXCELLENCE IN PREVENTION

The development and implementation of effective prevention programs and projects is essential to prevent AOD-related harm across the population. This category recognises the achievements made by organisations who are leading the way in designing and implementing effective AOD prevention programs and projects.

### Laverton Local Drug Action Group – Stop Motion Music Clip – Safe in LA

#### Ms Julie Ovans, Laverton Local Drug Action Group

Laverton Local Drug Action Group (LDAG) wanted to help local children and youth voice their feelings and thoughts about the effects of alcohol and other drugs in their community. On receiving funding from the Department of Local Government – Communities, Laverton LDAG together with Anglogold Ashanti, the Shire of Laverton, the Department of Education, and the Laverton Leonora Cross Cultural Association (LLCCA) worked with local youth to create a stop motion video in consultation with community Elders, Laverton Youth Centre, Laverton School and local police.

Over a four-month period, the project produced a rap song written by the young people, fabricated puppets and then filmed and produced a stop motion music clip – Safe in LA. The project was shown at the Laverton/LLCCA Community Christmas Carols night. 'Safe in LA' engaged young people in diversionary activities during school holidays and after hours, as well as raising their awareness of alcohol and other drug-related harms, including volatile substance use. Laverton LDAG noted that following this project there was a reduced incidence of burglaries, theft of volatile substances and public intoxication by young people.

### Holyoake's Wheatbelt Community Alcohol and Drug Service (WCADS) Prevention Team

#### Jo Drayton – Wheatbelt Suicide Prevention Coordinator and Eloise Fewster – Alcohol and other Drug Prevention Officer

Holyoake's Wheatbelt Community Alcohol and Drug Service (WCADS) Prevention Team commenced in September 2016 with the appointment of an Alcohol and Other Drugs (AOD) Prevention Officer and a Suicide Prevention Coordinator, funded through the Mental Health Commission. The collaborative partnership of the Suicide Prevention and AOD Prevention roles is in recognition of the frequent co-occurrence of alcohol and other drugs, mental health and related issues.

The Prevention Team has engaged and undertaken both community and stakeholder consultation in over 35 communities throughout the Wheatbelt, delivered 35 training events, supported the development of the AOD Management Plans in Northam and Moora and a combined Suicide and AOD Management Plan in Pingelly and Merredin. The purpose behind the work of the WCADS Prevention Team is upskilling, building capacity and resilience alongside a strong evidence knowledge base for all individuals throughout the Wheatbelt. The Prevention Team have seen a growing collective of agencies that are increasingly active in AOD and suicide prevention as a direct result of the work that has been undertaken.

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## HARM REDUCTION - REDUCING THE RISK OF AOD-RELATED HARMS

Harm reduction includes policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of AOD use for individuals and communities. This category recognises the achievements of organisations that have implemented evidence-based harm reduction strategies to reduce AOD-related harms for individuals or communities.

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### Next Step Drug and Alcohol Services – Next Step Take-Home-Naloxone Program

#### Ms Susan Alarcon, Next Step Drug and Alcohol Services, Mental Health Commission

The Next Step take-home-naloxone program was commenced in April 2016 in response to the increasing number of accidental opioid overdose deaths. The objective of this program is to prevent overdose deaths by increasing accessibility to naloxone for people attending Next Step services.

Take-home-naloxone kits are offered to all clients who are at-risk of opioid overdose including: those who use opioid drugs, clients on opioid substitution treatment, client using more than one depressant drug, clients discharging against medical advice from the inpatient withdrawal unit; and clients who may witness an overdose.

As of the 31 October 2017, Next Step Services had distributed 366 naloxone kits. The kits have been used to reverse at least 60 opioid overdoses. As at 31 December 2017, a total of 437 kits have been distributed, with at least 74 kits used to reverse opioid overdoses.

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### Peer Based Harm Reduction WA – Injection Infection week

#### Ms Angela Corry, Peer Based Harm Reduction WA

In January 2016 Peer Based Harm Reduction WA (formerly WASUA) held a five-day health promotion activity entitled “Infection Injection Week”. The aim of the activity was to raise awareness of the risks of infection associated with the re-use of needle and syringes and to stress the importance of filtering to remove contaminants, including bacteria, before injecting.

Over the five-day period, 3737 additional pieces of injecting equipment (e.g. needle and syringes, swabs, barrels and tips) were distributed to consumers to reduce the risk of re-using equipment before their next visit. Additionally, 56 resource packs containing 336 resources were distributed during 168 interventions and a range filters were also provided along with demonstrations on their use.

A second ‘Injection Infection’ week was held in August 2016. During the August 2016 ‘Injection Infection’ activity, a total of 548 interventions were recorded involving 207 consumers. A further 89 resource packs were distributed and 3505 extra pieces of injecting equipment along with a range of filters were given out over the five-day period. A comparison between WASUA’s annual Consumer Satisfaction Survey of July 2015 and August 2016 showed a decrease in the re-use of consumers’ own injecting equipment (from 49% to 27%) and other people’s injecting equipment (19% to 14%) in August 2016, suggesting that ‘Injection Infection’ week has a positive impact on peoples’ injecting behaviours.

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## Peer Based Harm Reduction WA – teSTing teSTing ABC

### Ms Angela Corry, Peer Based Harm Reduction WA

Peer Based Harm Reduction WA (formerly WASUA) “teSTing, teSTing ABC”, is a bi-annual event held at the Perth office over one or two days. Delivered in partnership with Hepatitis WA, the WA AIDS Council, Sexual Health Quarters, Headspace and (until recently) the Red Cross “Save a Mate” program, the event is targeted towards at-risk people under the age of 25 years. The primary aim of “teSTing, teSTing ABC” is to create a friendly and safe environment and to encourage young people to access the Peer Based Harm Reduction WA’s Health Clinic for testing and, where appropriate, for treatment of STIs and BBVs.

Organisations co-facilitate the events and provide youth-friendly alcohol and other drug harm reduction information, and information and education about the prevention and treatment of sexually transmitted infections (STIs) and blood-borne viruses (BBVs). To date, 38 at-risk young people have attended the events, with 25 having never accessed Peer Based Harm Reduction WA or previously known of our services, and 20 of these accessed the WASUA nurse through the Peer Based Harm Reduction WA Health clinic for STI and BBV testing.

## TREATMENT – IMPROVED TREATMENT OUTCOMES FOR PEOPLE WITH AOD ISSUES

**Treatment services have a key role in responding to AOD-related harm. Effective treatment can significantly improve the health and quality of life for people with AOD issues and their families. This category recognises the outstanding achievement of an organisation providing treatment services.**

## Cyrenian House Milliya Rumurra – The CHMR team

### Ms Carol Daws, Cyrenian House, Ms Sally Malone, Cyrenian House and Mr Andrew Amor, Milliya Rumurra

Since 2012 Cyrenian House and Milliya Rumurra have operated as a consortium to provide alcohol and other drug treatment and prevention services in the West Kimberley. The Cyrenian House Milliya Rumurra (CHMR) service model is a partnership between Milliya Rumurra, a Broome-based Aboriginal Controlled Corporation and Cyrenian House Alcohol and Other Drug Treatment Service. The CHMR team combined the knowledge and the resources of the two services to bring together local knowledge, Aboriginal Ways of Working and clinical expertise to develop and deliver a treatment service that can offer improved health outcomes for Aboriginal People.

The CHMR team service the communities and outstations of Beagle Bay, Djarindjin/Lombadina, One Arm Point (including Ardyaloon), and Bidyadanga. The service offers information, education and counselling to communities, families and individuals. The service remit includes capacity building, prevention and treatment. The CHMR team attend regular scheduled visits to the communities, and work with other agencies to support consumers with complex and multiple needs. Outcomes have included reduction in the harmful consequences of alcohol and other drug use, cessation of drinking and drug use, links to ongoing psychological supports, family members gaining (and holding down) jobs, reduced recidivism, children being reunited with families and children and adults re-engaging with the education system.

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## Next Step Drug and Alcohol Services – Next Step East Perth Specialist Methamphetamine Clinic

**Dr Michael Christmass, Next Step Drug and Alcohol Services,  
Mental Health Commission**

In response to the need for specialist clinical treatment for methamphetamine use, a dedicated methamphetamine treatment service was established at the Next Step East Perth clinic. The aim of the clinic is to trial the provision of specialised medical outpatient assessment and intervention for problematic methamphetamine use and to improve access to treatment and treatment outcomes. The four main elements of the methamphetamine clinic include: 1) A fast tracked assessment; 2) Proactive and intensive case management approach; 3) Specialised medical assessment and intervention including withdrawal management and relapse prevention pharmacotherapies; and 4) Tailored counselling and education program.

Patients who attended two or more treatment sessions reported methamphetamine use decreased in frequency, and that confidence in stopping methamphetamine use increased. Additionally, they reported reduced cravings and withdrawal symptoms. Reduced methamphetamine use was accompanied by improvement in physical, mental and social functioning. The clinic provides increased treatment options for methamphetamine use and has facilitated the expansion of dedicated methamphetamine treatment programs to all metropolitan Community Alcohol and Drug Services.

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## Alcohol and Drug Support Service – The Alcohol and Drug Support Service (ADSS) Methamphetamine Response, including the Meth Helpline

**Ms Stacey Child, Alcohol and Drug Support Service, Mental Health Commission**

The Meth Helpline was launched in September 2016 in the face of increasing complexity and numbers of calls to the Alcohol and Drug Support Line and Parent and Family Drug Support Line (Alcohol and Drug Support Service). Since the launch of the Meth Helpline an additional 1,493 counselling sessions and 208 psycho-educational sessions were provided by the Alcohol and Drug Support Service (ADSS), along with an extra 431 call back sessions for interim support, treatment and counselling to clients and family members; 34 worker support sessions to other health and welfare professionals including police and mental health workers; and an additional 721 referrals to local Community Alcohol and Drug Services.

The Meth Helpline is accessible 24-hours a day throughout Western Australia. It promotes early engagement with services and provides interim support for people who may have to wait to see a counsellor locally. If callers are located in a remote area with no services, the Meth Helpline will provide regular telephone counselling. Consumer feedback for this service has been overwhelmingly positive.

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## Next Step Drug and Alcohol Services – Hepatitis C in a Drug and Alcohol Service

### **Dr Craig Connelly, Next Step Drug and Alcohol Services, Mental Health Commission**

In 2009, as part of addressing low hepatitis C treatment uptake rates amongst people who use drugs, Next Step Drug and Alcohol Services, with funding from Department of Health Communicable Disease Control Directorate, established a hepatitis C clinic at East Perth. A key role of the clinic was to provide screening and treatment for hepatitis C through a shared care arrangement with Sir Charles Gairdner Hospital. By 2016, Next Step had treated around 50 hepatitis C positive patients, with approximately 60% achieving a sustained virological response (SVR).

In March 2016, new more effective treatments and streamlined treatment access requirements removed many of the existing barriers to treatment. The hepatitis C clinic aimed to further reduce barriers to treatment and maximise the number of clients undergoing treatment. Since March 2016, treatment of hepatitis C has now become a standard of care at Next Step with almost 200 people receiving treatment and the vast majority of them achieving SVR. In 2017, a Fibroscan was purchased to facilitate the rapid assessment of clients prior to commencing treatment. Hepatitis C screening and treatment is now available across all metropolitan Community Alcohol and Drug Services (CADS).

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## CAPACITY BUILDING – BUILDING CAPACITY TO PREVENT AND/OR RESPOND EFFECTIVELY TO AOD ISSUES

PROUDLY SPONSORED BY



**Building the capacity of the workforce, groups or community to prevent, respond to and reduce the harm from AOD use requires a range of strategies that focus on individuals, organisations and systems. This category recognises the achievements made by organisations, groups or communities in designing and delivering programs targeting the workforce, groups or communities to improve their capacity to respond to AOD issues.**

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### Workforce Development, Mental Health Commission – Recognising and Responding training and resources

#### **Ms Grace Oh, Workforce Development, Mental Health Commission**

Workforce Development at the Mental Health Commission aimed to develop a resource for frontline workers to build training delivery capacity and increase confidence, knowledge and skills for responding to amphetamine and opioid-related issues. In consultation with consumers, Strong Spirit Strong Mind Aboriginal Programs, and other key stakeholders, Workforce Development produced the trainer's package Recognising and Responding to Amphetamine Intoxication/Toxicity and Opioid Overdose (R&R). Key components of the training package include: understanding drug harms and effects; effectively responding to consumers presenting with psychotic symptoms; de-escalation strategies; responding to overdose including the use of naloxone; and understanding withdrawal symptoms and risks. The package includes a USB with audio-visual scenarios, fold out respond cards, a printable trainer's guide, harm reduction tip sheets and a naloxone Brief Education Tool (BET).

Workforce Development has delivered the training package to over 1,000 frontline workers across 49 events around the state and has been positively evaluated. Over 40 agencies have received the R&R trainer's package, with a number of service providers currently delivering the training to stakeholders in their regions, whilst others have included the training as part of their agencies' induction process or standardised training.

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Holyoake Wheatbelt Community Alcohol and Drug Service (WCADS) and Kaata-Koorliny Employment and Enterprise Development Aboriginal Corporation (KEEDAC) partnership in Northam

**Denise Graham - Regional Manager WCADS and Kerry Collard - Area Manager, Northam KEEDAC**

Holyoake and the Northam office of Kaata-Koorliny Employment and Enterprise Development Aboriginal Corporation (KEEDAC) have established a partnership to build Peer and Family Support Worker capacity in the Wheatbelt Aboriginal community and broader community in support of Alcohol and Other Drug (AOD) treatment programs and Family Support programs including:

- Wheatbelt Community Alcohol and Drug Service (WCADS);
- WCADS Specialist Methamphetamine Team (SMT); and
- KEEDAC's Vulnerable Families Program.

Under the terms of the collaborative partnership, KEEDAC nominates suitable members of the local Aboriginal community who have the potential to act as AOD Peer Support Workers and Family Support Workers and provides recruits with training and mentoring on culturally appropriate ways of working with Aboriginal people; and Aboriginal Mental Health First Aid.

Holyoake is also responsible for the identifying of suitable applicants for the position(s) of AOD Peer Support Worker and Family Support Worker and provides AOD training, support and group facilitation skills training to Peer Support Workers who are working with people who have AOD issues, as well as Family Support Workers who are working with families and significant others affected by another's AOD use.

The collaboration has provided shared training opportunities and allows for the sharing of Peer and Family Support Worker resources. As a result of this partnership, the Wheatbelt community service sector already have 12 trained, experienced AOD Peer Support Workers and Family Support Workers from this program, generating increased referrals from families and greater engagement with the Aboriginal community.

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## PARTNERSHIPS - PARTNERSHIPS FOR IMPROVED AOD OUTCOMES

The achievement of improved AOD outcomes requires genuine partnerships with key stakeholders such as consumers, families, communities, government, non-government organisations and across sectors and services. This category recognises programs and organisations that develop and sustain effective partnerships with key stakeholders in order to achieve AOD outcomes.

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### Next Step Drug and Alcohol Services, Mental Health Commission – Inreach AOD Service to the M Clinic

#### Mr Justin Dorigo, Next Step Drug and Alcohol Services, Mental Health Commission

In 2017, following stakeholder consultation, Next Step Drug and Alcohol Services signed a service level agreement with M Clinic at the Western Australian AIDS Council to provide a specialist alcohol and other drug (AOD) service at the M Clinic. The M Clinic provides sexual health education, treatment and screening to men who have sex with men (MSM).

The Next Step alcohol and other drug inreach clinic commenced in July 2017, offering MSM clients brief interventions, harm reduction education, and referral to specialist alcohol and services and psychological support. In setting up the inreach clinic at the M Clinic, a service trusted by members of the MSM community, it was anticipated that an increase in access to general AOD services would occur as the MSM community became more reassured about the ability of AOD services such as Next Step to provide a supportive service to people with diverse sexualities. Anecdotal reports suggest that there is increased positive discussion within the MSM community about accessing AOD treatment services. Reciprocal training of Next Step and M Clinic staff has been an additional benefit of the M Clinic inreach, resulting in increased capacity of M Clinic staff to deliver brief intervention and harm reduction education, and Next Step staff to deliver education on Sexually Transmissible Infections.

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## Palmerston Association – The Palmerston Partnership Strategy

### Ms Sheila McHale, Palmerston Association

Building on previous award winning partnership initiatives, Palmerston has expanded its commitment to the development of partnerships in its Strategic Framework 2015-2018. This emphasised two key strategies that set both the culture around partnerships and the actions:

1. Be open to partnerships that align with organisational values to ensure that strong and value adding partnerships are established and supported.
2. Develop partnerships with key Aboriginal stakeholders with a particular focus on relationships with local Elders.

The Partnership Strategy has contributed to the development or continuation of a range of partnerships including the Looking Forward Project, with Nyoongar Elders and Dr Michael Wright; the Richmond Wellbeing Consortia; Breakaway Aboriginal Corporation; Anglicare; South West Metro Partnership Forum (SWMPF); and the Australian Institute of Management WA (AIM WA). Palmerston's Partnerships Strategy has resulted in an increase in numbers of Aboriginal people accessing Palmerston services due to an increase in Palmerston's cultural responsiveness. Work with Richmond Wellbeing has resulted in the expansion of services.

The partnership with Breakaway Aboriginal Corporation has led to the development of the new residential service at Brunswick Junction, and work with Anglicare has provided the opportunity to support people at risk of homelessness. Young people supported by the SWMPF partnership School Prevention Project have shown increased engagement and resilience and the partnership with AIM WA has led to strengthened leadership and management skills of mid-level staff.

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## NMCADS Inreach service into Joondalup Hospital and Mental Health Services

### Ms Suzanne Helfgott, Next Step Drug and Alcohol Services, Mental Health Commission

In 2015, the Next Step Clinical Nurse Specialist and the Addiction Medicine consultant at the North Metropolitan Community Alcohol and Drug Services (NMCADS, a partnership between Cyrenian House and Next Step Drug and Alcohol Services), Ramsay Healthcare, Joondalup Health Campus (JHC) and Joondalup Catchment Area Mental Health Services (JCAMHS) commenced a partnership model of an alcohol and other drug (AOD) clinical liaison inreach service into the hospital and community mental health service sites. The objective of this service was to improve health outcomes for people with AOD problems through opportunistic screening, assessment and intervention, shared care coordination and improved referral pathways. Building the capacity of mental health staff to respond to alcohol and other drugs effectively was also a key objective of this service.

Critical to the success of the service was the establishment of open communication, consultation and a clear clinical governance model. The inreach service has resulted in increased awareness among other health professionals at the JHC and JCAMHS regarding AOD presentation and improved responsiveness. It operates with a single point of referral and triage, improving the coordination of care between service providers. Evaluation of the service has demonstrated increased presentations to AOD clinical liaison service; joint case assessments and numbers of patients referred for follow-up AOD specialist treatment.

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## ABORIGINAL – IMPROVING AOD OUTCOMES FOR ABORIGINAL PEOPLES

The prevention and minimisation of AOD issues in Aboriginal communities requires culturally appropriate responses. This category celebrates the achievements of groups or organisations that have implemented effective AOD programs and achieved outstanding outcomes for Aboriginal peoples and Aboriginal communities.

### Cyrenian House Milliya Rumurra – Signage for the Beagle Bay Empowerment Project

**Ms Carol Daws, Cyrenian House, Ms Sally Malone, Cyrenian House and Mr Andrew Amor, Milliya Rumurra**

The Beagle Bay community leadership group wanted to clearly state the community position on anti-community behaviours underlying a range of social problems, e.g. alcohol and drug-related violence, family violence, child abuse and irresponsible driving. The Cyrenian House Milliya Rumurra (CHMR) team and Beagle Bay Futures Indigenous Corporation (BBFIC) with a grant from Watercorp and in consultation with stakeholders such as Kimberley Aboriginal Medical Clinic, Department for Child Protection and Family Support, and Local Drug Action Groups, designed a series of road signs to be erected on the road into Beagle Bay Community. The signage reflected the voices of leaders and Elders on the community, clearly stating their position on some of the alcohol and other drug-related problems that beset the community.

A total of 10 signs and 20 posters depicting the Beagle Bay vision for a safe community were installed in highly visible points around the community. On 6 September 2016 the signs were unveiled at the community event Safe Community and Family Empowerment March in Beagle Bay. This event attracted a large range of community, including Elders and community leaders as well as stakeholders such as the WA Police, Sacred Heart High School, the Diocese of Broome and people from other communities along the Dampier Peninsula. The signs continue to generate discussion and create awareness of the communities' position.

### Peer Based Harm Reduction WA – Harm Reduction Packs

**Ms Angela Corry, Peer Based Harm Reduction WA**

At Peer Based Harm Reduction WA's (formerly WASUA) new premises there is a large street present community in the local area, which has a high proportion of Aboriginal community members. Through outreach foot patrols, Peer Based Harm Reduction WA identified that there was a need to distribute free sterile equipment to people who had little or no money and were street present which was better targeted to their needs. As a result, Peer Based Harm Reduction WA commenced a trial of 'Harm Reduction Packs' in October 2017. The 'Harm Reduction Pack' is a discrete, portable pack of equipment which includes sterile injecting equipment, swabs, a filtering option, sterile water, a spoon and a safe disposal option. The package includes a resource directing consumers to the fixed site Needle and Syringe Exchange Program (NSEP) to return or exchange the pack once used.

From October to November 2017, 600 Harm Reduction Packs were distributed, including 292 packs to Aboriginal people who inject drugs which made up 48% of all people accessing the packs. As a result of using the Harm Reduction Packs, more people now access the fixed site NSEP, which gives the staff the opportunity to undertake a targeted brief intervention and refer the person to other in-house services such as the Health Clinic.

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## FAMILIES - EXCELLENCE IN WORKING WITH FAMILIES AND CARERS

Including families and carers of AOD users in treatment and prevention programs, increases the likelihood of improved AOD outcomes for clients, families/carers and the community. This category recognises the achievements of organisations that have developed programs involving families and carers to improve AOD outcomes for people with AOD-related issues.

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### UnitingCare West Attach – Parent Drug and Alcohol Program

#### Ms Tara Reynders, UnitingCare West

The UnitingCare West Attach Program works with parents who use alcohol or other drugs to provide an in-home counselling service that delivers a practical and flexible four to six month program to address alcohol and other drug (AOD) use and other psychosocial issues. Attach uses the Parents Under Pressure program to respond to individual needs and build on the parents' existing strengths.

Attach works with clients to assist them to make informed choices about their AOD use, identify high-risk situations and strategies for safe decision making, challenge negative self-image and improve self-esteem, learn emotional management skills, increase positive parenting skills and develop more rewarding relationships with their children. Attach also assists clients to expand helpful life-skills and extend their support networks. Attach workers advocate for their clients and collaborates with other stakeholders to ensure their clients' needs are addressed.

Client feedback during last reporting period indicates that almost half of the service's clients reporting improved personal interactions, physical and mental health, nearly 70% reported improved confidence in managing their AOD use, and nearly 90% of clients reported that they were highly satisfied with the Attach service.

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### Parent and Family Drug Support – Be Smart Program

#### Ms Stacey Child, Alcohol and Drug Support Service, Mental Health Commission

The Parent and Family Drug Support Service (PFDS) has been running a peer support group for families of those experiencing alcohol and other drug-related issues over the last five years, with a second support group commencing in October 2017 in Currambine. The Peer Support Group is co-facilitated by Parent Peer Volunteers, who also provide support for families through the Parent and Family Drug Support Line and Perth Drug Court. To complement the Peer Support Group, the PFDS established the Be SMART Program which utilises the 'Self-Management and Recovery Training' (SMART) Recovery model for parents and family members.

The Be SMART Program consists of a Be SMART Course, an eight week psycho-educational group to teach relevant skills and knowledge, followed by the Be SMART Group, an open group which helps parents with ongoing challenges they experience while supporting a person with alcohol and other drugs issues. The components of the Be SMART Program are facilitated by two Parent Peer Volunteers who are trained in the Be SMART model. Preliminary results from the first Be SMART Course evaluation have shown significant positive outcomes for parents who attended the Program, increasing their confidence in supporting their child and assisting them to refocus on themselves and manage their stress.

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## YOUNG PEOPLE - PREVENTING AND REDUCING AOD HARMS IN YOUNG PEOPLE

Implementing effective prevention, early intervention and treatment programs and services in childhood and adolescence can result in the prevention and reduction of harms associated with AOD use. This category recognises the achievements made by organisations and groups working to prevent and reduce AOD related harm amongst young people.

### Mission Australia and Next Step Drug and Alcohol Services – Thriving DAYS Program

#### Drug and Alcohol Youth Service (DAYS) – Mission Australia and Next Step Drug and Alcohol Services, Mental Health Commission

The Thriving-DAYS youth physical activity program is a partnership between the University of Western Australia and the Drug and Alcohol Youth Service (DAYS). DAYS is the Western Australian drug and alcohol youth treatment and support program delivered in partnership by Mission Australia and Next Step Drug and Alcohol Services.

The Thriving DAYS program began in February 2016 as an initiative together with the University of Western Australia's (UWA) Exercise and Sports Science Department. Thriving DAYS delivers a tailored exercise program for young people aged between 12 and 21 years attending the DAYS two week Youth Withdrawal and Respite Service, the three month Residential Rehabilitation Service or the longer-term Transitional community service.

Delivered by Accredited Exercise Physiologists and other exercise specialists, the Thriving DAYS program is designed to educate and encourage the youth attending DAYS to lead a more active lifestyle.

Since inception, the program has gained momentum and support and is now privately funded for the next three years. Approximately 100 young people have participated in the Thriving DAYS program. Feedback from UWA staff has been that the evaluation and partnership has contributed to the training and up-skilling of an exercise workforce with the skills to develop and provide services across alcohol and other drug programs and communities that will support young people's outcomes more broadly.

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## Laverton Local Drug Action Group – Community Through our Eyes Exhibition

### **Ms Julie Ovans, Laverton Local Drug Action Group**

Laverton Local Drug Action Group (LLDAG) organised an exhibition to showcase the many organisations, projects and activities in the community which help children, adults and older people get involved and engage with each other. The exhibition featured images taken by the LLDAG Youth Photography workshop participants, seven young teenagers aged 10-15 years along with the Laverton Community Resource Centre Coordinators and other artists including sculptures made by local schools. There are a range of organisations and volunteers who work together to reduce alcohol and other drug-related harms in Laverton.

The exhibition featured images of a range of LLDAG, Laverton Cross Cultural Association and community events, as well as showcasing community services in Laverton.

Engaging young people in diversionary activities helps to reduce opportunistic alcohol and other drug (AOD) use and gives the young people a sense of achievement. This was one of a number of projects undertaken by LLDAG and other community agencies to try and prevent and address AOD-related harms.

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## School Drug Education and Road Aware (SDERA) – Changing Health Acting Together (CHAT)

### **Mr Michael Jackson-Pierce, SDERA**

Changing Health Acting Together (CHAT) is a whole-of-school engagement initiative offered to schools in Western Australia through School Drug Education Road Aware (SDERA). CHAT is a three-year program underpinned by the Principles for School Drug Education and the Health Promoting Schools Framework. CHAT helps schools to build a comprehensive, competent and confident approach to prevention education and intervention practice that is consistent and sustainable, and strengthens links and partnerships with community-based support services. CHAT provides intensive consultancy, support and guidance, frameworks for developing alcohol and other drug (AOD) policy, including procedures for managing drug use incidents and providing intervention support, monitoring tools, funding, and resources. These assist schools to build their understanding of prevention education and early intervention and develop essential structures, practices and policies that allow a targeted approach to prevent, reduce and address issues that contribute to AOD-related problems in young people.

CHAT has been evaluated by Edith Cowan University and found to be successful in contributing to the improved health and wellbeing of young people through supporting schools to build this more structured and cohesive approach. CHAT is currently assisting 130 schools across the metropolitan, regional and remote areas of the State to enhance their capacity to educate and support students to help reduce the harms they may experience from their own or someone else's AOD use.

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## Palmerston Association – The Palmerston South West Metro Youth Prevention Service

### **Mr Bram Dickens, Palmerston Association**

Palmerston's innovative specialist youth programs working with teachers and families to identify young people at risk of developing substance use concerns have been operating for over three years. Palmerston's unique approach to reducing the incidence of alcohol and other drug (AOD)-related harms among young vulnerable people has focused on the provision of extra support, guidance and resilience-based education during periods of significant stages of life transition. This has included pre-emptive resilience work with young people assessed as having maladaptive coping strategies that may predispose them to AOD-related harm.

Palmerston currently works with three high schools and three primary schools across the South West metropolitan area. As well as linking support services, the service has developed specialised group programs to support the schools in working with at-risk young people. These programs offer the opportunity to address AOD use and associated high-risk behaviours, and include resilience and protective behaviours-based programs that provide early interventions for those young people at risk. Feedback from school staff indicates that the Service has contributed to increased help-seeking behaviour and school attendance amongst participants. Additionally nearly 70% of participants report feeling more connected to their school community.

# 2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

## RESEARCH INTO PRACTICE - TRANSLATING RESEARCH INTO PRACTICE FOR IMPROVED AOD OUTCOMES

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**Research does not automatically result in improved outcomes. This category recognises programs or projects which demonstrate the practical application of evidence-based research in their design, implementation or evaluation, which contributes to improved outcomes for people experiencing AOD-related harms.**

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### Palmerston Association – Palmerston Association’s Methamphetamine Strategy Ms Sheila McHale, Palmerston Association

In 2015, Palmerston was experiencing an increase in the number of clients presenting with methamphetamine as their primary drug of concern. In order to ensure that staff were well equipped to support individuals and their families experiencing methamphetamine-related issues, Palmerston developed a Methamphetamine Strategy which is both comprehensive and evolving. Following attendance at a national methamphetamine workshop, Palmerston engaged LeeJenn Consultants, who are specialists in the area of methamphetamine, to provide training to staff on current methamphetamine research, trends, treatment approaches and service design. Approximately 100 clinical staff attended a one-day workshop designed to ensure all staff had current knowledge.

This was followed by a one-day workshop for managers and clinical coordinators to review services provided by Palmerston to people who use methamphetamine and their families and to explore system redesign in the light of current evidence. The Chief Executive Officer, managers and clinical coordinators attended a follow-up workshop on service design where they considered models suitable for methamphetamine users. Parameters included reduced waiting times, use of evidence-based models such as motivational interviewing and recognition of the long-term withdrawal and recovery period and the impact on design of residential services.

The Methamphetamine Strategy has resulted in a range of initiatives including methamphetamine support group for families, methamphetamine recovery support group, Saturday morning appointments and an amphetamine clinic with Next Step Drug and Alcohol Services.

# 2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

## Peer Based Harm Reduction WA – National NSP Survey Participation

### Ms Angela Corry, Peer Based Harm Reduction WA

Peer Based Harm Reduction WA (formerly WASUA) has participated in the Australian National Needle and Syringe Program Survey (ANNSPS) since 1998. The ANNSPS provides prevalence estimates of HIV and hepatitis C antibody prevalence and monitors sexual and injecting behaviours among people who inject drugs in Australia.

Peer Based Harm Reduction WA has worked hard over recent years to increase participation in the survey and to ensure that alcohol and other drug (AOD) consumers in Western Australia are well represented in the survey and subsequent quality improvement to service delivery in blood-borne virus (BBV) and AOD services.

In 2017, 308 Peer Based Harm Reduction WA consumers responded to the survey which was an increase of 35% compared to the number of respondents in 2016 and was an increase of 193% compared to the number of respondents in 2015. In the 2017 survey, Peer Based Harm Reduction WA respondents accounted for 60% of the number of responses in Western Australia and 12% of the number of national responses. This represented an increase in the proportion of Peer Based Harm Reduction WA consumers represented in Western Australian data of 12% and an increase of 7% in national data since 2015. This was achieved through promotion to consumers along with training of staff.

## CONSUMER PARTICIPATION – SIGNIFICANT/ONGOING CONTRIBUTION TO IMPROVING LIVES OF PEOPLE WITH AOD ISSUES

**This category recognises programs or projects which have significantly increased AOD consumer participation resulting in improved outcomes for people experiencing AOD-related harms or individual AOD consumers who have made a significant and ongoing contribution to improving the lives of people with AOD issues.**

## Cyrenian House – Peer Support Plus Project

### Ms Vanessa Stasiw, Cyrenian House

The Cyrenian House Peer Support Plus (PSP) Project, commenced in March 2017, and has been actively promoting hope and optimism for its consumers. The project is informed by the values of peer support, and a greater sense of consumer empowerment and involvement in service development and delivery. The identified goals of the PSP Project include improving quality of life for consumers in recovery, particularly through enhancing social connectivity and increasing the range of treatment options and outcomes. The two main components of the project are:

- a) the PSP Training Program; and
- b) group co-facilitation and support activities delivered by graduated participants.

Eight Cyrenian House consumers, stable in their own personal recovery, completed training in June and July 2017 to become volunteer Peer Support Workers. The Peer Support Workers use their lived experience to support and inspire hope in others, whilst supporting and being supported in their own on-going recovery journey. Since the inception of the PSP Project, Peer Support Workers have been engaged in supporting consumers in social connectivity activities, co-facilitation of established residential pathway groups, and the co-production of a new weekly peer-led support group. Benefits for the Peer Support Workers include gaining work skills and experience, access to ongoing training and supervision, and support through Peers and workers. A second round of participants completed training in January 2018.

# 2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

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## Peer Based Harm Reduction WA – OPAM Program

### **Ms Angela Corry, Peer Based Harm Reduction WA**

The Overdose Prevention and Management (OPAM) project recruits and trains suitable opioid users become peer educators. Peer educators are trained to prevent, identify and respond to opioid overdose including the administration of naloxone. Additionally Peer Educators are provided with training on harm reduction strategies such as safer injecting techniques and filtering and education on blood-borne virus transmission, non-viral injuries and infections.

After completing training, Peer Educators provide health education and harm reduction information to peers through their social and community networks and record interactions in their diaries. Peer educators are supported by the Project Officer through monthly supervision sessions. During the period January to June 2017 the OPAM project recorded 1503 education sessions delivered by seven currently active Peer Educators. During the same period Peer Educators recorded 65 incidents of bystanders witnessing an overdose and numerous instances of intervening to resuscitate a person who experienced opioid overdose.

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## Next Step Drug and Alcohol Services, Mental Health Commission – Integrated Services Consumer Involvement Committee (ISCIC)

### **(Next Step/Palmerston Association/Cyrenian House/Mission Australia/Holyoake)**

### **Ms Helen Jackson, Next Step Drug and Alcohol Services, Mental Health Commission**

In the last two years the Integrated Services Consumer Involvement Committee (ISCIC) has become a strong consumer voice and participant in service delivery and planning across the Integrated Services. The Integrated Services (IS) are a partnership between Next Step (Mental Health Commission) and non-government services including Palmerston Association, Cyrenian House, Holyoake and Mission Australia. The ISCIC principally ensures that the IS are responsive to consumer needs by actively engaging consumers and encouraging effective, best-practice approaches to consumer participation. The ISCIC members are involved in the design, development and review of policy, planning, implementation, workforce development, evaluation and service delivery activities that affect the lives of alcohol and other drug consumers.

The ISCIC has a consumer co-chair and in 2018 is working towards a consumer-led status. Through a strategic work plan established in 2015, the ISCIC continues to meet its objectives which primarily focus on promoting a culture of consumer participation, engagement, monitoring consumer feedback and continued improvement. Many activities undertaken by the committee are co-designed and/or co-produced including the launch of an Integrated Services Consumer Facebook page in 2017, the development and delivery of staff training on consumer feedback and complaints management in 2017 and the current development of consumer representative training.

