

LEADING THE WAY

Embracing new opportunities in the alcohol and other drug sector



2018 Western Australian Alcohol and Other Drug Conference

**PROGRAM
HANDBOOK**

20-21 March 2018
Novotel Langley Hotel,
Perth



Government of Western Australia
Mental Health Commission



Western Australian Network of
Alcohol & other Drug Agencies

FOREWORD

Welcome to the 2018 Western Australian Drug and Alcohol Conference.

Over the next two days you will hear from international, national and local speakers who will bring fresh ideas, as well as challenge and expand on existing knowledge about alcohol and other drugs in Western Australia.

This conference provides the opportunity to network, collaborate, discuss and debate issues that affect the lives of all Western Australians. It provides the opportunity to engage with like-minded professionals, carers and consumers and share ideas on how we can continue moving forward to improve prevention, treatment and support of alcohol and other drug issues.

The State Government, with the help of those in the alcohol and other drug specialist sector and broader health, justice and other sectors, is increasing its support of community-based treatment and support services.

These initiatives have brought increased capacity to the sector in Western Australia and the accompanying benefits to the community, along with the delivery of evidence-based prevention initiatives.

After all, we know alcohol and other drug issues don't just affect individuals. They can have long-lasting and wider effects on families, friends and the community. These issues are also deeply intertwined with other health and social issues such as housing, family services, employment, law enforcement, and physical and mental health. Assisting communities to address alcohol and other drug issues therefore requires a collaborative approach from government, organisations and individuals, to develop integrated, appropriate, targeted and comprehensive solutions.

We look forward to continuing to work with the many organisations and individuals at this conference in furthering alcohol and other drug prevention, services and treatment in Western Australia, as we progress the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.

We have come a long way in the last couple of years, with a substantial increase in expenditure on services. But we still have more to do. To those working and volunteering to address alcohol and other drug issues, thank you for your hard work, and for your ongoing contribution to helping Western Australia become a more inclusive and safer place for everyone.

Please enjoy what we are sure will be an informative conference.



Timothy Marney
Mental Health Commissioner

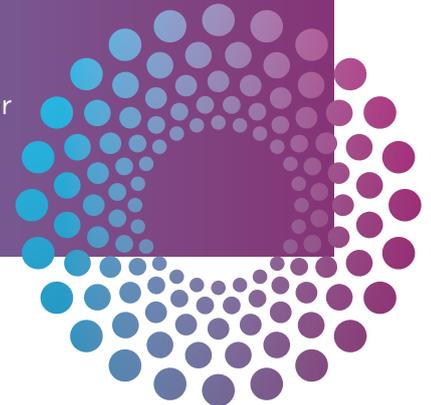


ACKNOWLEDGEMENT OF COUNTRY

We wish to acknowledge the Whadjuk people of the Noongar Nation as the Traditional Custodians of the land and its waters, and pay respect to Elders past, present and future.

We extend this Acknowledgement to all Aboriginal and Torres Strait Islander people.

Note: The spelling of Noongar may differ throughout this publication and may include Noongar, Nyungar, Nyoongar, and Noongah. Noongar language, like all traditional languages in Australia is an oral language. The spelling by the original author has been kept.



HOST AGENCIES

WANADA

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is proud to co-host the 2018 WA Alcohol and other Drug Conference with the WA Mental Health Commission.

As the peak body for the Western Australian alcohol and other drug sector, WANADA is pleased to have worked with the sector to produce an informative program that promotes advances in research, fresh ideas and future direction on the issues that most impact alcohol and other drug services and the Western Australian community.

WANADA represents the alcohol and other drug education, prevention, treatment, rehabilitation and support sector in Western Australia. WANADA's vision is for a human services sector that significantly improves the health and wellbeing of individuals, families and communities by addressing alcohol and other drugs. WANADA's purpose is to lead a shared voice within the specialised alcohol and other drug sector that drives positive change.

MENTAL HEALTH COMMISSION

The Mental Health Commission is responsible for planning and purchasing mental health, alcohol and other drug services in Western Australia.

The Commission does not provide direct mental health services, but purchases services for the State from a range of providers including Public Health Service Providers, a wide range of non-government organisations and private service providers.

On July 1, 2015 the Commission amalgamated with the Drug and Alcohol Office to deliver an integrated approach to helping people with mental health and alcohol and other drug problems, recognising that these problems commonly coexist.

The new organisation, called the Mental Health Commission, is now responsible for the network of drug and alcohol treatment services and programs formerly provided and/or purchased by the Drug and Alcohol Office.
<https://www.mhc.wa.gov.au/>

CONFERENCE COMMITTEE MEMBERS

Judi Stone – Mental Health Commission

Jill Rundle – Western Australian Network of Alcohol and other Drug Agencies

Carol Daws – Cyrenian House

Sheila McHale – Palmerston Association Inc

Angela Corry – Peer Based Harm Reduction WA (formerly WASUA)

Christine Ockenfels/Angie Paskevicius – Holyoake

Shaun Mays/Brooke Draper – Mission Australia

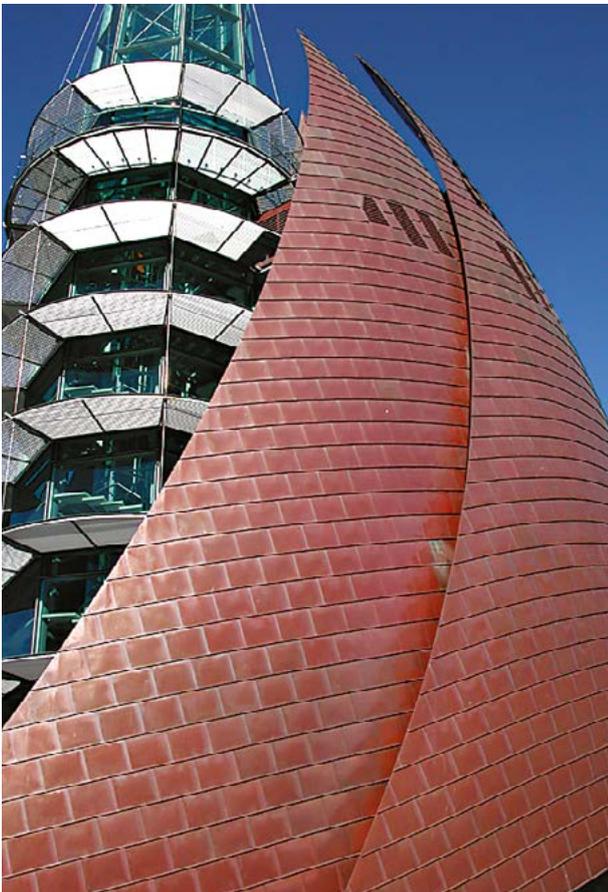
Susan Alarcon – Next Step Drug and Alcohol Services, Mental Health Commission

Jeanine Lumsden – The Salvation Army, Western Australia Division

Sharene Kocsis – Mental Health Commission

Vanessa Vidler – Western Australian Network of Alcohol and other Drug Agencies

Daniel Morrison – Wungening Aboriginal Corporation



CONFERENCE SPONSOR
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**We are working with local
communities to connect our
responses to alcohol & drug use**

To find out more visit www.wapha.org.au

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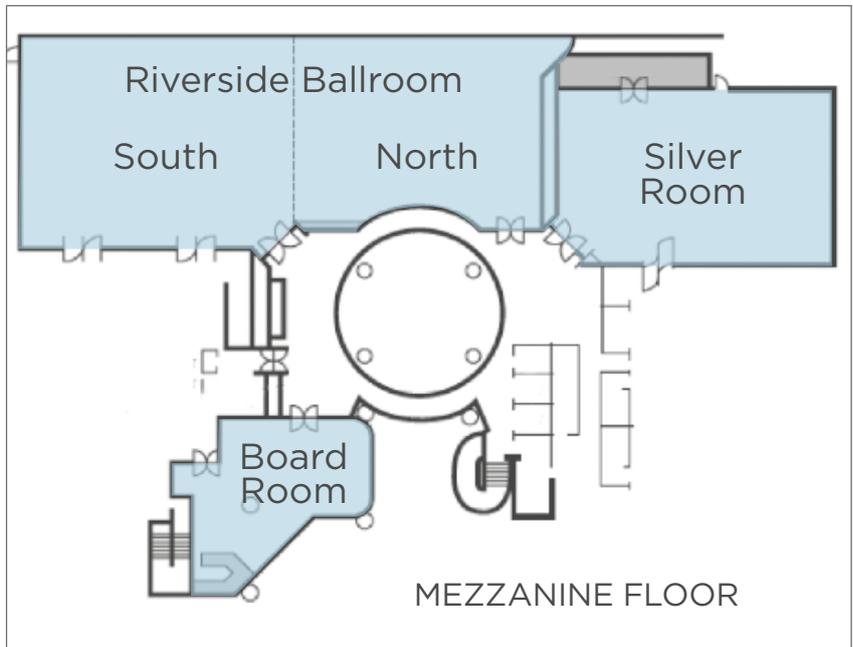
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CONFERENCE VENUE

NOVOTEL PERTH LANGLEY

Novotel Perth Langley hotel is located in Perth's city centre within easy walking distance from shopping malls, restaurants, sporting grounds and tourist attractions. There are 256 beautifully appointed rooms and suites, offering views of the city and Swan River as well as an Advantages Floor designed for corporate guests with extra comforts and amenities.

The hotel features the award winning Senses Restaurant and Wine Bar, and a traditional Irish pub, Fenians. Sauna, spa and gymnasium facilities with views over the Swan River and Kings Park enhance leisure time. For business delegates, Novotel Perth Langley hotel offers a dedicated conference floor containing six function venues offering conference facilities, accessed by stairs or lift.

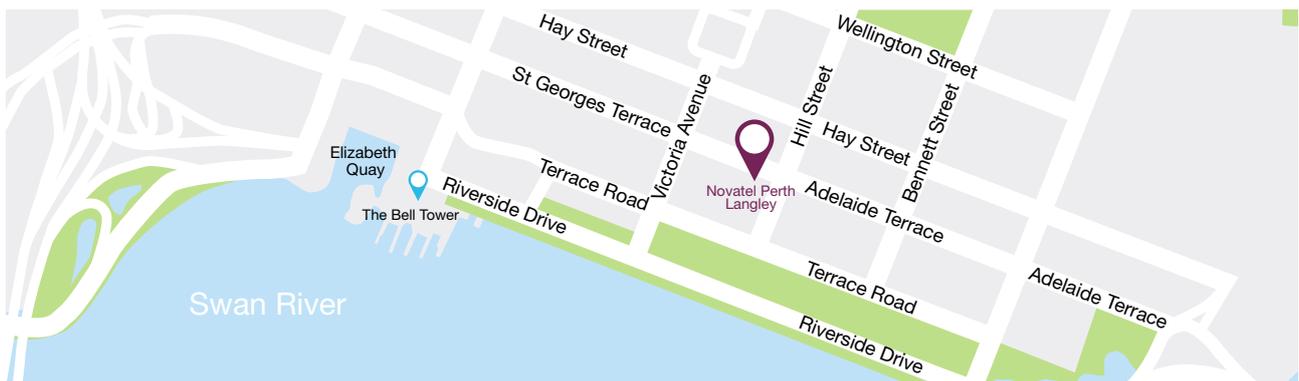


Quick Facts

- Distance from city centre: In CBD 1 km
- Distance from airport (domestic): 12 kms
- Distance from airport (international): 19 kms
- No of rooms and suites: 256 (all non-smoking)
- Special access rooms: three
- Check-in: 2.00pm
- Check-out: 11:00am (5pm on Sundays subject to availability)

Facilities

- 24-hour room service
- Laundry and dry cleaning service
- Gymnasium
- Broadband or wireless in all rooms (charges apply)
- Undercover car parking
- Safety Deposit Boxes and in-room safes
- Foreign currency exchange
- Non-smoking rooms
- Disabled facilities
- Perth Spa suites and apartments
- Executive Advantages guest floor
- Perth meeting and seminar facilities
- Sauna, spas, sundeck showing Swan River and Kings Park



OFFICIAL OPENING



Hon Roger Cook MLA

Deputy Premier;
Minister for Health;
Mental Health

The Honourable Roger Cook MLA is the Deputy Premier of Western Australia. He has oversight of two key portfolios, health and mental health.

Prior to entering politics Mr Cook studied Arts and Public Administration at Murdoch University before completing a Postgraduate Diploma in Public Relations and a Master of Business Administration at Curtin University. He was active in campus politics and established the National Union of Students as its first National President

Mr Cook was elected to the Legislative Assembly in 2008, representing the seat of Kwinana. He started overseeing the health and mental health portfolios in 2017 and has made significant progress in the alcohol and other drug sector.

Under his leadership, the State Government has implemented key components of the Methamphetamine Action Plan, with an additional \$30.2 million allocated to the Mental Health Commission to continue and expand residential rehabilitation services across Western Australia and \$4.5 million for alcohol and other drug community treatment.

The Government has also established the Methamphetamine Action Plan Taskforce to oversee its implementation and committed more funding to community support services in regional Western Australia, including Doors Wide Open in Bunbury and Ice Breakers in Albany.

Mr Cook is a strong advocate for health and fitness, and is passionate about Aboriginal health, research and innovation.

EMCEE



Ingrid Cumming

Ingrid Cumming is a custodian and traditional owner of Whadjuk Nyungar country who has worked in many areas including national and local Indigenous media, consultancy, marketing and communications, state health, the arts, anthropological research, training and education.

Graduating with a Bachelor of Arts majoring in Australian Indigenous Studies at Murdoch University, Ingrid has also graduated from the Management and Academic Leadership Program, presented at the 2007 International Anti-Racism Conference, came third in the National Indigenous Comedy Competition – Deadly Funnies, selected to attend the National stakeholders forum for the FaCHSIA National Healing Foundation in 2009, the Oxfam Australia Strait Talk Summit, and the National Brilliant Young Minds Summit 2010.

Ingrid has also been an advisor for post-graduate research and the Virgin Unite project for Virgin Australia. Ingrid recently travelled to Israel and presented a paper on women and youth equality with the United Nations. She is also a performer and teacher of Nyungar women's dances, language and cultural practices and mentor and young leader in the Nyungar Community.

Her aspirations are to be the first Aboriginal Woman Prime Minister, to inspire, mentor and lead youth into positions of leadership, to promote reconciliation and encourage the idea that positive minds and actions create positive futures.

GENERAL INFORMATION

ATMS

Automatic teller machines are located along Adelaide Terrace at the Hyatt Centre ANZ (no 99), and no 251 (CBA).

INTERNET AND CONFERENCE APP 'HELLOCROWD' ACCESS

Wireless internet access is available for conference delegates. Wifi address details at the venue will be available from the Registration Desk when delegates initially register. Details of the Conference App "HelloCrowd" will also be available if delegates have not yet downloaded it onto their ipads, tablets or phones. As well as giving all conference program details, this App will be used for submitting questions during the panel discussions.

MEALS

All tea breaks and lunches will be served in the boardroom, mezzanine floor where the conference is being held.

NAME BADGES

It would be appreciated if delegates could wear their lanyard name badges at all times during the Conference as this identifies them as eligible for catering and entry to Conference sessions.

SMOKING POLICY

The Novotel Langley Hotel has a no smoking policy which also applies to the majority of restaurants, bars and shopping centres in Perth.

REGISTRATION DESK

The Registration Desk will be located at the top of the steps in the Foyer on the first floor of the Novotel Langley and will be staffed as follows:

Tuesday 20 March 2018

08:00-16:30

Wednesday 21 March 2018

08:00-16:30

SPEAKERS' PREPARATION

All speakers are required to visit the audio-visual technician and provide them with a USB prior to the commencement of their presentation. This will ensure the technician has met with all presenters and is fully aware of all presentations' needs. We also ask that speakers and panel members arrive at the room in which they are presenting 15 minutes prior to the commencement of the session.

KEYNOTE SPEAKERS



Professor David Forbes
Director
Phoenix Australia – Centre for
Posttraumatic Mental Health, VIC

David Forbes is the Director of Phoenix Australia – Centre for Posttraumatic Mental Health and Professor in the Department of Psychiatry, University of Melbourne.

He has over twenty years' experience in the assessment and treatment of mental health problems in trauma survivors and in the provision of advice to a broad range of government, clinical and professional body agencies regarding best practice policy in the care of those affected by trauma. He led the development of the inaugural 2007 Australian Guidelines for the Treatment of Posttraumatic Stress Disorder (PTSD) and the revision published in 2013 approved by the National Health and Medical Research Council and endorsed by colleges of psychiatrists, psychologists and general practitioners. Professor Forbes is also Vice Chair of International Society for Traumatic Stress Studies Committee for the development of their new PTSD Guidelines.

He has a strong track record in the conduct of research both in the assessment and treatment of PTSD and translation research focused on implementation of service models.

Professor Forbes also has a strong track record in the provision of training in evidence-based treatments for PTSD and related disorders and in skills development for managers and supervisors in non-clinical support for trauma survivors. He has published over 130 scientific papers in the international literature and sits on many Commonwealth Government policy and scientific advisory panels and academic journal editorial boards.



Michael Barton
Chief Constable
Durham Constabulary
United Kingdom

Michael has led new ways of tackling organised criminals with local beat officers and police community support officers, through challenging traditional ways of policing and encouraging paradigm shifts. Durham is now recognised as a leading force in tackling serious and organised crime as well as managing offenders. A glance at the most recent Her Majesty's Inspectorate of Constabulary, Police Effectiveness, Efficiency and Legitimacy inspection will show a police force at the top of its game with an enviable slew of outstanding grades.

He attributes this to inspired and positive staff who have their feet on the ground and a burning desire to look after victims of crime and anti-social behaviour. The most often repeated phrase of visitors to Durham Constabulary is 'it feels different here!'

He has long been a keen exponent of problem-orientated policing and integrated offender management, including restorative justice, and has successfully embedded these concepts in Lancashire and Durham.

Michael is the National Policing Lead for Crime and intends to use this position to ensure British Policing is in the vanguard of tackling crime on the internet.

He has attracted a degree of media attention through his advocacy for a 'grown up' debate on drugs – challenging the efficacy of outright prohibition.

Michael at his worst has been described as a maverick and at his best as a maverick. He has enjoyed a few scrapes and still pinches himself every morning that someone asked him to be a Chief Constable.

INVITED SPEAKERS



Professor Tanya Chikritzhs

Alcohol Policy Research Team
National Drug Research Institute,
Curtin University, WA

Professor Chikritzhs leads the Alcohol Policy Research team at the National Drug Research Institute, Curtin University. She has qualifications in epidemiology and biostatistics, 20 years experience in alcohol research and a national profile as an expert in her field.

She was a recipient of the Commonwealth Health Ministers Award for Excellence in Health and Medical Research. She has published over 230 peer reviewed journal articles, reports and book chapters on evaluations of alcohol policy and alcohol epidemiology.

Tanya is regularly invited to contribute to public debate on alcohol issues in the media and has contributed to hundreds of radio, television and newspaper articles.



Will Tregoning

Founder and
Chief Executive Officer
Unharm, NSW

Will's professional experience is in drug and alcohol program evaluation, social policy research, communications and campaigning.

He 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.

Will's personal and professional experience made him aware of scale, patterns and demographics of prohibited substance use across Australia, the barriers to good policy, and the need for new approaches.

He founded Unharm in 2014 to work with communities of activists to promote policy innovation, wellbeing and practices of care.



Gino Vumbaca

President
Harm Reduction Australia, NSW

Gino Vumbaca is President and Co-Founder of Harm Reduction Australia. He has extensive experience in the HIV/AIDS and drug and alcohol fields both in Australia and internationally.

He is a Churchill Fellow, has completed a Social Work degree and a Master of Business Administration at the University of Sydney and is a qualified Company Director.

He is the former Executive Director of the Australian National Council on Drugs, previously worked in prisons, and was involved in the establishment of Australia's first Needle and Syringe Program.

He is a Director of Justice Reinvestment NSW and President of the largest AOD NGO in Macau.



Dr Matthew Gullo

Senior Research Fellow,
The University of Queensland
Centre for Youth Substance Abuse
Research, QLD

Dr Matthew Gullo is a Senior Research Fellow at the Centre For Youth Substance Abuse Research, The University of Queensland.

He also holds an appointment as Visiting Senior Clinical Psychologist at the Alcohol and Drug Assessment Unit, Princess Alexandra Hospital.

Matthew's research focuses on the cognitive and neuropsychological mechanisms involved in impulse control and substance abuse.

He has authored over 65 peer-reviewed scientific publications and been awarded over \$2 million in research funding.

He is the recipient of the Early Career Researcher award from both the Australian Psychological Society and Australasian Professional Society on Alcohol and other Drugs.

INVITED SPEAKERS



Associate Professor Rebecca McKetin

Senior Research Fellow
National Drug Research Institute,
Curtin University, WA

Associate Professor Rebecca McKetin (BSc(Psychol) Hons. PhD) is a Curtin Senior Research Fellow at the National Drug Research Institute.

Her research focusses on understanding and responding to methamphetamine ('ice') use, having authored over 130 papers on this topic.

She is currently leading a world-first trial of the novel pharmacotherapy, N-Acetylcysteine (NAC), for methamphetamine dependence, and is collaborating on research to trial other pharmacotherapy options, develop online interventions and develop responses to methamphetamine use in Aboriginal and Torres Strait Islander communities.

She has previously worked with the United Nations in Africa, Asia and Europe, and is currently a Regional Editor for Drug and Alcohol Review and an Assistant Editor for Addiction. She is a member of the Australian Institute of Policy and Science.



Conjoint Professor Nicholas Lintzeris

Director, Drug and Alcohol
Services
South East Sydney Local Health
District, NSW

Professor Nicholas Lintzeris (MBBS, PhD, FChAM) has worked in the alcohol and other drug sector for over 25 years in clinical, research and policy roles.

He is currently Director of Drug and Alcohol Services in South East Sydney Local Health District, and Conjoint Professor at the University of Sydney.

Clinical research is a key area of interest, and Nick has been involved in numerous research projects in alcohol and other drug settings, using a variety of research designs.

This presentation will examine the importance of clinical research, key challenges for both research and clinical practice, and some approaches that can further clinical research in the Australian context, including the potential for clinical informatics to transform the clinical research environment.

PROGRAM OUTLINE

DAY ONE – TUESDAY 20 MARCH 2018

Time	MORNING
8.15 – 9.00	Registrations
9.00 – 9.15	Noongar Welcome to Country – Walter McGuire
9.15 – 9.20	Introduction – Emcee – Ingrid Cumming
9.20 – 9.30	Official Opening Deputy Premier; Minister for Health; Minister for Mental Health Honourable Roger Cook MLA
9.30 – 9.35	SESSION ONE – LEADING THE WAY IN POLICY – BALLROOM
9.35 – 10.05	Professor Tanya Chikritzhs – Alcohol Policy Research, National Drug Research Centre, Curtin University <i>Why is cancer alcohol's best kept secret?</i>
10.05 – 10.35	Gino Vumbaca – President, Harm Reduction Australia, NSW <i>Drug and Alcohol Policy – Time for an Overhaul</i>
10.35 – 11.05	Will Tregoning – Chief Executive Officer, Unharm, NSW <i>People, communities and the future of harm reduction</i>
11.05 – 11.25	MORNING TEA – Boardroom
11.25 – 12.25	PANEL DISCUSSION SESSION – Leading the way in policy: Harm Reduction – Ballroom Includes morning speakers and invited panel members: <ul style="list-style-type: none">• Ms Angela Corry Chief Executive Officer, Peer Based Harm Reduction WA (formerly WA Substance Users Association)• Dr Stephen Bright Senior Lecturer Addictions, Edith Cowan University
12.25 – 1.25	LUNCH – Boardroom

PROGRAM OUTLINE

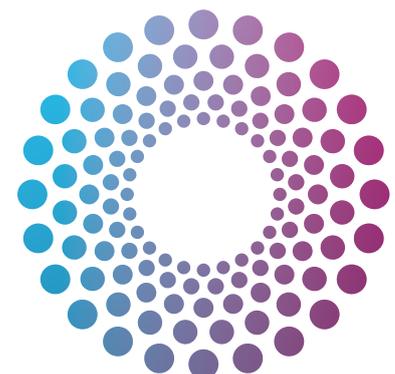
DAY ONE – TUESDAY 20 MARCH 2018

Time	AFTERNOON	
12.25 – 1.25	LUNCH – Boardroom	
1.25 – 1.30	SESSION TWO – EMBRACING OPPORTUNITIES – CRIMINAL JUSTICE Introduction MC Ingrid Cumming	
1.30 – 2.15	KEYNOTE – Chief Constable Michael Barton, Durham Constabulary, United Kingdom <i>If our policies to tackle illegal drugs are working why are we talking about it so much ?Scrub that! Why are we not talking about it so much? – Ballroom</i>	
	CONCURRENT SESSIONS – Criminal Justice / Research Into Practice	
CHAIRS	Judge Tim Sharp State Administrative Tribunal	Professor Cobie Rudd Deputy Vice-Chancellor, Edith Cowan University
	Criminal Justice – Ballroom	Research Into Practice – Silver Room
2.15 – 2.30	<i>Drinking, fighting and offending: What young Aboriginal women and girls want service providers to know to help them</i> Ms Ngaire Pigram National Drug Research Institute, Curtin University	<i>Web survey of use of study drugs by WA tertiary students – findings and implications for policy and practice</i> Professor Simon Lenton National Drug Research Institute, Curtin University
2.30 – 2.45	<i>Engaging hard to reach populations: An evaluation of the DRUMBEAT program in the prison setting</i> Dr Karen Martin University of Western Australia	<i>An evaluation of a Specialist Smoking Cessation Clinic in a mental health setting</i> Dr Mathew Coleman Great Southern Mental Health Service/WACHS
2.45 – 3.00	<i>Beyond Violence: The trial and evaluation of an innovative violence prevention program for incarcerated women in Western Australia</i> Dr Mandy Wilson National Drug Research Institute, Curtin University	<i>The co-use of cannabis and tobacco in Aboriginal communities – is it worth paying attention to?</i> Dr Julia Butt National Drug Research Institute, Curtin University
3.00 – 3.20*	AFTERNOON TEA – Boardroom	
3.20 – 4.00	DISCUSSION SESSION – CRIMINAL JUSTICE / RESEARCH INTO PRACTICE – Ballroom	
4.00 – 4.15	SUMMARY OF DAY ONE – MC Ingrid Cumming	
4.30	CLOSE OF DAY ONE	

PROGRAM OUTLINE

DAY TWO – WEDNESDAY 21 MARCH 2018

Time	MORNING
8.15 – 9.00	Registrations
9.00 – 9.15	SESSION THREE: LEADING THE WAY IN PRACTICE: TRANSLATING RESEARCH INTO PRACTICE – Ballroom Opening Remarks by MC Ingrid Cumming
9.15 – 9.45	Dr Matthew Gullo – Senior Research Fellow, Centre for Youth Substance Abuse Research, University of Queensland <i>From the laboratory to the classroom and clinic: Translational research into youth impulsivity and alcohol use</i>
9.45 – 10.15	Conjoint Professor Nick Lintzeris – Director, Drug and Alcohol Services, South East Sydney Local Health District; Discipline Addiction Medicine, Faculty of Medicine, University of Sydney <i>Translating research into clinical practice and back again: Challenges for the AOD sector</i>
10.15 – 10.45	Associate Professor Rebecca McKetin – Senior Research Fellow, National Drug Research Institute, Curtin University <i>Skating on thin ice: Methamphetamine use and mental health</i>
10.45 – 11.05	MORNING TEA – Boardroom
11.05 – 12.00	PANEL SESSION – Translating Research into Practice – Ballroom Includes morning speakers and invited panel members: <ul style="list-style-type: none">• Dr Daniel Fatovich Professor of Emergency Medicine, Royal Perth Hospital• Dr Tina Lam Research Fellow, National Drug Research Institute, Curtin University
12.00 – 1.00	LUNCH – Boardroom



PROGRAM OUTLINE

DAY TWO – WEDNESDAY 21 MARCH 2018

Time	AFTERNOON		
12.00 – 1.00	LUNCH – <i>Boardroom</i>		
1.00 – 2.00	2018 Alcohol And Other Drug Excellence Awards – <i>Ballroom</i> Presented by the Deputy Premier; Minister for Health; Minister for Mental Health Honourable Roger Cook MLA		
SESSION FOUR: LEADING THE WAY IN PRACTICE: PRACTICE ISSUES – <i>Ballroom</i>			
2.00 – 2.45	KEYNOTE SPEAKER – Professor David Forbes, Director Phoenix Australia – Centre For Post Traumatic Mental Health, Victoria <i>Substance use and mental health consequences of trauma and implications for assessment and treatment – Boardroom</i>		
2.45 – 3.00	AFTERNOON TEA – <i>Boardroom</i>		
	CONCURRENT SESSIONS – Practice Issues		
CHAIRS	Dr Stephen Bright, ECU	Prof Simon Lenton, NDRI	Jill Rundle, WANADA
	Treatment – <i>Ballroom North</i>	Prevention – <i>Ballroom South</i>	Workforce Development – <i>Silver Room</i>
3.00 – 3.15	<i>Solid Ground: A unique comprehensive and cross cultural day recovery program for people with substance abuse issues</i> Ms Diane Kennedy Wungening Aboriginal Corporation	<i>Healing Out on Country: Act-Belong-Commit Standing Strong Together in Roebourne to support Aboriginal Social and Emotional Wellbeing</i> Ms Lesley Murray Mentally Health WA in Roebourne	<i>Recognising and responding to amphetamine intoxication/toxicity and opioid overdose: A contemporary training resource for those working at the coal face</i> Mr Leigh Cleary Workforce Development, Mental Health Commission
3.15 – 3.30	<i>Evaluating Holyoake's programmes: Six month outcomes for alcohol and other drug using clients and significant others</i> Dr Robert Tait National Drug Research Institute, Curtin University	<i>Maryanne and the seven stoned dwarfs: A humorous approach to educating people experiencing mental illness about cannabis use</i> Mr Tim Rolfe Office of Chief Psychiatrist	<i>Never the twain shall meet? Staff and patient attitudes and actions on hospital based alcohol screening and brief intervention</i> Ms Imogen Davies South Metro Health Service

Continued overleaf

PROGRAM OUTLINE

DAY TWO – WEDNESDAY 21 MARCH 2018 CONTINUED

Time	AFTERNOON		
3.30 – 3.45	<p><i>Hepatitis C treatment in a community needle and syringe exchange program as a method of engagement for injecting drug users</i></p> <p>Ms Leanne Myers Peer Based Harm Reduction WA (formerly WASUA)</p>	<p><i>Aboriginal Youth Health Program leads the way to successful engagement of Aboriginal high school students for alcohol harm reduction</i></p> <p>Mr Joshua Rivers East Metro Health Service</p>	<p><i>A Lived Experience: Reflections on establishing a new AOD Peer Support project</i></p> <p>Ms Vanessa Stasiw Cyrenian House</p>
3.45 – 4.00	Best Poster Prize – Mezzanine Foyer		
4.00 – 4.30	DISCUSSION SESSION – Practice issues – Ballroom		
4.30 – 4.35	Closing remarks – Ballroom		
4.35	CLOSE OF CONFERENCE		



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ORAL ABSTRACTS

TUESDAY 20 MARCH 2018

Session 1: Leading the Way in Policy

SPEAKER:	Will Tregoning Unharm Australia, NSW
PRESENTATION TITLE:	People, communities and the future of harm reduction
PRESENTATION TIME:	10.35am (Ballroom)

Continuity over time is typically emphasised in official histories of the National Drug Strategy (NDS). Allegedly, various iterations of the strategy since 1985 have an essential sameness, represented especially by the ongoing centrality of the ‘harm minimisation’ concept. This narrative of continuity does not stack up. While the 1985 National Campaign Against Drug Abuse endorsed greater participation by the Australian community in confronting the problems of drug abuse, the current NDS emphasises top-down tactics and accords communities a substantially diminished role. That diminished role is notably in tension with Minister Fiona Nash’s important insight in reporting on the National Ice Taskforce consultations in 2015: “from Lismore to Geraldton, police said the same thing: We can’t arrest our way out of this... We need help from the whole community.”

In that context, this presentation considers the future of ‘harm reduction’. A concept of harm reduction – understood as ‘interventions that reduce risks of harm connected with drug use, without necessarily eliminating use’ – emerged in the second iteration of the NDS – the National Drug Strategic Plan 1993-97. Over time, it has been formalised as one of the ‘three pillars’ of the NDS.

Harm reduction practice has emphasised responsibility and accountability for the effects of policies and activities and those values are crucial to community-based solutions. In addition, ‘harm reduction’ points towards a way of enlisting ‘help from the whole community’ precisely because it is not an attempt to eliminate drug use. That is an idea that needs better articulation. Looking to the future of harm reduction, this presentation looks back to the National Drug Strategy 2010-15 which described how ‘socially inclusive communities and resilient individuals and families are less likely to engage in harmful drug use.’ It’s a path to a better future for people who want wellbeing in a world with drugs.

Session 2: Embracing Opportunities: Criminal Justice

KEYNOTE SPEAKER:	Chief Constable Michael Barton Durham Constabulary, UK
PRESENTATION TITLE:	If our policies to tackle illegal drugs are working, why are we talking about so much? Scrub that! Why are we not talking about it so much?
PRESENTATION TIME:	1.30pm (Ballroom)

When Mike Barton joined the Lancashire Constabulary in 1980 in Blackpool UK, there was a part-time detective who was the “Drug Squad”. Few offenders were “druggies” and communities were more often blighted by deprivation and alcohol. Since then Mike has seen the law enforcement community “throw the kitchen sink” at the problem of drug addiction and crime. In Blackpool 2017 a drug squad of one officer would be seen as laughable. Mike will invite the audience to take a “rain check” on current policing. He will reflect on how it feels to have pointed out the Emperor has no clothes and will set out how the Durham Constabulary UK are looking to change our collective paradigm about drugs and law enforcement.

ORAL ABSTRACTS

TUESDAY 20 MARCH 2018

Session 2: Embracing Opportunities: Criminal Justice

SPEAKER:	Ms Ngaire Pigram National Drug Research Institute, Curtin University
PRESENTATION TITLE:	Drinking, fighting and offending: What young Aboriginal women and girls want service providers to know to help them
PRESENTATION TIME:	2.15pm (Ballroom)

Recent research has revealed high levels of alcohol-related harms experienced by young Aboriginal women and girls in Perth, including harms associated with fighting and offending. The Young Aboriginal Women and Girls (YAWG) project is a three year qualitative participatory research project that aimed to collect information about the patterns, harms, and contexts of drinking, fighting, and offending and to develop a training package for service providers to address the topics raised. To achieve this, the researchers conducted semi-structured interviews with young Aboriginal women in metropolitan Perth and conducted a workshop with interested participants to develop a training package (which will be disseminated and evaluated in 2018).

This presentation focuses on the outcomes of the workshop phase of the project. Workshop participants were six young women (aged 15 to 19 years) including both those who had and had not participated in drinking, fighting and/or offending. The workshop, which occurred in November 2017, included two brainstorming sessions, opportunities for participants to provide feedback on findings from the interviews, hear from inspirational role models and discuss their own inspirations. Brainstorm one collected participants' ideas about how service providers might better engage girls/young women in conversations about fighting, drinking and offending. Brainstorm two asked participants how they thought service providers could best learn about their experiences and needs. The brainstorms generated extensive information and ideas about the participants' own experiences (both positive and negative) and their ideas for improved service delivery. Participants showed a particular interest in the education and child protection sectors, how they wish services to be structured, how they would like to be talked to, and what they wished service providers understood about their lives.

The presentation will provide an overview of the outcomes of the workshop, and the ideas young women had for service providers to help them.

Session 2: Embracing Opportunities: Criminal Justice

SPEAKER	Dr Karen Martin University of Western Australia
PRESENTATION TITLE:	Engaging hard to reach populations: An evaluation of the DRUMBEAT Program in the prison setting
PRESENTATION TIME:	2.30pm (Ballroom)

This presentation describes an evaluation of the impact of Holyoake's DRUMBEAT program on the mental health and resilience of Western Australian prisoners.

The DRUMBEAT program was initially developed as an early intervention strategy to engage young Aboriginal men to strengthen their resilience to drug and alcohol use. DRUMBEAT incorporates African drumming with therapeutic discussions to encourage teamwork, self-reflection, self-determination and behaviour change. The aim of this research was to assess the impact of the DRUMBEAT program on prisoner mental wellbeing, psychological distress, post-traumatic stress symptoms and resilience.

A series of 21 DRUMBEAT programs (each incorporating ten DRUMBEAT sessions) was conducted within seven Western Australian prisons. Data were collected via prisoner questionnaires (pre, immediately post and 3 months post program) and semi-structured interviews with prisoners, prison staff and DRUMBEAT facilitators. 114 prisoners completed the pre and post-program questionnaires and 20 prisoners completed three month follow-up questionnaires. Interviews were held with 31 prisoners, 5 prison staff and 11 DRUMBEAT facilitators.

DRUMBEAT participation was associated with higher mental wellbeing and resilience ($p < 0.001$) and lower psychological distress ($p = 0.001$) in prisoners. The higher post-program mental wellbeing ($p < .001$) for DRUMBEAT participants was maintained three months after the program (compared to pre-program; $p = 0.014$). Interview data supported the positive impact of DRUMBEAT via changes in emotions and emotional regulation (including anger management), positivity, relationships, self-confidence and self-worth, self-reflection and social skills.

DRUMBEAT appears to be an effective program for improving prisoner mental health and resilience and in reducing psychological distress. These positive changes have the potential to assist with alcohol and other drug use behaviours post-release. The strengths and potentially far reaching impact of the program augurs for extensive implementation and testing of DRUMBEAT in the prison system.

ORAL ABSTRACTS

TUESDAY 20 MARCH 2018

Session 2: Embracing Opportunities: Criminal Justice

SPEAKER:	Dr Mandy Wilson National Drug Research Institute, Curtin University
PRESENTATION TITLE:	Beyond Violence: The trial and evaluation of an innovative violence prevention program for incarcerated women in WA
PRESENTATION TIME:	2.45pm (Ballroom)

Despite females comprising a small segment of the Australian prisoner population (8%), the number of women currently incarcerated has more than doubled over the past five years (57% compared to 38 % among men), making them one of the fastest growing prisoner groups. While the female offender has held a certain fascination in popular culture, their specific needs have often been neglected in policy initiatives and research, impeding the development of evidence-based responses to female offending.

Previous research we conducted in 2013 with 84 incarcerated Aboriginal mothers in Western Australia revealed the high level of violent victimisation among the women, with 89 per cent reporting having experienced violence against them. Also uncovered was the extent of violence used by the women themselves; largely, but not exclusively in the context of 'fighting back' against intimate partner violence. The impact of this violence on the women's lives was extensive and included the removal of their children by the Department of Child Protection, injury and death, and incarceration. Women also reported being refused early release (parole) due to violent offending histories and yet there was no program in Western Australian prisons which addressed the specific criminogenic needs of this group. As a result, these mothers were being detained for longer periods and were unable to return to their families and children.

This paper describes an innovative partnership between Australian and North American researchers which aims to examine the effectiveness of a targeted substance use, mental health and violence intervention (Beyond Violence) on reducing women's rates of return to prison, and improving symptoms of PTSD, depression, anxiety and substance use. We highlight the importance of providing gender-specific, trauma-informed and evidence-based programs to female prisoners which target their specific needs and ensure, importantly, the early return of women to their families and communities.

Session 2: Embracing Opportunities: Research into Practice

SPEAKER:	Professor Simon Lenton National Drug Research Institute, Curtin University
PRESENTATION TITLE:	Web survey of use of study drugs by WA tertiary Students - findings and implications for policy and practice
PRESENTATION TIME:	2.15pm (Silver Room)

Recently there have been anecdotal reports of increased use of so-called 'study drugs' or cognitive enhancers (CEs) by university students in an attempt to improve academic performance. Only two previous studies have investigated prevalence of use in Australian university students. There is some evidence that university students who use CEs tend to perceive them as effective, but whether CEs improve cognition in healthy individuals is unclear and use of any CE carries a risk of harm.

A quantitative anonymous web survey, conducted in 2016, examining CE use among Western Australian university students, investigated: prevalence and frequency of use; student attitudes to use; self-reported benefits and harms experienced by users; and system factors which may relate to use.

8.3% of the final sample (n= 2,149) reported use of a prescription drug (without a valid prescription) for CE purposes in the last 12 months. Use was predicted by: 'cramming' the viewing of online lectures, other illicit drug use, having more than one exam on a single day, having an assessment worth 50% or more of a grade and increased frequency of 'all-nighters'. Rates of use and predictors of over-the-counter and illicit drugs for CE will also be presented. There were no significant differences in rates of use between each of the universities.

These findings have implications for university policy, including the use of heavily weighted assessments and the scheduling of multiple exams on a single day. Interventions to decrease 'cramming' and 'all-nighters' may decrease prescription CE use and its associated harms, with illicit drug users being an important target group.

Disclosure of Interest Statement:

Prof Lenton and Ms Marina Nelson are supported by funding from the Australian Government under the Drug and Alcohol Program through its core funding of the National Drug Research Institute at Curtin University.

ORAL ABSTRACTS

TUESDAY 20 MARCH 2018

Session 2: Embracing Opportunities: Research into Practice

SPEAKER:	Dr Mathew Coleman Great Southern Mental Health Service, WACHS
PRESENTATION TITLE:	An Evaluation of a Specialist Smoking Cessation Clinic in a mental health setting
PRESENTATION TIME:	2.30pm (Silver Room)

Smoking rates in people with mental illness in Australia remains alarmingly high whilst they have been declining in the general population over the last decade. People with mental illness also have higher levels of nicotine dependence, lower rates of cessation, and higher rates of morbidity associated with smoking than the general population. They are also more likely to die as a consequence of smoking, including from cardiovascular disease, respiratory disease and cancer, than from their psychiatric condition.

Yet for many years, smoking cessation programs and smoking-related policies in mental health facilities has caused debate, friction and argument within the sector. Public health interventions appear to be less effective in the mentally ill population, with rates of smoking remaining high despite general improvements in the general population in response to price increases, plain packaging, sale point changes etc. There is a recognised need to have tailored tobacco dependence treatment integrated directly into their mental health or substance use care and, if needed, coordinated with primary care providers.

This paper reviews the evaluation of a specific smoking cessation program developed in a rural Australia setting, targeting patients of a mental health service and staff across both inpatient and community settings. The findings indicate that this intervention is well accepted and tolerated by mental health patients with approximately 40% of patients achieving abstinence as recorded by the patient and objectively measured by expired CO levels. Furthermore, the evaluation demonstrates the clinic enabled junior medical staff to develop the skills and experience in managing nicotine dependence and smoking cessation in patients with mental illnesses.

Session 2: Embracing Opportunities: Research into Practice

SPEAKER:	Dr Julia Butt National Drug Research Institute, Curtin University
PRESENTATION TITLE:	The co-use of cannabis and tobacco in Aboriginal communities – is it worth paying attention to?
PRESENTATION TIME:	2.45pm (Silver Room)

Tobacco smoking is the leading contributor to the burden of disease among Aboriginal people. Cannabis is the most frequently used illicit drug in Australia and rates of use among Aboriginal people are higher than that of non-Indigenous Australians.

Cannabis and tobacco are frequently used together, yet there is very little research which examines the co-use of cannabis and tobacco, particularly among Aboriginal people. Considering growing literature that suggests that cannabis use may influence the uptake of tobacco use and vice versa and that cannabis use may present a barrier to quitting tobacco and vice versa – a better understanding of how the two drugs are used together may present opportunities for innovative health promotion approaches.

In line with this, a three-year Healthway funded fellowship aims to examine patterns of co-use among Aboriginal people in Perth and Bunbury; including an understanding of pathways into and out of use. The mixed method research includes a brief quantitative questionnaire and a more detailed qualitative interview.

The research was based on extensive community consultation, analysis of literature and the examination of existing data sets (including the National Aboriginal and Torres Strait Islander Social Survey and the National Drug Strategy Household Survey) and research.

This presentation will provide an overview of these formative stages. Community consultation findings demonstrate Aboriginal health staff, including tobacco workers, have increasing concern about cannabis use and its associated harms, yet report there is little community understanding of cannabis-related harms compared with tobacco.

Furthermore, many reported that the two drugs are not routinely discussed together. Examination of existing data sets and previous research demonstrates that co-use is largely overlooked by researchers – data analysed to date suggest that cannabis use is highly prevalent among adult male tobacco smokers. The potential implications of not addressing co-use will be discussed.

ORAL ABSTRACTS

WEDNESDAY 21 MARCH 2018

Session 3: Leading the Way in Practice: Translating Research into Practice

SPEAKER:	Dr Matthew Gullo Centre for Youth Substance Abuse Research, University of Queensland
PRESENTATION TITLE:	From the laboratory to the classroom and clinic: Translational research into youth impulsivity and alcohol use
PRESENTATION TIME:	9.15am (Ballroom)

The abuse of alcohol in youth can have a profound, long-lasting impact on future health. Alcohol interventions for adolescents produce, at best, modest short-term benefits. Little progress has been made over the past two decades. A primary obstacle is that we do not know why some interventions work, others do not, and what the key mechanisms of change are. Only a truly translational program of research will advance the field.

Impulsivity plays a critical role in adolescent alcohol use. Despite being one of the strongest individual risk factors for drinking, it is only recently that we have started to understand how it is causally linked to alcohol and drug use. A better understanding of the biological, cognitive, and social mechanisms of impulsivity-related risk can allow for better targeting of prevention and treatment efforts. In this talk, I will summarise the latest research findings on impulsivity and youth alcohol use, including the work of my own team that focuses on translating new insights from the laboratory into more effective interventions for the classroom and clinic.

Session 3: Leading the Way in Practice: Translating Research into Practice

SPEAKER:	Professor Nicholas Lintzeris Drug and Alcohol Services, South East Sydney Local Health District, NSW
PRESENTATION TITLE:	Translating research into clinical practice and back again: Challenges for the AOD sector
PRESENTATION TIME:	9.45am (Ballroom)

The 'victory' of 'evidence-based medicine' in the late 20th century as the predominant framework for driving healthcare was supposed to herald a new era in health service provision, with treatment interventions directed by the empirical formulation of the 'best available evidence', with league tables developed to prioritise one form of evidence over others.

Yet this has always been problematic for the alcohol and other drug (AOD) sector, where many of our treatment approaches have limited empirical evidence to support them, or more often, where there has been little attention to the fidelity of treatment interventions against what the evidence suggests 'works best'.

The last decade has seen a greater emphasis upon the concepts of 'translational research' which focusses attention more on understanding the broader processes required to implement 'best practice' into treatment systems beyond a demonstration of 'efficacy'. Idea generation, replicability and adaptability, effectiveness, monitoring, and scalability are also important considerations in ensuring that 'best practice' is actually delivered to consumers.

The paper will examine these concepts using case studies from the AOD sector, including how our sector 'develops' controversial treatment approaches (e.g. heroin-assisted treatment, amphetamine substitution, naltrexone implants, baclofen treatment), or tries to introduce new technologies (e.g. take-home-naloxone).

Finally, the paper will examine the emergence of more sophisticated electronic clinical information systems, and how these have the potential to transform how research can be more relevant to clinicians, consumers and funders alike.

ORAL ABSTRACTS

WEDNESDAY 21 MARCH 2018

Session 3: Leading the Way in Practice: Translating Research into Practice

SPEAKER:	Assoc Professor Rebecca McKetin National Drug Research Institute, Curtin University
PRESENTATION TITLE:	Skating on Thin Ice: Methamphetamine use and mental health
PRESENTATION TIME:	10.15am (Ballroom)

Western Australia has the highest level of methamphetamine use in Australia, with an estimated 2.7% of the population aged 14+ years having used the drug within the past year in 2016, compared with the national average of 1.4%. One of the major concerns related to methamphetamine use is mental health problems, particularly the risk of depression, suicidality, paranoia and hostility.

Associate Professor McKetin will discuss the mental health issues related to methamphetamine use. She will cover (a) the prevalence of mental health disorders amongst people seeking treatment for methamphetamine use; (b) the relationship methamphetamine use and the risk of psychotic symptoms and violent behaviour; and (c) the clinical features that can help distinguish between methamphetamine-related psychosis and schizophrenia.

She will also examine how these mental health problems change with reductions in methamphetamine use seen after drug treatment.

Session 3: Leading the Way in Practice: Practice Issues

KEYNOTE SPEAKER:	Professor David Forbes Phoenix Australia, Centre for Posttraumatic Mental Health, VIC
PRESENTATION TITLE:	Substance Use and Mental Health consequences of trauma and implications for assessment and treatment
PRESENTATION TIME:	2.00pm (Ballroom)

Exposure to trauma is ubiquitous across Australia, with over 70% of Australians exposed to trauma at some point in their lives. Trauma exposure is associated with a broad range of mental health responses and increased rates of substance use. This presentation will outline the range and types of mental health and substance use sequelae of exposure to trauma. It will identify longitudinal patterns of response and highlight implications for screening and assessment. The presentation will also outline the current best-practice approaches to intervention from early intervention through to treatment of complex comorbid presentations and explore directions for future research and management.

ORAL ABSTRACTS

WEDNESDAY 21 MARCH 2018

Session 4: Leading the Way in Practice: Practice Issues – Treatment

SPEAKER:	Ms Dianne Kennedy & Mr Michael Winton Wungening Aboriginal Corporation
PRESENTATION TITLE:	Solid Ground: a unique comprehensive and cross cultural day recovery program for people with substance abuse issues
PRESENTATION TIME:	3.00pm (Ballroom North)

An increased demand for Wungening clients to attend drug and alcohol rehabilitation and current residential programs being unable to accommodate these clients saw the inception of the Solid Ground Day Rehab Program in April 2016.

Solid Ground supports men and women over 18 years of age who experience substance use issues and would benefit from the supportive learning environment of a group atmosphere, those who need the structure and intensity found in residential programs or would like to maintain their abstinence or those who have completed residential programs and enjoy the structure of the group.

Solid Ground educates and supports clients who are experiencing substance issues. The program introduces a new platform of support for existing Wungening clients and has attracted new clients from external services and agencies. The Solid Ground day program was designed to aid those in the community who would benefit from structure and intensity found in residential programs but for whatever reason are not able to access a residential service. The information and support provided in the group assists clients who are in any stage of change in their recovery or even to maintain abstinence. Group work is a supportive place for participants to share their experiences, support others and create a safe place to be totally honest about their drug and/or alcohol use as they begin or continue their recovery.

Thus far the program has attracted over 334 registered clients with 76 graduating from the program, additionally due to the success of the program we have also been funded to bring it into the community initially in two locations.

Session 4: Leading the Way in Practice: Practice Issues – Treatment

SPEAKER:	Dr Robert Tait National Drug Research Institute, Curtin University
PRESENTATION TITLE:	Evaluating Holyoakes' programs: Six month outcomes for alcohol and other drug using clients and significant others
PRESENTATION TIME:	3.15pm (Ballroom North)

The study assessed the effectiveness of the programs provided by Holyoake for clients with alcohol and other drug (AOD) problems and significant others (partners/parents) affected by another person's AOD consumption.

Participants were enrolled by Holyoake staff, with follow-up at six months conducted by Curtin researchers not involved in treatment. The key outcome measures were: psychological distress (Kessler 10), wellbeing, social support, and days out of role. The AOD clients also completed the alcohol, smoking, and substance involvement screening test (ASSIST) and reported their seven day alcohol consumption.

220 people were recruited (136 AOD clients and 84 significant others). Overall, 55% of participants were male and the age range was 18-81 years (median 38 years).

At baseline the mean K-10 score was 24.8 (threshold for "moderate" psychological distress = 25), the wellbeing score of 58.5 was below the national average (-73-76), 30% of participants were socially isolated. The mean days out of role was 3.2 days in the previous 30 days. Among AOD clients, the mean number of drinks in the last week was 23 and their ASSIST score was 64.

123 participants were re-interviewed (56%) at six months. For both AOD clients and significant others there were significant reductions in psychological distress and social isolation plus improved wellbeing. Days out of role were reduced for AOD clients but not significant others. For the AOD clients there was a significant reduction (34%) in overall substance use (ASSIST mean 50) and a non-significant decline in alcohol use.

On a range of psychosocial and substance use measures, there were general improvements in the outcomes reported by participants. Participants also reported high levels of satisfaction and provided supportive comments on Holyoake's staff and programs. The most important caveat to these findings was the lack of a control group.

ORAL ABSTRACTS

WEDNESDAY 21 MARCH 2018

Session 4: Leading the Way in Practice: Practice Issues – Treatment

SPEAKER:	Ms Leanne Myers Peer Based Harm Reduction WA (formerly WASUA)
PRESENTATION TITLE:	Hepatitis C treatment in a community needle and syringe exchange program as a method of engagement for injecting drug users
PRESENTATION TIME:	3.30pm (Ballroom North)

Most people with hepatitis C who actively inject drugs have not been treated using the oral direct acting antiviral regimens. This is directly related to the vulnerability experienced by this hard to reach population. A nurse-led hepatitis C treatment program offered treatment within a community needle and syringe exchange program.

Clients attending a needle and syringe exchange program were informed about the new direct acting antivirals (DAA) oral therapies. A peer-based initiative provided specific hepatitis C-related information to inform and subsequently make client referrals to the Health Clinic. Pre-treatment assessment, on-treatment management and follow-up was undertaken by a nurse practitioner. Patients received treatment according to current Gastroenterological Society of Australia guidelines. Clinical outcomes were ascertained and self-reported compliance was assessed.

Twenty one people (77% male, median age at baseline 44) have commenced hepatitis C treatment. All patients were treatment naïve. Seventy one per cent were actively injecting at the commencement of treatment. Of the 21 people who initiated treatment, 90% of the intention to treat (ITT) population reached the end of treatment (EOT). Adherence was assessed every 4 weeks. An EOT response was achieved by 90% of the ITT population. Of those who have reached the 12-week post treatment visit, 19 (100%) achieved a sustained virological response (SVR).

A nurse-led, peer-based model provides a point of connectedness to (1) engage clients, (2) reduce 'felt' and 'enacted' stigma and (3) reduce the burden of hepatitis C disease in this marginalised group.

Session 4: Leading the Way in Practice: Practice Issues – Prevention

SPEAKER:	Ms Lesley Murray & Ms Amberlee Nicholas Mentally Healthy WA
PRESENTATION TITLE:	Healing Out on Country: Act-Belong-Commit Standing Strong Together in Roebourne to support Aboriginal Social and Emotional Wellbeing
PRESENTATION TIME:	3.00pm (Ballroom South)

Healing Out on Country was instigated by Act-Belong-Commit Standing Strong Together with the purpose of providing positive experiences to reconnect those impacted by tragic loss to culture, family, country, and to learning from Elders. Standing Strong Together is a cultural adaptation by Aboriginal people in Roebourne, the traditional land of the Ngarluma people, of the successful Act-Belong-Commit campaign, and developed in partnership with Chevron Australia. Consultation with the Roebourne community indicated that going out on country builds social and emotional wellbeing and is a protective factor against harmful use of alcohol and other drugs.

There is evidence that the more people participate in Act-Belong-Commit activities, the greater one's social and emotional wellbeing, the lower the risk of developing mental health problems, and the lower the risk of problem drinking. For Aboriginal people in Roebourne, good social and emotional wellbeing depends on: keeping mentally, socially, physically, spiritually and culturally active; having strong Aboriginal identity by connecting to family, culture and community/language groups; and committing to caring for country, teaching others about culture and language, and learning/expressing culture and language oneself. Project evaluation suggests that going out on country removes people from risk factors present within the town, while providing a sense of purpose, belonging, and joy (often for the first time since a tragic loss). As an inter-agency project, ongoing wrap-around support is provided through connections to local support services on people's return to town.

Evaluation indicates that by connecting to country, the Elders, and Roebourne support services, families are stronger in mind, body, and spirit, and thus better able to cope with difficulties and stress. These data suggest that Healing Out on Country can contribute to breaking the cycle of alcohol and drug-related harm, and other associated social problems among Roebourne's Aboriginal community, and particularly amongst those experiencing ongoing or past trauma and stress.

ORAL ABSTRACTS

WEDNESDAY 21 MARCH 2018

Session 4: Leading the Way in Practice: Practice Issues – Prevention

SPEAKER:	Mr Tim Rolfe Office of the Chief Psychiatrist
PRESENTATION TITLE:	Maryanne and the seven stoned dwarfs: A humorous approach to educating people experiencing mental illness about cannabis use
PRESENTATION TIME:	3.15pm (Ballroom South)

In 2016 it was reported that cannabis is the most common of all illicit drugs with 16% of students aged between 12 and 17 years using cannabis (National Drug Strategy Household Survey 2016). Sane Australia points out that cannabis use is very common in people with psychotic disorders and can exacerbate mental illness (Cannabis and psychosis factsheet) and the Royal Australian and New Zealand College of Psychiatrists indicates the link between cannabis use and mood disorders (Aust and NZ Journal of Psychiatry, 2015).

There are a number of ways, such as direct information or pamphlets, to educate people experiencing mental illness about the detrimental effects of using cannabis. Often the information provided is in either medical or sociological jargon which is easily dismissed by patients. Pamphlets and public campaigns have their place in harm reduction strategies but unfortunately the negativity of the message often contradicts with the experience of users who, even if it is only temporary, get enjoyment from cannabis use. Therefore, overall these harm reduction strategies have limited success.

This presentation is a short educational exercise using humour, more specifically the fairy story of Snow White, renamed Maryanne, and the seven dwarfs, to present information to consumers and interested other such as parents about the use of cannabis. Each dwarf represents a different aspect of cannabis use and while the message is serious the delivery is humorous. For example the dwarf Dopey provides information about cannabis itself while Sleepy provides some information about the effects of the drug and Doc about the possible comorbidity effects of psychosis.

The presentation is just one option of an alternative way of providing clinical, medical and legal information and education about use of an illicit drug to engage and start the discussion of drug use with people experiencing mental illness and their carers and relatives.

Session 4: Leading the Way in Practice: Practice Issues – Prevention

SPEAKER:	Mr Joshua Rivers & Ms Fiona Heneker Eastern Metro Health Service
PRESENTATION TITLE:	Aboriginal Youth Health Program leads the way to successful engagement of Aboriginal high school students for alcohol harm reduction
PRESENTATION TIME:	3.30pm (Ballroom South)

Aboriginal Youth Health (AYH) aims to increase Aboriginal youth's awareness of: alcohol and tobacco-related harm; risky sexual behaviour; and related prevention services in a culturally appropriate way. The Council of Australian Governments initially funded the AYH Program and when funding ceased in 2014, WA Health funded the program as part of its Footprints to Better Health. In 2009, the Aboriginal Health Team at South Metropolitan Health Services consulted with numerous representatives from the Aboriginal community and identified the need for prevention and early intervention health programs for Aboriginal youth. The AYH program was developed as a result of this consultation.

Schools with a high proportion of Aboriginal students were identified using the Department of Education's audit and invited to participate. A male and female Aboriginal Youth Health Promotion Officer deliver AYH programs in high schools across two metropolitan health service regions. AYH sessions are interactive with topics covering alcohol harm, tobacco harm, developing healthy relationships, and sexual consent and prevention of sexually transmitted infections. Student engagement is enhanced through Hip Hop and art sessions related to the topic.

Since 2014 program evaluation has been conducted using a 13 question, written survey measuring knowledge and intention. This was delivered pre and post-program. Since this time, 186 students aged 12 to 15 years have completed the AYH program across eight schools with a total of 80 sessions being delivered. Evaluation showed that: on average 65% of participants reported an increase in knowledge of the harms of alcohol, tobacco and risky sexual behaviour; 56% on average said that their intention was to never smoke; and 69% reported an increased knowledge of prevention services.

The Aboriginal Youth Health program has been well received by the schools and Aboriginal students. The success is primarily due to Aboriginal health promotion staff delivering sessions in an interactive, engaging and culturally appropriate way.

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POSTER ABSTRACTS

POSTER DISPLAY: ELECTRONIC	How to Critically Analyse AOD-related media
PRESENTER:	Dr Stephen Bright - Edith Cowan University
REFERENCES	Bright S ^{1,2} ; ¹ Edith Cowan University ² National Drug Research Institute, Curtin University

Over the past century there have been various moral panics related to the use of alcohol and other drugs (AOD). Most recently there has been concern regarding the emergence of Novel Psychoactive Substances and an ice 'epidemic'. While moral panics can increase political imperatives for action and policy change, they inevitably reinforce myths and stereotypes, distort public understanding of the issues and undermine attempts at evidence-based discussion of community and policy responses.

This presentation will develop clinicians' approaches to challenge examples of misleading or stigmatising reporting with practical opportunities to critically analyse AOD media. One opportunity for clinician advocacy that will be promoted is AOD Media Watch, a site that was launched in February 2017 at the VAADA conference. It has since published 20 articles, established a high profile reference group, developed a social media presence and developed guidelines for the responsible reporting of AOD-related issues.

It is anticipated that this capacity building opportunity will allow for AOD Media Watch to have a more active presence in Western Australia, and in turn engage with the Western Australian media.

POSTER DISPLAY: PAPER	Beautiful Bumps: FASD Awareness Project
PRESENTER:	Ms Pippa Broughton - Kimberley Population Health Unit
REFERENCES	Broughton P ¹ and Morgan-Dann R ¹ ¹ Kimberley Population Health Unit

The Beautiful Bumps project was designed to raise awareness of the harms of fetal alcohol spectrum disorders (FASD) by supporting pregnant mums and their families to have a healthy pregnancy for a healthy baby. Beautiful Bumps involved an artist painting on pregnant bellies and the women were also pampered which included them receiving a foot spa and foot massage as a therapeutic way of engaging with the women.

The aim was to engage 10-20 women at each site: Broome, Derby, Halls Creek, Kununurra and the remote communities of Kalumburu and Warmun. During the sessions, one-on-one conversations occurred with pregnant women and their partners. These conversations included the harms of alcohol consumption during pregnancy and breastfeeding, FASDs and promoting healthy behaviours for a healthy baby. These conversations included the harms of alcohol consumption during pregnancy and breastfeeding, FASD and promoting healthy behaviours for a healthy baby. Further discussions included access to support for the mother during the pregnancy, birth and early parenthood. All sessions ended with a professional photo shoot with the women and their families. Each participant then received a canvas photograph as a keepsake. Partner agencies involved:

- Kimberley Population Health Unit
- Kimberley Mental Health and Drug Service
- Broome Community Health
- Halls Creek Community Health
- Kununurra Community Health
- Derby Aboriginal Health Service
- Local Drug Action Groups Inc.

Photographic exhibitions were held in Broome and Derby. Participants were invited back with their new born babies and families to celebrate the success of the project with all stakeholders. This was a Kimberley-wide project that engaged remote pregnant mothers and empowered them through their participation. The project increased participant access to perinatal and AOD support services. The project was positively received by participants and agencies involved.

POSTER ABSTRACTS

POSTER DISPLAY: PAPER	Demonstrating Impact: Lessons Learned from Queensland Aboriginal & Islander Health Council's AOD-Our-Way Program
PRESENTER:	Ms Kimberley Cartwright – National Drug Research Institute, Curtin University
REFERENCES	Cartwright K ¹ ; Gray D ¹ and Fewings E ² ¹ National Drug Research Institute, Curtin University ² Queensland Aboriginal and Islander Health Council

In this paper, we describe the innovative way in which the Queensland Aboriginal and Islander Health Council use 'clicker technology' to gather data to report on the key performance indicators of its 'AOD-our-way' program, and how with subsequent combination of those data with other performance measures, it was possible to go beyond the initial evaluation.

The paper also illustrates how application of rigorous survey methods could further enable enhanced reporting of program impact in an Indigenous context where confidentiality and cultural safety are paramount concerns.

POSTER DISPLAY: ELECTRONIC	Mandurah Youth Alcohol Strategy – from Alcohol Think Again to local community action
PRESENTER:	Mr Richard Crane – South Metropolitan Health Service
REFERENCES	Crane R ¹ and Wilson K ² ¹ South Metropolitan Health Service ² City of Mandurah

Our Mandurah Community Youth Alcohol Strategy, 2016-2019' demonstrates the value of collaborative partnerships to facilitate the implementation of alcohol harm reduction strategies. Key prevention initiatives and the Alcohol Think Again campaign are being implemented and evaluated in the City of Mandurah.

The South Metropolitan Health Service health promotion team and City of Mandurah partnered with School Drug Education and Road Aware (SDERA), WA Police and Palmerston Association. The Steering Group consulted and developed the Youth Alcohol Strategy.

Mandurah Environmental Health Officers systematically provided signage audits in 88 out of 98 liquor outlets. Fifty liquor stores were subsequently visited as an audit follow-up, with secondary supply signage and education offered. In 2013 and 2017, Deakin University trained young people, of legal age, to attempt to purchase alcohol in liquor outlets without being challenged for identification.

The Youth Alcohol Strategy was promoted to the local Liquor Accord. Key harm reduction strategies were discussed on local radio and several community alcohol free events were hosted by the City. The local Principal network supported alcohol education in schools, involving homework with parents and alcohol evening seminars, facilitated by SDERA. A local Alcohol Service Directory was developed and distributed to key community outlets.

An application to establish a Local Drug Action Team (LDAT) was supported, and a grant of \$10,000 secured from the Australian Drug Foundation. This grant will be used by the partnership to continue the implementation of harm reduction strategies. Already the Mandurah LDAT has been invited to apply for further funding in 2018.

The implementation and evaluation of the Youth Alcohol Strategy is strengthened by real collaboration between the partner agencies and key stakeholders. These local partnerships provide a strong platform for state-wide campaigns such as Alcohol Think Again.

POSTER ABSTRACTS

POSTER DISPLAY: PAPER	“Bicep curls for your soul” - An exercise program for young people within the WA Drug and Alcohol Youth Service
PRESENTER:	Ms Bonnie Furzer , University of Western Australia
(REFERENCES)	<p>Furzer B¹³; Colthart A²; More A¹³; Jackson B¹; Dimmock J¹; Thornton A¹; Wright K¹³; Warner D¹³ and Arpino A²</p> <p>¹ The University of Western Australia (Exercise & Sport Science)</p> <p>² Next Step Drug and Alcohol Services, Mental Health Commission</p> <p>³ Thriving Physical Activity Program for Kids & Young People</p>

Substance use disorders (SUD) are one of the most common mental health challenges faced by young people, with 12.7% of Australian youth aged 16 to 24 years estimated to have a SUD. Despite a range of treatment methods available, relapse is common, and young people may come to drug and alcohol treatment with a wide range of goals. The prevalence of SUDs, aligned with the limited effectiveness of current treatments, mean that it is crucial to search for successful methods to improve well-being and long-term recovery among young people.

Evidence for exercise as a supportive therapy in youth SUD is scarce, despite support for the value of this approach in adult populations. The partnership between Next Step Drug and Alcohol Service (DAYS), Thriving and the University of Western Australia achieved the following primary objectives: a) development of a structured exercise program for young people within the DAYS residential treatment programs; and b) evaluation of the impact of participation on young people and staff.

The strengths of the collaborative approach have seen the program implemented within DAYS over the last 18 months, and pilot attendance data collected through 2016-2017 showed a 91% participation rate, and that 96% of those who attended sessions at UWA also completed some independent self-directed exercise. Within three broad themes (i.e., exercise perceptions, recovery-specific outcomes, other health outcomes), the young people and staff reported that regular exercise contributed to the establishment of a healthy routine, more positive perceptions about one’s appearance, improved sleep and interpersonal relationships, cathartic effects, and a sense of accomplishment.

Young people with SUDs are prone to co-occurring physical and mental health comorbidities, and the results of this study indicate that the provision of, and participation in a structured exercise program is achievable and may help in remedying issues associated with SUD treatment.

POSTER ABSTRACTS

POSTER DISPLAY: PAPER	Innovation Inreach: A partnership between an alcohol and other drug clinical liaison service, general hospital and a community mental health service
PRESENTER:	Mr Greg Gordon - Next Step Drug and Alcohol Services, Mental Health Commission
REFERENCES	Gordon G ¹ and O'Regan R ¹ ¹ Next Step Drug and Alcohol Services, Mental Health Commission

In October 2015, the North Metro Community Alcohol and Drug Service (NMCADS), a partnership between Next Step Drug and Alcohol Services and Cyrenian House, Western Australia, commenced an innovative Inreach service into the Joondalup Health Campus (JHC) private and public hospitals, and Joondalup Catchment Area Mental Health Services (JCAMHS). The objective was to improve the health outcomes for patients with alcohol and other drug (AOD) use problems in both settings through provision of opportunistic AOD interventions and the development of shared care practices, care coordination and referral pathways. A significant aspect of the role of the Inreach service was to provide education and training to staff at the services to build their capacity to undertake AOD screening and intervention with presenting patients.

Since its commencement in October 2015 to July 2017, the Inreach Service at the JHC and the JCAMHS received a total of 1,340 referrals (1,061 from JHC and 279 from JCAMHS). Alcohol and methamphetamines were the main presentations. Of those patients assessed by the Inreach service, 547 patients were directly referred to the NMCADS - 196 (2015-16) and 351 (2016-17). Data indicates that approximately 25% of patients attend their follow up medical and/or counselling appointments.

There have been over 30 workforce development presentations to staff at the hospital, all highly evaluated and that have led to significant improvements in the management of AOD patients. AOD champions have been identified and work closely with the Inreach service.

With the increasing pressure on specialist AOD services it is imperative that the AOD sector look to explore innovative avenues and partnerships with both generalist and medical specialist agencies. This WA Inreach Service highlights the potential benefit of such an approach, and this presentation will provide an important insight and benchmark for other clinicians, policy makers and researchers.

POSTER DISPLAY: PAPER	Creating networks of support for children and young people
PRESENTER:	Mr Michael Jackson-Pierce - School Drug Education and Road Aware (SDERA)
REFERENCES	Jackson-Pierce M ¹ ¹ School Drug Education and Road Aware (SDERA)

This presentation by School Drug Education and Road Aware (SDERA) focuses on Changing Health Acting Together (CHAT) which is a three year initiative underpinned by the Principles for School Drug Education and the Health Promoting Schools Framework. It aims to enhance the capacity of schools to educate and support students to help reduce the harms they may experience from their own or someone else's alcohol and other drug (AOD) use.

Developed by SDERA to assist schools in better supporting students, CHAT consolidates and extends closer working relationships between staff in schools and between schools and community based services. This presentation will share on elements of the CHAT initiative and reveal the results of an evaluation by Edith Cowan University (ECU) that illustrate the success of the initiative.

Educating well around AOD use in the school setting and addressing AOD use issues appropriately requires a clear and structured approach. CHAT has assisted 130 schools to build effective frameworks and inclusive networks for prevention and early intervention that benefit the whole school community. Evaluation by ECU illustrates the success of the CHAT initiative in helping schools to keep young people safer.

The CHAT initiative has been evaluated to be a successful approach to support harm reduction in school communities through generating improvements to whole school policies, practices and creating safer environments in school communities throughout Western Australia.

POSTER ABSTRACTS

POSTER DISPLAY: PAPER	Outcomes Framework
PRESENTER:	Ms Rebecca Lang – Queensland Network of Alcohol and other Drugs
REFERENCES	Lang R ¹ ¹ Queensland Network of Alcohol and other Drugs

The Queensland Network of Alcohol and other Drug Agencies (QNADA) is the peak organisation representing the views of 48 non-government alcohol and other drugs (AOD) services. QNADA is a member of the Queensland Alcohol and other Drugs Sector Network, which is a partnership of non-government and government statewide AOD policy, sector and workforce development organisations.

Measuring the impact of AOD treatment and harm reduction in the lives of clients and communities is essential to ensuring clients and families continue to receive quality care. In April 2016, the Queensland Alcohol and other Drugs Sector Network hosted a symposium on outcomes in AOD treatment, which commenced the process of developing an outcomes framework for Queensland. This work continued throughout 2017, with the network running a series of framework consultations bringing together 48 representatives of 35 non-government, government and private specialist AOD services from across the state.

The resulting Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework reflects the Queensland AOD sector consensus on the reasonable impact of AOD treatment and harm reduction in the context of system inputs and organisational outputs. It provides a common direction for services that are interested in measuring outcomes in AOD treatment and harm reduction settings, and a common way services can measure their impact. It suggests a series of outcome indicators that, when considered in the context of treatment type, help to inform service quality.

QNADA discusses the development of the framework, provides an overview of the outcome indicators, and shares key lessons for anyone interested in taking on a similar piece of work.

POSTER DISPLAY: ELECTRONIC	Talking Drugs: New resource for diverse audiences
PRESENTER:	Ms Susanne Line – School Drug Education and Road Aware (SDERA)
REFERENCES	Line S ¹ ¹ School Drug Education and Road Aware (SDERA)

Parents and carers have a crucial role to play in the education of young people to reduce their risks of harm from alcohol and other drugs.

SDERA conducts Talking Drugs information sessions for parents and carers of school students in all year levels, focused on providing relevant information about drugs, and tips on how to have important discussions with young people about drugs and drug use, with a preventive focus.

Talking about drugs and drug use with young people can be difficult, but particularly for families for whom English is not their first language. SDERA has developed a new Talking Drugs flipchart resource which can be used with Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander parents, small audiences or situations when a powerpoint presentation is impractical such as some rural and remote settings. The flipchart is used by SDERA consultants across Western Australia in a variety of settings. The pictorial slides face the audience while the facilitator can see the speaker's notes and key messages on the back.

The flipchart uses minimal text in plain language, supported by images to provide the information, including opportunities for interaction and discussion. Role plays enable parents to understand their motive for having such conversations and to practise talking about drugs, with the facilitator modelling good conversation techniques and language. Where there are regional differences in language and concepts, the resource has the flexibility for the facilitator to adapt the content to include 'local' terminology and images, with the flipchart as a guide. This flexibility also allows updates such as new data to be easily inserted into the resource so it's always current and relevant. The flipchart creates opportunities for diverse communities to be better informed. It has received positive feedback from parents who have attended Talking Drugs parent information sessions in 2017.

POSTER ABSTRACTS

POSTER DISPLAY: PAPER	Methamphetamine levels in the Emergency Department – preliminary results from the Western Australian Illicit Substance Evaluation (WISE project)
PRESENTER:	Dr David McCutcheon – Centre for Clinical Research in Emergency Medicine
REFERENCES	Mccutcheon D ¹ , Raghavan M ³ , Soderstrom J ^{1,3} , Oosthuizen F ⁴ , MacDonald E ^{1,2,3} and Fatovich D ^{1,2,3} ¹ Centre for Clinical Research in Emergency Medicine (CCREM) ² University of Western Australia ³ Royal Perth Hospital ⁴ Chemcentre

Methamphetamine street purity is at record levels in Western Australia, and increasing numbers of patients are presenting to Royal Perth Hospital Emergency Department (ED) with drug-induced psychosis. However, there is little data on methamphetamine levels, and their relationship to the clinical effects observed.

The Western Australian Illicit Substance Evaluation (WISE study) is currently recruiting patients presenting to the ED whom the clinician suspects are intoxicated with illicit drugs. If they are already having a blood test, a single additional blood sample is collected. This is frozen, de-identified and analysed using LC-MS techniques to identify the drugs and their concentration. A significant proportion of these samples contain methamphetamine. Methamphetamine blood levels have not previously been reported in this cohort.

At the time of writing, 237 patient samples had been analysed. 160 (67%) samples contained methamphetamine and/or amphetamine. 122 (76%) patients were agitated, and 107 (67%) had psychotic symptoms. Median methamphetamine level was 0.1mg/L (IQR 0.05, 0.3) and median amphetamine level was 0.02mg/L (IQR 0.01, 0.03). Where amphetamine was detected, the median methamphetamine:amphetamine ratio was 6 (IQR 4, 10) which may indicate that the drugs taken by the patient contained methamphetamine only, with the amphetamine most likely a metabolite.

Preliminary results show methamphetamine blood levels in patients presenting to the ED with agitated psychosis are generally low. It may be that longitudinal exposure to the drug, sleep deprivation, or both, are important contributors to psychotic presentations rather than blood concentration alone. The WISE study will provide important information on methamphetamine presentations to the ED.

POSTER ABSTRACTS

POSTER DISPLAY: PAPER	Building capacity across the community sector, to support people impacted by alcohol and other drugs
PRESENTER:	Ms Donna Quinn , Western Australian Network of Alcohol and other Drugs (WANADA)
(REFERENCES)	Quinn D ¹ ¹ WA Network of Alcohol and Other Drug Agencies (WANADA)

Through this project, the WA Network of Alcohol and Other Drugs (WANADA) is supporting four community sector organisations to build their capacity in responding to and supporting people who are impacted by alcohol and other drugs. Organisations participating in this project are Indigo Junction, MercyCare, St Bartholomew's House, and Zonta House Refuge Association.

The overall approach for this project was informed by good practice in workforce development, as recognised in the National Alcohol and other Drug Workforce Development Strategy 2015-2018. The Strategy highlights that a wide range of individual, organisational, structural and systemic factors need to be addressed to ensure that the human services workforce is able to effectively prevent and respond to alcohol and other drug (AOD) issues.

This project used a validated assessment tool to establish the capability of services to respond to AOD issues, including those that co-occur with mental health issues. These assessments informed the development of a program of relevant workforce development activities with participating organisations. These programs have included development of tools and resources, policies and procedures, and partnerships and collaborations, to support the knowledge, skills and confidence of participating organisations to deliver services for people impacted by AOD (including co-occurring mental health) issues.

The project will conclude with a reassessment of services' capacity to respond to AOD issues. The final outcome of the project will be the development of a model of support that is able to be applied more broadly to other community service organisations. This model will support general community service organisations to develop capacity and consistent practice in responding to and supporting people who are impacted by alcohol and other drugs.

WANADA will be distributing tools, resources, and models from this project in 2018. This project is funded through the WA Primary Health Alliance (WAPHA).

POSTER DISPLAY: PAPER	The Drug and Alcohol Withdrawal Network: Costs, outcomes and patients experience of a home-based withdrawal service
PRESENTER:	Mr Cameron Wright , Curtin University School of Public Health
(REFERENCES)	Wright C ¹ ; Norman R ¹ ; Davis J ¹ ; Wilson-Taylor E ² ; Dorigo J ² ; and Robinson S ¹ ¹ Health Systems and Health Economics, School of Public Health, Curtin University ² Drug and Alcohol Withdrawal Network (DAWN)

The Drug and Alcohol Withdrawal Network (DAWN) is a home-based, nurse-led service based in Perth, Western Australia. Literature on outcomes, costs and client attitudes toward this kind of home-based detoxification in Australia is sparse.

Client experience was explored through semi-structured interviews with ten clients/recently discharged clients, in early 2017. We assessed outcomes in terms of reduction in primary drug use for clients enrolled over a five-year period (July 2011–June 2016). Direct costs over this time period were also assessed.

Over the study period, 1,800 clients (54% male, mean age 38 years) were assessed, with 2,045 episodes of triage 3 care. Clients valued the person-centred holistic approach to care, including linking with other health providers. Barriers included low awareness of the program and difficulties finding an appropriate support person. While most first-episode clients (52%) listed alcohol as the primary drug of concern, the proportion listing methamphetamine increased from 4% in 2011-12, to 23% in 2015-16. In 94% (n=639) of withdrawal detoxification episodes with completed surveys, clients used their 'drug of primary concern' most days or more often at baseline; this had reduced to 23% (n=149) at the conclusion of detoxification. Survey responses were high at baseline (97%) and follow-up (91%). Five year direct costs were \$4.8 million.

Assessment of health delivery models in terms of outcomes, costs and client experience can provide useful insights to practitioners and service planners. The DAWN service was well-accepted and reduced drug use in the short-term. Maintaining the service quality and links with other service providers and improving navigation of the health system for clients will remain important moving forward.

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.

2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

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.

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.

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 of 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.

2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

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.

2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

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.

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.

2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

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).

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

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.

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.

2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

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.

2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

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.

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.

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).

2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

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.

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.

2018 ALCOHOL AND OTHER DRUGS EXCELLENCE AWARDS FINALISTS

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.

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.

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 Currumbine. 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.

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.

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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.

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.

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.

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

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.

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.

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.

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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.

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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.

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.

