



## AOD eNews **September 2021**

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### 1. Central and Eastern Sydney PHN

*Author: Chris Keyes, Drug Health Manager*

*Update from CESPHN*

We would like to acknowledge the incredible efforts from organisations in their response to COVID-19. As we know, the pandemic has created further barriers for people seeking AOD treatment and support and it has been more important than ever for services to adapt to the rapid changes and find ways to continue to support clients. Over the past financial year (2020-2021), service providers commissioned by CESPHN have supported 3456 clients, and provided 29,115 occasions of service.

CESPHN are pleased to be supporting The Salvation Army in opening a second site in the region to deliver their Pathways program. Pathways provides care coordination, AOD counselling, education and therapeutic group programs in Maroubra, and now also from 23 Kiara Road, Miranda. For more information on the program and how to get in touch, head to their article included in this edition [here](#)

We recently collaborated with other NSW PHNs to support a proof of concept project with Clean Slate

Clinic, to trial their existing home-based alcohol withdrawal project using telehealth. The Primary Care Telehealth Alcohol Withdrawal and Recovery Service will operate over the next 18 months in regions across NSW with an evaluation by the University of Sydney. For more info, head to our [website](#).

We also take this opportunity to thank those who assisted with feedback on our 2021 Needs Assessment. Your input has been invaluable to understanding the needs of our local communities and we are looking forward to sharing this document with you in the coming months.

## 2. ACON Health

*Author: Substance Support Service, ACON Health  
Regional AOD Tele-health support for LGBTQ+ people*

ACON Health is here to help LGBTQ+ people and people with HIV living in the CESPAN region as well as regional and rural NSW reduce the harms associated with the use of alcohol and other drugs by providing a range of relevant support services.

We work with our clients in a supportive and non-judgemental way, whether their interest is to be more informed about drug use, be able to use in a safer manner or to get support to reduce or stop use.

Using tele-health options ACON Health offers free and confidential support to LGBTQ+ and people living with HIV, and their partners, friends and family who may be concerned about their AOD use, individual person centred and solution focused evidence-based counselling.

Referral is simple. We accept referrals from GPs and other health clinicians as well as self-referrals. We can collaborate to provide coordinated care with mental health care services and aftercare for anyone leaving residential or in-patient treatment.

<https://pivotpoint.org.au/all-about-acons-substance-support-service/>

**Want to talk about your drinking or drug use?**

**Access our free LGBTQ+ Substance Support Counselling Service**

This service has been made possible by funding from Central and Eastern Sydney PHN and the NSW Ministry of Health






### 3. Sydney Local Health District

*Author: Drug Health Services, Sydney Local Health District*

*Assertive Community Outpatient Team – Drug Health Services*

Sydney Local Health District Drug Health Services has two assertive outreach teams – the Assertive Community Management (ACM) Team and the Assertive Community Outpatient Team (ACOT). Both teams work with vulnerable people in the community and provide care, support, assessment, case planning and linkage to treatment.

Bianca\* was referred to ACOT by a friend, who had previously engaged positively with the service. Having decided to cease daily use of cannabis (5g a day), Bianca was struggling with some emerging withdrawal symptoms. Bianca was determined to remain abstinent, despite working full time as a youth mental health worker and facing the imminent loss of her mother from terminal illness. However, her escalating anxiety, distressing nightmares, poor sleep, nausea and irritability were threatening her stability and well-being. Bianca reported feeling desperate for assistance as she was facing some delays in accessing inpatient and outpatient detox services, and long wait lists to see specialist alcohol and other drug (AOD) medical officers and counsellors. With these stressors, Bianca was concerned of a possible relapse to heavy cannabis use.

The ACOT clinician was able to assess and review Bianca over the telephone and being aware that Bianca’s work shift ended after 5pm, was able to link her to a General Practitioner (GP) practice offering late appointments. It was important to link Bianca to a GP with some AOD treatment knowledge and/or willingness to work collaboratively with a drug and alcohol clinician.

Bianca was eventually linked to a GP, able to see her at 7pm, and who was willing to include the ACOT clinician in the consult over the telephone and collaborate in developing a treatment plan. Bianca was scripted for an anxiolytic reducing regime, and PRN low dose anti-psychotic & anti-emetic medications. These medications were collected each three days from a pharmacy to reduce any risks of overuse. The GP in consultation with ACOT, reviewed Bianca on a regular basis, ensuring appropriate support as she navigated her withdrawal from cannabis while still maintaining her work schedule and addressing her significant additional stressors. With support from both the GP and ACOT, Bianca remains abstinent and has commenced alcohol and other drug counselling.

\*Name changed to protect privacy

## 4. We Help Ourselves (WHOS)

*Author: Carolyn Stubley WHOS Nurse Manager*

### *WHOS Residential Services*

WHOS residential services have continued to respond to the current COVID-19 pandemic ensuring we remain open to those individuals requiring entry to our four programs on the Lilyfield campus.

It seems we had only returned to some normalcy in our admissions process when the Delta variant's rapid rise saw our services revert to our lockdown COVID 19 measures. Therefore, we now ask all applicants to come via an inpatient withdrawal unit and do not take admissions direct from the community. Currently only those individuals that require inpatient withdrawal are eligible for entry. Hopefully it won't be too long before we can ease this restriction. Anyone not meeting our current requirements are referred to other services in the community.

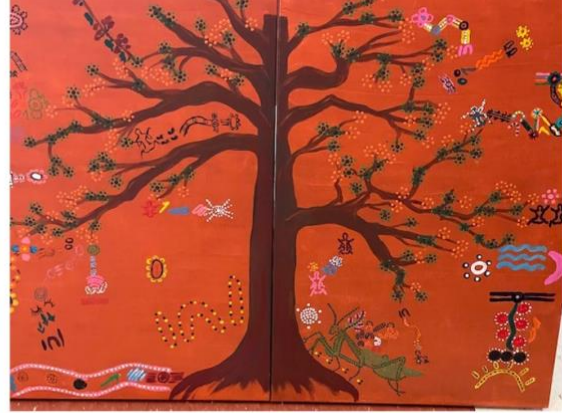
In conjunction with Sydney Local Health District and the Flying Squad all WHOS current clients were recently vaccinated for COVID, and 100% of staff at Lilyfield Campus are now vaccinated. Our intention is to follow this trend by asking all prospective applicants to consent to vaccination.

From beginning of July our Lilyfield day program has recommenced as our Quarantine House to ensure new admissions have time to be COVID tested and negative results received prior to entry to our main residential programs.

On a brighter note, WHOS was still able to celebrate NAIDOC week in July with our annual art show and competition before we locked down. Along with our Aboriginal and Torres Strait Islander Workers Uncle Clifford and Auntie Sue we held Zoom events across all WHOS programs in NSW and QLD, and our Lilyfield services were still able to attend our art show and bush tucker walk around the beautiful Broughton Hall grounds where our services are situated.

Other news: all WHOS services now provide Take Home Naloxone to our clients as part of our overdose prevention initiatives. We have some exciting research projects about to commence which we can report on soon and we have just opened a new residential and day program in Goulburn.

Stay safe everyone!



NAIDOC Art from WHOS clients 2021

## 5. Kirketon Road Centre (KRC)

*Author: Gary Gahan*

### *Connecting with Communities: Kirketon Road Centre's response to ensuring Health for All*

In 1990, in response to a worldwide epidemic of HIV, the Kirketon Road Centre (KRC) integrated a mobile outreach clinic into its model of care. The 'AIDS Bus' (as it was then known) was the first of its kind in the world to provide extended hours health services including free HIV testing, condoms and clean needles to hard-to reach populations: street-based sex workers, vulnerable young people, people who use drugs, Aboriginal people and those experiencing homelessness.

With the sudden onset of the COVID-19 pandemic in early 2020, there was a critical need to provide population-level assessment and testing across multiple vulnerable communities and settings. In response, KRC rapidly expanded its existing outreach program to offer COVID-19 screening, testing and more recently, COVID-19 vaccinations, for those impacted by homelessness, or who are otherwise within socially vulnerable communities.

Central to this work is the philosophy that effective and acceptable health care can be provided in outreach settings by ensuring that our services are provided at times and locations in or near where vulnerable communities live or frequent; that our services are delivered by staff who are culturally aware and skilled in engagement; that assertive referral processes are in place to promote continuity of care from outreach to in-house clinical services; and in ensuring that KRC remains linked in with and coordinated with other healthcare services across the homelessness and health sectors.

With its origins as nightly outreach with several stops in the Darlinghurst area, KRC's outreach program now provides critical access to primary health care, harm reduction services and COVID-19 testing and vaccinations for disadvantaged communities across multiple locations in the Inner City and Eastern/Southern Suburbs of Sydney.

You can view KRC's COVID-19 outreach film here:

[https://www.youtube.com/watch?v=3limHM4paBE&feature=emb\\_imp\\_woyt](https://www.youtube.com/watch?v=3limHM4paBE&feature=emb_imp_woyt)

## 6. Community Restorative Centre (CRC)

*Author: Andreas Aegler*

### *COVID Lockdown – Ups & Downs*

In this continued age of uncertainty and danger surrounding the COVID-19 pandemic, and lockdowns, CRC has reverted to remote support (aside from exceptional circumstances). Thankfully this time around CRC staff and clients have seemingly adapted faster than before, which has facilitated a much smoother transition.

Since the stay-at-home orders came into effect in late June this year, CRC's AOD Transition Program clients have been taking their health far more seriously and many have jumped at the opportunity to get vaccinated against COVID-19 at the various pop-up vaccination centres around Greater Sydney and through their own GPs. For clients who have been released from custody during the lockdown, some have been finding it easier to adjust to life in the community due to having far less social anxiety – a common and debilitating effect of incarceration – as there are fewer people in public. For others though, lockdown has meant heightened depression, further isolation, more severe mental health symptoms, and increased use of AOD as a coping mechanism. Some clients have also changed their AOD preferences due to a lack of supply and higher costs attributed to the lockdown. As such, it's important now more than ever to engage with clients regularly, even to simply check-in and ask how they are and check they are okay. Loneliness and boredom can be major triggers and connection of any sort is vital, and sometimes all that is needed is a friendly voice on the other end of the line. It's important as well for us workers during these isolating and challenging times to remind ourselves to practice plenty of self-compassion, self-care, and to keep the mind and body active (and replenished with vitamin D).

In other news, CRC's AOD Transition Program has been through a shift of its own, with manager Paul Hardy leaving to become the Regional Manager of CRC's new Reintegration Housing Support Program. Paul will be dearly missed after working with the AOD team for many years and offering his valuable insight and leadership. We wish him all the absolute best in his new role. CRC have welcomed back Dave Chivers as new manager of the AOD Transition Program. Dave returns to CRC's AOD team after some time at NSW Health, bringing with him his wealth of knowledge around drug health, and his extensive experience of frontline work.

## 7. South Eastern Sydney Local Health District (SESLHD)

**Authors: Prof Nicholas Lintzeris and Dr Sandra Sunjic**

### *Rethinking Opioid Agonist Treatment Delivery During COVID - a vision for the future*

The COVID-19 pandemic in Australia has impacted on most areas of health care. Restrictions on movement, stay at home orders, and limitations on gatherings have resulted in changes to the delivery of care of all services, including those based in the community.

The longer-term context with COVID is that a 'zero COVID strategy' is not sustainable in Australia as international borders open, as a proportion of the community are not vaccinated, and as we expect new COVID variants to continue to emerge that will impact upon the efficacy of vaccinations to prevent the spread of infections.

Similar to other areas of health care, these conditions require a reconsideration of how to deliver a sustainable Model of Care (MoC) for Opioid Agonist Treatment (OAT) for people dependent on opioids. A sustainable MoC will provide safe and effective treatment, whilst protecting clients, health workers, their social contacts and the broader community. A new sustainable model will require the involvement of all key stakeholders in the delivery of OAT, including;

- General Practitioners
- Community Pharmacists
- Public and Private Opioid Treatment Programs
- Consumers
- Policy Makers etc.

Changes to the traditional delivery of care for OAT, will ensure access to treatment and continuity of care, in accordance with Public Health Orders in place at any given time. Some of these changes (temporary or permanent) may include;

1. Face to face consultations – replaced by telehealth
2. Provision of more takeaway doses for clients, based on a modified risk framework (more flexible than the NSW MoH 2018 OTP Guidelines)
3. Encouraging transfer from oral/sublingual OAT medications to depot buprenorphine (with patient consent)
4. Routine clinical reviews – remote monitoring via telephone or video calls where possible
5. Provision of counselling and case management – via telehealth where possible
6. Transfer from Opioid Treatment Program clinic dosing to community pharmacies to reduce congregation of large numbers of clients at public OTPs and to reduce travel for clients

The South Eastern Sydney Local Health District (SESLHD) OAT program is a community-based specialist treatment service for opioid dependent people in the South East Sydney Local Health District catchment area. The Opioid Treatment Program (OTP) is part of the wider SESLHD Drug and Alcohol Service and has traditionally delivered OTP services in accordance with regulatory requirements and the current NSW Health OTP Guidelines (most recent version - 2018).

Changes were made to the MoC in response to COVID-19, consistent with the interim national guidance regarding opioid treatment in response to COVID (Lintzeris et al, 2020). These changes will be the basis of the MoC into the future. The revised model of service delivery is to minimise the risk, and to manage the consequences of COVID-19 transmission amongst clients, staff and their close contacts, whilst minimising risks associated with opioid agonist treatment (e.g. methadone related overdoses) to clients and the community. The MoC will be sustained in response to COVID and other environmental challenges that may interrupt routine services in the future (e.g., bushfires, floods etc.).

For further information in relation to the SESLHD OTP Model of Care, please contact Dr Sandra Sunjic at [sandra.sunjic@health.nsw.gov.au](mailto:sandra.sunjic@health.nsw.gov.au)

The NSW Ministry of Health website has a range of resources on Opioid Treatment, including information for Pharmacists.

COVID-19 Service disruptions - Advice for pharmacy Opioid Treatment Program (OTP) dosing points - Alcohol and other drugs ([nsw.gov.au](http://nsw.gov.au))

References:

Lintzeris, N., Hayes, V., Arunogiri, S., April 2020. Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response.

NSW Ministry of Health, September 2018. NSW Clinical Guidelines: Treatment of Opioid Dependence – 2018.

## 8. The Salvation Army

**Author: The Salvation Army, AOD Services**

### *Two NEW Community Services for the CESP HN Region*

The Salvation Army has opened two new Community Services in the Sutherland Shire (Pathways Miranda) and Surry Hills (Pathways Central). These further complement our existing Pathways service in the CESP HN region, Pathways Maroubra.

The Salvation Army's Pathways Services offer individuals over 18 years old who use alcohol and other drugs:

- comprehensive drug and alcohol assessment
- treatment planning under a Collaborative Recovery Model framework
- professional case management and peer support
- harm reduction and overdose prevention
- pre and post residential treatment support
- relapse prevention training
- post treatment follow-up and referral
- assistance with community integration and participation

The Foundations Program will also be available at both services. The Foundations Program is a contemporary and engaging group work program utilising international best practice. Foundations is used holistically alongside case management, counselling, and referral to primary health and other community-based services.

The Foundations Program is a 12-week program which helps those to manage substance use by:

- Providing hope, empowerment, and choice
- Supporting people to reach their full potential
- Prepare people to sustain long-term behavioural change

Pathways Miranda also has a specialised Dual Diagnosis Clinician working specifically with those with a diagnosed mental illness, as well as alcohol and other drug misuse.

Contact Details for Miranda Pathways:

Address: 23 Kiora Rd, Miranda NSW 2228

Phone: (02) 9540 4460

Email: [pathwaysmiranda@salvationarmy.org.au](mailto:pathwaysmiranda@salvationarmy.org.au)





## NEW GROUP WORK PROGRAM



# Foundations Program

CONNECT • GROW • LIVE

*User-friendly, interesting and understandable sessions*

**Better understand and manage substance use, and find community, meaning and independence**

**Based on contemporary, internationally recognised methods**

**Module 1: Connect** explores *thinking and behaviours, connecting with others, mapping skills, identifying strengths, planning for the future and more*

**Module 2: Grow** explores *cultures of addiction and recovery, community supports and healthy relationships, personal resilience, relapse prevention and more*

**Module 3: Live** explores *health, managing triggers and recovery hazards, spirituality and compassion, positive social identities, independent living and more*

**Criminal Justice Module** explores *your journey and avoiding reoffending, managing triggers and hazards, proactive planning, making amends and more*



CONNECT • GROW • LIVE

## 9. The Haymarket Foundation

*Author: Susi Hamilton*

### *Drop-In GP Service for people experiencing homelessness*

People experiencing or at-risk of homelessness will have access to a unique medical practice specialising in their health needs, in the heart of Sydney's CBD. In addition to improving health, the practice will work towards ending homelessness, by supporting patients to navigate systems which are often inter-related: health and housing.

The Haymarket Foundation General Practice will be run as a self-sustaining social enterprise, operating out of the St Laurence Centre, with an entrance on Pitt Street, opposite Central Station. The St Laurence Centre is part of the premises of the Anglican Parish of [Christ Church St Laurence](#). Rent for the Haymarket Foundation's occupancy will be paid by the Christ Church St Laurence Charitable Trust\*. The Haymarket Foundation has committed to a \$2.2 million dollar upgrade to the premises, with the first patients expected through the doors in 2022.

*"In the Haymarket Foundation's crisis accommodation facilities, 97% of residents have at least one diagnosed chronic illness, with 65% having four or more such conditions,"* says the CEO of the Haymarket Foundation, Peter Valpiani.

*"Despite this, two-thirds don't have a GP,"* he says.

Currently, there is no dedicated primary healthcare service able to support people regardless of homelessness and/or immigration status or geographical location in Sydney's CBD, leaving many without continuity of care.

When it is fully established, the service will have four GPs providing specialist services that are much needed by people experiencing homelessness including management of mental health, drug and alcohol issues. It will also provide trauma-informed care and other services including pathology.

[The Haymarket Foundation General Practice](#) will also work towards ending homelessness, by supporting patients to navigate systems which are often inter-related: the housing and health systems. For example, medical assessments will be easily provided to case managers to help secure social housing, or support can be provided to secure NDIS packages.

*"For more than 170 years, Christ Church St Laurence has been supporting the underprivileged, persecuted, and the socially marginalised living in this area of the city – and it has provided shelter and food for many people experiencing homelessness,"* says Father Daniel Dries. *"This commitment is now being expanded through our support of the GP service. We draw inspiration from our patron St Laurence, who is remembered for his work among the poor of Rome in the 3rd century,"*

Care will be paid for through the Medicare Benefits Schedule – but access will be provided free to those who do not have a Medicare card, such as asylum seekers and international students.

### **Health and homelessness:**

The need is acute: in the last Census, 13,180 people were experiencing homelessness in the Central and Eastern Sydney Primary Health Network regions, 35% of the NSW total.

There is a close correlation between homelessness and poor health. Yet despite the complexity of their health conditions and the heightened risk of serious illness, disability and premature death, people experiencing homelessness generally do not seek regular medical help.

Additionally, many have undiagnosed health conditions, including mental and physical health, trauma, cognitive impairments and other disabilities which prevent them from accessing services and securing and maintaining safe housing.

“This service will help people get the right diagnosis and management of health conditions – and it may help them find and maintain social or affordable housing as well,” says Peter Valpiani.

\*The Christ Church St Laurence Charitable Trust was founded to support the charitable objects of the Parish. The founder of the Trust, the late Dr Dianne Houghton, was a doctor who spent much of her career working for the underprivileged in developing countries. She directed the income from the Trust to the Parish because she admired its long record of outreach to the socially marginalised. In applying income from the Trust to cover the Foundation’s rent, the Parish is honouring both Dr Houghton’s wish for a significant new initiative in support of the underprivileged and also her own work as a doctor.

### **About the Haymarket Foundation:**

The Haymarket Foundation is a local, secular, charitable organisation focused on people experiencing homelessness and other marginalised communities in Sydney. The Foundation works with people that other services are not able to: those who have co-occurring mental health, alcohol and other drug issues and frequently, lifelong trauma and disability. There are crisis accommodation facilities and other services for those who are at-risk or experiencing homelessness, plus alcohol and other drug services and primary health services.

### **About Christ Church St Laurence:**

Christ Church St Laurence is located on George Street Sydney, near Central Station. It is a diverse and inclusive inner-city parish. For more than 170 years, the congregation and Church have been committed to the support of the underprivileged, the persecuted and the socially marginalised.



## 10. Matilda Centre for Research in Mental Health and Substance Use

### *The University of Sydney's Matilda Centre for Research in Mental Health and Substance Use*

#### *Are you interested in being trained to deliver mental health training in your workplace?*

The University of Sydney's [Matilda Centre for Research in Mental Health and Substance Use](#) have limited places remaining for two additional National Comorbidity Guidelines Train-the-Trainer Workshops. The training is based on the Australian Government Department of Health-funded [National Comorbidity Guidelines](#) (*Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*), and has been developed by researchers from the University of Sydney Matilda Centre for Research in Mental Health and Substance Use, in collaboration with 360edge.

Participants will become registered trainers through the Matilda Centre, and subject to signing [licensing agreements](#), able to deliver the National Comorbidity Guidelines Face-to-Face Training Program.

**When and where:** Two online training workshops are available:

- 8:30am-4:30pm (AEST) Thursday 30<sup>th</sup> September
- 8:30am-4:30pm (AEDT) Tuesday 23<sup>rd</sup> November

**Cost:** There is no cost to attend these workshops.

**Who should attend:** Training facilitators are required to have successfully completed tertiary training in a relevant field; have a comprehensive knowledge of comorbidity and/or experience working with people experiencing co-occurring mental and substance use disorders; be skilled in substance use and mental health interventions; possess sound training skills and have the capacity to deliver workplace training.

**Skills gained:** Trainers will become registered trainers through the Matilda Centre, and subject to signing [licensing agreements](#), licensed to deliver the National Comorbidity Guidelines Face-to-Face Training Program. Participants will receive a certificate of completion, which depending on their registration provider, may be used toward continuing professional development points (CPD).

*Registrations of interest close 5pm AEST Monday 13th September for the September workshop, and 5pm AEDT Monday 8th November for the November workshop.*

#### **REGISTER INTEREST FOR TRAIN-THE-TRAINER:**

<https://comorbidityguidelines.org.au/face-to-face-training-program/train-the-trainer-workshops>

For more information, please contact [training@comorbidityguidelines.org.au](mailto:training@comorbidityguidelines.org.au)

**COMORBIDITY GUIDELINES**

Funded by  
Australian Government  
Department of Health

Delivered by  
THE UNIVERSITY OF SYDNEY  
Matilda Centre

360edge

Are you interested in being trained to deliver mental health training in your workplace?

There are limited places remaining for online train-the-trainer workshops.

8:30am-4:30pm (AEST) Thurs 30 September  
8:30am-4:30pm (AEDT) Tue 23 November

Apply: [bit.ly/ttt-online-workshops](https://bit.ly/ttt-online-workshops)



*New resources about crystal methamphetamine 'ice'*

[Cracks in the Ice](#) has launched the first national website providing resources about crystal methamphetamine ('ice') for Aboriginal and Torres Strait Islander peoples. The development of the website was led by an expert advisory group including Aboriginal elders, researchers, and health workers together with input from Aboriginal and Torres Strait Islander community members from across Australia. Click [here](#) to take a look at the new website.

The development of the website was led by an expert advisory group including Aboriginal elders, researchers, and health workers together with input from Aboriginal and Torres Strait Islander community members from across Australia.

New and existing content has been combined to support and empower communities who are working to address ice use and related harms. It includes information for:

- people who use ice
- their families and friends
- health workers
- community groups.

Many community members and health workers from around the country provided their input and feedback to help develop and refine the site. The project team is very grateful to those who so generously shared their experiences. The experts that have helped develop this website include:

- The [Matilda Centre for Research in Mental Health and Substance Use](#), the University of Sydney
- [The National Drug and Alcohol Research Centre](#), the University of New South Wales
- [The National Drug Research Institute](#), Curtin University
- [Milliya Rumurra Aboriginal Corporation](#)
- [Queensland Aboriginal and Islander Health Council](#)
- [South Australian Health and Medical Research Institute](#)
- [South Coast Medical Service Aboriginal Corporation](#)
- [Australian Indigenous Health Info Net](#)
- [Aboriginal Drug and Alcohol Council SA](#)
- [Derbarl Yerrigan Health Service](#)
- [Central Australian Aboriginal Congress](#)
- [Centre for Brain and Mental Health Research](#), the University of Newcastle

To learn more about the development of *Cracks in the Ice*, the current expert advisory group members, and external collaborators, [visit the website](#).

## 11. The Station

*Author: Graciela Luna & Martina Talcevska*

### *The Station Ltd Drop In Centre*

The Station Ltd has been listed as an essential service. Therefore, the Station remains committed to the well-being of our client group and stakeholders. To help our clients in these challenging times, we are following NSW Health Covid-19 rules and restrictions.

Awareness and operational changes in the Centre have been communicated through a client meeting. At present we keep our clients informed verbally. We are complying with recommended guidelines, including wearing masks, gloves and social distancing.

Face to face assessments or counselling are by 15-minute appointments following the above recommendations. All Case Management conducted over phone or email.

- We check the temperature of every client before entering the premises.
- Everyone is encouraged to wash their hands and use sanitiser.
- We continue providing breakfast and lunch, take way only until further notice.
- The Centre has gone through a cleaning procedure of Disinfection & Decontamination; this activity will continue until further notice.
- Clients are encouraged to call St Vincent Hospital Health 02 8382 1111 or Medical Clinic if they have any health concerns.
- We encourage Staff, Volunteers & Clients to get the Covid-19 Vaccine.
- This lockdown requires to be more vigilance regarding people coming from the highlighted hotspots. We have been handing out pamphlets and information about services available in their areas for those in the hotspots.

## 12. Odyssey House

*Author: Cameron Brown*

*Mingu Yabun (Spiritually Speaking and Sharing)*

Odyssey House NSW developed a First Nations AOD Group Module Spiritually Speaking and Sharing (D'Harawal language), called Mingu Yabun (MY). The program was created in collaboration with Gamarada Universal Indigenous Resources.

Aboriginal Liaison AOD Workers recently ran their first MY Program in Community with great success. Due to the recent restrictions, Odyssey House are now offering the program online.

The program goes for 6-weeks. Each module has Aboriginal Dreamtime stories that are associated with that week's topics. Participants can have a yarn about their own experiences and what morals, values, lore's and lessons that clients can take away for the week to work towards their recovery journey.

Topics include:

Session 1: Understanding trauma

Session 2: Three states of mind

Session 3: Distress tolerance

Session 4: Ways to be flexible in our thinking

Session 5: Values/culture/lore guided actions

Session 6: Acceptance and change

Contact Aboriginal Liaison AOD Workers:

Aaron More: 0412 698 470

Amanda Klinar: 0432 052 341

Join our yarnning Mingu Yabun group (online) Fridays, 11:00am to 12:30pm, except public holidays

Odyssey House Community Programs: 1800 397 739

E: [aaron.more@odysseyhouse.com.au](mailto:aaron.more@odysseyhouse.com.au)

E: [amanda.klinar@odysseyhouse.com.au](mailto:amanda.klinar@odysseyhouse.com.au)



## Mingu Yabun (Spiritually Speaking and Sharing)

# AOD COUNSELLING AND SUPPORT FOR YOU AND YOUR MOB

### How we can help

Odyssey House NSW offers cultural support to our mob being affected by alcohol and drugs.

Give Aaron or Amanda a call to join our online yarning Mingu Yabun group or for more information about how we can support you and your mob for healthy minds, healthy bodies, and healthy spirit.

#### Aboriginal Liaison AOD Workers:

- Aaron More, 0412 698 470
- Amanda Klinar, 0432 052 341

### Find out more

Odyssey House NSW Program options include:

- Community Programs  
Groups, Counselling, Mental Health Support
- Residential Programs  
3-month Program, 12-month Program
- Medical (withdrawal) Unit
- Parent's and Children's Program
- Providing you with recovery information, advocacy and linking you to service providers

### When

Join our yarning Mingu Yabun group  
Fridays, 11:00am to 12:30pm, except public holidays

### Where

Online (please contact Aaron and Amanda for group links)

Community Programs: 1800 397 739

E: [aaron.more@odysseyhouse.com.au](mailto:aaron.more@odysseyhouse.com.au)

E: [amanda.klinar@odysseyhouse.com.au](mailto:amanda.klinar@odysseyhouse.com.au)

W: [www.odysseyhouse.com.au](http://www.odysseyhouse.com.au)

This service is funded by the Primary Health Network through the Australian Government



ODYSSEY HOUSE  
NEW SOUTH WALES



## 13. NSW Users & AIDS Association (NUAA)



### *NUAA Peers and Consumers Forum 2021 – A Virtual Forum Online 11-12 October 2021*

NSW Users and AIDS Association (NUAA) is excited to be holding its annual [Peers and Consumers Forum](#) online this year.

The forum will present 2 days of discussion, information and capacity building for our community of people who use drugs and people working in drug and alcohol services and related community and health sectors. The theme for the online forum is "Peers as Leaders" and will highlight the way people who use drugs step up to support each other to improve the health, dignity and human rights of our community.

The forum is a unique opportunity for peers and consumer to connect, network and learn and for service providers to gain a unique insight into the peer experience. Participants will have access to the same experiences that they would at an in-person event including Q&A sessions with speakers and networking. There will be main sessions on global drug using activism, patient-centred health care, systemic reform and learning from First Nations leadership.

Other sessions and workshops will cover topics including:

- Peer organising and leadership in communities of people who use drugs
- Diversity in our communities
- Movements for drug decriminalisation and legalisation
- Working in mainstream organisations
- Patient stories from Justice Health (video)
- Information on Reagent Pill Testing Kits and Fentanyl Test Strips
- The intersecting issues of gender, drugs and motherhood
- Issues affecting people in regional and remote areas who use drugs.

Some sessions and workshops will run concurrently. [The full program can be found by clicking here.](#) Day 2 of the forum is also the Community Day for the INSHU Conference 2021.

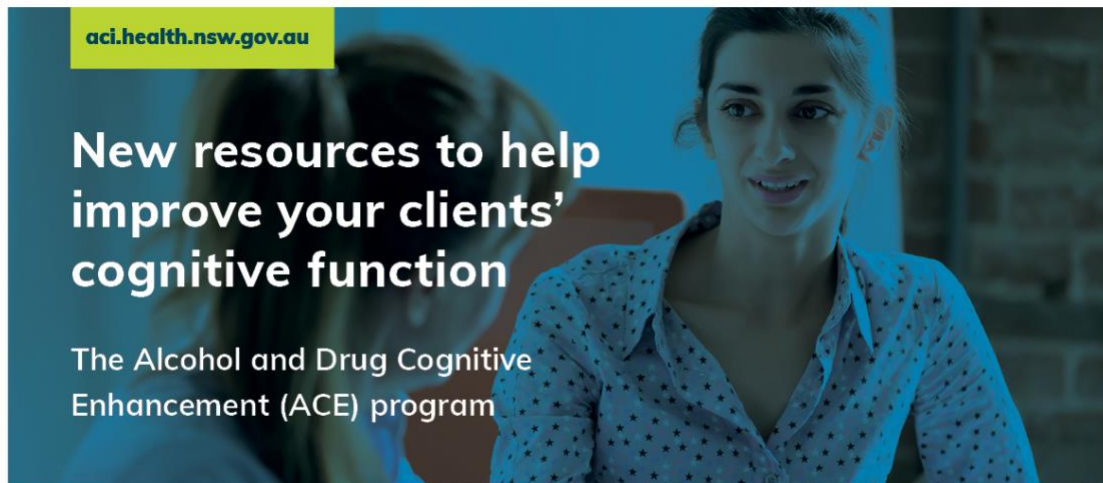
[Register to experience the PaC Forum 2021 online today.](#)

*Call out for panelists for NUAA PAC Forum*

[NUAA is calling for applications for panellists and moderators](#)

The closing date for applications is the 10th September 2021.

## 14. Agency for Clinical Innovation



### *Ground-breaking alcohol and drug program now available*

The [Alcohol and Drug Cognitive Enhancement \(ACE\) program](#) is a new way for clinicians to support people in NSW seeking treatment for their alcohol and drug use.

The program provides a set of tools and resources that allows clinicians to screen for and help improve a client's brain function. This will enable clients to better engage with alcohol and drug treatment.

Approximately 50% of people using alcohol and other drugs services are affected by a degree of cognitive impairment<sup>1</sup>. It is a key risk factor that can impact on the success of treatment.

Improved brain function can help with things such as planning, decision making and managing emotions. This can greatly increase the likelihood a client will remain in, and benefit from, treatment.

#### **Program trials**

During program trials at services such as Calvary Riverina and Jarrah House, people who participated in the cognitive remediation program showed an increase in treatment completion rates (from 34% to 63%). Those who completed the full 12-session program experienced a large reduction in rates of cognitive impairment, from 53% before the program to 27% afterwards.

Marion Pozniak, a counsellor at Jarrah House (drug and alcohol service), said the ACE program helped their clients by teaching them about the cognitive difficulties some people can experience in their daily lives, due to substance use or traumatic brain injury. The program also gave them the language and tools to address these challenges during treatment.

"It was profoundly rewarding for staff and clients to witness the dramatic improvement in concentration, memory recall and calmness that clients in the program experienced," said Ms Pozniak.

#### **More information**

The ACE program is a partnership between the Agency for Clinical Innovation's Drug and Alcohol Network, Advanced Neuropsychological Treatment Services and We Help Ourselves. Key partners

include the National Drug and Alcohol Research Centre (UNSW Sydney), University of Wollongong, Macquarie University and the University of Newcastle.

Download the ACE program resources, including screening tools, brief intervention and a 12-session cognitive remediation program, from the [Agency for Clinical Innovation website](#).

<sup>1</sup>Copersino ML, Fals-Stewart W, Fitzmaurice G, Schretlen DJ, Sokoloff J, Weiss RD. Rapid cognitive screening of patients with substance use disorders. *Exp Clin Psychopharmacol*. 2009 Oct;17(5):337-44. doi: 10.1037/a0017260

If you would like CESPHN to meet with you to discuss these or any of our other AOD referral options with you, please contact Esther Toomey on [e.toomey@cesphn.com.au](mailto:e.toomey@cesphn.com.au)

For more information about our programs visit

[www.cesphn.org.au/allied-health/help-my-patients-with/drug-and-alcohol-support](http://www.cesphn.org.au/allied-health/help-my-patients-with/drug-and-alcohol-support)