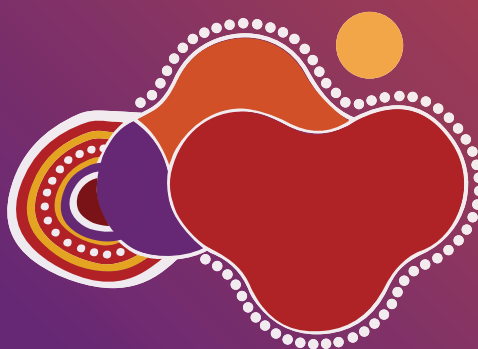


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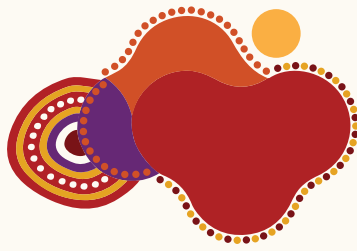
WA ALCOHOL  
AND OTHER DRUG  
CONFERENCE 2025

PATHWAYS • SYSTEMS • STRATEGIES

wanada

Western Australian Network of  
Alcohol & other Drug Agencies





**The Western Australian Network of Alcohol and other Drug Agencies (WANADA)**

with Presenting Partner Hope Community Services is pleased to host the WA Alcohol and other Drug Conference 2025 over 5–7 March 2025 at Esplanade Hotel Fremantle by Rydges, Walyalup/Fremantle.

The conference is a significant event, bringing together a mix of WA alcohol and other drug professionals, service users and their families, researchers, academics, students, not-for-profit organisations, NGOs, and government representatives for an important exchange of ideas and insights on alcohol and other drugs. Through a structured program of discussions, workshops and sessions, we will explore collaborations and reflect on the unique and complex workings of alcohol and other drug systems.

The Western Australian Alcohol and Other Drug Excellence Awards will be presented during the conference on 6–7 March, recognising remarkable achievements and innovations within the sector.

Celebrating WANADA's 40th year anniversary and Hope's 120-year milestone, we warmly invite you to join us for an event that offers a unique opportunity to promote a shared voice, encouraging sector partnership and solidarity as we work towards a whole-of-community approach to alcohol and other drug issues.

# Key Note Speakers



## Alcohol – The Hidden Harms Professor Sir Ian Gilmore

Alcohol is a major cause of preventable premature death and the leading risk factor for death and illness among people aged 15-to-49 in countries like the UK. It is directly linked to more than 200 different diseases and injuries and plays a causal role in seven cancers including two of the most common: breast and bowel cancer. Although alcohol is a class one carcinogen, the same as tobacco and asbestos, awareness of alcohol harm is low and often misunderstood even among those making laws. Alcohol is less known as a factor associated with brain injury, cardiovascular disease and under-recognised conditions such as Alcohol-Related Cognitive Impairment (often referred to as Alcohol-Related Brain Injury). The association of these diseases and injuries will be discussed to map out the broad nature of alcohol harms. By highlighting the negative health and social consequences of alcohol, Ian Gilmore aims to mobilise support for measures to reduce alcohol harm.

Professor Sir Ian Gilmore is an honorary consultant physician at the Royal Liverpool University Hospital and holds an honorary chair at the University of Liverpool. After training in Cambridge, London and the USA, he moved to Liverpool as a consultant gastroenterologist and hepatologist. He is past-President of the Royal College of Physicians (RCP) and the British Society of Gastroenterology, and for six years was Founding Chair of Liverpool Health Partners, created to promote an Academic Health Science System in Liverpool. He was Founding Director of the Liverpool Centre for Alcohol Research and currently holds an Adjunct Professorship in the Australian National Drug Research Institute at Curtin University, Perth WA. In 2007, he set up and still chairs the UK Alcohol Health Alliance, which has more than 60 member organisations committed to reducing alcohol harm, and is a Trustee of the Foundation for Liver Research. He is President of the Medical Council on Alcohol. He is a recent member of the Climate and Health Council and the Government's Advisory Board for Safer Gambling. He is Deputy Lord Lieutenant of Merseyside.



## Learning from 50 years of Aboriginal Alcohol Programs – Nicole Hewlett & Peter d'Abbs

In the half century that has passed since state and territory governments in Australia stopped prohibiting Aboriginal Australians from possessing or consuming alcohol, many programs have attempted to prevent or treat harms arising from alcohol use. These initiatives, however, have not generated a strong evidence base regarding program effectiveness. A recently published book attempts to redress this gap by bringing together evidence from both published and 'grey' literature over this period. In this presentation, the authors of Learning from 50 Years of Aboriginal Alcohol Programs: Beating the Grog in Australia summarise key findings from the book and draw some lessons from them. Topics covered include prevention, early intervention, treatment and rehabilitation, local supply restrictions, licensed clubs, liquor permit systems, addressing Fetal Alcohol Spectrum Disorder and community policing.



Nicole is a proud Palawa woman working at La Trobe University in the Centre for Alcohol Policy Research Priority Populations team. Nic brings 10 years of knowledge translation experience using strengths-based, healing-informed, culture-centred approaches to benefit Aboriginal and Torres Strait Islander communities at a grass roots level. She sits on the Australian Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines Development Group and was previously a member of the NHMRC Alcohol Working Group, appointed to update Australia's drinking guidelines. Nic is currently completing a PhD on the development and knowledge translation of Australia's first FASD Indigenous Framework.

Peter d'Abbs is a sociologist with an extensive research background in alcohol and other drug policy issues and program evaluation. He holds Honorary positions with the Menzies School of Health Research, Darwin, and the School of Public Health, University of Queensland. From 2001 to 2010 he was a Director of the Alcohol Education & Rehabilitation Foundation (AERF—subsequently renamed Foundation for Alcohol Research and Education, or FARE), and in 2007 he was placed on the Honour Roll of the National Drug and Alcohol Awards for his research into substance misuse in remote and regional settings. Between 2016 and 2021 he was a committee member of the National Health and Medical Research Council (NHMRC) Alcohol Working Group appointed to update the NHMRC drinking guidelines.

# Key Note Speakers



## Community Action To Reduce AOD Harms: The Missing Manual – Doctor Peter Gates

National and Global Drug Strategy documents have prioritised community action among suggested efforts to reduce the harms from alcohol and other drugs (AOD). This community focus stems from the recognition that AOD use occurs in community settings, and the potential efficiency of changing collective rather than individual behaviours. However, community action is not well defined in Strategy documents and there is a lack of guidance around what should be involved.

Peter d’Abbs is a sociologist with an extensive research background in alcohol and other drug policy issues and program evaluation. He holds Honorary positions with the Menzies School of Health Research, Darwin, and the School of Public Health, University of Queensland. From 2001 to 2010 he was a Director of the Alcohol Education & Rehabilitation Foundation (AERF—subsequently renamed Foundation for Alcohol Research and Education, or FARE), and in 2007 he was placed on the Honour Roll of the National Drug and Alcohol Awards for his research into substance misuse in remote and regional settings. Between 2016 and 2021 he was a committee member of the National Health and Medical Research Council (NHMRC) Alcohol Working Group appointed to update the NHMRC drinking guidelines.



## Alcohol and other drug treatment planning: can geese help? – Professor Alison Ritter, AO

Alcohol and other drug treatment planning is very complicated. While we have data about the numbers of people who miss out on treatment in Australia (spoiler, it is about 320,000 people every year), there are many challenges to effective future planning. In the Camelot legend, Merlyn turns King Arthur into a goose, who then flies freely learning that the fences and boundaries between pastures on earth are really just ‘imaginary lines’. In this paper I will use the analogy of imaginary lines to present the multiple considerations to effective planning. This includes multiple funders, domains, treatment providers, geographies and interventions. Mapping a way forward involves appreciating that there is not one way to plan AOD treatment; the context and resources matter; applying some strategic thinking about the goal of planning; and finally and perhaps most importantly, the need to bring people together. Flocks of geese are indeed needed.

Professor Alison Ritter AO is a drug policy scholar and Director of the Drug Policy Modelling Program at the Social Policy Research Centre, UNSW, Sydney. She conducts research on drug laws, drug treatment, models and methods of democratic participation in drug policy; and research focussed on policy process. Her work is supported by grants from competitive research funding bodies (NHMRC, ARC) as well as commissioned research from governments across Australia and internationally. She is past President of the International Society for the Study of Drug Policy, and Editor for the International Journal of Drug Policy. Professor Ritter has an extensive research grant track record and has published widely in the field.





📍 Southern Cross Ballroom

## MORNING SESSIONS

8:00AM-9:00AM

**REGISTRATION & TRADE EXHIBITION**

9:00AM-9:40AM

**WELCOME**

9:40AM-10:00AM

**LAUNCH SPEECH: DR STEPHEN BRIGHT**

10:00AM-10:45AM

**KEYNOTE: PROFESSOR SIR IAN GILMORE**  
ALCOHOL – THE HIDDEN HARMS

10:45AM-11:15AM

**MORNING TEA**

## MORNING ABSTRACTS

	📍 Sirius	📍 Pleiades	📍 Sirius	📍 Island Suite
	<b>Lived and Living Experience: Advocacy</b>	<b>Cross-Sector Partners</b>	<b>Workforce Partners</b>	<b>Inter-Secting: Homelessness</b>
11:15-11:35AM	Zyhannah Bin Jalil & Kelly Blackburn, Kimberley Community Alcohol and Drug Service	Anna Calverley & Kate Moore, Palmerston Association	Sally Boardman, The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney	Julie Byrne-King & Jodie Savage, Peer Based Harm Reduction WA
	<b>The Children Say project: Giving our Children a Voice</b>	<b>Connecting for Recovery: STEPS AOD Reintegration Program, Bunbury</b>	<b>Coming together for co-occurring conditions: a new Community of Practice</b>	<b>Dignity Essentials: for Women Who Inject Drugs co-experiencing Homelessness</b>
11:40-12:00PM	Jarrah Roderick Duckett, Bec & TBC, Peer Based Harm Reduction WA	Melanie Hopkinson & Mary Brown, Financial Counselling Association of WA (FCAWA)	Hayley Diver, Holyoake	Sebastian Henderson & Heather Thompson, Palmerston Association & St Pats
	<b>Breaking Bad Stereotypes: Lessons from WA's Only Active Drug User Advisory Group</b>	<b>Bridging SupportThe Importance of Financial Counselling in Alcohol and Other Drug Services</b>	<b>Co-designing an AOD Toolkit &amp; Specialist EAP for Emergency Service Leaders</b>	<b>Building Trust and Breaking Barriers</b>
12:05-12:55PM	Alex Arpino, Vivienne Keeley & Rebecca Healy, AODCCC	Liam Dekker & Gome Simfukwe, Holyoake	Silvia Violante Cumpa, Better Health Network	Greg Defrenne, Fuchsia Chaudry & Melody Wilcox, Cyrenian House
	<b>Establishing an Alcohol and Other Drug Consumer and Community Peak. AODCCC, The Journey So Far</b>	<b>Partnering with Police for Family &amp; Domestic Violence Early Intervention</b>	<b>Enhancing multidisciplinary responses through cross-reflective practice</b>	<b>Homelessness to Recovery - AOD Treatment, the missing link</b>

📍 Foyer

12:30PM-1:30PM

**LUNCH**



## AFTERNOON ABSTRACTS

	📍 Sirius	📍 Pleiades	📍 Orion	📍 Island Suite
	<b>Systemic Advocacy</b>	<b>Inter-Secting: Family and Domestic Violence</b>	<b>Community Awareness</b>	<b>Community Partners</b>
13:30-13:50PM	Melanie Walker, Australian Alcohol and other Drugs Council <b>Driving system change through partnership: National AOD peak body advocacy</b>	Sheridan Robbins, Edith Cowan University <b>Substance Use Coercion: Domestic Violence &amp; Therapeutic Community Worker Insights</b>	Tina Edwards-Pope & Danny Pinner, Palmerston Association <b>Moorditj Benang - Building Solid Futures in Young People</b>	Tim Iffla & Alishia Cartmill, Kimberley Mental Health Drug Service <b>Needle Syringe Exchange Program - Fighting the tide of stigma/discrimination</b>
13:55-14:15PM	Julia Stafford, Cancer Council WA <b>Addressing cheap alcohol: the AOD sector's efforts to reduce harm</b>	Gaby Browarczyk, Yaandina Community Services <b>Celebrating 10 years Turner River Rehabilitation Centre</b>	Joanne Hoareau, Australian Indigenous HealthInfoNet Alcohol and other Drugs Knowledge Centre <b>AOD Knowledge Centre: fostering inclusive practice through supporting culturally secure service delivery for the AOD workforce</b>	Wayne Ryder, Mike Winton & Dot Bynder, Palmerston Association <b>Bridiya Wangkiny - Elders as Guardians of Cultural Wisdom in Healing Practices</b>
14:20-14:40PM	Kimberley Wilde, Justice Reform Initiative <b>Advocacy work and service delivery: working together to build systemic impact</b>	Rebecca Lang, QNADA <b>Integrated responses, separate systems: Improving capability to respond to family and domestic violence in mental health and AOD settings.</b>	Melinda Bowden & Shannan Strydom, Cancer Council WA & Wungening Aboriginal Corporation <b>Tackling Tobacco Together...</b>	Lara Sheehan & Tarn Deere, North Metropolitan Health Service (NMHS) <b>Community-Driven Actions and Partnerships to Prevent AOD Harm</b>

### 📍 Southern Cross Ballroom

14:45-15:15PM

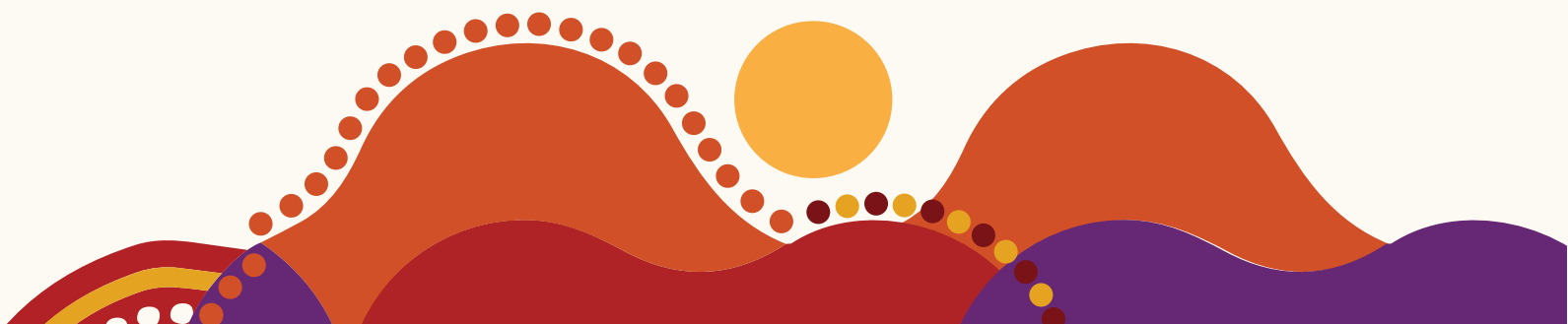
**AFTERNOON TEA**

15:15-16:45PM

**PANEL DISCUSSION: LIVED AND LIVING EXPERIENCE LEADERSHIP**

16:45-17:00PM

**DAY 1 CLOSING REMARKS**



## MORNING PRESENTATIONS

## Lived and Living Experience: Advocacy

**The Children Say project: Giving our Children a Voice**

The Children Say" Project, is a future-focused project that provides a platform for regional and remote youth to have a voice on the alcohol and other drug issues that impact their community.

Delivered in two West Kimberley communities, interactive and engaging alcohol and other drug education sessions with young people were facilitated. The sessions built connections with the young people and empowered them to voice what they see in the community in relation to alcohol and drugs and how it impacts their lives. As an engagement tool and to enhance the learnings, the young people created their own harm minimisation messages through art. The artwork was printed onto basketball backboards in each of these communities.

The printed backboards were installed at the local community basketball courts, which was complemented with new spectator seating to beautify the safe place for young people. This project was driven by the following objectives: increase Aboriginal youth awareness and knowledge of risks associated with alcohol and other drugs use; delay the uptake of young people drinking; increase youth social and emotional wellbeing; and to increase awareness of the support available from the Kimberley Community Alcohol and Drug Service.

The Children Say project provided a platform for young people in these communities to use their own voices to develop harm minimisation messages throughout their community. Young people are the future of these communities, and this project empowers them and provides a platform to share their feelings and solutions for a healthier community.

Zyhannah Bin Jalil, Kimberley Community Alcohol and Drug Service Indigenous woman from the Kimberley Region. Born in Broome and raised in Beagle Bay Community. Zyhannah completed a Bachelor of Biomedical Science at the University of Western Australia and enjoys working within the Health Promotion and Community Engagement space. Currently the Prevention Services Officer at Kimberley Community Alcohol and Drug Service in Derby.

Kelly Blackburn, Kimberley Community Alcohol and Drug Service Non-Indigenous woman raised in Broome. She completed Bachelor of Science (Nutrition and Human Biology) at Edith Cowan University and Master of Public Health at Charles Darwin University. Kelly's experience is in community development, health promotion/prevention and public health. Current role is Senior Alcohol and other Drug Prevention Officer at Kimberley Community Alcohol and Drug Service.

**Breaking Bad Stereotypes: Lessons from WA's Only Active Drug User Advisory Group**

This presentation addresses the pervasive misconceptions surrounding people who actively use drugs, specifically the assumption that they are unable or unwilling to participate meaningfully in decision-making processes. By showcasing PBHR WA's consumer advisory group—a pioneering initiative involving individuals with lived and living experience of injecting drug use—the session aims to challenge these assumptions and demonstrate the transformative potential of living experience in shaping service design, advocacy and policy reform. The session will focus primarily on engaging lived/living experience but will also touch on fostering inclusive practice and being future focused. Through firsthand accounts of members from the advisory group, participants will gain insight into how consumer-led, flexible, and accessible engagement models can dismantle barriers to participation. By highlighting the insights, attitudes and perspectives brought by active drug users, the session will inspire attendees to recognise and confront biases, adopt more inclusive practices, and implement consumer-driven models of engagement. It will also provide actionable strategies for organisations & workers to help achieve this, highlighting potential barriers and challenges and providing advice on how to overcome them. Key Takeaways:

**Breaking Down Barriers:** Consumer-led approaches prove that when participation is accessible and supportive, people traditionally excluded from decision-making processes can excel.

**Transforming the Narrative:** Active drug users are not just service recipients; they are experts on the realities of drug use and systemic failures, and we must get better at listening.

**Looking Forward:** A vision for systems where active drug users co-design and lead harm reduction strategies, driving systemic change from the ground up.



Jarrah Roderick Duckett, Peer Based Harm Reduction WA

Jarrah is a dedicated harm reduction advocate committed to policy reform, consumer participation, and embedding lived experience in decision-making. As the Community Development and Quality Improvement Officer at Peer Based Harm Reduction WA, he combines a background in political science and public policy with over three years of frontline experience delivering harm reduction services for people who inject drugs in Canada and Australia. His work focuses on amplifying the voices of people who inject drugs, ensuring their rights, needs, and experiences directly shape policy and service design. Since stepping into this role, he has played a key part in developing PBHR WA's Consumer Advisory Group, a platform that empowers people who inject drugs to engage in policy discussions, influence service delivery, and participate in decision-making processes. Through this initiative, he works to dismantle harmful drug policies, challenge stigma and discrimination, and advance systemic change that prioritises the health, dignity, and human rights of all people—regardless of their choice to use drugs.

Rebecca Chantel

Ultimately, Rebecca is an artist. But since dying penniless and alone after a life in poverty didn't sound too appealing, she began working in the sex industry around the age of 16. Over the years, she worked in various settings, starting in parlors before moving on to independent work and collaborating with other workers in collectives. The income she earned from sex work gave her the time and resources to raise her child as a single mother while also pursuing her art and activism on social justice issues. By the age of 27, it enabled her to purchase a home for herself and her child while simultaneously supporting her drug use. Rebecca has worked as a Peer Educator for Magenta, WA's sex worker support service, and as an Outreach Educator for SWOPWA, the Street Worker Outreach Project of WA. Her commitment to advocacy led her to serve on the board of Scarlet Alliance, Australia's national peak sex worker organization, and to co-found SWEAR (Sex Worker Education, Advocacy, and Rights), a peer-run advocacy and rights organization in WA. She recently completed a 12-month term on the AODCCC's Consumer Reference Group and is currently a member of CoMHWA's NDIS and Psychosocial Disability Advisory Group. She is also actively involved in Peer Based Harm Reduction WA's Consumer Advisory Group, where she provides service feedback and advocates for the interests and concerns of people who inject drugs in shaping the future of Alcohol and Other Drug policy, services, and research in Western Australia. To learn more about Bec, visit her website: <https://breakingbadstereotypes.com.au/>.

Tom Baxter Tom Baxter is a proud father of three young boys. He grew up in Narrogin before moving to Perth to complete high school and university. Tom has a bachelor of law, bachelor of arts, a diploma in legal practice, and is currently finishing a diploma in education whilst working for the National Suicide Prevention and Trauma Recovery Project. Tom is passionate about education and social justice. Tom believes that in order to effectively combat the negative impacts of drug use in the community, those agencies and organisations (the system) tasked with this challenge must willingly and actively instigate urgent organisational and systemic change. A system wide paradigm shift is urgently required if any progress is to be achieved before the end of the decade.

## Establishing an Alcohol and Other Drug Consumer and Community Peak.

AODCCC, The Journey So Far The Alcohol and Other Drug Consumer and Community Coalition (AODCCC) has been working at the forefront of integrating lived and living experiences into the fabric of the WA AOD sector and community. This presentation aims to highlight the organisation's journey (so far), developing the first AOD consumer and community peak body in Western Australia.

AODCCC's projects have centered on creating pathways for consumers and their families to actively participate in shaping AOD systems and services in Western Australia. This has involved developing methods that support their engagement and implementing strategies that ensure their authentic voices are heard, valued, and magnified. These include workshops, consultations and collaborations that have brought together consumers, service providers, and stakeholders. These activities were co-designed to build capacity, share knowledge and enhance understanding, while fostering a culture of inclusivity within the AOD sector and beyond.

AODCCC's journey underscores the importance of integrating lived and living experiences into the AOD sector, the outcomes highlight the value of inclusive practices and strong partnerships in creating systemic change. Moving forward, the AODCCC remains committed to being future-focused, continually adapting its strategies to meet emerging challenges and opportunities in the AOD sector. The implications for practice include the need for ongoing support and resources to sustain these initiatives and ensure their long-term impact, and most importantly maintain platforms for consumers, families and supports to be heard and inform the systems that are here to support them, always maintaining the position "Nothing about us without us".

Alex Arpino, AODCCC

Alex has 23 years of frontline Alcohol and Other Drug (AOD) service delivery experience, having held a variety of roles in Residential Rehabilitation, Case Management and Counselling, into Management and Senior Leadership positions. Alex has predominately worked in Youth Withdrawal and Respite and Residential Rehabilitation. Alex is a qualified Community Services Worker, Youth Worker and Trainer and Assessor (TAE40116), an experienced Group Facilitator and has worked in Capacity Building, facilitating Mental Health First Aid and ASIST Suicide Prevention Training. Alex seeks to empower the voices of AOD consumers, families, significant others, and the community at large, with the task to address stigma, and draw out the vast experience and wisdom in the community.

Vivienne Keeley, AODCCC

Vivienne has over 18 years of WA Alcohol & Other Drug sector experience and holds a degree in Behavioural Science. She has demonstrated skills in front line service delivery and evidenced professional leadership abilities. Vivienne enjoys community capacity building, advocacy and developing collaborative relationships. She is committed to maintaining supportive, empowering, and inclusive environments that ensure high level respectful relationships both individually and with communities. Vivienne believes ALL people who have a lived and or living experience of Alcohol & Other Drugs, and the communities they live in, should have the opportunity, and supports to experience positive health and wellbeing.

Rebecca Healy

Rebecca Healy has been an active member of the AODCCC for 6 years and has a strong passion for systemic advocacy in relation to alcohol and other drugs. Rebecca will talk about her AOD journey and highlight her varied and passionate engagement within her AODCCC membership journey, so far.

## Cross-Sector Partners

### Connecting for Recovery: STEPS AOD Reintegration Program, Bunbury

The STEPS AOD Reintegration Program, initiated in 2023 at Bunbury Regional Prison, represents a transformative approach to recovery and reintegration for men affected by AOD issues. Funded by the Department of Justice, this innovative program is a collaborative effort between Palmerston and South West Aboriginal Medical Service (SWAMS), emphasising culturally safe practices that are crucial for effective healing. This presentation will delve into Palmerston's Family-in-Reach services in the STEPS Program, which are tailored to meet the unique needs of individuals and their families. Building strong links for family support is essential for participants upon release. Collaborations with Palmerston and SWAMS in this program have facilitated family engagement, which is critical for successful reintegration and helps strengthen relationships strained by incarceration. Approximately 37% of program participants identify as Aboriginal, highlighting the importance of culturally relevant practices in addressing AOD needs. The program's design prioritises cultural identity as a cornerstone of healing, allowing participants to reconnect with their heritage while pursuing recovery goals. This approach has led to significant positive outcomes for participants, fostering both individual recovery and broader systemic change within justice settings. Attendees will gain insights from key learnings and success stories that illustrate the program's impact since its inception covering aspects such as the role of support groups and family support links in reintegration for up to two years post release. Join us to discover how the STEPS Program is redefining rehabilitation within the justice system and paving the way for sustainable reintegration into society.

Anna Calverley, Palmerston Association

General Manager for Justice Programs and Therapeutic Communities at Palmerston Association. Anna has a passion for improving the lives of individuals directly involved with the criminal justice system. Anna has a BSc Hons in Criminology and has 20 years of experience working in a variety of custodial settings in the UK, Queensland, and WA.

Kate Moore, Palmerston Association

Service Manager of Prison Programs within Palmerston Association. Passionate about making a positive impact, Kate works to assist individuals successfully reintegrate into society, believing that meaningful change is possible through understanding and support.

## Bridging Support: The Importance of Financial Counselling in Alcohol and Other Drug Services

The intersection between alcohol and other drug (AOD) use and financial hardship is a critical, yet often overlooked area of concern across the AOD treatment landscape. Challenges with finances commonly accompany AOD use, with healthcare costs and legal fees, as well as employment impacts, potentially leading to a cycle that can add stress and make stability harder to achieve. For individuals working towards recovery, financial challenges can be a significant factor, impacting mental health, family life, and treatment success.

AOD services are in a unique position to help disrupt this cycle by connecting clients with financial counselling and/or embedding this valuable service within their own support frameworks. Financial counsellors are qualified professionals who can offer essential tools to mitigate the impact of financial stress by helping clients to manage debt, understand financial entitlements, and develop sustainable budgeting practices. By addressing financial hardship as part of AOD treatment providers can deliver holistic care that enhances financial resilience and may reduce the risk of relapse risk by easing financial stress.

This presentation will discuss the importance of collaboration between AOD providers and financial counseling services, highlighting approaches and strategies for integrating financial literacy and financial counselling into treatment/recovery plans. Participants will gain insights into the practicalities and benefits of cross-sector collaboration, helping AOD services better address diverse needs of those they support and achieve long-term recovery outcomes.

Melanie Hopkinson, Financial Counselling Association of WA (FCAWA)

Melanie Hopkinson brings a rich and diverse background in leadership, management consultancy, AOD counselling, and education. Holding a Masters of Health Counselling, she has extensive experience working directly with consumers in mental health and AOD settings. Since joining the Financial Counselling Association of Western Australia (FCAWA) as CEO in 2020, she has successfully raised the profile of financial counselling in WA, highlighting the importance of financial wellbeing across sectors and its significant benefits for the community.

Mary Brown, Financial Counselling Association of WA (FCAWA)

Mary is a certified Financial and Credit Counsellor with a career spanning over 26 years in the non-profit sector in the United States. She relocated to Australia in 2023 and has brought her extensive experience to the Australian financial counselling profession. Throughout her career, Mary has held diverse roles, including fundraising, community development, volunteer management, and directorships. She has dedicated 15 years to community education, with a strong focus on financial education, empowering individuals, and communities to achieve financial stability and wellbeing. Currently, Mary is studying for her Diploma in Financial Counselling and contributes to FCAWA by supporting various projects. Her work emphasises the importance of community education and development, underscoring her commitment to creating meaningful change through education and collaboration.

## Partnering with Police for Family & Domestic Violence Early Intervention

Holyoake's RISE program (Respond, Intervene, Support, Empower) is delivered in partnership with WA Police and provides targeted early intervention in relation to the intersection of alcohol and other drug (AOD) use and family and domestic violence (FDV). Operating seven days a week, Holyoake's dedicated RISE counselling team receives direct referrals from WA Police Family Violence Teams, following police attendance at FDV incidents in which they observe substance use is a contributing factor. Referrals are usually for the perpetrator of the family and domestic violence; however, victim-survivors and other family members are also referred where appropriate. Holyoake's role is to provide a timely (usually same day) response, offering brief intervention counselling over the phone and facilitating internal and/or external referrals for ongoing support. Despite the link between alcohol and other drug use and increased frequency and severity of family and domestic violence, the contribution that AOD treatment can make in addressing family and domestic violence is often under appreciated. This presentation will explain how the partnership between Holyoake and WA Police identified and addressed a significant gap in service delivery. De-identified consumer testimonials will also highlight how working in partnership to provide a timely response and intervention can reduce barriers to accessing services.

Liam Dekker, Holyoake

Liam Dekker is the Clinical Services Manager for Holyoake at the North East Metro Community Alcohol and Drug Service (NEMCADS). Liam has been working in the alcohol and other drug sector for nine years. His experience includes facilitating treatment programs and individual counselling for people in prison and on parole.

Gome Simfukwe, Holyoake

Gome Simfukwe is a Counsellor and the RISE Program Lead at Holyoake. He holds Masters degrees in International Business, Professional Accounting and Counselling and has worked across the AOD rehabilitation, regional NDIS and AOD counselling streams for the past five years.

## Coming together for co-occurring conditions: a new Community of Practice

Introduction: Population estimates indicate that more than one-third of people with an alcohol or other drug (AOD) disorder have at least one co-occurring mental health disorder. The rate is even higher among those in AOD treatment programs (50-75%). The need for WA's AOD and mental health workforces to have co-competent skills for co-occurring conditions is recognised as a priority by the current WA Mental Health AOD Workforce Strategic Framework (2020-2025). To support practitioners in providing the recommended evidence-based care, the Australian Government Department of Health and Aged Care funded the Matilda Centre for Research in Mental Health and Substance Use to develop an online Community of Practice for professionals in Australia who work in the AOD sector.

The Community of Practice provides a platform for members to make connections, access valuable resources and engage and collaborate with other professionals to enhance their practice. The Community of Practice was developed in consultation with clinicians, academics, researchers, policymakers, people with lived and living experience of mental health and substance use, and their loved ones. The platform is set to go live in 2025, and will be freely available as both a website and mobile app for professionals in Australia who work with people experiencing co-occurring AOD use and mental health conditions. By connecting AOD workers with other practitioners across multiple disciplines around Australia and providing the opportunity for continued professional development, the Community of Practice ultimately aims to positively impact the health outcomes of people who experience co-occurring AOD use and mental health conditions.

The Community of Practice will be promoted and implemented across Australia via various modalities, including AOD sector-based newsletters, conference and symposium presentations, and through existing networks and collaborations of the project team. The Community of Practice is available for all professionals in Australia who work with people experiencing co-occurring AOD use and mental health conditions. The Community of Practice aims to foster collaboration and knowledge-sharing among health and social service professionals to improve the management and outcomes of people experiencing co-occurring AOD use and mental health conditions.

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

## Co-designing an AOD Toolkit & specialist EAP for Emergency Service Leaders

Emergency service personnel face unique challenges, including the potential for Alcohol and Other Drug (AOD) concerns to impact workplace performance and well-being. In response, Holyoake collaborated with St John WA to design and implement a tailored AOD support framework. This initiative included the development of a bespoke Manager's AOD Toolkit and the provision of specialist AOD Employee Assistance Program (EAP) services.

This presentation will share insights into the development and delivery of this project, focusing on its practical application within an emergency service context. The Manager's AOD Toolkit was co-designed with St John WA leaders to provide clear, actionable guidance for addressing AOD-related issues. Combining evidence-based strategies with customised resources, the toolkit equips managers with the confidence and tools to navigate these sensitive situations effectively.

Complementing the toolkit, Holyoake established a specialist AOD EAP, offering employees confidential, expert-led support tailored to the unique pressures of emergency service roles. These services emphasise accessibility, trauma-informed care, and integration with existing workplace support systems.

Key outcomes, including improved manager confidence, enhanced employee access to support, and strengthened organisational capacity to address AOD issues, will be discussed. Attendees will gain practical knowledge of the collaborative process, the importance of tailoring interventions to organisational culture, and lessons learned in implementing targeted AOD initiatives in high-pressure work environments. This innovative and targeted model offers a replicable framework for fostering well-being and resilience in other emergency service or high-stress workplace settings.

**Hayley Diver, Holyoake**  
Service Development Manager at Holyoake. She holds tertiary qualifications in Health Promotion and has worked in the alcohol and other drugs sector in Western Australia for 20 years. Notably, Hayley's expertise includes deep experience working with Aboriginal communities having worked in both Fitzroy Crossing and Broome with the Nindilingarri Cultural Health Service and the WA Country Health Service. She has worked at Holyoake within the clinical management and innovation streams since 2016.

## Enhancing multidisciplinary responses through cross-reflective practice

Reflective practice is a critical component for practice and personal improvement. It is well known that the Alcohol and Other Drugs (AOD) and Generalist counselling teams have similar clients and capacity building needs. As such, Better Health Network (BHN) initiated a pilot across the two teams.

BHN piloted a cross-reflective practice agreement between AOD and Generalist counselling teams where it was aimed to provide a more structured approach to reflective practice, as well as having a non-line manager in the space.

Both teams agreed to be part of an initial 12-month pilot where each team had a clinician presenting a theme or case for reflective practice where they received support from a Program Lead prior their group presentation. Program Leads attended bimonthly reflective practice from the team they are not a line manager to ensure that each team also gets input and experience from another senior practitioner.

At the end of the pilot, each participant completed a survey to evaluate the satisfaction and effectiveness. Findings indicated that participants reported an improvement in their case conceptualisation, greater knowledge of additional referral pathways as well as increased capacity building in relevant areas that enhanced their service delivery to clients.

Both Generalist Counselling and AOD Counselling teams reported numerous improvements since the implementation of cross reflective practice. This has enhanced practitioner's capacity building and streamlined the client's service journey at BHN.

**Silvia Violante Cumpa, Better Health Network**  
Counselling Psychologist and Board approved supervisor with 15 years of experience across Mexico and Australia with extensive clinical and leadership experience in both nonfor-profit and private sectors. She has worked in the AOD sector for 10 years and is passionate about provided integrated care where clients get excellent and timely care.

### Inter-Secting: Homelessness

## Dignity Essentials: for Women Who Inject Drugs co-experiencing Homelessness

Homelessness affecting our consumers at increasing rates was noticed. Access to warm showers and safe accommodation is more limited in regional areas than in metro. We have a position of trust with our consumers and wanted to support them to maintain dignity and promote hygiene through their current living circumstances.

Hygiene is fundamental to maintaining health but is challenging for those experiencing poverty and homelessness. Women in particular face unique hygiene needs, including their menstrual health. Without access to basic hygiene products, women are at greater risk of infections, diseases, and complications that can exacerbate their already vulnerable situation. Homelessness and poverty often strip individuals of their dignity. The inability to manage their own personal hygiene can lower already damaged selfesteem. Our consumers, already prone to an increased risk of sepsis and/or cellulitis from injection related infections, can risk further illness/injury from reduced hygiene.

We produced 50 Dignity Essentials bags with a grant from Zonta International and received a donation of 10 bags from Share the Dignity. We handed them all out over two months. We used our interactions with clients at the time of Point of Care testing to determine living situations and were able to discretely give bags out through our fixed site NSEP and our mobile health clinic.

We have had increased regular engagement with returning consumers post receiving dignity packs, allowing us to reinforce harm reduction and health promotion strategies.

**Julie Byrne-King, Peer Based Harm Reduction**  
WA Julie Byrne-King: Julie is a nurse with Peer Based Harm Reduction WA, working both in Perth and Bunbury, as well as conducting outreach in the beautiful South West. She is passionate about equity in healthcare and values the peer-based team model. Julie is currently studying to become a Nurse Practitioner to provide more holistic and compassionate care.

**Jodie Savage, Peer Based Harm Reduction WA**  
Jodie Savage: Jodie is the South West Team Leader for Peer Based Harm Reduction WA. She has worked with the organisation for over 7 years and ensures a safe and welcoming space for consumers and staff, fostering strong connections within the Southwest community. She manages her role alongside being President for the local Toy Library Association and wrangling a four year old.

## Building Trust and Breaking Barriers

The AOD Outreach Program was established in March 2022, and is a collaboration between St Pat's and Palmerston, integrating the specialist knowledge and expertise of the two organisations, to support for individuals experiencing homelessness with histories of AOD use. The program is being evaluated by the Home2Health team at Notre Dame.

The AOD Outreach Worker, co-located within the St Pat's Street to Home team in Fremantle, collaborates with various teams to effectively reduce homelessness and the number of rough sleepers in the area. Utilising a low-threshold model, the Street to Home initiative targets the most vulnerable populations who often slip through traditional support systems. By identifying the unique needs of service users and empowering staff, Palmerston and St Pat's have integrated community-based solutions tailored to address homelessness and AOD challenges. In its first 15 months, over 1200 hours of support were provided across 143 people who are homeless, many of whom have faced huge barriers engaging with AOD services previously. As powerfully summed up by one client, "the alcohol and drugs program has made me see life is worth living for".

This presentation will delve into the impact of our partnership, showcasing opportunities for systemic change while addressing the challenges inherent in working with such vulnerable populations. Insights and outcomes from our ongoing outreach efforts will be shared, emphasising our commitment to creating accessible, effective support for those who need it most. Join us as we explore innovative strategies that prioritise flexibility and accessibility in addressing homelessness and AOD issues.

Sebastian Henderson. Palmerston Association

He has worked in the AOD sector since 2019 in various roles across Palmerston Association. He has worked in the Magistrate's Court as a Diversion Officer, AOD Counselling Outreach and is founding member of the Rainbow Community Initiative. Since 2023, Sebastian has been seconded to St Patrick's Community Support Centre with the Street to Home Team, working as an AOD Outreach Counsellor and Community Educator.

Heather Thompson

St Patrick's Community Support Centre Limited Has been in the community service arena for more than 20 years working in multiple areas including -Youth AOD, FDV refuge support, Mental Health respite, crisis accommodation and homelessness. Heather is passionate about supporting clients on their journey out of homelessness on to the next chapter of their lives and has been with St Pats for almost 15 years as Team Leader of the Assertive Outreach Team of the Street to Home Program, working with some of the most vulnerable people

## Homelessness to Recovery – AOD Treatment, the missing link.

The Cyrenian House Outreach team has made a significant positive impact through their support of people experiencing homelessness and other complex issues in the Perth inner city. Since the program's inception in 2018, this small team made up of 1.6 FTE, has assisted over 160 consumers access residential treatment and seen over 440 consumers through individual counselling.

Outreach Counsellors attend crisis and transitional accommodation services, drop-in centers and emergency services such as mental health units or hospitals, working with some of our city's most complex and vulnerable consumers. Our dedicated Outreach Counsellors provide a service across six days per week, offering a flexible response to people experiencing homelessness. The outreach team engage with consumers at a street level, meeting them where they are at. This can at times, literally be providing support to people while sitting on a street curb or while they are eating their breakfast at a drop in centre. Over the past six years we have learnt many lessons, the most important being genuine collaboration with external services.

Many people who experience homelessness have significant challenges in their life and have utilised AOD to cope, without addressing these issues, in collaboration with housing and other services, genuine recovery may have remained out of reach for many of our consumers. One of our earliest consumers went on to graduate the TC program in 2019 and after completing their studies, moved on to paid Peer Work with Cyrenian House and in December this year, will have graduated our Volunteer Counsellor program placement.

Greg Defrenne, Cyrenian House

Qualified Social Worker with 10 years of experience in community services. Currently manager at Cyrenian House's Central site. Original staff member of the outreach team and remains actively overseeing the program from a manager perspective. Greg is passionate about identifying effective ways of working both from a therapy and program delivery perspective.

Fuchsia Chaudry, Cyrenian House

Qualified Counsellor with 7 years of experience working in community services. Fuchsia currently works as the Senior AOD Outreach Counsellor both working in and overseeing the daily running of the outreach program. Fuchsia was one of the original pioneers of the outreach program and is now going on for her sixth year of service in the program.

Melody Wilcox, Cyrenian House

Qualified Counsellor with 4 years of experience working in the AOD / Harm minimisation sector. Melody currently works as an Outreach Counsellor and is currently undertaking her third year of service in the outreach program. Melody is a highly enthusiastic worker and in her spare time (before work) facilitates spin classes.

## AFTERNOON PRESENTATIONS

### Systemic Advocacy

#### Driving system change through partnership: National AOD peak body advocacy

The multiple departments and agencies within each State and Commonwealth Government tier. The fragmented nature of funding and increasing role of the Commonwealth Government in the AOD sector highlights the need for aligned, systemic advocacy at the state and national level.

The Australian Alcohol and other Drugs Council (AADC) has been established to fill this national role and act as the peak body representing the AOD sector at the Commonwealth level.

This presentation uses AADC's recent submission to the Senate inquiry into the health impacts of AOD in Australia as a case study to illustrate the way that the national peak organisation engages with local and state issues and gives voice to these in Commonwealth Government forums to improve policy and funding outcomes. This presentation will also draw from previous advocacy work to explore and demonstrate the importance of state and national AOD peak organisations working in partnership – as well as drawing from on the ground and lived and living experience knowledge – to drive system change to improve health and wellbeing outcomes for people who use AOD.

Melanie Walker, Australian Alcohol and other Drugs Council

CEO of AADC and prior to this was Chief of Staff to the ACT's Deputy Chief Minister. She is a former CEO of the Australian Injecting and Illicit Drug Users League and former Deputy CEO of the Public Health Association of Australia. Melanie has also held senior public servant roles within both the Australian and ACT Governments.

#### Addressing cheap alcohol: the AOD sector's efforts to reduce harm

Alcohol causes significant harm to individuals, families and communities throughout Western Australia, and really cheap alcohol products contribute to a large share of the harm. The WA Government can help address the harm experienced by WA communities by introducing price controls that deal with the cheapest products at the bottom end of the market.

Policy context: Compelling evidence from around the world shows that addressing cheap alcohol products via a minimum unit (floor) price for alcohol has potential to save lives, reduce hospital admissions and cut crime in WA. However, the evidence alone only forms part of the impetus for action; strong support from the AOD and other sectors can further help encourage action on the price of alcohol.

We will briefly discuss the evidence base and potential barriers for addressing alcohol pricing in WA. We will also provide an update on progress towards action on alcohol pricing in WA, the efforts taken to strengthen partnerships within the AOD sector to provide a united response via a coalition approach, and discuss opportunities for the sector to continue to support efforts to address cheap alcohol products.

While a floor price for alcohol is not a silver bullet, the available evidence makes for a compelling case for WA to act on the price of alcohol within a comprehensive approach. The sector's understanding of and support for a floor price for alcohol will be critical in helping to encourage efforts by the WA Government to address alcohol pricing, particularly following the 2025 State Election.

Julia Stafford, Cancer Council WA  
 Alcohol Program Manager at Cancer Council WA, leading a team that works to inform community discussion about alcohol issues with the aim of reducing the impacts of alcohol on the WA community, including as a cause of cancer. Julia is also Deputy Chair of Cancer Council's National Nutrition Alcohol and Physical Activity Committee.

## Advocacy work and service delivery: working together to build systemic impact

This presentation discusses the opportunity to build impactful relationships between service delivery organisations and advocacy organisations to better contribute to social change movements. The Justice Reform Initiative (JRI) is a national advocacy organisation with the aim to reduce Australia's increasingly high incarceration rate and build communities where people experiencing disadvantage and marginalisation are not 'managed' in the criminal legal system. JRI believes the alcohol and other drug sector, across the full range of services, is a key partner in advocating for justice reform. Criminalisation of drug use is a risk factor for adverse contact with the criminal legal system, and many people in prison use alcohol and other drugs. Almost 3 in 4 people entering prison have used illicit drugs in the year prior, and 2 in 5 people leaving prison report illicit drug use in prison; with 1 in 7 reporting injecting drugs in prison.

Service delivery organisations and advocacy organisations have capability and capacity for different activities. Each brings different skill sets and resources to the relationship. Social change campaigns are significantly strengthened by incorporating frontline practice wisdom (including current information about trends and community level impacts of policy and legislation) with specialist systemic advocacy expertise and cultivated relationships with policy makers.

This presentation is an invitation the WA alcohol and other drug sector to collaborate with JRI to enhance the movement for justice reform in Australia for the benefit of the whole community, including people who use alcohol and other drugs.

Kimberley Wilde, Justice Reform Initiative

Kimberley Wilde is the WA Coordinator for the Justice Reform Initiative, advocating for whole of system reform to reduce incarceration and build safer, more inclusive communities. Kimberley is a sociologist who has worked across the Western Australian community sector, including in the alcohol and other drug, housing/homelessness, and community legal assistance sectors; and she has volunteered with several grassroots human rights and environmental campaigns.

## Inter-Secting: Family and Domestic Violence

### Substance Use Coercion: Domestic Violence & Therapeutic Community Worker Insights

Substance use coercion is a form of intimate partner violence and coercive control, involving the abuser utilising drugs and victim survivor drug use as a tool to exert power and control. This form of abuse and control is frequently under-acknowledged, and there has been minimal, if any, research conducted in Australia.

Semi-structured interviews were conducted with four workers from domestic violence refuges and therapeutic communities in Perth, Western Australia. Insights were gathered from these workers about how substance use coercion manifests for their service-users, the barriers in providing supports to women experiencing the complexities of intimate partner violence and substance use, and what they believe will help improve service responses to these victim-survivors.

This research did not gather direct lived experience due to the short time frame for data collection, which is a significant limitation, and the author encourages future research to seek out lived experience perspectives. Despite this limitation, this research can act as a starting point, a foundation, for understanding substance use coercion in the Australian context.

Sheridan Robbins, Edith Cowan University

Domestic violence worker at the Patricia Giles Centre in the Co-Ordinated Response Service. She has previously worked in a Needle and Syringe Exchange Program, and in a women's refuge for over 2 years. Her work in these sectors led her to undertake her Honours degree which focused on substance use coercion.



## Celebrating 10 years Turner River Rehabilitation Centre

Turner River Rehabilitation Centre 30km out of South Hedland sits in Kariyarra Country nestled uniquely in a remote location in the Pilbara having just celebrated its 10th year. This presentation explores the challenges, complexities and achievements of this therapeutic community.

Issues in the Pilbara include widespread drinking and poly drug use; illness & health deterioration; social problems such as family violence, neglect of children and the elderly, disrupted schooling; despair, grief and loss and intergenerational trauma. In a complex region where mining is the major industry the service experiences distinct challenges where social disconnect occurs due to FIFO communities, high cost of living, population transience, cultural barriers to accessing services and workforce shortage. The service manages the complexity by ongoing partnership with service like Ashburton, NGO's and health services. One of the services current undertakings acknowledges the prevalence of intersecting alcohol and other drug use and family and domestic violence as a co-occurring, collaboration of family and domestic violence organisations and AOD organisation can support this cohort. Turner River Rehabilitation Centre has begun collaborating with a men's behaviour change residential program to improve outcomes in the Pilbara for this cohort. Undertaking collaborative risk assessment, cross sector workshops and training, exploring referral pathways. In partnering developing in partnership an integrated treatment program specifically designed for individuals who are dealing with both substance use and domestic violence, aiming improve outcomes by providing a comprehensive approach to recovery.

The presentation briefly explores the challenges of a TC in South Hedland and one of the current undertakings to continue improving the service and its reach in the community with a recent collaboration in the Pilbara community.

Gaby Browarczyk, Yaandina Community Services

Clinical Psychotherapist working at Yaandina Community Services as the Clinical Lead of AOD Services holding a Masters in Gestalt and has a keen interest nature based therapy. Having worked diversely across the community sector in prisons, drug and alcohol therapeutic communities, domestic violence services and remote communities Gaby also a clinical supervision an is Co-Convenor of PACFA West (Psychotherapist and Counsellors Federation of Australia)

## Integrated responses, separate systems: Improving capability to respond to family and domestic violence in mental health and AOD settings.

The 2021 Women's Safety and Justice taskforce identified opportunities for MHAOD services to improve capacity to respond to FDV, as well as improve cross sector collaboration between sectors. Building on current sector approaches, the Queensland Network of Alcohol and other Drug Agencies (QNADA) in collaboration with key sector stakeholders has developed and trialed a draft FDV capability assessment tool. Recent roundtable discussions were facilitated in the trial sites, and focused on men who use violence and young people who have been exposed to family violence. Learnings from phase 1 will be used to further inform the project outcomes. This presentation will provide an overview of outcomes to date and where the project will go in phase 2.

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

Rebecca is the CEO of the Qld Network of Alcohol and other Drug Agencies (QNADA), the peak organisation for the nongovernment alcohol and other drug treatment and harm reduction sector in Qld. Rebecca has been a member of principal expert advisory body to the Australian Government, the Australian National Advisory Council on Alcohol and other Drugs (ANACAD) since 2017. Rebecca is also the Chair of the Australian Alcohol and other Drugs Council (AADC) and a member of the advisory board of the National Centre for Youth Substance Use Research (NCYSUR).

## Community Awareness

## Moorditj Benang - Building Solid Futures in Young People

In October 2022, the Moorditj Benang (Solid Futures) program commenced across Albany and Katanning as part of the Safer Communities Grant Program. This innovative project for young people aged 12-24 is a joint opportunity facilitated by Palmerston Association, in conjunction with project partner and cultural employment service specialists, Impact Services.

Building on the successfully implemented Bush Classrooms™ program in the Great Southern region, Moorditj Benang has supported over 90 Aboriginal and Torres Strait Islander young people at risk of engagement in the criminal justice system and disengagement from education and employment.

Through extensive co-design and partnership networks with Impact Services, Youth Justice, local schools and Aboriginal Elders, the project has collaborated to deliver seven Bush Classrooms™ programs to communities across the region with the aim of disrupting the intergenerational experience of disadvantage and dysfunction experienced by many Aboriginal young people.

The program has led to a range of key findings that have enhanced our service delivery approach in the region and emphasised the importance of connection and immersion in culture for Aboriginal young people as well as the opportunity for connecting to country as a healing approach.

As well as group-based delivery, the program included one-on-one engagement with youth engagement workers as well as job-skills development workshops focused on engaging First Nations youth in training and employment opportunities. Come and hear more about the impacts achieved through this program connecting young people to country and reflect on innovation in service delivery that is supporting an inclusive, just and fair society.

Tina Edwards-Pope, Palmerston Association

General Manager for Regions at Palmerston and lives on Noongar Menang country in the Great Southern. Tina has worked in the AOD sector for 8 years, with a strong focus on harm reduction, access to mental health care and improving community wellbeing. Tina is passionate about ensuring there are no barriers to service and seeking new ways of supporting individuals and communities to disrupt intergenerational experience of disadvantage and dysfunction.

Danny Pinner, Palmerston Association

Works for Impact Services and has diverse experience across various fields, from construction to mentoring youth programs. As a mentor he is passionate in providing opportunities to the Aboriginal community and guiding others to a brighter future. Having successfully delivered programs such as More than Music, Strong & Proud and the Moorditj Benang Program

## AOD Knowledge Centre: fostering inclusive practice through supporting culturally secure service delivery for the AOD workforce

AOD Knowledge Centre: fostering inclusive practice through supporting culturally secure service delivery for the AOD workforce. The Australian Indigenous HealthInfoNet Alcohol and other Drugs Knowledge Centre is a national website that provides relevant and culturally appropriate resources and information for health practitioners and community members working to reduce harms from alcohol and other drug (AOD) use among Aboriginal and Torres Strait Islander people. In this presentation we will showcase the work of the Knowledge Centre by: sharing our journey in developing knowledge translation products to support the AOD workforce

- highlighting some key resources for culturally secure service delivery including
- Indigenous specific health promotion resources
- health practice guidelines for mainstream services
- demonstrating how the Knowledge Centre resource can be used in AOD health practice.

The presentation will also discuss how lessons learned in the Aboriginal health and AOD research space may guide future directions for evidence-based practice.

Joanne Hoareau, Australian Indigenous HealthInfoNet Alcohol and other Drugs Knowledge Centre Senior Research Coordinator at the Australian Indigenous HealthInfoNet, Edith Cowan University, Perth, WA. She currently manages the Australian Indigenous HealthInfoNet's Alcohol and other Drugs Knowledge Centre project. Other projects she has been involved with include Tackling Indigenous Smoking (TIS), HealthInfoNet's Social and Emotional Wellbeing portal and the WellMob website. Joanne has a Bachelor of Psychology and Graduate Diploma in Information and Technology and has previously worked in community services in the areas of mental health, homelessness and substance use.

## Tackling Tobacco Together...

Tobacco is the leading cause of preventable death and disease in Australia, responsible for over 1,600 deaths and 12,000 hospitalisations each year in

WA. Over 45 percent of people experiencing alcohol dependence and 66 percent of those experiencing dependence on drugs smoke daily – rates considerably higher than the general population. WA research shows people accessing community services want to quit smoking but face significant barriers when seeking appropriate support. The community services sector is in a unique position to assist people to quit smoking due to their existing, trusted relationships and ability to provide personalised ongoing support.

Cancer Council's Tackling Tobacco Program aims to embed quit support within organisations that serve priority populations. Partnering with organisations the program offers grant funding, resources, staff training and tailored support for each service using a comprehensive approach.

Wungening Aboriginal Corporation has successfully implemented the Tackling Tobacco Program since mid-2024. Their organisation's mission is to empower Aboriginal people to reconnect with their mind, body, spirit and community. By tackling tobacco they provide a holistic service, creating an environment that gives people opportunities to make positive lifestyle choices. Their staff are now trained to support clients to quit smoking; positive smoke free signage has been installed, policies updated; and data systems now capture and prompt conversations around smoking.

This partnership is an example of how organisations can create positive changes and lead change for the sector. Together, we can ensure every client accessing AOD services is supported to make positive choices and live a healthy smoke-free life

Melinda Bowden, Cancer Council WA

Melinda has worked in the public health for over 5 years. Firstly, in community health promotion and currently in tobacco control. She is the Make Smoking History Priority Settings Coordinator at Cancer Council WA and is passionate about improving health outcomes for priority populations.

Shannan Strydom, Wungening Aboriginal Corporation

Shannan has been with Wungening Aboriginal Corporation for 2.5 years. Shannan has worked in a number of programs led by Wungening such as a community release Counsellor/ Educator with The Real Support Network based at Acacia prison, office based Counsellor/ Educator and Group Facilitator. She is currently a Caseworker for Connect Wanju.

## Needle Syringe Exchange Program – Fighting the tide of stigma/discrimination.

Imagine you're Person Who Inject Drugs (PWID), you are heavily stigmatised and discriminated against anytime you access health services. Add the fact you live in a small town, where everyone knows your business and loves gossip... oh, and the local nurse is your cousins' partner.

Opening a Needle and Syringe Exchange Program (NSEP) in regional Western Australia - Fighting the tide of stigma/discrimination highlights how strengthening partnerships across sectors and the community and keeping the consumer needs and rights at front of mind despite the media and community perceptions supported the establishment of the Broome NSEP.

WACHS Kimberley experienced significant community pressure across media and community platforms regarding the provision of the needle and syringe program in Broome due to significant community concerns regarding unsafe disposal of needle and syringes in the community. The media spotlight highlights significant misunderstanding of NSEP's and serious undercurrent of stigma and discrimination for persons who inject drugs.

NSEP's across WA have traditionally been funded as a prevention response to BBV transmission. However, due to traditional funding streams being limited, other avenues for funding were explored to respond to the significant community pressure. This interagency, interregional, and cross organisational response highlights the need for and importance of flexibility and creativity in developing services across regional WA. The presentation also highlights how community discussion on PWID is still driven from a moral/punitive approach, which does not allow for conversation on the complexity of Intravenous Drug uses, its harm and how derogatory comments can lead to discrimination.

Tim Iffla, Kimberley Mental Health Drug Service

Tim Iffla holds a Bachelor of Arts (Psychology and Addiction Studies). Tim's experience and interests are across regional Needle and Syringe Exchange Programs operations and implementation. Across Tim's time in regional Western Australia, he has seen the significant barriers to healthcare for People Whom Inject Drug face and is passionate about reducing stigma and discrimination across regional communities.

Alishia Cartmill, Kimberley Mental Health Drug Service

Alishia Cartmill holds a Bachelor of Health Science from University of Western Australia. Alishia has extensive experience working in the alcohol and other drug and mental health sector. Alishia is passionate about improving access to services in regional and remote communities.

## Bridiya Wangkiny – Elders as Guardians of Cultural Wisdom in Healing Practices

Join us for an inspiring presentation on Palmerston's journey to enhance cultural practices and capabilities, with a strong commitment to delivering culturally safe services.

Bridiya Wangkiny is an initiative developed by Palmerston's Aboriginal staff and cultural leaders, aimed at improving the well-being of Aboriginal people through holistic healing— mind, body, and spirit.

During early 2024, Palmerston engaged with local Aboriginal Elders in a series of community consultations across the Perth metro and Southwest regions. These consultations have provided invaluable cultural insights, reinforcing the critical role that Elders play in healing their communities. As cultural leaders of traditional practices, Elders nurture spiritual well-being and foster a sense of belonging that strengthens community ties. This presentation will highlight how their wisdom preserves traditions, enhances wellbeing, and leads to better alcohol and other drug (AOD) outcomes.

A recent gap analysis highlighted the importance of Palmerston staff understanding the deep connections to Noongar Boodja, the land we share. This includes engaging with local Elders, Aboriginal Community Controlled Organisations, and cultural governance structures to build meaningful relationships with communities.

Palmerston is excited to showcase the work of Bridiya Wangkiny, now in its second phase. This involves implementing culturally informed practices and establishing strong Cultural Governance. Presenting in a panel style format, our panel of speakers, featuring Aboriginal Elders and Palmerston staff, will share their experiences and insights, illustrating the power of creating healthier futures for the Noongar community. Come and join us for a yarn alongside a Noongar Elder and Palmerston staff.

Wayne Ryder, Palmerston Association

Manager of Aboriginal Engagement at Palmerston Association, a proud Noongar and family man from Perth WA. Wayne has lived experience in the AOD field, supporting individuals struggling with AOD issues. Wayne has qualifications in Mental Health, Counselling, Leadership and Management and is currently completing a Master of Social Work at the University of Western Australia.

Mike Winton, Palmerston Association

General Manager at Palmerston Association, Perth and is passionate about empowering people to improve their lives. He has a broad background and experience working with street present and at-risk young people particularly around alcohol and drug use.

Dot Bynder, Palmerston Association

Dot Bynder is a proud Noongar woman and respected Aboriginal Elder with connections to four of the Noongar regions. Dot previously worked in the community sector for over 30 years including roles with North Metro and Derbarl Yerrigan Health Services. Dot is the Co-founder of the Kookaburra club which supports Elderly Aboriginal women engage in social activities.

## Community-Driven Actions and Partnerships to Prevent AOD Harm

Alcohol and Other Drug (AOD) use is a significant public health priority contributing to the high incidence of chronic diseases and injuries in Western Australia. Within the City of Stirling, nearly a quarter of the population (22.8%) consumes alcohol products at high risk levels for long-term harm leading to an increased likelihood of developing cancer, cardiovascular disease, diabetes - type 2 and liver cirrhosis.

Together with members of the Stirling Local Drug Action Team (SLDAT), the City of Stirling and North Metropolitan Health Service (NMHS) agreed to develop a 3-year AOD Action Plan. This strategic approach was based on the latest AOD epidemiological data and a series of workshops with stakeholders to democratically identify priorities, objectives and evidenced-based prevention strategies in 2024.

More than 85 stakeholders involving community members, government and non-government agencies from clergy, education, health, justice and social service sectors participated in the workshops. The priority areas identified included 'Alcohol, young people and families'; 'Alcohol in community settings'; and 'Vaping among young people.' Creating more health promoting environments and improving the coordination of programs and services were selected as key objectives.

Addressing AOD harm is complex and requires a collaborative, diverse and multi-sector approach sustained over time. Meaningful engagement with community members and other stakeholders can inform planning and create new partnerships to initiate positive change. This presentation will outline the journey to achieve a localised AOD Action Plan inclusive of community insights to guide future AOD prevention initiatives in the City of Stirling.

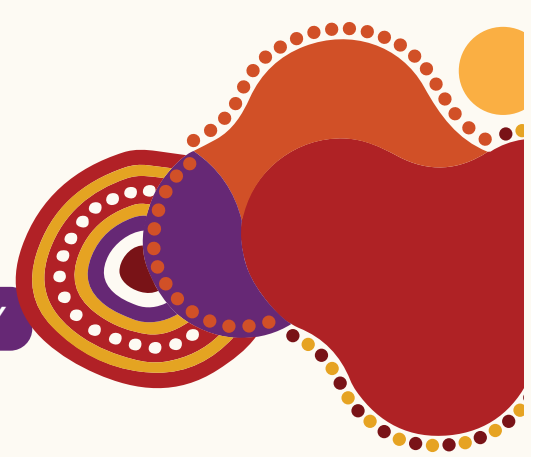
Lara Sheehan, North Metropolitan Health Service (NMHS)

With a long-standing career in health promotion and vocational rehabilitation, Lara joined the Health Promotion Service in 2023. Working in Australia and Canada for more than 25 years, Lara has gathered a wide range of experience in community development, public health planning and project management in the fields of cancer prevention, tobacco control, injury prevention and mental health

Tarn Deere, North Metropolitan Health Service (NMHS)

Tarn has over 15 years of experience in local government, specialising in community development, engagement, and place-making. Skilled in strategic planning, stakeholder collaboration, and project management, Tarn's work addresses social needs through innovative place-making initiatives and collaborative approaches with all sectors.





## LIVED AND LIVING EXPERIENCE LEADERSHIP - WEDNESDAY

### Doctor Stephen Bright - Chair

Dr Stephen Bright has worked as a clinically-trained psychologist within the Mental Health & AOD field for the past 20 years. He is currently Senior Lecturer of Addiction at Edith Cowan University and Assistance Commissioner for AOD at the Mental Health Commission. Stephen conducts research into media reporting of AOD-related issues (as seen in the Daily Telegraph), emerging drug trends, harm reduction and novel treatments for mental health such as MDMA- and psilocybin-assisted psychotherapies. He is an advocate for an evidence-based approach to AOD legislation and has provided oral evidence to parliamentary and coronial inquests. Stephen is a co-founder of Psychedelic Research in Science & Medicine (PRISM Ltd), an Australian non-profit company that develops, initiates, coordinates and supports formal research into mainstream medical applications of psychoactive compounds, known as psychedelics. He is also a co-founder of Psychedelic Institute Australia Pty Ltd, a company that provides training and professional development to healthcare professionals.

### David Shakespeare

David is a proud Goori man born on Wadjuk Country with connection to Bundjalung Country. David comes from a Lived Experience background in addition to completing a range of training and study in the AOD sector and the Strong Spirit Strong Mind programs, Marr Mooditj and Cyrenian House counselling course. David has a passion for supporting and mentoring Aboriginal men facing AOD issues and supporting connection to culture. David is a role model in the community and workplace and has made a profound impact on the cultural security and cultural connection within our services.

### Peta Gava

Peta is the Overdose Prevention & Peer Naloxone Project Officer at PBHR WA where she has worked in a variety of roles for more than 8 years. Peta participated in the LLE Peer Focus Group and has presented at APSAD, among other forums, regarding the role of peers and her work. She also recently won the Inaugural Jude Byrne Peer Advocate of the Year Award at the AIVL Health and Human Rights Summit.

### Steve Papadopoulos

Steve Papadopoulos is the Services Manager at Holyoake. With a decade of expertise in the Alcohol and Other Drug sector and over two decades of personal and professional experience in both AOD and mental health domains, he brings a wealth of knowledge to his role. His deep-seated passion lies in aiding individuals and families as they navigate the intricate interplay between AOD issues and mental health-related traumas that can profoundly affect their lives. Steve's motivation and sense of purpose revolve around revitalizing the notions of community, connection, and hope to foster a holistic enhancement of others' wellbeing. He firmly believes in the power of sharing and learning from the wisdom found in the journeys of individuals, considering it an invaluable life experience in itself.

### Jarrah Roderick Duckett

Jarrah is a dedicated harm reduction advocate committed to policy reform, consumer participation, and embedding lived experience in decision-making. As the Community Development and Quality Improvement Officer at Peer Based Harm Reduction WA, he combines a background in political science and public policy with over three years of frontline experience delivering harm reduction services for people who inject drugs in Canada and Australia. His work focuses on amplifying the voices of people who inject drugs, ensuring their rights, needs, and experiences directly shape policy and service design.

Since stepping into this role, he has played a key part in developing PBHR WA's Consumer Advisory Group, a platform that empowers people who inject drugs to engage in policy discussions, influence service delivery, and participate in decision-making processes. Through this initiative, he works to dismantle harmful drug policies, challenge stigma and discrimination, and advance systemic change that prioritises the health, dignity, and human rights of all people—regardless of their choice to use drugs.

### Tarryn Shaw

Tarryn Shaw is a lived experience practitioner who serves as the Manager of Reintegration at Outcare. In her role, she leads programs designed to empower men, women, and youth as they transition from prison back into the community. Drawing from her own 14-year journey with addiction, Tarryn credits her skills to her experiences with both addiction and incarceration. She believes that having lived experience in leadership is not merely an option; it is essential for the success of systematic processes





📍 Southern Cross Ballroom

## MORNING SESSIONS

8:00AM-9:00AM

### REGISTRATION & TRADE EXHIBITION

9:00AM-9:15AM

### WELCOME

9:15AM-09:45AM

### KEYNOTE: NICOLE HEWLETT & PETER D'ABBS

LEARNING FROM 50 YEARS OF ABORIGINAL ALCOHOL PROGRAMS

10:00AM-10:45AM

### AWARDS SESSION

10:45AM-11:15AM

### MORNING TEA

## MORNING ABSTRACTS

📍 Sirius

### Inclusive Practice

Kelly Blackburn & Aimee Howard, Kimberley Community Alcohol and Drug Service

**Addressing stigma when accessing AOD counselling services in the Kimberley**

Sophie Vanzetti, Uniting WA

**Voices of Attach: Journey's of Change**

Robin Horne & Jo Totty, Palmerston Association

**Inclusive and Informed - A Journey of Change through the lens of Rainbow Tick**

📍 Pleiades

### Informing Practice

Dora Karavasilis, NCCRED

**A new internet delivered cognitive behavioural therapy selfmanagement program for people who use methamphetamine**

Dionne Aitken & Louise Watson, Mental Health Commission

**Boosting FASD prevention through capacity building and community action.**

Emma Vieira, The National Drug Research Institute (NDRi)

**Investigating gender convergence in measures of young adult drinking**

📍 Orion

### Community-Led

Laura Dent, Lucy Spanswick & Rueben Hayden-Nelson, Wungening Aboriginal Corporation

**An Aboriginal-led evaluation of an Aboriginal response to complexity**

Martin Gillies & Arthur Turley, Wungening Aboriginal Corporation

**Healing Workers. Aboriginal Ways, Authentic Connections and Flexible Services**

Mohammed Anwaar & Harley Royce, Hope Community Services

**Connecting the dots between Permaculture and Therapeutic Communities Services**

📍 Island Suite

### Lived and Living Experience: Peer Workforce

Mark Walker & Hayden Thorn, Tenacious House

**Transforming Lives: The Tenacious House Lived Experience Workforce Graduate Program**

Liam Dekker & Michael Loyd, Holyoake

**Integrating lived experience to improve engagement with consumers and community**

Pradeep Satya & Andy Niblock, Palmerston Association & Mind Australia

**Exploring lived experience - the innovation and impact on Recovery Journeys**

📍 Foyer

12:30PM-1:30PM

### LUNCH





## AFTERNOON ABSTRACTS

	📍 Sirius	📍 Pleiades	📍 Orion	📍 Island Suite
	<b>Lived and Living Experience: Peer Education</b>	<b>Inter-Secting Mental Health</b>	<b>Cross-Sectors Partners</b>	<b>Alcohol Policy</b>
13:30-13:50PM	Zoe Sullivan, YACWA <b>Stay Bloody Safe: Youth Educating Peers' BBV Campaign</b>	Steve Papadopoulos & Nisha Chauruka, Holyoake <b>Integrated Mental Health and AOD services in regional Western Australia</b>	Gabby Hunwick & Marie Burman-Wiegele, Palmerston Association & Anglicare <b>Navigating the Vulnerabilities of Housing and AOD - Holistic Support</b>	Fraser Edwardes, Cancer Council WA <b>Insights into alcohol industry influence on policy in WA</b>
13:55-14:15PM	Trina Nelson & Kerry & Len Pee, Based Harm Reduction WA <b>Healthy Blood Healthy Body</b>	Cameron Reid, QNADA <b>Interactions between commonly prescribed mental health medications and recreational drugs</b>	Kristie Rowe & Lisa Wood, Palmerston Association <b>"It's not just about teeth!" - Palmerston Farm TC</b>	Joelie Mandzufas, Cancer Council WA <b>Preventing alcohol harm: strengthening WA's online delivery regulations</b>
14:20-14:40PM	Sophie Harrington, NOFASD Australia <b>Supporting Women at Risk of Alcohol-Exposed Pregnancies: Through Lived Experience</b>	Michelle Russell & Huda Khan, Cyrenian House - North Metro Community Alcohol and Drug Service <b>Implementing Cognitive Screening at Joondalup Community Alcohol and Drug Service</b>		Julia Stafford, Cancer Council WA <b>Zero alcohol products: a useful tool or is caution needed?</b>

📍 Foyer

14:45-15:15PM

### AFTERNOON TEA

📍 Southern Cross Ballroom

15:15-16:45PM

### PANEL DISCUSSION: COMMUNITY LED ENGAGEMENT

16:45-17:00PM

### DAY 2 CLOSING REMARKS

## MORNING PRESENTATIONS

## Inclusive Practice

## Addressing stigma when accessing AOD counselling services in the Kimberley

In small towns in the Kimberley, it can be really hard to access available services and even more difficult to break through the shame barrier into the unknown. What will people I talk to look like? Will they understand issues we face up here in the Kimberley?

With the rising concerns about the harms stemming from AOD use in the Kimberley, our service was not equipped with any localised promotional resources to ensure the community knows we are here to help. Stigma surrounding the use of drugs can stop people from accessing help when they don't know what to expect or assume they will be judged. To combat this, a video was created with a local Aboriginal media corporation to reduce the stigma that can be associated with accessing services such as ours. We wanted our community to see that local Kimberley people work here and it does not need to be in a clinical setting. We can be at Town Beach chatting in the shade, or we can be down in Celebrity Tree Park in Kununurra just having a yarn about your worries. This video will help them to see that KCADS workers provide a warm and safe environment in which to seek help. This video received positive feedback throughout Western Australia, with other regions contacting us to discuss the process with them.

The video is now being shown on local media outlets, social media and throughout the community.

Kelly Blackburn, Kimberley Community Alcohol and Drug Service

Kelly is a non-Indigenous woman raised in Broome. She completed Bachelor of Science (Nutrition and Human Biology) at Edith Cowan University and Master of Public Health at Charles Darwin University. Kelly's experience is in community development, health promotion/prevention and public health. Current role is Senior Alcohol and other Drug Prevention Officer at Kimberley Community Alcohol and Drug Service

Aimeel, Kimberley Mental Health and Drug Service.

Aimee is a Jaru woman from the Kimberley. She has a counselling background and has worked in Suicide Prevention and Postvention with several Kimberley organisations. Most recently she was employed as the Alcohol & Other Drug Prevention Services Officer in Broome. Aimee has now commenced a new role as the Lived Experience Coordinator for Kimberley Mental Health and Drug Service.

## Voices of Attach: Journey's of Change

Attach is a therapeutic outreach program working with parents with young children who use Alcohol and other Drugs. We support healing and connection through reducing the harms associated with substance use, improving parenting capacity, enhancing child development outcomes and improving family functioning as a whole. This presentation highlights the transformational journeys of both our clients and our therapists, as shared through hearing the voices of Attach.

This presentation will consist of a brief introduction by the presenter(s), followed by the body of the presentation, which will be a visual and audio presentation of clients and therapists responding to questions about their experience of being with Attach. It will highlight specific aspects of the program that align with the conference theme of Fostering Inclusive Practice.

We work with a marginalised and stigmatised population of parents, who have hopes and dreams for their family and their children. The program walks alongside them, therapeutically, geographically and practically, which could look like counselling in their home, with a baby on their hip, in a court room, under a tree, in a park or in a café.

Client feedback reflects the positive impact of having a service that is working outside the box to support clients to live into their values, break intergenerational patterns and form positive attachments with their children. This is also reflected in the formal outcomes measured through our reporting mechanisms, which show high levels of engagement and positive feedback. Through listening to the voices of Attach, we hope to share with those listening that programs that provide physical, therapeutic and emotional alignment with their clients provide a solid basis for ongoing long term change.

Sophie Vanzetti, Uniting WA

Sophie has worked as a Family Drug & Alcohol Therapist for the last 6 years, with previous roles including as a counsellor at Palmerston. Sophie has a Bachelor in Social Work, Masters in Human Rights and is a Family Therapist. Sophie is dedicated to a working life that aligns with her values and ethics around supporting clients to achieve their goals.

## Inclusive and Informed – A Journey of Change through the lens of Rainbow Tick

Rates of problematic drug misuse in the LGBTQIA+ community are higher than those of other population groups. People in LGBTQIA+ communities can face stressful situations and environments like stigma and discrimination, harassment, and traumatic experiences. Coping with these issues may raise the likelihood of a person having substance use problems.

In June 2024, Palmerston was successfully awarded Rainbow Tick Accreditation, becoming the first AOD service provider in Western Australia to achieve this important milestone. Rainbow Tick Accreditation is a quality framework that signals an organisation's commitment to being a safe, inclusive, and affirming service for the LGBTQIA+ community. Using the Rainbow Tick framework has been an essential component of embedding safety and quality inclusive practice for all staff and service users in Palmerston who identify as LGBTQIA+.

We recognise that being a safe and inclusive provider of services is vital for all who are seeking recovery from AOD issues and we are committed to providing excellent service and targeted programs where diversity and inclusivity are recognised and encouraged.

Palmerston is committed to be an inclusive organisation where everyone is welcomed, celebrated and included. We're excited to continue building on our inclusivity vision, ensuring that Palmerston remains a leader in providing inclusive AOD services to the LGBTQIA+ in Western Australia into the future.

Come and hear about our journey so far including the challenges and opportunities we've faced over the past two years insupporting cultural safety and the impacts and insights we have discovered along the way.

Jo Totty, Palmerston Association

Jo Totty (She/They) has been working as a Youth Counsellor at Palmerston for the past 3 years during which time they have been a member of Palmerston's RainbowCommunity Initiative group supporting Palmerston's work towards Rainbow Tick accreditation. They previously spent 4 years within the Youth AOD sector in Auckland NZ and have extensive experience working and volunteering with young people. Jo is a member of the LGBTIQ+ community and has volunteered for several LGBTIQ+ organisations over the years whilst living in Perth, Melbourne and Auckland and they have a particular interest in advocating for and supporting LGBTIQ+ young people.

Robin Horne, Palmerston Association

Robin Horne (He/Him) is an experienced Sports Physiotherapist with over 30 years in the field, including 13 years as the owner of a successful sports clinic. In addition to his clinical work, Robin has worked for over two years at Palmerston Association as LGBTQIA+ Champion, supporting the journey towards Rainbow Tick accreditation and helping to embed a safe and inclusive culture across the organisation. As a proud member of the LGTBQIA+ community with lived experience in AOD challenges, Robin is deeply committed to promoting understanding and support within the health sector and broader community.

### Informing Practice

## A new internet delivered cognitive behavioural therapy self-management program for people who use methamphetamine

This presentation introduces IMPACT - a new internet self-management cognitive behavioural therapy program for people who use methamphetamine.

It covers what the program is, how it was developed, how it may be used by people who use methamphetamine and clinicians; and its potential to drive new research trajectories in digital health for people who use methamphetamine.

Dora Karavasilis, NCCRED

Dora is the Knowledge Translation Lead at the National Centre for Clinical Research on Emerging Drugs (NCCRED); a public health professional with expertise in research & knowledge translation, learning & development, vocational education & training and service design for the health and community sector; also having worked for more than 12 years in frontline service delivery and leadership roles in Youth AOD, and in Harm Reduction. Dora holds post graduate degrees in public health with undergraduate training in psychology, and vocational education & training.

## Boosting FASD prevention through capacity building and community action.

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella diagnosis caused by prenatal alcohol exposure. Possible effects include physical, mental, emotional, and behavioural impairment and may be lifelong. Preventing FASD has been acknowledged as a priority for both state and federal governments.

The Mental Health Commission (the Commission) delivers a state-wide FASD prevention program comprised of campaigns, capacity building and community action. A strategy was devised to strengthen capacity building and community action with the following objectives:

- Increase service provider confidence in planning and delivering evidence based FASD prevention.
- Incentivise agencies to prioritise FASD prevention through a funding program.
- Promote FASD prevention resources raising awareness around alcohol-free pregnancies.

Between November 2023-2024 the Commission delivered ten workshops in metropolitan and regional locations. Workshop participants from non-government organisations were then eligible to apply for funding of up to \$10,000 to deliver a FASD prevention activity in their town/region.

Overall, 130 participants completed the workshop. Workshop evaluation data was collected from participants via a simple questionnaire. Five funding applications have been received and all were successful in being granted their requested funding amount.

Linking capacity building and community action was a success. Workshop participants received multiple capacity building opportunities, including local and/or regional networking and collaboration; navigating funding application processes; and delivering alcohol prevention to hard-to-reach target groups.

Dionne Aitken, Mental Health Commission  
Coordinator of FASD Prevention capacity building and community action at the Mental Health Commission. Her professional background is in workforce development and child health promotion research.

Louise Watson, Mental Health Commission  
Senior Project Officer at the Mental Health Commission supporting the Fetal Alcohol Spectrum Disorder (FASD) Prevention Project. My professional background is in health promotion and community development and I have worked for both government and non-government organisations in regional and metro WA.

## Investigating gender convergence in measures of young adult drinking

Risky drinking still peaks in the young adult age group despite broader declines in alcohol consumption for younger generations. While men historically drink more than women, there may be emerging changes in gendered patterns of drinking. This study investigated if a 'gender convergence' in young adult drinking has occurred, whereby women and men's drinking rates are becoming more similar over time.

National Australian survey data sources from 2001-2022 were used to assess drinking trends in young adult women and men, aged 18-29. Gender convergence was tested for multiple drinking measures including annual volume, past-year drinker status, long-term and short-term risky drinking. Analyses included linear and logistic regressions with interactions between gender and year to test if drinking trends differed between women and men.

Drinking trends continue to show declines for young adults. Results indicate some convergence is apparent for measures of annual volume across multiple survey sources. Converging trends were also noted in one survey source for measures of past year drinker status and short-term risky drinking. Convergence usually occurred in the form of males' drinking rates decreasing at faster rates than women's.

This study provides evidence for gender convergences in young adults' drinking. Despite this convergence, it should be noted that for all risky drinking, annual volume, and drinker status measures, rates of men's drinking remained consistently higher than women's. Future research understanding the drivers for convergence is warranted, as well as extending this work to different age groups to understand the extent of the convergence.

Emma Vieira, The National Drug Research Institute (NDRI)

Emma is a PhD candidate at the National Drug Research Institute's Melbourne office. Her PhD thesis is titled "Investigating young people's drinking: the role of gender in health and harm outcomes." She hopes to explore how gender impacts young adults drinking in Australia, including how gender and health intersect to impact alcohol-related harms.

## Community-Led

### An Aboriginal-led evaluation of an Aboriginal response to complexity

Wungening recently conducted extensive consultations with the local Aboriginal community, staff, and other sector services in Boorloo to understand the most pressing complexities facing the community. Recognising the need for a renewed response to these complexities, Wungening embarked on a re-imagining of its existing alcohol and other drug service and launched the Ngalla Wirrin Wungening program, which means "Our Spirit Healing" in Noongar language, in July 2023.

To support this transformation, Wungening obtained funding from the Lowitja Institute to undertake an Aboriginal-led developmental evaluation of the program. This evaluation was a critical step in ensuring that the program's development and implementation aligned with community priorities. The use of developmental evaluation proved invaluable in navigating the complexities of community needs and refining the service model.

Key takeaways for this presentation will emphasise that Aboriginal-led responses to complexity in alcohol and other drug treatment require extensive consultation and relationship building with the community. When conducted in an Aboriginal-led capacity, evaluation can be a powerful tool for responding to complexity and iteratively informing the development of innovations to alcohol and other drug program delivery. This requires evaluation to be driven by the needs of the community, in ways prioritising complexities most important to them. This evaluation has found that people who access Aboriginal-led support for alcohol and other drug use have a desire to be seen as community members and welcomed as whole people, no matter where they are in their journey, with authentic connections, flexible services and Aboriginal ways driving service delivery.

Lucy Spanswick, Wungening Aboriginal Corporation

Lead Research and Evaluation, Wungening Aboriginal Corporation. Lucy has coordinated the collaborative development of outcomes frameworks for all Wungening programs in alignment with Wungening's Impact Measurement Framework. Lucy's key focus is to advocate for Aboriginal ways of knowing, doing and being in every stage of the evaluation process. Lucy holds a Masters degree in Public Health and International Development from La Trobe University and a BPharm from Monash University. Prior to joining Wungening Lucy worked in the Victorian Aboriginal Community Controlled Organisation's research and policy team and for Western Victoria PHN.

Rueben Hayden-Nelson, Wungening Aboriginal Corporation

Kaya, I'm a Whadjuk, Ballardong, Njaki-Njaki Maaman, with family ties to Banjima. Born on Arrente country in the Northern Territory, I've experienced the opportunity to be involved in a culturally enriched environment from birth, with English being a second language in this part of Australia. My parents are from the Central Wheatbelt area of Western Australia along the Great Eastern Highway, my family connections spread from Boorloo (Perth) to the Kimberleys, across to Queensland and back down through South Australia. Over the past 2 years of being at Wungening, I have experienced being in various roles, from Student Placement to Assertive Outreach Worker, I've then transitioned into a Counsellor/Educator role, shortly followed by being a Group Facilitator and now am enjoying my current role as the Ngalla Wirrin Wungening Central Coordinator.

Laura Dent, Wungening Aboriginal Corporation

Laura is driven by the mission to empower people and communities to promote the health of the body and mind. Her degree in health science led Laura to a career in research, with interests in Aboriginal health, child and adolescent health, and addiction recovery. Laura lives in the Perth Hills and finds joy in being a mum and kinship carer.

## Healing Workers. Aboriginal Ways, Authentic Connections and Flexible Services.

The role of Healing Workers in the new Wungening AOD program; Ngalla Wirrin Wungening (NWW), Healing Our Spirit. The AOD program was the subject of a 3-year community consultation project which listened to the voices of community Elders, stakeholders and members to guide how we can adapt our service to meet their demands. The result was the NWW Healing Journey and our guiding principles of Aboriginal Ways, Flexible Services and Authentic Connections. In translating these findings to practice, we designed the new and unique role of Healing Workers, with the intention of supporting better engagement, retention and impact for our community.

Healing Workers are typically the first point of contact for people as they come to us, providing a warm, genuine and accepting space for people to share their story. They listen, they take time, they are guided by the person they share space with. They provide support with all the other things that so very often get in the way of healing and recovery; homelessness, poverty, hunger, domestic violence, justice system oppression and racism. They continue to walk alongside people as they progress their learning, nurturing their relationships with the community.

Martin Gillies, Wungening Aboriginal Corporation

Martin Gillies is a parent, a partner and a social worker, currently working as the Manager of the Ngalla Wirrin Wungening program. Born in Liverpool, England, his family are Scottish and Irish. He moved to Australia in 2016 and has called Boorloo (Perth) and Wungening home since 2020. Arthur Turley, Wungening Aboriginal Corporation Arthur Turley. He was a Healing Worker in the NWW program at our Central location and has recently moved in to a Counsellor/Educator role.

## Connecting the dots between Permaculture and Therapeutic Communities

This presentation explores the shared principles behind permaculture and therapeutic communities, two approaches that focus on sustainable growth, resilience and interconnection.

At Hope Spring Therapeutic Community, the team introduced a 16-week permaculture course. Beyond supporting residents to develop new skills, the course was developed as an additional learning and reflection opportunity.

In permaculture, ecosystems are designed to work together. Every element from plants to soil microbes influence and support the whole system. Similarly in therapeutic communities every human 'element' contributes to the creation of a shared environment where healing and growth can take place.

At their heart, both systems are grounded in an ethical commitment to care and respect for natural processes. Permaculture's core principles – care for the earth, care for people, and fair share – blend ecological and human health. Therapeutic communities, likewise, emphasise empathy, accountability, and the importance of safe, structured spaces that honour each individual's journey.

Both models empower people, value diversity, and build resilience, creating supportive environments designed for sustainable, long-term growth.

This presentation highlights the potential for cross-disciplinary learning and shows how ecological design and mental health practices can inspire each other and lead to the creation of innovative person-focused healing pathways and strategies.

Mohammed Anwaar, Hope Community Services

Mohammed Anwaar is the Manager of Hope Springs Therapeutic Community, a long-term residential rehabilitation facility in WA's Midwest region. Mohammed has 15 year's experience in alcohol and other drugs (AOD) and mental health, bringing with him skills from previous roles in New Zealand India.

Harley Royce, Hope Community Services

Harley Royce is the Facilities Manager at Hope Springs. More than just looking after the property, Harley is involved in identifying and developing opportunities for residents to learn new skills, whether they be practical or emotional. Harley was one of the driving forces behind the introduction of the 16 week permaculture course.

## Lived and Living Experience: Peer Workforce

### Transforming Lives: The Tenacious House Lived Experience Workforce Graduate Program

The Lived Experience Workforce Graduate Program at Tenacious House is an innovative initiative designed to empower clients completing treatment to gain qualifications and future lived experience employment within the Alcohol and Other Drug (AOD) sector.

Internally developed, the program supports individuals with lived experience through a structured pathway, offering volunteering experience and then if suitable, subsequent paid employment with training, mentoring, and support gaining recognised mental health, community services or peer work qualifications. Participants progress with opportunities in roles such as Welfare Officer, LE Peer Worker, Senior Support Worker, and with career development opportunities to more senior roles in the multi-disciplinary teams.

The program's impact is evident in success stories in many who have completed the graduate program and are currently working at Tenacious House or in the sector with other organisations such as Connect MEH, Fiona Stanley Hospital, Rise & Richmond Well-being. These examples highlight how the program fosters professional and personal growth, building capacity for recruitment, retention, and leadership development.

In 2024, Tenacious House and the specialist LE workforce development team in the Mental Health Commission (MHC) commenced co-designing a Lived Experience workforce development pilot project, aligning the program with sector-wide strategies and creating opportunities for new roles and initiatives. Future plans include introducing dedicated LE peer supervision, internal training pathways, and a Lived Experience Specialist to further strengthen leadership within the workforce.

Our presentation will explore the program's transformative approach, demonstrating how lived experience engagement creates meaningful career pathways, builds workforce capacity, and inspires systemic change in the AOD sector

Mark Walker, Tenacious House

Mark Walker is CEO of Tenacious House and has recent lived experience in AOD recovery and residential treatment.

Hayden Thom, Tenacious House Hayden Thorn is the Tenacious House LE Workforce Development Officer with AOD lived experience and has worked in the sector for 5 years. Hayden is leading the new LE Workforce development project and works closely with specialist Lived Experience project officers in the Mental Health Commission to co-design and collaborate. Both presenters have strong industry experience and bring their skills to develop this innovative project in an agile and structured way.

### Integrating lived experience to improve engagement with consumers and community

Holyoake's RISE program (Respond, Intervene, Support, Empower) is delivered in partnership with WA Police and provides targeted early intervention in relation to the intersection of alcohol and other drug (AOD) use and family and domestic violence (FDV).

Operating seven days a week, Holyoake's dedicated RISE counselling team receives direct referrals from WA Police Family Violence Teams, following police attendance at FDV incidents in which they observe substance use is a contributing factor. Referrals are usually for the perpetrator of the family and domestic violence; however, victim-survivors and other family members are also referred where appropriate. Holyoake's role is to provide a timely (usually same day) response, offering brief intervention counselling over the phone and facilitating internal and/or external referrals for ongoing support.

Despite the link between alcohol and other drug use and increased frequency and severity of family and domestic violence, the contribution that AOD treatment can make in addressing family and domestic violence is often under appreciated. This presentation will explain how the partnership between Holyoake and WA Police identified and addressed a significant gap in service delivery. De-identified consumer testimonials will also highlight how working in partnership to provide a timely response and intervention can reduce barriers to accessing services.

Liam Dekker, Holyoake, Clinical Services Manager, North East Metro Community Alcohol and Drug Service (NEMCADS).

Liam has been working in the alcohol and other drug sector for nine years. His experience includes facilitating treatment programs and individual counselling for people in prison and on parole.

Michael Loyd, Holyoake

Michael Loyd is an Aboriginal Peer Support Worker and Provisional Counsellor at Holyoake.

## Exploring lived experience – the innovation and impact on Recovery Journeys

Palmerston Association and MIND Australia are united in a shared commitment to enhance the AOD and mental health support available to clients, their families, and communities. Through our formal partnership, we offer more comprehensive, integrated and holistic services that address the intersecting challenges faced by individuals with co-occurring mental health and AOD issues.

We value lived experience and support the ongoing development of lived expertise-led innovation and transformation in service design and development, alongside improvements in experience, support and opportunity for lived experience workforces.

In the last two years, Palmerston and MIND Australia have partnered together to deliver a range of innovative AOD Peer Support and Mental Health Peer Practitioner roles supporting over 900 people in a range of hospital, residential and community settings across Perth metro. Join us for an engaging presentation and discover how our strategic approach fosters a supportive environment where peers can flourish and make a real difference across our services.

We'll highlight the vital role of lived experience and peer support that looks at the whole person in the context of their daily life, emphasising the unique qualities and experiences peers bring to the journey of recovery. You'll hear from firsthand stories from peers themselves, showcasing their transformative journeys and the impact of peer support workforce development practices that can lead to significant community impact and foster greater inclusion. Come and be part of this exploration into the innovation of peer support as a powerful ally in the journey of recovery.

Andy Niblock, Palmerston Association

Andy is the Executive Manager of Business Development at Palmerston Association and brings over 20 years' experience operating in a range of executive, strategic and operational roles within government and not-for-profit sectors in Australia and the UK. This has included senior management roles in policy development, leading a range of community based and residential AOD treatment services, as well as bid writing and project management roles. Andy holds post graduate leadership qualifications and is a graduate of the AICD. Andy has a passion for social justice and continuous improvement to achieve quality outcomes for individuals, families, and communities.

Pradeep Satya, Palmerston Association

Pradeep Satya is the General Manager at Mind Australia Group for Western Australia Operations. He leads a dynamic team in embedding recovery-oriented practice and lived experience culture in clinical settings through collaboration and partnership. With over 24 years of experience in mental health combined in Australia and New Zealand, Pradeep is committed to integration and partnership to enable system transformations.

## AFTERNOON PRESENTATIONS

Lived and Living Experience: Peer Education

### Stay Bloody Safe: Youth Educating Peers' BBV Campaign

There is little knowledge and many misconceptions about blood borne viruses (BBVs) amongst young people and youth workers in Western Australia.

After community consultation it was evident that there was a significant cohort of young people aged 16-25 who had low BBV knowledge and that there was a need for youthfriendly education on the topic. They identified that pre-existing resources about BBVs was too complicated, boring, fear-based, or focused on certain 'at-risk' populations. These populations requested youth-friendly educational resources on what a BBV is, what BBV testing includes and how to know if they've been tested before, information about the main BBVs, the behaviours that increase risk of BBV transmission and how to prevent getting a BBV.

The Youth Educating Peers (YEP) Project uses a peer model to create relevant health promotional materials for young people. It does this by employing young people themselves to create social media resources that are relevant to them and their peers. By directly involving young people, the Stay Bloody Safe campaign developed a clear pathway for disseminating BBV education.



The Stay Bloody Safe social media campaign was created in response to the gaps identified through community consultation. It was created over 7 months and collaborated with 7 external agencies. The social media campaign was released on 2024 World AIDS Day (1st of December) and continued over 9 days. This process involved extensive consultation and co-design with at-risk communities, ensuring the content resonated with its audience.

To address the gaps identified through community consultation the campaign was youth-led and made to be youth friendly, engaging, stigma-reducing and comprehensible for those with low literacy. This was achieved through 6 social media carousels, 2 posters, and 11 videos. The campaign aimed to educate people of BBVs; destigmatise BBVs and behaviours that increase BBV transmission including injecting drug use; encouraged BBV testing, and methods to reduce BBVs such as accessing NSP services, Pre-exposure Prophylaxis (HIV prevention medication) and safer sex.

The campaign's strategy centered on youth-led content creation, stigma reduction, and accessibility. Key topics included:

- BBV basics (Testing, treatment and prevention, each BBV e.g. HIV, Hepatitis B, and Hepatitis C).
- Behaviors increasing transmission risks (e.g., injecting drug use, pregnancy, sharing needles via piercings, sharing needles via tattoos, sharing razors, and sharing blood in contact sport).
- Testing guidance and prevention tools (e.g., NSP services, Pre-Exposure Prophylaxis).
- Tour videos of local BBV and NSEP services (including Peer Based Harm Reduction and Hepatitis WA)
- Promotion of the Access, Care, and Empowerment (ACE) app for people who inject drugs.
- Campaign resources were released on YEP and YACWA's various social media platforms including Instagram, TikTok, Facebook and YouTube and shared with 3000+ youth sector professionals via email. The resources will be permanently held on the YEP Project's website and social media pages.
- Social media analytics revealed high engagement, with over 66,000 views and over 100 shares. Qualitative feedback included comments like: "Never even thought about this before," highlighting the impact on awareness.
- YEP undergoes an annual evaluation of its social media resources through online surveys for young people and professionals who work with young people. The results of these are not currently available. However, these insights will be available by the time of the conference.

The Stay Bloody Safe campaign exemplifies how well-designed pathways, systems, and strategies can address health education gaps. The youth-led, peer-led, co-designed approach ensured relevance and effectiveness, while the use of digital platforms maximised reach and engagement. Annual evaluations will continue to refine these strategies, contributing to a sustainable model for empowering young people with critical BBV knowledge.

Zoe Sullivan, YACWA

Zoe is an Aboriginal Murri woman. With a Masters in Sexology, she has experience delivering sexual health and blood borne virus education to both young people and the youth sector, currently as the YEP Project Coordinator. With AoD lived experience, Zoe has a passion increasing sexual health and BBV knowledge for young people, First Nations communities and those with AoD lived experience

## Healthy Blood Healthy Body

Healthy Blood Healthy Body is a peer education project that is one of the outcomes of initial research that was conducted by SiREN & Curtin University about increasing Aboriginal people's access to NSPs and the other services they provide. The research was co-designed with First Nations people and asked them what they like and dislike about services like PBHR WA, and about what services could be doing better/more effectively.

Some of the findings were:

- Liked PBHR WA's location.
- Liked nonjudgmental service and friendly staff.
- Disliked location of some other services.
- Some didn't know NSPs existed.
- Talked about shame around injecting drug use and accessing related services.
- Fear of being clocked by family and friends while accessing services.
- Secondary supply of needles and syringes between family/mob is important.
- Yarned about reuse of needles and syringes and sharing of needles and syringes with family/mob.
- Yarned about making services culturally appropriate.

My role is to recruit and train five First Nations people who are also people who inject drugs to be Volunteer Peer Educators. Volunteer Peer Educators will then yarn with other mob who are also people who inject drugs to let them know about:

- PBHR WA services and how to access them (Needle and Syringe Exchange Program (NSEP), Health Clinic, Finger prick testing for hepatitis C)
- Safer injecting.
- Overdose prevention.
- Prevention, transmission, testing and treatment of blood-borne viruses (BBVs) like hep C.
- How to access testing and treatment for sexually transmitted infections (STIs).

The project aims to:

- Increase First Nations people's access to PBHR WA's NSEP.
- Encourage and normalise testing and/or treatment for BBVs and STIs.
- Encourage access to our Health Clinic.
- Help to break down shame by raising awareness of/normalising PBHR WA as a place people can go to look after their health and the health of our mob

In total my volunteer peer educators have conducted 66 talks/yarns with their consumers which resulted in total with 39 incentive payments been made to consumers, 11 of these consumers been new to PBHR WA, after having talks/yarns with the volunteer peer educators most consumers are saying just having and knowing a place like this is here where I can come and talk to people without feeling judged, also knowing that there is a nurse on site and is available when I want to seek out help for my health concerns, knowing you can be tested and receive treatment, and knowing I can access free equipment so I can I use fresh tools. Most of the referred consumers have liked our location as it's near other services they access, none of them felt shame or judged for coming here.

Trina Nelson, Peer Based Harm Reduction WA

Trina Nelson, who is a Balardong Nyoongar Woman, is the worker on the program. This is Trina's first role in the Community Sector. Trina is committed and focused on the task of recruiting First Nations People who inject drugs to participate on the program. Trina adopted a frontline Community Engagement focus that made the project successful.

Kerry Smith, Peer Based Harm Reduction WA

Kerry was our first volunteer peer educator to commence HBHB project in August 24, she has conducted 31 yarns with her peer, friends and family with 19 of those consumers coming in to have yarn with the nurse, Kerry is selective of who she is conducting her yarns with as she wants the people she is yarning with to take care of their health and listen to what she has to say about safer injecting, Hep C and sexual health.

Len Collard, Peer Based Harm Reduction WA

Len come on board after Kerry, he seen my poster at Tranby Hub and come in and asked me about HBHB, we discussed the project and he was keen as, Len has been couchsurfing between family members so visits the Hub in the city on regular basis and has also been a rough sleeper for a few years has built up a lot of connections within the city, this meant Len has had no problems yarning with a large group of people

## Supporting Women at Risk of Alcohol-Exposed Pregnancies: Through Lived Experience

The National Organisation for Fetal Alcohol Spectrum Disorder, NOFASD Australia, has developed targeted resources for Alcohol and Other Drug (AOD) professionals working with women at higher risk of alcohol-exposed pregnancies. This initiative seeks to address gaps in understanding and communication around the risks of prenatal alcohol exposure, particularly in unplanned pregnancies or the early weeks before recognition.

NOFASD Australia collaborated with AOD professionals and lived experience stakeholders, including women who have experienced alcohol dependence and have children diagnosed with Fetal Alcohol Spectrum Disorder (FASD), to co-design resources that foster non-judgmental, supportive care. These tools equip professionals to discuss sensitive topics effectively and provide actionable support.

Key topics covered include:

- Understanding the risks of prenatal alcohol exposure.
- Strategies for initiating compassionate and stigma-free conversations with at-risk women.
- Guidance on utilising available resources and making appropriate referrals for ongoing support.

The presentation will highlight how lived experience informed the development and implementation of these resources, emphasizing their role in driving systemic improvements in AOD practices.

Attendees will gain practical tools, enhanced confidence in addressing sensitive topics, and access to ongoing support via the priority groups project. Funded by the Australian Government and led by the Foundation for Alcohol Research and Education as part of Every Moment Matters campaign, this initiative ensures long-term accessibility and impact for AOD professionals.

Sophie Harrington, NOFASD Australia

Sophie is the (Interim) Chief Executive Officer for the National Organisation for Fetal Alcohol Spectrum Disorders, NOFASD Australia. Sophie has held positions in frontline services and senior management, across a range of sectors, providing services to multiple young people and families impacted by FASD. Sophie has lived experience of FASD.

## Inter-Secting: Mental Health

### Integrated Mental Health and AOD services in regional Western Australia

In response to the urgent need for integrated Mental Health and Alcohol and Other Drug (AOD) services in regional Western Australia, Holyoake launched the Medicare Mental Health Service (MMHS) in Northam in May 2024. Funded by the WA Primary Health Alliance and co-located with the Wheatbelt Community Alcohol and Drug Service (WCADS), this initiative was developed in partnership with the WA Country Health Service (WACHS) Community Mental Health team.

As a first of its kind, this presentation will explore the service's development, implementation, and early outcomes, offering insights into its potential as a replicable model for other regions the nation over.

The MMHS addresses the long-standing challenges of fragmented care by uniting mental health and AOD services under one roof. This co-location promotes seamless transitions between services, enhances communication among providers, and delivers person-centered, trauma-informed care tailored to the needs of the Wheatbelt community. Key elements include flexible service delivery options, multidisciplinary teams, and ongoing community engagement.

This presentation will also share lessons learned, including overcoming resource limitations, fostering cultural integration between teams, and building trust within the community. Preliminary outcomes highlight increased accessibility, improved client satisfaction, and strengthened collaboration among stakeholders.

By detailing the practical steps, challenges, and successes of this initiative, this session aims to inspire similar integrated care models, ultimately contributing to equitable and effective service delivery for individuals facing complex Mental Health and AOD issues in regional and remote settings.

Steve Papadopoulos, Holyoake

Service Manager of the Northam Medicare Mental Health Centre and statewide Prevention program at Holyoake. His lived experience with alcohol and other drugs and mental health inspired a career supporting others. He is deeply passionate about supporting individuals and families to understand the co-existing relationship between AOD and mental health related trauma's that may be impacting their lives.

Nisha Chauruka, Holyoake

Nisha has more than seven years of experience, having built an impressive career spanning emergency acute care and mental health services. Since relocating to Australia two years ago, she has advanced from Registered Nurse to Clinical Nurse Specialist and now serves as a Clinical Nurse Consultant with Medical Mental Health. She has a strong academic foundation which includes a Bachelor's degree in Social Care and Social Policy, a Master's degree in Adult Nursing, and a Graduate Certificate in Mental Health. During the COVID-19 pandemic, her exceptional service and dedication at her former hospital in the United Kingdom earned her a permanent place on their Wall of Fame—a testament to her commitment to healthcare excellence during one of the most challenging periods in modern medical history.

## Interactions between commonly prescribed mental health medications and recreational drugs

4.8 million people, or 18% of Australians, filled a mental-health related prescription in 2022-2023, the vast majority (85%) of which were prescribed by GPs. As such, there is a clear need for accessible information, for both GPs and clients, about the interactions between commonly prescribed mental health medications and recreational drugs. QNADAs Harm Reduction Resources were first developed in 2015 to address this need. Recognising the need to keep the information relevant to both current drug use and prescribing trends, we have just completed and published an updated set of resources.

These resources were created through an iterative consultation with a group of experts which included social workers, psychopharmacologists, addiction medicine specialists, psychologists, and public health experts. The resources provide general information about both the mental health medication and the drugs as well more specific information about their interactions and are designed to encourage dialogue between healthcare professionals and their patients about the potential implications of combining drugs.

QNADA is thrilled to present these resources in the hope that they can reduce the harms associated with recreational drug use, reduce risky behaviours, and improve GP/Drug user relationships by stimulating effective and evidence-based information sharing through both social and professional networks.

Cameron Reid, QNADA

Knowledge and Research Translation Officer at QNADA, where they manage the AOTDS NMDS Data submissions and contribute to writing research-informed submissions to government. Cameron also supports QNADA's system reform activities by developing literature summaries and analysing data. Cameron joined QNADA in early 2024, having recently graduated with a Master's in Governance and Public Policy from the University of Queensland. Their thesis project, supervised by Dr. Natalie Thomas, investigated different perspectives within the debate around regulating MDMA and psilocybin for psychedelic therapy and the treatment of PTSD and depression.

## Implementing Cognitive Screening at Joondalup Community Alcohol and Drug Service

For over 25 years neuropsychological research has consistently demonstrated bidirectional links between dependent alcohol and other drug (AOD) use and cognitive impairment (CI). A significant 50 to 80% of alcohol and, 75% of poly substance using clients experience CI. For AOD clients, executive functioning impairments affect their abilities in cognitive flexibility, impulse control, attention, short term memory, planning, verbal reasoning, problem solving and decision making. These deficits can impact attendance and meaningful engagement in treatment. National guidelines for the management of CI in AOD treatment services recommend cognitive screening as standard practice. With the aim of increasing consumer treatment engagement, achieving treatment goals, and improving treatment outcomes Joondalup North Metro Community Alcohol and Drug Service engaged in a quality improvement initiative by trialling and implementing the Alcohol and Drug Cognitive Enhancement (ACE) program. Developed by the New South Wales Agency for Clinical Innovations and Macquarie University the two-step screening and assessment process identifies AOD clients with CI. If impairment is identified consumers are provided with individual cognitive remediation strategies which are imbedded in client's recovery plan and additional support is available via a 12-week cognitive remediation group program. The group program provides consumers with remedial strategies across domains of executive functioning, memory, and everyday functioning. The implementation of the ACE program has facilitated a cognitively informed strength-based approach to case formulation, treatment planning and clinical reviews, and provide strategies for clients to improve goal directed behaviours such as increased capabilities to remember appointments, develop routines and improve daily functioning.

Michelle Russell, Cyrenian House - North Metro Community Alcohol and Drug Service

Michelle Russell is the Service Manager of North Metro Community Alcohol and Drug Service (NMCADS). As an employee of Cyrenian House she has worked as a clinician at NMCADS since 2015 following post grad studies in psychology as a mature student. Initially employed as a Counsellor at Warwick NMCADS prior to Senior Counsellor then Clinical Coordinator positions at Joondalup NMCADS.

Huda Khan, Cyrenian House - North Metro Community Alcohol and Drug Service

Huda Khan is the Clinical Coordinator at Joondalup North Metro Community Alcohol and Drug Service (NMCADS). As an employee of Cyrenian House she has worked as a clinician at NMCADS since 2018 first a Counsellor prior to a Senior Counsellor position. She completed Masters in Psychology in India before emigrating to Australia and becoming a AHPRA Registered Psychologist in 2002.

## Navigating the Vulnerabilities of Housing and AOD – Holistic Support

This presentation showcases a collaboration that is making a real difference to the lives of individuals experiencing housing instability and homelessness linked to AOD use across Perth. In a highly effective partnership, Anglicare WA and Palmerston Association have joined forces to address the intersecting challenges of substance use and accommodation barriers, providing a holistic response to those most at risk.

Since 2010, the partnership has placed dedicated housing case managers across the south metropolitan corridor ensuring improved accessibility and personalised support for over 1000 vulnerable community members. Recognising the direct connection between AOD use and housing difficulties and instability, this program is uniquely designed to support individuals struggling with problematic substance use, providing a clear pathway out of insecure housing.

Referrals for this program come from AOD services and therapeutic communities, allowing the partnership to reach those in greatest need. Housing case managers work closely with clients to explore a spectrum of housing options, from crisis accommodation to long-term rentals, based on an individual's circumstances and needs using a nowrong door approach.

The program employs comprehensive case management to tackle barriers that impede access to accommodation, such as obtaining ID, gaps in rental history, and achieving employment. By addressing these underlying issues, the Anglicare WA-Palmerston partnership is not just providing housing - it's creating lasting change and opportunities for a more stable future.

Join us to learn how this partnership is making a tangible difference offering a targeted response to those facing the dual challenges of substance use and homelessness

Marie Burman-Wiegele, Anglicare WA

Marie Burman-Wiegele is an experienced and dedicated professional with over a decade of work in the social services and housing sectors. With a strong foundation in working with individuals facing challenges related to homelessness, alcohol and other drugs (AOD), and family stability, Marie has developed a holistic and client-centred approach to case management, focusing on empowerment and sustainable change. In 2022, Marie was honoured to receive the Alice Kingsnorth Scholarship, which provided the opportunity for intensive learning about the intersection of homelessness, housing-first models and AOD services in England. This experience enriched Marie's ability to design and implement strategies that address the complex needs of individuals experiencing homelessness, particularly those with substance use issues. With a diverse background and specialized training, Marie is deeply committed to advancing the welfare of individuals and families facing complex challenges, particularly those at the intersection of homelessness and substance use. Marie's international scholarship experience, combined with extensive practical experience in the field, ensures a unique and informed approach to client care and service delivery.

Gabby Hunwick, Palmerston Association

Gabby Hunwick is a Housing Case Manager with Anglicare WA and the Palmerston Community Alcohol and Drugs Team, providing housing advocacy and support in collaboration with clients. She is committed to providing a person-centred, strengths-based, and trauma informed service.

## "It's not just about teeth!" – Palmerston Farm TC

Teeth are not just about how we chew or smile. Missing teeth or poor oral health can negatively impact on confidence, resilience and self-worth. For people in AOD recovery, chronic dental issues are common, often caused or exacerbated by AOD use. In early 2022, Palmerston Association led a partnership to pilot a free oral health program to improve access to dental treatment for clients in our residential AOD treatment program, evaluated by Notre Dame University. In a pre-dental treatment survey, four out of five clients reported feeling self-conscious and avoiding smiling due to the appearance of their teeth. Lack of confidence, pain, and difficulties eating were also experienced by many clients. Over 80 people have accessed dental treatment through this project since June 2022. The response to the program has been exceedingly positive, with many clients referring to physical, practical and psychological benefits of having 'their teeth fixed'. Many have reflected on how it compliments their AOD recovery goals, their broader wellbeing and bolsters their sense of it being a 'fresh start'. The integration of this trauma informed oral healthcare program within an AOD therapeutic community has already yielded individual and therapeutic benefits beyond expectation. Findings are highly relevant to other populations that face barriers to accessing oral healthcare, and more broadly, to individuals or communities embarking on recovery. As noted by one client, 'it is not just about teeth', it's about mental health, confidence, self-esteem, and hope.... it's a massive part of recovery"

Kristie Rowe, Palmerston Association

Kristie Rowe is the Service Manager at Palmerston Association's Therapeutic Community in Wellard. With a deep passion for the Alcohol and Other Drug (AOD) sector, Kristie has dedicated her career to improving the lives of individuals and families in need. She holds a degree in Social Work from Curtin University and has worked across various community service organizations since 2014. Her career includes impactful roles at Centrecare, focusing on homelessness; Wanslea, supporting family preservation programs; and Accordwest, working in Out-of-Home Care (OOHC). Kristie's extensive experience reflects her commitment to providing quality care and support to vulnerable communities.

Lisa Wood, Palmerston Association

Professor Lisa Wood from the University of Notre Dame is recognised nationally and internationally for her leadership in the homelessness and health field and for her work to reduce health inequalities. In 2017, she founded the Home2Health research team and leads its growing program of innovative, multidisciplinary research and evaluation

## Alcohol Policy

### Insights into alcohol industry influence on policy in WA

Preventing harmful industry influence in the development of public health policy is necessary to improve outcomes in the public interest. Alcohol and other harmful commodity industries use a similar set of tactics to distort public policy in favour of commercial interests, often at the expense of public health and wellbeing. Exposing these activities is an essential first step to achieving healthy public policy free of industry influence.

Effective approaches to prevent and reduce harms caused by alcohol are available; however, there are significant barriers to their implementation. Influence from powerful commercial actors is among the biggest barriers. The tactics employed by alcohol and other harmful commodity industries to distort and obstruct effective public policy are well documented. What is less well documented, is how these tactics are employed at a local level. Using a framework drawn from the literature, we will illustrate common tactics used by the alcohol industry to obstruct public policy in Western Australia, including undermining evidence, creating front groups, misrepresenting health harms, funding disinformation, manufacturing false debates, donating to political parties, and direct access to decision makers.

The alcohol industry has used the full playbook to influence the development of alcohol policy in Western Australia over the last decade. Exposing these tactics where they occur, at all levels of influence, is needed to support progress for healthy public policy and reduce harms from alcohol.

Fraser Edwardes, Cancer Council WA

Fraser Edwardes is the Alcohol Project Officer at Cancer Council Western Australia. He is part of a team that works to inform community discussion about alcohol issues with the aim of reducing the impacts of alcohol on the WA community, including as a cause of cancer. Before joining the team, Fraser completed his Master of Public Health at Curtin University.

### Preventing alcohol harm: strengthening WA's online delivery regulations

Everyone has the right to live free from alcohol harms. However, current online alcohol retail practices and the delivery of alcohol into homes is putting communities at risk. The WA Government can help address the harms experienced by WA communities by strengthening WA alcohol sales and home delivery laws. Supply of alcohol via home delivery continues to grow, as does the growing recognition of its harms, yet there is little understanding of the business practices or user experiences of online alcohol retail platforms. We will share the findings of research Cancer Council WA has conducted and commissioned in 2024 related to online sales and delivery of alcohol. We conducted a desktop audit of the business practices of online alcohol home delivery retailers operating in WA to monitor changes since the introduction of liquor delivery regulations. Cancer Council WA also commissioned research that investigated user experiences of online platforms to purchase alcohol and surveyed people who drink at high-risk levels about their online purchasing experiences.

We found that alcohol can be delivered quickly, at low prices and left unattended at the door, with insufficient age or intoxication checks. The online retail experience prominently featured promotions and recommendations for purchase and contributed to additional alcohol advertising exposure.

Alcohol retailers operating in this environment have taken advantage of the lack of checks and balances, engaging in practices that are putting communities at risk. We will discuss opportunities for policymakers to implement common-sense controls to minimise harm to WA communities

Joelie Mandzufas, Cancer Council WA

Joelie Mandzufas has extensive experience in managing and conducting research that provides evidence to support the creation of healthy environments. As the Alcohol Policy and Research Coordinator at Cancer Council Western Australia, she is part of a team that works to inform community discussion about alcohol issues with the aim of reducing the impacts of alcohol on the WA community.

## Zero alcohol products: a useful tool or is caution needed?

**Introduction:** Zero alcohol products are designed to taste and look the same as alcoholic products, and often share branding with well-known alcohol brands. The rapid emergence of these products has presented potential opportunities for the AOD sector, but also new and additional challenges.

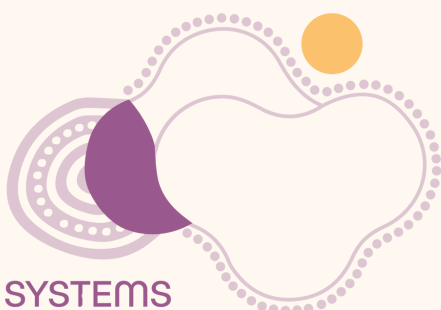
**Policy context:** For some people attempting to reduce or stop alcohol use, zero alcohol products can provide an alternative to alcoholic products, particularly when available in drinking environments. However, the marketing associated with alcohol-branded zero alcohol products adds to the visibility of alcohol promotions in the community. Concerns are emerging about the potential impact of these products on young people and people experiencing dependency on alcohol.

To help inform the AOD sector's response to these products, we will provide an overview of the zero alcohol product industry and predicted developments, the latest and best available evidence into the impact of zero alcohol products, and discuss Cancer Council WA's suggested advice about zero alcohol products to four key population subgroups: children and young people, people who are pregnant or planning pregnancy, people experiencing dependency on alcohol, and healthy adults. We will invite the AOD sector to provide input into the suggested advice.

**Conclusion:** While zero alcohol products may provide an alternative to alcoholic products for some people, it appears that these products are not without risk and that some caution is warranted. This is particularly the case in terms of advice provided about use of zero alcohol products to people experiencing dependency on alcohol.

Julia Stafford, Cancer Council WA

Julia Stafford is the Alcohol Program Manager at Cancer Council WA, leading a team that works to inform community discussion about alcohol issues with the aim of reducing the impacts of alcohol on the WA community, including as a cause of cancer. Julia is also Deputy Chair of Cancer Council's National Nutrition Alcohol and Physical Activity Committee.





## COMMUNITY LED ENGAGEMENT - THURSDAY

### Andrew Armor -Chair

Andrew is Chief Executive Officer of Milliya Rumurra Aboriginal Corporation. Milliya Rumurra is an alcohol and drug service based in Broome. Programs provided include residential rehabilitation, a sobering-up shelter, community based prevention and treatment. Milliya Rumurra primarily offers treatment services for Indigenous residents, however, non-Indigenous people are also eligible to access services.

### Nicole Hewlett

Nicole is a proud Palawa woman working at La Trobe University in the Centre for Alcohol Policy Research Priority Populations team. Nic brings 10 years of knowledge translation experience using strengths-based, healing-informed, culture-centred approaches to benefit Aboriginal and Torres Strait Islander communities at a grass roots level. She sits on the Australian Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines Development Group and was previously a member of the NHMRC Alcohol Working Group, appointed to update Australia's drinking guidelines. Nic is currently completing a PhD on the development and knowledge translation of Australia's first FASD Indigenous Framework.

### Peter d'Abbs

Peter d'Abbs is a sociologist with an extensive research background in alcohol and other drug policy issues and program evaluation. He holds Honorary positions with the Menzies School of Health Research, Darwin, and the School of Public Health, University of Queensland. From 2001 to 2010 he was a Director of the Alcohol Education & Rehabilitation Foundation (AERF—subsequently renamed Foundation for Alcohol Research and Education, or FARE), and in 2007 he was placed on the Honour Roll of the National Drug and Alcohol Awards for his research into substance misuse in remote and regional settings. Between 2016 and 2021 he was a committee member of the National Health and Medical Research Council (NHMRC) Alcohol Working Group appointed to update the NHMRC drinking guidelines.

### Lindey Andrews

Specialist Manager Research and Evaluation, Wungening Aboriginal Corporation.

Lindey has worked at Wungening Aboriginal Corporation for over 12 years. In 2021, Lindey established Wungening's Research, Evaluation, and Engagement team, with a strong focus on community-owned and led research and evaluation. A key focus is working in ways that privilege Aboriginal voices and worldviews and advocating for the tools, frameworks and conditions that make this possible.

Lindey's team has been deeply involved in community engagement, coordinating ongoing conversations with Aboriginal people and Noongar Elders. These processes have created culturally safe spaces for dialogue, ensuring research and evaluation at Wungening are informed by the lived experiences, knowledge, and aspirations of the community.

Through these collaborations, Wungening aims to strengthen its ability to design and deliver programs grounded in cultural integrity and community leadership. This approach not only drives meaningful outcomes but also upholds the importance of Aboriginal-led solutions in shaping a more equitable future.

### Peter Gates

Dr Peter Gates has an extensive career with the National Drug and Alcohol Research Centre (NDARC), starting in August 2002. He has worked on projects investigating alcohol use in young Australians leading to the introduction of the Australian Alcohol Treatment Outcome Measure (AATOM) for dissemination across non-government health organisations. Peter also conducted research on the potency and contamination content of Australian cannabis prior to commencing employment with the National Cannabis Prevention and Information Centre (NCPIC) at its inauguration in 2008. Peter then investigated the barriers users face in receiving treatment specifically for their cannabis use and built on this work through his PhD by developing and evaluating a telephone-based treatment. This treatment was then delivered nationally by the Cannabis Information and Helpline until the unfortunate defunding of NCPIC in 2016. Peter then focused on the NDARC Workplan areas relating to prevention and early intervention and Communities and Families. Peter leads a program of research intended to reduce the harms of alcohol and other drugs in rural and remote communities of NSW. This work involves co-designing and building upon existing community strengths to bring together community concerns and research evidence. To aid in connecting with existing community-led efforts to reduce harms Peter has developed relationships with Local and Community Drug Action Teams (LDATs and CDATs), as well as the Mid North Coast local area health districts and NSW Health (Vaping Taskforce).





📍 Southern Cross Ballroom

## MORNING SESSIONS

8:00AM-9:00AM

**REGISTRATION & TRADE EXHIBITION**

9:00AM-9:10AM

**MC WELCOME**

9:10AM-9:50AM

**KEYNOTE: DR PETER GATES**

COMMUNITY ACTION TO REDUCE AOD HARMS: THE MISSING MANUAL

9:50AM-10:30AM

**KEYNOTE: PROFESSOR ALISON RITTER, AO**

ALCOHOL AND OTHER DRUG TREATMENT PLANNING: CAN GEESE HELP?

10:30AM-11:00AM

**AWARDS SESSION**

11:00AM-11:30

**MORNING TEA**

## WORKSHOPS

📍 Sirius

Rochelle McIntosh, WANADA

**WANADA: Systems  
Advocacy Translated into  
Sector Capability**

📍 Pleiades

Roanna Lobo & Trina  
Nelson, Curtin University &  
Peer Based Harm  
Reduction

**Peer referral program to  
increase access to  
needle and syringe  
programs for Aboriginal  
people who inject drugs**

📍 Orion

Jo Woodruff, Holyoake

**Facilitating community-  
led AOD prevention  
through Collective Impact**

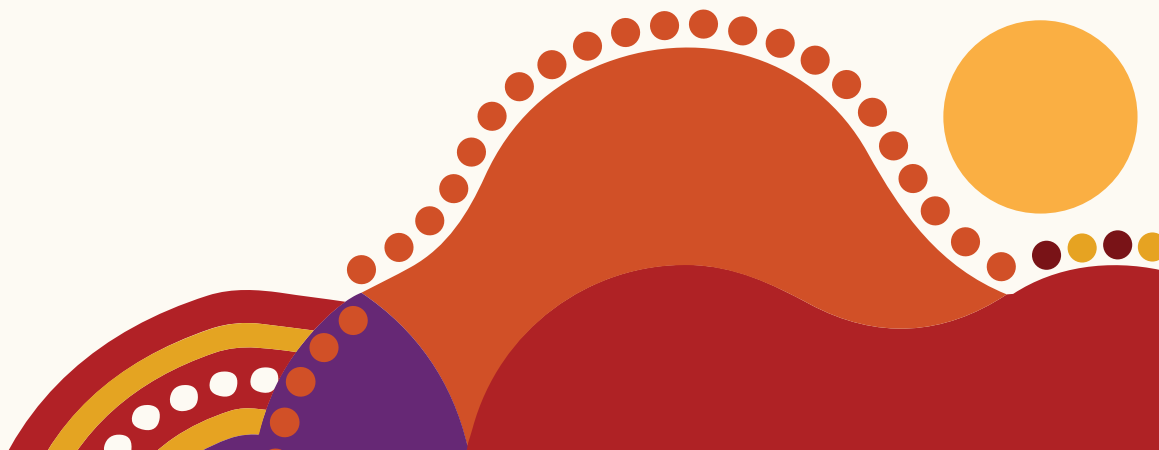
10:30AM-12:30PM

12:30PM-13:30PM

**LUNCH**

13:30PM-14:30PM

**INTERACTIVE SESSION EXPLORING THE PRIORITIES FOR THE  
WA ALCOHOL & OTHER DRUG FRAMEWORK**



## MORNING WORKSHOPS

## Peer referral program to increase access to needle and syringe programs for Aboriginal people who inject drugs

An incentives-based peer referral program was implemented by Peer Based Harm Reduction WA in 2024 and is currently being evaluated by Curtin University as part of the Healthy Blood Healthy Body project. In this workshop, we will share preliminary findings of the evaluation and discuss the role of peer-based models and incentives to increase access to needle and syringe programs by Aboriginal people who inject drugs. Peer educators will share their experiences and workshop participants will have an opportunity to yarn with the project team including factors for successful implementation of peer models in harm reduction settings.

Roanna Lobo, Curtin University

Senior Lecturer in the School of Population Health at Curtin University. Her research uses participatory methodologies to explore perceptions of risk and help-seeking behaviours in marginalised and vulnerable populations and to identify barriers and enablers to accessing services at an individual, community or system level. Findings are used to co-design and evaluate interventions that facilitate increased utilisation of services or to inform evidence-based practice and policy. Research that involves the participation of people with lived experience, especially within migrant and Aboriginal and Torres Strait Islander populations is of particular interest. Bios for the remaining three presenters will be forthcoming. The intention is to invite people with lived experience who participated in the program to co-present.

Trina Nelson, Peer Based Harm Reduction WA

Trina Nelson, who is a Balardong Nyoongar Woman, is the worker on the program. This is Trina's first role in the Community Sector. Trina is committed and focused on the task of recruiting First Nations People who inject drugs to participate on the program. Trina adopted a frontline Community Engagement focus that made the project successful.

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Len come on board after Kerry, he seen my poster at Tranby Hub and come in and asked me about HBHB, we discussed the project and he was keen as, Len has been couchsurfing between family members so visits the Hub in the city on regular basis and has also been a rough sleeper for a few years has built up a lot of connections within the city, this meant Len has had no problems yarning with a large group of people,

## Facilitating community-led AOD prevention through Collective Impact

Everyone has the right to live free from alcohol harms. However, current online alcohol retail practices and the delivery of alcohol into homes is putting communities at risk. The WA Government can help address the harms experienced by WA communities by strengthening WA alcohol sales and home delivery laws. Supply of alcohol via home delivery continues to grow, as does the growing recognition of its harms, yet there is little understanding of the business practices or user experiences of online alcohol retail platforms. We will share the findings of research Cancer Council WA has conducted and commissioned in 2024 related to online sales and delivery of alcohol. We conducted a desktop audit of the business practices of online alcohol home delivery retailers operating in WA to monitor changes since the introduction of liquor delivery regulations. Cancer Council WA also commissioned research that investigated user experiences of online platforms to purchase alcohol and surveyed people who drink at high-risk levels about their online purchasing experiences.

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Jo Woodruff, Holyoake

AOD Community Prevention Team Leader at Holyoake. Jo holds a Bachelor of Applied Science - Physiotherapy, a Graduate Certificate in Agricultural Health and Medicine and a Graduate Diploma in Health Promotion and has over 20 years experience working in the private and public health sectors. She has worked at Holyoake since 2020 in alcohol and other drug prevention roles.

## WANADA: Systems Advocacy Translated into Sector Capability

As the peak body for the WA Network of Alcohol and other Drug Agencies, WANADA's purpose is to lead a shared voice within our specialist alcohol and other drug sector that drives and influences systemic change needed to achieve best community outcomes. The workshop creates a space to share WANADA's approach to influencing systemic change and to demonstrate the application of this approach using a real-time example. With the support of the audience, the workshop will explore key emerging issues that require change across the sector and within services, and how these changes could potentially be supported and maintained. Our discussion will introduce the reality and associated challenges of sector capacity, as it relates to sector development and continuous improvement. Our goal is to facilitate a robust discussion that is grounded by practicality, yet aspires to ensure viable and ongoing sector development to achieve best community outcomes.

Rochelle McIntosh, WANADA

Rochelle is the Manager of Sector Development and Engagement at WANADA, having returned to the alcohol and other drug sector in 2022 following a career that has focused on strategic, organisational and program reform spanning multiple human service areas that intersect with the alcohol and other drugs sector. Rochelle has worked to improve outcomes for vulnerable people through systemic change, and organisation, function, and program re-design and development. Her early work in the alcohol and other drug sector included a key role in the inaugural WA Community Drug Summit (2001) and she received recognition for her contribution to the first WA Interagency Alcohol and Other Drug Strategy. Rochelle's formal qualifications in Psychology and Politics form the basis from which she approaches her work and her understanding of vulnerability in community and is passionate about working strategically and in partnership to improve outcomes for WA's most vulnerable.



## Western Australian Alcohol and Other Drug Excellence Awards 2025

These awards celebrate the outstanding achievements of individuals and programs within the Western Australian alcohol and other drug sector, showcasing their dedication to improving community outcomes.

**Congratulations to our 2025 finalists**

### Awards Presentation on Thursday 7

⦿ **Excellence in Community Development, Capacity and Capability Building (Sponsored by Palmerston Association)**

- AOD Capability Building Project with Patricia Giles Centre and City of Stirling – Holyoake
- The Inner City Alcohol and Drug In-Reach, Outreach and Thru-Care Service in partnership with 360 Health and Community – Cyrenian House

⦿ **Excellence in Improving Alcohol and Other Drug Outcomes for Aboriginal Peoples (Sponsored by Mission Australia)**

- Healthy Blood Healthy Body Peer Education Pilot Project – Peer Based Harm Reduction WA
- Aboriginal Family Support Program – Cyrenian House
- Solid Steps AOD Program at Casuarina Prison – Palmerston Association & Wungening Aboriginal Corporation

⦿ **Excellence in Preventing and Reducing Alcohol and Other Drug Harms in Young People**

- SHIFT Youth AOD Outreach Service – Mission Australia
- Peer Pals – Peer Based Harm Reduction WA
- Moorditj Benang – Building Solid Futures in Young People – Palmerston Association

⦿ **Excellence in Consumer Engagement**

- AOD Lived Experience Representative Training - Cyrenian House
- Engaging People who use Performance and Image Enhancing Drugs - PEDTest Australia

## Award presentation on Friday 8

- ⦿ **Excellence in Reducing the Risk of Alcohol and Other Drug Related Harms**
  - Peel Needle and Syringe Exchange Program – Palmerston Association
  - Enhanced Outreach and Mobile Health Clinics, Case Management, and Peer Support – Peer Based Harm Reduction WA
- ⦿ **Excellence in Treatment**
  - Women's AOD Support Program – Luma
  - Midland Withdrawal & Intervention Centre – Cyrenian House
  - STEPS AOD Reintegration Program at Bunbury Regional Prison – Palmerston Association
  - Turner River Rehabilitation Centre – Yaandina Community Services
- ⦿ **Excellence in Partnerships**
  - RISE Program in partnership with WA Police – Holyoake
  - Alcohol and other Drug Outreach Program - St Patrick's Community Support Centre and Palmerston Association
  - Student Work Placement - Palmerston Association and Marr Mooditj Training Aboriginal Corporation
- ⦿ **Excellence in Working with Families and Significant Others**
  - Attachment Art and Play Program – Holyoake
  - Parents under Pressure Program - Palmerston Association
- ⦿ **Excellence in Translating Research into Practice for Improved Alcohol and Other Drug Outcomes**
  - Alcohol and Drug Cognitive Enhancement Program - Cyrenian House
  - Oral Health Project - Palmerston Farm Therapeutic Community - Palmerston Association

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## Our AOD services include:

- Alcohol and Other Drug Services
- Treatment & Intervention
- Individual & Family Counselling
- Prevention & Education Programs
- Diversion Programs
- Access and Advocacy
- Residential Rehabilitation
- Suicide Prevention



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### Other HOPE services:

- Mental Health
- Youth Mental Health (headspace)
- Family and Domestic Violence Services
- Integrated Health Care for Chronic Conditions
- Justice and Bail Services
- Youth Accommodation Services



## Hope Springs Therapeutic Community

Alcohol and Other Drugs Residential Rehabilitation  
Midwest WA



*"Reaching out is the hardest step to take but is the biggest step to getting back in control of your life"*

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