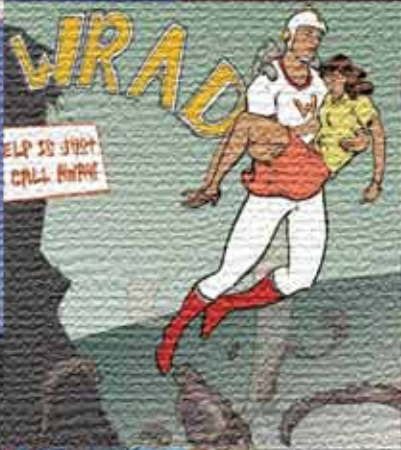




THE WRAD

Tapestry



HOPE

A LIFE WORTH SAVING

A NOTE FROM GEOFF SOMA -
DIRECTOR OF WRAD

In more than 30 years of observation there are so many things that resonate with me in regards to recovery as it relates to alcohol and drugs and mental health.

Struggle is common and pain on many levels is frequent. Staying in touch with who you are and where you come from is often replaced by the haze and the uncertainty of a client's situation. Failure is a regular thought that haunts the individual and shame is often masked by drugs.

Relapse is common and loss of hope is frequent. Hope is replaced by despair and clients are often robbed of time, and feelings of not belonging through years of drugs and mental health related problems.

It does not take long before what they see in the mirror is a distorted version of who they were and where they came from.

Recovery can be a difficult process but over time and with determination and support on many levels clients can achieve remarkable journeys.

Despair, shame, loss of identity and hope can be overcome and I have seen amazing transformations and examples of success on many levels.

These casualties can become heroes and role models for those who have lost their way and they demonstrate the resilience of the human spirit and remind us that all is not lost.



A handwritten signature in black ink, appearing to read 'Geoff Soma', written in a cursive style.

The cover art work celebrates the talent of local artists by presenting a selection of the wealth of images submitted through participation in five years of the WRAD Art in Schools Competition along with the Tears of Hope Book Project and other innovative and vibrant WRAD promotions, projects and activities.

Front Cover Artwork.

- 'A Shoulder to Lean On', Madi Page, Camperdown College 2014
- 'Facing New Hope', Luke Perry, Kings College 2015
- 'Life's Tears', Catherine Maine, Warrnambool College 2012
- 'Small Victories', Rhianna Thomas, SouthWest Tafe 2015
- 'Tattooed Eyes', Eden Cochavi, Brauer College 2013
- 'Amphibian Polydactyly', Felicity Tyler, Warrnambool College 2012
- Cover 'Tears of Hope' book
- Gareth Colliton, Annual Report cover. Commissioned Artwork
- 'Walk With Me', Emily Bakic, Brauer College 2014
- 'Of All The Things I've Lost, I Miss My Mind The Most', Angus Dalziel, Timboon P12 2012
- 'Licorice Allsorts', Madalin O'Toole, Brauer College 2015

Back Cover Artwork.

- Gareth Colliton Annual Report Cover. Commissioned Artwork
- Detail of 'Mixed Emotions', Jorja Sharp, Terang College 2015
- Detail from 'It Gets In Your Head', Connie Savage, Timboon P12 2012
- Detail from 'Butterfly Tears', Fiona Clarke, Commissioned Artwork
- 'Sleeping', Mitchel Prout, Camperdown College 2015
- 'Tides of Emotion', Bailey Timms, Emmanuel College 2015
- Detail from 'Butterfly', Grace Suckling, Emmanuel College 2015
- 'Peace, Love, Empathy. Kurt Cobain', Connie Savage, Timboon P12 2015
- 'Everyones Business', Collaborative Piece Studio Art Classes Brauer College 2015.

We would like to sincerely thank Rick Bayne 'Media Masters' and Fiona Fitzgerald 'Hello Design' for their hard work in helping us bring this book successfully to production.

We also wish to acknowledge the Commonwealth Department of Health for funding the ISI/SMSDGF project, which has enabled The WRAD Tapestry to become reality.

PRECEDE



Pictured: The WRAD Building

The WRAD Tapestry traces the work of the Western Region Alcohol and Drug Centre (WRAD) and its collaborators over the past decade in practicing and exploring integrated care and playing a role in the development and implementation of the recovery model of care.

The recovery model encourages community links, healthy activities and the facilitation of creativity and many of WRAD's initiatives over the past decade have sought to embrace these philosophies.

Some projects have been more successful than others but all have contributed to broader community knowledge of addiction and supported people in their journey to recovery.

WRAD has been proactive in advocating for change and instigating new programs that

attempt to better connect people experiencing alcohol and drug problems with their community.

The WRAD Tapestry takes you through this process and highlights the positive changes that have happened over the past 10 years.

It presents stories about the projects that helped people with addiction problems to recover and reassemble into the community and gave the community a glimpse into the lives of people with drug and alcohol problems.

The book also offers stories of the staff members who made this work a reality and you will hear directly from people who have been touched by AOD problems.

We invite to come on a journey with us through the last 10 years.

TEARS OF HOPE



Pictured: Sharyn Amos

As WRAD moved into new premises at 172 Merri Street in Warrnambool in 2006, a new era of supporting people with alcohol and other drug problems and mental health issues was being ushered in.

It was now commonly accepted that people with AOD issues often had co-occurring mental health issues and many WRAD programs were tailored to address these issues.

TEARS OF HOPE

In 2006 the Tears of Hope booklet aimed to raise public awareness of the problems faced by carers of people with substance related acquired brain injuries.

The workers came from both Indigenous and mainstream services and included Jon Sedgley from the South West Respite Network, Mark Powell South West Healthcare dual diagnosis clinician, Andrew Roberston Lyndoch ABI Services, Jason Mifsud Aboriginal Health Manager South West Healthcare (SWHC), Dr Rodger Brough SWHC Addiction Medicine, Kym Cook Portland District Health, Leanne Wood Gunditjmara Aboriginal Cooperative and Deb Parkinson Emotional Wellbeing Gunditjmara Aboriginal Cooperative.

Overseeing the delivery and development of the project were Sharyn Amos and Daryl Fitzgibbon from WRAD.

The project started with a workshop of carers facilitated by Ian Johnston from Terang Community Health. Through this workshop and Ian's caring attitude, the carers felt supported enough to share their stories with others. Helen Bayne took over the role as coordinator and also organised Indigenous artists to contribute

powerful artwork that so aptly describes the journey for carers.

"We got real stories from carers that were moving and inspiring. I thought the carers were very gutsy for sharing their experiences," Mrs Bayne said.

Sharyn Amos completed audio interviews with each carer who "described their journey openly and shared at some times horrific stories of events that they had to manage on their own".

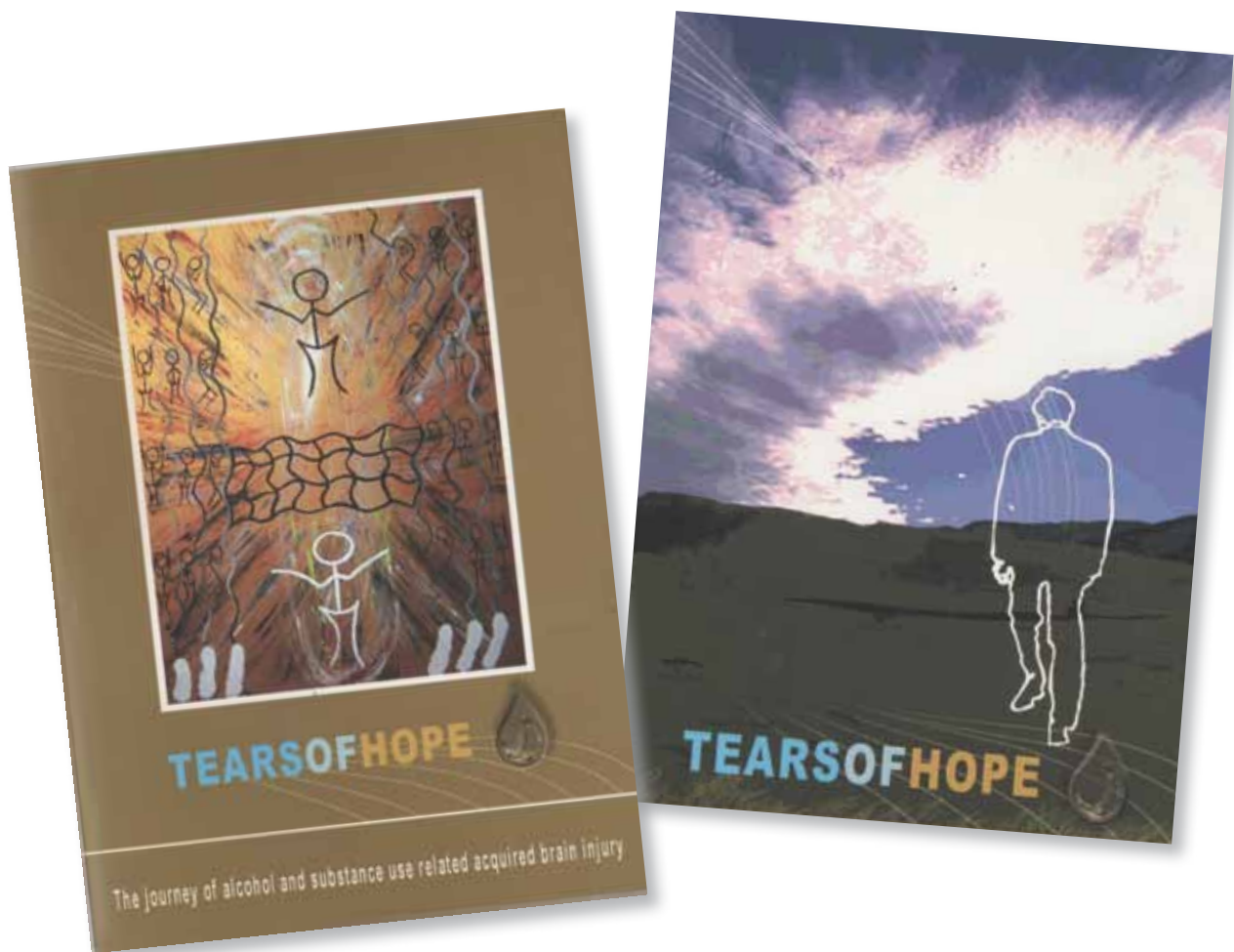
"Their openness with the only payment a cake and cup of tea was the foundation for the identification of the emotions that carers undertake in their role," she said.

The Tears of Hope booklet was divided into two sections sharing the experiences, grief, emotions and hopes of carers of people with substance related acquired brain injuries, and highlighting the problems people with substance related acquired brain injuries and their carers face in the community.

It took an innovative approach with the two sections being accessed by flipping the booklet upside down. Like this booklet, carers of people with this illness find their world is turned upside down.

It takes a special and courageous person to be a carer of someone with a substance related ABI, especially when the person continues to use the substance that caused the illness.

Caring for a person with a substance related acquired brain injury is demanding and the carer will face many challenges. The person they care for may become nasty and may have episodes of verbal and physical abuse. The carer may experience rudeness and be ignored by family and friends. The carer will experience a range of emotions and feelings: anger, sadness, fear, disappointment, anticipation and others.



Pictured: The front covers of the Tears of Hope booklet

The range and extent of emotions experienced by a carer of a person with a substance related ABI have been described as a roller coaster ride, with highs and lows, twists and turns, sudden steep falls and long, slow climbs.

Tears of Hope highlighted that carers are not formally recognised in the treatment system, the lack of local support groups and a general lack of appreciation of the different type of grief experienced.

While doing the interviews, a significant event occurred in the death of a carer through violence. It was a privilege that the project was allowed to use his beautiful art work and Tears of Hope was dedicated to him.

The death illustrated the price that carers have to pay when all they do is love their daughter, son, husband, mother who has a substance ABI.

Tears of Hope was funded by Victoria's Department of Human Services, Disability Services. It was an initiative of the South West Acquired Brain Injury Alcohol and Drug Advisory Committee. This committee started in 1997 as a response to the gap in service delivery for individuals with an alcohol and drug acquired brain injury.

"It was a unique and special time for all involved as workers and carers gladly gave of their time and experience to share with others so that others know that they are not alone," Daryl Fitzgibbon said.

The book has been in use now for more than eight years and is highly valued when anyone is given a copy.

TEARS OF HOPE

In 2000, Frankie was diagnosed with an acquired brain injury caused from alcohol misuse. He continued drinking heavily. In the early stages of his illness, his memory was poor and he had difficulties with his mobility. As his condition progressed, he became totally dependent on his carer to be fed, showered and dressed. He was also incontinent.

Frankie had difficulties with planning and memory. Unrelated to his ABI he had difficulties expressing his emotions. He was unable to talk about how he felt and his future. In 2005, Frankie died of liver failure and a brain bleed. He was 41 years old.

RISK FACTORS FOR AN ALCOHOL RELATED ABI INCLUDE:

- Drinking alcohol for more than 10 years
- Males drinking more than 4 standard drinks of alcohol per day
- Females drinking more than 2 standard drinks of alcohol per day
- Being over the age of 40

TEARS OF HOPE

WE CRY MANY TEARS

OUR TEARS ARE FILLED WITH SADNESS BUT ALSO HOPE

WE HOPE THAT SHARING OUR PAIN WILL BRING COMPASSION

WE HOPE COMPASSION WILL BRING UNDERSTANDING

WE HOPE UNDERSTANDING WILL BRING SUPPORT

WE HOPE SUPPORT WILL BRING RELIEF

WE HOPE RELIEF WILL BRING PEACE

CATCHING THE DRAGON

Catching the dragon



Pictured: Catching the Dragon logo

Started in 2004 and rolling out programs from 2005, Catching the Dragon provided online opportunities to train rural medical practitioners to effectively treat people with alcohol and drug related problems.

The project aimed to implement a special skills training package that drew on experienced and innovative rural practitioners to mentor and train newer rural professionals in delivery of effective treatment to people in country areas with AOD problems.

The project aimed to provide professional development to rural GP Registrars and health practitioners, through on-site clinical experience and mentoring by experienced specialist alcohol and drug practitioners in a rural community setting. It also aimed to develop a web-based support, educational materials and best practice models for intervention and healthcare. The goal was to develop a system which could be replicated in country areas throughout Australia.

This project emerged from a need identified to train rural professionals in delivery of effective treatment to people in country areas with alcohol and drug related problems.

Addiction medical specialists at the WRAD Centre, Dr Rodger Brough and Dr David Richards, recognised that GP Registrars (GPRs) required training in the management of alcohol and drug problems. They also recognised the

reluctance of GPs to deal with AOD patients and the need to challenge the traditional attitudes of GPs towards drug and alcohol patients and their treatment, and to view management of these patients from a multi-professional perspective.

Dr Brough and Dr Richards developed and piloted a clinical placement and Buprenorphine/Methadone Training Program at the WRAD Centre. This pilot confirmed a high level of interest in a short, experiential course in addiction medicine for rural GPRs.

The project was funded by the Alcohol Education & Rehabilitation Foundation Ltd and it was planned to deliver training to 70 GPRs over two years. Resources were developed in collaboration with the University of Sydney.

The project was not without problems. It proved difficult to find a project manager and the early phase of the project experienced many difficulties related to project management.

This was the first time a training program had been delivered by the WRAD team and many lessons were learned along the way. A revised project plan involved appointing a new project manager, Helen Bayne, and the project was revived with a new marketing plan and lower targets. Mrs Bayne said the concept was brilliant but may have been ahead of its time. "With blogs and social media of today, the concept would be more readily accepted," she said.

THERE'S MORE TO LIFE EXPO



Pictured: Flyer for 'There's More to Life' Expo

In May 2005 WRAD hosted the There's More to Life! expo that showcased a diverse range of healthy and life-enhancing opportunities including fitness, social, political, environmental, education, arts and crafts. The expo also showcased some local health and welfare organisations.

It was designed to allow people the opportunity to browse, talk and listen in a relaxed and friendly environment.

The expo also delivered messages that there are alternatives to using alcohol and drugs, to gambling and other addictive behaviours, there is a range of professional help available for people with addiction problems, and there is a network of health and welfare professionals available in Warrnambool for people with an addictive problem.

It also showed how family and friends can play an important role in helping a person with an addictive behaviour.

Raelene Boyle was engaged as the keynote speaker, there were no entrance fees, and other incentives included a free healthy lunch.

There's More to Life! enjoyed excellent attendances of more than 400 people and feedback from people attending was extremely positive.

The main goal of the expo was to promote a wide range of life-enhancing activities and opportunities for people and to inform the community on the professional help available to people suffering from or rehabilitating from

addictive behaviours.

People from 35 local groups exhibited their activities, a stage area hosted five performances and an area was set aside for come and try workshops.

Dr Ian Fairbank addressed the audience on 'essentials of getting a balanced life' and Dr Rodger Brough spoke on 'when should you put your hand up for help?'

As people entered the expo they were greeted by the staff on the WRAD exhibit who also provided information on the services offered by the WRAD Centre.

Gambler's Help counsellors had a stand at the expo and the first 200 people attending were given free show bags filled with products and information related to alcohol and drug treatment programs, problem gambling and information on some healthy activities and opportunities available in Warrnambool.

The Expo was a project funded by the Problem Gambling Local Community Partnership Projects, Second Round 2004-2005.

Project manager Helen Bayne said the expo was "a buzz" and attracted a large audience.

"I understand it was one of the first events WRAD ran for the broader community," Mrs Bayne said. "It helped the public gain a greater understanding of WRAD and its unique place in the local health network. People would come to see Raelene Boyle, who was a terrific speaker, or the community groups and ask about WRAD," she added.

ON THE WORLD STAGE

WRAD played a role on the world stage in 2005 in helping to reduce the risk factors of alcohol abuse on acquired brain injury.

At the sixth world conference on brain injury held in Melbourne, WRAD's Sharyn Amos and South West Healthcare dual diagnosis clinician Mark Powell presented their research highlighting the mental health issues that often stem from alcohol abuse.

Ms Amos and Mr Powell outlined their work with a client group suffering acquired brain injury from chronic alcohol use and head trauma.

They uncovered issues such as people continuing to consume alcohol despite their condition, worker and carer burnout, potential barriers in withdrawal admission criteria, and mental health problems.

A working party was established to review harm reduction opportunities and suggested several

options, including planned admissions to allow clients 'a break', case conferences and support for carers.

They also discussed options for changes in current practice through challenging current delivery of service and suggested more research was needed into case management models and strategies for treatment.

Ms Amos and Mr Powell also presented at the 2006 DANA conference on drug and alcohol issues through the lifespan, discussing the possibility of prescribed abstinence and if there is a place for enforced treatment.

Their paper focussed on clients with a long history of AOD problems, mental health presentations and acquired brain injury.

The primary motivation was to better understand the treatment course for these clients and to consider alternative options.

DUAL DIAGNOSIS CONFERENCE

The South West Rural Dual Diagnosis / Disability Carers Conference 2005 was created because workers in the region had identified that carers of people with mental health issues, disability and alcohol and drug issues were lacking current information on supports and latest treatment options.

More than 150 carers attended and the feedback was of an immense appreciation of the information provided and also the supports of massages and alternative therapies that were donated by Warrnambool Chinese and alternative therapies.

Positive outcomes of the conference included caravan health checks which allowed for

brief intervention on alcohol and responsible drinking and recommended referrals to appropriate supports.

However, not everything went to plan. A youth outreach night failed to attract participants and a youth art project also failed to attract sufficient works.

A scholarship program allowed rural AOD workers to attend an international AOD conference for a week, a unique opportunity to learn at an international level.

Those involved in organising the conference included Peter McMahon from Sage Hill, Andrew Roberston from Lyndoch, Mark Powell SWHC and Sharyn Amos from WRAD.

GETTING AMONGST IT



Pictured: The 'Get Amongst It Day' event was an initiative planned and organised by members of the Dual Diagnosis Advocates Group. Pictured are (left) Jill Reid, Linda Wright, Aoife Dalton. (Right) Angela Alexander, Trudy Marr, Jill Reid and Linda Wright with stall holders

People experiencing both mental health and substance abuse issues were encouraged to 'get amongst it' at a community event on the Warrnambool Civic Green in 2012.

The Dual Diagnosis Advocates Group hosted the free event which featured activities and performers and was designed to invite people experiencing dual diagnosis issues back into the mainstream community.

The advocates group involves professionals from many services across the south west and aims to ensure people who experience dual diagnosis are supported by all services. Members are from South West Healthcare Mental Health Services, including clinicians, consumers and carers, WRAD, Aspire, MIND, Department of Justice, Child Protection, Centrelink, Headspace and Brophy Family and Youth Services.

South West Healthcare Mental Health Services Dual Diagnosis Development Officer Jillian Reid and WRAD Director Geoff Soma said the event focused on inclusion and promotes the notion that everyone regardless of their condition is a valuable member of society.

Stigma associated with mental illness and drug and alcohol abuse can disenfranchise people from the mainstream community which can exacerbate their unhealthy lifestyle and choices.

This event highlighted the supports available for them and that we encourage them to be active members of society.

One in five people will have a mental illness during their life and one in three of those will experience a related substance use disorder.

Get Amongst It was designed to encourage people experiencing a dual diagnosis to get back into the mainstream community. It showcased healthy food, physical activities and fitness, spiritual and cultural information, vocational opportunities, support from government departments, community social groups, and activities and programs for all to engage in to achieve optimal health and wellness.

Get Amongst also highlighted the "no wrong door" philosophy which assists clients to connect with the correct service.

WRADDIS KEEPS LOCAL DATA



Pictured: Dr Margaret Skene

WRAD developed the WRADDIS database to make more effective use of existing data and to have the ability to combine data from a number of sources as required.

WRADDIS supports the delivery of alcohol and drug treatment services and ensures quality clinical and organisational management.

All the required screening tools and outcome measurement tools developed by Turning Point were integrated into the database. It is customisable and additional code sets can be added as required, and it includes a case management and clinical supervision functionality.

The ability to use included data to inform service planning, trends and quality assurance has strengthened service to clients. In addition in routine reports it is possible to create customised data extracts for the purposes of more sophisticated analysis such as for the evaluation of specific projects. It provides centralised intake and assessment functions.

WRAD is committed to a continuing process of enhancement of data management which has the capability to be further developed to meet specific reporting requirements.

WRADDIS databases can be deployed across all sites through this SWARH network to all workers to ensure that data is integrated for analysis and reporting.

Client reports can be exported as pdf files and incorporated into letter and report templates for transmission by secure messaging to other

services. The WRADDIS database is accessible to all AOD staff and information is shared and stored securely via common use of this database. This allows the comprehensive assessment and initial treatment plan to accompany the client throughout their treatment in a timely and secure manner.

The demographic data collected has an additional feature to collect information on families and the involvement of external agencies to improve coordination and alerts to such services as required.

Clients as a part of comprehensive assessment undertake a series of measurable health and psychosocial screens that are delivered and recorded on the WRADDIS database. The client is fully engaged in the process and can enter the data themselves if they so wish.

These individualised screening scores provide the client with the baseline data to use to set treatment goals and measure outcomes and level of progress. All data is analysed to inform local planning.

Former Co-morbidity worker Maya Raschel said the WRADDIS database improved the way WRAD collected and reported data. "It created a way to get feedback around what was happening with each consumer, changes to clinical meetings to provide a multidisciplinary approach to each consumer and carer's treatment, dual diagnosis champions to ensure an integrated type of treatment, dual diagnosis clinical reviews and education sessions, and increased carer and consumer participation.

YOUR PLACE OR MINE?



Pictured: Your Place or Mine Poster

In 2010 WRAD collaborated with South West Healthcare Psychiatric Services to produce a poster *Your Place or Mine* - indicating a no-wrong-door approach to care – which won a state award.

The poster depicting the links between drug and alcohol problems and mental illness was named ahead of 33 others as the best entrant at the Victorian Dual Diagnosis Initiative Improved Services conference in Lorne.

The poster outlines the collaboration between the WRAD and South West Healthcare Psychiatric Services in supporting people with dual diagnosis of mental illness and drug and alcohol problems.

The poster was developed by WRAD clinical supervisor Daryl Fitzgibbon, co-morbidity project worker Maya Raschel and Psychiatric Services' Dual Diagnosis worker Mark Powell, with support from Warrnambool's Spectrum Printing.

Mr Fitzgibbon said the joint efforts between the agencies had resulted in substantial service improvements for clients.

“The poster illustrates how the project developed a culture of collaboration, how common screening tools were developed, how a new database of information was established and how the referral processes was improved to better service the needs of clients,” he said.

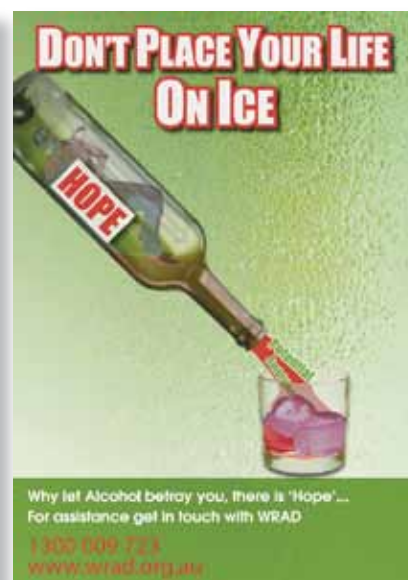
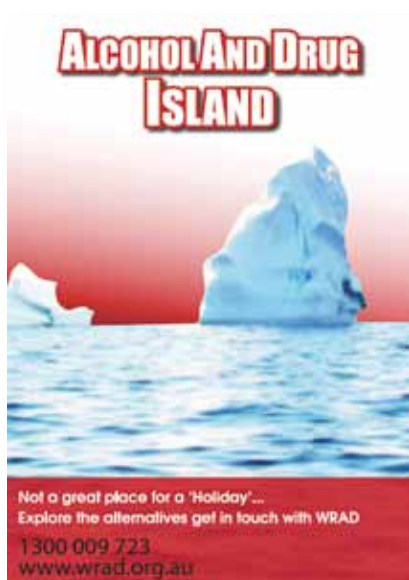
“We have been working to break down the notion of separate silos for care. If someone comes to WRAD for support they are screened for mental health issues and referred for further care where appropriate, and people presenting at Psychiatric Services are likewise screened for drug and alcohol issues.”

The poster was judged as the one which best portrayed efforts to collaborate to provide better services for dual diagnosed clients.

ISOLATING ICE



Pictured: Flyers for 'Isolating Ice' Campaign



In 2011 WRAD adopted a theme based around 'ice' in its promotional campaign for Drug Action Week. 'Alcohol and Drug Use Isolates You' and 'Cannabis Freezes Opportunities' were two of the slogans adopted for the campaign.

The art featured icebergs, an appropriate metaphor.

"The possibility for long term damage to health, reputation and potential from is often hidden from clear view," said WRAD operations manager Daryl Fitzgibbon

The campaign produced a series of posters, post cards and drink coasters that highlight alcohol and drug issues.

"The themes and simple messages of these cards and posters keep reminding people we have a problem as a community but there is hope and places to share the burden," Mr Fitzgibbon said.

"Often a reminder that you are not alone in your struggle is enough to coax someone back from the edge of despair."

The posters were distributed through local agencies and at health related forums.

AN IMPORTANT LINK

WRADlink was a bold initiative to provide a central hub for people to access services and group programs while addressing their alcohol and drug issues.

A joint project with WRAD the lead agency supported by Community College Warrnambool, Community Connections and Western District Employment Access, the WRADlink centre opened in 2009 and provided services for job preparation, financial advice, gambling advice, relationship counselling, education, living skills and group therapy for a range of drug and alcohol clients.

It aimed to reduce the time spent accessing services from different agencies and to cover gaps in existing services.

It recognised the mental health, physical health and emotional and psychological needs of clients. Their drug and alcohol problems form part of the picture as they also often have relationship, gambling, legal, life skills, education and employment deficits.

WRADlink aimed to fill the time void, previously occupied by substance abuse, with meaningful activity and accomplishment.

“

I have dealt with failure. I need to learn how to achieve success.

Failure is easy; I don't have to do anything it just arrives. Success is a different matter, I have to go out and work for it. But for me going out sober is already success.

**Reflections from a
WRADlink client**

The service was staffed by a project manager and co-located staff from partner agencies delivered an integrated program of activities and education to support the clients in developing a range of life skills and maintaining relationships with one another.

WRADlink created an environment where individuals felt comfortable, particularly in the presence of others in group-based interventions that complemented treatment and outreach services provided by existing services.

WRADlink was successful because it allowed participants space from a political and social culture that's sees them as victims of their own indulgences who need to stop it now.

This is crucial as people with a history of addiction have their own hurdles to jump before they can set their sights on reaching goals formulated by others.

However, despite excellent outcomes for several participants, the centre was unable to secure ongoing funding and did not continue beyond the one-year pilot period.

WRAD was also involved in the education of younger people about the dangers of drugs and alcohol. It supported the Warrnambool Secondary Schools Drug and Alcohol Family Resource Booklet in 2010 and the creation of a 'look after your mate' youth card in 2011.

COLLECTING MORE EXPOSURE



Pictured: Collecta-Bool

Between 2009 and 2013 Collecta-Bool raised the profile of WRAD while also giving collectors across south-west Victoria a chance to show off their collections.

The event became an attraction over the Easter weekend, attracting more than 500 people each year to see displays including old radios, Dr Who, Elvis Presley and Kiss memorabilia, movie posters, model cows, bottles and much more.

There were even old toilet systems on display.

Ostensibly it was a fund-raiser for WRAD but it was also a way for WRAD to strengthen its links with the community. It attracted exhibitors and visitors who would not necessarily know about WRAD or use its services, and it attracted significant media attention across the radio, including television coverage.

Unlike regular markets, Collecta-Bool was an opportunity for collectors to display their items, not necessarily to sell or trade.

The collectors relished the opportunity to show their stuff and numbers of exhibits grew over the life of the event.

By entering an area not connected to the services offered by WRAD, the centre was able to increase its profile to a broader audience through an event that attracted significant media coverage.

WRAD was able to disseminate material at the event about its services.

There was a mix of locals and tourists attending.

The event helped to 'normalise' WRAD and promote it as part of the community.

Having more than 500 people involved in a WRAD event was a great outcome, to be able to record a small financial profit was an additional bonus.

After five years the event was put on hold. It was considered that it had run its race and was becoming too much of a time burden on exhibitors.

However, during its time Collecta-Bool helped to increase the profile of WRAD and strengthen its connections to the local community.

COMMUNITY TIES

Community ties were strengthened through WRAD's involvement with Community South West (CSW), an alliance of about 15 not-for-profit organisations based in the region. CSW was established to provide a representative voice to governments, government agencies and to industry and commerce.

Its mission is "to be a strong influence in developing stronger, fairer and more self dependent local communities".

A COMMUNITY CONNECTION

Located in a residential area close to a shopping centre and regular public transport, the Warrnambool Community House is convenient and accessible as a venue and partner organisations for community development and awareness raising activities.

WRAD began working with the house soon after Angela Alexander started work on the ISI project.

The connection started with discussions to explore how the organisations' values and plans aligned. "At first we just promoted opportunities through the house with posters and flyers, then we began holding carer group meetings and workshops at the house and this became a regular activity," Ms Alexander said.

Late in 2013 the idea was mooted of a free community barbecue at the house on a monthly basis. Several partner agencies were invited to work with WRAD and help prepare food and plan activities.

"It took a lot of planning meetings and trial and error to get it right and begin to attract

Additionally, Community Southwest Ltd members work together to provide efficiencies in administrative and implementation practices and through regular Board and governance meetings consider innovative, strategic and operational matters that may positively impact on our region, the Community Southwest Ltd membership and their respective clients.



Pictured: Community Barbeque at Community House

community members, services providers and clients and various carers and families," Ms Alexander said.

Services were encouraged to bring flyers and business cards and a 'soft' promotional approach was established to ensure people had access to services and information in a new way which had minimum stigma or pressure attached.

The Warrnambool Community House has been, and continues to be, an exceptional partner in this and other ventures, committed to providing quality opportunities to the community by building and promoting a sustainable program of activities.

Apart from the community barbecue and carer meetings, WRAD and the Community House collaborated during 2014 and into 2015 to offer a regular community walk, encouraging people to meet once a week and join in a walk along the Warrnambool foreshore. This aims to enable people to take a gentle supported step into healthier activity without any obligation or pressure.

KICKSTART TO RECOVERY



Pictured: 'Participant Information Kick-Start Program' Flyer

Research suggests that not only does exercise have a positive effect on people's mind and body, there are also links between increased substance use and 'not exercising'.

Taking part in positive fitness orientated activities has been shown to reduce substance use frequency, improve mental health and thus improve likelihood of successful relapse prevention.

In line with WRAD's promotion of increased exercise and fitness activities to clients in response to these research findings and the recovery model of care, it was decided to trial an activity based program in partnership with AquaZone, the Warrnambool City Council fitness and leisure centre.

The program was named 'Kickstart' and the overall aim was to empower and support individuals to make healthier choices and develop sustainable lifestyle changes.

Access to fitness activities as part of an overall individualised plan with the aim of enhancing outcomes for clients in the recovery stage of AOD treatment services forms the basis of the initiative.

The program included a support and orientation phase to help people feel comfortable at the gym; they were also provided with an

assessment and personalised fitness program to make sure they were working towards their own goals. Once engaged in Kickstart, participants also enjoyed access to a range of gym, swim and fitness class options.

A range of success outcomes were achieved through the program, including people going on to join sporting clubs, take up regular gym membership, find employment, report improved health and wellbeing and take on further education in fitness instructing as well as maintaining improved attitudes towards substance use and developing positive strategies to avoid relapse.

Improved Services Coordinator Angela Alexander said her role gave her the opportunity to explore new ideas and opportunities and work holistically with people and families and in community engagement.

Ms Alexander described Kickstart as a particularly enjoyable and rewarding project.

"We built a partnership with AquaZone to help clients engage in tailored fitness activities as part of their overall treatment plan," she said. "Research demonstrates that not only does sedentary behavior increase the likelihood of substance use but conversely engaging in regular activity reduces risk of relapse by creating a positive, alternative coping strategy."

WHEN WORDS ARE NOT ENOUGH



Pictured: Finalists in the WRAD Art in Schools Competition with Member for Western Province Simon Ramsay

Introduced as part of Drug Action Week, WRAD's Art in Schools competition gives year 9-12 students the chance to submit expressions of art as it relates to drugs and the mind.

The competition also gives WRAD an opportunity to get a fresh look at AOD issues from the perspective of young people.

Drugs and alcohol often emerge as an issue for young people during their senior school years so the competition was designed to get teenagers thinking about the topics and discussing drugs and alcohol in a relevant manner.

Even if they don't use illicit substances themselves, teenagers will be moving in circles where substances are used and they will see the impacts they can have.

Local school students were encouraged to think about, discuss and illustrate the impact of drugs through the 'WRAD Art in Schools' competition which has been ran annually since 2012'.

"Words are often misinterpreted or awkwardly phrased but art works are open to interpretation, challenge us in a subtle manner and give us time to ponder before making a judgement," Mr Fitzgibbon said.

WRAD became aware that efforts to engage young people in conversation around alcohol and drug issues needed to move beyond the traditional service approach.

As operations manager Daryl Fitzgibbon explains "We were often so keen to let the youngster know what we knew that we didn't fully take into account what they already knew or thought they knew".

To change this outlook, it was decided to tap into the creative talents in the local area and gain an insight into student's awareness of

the impact drugs and alcohol has on us as individuals and in the general community.

The first competition in 2012 was organised by WRAD clinician Trudy Marr who described it was both challenging and exciting.

"As with most projects, the first year struggled to gain momentum and interest from schools," Mrs Marr said. "It was a year of learning what schools liked and didn't like, as far as timing of the competition and how it fitted into curriculum.

Two enthusiastic schools came on board submitting 13 pieces of art work. With well-known local artists on the judging panel, Member for South West Coast Denis Naphine in attendance and \$1250 worth of prizes up for grabs, the closing night of the art exhibition was a buzz.

It has been fantastic to watch this great project grow from strength to strength over the past three years and I am very thankful to have been part of its inception," Mrs Marr added.

The competition is a way to highlight how young people think about drugs and alcohol and the impact they have on their lives. It has successfully uncovered many interesting and thought-provoking pieces of art.

Each year the theme of the competition has been adjusted to reflect the theme of Drug Action Week. It has focussed on how drugs impact on the mind, mental health and on families and communities.

Art teachers have consistently told WRAD that the competition has generated interesting discussions among students about drugs, which is one of the main goals.

“

Pictures are poems without words you can feel the passion in the colours, pain in the expressions and the variables of mood in the use of light and shade. We all take a message from an artwork although personal these individual messages can help provoke healthy debate about local drug and alcohol issues.

Daryl Fitzgibbon



Pictured: Trudy Marr with some of the artworks in the First WRAD Art in Schools competition in 2012. Photograph; Damian White. The Standard Newspaper.

There has been growing interest in the competition with more entries each year from a wider variety of schools across the region.

Entries are in a variety of medium, including pen and ink, paint and mixed media. Students use a lot of symbolism and develop many interesting ideas in how they see drugs affecting their communities.

Since 2013 the competition has been organised by WRAD Improved Services Coordinator Angela Alexander.

“In the time I have been in the role, something that stands out as an empowering and effective strategy – both to engage individuals and communities and raise awareness- is offering opportunity for creative expression,” she said.

“I had the benefit of learning from the experiences of that initial project in 2012 before going on to run this exciting initiative annually for the remainder of the project period. Multiple secondary schools across the region enthusiastically participated, with growing numbers of young people exploring themes around drug use and the community, families, recovery and hope.”

Ms Alexander said feedback from students, teachers and families indicated that involvement in the Art in Schools competition provided a valuable opportunity for students to explore, discuss, research, reflect and develop their understanding and awareness of dual diagnosis and the role of others in treatment and recovery. “Displaying the artworks in a local gallery provided not only an opportunity to showcase youth talent but also an invaluable means to share with the community diverse aspects of issues, challenges and roads to recovery,” she added.

The competition has helped WRAD to better connect with young people, schools and to build partnerships with other local agencies and art galleries, while also raising community awareness about drug and alcohol issues.

The art works have been displayed in Warrnambool galleries and used as part of promotional material and in WRAD annual reports. The views of young people on alcohol and drugs and mental health issues are also used by WRAD to tailor future treatment and care planning and are used in publications.

01. Mark Kosh, Geoff Soma (WRAD Director), Dennis Bell, Mick White.



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02. Dennis Napthine with a community member at Collectabool.



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03. Collectabool.

04. Collectabool.

05. Bailey Neave from Brauer College 'Darkness Within' 1st Prize 2014 WRAD Art in Schools.



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06. Artery gallery display 2014.

07. Mick White, Bruce DeVierger with Geoff Soma.



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08. Choir at There's more to Life expo.

09. WADAC crowd 2009.

10. Collectabool.

11. Gareth Colliton and Geoff Soma. WRAD Art in Schools exhibition 2013.



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12. Alex Jones from Brauer College with his prize winning art piece "A Living Death" 2013 WRAD Art in schools competition.



6

13. Emily Bakic from Brauer College with her prize winning art piece "Walk with me" 2014 WRAD Art in schools competition.



7

14. "A shoulder to lean on" Artwork by Madi Page of Camperdown College 2014 WRAD Art in schools competition.

15. Felicity Tyler with 1st prize artwork "Monster in their midst" 2013 WRAD Art in schools competition.



8

16. "Disturbed Within" Grace Brown-Nofatali. Timboon P12 2012 Drug Action Week Art in Schools Competition.

17. 'There's More to Life' crowd.

18. WRAD Art in schools competition 2013, art work on display at the ArtLink gallery.







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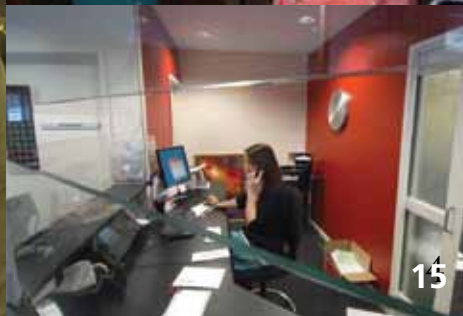
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01. Angela Alexander, Bailey Neave, Helen Taylor, Daryl Fitzgibbon.

02. WADAC Awards.

03. Glenys Philpot OAM and Gareth Colliton judging the 2013 WRAD Art in schools competition with Simon Ramsay MP.

04. Helen Bayne with John Fitzgerald.

05. Ian Armstrong and Jean Wylborne.

06. Father Murphy launches the WRAD 'Tears of Hope' book.

07. Bev McIlroy.

08. Artery display WRAD Art in schools competition 2014.

09. Helen and Dennis Bunyon, following the successful opening night of the 2015 WRAD Art in schools competition.

10. 'There's More to Life' Expo 2005.

11. 'There's more to Life' Expo 2005.

12. 1st Place winner 2014 by Bailey Neave; WRAD Art in schools competition.

13. Brenna Webster with her self-portrait 'Responsive' 2014 WRAD Art in schools competition.

14. Sharon Amos and Felicity Grosse.

15. Emmy Johnston after the opening of the purpose built WRAD building 2006.

16. Emmy Johnston at 172 Merri St. 2006.

17. Open night of the 2015 Art show. Artery Gallery 224 Timor St.

18. Helen Baynes and Jane Micklejohn.

01. Andrew MacKenzie OAM, Guest speaker at the Opening and Awards night of the 2015 WRAD Art in schools competition.



02. Angela Alexander, WRAD improved services coordinator in Standard newspaper 2015.

03. WADAC conference keynote speaker 2009.

04. There's More to Life Expo 2005.

05. Geoff Soma and Carol Maine viewing artwork in the 2015 show.



06. Geoff Soma and Carol Maine admiring Brauer College's Alex Jones' 'Vectors of our Emotions' at the 2015 art show.

07. The WRAD building at 172 Merri St Warrnambool.

08. Community members enjoying one of the monthly free barbeques ran as a joint initiative between WRAD and the Community House at 17 Fleetwood Court Warrnambool.

09. Judges at the 2013 artshow. Simon Ramsay MP, Glenys Philpot OAM and Gareth Colliton Curator at Warrnambool Art Gallery.

10. John Bell and Mark Sonogo.

11. Helen Taylor presents Winner Bailey Neave with 1st Prize. 2014 Art Awards.

12. 'Minds of Despair' Tiarni McClelland Timboon P12. 2012 WRAD Art in Schools Competition.

13. Geoff Soma, Helen Bayne and Katrina McCarthy.

14. There's More to Life Expo.

15. Belly Dancing activity at community BBQ by WRAD and the Community House.

16. There's More to Life Expo.

17. There's More to Life Expo.

18. Jean Wylborne.



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IN THE WORDS OF CLIENTS

GHB

The oily, bitter tasting fluid slid down his throat.

A warm sensation wound its way to his stomach, and fifteen minutes later a much amplified warm feeling came up from the stomach, travelling to his brain where it burst like a bubble; releasing a euphoric feeling that took him to a plateau of simple bliss, where everything and everyone radiated beauty and love.

These feelings and emotions continued unabated for almost two hours until, almost as quickly as they came on, they faded away.

And with no noticeable comedown or hangover, he found himself totally straight and very clearheaded.

Now it is time for more GHB.

“

Dear Alcohol...

I hate you.

I only used to have one or two glasses of you. Then you took over my life and turned me into an alcoholic. I drank you from morning to night.

You have cost me a lot over the years. My eldest son doesn't have much contact with me because of you. He didn't even want me at his wedding. You have cost me a lot of money, heartache for my family and I rarely see any of my friends now.

You have also messed with my health. Because you made me drink so much, you didn't allow much room for food, so hence I lost a lot of weight. At one stage I was only 38 kg, you nearly made me die.

Because of the way you affected me I have been in hospital many times and also various rehab centres 4- 5 times.

I may not drink you for a while, but you always come back to haunt me. You tell me that if I have a drink or two I will relax and forget my problems; even though you know they will still be there tomorrow and I will go and buy more of you.

You have made me tell many lies and feel very guilty.

You took away my self-esteem, and always made me isolated and feel depressed.

As for self-confidence, I now don't have any...nor self-esteem.

HOPE

*In a minute, I'll be high
In an hour, I'll be flying
In this, my drug dazed state
My body's slowly dying.*

*In a week, I'll be hooked,
In a month, I'll think I'm Queen.
Of all the pleasures that I've tasted,
This, is by far supreme.*

*In a moment, I've changed my life,
In a year, destroyed my loves,
My children cry, for I am blinded,
By this toxic rush.*

*In an instant, they are gone,
In a shattered shell I'm left.
My Guilt, it is enormous.
My God... Look what I've wrecked.*

*In an ocean, I will swim
A fragile former self
Of skin and Bones, I have no home.
I have no more wealth.*

*In a strangers kindest words,
I catch a glimmer of hope.
If I have a future...
Lay down, the hangman's rope.*

*For I've no want, for no more bad,
'Coz everything,
I really needed
I already had.*

I AM AN ALCOHOLIC

I am an Alcoholic.
Of which I am not proud to say.
Although that is the way I did stray
My family has had other Alcoholics.

I had two cousins die of alcoholism
One I knew was an Alcoholic.
The other I did not know she was
Even her brother did not know she was
Such is the way we hide our alcoholism.

My Great Grandmother
I assume was Alcoholic
She was on my Mother's side
As was one of my cousins
The other, she was on my Father's side.
They all died young, being Alcoholic

If genes have anything to do with it
It makes me feel I inherited it.

With both sides of my family involved
That is why I became involved
It seems to "skip" some generations
Others are "hit" by same generation.

SHARE THE BEAT

CHORUS

*You've opened up my eyes and heart.
To the Joy of Singing and Laughing Again
We share the beat and Shine like stars
I welcome you as my dear friend.*

VERSE 1

The World can be a Trippy Place
I've felt like I'm in outer space
Thanks to you I'm Mostly well again
These strange ideas are my old friends.

CHORUS

*You've opened up my eyes and heart.
To the Joy of Singing and Laughing Again
We share the beat and Shine like stars
I welcome you as my dear friend.*

VERSE 2

I've got a Great Big Compassionate Heart
I love this grace to impart
I will defend the Ostracised
The Stigmatised and Marginalised

CHORUS

*You've opened up my eyes and heart.
To the Joy of Singing and Laughing Again
We share the beat and Shine like stars
I welcome you as my dear friend.*

BRIDGE

I feel like a stranger in a Sacred Land
The Flame in my Heart just won't stand
Until an Angel comes and takes my hand
The Flame burns bright
With you tonight
Together in this band

CHORUS

*You've opened up my eyes and heart.
To the Joy of Singing and Laughing Again
We share the beat and Shine like stars
I welcome you as my dear friend.*

VERSE 3

We met you when you came to sing
And our love shines through this special ring
Thankyou to our new found friends
We hope this choir never ends.

PREPARATION

Bushfires in October
Freezing November
A simmer by Christmas
Despondent in February
Resignation toward March:
Guessing the lyrics
Lifting and uplifting
Resolve and undaunted
For others sad wars
To songs of sad ward
For songs of the future

S.P.F.

Poems

Tis Morning!
Eyes to light from the door;
The kitchen vents Decency.

S.P.F. 2014

'Not this one'
The snippy finger
Turns sideways, downwards,
Every page.

S.P.F. 2014

Growing Older, Waiting;
The Sadness song
Sweetens. Strengthens
Yet; Can you hear it?

S.P.F. 2014

Over the Flowerheart
One thousand deep breaths
Life's filters fall apart.

S.P.F. 2014

There should be Something
Pouring off him;
Old Fashioned Conscience;
Your friend.

S.P.F. 2014



With PTSD, Anxiety, Depression, Alcoholism: The Peace I find

This is how I personally relax:

I play soothing music; birds chirping, the sounds of the ocean.
I just have the quiet music (no voices).

When listening to the music, I imagine being somewhere
(Port Douglas or on an island watching the ever moving sea
and coconuts on the beach).

If I go for a walk, I take in the beauty of nature.
As they say "Go smell the roses."

I look at gardens, again birds chirping etc.

To me nature is a beautiful thing of which most of us take
for granted.

We grumble when it is cold, also hot, when windy and no wind,
raining and no rain etc.

Such is the way nature evolves and adapts to the elements
of weather.

I also look at the clouds and imagine the varying shapes look like
something (e.g. an erupting volcano). See a plane's white streak
and wonder where it is going - hence imagine some beautiful island.

Also the sunrise and sunset with all the colours are also creations
of nature, plus rainbow, the moon etc.

TO ALL MOTHERS

To those we still have and hold in our hearts so dear.

For those of us who have lost our Mums and "kids" of whom have gone before us in days gone by

We pray for them in our own special way and wish them well until we meet again

For the Mums who had sons or daughters that may have strayed or would not be told

In Mum's hearts they will always stay

Mums have problems throughout their lives in varying ways

To raise the kids we loved so dear.

Our sons and daughters may not understand just how our addiction has taken us so far

We continue to love you in our own special way.

WHAT SORT OF LIFE DO I WANT?

Standing on the edge of a high cliff.

Rocks, pounding rough seas, and sharks below me.

Beautiful tropical islands in the distance. A long, and hard swim away. Fraught with danger.

But definitely worth the effort.

Behind me, sloping gentle fields. There's a smog covered, poverty stricken, crime infested city out there somewhere. If I just keep walking along, I'll make it there eventually.

Not much effort involved. But not much reward at the end.

Which option should I take?

The first requires a huge commitment, plus a lot of effort and some scary times. But at the end is paradise and a life of adventure and happiness.

Option two doesn't require a lot of commitment and is just a casual walk away. But at the end is a life of hardships and mediocrity...

Which path should I take?

Which path would you take?

R.I.P

I was there the day your sister gave you your first taste of heroin. It was 1978.

I left you the next year and started my own life. I got married, moved interstate, worked hard and had a house. I always kept in touch with your sister.

Your sister rang me to tell me you had died. It was the mid-1980s. I never asked her what it was that killed you. She never told me. I imagined that the slippery slope had got you, that it was a heroin overdose. But it could have been AIDS, it could have been hepatitis.

I thought about how all the money your family had, and it did not save you. I thought about the privilege and prestige of your class, the prestigious private school education, your quiet and unassuming intelligence, the fabulous job you had, all to no avail, squandered. Wasted. Lost.

I thought about how you missed out on a family of your own. How you missed out on a life, a home, middle age, grand children.

How lucky I feel, that I did not do what you did that day.

I am really sorry you died. RIP.

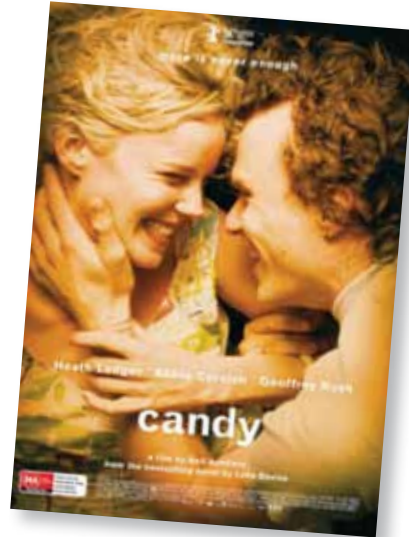
FILM NIGHT/ PANEL DISCUSSION AT WRAD

FILM NIGHT/ PANEL DISCUSSION

For those affected by Alcohol and Drug use. Clients, Carers and Family members are all welcome.

Candy

NOTHING SWEET ABOUT ADDICTION



A drug addict, showing the despair and the decline of a life with narcotics.

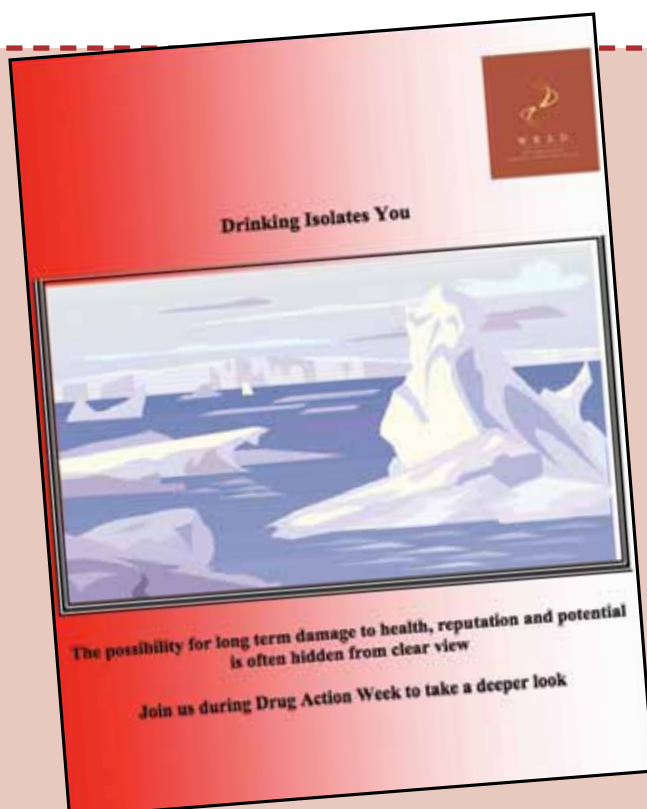
The film is broken into three parts, Heaven, Earth and, predictably, Hell. Like many other drug based films, you can trace the arc of the storyline in the sky, and it becomes readily apparent what the eventual fate of these characters is going to be.

Join WRAD, the local Psychiatric service and special guests to dissect this movie and add your personal insights.

Our local services would like to be more on tune with the needs of carer's and families and this is a unique opportunity to have your say. Our eventual goal is to set up a carer's group that can participate in discussions around service provision and also add to the education of front line clinicians.

SO PLEASE COME AND JOIN US FOR A MOVIE A SNACK AND A CHAT

VENUE The WRAD Centre 172 Merri Street Warrnambool.



DRUG ACTION WEEK POSTER

DRINKING ISOLATES YOU

Event Title: A Local Look at the Local Alcohol & Drug Issues

Event Details:

Open day at Western Region Alcohol and Drug Centre with a launch of new Drug and Alcohol Educational posters. Also health checks and Alcohol and Drug Screening

Date: Wed 22 June 2011

Start time: 11am / **End time:** 2pm

Expected Number of Participants: 80-100

DEALING WITH ADDICTION

Working with people who face both addiction and mental health problems can be challenging and heartbreaking but also rewarding.

Some of the people at WRAD and other south-west organisations share their experiences about working in the field.

ANGELA ALEXANDER

I took over the ISI Dual Diagnosis role at WRAD in 2012; bringing with me the benefit of a diverse welfare related background - having worked in mental health, disability and community and family services areas in the preceding 12 years. It was interesting to build into that experience new learnings about the specific skills and knowledge of the AOD sector and service delivery as it has been traditionally delivered. Part of my role was not only working within the agency but with other services and the community, requiring consideration of a range of needs and perspectives as well as creative use of existing resources and opportunities.

Collaborative work and the process of learning together reminds me of an ancient tale which tells of a group of blind men and an elephant. The tale warns that indeed our 'truth' can be valid- but others 'truth', although different, can also be valid. It is only by sharing experiences and listening to each other that the 'Big Picture' emerges.

The story relates how a group of blind men each touch an elephant to learn what it is like. Each feels a different part of the animal and each only touches that one part (eg : a leg or the tail or the trunk, a side, an ear or a tusk)

The group then compare notes and learn that they are in complete disagreement as to what an elephant 'is'.

There are many versions of the story but generally argument breaks out as conflict develops from this difference of opinion. The tale then usually tries to find a way to resolve the conflict created through different perspectives

Ideally, they stop arguing, start listening and collaborate to "see" the full elephant. When a sighted man walks by and sees the entire elephant all at once, they also learn they are blind.

Unless we take the time to seek and understand others perspectives we remain blind to the totality of a 'truth'. We can never be sure we have the whole picture and it is important to keep an open enquiring mind. Historically people with 'Dual Diagnosis' or 'issues with both mental health and substance use' have been caught between two treatment services- Mental health and AOD. The Dual Diagnosis initiative, bringing services together for improved client outcomes, has been an interesting journey which I am glad to have been a part of. Consulting with others, sharing experiences, remaining open and reflective leads to better chances for long term better outcomes.

With a passion for working holistically with people, involving families, community engagement and development; I enjoyed the chance to explore new ideas and opportunities within the ISI role. One particularly enjoyable and rewarding aspect for me has been developing the concept for a fitness related program which we dubbed 'Kickstart' and building a partnership with Aquazone to help clients engage in tailored fitness activities as part of their overall treatment plan. Research demonstrates that not only does sedentary behavior increase the likelihood of substance use but conversely- engaging in regular activity



Pictured: Angela Alexander

reduces risk of relapse by creating a positive, alternative coping strategy.

I also have close connections with the local Community House in Fleetwood court and this started discussions which led to developing a monthly community lunch. Other agencies also became interested in this concept and began assisting and supporting the idea, helping with lunch, fun activities, supporting clients to come along and helping with planning and development. The idea being that services are present but not obtrusive- information is available and people can ask questions and seek referrals if they are interested. This collaborative community development strategy helps to bridge some of the gap between the vulnerable and isolated and service support by making an accessible link in a neutral comfortable environment.

The community house also provided a warm, comfortable atmosphere to establish a Carer program- holding monthly focus groups and working on ideas to help families of those with substance use issues.

In the time I have been in the role, something that stands out as an empowering and effective strategy – both to engage individuals and communities and raise awareness- is offering opportunity for creative expression. In 2012 the first WRAD Art in Schools competition was held and I had the benefit of learning from the experiences of that initial project before going on to run this exciting initiative annually for the remainder of the project period. Multiple secondary schools across the region enthusiastically participated, with growing numbers of young people exploring the themes around drug use and the community, families, recovery and hope. Feedback from students,

teachers and families indicated that involvement in the Art in Schools competition provided a valuable opportunity for students to explore, discuss, research, reflect and develop their understanding and awareness of dual diagnosis and the role of others in treatment and recovery. Displaying the artworks in a local gallery provided not only an opportunity to showcase youth talent but also an invaluable means to share with the community diverse aspects of issues, challenges and roads to recovery.

During Mental health week 2013 I also had the chance to work with a group of people with lived experience to develop and run a writing competition. Many of the powerful and moving works which were received are included in this book and at the time they were all displayed at the Warrnambool Art Gallery, which again generated positive feedback from the community and provided an opportunity for creative talent to be celebrated and shared. Since then many people, who did not take part in the actual competition, have nonetheless come forward to share poems and stories which they would like included in this book. They are compelling and powerful, the common theme among people sharing stories and creative works of all kinds has been a strong desire to help others by offering some insight or opportunity to reflect and develop awareness and hope.

This book seeks to bring together a range of perspectives which join together in Collaborative Conversation regarding Dual Diagnosis – Mental Health and Substance use issues. We offer it not as a Totality of truth but hope it will inspire you to reflect, share and continue to seek new perspectives. We hope that you enjoy the experience.

APPRECIATING THE MINOR RAINBOW

BY DARYL FITZGIBBON
OPERATIONS MANAGER
WRAD



Pictured: Daryl Fitzgibbon

I was walking into a local supermarket when two very young children burst out the door. The youngest of the pair turned excitedly to his mother and broadcast "look mum two rainbows". I spun around instinctively and there they were, one majestically framing the horizon with its clearly defined colours and perfect arch. The other was almost opaque, ill-defined, and appeared to be dripping from the sky.

I smiled and warmed to the fact that children of their age don't look for the complexities that distinguish differences, they see the commonalities that are obvious. A rainbow is a rainbow whether startlingly bright or shadowy and pale. I then felt a tinge of sadness wondering for how long these children would continue to see the minor rainbow as an equal to its more brilliant playmate in the sky. I also reflected on when I had stopped listening to the voice of the child in me. When had my life become so cluttered with opinions, options and values? Did I lose some of me being who I thought I had to be? My fleeting brush with self-pity had passed before the children had left my sight but it made me reflect on how complicated our lives had become. I was also acutely aware that my childhood and young adult life were far simpler than these two youngsters could look forward to. They will live in a society that distributes guilt as frequently as it delivers wisdom.

Never in history have the young had so many opinions to filter, options to choose from and material must-haves to feel accepted.

They will join a technology addicted generation who will scan the brightest and darkest minds in search of enlightenment but more often than not will only find confusion. Facebook friends will be numerous but true friends will be few. They will communicate more broadly than any generation before them but many will lose the art of conversation.

Their mobile phone appears to act as the portal through which they are entertained, amused, enraged and saddened; a communication device now seemingly used more often to avoid conversation than engage in it

If only they could retain the eye of the child and continue to accept what they see and not grow older and feel compelled to question why it's there, if it's better than it was or internally debate how they should have felt when they saw it. The burden of regrets that unhappy people carry with them every day are often built from the indecision that too many possibilities bring. Far too many of us fail to settle for the lesser option and see worth in the minor rainbow.

UNDERSTANDING STRUGGLES

BY JOHN PARKINSON

COMMUNITY RELATIONS/MENTAL HEALTH MANAGER
ST JOHN OF GOD WARRNAMBOOL HOSPITAL



Pictured: John Parkinson

Counselling a middle aged widowed mother of two adult children has been a huge learning curve in developing a deeper understanding of people's struggles that lead to a lifetime of substance use. She sometimes presents aggressive, hostile with limited self-emotional regulation and poses a risk to herself and others. Initially she was very wary and was struggling with how to "feed" her addiction which had begun as a 14 year old following a traumatic childhood where she endured multiple violent experiences.

As the relationship developed she began to speak more freely of her challenges, anxiety, depression, flashbacks and the role that alcohol and drugs had played in her life as a coping mechanism. This path led to prison sentences, difficult peer relationships, public housing and the social welfare system. Her husband had passed away suddenly leaving her to raise her two adolescent children, bringing its own set of difficulties as alcohol/drugs were well and truly a part of her daily life.

It appears that this woman has needs similar to us all; to have a sense of belonging, to have a purpose, to love and feel loved, an acceptable identity within the community, a routine/structure and some sort of daily order that manages her stress level. However, due to her earlier experiences these needs quickly became more difficult to attain as the addiction took over in constant search of inner peace. She describes very clearly what she seeks: peace within her own emotional state, a sense of calmness and control over her own thoughts that align with her feelings, a sense of acceptance of herself and others around her. "That is why I take drugs" she says, but accepts that her memory has been damaged due to years of heavy alcohol/ substance use.

A successful treatment pathway is very difficult to achieve as consistency of presentation depends on what is occurring within day-to-day life. However, to provide a regular opportunity to

"vent" without judgement, direct agenda and privacy appears to have reduced the frequency of crisis to emergency services and carer burden.

Active or "deeper listening", socratic questioning, problem solving, stress management, crisis intervention, communication skills training, reflective listening, conflict resolution, normalising, motivational interviewing principles etc. have all been part of the "tool box" sitting within the sessions but it is the flexibility/timeliness of response depending on what were her needs were that seemed to reduce "emotive chaos".

Her struggle as a mother continues, as she worries constantly about her children not heading in the same direction as she has. Seeing her children employed is what she is most proud of, as she believes it is the cornerstone of mental health and fulfils so many of their needs that they are not consciously aware of, as yet! They both have experienced unemployment and now realise that it has numerous unhealthy elements.

There are paradigms that have not yet become apparent in my practice and pharmacotherapy needs to play a role in harm minimisation and/ or when people are ready for change, but the whole person must be treated if success is to be enhanced. Tragically, there is a "dollar figure" on everything in life now, with anecdotal reference to the "human cost" only!

There is much discussion about the integration of services with multiple layers of administrative requirements which begs the question "whose needs are we satisfying?" Accountability for one's actions is essential but there has to be a middle ground somewhere.

There is a definite void within the current workforce of quality and quantity to meet the ever increasing use of alcohol which can lead to illicit substance use as a coping mechanism to manage self-worth/identity and regulate emotional status that is not achieved by more natural sources.

SUPPORT FOR CARERS

Maya Raschel moved to Warrnambool in July 2008 from the United States where she had been working in a youth service that provided inpatient and outpatient treatment for young people with mental health, behavioural, AOD and sexual offending behaviours.

As the WRAD Improved Services Initiative worker- titled co-morbidity worker- she was able to look at the current practices within the service as well as attempt to collaborate other services into WRAD's core business.

"Many positive changes were made throughout my time there and I feel that these assisted in the change of how consumers/carers were treated and provided a conduit between services to become more integrated and collaborative," Mr Raschel said.

Part of the initiative was to create more opportunity for carer and consumer involvement with service development and implementation. "It became important to give users of the services the opportunity to provide their perspective on how they felt the service was meeting their needs but also provide feedback as to how the service could improve," Ms Raschel said.

Carer and consumer support groups were developed, though the process wasn't easy.

"The initial carer support developmental meetings were very difficult as I felt I copped many years of anger from the carers not feeling listened to and had to work hard to earn their respect," Ms Raschel said. "Once it took off we were able to create a carers handbook that



Being a new person to the country and working in this fairly tight knit community was not an easy feat, however I feel that WRAD continued to support the vision I had while in this role and I was lucky to have been given such an interesting and multifaceted role for four years.

Maya Raschel

included stories and information regarding how to cope with a family member or friend with an addiction and or mental health issue from a carer's perspective. The book was printed and distributed throughout the community in 2012 for professionals, family members and those feeling need of more support.

The book detailed strategies that carers have used and found beneficial, explored the current tools available to help carers, identified key carer support groups, and examined the grief and loss felt by a carer when addiction or mental illness kidnaps a loved one.

The carers group became self-sustaining and continues to meet independently of the service today.

Several consumer groups were offered, including the intensive WRADlink five-days-a-week day program.

Other consumer groups included a women's recovery group that utilised trust building initiatives to develop trust among participants of the group but also to assist with learning how to trust others in the future. The group also provided a safe environment for women to work through their individual recovery amongst a group of supportive women who could easily relate the each person's journey.

"The initiative was able to give the service more opportunities to explore treatment modalities, provide more holistic care and grow as an agency".



Pictured: Maya Raschel

Hope is influenced by our experience and history of succeeding or overcoming challenging experiences. Successes lift our feelings of self-worth while failures either harden us for future challenges or deplete our resolve to try again. To meet any challenge the mind has to be ready, anxiety levels appropriate and contingency plans in place if we fail. The effort is exhausting, our carer's are challenged at all levels, never assured of what the next moment or response will bring. They walk a tight-rope of emotion hiding some feelings unsure where to share others. To have the certainty normality brings will never be an attainable goal but to learn consistent approaches that lessen the burden and restore some confidence is achievable.

The experience and ideas of carers is often acknowledged but rarely reaches the print stage without those who feel they know best tampering with the product to the point it no longer reflects the message it was meant to send.

While we sit and ponder their fate, carers are bunkered up all over the state resigned to their fate and muted by their experiences of being duck-shoved by agencies.

Whether Indigenous, Anglo-Saxon, metro or rural, alcohol and other illicit substances do not discriminate in the damage they cause.

MY YEARS IN DUAL DIAGNOSIS

BY MARK POWELL



Pictured: Mark Powell

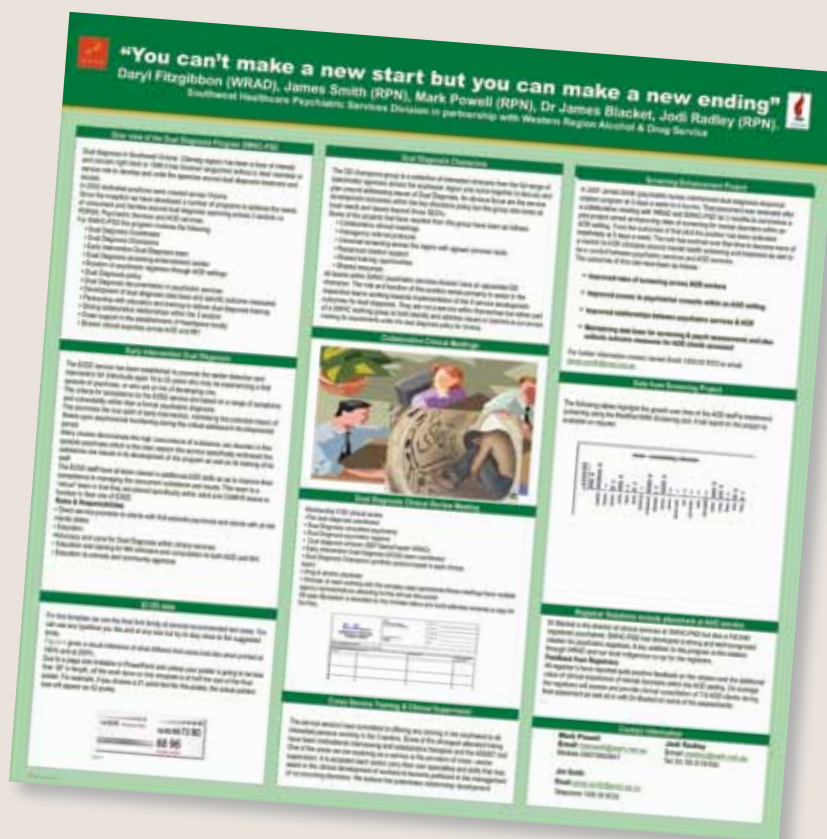
I have been a mental health nurse starting back in 1990 in a psychiatric institution called Brierly. My exposure to dual diagnosis and its chronic impacts was from day one. The ward I started in was a long-term (slow stream rehab unit). The client group consisted of chronic schizophrenia, Bipolar, personality disorders and people with brain injury. Sadly many but not all of them had significant substance use histories as well. There were clients with Korsakoffs syndrome and some of the younger chronically mentally ill also suffered from poly substance use or heavy cannabis use. What we know from research is that if this issue of substance use is not picked up early and at least offered some intervention, the life course of that young person is likely to be marked by several relapses with an ongoing deterioration in functioning.

Thankfully we have learnt a lot more in how to respond to people with co-occurring disorders. After three years working in the institution I moved out to work in a community team that dealt with both crisis and continuing care of people with major mental illness. Not surprisingly substance use issues kept arising in my client group. This led me to undertake specific training in substance use counselling. My goal was to be able to talk to my clients around the risks and complications that ongoing substance use can have on the treatment of mental illness.

Not long after completing that course an opportunity arose from what I consider to be an almost visionary plan by Dr Rodger Brough to undertake a one week course on co-occurring disorders delivered by the University of Wollongong in Sydney. I say visionary because Dr Brough saw that the best approach to this issue was going to involve agency collaboration and true integration. The plan involved staff from mental health services, withdrawal support, substance use counselling and support services and psychiatric disability services. All these agencies sending staff created a great opportunity for bonding and learning similar information. Sadly the vision was not well supported by respective management at the time so lost impetus. In 1998 we applied for funding to establish a dual diagnosis program here but were unsuccessful. From the partnership at least a working protocol between agencies was completed; however without any designated drivers it's hard to say how much it benefited consumers.

Alongside our own journey there was a support network established called SUMHNet (substance use and mental health network). However, we lost contact due to lack of management support and the issues of travel to attend meetings.

In 1998/99 I left psychiatry to work specifically in the AOD sector. It was a great opportunity to focus on counselling and supporting people



Pictured: 'You Can't Make a New Start But You Can Make a New Ending' Poster

with substance use issues but not surprisingly the issue of mental illness was quite prevalent. This was a great opportunity to bring both the skills of mental health training and substance use training to the consumer. My passion for motivational interviewing really developed here as well, which I still use regularly in counselling.

In 2001 the department funded the dual diagnosis initiative with specific positions established in city and rural areas. In 2002 I applied for the role of dual diagnosis coordinator based within mental health services but notionally to be equally distributed between AOD, PDRSS and AMHS.

In a rural area the spread was very thin. I was particularly ambitious about the impact I could have and through trial and error began to realise a more systematic response was required. I joined forces with other rural members of the SUMMIT alliance and through a collegial sharing of resources and practice wisdom we began to shape a more successful model for dual diagnosis capacity building in the region. At the time I was caught between direct client work and agency development and interagency coordination. All these were very important goals but difficult for one person to achieve across so many agencies.

In 2005 the Victorian Dual Diagnosis Initiative was released. Its five key service development outcomes provided greater focus and impetus

to make change, and services were becoming more interested in talking about implementing change. WRAD was an early adopter in introducing things like universal screening and the no-wrong-door philosophy, and became a great ally. In my time as the dual diagnosis coordinator I saw a great number of activities but the one I was most happy with was the acceptance of universal screening tools for both AOD and mental health disorders within mental health services, PDRSS and AOD.

This region should applaud its efforts at increasing the capability of all sectors around co-occurring disorders. We have firm partnerships and regular meetings of agencies as well as shared training programs. There was a dual diagnosis champions group that met monthly to discuss complex cases and share learnings and resources. Like everything, if there aren't people willing to put up their hand to work in this area and hold the passion it can quickly be lost. WRAD as an agency has really embedded some of the dual diagnosis principles into policy and working documents as has the mental health service and PDRSS.

For consumers I hope at a minimum they are at least being asked in a non-judgmental way around both the issues of their mental health and their substance use and that they feel they have an equal say in the treatment directions they wish to take.

MY WISH

JILLIAN REID

PROJECT WORKER

SOUTH WEST HEALTHCARE

MENTAL HEALTH SERVICES



Pictured: Jillian Reid. Jillian Reid, Angela Alexander, Trudy Marr - Get Amongst It Day 2013

Dual diagnosis are words that really don't reflect or even touch on the complexities that people who live with these issues face, either as the person experiencing it or as a family member or friend of that person. Dual diagnosis is a clinical term only and should never be used to label or explain away reasons for a person not getting treatment or access to services. My passion for working with people that mental health and substance use issues impact on is because they are in many ways amazing people as they not only live daily with these issues but get up each day and face challenges that most of us could never imagine. I'm pretty sure that as individuals they did not wake up one day and decide to complicate their lives to such an extent that they would perhaps struggle to reconnect with themselves, their family and friends as well as their community.

SO WHAT'S MY WISH?

I wish that instead of feeling the need to label people we actually spent time to hear their story without any preconceived ideas or limited by what we think our services only provide. I'm not by any means under the impression that all is good and shiny in the world, but I just wonder if we had the chance to work with people in a way that was respectful and welcoming rather than forcing people to fit in a box with a specific label, how they might actually have the chance to reconnect with their life rather than fall further away from it. So as we have been heard to say in Australia "give that person a fair go", I would wish for a fair go at life opportunities for all, no matter what your story is.

DEALING WITH ADDICTION

Expression, whether it be through art or the written word, allows a person facing serious addiction and mental health problems to share their personal experiences in the most intimate fashion.

The following are samples of pieces written by WRAD clients.

OVERCOMING ADVERSITY

Even as a straight 'A' student, I chose to leave school, to get away from my parents, live independently and start full time work.

It was then that at 17 I met and fell in love with my first partner. We smoked a lot of dope and I experimented with magic mushrooms. This ended up with me slowly ending up psychotic, being diagnosed with schizophrenia, placed on medication and then losing my partner.

After that I began to take amphetamines occasionally on nights out with my friends, doing this during most of my 20s.

At about 26 I fell in love with my husband and father of my two children. We had been friends for a long time and planned our children and a married life together. We had two sons who are both beautiful and talented in many ways. I have educated them on the danger of drugs as people with a predisposition to trauma are susceptible as I was- having been abused. Both my children were caused great grief when my brother-in-law tried to take them away; due to recreational drug use. Being with my husband I experimented with opiates, getting my first habit and hated it. Then my husband was diagnosed with cancer and I nursed him for two years before I kissed him goodbye. The kids



were nine months and three years old at that time. I had to do it alone; I put my heart and soul into giving them everything they needed, including sports and the performing arts to benefit their lives. Like all families we have our moments but really, we couldn't be closer.

After 15 years of having no partner by choice, I entered into a new relationship which became severely abusive on all levels. I will say no more about that here as it was very traumatic, basically a living hell and I do not want to cause distress to others who may find it difficult to read.

Despite all I have been through I feel strong and determined to have a good life and refuse to give up believing in myself. You can learn, grow and make yourself a better person. I believe you can use your experiences to help others, which I am able to do by volunteering at South West Healthcare. All good things come to those who are patient and refuse to give up on life. Don't back down against the odds! You have to choose to love and not hate. Choose to care.

Most of all believe in yourself and don't think anything is not achievable. Nothing is impossible and I won't let adversity get the better of me nor rely on a drug habit to get by.

LIKE BEING IN A HORROR FLICK

‘Tom’ presented at WRAD following a substance abusing binge. Having injected about a gram of ice over three days and smoked a lot of cannabis as well, Tom had neither eaten nor slept for days and ended up in the emergency department of his local hospital. He explained: “I had tubes hanging out of me and it was a busy time at the hospital with people coming in after accidents, overdoses and abuse. Seeing what they were going through and listening to screams and crying made me stop and think. It was like being in a horror flick and I could see the path I was going down. I sort of woke up to myself and after that I came to WRAD, which has ended up being the best thing that has happened to me”.

Currently in his early 20s, ‘Tom’ (not his real name) relates a story with a long history of poly substance use – starting to smoke cannabis at 15 and using ice regularly at 18, as well as ‘dabbling in other drugs’. Tom started using drugs heavily on a daily basis; at his worst he was only going out to score, using cannabis every couple of hours as well as a couple of hits of ice.

A breakup with his girlfriend, who was also a drug user, briefly led to a period of elevated use and the binge which became a catalyst for change. Tom came out of this dark period wanting to prove he could change, and ready to accept help. He wanted to reconnect with family and have a future which included them was a motivator and he wanted to make something of himself, to set and achieve goals and dreams and ultimately apply to join the Army.

An important strategy for Tom now is to think of his goals and stay active; to help him stay on track and avoid lapsing into substance dependence again. During his history of drug

using, Tom had been to detox and rehab facilities but found that he slowly returned to drug using behaviours again with no particular direction or focus in his life.

After presenting at WRAD, Tom was impressed to find a different approach than he had encountered previously. “Everyone seemed so open minded and friendly, and the team approach made a big difference. I didn’t feel like a number, people cared and I was well supported and treated like an equal,” he said. Without having to go to other external services, Tom was provided with intensive AOD treatment services through the Therapeutic 4Cs team, a series of sessions with the WRAD psychologist, medical care from one of the WRAD bulk billing medical practitioners and housing through the WRAD Supported Accommodation Program.

Through the ISI program which is funded under the Federal Substance Misuse Service Delivery Grant Fund, Tom was also given the opportunity to take part in “KickStart”; an innovative program operating through a WRAD partnership with the AquaZone fitness and leisure centre operated by Warrnambool City Council. ‘KickStart’ aligns strongly with recovery model principles and is an evidence-based program drawing on research which suggests sedentary lifestyle increases risk of substance use and that people engaged in fitness activities are more likely to develop sustainable positive coping strategies and thus reduce risk of relapse.

Tom was initially supported by a WRAD worker who accompanied him to the gym for the first few visits at an arranged time when all participants worked out in the gym together. The group time provides positive role models, accountability and peer support. The worker also orientated Tom to the facility and



introduced him to staff before organising an assessment appointment with one of the fitness centre personal trainers. Tom was provided with an individual fitness program and a six-week membership card which entitled him to unlimited use of gym, pool and fitness classes. At completion OF Tom's membership, the program was extended for a further six weeks.

WRAD manages referrals to Kickstart through clinical and medical staff, with up to 10 participants at a time engaged in the program. WRAD maintains a weekly time when a staff member attends to support and orientate new participants, provide role modelling and assistance and also closely monitor attendance, through liaison with AquaZone.

Tom agreed that having the WRAD worker there in the initial stages was crucial to his engagement and ongoing attendance. He reported that small things like a weekly text message encouraging attendance at the gym helped to motivate and keep him focused.

The Kickstart program provided a gateway for Tom to other activity-based pursuits and he is now a member of local sporting clubs. Now a regular and keen gym participant, he is saving to pay for a full membership himself and has lodged an application to join the Army. Tom said Kickstart was a "great opportunity and really appreciated". Tom said he did not need a detox or rehab and instead did it all himself- using fitness and the gym as a tool to stay on track and focused on goals.

Tom is registered to start a personal trainer course, along with another Kickstart participant who has also developed a strong connection to the fitness lifestyle and a commitment to sustainable change.

Tom is determined to make the most of all the new opportunities opening up in his life and looking forward to a bright future where he can make a difference for other people.

“

Only six months ago I was like Superman holding kryptonite feeling weak and hopeless, now I just feel like Superman-bulletproof. I know it's important to stay grounded and focused and it's good to have major goals but also stay on track by focusing on little goals. I've got my first fight coming up soon and I'm really looking forward to that...

In the end it's only up to you- but there are people out there to support, help and guide you.

The sky really is the limit once you get going.

WHEN DID IT REALLY START

If you had asked me twenty years ago when did it all start?

I'd have said at 1:00am that morning when I woke in a pool of blood, when the nurses came and couldn't find the heartbeat, at 11:00am when I gave birth naturally to my dead child, when I washed and dressed her, when I returned home and we had a funeral.

I was seventeen, but was it then or earlier?

Was it when I came home from a disco and my cousin was sitting in the lounge room crying and I asked her what was wrong? Mum had cut her wrists; my aunty had come and got my little brother and taken him with her, he would have been ten.

I was thirteen. I can remember most of my life- but that night's a blur.

Or was it the weeks, months, years that followed?

Mum stayed in bed for six months after that night, Nan came and stayed.

I went about life like nothing had happened. Each afternoon after school I'd walk out hoping Mum would be waiting, but it would be Nan or no one and I'd walk home.

Six months down the track, Mum's friend came from out of town, and most of the food that went into the house left. There was a fight -

I can't or don't want to remember the details- but mum got up.

Her and her friend started hanging out with a group of people my Mum and stepdad had told me were druggos when I was younger.

My stepdad had left my Mum for another woman, that's why she cut her wrists. Mum started seeing this bloke that hung with the group.

Mum and her friend had a fight one night, I remember her packing her car as I begged her not to go, she said "your mum's always used me - until she didn't need me anymore and it's happened again I have to go."

As the months went by Mum continued to see this guy; he was a speed dealer and thief. He wasn't long out of jail.

I started having days off school so Mum had someone to hang out with; she was on a single parent pension.

My real Dad worked interstate, drugs were a big part of his life too; Mum and Dad were still friends. The reason they got divorced is still unclear to me (I'm not sure if I will ever know); he'd give mum money but it would mostly go on alcohol and gambling in the start ...only on my brother and I if we had directly asked for something.



Over this time I began to shoplift. I was a teenager and wanted clothes like other kids my age so I'd steal them for my brother and I. Our home was a party house; it would be filled with drunk people on speed and smoking dope every day and every night.

I pretty much took the role of the mum making sure my brother was safe, had tea and I'd steal stuff for his lunch at school. I pretty much stole most of the food that went into the house.

I made some new friends; people that were friends of mum's friends... mostly younger girls a bit older than me. My school friend's parents had heard all things about my Mum's new life and didn't want them near me or me near them.

I was fourteen.

I was a fat teen. I became bulimic; I went from fat to stick thin within months. I started smoking dope along the way. Me and a friend would shoplift stuff the dope dealer needed and swap it for a couple of g's a day.

Was that when it really started?

I could smoke bong at home, that was no big deal to my Mum. The first person I ever seen whack up was my Mum. The first person I ever knew was in the next room having a whack was my mum.

Around that time I met a boy. He was a few years older than me and he did harder drugs. I went months maybe a year, until one day there was no dope around.... that day changed my life forever.

But was it really that day that changed my life forever ...or was this path mapped out for me in my youngest years, a time I don't really remember (and think it's perhaps better that way).

So ask me now..... When did it really start?

The depression, the anxiety, the eating disorders, the drugs?

Well I can't say when but I can say why it started; it started because nothing in my life was or came easy and I was never shown the way, I never had anyone to turn to. I walked through life alone!

Today nearly 20 years later I know the way, I have a family of my own, I'm clean and my mental health is as good as it's ever been.

So now a kind word of advice....

Don't judge the kid on drugs next door, don't hang shit on the boy walking the streets talking to himself, don't poke faces at the girl who goes to the toilet after every feed, if you're going to take time to notice take the time to care because if you do you could maybe stop a life like mine.

WHEN LIQUID HANDCUFFS ARE SHATTERED!

BY SARAH

What happens when you break free of Methadone?

It has been a long, dark road but finally I woke up one morning and found that I was finally free of the tyranny of methadone dependency.

I started to think I would never be drug free. I had been free of illegal drugs for about 11 years and I rarely drink alcohol. I came to Warrnambool about seven years ago to start a new life for myself and my children. We had no car so I had to walk to pick up my dose, not every day but often enough.

The cold winters in Warrnambool cut through my bones as I walked what seemed like miles to the chemist. My children battled with the elements also. The effect of methadone doesn't kick in for an hour so it was a long journey back home with two disgruntled children who

were usually soaking wet. The wind alone made us shiver. Looking back I felt protected by the numbing effect of the methadone- comfortably numb.

It took me four attempts at coming off this powerful drug, many stumbling blocks on the way, to get free and to stay free of drugs forever.

It can be done and it is not true that 'once a drug addict always a drug addict'.

I'm going the straight road, cleaned up my diet, my attitude and am looking forward to a life of 'non-dependency'.

I wrote this only to inspire others in the hope that it brings hope and strength and the knowledge that it can be done.

The greatest of all was Love.

CONCLUSION

The WRAD Tapestry was written in an effort to highlight some of the creative programs that WRAD has supported and encouraged over the past ten years.

The symbolism that a tapestry notionally conveys will hopefully prompt us to view the importance of the little contributions and how they fit into the bigger picture. This in some ways mirrors the steps our clients take on their pathway to recovery.

A tapestry also leaves the option open to add more pieces and whilst WRAD remains a service



Pictured: The management team at WRAD; Geoff, Daryl and Dawn.

provider it will continue to encourage the creation of new and innovative programs.

Thank you to all who have contributed thus far and hopefully this book acts as a catalyst for more new and exciting ventures.

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ACKNOWLEDGEMENT

While the dreamers in our midst get to sketch their ideas in the clouds the pulse of all projects remains on the ground.

Dawn Bermingham has ensured that pulse has remained strong over the past 29 years. She has worked away meticulously in the background

ensuring every project has adequate funding and financial regulation.

Dawn has never sought the lime-light but her hard work has allowed the offerings of others to be produced and displayed.

Thank you Dawn

