APSAD 2025 | DECOLONISING DISRUPTING DECONSTRUCTING

Written abstract examples:

Practice-based/service delivery abstracts

Example 1: Jessica Epifanio Ferreira, From addiction to understanding: Self-compassion as a strategy in addiction treatment – 276 words

Abstract section	Meaning	Example
Background/ introduction	The current state of knowledge or practice – what do we know.	Individuals who have experienced Adverse Childhood Experiences (ACEs) are at risk for substance use disorder and addiction. Individuals who had trauma exposure often use alcohol and other drugs to manage overwhelming stress originated by trauma exposure.
	BUT – something is wrong with what we know.	These behaviours are frequently misunderstood and stigmatized, leading to significant feelings of shame and creating formidable barriers to recovery.
	The missing piece that this paper/presentation/study will address.	Understanding substance use as a behavioural adaptation to overwhelming stress can reshape approaches to treatment and support.
Description of model of care/ Intervention	Main points describing the model of care or intervention	This presentation highlights the importance of integrating self-compassion into trauma-informed care for individuals using substances as coping mechanisms. The intervention involves reframing addiction-related behaviours as survival adaptations, thereby reducing associated shame and promoting recovery. A key component include educating practitioners on the trauma-substance use connection to assist their clients to understand their adaptive behaviours and promote self-compassion.
Effectiveness/ Acceptability/ Implementation	How the model of care or intervention was found to be effective, acceptable or was implemented.	A comprehensive literature review demonstrating how ACEs pose individuals at a higher risk of substance use as a way of coping. In clinical practice, there has been high acceptability among practitioners when this approach is performed to build self-compassion, leading to enhanced therapeutic outcomes.
Conclusion and next steps	What the findings mean and what where to next.	The understanding of substance use behaviours, alongside with the promotion of self-compassion approaches into addiction treatment can bring further therapeutic outcomes, such as reducing shame, and enhancing psychological well-being.
Implications for practice or policy	AND this is why these findings matter to the wider community, clinicians, people with lived/living experience, First Nations people, policy.	Implementing self-compassion interventions broadly in clinical settings can significantly improve outcomes for individuals grappling with addiction. Policy makers and practitioners could: • Promote training programs for professionals on understanding the use of substances as a survival-driven behaviour to attempt regulate intense and overwhelming emotions. This awareness is to promote self-compassion. • Encourage a shift in public and professional perspectives to view substance use as a survival strategy, reducing stigma and enhancing support systems.
Disclosure of interest statement	How the study or researchers were funded if relevant to interpreting the results	None to declare.

Practice-based/service delivery abstracts

Example 2: Lily Foster, "Risk" is a Dirty Word – 278 words

Abstract section	Meaning	Example
Background/ introduction	The current state of knowledge or practice – what do we know.	Navigating the peer worker role within multidisciplinary clinical teams can be like walking a tightrope, especially when the word "risk" overshadows the conversation.
	BUT – something is wrong with what we know.	
	The missing piece that this paper/presentation/study will address.	My journey as a peer worker has been transformed by one radical principle: treating "risk" as a dirty word.
Description of model of care/ Intervention	Main points describing the model of care or intervention	In our multidisciplinary team, we've redefined success with a few bold rules: 1. Leave the Ego at Home: Clinicians prioritize collaboration over hierarchy, valuing all voices equally. 2. Engagement Opportunities: My contributions are recognized and valued in various spaces, thanks to ample engagement opportunities. 3. Risk is a Dirty Word: We maintain awareness of potential risks but shift our focus to building trust and highlighting the strengths and potential of peer workers. 4. Scope with Love: "Scope" is a term of endearment here, emphasizing boundaries while fostering mutual respect and understanding. 5. Empowerment for Growth: I have been enabled to develop and grow my own connections within the sector and community
Effectiveness/ Acceptability/ Implementation	How the model of care or intervention was found to be effective, acceptable or was implemented.	Implementing these principles has created a supportive and productive environment. By valuing each team member's input and maintaining clear boundaries, we provide comprehensive and empathetic care. Eliminating the focus on risk and emphasizing trust has empowered both clients and peer workers, fostering positivity and stronger recovery outcomes.
Conclusion and next steps	What the findings mean and what where to next.	Our success highlights the power of a respectful, inclusive approach in multidisciplinary teams. Moving forward, we aim to refine these strategies further and share our insights to promote best practices in other settings.
Implications for practice or policy	AND this is why these findings matter to the wider community, clinicians, people with lived/living experience, First Nations people, policy.	Our model shows that treating "risk" as a dirty word and focusing on trust can significantly enhance peer support's effectiveness. Broadly adopting these principles could improve collaboration and client outcomes across healthcare settings.
Disclosure of interest statement	How the study or researchers were funded if relevant to interpreting the results	This work is supported by the Alcohol and Drug Service, Tasmania, Australia.

Practice-based/service delivery abstracts

Example 3: Jessica L Daniels, Within Your Wallet – implementing youth AOD harm minimisation strategies into rural communities through creative collaborations – 388 words

Abstract section	Meaning	Example
Background/ introduction	The current state of knowledge or practice – what do we know.	Within Your Wallet is a youth early intervention project funded by the Alcohol and Drug Foundation's Local Drug Action Team (LDAT) program through the Pingelly Brookton LDAT and coordinated by the Wheatbelt Alcohol and Other Drug (AOD) Prevention Coordinator. The project ran as a pilot in 2021 and has continued throughout 2022 to 2024.
	BUT – something is wrong with what we know.	It was identified that in the Southern Wheatbelt. there was increased alcohol and cannabis use, mental health distress, suicidal behaviours and disengagement from school and community among young people (ages 10 to 18 years).
	The missing piece that this paper/presentation/study will address.	To address these concerns, 15 local stakeholders came together with an aim to improve protective factors for young people in the community, through increased access to diversionary activities and awareness of AOD and mental health service providers. In collaboration with young people, Within Your Wallet was conceptualised.
Description of model of care/ Intervention	Main points describing the model of care or intervention	Within Your Wallet has had 4 iterations of the program and operates within 3 primary pillars: - Co-designed wallet cards distributed to young people (approx. 1500) that includes information on age appropriate AOD and mental health support services - Access to free youth diversionary programs in 7 communities by presenting wallet card upon entry, such as swimming pool entry or art classes - An update up-to-date webpage with available diversionary activities as well as support services
Effectiveness/ Acceptability/ Implementation	How the model of care or intervention was found to be effective, acceptable or was implemented.	Over 3 years, approximately 5900 pool, 585 gym and 884 court hire passes have been used, with 3 mixed netball competitions, 1 ultimate frisbee competition and 4 art programs also running for young people to access. At the conclusion of the 3rd iteration, 54% of young people reported an increase in awareness of services, 56% reported an increase in confidence to access services, 62% reported their social isolation had decreased and 94% of young people wanted the program to continue.
Conclusion and next steps	What the findings mean and what where to next.	Due to the program's success, the 5th iteration of the program is expected to begin in October 2025 within the Southern Wheatbelt due to the high demand from young people and the local community.
Implications for practice or policy	AND this is why these findings matter to the wider community, clinicians, people with lived/living experience, First Nations people, policy.	Within Your Wallet highlights the importance of creating programs specific for rural populations that utilises existing networks, instead of trying to mold generic programs into communities. By listening to community and responding through collaboration, we can progress towards creating safer environments for young people to thrive to rural Australia.
Disclosure of interest statement	How the study or researchers were funded if relevant to interpreting the results	Funding for this project was provided by the Pingelly Brookton Local Drug Action Team.

Research abstracts

Example 1: Erin Madden et al, Barriers and facilitators to supporting clients' mental health needs in alcohol and other drug treatment settings – 230 words

Abstract section	Meaning	Example
Background/ introduction	The current state of knowledge – what do we know.	Increasing the capability to respond to mental health needs has been a priority for alcohol and other drug (AOD) treatment agencies for decades, and clinical audits are frequently used to assess organisational capability.
	BUT – something is wrong with what we know.	However, barriers and facilitators for meeting clinical audit standards in AOD services are largely unknown.
	The missing piece that this paper/presentation/study will address.	
Methodology	How the paper/ presentation/study reached its findings.	We conducted a secondary thematic analysis of interviews (n = 32) collected from service managers, staff, clients and their loved ones as part of an audit using an extended version of the Dual Diagnosis Capability in Addiction Treatment Tool among four AOD services. Framework analysis was used to identify perceived barriers and facilitators to meeting clinical audit standards.
Results	What the paper/ presentation/study found.	Themes revealed that systemic gaps beyond the control of AOD services limited their ability to meet audit standards. There was subsequently a fundamental difference in AOD services' holistic, client-centred approach to care and the clinical approach of the audit tool. The AOD services' approach to care in combination with systemic barriers to implementing the clinical approach of audit standards influenced barriers and facilitators to meeting audit criteria at both an organisational and treatment level.
Discussion and conclusions	What the results actually mean.	
Implications	AND this is why these findings matter to the wider community, clinicians, people with lived/living experience, First Nations people, policy.	Systemic barriers outside AOD services' control may limit their ability to meet clinical audit standards. Measures of organisational capability for supporting mental health needs developed in consultation with Australian AOD services are needed that acknowledge these systemic barriers, as well as the strengths of a holistic, client-centred approach to care.
Disclosure of interest statement	How the study or researchers were funded if relevant to interpreting the results	This work was supported by a grant from the Network of Alcohol and other Drugs. The Network of Alcohol and other Drugs is supported by the Australian Government Department of Health and Aged Care. EM is supported by a National Health and Medical Research Council Postgraduate Scholarship (GNT2014180).

Research abstracts

Example 2: Jack Wilson et al, The long-term relationship between cannabis and heroin use: An 18–20-year follow-up of the Australian Treatment Outcome Study – 262 words

Abstract section	Meaning	Example
Background/ introduction	The current state of knowledge – what do we know.	Cannabis use is common among those with opioid use disorders
	BUT – something is wrong with what we know.	but it remains unclear whether cannabis use is associated with an increase or reduction in illicit opioid use.
	The missing piece that this paper/presentation/study will address.	To extend upon previous longitudinal studies with limited follow-ups, the current study examined a within-person reciprocal relationship between cannabis and heroin use at several follow-ups over 18–20-years.
Methodology	How the paper/ presentation/study reached its findings.	The Australian Treatment Outcome Study recruited 615 people with heroin dependence in 2001–2002 and reinterviewed at three-, 12-, 24-, 36-months, 11 and 18–20-years post-baseline. Heroin and cannabis use were assessed at each time point using the Opiate Treatment Index. A random intercept cross-lagged panel model was conducted to identify within-person relationships between cannabis use and heroin use at subsequent follow-ups.
Results	What the paper/ presentation/study found.	After accounting for a range of demographic, other substance use, mental and physical health measures, an increase in cannabis use at 24-months was associated with an increase in heroin use at 36-months (Estimate = 0.21, SE = 0.10, p = 0.03). Additionally, an increase in heroin use at three-months and 24-months post-baseline was associated with a decrease in cannabis use at 12-months (Estimate = –0.27, SE = 0.09, p <0.01) and 36-months post-baseline (Estimate = –0.22, SE = 0.08, p <0.01). All other cross-lagged associations were not significant.
Discussion and conclusions	What the results actually mean.	Although there was some evidence of a significant relationship between cannabis and heroin use at earlier follow-ups, this was sparse and inconsistent across time-points. Overall, there was insufficient evidence to suggest a unidirectional or bidirectional relationship between the use of these substances.
Implications	AND this is why these findings matter to the wider community, clinicians, people with lived/living experience, First Nations people, policy.	Caution should be taken given the emergence of cannabis-based interventions for those using opioids.
Disclosure of interest statement	How the study or researchers were funded if relevant to interpreting the results	The authors have no disclosures to declare. This work was funded by the Australian National Health and Medical Research Council (NHMRC) Project Grant number APP1147212, and supported by an NHMRC PhD scholarship awarded to Jack Wilson, and NHMRC Fellowships to Christina Marel, Katherine L. Mills, Paul S. Haber and Maree Teesson. The project was also supported by Matilda Centre funding.

5-min oral abstracts

Example 1: Siobhan O'Dean et al. Gender effects on the influence of parental alcohol use on children's future drinking behaviour: Insights from the longitudinal study of Australian children – 308 words

Abstract section	Meaning	Example
Background/ introduction	The current state of knowledge – what do we know.	Research shows that parental harmful alcohol use increases the likelihood of similar behaviours in their children.
	BUT – something is wrong with what we know.	Studies have explored the gender-specific impacts of parental alcohol use, but results are inconsistent regarding whether maternal or paternal drinking differently affects sons and daughters.
	The missing piece that this paper/presentation/study will address.	
Methodology	How the paper/ presentation/study reached its findings.	This study reports on secondary data analysis of Waves 4–6 (age range 8–13) and 8 (age range 18–19) of longitudinal study of Australian children. We used logistic and linear regression models to investigate whether mother and/or father's problematic alcohol use prior to child's alcohol initiation was associated with: (i) earlier age of alcohol initiation; and (ii) harmful alcohol use (>10 drinks in the last 7 days); (iii) alcohol related harms at 18–19 years of age. We also investigated whether the effects of mother and father's problematic alcohol use were moderated by the gender of their child.
Results	What the paper/ presentation/study found.	Adjusting for several socio-demographic and individual difference covariates, both mother's (b = –0.48, 95% confidence interval [CI] –0.72, –0.23, p <0.001) and father's (b = –0.30, 95% CI –0.52, –0.08, p = 0.007) problematic alcohol use were associated with a lower age of alcohol initiation. Both mother's (b 0.22, 95% CI 0.07, 0.36, p = 0.004) and father's problematic alcohol use (b = 0.17, 95% CI 0.04, 0.29, p = 0.011) was positively associated with their child's experience of alcohol-related harms at age 18–19. Mother's, but not father's, problematic alcohol use was significantly associated with child's harmful alcohol use at age 18-19 (odds ratio 1.49, 95% CI 1.06, 2.08), p = 0.020. We found little evidence that any of these effects were moderated by the gender of the child (p >0.05).
Discussion and conclusions	What the results actually mean.	Both maternal and paternal problematic alcohol use predict poorer alcohol outcomes in their offspring. Maternal alcohol use may be a stronger predictor of harmful drinking behaviour in late adolescence. These effects are consistent across both sons and daughters. These findings emphasise the need for family-focused interventions that address the broader influence of parental drinking habits, regardless of parent and child gender.
Implications	AND this is why these findings matter to the wider community, clinicians, people with lived/living experience, First Nations people, policy.	
Disclosure of interest statement	How the study or researchers were funded if relevant to interpreting the results	This work was supported by a National Health and Medical Research Council Investigator Grant (APP2026552).

Speaker symposium abstracts

Example: In Progress: Bringing Value Based Healthcare to life Symposium, Leanne Hides chair

Abstract section	Meaning	Example
Aim	Area of interest being addressed by the symposium	Value Based Healthcare provides an innovative framework for delivering high value alcohol and other drug (AOD) treatment in New South Wales. Embedding standard processes of care into practice in a consistent way improves the quality of treatment and provides a platform to improve outcomes for people accessing treatment, for their communities and for those who deliver the specialised treatment. Specifically, it serves to elevate the experience of people reaching out for AOD treatment, many of whom have routinely been stigmatised and discriminated against, in spite of their healthcare needs and goals for support.
	The missing piece that this symposium will address and how.	This symposium will explore in detail specific practices that engage clinicians in providing rewarding high-quality care, that includes the collection and application of self-reported measures central to Value Based Healthcare, recognising that we must focus first on meaningful collection and application. Central to each presentation are the experiences of people and communities who access AOD treatment, and exploration of the approaches and tools that have national application.

Presentation 4 in speaker symposium

Robert Stirling et al. Are we measuring what matters to those working on the frontline and people who receive care to assess value? 330 words

Abstract section	Meaning	Example
Background/ introduction	The current state of knowledge – what do we know.	The alcohol and other drug sector are broadly supportive of the Value Based Healthcare (VBHC) agenda, in that it seeks to improve health outcomes that matter to people; assess the experience of receiving and providing care; and demonstrate the effectiveness and efficiency of that care.
	BUT – something is wrong with what we know.	While much of the process of measurement implementation has taken place from the top down, those on the frontline and people receiving care often bear the brunt of data collection.
	The missing piece that this paper/presentation/study will address.	This presentation will highlight the experiences of those implementing approaches, with a specific focus on those working on the frontline and people who receive care.
Methodology	How the paper/ presentation/study reached its findings.	The study draws on data from focus groups and a Delphi process with policymakers/ funders, non-government organisation providers and people with lived/ing experience against the quadruple aims of VBHC. It also outlines the consultation and mechanisms that have been undertaken to support the implementation of measurements against the aims of VBHC. Mechanisms have involved a range of data system and workforce supports.
Results	What the paper/ presentation/study found.	There is strong alignment from key players on what is important and meaningful to measure. Areas for measurement align with the quadruple aims of VBHC to improve health outcomes; ensure positive experiences of receiving and providing care; and demonstrate the effectiveness and efficiency of care. However, there are differing views on the specific data items and who the data is provided to, when and for what purpose. Further, there

		are challenges with the mechanisms that support data collection, analysis and reporting.
Discussion and conclusions	What the results actually mean.	The significant involvement of those most impacted by the VBHC agenda can support the identification of what needs to be measured. While consistency in measurement has the potential to reduce reporting burden, inform system and service improvement and ultimately the quality of care, appropriate systems and supports need to be place.
Implications	AND this is why these findings matter to the wider community, clinicians, people with lived/living experience, First Nations people, policy.	Listening to the experiences of frontline workers and people receiving care on what is important can significantly improve the collection of data to demonstrate value. These experiences should inform future workforce support and data system development.

Discussion section in speaker symposium example

In Progress: Bringing Value Based Healthcare to life Symposium, Leanne Hides chair

Abstract section	Meaning	Example
Discussion section	How the symposium will be pulled together by the chair/discussant	Questions will be invited at the conclusion of each presentation and then a whole of panel discussion will be facilitated to explore the application of a value-based healthcare approach at a national level. Discussion will explore key themes from the presentations and their implications for national policy and opportunities for wider implementation. Key takeaways will be drawn out and potential next steps for advancing clinician engagement, elevation of the experiences of people accessing alcohol and other drug treatment and ensuring the collection of outcomes that matter to them.