

CAHMA Peer Workforce Development Program

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Canberra Alliance
for Harm
Minimisation &
Advocacy

CAHMA

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Acknowledgement of Country

I'd like to begin by acknowledging the Traditional Owners of the land on which we meet today, The Ngunnawal people, and pay my respects to Elders past and present.

I would also like to extend my respects to all Aboriginal and Torres Strait Islander people in this room.

This land was never ceded, but rather stolen, occupied through genocide and oppression.



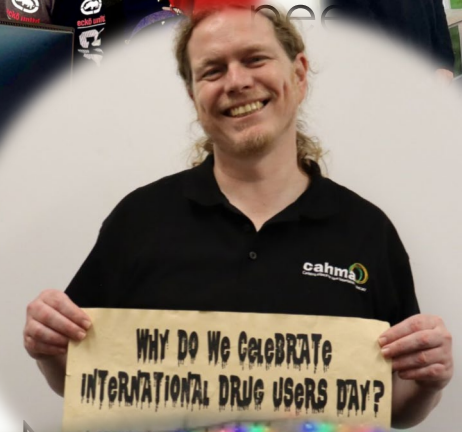
NO

HERE

CONFLICT
OF INTEREST

CAHMA -

arm M



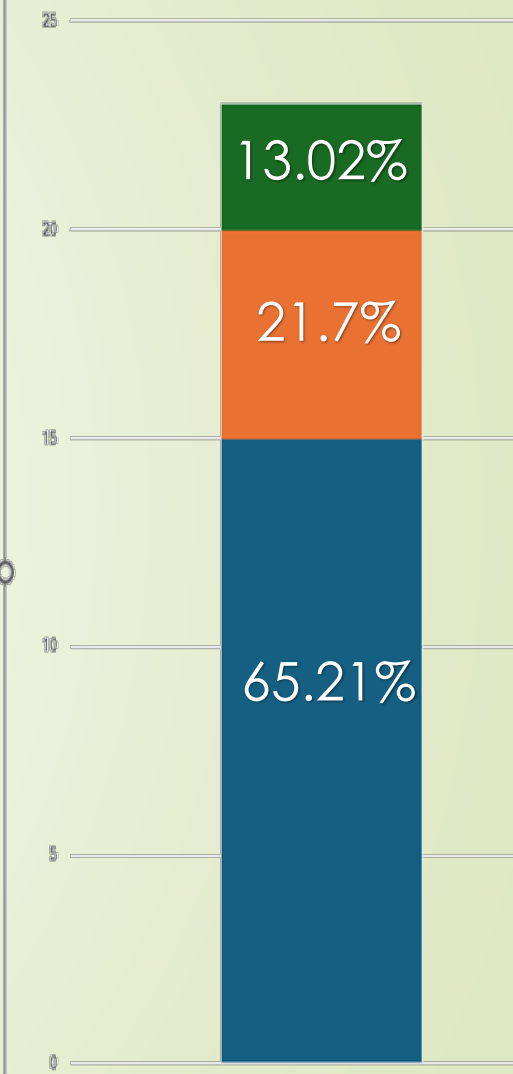
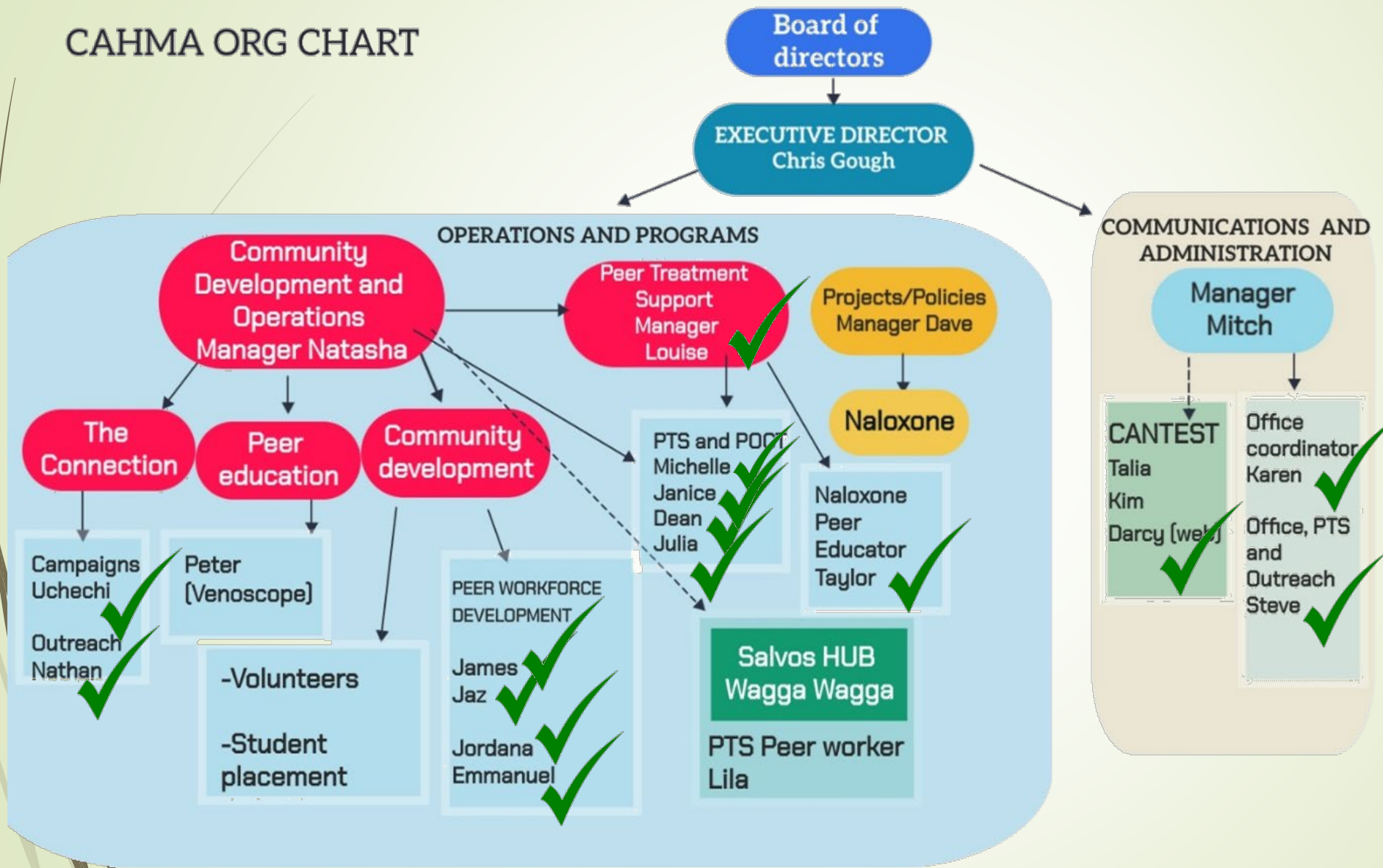
PROJECT



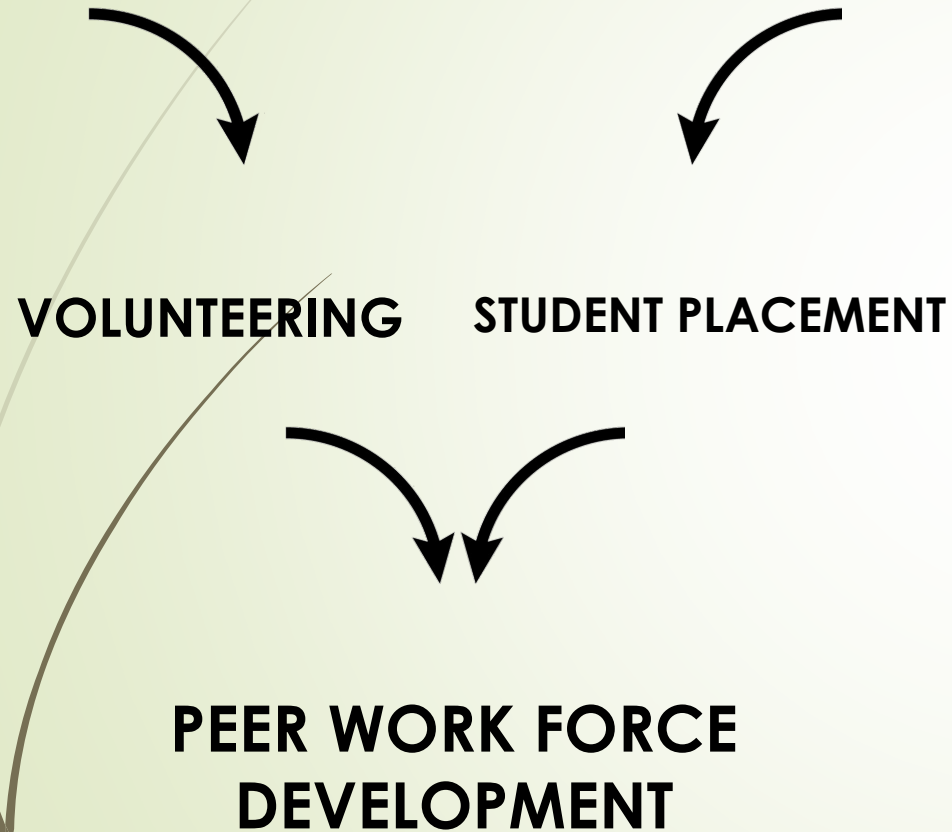
Exhibition of artworks created by people with lived experience of drug and alcohol use



CAHMA ORG CHART



CAHMA COMMUNITY DEVELOPMENT PROGRAM



Activities and learning methodologies:

- Reading & watching materials for discussions
 - Simulations
 - Game-based learning
 - Self-reflection
 - Observation & shadowing
 - Research
-
- Developed organically
 - Peer identity
 - Highly adjustable
 - Strength based approach
 - 5 levels

COMMUNITY DEVELOPMENT PROJECT- 5 levels



SELF-CONFIDENCE
PROFESSIONALISM
NETWORKING
EXPERIENCE
TEAMWORK
BOUNDARIES
REFEREES
SKILLS

LEVEL 5 FURTHER EMPLOYMENT/EDUCATION →

LEVEL 4
PROJECT WORK

- Naloxone training
- Systemic advocacy
- Peer Treatment Support
- Healthy and Creative Aging

LEVEL 3
CASUAL WORK Outreach- Brief interventions, BBQ, HP, Events

LEVEL 2
VOLUNTEERING Front of house: computer skills, admin role, reception, phone

LEVEL 1
TRAINING

Module 1
Basic policies and procedures

Module 2
FOH prep – language ,stats welcoming people

Module 3
Harm reduction: history, basic principals, theoretical framework, peer education, person centered care

Module 4
All about CAHMA- history/governance /vision/mission/ projects

Module 5
ATOD&BBV services in ACT
CAHMA partnerships

COMMUNITY(PWF) DEVELOPMENT PROJECT- discussion topics

Peer identity Vs. lived/living experience

Peer workers Vs. worker with lived/living experience

Harm Reduction Language

respectful communication with
diverse communities

(Self)stigma

Marginalisation

Drug use – cultural context

Discrimination

Boundaries

Conflict of Interest

Drug use as

Health/MH
identity

Political

Class

human rights issue

Three pillars of harm minimization

Abstinence Vs. harm reduction approaches

Peer Vs. professional educational model

person centered Vs. System centered care

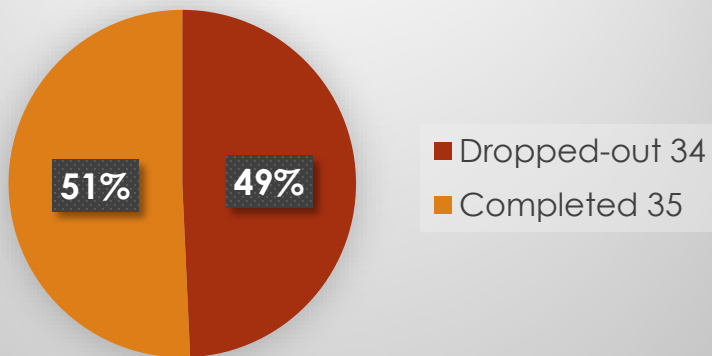
Social
Determinants
Of Health

Health
Promotions

TOPICS

Started training	Completed T. and volunteered	Experienced employment at CAHMA at some stage	Still work at CAHMA in 2024	Got jobs in another agency within the sector	Continued tertiary education
69	35	29	15	11	22

Completion rate



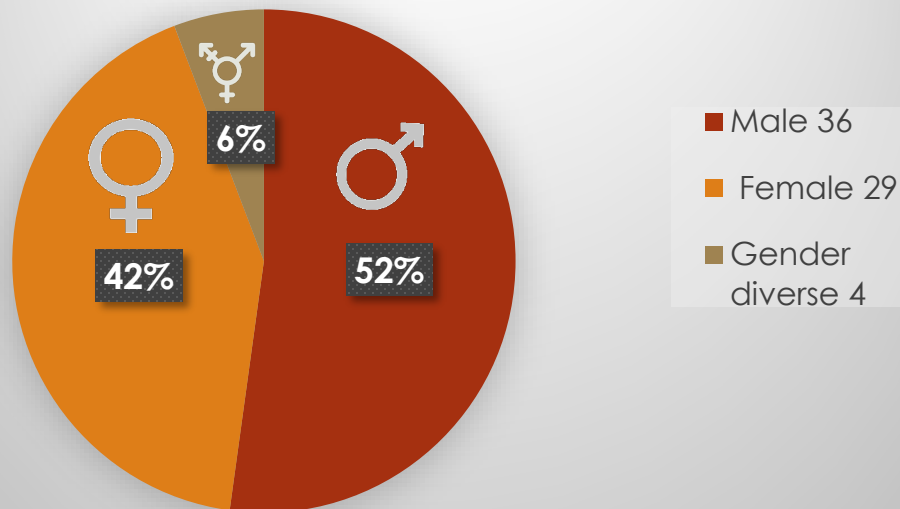
Employment and further education



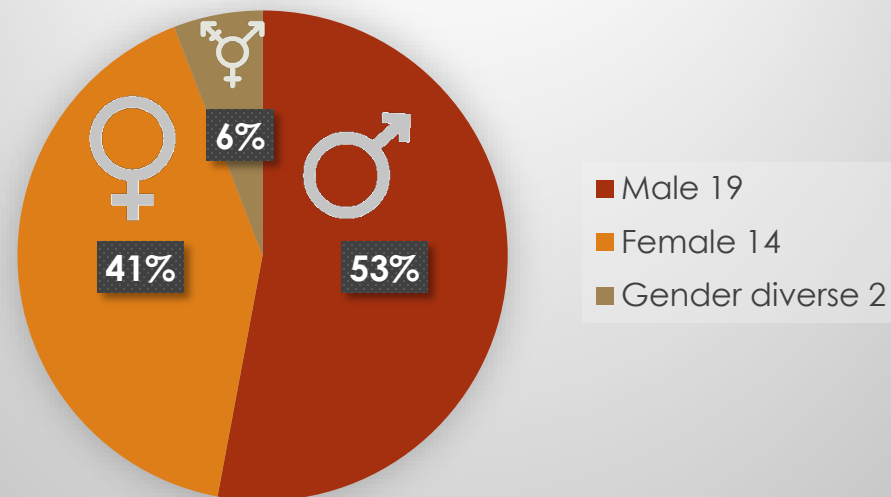
Training	Male	Female	Gender diverse
69 started	36	29	4
35 completed	19	14	2

GENDER

Out of 69 people who started the training



Out of 35 people who completed the training

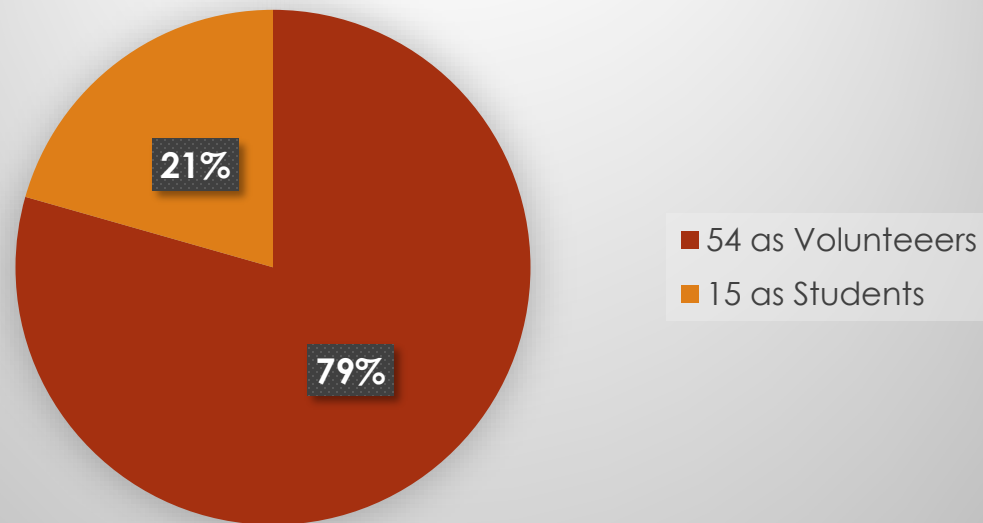


stats

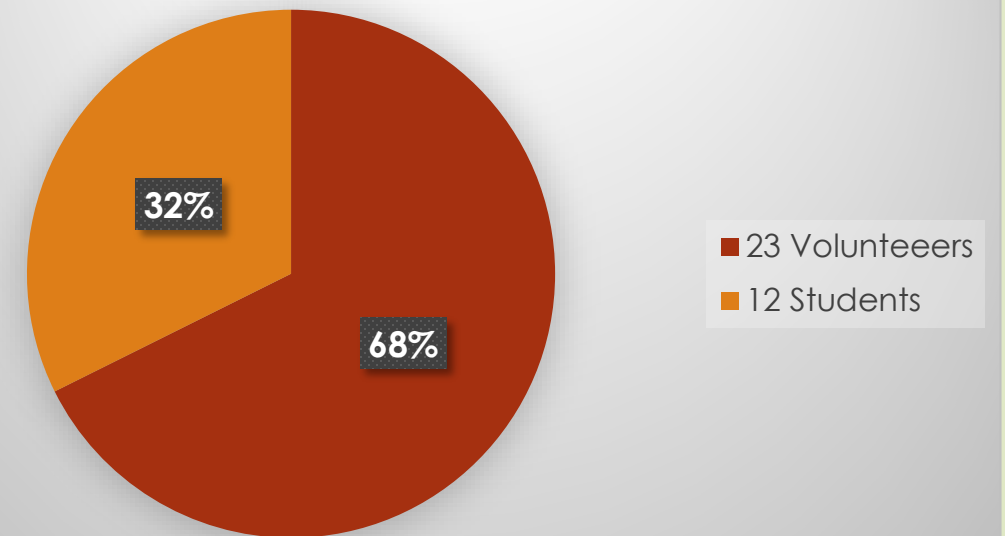
Training	Student placement	Volunteers
Started 69	15	54
Completed 35	12	23
Work at CAHMA 15	7	8

Volunteers:students ratio

Out of 69 people who started the training



Out of 35 people who completed the training

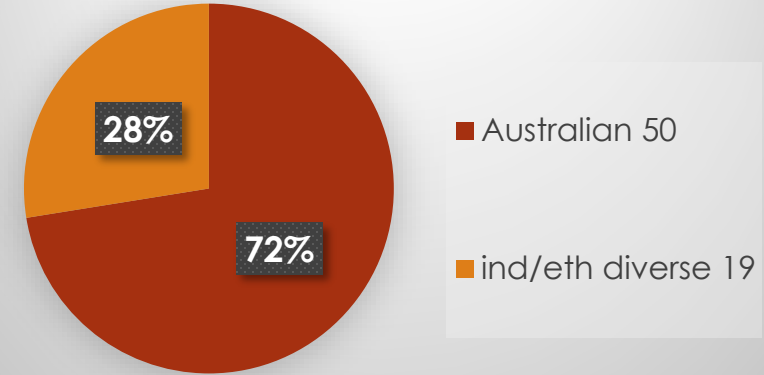


Ethnicity/race

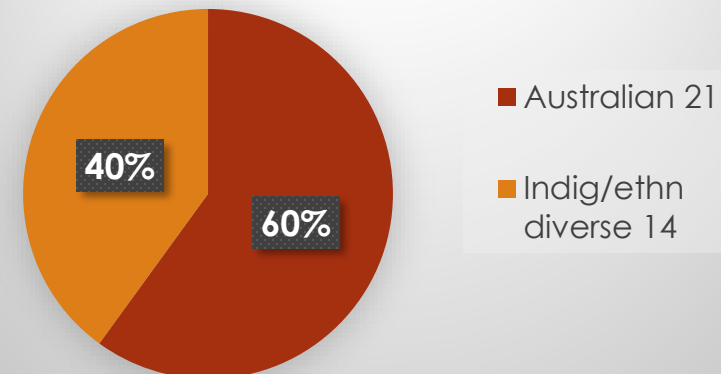
Indigenous to Au NZ	Started	Completed and volunteered	Work	Continued education
Aboriginal	6	3	2	1
Māori	2	2	2	2

Ethnicity/race	Started program	Completed volunteered	Work	Continued education
China	1	1	1	1
India	2	2	2	2
Nigeria	2	2	2	2
Poland	1	0	1	1
Singapore	1	1	0	0
Slovenia	1	1	1	0
Sri Lanka	1	0	0	0
Ukraine	1	0	0	0
Vietnam	1	1	1	1
Total	11+8	8+5	8+4	7+3

69 started program



35 completed



Testimonies

...“ I gained confidence in my ability to absorb knowledge...”

...“ It changed my life for good... helped me find my passion and use my life experience to help others...”

...“ I enjoyed learning about history of harm reduction in Australia... it completely changed my perspective and broadened my views...”

..”This program has provided a safe place for me to learn, grow and better understand myself in the important space of harm minimisation, peer work and advocacy”...

Testimonies

...”I gained invaluable experience, knowledge, and professional skills. These qualities opened the door to a highly gratifying role within the realm of harm minimization”...

...“ as a neurodivergent person I loved the interactiveness of it (the program) and all the visual aids (game-based learning) – it helped me so much to focus and grasp the abstract concepts ...”