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ELECTION 2010 – AOD Questions Still Not Answered!



From the CEO's desk

A concerted advocacy campaign to encourage all political parties to come clean with their policies on alcohol and other drugs (AOD) and the positioning of AOD in plans for National Primary Healthcare Reform was initiated on 20 July, some five weeks ahead of Election 2010 on Saturday, 21 August.

There has been deafening silence on AOD issues from the two major parties despite targeted media releases, including personally addressed letters of concern to the Prime Minister, the Hon Julia Gillard MP, and the Leader of the Opposition, the Hon Tony Abbott MP.

As ADCA stated on 9 August, it's not good enough to read about the National Healthcare Reform from the Australian Greens, mental health funding and "a new investment to tackle AOD abuse in Indigenous communities" from Labor, and a passing reference to healthcare in the Liberals campaign launch.

It should however, be acknowledged that Canberra candidates for House of Representatives and Senate seats did speak on AOD issues during a debate sponsored by the Public Health Association of Australia (PHAA) on 10 August.

ADCA took this opportunity to make a further plea for the Labor and Liberal candidates to make representations to the Minister for Health, the Hon Nicola Roxon MP, and the Opposition Spokesperson on Health, Mr Peter Dutton MP, to outline substantive statements during their National Press Club debate on 11 August.

Apart from a passing reference to Labor's stance on alcohol and other drugs, Greens Senator Rachel Siewert on 11 August succinctly summed-up the debate saying... "Nicola Roxon also made no new commitment on alcohol preventative measures, despite reports this week indicating the problem is growing in our community."

At the official launch of the Labor Party's Election Campaign in Brisbane on 16 July, the Prime Minister spoke about policies that maintained economic stability despite the Global

Economic Crisis, the creation of jobs for the short and long-term unemployed, education initiatives to transform the lives of future generations, and investment in health and wellbeing for all Australians.

But where was the Government's policy stating that alcohol and other drugs was on its radar and would be included in plans for National primary Health Care Reform?

The one announcement to be applauded is that the introduction of the Government's broadband initiative will provide people in rural and remote areas of Australia with the ability to connect with their doctors and specialists without having to leave home and travel great distances.

However, it is sincerely hoped that this service, which will attract a proposed Medicare rebate, will be available for the ever increasing number of people who face the perils from the excessive consumption of alcohol, the misuse of prescription and/ or illicit drugs, and mental illness that could result in attempted suicide.

A good indicator on where the Opposition sits in this matter can be related to Mr Abbott's throw away remark that he will consider whether plain packaging of tobacco products will be taken up. This is code for nothing to happen.

How will we ever address reforms in the AOD sector and invest in prevention when "the merchants of harm" have well established "political affiliations and donation" networks.

We now have to be patient until the final Election 2010 outcome is announced at the National Tally Room on Saturday night, 21 August.



David Templeman
ADCA Chief Executive Officer

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ELECTION 2010 – AOD Questions Still Not Answered! Continued from page 1

During the Election 2010 campaign, ADCA repeatedly called on all political parties to announce their policies on alcohol and other drugs. The following is a chronological summary of actions taken:

The initial media release on 20 July was headed **A Matter of Public Importance** and in part read... "A Question on Notice to all Political Parties contesting the 2010 Election: What are YOUR policies on alcohol and other drugs (AOD), and will they be included in plans for National Primary Healthcare Reform?"

On 28 July, ADCA announced that **Health Reform Includes Many Priorities**, saying... "While commending the Labor Party's new mental health funding policy to tackle suicide and promote better mental health in our communities, the Alcohol and other Drugs Council of Australia (ADCA) sees this as only addressing one area in the National Healthcare Reform equation."

ADCA ramped-up its call for AOD policies to be put on the table with **personal letters to both the Prime Minister and the Leader of the Opposition** on 3 August. In brief, the letters read... "With time running out in the run-up to the 21 August Federal Election, the alcohol and other drugs (AOD) sector is disappointed that YOUR policies on alcohol and other drugs have not been made public. Most importantly, the AOD sector wants to know will AOD services fit within the YOUR Government's plans for National Primary Health Care Reform?"

"As the national peak advocating on behalf of non-government organisations in the AOD sector, the Alcohol and other Drugs Council of Australia (ADCA) believes it's time for all Political Parties to state where they stand on this critical issue. Alcohol, drugs, and mental health disorders have a tremendous impact on Australian communities and as every vote will count on polling day, there is a need to know that healthcare funding will be safe and not be reduced, that AOD elements will be recognised as health priorities, and that will there be adequate funding?"

"ADCA urges you to recognise the critical importance of giving the highest priority to the health and social problems of AOD misuse, and the need for a strong, adequately trained, and funded AOD sector to address the continuing harms this causes. It is of great importance to the organisations and service providers ADCA represents that YOUR policies and commitment to the services and people who work in the AOD sector are made public, and that they address the context and principles that have been identified."

In response to a reply from the Liberal Secretariat, ADCA on 4 August issued **The 'Spin Machine' at Work!** which in part said... "While the Liberal Party 'Spin Machine' has responded to the personal letter sent yesterday (3 August) to the Leader of the Opposition, the Hon Tony Abbott MP, calling on him to announce the Liberal Party's policy on alcohol and other drugs, it fails to give any degree of confidence that the alcohol and other drugs (AOD) sector is on the Opposition's planned agenda for National Primary Healthcare Reform."

"As the national peak for non-government organisations (NGOs) across the AOD sector, the Alcohol and other Drugs Council of Australia (ADCA) has a responsibility to share the Liberal Party's response with all of its strategic stakeholders... *'Thank you for your recent email to the Leader of the Opposition, the Hon Tony Abbott MP. As you may be aware, the Prime Minister has called a Federal Election. Unfortunately, from Opposition, we do not have the resources to respond to your email in detail during the campaign period, but your concerns will be brought to Tony's attention and that of the Coalition Team.'*"

Three Weeks On – Where are the Alcohol & other Drugs Policies? was issued on 9 August saying "With three weeks down and only 12 days to Election 2010, the conspicuous absence of major policy announcements on alcohol and other drugs (AOD) issues is disturbing."

As mentioned earlier, ADCA on 10 August asked Canberra-based Labor and Liberal candidates to respectively make representations to the Minister for Health and the Opposition Spokesperson on Health to announce their AOD policies.

On 16 August, ADCA issued its final election week media release with the heading **Major Political Parties 'Miss the Health Reform Boat' on Alcohol and other Drugs Issues**. In summary the release stated... "With all the Election 2010 Opposition talk about "stopping the boats", the major political parties have both actually failed to "board the health reform boat" to seize the opportunity to engage with and reassure the alcohol and other drugs (AOD) frontline workers that the sector matters."

"At the Labor Party's Election Campaign launch in Brisbane, the Prime Minister, the Hon Julia Gillard MP, spoke about policies that maintained economic stability despite the Global Economic Crisis, the creation of jobs for the short and long-term unemployed, education initiatives to transform the lives of future generations, and investment in health and wellbeing for all Australians. But where was the Government's policy stating that alcohol and other drugs was on its radar and would be included in plans for National primary Health Care Reform?"

"It was a similar performance to that of the Leader of the Opposition, the Hon Tony Abbott MP, when he launched the Liberal campaign. It was all very well for the Prime Minister to reiterate that... "if returned next Saturday, her Government would deliver a health care system that meets our needs in the future...", but where was the commitment to include AOD within the matrix."

"Announcing that the introduction of the Government's broadband initiative would provide people in rural and remote areas of Australia with the ability to connect with their doctors and specialists without having to leave home and travel great distances was to be applauded. However, it was sincerely hoped that this service, which would attract a proposed Medicare rebate, would be available for the ever increasing number of people who face the perils from the excessive consumption of alcohol, the misuse of prescription and/ or illicit drugs, and mental illness that could result in attempted suicide."

EDITORIAL

Giving those in need treatment to depend on...



By Associate Professor Lynne Magor-Blatch, an Opinion article that was published recently in *The Canberra Times*.

Lynne is the Executive Officer of the Australasian Therapeutic Communities Association, an Associate Professor, University of Canberra, in the Masters of Clinical Psychology Program, and was inducted in June onto the National Drug and Alcohol Awards Honour Roll for her significant contribution to the sector.

Recent media reports concerning an increase in the use of heroin and the demand for treatment beds, provides a timely reminder of the need to maintain funding support to drug treatment services in Australia, particularly in light of the upcoming Federal election.

The Australian Government's harm minimisation approach, which has been upheld by both sides of House, considers the actual harms associated with the use of a particular drug (rather than just the drug use itself), and how these harms can be minimised or reduced. It recognises that drugs are, and will continue to be, a part of our society.

The Institute of Health and Welfare reports that from 2004 to 2007, the number of people seeking treatment remained stable at around 38,800, increasing to 41 347 in 2008. A further increase in 2009 put the number of people seeking treatment for drug dependency at 43 445.

Those seeking treatment are generally in the 30-39 years age group – however, services are increasingly working with an older group (40-49 years and older) while at the same time concentrating prevention and early intervention strategies on younger people.

The fact that alcohol and other drug use is a concern across the age spectrum confirms the need to provide a wide range of services suited to different age groups, different stages of drug use and the associated problems. This includes the physical and mental health concerns which are often the result of substance use.

Detoxification is seen as the first step towards drug treatment, but is not seen as an effective treatment in itself unless the person is going directly into a Therapeutic Community or some other form of treatment, such as a residential service or pharmacotherapy program.

Therapeutic Communities (TCs) provide an evidence-based approach to alcohol and other drug treatment, with a strong emphasis on both personal responsibility and mutual help within a rehabilitation setting, supported by a range of psychosocial interventions.

TCs were first established in the United Kingdom and United States more than 50 years ago, coming from two different models, but converging in practice during the 1970s. They have been on the Australian treatment landscape since the 1970s.

The Australasian Therapeutic Communities Association (ATCA), the national peak body representing TCs in Australia and New Zealand, currently includes thirty-three members, which represent a total of 64 TCs operating across Australasia.

These services employ around 1000 staff and treat over 10 000 people annually as well as providing additional critical services such as detoxification units, family support programs, child care facilities, exit housing and outreach services.

As such, TCs work at all points of the treatment spectrum, from primary prevention and early intervention, to treatment and aftercare.

These programs also work with a significantly more chaotic and complex group of clients than other treatment modalities. The TC does not generally represent the person's first treatment attempt and most people are in the 30+ age group – those who we know from research are the ones most likely to be seeking treatment.

At the same time, some TCs operating in the community are specifically established for young people. Other programs include women with children and family groups.

They are also operating in prison settings, where recidivism rates have dropped from 75 percent to 27 percent – providing a cost-effective form of treatment, and ultimately, a safer community for all.

Therapeutic Communities provide an ideal treatment modality by providing a wide range of services which are responsive to the needs of the community, changing drug use patterns and treatment demand.

While we are currently informed of an increase in heroin use, it is important to acknowledge that most substance users seeking treatment are polydrug users – and therefore whilst it is essential to be aware of drug use patterns and trends, what is more important is the level of substance use – and particularly that defined as hazardous, harmful and dependent.

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EDITORIAL

Giving those in need treatment to depend on... continued from page 3

The community tends to focus on specific drugs – methamphetamine or “ice”; ecstasy and heroin and more recently alcohol, with an increased concern about binge drinking and associated violence.

However, people can experience drug dependency, no matter what the substance. Therefore the emphasis on *drug type* needs to be replaced with an emphasis on *levels and dependency of drug use*, and once again recognising that this will occur with both licit and illicit drug use.

More than 50 percent of people entering TCs have a primary alcohol problem, but once again, polydrug use is the primary concern for treatment services.

The main focus of treatment within the TC is not the drug – but the issues which underlie drug use, and will often include significant histories of abuse and violence.

For many, the reality of intergenerational patterns of use will create additional concerns. Many clients have been born into addiction, and may be bravely attempting to break a chain which stretches back over generations. Working through these personal issues is hard work.

Therapeutic Communities play a vital role in the treatment of drug dependency and their place in the treatment landscape is becoming increasingly important as we struggle to find ways to address the many issues of substance use.

The continuing support of governments is vital to this process. Treatment works. Research and thousands of people annually tell us this. Whatever the result on 21 August, alcohol and other drug treatment services remain a priority.

VAADA Forums to Focus on 'Needs of Children & Families'

The Victorian Alcohol and Drug Foundation (VAADA) has initiated a series of forums across Victoria developed to support alcohol and other drugs (AOD) services to respond to the needs of children and families of service users.

The day-long forums (10am – 4.30pm) will be delivered throughout October 2010 in each of six identified regions, and will bring together practitioners from the AOD sector and representatives from child and family services.

The core aim of the VAADA Sector Development Forum Series is to promote service delivery that considers family functioning and the wellbeing of dependent children, and to increase understanding of AOD staff and service responsibilities under the Victorian *Children, Youth and Families Act* (CYFA) 2005.

The forums have been designed to respond directly to current service needs and policy directions, and are based on feedback from a sector-wide survey undertaken in March 2010, and the input from the project reference group.

They are seen as being relevant for all managers and practitioners within AOD services and will incorporate participation and presentations from Child Protection and Child FIRST staff.

HIGHLIGHTS WILL INCLUDE:

- an overview of the current system and issues from the Office of the Child Safety Commissioner
- an opportunity to meet with key personnel from Child Protection, Family Services and Child FIRST in each region
- examples of family inclusive practice in AOD services; and
- concise, accessible and relevant information supported by practical resources.

It should be noted that the final format of the events will be subject to availability of speakers.

DATES AND LOCATIONS:

- Colac (Barwon South West) – 5 October
- Ballarat (Grampians) – 7 October
- Benalla (Hume) – 12 October
- Bendigo (Loddon Mallee) – 14 October
- Traralgon (Gippsland) – 19 October, and
- Preston (Metropolitan) – 21 October.

For further information and registration details, contact Brad Pearce, Manager Sector Development, VAADA on 03 9412 5606 (w), 0409 959 861 (m), or by email at bpearce@vaada.org.au.

DRUG ACTION WEEK 2010

Drug Action Week (DAW) 2010 attracted a total of 665 registrations across all States and Territories.

New South Wales led the way with 161 events, followed by 136 in Queensland, 100 in South Australia, 99 in Victoria, 57 in both Western Australia and the Australian Capital Territory, 30 in Tasmania, and 25 in the Northern Territory.

The strong support from communities in remote, rural, regional and metropolitan areas was achieved using the user-friendly DAW website, media releases issued on a national basis, lodgements on Update, and State/ Territory AOD peak communication channels.

DAW 2010 could not have been achieved without the support of the Department of Health and Ageing (DoHA), and other stakeholders such as the Alcohol Education Rehabilitation Foundation (AERF), Campbell High School in Canberra, DHL Express, Media Monitors, the Rural Health

Education Foundation, the Pharmacy Guild of Australia, and national television networks.

Officially launched at Campbell High School in Canberra on 15 June 2010, the theme was **"From Alcohol is a Drug – TOO! to Looking After Your Mind!"**

DAW 2010 was built on the success of the awareness weeks in 2008 and 2009 which had the theme of **"Alcohol is a Drug – TOO!"**. The 2010 theme was adopted to highlight the concerning mental health aspects of alcohol and other drugs use.

A number of communities acknowledged that DAW provided them with a platform to raise awareness of AOD matters and work towards local solutions which will improve health and wellbeing. Activities included barbeques, forums, dances, sporting events, and art competitions.



Guest speaker, Professor Ian Webster AO, addressed 200 Campbell High School students at the launch of DAW 2010.



Campbell High School students, Brodie Worden, chose a DAW Frisbee, while Doug Hayes (at rear) considered what to sample.

Campbell High School students (from left) Rachel Dorrington, Stephanie Pollard (School Captain), and Travis Hanson (School Vice-Captain) with Ngunnawal Elder, Ms Matilda House, who performed the Welcome to Country ceremony.



National Drug and Alcohol Awards

A feature of the 2010 National Drug and Alcohol Awards (NDAA) in Brisbane on 25 June was the presentation of the Prime Minister's Award to Mr Garth Popple in recognition of having made a significant commitment and contribution to reducing the impact and negative effects of drug and alcohol use.

Mr Popple's commitment to the Alcohol and Other Drugs (AOD) sector dates back to 1981 when he first occupied honorary committee and board positions in the non-profit sector.

The Award message from the Prime Minister of Australia, the Hon Julia Gillard MP, read... "It gives me great pleasure to congratulate Mr Garth Popple as the worthy recipient of the 2010 Prime Minister's Award for Excellence and Outstanding Contribution to Drug and Alcohol Endeavours.

"Mr Popple has been working in the Alcohol and Other Drugs sector for the last 20 years and in the wider non-profit sector for almost 30 years. He is the Executive Director of We Help Ourselves which operates six residential Therapeutic Communities within NSW and Queensland. The Therapeutic Community movement has been the focus of Mr Popple's esteemed career.

"In recognition of his tremendous service to the community, Mr Popple was appointed as an Honorary Fellow of the University of Western Sydney and recently, in 2007, he received a National Honour Roll Award for persons who have made a significant contribution, over a considerable time, to the Drug and Alcohol field. The presentation of this equally prestigious award is a terrific opportunity to celebrate Mr Popple's remarkable contribution to the field.

While the non-government sector is crucial in this field, it is also vital that governments take a strong and active role in combating the harmful effects of substance abuse. The Australian Government's National Binge Drinking and National Drug Strategies include a range of measures to assist Australian communities and individuals to do just this and the extra \$50 million invested in binge drinking in this year's budget demonstrates our commitment to tackling these problems.

"I thank Mr Popple on behalf of the Australian people for his tireless dedication and commitment to the field. I wish Mr Popple every success in his ongoing work helping Australia tackle this very important issue."

Accepting the Award, Mr Popple thanked the Prime Minister saying... "it is very humbling to receive, but I also want to sincerely thank my colleagues at the Australian National Council on Drugs (ANCD) and Australasian Therapeutic Communities Association (ATCA), my fellow colleagues who have a common vision and who have supported me over the years, especially the Board of Directors and staff at WHOS (We Help Ourselves) and of course my family, especially my wife Janet who is here with me tonight.

"I would also like to acknowledge the Rev Ted Noffs. I would probably not be here tonight if it was not for his caring guidance and support for me that led me into working in the AOD field.

"From my point of view, I am actually accepting this award on behalf of the Therapeutic Community (TC) movement, which has evolved and diversified over the past decade to provide tremendous treatment and support for people dealing with drug dependence within Australia & New Zealand. Our TCs and the wider treatment sector truly are leaders in this field internationally.

"The Australian drug treatment sector is looked upon throughout the world as innovative and cutting edge but I don't believe we do anywhere near enough to promote and export this expertise, particular to Asia and the Pacific. I know this is a view shared by many of my colleagues and I hope this award will allow me to draw some attention in that area and hopefully make a difference.

"As you all know this is a very difficult field to work in - drug dependence and drug use is still looked upon as a

crime by some throughout the world and our clients in particular continue to attract stigma from the media and some parts of the wider community - forgiveness is very difficult for many to give them unless they are a sports or rock star.

"I intend to use this award recognition over the next year to promote the good work done in the treatment sector - and that includes all treatment - to try and ensure that those who want and need our assistance are able to do so. After all what is the alternative to treatment?"



**PM's Award Winner Mr Garth Popple
congratulated by Mr Peter Rekens,
Master of Ceremonies for the Awards.**

National Drug and Alcohol Awards

2010 NDAA Winners Announced

A total of 76 entries were received for seven Categories in the 2010 National Drug and Alcohol Awards (NDAA), with a record number of 21 nominations in the Excellence in Prevention and Community Education Category.

The Winners were:

Excellence in Law Enforcement:

Mt Isa Police (Liquor Accord & Enforcement)

Excellence in Alcohol and other Drugs Media Reporting:

Goolarri Media Enterprises (Broome) for six television community service announcements to raise awareness and educate Indigenous youth on alcohol-related harm across the Broome and the Kimberley Region of Western Australia

Excellence in Research:

Dr Adrian Carter, University of Queensland

Excellence in Services to Young People:

The Loft Youth Arts and Culture Centre, Newcastle

Excellence in Treatment and Support:

Gold Coast Drug Council Inc

Excellence in School Drug Education:

South Australia Cross-sector *Adolescents and Alcohol Initiative* (38 Government and Independent schools involved)

Excellence in Prevention and Community Education:

The PuP Program (Parents under Pressure)

NDAA Honour Roll:

Professor Dennis Gray from Western Australia, and Associate Professor Lynne Magor-Blatch from Canberra

To find out more about the Awards, organisations and individuals are encouraged to log onto to the NDAA website at www.drugawards.org.au.



Mr Wesley Noffs opened proceedings by welcoming the 250 guests.



Professor Dennis Gray of the National Drug Research Institute at the Curtin University of Technology was inducted onto the NDAA Honour Roll.



Grant Peters speaks on behalf of the Loft Youth Arts and Culture Centre in Newcastle which won the Young People Category.



Amil Sawadoogu (left) and Joseph Parmanand from the Street University in Sydney put on a "wrap session" for guests at the Awards.



Kelly Newbery (left) and Tahlia Maynard from Drug Arm Australasia worked as volunteers to help make the Awards run smoothly.

DRUG ACTION WEEK 2010

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It's easy to be part of Drug Action Week...

In Western Australia, the Boyup Brook Youth Advisory Council organised the Think B4U Drink "INFO ARVO" which was supported by the Boyup Brook Local Drug Action Group Inc, the Shire of Boyup Brook, and the Boyup Brook Lions Club.

This event on 22 June in Boyup Brook, some 269 kilometres south of Perth, showed how easy it is to be part of Drug Action Week. The information poster (below) was developed to thank supporters and further enhance awareness of alcohol and other drugs issues in the town and surrounding region.



ADCA Board Endorses Pharmaceuticals Policy

A Pharmaceuticals Policy Position Paper has been added to ADCA's series of revised and new policy papers and is available in full by logging onto the ADCA website at <http://www.adca.org.au/content/view/24/190/>.

Endorsed by the ADCA Board at its 13 July meeting, the Pharmaceuticals Policy is the third substantive ADCA Policy completed over the past three months, the other two being a revised policy on alcohol, and a new policy on inhalants.

ADCA is continuing to progress the revision of its standing policy position papers, and to identify issues for the development of new documents.

Chief Executive Officer (CEO), Mr David Templeman, complimented members of the Pharmaceuticals Working Group who, together with the Pharmacy Guild of Australia, provided substantial input to help deliver this policy.

Mr Templeman said that the misuse of pharmaceutical prescribed and non-prescribed drugs can result in dangerous and even fatal consequences.

"While prescription and over-the-counter medicines have made a significant and positive contribution to the health and wellbeing of Australians, nearly all medicines have the potential to cause harm," Mr Templeman said.

"Generally, health practitioners and pharmacists prescribe and supply medicines in an informed and appropriate manner, and in turn, most consumers take them responsibly and their health outcomes are improved."

The Policy outlines a range of evidence-based harm reduction strategies, and makes key recommendations in the areas of education, treatment, health professional interventions, and supply reduction interventions for stimulants.

It highlights that there are many problems associated with the misuse of pharmaceutical drugs, including harms:

- related to dependence on pharmaceuticals, in some cases where use was initiated for therapeutic use
- from unsanctioned routes of administration, for example injecting-related harms from intravenous administration of products intended for oral use

- related to pharmacological effects of pharmaceuticals such as overdose and impaired judgement and memory loss with high potency benzodiazepines; and
- as a result of the diversion of some prescribed and over-the-counter medicines to the manufacture of illicit drugs.

Mr Templeman warned that dependence, particularly on benzodiazepines and opioid analgesics, could occur after a relatively short period of time regardless of the original reason for treatment.

Data from the 2007 National Drug Strategy Household Survey shows that seven per cent of Australians report lifetime use of pharmaceutical drugs for non-medical purposes, with over three per cent reporting non-medical use in the past 12 months.

There is also evidence that the number of people reporting recent non-medical use of pharmaceutical drugs is comparable with the numbers of people using ecstasy in Australia. It is also estimated that about 140 000 hospital admissions each year are associated with medication-related problems.

Mr Templeman said the Policy was a vital evidence-based document that was relevant across the entire AOD sector.

MEMBERSHIP REMINDER – ADCA BOARD NOMINATIONS

Nomination forms for the Alcohol and other Drugs Council of Australia (ADCA) 2010 Board must be received in the ADCA Office in Canberra by 5pm on Friday, 17 September 2010.

Have your say on who you would like to nominate to be a new ADCA Board Director. The Board will be announced at the Annual General Meeting (AGM) scheduled to be held in Canberra on Thursday, 25 November 2010.

The mailing address for ADCA is PO Box 269 Woden ACT 2606.

Should ADCA members have any queries, please contact Ms Carolyn Murphy by phoning 02 6215 9803, or emailing carolyn.murphy@adca.org.au.

AOD Sector Workers Awarded Churchill Fellowships

The Manager of the Alcohol and other Drugs Council of Australia's (ADCA) National Drugs Sector Information Service (NDSIS), Ms Jane Shelling, and the Australian Drug Foundation's (ADF) Youth Strategy Officer, Mr Clancy Wright, are recipients of 2010 Churchill Fellowships.

Ms Shelling will assess methods for providing professional information to community-based alcohol and other drugs (AOD) workers, and Mr Wright will investigate ways to change Australia's drinking culture.

Ms Shelling said: "Although I had worked in a health library for over 12 years, that structured approach did not really prepare me for my present position.

"With ADCA's NDSIS team I have been providing a national library and information service to the AOD workforce for nearly seven years, and the challenges continue. Sometimes it seems the longer I work at it, the more complex it appears.

"The AOD workforce has varying information needs because they have a range of qualifications, work under different jurisdictions, have diverse working conditions, help different population groups, and their organisations may have varying ideologies. Providing a standard library and information service is not enough to impact on this distinct and always busy workforce.

"Reading the literature and attending conferences was not providing me with the ideas I needed so I applied for a Fellowship with the aim of trying to find out if other similar services were being run more successfully in other parts of the world.

"This Fellowship will allow me to investigate the information needs of alcohol and other drugs workers from other similar countries, the best format that information should take, and the most effective way to deliver it.

"New knowledge will allow me to combine it with what I already know about Australian conditions in order to improve information provision to those working with people recovering from AOD problems.

"Plans are to visit Canada in May 2011 to look at alternative ways to deliver information over large distances to the workers based in remote areas. I also want to investigate the way information is provided to those working in Indigenous communities.

"In the United States (US), I will visit Dartmouth University where they produce Project Cork, an international database of alcohol and drug information, to learn how they manage this database, and how they encourage its use.

"At a number of substance misuse libraries on the US East Coast, I will observe how they deliver information, particularly how they deal with issues of State-based jurisdictions.

"Finally in England I want to learn how their AOD workers are kept informed within both the government

and non-government sectors, and will be meeting with representatives from the National Health Service, and non-government agencies like Alcohol Concern.

"In Manchester, arrangements have been made to visit England's largest alcohol and other drugs library and attend an evidence-based librarianship conference to learn more about how to implement new methods, and measure the impact of information services on AOD work practice."

Next month, 24-year-old Mr Wright will be visiting countries across Europe to examine drinking cultures similar to Australia and investigate initiatives to reduce harmful drinking.

Mr Wright said: "After the trauma of watching the vicious assault on a friend, I am determined to find some real solutions to changing the way we as a nation drink alcohol.

"I plan to bring this knowledge back to the ADF and the wider community to inform proposed legislative change. The journey towards changing Australia's drinking culture started after the alcohol-fuelled attack left my friend in a permanent, vegetative state.

"I joined the ADF in 2009 as the Youth Strategy Officer and since then have worked steadily on developing strategies to make it easier for people within the community to voice their concerns about liquor licensing."

Mr Wright will be meeting with key alcohol and health experts across Europe including the European Alcohol Policy Alliance, Ministers and political advisors, community

action groups, the Swedish Institute of Public Health, Alcohol Focus Scotland, and the Institute of Alcohol Studies London.

Anyone interested in applying for a Churchill Fellowship can find out more by logging onto <http://www.churchilltrust.com.au/>.



Clancy Wright



2010 Churchill Fellows in Canberra (from left): Bill Caddey, Jane Shelling (ADCA), Elizabeth Kelly, Amber Beavis, Kelly Richards, and John Helgesen. Photograph courtesy The Canberra Times



NDSIS Update



Jane Shelling,
Manager National
Drugs Sector
Information Service

It was great to catch up with those of you who attended the Australian Winter School in Brisbane recently. One of the presentations I found of interest was related to Acceptance and Commitment Therapy (ACT).

The NDSIS has since acquired books and articles on ACT:

ACT made simple / Russ Harris. New Harbinger, Oakland. 2009

An easy-to-read primer on acceptance and commitment therapy

A CBT practitioner's guide to ACT: how to bridge the gap between cognitive behavioural therapy and acceptance and commitment therapy. / Joseph V. Ciarrochi, Ann Bailey. New Harbinger, Oakland. 2008

Get out of your mind and into your life : the new acceptance & commitment therapy / Steven C. Hayes; with Spencer Smith. New Harbinger, Oakland. 2005

The Happiness trap / Russ Harris. Robinson, London. 2007
Based on ACT: A revolutionary mindfulness-based programme for overcoming stress, anxiety and depression.

A preliminary trial of twelve-step facilitation and acceptance and commitment therapy with polysubstance-abusing methadone-maintained opiate addicts / Hayes, Wilson, Gifford, Bissett, Piasecki, Batten, Byrd, Gregg. *Behavior Therapy* 35 (4) 2005 p.667-688.

Psychosocial treatment for methamphetamine use disorders : a preliminary randomized controlled trial of cognitive behavior therapy and acceptance and commitment therapy / Smout, Longo, Harrison, Minniti, Wickes, White. *Substance Abuse* 31 (2) 2010 p.98-107

These are available for loan to any member; just email your request to ndsis@adca.org.au.

ASK A LIBRARIAN:

Remember to use our Ask a Librarian service to request AOD information. After completing the form, our reference librarian, Lisa Roulstone, will search databases and the web for appropriate articles for you.

NDSIS receives requests from members and non-members from all over Australia and overseas. Queries are varied and might include: "How many AOD beds are there in Australia?"; "Have you got any information about alcohol use by under 18 year olds"; and "What is the latest research on the risks of sharing needles?"

The link to the request form is available at <http://ndsis.adca.org.au>.

DRUG DATABASE HAS 80 000 RECORDS:

Drug is the second largest database of AOD information in the world. The largest is the Project Cork database at Dartmouth Medical School in the United States. All the items appearing in the Drug Database are available from the NDSIS at www.adca.org.au/drug, whereas Cork only lists the items, there is no full text access available.



Margaret Dwyer
records
80 000th
entry.

RADAR on Show at DANA



ADCA's Ms Di Piper (above right) presented a poster on the RADAR database at the recent Drug and Alcohol Nurses Conference (DANA) in Surfers Paradise.

The poster was developed to show the simple process of adding research to RADAR, and the considerable benefits of doing so, including:

- demonstrating research interest to a variety of funding bodies and government
- networking with other researchers with similar interests
- disseminating research efforts from a central directory

- listing your name and your organisation as part of the research community
- promoting your professionalism and that of your profession, and
- reducing a duplication of effort and maximising the effectiveness of limited research dollars.

RADAR project types are varied and encompass different aspects of alcohol, illicit drugs, and smoking. Current participants include large research institutions such as the NDARC, NDRI and NCETA through to small service providers and individual researchers.

The RADAR database is a free, online service for the Australian AOD sector and can be found at www.radar.org.au - all relevant research is welcomed.

AMENDMENT: Article by Dr Caitlan Hughes

There was a potential misunderstanding in the article by Dr Caitlan Hughes, entitled "*Coordinating the National Drug Strategy: Where to from here?*", published in the May/ June Issue 50 of ADCA News. As written, it may have created the impression that there was a formal resolution regarding the roles and responsibilities for each body such as, which body represents the NGO sector. This is not the case.

As per the respective organisations' websites, the Australian National Council on Drugs (ANCD)... "plays a critical role in ensuring the voice of the community is heard", and "consult[s] and liaise[s] with relevant sectors and in particular the non-government sector" (ANCD website, accessed 27 July 2010).

The Alcohol and other Drugs Council of Australia (ADCA) is... "the peak national non-government organisation representing the interests of the Australian alcohol and other drugs sector" (ADCA website, accessed 27 July 2010).

Editor, ADCA News

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The views expressed by contributors to ADCA News are not necessarily those of ADCA. All URLs were correct at the time of printing. While contributions are welcome, final content is at the discretion of the Editor.

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