

EDITORIAL

Army's Alcohol Management Strategy



LTGEN Gillespie focussed on the "alcohol culture in the ADF" in an after dinner address to ADCA Members and guests on 24 November 2011. He had recently completed a 43-year career which started as a 15-year-old apprentice,

and saw him as Commander of United Nations Forces in Timor, Commander of the Australian Forces in Afghanistan, the Army's Land Commander, Vice-Chief of the Defence Force, and finally as Chief of Army.

By LTGEN (Retd) Ken Gillespie AC, DSC, CSM, Former Chief of Army and White Ribbon Ambassador

In February 2010, national media headlines highlighted my growing concern about the need to address alcohol abuse as a major problem for the Australian Defence Force (ADF).

At the time, I called for Army Commanders to "crack down on the problem" and indicated I wanted to see the results of steps they had taken to curb problems that had led to deaths, injuries, domestic violence, and poor work performance.

I felt that the Army had a duty of care to address the access and availability of alcohol, its pricing, and how it was promoted within the Army.

In raising this as a serious problem, I knew that it would open up serious debate on conditions of service and institutional values, like military messes for 50 000 regulars and reservists. I was conscious of the need to not appear to punish the whole workforce and when less than five per cent of the Army population was the problem.

It was also a key "leadership lesson". My actions resulted in short-term flack, but over time those who could see the damage that alcohol abuse was causing, gravitated towards supporting what I was attempting to achieve.

The "wake-up call" for me resulted from a number of experiences over time, but three critical incidents were my catalysts for commencing to bring about change.

The first was when a young soldier who was drunk, was subsequently very seriously injured and ended up in hospital. We supported his family which adopted a bedside vigil far from their family home. After about three months he recovered and the incident was forgotten. A few months later

the same soldier was badly burned during a prolonged drinking session when petrol was thrown onto a fire beside which he was sitting. His parents, back in a bedside vigil, questioned the Army and our role in their son's demise. They saw his injuries and alcohol as being our problem, not their son's.

The second related to the potential discharge of a young female soldier as a result of her continued incidents of alcohol abuse. While personally reviewing her case before signing her discharge order, I found she was in a domestic violence situation. I took actions to separate her from the violence, while giving her an opportunity to undertake alcohol rehabilitation. I stopped her discharge. Sadly my intervention was too late and she was eventually discharged with significant psychological issues.

The third incident was about a young soldier who was seriously injured when he fell from a third storey balcony. The incident stemmed from a heavy drinking session and skylarking. The Judge at the damages hearing awarded costs against the Army because he concluded that there was an Army culture of alcohol abuse.

Hence, I concluded that I as Chief of the Army had a serious cultural issue to address and that there were serious workplace safety issues which I could not afford to ignore.

In the military you get close to relatives when there are deaths or injury to soldiers. I was in Afghanistan when we had our first loss. Over the last 10 years, sadly there have been 33 combat deaths.

This is about the same number the Army is losing annually from alcohol-related incidents including vehicle accidents, misadventure, violence, health related issues and suicide. While I believe this is an Army problem, it is also clearly a broader community issue.

After reading a particularly bad week-end report that recorded 23 drink driving charges, and detailed a spate of domestic violence and property damage incidents, I decided I had to do something to bring about change. My fellow Generals and I embarked on a program to "change the culture" of Army's use of alcohol.

Our senior management group came on board, and we then went about delivering a "Strategy to Combat Alcohol Abuse". When we spoke to some 1000 soldiers, we were pleasantly surprised to find that there was broad support for the fact that there was an alcohol problem, and that something had to be done about it.

In the operational business of the Army, we have a well-practiced strategy of "Force Protection" which means you look after each other, and this works well.

This approach is now part of the Alcohol Strategy at all bases

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with the policy that the first alcohol-related incident is classified as “a mistake”. The second time, the incident is treated “more seriously”, and if there is a third time the individual is told... “Sorry, but you can no longer be part of the Army.”

There is an accountability and responsibility with all leadership positions in the ADF. A person remains accountable regardless of his or her time zone as the Army works across many time zones. The concept of “doing whatever I like in my own time” is simply not workable in the profession of arms.

At unit level we need young people to pick-up the challenge and promote the change of culture. Generals can set policy, but as in our military operations, it is our young leaders and soldiers who turn policy into practice.

Since leaving the Army, I’m delighted to see that new leadership teams in Army, and the other Services, are continuing to ensure the alcohol problem is being tackled with considerable determination and in the important context of “Force Protection”.

If an institution like the Australian Army can invoke considerable change in attitude towards, and the use of alcohol, surely this augurs well for our country as a whole.

ADCA Board President Recognises “Leadership and Commitment...”



Mr David Templeman
Chief Executive Officer
Alcohol and other Drugs Council of Australia
PO Box 269, Woden ACT 2606

Dear David

With the Festive Season fast approaching I wish to take this opportunity to personally thank each and every one of you at the Alcohol and other Drugs Council of Australia (ADCA) for your unstinting commitment and support over the past year.

As I mentioned at this year’s Annual General Meeting (AGM), it is important we acknowledge the dedicated and professional approach to the delivery of constructive and positive outcomes on behalf of the alcohol and other drugs (AOD) non-government organisation (NGO) sector. This has seen ADCA end 2011 on a high, a fact certainly recognised by all ADCA Board Directors.

I am also aware that ADCA Members are renewing memberships well ahead of the 31 December deadline which is a very clear indication of their satisfaction with the way ADCA is leading the way to enhance the health and wellbeing of all Australians. Another indicator was the high voter turnout in the later part of the year for the election of Board Vice-President and two additional Directors. Having Members taking such interest is very encouraging for the Board, and points to the fact that ADCA is continuing to increase its visibility across the sector as well as in related areas of our communities.

For ADCA to maintain optimum functionality, it’s essential to have a combination of a strong and respected leader who has the ability to work across a diverse public and private environment, and an experienced team that has stability to work through change as well as being creative to reach identified audiences. I sincerely believe Board Directors are fortunate in having the right mix of people in yourself, your Managers, and your staff.

While the year in review saw ADCA having to adjust due to the Federal Election, substantial activity in the policy and communications areas was maintained with 13 major submissions lodged, 24 media releases disseminated, and a record breaking 800 events for Drug Action Week 2011. Alcohol and other drugs advocacy, domestic violence, families, child protection, and welfare were focal points for ADCA.

The specialist services delivered for the sector by the National Drugs Sector Information Service (NDSIS) also deserve particular mention, with congratulations going to Manager Ms Jane Shelling on her Churchill Fellowship, and for the launch of the Drugfields initiative.

Another milestone stemming from the National Drug Strategy (NDS) was the coming together of ADCA and the Australian National Council on Drugs (ANCD) in joint meetings to collaborate cooperatively for the advantage of clients. In the relatively short period since the first meeting in May, gains have been achieved in areas such as pay equity for AOD/ NGO workers, the Department of Health and Ageing’s flexible funding arrangements, and coordination/ consultation for future IGCD Stakeholder Forums.

On behalf of the ADCA Board and our Patron, Professor Ian Webster AO, congratulations on having met the challenges of 2011, and as we move towards a new year I am certain all of you will again stand up to meet the challenges of 2012.

My best wishes for a safe and enjoyable Festive Season with your family and friends.



Sincerely

Professor Robin Room, President
6 December 2011



From the CEO's desk

As we close the chapter on 2011, I would like to reflect on our very busy and successful year of representation on behalf of the alcohol and other drugs (AOD) sector, and outline some of the challenges ahead of us all in 2012.

With the finalisation of the National Drug Strategy 2010-15 (NDS) early in the year, we saw clearly defined roles for ADCA and Australian National Council on Drugs (ANCD).

ADCA is immensely proud that its strong and committed advocacy, based on coordinated input from the AOD sector resulted in alcohol, tobacco, and pharmaceuticals being highlighted in the new NDS. The strategy now covers all drugs and is an essential plank for the National Healthcare Reform Agenda.

As a flow-on, ADCA was invited and accepted an invitation to become a member of the Standing Committee on Alcohol which is one of four standing committees supporting the NDS.

In early May, ADCA welcomed an invitation from the ANCD for Executives from both organisations to meet on a regular basis. At the inaugural meeting, it was agreed that ADCA and ANCD should be working in a constructive and cooperative manner for the advantage of the AOD/ NGO sector and its clients.

In August, ADCA and ANCD participated in the Annual Stakeholder Forum held as part of the NDS to provide feedback to the Intergovernmental Committee on Drugs (IGCD). The second ADCA/ ANCD Executive meeting in November considered representative reports on the Forum, and agreed to convey to the IGCD the sector's disappointment regarding the preparation, timing, and breadth of the consultation involved.

Based on these comments and the general disappointment across the AOD/ NGO sector, ADCA/ ANCD is seeking a meeting with the IGCD as a matter of urgency to consider a range of issues to enhance the management of future Forums. This is certainly a major challenge ahead of us in 2012.

As a member of the National Alliance for Action on Alcohol (NAAA), ADCA maintained its focus of recent years to progress the debate on alcohol and work towards a national campaign similar to that developed and conducted to combat the tobacco lobby.

ADCA is committed to not only aligning itself with NAAA on campaigns such as the most recent mandatory warning labels on alcohol and pregnancy, but also to continue its call for action in the three priority areas of alcohol pricing and taxation, the marketing and promotion of alcohol beverages, and availability.

The combination of the current pricing war being conducted by major retail chains, and attempts by them to increase the number of bottle shop outlets is quite irresponsible and extremely worrying to the AOD/ NGO sector and the community as a whole.

New flexible funding arrangements announced in the May 2011 Budget have been high on the agenda for both small and large AOD/ NGOs, and ADCA has taken a very active role in consulting with the Department of Health and Ageing (DoHA) on their behalf.

While it is generally acknowledged that Increased funding is required to support prevention and treatment services, we must take up the challenge to achieve the same acknowledgement and funding as our mental health colleagues. The AOD/ NGO sector certainly has a significant part to play in the areas of suicide and comorbidity.

ADCA maintained a sustained program through the year to forge strategic partnerships with other National Peaks concerned with enhancing all aspects of health and wellbeing.

We will continue to strive to grow our ties which, to name a few, are very solid with the National Rural Health Alliance, the Public Health Association of Australia, Lifeline, Carers Australia, the Pharmacy Guild of Australia, Families Australia, the Mental Health Council of Australia, and Pain Australia.

2011 also saw the delivery of a record breaking Drug Action Week, the development of substantive submissions as well as major policy positions, an active National Drugs Sector Information Service (see pages 9-11), and coordination support for the ADCA Board, the ADCA Council/ Policy Forum, and ADCA's Working Groups (see pages 6-7).

While an organisation such as ADCA can always do more, this can only be done with more resources, which without additional funding, is not possible. ADCA's staff is the glue that makes things happen, and I am indebted to each and every one of them for their contributions over the past year.

The final chapter wouldn't be complete without acknowledging John Mendoza who contributed to the shaping of our Governance Arrangements, including the concept of the ADCA Council/ Policy Forum. His experience greatly assisted us in attaining solid recognition as the National Peak, and provided the necessary levels to work with, and represent the AOD/ NGO sector.

ADCA also owes our Patron, Professor Ian Webster AO, a debt of gratitude for his guidance and support, and offers our sincere congratulations on his most recent appointment as a Commissioner in the new Mental Health Commission.

May I wish our staff, ADCA Members everywhere, and our Board a happy and safe Festive Season.

David Templeman,
ADCA Chief Executive Officer

ADCA Board Vice-President & New Directors Confirmed

At the Annual General Meeting (AGM) of the Alcohol and other Drugs Council of Australia (ADCA) Associate Professor Alison Ritter BA (Honours), MA (Clin Psych) PHD was confirmed as ADCA Board Vice-President.

This position was vacant following the resignation of Adjunct Professor John Mendoza due to work commitments.

The election of two new Board Directors, Ms Donna Bull and Ms Carrie Fowlie, was also confirmed.

President of the ADCA Board, Professor Robin Room, congratulated the successful candidates and said he looked forward to working with them to progress the aims and objectives of ADCA.



ADCA Board Vice-President Alison Ritter (centre), with new Directors Donna Bull (left), and Carrie Fowlie.

Associate Professor Ritter started working in the AOD field in 1988, and has moved through full-time clinical work, policy work with Government, clinical research and now policy research.

She has worked in both the alcohol and illicit drugs areas and has contributed significant policy and practice developments for the sector.

Associate Professor Ritter is currently the Director of the Drug Policy Modelling Program, an Associate Professor at the National Drug and Alcohol Research Centre, and also holds adjunct appointments with the Regulatory Institutions Network, the Australian National University, and the Key Centre for Ethics, Law, Justice and Governance at Griffith University in Queensland.

She is the past-president of the Australasian Professional Society on Alcohol and Drugs (APSAD), Executive Editor of the Drug and Alcohol Review, President of the International Society for the Study of Drug Policy (ISSDP), and has served on many NGO Boards including the VAADA Board and the SHARC Board.

Ms Donna Bull is a specialist AOD consultant and former CEO of ADCA. She has considerable experience working in the AOD sector in a variety of roles, her primary area of interest being the relationship between AOD consumption, AOD-related harm, and the workplace.

Donna is the principal consultant on AOD for the Australian defence Force, and the Australian and international Pilots' Association (QANTAS Group).

From 2006 to 2009, she was specialist AOD adviser to the Civil Aviation Safety Authority (CASA) advising on the design

and development of the largest workplace AOD program in Australia reaching 120 000 people in the aviation sector.

Donna also provides consultancy support on a range of projects for the National Centre for Prevention and Information on Cannabis (NCPIC) at the University of NSW, and is convenor of the commonwealth Inter-Agency Alcohol and other drugs network.

She holds degrees in Social Sciences at Bachelor and Master levels, and is a qualified and registered Workplace trainer and assessor. Donna is currently undertaking her PhD focusing on the relationship between workplace culture and problematic AOD use.

Ms Carrie Fowlie, Executive Officer of the Alcohol Tobacco and Other Drug Association ACT (ATODA), has held diverse roles in both the AOD and youth sectors in the areas of workforce development, social policy development, coordination, and representation.

In recent years she has worked with stakeholders to establish ATODA. She is currently a member of the Australian National Council on Drugs (ANCD), the Centre for Youth Substance Abuse Research Advisory Board, and the Chair of the Expanding Naloxone Availability in the ACT Committee.

Carrie has worked for social justice, in reconciliation, with Stolen Generations members, in community development.

Her work in the youth sector spanned a range of areas including AOD, professional ethics, carers, participation, and public space – resulting in her being awarded the ACT Outstanding Contributions to young People Award. Carrie is a strong advocate for evidence-informed practice, public health, and social justice.

Leading AOD Practitioners are Newest Life Members of ADCA

The Alcohol and other Drugs Council of Australia (ADCA) has two new Life Members – Dr Maggie Brady and Mr David McDonald – following endorsement at ADCA's Annual General Meeting (AGM) in Canberra on 24 November 2011.

The President of the ADCA Board, Professor Robin Room, paid tribute to the contributions made by Dr Brady and Mr McDonald and said they joined a distinguished list of ADCA Life Members including:

Dr Neal Blewett AC, Dr Harding Burns, Mr Russell Carvolth OAM, Mrs Jeannie Little OAM, Mr Gary Parker, Dr Harley Stanton, Mr Graham Strathearn, Dr Nanette Godby AC, Professor Ian Webster AO, Dr Malcolm Whyte, and Mr Bill Wilson.

Speaking to the nomination of Dr Brady, Mrs Jeannie Little said Dr Brady is a social anthropologist who has worked in many regions of Australia over the last 30 years on drug and alcohol issues among Aboriginal and Torres Strait Islander people.

"She has also held positions at Flinders Medical Centre, the Northern Land Council, the Human Rights Commission, and the Australian Institute of Aboriginal and Torres Strait Islander Studies," she said.

"Maggie has contributed to several WHO programs and consultations, held a WHO travelling Fellowship, and co-authored an alcohol action manual for South Africa.

"She has researched and advocated for alcohol interventions by health professionals working in Indigenous primary health care settings, and has published ethnographic studies and policy analyses for academic audiences (including several books on petrol sniffing and alcohol misuse).

"Maggie has also created accessible and practical resources for wider audiences, such as *The Grog Book* (1998, 2005) and *Giving Away the Grog* (1995). In 2008 the AER Foundation published her set of resource books on the social history of alcohol: *First Taste. How Indigenous Australians Learned About Grog*. Maggie is an ARC QEII Fellow at the Centre for Aboriginal Economic Policy Research, Australian National University."

Professor Room went on to say that David McDonald is a social scientist with research interests in domains where criminal justice and population health intersect, particularly alcohol, tobacco and other drugs policy, Indigenous health and justice, and building evidence-based public policy.

His academic qualifications are in Social Work (BA, DipSocWk, Univ. of Sydney), Community Development (MA, Univ. of Alberta) and Population Health (GradDipPopInHealth, ANU).



ADCA Life Member, Jeannie Little (left), with new ADCA Life Member, Dr Maggie Brady.



Karralika CEO, Camilla Rowland, with new ADCA Life Member, David McDonald.

"David is the Director of the consultancy Social Research & Evaluation Pty Ltd, and a Visiting Fellow at the National Centre for Epidemiology and Population Health at The Australian National University," Professor Room said.

"He has wide experience in research/ evaluation, policy analysis, and policy/ program development in the alcohol and other drugs, criminal justice and related fields.

"He is a regular presenter at Australian and international conferences, has received 71 research grants and consultancies, made 102 conference and seminar presentations, and has 126 publications including peer-reviewed journal articles and reports.

"Earlier positions he has held include Fellow at the ANU's National Centre for Epidemiology and Population Health, Senior Criminologist at the Australian Institute of Criminology, Deputy Head of Research at the Royal Commission into Aboriginal Deaths in Custody, Director of the Northern Territory Drug and Alcohol Bureau and Senior Training Officer at the Administrative College of Papua New Guinea."

Professor Room said that David has been closely associated with ADCA in various roles since the 1980s, having been an ADCA Board Member from 1998 to 2004 (representing ADCA's Research Reference Group). David has been Chairperson of the Advisory Committee of ADCA's National Drugs Sector Information Service (NDSIS) since the Committee's inception.

In 2009 he was the recipient of Outstanding Contributions Award in the ACT Alcohol and Other Drug Awards Program, and in June this year (2011) was inducted into the National Drug and Alcohol Honour Roll.

ADCA Working Groups ADCA Working Groups ADCA Working Group

ADCA's seven Working Groups (WGs), endorsed by the ADCA Board, are coordinated by the Policy team of Meredythe Crane, Senior Policy Officer, and Lucy Barnard, Policy Officer.

To find out more about any of the WGs or to enquire about joining a WG, in the first instance please contact either Meredythe or Lucy at ADCA by phoning 02 6215 8900, or emailing them at meredythe.crane@adca.org.au or lucy.barnard@adca.org.au.

The following summaries have been compiled by Meredythe and Lucy in conjunction with Chairs of the WGs.

Over the past year, WG members have proven to be invaluable in giving their time and advice to inform the development of a number of ADCA's submissions, new policy position papers, the revision/ updating of existing papers, and media releases/ statements.

Alcohol Working Group

The Alcohol Working Group (WG) gained a new Chair in 2011 with Wayne Flugge from the Western Australian Network of Alcohol and other Drug Agencies (WANADA) taking on the role.

Wayne is the Aboriginal Services Manager at WANADA and has worked in the Aboriginal sector for both the Commonwealth and State Governments.

Joining Wayne on the WG are Grant Akesson from the Drug and Alcohol Office in Western Australia, Michael Livingstone from the Turning Point Alcohol and Drug Centre in Victoria, and Geoff Munro from the Australian Drug Foundation. Violet Bacon from the University of Western Australia was also a member of the WG until recently.

The WG meets monthly by teleconference to assist ADCA in developing alcohol-related policy at a national level. In doing so, the WG assists ADCA to more accurately represent the interests of the Australian alcohol and other drugs (AOD) sector in its work to minimise the harms associated with excessive consumption of alcohol.

Currently, the WG is reviewing ADCA's alcohol policy position. While updating the data, the WG is taking the opportunity to review its contents and strengthen the messages in relation to ADCA's priorities in addressing the harm from alcohol. Finalisation of this document is planned for early 2012.

The WG's priorities align with ADCA's key messages on licensing and availability, sponsorship and advertising, and pricing and taxation. This WG is also looking at Alcohol Management Plans and has a particular interest in Fetal Alcohol Spectrum Disorder.

The WG will next meet early in the New Year to plan activities for the coming 12 months.

Australian Indigenous Peoples Working Group

The Australian Indigenous Peoples Working Group (AIPWG) represents Aboriginal and Torres Strait Islander peoples in all States and Territories across Australia, focussing on the broad issues of substance use and abuse alongside ADCA's other diverse WGs.

Jeannie Little, a member on the Cairns Deaths in Custody Watch Group of Far North Queensland (FNQ), was recently confirmed as Chair of the AIPWG by the ADCA Board. Jeannie succeeds Violet Bacon who will continue her membership of the AIPWG.

Other dedicated members are Co-Chair Wayne Flugge from WANADA, Raechel Wallace of the Lyndon Community in New South Wales, Coralie Ober of the School of Population Health at the University of Queensland, Billie Webb of the Drug and Alcohol Office in the Western Australia Government, and Scott Wilson of the Drug and Alcohol Council of South Australia.

The AIPWG thanks colleagues and friends within this challenging but important sector, and wishes all a safe and happy Christmas and New Year as celebrations take place with family and friends. The AIPWG looks forward to working and sharing the work with you to achieve all that needs to be done in 2012.

Human Services/ Systems Working Group

The Human Services/ Systems Working Group is concerned with the ways that service and system structures and operations affect access to AOD care, the quality and cost of care, and the outcomes that are achieved.

This area of study impacts policy direction and system design.

The WG brings together experienced representatives from diverse areas within Australian AOD systems that are interested in challenges that arise in the configuration of systems, and the implications for policy and practice.

Current members are Dr Lynda Berends (Chair), Ms Lynne Magor-Blatch, Ms Jenny Chalmers, and Dr Alan Quigley who will leave the WG at the end of 2011.

Early in 2012, the WG will meet to decide on a strategic focus for the year that informs system design and operations.

Pharmaceutical Working Group

The Pharmaceutical Working Group was formed in 2009.

Members of the WG are Suzi Nielsen (Chair), Raimondo Bruno (Co-Chair), Nicholas Lintzeris, Malcolm Dobbin, and Simon Holliday.

The WG has a range of expertise including medical (addiction specialist and GP), pharmacy, psychology, policy and research as well as rural and metropolitan expertise. The WG also can co-opt other expertise for specific issues that may require additional input.

The Terms of Reference for the WG are to:

- provide advice and act as a resource to the ADCA Board on matters relating to pharmaceutical use and misuse
- contribute and advocate for the development and implementation of policy in regard to pharmaceutical misuse
- advocate for research on pharmaceutical use and misuse in Australia

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- identify and advocate for strategies which may help to reduce or prevent pharmaceutical use and misuse, including workforce development and primary, secondary, and tertiary prevention strategies; and
- ensure that the Strategic Plan of ADCA is inclusive of and reflects these terms of reference, and that they form a clear part of the work of ADCA.

Since its inception, the WG has developed a position paper on Pharmaceutical Opioids, and contributed to ADCA submissions including the National Drug Strategy Consultation Paper, and the National Pharmaceutical Drug Misuse Strategy.

The WG also assists ADCA respond to any queries or documents that may cover the content area of pharmaceuticals. Current work includes developing a priority paper examining issues relating to benzodiazepines.

Family and Community Working Group

The Family and Community Working Group was formed earlier this year (2011) with Tony Trimmingham from Family Drug Support as Chair.

Other members are Marian McConnell from Family and Friends for Drug Law Reform, Australian Capital Territory (Co-Chair); Angela Ireland, Family Drug Help, Victoria; Helene Nielsen, Centacare Catholic Family Services, South Australia; Sandra Harris, South Metro Community Drug Service, Western Australia; and Margaret Doherty, Mental Health Matters 2 Service, Western Australia.

The WG would welcome extra members, especially representatives from Queensland and Tasmania, as well as an Indigenous representative. To nominate to be considered please contact ADCA.

The WG held several teleconferences throughout the year, with a particular focus on developing an ADCA policy paper on family and community issues.

This paper is in its final stages and subject to endorsement by the ADCA Board and State/ Territory Peaks, it should be released early in the New Year.

The paper's main headings are:

- influence National Policy to recognise and identify its impact on AOD issues with regard to families
- reduce the impact of prejudice, shame, and stigma; and
- improve interface between mental health and AOD issues.

Several other family related matters are discussed, including the possibility of a family and community conference later in 2012.

The WG is determined to make family issues central in Australia's AOD sector and is grateful to ADCA for the support provided.

Illicit Drugs Working Group

The Illicit Drugs Working Group was formed to provide expert advice to the ADCA Board on the development of specific policy positions and submissions relating to illicit drug policy.

Dr Alex Wodak is the current Chair of the Working Group. He has a long history working in the alcohol and other drugs

sector, has been Director of the Alcohol and Drug Service at St Vincent's Hospital in Sydney since 1982, and is a Director of the ADCA Board.

Other members of the Working Group are David McDonald from Social Research and Evaluation Pty Ltd, a consultancy specialising in social science research and policy/ program evaluation with particular interest in the alcohol and other drugs sector; Annie Madden from the Australian Injecting and Illicit Drug Users League (AIVL), the National Peak organisation representing the state and territory drug user organisations; Tony Trimmingham from Family Drug Support, established to assist families throughout Australia to deal with alcohol and drug issues in a way that strengthens relationships and achieves positive outcomes; Michael Moore from the Public Health Association of Australia which advocates for better public health research, policies, programs and funding; and John Ryan from Anex, an independent, not-for-profit health organisation dedicated to reducing the harms associated with drug use.

The WG has been working on a brief policy paper on heroin and other opioids, and plans to develop a number of other papers in the New Year, starting with cannabis, followed by needle and syringe programs and medically supervised injecting centres. Papers on drug law enforcement and prohibition are also being considered.

The WG also supports the establishment of a trial of a needle and syringe program at the Alexander Maconochie Centre, the new prison facility in the Australian Capital Territory.

WORKFORCE WORKING GROUP

The Workforce Working Group is focused on addressing AOD-related challenges in the Australian workforce.

Chaired by Dennis Young from Drug-Arm in Queensland, the group has contributed to Health Workforce Australia's *National Health Workforce Innovation and Reform Strategic Framework for Action* which highlighted the \$2.5 billion productivity cost to industries each year due to alcohol misuse in the workplace.

Dennis Young is supported on the WG by Brad Pearce, Victorian Alcohol and Drug Association (VAADA); Heidi Becker, Network of Alcohol and Drug Agencies (NADA) in New South Wales; Mark Buckingham, NADA; Judy McKay, Human Service Training Advisory Council in the Northern Territory; and Kathryn Kenny, Drug-Arm in Queensland.

The WG's guiding principles are to:

- provide evidence-based advice to the ADCA Board on the development of specific policy positions and submissions
- initiate, as appropriate, policy issues relating to WG for consideration by the ADCA Board
- contribute to ADCA Strategic Planning and participate when possible in ADCA Policy Forums; and
- identify strategies which may help to reduce or delay the onset of the use of substances in and among the Australian workforce.

Wandarma Aboriginal Drug and Alcohol Service Launched in Bega

By Ms Lesley Roxbee, Program Coordinator, Wandarma Aboriginal Drug and Alcohol Service, Bega

Wandarma is a climbing vine native to the south coast of New South Wales with delicious fruit, also known as the Appleberry.

It is also the name of a new Aboriginal drug and alcohol service which was launched at Littleton Park in Bega on 26 October this year, and attended by about 100 members of the Aboriginal community, AOD service providers, local dignitaries, and funders.

The opening began with a Welcome to Country by Uncle Joe Mundy who commented that...

"It has been hard for us to get drug and alcohol services for our young people. We need to be setting a better example in the community, and this new drug and alcohol service will help."

Uncle Joe also entertained the crowd with a song accompanied by Louis Campbell on didgeridoo. The Gulaga Dancers from Wallaga Lake also took part in the entertainment performing a number of traditional dances.

The service was opened by the Federal House of Representatives Member for Eden Monaro, the Hon Dr Mike Kelly MP, who said that...

"The Commonwealth Government has a commitment to supporting Aboriginal health services in the south coast region, including the Aboriginal Health Service, Katungul. In February 2011 the Government committed a further \$700 000 per year to provide drug and alcohol services and support to Aboriginal communities on the south coast."

Dr Kelly said he was pleased that The Lyndon Community had accepted the invitation to auspice and establish the service, due to their extensive expertise in running drug and alcohol services.

Mreter Veenstra, Chair of The Lyndon Community in Orange in central western New South Wales, responded saying...

"The Lyndon Community is delighted to be able to establish the new service. Lyndon will be working closely with the Aboriginal community and its organisations to ensure that the service is a success."

Peter also introduced the five staff members, four of them being Aboriginal people who are drug and alcohol workers, and who will ensure a culturally appropriate service.

Ms Raechel Wallace, Wandarma Service Manager, said that it was a great day.

"Apart from the speeches we had a great bush tucker barbeque with barramundi, kangaroo, beef and bush tomato sausages, salads, scones and cupcakes," she said. "The music from the Stiff Gins was excellent and the guests certainly appreciated them coming down."

The Stiff Gins, Kaleena Briggs and Nardi Simpson, played songs from their newly released third CD *Wind and Water*.

Eleven years ago, the name Stiff Gins was a reclamation of an offensive reference to Aboriginal women, and a banner to guide their music in the direction of strength and pride.

Since then, the Stiff Gins have travelled the world, received prestigious awards, including a Deadly Indigenous Music Award, and created a loyal fan base. They have also performed for Australian troops in the Middle East, and for remote communities in Australia.

The Wandarma Aboriginal Drug and Alcohol Service aims to provide outreach drug and alcohol services to Aboriginal people and their families living in Bega, Eden and Wallaga Lake

Since the opening, staff have delivered counseling, case management, referral, advocacy, transport, and support services, as well as participating in group/ community events and education programs.

Aboriginal people and their families wishing to access the service can drop into the Wandarma Office, meet the outreach workers at their regular days in Bega, Eden or Wallaga Lake, or just telephone Wandarma on 02 6492 0011.

Wandarma is in the process of recruiting trainees in administration and drug and alcohol work to provide opportunities for Aboriginal people in the local communities to gain the qualifications and skills to enter the AOD sector.

Wandarma Aboriginal Drug and Alcohol Service operates under the auspices of The Lyndon Community and is funded by the Federal Department of Health and Ageing.

For more information contact Ms Lesley Roxbee, the Program Coordinator, on 0408 985 255, or email her at lroxbee@lyndoncommunity.org.au.



Gulaga Dance Group from Wallaga Lake with Convenor Warren Foster on clap sticks.

Drugfields

Professional development, policy and practice information for the Australian alcohol and drug field

By Ms Jane Shelling, Manager NDSIS, ADCA

The National Drugs Sector Information Service (NDSIS), a project of the Alcohol and other Drugs Council of Australia (ADCA), is committed to supporting those who work to prevent or reduce the harm to individuals, families, communities and the nation caused by alcohol and other drugs (AOD).

This is done by identifying and disseminating the evidence base, facilitating the application of best practice, and focusing our collections and services on the knowledge and information needs of AOD professionals, practitioners, policy writers and researchers.

An area of concern for the NDSIS has been the lack of engagement by AOD workers with professional information. The NDSIS has trialled a range of dissemination methods in an attempt to engage community AOD workers, but standard information delivery methods, increasing accessibility of professional information, and even "push technology" initiatives didn't produce an improvement in information uptake.

After some months of investigation both in Australia and overseas, a project was developed to address some of the issues around information engagement by combining the important objectives of:

- assisting the AOD workforce with workforce development
- using knowledge transfer strategies
- improving dissemination of information
- making best use of existing resources through networking, and
- being rigorous in evaluation.

By establishing a central resource for new AOD workers, encouraging existing workers to attain at least a minimum qualification, and assisting AOD workers to plan a career path, this project can act as the first step in a process to help achieve a qualified AOD workforce as called for by the National Drug Strategy 2010-2015.

The project resulted in *Drugfields*, a professional development resource for the AOD sector, which was launched on 15 November 2011.

Drugfields comprises a website of professional development (PD) resources and is backed up by the information professionals from the NDSIS.

Visit *Drugfields* for the latest PD news, to search for PD resources, to find help with study or assignment, or to find details of conferences, workshops and seminars. Short on time? Sign up to our E-blast and we'll come to you.

THE WEBSITE

The *Drugfields* website at www.drugfields.org.au has four main parts:

AOD Sector – a section that sets the scene with information on the sector as a whole including key organisations, networking, professional bodies, and literature about the Australian AOD sector.

My Professional Development – this section provides listings of upcoming conferences, training, events, employment, planning your career, and looking after yourself.

Education – information about qualifications and where to study are included in this section, along with a large section on study tips.

Professional Toolkit – this area contains general advice on how to find professional information (eg databases, websites, sources), specific sources for different sections of the AOD sector (eg Police, AOD management), and a Research in Brief page produced by NDARC which gives a brief one-page synopsis on different research projects.

SERVICE HIGHLIGHTS

There are a number of services and products for AOD workers including:

- The Ask a Librarian Service and the Drug database are linked to *Drugfields* to provide a response service.
- *Drugfields* E-blast is a monthly short, sharp email of professional development current awareness (Subscribe <http://tiny.cc/2y8nx>)
- New technologies abound in *Drugfields* from calendars to YouTube videos.
- Reach into your Professional Toolkit and pull out a RIB! The National Drug and Alcohol Research Centre (NDARC) is providing summaries of their recent research in our Research in Brief (RIB) section. These one page summaries are a great way to keep in touch with new research.

Workforce development is a growing issue. If you need to find articles, books, reports and more check out our Workforce Development Collection – the full text of all items is available from the NDSIS.

GET INVOLVED

Drugfields is a great way to promote an AOD PD activity. No matter how large or small, if it's a one off or a regular activity use *Drugfields* to get your message out there. New features coming soon to *Drugfields* include:

Picture it - an online photo album of PD activities, for example photos from conferences, workshops or graduation ceremonies. If you have a worker who has achieved a long term PD goal send in a photo and we will display.

PD Pathways – highlights the varied career paths of members of the AOD sector. If you have ever wondered,

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where to next?, this section might have some ideas to help you plan your career in the AOD sector.

Drugfields is a new, fresh look at professional development for the AOD sector. Suggestions, contributions and

collaborations are most welcome. If you are part of a profession outside of the AOD sector but AOD work is a regular part of your work your input would also be most welcome.

Queries regarding *Drugfields* can be directed to Ms Jane Shelling, Manager National Drugs Sector Information Service, phone 02 62159809.



By Ms Ruth Mahon, Inhalants Coordinator, NDSIS, ADCA

The National Inhalants Information Service (NIIS) continued throughout 2011 to provide information to organisations, communities and individuals who are addressing the harms associated with inhalant misuse.

While requests to the NIIS this year were mainly around butane and aerosol deodorant misuse, we also distributed resources to communities still affected by petrol sniffing.

In addition, the NIIS was acknowledged for the assistance given to the Victorian Coroners Court, as well as the National Health and Medical Research Council (NHMRC).

It also was active in promoting the NHMRC publication *Consensus-based clinical practice guideline for the management of volatile substance use in Australia* (<http://www.nhmrc.gov.au/guidelines/publications/cp136-and-cp136a>).

The backbone of the NIIS information base is the physical collection of articles, books, reports, DVDs, and posters that can be accessed via the Inhalants Database (<http://www.inhalantsinfo.org.au/database>).

The NIIS collection is continually being added to and now holds 915 resources – globally the largest physical collection of freely accessible inhalants-related items.

The quarterly Current Awareness Newsletter (NIIS CAN) highlights additions to the collection, as well as other news and events from around Australia. Anyone can subscribe to the NIIS CAN by emailing info@inhalantsinfo.org.au.

In early 2012 the NIIS is looking to release the second edition of the NIIS's booklet, *Developing an inhalant misuse community strategy*.

Originally written in 2008 by Dr Sarah MacLean of Turning Point Alcohol and Drug Centre, this booklet provides a practical strategy that can be tailored to suit the needs of an individual community.

NIIS looks forward to working with Sarah again to update this very useful publication.

For further information, visit the NIIS website at www.inhalantsinfo.org.au or contact Ms Ruth Mahon, NIIS Coordinator, on phone 02 6215 9816.



By Ms Di Piper, RADAR Coordinator, NDSIS, ADCA

As always, it has been a busy year on *RADAR* with the database now containing the details of over 1500 research projects, including approximately 300 ongoing projects.

With more than 20 projects added each month, *RADAR* continues to be the most up-to-date reference of what is happening in the alcohol and other drug (AOD) research sector.

The research being carried out at the main AOD research centres maintains a strong presence on *RADAR*, but there are a growing number of research projects being undertaken by other universities and organisations demonstrating the ongoing interest in alcohol and other drugs.

RADAR gives these organisations an outlet for disseminating details of their work, including an easy access point to find contact details to organisations and individual researchers.

The following selection of projects added to *RADAR* this year demonstrates the variety of subjects covered in the database:

- **Hunter New England Population Health**
 - Household smoking behaviours and exposure to environmental tobacco smoke among infants
- **National Cannabis Prevention and Information Centre**
 - Assessing the impact of police on cannabis markets
- **National Centre for HIV Epidemiology and Clinical Research**
 - Qualitative accounts of needle and syringe cleaning techniques among people who inject drugs in Sydney
- **National Centre for Education and Training on Addiction**
 - Workplace alcohol and other drug testing
- **National Drug and Alcohol Research Centre**
 - Improving services to families affected by Fetal Alcohol Spectrum Disorders (FASD)
- **National Drug Research Institute**
 - Beyond information seeking: internet forums and party drugs in Australia

In 2012 as *RADAR* approaches its eighth year, the NDSIS will be investigating an updated user interface for the database. Such an interface will increase the flexibility of both searching and adding new records, and will also help with creating improved statistical reports.

The *RADAR* website is www.radar.org.au, and Ms Di Piper can be reached by phoning 02 62159801.



NDSIS Update



Jane Shelling,
Manager National
Drugs Sector
Information Service

The National Drugs Sector Information Service (NDSIS) is available with assistance for all your alcohol and other drugs (AOD) information needs.

For details on our newest project *Drugfields* refer to page 9 of this Issue, and then look at page 10 for updates on our more established projects, the National Inhalants Information Service (NIIS), and the Register of Australian Drug and Alcohol Research (RADAR).

A selection of the resources available from the NDSIS about foetal alcohol spectrum disorders (FASD) is listed below:

BOOKS

Alcohol, drugs and medication in pregnancy: the long-term outcomes for the child

Edited by Philip M. Preece & Edward P. Riley. Wiley, 2011.

This book documents the consequences of the exposure of infants to the influence of intrauterine chemicals. In setting out the evidence for these outcomes, the authors demonstrate that decisions about care and management can and should be made as early as possible. This should allow professionals to provide protective management and prevent the delays that are so often seen in this area of medical and social care.

Alcohol, pregnancy and the developing child

Edited by Hans-Ludwig Spohr & Hans-Christoph Steinhausen. Cambridge, 2011.

This authoritative new publication comprehensively reviews the important relationship between maternal alcohol abuse during pregnancy and the resulting in utero damage to the child, as well as the results of this damage during the child's development. The first part of the book discusses clinical issues of alcohol-related fetal malformation, the clinical picture of Fetal Alcohol Syndrome, the epidemiology of maternal alcohol abuse, and the developmental outcome of the affected children. The second part addresses pathogenesis and neuropathology. Part Three reviews developmental issues of the growing affected child. The final part evaluates approaches to rehabilitation and intervention while reviewing social and public health issues.

PEA Prenatal exposure to alcohol : prevention hand book

By Vicki Russell, Drug Education Network, Tasmania. 2009.

This prevention manual primarily aims to prevent the problem of prenatal exposure to alcohol before it begins. It aims to increase the confidence of health and community service providers to openly discuss alcohol use with all clients and in particular girls and women of childbearing years.

ARTICLES AND REPORTS

Fetal alcohol spectrum disorders: research challenges and opportunities.

Warren, Kenneth R [et al.], *Alcohol research & health*: 2011, 34, 1

Fetal alcohol syndrome : dashed hopes, damaged lives.

Bulletin of the World Health Organisation: 2011, 89

Maternal risk factors for fetal alcohol spectrum disorders : not as simple as it might seem.

May, Philip A. & Gossage, J. Phillip, *Alcohol research & health*: 2011, 34, 1

What do we know about the economic impact of fetal alcohol spectrum disorder? A systematic literature review.

Popova, Svetlana [et al.], *Alcohol and alcoholism*: 2011, 46, 4

The NDSIS also subscribes to the *Journal of population therapeutics and clinical pharmacology* incorporating fetal alcohol research.

ORGANISATIONAL WEBSITES TO VISIT

NOFASARD: The National Organisation for Fetal Alcohol Syndrome and Related Disorders Inc (NOFASARD) was established and incorporated in Adelaide in 1998. It is Australia's peak body representing parents, carers and others interested in or affected by Fetal Alcohol Spectrum Disorder (FASD). NOFASARD currently receives no operational funding and is staffed totally by volunteers. <http://www.nofasard.org.au/overview/what-is-fetal-alcohol-spectrum-disorder-fasd.html>

FASLINK: FASlink Fetal Alcohol Disorders Society is a Canadian Federally incorporated non-profit organisation with links to a range of information. <http://www.faslink.org/>

Tips and tricks for new players Survey

The third edition of Tips and Tricks has been distributed (but let us know if you would like a copy).

The NDSIS is now looking for feedback to improve future editions. To help us please take a minute (yes it's that short) to fill out this quick survey or email us your comments ndsis@adca.org.au

www.surveymonkey.com/s/8CRJGMB



By Ms Jann Smith, Chief Executive Officer, ATDC

As Chief Executive Officer of the Alcohol, Tobacco and other Drug Council of Tasmania (ATDC), I would like to invite you to our conference – **ATDC 2012 Challenging Conversations: creating an inclusive system.**

The theme for next year's conference is underpinned by the premise that if we seek to dismantle the structures that perpetuate exclusion and service fragmentation, and to create communities in which there is room for difference, we need rigorous debate and genuine conversation.

The role for consumers as both partners in conversation, and as recipients of services is a further premise upon which we will come together, and so we hope to not only include presentations on consumer issues, but also to hear consumer voices throughout the conference.

The desire to feel included is shared by many, and for workers in the alcohol and other drugs (AOD) and related sectors, we know how important it is to reject the marginalisation of both the people who use substances, and of our own service system within the broader health context.

We set goals to increase consumer participation, to enhance social capital and to provide integrated services, yet still we lament the existence of silos within health and welfare services, the inability to engage with and meet the needs of consumers, and the absence of dialogue that moves beyond the rhetoric of collaboration.

The conference will address challenges and opportunities in the following areas:

1. Providing clinical and community care
2. Creating effective collaborative networks
3. Expanding workforce development
4. Managing sustainable organisations, and
5. Embedding consumer choice as a tenet of policy and program development.

Presenters will share their expertise through plenary, interactive and participatory presentations, and attendees will have an opportunity to contribute to the debate of how to create an inclusive and effective alcohol and other drugs service system.

The Call for Abstracts is now open, and registration enquiries should be directed to the Conference Secretariat, Convention Wise on 03 6234 1424. If there are other queries, contact Ms Christine Murphy, the Conference Manager, at conference@atdc.org.au.

Alcohol, tobacco and other drugs use crosses all social, cultural and economic boundaries and the impact of use upon individuals, families or communities can manifest in a variety of service needs.

For this reason, supporting a broad range of services to become ATOD aware and responsive is an important role for the ATOD sector in Tasmania. I hope you will join us in Hobart on 15–16 May 2012 to be a part of this conversation.

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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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