

Newsletter of the Aboriginal Drug and Alcohol Council (SA) Inc.

# ADAC NEWS

Spring 2002

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## ADAC Director Scott Wilson



Welcome to the Spring Edition 2002, of the Aboriginal Drug and Alcohol Council (SA) Inc (ADAC) newsletter. We hope you find this gives you a better understanding of some of the work that ADAC carries out on behalf of the SA Aboriginal community.

Since our last newsletter ADAC has been involved in a range of projects and activities, some of which are reported on in this newsletter. Of significance was our presentation to the Federal Parliaments House of Representatives Standing Committee Inquiry into Substance Misuse in Australia, which we have appeared twice and also taken the Committee to Kalparrin twice.

We have also advocated against the Dry Zone at the Adelaide City Council and appeared twice before the Victorian Parliaments Inquiry into Public Drunkenness and Solvent Abuse. We have also met with the ACT Legislative Committees Inquiry into Cannabis. The good thing is that these Committees have all traveled to SA for their Inquiries, as ADAC is still the only body of its kind in Australia.

We are in constant demand to respond to community issues surrounding substance misuse, which has seen projects such as Makin Tracks constantly, traveling to remote communities and this has taken a toll on our workers. Mr. Doug Walker and Louie Harradine after 2 years have left to take a break and this saw new employees begin with Mr. Paul Elliot formerly of Shine SA is coming back to ADAC this month to start work at Yalata. (For more info see Makin Tracks article)

## SA Drug Summit

From our point of view one of the major events this year was the SA Drug Summit, which was held in June. This Summit unanimously supported the establishment of a Rehab facility for illicit drug users here in Adelaide and some sort of facility for petrol sniffers in the far north. (Please see copy of my speech at SA Drug Summit pg 5)

ADAC has already written to all SA Politicians with a copy of research that we undertook and copies of motions supported at the SA Drug Summit to make sure the issue does not fall of the agenda. So far we have received good feedback from a wide spectrum of Politicians.

## NISMC

In July ADAC hosted the National Indigenous Substance Misuse Council Inc (NISMC) national substance misuse conference. This conference was attended by about 200 delegates from around Australia and helped develop a Business and Strategic Plan for the national body. We are hopeful that NISMC will receive funding for a Secretariat in the

near future that will enable it to provide an effective voice nationally on substance misuse. I was elected National Chairperson for the next 2 years and look forward to this body becoming effective.

### **ADAC Restructuring**

It has become evident due to ever increasing work load and ADAC's involvement in the Quality Improvement Project that ADAC office and staff need some restructuring.

The Administrative staff have already undergone some role change and clarifications with the rest of ADAC Projects to follow suit. For example, we are pleased to announce a new position created at ADAC to give us insight and input into substance misuse issues from an Elders perspective by having a position specifically titled "Special Project Officer Elder"

Isabel Norvill respected Ngarrindjerri Elder, role will include attending the Elders Council, Aboriginal Justice Advocacy Committee, (AJAC) Ethics Research Committee as well as providing advice around issues affecting Elders. We are pleased with this new initiative and look forward to it having a positive outcome.

Other restructuring will see ADAC developing an Indigenous Substance Misuse Health Promotion Unit, that will focus on developing resources for the community around substance misuse. This hopefully will see ADAC opening another office that will also be the focus point for the HOSW World Summit in 2004.

### **HOSW Conference**

In late August and early September a number of ADAC staff and 12 people funded by the Alcohol Education Rehabilitation Foundation (AERF) attended the 4<sup>th</sup> Healing Our Spirit Worldwide conference in Albuquerque, New Mexico. 4,000 Indigenous delegates attended the HOSW conference from 18 countries worldwide and one of the highlights was Marika Harradine speaking at the Conference banquet on behalf of Indigenous youth. A number of other youth who attended the conference from Australia also spent

3 days attending the sacred fire which was lit by Pueblo Elders. Well done Shannon, Daniel, Joshua, Marika and Jasmin.

### **Adelaide To Host**

#### **HOSW International Summit 2004**

As a result of our attendance at the HOSW conference ADAC/NISMC were successful in gaining the HOSW International Summit 2004, to be held here in Adelaide. We will keep you informed about this conference, as 2004 is also the end of the United Nations International Decade of Indigenous people.

ADAC continues to play an important role in ensuring that Indigenous issues are brought to the attention of the relevant bodies and we are partly responsible for the Federal Government developing a National Indigenous Substance Misuse Strategic Plan which over the next month will be conducting community forums in Alice Springs, Brisbane, Sydney and Melbourne.

### **AERF**

The Alcohol Education Rehabilitation Foundation (AERF) is continuing to ensure that Indigenous issues are funded. I was appointed Deputy Chairperson earlier this year and the AERF has \$120 million to distribute to fund alcohol and petrol sniffing projects. Some of the projects we have funded include the CROC Festivals, Port Powers Youth Initiative and the Youth Initiative at Port Lincoln. If you would like further information or a copy of the AERF's funding kit please do not hesitate to contact ADAC.

I hope that you find this newsletter informative and if you want further info please contact us or visit our website [www.adac.org.au](http://www.adac.org.au)

### **FAS National Workshop Sydney**

**27<sup>th</sup> May 2002**

#### **Scott Wilson ADAC Director**

Aboriginal health is not a simple medical matter. Rather Aboriginal health is the result of a variety of social, economic and cultural influences

impacting on a dispossessed people, Aboriginal people are less healthy than any other group in Australia, however any improvement will be won only through support of Aboriginal people and their communities.

## Health Issue

- The World Health Organisation (WHO) now recognises Foetal Alcohol Syndrome (FAS) as the leading cause of environment-related birth defects and intellectual disability in the Western world, surpassing both Spina Bifida and Down Syndrome. (WHO 1997)
- Foetal Alcohol Syndrome, Foetal Alcohol Effects (FAS/FAE), alcohol related birth disorder and alcohol related neuro developmental disorder (hereinafter referred to collectively as FAS) are entirely preventable conditions caused by the consumption of alcohol during pregnancy. Children who are born to women who consume alcohol during pregnancy are at risk of developing FAS. The consumption of alcohol is a voluntary act and hence FAS is preventable.
- The National Drug Strategy (NDS) recognises that alcohol is one of the most significant causes of drug related harm in Australia. (NDS 1998) With rates of consumption of alcohol at least equivalent to countries like Canada, New Zealand and the USA, it can be expected that our rate of FAS will be similar to that in these countries where more thorough research has been conducted.
- Australian Bureau of Statistics (ABS) figures show 40% of indigenous females reporting recent alcohol consumption and 9% of these female drinkers reporting drinking at high-risk levels (compared to 3% of non-indigenous female drinkers) (ABS 1999) Other studies in the Northern Territory and Queensland show significantly higher levels of drinking at harmful levels by indigenous women (68% and 45% respectively of all female indigenous drinkers surveyed) (Quoted in 'Ways Forward' 1995) Whilst overall, fewer indigenous women consume alcohol compared to the non-indigenous female population, those who do drink, consume much more alcohol than non-indigenous women.
- Fertility rates amongst Aboriginal women are significantly higher than for the non-indigenous population of Australia.
- The rate of FAS diagnosis in South Australia is 4/100,000 (a total of 9 cases since 1986) compared a conservatively estimated 9.1/1,000 in countries like Canada, France and the USA (Sampson et al. 1997). Several recent reports in South Australia have commented that the diagnosis of FAS in South Australia is likely to be severely under detected. (Gaughwin 1999, Bradbury 1999)
- Recent research at the University of Washington Foetal Alcohol and Drug Unit has revealed very high prevalence of secondary disabilities among a large group of over 400 patients with FAS. For those 12 years and over, the lifetime prevalence of mental health problems was over 90%; disrupted school experience – 60%; trouble with the law – 60%; confinement in a residential treatment or correctional facility – 50%; alcohol and drug problems – 35%; approximately 80% of those 21 or over had significant problems with employment and remained in some type of dependent living situation.
- Rates of FAS and secondary disability as reported in overseas studies could be expected in Australia. These would be having severe impacts on all communities, but particularly in indigenous communities where rates of alcohol consumption are high and the fertility rates are also high. The future capacity of our indigenous communities could well be severely compromised by high rates of FAS and secondary disability.
- These secondary disabilities can be ameliorated and the greatest protective factor for this is diagnosis of FAS before the age of 6 (Streissguth 1997) A diagnosis of FAS is vital in providing appropriate interventions

for the affected child and for primary prevention of further FAS. The failure to diagnose the primary and secondary disabilities of FAS is extremely costly to society. Without the proper support services, the person has a 60% chance of ending up in a mental institution or gaol.

The dissemination of information regarding FAS has not been adequately addressed in Australia when compared with public information and education campaigns in countries like New Zealand, Canada and the USA. This lack of information about FAS has a twofold impact.

First, many women, their partners, families and health workers are unaware of the potential dangers of consuming alcohol during pregnancy (the US Surgeon General in 1981 advised that alcohol should not be consumed at all during pregnancy). Secondly, health service providers including those organisations primarily responsible for antenatal, drug and alcohol and disability services in South Australia have been found to have little awareness of the issues and/or be significantly misinformed (Miers 1999)

The effect of alcohol on the foetus was first described in 1973 (Jones & Smith, 1973). Since that time, more than 5,000 articles have been published on the topic that show that drinking during pregnancy can result in a variety of alcohol-related birth defects commonly known as Foetal Alcohol Syndrome [FAS/FAE] (Mackenzie, 1996).

However, despite the vast amounts of research into the syndrome, at present there is little known research into the impacts of alcohol consumption on the health of Aboriginal women's reproductive health and in particular into the area of FAS/FAE. The only literature known (Hunt, 1981; Lipson et al, 1983; and Lipson, 1994) that mentions FAS/FAE in the Aboriginal community has been taken anecdotally from community members. However, indicating that it is a very important health concern that remains undiagnosed and unreported. For example, Little et al, (1990) found a 100 per cent failure rate to diagnose FAS/FAE at birth in a large teaching hospital.

There are, however, widespread beliefs amongst health professionals indicating that:

- alcohol use by Aboriginal mothers is higher than in the wider population;
- the impact on Aboriginal children are prevalent.

The other beliefs that are held by some educational professionals are:

- there is a significant impact on the learning capacities of Aboriginal children with FAS/FAE
- there is a significant impact on the behaviour of young Aboriginal children with FAS/FAE.

**Speech by Scott Wilson, Director  
Aboriginal Drug and Alcohol Council  
(SA) Inc to the SA Drug Summit  
Monday 24<sup>th</sup> June 02**

Members of Parliament, Invited speakers, delegates I have been asked to give you an overview and hopefully an understanding of the situation confronting Indigenous South Australian communities and their families who are facing crisis in dealing with substance abuse and misuse problems

I would firstly like to acknowledge the Kaurna people and ancestors for allowing us to speak and be here during the week and hope their ancestors can guide us towards recommendations, that can be enacted to help bring people who for too long have faced Social exclusion due to the color of their skin.

We look forward to a government that has invoked the ghosts of the Dunstan era in terms of social policies, who were as steadfast in their belief, that although unpopular, were not swayed. The Dunstan Government was seen to be social innovators in Australia when they enacted the first Aboriginal Land Rights ACT and introduced sweeping Gay law reform to mention a few and we are hoping that the Rann Labor government will also be innovators.

That they will finally listen and implement recommendations from this Drug summit even though at the time they might be unpopular.

Because if we are to squander the next 5 days by having recommendations gathering dust then the Social Inclusion initiative of this government will lead to no change in helping the most vulnerable.

When I first heard that SA was to have a Drug Summit my first reaction was what for. Why does there have to be another talk fest when we already have roadmaps from reports gathering dust. The RCIADC is almost a decade old with over 60 recommendations out of 300 odd that relate to substance misuse.

Most of these recommendations are still to be acted on. ADAC is about the only initiative of the RCIADC that is still operating.

The NAHS is over 13 years old and still has a range of recommendations not followed up on. In 1996 the SA House of Assembly Select Committee into Heroin recommended a range of initiatives that are still gathering dust.

In 1996, the SA Aboriginal Health Partnership (SAAHP) was formally signed by the State and Federal Health Ministers, ATSIC and the Aboriginal Health Council that was supposed to be the Framework for improvements in SA Aboriginal Health.

The Framework agreement and the Regional Plans all mention substance misuse as a priority area for action. I think it is strange, that 6 years later the peak community controlled substance misuse body in SA is not a member or has never been invited to the SAAHP talk about substance abuse issues situation confronting people.

In 1997, \$100,000 was given to those responsible in the area to develop a statewide whole of government Indigenous substance misuse strategic plan. We are still trying to support this happening, with no obvious intent by the SAAHP or DHS to proceed.

In 2001, the Labor Opposition went to an election without releasing a Aboriginal Affairs policy that has yet to see the light.

But despite constant setbacks we are still trying to have programs and policies developed that will be beneficial for users and their families. If this Summit fails to address the issues of an Indigenous Illicit drug rehabilitation center here in Adelaide then we can all hang our heads in shame.

**We can sit here all week talking about what should and what could be done to address the rising incidences of substance misuse and so we should. But we also need to acknowledge that policies, practices and both government and non government funded agencies have failed the community.**

Over the past 30 years a variety of initiatives and programs have been set up to address the issues, whether they be petrol sniffing projects of which our next speakers will address, or programs targeted at illicit drug users have not had the impacts they were touted as having.

If you were an Indigenous Illicit drug users in Adelaide today who wanted help to stop your addictive lifestyle then you would automatically assume that there is a variety of programs you can access. Most agencies also publicly state that they are there to help this group but let us point out that the Emperor is wearing no clothing.

Besides a few services such as the Parks Community Methadone and mainstream rehab services there is basically no where else to go for help.

What we have to do is use this summit as a first step in the right direction. In being up front and honest about the fact that for too long funding agencies and service providers have colluded to give the impression that there are services available. For too long initiatives that are spurious in the extreme have been allowed to gain credence. For too long funding agencies

have been convinced to fund projects with little value and no evaluated outcomes.

We do not need quasi scientific approaches to Indigenous illicit drug use and just because an initiative might work amongst Indigenous people in other countries does not mean they will work here.

Honesty and new approach and meaningful partnerships are the only way forward. Both Indigenous service providers and funding agencies need a state strategic approach as a matter of urgency and if this means that existing programs cease and new ones emerge to deal with the issues then on behalf of the community we would welcome that.

### **Drug Summit Recommendations**

Many recommendations were moved with strong support from all delegates but recommendation 1 is what ADAC has been waiting for a few years.

#### **Recommendation 1**

The working group recommends that the State Government provides funding to establish, in partnership with Aboriginal people, a 24hour, 7 day a week metropolitan Adelaide facility that provides for all Aboriginal people and their families suffering from substance misuse the following culturally appropriate services:

- assessment
- counselling
- withdrawal management
- stabilisation
- rehabilitation
- after care and relapse prevention

#### **Rationale**

- No Aboriginal specific treatment services are available in regional or metropolitan areas.
- Drugs have an impact on every Aboriginal family, hence a family approach is required.
- Services are not currently accessible when needed most (that is, on weekends and after 5.00pm on week days).
- Aboriginal people need a choice (Aboriginal-specific or mainstream) if health improvements are to be achieved.

- Funding for Aboriginal services mainstream organisations gets “lost” and does not reach those who need it.
- There are language and cultural barriers in mainstream services.
- Resources could be better utilised.

#### **Indicative support:**

**Strong support from all delegates**

### **Geoff Roberts**



#### **ADAC Mentor - Harm Minimisation Project**

It is difficult to know where to start in this report as so many great initiatives have and continue to occur with this project. Notwithstanding, I will attempt to do justice to them all!

**MENTORS:** As you are aware, we engaged 4 community members as mentors, 3 of who are grandparents themselves. Since our last report, one of the mentors (who hadn't worked for a number of years) found the strength through his involvement to look for and obtain full-time employment.

These people are having a substantial impact in assisting our target group. As is the case when success is achieved, the client base grows. This interest has extended to other regions and creates a bit of tension when we explain that this is a Pilot Project with limited resources.

I have attempted at all relevant times to involve mentors in meetings, which I attend as well as education sessions.

We attend Drug Action Team meetings; meet with members of parliament, police, other agencies as well as delivering 3 primary school 'talks on drugs'. On one such occasion, the talks were directed to parents of school children, Aboriginal and non-Aboriginal.

Other initiatives undertaken have included, although not exhaustively;

- Encouraging chemists to use larger print on dispensed medicines
- Counselling and supporting estranged family members in relation to dealing with their substance use issues. This has resulted thus far in the re-uniting of 2 families. This may not seem a 'big deal' however in the context of our role, we see it as a big win.
- Arranging for and accompanying 1 elderly Aboriginal man on his first holiday.
- Advocacy in many and various arenas.
- Education to the elderly on the 'shifting sand' of substance use, eg the trend toward more people using Methamphetamine as opposed to Heroin and what that means in terms of behaviour, detox treatment etc.
- The Great Camp!!!!

It is on the latter that I turn to – THE CAMP. Our much-anticipated camp for our target group was a huge success. The camp was held at the Clayton Bay Holiday Camp from 10/6/02 – 13/6/02 inclusive. It was a mixture of fun, education, sharing stories and learning to care for ourselves. This last point I'll elaborate on later.

Initially, 21 people indicated their participation however on 'pick-up' morning, this was reduced to 11, plus mentors. Some of the reasons for cancelling included;

- Having grandchildren left with them the night before departure
- A death in the family
- Worrying as to how others might cope without them for 4 days.

I later became aware that one person couldn't afford their medication. Everything was provided including lots of great tucker, fruit and copious amounts of home made soup – cooked on site.

Some of the funny bits, included;

- Prior to departure, a debate as to whether we should head north or south from Adelaide. Given the camp was south, this view prevailed.
- 30 minutes out of Adelaide, the first calls of "when will we be stopping for lunch?" "how much further to go?" "I'm thirsty"
- Then when ordering lunch – "I want 2 pieces of fish" "I want a drink"
- Shortly thereafter, "I only got 1 piece of fish" we conducted an audit – "That fish was good I'll have another piece" as we were pulling out in the bus.
- When I took the road towards our destination I was advised "no, go up that road, up the hill" despite my protestation that to do so would be "going the wrong way" I was advised "It's her country, she knows where to go" After tracking back toward Adelaide for some distance, I was able to gain consensus that we were going the wrong way.

On arrival, the bidding and reasoning occurred as to who should have the section with an ensuite, and why. Just prior to dinner, the first serious concern – "I need to put my x lotto on" Given there was no facility, lots of consoling was needed. The exchanges of stories around the big campfire that evening as well as other evenings were special times. Given the majority of these people at this time of year are in bed with 2 hot water bottles by 6:00pm, to see them still yarning at midnight was worthwhile.

On day 2, I was greeted with additional supplies required. Heading the list was – Laxettes, followed by Vicks vapour rub, then cough lollies as well as Panamex NOT Panadol etc.

On a more serious note, one of our oldies took seriously ill in the early morning of our departure day. As is invariably the way, she was more

concerned at disrupting the camp than her severe medical condition. I examined her and despite her insistence of “being okay”, I spoke to doctors via telephone and she was conveyed to hospital by ambulance. This lady spent 2 weeks in the Royal Adelaide Hospital and is still on the road to recovery. Whilst unfortunate, it provided the opportunity to reinforce the right we have to put ourselves first, particularly when it comes to our health.

As you might glean, I could go on and on about the camp. We are in the process of organising a bigger and better camp in October for our target group.



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## Warren Parfoot



### Quality Improvement (QI)

As South Australia is the only state with a community controlled peak body<sup>1</sup>, representing substance use organisations, we are ideally placed to participate and support the national pilot project for the use of quality standards.

The need for quality recognition is a key element, identified in the OATSIH review of Indigenous Substance Misuse Organisations, to show the quality and extent of the work performed by Indigenous organisations. The QI process allows people to identify what they do well and highlight areas that need development and areas of unmet need. It provides an evidence base for funding requirements and reporting.

The QI project provides a focus for ADAC to further improve and develop its systems and responses to alcohol and other drug issues. It supports our focus on relevant and appropriate health promotion, research and advocacy. We are now preparing for the quality accreditation process, which will see ADAC gain national recognition as quality endorsed community organisation.

Other council members are also participants in this process and have used it to review and promote their work. The aim of the project is that by the end of 2003 all permanent council organisations; Aboriginal Sobriety Group,



Kainggi Yuntuwarrin and Kalparrin will, along with ADAC have achieved Quality Accreditation. Currently each organisation has identified areas of development and have all undergone successful partial reviews against various standards.

### **Dementia**

We maintain our working relationship with Alzheimers (SA) Inc and have received joint funding to provide dementia training to HACC staff, in South Australia. This will start in the last quarter of 2002. We are just finalising the appointment of an Aboriginal woman, Amanda Bosworth as the project officer and trainer. Amanda's work will also be important to the review and further development of this training package. Since it was first published there have been important developments in the area of comorbidity and increased knowledge and awareness about dementias. Our work on maintaining this training package, as an important and useful tool for health workers and community members will be assisted by the research findings from the Quality Use of Medications project.

### **Research**

The Quality Use of Medications project is now in its third year, in association with Flinders University School of Nursing and Midwifery.

This project involves communities, individuals and health professionals. One component of the research, conducted in the Adelaide Northern Metro region and funded by Rotary has been completed and the results published. The remainder of the findings, from the 8 health regions in South Australia will be analysed and published in the next year. To date the information collected provides further information that the treatment of Aboriginal people is poor, with little cultural consideration and no considered follow up.

The recommendations from this project will be used nationally and hopefully bring about changes in practices and encourage a holistic approach, which recognises the importance of

the social and emotional well being of people, rather than just treating a symptom.

We had had some involvement with a project looking at Urban Aboriginal Woman and licensed premises. This project had received minimal funding and is a small study. The results confirm anecdotal evidence, about the racism experienced by Aboriginal people and the need for existing legislation to be acted on by the relevant authorities.

ADAC continues to make valuable contributions locally and nationally. The existence of the Council and its work to date provides firm evidence for the ability of Aboriginal Community Controlled Organisations to lead and bring about change.

**(Footnotes)**<sup>1</sup> The recognition of the work ADAC does as a peak body is now encouraging a number of other states to work towards establishing similar organisations.

### **Andrew Biven**



Probably the most satisfying aspect of my work in the past six months or so has been the continued interest in the Petrol Sniffing & Other Solvents manual which I compiled in 2000. A steady stream of manuals leaves the office each week for destinations all around Australia. Some have even found their way overseas. It has now been nominated for an international award. As a result of this success ADAC has been asked to conduct training sessions centring on inhalant use and how to use the manual in community settings.

In the last six months I have run workshops in Broken Hill, Adelaide, Bourke, Dubbo, Melbourne and Perth. This level of interest prompted ADAC to make a video of the workshop. This has recently been completed and will be distributed at low cost. It should prove a valuable addition to the package of resources on petrol sniffing that ADAC has available.

The Makin' Tracks team has seen some changes recently. Doug Walker and Louie Harradine left mid-way through last year and were replaced by Jimmy Perry and Mindi Crombie. Mindi left early this year and Sarah Betts joined the team but has left. Paul Elliott is with us again and will be off soon to spend time at Yalata.

The other new development that has taken up a lot of my time has been with the new Police Drug Diversion program. I have been involved in the old diversion system and with the introduction of the new system ADAC applied and was successful in being appointed as an Accredited Assessor.

We were also given funding for a Diversion Liaison Worker whose role will be to help Aboriginal people to use this new system, something that the old system did not do well.

We have appointed two Aboriginal people Trevor Wilson and Byron Wright, to work part-time in this role and they are rapidly learning the ropes. We have a bit of work to do communicating with the police to make sure Aboriginal people are offered diversions for minor drug charges. ADAC with the Drug and Alcohol Services Council (DASC) has been contracted to provide the Assessor training statewide and that started in July.

Other activities that come under my umbrella include supporting our member organizations. Recently I have been out to Yalata for a few days and besides catching a few good sized fish on the weekend, I worked with their health service on a couple of their projects. I also spent a couple of days at Ceduna and talked with the Eyre Peninsula's Aboriginal Health Advisory

Committee (AHAC) about rehabilitation of drug and alcohol users.

I have also been helping a few organizations with their submissions to the Alcohol Education and Rehabilitation Fund. Kalparrin Community Murray Bridge and the Lower Murray Nungas Club still invite me in. I'm on the Council at Kalparrin and enjoy being part of their big family.

In the past six months I have been to conferences in Melbourne where I presented a paper about Aboriginal people and Therapeutic Communities and to a conference in Perth where the focus was on drugs and policing. This was of use to me in my role in the Police Drug Diversion initiative, though it was disappointing that there was so little discussion about diversion – there was lots about Drug Courts. Overall, my role at ADAC is a bit of a mixture (some people say a mystery) which suits me fine – having a range of things to do

### **Byron Wright**



Hello my name is Byron Wright I am an Aboriginal man, I was born in the town of Mungindi five hundred miles inland on the NSW-QLD border but I grew up in the suburbs of Riverwood and later Liverpool in the western suburbs of Sydney. At present I'm studying a Diploma in Arts and Social Sciences (DDAM) at the University of South Australia. I've taken up the position of Diversion Liaison Officer within the drug diversion project of the Aboriginal Drug & Alcohol Council of S.A. Inc From an early age I have encountered many of the difficulties that are experienced by Aboriginal

people in Australian society and as a result believe that these experiences would give me an understanding of some of the problems associated with substance misuse and the ability to carry out the duties of the position.

I'm fully prepared to enthusiastically participate in any study / training programs that you may provide or require as a way to enhance my ability as a member of the Drug Diversion Project and am interested in taking part in the training of others to ensure that Aboriginal people are given every opportunity to benefit from the Drug Diversion Program.

### **Trevor Wilson**



Hi my name is Trevor Wilson. I am from the Malak Malak tribe of Daly River Darwin. I will be working with ADAC on the Police Drug Diversion Project as a Drug Diversion Liaison Officer. I have worked with ADAC previously on the Making Tracks project with Louie Harradine And I am looking forward to assisting Nungas who are diverted through this project.

Being an ex-user, I hope my experience with drugs can assist clients and my colleagues to a better understanding about drug misuse in our community.

### **Jimmy Perry**



#### **“MAKIN TRACKS”**

My name is Jimmy Perry and I am one of the new Project Officers in the Makin Tracks program. I have been in this position since November 2001.

I would like to take this opportunity to thank Dougie Walker and Louie Harridine for their contribution to the Makin Tracks program.

I started working with David (Mindi) Crombie from Coober Pedy who left the position after 3 and a half months. Mindi found it very hard to be away from his family for long lengths of time. In the time I worked with Mindi I enjoyed myself very much, he is a wealth of knowledge and very talented.

Mindi and I visited many communities for example Oodnadatta, Coober Pedy, Yalata, Port Lincoln, Port Augusta and Point Pearce. We introduced ourselves and promoted the Makin Tracks program.

As the program requires two people, Sarah Betts who at the time was employed at Nunkuwarrin Yunti as a Sexual Health Educator. I had worked with Sarah in the past and knew that we made a good team. Sarah joined the Makin' Tracks team just after Easter.

So, with the new team set we headed out on our first trip together , we visited Minnipa for a football carnival, Yalata where we held meetings

to plan what we can do to assist the community in education, training and detoxification. We then headed off to Port Lincoln to run education programs in the Town Primary School for Years 3-7, Returning to Adelaide after 3 weeks.

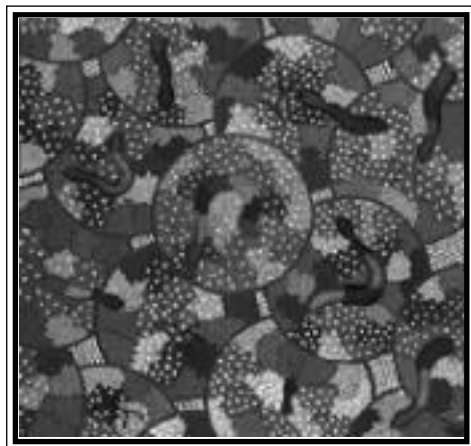
In May I headed off to a Men's Camp run by Port Lincoln Health this involved taking substance abusers out bush to educate on the health risks of long term alcohol consumption. 15 community members attended along with a worker from ADAC – Jimmy Perry, Port Lincoln Health Service – Gary Burgoyne and Nunkuwarrin Yunti – Kym Shellon.

We traveled from Port Lincoln spending 1 night in the Gawler Rangers, then onto Coober Pedy, then onto Lambina back to Coober Pedy then returning home.

We showed videos, the guys were amazed that we could watch videos out in the middle of the bush. We all chipped in together and came home with a feed of malu. The camp was a huge success and we plan to run another camp in the near future.

I am enjoying working within ADAC on the Makin Tracks program, I have made many friends and networks. I value the opportunity to visit communities and share my knowledge.

Sadly on the 23rd August Sarah resigned from the project, due to family issues, and to complete her study. Paul Elliott is now on the Makin Tracks Team I look forward to working with him. Hope to be in your community soon. Nukkin Ya.



© I.C. Max Mansell

## Paul Elliott



### “MAKIN TRACKS”

Hello I am back and it feels good to be back. It has been about three years since I have worked here, for people who don't know me my name is Paul Elliott my heritage is from the Ngarrindjerri people.

I am looking forward to getting out into communities, working with other workers trying to address Alcohol and other Drugs and Substances that are continuing to add to our people's poor health and the wellbeing.

I am planning to live up to three months at a time in each community, which has requested this type of service and support from ADAC.

It will give me a better in site into the issues and possible ways that communities may try to reduce some of the negative effects associated with the use and misuse.

I am hoping that this extra time I get to spend in the community will be of benefit in the area of development, planning and delivery.

I believe it will be a wonderful learning opportunity for me, and who ever would like to take this opportunity and be involved.

This could be a really great journey of understanding, and makes new directions for peoples lives interested in Makin Tracks. It will be a good thing to do together, look forward to meeting you in my travels.

## Sharyn Watts



### **Development Of Resources To Enhance The Education And Training Of Aboriginal And Torres Strait Islander Workers In The Illicit Drug Field**

This project got underway in October, 2001. It is a two year project that has been funded by the Commonwealth Department of Health and Aging through the National Illicit Drug Strategy.

#### **WHAT IS THE PROJECT ABOUT?**

We are aiming to develop a resource package that will help Aboriginal and Torres Strait Islander workers to increase their skills and knowledge about illicit drug problems. This increase in skills and knowledge will mean that they can provide better help to illicit drug users, their families and their community.

#### **WHAT'S BEEN HAPPENING SINCE OCTOBER?**

Since October we have been talking with Indigenous workers around Australia. We've been asking them their opinions about training on illicit drugs – what information they need and what they would like to see in a resource package, and the best ways to put it all together.

Cannabis seems to be the illicit drug that is of most concern to workers around the country, although a lot of people have seen an increase in the number of people using heroin and speed (amphetamines). Workers want up-to-date information about these drugs and training on how to help people with drug problems. They

want the training to be relevant to the issues in their community and to use local resources and knowledge. They want the training to lead to some kind of accreditation and not just to another piece of paper that says they have attended a workshop.

The ideas and opinions gathered from talking with workers has helped us to begin developing a resource package that will be useful for as many people as possible.

Currently, we are working on a resource manual that has information about drugs and how to help people with drug problems. It includes exercises that help the worker to turn what they have read about into knowledge and skills that can help them in their daily work.

We are also writing a 'worker's manual' that gives basic information about illicit drugs and their effects and ideas about how to help people. Pamphlets and booklets are also being collected and included in the package.

## Carol Holly



My main role in the ADAC IDU Project last year was completing the information gathering phase of the research. This year has been spent looking at the research results and getting feedback on what the Indigenous community regards as the main issues.

One issue that came up during the research was that many of the Indigenous users we spoke to did not know what services were available, including Clean Needle Programs (CNP's).

ADAC felt that this was an issue that needed an immediate response so we produced a resource specifically for Aboriginal people who inject drugs. This is a directory that lists the details of available services (methadone services, CNPs, Centrelink phone numbers, overdose information and more). We have called it the IDU Help Card and it folds into a small card that fits in a pocket or wallet.

To get some community feedback on the research I held consultations at various sites (including Port Adelaide Community Health Centre, The Parks Community Health Centre and Nunkuwarrin Yunti). These were informal sessions that consisted of discussing the research results with consultation participants and then exploring the implications of the results.

During the consultation process I thought that it was important to ask Indigenous illicit drug users and ex-users about the types of information and services that they needed. A consultation was held with the Peer Interviewer team and I also talked to individual Aboriginal injectors.

Participants in these sessions were particularly concerned that there was not enough information for families of people who inject drugs. They also said that written resources may not be the best way of presenting information to users – they would like to see more workshops and information sessions.

This is useful information for ADAC because using the most appropriate format for presenting information is important when developing resources for Indigenous people who inject drugs.

The Project Advisory Committee assisted in drafting a number of recommendations based on the issues raised in the consultation process. To ensure that people who were unable to attend community forums were able to comment on the research, a brief report that included draft recommendations was sent to a number of Indigenous community members and organisations for feedback and comments. Any comments from people will be taken into account and used to assist in developing and refining the draft recommendations.

Recently I have been writing the research report and have completed a summarised version, which ADAC have released as a Community Report. The Community Report was written to inform the community of some of the issues raised in the research, the results of the IDU Survey, and preliminary recommendations, using plain language rather than technical language.

This was launched during Drug Action Week, at the Drug Summit, to emphasise the need to address problems associated with IDU in the Indigenous Community. ADAC hopes that the information in the Community Report will assist Health Workers, Drug and Alcohol Workers, and others in responding to Indigenous people who are experiencing drug related problems.

Some of the issues that are addressed in the recommendations are:

- Barriers to accessing services
- Employment and training of Aboriginal Health Workers
- An Aboriginal specific detox and rehab centre (for short term and long term)
- Hepatitis C information and education (transmission and treatment)
- Overdose information and education (prevention and response)
- Aboriginal involvement and consultation in policy, strategy and service development
- Prison programs and post-release support
- Grief and Trauma counselling
- Support for families of Indigenous people who inject drugs
- Support services attached to methadone programs
- Subsidising the cost of methadone dispensing
- Amphetamine dependence (maintenance treatment, detox and rehab services)

If you are interested in reading the full range of recommendations, they are included in the Community Report, available from ADAC

## Helen Wilson



Well it has been an exciting year has been busy again so far.

### **Petrol Sniffing and other Solvents Video**

We have now released an ADAC in-house video that compliments the Petrol Sniffing and other Solvents Manuel.

The Hon. Terry Roberts launched the Video during Drug Action Week at the SA†Drug Summit. The Video is a workshop about Petrol sniffing and other Solvents, Martin Pascoe has done a great job as the main speaker holding the workshop.

The Workshop involved doing a run of the workshop with the assistance of health workers and ADAC staff and then a big learning curve on using the video software. The assistance of Max Mansell to produce some pictures for the video and when you watch the video you will see how well they compliment the workshop.

### **Quality Improvement**

Well we are getting ready for the big event of the QI coming in and checking out whether we are a quality service, this should be happenning before the end of the year. I believe we are a quality service, so we have to wait and see if we pass. Regardless the impact of the process over the last couple of years has made lots of changes in ADAC that have been very positive. Admin have set up lots of different systems, this ensures when we are looking for something we can find it.

## **Roles and Responsibilities**

Administration staff, that's me Sofia, Carolyn, Geoffrey and Mandy have started to work out who's Job certain tasks are. It quite a full on process but hey its clearer now that admin do quite a lot of different tasks and its getting clearer what is expected. We are even working out a way in File Maker Pro that we can show what work we do for what project, hopefully the annual report will be demonstrating this.

During the last few months people have shared their stories of child abuse, as a survivor myself, I can relate to how they are feeling. For many of us there is a need to be heard, for some of us it may only be the first time someone has listened and heard our story, and believed it was wrong what happened we were once inocent children. This was a piece I found in my road to recovery.

## **The Most Deadly Sin**

Some day, maybe there will exist a well – informed, well – considered and yet fervent public conviction that the most deadly of all possible sins is the mutilation of a child's spirit: for such mutilation undercuts the life principle of trust, without which every human act, may it feel ever so good, and seem ever so right, is prone to perversion by destructive forms of consciousness.

Eric Erickson

## **IDU Help Card**

We now have a new help card Carol Holly did the hard work researching and worked out a list of numbers that could help someone with Intravenous Drug Use (IDU). We have then adapted the Hepatitis C image from our posters and came up with the Hepatitis C Man a relevant image for this group. If you would like some please ring ADAC PH:83620395.



## Copyright Article prepared by H.Wilson

Well we have to Copyright many things during our work at ADAC. I thought I would get some information to explain what it means, there have been some issues about copyright and people need to be aware of an artists rights.

I have had many conversations with Max Mansell about Copyright and also Indigenous Copyright. Max feels quite strongly that Indigenous Copyright should get formal recognition .

Max gave me his copy of *Aboriginal Arts and Copyright Bulletin 75 by the Australian Copyright Council*; the next part is taken from that booklet pp 4-6

### AN INTRODUCTION TO COPYRIGHT

Copyright law is all about controlling how and when your work is used. The main purpose is to enable creator to negotiate payment when other people use their work. If you are a creator you need to know what aspects of your work are protected, and what uses of your work you can and cannot control.

### WHAT DOES COPYRIGHT PROTECT

Copyright law protects work created by Aboriginal artists and creators in the same way that it protects other works. Aboriginal works are not excluded from protection, but they are not given any special protection either. This means that a painting by Albert Namatjira is protected in the same way as a painting by, say Bret Whitely. Similarly, a book by Sally Morgan will be protected in the same way as a book by Patrick White.

The Following Materials are protected by copyright:

- Artistic works  
This category includes paintings, drawings, sculpture, craft ( such a batik, baskets, jewelry, wood carving), photographs, maps and plans.
- Musical works

This category includes any combination of melody or harmony, ranging from Aboriginal music to pop songs to opera. (note, however, that songs may involve two Copyrights: the music is protected as a musical work and the lyrics are separately protected as a literary work.

- Literary works

Original writing such as short stories, novels, poems, song lyrics, instrumental manuals, compilations, and all other forms of writing (except trivial expressions such as names, titles and slogans). Computer programs

- Dramatic works

This category includes dance, plays, mime and all other works that are intended to be performed.

- Films include feature films, documentaries, television programs and videos.

- Sound recordings

Include vinyl and compact disk, audio tapes and cassettes. This copyright protects investment in the master recording and is separate from the author's copyright in the material recorded (for example, the song).

- Broadcast signals, that is, the signals of sounds and/or images transmitted by television or radio.

- Published editions

This copyright protects the publisher's investment in typesetting and is separate from the author's copyright in the work, for example, the novel or the music.

### WHAT IS REQUIRED FOR COPYRIGHT PROTECTION?

1. The Work must be original.
2. There must be a connecting factor with Australian law.

### Works of artistic craftsmanship-an additional requirement

In the case of works of artistic craftsmanship (for example, jewellery, bags, vases,) there are two additional requirements must be met before the work will be protected.

1. The work must be "artistic". This requirement suggests that an item of



craftwork, which is purely functional, such as a pottery ashtray of nondescript design and with no decoration, would not be protected.

2. There must be some degree of manual skill on the part of the maker. It is unlikely that factory or machine made products would be protected.

### **No registration is necessary for copyright protection**

There is no system of registration for copyright protection. You do not need to lodge any documents anywhere, pay any fees or go through any other formal procedure. A work is protected as soon as it is put into a “material form”, such as a painting or written text.

Owners of copyright are entitled to put the internationally recognised copyright symbol on their work. This is the copyright symbol ©, followed by the copyright owner and the year of first publication.

For example © John Goolwa 1991.

The use of this notice is not legally necessary for protection. However, it operates as a claim to copyright and as a warning to others that the work is protected.



©I.C Max Mansell & Kumana Brown

## **Max Mansell**

During Reconciliation week Max Mansell presented Martin Luther King 111. with this painting “Window of Colonization” that had just returned from the International Exhibition “Four Circles Soaring Visions.” The Exhibition Toured Australia for 18 Months then Canada for two years.

On back of painting for Martin Luther King 111.

### **To Martin Luther King the 111**

©I.C. This is a gift in the spirit of goodwill generosity from the heart,

From the Aboriginal people of South Australia with love.

May the gods/great spirits protect you on your journey for Equality and justice, the artist A. M. Mansell. 2002.



Thankyou Nicki Giorgas for letting ADAC use your photograph.

## **Copyright is an Economic Right, Economic Rights are a health Issue By Max Mansell.**

The Indigenous arts Industry is currently worth about \$2.5 Billion in economic terms within less than 30yrs our culture has become Big Business and is growing.

During this time Aboriginal people have been denied and deprived of the benefits of the economic wealth that our arts and culture has contributed to the economy.

Our culture employs 100,000 people just within the tourism industry. Our Future is an Economic one. Our Culture is our Future.

Our Industry will within 10-15yrs become one of the biggest industries in Australia. This is not a fantasy this is a fact.

To achieve this we need to set in place concrete standards, Protocols, which all industries require before they can begin to operate. Here are some of my proposals and why we need them.

- 1) NATIONAL AUTHENTICITY BANK.  
We need to utilise the forensics and its technology,, to protect the Authenticity and Integrity of our culture. (DNA Technology.)
- 2) NATIONAL ART POLICE. We need them to monitor the Industry and its players nationally and Internationally. To eliminate corrupt and fraudulent players to maintain the Authenticity and Integrity of our culture.
- 3) PROTOCOLS COMMISSION. To set in place cultural protocols to arbitrate cultural disputes
- 4) COALITION OF INDIGENOUS ELDERS. To assist the protocols Commission in developing a National set of protocols for all people working in the Aboriginal arts industry.

We need a National Indigenous Arts Industry card for every gallery, Nationally and Internationally that are involved in selling Aboriginal Art. This card would be a form of licence to operate within the Aboriginal arts industry.

Artists should also be given a seal with a number or design to identify the Artist, and are then issued with a licence.

A catalogue of Indigenous Artists that are updated regularly when a death occurs the protocols come into play and galleries etc are informed so the appropriate protocols to the Artist can be respected

We need to know.

- 1) Who is selling our culture
- 2) Who is presenting our culture
- 3) Are they Culturally Appropriate
- 4) Who is benefiting economically from the sale of our culture?
- 5) Who are the Artists? Are they Aboriginal?
- 6) Who are the illegal participants/ ie. Fakes.
- 7) Who is mis-representing our culture.
- 8) Those who have been involved in the illegal production of our art and culture.
- 9) Where our art and culture is being distributed.
- 10) Where our art and culture is being illegally produced and reproduced nationally and internationally.

Indigenous Copyright/ Intellectual property rights which protects the rights of the individual creator of original works of art, I.E. Painting, writing, sculpture etc.

Boomerangs are being mass produced by non-indigenous /people, businesses both nationally and internationally. This is depriving the original creators/peoples where these cultural belonging comes from of their rights to their economic wealth.

This causes their socio-economic situation to deteriorate and the effects of this are on the records, Exploitation of Aboriginal artists and

their art affects more than the individual the effects flow on to the family and the community

Cultural Property Rights. These rights protect the property of the community, and families. These rights protect the cultural belongings/possessions of Indigenous Australians. The cultural belongings/possessions are the didgeredoo, boomerangs ,etc. These should be protected from economic exploitation.

Currently not one cultural belonging/possession is protected by law, Yet when we look at the Non-Indigenous cultural belongings/possessions, They are all protected by law, WHY ?.

### Mandy Watson



Hi! so much has happened here at ADAC that it's hard to know where to start!

For my part in all of this, I have been actively involved with the Quality Improvement (QI) Project as Research/ Administration Assistant, and as Internal Review Contact at ADAC. I also continue to manage the ADAC Library, am currently redeveloping the ADAC Website, and have begun a Graduate Diploma in Information Management.

As far as the QI Project is concerned, a real positive for me, has been the part-time employment, by ADAC, of Joanna Paynter at Kalparrin, and Elaine Yasserie at Kainggi Yuntuwarrin. It has been a real pleasure working with these two talented people and its great to have a dedicated contact in each of the organisations.

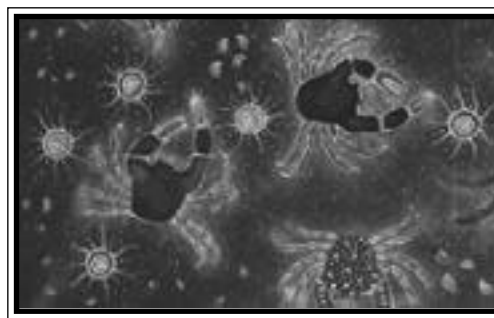
As part of the QI process I have also been working with Brenda Aynsley, an Adelaide based IT consultant, to rebuild the ADAC Website. This has meant a thorough review of the design and layout of the site and all of the documents, resources and links available from the site. We will also endeavour to ensure the site meets with best practice for general health information web sites. We have launched the new site up online at URL <http://www.adac.org.au> by late July 2002. Come visit us and let us know what you think! There will be quite a few new resources available for download from the site, as well as many of the ADAC reports and links to other quality sites for further information. A big thanks to Brenda for all her hard work, support and patience!

Another of the tasks that occupies my time is the ADAC library. This is ongoing and the number of items in the Library is ever increasing. We welcome visits from people wishing to do research, however, we are not as yet a lending library.

From the above it is clear that much of my work revolves around the management of information. To better enable me to do this, I have begun a Graduate Diploma in Information Management at the University of South Australia. This is a great opportunity, and to date I am enjoying the course very much. I have already been able to apply my studies to my work and I look forward to completing the course over the next couple of years.

Finally, I would like to welcome the staff that have joined the ADAC secretariat over the last twelve months, and thank all of the ADAC staff for making ADAC such a supportive working environment.

©I.C. Max Mansell



## Carrolyn Lowe



During my time here I have been involved in many areas of ADAC's busy office.

As everyone is by now aware, ADAC has developed a **Petrol Sniffing & Other Solvents Kit**, which is proving to be very popular. I am involved with the supply and distribution of the manual, which is keeping me pretty busy, and at this point in time we have almost sold out of a second print. To date we have sold almost 1500 copies in less than 18 months.

We have also developed a video to accompany the kit, which can be used on it's own as a workshop tool, or in conjunction with the kit.

The video was launched on 27/6/2002 in conjunction with Drug Action Week's Indigenous Day at the Drug Summit held at the Entertainment Centre.

On the 27<sup>th</sup> of June we held a BBQ in Victoria Square to celebrate the indigenous aspect of Drug Action Week, unfortunately the Gods were not smiling on us and it was somewhat of a cold and miserable day – but a good day was had by all, with a visit from the Koori Mail, despite the weather

My administrative duties and other related tasks, including keeping an eye on the servicing and turnover of company vehicles, accommodation and travel arrangements for relevant staff, keeping up with our resources and the extra little chores that staff may require, offer me a full and interesting day in the office.

## Geoff Hawkins



I was originally employed with ADAC at the end of 2001 as a data processor for the IDU/HepC Project for their Survey on Intravenous Drug Use in Metropolitan Adelaide and Murray Bridge.

I have been employed periodically after this time as a casual fill in for administration staff on holidays or out of the office, staffing the telephones and processing inward and outward mail and general office duties as needed.

I Attended the 2001 AGM, which gave me a better understanding of the Organisations Projects and the chance to meet and chat with people from some of the communities and get a feel for some of the issues that concern them.

Early in 2002 I was given the responsibility of taking the minutes for the ADAC Executive Meetings, and although this has only been required twice, I'm sure this will give me a better understanding of what ADAC's objectives are, and a more comprehensive overview of the organization.

I have just completed work employed two days a week by the Flinder's University who in conjunction with ADAC are running a Program around Better Medication Practices for Aboriginal People with a Mental Health Disorder. Employed casually to source Telephone and face to face taped interviews with Health Workers, Clients and their carer's. I'm enjoying my time with ADAC and the dedicated team of workers who make coming to work a delight.

## **Sofia Rivera**



Hi, Its that time of the year again! As you may know me by now, my name is Sofia Rivera and I am the Administration Officer here at ADAC.

I have been very busy with my administrative duties as well as helping Helen with a bit of the finances.

I have also been involved in the Quality Improvement team not as fully as I would like to, but I am involved anyway.

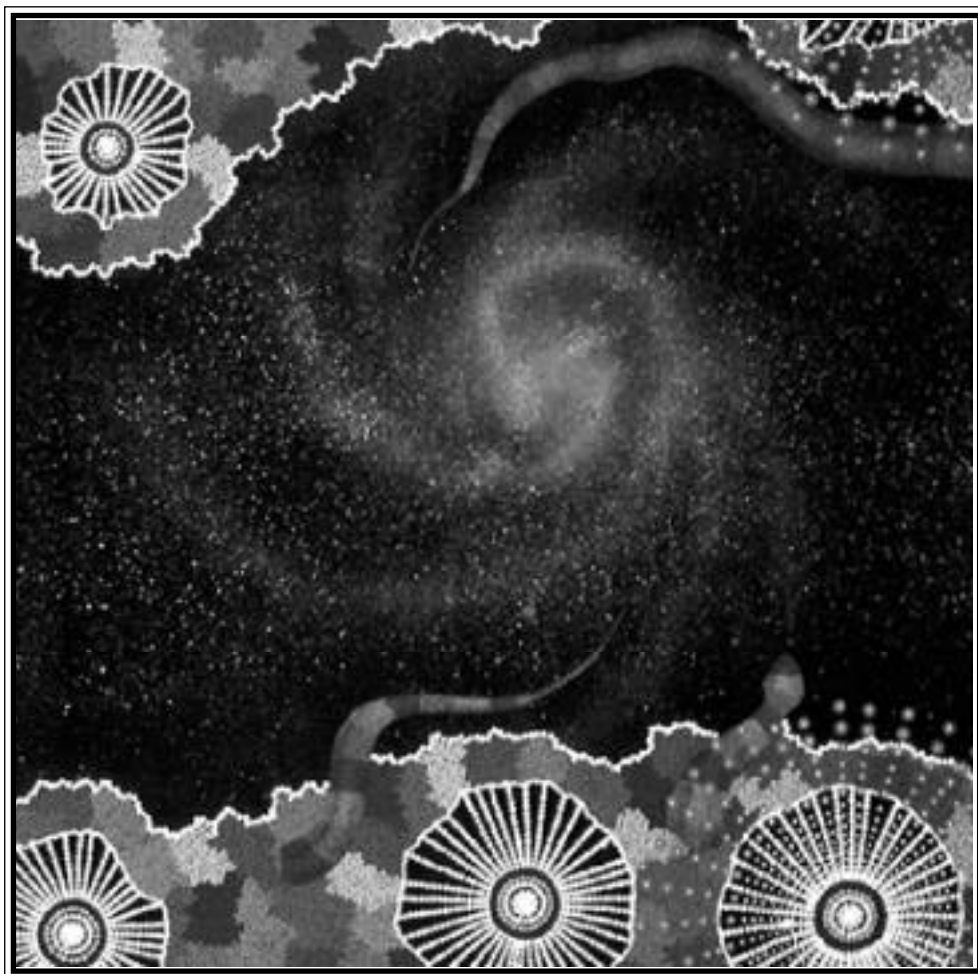
I have also been very busy Developing and maintaining new database to suit our needs here at ADAC. These Databases include, Database for Accounts Receivables as well as payables, Memos templates, Tasks request, Travel allowance, Assets Register as well as our this will enable us to maintain records for as long as require.

On the 15<sup>th</sup> to the 17<sup>th</sup> of May I attended a Senior First Aid Course, as part of the QI process. ADAC now has someone with a First Aid certificate in the workplace.

As part of the Quality Improvement here at ADAC I have been nominated to attend a fire training course so I can become the Deputy Fire Chief Officer to assist Sharyn Watts our Chief Fire Warden officer.

On the 27<sup>th</sup> of June of this year Admin held a BBQ at Victoria Square to celebrate the Indigenous Drug Action Week, unfortunately the weather was horrible but nevertheless we had a good turn up.

I look forward to reporting to you again in our newsletter take care.



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Photo's from the HOSW Conference

