

“Educating the community about substance misuse”

**Information Dissemination and Support to Improve the Understanding of the Aboriginal
Community through Research, Education, Prevention and Treatment.**

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Acknowledgments

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We would also like to thank the following persons:

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Abbreviations used

ADAC	Aboriginal Drug and Alcohol Council (SA) Inc.
ADCA	Alcohol and Drug Council of Australia
AERF	Alcohol Education Rehabilitation Foundation
AHC	Aboriginal Health Council
AJAC	Aboriginal Justice Advisory Committee
ALRM	Aboriginal Legal Rights Movement
ANCD	Australian National Council on Drugs
APSAD	Australian Professional Society on Alcohol and Other Drugs
ASG	Aboriginal Sobriety Group
ATSIIC	Aboriginal and Torres Strait Islander Commission
DASC	Drug and Alcohol Services Council
DCS	Department of Correctional Services
DETAFE	Department of Training and Further Education
DHS	Department of Human Services
DOSAA	Department of State Aboriginal Affairs
DLW	Diversion Liaison Worker
FaCs	Department of Family and Community Service
HACC	Home and Community Care
HCV	Hepatitis C Virus
H&AC	Commonwealth Department of Health and Aging
HOSW	Healing Our Spirit Worldwide
ITAB	Industry Training Advisory Board
NATSIHC	National Aboriginal Torres Strait Islander Health Council
NACCHO	National Aboriginal Community Controlled Health Organisations
NAHS	National Aboriginal Health Strategy
NDRI	National Drug Research Institute
NDS	National Drug Strategy
NCETA	National Centre for Education and Training in Addictions
NGO'S	Non Government Organisations
NISMC	National Indigenous Substance Misuse Council
OATSIH	Office of Aboriginal and Torres Strait Islander Health
QI	Quality Improvement
QMS	Quality Management Services
RCIADIC	Royal Commission Into Aboriginal Deaths in Custody
SAPOL	South Australian Police Department
VET	Vocational Education and Training

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Aboriginal Drug and Alcohol Council (SA) Inc.
The Vision, Mission Statement
and Organisational Aims

The Vision

Aboriginal communities will be:

- living happy, healthy, high quality lives,
- free from the harmful effects of substance misuse, and in control of their community programs, by achieving:
- Unity, respect, and self-determination, through a process of education for re-empowerment and health, delivered by culturally appropriate programs and services, through community participation and individual commitment.

Mission Statement

To ensure the development of effective programs to reduce harm related to substance misuse in Aboriginal communities, in such a way as to:

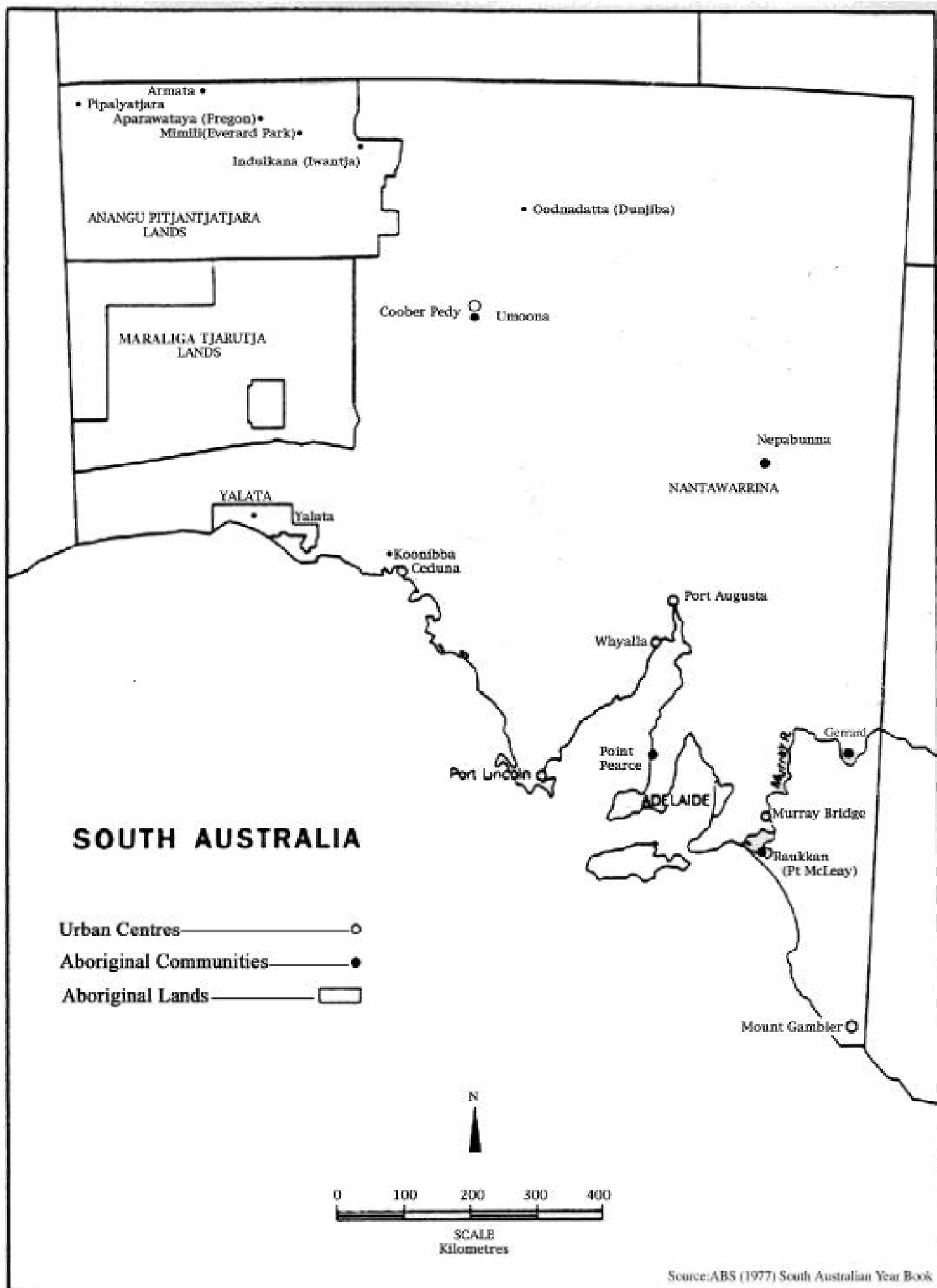
- promote and foster pride, dignity, identity and achievement in Aboriginal society, and
- advocate and actively pursue the philosophy and principles of Aboriginal spiritual, cultural, social, economic and political re-empowerment, self-determination and self-management.

This mission will be carried out principally as an information and advisory centre for the Aboriginal community, the wider community and to relevant professionals and institutions, on substance misuse issues.

Organisational Aims

ADAC's broad organisational aims are to:

- Have the expertise; credibility and resources to effectively support and represent South Australian Aboriginal communities in addressing substance misuse issues.
- Have clear policies and strategic directions on Aboriginal substance misuse and related issues.
- Secure adequate, ongoing resources, and use these effectively and efficiently, to achieve its organisational objectives on behalf of South Australian Aboriginal communities.



Source: ABS (1977) South Australian Year Book

What is ADAC?

- ADAC stands for the Aboriginal Drug and Alcohol Council (SA) Inc.
- ADAC was established in response to the Royal Commission into Aboriginal Deaths in Custody (RCIADIC).
- ADAC was established to address the rising incidence of substance misuse.
- ADAC has been incorporated as an Aboriginal controlled, state based organisation to:

Development of Policy to provide advice to the ADAC Council, the wider community and relevant Government agencies;

To assist in the development and ongoing monitoring and evaluation of substance misuse programs and service delivery and provide support To Aboriginal Substance Misuse programs on an ongoing basis;

To advocate For Aboriginal substance misuse issues to the wider community;

Development of substance misuse health promotional materials and to conduct substance misuse awareness programs;

Identifying opportunities and advising community on government and alternative sources of income;

Positively promote harm minimisation as an effective preventative measure.

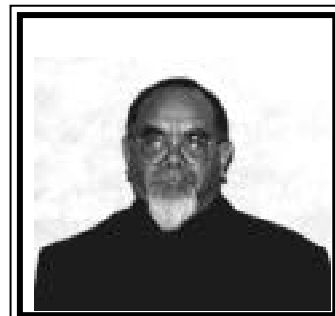
ADAC Executive 2001-2002



Chairperson

Ms Isabella Norvill

Lower Murray Nungas Club



Vice Chairperson

Mr Basil Sumner

Aboriginal Sobriety Group (SA) Inc.



Mr Anthony Smith

Dunjibba Aboriginal Community Council



Ms Ann Newchurch

Goreta Inc.



Mr Bruce Carter

Kalparrin Inc.



Mr Michael Harris

Kainggi Yuntuwarrin

(formerly the Riverland Aboriginal Alcohol Program)



Mr Troy Bond

Drug and Alcohol Services Council



Mr Scott Wilson

State Director ADAC

ADAC Chairperson's Report

Isabella Norvil



On behalf of the Aboriginal Drug and Alcohol Council (SA) Inc. we would like to this Annual Report on the Council's activities over the last financial year 2001/2002. I again feel privileged to be Chairperson of this innovative organisation and bring a wealth of experience in the area with me, were I have had a thirty-year involvement in substance misuse in South Australia both on a professional and personal basis.

As in a lot of communities I was eventually to be touched in a more direct way by substance misuse when looking around at the deaths, imprisonment and self-harm of the community dysfunctional due to the devastating impacts of substance abuse.

Over a number of years it became evident that Injecting drug issues had been ignored and I was instrumental in getting ADAC and NCETA to undertake Rapid Assessment Procedures research in my community. This led to me being employed in a grief and trauma project part time due to the rising number of drug related deaths.

Findings from that Research were that

- Intoxication with drugs, alcohol, or a combination of both, were perceived to increase the risk of suicide among injecting drug users and other members of the community.
 - Intoxication was also believed to contribute to death by accidental overdose.
- Mental health problems were experienced by 64% of all participants. Depression (40%), paranoia (16%), was most frequently reported.

Over half of the sample (52%) had attempted suicide on at least 2 occasions.

92% of those who had ever attempted suicide admitted to having been intoxicated on at least one occasion they made an attempt. They stated that intoxication often facilitated the decision to go through with an attempt.

The Drug crisis in the Aboriginal community in South Australia has reached frightening levels and in 1999 this saw me and other Elders coming together and the establishment of a group of concerned grandparents who all have children caught up in the substance abuse cycle. This cycle has seen me drive the 200 kilometers round trip every fortnight to attend the Port Adelaide Nunga Court to offer support and comfort to the Aboriginal people who have drug related issues and are facing court that day.

As stated above my involvement has been as a professional but more importantly as a grass roots advocate for change and even though drugs have bought personal tragedies and where hurt and death continues to rise I have not given up. In the year 2001, I had hoped to be able to further advance the cause of the "Grannies" group as well as trying to actively bring about change for the younger generations to come.

In South Australia there is a complete lack of facilities for Aboriginal people. Facilities that focus on families, and programs, which support people to achieve the outcomes, they want. What services

are available are based on models best suited to meet the needs of the organisational deliverer. If an Aboriginal person fails within these systems, it is the fault of the Aboriginal person. The organisation comfortably sustaining itself with urban myths about walkabout. It is too uncomfortable to face the reality that “walkabout” is attending yet another funeral, to bury another relative, all too often a young person. And all too often the result of alcohol and other drugs.

As you can see the impacts of drug and alcohol on Indigenous families are huge and unfortunately it is spreading. We as community people find it difficult to deal with the traumas of constant death and dying, but also a high rate of imprisonment. I overheard a member of the community state that they should change the name of the Adelaide Remand Centre to the Aboriginal Remand Centre.

We believe that ADAC is a vital component in helping address the alcohol and drug issues in the community and this was further highlighted at the South Australian drug Summit where issues being pushed by ADAC over a number of years received unanimous endorsement. These were the establishment of an Indigenous specific rehabilitation center for injecting drug users in Adelaide and for some sort of facility in the far north to help people with petrol sniffing related issues.

We will ensure that the Rann Labor government fulfills these recommendations rather than sit idly by as they gather dust. Next year will be a big year for ADAC as we celebrate 10 years of service to the South Australian community. When you consider that ADAC was originally funded as an initiative of the Royal Commission into Black Deaths in Custody, it is one of only a few initiatives still going nationally.

ADAC is looking forward to highlighting this with a series of events throughout the year. ADAC will also be hosting the Healing Our Spirit Worldwide International Summit in 2004, where we are bringing Indigenous peoples, concerned about the impacts of substance misuse internationally, to Adelaide.

The Federal Health Minister, Senator Kay Patterson has recently appointed me to the National Advisory Council for Suicide Prevention. I look forward to working with the Suicide Council to ensure that Indigenous issues and concerns around suicide, self harm and substance misuse issues are brought to the attention of the Federal Government and through the Council are addressed.

Finally, I would like to thank the dedicated staff at ADAC and the member organisations throughout South Australia for their continued support.

Scott Wilson Director's Report



ADAC is funded to carry out a range of tasks crucial to the development and ongoing implementation of an effective, integrated and coordinated substance misuse strategy for Aboriginal people and communities in South Australia. These tasks are reported on below:

Petrol and Other Solvents Manual

ADAC was responsible for developing a manual around Petrol Sniffing and Other Solvents. The manual is made up of six components that include four booklets created by ADAC. Booklet 1 is a "Plain Language Summary" for community members and other people interested in learning about petrol sniffing. Booklet 2, "Information for Health and Community Members" contains more detailed information about petrol sniffing and is for workers who are helping communities to deal with sniffing issues. Booklet 3, "Community Development" is for workers and includes a workshop outline and Booklet 4 "Other Solvents" is for communities where sniffing of other solvents (paint, glue, etc) are an issue. (For more information see Helen and Andrew's report).

Mentor Project

ADAC has received funding for a Mentor program targeted at older members of the community. This project is an innovative approach to trying to provide access to services to those in the community who are the most vulnerable. (For further information see Geoff's report)

Makin' Tracks

The Makin' Tracks project is entering its third year and we have employed new members on the team. We would like to thank both Doug Walker and Louie Harradine who due to constant travel have taken a break and we have since employed Jimmy Perry. The program continually receives calls from across South Australia, Central Australia and the border regions of Western Australia. (See Jimmy and Andrew's reports)

National Police Drug Diversion Strategy

In April 1999 the Prime Minister announced the creation of a National Police Drug Diversion Strategy. This new strategy is designed to divert people arrested for possession of drugs into assessment and treatment. The strategy has a number different responses with ADAC establishing a Diversion team to assist Aboriginal people in the metropolitan area to benefit from this strategy.

If the person attends and successfully completes requirements then the Police will not proceed further and evidence etc will be destroyed. On the other hand people can still elect to go through the normal criminal justice system.

Most of the States and Territories have launched and begun their strategies; the South Australian Diversion strategy was launched in May 2001. This strategy will target both juveniles and adults.

Injecting Drug Use Research

ADAC received funding from the OATSIH to conduct research into the prevalence (of) and associated harms with injecting drugs (IDU) amongst the Aboriginal community in Adelaide.

The research phase and interview stage have finished with 307 Indigenous injecting drug users being interviewed. This is the largest research of its kind undertaken amongst Indigenous users in Australia. At the South Australian Drug Summit, the Minister for Aboriginal Affairs, the Hon Terry

Roberts MLC officially launched the Community report on IDU. We are looking at launching the full report, later this year, at the Australian Professional Society on Alcohol and Other Drugs (APSAD) Conference (see Carol's report for further details)

Statewide Substance Misuse and National Complementary Strategic Plan

Both of these issues are progressing well with the State Strategy now being moved along by the SA Aboriginal Health Partnership. ADAC will continue to be involved in this initiative and hope that the strategy is finalised by the end of the 2002/2003 financial year.

The National Indigenous Complementary Substance Misuse Strategy will also be finalised by July 2003 as that is when the next Ministerial Council on the Drug Strategy are meeting. In the latter half of 2002 the NDS Reference Group will be hosting a range of consultation workshops around Australia so as to ensure community input.

Quality Assurance

ADAC member organisations are taking part in a National pilot for substance misuse services to undertake Quality Assurance processes in their organisations. This project, depending on outcomes, will provide a basis to roll out to all Indigenous substance misuse services nationally. (For further information see Warren's report)

Australian National Council on Drugs (ANCD)

I continue to be involved in this Council and was elected onto the Executive, which means that we can make sure that Indigenous substance misuse issues are constantly heard at a high government level. The ANCD is involved in a range projects, and gives advice to the Prime Minister on a range of substance misuse issues.

Alcohol Education Rehabilitation Foundation (AERF)

In 2000, the Prime Minister along with Senator Meg Lees, the then Leader of the Australian Democrats, announced the formation of the Alcohol Education and Rehabilitation Foundation. This new Foundation is being funded by the excise that was collected on beer sales that was in breach of GST promises made by the Government that beer prices wouldn't rise.

The Foundation will have approximately \$120 million to distribute and fund programs across Australia and 20% must be spent on projects targeted at Indigenous Australians. The Foundation is continuing to ensure that Indigenous issues are funded. I was appointed Deputy Chairperson earlier this year.

Some of the projects funded include the CROC Festivals, Port Power's Youth Initiative, the Youth Initiative at Port Lincoln, the Kickstart project in Cape York, Alice Springs Alcohol Restriction Initiatives and a range of other worthwhile projects including making monies available to both National Aboriginal Community Controlled Health Organisations (NACCHO) and the National Indigenous Substance Misuse Council (NISMIC) to enable 24 people to attend the Healing Our Spirits Worldwide Conference in Albuquerque, New Mexico in September 2002.

If you would like further information or a copy of the AERF's funding kit please do not hesitate to contact ADAC or go to their website at www.aerf.com.au

Drug Action Week

June 25th to June 29th was declared Drug Action Week. It was also the week that South Australia hosted the Drug Summit at the Entertainment Centre.

Drug Action Week was organised by the ADCA. It was a week of activities across Australia to highlight the issues surrounding substance misuse issues. Each day of the week has a theme with Monday focusing on Treatment, Tuesday on Prevention, Wednesday on Alcohol, Thursday on Indigenous issues and Friday focusing on Workplace issues.

The idea behind Drug Action week was to;

- Raise awareness of the broad range of harms associated with the misuse of drugs;
- Promote the work of alcohol and other drug prevention and treatment agencies and to;
- Promote public debate about good practice strategies for reducing drug related harm.

ADAC hosted a BBQ in Victoria Square and we were also involved in Ceduna and Port Lincoln on the Thursday with a range of activities. Other activities on a state basis included having an official launch at the SA Drug Summit of the IDU Community Consultation Report and, a range of resources including the ADAC Petrol Sniffing and Other Solvents video. In conjunction with DASC we released Alcohol and Yarndi materials.

South Australian 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 Rehabilitation facility for illicit drug users here in Adelaide and some sort of facility for petrol sniffers in the far north of South Australia. (Please see copy of my speech at South Australian Drug Summit)

ADAC has written to all South Australian Politicians with a copy of the findings from our research and copies of motions supported at the SA Drug Summit to ensure this issue does not fall off the agenda. So far we have received good feedback from politicians across the political spectrum.

Speech by

Scott Wilson, Director to the SA Drug Summit Monday 24th June 02

Members of Parliament, invited speakers, and 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 colour 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. 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 talkfest 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 State and Federal Health Ministers, ATSIC and the Aboriginal Health Council that was supposed to be the Framework for improvements in SA Aboriginal Health formally signed the SA Aboriginal Health Partnership (SAAHP).

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 ever been invited to the SAAHP to talk about substance misuse issues confronting people.

In 2001, the Labor Opposition went to an election without releasing an Aboriginal Affairs policy this 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 Indigenous illicit drug users in Adelaide today who wanted help to stop your addictive lifestyle then you would automatically assume that there are 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 programs and mainstream rehabilitation services there is basically nowhere 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 a 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.

Other ADAC Activities

As a member of the HOSW Planning Committee I attended, via teleconference and face to face a number of meetings. ADAC were also invited onto the Planning Committee for the “3rd International Conference on Drugs and Young People” held in Sydney; additionally we also were invited onto the “4th International Conference on Drugs and Young People” to be held in New Zealand in 2003.

ADAC is also on the Planning Committee for the “National Symposium on Workforce Development” which are held in Adelaide and the Australian Professional Society for Alcohol and Drugs (APSAD) National Conference.

In October Prof Margaret Hamilton, Prof Ian Webster AO, Major Brian Watters and I were invited to Cape York for a two-week trip to isolated and remote communities to look at first hand the issues and problems these communities face in trying to deal with substance misuse issues. We have subsequently produced a report on our activities, which also highlights the problems these communities confront on a day-to-day basis

In December, I attended the National Aboriginal Torres Strait Islander Health Council (NATSIHC) meeting in Canberra. The Federal Health Minister appointed me to this Ministerial Advisory committee and it had the first meeting of the new Council in Canberra. The Permanent Secretary of

the Department of Health and Aging, Ms Jane Halton and the Chairperson of NACCHO, Ms Pat Anderson, jointly chairs the NATSIHC. The NATSIHC is currently developing a new Aboriginal and Torres Strait Islander Health Strategy.

In April to June myself and other ADAC staff were actively involved in meeting with Premier and Cabinet in organising the SA Drug Summit, which I have reported on earlier. I also attended the National Drug summit hosted by the Australian Medical Association at the National Press Gallery in Canberra.

Myself, and a number of ADAC staff attended a 3-day Co morbidity Intensive workshop at Flinders University and I was invited to NSW to be part of developing the NSW Indigenous Substance Misuse Strategy

I have done a number of media interviews (radio, tv, and print)

Radio National's Australia Talks back I was interviewed for an hour on the state of substance misuse and how it impacts on Indigenous Australians.

On ABC Radio I spoke about the forthcoming Coroners Inquest and other issues surrounding Petrol Sniffing, which was also picked up by ABC TV.

The National Indigenous Radio Service Brisbane, interviewed me about the Fitzgerald report into substance misuse issues in Cape York. National Indigenous Radio Services in Brisbane interviewed me in relation to publicans and shopkeepers keeping hundreds of Aboriginal peoples ATM cards in rural remote communities.

ABC Radio interviewed me when Premier Rann announced his Drug Summit. This issue was subsequently picked up by The Australian where I was also interviewed regarding the Drug Summit.

Before and during the Drug Summit myself or other ADAC staff were in demand by a variety of media. I believe that this is indicative of ADAC achieving one of its goals. We have credibility in relation to Indigenous substance misuse issues with local, state, and national media contact us for comment.

I regularly write articles for the Aboriginal Islander Health Worker Journal and I have attended numerous other meetings in addition to the above.

4th Healing Our Spirit Worldwide Conference Postscript

In late August and early September a number of ADAC staff and 12 people funded by the Alcohol Education Rehabilitation Foundation (AERF) attended the 4th Healing Our Spirit Worldwide conference in Albuquerque, New Mexico. 4,000 indigenous delegates attended the HOSW conference from 18 countries worldwide. One of the highlights was Marika Harradine speaking at the Conference banquet on behalf of Australian Indigenous youth. A number of other youths who attended the conference from Australia spent 3 days tending the sacred fire, which was lit by Pueblo Elders. Well done Shannon, Daniel, Joshua, Marika and Jasmin.

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

State Director's Committee Membership

ADAC has continued to ensure that substance misuse issues are discussed at a high level both at a state and national levels with the State Director gaining membership on the following state and national committee's.

State Based

Aboriginal Sobriety Group Board Member
Australians for Reconciliation Director
Alcohol Related Brain Damage/Dementia State Steering Committee
Foetal Alcohol Syndrome Taskforce
Liquor Licensing Review Committee Member (Attorney Generals Department)
Makin' Tracks Steering Committee Member
Nunkunwarrin Yunti Board Member
Police Drug Diversion Evaluation Committee
South Australian Emotional Social Wellbeing Regional Centre Board Member
Quality Assurance Project Steering Committee (National Pilot)
Quality Use of Medicines Education Program Steering Committee Chair

National

Australian National Council on Drugs (ANCD) Executive Member
Alcohol Education Rehabilitation Foundation (AERF) Deputy Chairperson
Alcohol and Other Drugs Council of Australia (ADCA) Executive Director (Administration)
National Aboriginal and Torres Strait Islander Health Council (NATSIHC)
National Centre for Training in Addictions (NCETA) Board Member
National Drug Research Institute Board Member
National Indigenous Substance Misuse Council Chairperson

National Drug Strategy (NDS) Committees or Reference Groups

NDS State Reference Committee (SA)
NDS Media Campaign Reference Committee
NDS Police Drug Diversion Committee (SA)

Intergovernmental Committee on Drugs

NDS Reference Group for Aboriginal and Torres Strait Islander Peoples (Deputy Chairperson)



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

This project commenced 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.

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. This resource package

will contain information about illicit drugs and about the best ways to match the needs of people with drug problems, and their families, with the right kind of help.

The package will contain written material, audio tapes, pamphlets, posters and other resources for both the worker and their clients. It will reflect Aboriginal and Torres Strait Islander cultural norms. It will be a resource that can be used by Aboriginal and Torres Strait Islander workers with no formal training or qualifications. It will also provide a stepping stone towards accreditation for VET sector training by articulating with VET sector competency-based standards so that workers can fulfil components of accredited training programs.

Project Activities

Steering Group

The project has a locally-based Steering Group with members from within ADAC, from the Drug and Alcohol Services Council, the National Centre for Education and Training on Addiction, the Hepatitis C Council (SA) Inc., C Clearly Project and the CSH ITAB. Meetings of this group are held regularly.

National Project Reference Group

The project has a Project Reference Group with representation from a wide range of national organizations and committees including: OATSIH, NACCHO, ADCA, NISMIC, and Department of Health and Aging. This group had its first meeting in Sydney, in November 2001.

Literature Review

The project includes a literature review reporting on Australian and overseas literature on education and training models and programs in the illicit drug field. This review is being undertaken by the National Drug Research Institute (NDRI), which is based in Perth. This review has been underway since December 2001 and a first draft is due in July 2002.

National Consultation with Indigenous Workers

The project has consulted with Indigenous workers around Australia about their training needs around illicit drugs. They have indicated that workers need support to undertake training – from management, from a professional support network and through supervision and through networking

with their peers. Workers want training that is accredited and accessible. Training needs to be located in their communities and linked to local issues in the community – either through workshops or on-the-job training or even intensive residential training. Marijuana appears to be the illicit drug of major concern for Indigenous workers, although they recognised that other illicit drugs are increasing in use.

Development of the Resource Package

The Resource Package has three major components:

- A Resource manual that contains ‘modules’ about illicit drugs (eg. cannabis, heroin, amphetamines, and ecstasy). Each of these modules gives information about the drug, what its effects are, how it is used, overdose, withdrawal, dependency and treatment. Other modules in the manual cover topics about the best ways to talk with people about their drug problems and how to match each person to the best possible treatment. In addition, it contains information about helping families and communities, and injecting drug users.
- A set of Resources that includes up-to-date pamphlets and booklets about illicit drugs.
- A ‘Worker’s manual’ that provides basic information about illicit drugs and how to help people with illicit drug problems.

Both the Resource manual and the Workers manual are currently being written. They will be reviewed by the Steering Group and the Project Reference Group and by Indigenous workers around the country before they are trialed at several locations nationally.

Carol Holly IDU Project Officer



Using Rapid Assessment Procedures to Investigate the Impact of IDU Amongst Indigenous Australians in Metropolitan Adelaide

Throughout July 2001 our peer interviewers conducted 307 questionnaires with Indigenous people who inject drugs. This was a much larger number than anticipated, indicating the extent of injecting drug use in the Indigenous community. Most of the questionnaires were conducted in the Indigenous community of Adelaide. Although having so many completed meant it took a little longer to enter the data, analyse it, and write up the results, it was worthwhile because a larger survey resulted in more information.

The more information we have on the issues affecting Indigenous people who inject drugs, the better we are able to respond to their needs.

The survey found that Hepatitis C was a big issue for the Indigenous injecting drug users (IDUs) interviewed. Many of the survey participants were unsure about transmission of Hepatitis C, and although ethics prevented us from asking people about their Hepatitis C status, almost half of the participants stated that they were Hepatitis C positive. Many of the survey participants had shared injecting equipment and about 25% of them had injected in prison (where there is no access to sterile syringes). The survey also found that most of the injectors surveyed were dependent on their

main drug of choice, and although many had attempted to access treatment services only about 10% or so were on a maintenance treatment program (ie methadone).

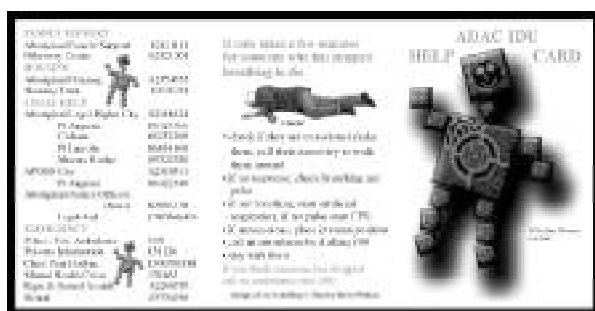
Between October 2001 and March 2002 ADAC held a range of group and individual community consultations. These were held to inform the Indigenous community about the results of the research and provide an opportunity for the community to let ADAC know which issues needed to be prioritised. Indigenous people who inject drugs were also asked about their information needs. The issues raised in the consultations were included in a number of recommendations, some of them related to:

- Subsidising the cost of methadone dispensing
- Establishing an Indigenous specific rehabilitation centre
- Safer injecting /Hep C information specific to Indigenous IDUs
- Grief and Trauma counselling
- Prison programs and post release support

Earlier in the year the peer interviewers made some information packs containing resources specific to people who inject drugs (safer injecting and Hepatitis C resources etc) that they were able to provide to the people they interviewed. During the survey we became aware that many of the participants were unaware of the services available to them so ADAC produced a directory of IDU related services. I worked on this resource with Helen Wilson, who provided the graphics and designed it. The resource is a fold-up card listing the contact details for Clean Needle Programs, Methadone services and other support services that Indigenous people who inject drugs might use.

Most of my time has been spent writing (and rewriting) the project reports. I have also attended conferences, workshops, and training days. The two I most enjoyed were the Inside/Outside one-day conference on prison drug issues and the SA Drug Summit. There were quite a few of us from ADAC at the Drug Summit, including Louie Harradine (an IDU Project peer interviewer) who gave a good account of how illicit drug use affects Aboriginal families. The first project report (the Community Report), which covers the results of the research and lists the recommendations, was released at the Drug Summit. There will be a more comprehensive technical report available in December.

My part in this project finishes once the final report is complete so I would like to thank all of the people involved in the IDU project, ADAC staff, and executive, for giving me the opportunity to work with the Aboriginal community.



Andrew Biven – Special Projects Officer



The thing I appreciate about working at ADAC is the range of involvements possible in the space of one year. ADAC is well placed to be able to provide comment and input into the development of policies and services not only in South Australia, but across the nation, Special Projects Officer really means “here, you do this.” which is fine by me as there is endless variety in the projects that cross my desk. Here are the main tasks, I have been involved in the last year.

Petrol Manual – this has continued to keep me busy – there is still lots of interest in it and I have been to NSW (Dubbo, Balranald, Broken Hill and Bourke), Victoria (Melbourne, Dareton), WA (Perth) and good old SA (Port Augusta and Adelaide) doing one-day workshops on the manual. The demand has been so great that we have produced a video of the workshop for all those communities we are unable to get to. In addition to the training, ADAC has been consulted by government services in Victoria and the NT regarding setting up petrol sniffing programs, development of resources and worker training. The State Coroner purchased three copies of our manual to assist his inquiry into three petrol sniffing deaths in South Australia.

Makin’ Tracks – has seen some changes over the last year. The original team of Doug Walker and Louie Harradine left ADAC at the beginning of the year. They were replaced by Jimmy Perry and David (Mindi) Crombie at the beginning of November. Unfortunately, all the travelling did not suit Mindi and he left in February, to be replaced by Sarah Betts. Jimmy and Sarah have worked together before, they are both Aboriginal Health Workers and thus far they say they love the travel and contact with lots of different communities. The work of the new team has concentrated in Yalata, Port Lincoln and Port Augusta/Whyalla. I have been fortunate to be able to travel to Port Augusta and to Yalata several times to assist the Makin’ Tracks team. The Steering Committee for the project met on two occasions during the year and the independent evaluator Professor Dennis Gray from the National Drug Research Institute has been a regular visitor and provided much helpful input.

Police Drug Diversion – work in this area has increased significantly as ADAC gears up to be one of the accredited assessors. I have been doing assessments for diversion for a number of years under the old system so ADAC was well placed to take advantage and offer a special service for Indigenous people who are caught with small amounts of drugs for personal use. We have gained funding for a position of Diversion Liaison Worker (DLW) who will work alongside me. The DLW will assist people to get to appointments and for those who are interested in further help, they will be able to help them make contact with treatment services. ADAC has also been contracted with the Drug and Alcohol Services Council (DASC) to provide training to other assessors throughout South Australia.

Murray Bridge – I started with ADAC as a project officer in Murray Bridge and now maintain a special interest in that community and nearby Kalparrin. I try to spend a day a week in Murray Bridge, supporting the Lower Murray Nungas Club where I provide some administrative support and at Kalparrin where I am a Council member. At the Club, an interesting language and Information

Technology program is supported by the Yaitya Warra Wodli Language Centre – my role has been to write submissions and manage the books.

Other work

– as Special Projects Officer for ADAC I also get involved in a number of other activities and programs. The Family History project is progressing with Isabella Norvill being the principal researcher, assisted by Emer Dunne and myself. I have also continued to sit on the IDU project Steering Committee and to have an input into the Illicit Drug Training project of Sharon Watts. ADAC receives multiple phone calls every day from people seeking information, resources or counselling. While we don't provide counselling we are able to refer these people to counselling elsewhere. Many of these calls come to me and I enjoy the never-ending variety of interactions I have with so many different people. Early on in the year as part of an ADAC contract providing assistance to the Australian Therapeutic Communities Association I was able to travel to three therapeutic communities in NSW and conduct reviews of their programs. ADAC remains involved in this project, assisting in preparing the final report of this NIDS funded project.

Conferences and workshops – in February I attended the World Conference of Therapeutic Communities in Melbourne and presented a paper on Indigenous people in therapeutic communities. In May I went to the Drug Strategy Conference in Perth as this conference had a special emphasis on policing and drug policy which are of relevance to our Police Drug Diversion project.

Thanks – as always, I am grateful to the team at ADAC, to the ADAC Board and to our member organisations as we work in cooperative ways to improve the services available to Aboriginal people in this state.

Jimmy Perry MAKIN' TRACKS Project Officer



The Makin' Tracks project is funded by the Commonwealth, it aims to assist communities in rural and remote South and Central Australia to develop and sustain substance misuse strategies.

The Makin' Tracks Project employs two projects officers, who visit communities spending up to weeks at a time supporting the community, community workers and community groups in local initiatives. This can be done by educating or supporting the community workers with up-to-date information and resources, they also can assist with strategies addressing substance misuse.

The project is supported by a Steering Committee with representatives from Aboriginal Communities, Aboriginal Organisations and mainstream services. An independent evaluator, Associate Professor Dennis Gray, from Curtin University, is evaluating Makin' Tracks.

Over the last 12 months the Makin' Tracks program has been through some staff changes with Doug Walker and Louie Harridine leaving. I would like to take this time to thank them for all the hard work and effort that was put into place for the next team.

Newcomers were David (Mindi) Crombie and myself Chris (Jimmy) Perry. Mindi was from Coober Pedy with strong ties to his culture and country, and I came from a primary health background. We

both started in November 2001 with Mindi leaving after three and a half months. The time I spent with Mindi was enjoyable, and I learnt a lot. He is a very talented person.

Over the next couple of months I worked alone until we employed Sarah Betts. Sarah and I have worked closely before on other programs, and both knew each other well.

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

When Sarah Betts joined the Makin' Tracks team we set out together. We visited Minnipa for a football carnival, and Yalata where we held meetings to plan what we could 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. Over Drug Action week we held a BBQ at Port Lincoln's Haigh Street and had a stall in the main street of Ceduna with a BBQ as well.

In May I headed off to a Men's Camp run by Port Lincoln Health. This involved taking substance users out bush to talk to them about the health risks of long term alcohol consumption. 15 community members attended along with workers from both, Port Lincoln Health Service and Nunkuwarrin Yunti

Some of the communities that Makin' Tracks visited:

Alice Springs, Ceduna, Cooper Pedy, Finke, Mount Gambier, Narracote, Oodnadatta, Point Pearce Port Augusta, Port Lincoln, Port Pirie, Whyalla and Yalata.

I have worked in partnership and built new networks with DASC, Port Lincoln Aboriginal Community Council (PLACC), Port Lincoln Health Service, Pika Wiya Health Service, Deadly Vibe Magazine and Sports and Recreation.

Other actives include

National Indigenous 3 on 3 competition

Various youth discos

Football and sports carnivals

Men's camps

Youth camps

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

Hope to be in your community soon. Nukkin Ya

Warren Parfoot Education Manager



Quality Improvement

This is a 4 year pilot project funded by the Office of Aboriginal & Torres Strait Islander Health (OATSIH), a division of the Commonwealth Department of Health & Aging. It aims to meet the recommendations relating to quality improvement contained in the Commonwealth review into Indigenous Substance Misuse Programs. This program involves Kalparrin, Kainggi Yuntuwarrin, Dunjiba, the Aboriginal Sobriety Group and ADAC.

All of these organisations have undergone a review process against the Alcohol & Tobacco Standards and the Core Standards for Community Organisations. ADAC is working to achieve the standards for Community Peak Bodies. These standards are owned by the Quality Improvement Council and we work with their member body Quality Management Services (QMS), who assist in the provision of ongoing support to the program participants and provide training for internal reviewers.

The project has seen all of the organisations develop new systems and program responses which have helped them meet the requirements of the standards. A number of the developments are being used as best practice examples by QMS.

The project has also funded two people to work five days per fortnight, Elaine Yasserie with Kainggi Yuntuwarrin and Joanna Paynter with Kalparrin. This has proved very successful and has provided a focus in each organisation for Quality Improvement.

The program has enabled Boards to assess what their service does well and identify areas of need. A positive component, of this process, is that it focuses on work and systems and how they can be improved to provide a better service. It also encourages co operative involvements with other community controlled groups and community.

This project highlights the great work being performed by Aboriginal Community Controlled Organisations and the ability to respond to changing funding requirements and deliver a quality service to communities.

Quality Use Of Medications Evaluation Program

This is a joint project between Flinders University's, School of Nursing & Midwifery and ADAC. It aims to report on the experiences of people with social and emotional wellbeing issues and any problems they experience with their use of medications. The results should then inform Health Professionals, particularly GP's and Pharmacists, about problems associated with medications and encourage the development of improved systems and responses to Aboriginal people.

The Rotary funded component, based in the Northern Metropolitan Area has finished and the report on that has been published. The initial print run has been distributed and there is a reprint on the way. Please contact ADAC if you would like to receive a copy. It will also be available via our web site.

Research continues in the other 7 health regions in South Australia and the latter half of 2002 will see the draft findings for each region distributed to the Aboriginal Health Organisations that have supported the project, to ensure that it is accurate and reflects the needs articulated in that area. The final report will be published in the second half of 2003.

In conjunction with the project support has been provided to organisations and staff through the provision of training programs especially for people who deal with clients who have social and emotional well being issues plus drug dependency difficulties.

The project employs locally based Aboriginal Health Workers to carry out the research. This way ensuring that the people who provide the information are dealing with people known to them and with whom they are comfortable. This employment process aims to encourage Aboriginal led and staffed research projects in the future.

This year we also participated with the School of Nursing and Midwifery in a small research project around Urban Aboriginal Women's Drinking. This project aimed to research and report on the experiences of Aboriginal women especially in relation to licensed premises. The summary and recommendations of this report will be available on the ADAC website. We hope that this may lead to a major study, which will provide a strong evidence base of the continued discrimination Aboriginal people experience.

Dementia

The Dementia training package for Indigenous Communities continues to be used as a valuable training resource. The package aims to provide an opportunity for workers to learn how dementia affects people, with a particular focus on Alcohol Related Brain Damage, and ways of reducing the impact of the problems. It also aims to provide information on dementia to individuals, families and communities. In 2002 and 2003 we are reviewing the package, to ensure it fits with the dementia competency. This will allow participants in the training, who undertake assessment, to count this towards a Community Services and Health Award. We are looking for funding opportunities to develop further resources to support the training delivery.

This is a joint project with the Alzheimers' Association (SA) Inc. This partnership has received funding to provide training to all the Home and Community Care (HACC) workers in South Australia. We are currently looking to employ a Training Officer, this training program will start in the latter half of 2002. It will be supported by a steering committee of stakeholders from various Aboriginal and mainstream organizations and community groups. I would like to thank Helena Kyriazopoulos, of the Alzheimers Association, for her continued support and advocacy, for this training package, as an important community development tool and of ADAC's work.

Hepatitis C Council ... C Clearly Program

I continue to be involved with the Hepatitis C Council, particularly to support their work with Indigenous Communities. This Council is the major non government organisation responding to Hepatitis C (HCV) infection. HCV is the fastest growing disease in Australia.

The South Australian government collects the most reliable statistics, in relation to HCV, and they show an horrific over representation of Aboriginal people. This is of major concern to ADAC. We keep lobbying people, locally and nationally, to have immediate responses funded to stop this epidemic. More information in relation to this can be found in Carol Holly's report.

The C Clearly Program is a response to people living with HCV or at risk of HCV. It provides support, diagnosis and counselling. The project officer is Dr William Donahue. William was formerly with the Hep C Council and we are pleased to maintain our involvement with him in this project. ADAC is on the steering committee and promotes the involvement of Aboriginal people in this project. Anyone with HCV or who believes they maybe at risk (injecting drug users are most at risk of contacting HCV) can contact William on 0428 428 027.

State Strategic Substance Misuse Plan

It has been some years since ADAC prepared the last strategic substance misuse plan, for the State government. For more information see Scott's report.

Community Services And Health

I continue to be involved in this area through the Industry Training Advisory Body, allied training organizations and a continued involvement with the delivery of alcohol and other drugs training.

Conclusion

ADAC continues to be an unique South Australian response to Indigenous substance use, the work of the council is recognised locally, nationally and internationally. This has led to valuable professional relationships that support the council, especially OATSIH, ADCA, ANCD, AERF, NDRI and the Department of Health & Aging.

It is a pleasure to work with both members of the secretariat and the communities that make up ADAC. I would particularly like to thank Scott Wilson, the Director and Isabella Norvill, the Council Chair for their ongoing friendship and professional support.

Mandy Watson Research Administration Assistant



ADAC has been a hive of activity in the past 12 months! For my part, 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.

QI Project

Early this financial year, the QI budget was adjusted to accommodate the part-time employment of Internal Review Contacts in each of the organisations participating in the project (with the exception of ADAC). As a result, and a real positive for me, has been the employment, by ADAC, of Joanna Paynter at Kalparrin, and Elaine Yasserie at Kainggi Yuntuwarrin. Having a consistent contact in each organisation has made visiting and working with each of the organisations a real pleasure! While each of the agencies is quite different in function, structure, size and location it is beneficial to have a support system between the organisations. At times it is a little hard to see the light at the end of the tunnel, however we can all see the positive changes that the QI process has meant for each of the organisations involved, and it really helps to have the empathy of other people going through the same process! Sofia has also joined Warren and I as part of the ADAC QI team and I'm sure she'll make a positive contribution to the task of getting us through the External Review phase. We have reviewed many of our policy and procedure documents and are in the process of finalising drafts and changes to these. We are hoping to undertake assessment for accreditation in the near future.

Website Redevelopment:

As part of the QI process I have 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 are hoping to have the new site up online at URL <http://www.adac.org.au> by late June 2002, to coincide with Drug Action Week. Come visit us and let us know what you think! A big thanks to Brenda for all her hard work, support and patience!

ADAC Library

The ADAC library has now increased to include approximately 4000 items. I have recently written a 'How To' document, to enable new staff and existing members to be able to manipulate the database to find the items they are looking for. The ever increasing size of the library means that we will soon outgrow the available storage space! Another improvement for staff will be a weekly update on new acquisitions.

Graduate Diploma in Information Management

In February this year I started the Graduate Diploma in Information Management at the University of South Australia. I have already been able to apply some of the knowledge I have gained to my work at ADAC, particularly around ethics and information technology and the many changes in the Privacy Laws for non-government organisations. Obviously, a large part of my work concerns the management of information, so I am looking forward to continuing this course over the next couple of years.

The past twelve months have been both challenging and rewarding, and I have enjoyed working collaboratively with both ADAC staff and people from outside agencies. The team here has grown to include some new staff members, and I would like to take this opportunity to welcome them to this energetic busy team!

Geoff Roberts Mentor – Harm Minimisation Project

Introduction: We approached this project in accordance with the original submission with a reasonably predetermined prescriptive attitude.

This approach seemed realistic given the amount of service providers we believed could and would assist in areas outside that which we saw as directly relevant to the project. This in fact turned out to not be so.

It became obvious in the early stages that a 'broad brush' approach was needed if we were to gain the confidence of the client base and therefore achieve results.

The first barrier we encountered was convincing people that this was "not another project that would be here today, and gone tomorrow." Having allayed these concerns, the second issue was that there were not simply 1 or 2 people in a house who needed assistance. Realistically the number could be up to 15 people with wide-ranging and diverse needs.

We therefore were caused to act in the milieu of the following:

Education: We provided education to a wide range of peoples, including:

- Elderly community members who all too often had the view that “all (illicit) drugs are the same.” 50 > people.
- Other family members 100 >
- School children 150 > students
- Parents of school children 35 > parents
- Medical and Masters students at 2 universities 135 > students

Topics discussed:

- Poly drug use
- Smoking
- Licit and illicit drugs
- Alcohol use

Prevention: As with all groups, all strategies were based on harm minimization principles. This strategy is one which causes some angst amongst particularly the elderly and those in denial who rightly or wrongly believe that abstinence is the only way to deal with drug use issues.

Notwithstanding, we approached this topic by:

- Providing up to date culturally, as well as age group appropriate, literature.
- Developing strategies, usually 1-1 on alternatives
- Interfacing with peers of clients seeking support
- Advising on the availability of detox and prescription based medicines
- Aligning people with the Aboriginal Prisoners and Offenders Support Services program.

Advocacy: Whilst we assumed we would need to provide some advocacy, this has loomed large ostensibly from day 1.

There are many and varied reasons for this, however one reason stands out clearly, and it is this:

Too often, the priorities of Aboriginal people have been, and are, determined by others. An example of this can be seen in relation to Governments of all persuasions, Media (all types), Police, and so on, proffering the need (as they determine it,) to stop petrol sniffing in Aboriginal communities.

At no stage is anyone asking those people as to what they see as THEIR priorities and therefore assisting them with outcomes. So too is it that the people whom we work with, whilst recognising substance use problems, have their priorities, which whilst left unattended provide a stimulus or catalyst for substance use, and that, which follows.

We have provided advocacy in the following domains:

- Guardianship Board, 2 < occasions
- Electricity Trust 10 > occasions
- Housing 15 > occasions
- Centrelink, FAYS, 20 > occasions
- Police, courts, magistrates, legal counsel >35-40 occasions
- Other Aboriginal organisations 50 > occasions
- Shelters, clothing and food issue agencies 20 > occasions
- Governments departments 25 > occasions
- Medical personnel/institutions 40 > occasions
- Telstra and or other carriers **too numerous** (And so the list goes on.)

Follow-up and ongoing support: Again, this is a vital component and requires considerable time spent. On numerous occasions that time is outside of ‘normal working hours.

Methods of engaging/seeking assistance: We envisaged that based on our knowledge of community members who met our target group criteria, we would approach these people. For a short period of time (<3 months) this proved to be so. Since then and as a direct result of our achievements, community members are telephoning, walking in off the street and or approaching us during the course of work/ leisure.

Additionally, referrals come from, although not exhaustively:

- Police
- Schools
- Medical profession
- Government members
- Government departments
- Other utilities
- Other agencies

It is our view that this innovative project initiative has ballooned into a very successful expanded program, albeit with 1 fulltime employee, 4 volunteers and a huge commitment. To lose that which has been gained would impact, potentially irreversibly, on some sectors of the community, as well as seeing the people who have built the project, go elsewhere. There is a growing expectation amongst Aboriginal people that this project (as it is now perceived) will expand.

As the project officer, I believe that what was a good initiative has evolved into that has the potential to become a 'best practice' whole of service initiative. As such, should be explored with the view of consolidating resources whilst maximising outcomes.

To let the current system of what I consider, 'dribs and drabs/ adhoc service delivery to prevail and permeate, is indeed akin to 'fiddling whilst Rome burns.'

Helen Wilson Office Manager



Well it's that time again and it seems to come faster every year. ADAC has had a few new faces. Geoffrey Hawkins is an addition to the administration team, helping organise the office.

We have seen some staff come and go. Mindi from the Makin' Track project, was replaced by Sarah Betts. Paul Elliott is to be welcomed back next year.

Trevor Wilson and Byron Wright have just joined the Police Drug Diversion project. I'm sure once they have settled in and become familiar with ADAC you're going to hear from them about their project. The first thing they are

concentrating on is producing a leaflet about the Police Drug Diversion project.

Injecting Drug Use (IDU)

We have produced a new help card for IDU's. Carol Holly did the research and came up with the relevant and useful numbers that people may need for those times when someone needs help. The numbers are to find accommodation, a clean needle, financial and legal help. The card also lets you know what to do if you are with someone who overdoses. I designed the Hep C man for the front of the card that folds conveniently to fit into your wallet. If you would like one please ring ADAC.

Quality Improvements

We are drawing close to the time to see if we are a quality organisation and going through that final stage where we will undergo Quality Accreditation and it feels like we're due for our School exams. For further information see Warren's and Mandy's reports.

Roles and Responsibilities

With the growth of the administration team, that's me Sofia, Carolyn, Geoffrey and Mandy and myself, we are restructuring our roles and responsibilities. It has been quite a full-on process but we're clearer now on what our roles and responsibilities are. (see pg 32 Task Requests)

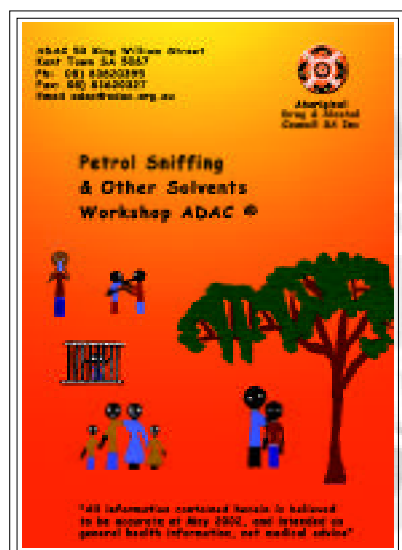
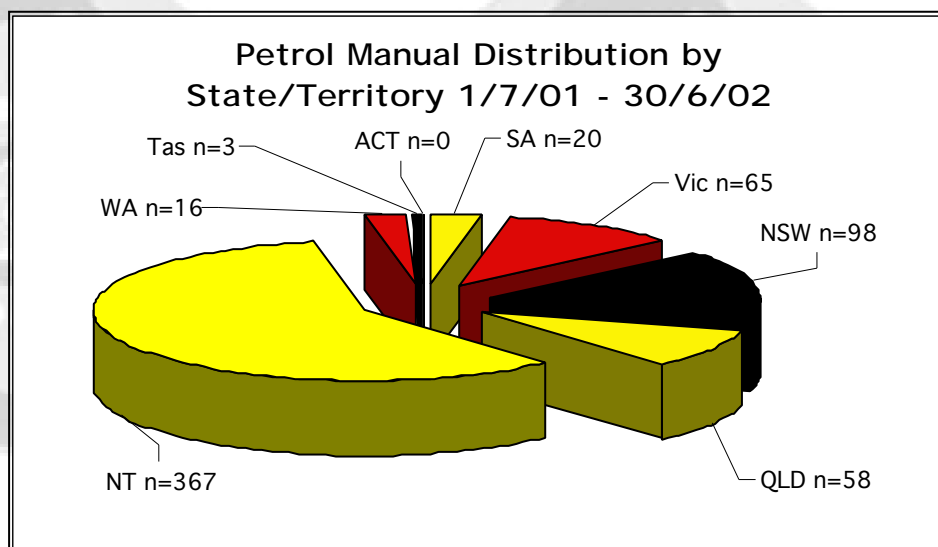
Petrol Sniffing and Other Solvents Video

Our big achievement has been producing the Petrol Sniffing and Solvents Workshop Video that will complement the Petrol Sniffing and Other Solvents Kit. It has been a group effort of ADAC staff and friends. It was a long process and quite a big learning curve for some of us. I learnt how to use Final Cut Pro Video software as I was making the Video. Thanks to Franz from Interact Training.

The video is a workshop about petrol sniffing and other solvents and the issues facing the community and how working together we can do something about the situation.

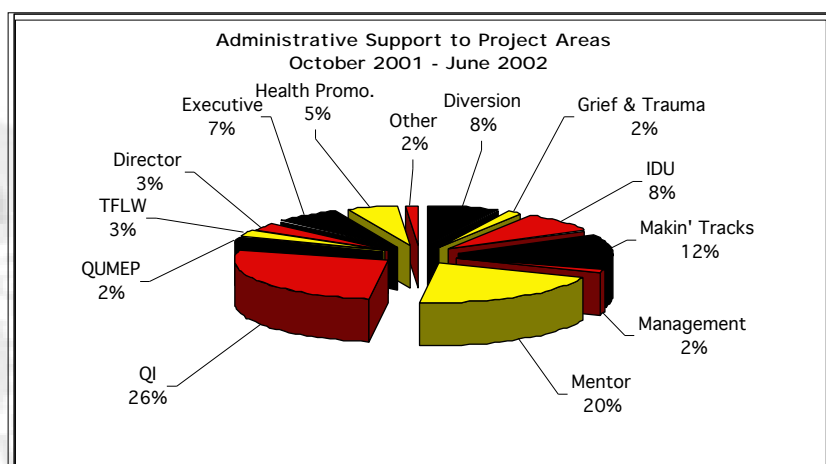
ADAC employed Marten Pascoe as the presenter for the workshop and Max Mansell for the graphics that we used throughout, when you watch the video you will see how well they complement the workshop. I'd like to thank Marten and Max for their inspiring contributions.

There are many requests still for the Petrol Sniffing and Other Solvents Kit. The diagram indicates where it went over the last financial year.



The Honourable Terry Roberts launched the video at the Drug Summit, it was well received and even got a few minutes on Channel 2.

We seem to be leading the way with resources for people who sniff solvents. I hope they assist all those people out there trying to help their young people deal with these issues a bit better.



As part of the Quality Improvement process Administration designed a variety of new forms. The one that we have started using frequently is a task request form, this enables administration to assist the project officers from ADAC more effectively. The great thing is we can make a graph up to look at where we spend our time. It also gives us information to apply for grants.

Sofia Rivera Administration Officer



You all may know me by now. I am one of the administration team members, here at ADAC. I have been employed by ADAC for five years now and I feel time has gone by so quickly.

My work for the last year has involved helping Helen with a bit of finances as well as my every day administration duties including financial duties.

Since I started here ADAC we have grown dramatically which is a positive thing, and it means work in administration has increased of course!

Quality Improvements

In November 2001 I attended a three-day (QMS) Workshop. The workshop helped me to become a part of the Quality Improvement team here at ADAC. We have been preparing to undergo accreditation, later in 2002.

I attended a Senior First Aid Course, so now ADAC has a First Aid Officer in the workplace

Administration Data Bases

I have also been very busy developing and maintaining new databases to suit our needs here at ADAC. These Databases include; Database for accounts receivables as well as payables, memo templates; task request, travel allowance, and assets register as well as our National Database. These databases will enable us to maintain records for as long as they are required.

Drug Action Week

During Drug Action week this year ADAC held a BBQ at Victoria Square to highlight the Indigenous theme day. Even though the weather was horrible we had a good turn out.

I look forward to continue working for ADAC in the years to come, I am sure there will be more exciting events, specially ADAC's 10 Year Anniversary.

Geoffrey Hawkins Administration Officer



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. 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 organisation's 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, I'm sure this will give me a better understanding of what ADAC's objectives are, and a more comprehensive overview of the organisation. I am also responsible for taking Minutes for the AGM, Office and Team Meetings and the maintenance of files for all other meetings where ADAC is represented.

I was employed two days a week by Flinders University who in conjunction with ADAC were running a Program around "Better Medication Practices for Aboriginal People with a Mental Health Disorder". I was employed casually to undertake telephone and face-to-face taped interviews with health workers, clients and their carers. Once the interviews were completed, I spent some time working from Flinders University where this information was placed on a database for research purposes.

I also support Carolyn with the maintenance and dispatch of educational resources. We make up a lot of show bags full of educational resources, which we hand out at special events, conferences, schools and remote communities.

We also receive requests daily for ADAC resources from organisations across the country, so dispatch and maintenance of stock levels is very important.

My overall responsibility is to provide day-to-day admin and committee support. I'm really enjoying working with the great team at ADAC and the valuable information that I have learnt over the last 10 months. Time sure does go fast but obviously that's from working with such a good team of people.

Carolyn Lowe Administration Officer



It's hard to believe a whole year has passed us by already and we just keep getting busier and busier. Since my last contribution to our annual report we have even expanded into next door, fortunately there is a common wall and we were able to create access with an archway between buildings.

As first port of call for the ADAC office, we need to keep our finger on the pulse of activities around the office. Our Project Officers are all very busy and involved in many various committees and communities, so it can often be a trial to keep track of all of them all the time, but I think we do all right.

The Petrol Sniffing and Other Solvents Kit we released last year is still proving to be a great success and we are still receiving regular orders via phone, fax and email. The kit has been so popular in fact, and we have received so many requests for workshops around the it, we have now produced an accompanying video. The video can be used as a teaching aid in conjunction with the kit, or as an educational tool for community members and teachers. The information on the video has been specifically designed for use by responsible adults only, who may want to learn how to respond to inhalant misuse.

Working in the front office, I handle the incoming and outgoing mail, the banking and the ordering. This gives me the opportunity to get out of the office for some fresh air and a change of pace at least once a day. I keep track of the company vehicles as part of my duties. This involves the ordering, servicing, overall maintenance and any general requirements that may arise in relation to our vehicles.

As many of our staff are on numerous committees and involved in many and varied projects, they are often expected to travel to attend the different conferences and meetings their position calls for. It is one of my duties to make the necessary travel and accommodation arrangements for those within our office and for those persons who may be guests of ADAC. This gives me an opportunity to keep in touch with other cities and communities around Australia.

I also keep an eye on incoming and outgoing resources. ADAC has developed several posters, pamphlets, calendars, a diary, a substance misuse kit, a video and we are in the process of developing new resources all the time. We have many university students who visit our office to take advantage of our extensive library and access the many resources ADAC has developed, to help with their assignments and studies.

As you can see, I am fortunate enough to have a varied and interesting day at the office.

These notes should be read in conjunction with the attached compilation report.

**STATEMENT BY COMMITTEE MEMBERS OF
ABORIGINAL DRUG AND ALCOHOL COUNCIL (S A) INCORPORATED**

The Committee members of the Aboriginal Drug and Alcohol Council (S A) Incorporated have determined that the Aboriginal Drug and Alcohol Council (S A) Incorporated is not a reporting entity. The Committee members have determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the accounts.

In the opinion of the Committee members of the Aboriginal Drug and Alcohol Council (S A) Incorporated:

1. (a) the Profit and Loss Account is drawn up so as to give a true and fair view of the profit or loss of the Aboriginal Drug and Alcohol Council (S A) Incorporated for the financial year ended 30 June 2002; and
(b) the Balance Sheet is drawn up so as to give a true and fair view of the state of affairs of the Aboriginal Drug and Alcohol Council (S A) Incorporated as at the end of that financial year.
2. At the date of this statement there are reasonable grounds to believe that the Aboriginal Drug and Alcohol Council (S A) Incorporated will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee of Management and is signed for and on behalf of the Committee members.

Chairperson: S. Naville

Secretary: B. Barton

Dated this 30th day of June 2002



**CERTIFIED PRACTISING ACCOUNTANT
REGISTERED TAXATION AGENT**

321 GOODWOOD ROAD
KINGS PARK
S.A. 5034

KEVIN BURROWES

Grad.Dip. (Accng); B.A. (Accng); Dip.R.L.S.S.;
F.P.C.; F.C.P.A.; A.F.A.I.M.; C.P.Mgr.; F.N.T.A.A.; F.T.I.A.; M.R.A.J.; R.T.A.

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**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
THE ABORIGINAL DRUG AND ALCOHOL COUNCIL (SA) INCORPORATED**

Scope

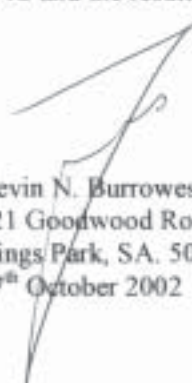
I have audited the financial report of The Aboriginal Drug and Alcohol Council (SA) Incorporated for the financial year ended 30 June 2002 as set out. The Committee of management is responsible for the financial report. I have conducted an independent audit of the financial report in order to express an opinion on it to the members.

My audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the Accounting Standards issued in Australia and other mandatory professional reporting requirements so as to present a view which is consistent with our understanding of the association's financial position, the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion, the financial report presents fairly, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Consensus Views) the financial position of The Aboriginal Drug and Alcohol Council (SA) Incorporated at 30 June 2002 and the results of its operations and its cash flows for the year then ended.



Kevin N. Burrowes
321 Goodwood Road
Kings Park, SA. 5034
17th October 2002

ADAC (SA) Inc
62 King William Street
Kensington SA 5097
Reference SA 2007

Rate Analysis (Budget Analysis)

July 2001 - (Comp) July 2002

	Selected Period	Budgeted	\$ Difference	% Difference
Income				
Rent				
- 2 AC Recurrent	\$351,149.00	\$351,149.00	\$0.00	0.0%
Staff Training	\$6,774.00	\$6,774.00	\$0.00	0.0%
- 2 AC Recurrent	<u>\$357,923.00</u>	<u>\$357,923.00</u>	<u>\$0.00</u>	<u>0.0%</u>
Donor Grants	\$51,751.00	\$21,751.00	\$30.00	0.0%
NDS-TFLP	\$125,000.00	\$125,000.00	\$24,140.00	19.3%
Interest Income	\$0.00	\$3,000.00	\$2,544.00	84.8%
Gifts In Kind	\$4,200.00	\$4,200.00	\$0.00	0.0%
Workshop	\$50,125.00	\$50,125.00	\$0.00	0.0%
RMS/Media	\$124,005.00	\$153,100.00	(\$29,094.00)	(23.6%)
QMS (Quality Assurance)	\$165,122.00	\$165,122.00	\$0.00	0.0%
QMS Staff Support	\$46,200.00	\$47,000.00	\$4,200.00	10.7%
Monitor FAC2	\$50,000.00	\$50,000.00	\$0.00	0.0%
Marketing Materials	\$45,000.00	\$45,000.00	\$0.00	0.0%
Other	\$11,815.15	\$20,000.00	(\$8,184.85)	(69.4%)
Fund Balce	\$500.00	\$0.00	\$500.00	NA
FBT	\$40,775.00	\$41,775.00	\$0.00	0.0%
Total Income	<u>\$1,206,650.00</u>	<u>\$1,254,903.00</u>	<u>\$48,253.00</u>	<u>4.0%</u>
Cost of Sales				
Cost of Goods	<u>\$1,206,650.00</u>	<u>\$1,254,903.00</u>	<u>\$48,253.00</u>	<u>4.0%</u>
Expenses				
HS & Personnel				
Payroll	\$4,000.00	\$3,000.00	\$1,000.00	33.3%
Auditing	\$1,000.00	\$2,000.00	(\$1,000.00)	(100.0%)
Travel Fees	\$1,000.00	\$1,000.00	\$0.00	0.0%
Cleaning	\$4,500.00	\$3,500.00	\$1,000.00	28.6%
Legal Fees	\$1,000.00	\$1,000.00	\$0.00	0.0%
Insurance	\$1,000.00	\$1,000.00	(\$2,000.00)	(200.0%)
Postage/Carrier	\$1,000.00	\$1,000.00	(\$217.28)	(21.7%)
Telephone	\$1,000.00	\$1,000.00	\$2,000.00	200.0%
Printing	\$1,000.00	\$1,000.00	\$2,000.00	200.0%
Office Furniture	\$1,000.00	\$2,000.00	(\$924.49)	(92.4%)
Rubbish Removal	\$272.70	\$400.00	(\$127.30)	(37.3%)
Stationery	\$4,415.97	\$5,000.00	(\$584.03)	(13.3%)
Maintenance/Repairs	\$1,000.00	\$1,000.00	\$0.00	0.0%
Office Supplies/Consumables	\$2,000.00	\$2,000.00	\$0.00	0.0%
Printing	\$1,000.00	\$4,000.00	(\$3,000.00)	(300.0%)
Transportation/Mileage	\$4,000.00	\$6,000.00	(\$2,000.00)	(33.3%)
Fuel/Travel/Car Allowance	\$300.00	\$0.00	\$300.00	NA
Council	\$12,150.00	\$11,100.00	\$1,050.00	9.5%
Executive	\$1,000.00	\$2,000.00	(\$1,000.00)	(100.0%)
Secretary	\$12,000.00	\$20,000.00	(\$8,000.00)	(66.7%)
Vehicle Costs	\$2,000.00	\$6,700.00	\$4,700.00	235.0%
Salaries and Wages	\$100,000.00	\$100,000.00	\$0.00	0.0%
On Call	\$1,000.00	\$1,000.00	\$0.00	0.0%
FBI	\$1,000.00	\$41,750.00	(\$40,750.00)	(4075.0%)
Staff Training	\$5,000.00	\$5,000.00	\$0.00	0.0%
Total HS & Personnel	<u>\$145,000.00</u>	<u>\$25,170.00</u>	<u>(\$119,830.00)</u>	<u>(82.6%)</u>
NDS-TFLP				
Project Officer	\$50,000.00	\$1,000.00	(\$49,000.00)	(98.0%)
Admin Support	\$10,000.00	\$20,000.00	(\$10,000.00)	(100.0%)
Grants	\$7,500.00	\$0.00	\$7,500.00	NA
Licence/Rowing	\$5,000.00	\$1,000.00	(\$4,000.00)	(80.0%)
Steering Committee	\$7,500.00	\$1,000.00	(\$6,500.00)	(86.7%)
Travel Expenses	\$1,000.00	\$1,000.00	\$0.00	0.0%
Support Training	\$0.00	\$2,000.00	(\$2,000.00)	(100.0%)
Vehicle Lease	\$5,000.00	\$5,000.00	(\$500.00)	(10.0%)
Fuel/Travel	\$1,000.00	\$1,000.00	(\$1,000.00)	(100.0%)
Phone Calls	\$1,000.00	\$2,000.00	(\$1,000.00)	(100.0%)
Admin ADAC Stationery	\$7,474.00	\$7,000.00	\$474.00	6.8%
Furniture/Fix	\$4,000.00	\$3,000.00	\$1,000.00	33.3%
Minor Capital	\$2,000.00	\$1,000.00	(\$1,000.00)	(50.0%)
Construction Costs	\$1,000.00	\$3,000.00	(\$2,000.00)	(200.0%)
Food Costs	\$4,545.45	\$1,000.00	\$3,545.45	354.5%
Total NDS-TFLP	<u>\$150,000.00</u>	<u>\$125,000.00</u>	<u>(\$25,000.00)</u>	<u>(16.7%)</u>
Model Results				

ADAC (SA) Inc

Profit & Loss (Budget Analysis)

July 2001 through June 2002

	Budget Prior	Target	\$ Difference	% Difference
Salaries	\$40,116.00	\$67,287.00	\$27,171.00	67.7%
On Costs	\$2,567.17	\$1,904.00	(\$663.17)	(25.8%)
Office Supplies & Materials	\$185.70	\$1,000.00	(\$814.30)	(438.4%)
Travel Costs	\$6,482.44	\$4,000.00	(\$2,482.44)	(38.3%)
Administration (ADAC)	\$2,160.78	\$4,000.00	(\$1,839.22)	(85.1%)
Community Workshop	\$146.47	\$1,000.00	(\$853.53)	(583.0%)
Office Rental	\$0.00	\$1,400.00	(\$1,400.00)	(100.0%)
Total Mental Health	<u>\$51,750.76</u>	<u>\$80,091.00</u>	<u>(\$28,340.24)</u>	<u>(35.4%)</u>
NUS Salvem Abuse				
Project Leader	\$41,186.00	\$41,000.00	\$186.00	0.4%
Research	\$6,466.70	\$6,100.00	\$366.70	6.0%
Project Officer	\$41,207.14	\$41,000.00	\$207.14	0.5%
On Costs	\$6,160.20	\$6,100.00	\$60.20	1.0%
Vehicle	\$17,430.74	\$16,400.00	\$1,030.74	6.3%
Mobile Van	\$7,577.87	\$7,400.00	\$177.87	2.4%
Security Consultant	\$12,501.20	\$12,000.00	\$501.20	4.2%
Administrative Costs	\$21,110.57	\$21,600.00	(\$489.43)	(2.3%)
Insurance	\$30,110.00	\$28,600.00	\$1,510.00	5.3%
Total NUS Salvem Abuse	<u>\$192,178.75</u>	<u>\$192,700.00</u>	<u>(\$521.25)</u>	<u>(0.3%)</u>
Quality Assurance				
Team Leader	\$14,110.00	\$12,000.00	\$2,110.00	17.6%
Research	\$2,224.12	\$12,700.00	(\$10,475.88)	(82.5%)
Admin Support	\$27,625.72	\$17,300.00	\$10,325.72	60.2%
On Costs	\$1,102.12	\$4,000.00	(\$2,897.88)	(263.0%)
Phone	\$6,188.46	\$2,000.00	\$4,188.46	209.4%
Staff Development	\$869.17	\$1,000.00	(\$130.83)	(13.1%)
Travel Costs	\$13,217.07	\$11,200.00	\$2,017.07	18.0%
Sub Head Regional Office	\$6,188.17	\$7,000.00	(\$811.83)	(11.6%)
ADAC Vehicle Lease	\$1,721.86	\$6,000.00	(\$4,278.14)	(71.3%)
Vehicle cost Fuel Repairs	\$6,111.00	\$6,000.00	\$111.00	1.9%
Admin ADAC Administration	\$6,520.34	\$6,000.00	\$520.34	8.7%
Materials & Standards Development	\$3,400.00	\$0.00	\$3,400.00	NA
On Costs	\$16,608.50	\$46,700.00	(\$30,091.50)	(64.4%)
Equipment	\$11,454.55	\$10,000.00	\$1,454.55	14.5%
Staff Travel	\$28,606.50	\$42,000.00	(\$13,393.50)	(32.1%)
Total Quality Assurance	<u>\$192,178.75</u>	<u>\$325,122.00</u>	<u>(\$132,943.25)</u>	<u>(40.9%)</u>
ICJ Project				
ICJ Project Officer	\$22,110.00	\$24,212.48	(\$2,102.48)	(8.7%)
Running Costs	\$0.00	\$4,446.54	(\$4,446.54)	(100.0%)
On Costs	\$1,112.45	\$1,140.00	(\$27.55)	(2.4%)
Research Associates	\$21,204.60	\$14,600.00	\$6,604.60	45.2%
Questionnaire Costs	\$1,188.80	\$2,000.00	(\$811.20)	(40.6%)
Respondents Time	\$18,673.80	\$6,000.00	\$12,673.80	211.2%
Pre and Post Interview Support	\$1,719.67	\$0,742.10	\$1,961.77	264.2%
Production Survey Rep	\$202.80	\$6,000.00	(\$5,797.20)	(93.3%)
Travel	\$2,510.54	\$168.88	\$2,341.66	1391.1%
Vehicle Hire	\$0.00	\$1,114.00	(\$1,114.00)	(100.0%)
Production of Report	\$65.50	\$2,000.00	(\$1,934.50)	(296.1%)
ADAC Admin	\$6,621.37	\$1,661.44	\$4,959.93	298.5%
Research Associates	\$815.87	\$1,275.00	(\$459.13)	(35.9%)
Total ICJ Project	<u>\$76,414.56</u>	<u>\$123,052.51</u>	<u>(\$46,637.95)</u>	<u>(37.9%)</u>
Capital				
Capital	\$7,720.82	\$0.00	\$7,720.82	NA
Travel	\$1,720.16	\$6,000.00	(\$4,279.84)	(71.3%)
State Strategy	\$0.00	\$42,765.46	(\$42,765.46)	(100.0%)
HQSW	\$2,475.80	\$4,974.13	(\$2,498.33)	(50.2%)
NSW	\$6,742.54	\$2,000.00	\$4,742.54	237.1%
Total Capital	<u>\$17,969.32</u>	<u>\$55,669.49</u>	<u>(\$37,700.17)</u>	<u>(65.9%)</u>
Police Drug Division				
Administration	\$1,151.45	\$4,000.00	(\$2,848.55)	(71.2%)
Security	\$4,111.00	\$10,000.00	(\$5,889.00)	(58.9%)
On Costs	\$137.66	\$1,000.00	(\$862.34)	(626.2%)
Administration	\$6,188.14	\$4,000.00	\$2,188.14	54.7%
Vehicle Lease	\$136.17	\$6,000.00	(\$5,863.83)	(97.7%)
Vehicle Running Costs	\$7.87	\$0.00	\$7.87	NA
Total Police Drug Division	<u>\$6,771.17</u>	<u>\$45,000.00</u>	<u>(\$38,228.83)</u>	<u>(85.2%)</u>
Total Expenses	<u>\$800,660.00</u>	<u>\$1,170,165.00</u>	<u>(\$369,505.00)</u>	<u>(31.6%)</u>
Operating Profit	<u>\$279,340.00</u>	<u>\$76,740.00</u>	<u>\$202,600.00</u>	<u>263.8%</u>
Other Income				
ADAC Administration				
Income from sales D P	\$45.00	\$0.00	\$45.00	NA

ADAC (SA) Inc

Profit & Loss (Budget Analysis)

July 2001 through June 2002

	Budget Period	Enclosed	% Difference	% Difference
ADAC Admin Income	\$23,118.75	\$10,850.53	\$5,149.79	35.2%
Other Conference	\$23,771.50	\$25,000.00	(\$1,228.41)	14.6%
Patric Memorial	\$71,500.00	\$0.00	\$71,500.00	221.7%
ATCA Project	\$4,180.00	\$0.00	\$4,180.00	24.0%
Total Other Income	\$78,389.39	\$55,850.53	\$22,538.18	45.0%
Other Expenses				
Patric Memorial	\$31,005.96	\$31,791.00	(\$785.04)	12.6%
ADAC Administration	\$31,005.96	\$31,791.00	(\$785.04)	12.6%
Admin. Expenses	(\$518.10)	\$0.00	(\$518.10)	N/A
Total ADAC Administration	(\$23,518.10)	\$0.00	(\$23,518.10)	N/A
Mentor Project	\$59.00	\$0.00	\$59.00	194.0%
Project Officer	\$38,197.89	\$38,895.00	(\$697.07)	18.6%
On Costs	\$8,852.80	\$8,777.83	\$74.97	11.7%
Vehicle Hire	\$6,944.50	\$6,900.00	\$44.50	17.7%
Vehicle Fuel, Repairs etc	\$2,495.51	\$2,000.00	\$495.51	19.6%
Overseas	\$0.00	\$2,500.00	(\$2,500.00)	100.0%
Research	\$1,585.80	\$1,033.37	(\$552.43)	150.0%
Subsistence	\$6,505.58	\$6,000.00	\$505.58	9.4%
Printing Costs	\$8,502.70	\$8,000.00	(\$502.70)	117.7%
Mentor Costs	\$7,349.57	\$8,000.00	(\$650.43)	111.8%
Telephone Charges	\$6,225.85	\$1,000.00	\$5,225.85	222.6%
Stationery etc	\$824.04	\$1,000.00	(\$175.96)	111.6%
Administration (ADAC)	\$4,877.50	\$0.00	(\$4,877.50)	0.4%
Total Mentor Project	\$85,895.14	\$60,000.00	\$25,895.14	12.4%
ATCA				
Consultancy Fee	\$2,844.00	\$3,000.00	(\$156.00)	75.0%
Travel	\$870.00	\$0.00	\$870.00	N/A
Accommodation	\$0.00	\$550.00	(\$550.00)	100.0%
Total ATCA	\$3,714.00	\$3,550.00	\$164.00	9.2%
Family History	\$5,181.80	\$40,000.00	(\$34,818.18)	184.5%
OWEP	\$15,011.55	\$20,000.00	(\$4,988.45)	19.6%
DAAC Training	\$4,545.45	\$10,000.00	(\$5,454.54)	190.9%
Total Other Expenses	\$119,849.47	\$258,551.00	(\$138,701.53)	197.9%
Net Profit (Loss)	\$208,438.13	(\$102,667.87)	\$311,106.00	282.7%

[Handwritten signature]

ADAC Staff 2001-2002

State Director

Mr Scott Wilson

Education and Training Manager

Mr Warren Parfoot

Special Projects Officer

Mr Andrew Biven

Project Officer Petrol Sniffing Project “Makin Trax”

Mr Douglas Walker,
Mr Graham (Louie) Harradine
Mr Jimmy Perry
Mr Mindi David Crombie
Ms Sarah Betts

Senior Project Officer

Dr Sharyn Watts

IDU Project Officer

Ms Carol Holly

Mentor Project Officer

Mr Geoff Roberts

Office Manager

Ms Helen Wilson

Administration Officer

Ms Sophia Rivera

Research Administration Assistant

Ms Mandy Watson

Administration Assistants

Ms Carolyn Lowe
Mr Geoffrey Hawkins

Key Outcome Area One		Drug and Alcohol Issues		
Objectives	Strategies	Action	Who is responsible	Outcomes Achieved
Promote prevention and early intervention to reduce the impacts of drug and alcohol abuse in Indigenous communities.	<ul style="list-style-type: none"> Develop training programs in substance misuse issues that meet the needs of community 	Develop and trial substance misuse training package	Warren, Sharon, Anthony, Scott, Helen	National Training package around illicit drugs developed by 2003.
	<ul style="list-style-type: none"> Conduct a range of programs that increase the awareness of the importance of prevention and early interventions. 	Develop system for keeping workshop-photocopied materials.	Scott, Warren, Geoff, Andrew, Makin Trax's Team, Carol	Have conducted awareness projects in a range of communities including Dunjibba, Port Augusta, Ceduna, Yalata and Port Lincoln
	<ul style="list-style-type: none"> Conduct training for workers 	Conduct Dementia and Petrol Sniffing Training. Update Dementia package against national competencies.	Warren, Andrew, Makin Trax's team Warren	ADAC have currently distributed over 1,000 copies of Petrol Sniffing Resource Kits and conducted training workshops in a range of SA and interstate communities. Video around Petrol sniffing developed and launched at SA Drug Summit. We are currently in process of employing worker for Dementia training.
	<ul style="list-style-type: none"> Produce a range of resources 	Deliver brief interventions and assessments under police diversion program.	Andrew and diversion Liaison Officer	ADAC and DASC have begun a 9-month training cycle around police diversion across SA, beginning in June.
	<ul style="list-style-type: none"> Support member organisation and in particular substance misuse services. 	Produce resource materials	Helen and relevant staff	Have produced a range of resource materials, including IDU Help Card.
		Participate in relevant		

		programs. Assist substance misuse services develop programs.	All relevant staff	Through the QA project ADAC is continuing its support role. ADAC have also written a number of funding submissions for a number of communities.
Improve whole of government and key advisors policy and decision-making processes by ensuring they are more aware of Indigenous drug and alcohol issues.	<ul style="list-style-type: none"> • Conduct information sessions for MP's and whole of government advisers. • Develop position statements on key issues. 	<p>Lobby MP's on an ongoing basis.</p> <p>Develop & deliver information program</p> <p>Monitor media identify key issues and write responses.</p>	<p>Scott and relevant staff and Executive members.</p> <p>Scott, Warren, Andrew, Geoff</p> <p>Chairperson and Director</p>	<p>ADAC does this through a range of activities including regular meeting with Aboriginal Affairs Minister</p> <p>ADAC was actively involved in SA Drug Summit. Including both Chairperson and Director being keynote speakers.</p> <p>Throughout the year ADAC was contacted by a range of State, regional and national media to respond on a range of issues.</p>
Ensure that ADAC continues its role in advocating substance misuse issues on relevant community, state and national Committees, Boards or Reference Groups.	<ul style="list-style-type: none"> • Monitor Staffing Levels • Report to inquiries, calls for submission in a timely manner • Enhance NISMIC, State Drug and alcohol initiatives. 	<p>Develop submissions for recurrent positions</p> <p>Ensure that ADAC responds to all relevant inquiries</p> <p>Help develop a national voice for substance misuse</p>	<p>Scott</p> <p>Scott</p> <p>Scott</p>	<p>Ongoing</p> <p>Inquiries responded to include Adelaide Dry Zone, National HepC Strategy,</p> <p>ADAC is hosting the National Indigenous Substance Misuse Conference in July 2002.</p>

Key Outcome Area Two Community Support				
Objectives	Strategies	Action	Who is responsible	Outcomes Achieved
Ensure that community members are kept informed as to the work of ADAC.	<ul style="list-style-type: none"> Information and training sessions ADAC AGM and workshops. 	Conduct awareness sessions at Indigenous organisations as well as regular forums.	All	ADAC is involved in a range of community awareness workshops, including hosting a state conference annually.
	<ul style="list-style-type: none"> Produce resources. 	Develop appropriate resources	Helen and relevant staff	ADAC has produced an IDU Help Card and launched its Petrol Sniffing training video at the SA Drug Summit in June 2002.
	<ul style="list-style-type: none"> Monitor AHAC development. 	Develop liaison mechanisms	Scott	Ongoing
Develop alliances and or partnerships with key organisations.	<ul style="list-style-type: none"> Attend meetings 	Ensure that all meetings that ADAC is invited to attend are attended	All	For further info see ADAC Committee involvement on page 17.
	<ul style="list-style-type: none"> Present submissions 	Develop submissions for funding and responding to inquiries	Scott and relevant staff	ADAC has written a number of submissions including for a rehab centre for illicit drug users in Adelaide
	<ul style="list-style-type: none"> Lobby for membership on relevant bodies i.e. AHC, AHAC's and APCAP. 	Ensure ADAC membership on Boards of significance	Scott	Ongoing. New appointments include National Aboriginal Torres Strait Islander Health Council.
	<ul style="list-style-type: none"> Board and committee memberships. 	Attend and contribute to Boards etc that ADAC has membership	Relevant Staff	Ongoing

Key Outcome Area Three Education and Training				
Objectives	Strategies	Action	Who is responsible	Outcomes Achieved
Ensure and support an ongoing learning environment.	<ul style="list-style-type: none"> Input into the development of training courses e.g. Universities. Develop training courses. Membership of Institutions. 	Participate in identified programs: Flinders Uni, CS&H, AHRU, QMS, Dementia, Govt workshops, TFLW PHAA, Flinders, AHRU,	All staff Warren, Sharyn, Relevant staff	Ongoing with staff involved in teaching at a range of Institutions including TAFE. TFLW project has held consultation meetings in a number of states. Ongoing
Advocate for continued funding to be made available for culturally appropriate training projects.	<ul style="list-style-type: none"> Lobbying Needs assessment Consultation with workers 	Regular contact with funding bodies & parliamentarians State Strategy, QA Regular contact with member organisations Regional meetings	Scott & relevant staff Scott, Warren, Sharyn, Andrew, Geoff All relevant staff Board	Ongoing June 2003 June 2003 Ongoing
ADAC will be accredited by the Quality Improvement Council as a Quality endorsed organisation.	<ul style="list-style-type: none"> Ensure ADAC goes through accreditation process by June 2002. 	Complete QMS ADAC Quality Workplan. That all ADAC Internal Reviewers receive adequate training.	Warren, Internal reviewers Warren	ADAC will be assessed by QMS during December 2002 Ongoing

Key Outcome Area Four Research				
Objectives	Strategies	Action	Who is responsible	Outcomes Achieved
Promote research into Indigenous substance misuse issues	Ensure that research that is conducted is relevant and conducted in a culturally appropriate manner and is timely.	<p>Community consultations via state strategy, TFLW, QMS</p> <p>Workshops via TFLW</p> <p>Conduct IDU research in Adelaide and Murray Bridge, QUMEP, Family History and YAW drinking.</p> <p>Establish research advisory unit</p>	<p>All relevant staff</p> <p>Sharyn, & Warren</p> <p>Carol, Peer Interviewers, Scott, Warren, Flinders University.</p> <p>Scott, Warren, Sharyn,</p>	<p>June 2002</p> <p>November 2002 & ongoing</p> <p>Community IDU Report released at the SA Drug Summit with full report released at the APSAD Conference in November 2002.</p> <p>QUMEP Rotary Report published, Young Aboriginal Women's drinking report published.</p> <p>Ongoing</p>
Lobby for research funds to underpin relevant drug and alcohol research.	Seek research funding	<p>Conduct research needs workshop.</p> <p>Identify possible funding sources</p>	<p>Relevant staff</p> <p>Scott, Warren,</p>	<p>June 2003</p> <p>March 2003</p>

Key Outcome Area Five		Resources, Communication, Publications and New Developments.		
Objectives	Strategies	Action	Who is responsible	Outcomes Achieved
Ensure the development and availability of appropriate resources that support substance misuse programs for community members.	<ul style="list-style-type: none"> Community consultations on resource needs at AGM and workshops via state strategy & TFLW Produce resources 	<p>Develop material on HepC and Marijuana</p> <p>Produce a range of videos on grief and trauma, FAS/FAE and petrol sniffing. Also IDU specific resources, ADAC Bereavement card.</p>	<p>Helen and relevant staff.</p> <p>Helen, Mandy, Issie, Andrew and Carol.</p>	<p>ADAC is producing a range of resources.</p> <p>ADAC launched a training video on Petrol sniffing during the SA Drug Summit. Is developing a Indigenous substance misuse health promotion unit.</p> <p>ADAC has produce a Bereavement card, xmas card and distributed a IDU Help Card.</p>
	<ul style="list-style-type: none"> Seek funding 	Develop submission	Scott	<p>Submissions have been sent to the AERF.</p>
Ensure that community members are kept informed as to our work via ADAC newsletter, Web Site, forums and other means.	<ul style="list-style-type: none"> Newsletter 3 times per year Update website quarterly Conduct forums and workshops Community consultations Mailing lists up to date 	<p>All staff to contribute reports by 1 Dec, 1Mar & 1 June</p> <p>Include links to funding sources & recent publications</p> <p>Regular updates all staff</p>	<p>{ CONTACT _Con-48E1FD181 }</p>	<p>ADAC is producing a newsletter to come out in October 2002.</p> <p>New web site to be launched in Drug Action Week in June.</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Key Outcome Area Six Funding.				
Objectives	Strategies	Action	Who is responsible	Outcomes Achieved
Assist South Australian communities have the knowledge about funding that is available.	<ul style="list-style-type: none"> Distribute funding information 	Make sure ADAC members are made aware off funding offers.	Scott	ADAC fax streams out funding information that is advertised and has mailed AERF funding kits to all substance misuse and AHC member organisations.
	<ul style="list-style-type: none"> Assist member organisations to apply for funding 	Assist communities write submissions.	Scott, Warren and Andrew	ADAC has assisted a number of communities to develop submissions for funding to the AERF.
That funding sources be diverse and identification of alternative sources of funding instead of solely reliant on government sources.	<ul style="list-style-type: none"> Identify funding Philanthropic organisations Income generation 	Research funding sources Subscribe to Philanthropic Australia Investigate alternative funding sources i.e. raffles	All relevant staff Helen Helen	Ongoing Annually ADAC continues to document alternative funding sources.

Acronyms Used

ADAC	Aboriginal Drug and Alcohol Council (SA) Inc
AHC	Aboriginal Health Council of SA
AHAC	Aboriginal Health Advisory Committee
APCAP	Aboriginal Primary Health Care Access Program
AHRU	Aboriginal Health Research Unit
CS&H	Community Service and Health
FAS/FAE	Foetal Alcohol Syndrome/Foetal Alcohol Effects
IDU	Injecting Drug Use
PHAA	Public Health Association of Association
TFLW	Training Frontline Worker Initiative
QA	Quality Assurance
QUMEP	Quality Use Of Medication Education Project
YAW	Young Aboriginal Women's Drinking Project