“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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ANNUAL REPORT

2002 - 2003
Acknowledgments

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We would also like to thank the following persons:

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For artistic input at ADAC a special thanks to Max Mansell for his, outstanding designs and all in the spirit of goodwill.
<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>ADAC</td>
<td>Aboriginal Drug and Alcohol Council (SA) Inc.</td>
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<td>ADCA</td>
<td>Alcohol and Drug Council of Australia</td>
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<td>AERF</td>
<td>Alcohol Education Rehabilitation Foundation</td>
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<td>Aboriginal Health Council</td>
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<td>AJAC</td>
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<td>Aboriginal Legal Rights Movement</td>
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<td>ANCD</td>
<td>Australian National Council on Drugs</td>
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<td>APSAD</td>
<td>Australian Professional Society on Alcohol and Other Drugs</td>
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<td>ASG</td>
<td>Aboriginal Sobriety Group</td>
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<td>ATSIC</td>
<td>Aboriginal and Torres Strait Islander Commission</td>
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<td>Drug and Alcohol Services Council</td>
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<td>Department of Correctional Services</td>
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<td>DETAFE</td>
<td>Department of Training and Further Education</td>
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<td>DHS</td>
<td>Department of Human Services</td>
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<td>DOSAA</td>
<td>Department of State Aboriginal Affairs</td>
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<td>DLW</td>
<td>Diversion Liaison Worker</td>
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<td>FaCs</td>
<td>Department of Family and Community Service</td>
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<td>HACC</td>
<td>Home and Community Care</td>
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<td>HCV</td>
<td>Hepatitis C Virus</td>
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<td>H&amp;AC</td>
<td>Australian Government Department of Health and Aging</td>
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<td>HOSW</td>
<td>Healing Our Spirit Worldwide</td>
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<td>ITAB</td>
<td>Industry Training Advisory Board</td>
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<td>NATSIHC</td>
<td>National Aboriginal Torres Strait Islander Health Council</td>
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<td>National Aboriginal Community Controlled Health Organisations</td>
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<td>National Aboriginal Health Strategy</td>
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<td>National Drug Research Institute</td>
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<td>National Drug Strategy</td>
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<td>National Centre for Education and Training in Addictions</td>
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<td>NGO'S</td>
<td>Non Government Organisations</td>
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<td>NISMC</td>
<td>National Indigenous Substance Misuse Council</td>
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<td>OATSIH</td>
<td>Office of Aboriginal and Torres Strait Islander Health</td>
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<td>QI</td>
<td>Quality Improvement</td>
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<td>Quality Management Services</td>
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<td>RCIADIC</td>
<td>Royal Commission Into Aboriginal Deaths in Custody</td>
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<td>SAPOL</td>
<td>South Australian Police Department</td>
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<td>VET</td>
<td>Vocational Education and Training</td>
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</table>
## Contents

- Acknowledgement 2
- Abbreviations Used 3
- Contents 4
- Mission, Vision and Organisational Aims 5
- South Australian Map of Aboriginal Communities 6
- What is ADAC? 7
- ADAC Executive 2002-2003 8
- Chairperson’s Report 9
- Director’s Report 10-12
- Office Manager’s Report 13-16
- Administration/Finance Officer 17
- Education Manager’s Report 18-19
- Makin’ Tracks Report 19-20
- IDU Project Officer’s Report 19-20
- Special Project Officer’s Report 21
- Diversion Liaison Officer Report 21-22
- Graphic Design and Artwork 22-23
- Senior Project Officer 23-24
- Special Project Officer 24-26
- Project Officer Alcohol Guidelines 26-27
- IDU Project Officer 27-28
- Research Administration Assistant Report 29
- Administration Assistant Unit 30
- Administration Assistant ADAC 31
- Aboriginal Liaison Officer 32
- ADAC Committee Report 33
- ADAC Independent Audit Report 34-35
- ADAC Strategic Plan 36-40
- ADAC Staff 2002-2003 41
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.
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.
Vice Chairperson
Mr Basil Sumner
Aboriginal Sobriety Group (SA) Inc

Chairperson
Ms Isabella Norvil
Lower Murray Nungas Club

Mr Bruce Carter
Kalparrin

Ms Ann Newchurch
Goerta Inc

Ms Sharon Cruse
Drug and Alcohol Services Council

Mr Scott Wilson
State Director
Aboriginal
Drug and Alcohol Council (SA) Inc

Mr Anthony Smith
Dunjibba Aboriginal Community Council

Ms Pat Smith
Kainggi Yuntuwarrin

Mr Mike Harris
Kainggi Yuntuwarrin
On behalf of the Aboriginal Drug and Alcohol Council (SA) Inc. we would like to present this Annual Report on the Council’s activities over the last financial year 2002/2003. 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.

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. These organisations are comfortably sustaining themselves 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. We believe that ADAC is a vital component in helping address the alcohol and drug issues in the community.

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

One of the highlights of the year was when ADAC again presented 90% of Australian presentations at the Healing Our Spirits Worldwide Conference held in Albuquerque, New Mexico. The Federal Health Minister, Senator Kay Patterson appointed me to the National Advisory Council for Suicide Prevention. I look forward to working with the Suicide Council to ensure that Indigenous issuers and concerns around suicide, self harm and substance misuse issues are bought to the attention of the Federal Government and through the Council are addressed.

Another highlight was being awarded an International Award, for our petrol sniffing kit by the International Federation of Non Government Organisation.

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

We would also like to extend our sympathy to the family of Mr Geoffrey Roberts who was a dedicated worker for ADAC and more importantly for the Aboriginal community.

We would also like to extend our sympathy to the family of Ernie Black who was a chairperson of ADAC.
Scott Wilson Director

Welcome to the “Decade of Survival” Annual report for the 2002/2003, financial year of the Aboriginal Drug and Alcohol Council (SA) Inc (ADAC). We hope you find this gives you a better understanding of some of the work that ADAC carries out on behalf of the SA Aboriginal community.

Throughout 2002/03 ADAC has developed and involved the community in a range of activities around substance misuse to celebrate the formation and survival of ADAC as an organisation which was formally Incorporated on the 28th February 1993. ADAC has developed and grown over the Decade into an organisation that I am proud to be employed by.

It is still the only Indigenous organisation of its kind that deals solely with substance misuse on a statewide basis in Australia.

Since its inception and incorporation in 1993, ADAC has grown from a 2-person operation to one that has employed 15 fulltime staff employed on a variety of tasks that have had and continue to have an impact. Some of the highlights of the past decade are reported on below.

1997/98 saw ADAC conduct a poster competition with school children across the state, which have used since as part of our health promotion activities, which has seen us distribute both in South Australia and nationally close to 100,000 copies. In 1997, ADAC was awarded the NAI DOC SA “Organisation of the Year” award and in 2001 ADAC was again recognized nationally by being awarded the National TED NOFFS 2002, Award for a Specialized Service.

Due to its unique nature ADAC have been approached by a variety of state and national bodies for advice and some of the more significant have been the Senate Select Committee into the GST and a New Tax System and its impacts on wine and alcohol consumption, ADAC have appeared before 2 Victorian Parliamentary Committees looking into Public Drunkenness and Volatile substance, ACT Legislative Council Sub Committee into Cannabis.

ADAC also appeared and spoke to its submission to the House Of Representative Standing Committee Inquiry into Substance Misuse in Australia, as well as accompanying both the previous and new Committee to a range of community programs, including Kalparrin.

Throughout the Decade ADAC have also been involved in all committees either setup by state government departments or the Adelaide City Council and advocated against a dry zone for a number of reasons. In 2001, ADAC was allowed to address the City Council on the issues and potential impacts a dry zone could have and also reminded Councillors of the Recommendations of the Royal Commission into Black Deaths in Custody. Unfortunately City Council voted to declare Adelaide a dry zone with people being further marginalized and pushed into parklands outside the dry zone.

ADAC believes that in the area of Indigenous drug abuse the research evidence has not been done and in 1999 along with NCETA conducted the 1st research project in Australia that specifically looked at the harms and prevalence of injecting drug use at Murray Bridge.

In 2001, we again joined with NCETA and eventually undertook the largest research project of its kind in Australia and perhaps the world in looking at Indigenous injecting in Metropolitan Adelaide. This has led ADAC to develop a range of materials that are used to provide people with information and support on where to go to get help.
ADAC was also the 1st organisation to develop an Indigenous Rural IDU strategy that is still to be funded by the state government. In 1995, ADAC developed the first Indigenous Drug and Alcohol State strategy and we are currently involved with a range of community organisations and the SA Aboriginal Health Partnership in developing a whole of government state strategy. I am also involved in helping to develop the National Indigenous Drug and Alcohol Strategy, which were adopted by the Ministerial Council on Drug Strategy at its national meeting in August 2003.

ADAC has also recognized that substance misuse health promotional materials are desperately needed and have developed a range of materials including the Alcohol Related Brain Damage – Dementia National Training Package with the Alzheimer’s Association in 1998. In 2000, we successful produced the National Petrol Sniffing and Other Solvents Resource Kit for Indigenous communities and in 2001 we commenced work on developing a National Training Package on Illicit Drugs for Indigenous workers. We also developed a training video on petrol sniffing and other solvents in 2002.

In 2002, ADAC setup the Indigenous Health Promotion Substance Misuse Unit to ensure that we had total input into health promotional materials.

Highlights for ADAC included being members of the Planning Committee for the 4th Healing Our Spirits Worldwide Conference in Albuquerque New Mexico which was attend by over 4,000 Indigenous delegates from around the world. Being on the Planning Committees for the 3rd and 4th International Conference on Drugs and Young People. ADAC is in great demand and I believe that is a good thing that in the end can only benefit the community.

We have numerous requests by both national and local media whether it is print, radio or television. This exposure saw ADAC advocating via the media a range of issues including the Adelaide Dry Zone, Injecting Drug Use, petrol and Solvent misuse and a range of other substance misuse related topics.

In 2003, the Prime Minister awarded at Tandanya a grant to ADAC to redo the Australian Standard Drinking Guidelines for Indigenous Australians, we are also developing with Streetwise Magazines a national comic/educator kit for Indigenous communities nationally. Also in 2003, ADAC again engaged young Indigenous kids in helping ADAC develop health promotional materials.

In 2003, I was a recipient of the Centenary Medal for services to the Indigenous community. In August 2003, the Aboriginal Drug and Alcohol Council (SA) Inc., Australia was awarded the IFNGO Commendation Certificates for its Project entitled “Educating the Community about Substance Abuse”. These awards of which there were only 3 globally were presented by The Hon’ble Karu Jayasuriya, Minister of Power and Energy and Chairman of the Health Committee, Government of Sri Lanka at the Closing Ceremony of the 20th IFNGO International Conference on Friday, 15th August, 2003.

I hope that you have found this informative and look forward to working with the community over the next couple of years.
State Director’s Committee Membership

State Based
Aboriginal Sobriety Group Board Member
Alcohol Related Brain Damage/Dementia State Steering Committee
Heroin Overdose Steering Committee
Foetal Alcohol Syndrome Taskforce
Indigenous Harm Reduction Committee
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 Member (NATSIHC)
National Centre for Training in Addictions (NCETA) Board Member
National Drug Research Institute Board Member
National Indigenous Substance Misuse Council Chairperson

Intergovernmental Committee on Drugs
NDS Reference Group for Aboriginal and Torres Strait Islander Peoples (Deputy Chairperson)
Indigenous Drug Use and Blood Borne Viruses in Indigenous Communities Working Party
Indigenous Strategies Working Party, Suicide and Mental Health
Helen Wilson Office Manager
Indigenous Substance Misuse Health Promotion Unit (ISMHPU)

Hi well this year we haven’t been able to see our feet touch the ground. This is a year of celebration for the Aboriginal Drug and Alcohol Council (SA) Inc. with our “Decade of Survival”

Max Mansell, Geoffrey Hawkins and myself have begun our new Project and that is the Indigenous Substance Misuse Health Promotion Unit (ISMHPU). This is an exciting development for ADAC, we have been producing our resources in house for a while now i.e. the Petrol Sniffing and other Solvent manual, Hep C Posters, Pregnancy T-shirt - wait till I reach eighteen, this has enabled us to be able to sell our resources for virtually at cost price and they have been accepted and used across the country.

The ISMHPU will be producing and delivering culturally appropriate material in relation to substance misuse within Aboriginal communities. We are also doing work outside of ADAC and this to raise some money for ADAC so we can keep producing resources for the Aboriginal people in South Australia, about substance misuse.

Health Promotion Poster Competition
We finished the financial year with the Poster competition and five great posters got chosen. It good to see it wasn’t just city kids the barbeque tour obviously got many people out there in rural communities involved. We have had staff from ADAC joined the makin’ tracks team to assist with barbeque and education to many communities about substance misuse that subsequently got many entries for the poster competition.

The Five Winners are;
Zibeon Fielding Anangu School, Shalona Shilling Mimili Anangu School, Joshua Wilson Henley High School, Lala Macumber Fregon Anangu School and Yilpi Pumanu Mimili Anangu School

We have had our first project for the unit and that was to Aboriginalise two leaflets for AVIL on cleaning fits and safer injecting. We will also be producing the newsletter, and this annual report later in 2003 year we will be producing Illicit Drug package, the IDU Report. The Prime Minister has also asked ADAC to Aboriginalise the Australian Alcohol Guidelines; we will be employing a project officer to work with Max and myself to produce this.

Quality Improvement
Well we’ve done it; we have finally gone through the last stage to get accredited for the QMS process. Warren and Mandy will fill you in their sections

Child Sexual Abuse: Justice Response or Alternative Resolution
On May the 1st and 2nd in Adelaide I attended the Child Sexual Abuse: Justice Response or Alternative Resolution that was put on by the Australian Institute of Criminology. It was a long conference and quite an emotional time for some of us. On the second day there were three anomalous mothers who got up and told their and their child’s personal horror stories of the Judiciary system and how their children were still not protected, and that the Pedophile parents, usually the father, has access to the child in one case even custody of the child and are still hurting their children.

All in all it’s been a full and busy year thanks to all the staff for a great year.
The Task Request system was developed as a Quality Improvement to highlight the Administration Team support provided to the different projects.

* Projects marked with an * have not been for the full financial year
During the financial year ADAC has had 678 resource mailouts. These resource mailouts include posters, brochures, newsletters, help cards and information sheets. All of these resources are provided free of charge. The above graphic highlights that, while ADAC is a state based organisation, half of the resources mailed out went to organisations outside of South Australia.
Petrol Manual Sales by State July 2002-June 2003

The Petrol Sniffing and Other Solvents Manual continues to sell well.

This graphic highlights the wide distribution across nearly all Australian states.

Petrol Video Sales by State July 2002-June 2003

The Companion video to the Petrol Sniffing and Other Solvents Manual continues to sell well.

This graphic highlights the wide distribution across nearly all Australian states.
Hello again! I am Sofi a Rivera the Administration and Finance Officer at the Aboriginal Drug and Alcohol Council. I have been at ADAC for over seven years now, this may seem like a lifetime however I have enjoyed every minute, and it has been a pleasure working for the Aboriginal community.

I have been very busy with my administrative and finance duties. This year I have taken on board more of the financial duties with the guidance of Helen Wilson the Office Manager. I was involved in one to one MYOB training, which allowed me to set up the accounting package properly according to our needs.

This year I attended some of the major events that ADAC was part of. In July 2002 the National Indigenous Substance Misuse Council conference held at the Meridian Hotel in North Adelaide, the Alcohol Education Announcement by the Prime Minister at Tandanya and Nunkuwarrin Yunti for the NAIDOC Week celebration.

This year we are celebrating Adam’s 10 years of survival. As a result we have set up a history committee of which I am the chair. In the history committee we looked at the Health Awareness Tour which Andrew, the Makin’ Tracks team and Byron Wright organised. The aim of the tour was to promote health awareness as well as the ADAC Poster competition in the community and schools around the state. The team visited approximately twenty-six schools/communities.

The History committee have also looked through all the photographs that ADAC has taken throughout the ten years to produce a large collage which will include photos of all the major events ADAC has being involved in as well as photos from past and present Executive and staff members. As a result of the Health awareness tour we are hoping to produce another collage to show the community the places that the team visited and the events that took place.
The project now has four months until completion, it has been a 4-year pilot project funded by the Office of Aboriginal & Torres Strait Islander Health (OATSIH), a division of the Australian Government Department of Health & Aging. It aims to meet the recommendations relating to quality improvement contained in the OATSIH Review into Indigenous Substance Misuse Programs.

The participants Kalparrin, Kainggi Yuntuwarrin, Dunjibba, the Aboriginal Sobriety Group and ADAC have all achieved various milestones throughout the project. Each year has found new challenges, as boards change and staff move onto new jobs. Each change, particularly of people heavily involved in the QI process, has meant other people have had to gain particular skills and knowledge.

The QI process has helped organisations to assess what their service does well and identify areas of development. A number of the revised practices developed are being used as best practice examples by Quality Management Systems. 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 cooperative 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 well-being issues and any problems they experience with their use of medications. The results of this project are now being published, with a number of regional reports already in print. This research highlights the difficulties experienced by Aboriginal people and their carers in relation to medication use.

**Dementia**

The dementia training is a long term program that ADAC and Alzheimer’s have maintained for nearly seven years. Currently training is being provided to HACC workers, throughout South Australia, and to other interested health workers, substance misuse workers and community development officers. It provides skills and knowledge about the causes of dementia and of the behaviours of people with dementia. Participants find that their increased awareness means they are able to support family members and assist in accessing support and respite. Amanda Bosworth is delivering this program and is based at the Alzheimer’s Association.

We continue to review and evaluate the package and have received funding to update the materials, Amanda’s work and the feedback is providing valuable information for this process. The revised package should be available in the first half of 2004. Helena Kyriazopoulos continues to provide support and encouragement to this project, for which we a very grateful.

**General**

Throughout the year we have maintained our association with the C Clearly project and the Hepatitis C Council. These are important associations for the council, as HCV is becoming an epidemic in the Aboriginal population. We continue to lobby for appropriate responses to this problem. Again prevention, education and treatment programs are urgently required.
This will not occur while politicians and public servants refuse to recognise the problem and make no attempt to address the causes or provision for treatment. If the current situation continues an enduring legacy of Mike Rann’s government and health officials will be Hepatitis C infection. Currently the Hepatitis C Council, DASC and ADAC are working together to provide education and training in regional SA.

This year we have been involved in the planning for the APSAD conference held in Adelaide in November 2002 and Drug Action Week. Drug Action Week is an initiative of the Alcohol and Drugs Council of Australia. I am the state representative for Community Education and Prevention; this provides a valuable network for support and access to other organisations and individuals around Australia. I continue to provide training within the community services certificate, in TAFE, and the interest shown in the work of the council is very encouraging.

I would like to thank the organisations who work with the Council and provide enthusiastic support, especially the Drug and Alcohol Services Council (DASC), Graeme Strathearn, Simone Cormack, Sharon Cruse, Marina Bowshall-Noone and Jane Molyschko; the people from Flinders University School of Nursing and Midwifery, Charlotte de Crespigny, Inge Kowanko and Helen Murray; Dr William Donohue from C Clearly; Mark Waters; the people at Alzheimers, Helena Kyriazopoulos, Chris Rowland, Jill ?? and Alan Nankevill and Graeme Harbord and Mark Jappe from Johnston Withers.

I would also like to acknowledge the organisations involved in the Ql project, especially Kainggi Yuntuwarrin, who has kept going, through a difficult year. Finally I would like to thank the Board, particularly the Chair Isabel Norvil and the State Director Scott Wilson for their continued support in the last year and to acknowledge the support of my colleagues within ADAC.

**Paul Elliott and Jimmy Perry**

“MAKIN’ TRACKS” Project Officers

The Makin’ Tracks project is a Australian Governmnet funded project, which 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 project officers, who visit communities spending 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 Organizations and mainstream services. An independent evaluator, Associate Professor Dennis Gray from Curtin University is evaluating Makin Tracks. In the last twelve months I (Jimmy Perry) have been involved in many projects and programs. I worked in conjunction with Daryl Little from Aboriginal Sports & Recreation in Port Augusta and visited communities on the Lands.

In September 2002 I travelled to New Mexico to attend the 3rd International Indigenous Health Conference titled Healing Our Spirits. I presented twice at this conference on Petrol Sniffing and the Makin’ Tracks program.
In February, 2003 Anna Stern and Dennis Kickett from Curtain University travelled with me to different communities to research and document the Makin’ Tracks program. This information was taken back to Professor Dennis Gray and I am happy to say they were impressed and the funding was renewed.

ADAC had its 10 year anniversary celebrations in 2003 where I travelled state-wide to many communities, having BBQ’s, running poster competitions while also educating Anangu youth at several schools on Anangu Pitjantjatjara Lands, and schools in other areas. In May 2003 I attended and presented at the National Indigenous Substance Misuse Conference in Adelaide. I also attended and presented at the National Aboriginal Health Workers Conference.

In Drug Action Week, June 2003 I travelled with Streetwize Magazine to Whyalla, Port Lincoln and held workshops around the metro region to support Streetwize research for an Indigenous comic book and educators kit. I was invited by Diat Alfernivk from the Hep C Council to attend Mobilong Prison to run a workshop around Hep C issues. This involved prisoners contributing to a Hep C poster, John Hammond was the artist involved.

I have been involved in Police Drug Diversion Training in Ceduna, Port Lincoln, Mount Gambier, Narracorte, Clare, Murray Bridge and Mount Barker. Makin’ Tracks also supported BBQ’s in the Parklands by ADAC to liaise with and get to know the drinkers on West Terrace. I have also attended several camps, conferences and meetings around South Australia and interstate, which have made for good networks and future partnerships with Making Tracks and ADAC.

Paul Elliot, the other half on the Makin’ Tracks team has spent six months in Yalata community in the far south west of South Australia. He has helped set up programs around substance misuse, which has incorporated a sniffers camp, discos, artefact making, hunting, fishing, music and sports programs. This is proving to be a successful initiative.

Paul also supports the day to day running of the community and is involved with the senior students at the school. He also was involved with the BBQ tour around the state and is the Chairperson for Aboriginal Health Workers Forum that takes him to meeting and conferences around Australia.

Some of the communities that Makin’ Tracks has visited in the last year are:

Alice Springs  Oodnadatta
Anangu Pitjantjatjara  Point Pearce
Aeryonga  Port Augusta
Ceduna  Port Lincoln
Coober Pedy  Port Pirie
Finke  Papanya
Mount Gambier  Whyalla
Mutitjulu  Yalata
Narracourte  Yulara

I have worked in partnership and built new networks with DASC, Nganampa Health, Port Lincoln Aboriginal Community Council (PLACC), Port Lincoln Health Service, Pika Wiya Health Service, SAPOL and Aboriginal Sports and Recreation. Other activities include, various youth discos,
Aboriginal Drug and Alcohol Council (SA) Inc. Annual Report ©

Football and sports carnivals, Men’s camps, Youth camps

This is my second year at ADAC I am enjoying working on the Makin’ Tracks program, I have made lots of friends and networks. I value the opportunity to visit communities and share my knowledge.

Byron Wright-Diversion Liaison officer (DLW)

Hi I am currently employed as the ADAC Drug Diversion Officer, which is a position that has been recognised as a need to assist Indigenous peoples who are caught with small amounts of drugs for personal use. It enables individuals to get to assessment appointments and for those who are interested in further help, transport is available when making contact with treatment services.

The transport is also available to assist other Indigenous organization with making contact with diversion clients for assessments and or making contact with treatment services. Assessments are approached from the perspective of respect for the clients choices and their abilities to decide for themselves about their level of drug use by looking to create a positive dialogue with the client. The aim of diversion is to keep people with minor drug charges out of the court and away from the Criminal Justice System and at the same time get them in touch with people who can help them if they have a problem with drugs in their life.

It has been difficult at times trying to get clients, client’s family and care givers to understand that with a diversion it is only compulsory to turn up to the single assessment appointment. A number of times it has had to be explained that diversion is not a compulsory ongoing caseworker issue.

In a number of cases the issues of parole and or bail are reasons for the clients not wishing to communicate it is not until it is made clear that Diversion is a stand alone issue. There is still reluctance to talk openly about the diversion appointment until told that it is all about respect for the client’s choices. Actions are only implemented on their behalf.

I am still being guided through the Diversion system by Andrew Biven, (Special Project Officer) at ADAC. He has been around for both the old and new Diversion systems and he is a wealth of knowledge and experience for me to draw from. Due to the collaborative nature of ADAC there has been many things that I have been involved with this year besides the Diversion program. In brief I have listed some of the participation of the year.

I have completed the Diversion Workshop Certificate, the First Aid Course Certificate and the Family WellBeing Counselling Training Program.

This program aims are counselling skills and personal development program originally developed specifically for Indigenous people and their communities. It offers Self Help Tools, which participants can then pass on to family, friends, and clients. It also equips people with the skills for effective communication and conflict resolution. Participants learn coping strategies for dealing with past wounds and crisis situations at home or work. Courses are available at no cost to Indigenous people who are unemployed.

Conferences and Seminars I have attended include NISMIC Conference in 2002, the SA Drug Summit, the NISMIC Conference 2nd National Indigenous Substance Misuse Council “Healing The Spirits” Conference on Drug and Alcohol 2003. I also attended the Illicit Drug Seminar on Party
Drugs & ‘Club’ Drugs Program and the Fourth National Aboriginal & Torres Strait Islander Health Workers Conference. Where many issues that health workers contend with every day were spoke about one that court my attention was ‘Avoiding Burn out Self Care for health Workers.

Earlier in the year I was part of the ADAC Decade of Survival Substance misuse awareness poster and BBQ State wide Tour. This event provided advice and information to Aboriginal communities and individuals across the state where we also conducted substance misuse awareness with BBQ’s in the following areas:

Iwantja, Fregon, Ernabella, Mutijula, Papunya, Aryonga, Oodnadatta, Cooper Pedy, Liegh Creek and Copley, Port Augusta/Davenport, Port Pirie, Point Pearce, Raukkan, Murry Bridge, Gerard, Berri, Port Lincoln, Whyalla, Ceduna/Koonabba, Yalata, the Wiltja Program at Hamsread, Kuarna Plains School, Taundi College and Warriapendi School.

Other areas that I am involved in include helping Don with the Prison Drug and Alcohol education program. I have been to numerous venues to talk about substance misuse including the Magill Training Centre and the Murray Bridge High School Drug and Diversion education.

I am also actively involved in a range of committees on behalf of ADAC including DRUG-ARM who provide Street Van teams who continue to report positive responses from young people in all areas to the presence of the street van. Other committees include the Drug Action Team at Elizabeth, the Indigenous Drug Action Team based in the Adelaide local area and as a member of the Muna Paindi Leadership group at Elizabeth.

I look forward to continuing my education in the area of substance misuse and its affects on our community and to being able to better help Indigenous people in the coming years.

Max Mansell Graphic Design and Artwork

Hello my name is Max Mansell and I am employed as the design co-ordinator for the Indigenous Substance Misuse Health Promotions Unit, which is another innovative part of ADAC. I have been involved with ADAC since its humble beginnings in 1992 designing the logo and other various designs.

Last September I attended the worldwide healing our spirits conference in Albuquerque New Mexico USA, contributing to the cultural aspect through art workshops with the Australian and International Indigenous youth and providing two schools with the opportunity to experience Aboriginal culture from Australia.

During the last six months I have attended health conferences on health promotions and the childhood sexual abuse conference hosted by the Australian Institute of Criminology. I have become more aware the health situation of Aboriginal people and the issue of childhood sexual abuse which is another axis of evil, terrorism on a child’s spirit.

As a survivor of childhood sexual abuse it is quite clear that Australia’s criminal justice system is shamefully and dramatically failing the children of sexual abuse. This is a very sad day for the victims, survivors of childhood sexual abuse and all well meaning Australians. The evidence is on the records and this should be enough for the appropriate authorities to establish a National Child Sexual Abuse Court to deal with the issue of childhood sexual abuse. When are we as a
Nation of well meaning people going to stop subjecting our children to the spiritual and emotional atrocities of sexual abuse?. There are people in the community that are aware of children who are being sexually abused and turn a blind eye. Our children are our future, what sort of future are we delivering to our children, one of mental turmoil filled with catastrophes of pain and suffering.

Are we as a nation falling behind in our responsibilities to our children? If we are as it appears to be the case then our children have been delivered a severe blow and may not recover from the emotional genocide that is being inflicted upon them at this point in time. Hopefully ADAC will instigate a state summit on child abuse focusing on Aboriginal families and communities here in South Australia.

It is a great pleasure to work at ADAC with the dedicated staff who are producing work at an International standard this is a great achievement for ADAC. Working in an Aboriginal community controlled organization like ADAC is inspirational and energizing knowing in your heart that you are contributing and taking the challenges that are needed to better the health situation of our people.

The year ahead will be extremely busy as ADAC won the right to host the Worldwide Healing Our Spirits conference here in Adelaide which we will see over 5000 Indigenous peoples from around the world. Until then remember love is a beautiful world, love it respect it and share it. Thank you in the spirit of goodwill.

Sharyn Watts Senior Project Officer “Development Of Resources To Enhance The Education And Training Of Aboriginal And Torres Strait Islander Workers In The Illicit Drug Field”

This project started in October 2001. It has been a two year project that has been funded by the Australian Government Department of Health and Ageing 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.

Project Activities
Steering Group & National Project Reference Group. The locally based Steering Group has been meeting on an ‘as needs’ basis to provide support and guidance to the project. The Project Reference Group met in November 2002. This was a productive and exciting meeting, with several ‘new faces’ around the table and it provided a great opportunity for members to make connections with each other. The Reference Group were given an up-date on the project’s activities, reviewed the contents of the resource package, and were informed regarding the planned activities for the coming year. Of particular interest to several group members was the development of strategies to ensure the appropriate delivery of the package - i.e. ensuring that the package was delivered and used by Indigenous organisations and workers. The final meeting of this group is scheduled for August 2003.

Literature Review
The literature review, which reports on Australian and overseas literature on education and training models and programs in the illicit drug field, is nearly completed. Members of the Project Reference Group and the Steering Committee are currently reviewing it.
The Resource Package
Presently, the Resource Package includes a number of different things including information about illicit drugs. There is a brief guide to illicit drugs and helping people with illicit drug problems. Plus, there are pamphlets and booklets about heroin, cannabis, amphetamines, ecstasy and marijuana and injecting drugs. An ‘Information and Skills program’ designed to help Indigenous workers build up their knowledge about illicit drugs and the skills needed to help people with illicit drug problems.

Pilot of the Package
Since February 2003, a number of organisations and individual workers around the country have been piloting the Resource Package. By the end of July we anticipate that they will be able to give us feedback about the package and how useful it has been and what works and doesn’t work when it is being used. Once this pilot is completed, ADAC’s Indigenous Substance Misuse Health Promotion Unit will undertake the design work for the package. Final approval for production of the package rests with the Australian Government Department of Health and Ageing, but we are hoping that it will be completed and available for distribution by the end of 2003.

Andrew Biven Special Projects Officer
My role at ADAC involves many and varied tasks in the dynamic environment at 53 King William St. My main roles this year has been:

Police Drug Diversion
ADAC worked with the Drug and Alcohol Services Council (DASC) to provide training to other assessors throughout South Australia during the last half of 2002. Jimmy Perry and Byron assisted with some of this training. We presented two day training programs for non-Indigenous and Indigenous workers in Port Pirie, Port Augusta, Port Lincoln, Ceduna, Adelaide (several), Murray Bridge, Mount Gambier, Narracorte, Berri and Clare. Well over 200 people were trained. In addition to the training role, ADAC is also an accredited assessor. We have seen more people this year than in the past and the work is starting to build up. Byron and Trevor (until his departure) have been working on this project, assisting clients and learning to become assessors in their own right. We work with DASC and other assessors to assist Aboriginal people who have been diverted. We have also been active in a number of committees associated with this work, Police Drug Action Teams and working groups. ADAC will also be working with the Yalata Community on their diversion program, providing training to workers and support for the ‘sniffers camp’.

Makin’ Tracks
This program has been more stable this year with Jimmy and Paul (see their report) sticking through the whole year. My role is to support them in the field and occasionally I am lucky enough to spend some time in communities with them. We have applied to the Australian Government Department of Health and Ageing for further funding for this project and are confident that this will come, as it is one of only a few programs funded by the National Illicit Drugs Program that has been independently evaluated.

Petrol Manual
The manual has continued to sell well and from time to time I am asked to present workshops in different parts of the country. This year I have struck to South Australia with several workshops in Adelaide. It has been pleasing to see that both the Northern Territory Government and the Queensland Governments have adopted our manual for their training programs with Indigenous workers. We have now asked the Australian Government Department of Health and Ageing to provide funds to evaluate the manual and this will happen shortly which may result in a second edition of the manual in the future.
Evaluation of Comgas Scheme

ADAC was the successful tendered to the OATSIH to conduct an evaluation of the Comgas Scheme, which is how Avgas is made available to remote communities at a reasonable price. ADAC’s employed consultants with expertise from National Drug Research Institute and two independent consultants, Ms Anne Mosey and Ms Gill Shaw. Jimmy Perry will also be involved as a training exercise to develop his research skills. Work on this project commenced in May 2003 and will be complete by October.

Peak Body

I have been involved on a working party which gained some funds from the Alcohol Education & Rehabilitation Foundation (AERF) to explore the possibility of establishing a peak body for Non-Government Organisations (both Indigenous and non-Indigenous) for the Alcohol and Other Drugs sector. A consultant was hired and she found overwhelming support for a peak body, peak bodies exist in most other states around Australia. The State Government has also been receptive to the idea and we are hopeful that our funding submission to them will be accepted.

Murray Bridge

My work here has tapered off during 2003 as a result of new funded programs starting at the Lower Murray Nungas Club. These new programs (a youth program, a suicide prevention program, a link-up program and a community resilience project) were assisted and supported by ADAC, mainly Isabelle Norvil and myself during the development stages and have resulted in a resurgence of activity at the Club. ADAC remains an active supporter of the projects there. I have also been a Council member at Kalparrin during most of the year.

Streetwize

We received funding from the AERF this year to work with the Streetwize organization to produce a comic and educators kit targeting Indigenous youth. Streetwize writers and cartoonists visited South Australia towards the end of the year to consult with service providers and young people and the comic should be finished before the end of 2003.

Conferences and workshops

During the year I co-presented papers or workshops at several conferences, at the NISMC conference in Adelaide, the National Aboriginal Health Worker in Adelaide. I have also worked with Jimmy and Byron in delivering student training at Adelaide and Port Adelaide TAFE’s and with the Mission.

Other work

ADAC receives multiple phone calls every day from people seeking information, resources or counselling. While we don’t provide counselling we do have 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 many different people from around Australia. I have worked with a number of community groups, assisting them with submissions and program design, these included Yalata, Pika Wiya and Coober Pedy.

10th anniversary of ADAC

To mark the 10th anniversary of ADAC a group of us visited over 20 remote communities in South and Central Australia. I was fortunate to be able to go on many of these and assist Jimmy, Paul and Byron with the programs. I was involved with DASC in completing a report on Therapeutic Communities in Australia and in November last attended a conference in Canberra where I presented the findings of this report.

I am grateful for the support and friendship of many people at ADAC and in the communities we work with in particular I acknowledge Scott, Isabelle and the Admin team at ADAC and the Yalata mob. Jimmy, Byron and Paul have shared offices, camps and stories with me and I am humbled.
by their friendship, generosity and humour in the difficult and demanding roles they have.

Committees I am a member of on behalf of ADAC include the SACOSS Policy Committee, the Makin Tracks Steering Committee, the IDU Research Project Steering Committee, Kalparrin Board of Management (retired) and the Lower Murray Nungas Club Committee (ex officio)

Linnell Barelli, Project Officer
Australian Alcohol Guidelines: Communicating To Indigenous Communities

I began working at ADAC as the Project Officer for this project at the end of May 2003. I work with ADAC artist, Max Mansell, who is creating all the images and artwork for the project. The Australian Government Department of Health and Ageing funds this project. The purpose of the project is to rewrite the new Australian Alcohol Guidelines so that they are culturally appropriate for Indigenous communities.

The main aim of the project is to increase awareness and understanding of the new guidelines amongst Indigenous people. The project also aims to increase the understanding of “standard” drinks and ensure that the messages in the guidelines are presented in a culturally relevant and meaningful way. We expect that there will be a greater emphasis on visual messages and images than in the current alcohol guidelines material.

Progress to date
A first draft of the 12 guidelines has been completed and will be sent to several representatives from both NEACA (the National Expert Advisory Committee on Alcohol) and the Project Reference Group for initial comment (early July 2003). Consultation to date has been informal and is outlined below.

Discussions and feedback from ADAC staff on content, language used, presentation and target audience. Held informal session with Health Workers at the Fourth National Aboriginal and Torres Strait Islander Health Workers’ Conference (held in Adelaide 15-18 June 2003). In this session Max and I presented the first 3 draft guidelines and sought input on the language and images used. Feedback from this session was positive. The session confirmed among other things the importance of using lots of visual images, and providing sufficient background information about why people drink. Several Health Workers commented that having posters as part of the package would improve it.

Consultation planned
Consultation in communities is expected to commence at the beginning of August. At this stage Jimmy Perry will be taking copies of the draft guidelines including all the images, to some communities in SA and NT. We also plan to consult with some younger Indigenous people in a couple of the TAFE Colleges in Adelaide during August and get their ideas about the best way to present the information on “standard” drinks.

Project Reference Group
Members of the Project Reference Group (PRG) for the Development of Resources to Enhance the Education and Training of Aboriginal and Torres Strait Islander Workers in the Illicit Drug Field project (Sharyn’s project) have kindly agreed to act as a PRG for our short-term project.

Recommended changes to date
In response to the feedback from the consultations to date the following changes have been made in the draft guidelines: It has been recommended that the materials be designed to target Health
Workers, as they are the best people to use and interpret the information for other people. The sequence of the guidelines has been changed so that the most important issues for Aboriginal people are at the beginning and the less relevant issues are further down. Several people have recommended including relevant issues such as smoking and alcohol, breastfeeding and alcohol and spiking of drinks. All of these additions fit well within the guidelines.

Recommendations have been made to give greater emphasis to the issues of: situations that put you at risk, the range of mental health and social issues made worse by alcohol, and the problems associated with drinking while using medication. The pictures of standard drinks will be expanded to include more of the drinks and containers familiar to Indigenous people e.g. Wine casks, cartons, use of mugs. In the current booklet the chart of standard drinks takes up 1 page; in the new material we expect this will be at least 2-pages in length.

A glossary of terms will be included at the end to explain key terms used in the booklet. This list of support services in each state and territory will be comprehensive. In the current booklet this is half a page; in the new material we expect this will take up at least 1.5 pages. We expect the project to be finished around September this year.

Carol Holly IDU Project Officer

The last few months of 2002 were spent working on the final report of the IDU project. The final report describes results of the survey and also provides a contextual interpretation by discussing the implications of the findings. For example, the survey has been able to identify a number of harms experienced by Aboriginal people who inject drugs living in metropolitan Adelaide, the majority of whom are poly-drug users. Survey results also suggest that Indigenous injectors may be at higher risk of psychological dependence.

The project’s final recommendations were informed by community feedback and input from the Project Advisory Committee. The final recommendations describe a range of strategies that can be implemented at various levels – from community level to policy level. There is an expectation that the Indigenous community will be involved in the development and implementation of any interventions arising from these recommendations.

All told, over 500 people were involved throughout the course of the IDU Project. They consisted of representatives of Indigenous and non-Indigenous organisations, community members, Indigenous people who inject drugs, and families and friends of Indigenous illicit drug users.

I presented the results of the IDU survey at a number of forums, including the Australian Professional Society of Alcohol and Drugs (APSAD) 2002 Conference and the 2003 National Indigenous Substance Misuse Council (NISMC) Conference.

ADAC’s Indigenous Substance Misuse Health Promotion Unit (ISMHPU) designed the cover graphics and layout of the final report of the IDU project and it is now print-ready. We have called the report Responding to the Needs of Nunga People who Inject Drugs. There is also now a 2nd edition of the Community Report. The data contained in the 2nd edition (including ADAC research data and ABS statistics) has been updated since the publication of the Community Report and draft recommendations have been replaced with final recommendations.
In January I was re-employed at ADAC for another 6 months. My new job (still IDU focussed) relates to the recommendations that came out of the IDU project. Broadly, my job is to look at ways that ADAC can support Aboriginal people who inject drugs, and support their families and the Aboriginal community.

Initially, I spent time networking with other services and organisations and encouraging them to respond to Indigenous IDU issues. I represented ADAC on steering committees of projects designed to respond to Aboriginal IDU issues (Drug and Alcohol Services (DASC) Overdose Projects Steering Committee, DASC Indigenous Overdose Working Party and the Indigenous Harm Reduction Project Committee).

The survey found that many Aboriginal people who inject drugs felt that they did not have enough culturally appropriate information on how to keep themselves and others safe when injecting. ADAC decided to address this issue by developing a harm reduction resource in consultation with Indigenous injectors, useful to Indigenous injectors and with an underlying positive message. As there are a number of organisations currently developing resources, I worked closely with other services to ensure that ADAC’s resource did not duplicate information that was already available. The steering committee for the resource project included representatives from SAVIVE, the Hepatitis C Council of SA, DASC and Nunkuwarrin Yunti. The aim was to develop the resource in consultation with Aboriginal injectors, so that the information and the way it is presented is appropriate for this group.

Focus groups were held with Indigenous injectors at community health centres at Port Adelaide, Noarlunga and The Parks, and also at Nunkuwarrin Yunti and ADAC. Indigenous injectors were involved in the development of the resource throughout the process. Participants in the Focus Groups provided input into the topic of the resource, the format and the information to be included. Participants also provided input into the language used in the resource. The result is a draft information pamphlet on vein care, providing practical information in the language and phrases used by Indigenous injectors, including some frequently used Ngarrindjeri words.

The vein care resource will be produced in the currently popular format of a small foldout. Many resources are now produced as small cards or foldouts so the project steering committee has also designed a wallet-style holder that Indigenous injectors can keep these resources in. The ‘wallet’ will be designed to attract the attention of Indigenous injectors (using colour and graphics) but still aim to be discreet (no wording or imagery that identifies it as being related to injecting drug use).

Max Mansell, ADAC’s resident artist, is designing the graphic for the wallet and has also designed the diagrams for the vein care resource. Each wallet will contain information resources on safer using, overdose, Hepatitis C, legal rights, drug effects and also the ADAC vein care resource. Once produced, the wallet and additional vein care pamphlets will be available at CNPs and through Aboriginal health workers.
Quality Assurance Project

As the 2002/2003 financial year draws to a close, the Quality Assurance (QA) process continues at ADAC, with the systems that support the work of the organisation being constantly reviewed and improved as a result. In June, ADAC underwent an accreditation review by Quality Management Services (QMS) from Sydney. This process was made as ‘painless’ as possible by Stefanie Pope, from QMS, and the fantastic review team she put together for us! A big thanks you to all three of them!

While we are still waiting for the final review report, we are quietly confident (!) that we will achieve Quality Assured status from the Quality Improvement Council of Australia (QIC). This is an exciting achievement for ADAC because ADAC is the first stand-alone Aboriginal substance misuse organisation to gain this status in South Australia! For more information about the Quality Assurance Project please see Warren Parfoot’s article.

ADAC Website

By now, many of you would know that we totally revamped the ADAC website in 2002. If you haven’t already done so, check out ADAC’s ever expanding web site at URL http://www.adac.org.au. There are many of the ADAC resources and reports available for download, as well as information about current and past projects. If you have any questions about the individual projects it is as simple as sending the relevant ADAC staff member an email from the link on the site. I frequently add new links to the links section, which is useful for those who are researching drug and alcohol related topics and for anyone who is interested in current drug and alcohol information.

The news section of the site is the place to look for current conference information and news about new ADAC publications and resources. If there is anything else you would like to see made available from the site, why not drop us a line and let us know! We like to think that the website is user friendly and interesting, and we would welcome any suggestions from the community.

Library

The ADAC library catalogue continues to expand, and I have been working on placing a searchable catalogue on the ADAC website. While we do not provide a borrowing service as yet, all are welcome to come in and browse through the collection. If you require any assistance while you are at ADAC please don’t hesitate to come and ask me! We have many new reports and I am happy to assist you with your search!

10 Year Anniversary

To mark the end of ADAC’s 10 years of ‘survival’ since incorporation many activities have been arranged throughout the state. Those of us on the History Committee have enjoyed discussing and planning many of the activities throughout the year! One of the major achievements from this process has been the production of a new set of posters highlighting drug and alcohol issues. This was made possible by the hard work of the Makin’ Tracks team (and others!) travelling throughout the state to talk to school children and young people about drug and alcohol issues, and getting them involved in a poster competition. The winning entries have now been reproduced as a set of 5 posters.

In addition to the above, I have enjoyed spending time at Kalparrin and Kainggi Yuntuwarrin as part of the QA project, and it is rewarding to see the progress that is being made against the standards by these organisations. I also enjoy assisting the organisation and staff with the many
information technology questions and problems that occur on a daily basis! As usual, it has been a busy and productive year for everyone here at the ADAC Secretariat and it is a pleasure to work with such a motivated group of people.

Geoff Hawkins, Administration Assistant

I have worked at ADAC now for the past 18-months as part of the administration team, I was originally employed to do phone interviews for the Quality Use Of Medications Project and I was also entering data for Carol for her IDU project.

The last 12-months I have been working fulltime for ADAC as part of the administration team and during this time I have taken on more responsibilities. Part of my position is to take the minutes for all ADAC meetings, including the Executive, the Annual General Meeting and any conferences held and organised by ADAC. I am also responsible for maintaining a central file for all project meetings and other meetings where ADAC is represented. A large part of my working week is taken up writing and filing meeting minutes and conference transcripts.

I currently work from the Indigenous Substance Misuse Health Promotion Unit (ISMHPU) and my main task is answering the phone and organising the meeting room. The health promotion unit was set up to develop ADAC resources along with work outside ADAC and my position within that is the mail-out and tracking of the resources. Part of these duties is organising resources for project officers and providing displays and resources at special events, including conferences, meetings, schools visits etc.

Some of these events have been NAIDOC Week celebrations at Adelaide TAFE, Palti 2003 a ceremony for reconciliation at Modbury school, Police Expo 2003, Hep C Week celebrations at Adelaide Festival Centre, Taoudi College Open Day, the Tobacco and Other Drug Nursing and Midwifery Conference, National Indigenous Substance Misuse Conference (NISMC) and an alcohol education announcement by the Prime Minister at Tandanya Arts.

This year has been extra busy and apart from providing information at all Indigenous a cultural event, ADAC has also been celebrating its Ten Year Anniversary. As part of these celebrations I assisted the Project Officer’s to organise health awareness days in rural and remote South Australia and I was fortunate enough to be able to attend some of these events.

In conjunction with these days ADAC ran a Poster Competition within South Australian schools and from that was able to produce some fantastic drug and alcohol posters from the winning participants, which were launched by the Minister at Taoudi College during Drug Action Week.

ADAC saw a need earlier this year to provide food and information to some of the folk in the city area and decided to hold a BBQ each Friday in the West Parklands. I assisted Byron and Carrolyn with the organization of supplies and transport for these BBQ’s and unfortunately this ceased after 20-weeks due to lack of funds. I must say that we all really enjoyed participating in the BBQ and we developed a lovely rapport with the people that attended.

The National Indigenous Substance Misuse Council Inc. (NISMC) has held two conferences in the last 12-months. Both conferences were held here in Adelaide, one in July 2002 and this year’s conference was held in May. People wanting the transcript and presentations from that conference are invited to contact me at any time and I will forward those on to them.

I am also responsible for the upkeep of all files associated with submissions and grants to ensure
that documentation is kept and signed and that monies are received and reports are submitted. Apart from my usual responsibilities within our administration team, I also assist the Director and Office Manager with tasks as requested, and I enjoy the variation in my workload and the skills that I have gained. I’m looking very forward to hopefully another busy year with ADAC, and working alongside a great group of dedicated people.

**Carrolyn Lowe, Administration Assistant**

My name is Carrolyn Lowe, I have been working at the Aboriginal Drug & Alcohol Council (SA) Inc. for almost three years now and I’d like to know where that time went, and yet I cannot imagine doing anything else anymore.

My role at ADAC has evolved quite considerably over the last couple of years. Initially, I was mainly involved in the sale of our substance misuse kit. The Petrol Sniffing & Other Solvents Manual and the preparation and organisation of our AGM. The substance misuse kit has been widely distributed throughout Australia, and has proven to be very popular. The accompanying video, produced by ADAC last year is also proving to be an invaluable asset to the kit.

I was lucky enough to go to Albuquerque in America last year to help promote the kit internationally and attend the Healing Our Spirit World Wide Conference. This was an incredible experience that I will not forget in a hurry, nor will I forget the lovely people who were also fortunate enough to attend.

My role as an Administration Officer puts me in a position at the front desk, this enables me to keep an eye on the general comings and goings of the office. We now have nineteen staff in total, some are part time and some are on secondment, but all in all we run a very busy office. Working in the front office, I handle the incoming and outgoing mail, the banking, stock control and any tasks that are required by the Project Officers. I also manage the vehicle fleet, this involves the ordering, servicing, regular inspections, overall maintenance and any general requirements that may arise in relation to the vehicles.

Quite often there are different conferences and meetings taking place around Adelaide, which afford ADAC the opportunity to display the various resources we produce, on these occasions, Geoffrey Hawkins and I take the opportunity to display these resources and meet and greet people we would not normally get the opportunity to meet with.

I have had the opportunity to go on a couple of trips out into the communities, not as often as I would like, but it is always a pleasure going out to the rural areas, particularly since I grew up in remote outback NSW. All the trips were day trippers, some for the Admin. component, and others to have a BBQ and share a meal with the community.

The highlight of my life at ADAC has been the BBQs we held in the West Parklands. The people of the parklands are unassuming people who just really appreciated us coming on down and giving them a feed, we were hoping to be able extend the BBQs throughout the winter but, as we all know, things don’t always work out. I’m glad we had the opportunity to do what we could when we could.
Hi everyone, my name is Amanda Bosworth and I am the Aboriginal Liaison Officer with both the Alzheimer’s Australia SA and ADAC.

I have been delivering the Dementia Training for Indigenous Communities in South Australia.

Over the last year I have held sessions in many Communities, including; Metro, Point Pearce, Coober Pedy, Port Augusta, Murray Bridge and Ceduna.

These sessions have been primarily for Aboriginal Home and Community Care workers and Aboriginal Health workers to raise awareness of dementia and the associated links with substance misuse.

I have had great responses from all Communities, my largest group was 14 people in Murray Bridge.

There are a variety of issues for each Community but there are several common issues to all Communities I have visited to date.

These include:

- Lack of Community awareness of dementia
- Lack of Culturally appropriate resources
- Lack of Culturally appropriate services
- Need for ongoing support in this area
- Need for early intervention and prevention
- Not enough Aboriginal specific Aged Care facilities
- No support for Aboriginal families who are caring for a person with dementia

I would like to thank all those people who have participated in my sessions and I will nukken ya all soon.
The Aboriginal Drug and Alcohol Council (SA) Incorporated
Report by members of the Committee
For the Year Ended June 2003

In the opinion of the Committee members of the Aboriginal Drug and Alcohol Council (SA) Incorporated the accompanying accounts:

1. Present fairly the financial position of the Aboriginal Drug and Alcohol Council (SA) Incorporated, as at 30 June 2003 and the results for the year ended on that date in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements.

2. As at the date of this report, there are reasonable grounds to believe that The Aboriginal Drug and Alcohol Council (SA) Incorporated will be able to pay its debts as and when they fall due.

This report is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:

Chairperson

Executive Member

Dated this 22nd Day of September 2003
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 2003 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 2003 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
15 August 2003
# Profit & Loss [Budget Analysis]

## July 2002 through June 2003

<table>
<thead>
<tr>
<th>Selected Period</th>
<th>Budgeted</th>
<th>$ Difference</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent</td>
<td>$414,521.01</td>
<td>$405,920.70</td>
<td>$8,600.31</td>
</tr>
<tr>
<td>IDU-RAH</td>
<td>$9,591.81</td>
<td>$10,550.99</td>
<td>($959.18)</td>
</tr>
<tr>
<td>NIDS-TFLP</td>
<td>$82,000.00</td>
<td>$150,860.00</td>
<td>($68,860.00)</td>
</tr>
<tr>
<td>Interest Received</td>
<td>$2,662.65</td>
<td>$3,000.00</td>
<td>($337.35)</td>
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<tr>
<td>Alcohol Guidelines</td>
<td>$20,000.00</td>
<td>$20,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>NIDS/Mobile</td>
<td>$218,245.19</td>
<td>$201,457.00</td>
<td>$16,788.19</td>
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<tr>
<td>QMS (Quality Assurance)</td>
<td>$183,122.00</td>
<td>$183,122.00</td>
<td>$0.00</td>
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<tr>
<td>QMS Staff Support</td>
<td>$84,000.00</td>
<td>$84,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Mentor-FACS</td>
<td>$37,500.00</td>
<td>$37,500.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Police Drug Diversion</td>
<td>$63,500.00</td>
<td>$63,500.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>(Wages Assistance TW)</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$53,656.00</td>
<td>$55,000.00</td>
<td>($1,344.00)</td>
</tr>
<tr>
<td>AERF</td>
<td>$90,000.00</td>
<td>$96,000.00</td>
<td>($6,000.00)</td>
</tr>
<tr>
<td>Tshirt Sales</td>
<td>$304.55</td>
<td>$0.00</td>
<td>$304.55</td>
</tr>
<tr>
<td>FBT</td>
<td>$39,133.60</td>
<td>$39,133.60</td>
<td>$0.00</td>
</tr>
<tr>
<td>Prison Project</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$1,350,236.81</td>
<td>$1,402,044.29</td>
<td>($51,807.48)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cost of Sales</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross Profit</strong></td>
<td>$1,350,236.81</td>
<td>$1,402,044.29</td>
<td>($51,807.48)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expenses</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HS &amp; H-Reccurrent</td>
<td>$396,708.56</td>
<td>$401,015.60</td>
<td>($4,307.04)</td>
</tr>
<tr>
<td>NIDS-TFLP</td>
<td>$97,406.41</td>
<td>$187,035.80</td>
<td>($89,629.39)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>$47,645.70</td>
<td>$50,071.00</td>
<td>($2,425.30)</td>
</tr>
<tr>
<td>NIDS Solvent Abuse</td>
<td>$203,369.21</td>
<td>$201,457.00</td>
<td>$1,912.21</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>$288,344.81</td>
<td>$300,886.43</td>
<td>($12,541.62)</td>
</tr>
<tr>
<td>IDU Project</td>
<td>$17,250.60</td>
<td>$17,210.12</td>
<td>$40.48</td>
</tr>
<tr>
<td>Capital</td>
<td>$52,563.42</td>
<td>$83,293.49</td>
<td>($30,730.07)</td>
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<tr>
<td>Police Drug Diversion</td>
<td>$97,422.61</td>
<td>$98,867.00</td>
<td>($1,444.39)</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$1,200,711.32</td>
<td>$1,339,836.44</td>
<td>($139,125.12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Operating Profit</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$149,525.49</td>
<td>$62,207.65</td>
<td>$87,317.64</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Other Income</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAC Administration</td>
<td>$73,536.16</td>
<td>$104,090.34</td>
<td>($30,554.18)</td>
</tr>
<tr>
<td>ISMHU</td>
<td>$40,000.00</td>
<td>$40,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Petrol Manual</td>
<td>$23,179.21</td>
<td>$27,388.98</td>
<td>($4,209.77)</td>
</tr>
<tr>
<td>Peak NGO Development</td>
<td>$14,430.00</td>
<td>$14,430.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Other Income</strong></td>
<td>$151,145.37</td>
<td>$185,909.32</td>
<td>($34,763.95)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other Expenses</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak NGO Development</td>
<td>$24,924.09</td>
<td>$25,000.00</td>
<td>($75.91)</td>
</tr>
<tr>
<td>Prison D&amp;A Education</td>
<td>$15,654.55</td>
<td>$14,430.00</td>
<td>$1,224.55</td>
</tr>
<tr>
<td>Comgas Evaluation</td>
<td>$37.06</td>
<td>$75,000.00</td>
<td>($74,962.94)</td>
</tr>
<tr>
<td>Alcohol Guidelines</td>
<td>$636,45</td>
<td>$114,400.00</td>
<td>($103,015.55)</td>
</tr>
<tr>
<td>Mentor Project</td>
<td>$13,782.76</td>
<td>$40,000.00</td>
<td>($26,217.24)</td>
</tr>
<tr>
<td>Family Project</td>
<td>$52,241.72</td>
<td>$48,428.79</td>
<td>$3,992.93</td>
</tr>
<tr>
<td>QMTP</td>
<td>$9,785.31</td>
<td>$10,000.00</td>
<td>($214.69)</td>
</tr>
<tr>
<td>Health Promotion Unit</td>
<td>$36,544.11</td>
<td>$20,000.00</td>
<td>$16,544.11</td>
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<tr>
<td>IT Support Services</td>
<td>$50,861.57</td>
<td>$53,565.00</td>
<td>($2,703.43)</td>
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<tr>
<td>AERF NISM</td>
<td>$9,900.00</td>
<td>$10,000.00</td>
<td>($100.00)</td>
</tr>
<tr>
<td><strong>Total Other Expenses</strong></td>
<td>$314,677.16</td>
<td>$508,643.79</td>
<td>($194,666.63)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Net Profit/(Loss)</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>($14,006.30)</td>
<td>($258,526.62)</td>
<td>$244,520.32</td>
</tr>
</tbody>
</table>
**Activity Domain: Program Delivery**

**Goal 1:** Develop, deliver and promote effective programs to reduce harm related to substance misuse in Aboriginal communities.

(broad statement of your intention. What you would like to achieve within 3 years. Include any specific target populations, issue to be addressed, time frame)

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Outcome</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are like mini-goals. Describes the steps/stages required in order to achieve your goal – what will be achieved in the time frame</td>
<td>What will have changed at the end of the time frame</td>
<td>Describe how you will achieve the objective. The broad approaches/work needing to be done, not too specific</td>
</tr>
<tr>
<td><strong>1:1</strong> Promote prevention and early intervention programs.</td>
<td>1:1 Reduce the impact of drug and alcohol abuse in Aboriginal communities.</td>
<td>1:1:1 Increase awareness of the importance of prevention and early intervention.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:1:2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:1:3</td>
</tr>
<tr>
<td><strong>1:2</strong> Develop training programs that address drug and alcohol issues within Aboriginal communities.</td>
<td>1:2 Meet the particular needs of the Aboriginal community in relation to drug and alcohol services.</td>
<td>1:2:1 Advocate for continued funding to be made available for culturally appropriate training projects.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:2:2 Develop education and training resources that enhance training opportunities for drug and alcohol workers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:2:3 Lobby for recurrent funding of a training and education officer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:2:4 Conduct training activities for mainstream organizations (ie general practitioners, police, and schools).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:2:5 Update dementia training against the national competencies and deliver to key agencies.</td>
</tr>
</tbody>
</table>
### Activity Domain: - Linkages & Coordination

**Goal 4:** Strengthen linkages with relevant organizations, committees, and policy makers and improve coordination on behalf of Aboriginal communities.

(broad statement of your intention. What you would like to achieve within 3 years. Include any specific target populations, issue to be addressed, time frame)

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Outcome</th>
<th>Strategies</th>
</tr>
</thead>
</table>
| **4:1** Improve whole of government and key advisors policy and decision making processes in relation to Aboriginal drug and alcohol use. | **4:1 More effective drug and alcohol related policies for Aboriginal communities.** | **4:1:1** Respond to all relevant reviews and inquiries in a timely fashion.  
**4:1:2** Conduct information sessions for members of parliament (MPs) and advisors on approaches to Aboriginal drug and alcohol issues.  
**4:1:3** Develop position statements on key issues.  
**4:1:4** Ensure ADAC committee representation maintains high levels of communication with relevant local, state and federal MPs. |
| **4:2** Advocate on behalf of Aboriginal communities on relevant state and national committees, boards, and/or reference groups. | **4:2 Increase awareness of drug and alcohol issues and needs facing Aboriginal communities.** | **4:2:1** Ensure membership of relevant committees that advise government on drug and alcohol related issues.  
**4:2:2** Investigate the need for, and work towards the implementation of, a drug and alcohol sub-committee as part of the AHREC.  
**4:2:3** Advocate for illicit drug services for Aboriginal people in SA.  
**4:2:4** Lobby for drug and alcohol services to receive tri-annual funding.  
**4:2:5** Lobby for recurrent funding of a solvent abuse rehabilitation service in the far north of SA.  
**4:2:6** Lobby for recurrent funding of an illicit drug rehabilitation service in Adelaide. |
| **4:3** Develop alliances and partnerships with key organizations. | **4:3 Increase the range of organizations addressing Aboriginal drug and alcohol issues.** | **4:3:1** Develop relationships with Aboriginal education providers.  
**4:3:2** Establish collaborative relationships with key research centres.  
**4:3:3** Explore opportunities for intersectoral collaboration and partnerships in consultation with the community. |
<table>
<thead>
<tr>
<th>1:3 Promote research into Aboriginal drug and alcohol issues.</th>
<th>1:3 More culturally appropriate and timely research is conducted.</th>
<th>1:3:1 Lobby for appropriate research funds to be made available.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1:3:2</strong> Consult the community on an ongoing basis about ADAC’s research priorities.</td>
<td><strong>1:3:3</strong> Ensure research project steering committees have community and consumer representation to ensure involvement in planning, methodology and ownership of the research.</td>
<td><strong>1:3:4</strong> Conduct IDU Rapid Assessment Methodology bi-annually.</td>
</tr>
<tr>
<td><strong>1:3:5</strong> Monitor national and international trends in Aboriginal drug and alcohol research issues.</td>
<td>1:4 Develop and disseminate information resources to support drug and alcohol programs for Aboriginal communities.</td>
<td>1:3 A greater range of culturally appropriate resources is available to more people.</td>
</tr>
<tr>
<td><strong>1:3:1</strong> Identify community resource needs.</td>
<td><strong>1:3:2</strong> Identify resources needed to respond to emerging drug and alcohol trends.</td>
<td><strong>1:3:3</strong> Develop drug and alcohol related health promotion materials for the Aboriginal community and disseminate through a range of media.</td>
</tr>
<tr>
<td><strong>1:3:4</strong> Ensure all ADAC resources are appropriate to the target audience and informed by evidence-based research.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Activity Domain: Community Involvement

**Goal 2:** Promote and support the re-empowerment of Aboriginal communities to deal with substance misuse issues.
(broad statement of your intention. What you would like to achieve within 3 years. Include any specific target populations, issue to be addressed, time frame)

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Outcome</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the steps/stages required in order to achieve your goal – what will be achieved over 3 years</td>
<td>2:1 Increase awareness of ADAC’s role, current programs and activities, and achievements.</td>
<td>2:1:1 Maintain up-to-date website and publish quarterly newsletter.</td>
</tr>
<tr>
<td>2:1 Inform community organizations and individual members of the work of ADAC.</td>
<td></td>
<td>2:1:2 Conduct community information sessions on drug and alcohol issues.</td>
</tr>
<tr>
<td>2:2 Assist Aboriginal community organizations to meet the Quality Improvement Council’s core standards.</td>
<td>2:2 Increase number of Aboriginal community organizations that are endorsed as quality organizations.</td>
<td>2:2:1 Ensure community organizations have an understanding of the core standards and are able to meet them.</td>
</tr>
<tr>
<td>2:3 Assist communities to build the capacity to engage in positive change in relation to drug and alcohol issues.</td>
<td>2:3 More effective community action on drug and alcohol issues.</td>
<td>2:3:1 Support community organizations in seeking funding opportunities.</td>
</tr>
<tr>
<td></td>
<td>2:3:2 Assist communities in developing drug and alcohol use strategic plans.</td>
<td>2:3:3 Provide ongoing support to member organizations and in particular to drug and alcohol services.</td>
</tr>
<tr>
<td></td>
<td>2:3:4 Assist communities to use research findings to identify needs and justify funding applications.</td>
<td>2:3:5 Recognise efforts of communities through the annual ADAC awards announced during Drug Action Week.</td>
</tr>
<tr>
<td></td>
<td>2:3:5 Recognise efforts of communities through the annual ADAC awards announced during Drug Action Week.</td>
<td></td>
</tr>
<tr>
<td>Objectives</td>
<td>Outcome What will have changed at the end of the time frame</td>
<td>Strategies</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3:1 Meet the Quality Improvement Council’s core standards to be accredited as a quality endorsed organization.</td>
<td>3:1 Enhance the credibility and expertise of ADAC.</td>
<td>3:1:1 Strive to maintain staffing levels to achieve outcomes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3:1:2 Ensure all ADAC staff have relevant opportunities to participate in professional development activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3:1:3 Develop an ADAC style manual to provide a corporate approach to all publications and presentations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3:1:4 Ensure all ADAC projects have evaluated outcomes.</td>
</tr>
<tr>
<td>3:2 Diversify sources of funding for ADAC.</td>
<td>3:2 Greater financial security and a long term future for ADAC.</td>
<td>3:2:1 Identify potential areas of consultancies that ADAC could pursue.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3:2:2 Identify areas for future fund raising (eg raffles).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3:2:3 Sale of promotional materials as appropriate.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3:2:4 Identify sources of funding as they become available.</td>
</tr>
</tbody>
</table>
ADAC Staff July 2002 - June 2003

State Director
Mr Scott Wilson

Education and Training Manager
Mr Warren Parfoott

Indigenous Elder
Ms Isabella Norvil

Special Project Officer
Andrew Biven

Project Officers Petrol Sniffing Project
Mr Jimmy Perry
Mr Paul Elliott

Senior Project Officer
Dr. Sharyn Watts

IDU Project Officer
Ms Carol Holly

Office Manager
Ms Helen Wilson

Ms Sofia Rivera
Administration/Finance Officer

Mandy Watson
Administration/Research Officer

Mr Geoff Hawkins
Administration Assistant

Ms Carrolyn Lowe
Administration Assistant

Amanda Boswell
Aboriginal Liaison Officer