

*ABORIGINAL DRUG AND ALCOHOL COUNCIL  
(SA) INCORPORATED.*

*SECRETARIAT PROGRESS REPORT*

*ANNUAL GENERAL MEETING*

*COOBER PEDY JULY 26TH - 27TH 1994.*

ADAC has progressed steadily throughout 1993/94. The principal task over the latter part of 1993 has been

visiting all communities throughout the state to meet with community and organisational boards of management to gain commitment, support and membership. ADAC is now establishing itself as a peak statewide body speaking with authority on substance abuse issues of concern to the Aboriginal people of South Australia.

**PURPOSE;**

ADAC is to carry out a range of tasks crucial to the development and ongoing implementation of an effective, integrated and co-ordinated substance abuse strategy for the Aboriginal people of South Australia. These tasks are reported on below.

**MEMBERSHIP:**

Council enjoys considerable grass root support. ADAC is a resource to the community. It is there to assist under community direction. Council is composed of representatives from;

Whyalla,  
Port Augusta,  
Davenport,  
Yalata,  
Nepabunna,  
Marree,  
Oodnadatta,  
Nganampa Health and Women's Group.  
Pt. Pearce,  
Port Pirie,  
Koonibba,  
Port Lincoln,  
Adelaide,  
Riverland,  
Murray Bridge,  
Kalparrin,  
Raukkan,  
South East.

Ceduna and Coober Pedy are still to commit themselves to Council. Discussions are currently being held with Umoona and we are to address the Council on 6/7/94 following requests for assistance in developing the Coober Pedy substance abuse strategy.

Consolidating membership has been a long hard job. For a number of reasons beyond our control a number of communities and organisations have had to have been visited a number of times. Other difficulties will be reported on below.

Meetings.

Council has had two full statewide meetings (November '93 and March '94) with over twenty one community representatives present. The AGM is set for July 26 with an Ordinary Meeting followeing on the 27th at Coober Pedy.

There have been eight Executive meetings in 1993/94 and twelve telephone conferences.

#### Sobriety/Abstinence.

Sobriety has been accepted as a condition of membership by all representatives at the two statewide meetings. While membership is based on sobriety Council has resolved that communities may nominate interim members to ADAC who are not sober/abstainers providing that their local Council passes a motion to nominate a appropriate member within two years.

#### ATSIC and Regional Councils.

ADAC acknowledges and accepts the importance of the elective and administrative arms of ATSIC in developing an effective substance abuse strategy for the state. We have therefore sought the support of the Commissioner, Regional Councils and Administration. Both past and current Commissioners have been met with a number of times. With the exception of the old KW Council all past and current regional councils have been met with to explain the role of ADAC, to seek their support and nominations to ADAC. While all past Councils indicated their support for ADAC and its work and nominated members to ADAC current regional Councils have yet to indicate their positions.

ADAC is further developing links with the National Substance Abuse Task Force and the Office of Aboriginal Health. Following preliminary discussions with these agencies meetings are being sought to discuss the issues further and to formalise professional working relationships to ensure that ADAC's plan complements the National Substance Abuse Strategy and National Drug Strategy.

ADAC's strategy will need to integrate with ATSIC regional plans. Further requests have been made to Councils for copies of these.

#### Aboriginal Health Council (AHC)

A proposal for reciprocal membership between ADAC and the AHC is ongoing. Negotiations for ADAC membership of the Aboriginal Health Council are well advanced and we expect the constitutional changes to go to the State Minister of Health following the next AHC meeting. We do not anticipate difficulties with our proposal. A reciprocal relationship is essential for the co-ordination of health and substance abuse strategies to ensure integration, non-duplication and effective services.

ADAC's plan will complement the strategic plan of the AHC.

#### Drug and Alcohol Services Council (DASC).

DASC is the mainstream provider of substance abuse services to the wider community. Following meetings between representatives of DASC and the full ADAC Council and

Secretariat we have written to the State Minister of Health seeking membership of the Board of DASC following the expiry of the term of the current Board. ADAC is further exploring how ADAC and DASC can work together on education and training issues through the secondment of DASC staff to ADAC and the joint management of specific projects to utilise to the full the particular expertise of both organisations.

#### Aboriginal Health Services (AHS)

All Aboriginal Health Services have been invited to nominate members to ADAC to determine how they wish their interests to be served. A common thread to all of ADAC's work is the need to integrate and co-ordinate services impacting on substance abuse.

#### STAFFING;

Staff levels are inadequate for the tasks before Council. The Secretariat consists of five persons (co-ordinator, research officer, sen project officer, admin/finance and trainee receptionist). Difficulties in commencing work by hiring staff were caused by a lack of funds through the late receipt of ATSIC 1993/94 recurrent funding in November 1993 and the resignation of the original Research Officer after three months.

The lack of funding for an Administrator/Finance Officer is cause for concern. This is a key position yet had to be created through an approved re-allocation of capital funding (2nd vehicle) plus savings and will run out in December.

Given the area of the state and the number of issues we are to address staffing levels are inadequate. Requests by communities for assistance have had to be placed aside unless urgent. All our time could be put into meeting these requests however, we need to focus on our primary task at this stage for the development of the substance abuse plan.

ADAC has identified a number of alternate sources of funding and submitted proposals for a project officer and education officer to carry out tasks related to education and training. A further submission will be developed for a Youth Project Officer. Following the identification of issues and development of statewide, regional and local strategies we will seek two further project officers from non-ATSIC sources to implement the plan.

#### ADVISORY AND ADVOCACY.

#### National Drug Strategy (Dpt Human Services & Health).

NDS consults and acts on the advice of ADAC on submissions received by NDS for education, training and research into Aboriginal substance abuse and related issues.

Responsible for the implementation of the National Drug Strategy and for disbursing \$3m Royal Commission Funds for education and training strategies to specifically address

Aboriginal substance abuse through the development of preventative approaches to program development and service delivery; funding of research into Aboriginal substance abuse issues.

ADAC is currently consulting with communities in developing preventative programs and negotiating with the NDS for major funding for South Australia.

ATSIC National Substance Abuse Task Force.

Chair of ADAC represents SA on this committee. ADAC has lobbied for the continuation of this committee as an essential strategy for furthering substance abuse issues throughout the country.

EDUCATION AND TRAINING;

There is currently only one accredited substance abuse course available in this state - the Certificate in Primary Health Care (DETAFFE/AHC). None of the major stakeholders co-operate or co-ordinate their work in this field. DASC, DETAFEE, AHC, NCETA do not meet or talk to each other and each works independent of the other. There are difficulties between AHC/DETAFFE. ADAC has met with each of these agencies and brought people together to collaborate on projects. By liaising with and sitting on a number of curriculum advisory committees ADAC contributes and influences the development of appropriate accredited substance abuse education and training strategies to meet a range of needs; to ensure that strategies conform to the National Training Agenda so as to attract funding; to ensure that financial and other resources are not allocated to projects which duplicate other agencies work and meet real and expressed needs of the community.

DETAFFE/AHC;

ADAC represented on the Advisory Committee currently reviewing the Certificate in Primary Health Care which included a Hospital Liaison and a Substance Abuse stream. This course is currently the only accredited training available to substance abuse workers in SA. A focus is the need for Recognition of Prior Learning (RPL) for substance abuse workers.

National Centre for Education and Training on Addiction Studies (NCETA).

ADAC has met with leading educators at NCETA and at Batchelor College and University of SA. NCETA, based at Flinders Medical Centre has invited ADAC to sit on the National Curriculum Advisory Unit to be established in late August to review evaluate existing and to develop appropriate accredited education and training strategies to address Aboriginal substance abuse.

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FUNDING.

Funding has been managed according to sound financial management practices. The computerised accounting package is now linked to salaries/wages software and cost centres have

been established for all projects. All ADAC expenditure has been acquitted as required and all reports and acquittals have been presented to ATSIC on time. Audit reports have been timely and acceptable to all. No over budget expenditure has occurred. Where savings have accrued approval has been sought from ATSIC for re-allocation. Finance has been explained and the system demonstrated to all Council members.

#### Statewide Funding Issues;

As a state wide program ADAC can and will bring alternate funding unavailable to individual organisations into SA for the benefit of all communities. This will allow ATSIC monies to be more utilised more effectively and for substance abuse to be given a higher profile.

#### RESOURCE;

ADAC has;

- assisted four communities with financial and administrative procedures and structures and the establishment of computerised accounting packages.
- developed and written program and submission for sobering up centre in Adelaide.
- developed and written program and submission for prison program in conjunction with Dpt Correctional Services and Prison Drug Unit and ASG.
- developed and written draft submission for youth officer for Koonibba.
- Participated in constitutional amendments for Kalparrin and processes for re-establishing Woma Society and Pt Augusta program.
- Provided information, literature to various community members on substance abuse issues (students, organisations, agencies etc).
- Ongoing identification of alternate funding sources for substance abuse eg;-
  - National Drug Strategy.
    - Remote Education Health & Training
    - ATSIC programs
    - Foundation Australia
    - Numerous private funding agencies.
    - Detailed information on Fed govt funding.
- Advised regional councils on funding priorities,
- Advised regional council of duplication and proposals for RCIADC monies by non-Aboriginal organisations.
- Advised National Drug Strategy on funding proposals.
- Mediated and supported parties in conflict to facilitate equitable outcomes.
- Membership of Aboriginal Justice Advisory Committee.
- Provided Council and communities with information and advice on strategic issues relating to substance abuse through a regional, statewide and national perspective.
- Provided support in the identification of key issues relating to substance abuse.
- Provided support in the development, planning and implementation of locally defined strategies to address substance abuse within the community.

- Provided support in the design, development, implementation, analysis and evaluation of specific research projects.
- ongoing identification of training needs of substance use and other health workers which further the objectives of community substance abuse plans
- Provide support in the development and implementation of a range of effective and efficient management, administrative and financial processes and practices.
- Developing a range of program performance indicators to meet program needs and funding body guidelines and requirements.
- Ongoing negotiations with funding agencies, health advisory bodies and other major stakeholder and community groups to ensure the co-ordination and integration of services within the statewide strategy.
- Cross cultural awareness for Medical students

#### ISSUES;

There are a number of important issues before ADAC and its major funding body, ATSIC, if we are to be successful.

1. ADAC has been funded by ATSIC to carry out a particular job. There appear to be some difficulties among some communities over ADAC's role. These difficulties appear to be motivated by personal interests and local political agendas. Where this arises parties involved need to be able to sit down and talk these differences out so that we understand each other.
2. ADAC's strategy will be only successful when leadership is demonstrated by ATSIC elective arms. Communities that assert their right to go their own way and to not participate in the strategy will miss the advantages that ADAC and the state wide strategy offers. This may undermine the organisation, our work.
3. Support of ADAC by ATSIC elective arms is crucially important for all Aboriginal people. Substance abuse accounts for 80% of all health problems.
4. There is currently no strategy for substance abuse within SA.
5. The lack of substance abuse or health expertise in persons making decisions about ADAC.
6. No commitment to sobriety.
7. Lack of commitment to strategic approaches to substance abuse by major funding bodies and other stakeholders including community groups.
8. Duplication of services and lack of consultation by consultants funded by ATSIC to carry out ADAC's work.
9. ADAC barred by ATSIC from bidding for consultancy work.

10. Regional Councils and ADAC not consulting on funding proposals.

ADAC's primary role and responsibilities are to;

**Strategic Planning**

ADAC will develop and implement a statewide strategy to address Aboriginal alcohol and other drug problems.;

**Progress;**

ADAC's plan is for strategic health/social justice goals and program, service objectives  
ADAC's statewide strategic substance abuse plan will document local, regional and statewide strategies for action to achieve a set of health and social justice goals to address substance abuse issues. The plan will focus on infrastructure, programs and services and will be prioritised to achieve clearly stated timebound goals. The plan will present a statewide view and include policy statements on all aspects of substance abuse. ADAC will develop this plan and in doing so develop realistic community substance abuse plans. ADAC will then work to facilitate the implementation of the state wide plan on an ongoing basis.

The first phase for the development of the strategic plan will be undertaken through visiting member communities to conduct workshops, revisiting existing plans to identify community needs. Workshops have been conducted in Whyalla, Koonibba, Point Pearce, Oodnadatta, Marree and Nepabunna. Further workshops are planned by mid July in Port Augusta, Riverland, Murray Bridge, South East, Raukkan. Coober Pedy, the Lands, Adelaide with Port Lincoln, Ceduna and Yalata in August. The initial timetable was amended due to unforeseen circumstances (funerals, absences of key persons on business).

This work has been time consuming with staff in constant contact with communities. The work is a team effort.

The second phase involves policy development and ADAC is working with a consultant to develop a strategic plan encompassing health/social justice goals.

It is expected that the draft plan will be available to the community for prioritising by December 1994.

**Review & monitor**

ADAC will. review, monitor and provide support to Aboriginal alcohol and other drug programs on an ongoing basis.

**Progress.**

The resignation of the original Research Officer after three months has impeded progress. The current officer has had to redo the review of literature, reports and reviews of Aboriginal substance abuse; liaise with research agencies and funding bodies; developing research tools for the initial review and evaluation of existing programs, This work will be carried out from mid-August/September following analysis of

workshop data; programs will be reviewed in terms of program goals and through qualitative and quantitative evaluative tools and strategies; developing a data base to include statistical information to assist in evaluation. A submission has been forwarded to REHSET for funding library resources.

### **Program co-ordination & integration**

Ensure that programs are co-ordinated and integrated within existing community and other agency structures in ways that promote and foster Aboriginal interests.

#### **Progress;**

Ongoing and dependent upon participation and commitment to ADAC Council. There is little co-ordination or integration of any of the players involved in substance abuse; - Aboriginal substance abuse agencies, DASC, Aboriginal Health Services, Correctional services etc., or other agencies in this field. The degree of independence and non-co-operation is appalling. Few talks to each other as much in the Aboriginal or non-Aboriginal areas. Services and major strategies are being developed independent of the community and major stakeholders in program development, funding, service delivery, education and training. There is an equally appalling waste of funds through people simply not coming together throughout the entire state. Local, regional and institutional rivalries are a source of real concern. ADAC has been able to mediate in conflicting situations; brought others together who simply were unaware of each others work; promoted community expertise, awareness of issues and represented our needs to non-Aboriginal agencies.

Through Council ADAC promotes the need to work together for the single purpose of effective responses to substance abuse issues.

### **Policy & advocacy**

Develop policy, advise on, and act as an advocate for Aboriginal interests in relation to alcohol and other substance use issues.

#### **Progress;**

Council is currently developing a strategic plan to complement the Aboriginal Health Council's plan and is working with a consultant in developing issues & policy based on information provided by the Secretariat and key agencies.

ADAC is also taking a pro active role in promoting community issues through ongoing discussions with;

- ATSIC elective and administrative arms.
- DASC; Committee for s/a training for youth workers.
- AHC/DETAFFE; Cert Primary Health Care Review Advisory Committee.
- NCETA; National Curriculum Advisory Committee.
- Australian Hotels Association;

- Liquor Licensing Commission;
- Correctional Services; development of preventative program for prisons & bringing together of DASC Prison Drug Unit in conjunction with ASG.
- Support for re-establishment of Pt. Augusta substance abuse program.
- Initiating action for establishment of prison pre-release centre in conjunction with DEET, Correctional Services, ALRM and ASG.
- Aboriginal Housing Board; Negotiating for after care facilities.
- Attended National Substance Abuse Conference ; Cairns.
- Research policy issues related to substance abuse.

### **Research**

Conduct research to develop baseline data to assist the ongoing evaluation of programs and the strategy.

#### **Progress;**

Ongoing; dependent upon analysis of data collected from community workshops. Research projects will be identified by late 1994 and funding sought for specific research projects under the guidelines laid down by the RCIADC recommendations. Liaising with community groups to establish an ethics committee to review proposals for research into substance abuse.

### **Training**

Identify education and training needs of program staff.

#### **Progress;**

Submission to National Drug Strategy for Education Officer and Project Officer to undertake needs analysis; develop training calendar, liaise with education and training bodies to develop appropriate accredited educational and training strategies for substance abuse and allied health professionals including cross cultural; awareness as documented in RCIADC.

Representation on National Curriculum Advisory Committee & review of Cert of Primary Health Care. Liaising with DASC re joint project management and secondment of staff to promote collaboration and effectiveness of training strategies and funding.

### **Wage award structures**

Address the development of an Award structure for Aboriginal substance abuse workers.

#### **Progress;**

Liaising with ATSIC consultants developing Aboriginal award wage and career structure; disseminating

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*information to community; ongoing yet future depends on future consultancy project of ATSIC.*

**Legislation**

*Identify legislation needed to effectively implement the strategy.*

*Progress;*

*Ongoing; Meeting with various agencies and reviewing legislation relating to alcohol/drugs and other substances as they contribute to substance abuse.*

**CONCLUSION.**

*Progress is steady and sure. Much work has been done in building community support and attending meetings throughout the state. This has taken a long time. The initial plan envisaged completion of the strategy by June 1994. We have taken ADAC back into the community and asked the community how and what is needed to assist them. ADAC offers a strategic plan to ATSIC Regional Councils put together by experts in Aboriginal substance abuse. We are there as a resource to them and others with an interest and stake in substance abuse.*

*Council expects that the draft strategy will go before the community by December for comment. The final report will then be ready by March.*