

Aboriginal Drug and Alcohol Council (SA) Inc

"Educating the community about Substance misuse"

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

ANNUAL REPORT

1995 - 1996

Abbreviations used

ADAC-	Aboriginal Drug and Alcohol Council (SA) Inc
ADCA-	Alcohol and Drug Council of Australia
AHC-	Aboriginal Health Council
AHMAC-	Australian Health Minister's Advisory Council
ACTU-	Australian Council for Trade Unions
AJAC-	Aboriginal Justice Advisory Committee
ALRM-	Aboriginal Legal Rights Movement
ASG-	Aboriginal Sobriety Group
ATSIC-	Aboriginal and Torres Strait Islander Commission
A&TSIHW-	Aboriginal and Torres Strait Islander Health Worker
DACUM-	Development for Curriculum
DASC-	Drug and Alcohol Services Council
DCS-	Department of Correctional Services
DEET-	Department for Employment, Education and Training
DETAFE-	Department of Technical and Further Education
DOSAA-	Department of State Aboriginal Affairs
FACS-	Family and Community Service
HERG-	Health Enhancement Research Group
ICAA-	International Council on Alcohol and Addictions
ILO-	International Labour Organisation
ITAB-	Industry Training Advisory Board
NACCHO-	National Aboriginal Community Controlled Health Organisations
NDS-	National Drug Strategy
NCETA-	National Centre for Education and Training in Addictions
NGO'S-	Non Government Organisations
OATSIHS-	Office of Aboriginal and Torres Strait Islander Health Service
RCIADIC-	Royal Commission Into Aboriginal Deaths In Custody
SAHC-	South Australian Health Commission
UNESCO-	United Nations Education, Science and Cultural Organisation

Acknowledgment

The Aboriginal Drug and Alcohol Council (SA) Inc. would like to acknowledge the financial support received from the Office of Aboriginal and Torres Strait Islander Service from the Commonwealth Department of Family Services and Health for the ongoing recurrent funding we receive.

We thank the National Drug Strategy for support in the way of funding the Prison Peer Education and Education and Training projects as well as support from Living Health and ATSIC.

We would also like to thank the following persons:

Ms. Maree Keough;

Ms. Joanne Morrison and Mr. Warren Parfoot DETAFE;

Ms. Julie Wade and Helen Hogan National Drug Strategy;

Mr. David Watts Drug and Alcohol Services Council;

Mr. Steve Alsop NCETA;

Mr. Ron Fredericks and Ms. Chandra Slugget ATSIC;

Mr Joseph Murphy, Ms. Alison Dell and Mr. Colin Banks Office of Aboriginal and Torres Strait Islander Health Services and Ms. Sandi Digance Department of State Aboriginal Affairs.

Finally a big thanks to the Planning Sub Committee members:

Ms Isabella Norvill

Ms Francis Day

Ms June Lennon

Mr Ernie Black

Mr Basil Sumner

Thankyou to those members who gave up their time to willingly participate.

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

The Vision

Aboriginal communities will be:

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

Mission Statement

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

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

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

Organisational Aims

ADAC's broad organisational aims are to:

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

What is A D A C?

- 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:
 - develop and implement a statewide strategy to address Aboriginal alcohol and other drug misuse;
 - review, monitor and provide support to Aboriginal substance misuse programs on an ongoing basis;
 - assist in the integration of programs within existing community and agency services to ensure that Aboriginal interests are addressed and promoted;
- positively promote harm minimisation as an effective preventative measure.

Prologue.

As a result of continuing death, destruction and despair the Aboriginal people in South Australia are trying to address the problems of substance misuse. Firstly, we have outlined a quick overview of the national picture in relation to Aboriginal substance misuse.

National Overview of Aboriginal Substance Misuse.

- 73% of the 25 to 44 age group drank alcohol within last 12 months
- The death rate for cirrhosis of the liver in the period 1985-1993 amongst Aboriginal women was 11 times greater than non Aboriginal people and for men it was 5 times greater with the rate of death between ages 35-44 compared to 65-74 .
- 61% of the 25 to 44 age group smoke cigarettes with 50% of total Aboriginal population smoking.
- Aboriginal Women are 8 times more likely to die of smoking related diseases than non Aboriginal people.
- In the 1994 National Aboriginal and Torres Strait Islander survey those aged 13 and over 59% perceived alcohol to be the major health problem with 30% indicating that drugs was the next major health problem.
- Overall unemployment rate amongst Aboriginal people is 38% with the youth rate at 50%.
- Aboriginal people comprise 1.6% of the Australian population yet account for an arrest rate of 29% and make up 17% of total prison population.

South Australia covers an area of approximately 960,000 square kilometres with 28 Aboriginal communities spread across the state.

As in other States and Territories, substance misuse, historically alcohol, and now drug addiction, has and is still having a devastating effect on Aboriginal health, family life, culture and socio-economic prospects.

The problems in South Australia in comparison to the national picture are even worse.

South Australia

- In South Australia 58.4% perceive Alcohol as the major health problem with 41.2% seeing drugs as the next major problem.
- Aboriginal people comprise 1.2% of the South Australian population and make up 16-20% of total SA prison population.
- Currently there are 700-800 IDU's in Adelaide with Heroin and Speed being the main drugs used by 10% of the Adelaide Aboriginal population.
- Less than 5% of Drug and Alcohol Services Council clients are Aboriginal.
- Methadone usage is almost non existent.
- Most communities do not have any Substance misuse services with the only rehabilitation services in or near Adelaide.

The Aboriginal population also have a disproportionate representation for offences. The following statistics taken from SA Department for Correctional Services report 'Prison Intakes by Major Offence and Race 1991/92' exemplify the situation: 'Against order'-29.7%; 'Assault'-30.3%; 'Homicide'-34.1%; and 'Offensive Behaviour'-34.2%. Drugs and alcohol have been identified as being a significant factor in these types of crime. The annual report for the Correctional Services Department (SA) revealed that in 1993-94, 45% of prisoners who provided urine samples returned a positive result for drugs.

The Royal Commission into Aboriginal Deaths in Custody also indicated that the role of alcohol and other drugs in crime amongst

the Aboriginal population was significant. Commissioner Johnston wrote:

“Given that a significant proportion of Aboriginal offenders are imprisoned for alcohol-related offences or have chronic alcohol problems, it is important that prison drug and alcohol services be both accessible, and appropriate, to Aboriginal people. ”(*Vol. 3, p. 258*)

The National Drug Strategy (NDS) Plan recognises that ‘alcohol is also a major contributor to violence and crime’. They have identified ‘Aboriginal and Torres Strait Islanders’ and ‘prisoners’ as two populations which are considered ‘priorities’. Other concerns in the NDS Plan are that:

- About 30% of prisoners and 60% of injecting drug users are hepatitis C antibody-positive, indicating exposure to the hepatitis C virus.
- At least 62% of prisoners in NSW have drug related convictions.

It went on to state that:

“Social justice principles underlie the NDS Plan. Recognition of inequalities in the health status of Australians has focussed attention on injustices and the situation of special needs groups. Accordingly, particular attention will be paid to areas of inequality.....Priority population groups (Aboriginal Australians and Torres Strait Islanders, prisoners, women.....young people and injecting drug users) will be targeted in prevention and treatment activities.”

Recently the Review of Health Care Services for Aboriginal Prisoners stated that:

“It is important that substance abuse services be given a high priority.....”

In relation to counselling and rehabilitation services the following was written:

“As is known to the Department of Correctional Services there has been a significant number of people who have died from substance abuse very soon after their release from prison. Thus there needs to be counselling services which addresses general problems as experienced by Aboriginal prisoners, including violence within the family, and the abuse of alcohol and drugs. Such counselling services need to be specific to the needs of Aboriginal people taking into account the distinctiveness and discreteness of the Aboriginal community. These services should be readily available and accessible to each prisoner.”

ADAC 1994 - 1995

CHAIRPERSON

Mr. Ernie Black

Port Pirie Aboriginal Community Centre

Vice Chairperson

Ms. Isabella Norvill

Program Director, Lower Murray Nunga's Club

Executive Members

Mr. Basil Sumner

Chief Executive Officer, Aboriginal Sobriety Group

Ms. Francis Day

Program Co-ordinator, Riverland Aboriginal Alcohol Program

Mr. Douglas Walker

Substance Abuse Worker, Dunjibba Aboriginal Community Council

State Co-ordinator

Mr. Scott Wilson

Chairperson's Report

Over the past 25 years, various government bodies, community organisations and independent researchers have investigated alcohol and other drug problems in areas of South Australia and made recommendations for the development of services and the empowerment of local communities in decision making on relevant issues. Nevertheless, an effective network of services to address Aboriginal alcohol and other drug problems had not evolved. Some problems exist providing much-needed services, but they were developed in piecemeal fashion, have been chronically under researched and have operated in relative isolation from one another.

People in South Australia have long been under serviced in relation to programs to assist them with alcohol and other drug problems. In some cases where very serious problems exist there are no services at all. As in other states people in South Australia are reluctant to use mainstream alcohol and drug services, preferring to use Aboriginal community controlled services. This is indicated by the fact that less than 5% of the Drug and Alcohol Service Council's (DASC) clientele in 1993/1994 were Aboriginal. DASC is the main Statutory provider of alcohol and other drug services in South Australia.

Of the twelve South Australian Aboriginal deaths investigated by the Royal Commission into Black Deaths in Custody, only one did not have a substantial history of alcohol or other drug use. Most were affected by alcohol or other drugs at the time of death. Currently there are little or no statistics which reflect the extent and nature of alcohol and other drug problems among Aboriginal people in South Australia. However local data indicates that alcohol is a very serious cause of death and illness among Aboriginal people in some areas of South Australia.

In Adelaide there is approximately 700-800 Aboriginal Injecting drug users, with one medical service in Adelaide operating a needle exchange program handing out over 48,000 new needles in a twelve

month period. Considering Adelaide's total Aboriginal population is only 8,000 people these levels of needle use are alarmingly high.

The number of Aboriginal prisoners in South Australia is approximately 16-20%. This representation is disproportionate to the South Australian population in which Aboriginal people only make up 1.2% of the population.

Aboriginal people in South Australia have long recognised the need for comprehensive strategy to address alcohol and other drug problems within their communities on a variety of levels, until now, however, there has not been a community - controlled organisation to develop such a strategy, or the statewide commitment to support its development.

In response to the lack of services and the RCIADIC a meeting of South Australian Aboriginal Community organisations was held in January 1992 to look at ways of addressing the problems. In February 1993, the Aboriginal Drug and Alcohol Council (SA) was incorporated. It was decided that the newly formed statewide body would undertake the following activities:

- develop a statewide strategy;
- establish monitoring and accountability of services and programs;
- develop policy and provide advice to programs and the government;
- through a secretariat, co-ordinate Aboriginal alcohol and other drug misuse programs and ensure that funding is distributed appropriately;
- act as an advocate for Aboriginal interests on substance misuse issues; and
- organise training, prevention, promotion and educational programs.

Since the inception of ADAC's operations, there has been a committed response to reviewing and developing new strategies to improve service delivery and maintain strong links with the Aboriginal community. ADAC strongly believes that the community needs should be the guide to development of services and that services should be community based and controlled.

It has not been an easy task for example, last year the Secretariat travelled over 80,000 kilometres to meetings with community groups to look at how they could help. Coupled with this is the chronic shortage of money, currently ADAC does not receive any state government funding.

But despite these and other problems we have managed to secure national funding to develop and pilot accredited training courses for Aboriginal substance misuse workers. We have also recently received national funds to develop and trial prison drug programs based on the Peer Educator model.

By August 1996 we would have finalised a 5 year statewide strategy and we look forward to be able to use this strategy.

State Co-ordinators Report

The work of the Aboriginal Drug and Alcohol Council (ADAC) during the 1995/96 financial year has progressed steadily throughout the year. The primary goal of ADAC during the year has been the development of a Statewide 5 year Substance misuse strategy. ADAC has also continued to provide support and assistance to any and all communities throughout the state that have requested our help. ADAC has established itself as the peak statewide body speaking on substance abuse issues of concern to Aboriginal people in South Australia.

Purpose:

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

Membership:

ADAC continues to enjoy considerable grass root support. ADAC is a resource to the community and is there to assist under community direction. During the 1994/95 year the ADAC State meetings has composed of representatives from most community based organisations (see page 32).

During 1995/96 ADAC continued to ensure that Aboriginal issues were not left out by bodies making decisions that impact in the area of substance misuse, ADAC continued to provide representation on a variety of committees (see page 26)

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 funding agencies on time. Audit reports have been timely and acceptable to all.

ADAC is further developing links with the Office of Aboriginal Health and the National Drug Strategy. 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.

Staffing:

During the financial year ADAC staff have grown from three to nine staff employed for a variety of projects. Ms Charmaine Heard (Inworker) has left and been replaced by Ms Caroline Stott as the Inwork funded trainee. ADAC have yet to receive funding for an Admin/Finance Officer and thanks largely due to the mainly voluntary work by Helen Wilson we have been able to ensure Administrative and financial functions are carried out satisfactorily. New staff include Paul Elliott and Sonya Rankine with the Education and Training project and Geoff Roberts and Ms Kim Hargreaves with the Prison Project. All staff are a pleasure to work with and have generated a very enthusiastic team.

National Drug Strategy (Department of Human Services & Health).

ADAC continues to be asked by the NDS to act as referee on submissions received by NDS for education, training and research into Aboriginal substance abuse and related issues.

During the 1995/96 financial year ADAC assisted the communities concerns in the area of substance misuse in the following area:

- Assisted three communities with Substance Misuse strategies and plans
- Developed a Statewide Database to be used by organisations that provide service delivery. Will provide a consistent statistical analysis which will allow ADAC to provide statistical support for the state.
- Developed and written programs and submission for substance misuse, preventative materials, information and resource centre.
- Developed submission for prison program in conjunction with Department of Correctional Services and DASC.
- Developed submission for youth officer for Frahns Farm.
- Participated in constitutional amendments for ASG, Family Training, Education, Awareness and Resource Centre and

helped with 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
 - ATSIIC programs
 - Foundation SA
 - Numerous private funding agencies.
 - Detailed information on Federal Government funding.
- Acted as a referee for National Drug Strategy funding proposals.
- Provided Council and communities with information and advice on strategic issues relating to substance abuse through a regional, statewide and national perspective.
- Identification of key issues relating to substance abuse.
- Development, planning and implementation of locally defined strategies to address substance abuse within the community.
- 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
- Development and implementation of a range of effective and efficient management, administrative and financial processes and practices.
- 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.
- Provide Recognition of Prior Learning (RPL) for Aboriginal Primary Health Care Certificate students.
- Produce and disseminate statewide newsletter
- Liaised with government ministers, representatives and Members of the Opposition regarding funding for ADAC

Strategic Planning

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

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 time bound 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 was undertaken by visiting member communities to conduct workshops, revisiting existing plans to identify community needs. Workshops have been conducted in Whyalla, Koonibba, Point Pearce, Oodnadatta, Marree, Nepabunna, Port Augusta, Riverland, Murray Bridge, South East, Raukkan, Coober Pedy, the Pitjantjatjara Lands, Adelaide. This work has been time consuming with staff in constant contact with communities.

The second phase involved policy development with ADAC working with a consultant to develop a strategic plan encompassing health/social justice goals. It is expected that the plan will be available to the community for prioritising by July 1996.

Senior Project Officer Report

This last year has been ADAC's most productive year, with numerous programs starting to be implemented and others set in place for the next year. As ADAC's Project Officer I am primarily responsible for writing submissions for ADAC and other ADAC Members, representing ADAC on various committee's and providing information, advice and resources to those communities and organisations that request our help. The submissions that I have written and the conferences, seminars and forums that I have been involved in are detailed in other parts of this Annual Report. What follows is a brief run down of some of the work that I have been involved in during the past year.

Prison Project

The 'Prison's Project' has been one of the major developments for this year, eventually securing funding after almost two years since the idea was originally conceptualised. It means that we will be employing two full-time workers and one 0.6 time worker, covering all the gaols in the state in which Aboriginal people find themselves in. It is our hope that we are able to provide these people with the knowledge, skills and resources that will help them deal with issues such as substance misuse and the transmission of blood borne diseases (eg Hepatitis, HIV) not only whilst in gaol, but also when they return to their families and communities. We will keep everybody in touch with the progress of this project.

In relation to this project, I was invited to Sydney to help the Department for Corrective Services (NSW) adapt their Peer Education Training Manual on the transmission of HIV to be suitable for Aboriginal people. We still continue to work with NSW Corrections and Mr. Les Bursill from the University of Sydney.

Policy and Legislation

In terms of Policy and Legislation, I am the South Australian representative on the Alcohol and Other Drugs Council of Australia (ADCA) '*Policy and Legislation Reference Group*'. I have also attended the National Centre for Education and Training on Addictions '*Policy and Prevention in the Drug and Alcohol Field*' Intensive workshop.

Database

I have continued to work with the Aboriginal Sobriety Group in developing their client database and we have recently made amendments to last years version. In the future, we would like to see all Aboriginal services adopt such a database so that there is consistency within the area of substance misuse and statistics are available to assist those

organisations in planning their own activities and providing information required by funding bodies.

Resource Development

This year saw ADAC produce its first set of posters to educate the community on substance misuse. The posters were designed as a part of a Statewide Competition for primary school children. The posters are interesting in that they show us what we are teaching our children and what messages we are sending them. Thanks needs to be given to Foundation SA(now called Living Health) for providing the funding for the posters and Jolly Good Productions for the production of the posters.

Recognition of Prior Learning

I am now a certified 'Recognition of Prior Learning Assessor' for the Certificate in Aboriginal Primary Health Care. As a part of this function I have assessed Health Workers from Coober Pedy, Adelaide and Mount Gambier.

Community Consultation/Assistance

As part of the process of providing information and advice to communities, I have found myself visiting Pt Augusta and Coober Pedy on numerous occasions. In Pt Augusta I have attended their Health Action Group meetings and in Coober Pedy worked with the Dry Area Review Committee. Similarly, I have also been involved in assisting the Riverland Aboriginal Alcohol Program in finalising a number of projects that they have been developing in conjunction with ATSIC.

The Year Ahead

In the year ahead, we will be looking at continuing on with this years work and also develop up-coming projects, such as working on tobacco related issues, gambling and Hepatitis. This year should also see ADAC producing a wide-range of resources for our Members.

Education and Training Officer's Report

This report documents the work undertaken by the Education and Training Officers employed by the Aboriginal Drug and Alcohol Council with funds provided by the National Drug Strategy. The grant was initially to be from April 1995 to April 1997. It was then broken down into two stages, with stage One being for nine months duration and stage two being for fifteen months duration. Due to circumstances beyond the control of the Council stage one did not commence until November 1995 and was being finalised in August 1996 with the stage two and final report completed at the end of November 1997. This project has proved invaluable to the Aboriginal Drug and Alcohol Council providing Council with a clearer picture of the problems in regards to Education and Training faced by Aboriginal communities throughout South Australia in their attempts to address substance mis-use.

Prior to this project no hard data has been available on the extent of training in the area of substance misuse at a community worker level. There was a similar lack of information in determining statewide needs. Identifying the training needs and gaps through this project has greatly assisted the Aboriginal Drug and Alcohol Council in its goal of developing a statewide substance misuse strategy by July 1996 and resourcing communities to develop local substance misuse plans.

The results of this project and the information uncovered has helped the Council identify areas of concern. It has helped us refocus and ensure that as a result we have a clear picture of the training and educational needs of people working in this field.

Following the employment of staff and the initial meetings of the Steering Committee it was determined to conduct a DACUM. This particular methodological approach for curriculum development was adapted from a Canadian model and has been widely used by the Vocational Training sector in Australia.

This methodology ensures the involvement of Health Workers and Community Organisations in determining the framework and content of the curricula. A DACUM was conducted in February 1996, by Mr. Warren Parfoot, Ms. Sonya Rankine and Mr. Paul Elliott. The DACUM process ascertained the need for a curriculum which would provide training for all staff involved in Aboriginal Drug and Substance Misuse work, inclusive of administrative and specialist staff.

The result of the DACUM, follow up consultations and the work undertaken in the Training Needs Analysis is a curriculum designed with 3 levels (with 4 specialist streams, and 4 at the third level). It is mapped onto the requirements of the Australian Qualifications Framework and has taken into account the draft National Competency Standards for Aboriginal and Torres Strait Islander Health Workers (see Appendix 1) and matches the Adelaide Institute of TAFE and the Aboriginal Health Council's nationally accredited awards for Aboriginal and Torres Strait Islander Health Workers.

Prison Peer Education Report

I commenced employment with the ADAC on Monday 8th July, 1996 and spent the first week familiarising myself with the workings of ADAC as well as contacting and planning interviews for the candidates who had applied for, and were short listed for, the Peer Educator positions.

Following the interview process in July, the selection panel chose to appoint Ms Kim Hargreaves to the .6 position servicing the Northfield Women's Prison. Mr Frank Jackson from Pt Augusta was successful for the position based at Port Augusta gaol.

Mr Jackson will commence his employment with ADAC on Thursday, 12th September 1996. It is my intention to have Frank work with me on both the 12th and 13th of September to allow him to 're- familiarise' himself with the prison environment (Frank previously worked for OARS) as well as developing a greater appreciation for the role and functions that his position will entail.

Following further requests to attend the Adelaide Remand Centre, ADAC Co-Ordinator Scott Wilson and I met with some inmates there on Wednesday, 28th August. As a result of that meeting, it became even more apparent that the needs of inmates who are remanded awaiting court appearances can not go unheeded. It is the intent to seek further funding to facilitate the employment of a Peer Educator at the Adelaide Remand Centre. That person would have the additional role, should our application for funding be successful, of combining the function of 'Outreach Worker during the days whilst not at the ARC.

Project Steering Committee:

The project steering committee has met twice since my appointment. I believe that we are indeed fortunate to have a committee which comprises people from a such a wide range of professional backgrounds, as this one has. The committee meets on the first Thursday of each month.

Conclusion:

This report signifies what overall, has been a hectic first 2 month of this project. It is my firm belief that the enthusiasm encountered from all areas

relating to this special project auger well for a prosperous and productive ensuing period for the team of employees involved. The interface with the other staff within ADAC has been a major factor in the smooth running of the project.

I look forward to what I firmly believe will be an exciting and rewarding year ahead of us.

Geoff Roberts

ADAC Activities 1994 - 1995

Funding ADAC has secured in 1994 - 1995

Programs

National Drug Strategy	Prison Peer Education 2 year project
National Drug Strategy	Design and Develop Accredited Education Courses for Aboriginal Substance Misuse Workers 2 year project
Family Services and Health (Commonwealth)	Grief and Trauma (Self medication pilot project)

Research Projects

South Australian Health Commission (HERG)	Prevalence of Injecting Drug Use amongst Aboriginal people in a rural area.
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Campaigns

Living Health	Youth Substance Misuse
Living Health	Hepatitis C

Publications

National Drug Strategy ADAC	Statewide Strategy Annual Report
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Other

Living Health	Drug Issues Conference
ATSIC	Belfast Exhibition
ATSIC	Inwork Scheme
Family Services and Health (Commonwealth)	Capital

ADAC has also written funding submission to the following organisation;

National Drug Strategy

IDU Prevalence Research

National Drug Strategy

National Train the Trainer

National Drug Strategy

Community Smoking Cessation
Project

Family and Community Services

Gambling Research

Family and Community Services

Gambling Community Development

Medical Research Advisory

Alcohol Consumption Research

Committee

ADAC Committee Membership

ADAC has gained membership on the following Committees/Boards;

State Based

Aboriginal Justice Advisory Committee
 Aboriginal Sobriety Group Board of Management
 Aboriginal Health Council Ethics Research Committee
 Adelaide City Council Behavioural Concerns in the City
 Alcohol, Drugs, Crime Working Party - Attorney Generals Dept
 Cooper Pedy Dry Areas Committee
 Davenport Health Action Committee
 Drug and Alcohol Services Council (DASC) Education Link
 DASC Aboriginal Advisory Group
 DASC Youth Training Committee
 DASC Drug and Alcohol Clinical Supervisors Group
 DETAFE/AHC Primary Health Certificate Course Advisory Group
 DOSAA Victoria Square Committee
 Education and Training Steering Group
 Equal Opportunity Outreach Project
 Family Training, Education, Awareness and Resource Centre Board of Management
 Hepatitis C Helpline Advisory Committee
 Hepatitis C Strategic Implementation Group
 HIV/Aids Injecting Drug Use Consultative Committee
 SAHC Hepatitis C Implementation Reference Group
 Far North Rehabilitation Working Party

National

Alcohol and other Drugs Council of Australia (ADCA) Education and Prevention Committee
 Alcohol and other Drugs Council of Australia (ADCA) Policy and Legislation Committee
 Alcohol and other Drugs Council of Australia (ADCA) Aboriginal and Torres Strait Islander
 Committee
 WA Alcohol Advisory Council
 National Drug Strategy Referee

International

International Council on Alcohol and Addictions (Geneva)

Advocacy and Representation to Government and Key Policy Making Bodies

Aboriginal Legal Rights Movement Royal Commission Report

ADAC provided a written submission to ALRM detailing what we believed had been achieved in over 30 recommendations on the Royal Commission and what impact this action or inaction has had in 1995

Aboriginal Justice Advisory Committee Community Consultation Report

ADAC provided a written submission to AJAC detailing what we believed had been achieved in recommendations on the Royal Commission and what impact this has had in 1995 ADAC was also visited by AJAC as part of their community consultation report and response to the Royal Commission

National Alcohol Action Plan

ADAC provided a written submission and input into the development of a comprehensive National Alcohol Action Plan with individual state based components.

National Aboriginal Health Strategy

ADAC provided verbal and written submissions to the evaluation team looking into National Aboriginal Health Strategy, An Evaluation December 1994.

National ATSIC Substance Abuse Evaluation

ADAC was included in the National ATSIC Substance Abuse Evaluation of the substance abuse programs funded by ATSIC. ADAC was randomly chosen as an organisation that received a site visit from the evaluators. This resulted in ADAC receiving a mention in the Evaluation report released in July 1996.

National Health and Medical Research Council Draft Report on a Strategy for the Detection and Management of Hepatitis C in Australia

ADAC submitted a report with proposals to the NHRMC regarding the Draft Guidelines on the Management and Detection of Hepatitis C in Australia.

South Australian Liquor Licensing ACT Review

ADAC have been pursuing Liquor Licensing issues for almost two years now. We recently responded to their Attorney General's request for submissions as a part of the process of reviewing the current Liquor Licensing Act (1985). There were many areas in which we submitted needed changing, but in particular, we have pushed, and will continue to push the idea of a small excise on alcohol to pay for programs and resources for the community attempting to deal with the harms that result from the use and misuse of various drugs, including alcohol. In essence, we are looking to develop a system similar to the Northern Territory's Living With Alcohol program.

Port Augusta Substance Misuse Review

The Port Augusta Health Action Group asked ADAC to undertake a review of the Nicholas Clark and Associates 1992, report into substance abuse services available to the Aboriginal Community living in Port Augusta. ADAC will be forwarded a report to the Health Action Group at their September meeting.

The review has include looking at the Nicholas Clark recommendations, attending meetings of the Health Action Group, attending a Community meeting held at Pika Wiya and asking over 40 organisations in and around Port Augusta for a written submission. Further to this ADAC undertook a series of site visits to those organisations unable to respond in writing.

Conferences, Seminars and Other Forums

37th International Congress on Alcohol and Drug Dependence, University of California San Diego

ADAC was invited by the International Council on Alcohol and Addictions (ICAA) to deliver a seminar at the conference, attended by 1,200 delegates from around the world. The theme for the 37th Congress was "Building Global Bridges: National and communities sharing research and strategies to reduce problems related to the use of alcohol, tobacco and other drugs, and thereby fostering reciprocal understanding among peoples of the world".

ICAA has over 500 members worldwide and is the only international non-government organisation which brings together researchers, scientists, prevention, treatment and rehabilitation specialists. ICAA has consultative status (Category II) with the Economic and Social Council of the United Nations, has official relations with the World Health Organisation and has other ties with the ILO, UNESCO, Council of Europe, the Organisation of American States, League of Arab States, the Colombo Plan Bureau and the Commonwealth Health Secretariat.

Objectives of the conference were; Explore ways in which different culture - including indigenous populations - conceive and respond to addiction problems; Identify ways in which nations, communities and organisations seek to reduce harm and promote health and safety; Develop and strengthen networking among non-government organisations (NGO'S) and between NGOs and International, regional and national bodies.

Mental Health, Perth

ADAC attended a 4 day conference hosted by the Aboriginal Community of Perth looking at the issues of Mental Health. Of major interest to ADAC was the sessions on dual diagnosis.

NACCHO, Broome

Along with Aboriginal Health Services both the Co-ordinator and Mr Basil Sumner attended the National Aboriginal Community Controlled Health

Organisations annual conference held in December 1995 in Broome, Western Australia. Both the Co-ordinator and Mr Sumner gave presentations to the conference and moved forward suggestions as to why substance misuse organisations should be part of NACCHO. We have yet to receive a response.

Industry Training Advisory Board, Sydney

Sonya Rankine, ADAC Education and Training Project Leader, was invited by the Industry Training Advisory Board (ITAB) to attend their National workshop held on the 4 - 8 December, 1995 in Sydney to help rework the draft Competencies for Aboriginal Health Workers document before going out for community consultation.

Issues addressed/main concerns:

The existing document was too specific and unworkable. The document's terminology and layout was totally inappropriate in current state. Did not demonstrate truly the competencies that a Aboriginal Health Worker requires to carry out job properly. The document needs to become more generic and accommodate for specialisation in program areas, eg. substance misuse, men's business, women's business, child health etc. The document needs to be attainable so that it can be directly related back to every day working situations. The document needed to be also representative of Aboriginal Health Workers Australia wide whether they be located in Central Australia or in metropolitan Aboriginal medical services.

National Aboriginal and Torres Strait Islander Health Worker Forum

Mr. Paul Elliott, ADAC Education and Training Officer was elected by the Aboriginal and Torres Strait Islander Health Worker Forum organised in response to a consultancy to investigate the feasibility of establishing a National Aboriginal and Torres Strait Islander Health Worker Forum.

National Aboriginal and Torres Strait Islander Health Worker Steering Committee Meeting

The Australian Health Minister's Advisory Council (AHMAC) through the Joint Planning Committee commissioned the offices of Aboriginal and Torres Strait Islander Commission (ATSIC) and the Australian Council of

Trade Unions (ACTU) to investigate the feasibility of establishing a National A&TSHW Forum. They in turn commissioned the Commonwealth Department of Human Services and Health to oversee the investigation.

This project has an established Steering Committee whose membership includes NACCHO, ACTU, ATSIC, DEET, ITAB Community and the Department of Industrial Relations. It also reports to the Aboriginal Management of the Aboriginal Studies.

The four phases of the project is to;

- (1) Identify A&TSHWs and relevant stakeholders, disseminate project information. Commence a literature review on the development of the A&TSHW profession and arrange state and territory workshops for A&TSHWs.
- (2) To conduct state and territory A&TSHW workshops, providing an opportunity for Health workers to be involved in the process and to own it. Establish a national A&TSHW steering committee for continued participation.
- (3) Generate a series of discussion papers related to the project's brief with designed specific questionnaires to be used in obtaining the views of keys stakeholders.
- (4) Negotiation with Key stakeholders and an analysis of the prior to compiling a final report.

NU-HIT Forum

The Nu-HIT Forum was a 'discussion, review and planning' day organised by Nunkuwarrin Yunti with the support of the Drug and Alcohol Services Council. At the end of the day a list of recommendations were made to Nunkuwarrin Yunti about how the NU-HIT program should proceed. ADAC figured predominantly in these recommendations and we have continued to work with the NU-HIT staff in helping them in any way we can. We expect that in 1996/97 we will work with and support NU-HIT in ensuring its deserved success.

DACUM, Adelaide

ADAC hosted a DACUM. workshop in February 1996, in helping develop accredited courses for substance misuse workers and allied health professionals. This particular methodological approach for curriculum development was adapted from a Canadian model and has been widely used by the Vocational Training sector in Australia. This methodology ensures the involvement of Health Workers and Community Organisations in determining the framework and content of the curricula. The DACUM process ascertained the need for a curriculum which would provide training for all staff involved in Aboriginal Drug and Substance Misuse work, inclusive of administrative and specialist staff.

The result of the DACUM, follow up consultations and the work undertaken in the Training Needs Analysis is a curriculum designed with 3 levels (with 4 specialist streams, and 4 at the third level). It is mapped onto the requirements of the Australian Qualifications Framework and has taken into account the draft National Competency Standards for Aboriginal and Torres Strait Islander Health Workers (see Appendix 1) and matches the Adelaide Institute of TAFE and the Aboriginal Health Council's nationally accredited awards for Aboriginal and Torres Strait Islander Health Workers.

7th International Conference on the Reduction of Drug Related Harm

There were over eighty presentations made by a wide range of international and Australian presenters on the reduction of drug related harm. The theme of the conference was 'From Science to Policy to Practice'. The conference covered an enormous array of issues such as drug reduction, drug treatment, working with GP's, hepatitis C, HIV, community development projects, legislation, peer education and a whole lot more. Not too mention that critical aspect of meeting other workers in the field and discussing ideas and projects that can only benefit ADAC's members

It was the second time in seven years that the conference was held in Australia, regarded by the rest of the world as leaders in reducing harm related to substance misuse. An important feature for ADAC was the consideration of Drug Policy that leads to most of the drug related harm. In times of high unemployment and high imprisonment in the Aboriginal

population, ADAC will continue to seek what mix of policies offer the best chance of reducing drug related harm.

A number of training sessions were also held at the conference which follows from the philosophy that ADAC is bringing to South Australian communities in that it is essential to acquire the knowledge of what works but there is little point in acquiring knowledge of what works if it is not followed up with training.

OUT There Too, Adelaide

The ADAC State Co-ordinator presented a paper at the South Australian Health Commissions "Out There Too" conference which was held at the end of the 7th International Drug Related Harm Conference.

Men's Health Project

Mr. Paul Elliott, ADAC Education and Training Officer attended workshops hosted by the Family Training Education and Awareness Resource Centre, held in Port Lincoln. These workshops have resulted in the publication of "No Shame-No Violence".

Road Safety, Barossa

ADAC was invited to attend and participate in the South Australian Rural Road Safety Action Planning Workshop. The State Co-ordinator was invited to be present as a panel member and presenter in two workshops looking at Post Crash and Restraint use as well as participating during the two day workshop held in May 1996, at the Barossa.

The overall objective of the workshop was to facilitate the development of a draft rural road safety action plan for consideration by Government and the Road Safety Consultative Council prior to implementation during the 1997/98 financial year.

Australians For Reconciliation, Adelaide

The ADAC Co-ordinator is a member of the South Australian For Reconciliation Eminent Persons group.

Winter Sun in The School, Brisbane

The Australian Drug Foundation-Queensland theme for this year's Winter Sun in The School was "Drugs - Policies, Programs and People" was the umbrella theme for addressing the diversity of issues associated with alcohol and other drug problems within the context of health and well being of people.

ADAC Audited Annual Financial Report

Balance Sheet as at 30 June 1995

Income and Expenditure for the Year Ended 30 June 1995

Committee Report

Aboriginal Drug and Alcohol Council

In accordance with section 35(5) of the Associations Incorporation Act, 1985, the committee of Aboriginal Drug and Alcohol Council (SA) Inc hereby states that during the financial year ended 1994;

- (a) (i) no officer of the association;
- (ii) no firm of which an officer is a member; and
- (iii) no body corporate in which an officer has a substantial financial interest,

has received or become entitled to receive benefit as a result of a contract between the officer, firm or body corporate and the association except for the following -

"Nil"

- (b) no officer of the association has received directly or indirectly from the association any payment or benefit of a pecuniary value except for the following -

"Nil"

This report is made in accordance with a resolution of the committee and signed by (at least) two members of the committee.

.....

Date

ADAC Council Membership

Anangu Pitjantjatjara Lands Council
Aboriginal Sobriety Group
Arabuna People's Committee
Ceduna/Kooniba Health Service
Davenport Community Council
Dunjiba Aboriginal Corporation
Frahns Farm
Gerard Reserve Council
Kalparrin Inc
Koonibba Aboriginal Community Council
Lower Murray Nungas Club
Nepabunna Council
Nganampa Health Council Inc
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's
Council.
Port Mcleay Aboriginal Community Council Inc
Pt. Pearce Aboriginal Community Council Inc
Port Pirie Aboriginal Centre
Port Lincoln Aboriginal Organisation
Port Lincoln Health Service
Pika Wiya Health Service
Riverland Aboriginal Alcohol Program
South East Nungas Club Inc
Umoona Community Council
Whyalla Aboriginal Community Council
Yalata Aboriginal Community Council Inc

ADAC Staff 1994 - 1995

State Co-ordinator

Mr. Scott Wilson

Senior Project Officer

Mr. Carl Kinsella

Education Training Officer's

Ms. Sonya Rankine & Mr. Paul Elliott

Project Leader, Prison Peer Education Project

Mr. Geoff Roberts

Peer Educator Officers Prison Peer Education Project

Mr. Frank Jackson & Ms. Kim Hargreaves

Administration/Finance Officer

Ms. Helen Wilson

Administration Assistant

Ms. Charmaine Heard & Ms Caroline Stott

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