



focus

Have your say—

IN AND AROUND QLD

Our new Board members



DID YOU HEAR?

*Qld Mental Health
Commission*

INFECTIOUS PERSONALITIES

From the ipen of the Executive Officer



This month, there's a number of things I'd like to acknowledge—after eight months I'm still not lost for words!

Firstly, I'd like to thank the many members and friends of the sector who attended the AGM on 18 October 2012. It was a great opportunity to come together as a sector, meet both Assistant Minister for Health, Dr Chris Davis MP and Graham Perrott MP, Federal Member for Moreton and Chair of the House of Representatives Social Policy and Legal Affairs Committee and a member of the Aboriginal and Torres Strait Islander Affairs Committee. The presentation by Rachel Smith of the ACNC Taskforce was also very informative.

I think it was John who remarked at the WinterSchool Breakfast that we needed to “have some chicks on the Board” and I'm delighted that John's marketing approach worked, with the additions of Niki Parry (QuIVAA), Annemaree Callander (Brisbane Youth Service) and Genevieve Sinclair (Youth Empowered Towards Independence) to the QNADA Board. You can check out the wrap-up of the AGM and profiles of the new Board members in this edition of the newsletter.

Following the AGM, the newly elected QNADA Board met for the first time. During this meeting Trevor Hallowell was elected President, with Dr Dennis Young standing aside to become Vice-President. Dennis has been a great support to me since commencing with QNADA and I, along with the rest of the Board, look forward to his continuing dedication to QNADA in 2013 and beyond.

We've also said a few goodbyes— in late October Gunnar Kristiansen finished up with QNADA and Belinda Chelius completed her placement (and final placement for her degree) with us. Gunnar's position was a victim of our changed funding circumstances, which means that I now have the pleasure and challenge of managing QNADA's role in supporting members to contribute to the National Minimum Data Set. Gunnar landed on his feet, with two offers of employment before he'd even walked out of the QNADA office, which reflects his skills as an IT professional.

During her placement, Belinda provided significant input into the development of QNADA's position papers on harm reduction and recovery and the Qld Mental Health Commission. It has been a pleasure to have Belinda with us and we wish her all the very best for her future endeavours.

I'd also like to take this opportunity to recognise the contribution of Steve Anstis, a man renowned for his tireless contribution to the AOD sector and particularly his advocacy within the Queensland Government for the important work role of the NGO AOD sector. Steve has recently moved on from Queensland Health to a well-deserved holiday early in the new year and I know you will all join me in wishing him the very best.

On the policy front, there's been a lot happening, with the Queensland Government rushing through two important pieces of legislation—the Queensland Mental Health Commission Act 2012 and amendments to the Drug Court Act 2000. Recently, Trevor, Mitchell and I met with Dr Bill Kingswell, the Executive Director in QH with responsibility for the NGO AOD sector to discuss a range of issues impacting upon the sector and to begin the process of building QNADA's relationship with the reformed bureaucracy.

Late last month Marguerite and I packed up the Prius with our prized possessions to move to our new premises. With only a few little hiccups along the way (?!), we are now settled in our new home in Queen St— we have relocated our staplers, got 99% of the IT working and are adjusting to our cosy new shared office.

Finally, I'd like to take this opportunity to thank all our members for their support and contributions in 2012, in particular over the last couple of months. It's been a whirlwind of a year, the time taken to keep in touch and work together means we are well placed to make the most of this brave new world in 2013. .

Have a safe and festive break and I very much look forward to continuing the momentum in the new year.

Rebecca

QNADA acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. QNADA wish to pay their respect to Elders past and present and extend this to all Aboriginal and Torres Strait Islander people reading this message.



AGM 2012

Thank you to those who attended the AGM and for those who were unable to join us, you should have received a hard copy of the presentation packs shortly after. You can also view the 2012 Annual Report and presentations on our website—www.qnada.org.au.



The 2012-13 QNADA Board, L-R: Rebecca, Mitchell, Genevieve, Gerard, Maryanne, Dennis, Niki, Geoff, Trevor, John and Ara.



Rebecca with Dr Chris Davis



Dennis catching up with Steve Anstis and Gerard.



Gerard, Rebecca, Graham Perrott and David.

Level 20, HSBC Building
(Post Office Square)
300 Queen St, BRISBANE CITY
4000
Ph: (07) 3023 5050 E: info@qnada.org.au

We've moved

MEET OUR NEW QNADA PRESIDENT

Trevor Hallowell was appointed President of the QNADA Board at the recent AGM. Whilst last newsletter we featured a story on WHOs, we thought this time we better get the low down on Trevor.

So give us the bio rundown...

I actually started life as a hand and machine compositor in the printing industry. I first became involved with WHOs in 1986, when I was running my own Graphic Design and Advertising company. Over the years I have developed a great affinity for the work we do at WHOs and the clients that we have been able to help and support. As time progressed I was able to witness first hand time after time the fantastic results our clients were achieving through the Therapeutic Community Model of service and I was particularly proud of the WHOs TC methods. We have been operating continuously in Australia now for 40 years.

Why did you get involved in the establishment of QNADA?

When I arrived in Queensland in 2005, whilst I had great support from WHOs headquarters in NSW, I was the new kid on the block and found that without a peak body it was difficult to make connections with peers and navigate the Queensland system.

Coming from NSW, I had witnessed how important a peak body can be, not just in providing advocacy and networking but also practical first-hand support in advancing both individual services and the NGO AOD sector.

I got involved as I wanted to contribute my skills gained from the corporate sector, and utilise my experience in governance issues of community based organisation, including establishing a 26 bed facility on the Sunshine Coast.

How do you see the sector progressing in the next few years?

There's going to be some changes to both the funding models applied to the sector and expectations regarding changing service models. These changes are the beginning of recognising the complexity of care and what we have long known and delivered in the AOD sector, that it takes more than addressing a single issue, in this case, substance misuse but all the factors in a person's life.

That said, the trend toward outcome-based funding means we need to stay vigilant in explaining to government that AOD misuse is a chronic relapsing condition.

For a long time it's been considered that no one enters the AOD sector for the money or as a career objective, but I'm starting to see a strong shift, with many high skilled, energetic individuals joining the sector—they do bring a breath of fresh air and demonstrate a bright future is ahead.

What do you see as the strengths of our sector?

The commitment of incredibly resilient individuals in delivering highly specialised services to a highly stigmatised and often misunderstood clientele.

I think the QNADA Strategic Plan formalises these strengths—continuous improvement, highly effective networks and collaboration, innovation and connected services. The plan provides the perfect platform to advance our strengths.

What book are you reading now?

I just finished *The Ideal Man: The Tragedy of Jim Thompson and the American Way of War* by Joshua Kurlantzick. It's a biography of a man who arrived in Thailand at the end of World War II and the challenges that arise in establishing a democracy and empowering the people of a nation to do so.

Rolling Stones or Beatles?

Rolling Stones all the way, it's not even a choice!

What would be your dream vehicle?

A Gaff Rigged Timber Schooner —don't worry Marguerite doesn't know what that is either so there's a picture below. It's the perfect vehicle when you live on the Sunshine Coast!

if you had an extra \$50, 000 for your service, what would be the first thing you would use it for?

That's easy—it would be a deposit on an exit house. Exit houses or step down services are so critical in improving long term outcomes for our clients and there's just never enough beds.

I also wanted to take this opportunity to acknowledge Dennis' valuable contribution to QNADA as President and I look forward to his words of wisdom and continuing support during my term as President.

I look forward to working with you all in 2013 and wish you all the very best for a safe and happy festive season.



Welcome (a) board!



At the QNADA AGM, three new Board members were elected. We're delighted to welcome the ladies to the team and while over the next few months you'll get to know them better for now here's the skinny.



Annemaree Callander is the CEO at Brisbane Youth Service (BYS). Annemaree has a Bachelor of Arts (Social Science) and 26 years' experience in human service delivery in both the government and NGO sectors. She has worked in a variety of direct service delivery, policy and program roles in areas including youth homelessness, youth health, and child protection.

Prior to returning to BYS in January 2011, Annemaree worked as a Director within the Office for Climate Change and the Office for Early Childhood Education and Care. Her non-government experience includes five years working at BYS (1988-1993) where she established the Youth Health Service. Annemaree has also worked for both the Youth Sector Training Council and the National Youth Housing Coalition. BYS currently delivers non clinical drug and alcohol programs to homeless and at risk young people.

Niki Parry has worked in the community sector for approximately 15 years now, with half that time dedicated to AOD health and welfare organisations including Hepatitis NSW as well as the Sydney Medically Supervised Injecting Centre. She has studied Social Sciences and counselling.

Niki is currently employed by QuIVAA, the QLD Injectors Voice for Advocacy and Action, where she is the coordinator of QPAMS- the QLD Pharmacotherapy Advocacy and Mediation Service. QPAMS is a peer based service that supports people who are on opiate replacement treatment and assists people to access treatment.

Niki currently serves on the Board of AIVL, the Australian Injecting & Illicit Drug Users League. Niki is passionate about harm reduction and the human rights of illicit and injecting drug users.



Genevieve Sinclair is the Manager of Youth Empowered Towards Independence (YETI). YETI's mission is 'to provide a community-based, empowering, supportive, responsive and healing environment that meets the needs of vulnerable young people through the provision of holistic services that foster social, emotional, spiritual and physical well-being. YETI has provided services to high-risk young people in Cairns for over 15 years. YETI is the leading NGO working with vulnerable young people in the region and the drop in service supports 300 individual young people annually, 85% of whom are from Aboriginal and Torres Strait Island backgrounds.

Genevieve has been in this role for four years and worked in community and university research sectors for the past fifteen years. Genevieve has two Bachelor of Arts degrees (Cultural Studies and Youth Work), and a Diploma in Community Services. Genevieve has written and presented papers related to developing cultural safety in youth services at National conferences; and has been invited to sit on a number of expert panels in relation to engagement and collaborative practices with vulnerable young people at a statewide level.

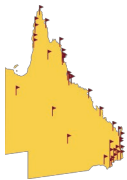
QNADA Strategic Plan 2012-15

The strategic plan was officially launched at the AGM on 18 October 2012. The plan outlines four key objectives to deliver our vision of a cohesive, sustainable and high quality NGO AOD sector, that delivers the best possible outcomes for the Queensland community.

Develop & Improve
Position for Increased effectiveness

Connect & Integrate
Innovate & adapt

What do we do?
For whom do
we do it?
How do we
excel?



In and around Queensland

AS 2012 DRAWS TO A CLOSE, QNADA HAS BEEN FOLLOWING A NUMBER OF ISSUES BEING PROGRESSED AT A RAPID PACE. WE'D WELCOME YOUR THOUGHTS, INSIGHT OR ADVICE ON HOW THESE ISSUES MAY AFFECT YOUR SERVICE VIA EMAIL OR PLEASE FEEL FREE TO CALL US FOR A CHAT.

FACTS & FIGURES

National Minimum Data Set 2010-11

Around 150,500 closed treatment episodes for alcohol and other drug use were provided in Australia in 2010-11 - almost 5,000 more than in 2009-10.

For almost half of these episodes, the principal drug of concern was alcohol. Cannabis was the second most common principal drug of concern. The most common type of treatment identified was counselling, followed by withdrawal management.

A summary of the Queensland-specific data will shortly be released but there's a few key figures worth noting—

- 'Information and education only' was the most frequent main treatment type at 33% of treatments, emphasising the strong focus on diversion programs; and
- whilst alcohol was the most frequently cited primary drug of concern (47% nationally and 38% in Qld).

Last month QNADA submitted the NMDS for 2011-12 to Queensland Health. Thank you to all those services who submitted their information via QNADA.

QH Alcohol and Other Drug Workforce Survey 2012

The survey received 190 respondents (149 from QH and 41 from NGOs) providing the following information —

- 69% female
- 43.2% were aged between 46 and 55
- the key primary roles are: nurses (17.75%), administration support (12.2%) and psychologists (7.2%)
- 80.3% of respondents began their AOD career in Queensland
- 82.9% of respondents held a formal health, social or behavioural qualification
- 25.9% of respondents had undertaken 25–50 hours of professional development in the last 12 months.

We're not sure how this information will be used by Qld Health, but the results are interesting!

Queensland Mental Health Commission

The establishment of the QMHC is closer with Minister Springborg introducing the *QMHC Bill 2012* in the last sittings of Parliament. The consultation process to inform the Bill was undertaken through the QMHC Survey which closed on 1 November 2012. QNADA made a submission, based on the policy paper developed with you, our members, in September 2012. QNADA highlighted the following key points -

- the philosophical approach and language of the AOD sector is not sufficiently recognised within the draft;
- that the scope of the QMHC should include leading the QLD contribution to significant national activity in relation to AOD, eg. the implementation of the National Drug Strategy;
- The QMHC should avoid duplicating reporting requirements for NGOs by being empowered to seek information from QLD Government agencies wherever practical and establish arrangements/ agreements with other bodies such as DoHA, HHS and Medicare Locals;
- the QMHC should also be subject to oversight in a by the independent Health and Community Services Committee of the Qld Parliament on a six monthly basis;
- a whole of government strategic plan for AOD should be developed separate to mental health; and
- the composition of the Advisory Council must include adequate representation of not only the NGO AOD sector, but also clients/residents of AOD treatment services as a distinct and separate group from consumers in the mental health sector.

Both the QNADA response to the survey and the policy paper are available on the QNADA website.

The position of the Commissioner was recently advertised, suggesting that it will be all systems go in the New Year.

Youth Boot Camps

The Kokoda Challenge Association on the Gold Coast and Safe Pathways in Cairns have been selected to run the Newman Government's two-year boot camp trial to begin early next year.

Kokoda will run the early intervention boot camp, which will focus on helping young kids who are at risk with Safe Pathways operating the sentenced boot camp for kids who are already in the youth justice system.

QH Efficiency Dividends

We heard it on the grapevine that members have received advice from QH of a 5% 'efficiency dividend' to be applied from 1 Feb 2013 under clause 3.3 of Service Agreements. Let us know if you've received this advice.

TOOLS OF THE TRADE

As part of the Improved Services Initiative, QNADA is developing a resources directory, with a particular focus on co-morbidity. If you have any resources that would benefit your fellow members please let us know.

Dual Diagnosis Toolkit (Mental Health and Substance Abuse)

Produced in partnership with Turning Point, the UK's leading social care organisation, this toolkit provides background information to the issues surrounding dual diagnosis and offers a practical guide to delivering services. It includes information about substance misuse, mental health and policy background and features current treatment modules along with case studies and exercises for individuals or group work. It's available on the QNADA website.

Handbook for Aboriginal Alcohol and Drug Work

The Handbook for Aboriginal Alcohol and Drug Work is a practical tool to use in your everyday work with clients.

The Alcohol Awareness kit is a resource to help staff talk about alcohol with their clients. It includes information about harms, recommended drinking limits, and tips on how to change drinking behaviours.

This handbook provides Aboriginal health professionals with advice on alcohol and drug treatment and prevention, as well as information about the wide range of physical, mental, social and legal problems that many of their clients experience. Much of the content was either written or reviewed by Aboriginal professionals who work in the AOD field.

You can read a copy online at the [Sydney University website](#) for free or purchase a hard copy through the [FARE website](#).

Engaging Conversations: Substance Use and Therapeutic Process

The guide was written by Helen Mentha and Dr Kylie Thomson for Inner East Community Health Service (IECHS) as part of the Improved Services Initiative Capacity Building Grant funded by DoHA.

The guide examines therapeutic process, the exchange between client and clinician through which the work happens. The focus is not so much on content — how to treat substance use or coexisting concerns — as on the relationship being formed, what helps and the challenges that arise.

This guide is intended to complement existing resources by offering some practical ideas about how to take some of the complexity of working with co-existing concerns into account when you are engaging clients and working out together how you could be most helpful to them.

It can be downloaded from either the Mentha Consulting website or the Inner East Community Health Service website.

Other Resources

You can also stay up-to-date with latest dual diagnosis resources by registering with DrugInfo (www.druginfo.adf.org.au) and the Dual Diagnosis Australia & New Zealand resource repository (www.dualdiagnosis.org.au).

Qld Opioid Treatment Program

The QH Drugs of Dependence Unit have published new guidelines for the Opioid Treatment Program.

These guidelines describe the current best practice in treating opioid dependence, including information on methadone and buprenorphine treatment as well as best practice assessment processes, admission to opioid treatment programs, guidelines around take away doses and dealing with other treatment related issues. These comprehensive guidelines will give practitioners an idea of how the Opioid Treatment Program operates in Queensland.

The guidelines are available by contacting the Unit on (07) 3328 9890 or at ddu@health.qld.gov.au.

Clinical Practice Guidelines: Depression in Adolescents and Young Adults

In addition to the NHRMC-approved Clinical Practice Guidelines for Depression in Adolescents and Young Adults, *beyondblue* has produced several 'quick and easy' reference guides for health professionals. The four new resources include:

- Depression in young people – an interactive 'e-guide' for primary care health professionals which summarises the Guidelines and can be saved on a computer desktop for quick and easy reference
- Depression in young people – A 16-page booklet summarising the Guidelines
- An eight-page pamphlet to assist with assessing and managing depression in young people
- A fact sheet – Engaging young people in health care: A guide for primary care health professionals offers guidance on providing youth-friendly services and tips on collaborating with young people and their families – including people from specific sociocultural groups.

The resources can be found on the [beyondblue website](#).



DID YOU HEAR?



Call for Medicare changes to treat drug addicts

This month, doctors and drug police experts called for changes to the Medicare rebate system as a necessary step to provide more incentives for doctors to treat drug addicts.

Ballarat GP Dr Wayne McDonald is one of the few doctors in his town who prescribes heroin replacement drugs, such as methadone and was interviewed as part of this story. Dr McDonald says many addicts have difficulty finding a GP to treat their addiction. "It's an area of general practise that's not very popular because of the stigma against these patients," he said.

The AMA has also weighed into the discussion with president Steve Hambleton saying drug addiction is a complex and time-consuming problem to treat. "The fact is the Medicare rebate system is not set up to actually spend extra time with these patients," he said. There has also been a big increase in the number of people seeking help for prescription drug addictions in the past decade.

John Ryan, CEO of Anex, noted access as a key issue, identifying a lack of reward as an impacting factor. "It's a chronic disease but it doesn't have an appropriate Medicare number to reward doctors for the work in the area."

He noted further key barriers stating that "There's still a lot of stigma, so a lot of doctors don't actually want to deal with drug addiction and there's still a lot of doctors who are over-prescribing pain relief - not providing alternatives to pharmaceutical pain relief - and therefore increasing the pool of addiction."

This discussion also highlights the emerging issue of the harms associated with pharmaceutical misuse, though we were a bit disappointed it only identified OST and not other forms of treatment for opioid addiction. The full article is available at www.abc.net.au.

Equal pay increases for social and community sector workers

On 11 October 2012, the House of Representatives passed legislation that ensures the Australian Government's share of the equal pay increases awarded by Fair Work Australia to social and community services sector workers is secured.

The Social and Community Services Pay Equity Special Account locks in the Australian Government's \$2.8 billion contribution to these pay rises over the next eight years for its directly funded programs and programs funded through Commonwealth-State Agreements.

The latest information on the implementation process is available from the [FAHCSIA website](http://FAHCSIA).

DSM and addiction

A recent article on The Conversation website looks at the upcoming Diagnostic and Statistical Manual of Mental

Disorders 5th edition (DSM 5) and the apparent revival of the term "addiction".

The DSM provides definitions and diagnostic criteria for mental health disorders, meaning that the terminology it adopts will have impacts on the way substance use and mental illness is viewed.

The previous edition, DSM 4, doesn't use the term "addiction", instead referencing "dependence" and "abuse" within the category of substance related disorders. The next edition looks to be going back to the term "addiction" in order to incorporate addictive behaviour which may not involve substance use - for example "internet addiction".

Drink Safe Precinct—Fortitude Valley

The Chill Out Zone's Fortitude Valley service will cease operating at 5am on Sunday, December 2nd, 2012. Since commencing service the Chill Out Zone has assisted many a party-goer by offering:

- First Aid or Intoxication Care to 2,372 people
- 1,800 Band-Aids
- 129,375 waters!
- Phone use to 236 people

You may remember Erin Mercer from Chill Out Zone who participated in QNADA's Drug Action Week Panel on Binge Drinking. ChillOut Zone will continue to operate in Surfer's Paradise.

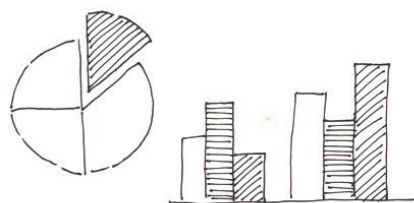
QNADA congratulates Brisbane finalists in 2013 Queensland Australian of the Year Awards

Paul Stanley – Anti-violence campaigner

In 2006 Paul Stanley's son Matthew was a popular 15-year-old when he was killed by a single punch at a party in suburban Brisbane. The Foundation works with the police and ambulance services, schools, churches and community to groups to spread the message about violence which include the Party Safe initiative and the One Punch Can Kill campaign. Police cars and ambulances vehicles now carry the stickers urging young people in potentially violent situations to Walk Away Chill Out.

Graeme Wood – Conservationist and philanthropist

Graeme Wood created the concept for, and co-founded, Wotif.com. The Global Mail's sole founding philanthropist, Graeme is heavily involved in a range of philanthropic endeavours in the arts, the environment, youth development and medical science. Describing himself as a working class kid from Rockhampton, Graeme has also given \$6 million to the University of Queensland to fund research into teenage drug and alcohol abuse.



National Compact and Australian Charities and Not-for-Profit Commission

The online Forums to develop a Consultation Code under the National Compact and NFP Governance arrangements are now live. Please go to www.nationalcompact.gov.au to read the Forum Guidelines and register to have your views heard. Thank you again for your interest in being involved and we look forward to your input.

The Hon. David Bradbury MP, Assistant Treasurer, Senator Penny Wong, Minister for Finance and Deregulation and Mark Butler MP, Minister for Social Inclusion recently announced that the Commonwealth Grant Guidelines will be amended to support the implementation of a 'report-once, use-often' reporting framework for the not-for-profit (NFP) sector. These changes will see further red tape reductions for the not-for-profit sector and coincides with the work of the Australian Charities and Not-for-Profit Commission.



The ACNC commenced operation on 3 December 2012 and those members who currently have charitable status must be registered with the ACNC before you can receive any charity tax concessions from the Australian Taxation Office (ATO). You must also be registered to be eligible for other Commonwealth concessions, benefits or exemptions available to charities. Further information about registering your service and the benefits from doing so is available at www.acnc.gov.au.

QNADA congratulates new ADCA Board President

Dr Mal Washer MP M.B.B.S., has been elected as the new President of the Alcohol and Drug Council of Australia Board.

Dr Washer's has had a long and successful career in medicine, and has demonstrated a drive and passion to successfully deliver health and wellbeing outcomes for Australian communities since entering Federal politics in 1998. Dr Washer is also the Chair of the Australian Parliamentary Group on Drug Law Reform (APGDLR).

Dr Stefan Gruenert, CEO of Odyssey House in Victoria, and Associate Professor Lynne Magor-Blatch, Executive Officer of ATCA were re-elected as Directors, together with new Directors, Ms Jeannie Little OAM, an Aboriginal and Torres Strait Islander Elder from Cairns, and Ms Jill Rundle, CEO of WANADA, the WA peak body (and erstwhile mentor to QNADA's EO)!

Smoking Rates in Australia Continue to Decline

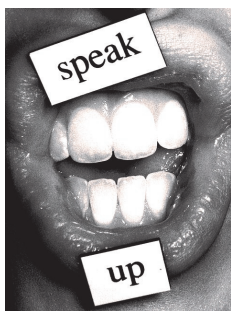
Smoking rates and unhealthy levels of alcohol consumption are down, but the percentage of adults who are overweight or obese has increased; rates of diabetes have remained stable after trending up over the last decade, but mental health problems and behavioural conditions have risen, according to the results of the Australian Health Survey, issued on 29 October 2012. The ABS, with assistance from DoHA and the Heart Foundation, surveyed nearly 50,000 people over the past two years. This survey is the largest and most comprehensive health survey ever undertaken in Australia and the results will help guide government, health organisations, researchers and the public in their decision making.

Latest data on Ecstasy and Related Drugs Survey

Key findings from the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS) released in released in October include:

- Heroin remained the most commonly reported drug of choice for participants who inject drugs. Its use, frequency and price remained stable. Availability was reported as 'very easy' or 'easy' and purity 'low' or 'medium'.
- Nationally, the recent use of speed remained relatively stable, while the recent use of base was lower (21% in 2011 vs. 18% in 2012 and ice/crystal higher (45% in 2011 vs. 54% in 2012). The frequency of use of 'any form' of methamphetamine (speed, base and/or ice/crystal), was higher in 2012 (19 days in 2011 vs. 22 days in 2012). The availability of all forms was reported as 'easy' or 'very easy' to obtain.
- NSW was the only place where sizeable numbers of participants reported recent cocaine use and could comment on price, purity and availability. In Sydney, the recent use and frequency of cocaine use was slightly lower (but not significant; 47% in 2011 vs. 44% in 2012). Elsewhere, cocaine use was low and sporadic.
- The cannabis market remained stable. Use was common, with most people using daily or near-daily. High-quality hydroponic cannabis dominated the market.
- Non-medical use and injection of pharmaceutical preparations continued to occur, with jurisdictional differences in patterns of use.
- Borrowing of needles was reported by 7% of respondents in the month preceding interview, while sharing of other injecting equipment was common.
- Nearly half of the national sample self-reported a mental health problem in the last six months, most commonly depression, followed by anxiety.

The full report is available at the [NDARC website](http://www.ndarc.gov.au).



Let's chat— have your say

“TEST IDEAS IN THE MARKETPLACE. YOU LEARN FROM HEARING A RANGE OF PERSPECTIVES. CONSULTATION HELPS ENGENDER THE SUPPORT DECISIONS NEED TO BE SUCCESSFULLY IMPLEMENTED.”

- DONALD RUMSFELD

Share your first hand knowledge

Survey on employment services for people in alcohol or other drug treatment

The Australian National Council on Drugs (ANCD) is currently developing work on issues surrounding employment for people who are receiving or have completed AOD treatment. These include the challenges and barriers faced by people in alcohol or drug treatment for finding and keeping employment, and systems that are or might be put in place to meet their needs.

This survey seeks information from AOD service providers on these issues. Your knowledge of the employment issues which are faced by clients will be invaluable to our work on these issues.

The survey will take approximately 15 minutes to complete and is available online at <https://www.surveymonkey.com/s/HQ8SCCB>.

Further enquiries can be directed to Dr Mary Walker, ANCD on (02) 6166 9600 or at mary@ancd.org.au.

Let's talk about it...

DRUG COURT and CRIMINALISING USERS—Isn't it about time we had a frank conversation about the way in which we as a community seek to address an issue that affects every family in Queensland?

In response to recent press regarding drug seizures and arrests in Queensland, we thought it was a perfect opportunity to start a conversation about misconceptions that are all too commonly reflected by the media in relation to AOD misuse. On the next page, you'll see the letter to the editor of the CM in response to recent coverage. At the time of writing this, it has not been published, however it is still important that this message is read by as many people as possible.

This issue also flows into the critical and timely discussion about the changes to Drug Court and diversion programs.

Two heads are better than one

NSPs in Prisons

In November QNADA supported the submission by the Alcohol Tobacco and Other Drug Association ACT (ATODA) regarding the *Draft Strategic Framework for the Management of Blood Borne Viruses in the Alexander Maconochie Centre 2012-14*. The Framework is an important demonstration of the ACT's commitment to implementing the *National Drug Strategy 2010-2015* and its' sub-strategies

and this will hopefully encourage other jurisdictions to consider this important issue.

Speaking up for the sector

Over the last few months, Rebecca has had the opportunity to discuss on local radio (4ZZZ FM and ABC Brisbane) changes that have been happening for both QNADA and more broadly across the sector. You can listen to the interviews as the [4ZZZ website](#) and the [ABC Brisbane website](#).



We'll be asking for your input shortly...

Federal Justice Re-investment Inquiry

Last month, Greens Senator Penny Wright successfully moved a motion for the Legal and Constitutional Affairs Committee to investigate justice reinvestment, a rather topical issue in Queensland. The Inquiry will consider the value of a justice reinvestment approach to criminal justice in Australia, with particular reference to:

- the drivers behind the past 30 years of growth in the Australian imprisonment rate;
- the economic and social costs of imprisonment;
- the over-representation of disadvantaged groups within Australian prisons, including Aboriginal and Torres Strait Islander peoples and people experiencing mental ill-health, cognitive disability and hearing loss;
- the cost, availability and effectiveness of alternatives to imprisonment, including prevention, early intervention, diversionary and rehabilitation measures;
- the methodology and objectives of justice reinvestment;
- the benefits of, and challenges to, implementing a justice reinvestment approach in Australia;
- the collection, availability and sharing of data necessary to implement a justice reinvestment approach;
- the implementation and effectiveness of justice reinvestment in other countries, including the United States of America;
- the scope for federal government action which would encourage the adoption of justice reinvestment policies by state and territory governments; and
- any other related matters.

QNADA has been invited to make a submission to the inquiry by March 2013, so we'll be in touch early in the new year to seek your opinion.

26 October 2012

letters@couriermail.com.au

I refer to recent articles of the Courier Mail *'Crime's foot soldiers just out of school: Teen Drugs Army'* (20 October 2012) and *'Police target kingpins in the battle across drugs'* (22 October 2012), where the CM rightly commends the concerted efforts of the QPS and the AFP to disrupt the supply of drugs to our communities. However, I think we should also be talking about how the long term under investment in prevention and treatment services for individuals with substance misuse issues largely nullify their efforts.

Whilst we have a National Drug Strategy that prioritises law enforcement, health and prevention activities equally, three quarters of the state and federal government's financial investment in measures to address substance misuse in our communities is directed to law enforcement, with health and prevention priorities reduced to little more than afterthoughts.

This is despite the fact that the vast majority of those arrested by QPS Officers are drug users, not drug dealers, as demonstrated by the very data published alongside the articles by the CM, which indicate an average amount of 10grams per heroin seizure, 8grams per cocaine seizure and just 4 grams per amphetamine seizure. Further examination of the data source confirms that over 86% of the arrests cited (or 20 375 arrests) were for those struggling with substance misuse issues, making drug users 6 times more likely to be facing our courts than the so-called 'drug king-pins'.

By those numbers, the investment in treatment and prevention services should match that of law enforcement, to support education to prevent the uptake of drugs and to support individuals to recover from dependence and reconnect with the community.

Instead, disappointingly, over the last six months in Queensland we have witnessed the withdrawal of funding to efficient and effective non-government AOD services with more to come, as the Qld Government has signalled an end to Drug Court and a review drug diversion programs, despite their proven efficacy, on the basis that it's apparently cheaper to lock people up that divert them to treatment.

If we consider the 20 375 Queenslanders arrested on drug related offences last year, 3 410 were admitted to a diversion program, with over 2 700 of these successfully graduating. Numerous independent evaluations of these programs have found significantly reduced recidivism rates (as high as 80%) amongst the whole cohort, whether they graduate or not. The truth is that diversion programs don't just reduce long-term costs to the community, they provide immediate financial relief.

Finally, we must all recognise that all we achieve by likening those seeking treatment for substance misuse to 'drug king pins' living a life of luxury is to glorify a mostly erroneous view of the drug dealer lifestyle and minimise the pain and enormous trauma suffered by those who have lost a loved one to substance misuse. Isn't it about time we had a frank conversation about the way in which we as a community seek to address an issue that affects every family in Queensland.

Kind regards



Rebecca MacBean
Executive Officer



INFECTIOUS PERSONALITIES

A new Hepatitis Queensland film launched this month confronts hepatitis and HIV discrimination in healthcare using personal stories and interviews with healthcare professionals.

Infectious Personalities explores the emotional and physical impacts of stigma experienced by four Queenslanders and the barriers this can create to accessing healthcare.

Hepatitis Queensland CEO Clint Ferndale said the film shows the human face of stigma.

"These are personal stories from real people - likable and engaging everyday-characters with a powerful message that seems to be resonating with audiences," Mr Ferndale said.

"Stigma and discrimination towards people with viral hepatitis or HIV is unfortunately still alive and well in Australia. We still get calls to our helpline from Queenslanders experiencing stigma in healthcare, employment, and personal relationships.

"In April this year the Australasian Society for HIV Medicine released a report showing that, 'health care workers often hold negative views of people with HIV and HCV, mirroring those of the general public'. The research shows that stigma and discrimination can have 'a major impact on receipt of care and may act as an impediment to disclosure, testing, and treatment.'

"However, the real story with this film is the great work and support provided by so many healthcare professionals in Queensland and the tremendous positive impact that can have on someone's life. *Infectious Personalities* describes practical ways that healthcare professional can engage with patients and the standard precautions that should be observed, with all patients regardless of status.

At the end of the day it's all about debunking paranoia, and treating people the way that you would like to be treated."

Mr Ferndale said the film production company, FlickChicks, had a personal and engaging approach to film-making, with their recent documentary *The 100+ Club* winning a 2012 Media Peace Award from the United Nations Association of Australia and a Merit Award at the Lucerne International Film Festival in Switzerland. *The 100+ Club* was the highest rated program this year on the ABC *Compass* program.

Infectious Personalities was filmed in Brisbane as a partnership between Hepatitis Queensland, Healthy Communities, Queensland Positive People, and the Queensland Positive Speakers Bureau, with funding assistance from Queensland Health.

The film is available online or on a free DVD available from Hepatitis Queensland at www.hepqld.asn.au.

For viral hepatitis information, support, to donate, or give feedback, visit www.hepqld.asn.au or call 1300 HEP ABC (1300 437 222).

Hepatitis Queensland is a QNADA member. Hepatitis Queensland is a not-for-profit, non-government, community organisation, providing a range of services including a free confidential telephone information and support service; free counselling with a registered psychologist; face-to-face or over-the-phone; education and training to organizations, schools and businesses; support groups and information evenings and events; free brochures, fact-sheets, DVD's and newsletters on viral hepatitis and much, much more.

5 MINUTES WITH DR. MONICA BARRATT

This the first in a series of articles published by StoneTree Harm Reduction about the work of some of the best and brightest in the alcohol and other drugs/harm reduction sectors, commencing the series with Dr. Monica Barratt writing about her work as a Melbourne based alcohol and other drugs researcher with an interest in the impact of technology upon drug use and drug markets. You can follow Monica on Twitter: [@MonicaBarratt](https://twitter.com/MonicaBarratt).

Tell us about your work...

In my role as research fellow at the National Drug Research Institute, I conduct academic research about new digital and networked technologies in the drugs field. Rather than focusing on developing online or smart-phone interventions, my work is concerned with how drug trends are changing within the increasingly internet-saturated societies that we live in. For example, in the last few years, anonymous online marketplaces have developed where illicit drugs are bought and sold using encrypted currency and employing the postal delivery system, and newer synthetic drugs sold as legal highs are continually being introduced into drug markets – as a confluence of increased availability of information, equipment, technologies and global distribution networks; and in response to the prohibitions on more traditionally known drugs. In both of these cases, the internet has both facilitated and accelerated the flow of information, communications and goods/services, making the issues more challenging for policy makers.

While my work is mainly in researching these issues, I find myself increasingly engaging publicly through mainstream and alternative media, including recently providing evidence to the NSW parliamentary inquiry on newer synthetic drugs. I also see digital networked technologies as providing an important and much needed opportunity to level the power balance between ‘experts’ and the public, because through online forums and social media, people can and do talk back directly to experts in ways that were less common decades ago. My work is based on the concept of participatory engagement: that research participants should have more input and control over the kind of research that is conducted, and that online communication can support participant engagement if the researcher approaches the communication respectfully and with a genuine interest in the position of the participant (in this case, the ‘drug user’). I am also keen in my research to emphasise that we are all drug users (almost all of us) and that altering our conscious state through psychoactive substance

use or through other activities is a historically normal part of human experience. Stigma and discrimination against people who use currently prohibited substances is a reality that I am upset

and ashamed about – and I hope that through presenting my research findings and continuing to have public discussions, I can have some positive influence on the public discourse about drugs, drug use and drug users.



Sum up harm reduction in 140 characters or less...

Harm reduction is accepting people where they are at and helping them with what they need right now, without judgement.

Tell us about your favourite online harm reduction resource (other than Stonetree)

One of my favourite online resources is *Bluelight.ru* - disclaimer, I am the Director of Research at *Bluelight.ru* which means I manage *Bluelight*'s engagement with drugs researchers. *Bluelight* has been operating for 13 years now and continues to have a thriving international community of people discussing all aspects of drug use. *Bluelight* as an organisation is keen to continue to match researchers with hidden populations of drug users so that we can all contribute to better understanding of drug practices and the problems that can arise from drug use. *Bluelight* has a large group of volunteers who moderate the forum and who are very knowledgeable in this area. The forum is also a great place to read about experiences with new emerging drugs and to discuss nuances of how the law works in different parts of the world. If you haven't explored *Bluelight* yet, I recommend you spend a few hours looking around.

We thank Matt Gleeson, author of StoneTree Harm Reduction, for permission to re-produce this article published on 2 November 2012 (www.stonetreeaus.wordpress.com).

\$how me the money!

Funding for the non-government sector can come from a range of sources. Check out these funding opportunities or register at these websites to receive regular updates about available grants.

www.fare.org.au

[Department of Health and Ageing Grants](#)

www.probonoaustralia.com.au

A range of Queensland Government grants are available at www.smartservice.qld.gov.au/services/grants.

The Australian National Council on Drugs promotes a page of their website to listing up-to-date funding sources for the AOD sector.

Have a look at www.ancd.org.au

Partners In Recovery



With \$549.8 M up for grabs, how can your service participate for improved client outcomes?

Find government grants and assistance for individuals, businesses and communities try www.grants.myregion.gov.au

Aussie Made Easy-Giving App—register your service today!

A free mobile and tablet donation Application that links to Facebook and Twitter and allows corporates to manage workplace giving has been developed by an Australian team of IT and philanthropic specialists.

GiveEasy was created by Dr Jeffrey Tobias. It is a charitable giving platform that links mobile users to a range of charities and fundraising appeals from their mobile or tablet device. For further information check out www.giveeasy.org.



Make sure you register for your local Medicare Local updates.

Looking to foster development of your senior leadership team?

The McCarthy Mentoring Not For Profit Executive Scholarship was launched in December 2012.

The scholarship is designed to assist a leader within the not for profit sector progress their career, strengthen their leadership skills and increase the impact of their important work in the community.

Further information, including the application process is available at www.mccarthymentoring.com.

Applications close 5pm, Thursday, January 31st 2013.

CLASSIFIEDS

CALL FOR ABSTRACTS—PHAA National Social Inclusion and Complex Needs Conference: Canberra, 15-16 April 2013

The Public Health Association of Australia (PHAA) invites you to participate in the first Australian conference to showcase successful programs/approaches in addressing complex needs and social determinants of health - with the broader purpose of identifying what works and how.

Abstracts are to be submitted under the following session themes:

- Building stronger linkages in NGO service provision
- Prevention and social determinants of health
- Comprehensive case management – service providers working together
- Australian Government Social Inclusion Agenda and service delivery reforms
- Breaking down structural and systemic barriers
- Cross-sectoral and cross-portfolio approaches
- Collaborative Mental Health and Alcohol and Other Drug service delivery
- Aboriginal and Torres Strait Islander services
- Family, Housing and Community Services

Further information on the abstract submission process is available on the PHAA website at: www.phaa.net.au/documents/Complex_Needs_Call_For_Abstracts.pdf

No need to wait until next year to start a Certificate IV in Alcohol and Other Drugs!

Teen Challenge Training accepts enrolments throughout the year with students starting on the 1st day of every calendar month!

We offer the following courses:
Certificate IV in Youth Work
Certificate IV in Alcohol & Other Drugs

Certificate IV in Mental Health
Certificate IV in Pastoral Care

Find out more on the Teen Challenge website - www.teenchallengetraining.org.au



The Local Government Association of Queensland (LGAQ) facilitates a website designed to help youth workers connect with each other and share information, resources and expertise.

Check out www.collectv.com.au for more information and to get involved.



Seen an alcohol advert recently that didn't sit right with you? There's something you can do about it!

The Alcohol Advertising Review Board accepts complaints from the Australian community about alcohol advertising. If you've seen an alcohol ad that concerns you, let the Alcohol Advertising Review Board know about it. It's easy to make a complaint! Alcohol advertising

impacts on the drinking behaviours and attitudes of young people, and young people are exposed to alcohol advertising in many different forms. The Alcohol Advertising Review Board aims to support the community to respond to inappropriate alcohol advertising. To find out more, or to make a complaint, visit www.alcoholadreview.com.au or email complaints@alcoholadreview.com.au.

**ALCOHOL
ADVERTISING
REVIEW
BOARD**

Jobs of Substance

LOW-COST TARGETED MARKETING
FOR THE AUSTRALIAN HEALTH,
COMMUNITY AND WELFARE SECTORS



Of Substance reaches 35,000 people in the alcohol and other drugs sector. If you're searching for that perfect person, then tell everyone.

www.jobsofsubstance.com.au

AVAILABLE NOW:

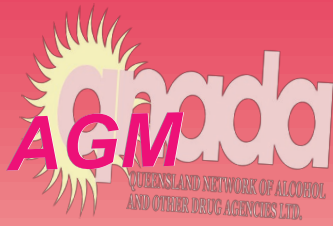
LIVE SMART DIARY 2013

The Queensland Youth Housing Coalition has announced that their fantastic "Live Smart" diaries are back for 2013 and they are taking orders now. The diaries are designed to assist young people in living independently, providing information on shopping on a budget, easy recipes, health and hygiene information and contact numbers for support services. The diary also contains a very handy monthly budgeting tool. This is an excellent resource that workers can use with young people who are making the transition to independent living. The diaries cost \$10 each plus postage.

Order at www.qyhc.org.au/support-products.html

If you wish to place an ad in the QNADA focus classifieds please contact Marguerite on 0423 585 158 or at Marguerite.Lituri@qnada.org.au.





QNADA acknowledges funding assistance provided by the Australian Government Department of Health and Ageing and Queensland Health.

Website: www.qnada.org.au
ABN: 68 140 243 438