Tips and Tricks for New Players…

a guide to becoming familiar with the alcohol and other drugs sector

Third edition

Copyright 2011
ISBN 978-1-876837-17-4

National Drugs Sector Information Service
Alcohol and other Drugs Council of Australia
17 Napier Close, Deakin ACT 2600
PO Box 269, Woden ACT 2606

http://ndsis.adca.org.au
www.adca.org.au

Acknowledgements
Tips and Tricks for New Players was funded by the Australian Government Department of Health and Ageing through the National Drugs Sector Information Service, an initiative of the Alcohol and other Drugs Council of Australia.

Contents

SECTION 01 ESSENTIALS

9 HELP LINES

11 OUR ORGANISATIONS

39 INDIGENOUS SPECIFIC ORGANISATIONS

51 ACRONYMS AND ABBREVIATIONS COMMONLY USED IN THE ALCOHOL AND OTHER DRUGS SECTOR

58 DEFINITIONS

SECTION 02 PROFESSIONAL DEVELOPMENT

87 CONTINUING PROFESSIONAL DEVELOPMENT

99 PEAK BODIES

101 COMMUNICATING WITHIN THE SECTOR

104 PROFESSIONAL ORGANISATIONS

107 OUTSTANDING INDIVIDUALS IN THE ALCOHOL AND OTHER DRUGS SECTOR

SECTION 03 RESEARCH

113 ESSENTIAL INFORMATION

114 NATIONAL DRUG STRATEGY 2010-2015

120 RESEARCH FOR THE NOVICE RESEARCHER OR STUDENT

124 ALCOHOL AND DRUG LIBRARIES AND INFORMATION SPECIALISTS NETWORK (ADLIS)

128 RECOMMENDED READING

139 DATABASES

142 WEBSITES

148 INDIGENOUS SPECIFIC

153 AOD RESEARCH CENTRES

157 GOVERNMENT PUBLICATIONS

161 GUIDELINES AND PROTOCOLS

SECTION 04 FROM THE FIELD

165 SETTING THE SCENE

168 DRUG USE, DRUG USERS, DRUG ADDICTS … THEY ARE NOT ALL THE SAME!

170 CONSUMER PARTICIPATION

173 FETAL ALCOHOL SPECTRUM DISORDER

175 THE ABC OF HEPATITIS

177 INHALANTS

180 THERAPEUTIC COMMUNITIES

185 PHARMACOTHERAPIES AND TCS COMBINE TO PROVIDE A UNIQUE TREATMENT OPTION

WELCOME

The original concept for *Tips and Tricks for New Players… a guide to becoming familiar with the alcohol and other drugs sector* (T&T) was to provide a free orientation tool to workers new to the alcohol and other drugs (AOD) sector. Many of the original items included were as a result of feedback from National Drugs Sector Information Service (NDSIS) clients.

The first edition of T&T centred around the most popular requests: a list of acronyms, a list of larger AOD organisations, and where to find reliable AOD information. There were no plans to go beyond this and no plans for future editions.

The second edition came about as a result of feedback from the first edition. Many AOD organisations contacted the NDSIS and asked to be included in the next edition. AOD stalwarts suggested new items and improvements for T&T. We also started hearing from TAFEs and universities asking for copies of T&T for their students, and government departments and councils wanting copies for their staff. So the second edition was produced with a lot more proofing and checking to improve accuracy but also with a much smaller budget. Several organisations stepped forward and helped out with advertising revenue and this helped to produce the second edition.

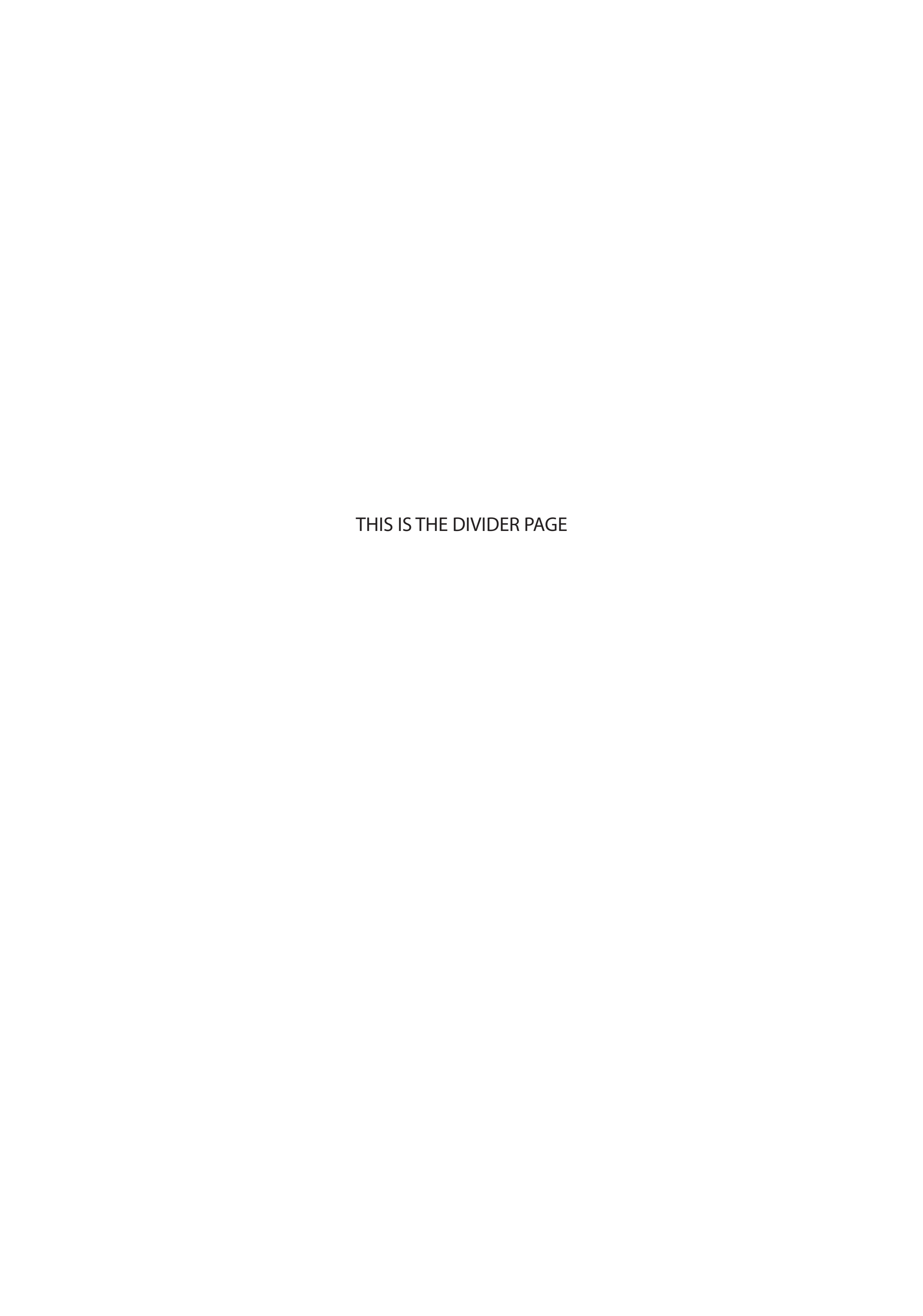
In this third edition the old favourites like lists of organisations and acronyms are still included but the definitions list has been expanded and thoroughly referenced to provide a reliable resource for readers (thanks to Anne Rosenzweig). The sections are slightly different from previous editions and an area has been devoted to continuing professional development in acknowledgement of the needs of AOD workers who are using T&T for perhaps the second or third time. Finally I have added a section authored by experts or representatives of organisations within the sector. This area is still designed for those quite new to the sector but looking for something beyond the basics. Here you will find a variety of different perspectives, as well as basic information from particular topics within the sector.

I thank all of the contributors to this section for giving up their valuable time (Dr Andrew Byrne, Laura Liebelt, Sue Miers, Paul Harvey, Ruth Mahon and Lynne Magor Blatch). I'd also like to thank Caitlin Hughes for contributing the Australian Drug Policy Timeline. I hope to include a variety of contributions from other members of the sector in future editions.

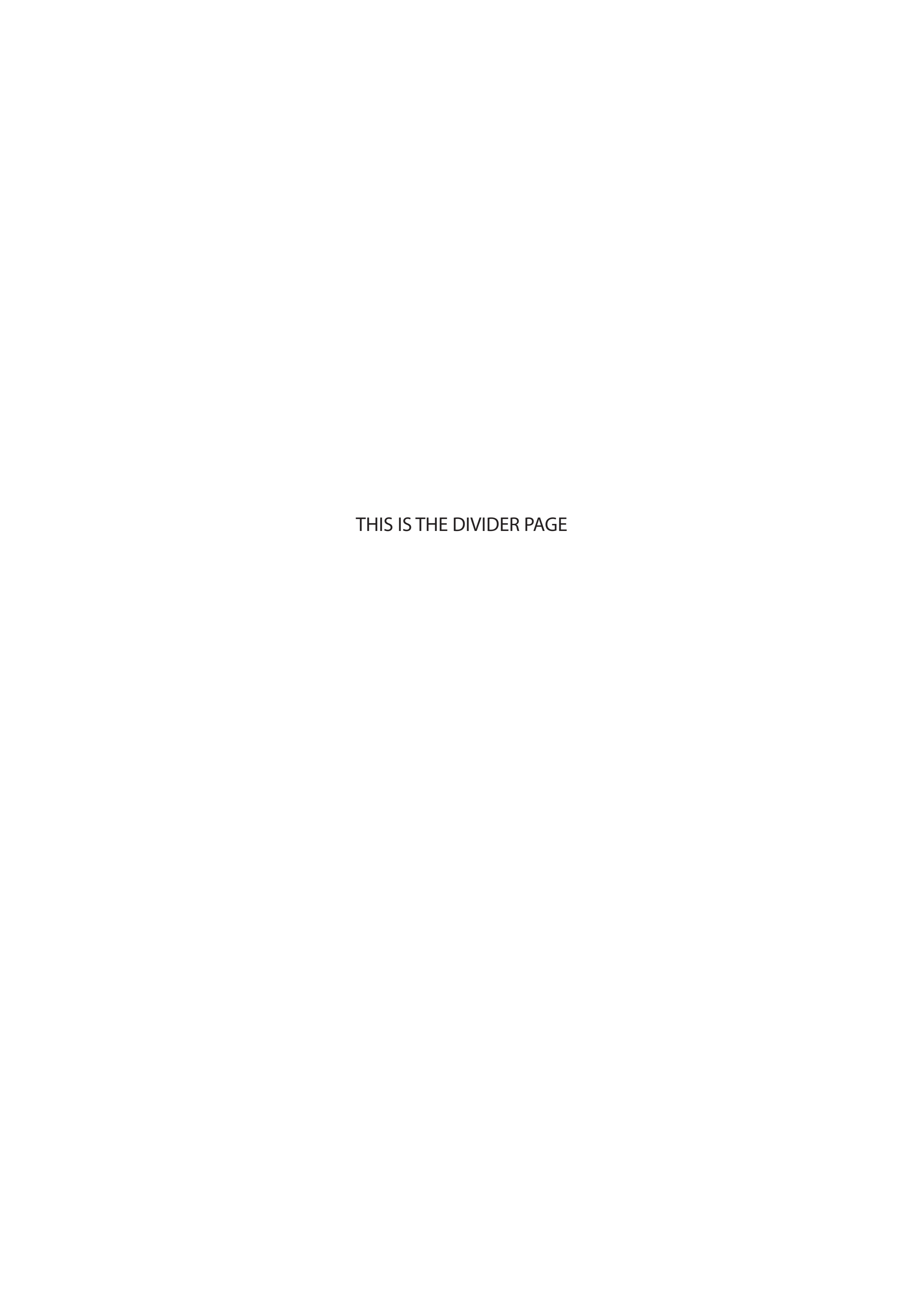
Every effort has been made by ADCA's National Drugs Sector Information Service team to include comprehensive, accurate information, but it is a challenge to find, check and recheck information which is of such a variable nature, so I apologise for any inaccuracies that may occur. I look forward to receiving your feedback on Tips and Tricks and hope that it contributes to your understanding of the Australian AOD sector.

Jane Shelling
Editor
Manager National Drugs Sector Information Service
Alcohol and other Drugs Council of Australia

April 2011



THIS IS THE DIVIDER PAGE


THIS IS THE DIVIDER PAGE

HELP LINES

If you want to contact someone about alcohol or other drug treatment

Australian Capital Territory
24 Hour Alcohol and Drug Helpline
02 6207 9977

New South Wales
Alcohol and Drug Information Service (ADIS)
02 9361 8000 (Sydney) 1800 422 599 (NSW Country)

Northern Territory
Alcohol and Drug Information Service (ADIS)
1800 131 350 (statewide free call)

Queensland
Alcohol and Drug Information Service (ADIS)
1800 177 833 (statewide free call)

South Australia
Alcohol and Drug Information Service (ADIS)
1300 13 13 40 (statewide free call)

Tasmania
Alcohol and Drug Information Service (ADIS)
1800 811 994 (statewide free call)

Victoria
DirectLine
1800 888 236 (statewide free call)

Western Australia

Alcohol and Drug Information Service (ADIS)
08 9442 5000 (Perth) 1800 198 024 (country toll-free)

Parent Drug Information Service (PDIS)
08 9442 5050 (Perth) 1800 653 203 (country toll-free)

NATIONAL HELPLINES

Alcohol and Other Drugs Treatment Services National Directory

www.aodservices.net.au

This is a directory of government funded alcohol and other drug treatment services.

Cannabis Information and Helpline

1800 30 40 50

OUR ORGANISATIONS

Here are the contact details for many of the well known alcohol and other drugs (AOD) organisations in Australia and a small number from overseas. Remember that each state government has comprehensive alcohol and other drug information on their own websites.

NATIONAL

Alcohol and other Drugs Council of Australia (ADCA)
PO Box 269
Woden ACT 2606

P: 02 6215 9800 **F:** 02 6281 0995 **E:** adca@adca.org.au
www.fare.org.au

Foundation for Alcohol Research and Education (FARE)
PO Box 19
Deakin West ACT 2600

P: 02 6122 8600 **F:** 02 6232 4400 **E:** fare@fare.org.au
www.aerf.com.au

Alcoholics Anonymous Australia (AA)
National Office of AA in Australia
48 Firth Street
Arncliffe NSW 2205

P: 02 9599 8866 **F:** 02 9599 8844 **E:** national.office@aa.org.au
www.aa.org.au

Alcohol Related Brain Injury Australian Services (ARBIAS)

PO Box 5002
Brunswick VIC 3056

P: 03 8388 1222 **F:** 03 9387 9925 **E:** arbias@arbias.org.au
www.arbias.org.au

Al - Anon Family Groups - Al - Anon / Alateen Australia

Al- Anon Australian General Service Office
GPO Box 1002
Melbourne VIC 3001

P: 03 9620 2166 **F:** 03 9620 2199 **E:** agso@alphalink.com.au
www.al-anon.alateen.org/Australia

ANEX

Suite 1 Level 2
600 Nicholson Street
Fitzroy North VIC 3068

P: 03 9486 6399 **F:** 03 9486 7844 **E:** info@anex.org.au
www.anex.org.au

Anglicare Australia

GPO Box 1307
Canberra ACT 2601

P: 02 6230 1775 **F:** 02 6230 1704 **E:** anglicare@anglicare.asn.au
www.anglicare.asn.au

Australasian Professional Society on Alcohol and other Drugs (APSAD)

PO Box 73
Surry Hills NSW 2010

P: 02 9331 7747 **F:** 02 9331 7789 **E:** admin.officer@apsad.org.au
www.apsad.org.au

Australasian Therapeutic Communities Association (ATCA)

PO Box 3075
Sangster Place
Wanniassa ACT 2903

P: 0422 904 040 **F:** 02 6231 1101 **E:** atca@atca.com.au
www.atca.com.au

Australian Bureau of Statistics (ABS)

ABS House
Locked Bag 10
Belconnen ACT 2616

P: 1300 135 070
www.abs.gov.au

Australian Council of Social Service (ACOSS)

Locked Bag 4777
Strawberry Hills NSW 2012

P: 02 9310 6200 **F:** 02 9310 4822 **E:** info@acoss.org.au
www.acoss.org.au

Australian Crime Commission (ACC)

GPO Box 1936
Canberra ACT 2601

P: 02 6243 6666 **F:** 02 6243 6685
www.crimecommission.gov.au

Australian Drug Foundation (ADF)

PO Box 818
North Melbourne VIC 3051

P: 03 9278 8100 **F:** 03 9328 3008 **E:** adf@adf.org.au
www.adf.org.au

Part of ADF:

Australian Drug Information Network (ADIN)
www.adin.com.au

CAAN
www.adf.org.au/policy-advocacy/community-alcohol-action-network

DrugInfo
www.druginfo.adf.org.au

Good Sports
www.goodsports.com.au

Somazone
www.somazone.com.au

Australian Federal Police (AFP)

National Headquarters
GPO Box 401
Canberra ACT 2601

P: 02 6131 3000
www.afp.gov.au

Australian Federation of AIDS Organisations (AFAO)

PO Box 51
Newtown NSW 2042

P: 02 9557 9399 **F:** 02 9557 9867 **E:** mail@afao.org.au
www.afao.org.au

Australian Indigenous Doctors' Association (AIDA)

PO Box 3497
Manuka ACT 2603

P: 02 6273 5013 **F:** 02 6273 5014 **E:** aida@aida.org.au
www.aida.org.au

Australian Institute of Criminology (AIC)

GPO Box 2944
Canberra ACT 2601

P: 02 6260 9200 **F:** 02 6260 9299 **E:** front.desk@aic.gov.au
www.aic.gov.au

Australian Institute of Health and Welfare (AIHW)

GPO Box 570
Canberra ACT 2601

P: 02 6244 1000 **F:** 02 6244 1299 **E:** info@aihw.gov.au
www.aihw.gov.au

Australian Injecting and Illicit Drug Users League (AIVL)

GPO Box 1552
Canberra ACT 2601

P: 02 6279 1600 **F:** 02 6279 1610 **E:** info@aivl.org.au
www.aivl.org.au

Australian Lions Drug Awareness Foundation

P.O. Box 530
Springwood Qld 4127

E: aldaf@bigpond.net.au
www.lionsclubs.org.au/aldaf/

Australian Medical Association (AMA)

PO Box 6090
Kingston ACT 2604

P: 02 6270 5400 **F:** 02 6270 5499 **E:** ama@ama.com.au
www.ama.com.au

Australian National Council on Drugs (ANCD)

PO Box 205
Civic Square ACT 2608

P: 02 6166 9600 **F:** 02 6162 2611 **E:** ancd@ancd.org.au
www.ancd.org.au

Australian Sports Anti-Doping Authority (ASADA)

PO Box 1744
Fyshwick ACT 2609

P: 13 000 27232 **F:** 02 6222 4201 **E:** asada@asada.gov.au
www.asada.gov.au

Department of Health and Ageing (DoHA)

GPO Box 9848
Canberra ACT 2601

P: 02 6289 1555 **F:** 02 6281 6946 **E:** enquiries@health.gov.au
www.health.gov.au

Drug and Alcohol Multicultural Education Centre (DAMEC)

PO Box 2315
Strawberry Hills NSW 2012

P: 02 9699 3552 **F:** 02 9699 3131 **E:** admin@damec.org.au
www.damec.org.au

Drug and Alcohol Nurses of Australasia (DANA)

PO Box 5095
Warrnambool VIC 3280

www.danaonline.org

Drug Awareness Rehabilitation and Management (DRUG ARM Australasia)

GPO Box 590
Brisbane QLD 4001

P: 07 3620 8811 **F:** 07 3620 8812 **E:** info@drugarm.com.au
www.drugarm.com.au

Drug Free Australia (DFA)

1 Collingrove Avenue
Broadview SA 5083

P: 0403 334 002 **E:** admin@drugfree.org.au
www.drugfree.org.au

Family Drug Support (FDS)

PO Box 7363
Leura NSW 2780

P: 02 4782 9222 **F:** 02 4782 9555 **E:** admin@fds.ngo.org.au
www.fds.org.au

Hepatitis Australia

PO Box 716
Woden ACT 2606

P: 02 6232 4257 **E:** admin@hepatitisaustralia.com
www.hepatitisaustralia.com

For details of state and territory councils see the Hepatitis Australia website.

Life Education Australia

Level 7, 280 Pitt Street
Sydney NSW 2000

P: 02 8262 4300 **F:** 02 8262 4333 **E:** national@lifeeducation.org.au
www.lifeeducation.org.au

Mental Health Council of Australia (MHCA)

PO Box 174
Deakin West ACT 2600

P: 02 6285 3100 **F:** 02 6285 2166 **E:** admin@mhca.org.au
www.mhca.org.au

Narcotics Anonymous Australia

1st Floor 204 King Street
Newtown NSW 2042

See website for details
www.naoz.org.au

National Aboriginal Community Controlled Health Organisation (NACCHO)

PO Box 5120
Braddon ACT 2612

P: 02 6248 0644 **F:** 02 6248 0744 **E:** elaine@naccho.org.au
www.naccho.org.au

National Cannabis Prevention and Information Centre (NCPIC)

PO Box 684
Randwick NSW 2031

P: 02 9385 0208 **F:** 02 9385 0201 **E:** info@ncpic.org.au
http://ncpic.org.au

National Centre for Education and Training on Addiction (NCETA)

Flinders University
GPO Box 2100
Adelaide SA 5001

P: 08 8201 7535 **F:** 08 8201 7550 **E:** nceta@flinders.edu.au
www.nceta.flinders.edu.au

National Centre for Epidemiology and Population Health (NCEPH)

The Australian National University
Canberra ACT 0200

P: 02 6125 2378 **F:** 02 6125 0740 **E:** nceph@anu.edu.au
http://nceph.anu.edu.au

National Centre in HIV Social Research (NCHSR)

Faculty of Arts and Social Sciences
University of New South Wales
Sydney NSW 2052

P: 02 9385 6776 **F:** 02 9385 6455 **E:** nchsr@unsw.edu.au
http://nchsr.arts.unsw.edu.au

National Centre in HIV Epidemiology and Clinical Research (NCHECR)

CFI Building
Cnr Boundary & West Streets
Darlinghurst NSW 2010

P: 02 9385 0900 **F:** 02 9385 0920 **E:** recept@nchecr.unsw.edu.au
www.nchecr.unsw.edu.au

National Drug and Alcohol Research Centre (NDARC)

University of New South Wales
Sydney NSW 2052

P: 02 9385 0333 **F:** 02 9385 0222 **E:** ndarc@unsw.edu.au
www.ndarc.med.unsw.edu.au

National Drug Law Enforcement Research Fund (NDLERF)

NDLERF Secretariat
GPO Box 2944
Canberra ACT 2601

P: 02 6260 9200 **F:** 02 6260 9299 **E:** ndlerf@aic.gov.au
www.ndlerf.gov.au

National Drug Research Institute (NDRI)

GPO Box U1987
Perth WA 6845

P: 08 9266 1600 **F:** 08 9266 1611 **E:** ndri@curtin.edu.au
http://ndri.curtin.edu.au

National Drugs Sector Information Service (NDSIS)

PO Box 269
Woden ACT 2606

P: 02 6215 9899 **F:** 02 6282 7364 **E:** ndsis@adca.org.au
http://ndsis.adca.org.au

National Health and Medical Research Council (NHMRC)

GPO Box 1421
Canberra ACT 2601

P: 02 6217 9000 **F:** 02 6217 9100 **E:** nhmrc@nhmrc.gov.au
www.nhmrc.gov.au

National Indigenous Drug and Alcohol Committee (NIDAC)

PO Box 205
Canberra ACT 2608

P: 02 6166 9600 **F:** 02 6162 2611 **E:** nidac@ancd.org.au
www.nidac.org.au

National Inhalants Information Service (NIIS)

PO Box 269
Woden ACT 2606

P: 02 6215 9816 **F:** 02 6282 7364 **E:** info@inhalantsinfo.org.au
www.inhalantsinfo.org.au

National Organisation for Fetal Alcohol Syndrome and Related Disorders (NOFASARD)

PO Box 206
Normanville SA 5204

P: 0418 854 947 **E:** sue@nofasard.org
www.nofasard.org

Public Health Association of Australia (PHAA)

PO Box 319
Curtin ACT 2605

P: 02 6285 2373 **F:** 02 6282 5438 **E:** phaa@phaa.net.au
www.phaa.net.au

QUITNOW

www.quitnow.info.au

Resilience Education and Drug Information (REDI)
Student Engagement Section
Department of Education, Employment and Workplace Relations
GPO Box 9880
Canberra ACT 2601

P: 1300 363 079
www.redi.gov.au

Salvation Army
Contacts for social services and programs can be found at the website.
www.salvos.org.au

Salvation Army Bridge Programmes
Bridge programmes are located in the Northern Territory, South Australia, Tasmania, Victoria and Western Australia.
www.salvationarmy.org.au/SALV/LANDING/PC_60134.html

Smokenders Australia
P: 1800 021 000 **E:** info@smokenders.com.au
www.smokenders.com.au

AUSTRALIAN CAPITAL TERRITORY

ACT Council of Social Service (ACTCOSS)
PO Box 849
Mawson ACT 2607

P: 02 6202 7200 **E:** actcoss@actcoss.org.au
www.actcoss.org.au

ACT Division of General Practice
PO Box 3571
Weston ACT 2611

P: 02 6287 8099 **F:** 02 6287 8055 **E:** reception@actdgp.asn.au
www.actdgp.asn.au

Alcohol and Drug Foundation ACT (ADFACT)

PO Box 2230
Tuggeranong ACT 2901

P: 02 6163 0200 **F:** 02 6282 7777 **E:** adfact@adfact.org
www.adfact.org

Alcohol, Tobacco and other Drug Association ACT (ATODA)

PO Box 7187
Watson ACT 2602

P: 02 6255 4070 **E:** info@atoda.org.au
www.atoda.org.au

Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)

GPO Box 1552
Canberra City ACT 2601

P: 02 6279 1670 **F:** 02 6279 1610 **E:** info@cahma.org.au

DIRECTIONS ACT Alcohol and Drug Services

GPO Box 538
Woden ACT 2606

P: 02 6122 8000 **F:** 02 6122 8001 **E:** reception@directionsact.com
www.directionsact.com

Families and Friends for Drug Law Reform (FFDLR)

PO Box 4736
Higgins ACT 2615

P: 02 6254 2961 **F:** 02 6254 2961 **E:** mcconnell@ffdlr.org.au
www.ffdlr.org.au

NEW SOUTH WALES

Addiction Treatment and Psychology Services

Psych N Soul – Addiction Treatment and Psychology Services
67 Macarthur Street
Ultimo NSW 2007

P: 02 9280 2070 **F:** 02 9212 3981 **E:** info@addictiontreatment.com.au
www.addictiontreatment.com.au

Alcohol and Drug Foundation - NSW

PO Box 285
Glebe NSW 2037

P: 02 9660 5818 **F:** 029552 2590 **E:** info@adfnsw.org.au
www.adfnsw.org.au

Council of Social Service of New South Wales (NCOSS)

66 Albion Street
Surry Hills NSW 2010

P: 02 9211 2599 **F:** 02 9281 1968 **E:** info@ncoss.org.au
www.ncoss.org.au

Hawkesbury District Health Service

Locked Bag 10
Windsor NSW 2756

P: 02 4560 5555 **F:** 02 4560 5563 **E:** hdhsenquiries@chcs.com.au
www.hdhs.com.au

Kamira Farm

PO Box 284
Wyong NSW 2259

P: 02 4392 1341 **F:** 02 4392 6644 **E:** info@kamira.com.au
www.kamira.com.au

The Lyndon Community

160 Kite Street
Orange NSW 2800

P: 02 6361 2300 **F:** 02 6361 7400 **E:** enquiries@lyndoncommunity.org.au
www.lyndoncommunity.org.au

Magistrates Early Referral Into Treatment (MERIT) NSW

NSW Attorney General's Department
Crime Prevention Division, Department of Justice and Attorney General
Level 5, 160 Marsden Street
Parramatta NSW 2150

P: 02 8688 7625 **F:** 02 8688 9627 **E:** cpd_unit@agd.nsw.gov.au
www.lawlink.nsw.gov.au/merit

Manly Drug Education and Counselling Centre (MDECC)

91 Pittwater Road
Manly NSW 2095

P: 02 9977 0711 **F:** 02 9976 2319 **E:** admin@mdecc.org.au
www.mdecc.org.au

Mental Health Association NSW

Level 5, 80 William Street
East Sydney NSW 2011

P: 02 9339 6000 **F:** 02 9339 6066 **E:** info@mentalhealth.asn.au
or mha@mentalhealth.asn.au
www.mentalhealth.asn.au

Mental Health and Drug and Alcohol Office (NSW Health)

Locked Mail Bag 961
North Sydney NSW 2059

P: 02 9391 9000 **F:** 02 9391 9042 **E:** mhdao@doh.health.nsw.gov.au
www.health.nsw.gov.au/mhdao

Network of Alcohol and Drug Agencies (NADA)

PO Box 2345
Strawberry Hills NSW 2012

P: 02 9698 8669 **F:** 02 9690 0727 **E:** admin@nada.org.au
www.nada.org.au

New South Wales Users and AIDS Association (NUAA)

PO Box 1069
Surry Hills NSW 2010

P: 02 8354 7300 **F:** 02 8354 7350 **E:** nuaa@nuaa.org.au
www.nuaa.org.au

Odyssey House McGrath Foundation

PO Box 459
Campbelltown NSW 2560

P: 02 9281 5144 **F:** 02 9820 1796
www.odysseyhouse.com.au

SMART Recovery Australia

Suite 150, 3rd Floor
416-418 Pitt Street
Haymarket NSW 2000

P: 02 9373 5100 **F:** 02 9373 5199 **E:** smartrecovery@srau.org.au
www.smartrecoveryaustralia.com.au

St Vincent's Hospital

Alcohol and Drug Service
390 Victoria Street
Darlinghurst NSW 2010

www.stvincents.com.au

Sydney Medically Supervised Injecting Centre (MSIC)

PO Box 293
Kings Cross NSW 1340

P: 02 9360 1191 **F:** 02 9360 0707 **E:** rohang@sydneymisc.com
www.sydneymsic.com

Ted Noffs Foundation

PO Box 120
Randwick NSW 2031

P: 02 9305 6600 **F:** 02 9310 0833 **E:** noffs@noffs.org.au
www.noffs.org.au

Substance.org

Community Connections Building
Suite 109, 114-116 Henry Street
Penrith NSW 2750

P: 02 4732 1999 **F:** 02 4731 1911 **E:** admin@substance.org.au
www.substance.org.au

Watershed Drug and Alcohol Recovery & Education Centre

PO Box 25
Berkeley NSW 2506

P: 02 4272 3000 **F:** 02 4271 6173 **E:** info@watershed.org.au
www.watershed.org.au

We Help Ourselves (WHOS)

PO Box 1779
Rozelle NSW 2039

P: 02 8572 7444 **F:** 02 8572 7400 **E:** info@whos.com.au
www.whos.com.au

Youth Off The Streets
PO Box 6025
Alexandria NSW 2015

P: 02 9330 3500 **F:** 02 9693 1599 **E:** info@youthoffthestreets.com.au
www.youthoffthestreets.com.au

Youth Solutions
PO Box 112
Macarthur Square NSW 2560

P: 02 4628 2319 **F:** 02 4626 7844 **E:** info@youthsolutions.com.au
www.youthsolutions.com.au

NORTHERN TERRITORY

Amity Community Services Inc
PO Box 3628
Darwin NT 0801

P: 08 8944 6565 **F:** 08 8981 8456 **E:** habitwise@amity.org.au
www.amity.org.au

Banyan House (Forster Foundation for Drug Rehabilitation)
PO Box 312
Berrimah NT 0828

P: 08 8942 7400 **F:** 08 8947 1093 **E:** admin@banyanhouse.org.au
www.banyanhouse.org.au

CatholicCare NT
Central Administration
PO Box 132
Berrimah NT 0828

P: 08 8944 2033 **F:** 08 8947 4222 **E:** darwin@catholiccarent.org.au
www.catholiccarent.org.au

Central Australian Youth Link-Up Service (CAYLUS)

Tangentyere Council
PO Box 8070
Alice Springs NT 0871

P: 08 8951 4222 **F:** 08 8952 8521
www.tangentyere.org.au/services/family_youth/caylus

Council for Aboriginal Alcohol Program Services (CAAPS)

PMB 22
Berrimah NT 0828

P: 08 8922 4800 **F:** 08 8922 4832 **E:** caaps@caaps.org.au
www.caaps.org.au

Drug and Alcohol Services Association (DASA)

PO Box 3009
Alice Springs NT 0871

P: 08 8952 8412 **F:** 08 8953 4686 **E:** admin@dasa.org.au
www.dasa.org.au

Employee Assistance Service Australia (EASA)

PO Box 1031
Darwin NT 0801

P: 08 8941 1752 **F:** 08 8941 0746 **E:** easadarwin@easa.org.au
www.easa.org.au

Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD)

GPO Box 966
Darwin NT 0801

P: 08 8923 6666 **F:** 08 8981 7717 **E:** info@forwaard.com.au
www.forwaard.com.au

Menzies School of Health Research
PO Box 41096
Casuarina NT 0811

P: 08 8922 8196 **F:** 08 8927 5187 **E:** info@menzies.edu.au
www.menzies.edu.au

QUEENSLAND

The Alcohol and Drug Foundation - Queensland (ADFQ)
PO Box 332
Spring Hill QLD 4004

P: 07 3834 0200 **F:** 07 3832 2527 **E:** adfq@adfq.org
www.adfq.org

The Centre for Accident Research & Road Safety - Queensland (CARRS-Q)
School of Psychology and Counselling
Faculty of Health
Queensland University of Technology
130 Victoria Park Road
Kelvin Grove QLD 4059

P: 07 3138 4905 **F:** 07 3138 7532 **E:** carrsq@qut.edu.au
www.carrsq.qut.edu.au

Drug Awareness Rehabilitation and Management (DRUG ARM Australasia)
GPO Box 590
Brisbane QLD 4001

P: 07 3620 8811 **F:** 07 3620 8812 **E:** info@drugarm.com.au
www.drugarm.com.au

Gold Coast Drug Council

PO Box 2655
Burleigh MDC QLD 4220

P: 07 5535 4302 **F:** 07 5576 2512 **E:** info@gcdrugcouncil.org.au
www.gcdrugcouncil.org.au

Queensland Alcohol and Drug Research and Education Centre (QADREC)

Level 1 Public Health Building
School of Population Health
The University of Queensland
Herston Road
Herston QLD 4006

P: 07 3365 5189 **F:** 07 3365 5509 **E:** qadrec@sph.uq.edu.au
www.uq.edu.au/qadrec

Queensland Injectors Health Network (QuIHN) Ltd

PO Box 2470
Fortitude Valley BC QLD 4006

P: 07 3620 8111 **F:** 07 3854 1070 **E:** quihn@quihn.org
www.quihn.org

Queensland Network of Alcohol and other Drug Agencies (QNADA)

50 Cleveland Street
Greenslopes QLD 4120

P: 07 3010 6500 **F:** 07 3846 1701 **E:** info@qnada.org.au
www.qnada.org.au

Transformations by the bay

PO Box 5796
Torquay QLD 4655

P: 07 4194 6621 **F:** 07 4194 6676 **E:** admin.tbtb@gmail.com

SOUTH AUSTRALIA

Aboriginal Drug and Alcohol Council (SA) Inc. (ADAC)
155 Holbrooks Road
Underdale SA 5032

P: 08 8351 9031 **F:** 08 8352 4546 **E:** adac@adac.org.au
www.adac.org.au

Drug and Alcohol Services - South Australia (DASSA)
161 Greenhill Road
Parkside SA 5063

P: 08 8274 3333 **F:** 08 8274 3399
www.dassa.sa.gov.au

South Australian Network of Drug and Alcohol Services (SANDAS)
204 Wright Street
Adelaide SA 5000

P: 08 8231 8818 **F:** 08 8231 8860 **E:** sandasinfo@sandas.org.au
www.sandas.org.au

South Australian Voice for IV Education (SAVIVE)
26 Richmond Road
Keswick SA 5035

P: 08 8334 1699 **F:** 08 8351 3652 **E:** savive@savive.org.au
www.acsa.org.au/savive.html

TASMANIA

Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC)
Suite 6, Level 2
81 Salamanca Place
Battery Point TAS 7004

P: 03 6224 7780 **F:** 03 6224 7800 **E:** reception@atdc.org.au
www.atdc.org.au

Drug Education Network (DEN)
2 Midwood Street
New Town TAS 7008

P: 1300 369 319 **E:** info@den.org.au
www.den.org.au

Holyoake Tasmania
127 Davey Street
Hobart TAS 7000

P: 03 6224 1777 **F:** 03 6223 1476 **E:** admin@holyoake.com.a
www.holyoake.com.au

Tasmanian Council on AIDS, Hepatitis & Related Disorders (TasCAHRD)
GPO Box 595
Hobart TAS 7001

P: 03 6234 1242 **F:** 03 6234 1630 **E:** mail@tascahrd.org.au
www.tascahrd.org.au

VICTORIA

Alcohol Related Brain Injury Australian Services (ARBIAS)
PO Box 5002
Brunswick VIC 3056

P: 03 8388 1222 **F:** 03 9387 9925 **E:** arbias@arbias.org.au
www.arbias.org.au

Buoyancy Foundation of Victoria
PO Box 2143
Richmond South VIC 3121

P: 03 9429 3322 **F:** 03 9428 3655 **E:** info@buoyancy.org.au
www.buoyancy.org.au

Eastern Hume Dual Diagnosis Service

PO Box 1225
Wangaratta VIC 3677

P: 03 5722 2677 **F:** 03 5722 2877 **E:** gary.croton@nhw.hume.org.au
www.dualdiagnosis.org.au

Harm Reduction Victoria

PO Box 12720
A'Beckett Street
Melbourne VIC 8006

P: 03 9329 1500 **F:** 03 9329 1501 **E:** admin@hrvic.org.au
www.hrvic.org.au

The PAMS Service - 'Pharmacotherapy Advocacy Mediation and Support Service' (PAMS)

P: 1800 443 844

Health Works - Western Region Health Centre

Primary Health Care and Needle Syringe Program
4-12 Buckley Street
Footscray VIC 3011

P: 03 9362 8100 **F:** 03 9687 6035
www.wrhc.com.au/Services_HEALTH.html

INNERSPACE Primary Needle and Syringe Program

4 Johnston Street
Collingwood Vic 3066

P: 03 9468 2800 **F:** 03 9417 1499 **E:** info@innerspace.org.au
www.innerspace.org.au

Integrated Primary Mental Health Service

Northeast Health Wangaratta
PO Box 1225
Wangaratta VIC 3677

P: 03 5722 2677 **F:** 03 5722 2877
http://nhw.hume.org.au

Moreland Hall

26 Jessie Street
Moreland VIC 3058

P: 03 9386 2876 **F:** 03 9383 6705 **E:** queries@morelandhall.org
www.morelandhall.org

Odyssey House Victoria

660 Bridge Road
Richmond VIC 3121

P: 03 9420 7600 **F:** 03 9425 9537 **E:** odyssey@odyssey.org.au
www.odyssey.org.au

Orygen Youth Health Research Centre

Locked Bag 10
Parkville VIC 3052

P: 03 9342 2800 **F:** 03 9387 3003 **E:** info@oyh.org.au
http://oyh.org.au

QUIT Victoria

PO Box 888
Carlton South VIC 3053

P: 03 9663 7777 **F:** 03 9635 5510 **E:** quitline@quit.org.au
www.quit.org.au

Reconnexion

222 Burke Road
Glen Iris VIC 3146

P: 03 9886 9400 **F:** 03 9886 0650 **E:** info@reconnexion.org.au
www.reconnexion.org.au

South East Alcohol and Drug Services (SEADS)

2nd Floor
229 Thomas Street
Dandenong VIC 3175

P: 03 8792 2330 **F:** 03 8792 2331 **E:** seads@southernhealth.org.au
www.southernhealth.org.au

Turning Point Alcohol & Drug Centre

54–62 Gertrude Street
Fitzroy VIC 3065

P: 03 8413 8413 **F:** 03 9416 3420 **E:** info@turningpoint.org.au
www.turningpoint.org.au

Victorian Alcohol and Drug Association (VAADA)

211 Victoria Parade
Collingwood VIC 3066

P: 03 9412 5600 **F:** 03 9416 2085 **E:** vaada@infoxchange.net.au
www.vaada.org.au

Youth Substance Abuse Service (YSAS)

PO Box 2950
Fitzroy VIC 3065

P: 03 9415 8881 **F:** 03 9415 8882 **E:** admin@ysas.org.au
www.ysas.org.au

WESTERN AUSTRALIA

Aboriginal Alcohol and Drug Service (AADS)

PO Box 8105
Perth Business Centre WA 6849

P: 08 9221 1411 **F:** 08 9221 1585 **E:** info@aads.org.au
www.aads.org.au

Palmerston Association

PO Box 8241
Subiaco East WA 6008

P: 08 9287 5400 **F:** 08 6380 1376 **E:** mail@palmerston.org.au
http://palmerston.org.au/

Western Australian Network of Alcohol and other Drug Agencies (WANADA)

Perth Business Centre
PO Box 8048
Perth WA 6849

P: 08 6365 6365 **F:** 08 9328 1682 **E:** drugpeak@wanada.org.au
www.wanada.org.au

Western Australian Substance Users Association (WASUA)

PO Box 7083
Cloisters Square
Perth WA 6850

P: 08 9321 2877 **F:** 08 9321 4377 **E:** info@wasua.com.au
www.wasua.com.au

INTERNATIONAL

Alcohol Advisory Council of New Zealand (ALAC)

PO Box 5023
Wellington 6145
New Zealand

P: +64 4 917 0060 **F:** +64 4 473 0890 **E:** central@alac.org.nz
www.alcohol.org.nz

Asian Harm Reduction Network (AHRN)

PO Box 18
Chiangmai University Post Office
Muang, Chiangmai
Thailand 50202

P: +66 53 893175 **F:** +66 53 893176 **E:** info@ahrn.net
www.ahrn.net

National Addiction Centre - New Zealand

PO Box 4345
Christchurch 8140
New Zealand

P: +64 3 364 0480 **F:** +64 3 364 1225
www.addiction.org.nz

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

5635 Fishers Lane, MSC 9304
Bethesda MD 20892-9304
USA

www.niaaa.nih.gov

National Institute on Drug Abuse (NIDA)

National Institutes of Health
6001 Executive Boulevard, Room 5213
Bethesda, MD 20892-9561
USA

P: +1 301-443-1124 **E:** information@nida.nih.gov
www.nida.nih.gov

New Zealand Drug Foundation

PO Box 3082
Wellington 6140
New Zealand

P: +64 4 801 6303 **E:** admin@drugfoundation.org.nz
www.drugfoundation.org.nz

Substance Abuse and Mental Health Services Administration (SAMHSA)
1 Choke Cherry Road
Rockville MD 20857 USA

P: +1 240 276 2000 **F:** +1 240 276 2010 **E:** samhsa@samhsa.gov
www.samhsa.gov

World Health Organization (WHO)
Avenue Appia 20
1211 Geneva 27
Switzerland

P: +41 22 791 2111 **F:** +41 22 791 3111 **E:** info@who.int
www.who.int/en/

INDIGENOUS SPECIFIC ORGANISATIONS

The following is a list of some of the organisations focusing on alcohol and drug issues within the Indigenous community.

NATIONAL

Australian Indigenous Doctors' Association (AIDA)
PO Box 3497
Manuka ACT 2603

P: 02 6273 5013 **F:** 02 6273 5014 **E:** aida@aida.org.au
www.aida.org.au

Centre for Excellence in Indigenous Tobacco Control
Level 4, 207 Bouverie Street
The University of Melbourne
VIC 3010

P: 03 8344 0870 **F:** 03 8344 0824 **E:** ceitc-info@unimelb.edu.au
www.ceitc.org.au

National Aboriginal Community Controlled Health Organisation (NACCHO)
PO Box 5120
Braddon ACT 2612

P: 02 6248 0644 **F:** 02 6248 0744 **E:** elaine@naccho.org.au
www.naccho.org.au

National Indigenous Drug and Alcohol Committee (NIDAC)
PO Box 205
Canberra ACT 2608

P: 02 6166 9600 **F:** 02 6162 2611 **E:** nidac@ancd.org.au
www.nidac.org.au

AUSTRALIAN CAPITAL TERRITORY

Gugan Gulwan Youth Aboriginal Corporation

PO Box 307
Erindale Centre ACT 2903

P: 02 6231 9555 **F:** 02 6231 9933
www.gugan-gulwan.com.au

Winnunga Nimmityjah Aboriginal Health Service

63 Boolimba Crescent
Narrabundah ACT 2604

P: 02 6284 6222 **F:** 02 6284 6200
www.winnunga.org.au

NEW SOUTH WALES

Aboriginal Health & Medical Research Council of NSW (AH&MRC)

Level 3
66 Wentworth Avenue
Surry Hills NSW 2010

P: 02 9212 4777 **F:** 02 9212 7211 **E:** ahmrc@ahmrc.org.au
www.ahmrc.org.au

Benelong's Haven Family Rehabilitation Centre

2054 South West Rocks Road
Kinchela Creek
Kempsey NSW 2440

P: 02 6567 4856 **F:** 02 6567 4932

Bourke Aboriginal Health Service Ltd

61 Oxley Street
Bourke NSW 2840

P: 02 6872 3088 **F:** 02 6872 2749 **E:** Judy.johnson@bahs.com.au

"Dharah Gibinj" Casino Aboriginal Medical Service

43 Johnston Street
Casino
NSW 2470

P: 02 6662 3514 **F:** 02 6662 4849 **E:** info@casinoams.com
http://www.casinoams.com/d_a_prog.html

The Langton Centre: Koori unit on healing

591 South Dowling Street
Surry Hills NSW 2010

P: 02 9332 8777 **F:** 02 9332 8700
www.sesiahs.health.nsw.gov.au/sydhosp/services/langton.asp

Namatjira Haven Drug and Alcohol Healing Centre

108 Whites Lane
Alstonville NSW 2477

P: 02 6628 1098 **F:** 02 6628 0520 **E:** admin@namatjirahaven.com
http://namatjirahaven.com

Ngaimpe Aboriginal Corporation and the Glen Centre

PO Box 5179
Chittaway Bay
NSW 2261

P: 02 4388 6360 **F:** 02 4388 6511 **E:** theglen@integritynet.com.au
www.theglencentre.org.au/page10.php

Maari Ma Health Aboriginal Corporation

443 Argent Street
Broken Hill NSW 2880

P: 08 8082 9888 **F:** 08 8082 9889 **E:** dtonna@gwahs.health.nsw.gov.au
www.maarima.com.au

Oolong House

11 Junction Street
Nowra NSW 2541

P: 02 4422 0644 **F:** 02 4423 2145 **E:** oolong@shoalhaven.net.au
www.oolonghouse.org.au

Walgett Aboriginal Medical Service Co-operative - Drug and alcohol information

37 Pitt Street (PO Box 398)
Walgett NSW 2832

P: 02 6828 1611 **F:** 02 6828 1201 **E:** walgettams@bigpond.com
www.walgettams.com.au/services/program-team/drug-alchohol.html

Weigelli Centre Aboriginal Corp

1474 Pine Mt Road
Woodstock NSW 2793

P: 02 6345 1868 **E:** weigelli@bigpond.com

NORTHERN TERRITORY

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

43 Mitchell Street
Darwin NT 0800

P: 08 8944 6666 **F:** 08 8981 4825 **E:** reception@amsant.org.au
www.amsant.org.au

Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU)

Lot 290 Ragonesi Road
Alice Springs NT 0870

P: 08 8955 4600 **F:** 08 8955 5385
www.caaapu.org.au

Council for Aboriginal Alcohol Program Services (CAAPS)

PMB 22
Berrimah NT 0828

P: 08 8922 4800 **F:** 08 8922 4832 **E:** caaps@caaps.org.au
www.caaps.org.au

Danila Dilba Alcohol and Other Drugs Program

GPO Box 2125
Darwin NT 0801

P: 08 8942 5444 **F:** 08 8941 3542
www.daniladilba.org.au

Foundation Of Rehabilitation With Aboriginal Alcohol Related Difficulties (FORWAARD)

GPO Box 966
Darwin NT 0801

P: 08 8923 6666 **F:** 08 8981 7717 **E:** info@forwaard.com.au
www.forwaard.com.au/

Ilpurla Aboriginal Corporation

PO Box 5417
Alice Springs NT 0871

P: 08 8956 7046 **F:** 08 8956 7047

NPY Women's Council Aboriginal Corporation

PO Box 8921
Alice Springs, NT 0871

P: 08 8958 2345 **F:** 08 8952 3742 **E:** enquiries@npywc.org.au
www.npywc.org.au

Warlpiri Youth Development Aboriginal Corporation - Mt Theo Program

Yuendumu CMB
via Alice Springs NT 0872

P: 08 8956 4188 **F:** 08 8956 4081 **E:** admin@mttheo.org
www.mttheo.org

QUEENSLAND

Aboriginal and Torres Strait Islander Community Health Services Brisbane

55 Annerley Road
Woolloongabba QLD 4102

P: 07 3240 8900 **F:** 07 3391 6196 **E:** info@aichs.org.au
www.atsichsbrisbane.org.au

Ferdy's Haven Alcohol Rehabilitation Aboriginal Corporation

1 Coconut Grove Road
Palm Island QLD 4816

P: 07 4770 1152 **F:** 07 4770 1160 **E:** admin@ferdyshaven.org.au

Gindaja Treatment and Healing Centre

87 Back Beach Road
Yarrabah QLD 4871

P: 07 4056 9156 **F:** 07 4056 9274 **E:** everyone@gindaja.org
www.gindaja.org

Halo House Alcohol Awareness Centre - Gumbi Gumbi Aboriginal Corporation

25 George Street
Rockhampton QLD 4700

P: 07 4922 8355

KASH Aboriginal Corporation

Spear Creek
Barkly Highway
Mount Isa QLD 4825

P: 07 4743 2370 **F:** 07 4743 7485 **E:** k.chong@kash.org.au
www.kash.org.au

Queensland Aboriginal and Islander Health Council
PO Box 3205
South Brisbane QLD 4101

P: 07 3328 8500 **F:** 07 3844 1544
www.qaihc.com.au

Queensland Aboriginal and Torres Strait Islanders Alcohol & Drug Dependence Service
27 Llewellyn Street
New Farm QLD 4005

P: 07 3358 5111 **F:** 07 3254 0076

Townsville Aboriginal and Islanders Health Services (TAIHS)
10 Turnbull Street
Garbutt QLD 4814

P: 07 4725 0454
www.taihs.net.au

Wunjuada Alcohol and Drug Rehabilitation Centre
19 Barambah Avenue
Cherbourg QLD 4605

P: (07) 4168 1225 **F:** (07) 4168 3141

SOUTH AUSTRALIA

Aboriginal Drug and Alcohol Council (SA) (ADAC)
155 Holbrooks Road
Underdale SA 5032

P: 08 8351 9031 **F:** 08 8352 4546 **E:** adac@adac.org.au
www.adac.org.au

Aboriginal Health Council of South Australia (AHCSA)

9-11 King William Road
Unley SA 5061

P: 08 8273 7200 **F:** 08 8273 7299 **E:** ahcsa@ahcsa.org.au
www.ahcsa.org.au

Aboriginal Sobriety Group

182-190 Wakefield Street
Adelaide SA 5000

P: 08 8223 4204 **F:** 08 8232 6685 **E:** sobriety.asg@asg.org.au
www.aboriginalsobrietygroup.org.au

The Aboriginal Substance Misuse Connection Program

Drug & Alcohol Services South Australia
161 Greenhill Road
Parkside SA 5063

P: 08 8274 3333 **F:** 08 8274 3399

Ceduna Koonibba Aboriginal Health Service (CKAHS)

PO Box 314
Ceduna SA 5690

P: 08 8625 3699 **F:** 08 8625 2898

Kalparrin Community Incorporated

PO Box 319
Murray Bridge SA 5253

P: 08 8532 4940 **F:** 08 8532 5511 **E:** admin@kalparrin.com
www.kalparrin.com

Nunkuwarrin Yunti

PO Box 7202
Hutt Street
Adelaide SA 5000

P: 08 8223 5217 **F:** 08 8232 0949
www.nunku.org.au/index.php

Port Lincoln Aboriginal Health Service Incorporated

19A Oxford Terrace
Post Office Box 1583
Port Lincoln SA 5606

P: 08 8683 0162 **F:** 08 8683 0126 **E:** reception@plahs.org.au
www.plahs.org.au

TASMANIA

Aboriginal Health Service

182 Charles Street
Launceston TAS 7250

P: 03 6331 6966

Alcohol and Drug Services (ADS)

Clive Hamilton Building
St Johns Park
New Town TAS 7008

P: 03 6230 7901 **or Toll Free 24 hours:** 1800 811 994 **F:** 03 6230 7922
www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug

Tasmanian Aboriginal Health Service

56 Patrick Street
Hobart TAS 7000

P: 03 6231 3527

VICTORIA

Ngwala Willumbong Co-operative Ltd
Head office
PO Box 361
St Kilda Victoria 3182

P: 03 9510 3233 **F:** 03 9510 6288 **E:** reception@ngwala.org
www.ngwala.org

Njernda Aboriginal Corporation
84 Hare Street
Echuca VIC 3564

P: 03 5482 3075 **F:** 03 5480 6116 **E:** ceo@njernda.com.au

Tanderra Koorie Community Alcohol and Drug Service Centre
372 Main Street
Bairnsdale VIC 3875

P: 03 5153 0125 **F:** 03 5153 1721

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
5-7 Smith Street
Fitzroy VIC 3065

P: 03 9419 3350 **F:** 03 9417 3871 **E:** enquiries@vaccho.com.au
www.vaccho.org.au

Victorian Aboriginal Health Service Co-operative
186 Nicholson Street
Fitzroy VIC 3065

P: 03 9419 3000 **F:** 03 9417 3897 **E:** info@vahs.org.au
www.vahs.org.au

Winja Ulupna Women's Centre
14 Charnwood Crescent
St Kilda VIC 3182

P: 03 9525 5442 **F:** 03 9534 0133

For further Victorian Indigenous AOD organisations please see
www.kooridruginfo.adf.org.au/kooriworkers

WESTERN AUSTRALIA

Aboriginal Alcohol and Drug Services
211 Royal Street
East Perth WA 6004

P: 08 9221 1411 **F:** 08 9221 1585 **E:** info@aads.org.au
www.aads.org.au

Aboriginal Health Council of Western Australia (AHCWA)
PO Box 8493 Stirling Street
PERTH WA 6849

P: 08 9227 1631 **F:** 08 9228 1099 **E:** admin@ahcwa.org
www.ahcwa.org.au

Jungarni-Jutiya Alcohol Centre
Lot 94 Thomas Street (PO Box 222)
Halls Creek WA 6770

P: 08 9168 6168 **Client:** 08 9168 5008 **F:** 08 9168 6205
E: admin@jungarni.org
www.jungarni.org

Milliya Rumurra
78 Great Northern Highway
Broome WA 6470

P: 08 9192 1699 **F:** 08 9193 5996

Ngangganawili Aboriginal Health Service

1467 Thompson Street
Wiluna WA 6646

P: 08 9981 7063 **F:** 08 9981 7029
www.nahs.org.au

Ngnowar Aerwah Aboriginal Corporation

Wyndham WA 6740

P: 08 9161 1806 **or** 08 9161 1496 **F:** 08 9161 1510
E: ngowar@bigpond.com

ACRONYMS AND ABBREVIATIONS COMMONLY USED IN THE ALCOHOL AND OTHER DRUGS SECTOR

A

A & E	Accident and Emergency
AA	Alcoholics Anonymous
AADS	Aboriginal Alcohol and Drug Service
ABF	Australian Brain Foundation Inc
ABI	Acquired Brain Injury
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACH2	Australian Centre for HIV and Hepatitis Virology Research
ACHP-RU	Australian Centre for Health Promotion Research Unit
ACOSS	Australian Council of Social Service
ACPR	Australasian Centre for Policy Research
ACTCOSS	ACT Council of Social Service
ADAC	Aboriginal Drug and Alcohol Council (SA)
ADCA	Alcohol and other Drugs Council of Australia
ADF	Australian Drug Foundation
ADFACT	Alcohol and Drug Foundation - Australian Capital Territory
ADFQ	Alcohol and Drug Foundation – Queensland
ADHD	Attention Deficit Hyperactivity Disorder
ADIN	Australian Drug Information Network
ADIS	Alcohol and Drug Information Service
ADR	Alternative Dispute Resolution
AER	Alcohol Education and Rehabilitation Foundation
AFAO	Australian Federation of AIDS Organisations
AFP	Australian Federal Police
AGPN	Australian General Practice Network
AHS	Area Health Service
AHRN	Asian Harm Reduction Network
AIC	Australian Institute of Criminology
AIDA	Australian Indigenous Doctors Association
AIDR	Australian Illicit Drug Report

AIDS	Acquired Immune Deficiency Syndrome or Acquired Immunodeficiency Syndrome
AIHW	Australian Institute of Health and Welfare
AIVL	Australian Injecting and Illicit Drug Users League
ALAC	Alcohol Advisory Council of New Zealand
AMA	Australian Medical Association
AMC	Australian Medical Council
ANCAHRD	Australian National Council on AIDS, Hepatitis C and Related Diseases
ANCD	Australian National Council on Drugs
ANEX	Association for Prevention and Harm Reduction Programs Australia
AOD	Alcohol and Other Drugs
AODS	Alcohol and Other Drugs Services
AODTS	Alcohol and Other Drug Treatment Services
APAC	Australian Pharmaceutical Advisory Council
APAIC	Asia and Pacific Amphetamine-Type Stimulants Information Centre
APFDFY	Australian Parents for Drug Free Youth
APSAD	Australasian Professional Society on Alcohol and other Drugs
ARBD	Alcohol Related Birth Defects
ARBIAS	Alcohol Related Brain Injury Australian Services
ARND	Alcohol Related Neurodevelopment Disorder
ASADA	Australian Sports Anti-Doping Authority
ASH	Action on Smoking and Health
ASSAD	Australian School Students Alcohol and Drug Survey
ATCA	Australasian Therapeutic Communities Association
ATDC	Alcohol, Tobacco and other Drugs Council of Tasmania
ATOD	Alcohol, Tobacco and Other Drugs
ATODA	Alcohol, Tobacco and Other Drug Association ACT
ATS	Amphetamine Type Substances
AUDIT	Alcohol Use Disorders Identification
AUSEINET	Australian Network for Promotion, Prevention and Early Intervention for Mental Health

B

BAC	Blood Alcohol Concentration
BEACH	Bettering the Evaluation & Care for Health
BBV	Blood-Borne Virus

C

CAA	Carers Association of Australia
CAAN	Community Alcohol Action Network
CAAPS	Council for Aboriginal Alcohol Program Services
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CARRS-Q	Centre for Accident Research & Road Safety, QLD
CALD	Culturally and Linguistically Diverse
CAYLUS	Central Australian Youth Link-Up Service
CBA	Cost-benefit Analysis
CBT	Cognitive Behavioural Therapy
CIDI	Composite International Diagnostic Interview
COAG	Council of Australian Governments
COD	Causes of Death
COTSA	Clients of Treatment Services Agencies
CPI	Community Partnerships Initiative
CSSS	Community Sector Support Scheme
CTO	Community Treatment Order

D

D & A	Drug and Alcohol
DAMEC	Drug and Alcohol Multicultural Education Centre
DANA	Drug and Alcohol Nurses of Australasia
DAO	Drug and Alcohol Office (Western Australia)
DASA	Drug and Alcohol Services Association
DASSA	Drug and Alcohol Services – South Australia
DAW	Drug Action Week
DEA	Drug Enforcement Agency (US)
DEN	Drug Education Network (Tasmania)
DFA	Drug Free Australia
DoHA	Department of Health and Ageing
DPMP	Drug Policy Modelling Program
DSM	Diagnostic and Statistical Manual of Mental Disorders
DUCO	Drug Use Careers of Offenders
DUI	Driving Under the Influence
DUMA	Drug Use Monitoring in Australia

E

EAP	Employee Assistance Program
EASA	Employee Assistance Service Australia

EBM	Evidence-Based Medicine
EBP	Evidence-Based Practice
EDRS	Ecstasy and related Drugs Reporting System
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction

F

FAD	Fetal Alcohol Disorder
FAE	Fetal Alcohol Effects
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorders
FDS	Family Drug Support
FFDLR	Families and Friends for Drug Law Reform
FORWAARD	Foundation Of Rehabilitation With Aboriginal Alcohol Related Difficulties

G

GABA	Gamma-aminobutyric acid
GHB	Gamma hydroxy butyrate or Gamma hydroxybutyric acid, Sodium Oxybate
GLBT	Gay Lesbian Bi-sexual and Transgender
GP	General Practitioner

H

HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus

I

ICD	International Classification of Diseases
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Users
IGCD	Intergovernmental Committee on Drugs
IMP	Intentional Misuse of Pharmaceutical Drugs
INCB	International Narcotics Control Board

L

LAAM	Levo-alpha-acetylmethadol
LEA	Life Education Australia
LGBT	Lesbian, Gay, Bisexual and Transgender people
LSD	Lysergic acid diethylamide

M

MAST	Michigan Alcohol Screening Test
MCDS	Ministerial Council on Drug Strategy
MDECC	Manly Drug Education and Counselling Centre
MDMA 3,4	Methylenedioxymethamphetamine
MERIT	Magistrates Early Referral Into Treatment programme
MHCA	Mental Health Council of Australia
MMT	Methadone Maintenance Therapy/Treatment
MOTS	Methadone and Other Treatment Subcommittee
MSIC	Medically Supervised Injecting Centre

N

NA	Narcotics Anonymous
NACCHO	National Aboriginal Community Controlled Health Organisation
NACSDE	National Advisory Committee on School Drug Education
NADA	Network of Alcohol and Drug Agencies
NCA	National Crime Authority
NCADA	National Campaign Against Drug Abuse (forerunner to NDS)
NCADD	National Council on Alcoholism and Drug Dependence (US)
NCBADLE	National Community Based Approach to Drug Law Reform
NCEPH	National Centre for Epidemiology and Population Health
NCETA	National Centre for Education and Training on Addiction
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCHSR	National Centre in HIV Social Research
NCIS	National Coroner's Information System
NCOSS	Council of Social Service of New South Wales
NCPIC	National Cannabis Prevention and Information Centre
NDARC	National Drug and Alcohol Research Centre
NDCPF	National Drug Crime Prevention Fund
NDLERF	National Drug Law Enforcement Research Fund
NDRI	National Drug Research Institute
NDS	National Drug Strategy
NDSF	National Drug Strategic Framework
NDSHS	National Drug Strategy Household Survey
NDSIS	National Drugs Sector Information Service
NDSU	National Drug Strategy Unit
NEPOD	National Evaluation of Pharmacotherapies for Opioid Dependence

NESB	Non-English Speaking Background
NFP	Not For Profit
NGO	Non Government Organisation
NHMRC	National Health and Medical Research Council
NIAAA	National Institute on Alcohol Abuse and Alcoholism (US)
NIDA	National Institute on Drug Abuse (US)
NIDAC	National Indigenous Drug and Alcohol Committee
NIDIP	National Illicit Drug Indicators Project
NIDS	National Illicit Drug Strategy
NIIS	National Inhalants Information Service
NMDS	National Minimum Data Set
NOFASARD	National Organisation for Fetal Alcohol Syndrome and Related Disorders
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Program
NTCOSS	Northern Territory Council of Social Service
NUAA	NSW Users and AIDS Association

O

OECD	Organisation for Economic Cooperation And Development
OTC	Over-the-counter

P

PD	Party Drugs
PBS	Pharmaceutical Benefits Scheme
PDI	Party Drugs Initiative
PHAA	Public Health Association of Australia

Q

QADREC	Queensland Alcohol and Drug Research and Education Centre
QNADA	Queensland Network of Alcohol and other Drugs Agencies
QUIHN	Queensland Injectors Health Network

R

RACGP	Royal Australian College of General Practitioners
RAD	Rural Alcohol Diversion
RADAR	Register of Australian Drug and Alcohol Research
RBT	Random Breath Testing
RCT	Randomised Controlled Trial
REDI	Resilience Education and Drug Information

S

SAMHSA	Substance Abuse and Mental Health Services Administration (US)
SANDAS	South Australian Network of Drug and Alcohol Services
SAVIVE	South Australian Voice for IV Education
SEADS	South East Alcohol and Drug Services
SES	Socio-Economic Status
SDERA	School Drug Education and Road Aware
SIF	Safe Injecting Facility
STI	Sexually Transmitted Infection

T

TC	Therapeutic Community
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol (the main psychoactive substance in cannabis)
TQM	Total Quality Management

U

UASA	Users Association of South Australia
UN	United Nations
UNDCP	United Nations International Drug Control Programme

V

VAADA	Victorian Alcohol and Drug Association
VET	Vocational Education and Training
VSA	Volatile Solvent (Substance) Abuse
VSM	Volatile Solvent (Substance) Misuse

W

WANADA	Western Australian Network of Alcohol and other Drug Agencies
WASUA	Western Australian Substance Users Association
WESDARC	Western Sydney Drug and Alcohol Resource Centre
WHO	World Health Organization
WHOS	We Help Ourselves

Y

YSAS	Youth Substance Abuse Service

DEFINITIONS

This is a list of terms that are commonly used in the alcohol and other drugs sector with a short description of what each term means. The list is intended for use as a quick reference guide. It is therefore recommended that you seek further information to enhance your understanding of the terms. The references provided for each entry are a useful starting point for your research, as are the organisations listed in Section 3 of this publication.

Anne Rosenzweig
Researcher/Writer

CATEGORIES

The terms have been categorised under three headings – drugs, harm minimisation strategies and other terms.

DRUGS

A drug is a chemical substance that changes one or more functions in your body.[1] This section of *Tips and Tricks* provides definitions for the most common substances associated with problematic drug use, including legal drugs. It should be noted that there are also many pharmaceutical drugs that may be used non-medically, including opiates like morphine and codeine, and benzodiazepines such as diazepam (Valium) and flunitrazepam (Rohypnol). Because of the large number of pharmaceutical drugs that may be misused, and as each drug may be marketed under more than one name, generally they have not been included in this section.

The drugs listed in this section fall into one or more of the following three broad classifications – depressants, stimulants and hallucinogens. The only exceptions to this are steroids and performance and image enhancing drugs, most of which are hormones. Depressants are substances that affect the central nervous system by slowing down the messages going between the brain and the body.[2] Stimulants, on the other hand, speed up the central nervous system to increase activity in the brain.[1] Hallucinogens are substances that produce a change in the user's perception of the world.[3] In some cases, stimulant or depressant drugs may also have hallucinogenic properties, and this has been noted where applicable.

HARM MINIMISATION STRATEGIES

The principle of harm minimisation forms the basis of Australia's National Drug Strategy. Harm minimisation initiatives encompass a range of policies and programs that aim to reduce drug-related harm. They include strategies that prevent anticipated harms as well as those that reduce actual harms. Harm minimisation is consistent with a comprehensive approach to drug-related harm, involving a balance between the three core elements of demand reduction, supply reduction and harm reduction.[4]

OTHER TERMS

Other terms comprise a small number of additional terms that are also frequently used in the sector but don't fit into either of the above categories. For the purposes of this publication, they primarily include health conditions.

Abstinence

Harm minimisation strategy

Abstinence is when a person refrains from drug use.[5] It can be a choice to completely stop using drugs, or it can refer to a temporary cessation of drug use, such as through a court order, unavailability of drugs or a lack of money.[1]

Addiction

See *dependence*

Alcohol

Drug - depressant

Alcohol is a substance produced through the fermentation of grains, vegetables and fruits. It is the most widely used mood-changing, recreational drug in Australia,[6] with almost 90% of Australians aged 14 and over having used alcohol at some time in their lives and almost 83% having used it recently.[7] The active drug in alcoholic drinks is ethanol which is produced through the fermentation process. Pure alcohol is a colourless liquid with no taste.[6]

Alcohol is absorbed directly into the bloodstream through the walls of the stomach and small intestine and is quickly distributed to all parts of the body, including the brain. It affects almost all the body's cells and systems, inhibiting brain function and impairing judgement, coordination and balance. The liver is the main body organ that removes alcohol from the bloodstream and it takes about an hour to break down the 10 grams of pure alcohol in one standard drink.[6]

The short term harms associated with alcohol misuse include: reduced concentration; lack of coordination; slower reflexes; intense moods; headache; and nausea and vomiting. At high doses, coma and death may result.[6] It may also increase the risk of injury through road accidents, violence, falls and accidental death.[8]

Drinking a lot of alcohol regularly is likely to cause a range of physical, emotional and social harms over time.[6] It can cause permanent damage to some body organs, including the liver, heart and brain, and it increases the risk of many cancers.[8] Other longer term harms may include: stomach problems; frequent infections; sexual impotence and reduced fertility; family and relationship problems; poor work performance; and legal and financial difficulties.[6]

Amphetamine-type stimulants

Drug – stimulant and hallucinogen

Amphetamine-type stimulants are a group of drugs related to the chemical compound amphetamine that are made in laboratories by mixing different chemical substances. They stimulate the body's central nervous system and produce effects such as: euphoria and wellbeing; increased energy and hyperactivity; decreased appetite; increased blood pressure and heart rate; and nausea. Some amphetamine-type stimulants may also produce hallucinations.[9 10]

Amphetamine-type stimulants include amphetamine, methamphetamine, MDMA (commonly referred to as ecstasy, which also has hallucinogenic properties), MDA (which is a hallucinogen) and PMA (which also has hallucinogenic properties).[9 11 12] They are usually made in illegal laboratories in various forms and with differing degrees of purity.[9]

In Australia, the most commonly used amphetamine-type stimulants are methamphetamine and MDMA.[9] Among Australians aged 14 years and over, 6.3% report having ever used amphetamine or methamphetamine, and 8.9% report having ever used MDMA.[7]

Methamphetamine or amphetamine can be found in powder ('speed'), paste ('base') or crystalline ('ice', 'crystal') forms and is most commonly used by snorting, swallowing, injecting or smoking.[9 10] MDMA is usually found in tablet form, sometimes with a branded design, but can be available as a capsule or powder.[13] It is usually swallowed, but may be snorted, inserted into the anus or vagina, or injected. Tablets sold as ecstasy often contain other substances in addition to, or instead of, MDMA.[14]

Longer term harms associated with methamphetamine use include: high blood pressure; rapid and irregular heartbeat; extreme mood swings; paranoia; depression and anxiety; and seizures. Users may also experience amphetamine-induced psychosis which has symptoms similar to those associated with paranoid schizophrenia - hallucinations, paranoid delusions and uncontrolled violent behaviour.[10 11] Amphetamine-related brain damage, strokes and death can occur. There are also a range of harms associated with injecting the drug, such as contracting a blood-borne virus.[15]

Harms associated with MDMA use include triggering episodes of depression or psychosis, heart attack and stroke. The drug has also been linked to some deaths, particularly due to overheating. Less is known about the longer term harms of MDMA use, however heavy and regular use has been associated with depression and memory problems.[14]

See also *ecstasy, psychostimulants*

Assessment

Harm minimisation strategy

Assessment refers to a range of techniques used to evaluate a person's functioning and their suitability for treatment.[1] A key element of assessment involves establishing the history and current status of a person's drug use, treatment, physical health, mental health and psychosocial issues (such as relationship problems or financial difficulties). Assessments generally also involve a physical examination, evaluation of risk and identification of opportunities to reduce harm (such as safer injecting practices).[16, 17]

Best practice

Harm minimisation strategy

Best practice refers to interventions that have been shown, through research and evaluation, to best achieve improved outcomes for a particular condition or issue.[4] Best practice interventions are usually held up as a model to be learned from or followed.

Blood-borne virus

Other term

Blood-borne viruses are those viruses that are spread from one person to another through blood or body fluids that contain blood. They include Hepatitis B Virus (Hep B, HBV), Hepatitis C Virus (Hep C, HCV) and Human Immunodeficiency Virus (HIV). Transmission can result from activities such as sharing injecting drug equipment, having sex, blood transfusions or sharing items such as razors.[1, 18, 19]

See also *needle and syringe programs*

Buprenorphine

See *pharmacotherapy, treatment*

Cannabis

Drug – depressant and hallucinogen

Cannabis is derived from the cannabis plant (cannabis sativa).[20] It is the most widely used illicit drug in Australia across all age groups, with 33.5% of the Australian population aged 14 or older having used cannabis at some time and 9.1% having used it in the last 12 months. Most recent users reported using alcohol at the same time (87.3%).[7]

The main active ingredient in cannabis which gives users the 'high' is called delta-9 tetrahydro-cannabinol (THC). THC is absorbed into the bloodstream through the walls of the lungs, stomach or intestines and then carried to the brain.[2]

Cannabis is used in three main forms: marijuana, hashish and hash oil. Marijuana is made from dried flowers and leaves of the cannabis plant and is usually smoked. Hashish is made from the resin (a secreted gum) of the cannabis plant. It is dried and pressed into small blocks and smoked. It can also be added to food and eaten. Hash oil is a thick oil obtained from hashish and it is also smoked. Most people who use cannabis usually smoke it in hand-rolled cigarettes (known as 'joints') or in special waterpipes ('bongs').[20]

Cannabis causes changes in the user's mood and also affects how they think and perceive their environment. Short term effects may include: feelings of wellbeing; talkativeness; drowsiness; loss of inhibitions; decreased nausea; increased appetite; loss of coordination; bloodshot eyes; dryness of the eyes, mouth and throat; and anxiety and paranoia.[20] In addition, the use of large quantities of cannabis is associated with effects such as confusion, decreased reaction time, paranoia and hallucinations.[2]

There is limited research on the long-term effects of cannabis. The major probable harms are: increased risk of respiratory diseases, including cancer; decreased memory and learning abilities; and decreased motivation in areas such as study, work or concentration. Cannabis use is also associated with mental health problems in some people and the risk of dependence.[20]

See also *hallucinogens*

Cocaine

Drug – stimulant

Cocaine is a drug made from the leaves of the coca plant which, in its pure form, is a white crystalline powder. In Australia, the drug is very impure and is mixed (or 'cut') with other substances such as lactose, glucose or baking soda before being sold.[11]

Cocaine may be used by rubbing on the gums, swallowing, snorting, smoking or injecting. In Australia, cocaine is usually snorted or injected and 5.9% of the population aged 14 or older report having ever used cocaine, with the highest levels of use being among people aged 20-29. Of the people who report recent use of cocaine, most consumed alcohol at the same time and almost half used it with ecstasy and/or cannabis.[7 21]

The effects of cocaine are very short acting (up to 30 minutes), with users generally experiencing a 'rush' of intense pleasure and wellbeing followed by a 'crash' that may prompt them to use again straight away.[21] Other short-term effects include: increased alertness and energy; sexual arousal; increased blood pressure, heart rate and temperature; dilated pupils; and loss of appetite.[11]

Longer term effects associated with cocaine use include sleep disorders; sexual problems; nose bleeds, sinusitis and tearing of the nasal wall; collapsed veins and infections from injecting; seizures; heart attacks; strokes; and respiratory failure.[11 21] Cocaine use is also associated with a range of social and financial problems, as well as psychological problems such as anxiety, depression, mood swings, paranoia and psychosis.[11 22]

Cognitive behaviour therapy (CBT)

See *counselling, treatment*

Comorbidity

Other term

In the alcohol and other drugs sector, comorbidity is when a person has one or more substance use problems and one or more mental health problems at the same time. It is sometimes called 'dual diagnosis'.[16]

Comorbidity of mental disorders and substance use disorders is common.[23] People who have problems with their drug use have an increased risk of mental problems compared to the general population. Similarly, people with mental health problems have a higher rate of drug use problems than the community as a whole. Having both conditions causes significantly more problems than having either alone.[24]

The most commonly reported mental illnesses linked to drug use are anxiety and depression, but more severe illnesses like bipolar disorder and schizophrenia are also highly associated with drug use.[24]

Counselling

Harm minimisation strategy

Counselling is the most common form of treatment for problematic alcohol and/or other drug use. It is a broad term which encompasses several different approaches including psychotherapy, cognitive behaviour therapy, brief intervention, relapse prevention and motivational interviewing.[25]

During counselling, people are encouraged to talk about their drug use and related issues. Sessions may focus on developing problem solving skills, identifying risky situations where a person may feel tempted to use, and developing skills to help the person resist drug use.[26] Counselling can be provided individually or in a group situation, and is available to people who use drugs as well as their family members and/or support people.[25]

See also *intervention, treatment*

Demand reduction

Harm minimisation strategy

Demand reduction refers to policies or programs that are designed to reduce consumer demand for drugs by preventing people from using drugs or helping them reduce or cease their drug use. Demand reduction incorporates a wide range of prevention and treatment strategies such as education campaigns, detoxification programs, rehabilitation programs and drug substitution pharmacotherapy treatments.[1] [27]

See also *harm reduction*, *supply reduction*

Dependence

Other term

Dependence is when a person has a strong desire to use a drug or drugs and finds it very difficult to control their use despite the harmful effects that using the drug/s is having on their life. Dependence on a drug may have physical and/or psychological elements as the body and/or the mind adapt to the drug.[1]

Substance users may be diagnosed as dependent using the *International Statistical Classification of Diseases and Related Health Problems 10th Revision* (also called the ICD-10) which is published by the World Health Organisation, or the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition* (also called the DSM-IV) which is published by the American Psychiatric Association. A diagnosis of dependence is based on three or more of the diagnostic criteria occurring at any time in the same 12-month period.[16]

Detoxification

Harm minimisation strategy

Detoxification usually refers to a supervised treatment where a drug or drugs are removed from the body, particularly when a person has become dependent on the drug/s. It may also be called supervised withdrawal. Detoxification services may be offered in a range of settings, including at home or in a hospital or other residential setting, and may involve medication. Detoxification without appropriate follow-up services or treatments, such as rehabilitation programs and/or pharmacotherapy, is often not enough to help a person recover from dependence.[1 16 28]

See also *withdrawal, pharmacotherapy*

Diversion program

Harm minimisation strategy

Diversion programs are initiatives used by the police and courts to assist drug offenders, and other offenders, to address their drug use and minimise the harms associated with coming into contact with the criminal justice system. A range of programs is provided across Australian states and territories for

different types of drug users and offenders according to the type of drug being used and the severity of the drug use and/or offence. Some programs divert offenders out of the criminal justice system and include initiatives such as a decision not to proceed against an offender or the provision of a fine or a formal caution. Other programs are based on a therapeutic principle and divert offenders into interventions such as drug education, assessment and/or treatment.[29]

Ecstasy (MDMA)

Drug – stimulant and hallucinogen

Ecstasy is the popular street name for a range of drugs that are sold supposedly containing the substance 3, 4-methylenedioxymethamphetamine (MDMA) – a stimulant with hallucinogenic properties. Ecstasy is usually sold in tablet or pill form, most commonly with a logo stamped on it, but is sometimes found in capsule or powder form. Most users swallow ecstasy, but some people snort the drug or insert it into the anus or vagina. A small number of people inject ecstasy.[14]

Tablets sold as ecstasy in Australia today do not always contain MDMA. Sometimes they contain methamphetamine mixed with other amphetamine-type drugs. Ketamine, pseudoephedrine, caffeine, glucose, household chemicals, cocaine, LSD and heroin have all been found in pills sold as ecstasy.[14]

Of Australians aged 14 and over, 8.9% have used ecstasy at some stage, making ecstasy the second most commonly used illicit drug after cannabis. Males are more likely than females to use ecstasy, and people aged 20-29 years are more likely than those in other age groups to use the drug.[7]

The short term effects of ecstasy include euphoria and a feeling of wellbeing, feelings of closeness to others and increased energy. Pupil dilation, jaw tension, teeth grinding, hot and cold flushes and loss of appetite may also be experienced. Overheating and dehydration may occur and can cause serious harms, including death. Other serious harms, including psychosis, heart attack and stroke, may also be triggered by ecstasy use. After using ecstasy, the person may experience depressed mood, loss of energy, irritability, trouble sleeping and poor concentration.[14]

Little is known about the longer term effects of ecstasy use, but there is some research linking regular and heavy use of ecstasy to memory problems and depression.[14]

See also *amphetamine-type stimulants*

Evidence-based practice (also evidence-informed practice/decisions)

Harm minimisation strategy

Evidence-based practice, also referred to as evidence-informed practice/ decisions, is a strategy used to make decisions about the most appropriate course of action by combining the best available research evidence with professional expertise, patient preferences and circumstance. The evidence base can also be used to develop effective policy. Evidence-informed policies take account of research evidence on the effects of care, along with information about population needs, priorities and resources.[30]

Foetal alcohol spectrum disorders

Other term

Alcohol consumed during pregnancy passes through the placenta into the bloodstream of the unborn baby and can harm the developing foetus. Foetal alcohol spectrum disorders is a general term to describe the array of adverse effects associated with exposure to alcohol by the foetus. It includes the conditions Foetal Alcohol Syndrome, Alcohol Related Birth Defects, and Alcohol Related Neurodevelopmental Disorder.[31 32]

Miscarriage and stillbirth are among the consequences of alcohol exposure during pregnancy. In the child, alcohol exposure during pregnancy can result in: prematurity; brain damage; birth defects; growth restriction; developmental delay; and cognitive, social, emotional and behavioural deficits. As the child grows, the social and behavioural problems associated with alcohol exposure in pregnancy may become more apparent. Intellectual and behavioural characteristics in individuals exposed to alcohol in pregnancy include: low IQ; inattention; impulsivity; aggression; and problems with social interaction.[32]

Not all children exposed to alcohol during pregnancy will be affected and a broad range of effects is possible, some of which may persist into adulthood. The National Health and Medical Research Council (NHMRC) states that the risk varies from person to person because it is influenced by a wide range of maternal and foetal characteristics. While the amount of alcohol that is safe for the foetus has not been determined, the level of risk is highest when there is high, frequent maternal alcohol intake. The NHMRC recommends that for women who are pregnant or planning a pregnancy, not drinking is the safest option.[31]

Gamma-hydroxybutyrate (GHB)

Drug – depressant

Gamma-hydroxybutyrate (GHB - also known as GBH, fantasy and liquid ecstasy) is a substance that occurs naturally in the body. It is manufactured synthetically for recreational purposes and while it is most commonly available as a liquid, it may also be found in crystal powder form.[33] Of Australians aged 14 years and over, only 0.5% report ever using GHB.[7]

GHB can be difficult to buy in Australia. However gamma-butyrolactone (GBL), which is used in a variety of industrial products, can be mixed with more easily obtainable substances to make GHB. Additionally, if GBL is taken into the body on its own, it metabolises into GHB, creating the same effects.[11]

Concentrations of GHB can vary significantly and users cannot be sure how much of the drug they are taking. This is particularly problematic because there is only a small margin between the dose associated with a pleasurable effect and that which produces effects that require treatment. Short term effects include: euphoria and a sense of wellbeing; increased libido; drowsiness; nausea and vertigo; difficulty breathing; seizures; and death.[11]

The longer-term effects of GHB are hard to identify due to a lack of research in this area. However, it is known that the risk of overdose is high due to varied concentrations across batches and the small difference between the amount that produces a high and that which causes overdose. There is also evidence that the substance is highly addictive and regular users can develop physical and/or psychological dependence on GHB.[33]

Hallucinogens

Drug – hallucinogen

Hallucinogens are drugs that change a user's perception of the world. They produce hallucinations – or false perceptions of the senses – so that the user believes that they can see, hear, smell, taste or touch things that do not exist. The hallucinogenic effect is often referred to as a 'trip'. Immediate effects can include: increased heart rate and blood pressure; anxiety and panic; change in mood; visual distortions; distorted sense of time, space and body image; poor coordination; increased body temperature; and dizziness, drowsiness and/or nausea.[3]

Hallucinogens may be synthetic products made in laboratories by mixing different chemical substances or they may be substances that occur naturally in trees, vines, seeds, fungi and leaves.[3] Of Australians aged 14 years and older, 6.7% report having ever used hallucinogens. However, only 0.6% have used them in the last 12 months, with psilocybin ('magic mushrooms') and LSD ('acid') being the most commonly used forms.[7] MDMA (ecstasy), cannabis and ketamine may also produce hallucinogenic effects.[3]

LSD is a synthetic chemical that is usually sold on small pieces of absorbent paper decorated with a design. It may also be sold on sugar cubes, small pieces of gelatine, or in capsule, tablet or liquid form and it is taken orally by swallowing or by placing under the tongue. Psilocybin is a chemical found in some varieties of mushroom. The mushrooms may be eaten fresh or dried, in a cooked or raw state, or boiled into a mushroom tea. Dried mushrooms are usually smoked in a rolled cigarette or pipe.[3]

The effects of hallucinogens vary greatly from person to person, and from occasion to occasion.[34] The dosage is usually difficult to determine and, with naturally occurring hallucinogens, the user may mistake the wrong plant or tree for the desired substance.[3 35] The effects of hallucinogens can be very frightening to the user and a 'bad trip' may last up to 12 hours. There is no way to stop or shorten a trip; the user must wait for the drug to wear off.[35]

Longer term effects associated with hallucinogens include 'flashbacks' (a spontaneous recurrence of an experience that originally happened while taking the substance); decreased memory and concentration; increased risk of developing mental health problems in those who have a predisposition; and prolonged depression and anxiety.[3 35]

See also a*mphetamine-type stimulants*, *cannabis, ecstasy*

SECTION 01

ESSENTIALS

Harm reduction

Harm minimisation strategy

Harm reduction measures aim to reduce the harm that people do to themselves or others through their drug use.[1] A harm reduction approach accepts that the use of drugs is part of life for many people and that on most occasions it is enjoyable and non-problematic.[36] It takes into account that harms arise from a broad range of behaviours and practices that are associated with drug use, not just consumption.[37] Harm reduction strategies therefore focus on safer drug use[1] and include measures such as random breath testing and needle and syringe programs.[36]

See also *harm reduction, needle and syringe programs, supply reduction*

Heroin

Drug – depressant

Heroin belongs to a family of drugs called opiates (opioids), which are strong pain killers with addictive properties. It is usually manufactured from codeine and morphine, which are natural chemicals derived from the opium poppy. Street heroin is often mixed with other substances such as glucose and paracetamol.[35 38]

Heroin can be snorted like cocaine, smoked by heating and inhaling the fumes ('chasing the dragon'), injected (into a vein, under the skin or into a muscle), swallowed or sprinkled across the top of cannabis and smoked ('snowconing').[35 38] Injecting or 'mainlining' directly into the veins is often the preferred route of administration because the effect is immediate.[38] Of the Australian population aged 14 and over, 1.6% report having ever used heroin.[7]

The short term effects of using heroin include: euphoria and wellbeing; nausea and vomiting; dilation of pupils; slower breathing; decreased blood pressure and heart rate; drowsiness; slurred speech; and relief from pain. Overdose, coma and death are also associated with heroin use, particularly where other depressant drugs are being used at the same time. Overdose is most common with longer-term use.[38 39]

The longer-term effects include a range of social and financial problems as well as: chronic constipation; lowered sex drive and impotence (men); irregular periods and infertility (women); and the risk of infections and blood borne viruses from injecting.[38 39]

Ice

See *amphetamine-type stimulants*

Inhalants

Drug - depressant

Inhalants are a range of products that produce vapours which, when inhaled, may cause a person to feel intoxicated or 'high'. They include substances such as glue, aerosols, paints, industrial solvents, lacquer thinners, petrol, cleaning fluids and amyl nitrite. The substance is inhaled through the nose or mouth from its packaging or a secondary container, or it may be sprayed into a plastic bag or soaked onto a cloth before being inhaled, or sprayed into the mouth.[40]

Inhalants are quickly absorbed into the bloodstream from the lungs, so small amounts can affect the user in a matter of minutes. However, the effects are usually over within an hour.[40] Of Australians aged 14 years and older, 3.1% have ever used inhalants and 0.4% of the population have used them in the last 12 months. The highest prevalence in recent users is among young people aged 14-19 years.[7]

Short term effects include: fewer inhibitions; excitement and euphoria; confusion and disorientation; hallucinations and delusions; drowsiness; flu-like symptoms; nausea; nosebleeds; and sores around the mouth and/or nose. Large doses have been associated with: disorientation; visual distortions; decreased coordination; loss of consciousness; convulsions; and coma. A small number of people have died from using inhalants or from inhalant-related accidents.[40 41]

Longer term effects include: impaired memory and thinking; eye problems; anaemia; loss of senses of smell and hearing; irregular heart beat; and damage to the heart, liver, brain, nervous system and/or kidneys. Most long-term effects can be reversed if use is stopped, however inhaling some substances or using inhalants for a long period of time can cause permanent damage.[40 42]

Intervention

Harm minimisation strategy

Intervention strategies are actions that aim to raise awareness of, and reduce, risky behaviours by sharing information and motivating people to change those behaviours. They may target a specific group of people who are at risk of harm or they may be targeted at the individual.[16 43 44]

In the drug and alcohol sector, the terms early intervention and brief intervention are commonly used. Early intervention usually refers to screening and assessment at an early stage of a person's drug use to prevent the development of serious drug problems.[43] An example of an early intervention strategy is when young drug offenders who have no prior involvement with the courts have the option of being referred to a range of treatment and education programs.

Brief intervention refers to short actions that are undertaken, often on an opportunistic basis, by a range of health professionals, to assist a person to change their problematic drug use. An example of a brief intervention is when a person goes to their GP for a different health problem and the GP uses the consultation as an opportunity to discuss the person's smoking, encourage the person to think about changes to their smoking behaviour and offer advice regarding cessation strategies.[44]

There is strong evidence for the effectiveness of using brief intervention for alcohol and tobacco, and the evidence for its effectiveness for other substances is growing.[45]

See also *counselling, treatment*

LSD

See *hallucinogens*

MDA

See *amphetamine-type stimulants*

MDMA

See *amphetamine-type stimulants, ecstasy*

Methadone
See *pharmacotherapy, treatment*

Methamphetamine
See *amphetamine-type stimulants*

Naltrexone
See *pharmacotherapy, treatment*

Needle and syringe programs
Harm minimisation strategy

Needle and syringe programs provide free needles, syringes and other items used when injecting drugs, as well as a collection point for used injecting equipment. They also provide education and information on safer drug use, referral to drug treatment services and family support services. Needle and syringe programs reduce the harms associated with injecting drug use, particularly the risk of infection with HIV and other blood borne viruses, by preventing people from sharing injecting equipment and though the collection and safe disposal of used equipment.[1] [46]

See also *harm reduction*

Performance and image enhancing drugs (PIEDs)
Drug – mainly hormones

Performance and image enhancing drugs - or PIEDs - is the collective term for a range of drugs used to improve physical, athletic or mental capacity, or to influence body shape.[1] More specifically, people may use them illicitly in an attempt to: improve brain activity and function; increase energy/reduce fatigue; improve endurance; lose weight; reduce body fat; promote muscle growth and/or bulk; reduce the risk of injury; and increase muscle definition.[47] They may be swallowed in powder form or injected.[35]

The most commonly used PIEDs in Australia are believed to be: insulin; human growth hormone (hGH); insulin-like growth factor 1 (IGF-1); clenbuterol; creatine monohydrate; human chorionic gonadotrophin (hCG); and erythropoietin (EPO). PIEDs are often used in conjunction with anabolic-androgenic steroids (AAS), and may be used to counteract the adverse effects of AAS use.[47]

The harmful side effects associated with using PIEDs are many and varied and some are irreversible.

Side effects may include: abnormal bone growth; high blood pressure; heart damage; heart attack or stroke; liver damage; impotence; facial nerve pain or paralysis; abnormal enlargement of breasts (in men); convulsions; coma; brain, liver or pancreatic damage; shortened life expectancy; and death.[47] As some PIEDs are injected, there are also risks associated with injecting practices, such as the risk of infection or contracting a blood-borne virus.

See also *steroids*

Pharmacotherapy

Harm minimisation strategy

In the drug and alcohol sector, pharmacotherapy refers to the use of medications to respond to drug dependence, including to manage withdrawal, to block drug effects, as replacement or substitution therapy, and/or to treat co-occurring and related psychological disorders.[16 48] Most pharmacotherapy medications are available only on prescription. However some medications to help people stop smoking are available over the counter from pharmacies and from other outlets such as supermarkets and service stations.

Some pharmacotherapies are a substitute for the drug of harm. These therapies aim to replace harmful drug use with safer modes of drug use. Effective substitutes may allow patients to stabilise on doses that prevent withdrawal and craving and to reduce the harms associated with illicit drug use.[49]

Some of the more common pharmacotherapies in Australia and their primary uses are:

Acamprosate - a treatment for alcohol dependence used to maintain abstinence once withdrawal from alcohol is complete. It may be combined with naltrexone treatment.[50]

Buprenorphine - a withdrawal treatment and substitute treatment for heroin dependence.[16] It is also available with naloxone as a combination product, with the naloxone being added to deter injecting.[51]

Bupropion - used to assist in stopping smoking and maintaining abstinence.[50]

Disulfiram - used in the treatment of alcohol dependence to maintain abstinence by causing an unpleasant reaction if alcohol is consumed.[50]

Methadone - a withdrawal treatment and substitute treatment for heroin dependence.[1]

Naloxone - mainly used as a treatment for heroin and other opioid overdose, but also available with buprenorphine in a combined product for substitution treatment.[1, 51]

Naltrexone - a treatment used to detoxify from and treat heroin dependence and to treat alcohol dependence. It blocks the effects of opioids so that taking them doesn't produce the desired effect. It may also block the pleasurable effects associated with alcohol use.[1, 52]

Nicotine - small amounts are used in various forms such as patches, gums, inhalers, nasal spray and lozenges to assist in stopping smoking tobacco.[53]

Varenicline - used in the treatment of tobacco dependence to assist in stopping smoking by reducing cravings and decreasing the enjoyable effects of smoking.[53]

See also *treatment*

PMA

See *amphetamine-type stimulants*

Poly-drug use

Other term

Poly-drug use is when a person uses more than one drug, either simultaneously or at different times over the same period, for non-medical purposes. The term is often used to distinguish people who have patterns of varied drug use from those who use one drug exclusively. Poly-drug use is likely to increase drug-related harm and is a major feature in the incidence of overdose.[1]

Prevention

Harm minimisation strategy

Prevention is action that is taken to stop people from starting to use drugs, delay when they start using them or reduce further harms if they are already using them.[16]

Prevention strategies are often categorised into three groups:

Primary - interventions for people who are likely to use drugs or who have already begun to experiment with them, and aimed at stopping the uptake of drug use or reducing its frequency before harmful use or dependence develops

Secondary - interventions for people who are already using drugs, aimed at reducing the amount of drug-related harm

Tertiary - interventions for people who are dependent or heavy users, aimed to treat and rehabilitate.[1 16]

Psychostimulant

Drug - stimulant

Psychostimulants are a group of drugs that stimulate central nervous system activity, producing euphoria, a sense of wellbeing, wakefulness and alertness. Illicit psychostimulants include cocaine and amphetamine-type stimulants such as MDMA (ecstasy) and methamphetamine. There are some psychostimulants that are made by pharmaceutical companies for the treatment of medical conditions such as attention deficit hyperactivity disorder and narcolepsy. Some people use these pharmaceutical psychostimulants non-medically.[54]

See also *amphetamine-type stimulants, cocaine*

Rehabilitation services

Harm minimisation strategy

Rehabilitation services help people who have had problems with drug use to manage factors which contributed to their drug use in the first place and cope with any triggers which might lead to the person relapsing into problematic drug use. Rehabilitation services can be provided in a variety of settings including in hospital, as an outpatient, or at home.[28]

Relapse

Other term

To relapse is to return to drug use after a period of not using the drug/drugs.[1] Drug dependence is often referred to as a relapsing condition. This means that relapse is common among people trying to recover from dependence.

Speed

See *amphetamine-type stimulants*

Steroids

Drug – hormone

Anabolic-androgenic steroids (AAS) are derived from the hormone testosterone and are involved in the development and maintenance of male sex characteristics. However, it is their building effect on the body, particularly through assisting the growth and repair of muscle tissue, which is associated with their illicit use. Like PIEDs, they are used non-medically to enhance performance in sports, assist in recovery from injury or to influence body shape.[55]

AAS are generally available as tablets which are swallowed or as a liquid which is injected.[56] When used illicitly, people take doses between 10 and 100 times higher than those prescribed under medical supervision for health conditions. People may also use two or more different steroids in conjunction or combine them with other drugs such as PIEDs, caffeine, diuretics or ephedrine.[55]

There are considerable physical and psychological harms associated with using AAS non-medically, some of which are irreversible or have been associated with death. These may include: high blood pressure; liver problems; heart problems; increased cholesterol; sleeplessness; headaches; tendon/ligament damage; acne; increased aggression and irritability; mood swings; and depression. Non-medical AAS use is also associated with a range of physical changes such as clitoral enlargement, smaller breasts and voice changes (in women) and abnormal growth of breasts, shrinking testicles and prostate problems (in men). There are also harms specifically associated with injecting AAS, such as the risk of contracting a blood-borne virus.[55]

See also *performance and image enhancing drugs*

Supply reduction

Harm minimisation strategy

Supply reduction often refers to policies or programs that are designed to disrupt the production and supply of illicit drugs, such as drug seizures at borders, destroying crops, or removing the chemicals that are used to process plant-based drugs or make synthetic drugs. Supply reduction can also refer to initiatives that impose limits on access to and availability of licit drugs, such as legislation regulating the sale of alcohol and tobacco.[27 57]

See also *demand reduction, harm reduction*

Tobacco

Drug – stimulant

Tobacco is made from the dried leaves of the tobacco plant and is ingested by smoking cigarettes, pipes and cigars. Tobacco leaves can also be chewed or made into a fine powder called snuff and sniffed.[58] Of Australians aged 14 years and older, 16.6% (one in six) are daily smokers and 44.6% have ever tried tobacco.[7] People who don't smoke themselves may be exposed to, and ingest, the tobacco smoke of others. This is called passive smoking.

Nicotine, the stimulant drug in tobacco smoke, is highly addictive and causes dependency. The effects of nicotine are felt very quickly as cigarette smoke is absorbed directly from the mouth and dissolves instantly in saliva. It is carried through the mouth's lining into the bloodstream and straight to the brain.[58]

Tobacco smoke is a mixture of almost 4,000 different chemical compounds, 43 of which are known to cause cancer. Smoking tobacco is strongly linked with the development of a range of cancers including those of the mouth, lungs, larynx (voice box), pharynx, oesophagus (gullet), pancreas, cervix, uterus, and bladder. Tobacco smoking also increases the risk of developing conditions such as emphysema, heart disease, stroke and vascular disease, and it is the single largest preventable cause of death and illness in Australia.[58]

Treatment

Harm minimisation strategy

Treatment is a broad term which includes a range of approaches to help a person cease or reduce their harmful drug use and prevent relapse. Some treatment options focus on helping a person withdraw from a drug, while others aim to stabilise a person on a prescribed drug as a substitute for their harmful drug use or to block the effects of a drug. Many treatment options assist the person to identify and address the reasons that they use drugs as well as the consequences of their drug use. Treatment can be provided in a wide range of residential or non-residential settings, and options include: counselling; detoxification; pharmacotherapy; residential rehabilitation; and self-help/mutual support groups.

See also *counselling, detoxification, intervention, pharmacotherapy*

Volatile substances

See *inhalants*

Withdrawal

Harm minimisation strategy

Withdrawal is the process of stopping or reducing use of a drug or drugs, especially after heavy use or use over a long period.[1]

Withdrawal can also refer to a range of physical and psychological symptoms experienced when a person ceases or reduces their drug use, as the body adjusts to functioning either without the drug or with less of the drug. This is also called withdrawal syndrome, withdrawal symptoms or withdrawal effects.[16]

The time it takes to withdraw from a drug and the withdrawal effects depend on several factors such as the drug that is being withdrawn, how long the person has been using it, the general health of the person and the environment in which they are reducing or ceasing their use. Generally, withdrawal symptoms are the opposite of the acute effects of the drug and in the case of some drugs, such as alcohol and benzodiazepines, they can be dangerous if the person suddenly stops taking the drug. Supervised withdrawal - also called detoxification - may involve medication to help manage withdrawal symptoms.[1,16]

See also *dependence, detoxification, pharmacotherapy*

(Endnotes)

1 A Campbell, 'Glossary', in *The Australian illicit drug guide: every person's guide to illicit drugs - their use, effects and history, treatment options and legal penalties*, Black Inc., Melbourne, 2001, pp 217-347.

2 DrugInfo Clearinghouse, *Cannabis*, Australian Drug Foundation (ADF), viewed 7 October 2010, www.druginfo.adf.org.au/druginfo/drugs/drugfacts/cannabis.html

3 E Goldberg & P Dillon, *Hallucinogens*, booklet, National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW), Sydney, 2005.

4 Ministerial Council on Drug Strategy, *The National Drug Strategy: Australia's integrated framework 2004-2009*, Commonwealth of Australia, Canberra, 2004.

5 World Health Organisation, *Lexicon of alcohol and drug terms published by the World Health Organisation*, viewed 2 August 2010, www.who.int/substance_abuse/terminology/who_lexicon/en/print.html

6 NDARC, *Alcohol*, fact sheet, viewed 7 October 2010, www.med.unsw.edu.au/NDARCWeb.nsf/resources/Alcohol1/$file/ALCOHOL.pdf

7 Australian Institute of Health and Welfare (AIHW), *2007 National Drug Strategy Household Survey: detailed findings*, AIHW, Canberra, 2008.

8 Australian Government Department of Health and Ageing, *Reduce your risk: new national guidelines for alcohol consumption*, pamphlet, Australian Government Department of Health and Ageing, Canberra, undated.

9 National Drug Research Institute & Australian Institute of Criminology, *National Amphetamine-Type Stimulant Strategy 2008-2011*, Australian Government Department of Health and Ageing, Canberra, 2008.

10 NDARC, *Amphetamines*, fact sheet, viewed 7 October 2010, www.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact_Drugs5/$file/Amphetamine+fact+sheet.pdf

11 P Dillon, *Club drugs*, updated, booklet, NDARC, UNSW, Sydney, 2009.

12 Ceida, *Amphetamine-type stimulants*, viewed 23 January 2011, www.ceida.net.au/stimulants/amphetamine-type.asp

13 NDARC, *Ecstasy*, fact sheet, viewed 7 October 2010, www.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact_Drugs6/$file/Ecstasy+fact+sheet.pdf

14 E Silins, A Bleeker & G Martin, *Ecstasy: facts & fiction*, second edition, booklet, NDARC, UNSW, Sydney, 2008.

15 L Topp, R McKetin, J Hando & P Dillon, *A users' guide to speed*, revised (R McKetin), booklet, NDARC, UNSW, Sydney, 2009.

16 National Centre for Education and Training on Addiction (NCETA) Consortium, *Alcohol and other drugs: a handbook for health professionals*, Australian Government Department of Health and Ageing, Canberra, 2004.

17 Mental Health and Drug and Alcohol Office, *Clinical guidelines for nursing and midwifery practice in NSW: identifying and responding to drug and alcohol issues*, NSW Department of Health, Sydney, 2007.

18 South Eastern Area Laboratory Services, *Blood-borne viruses*, viewed 12 November 2010, www.bloodborneviruses.org.au/

19 Family Planning Victoria, *Blood borne viruses*, viewed 12 November 2010, www.fpv.org.au/2_13_5.html

20 National Cannabis Prevention and Information Centre (NCPIC), *What is cannabis?*, fact sheet 1, viewed 7 October 2010, www.ncpic.org.au/ncpic/publications/factsheets/article/what-is-cannabis

21 J Shearer, P Dillon & S Kaye, *Cocaine: cutting it fine*, booklet, NDARC, UNSW, Sydney, undated.

22 NDARC, *Cocaine*, fact sheet, viewed 7 October 2010, www.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact_Drugs6/$file/cocaine+fact+sheet.pdf

23 A Gordon, *Comorbidity of mental disorders and substance use: a brief guide for the primary care clinician*, National Drug Strategy monograph series no. 71, Commonwealth of Australia, Canberra, 2009.

24 B Barker, L Burns, L Degenhardt, T Demou, P Dillon, R McKetin, J Ross & M Teesson, *Double trouble: drugs and mental health*, revised (H Proudfoot), booklet, NDARC, UNSW, Sydney, 2009.

25 DrugInfo Clearinghouse, *What kind of help is available*, ADF, viewed 23 January 2011 www.druginfo.adf.org.au/hidden_articles/what_kind_of_help_is_available.html

26 S O'Brien, *Treatment options for heroin and other opioid dependence: a guide for families and carers*, Australian Government Department of Health and Ageing, Canberra, 2004.

27 The Centre for Harm Reduction, *Fact sheet: supply, demand and harm reduction*, Burnet Institute, viewed 29 October 2010, www.burnet.edu.au/freestyler/gui/files/Supply%20Demand%20and%20Harm%20Reduction.pdf

28 D Jackson & B Gray, *Crystal: effects, health, sex, help: info for the gay, lesbian, bisexual and transgender community*, booklet, ACON, Sydney, 2005.

29 C Hughes & A Ritter, *A summary of diversion programs for drug and drug-related offenders in Australia*, DPMP monograph series no. 16, NDARC, UNSW, Sydney, 2008.

30 Drug and Alcohol Services South Australia, *Evidence-based practice*, SA Health, viewed 16 January 2011, www.dassa.sa.gov.au/site/page.cfm?u=191

31 National Health and Medical Research Council, *Australian guidelines to reduce health risks from drinking alcohol*, Commonwealth of Australia, Canberra, 2009.

32 Alcohol and Pregnancy Project, *Alcohol and pregnancy and fetal alcohol spectrum disorder: a resource for health professionals*, Telethon Institute for Child Health Research, Perth, 2009.

33 DrugInfo Clearinghouse, *GHB*, ADF, viewed 7 October 2010, www.druginfo.adf.org.au/druginfo/drugs/drugfacts/ghbfantasy.html

34 ADF, *LSD*, accessed 16 January 2011, www.kooridruginfo.adf.org.au/lsd.html

35 NDARC, *Drugs just the facts*, third edition, NSW Department of Education and Training, Sydney, 2007.

36 D Addy, A Ritter, E Lang, A Swan & M Engelander, *Clinical treatment guidelines for alcohol and drug clinicians: no. 1: key principles and practices*, Turning Point Drug and Alcohol Centre, Melbourne, 2000.

37 D Addy & A Ritter, *Clinical treatment guidelines for alcohol and drug clinicians: no. 4: reducing harm for clients who continue to use drugs*, Turning Point Drug and Alcohol Centre, Melbourne, 2000.

38 NDARC, *Heroin*, fact sheet, viewed 7 October 2010, www.ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact_Drugs7/$file/Heroin+fact+sheet.pdf

39 DrugInfo Clearinghouse, *Heroin*, ADF, viewed 7 October 2010, www.druginfo.adf.org.au/druginfo/drugs/drugfacts/heroin.html

40 DrugInfo Clearinghouse, *Inhalants,* ADF, viewed 7 October 2010, www.druginfo.adf.org.au/druginfo/drugs/drugfacts/inhalants_general_info.html

41 P Dillon, *Inhalants*, booklet, NDARC, UNSW, Sydney, 2003.

42 DrugInfo Clearinghouse, *Inhalant use: an introduction for workers*, factsheet, ADF, 2004, viewed 7 October 2010, www.druginfo.adf.org.au/druginfo/fact_sheets/inhalant_use/inhalant_use_for_workers.html

43 North Coast Area Health Service, *Early and brief intervention*, New South Wales Government, viewed 16 January 2011, www.ncahs.nsw.gov.au/drug-alcohol/index.php?pageid=647&siteid=176

44 NSW Department of Health, *Let's take a moment: quit smoking brief intervention: a guide for all health professionals*, NSW Department of Health, Sydney, 2005.

45 DrugInfo Clearinghouse, *Brief intervention*, ADF, viewed 16 January 2011, www.druginfo.adf.org.au/newsletter.asp?ContainerID=briefint

46 K Dolan, P Dillon & E Silins, *Needle and syringe programs: your questions answered*, Australian Government Department of Health and Ageing, Canberra, 2005.

47 B Larance, P Dillon & L Degenhardt, *Performance and image enhancing drugs*, booklet, NDARC, UNSW, Sydney, undated.

48 National Drug Research Institute & Australian Institute of Criminology, *National Amphetamine-Type Stimulant Strategy: background paper*, Australian Government Department of Health and Ageing, Canberra, 2007.

49 J Shearer & LR Gowing, 'Pharmacotherapies for problematic psychostimulant use: a review of current research', *Drug and Alcohol Review*, 23, 2004, pp. 203-211.

50 J Upfal, *The Australian drug guide: every person's guide to prescription and over-the-counter medicines, street drugs, vaccines, vitamins and minerals*, 7th edition, Black Inc., Melbourne, 2006.

51 Australian Medical Association (AMA), *Buprenorphine-naloxone a helpful addition to opioid substitution treatment*, AMA, viewed 16 January 2011, www.ama.com.au/node/4836

52 NDARC, *What you need to know about methadone and other treatment options*, booklet, NDARC, UNSW, Sydney, 2000.

53 Quit SA, *What medications are there*, viewed 16 January 2011, www.quitsa.org.au/aspx/what_medications_are_there.aspx

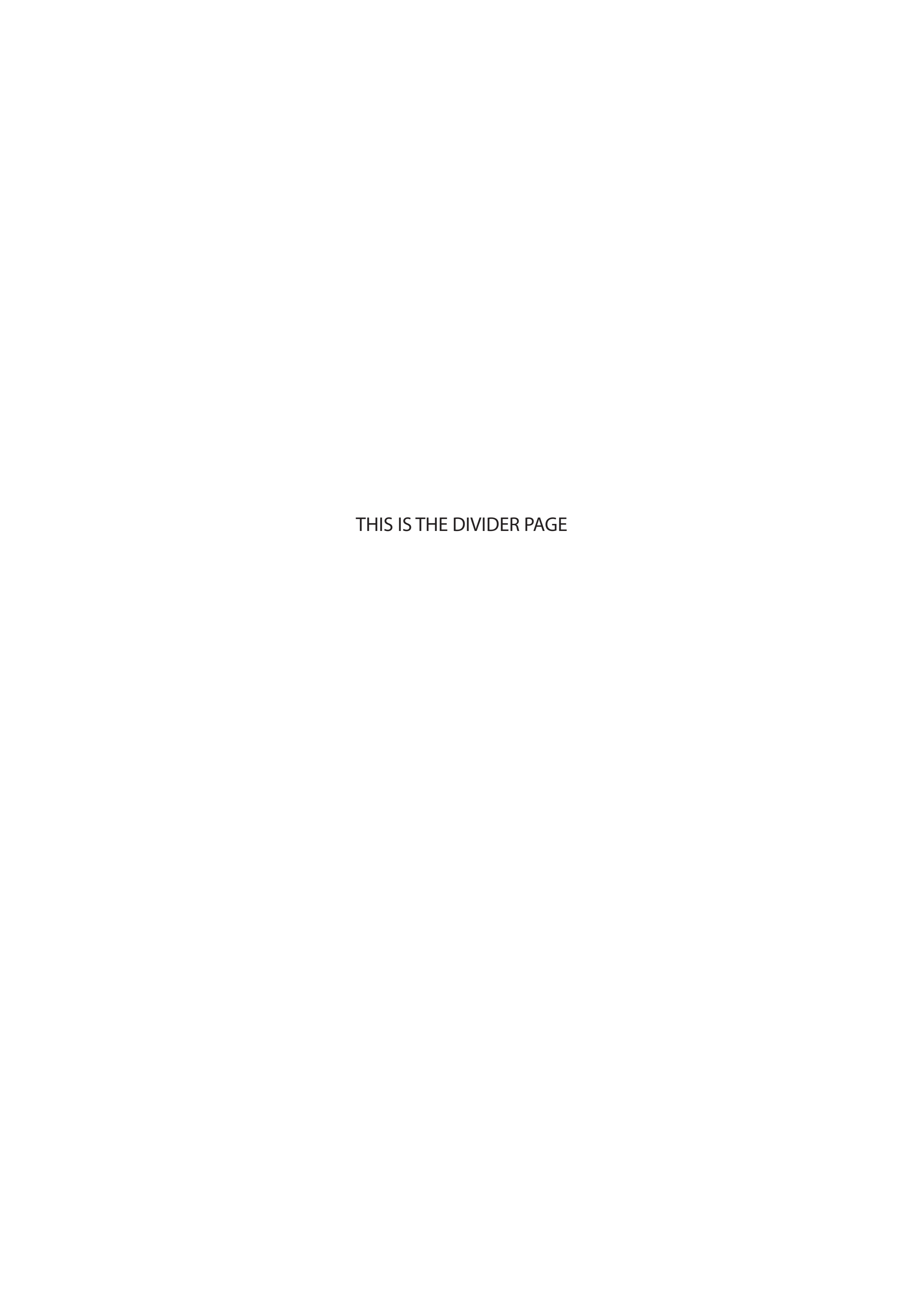
54 Queensland Health, *Psychostimulants information for health care workers*, Queensland Health, Queensland, 2004.

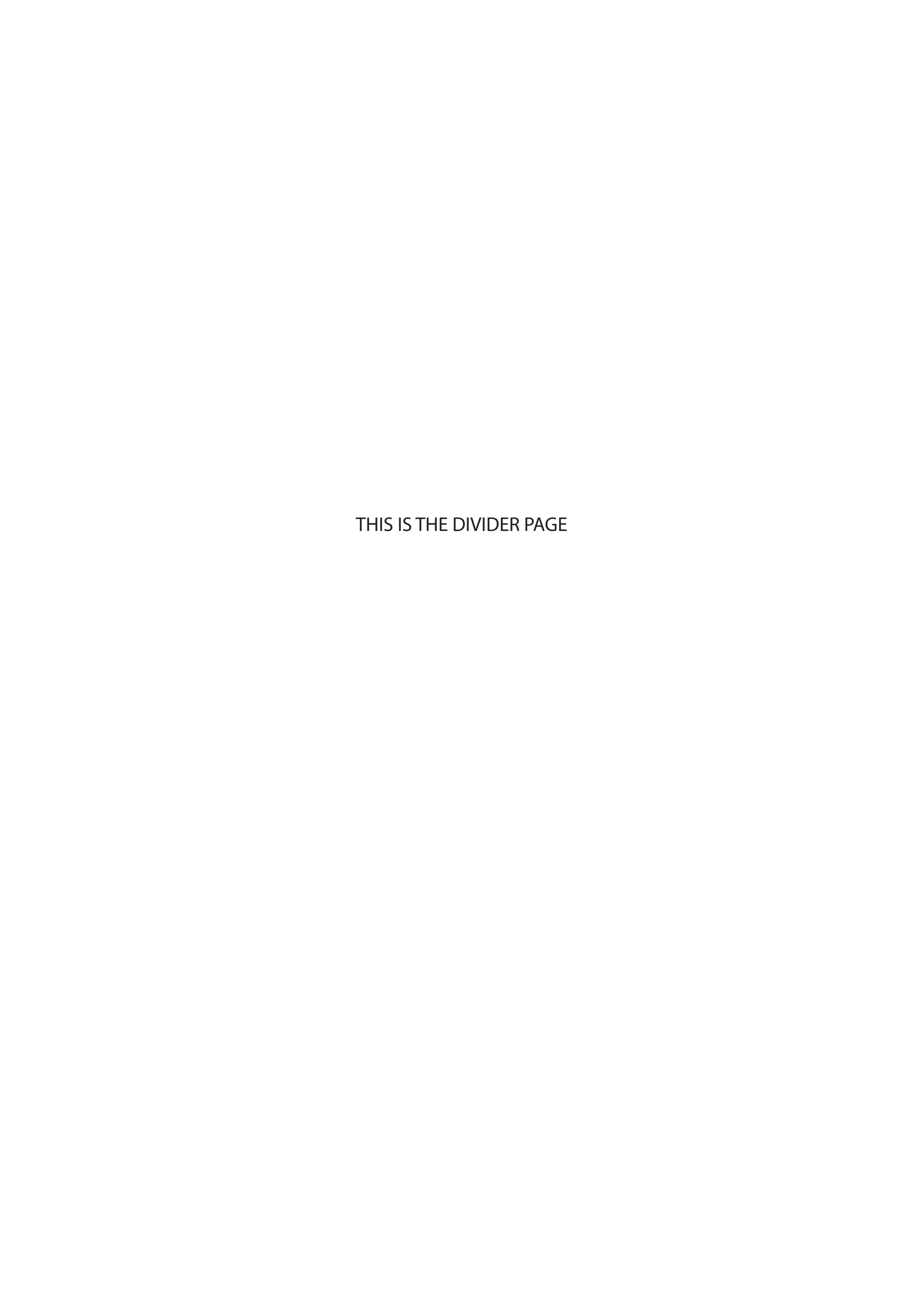
55 NDARC, *Anabolic-androgenic steroids*, fact sheet, viewed 16 January 2011, www.med.unsw.edu.au/ndarcweb.nsf/resources/NDARCFact_Drugs2/$file/AAS+FACT+SHEET.pdf

56 R Peters, J Copeland & P Dillon, *Steroid facts*, booklet, NDARC, UNSW, Sydney, undated.

57 Queensland Department of Education and Training, *Drug terms*, viewed 16 January 2011, http://education.qld.gov.au/health-safety/promotion/drug-education/resources/terms.html

58 NDARC, *Tobacco*, fact sheet, viewed 7 October 2010, http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact_Drugs8/$file/TOBACCO+2.pdf


THIS IS THE DIVIDER PAGE



THIS IS THE DIVIDER PAGE

CONTINUING PROFESSIONAL DEVELOPMENT

Continuing professional development (CPD) is participation in an activity that will enhance and/or increase our knowledge, skills and abilities in relation to our work. There are a number of ways that AOD workers can involve themselves in CPD activities.

DRUGFIELDS

Professional development, policy and practice information for the Australian alcohol and drug field

www.drugfields.org.au

If you are working in any Australian alcohol or other drug (AOD) field, regardless of position, qualifications or experience, Drugfields has something to help you with your professional development.

Here you can access information about requirements for jobs in the AOD field, study opportunities for AOD qualifications or see a list of relevant conferences, workshops or seminars to consider attending.

There is quality alcohol and drugs information and also resources for specific groups from agency managers and prison workers to nurses and Indigenous health workers. All available from our Professional Toolkit.

So visit Drugfields today and sign up for an E-blast, watch a video clip or plan your next conference attendance.

CONFERENCES

A list of recurring AOD conferences is included in this section but you will also find calendars of conferences from the ADCA website, other prominent Australian AOD organisation's websites and also advertised on the Update electronic bulletin board.

There are many benefits to be gained from attending conferences, some of these include:

- **Learn a new skill**
  More often than not, conferences will have a workshop attached to them that will be an opportunity to learn a new skill or learn more about a technique. This is a cost effective way to get the most from a conference and the experts that attend them.
- **Confirm or enhance your already acquired knowledge**
  This is where you can get clarification of something you already know about. Possibly you will meet the researchers behind a concept or practice. You can ask questions or hear about different applications.
- **Exposure to new concepts and the bigger picture**
  Conferences often present new concepts and trends to attendees. This is particularly useful when your day-to-day job often leaves you fighting fires all the time, and never looking further down the road. Listening for a couple of days to researchers and leaders in the field who are more concerned with the sector as a whole than with your specific business really helps you step back and consider the bigger picture.
- **Networking**
  This is probably the biggest reason people go to conferences. If you pick the right conference, the networking alone can be extremely valuable. Take the opportunity to read the attendee list and seek out colleagues you've communicated with or have heard about but have never had the opportunity to meet.
- **Morale**
  Many AOD workers get limited opportunities to travel to conferences. It can be therapeutic to take time out, socialise in the evenings, and win back some enthusiasm.

LIST OF CONFERENCES

ANEX Conference
Regular event at varying locations, check ANEX website for details.
www.anex.org.au

Australasian Therapeutic Communities Association (ATCA) Conference
Annual event at varying locations, check ATCA website for dates.
www.atca.com.au

The Australasian Professional Society on Alcohol and other Drugs (APSAD) Conference
Annual event at varying locations, held in November.
www.apsad.org.au

Australian Drug Foundation - Queensland (ADFQ) Australian Winter School Conference
Annual event held in Queensland midway through the year.
www.winterschool.info

Australian Drug Foundation (ADF) Thinking Drinking Conference
Regular event held in Melbourne, check ADF website for details.
www.adf.org.au

Drug and Alcohol Nurses of Australasia (DANA) Conference
Annual event at varying locations, held midway through the year.
www.danaconference.com.au

SEMINARS AND SHORT COURSES INFORMATION

There are various seminars and short courses available to help AOD workers gain additional skills. Different workplaces may endorse acquiring different skillsets; this list is not an endorsement of any particular training but rather just a sample of some available courses.

Acceptance and Commitment Therapy (ACT) Training

ACT is one of the recent mindfulness-based behaviour therapies used for a diverse range of clinical conditions. Courses are held across Australia of varying duration.

For more information visit: www.actmindfully.com.au

Drug Policy Modelling Program Research Symposium

See website for details of events.
www.dpmp.unsw.edu.au

DrugInfo Clearinghouse Quarterly Seminars

See website for details of regular events.
www.druginfo.adf.org.au

Mental Health First Aid

Mental Health First Aid is the help provided to a person developing a mental health problem or in a mental health crisis. The first aid is given until appropriate professional treatment is received or until the crisis resolves. Courses are typically held over 2 days and are available across the country.

For more information visit: www.mhfa.com.au

Motivational Interviewing Workshops

MI is rapidly gaining worldwide acceptance as an evidence-based, effective intervention to enhance people's capacity to make healthy behavioural choices. Hospitals, health care facilities and AOD organisations may facilitate workshops.

For more information visit the Australian Psychological Society:
www.psychology.org.au

National Drug and Alcohol Research Centre Annual Symposium, Sydney

See website for details.
http://ndarc.med.unsw.edu.au

National Indigenous Drug & Alcohol Committee

See website for details of events.
www.nidac.org.au

Queenland Alcohol and Drug Research and Education Centre

See website for details of regular events.
www.uq.edu.au/qadrec

Research Methods

Basic research methods training, including an introduction to evidence-informed practice and searching databases is offered to AOD workers anywhere in Australia. If you are a government employee it is likely that you will have a department library and training will be available from them.

Any AOD worker may apply to the National Drugs Sector Information Service (NDSIS) for help with research by emailing or using our Ask a Librarian Service. Alternatively ½ day courses are available to groups of AOD workers at no charge. For more information about training or any of our services please contact the NDSIS.

ndsis@adca.org.au

Smart Recovery Australia

SMART Recovery is based on the principles of Cognitive Behavioural Therapy (CBT). The group helps people to understand, manage and change their irrational thoughts and actions.

For more information visit: http://smartrecoveryaustralia.com.au

Turning Point Seminar Series

See website for details of regular events.
www.turningpoint.org.au

Western Australian Drug and Alcohol Symposium

See website for details of regular events.
www.wanada.org.au

For more information about short courses in your state or territory contact these organisations or visit their websites.

AUSTRALIAN CAPITAL TERRITORY

Alcohol Tobacco and Other Drug Association ACT (ATODA)

The ATODA website and their regular newsletter feature a wide range of conferences and events.

www.atoda.org.au

NEW SOUTH WALES

Network of Alcohol and Drug Agencies (NADA)

Go to the Events section of the NADA website to view the training directory.

www.nada.org.au

Youth Action and Policy Association (YAPA)

YAPA is the peak organisation representing young people and youth services in NSW.

www.yapa.org.au

NORTHERN TERRITORY

Alcohol and other Drugs Program Directorate

08 8999 2691

www.health.nt.gov.au

QUEENSLAND

Queensland Alcohol and Drug Research and Education Centre (QADREC)

QADREC is a centre within University of Queensland's School of Population Health, Faculty of Health Sciences. It is Queensland's only educational institute providing specialised qualifications in Addiction Studies, or Alcohol and Drugs. Seminar details can be viewed at their website.

www.uq.edu.au/qadrec

Queensland Health - Alcohol and Drug Training and Resource Unit (ADTRU)

ADTRU is responsible for the provision of education and training, and resource materials on drugs and alcohol to health and related professionals throughout Queensland.

www.health.qld.gov.au/atod/health_professional/prof_development.asp

Queensland Network of Alcohol & other Drug Agencies (QNADA)

Go to the Calendar section of the QNADA website to view the conferences and events.

www.qnada.org.au

SOUTH AUSTRALIA

Drug and Alcohol Services South Australia (DASSA)

DASSA regularly hold various training courses - visit their website to view a list of training opportunities.

www.dassa.sa.gov.au/site/page.cfm?u=165

SA Network of Drug and Alcohol Services (SANDAS)

Go to the Workforce Development section of the SANDAS website to view the training and workshops.

www.sandas.org.au

TASMANIA

For information about training courses in Tasmania contact the state peak, the Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC).

http://atdc.org.au

VICTORIA

Victorian Alcohol and Drug Association's (VAADA)
Go to the Sector Development section of the VAADA website to view conferences and events.

Victorian Health Department
The Health Department's Alcohol and other Drugs Services website offers information about a variety of courses available to Victorians.

www.health.vic.gov.au/aod/training.htm
www.vaada.org.au

WESTERN AUSTRALIA

Drug and Alcohol Office
The Drug and Alcohol Office is the Western Australia government agency which works across the government and non-government sector to address drug and alcohol issues in the community. An AOD training calendar is available from their website.

www.dao.health.wa.gov.au

FORMAL ACADEMIC TRAINING

To learn more about the different levels of qualifications and what qualifications are formally recognised read the Australian Qualification Framework.

www.aqf.edu.au

For information about AOD relevant university courses in Australia try the following websites:

Going to Uni

This is a Department of Education Employment and Workplace Relations website that provides a wealth of information on available courses, fees, and enrolment opportunities.

www.goingtouni.gov.au

Open Universities Australia

Learn about opportunities to study online at your own pace with courses provided by Australia's leading universities.

www.open.edu.au/public/home

TAFE and Institutes

Each Australian state or territory education department offers different training opportunities through technical colleges or institutes of technology access these sites to find an institute nearby that is offering relevant courses. Many TAFEs also offer courses online.

READING AND JOURNAL CLUBS

Reading is an excellent CPD activity. There are a multitude of books, reports and journal articles available to increase your professional knowledge base.

Internet Suggestion – Visit the NDARC site. See their Australian Drug Trends Series, available free of charge in full text. Includes: Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS).

www.med.unsw.edu.au/ndarcweb.nsf/page/Drug%20Trends

Library Suggestion - Join ADCA for full text access to over 84,000 resources, and desktop access to the latest AOD publications.

Journal clubs offer the opportunity for professionals to meet regularly and develop their critical appraisal skills by evaluating recent journal articles. Journal clubs are usually based around a particular subject and can be used for several purposes such as to:

- » introduce and raise awareness of current, relevant research literature;
- » promote the understanding of research and research jargon;
- » promote the critical analysis of new research;
- » promote informed debate on current topics of research; and
- » allow an experienced team member an opportunity to share his/her knowledge and expertise with newer members of the team.

To learn more about journal clubs go to
http://ndsis.adca.org.au/journal_club.php

Visit this US site for an example of an online journal club that has articles with a summary. The articles listed could be used as a basis for a face to face club: www.bu.edu/aodhealth/club.html

PODCASTS

Podcasting is a type of online media delivery; it allows you to download files via a feed (such as RSS) onto your computer and MP3 player. These files can be music, talk shows, interviews, discussions, news and so on. However, there is more to it than that; the significant characteristic about podcasting is that you can subscribe to a series so that it automatically downloads on to your computer and MP3 player.

"What is PodCasting?" PCReview.co.uk. 2005-06-09. www.pcreview.co.uk/articles/Internet/What_is_PodCasting?/. Retrieved 15-3-2011

EXAMPLES OF AOD PODCASTS

Cannabis hastens onset of mental illness: research
Lateline, ABC 2011
www.abc.net.au/lateline/content/2011/s3133987.htm

Last Chance Saloon (video extras)

SBS, 2009

www.sbs.com.au/shows/lastchancesaloon/videos/page/i/1/h/Videos/

NHMRC's new alcohol guidelines – what do they really mean?

Professor Jon Currie, 6th March 2009.

www.nhmrc.gov.au/media/podcasts/pod09/john_currie.htm

Not just a day of ecstasy

The Health Report, ABC Radio National, 2010

www.abc.net.au/rn/healthreport/stories/2010/3082851.htm

Example of Podcast

RSS FEEDS

RSS (or Really Simple Syndication) provides a convenient way for you to receive content "feeds" from a variety of sources, including the latest news headlines. When you subscribe to an RSS feed, updates are automatically delivered to you the moment they are published. In order to subscribe to feeds, you need to download a Web-based reader, this will allow you to access all your feeds in one convenient location.

Look out for any page that has the little orange icon either in the address bar (if using Mozilla) or in the menu bar (IE). Some websites have every page with a separate feed, so pick the page that is of interest only. Try these RSS feeds.

Australian Institute of Health and Welfare (AIHW)

www.aihw.gov.au

Australian Drug Foundation (ADF)

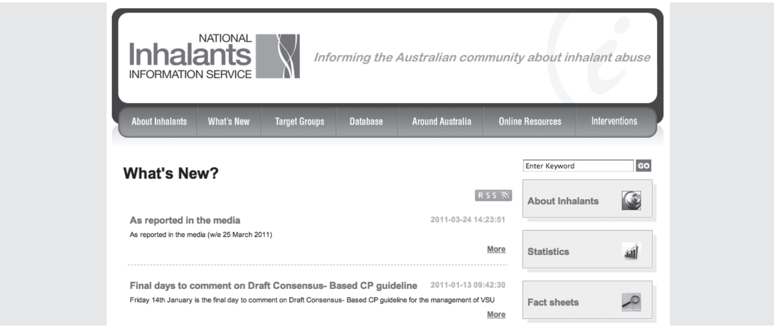
www.adf.org.au

Drug Alcohol Nurses of Australasia (DANA)

www.danaonline.org
www.danaonline.orgaonline.org

National Inhalants Information Service (NIIS)

www.inhalantsinfo.org.au



Example of RSS Feed

PEAK BODIES

The AOD sector is represented by a national peak body and state peak bodies. These bodies encourage communication, representation, and can give you access to professional information and opportunities.

NATIONAL PEAK BODY

The Alcohol and other Drugs Council of Australia (ADCA) is the peak, national, non-government organisation representing the interests of the Australian AOD sector, providing a national voice for people working to reduce the harm caused by alcohol and other drugs.

Alcohol and other Drugs Council of Australia
PO Box 269
Woden ACT 2606

P: 02 6215 9800 **F:** 02 6281 0995 **E:** adca@adca.org.au
www.adca.org.au

STATE AND TERRITORY PEAK BODIES

Alcohol, Tobacco and other Drug Association ACT (ATODA)
PO Box 7187
Watson ACT 2602

P: 02 6255 4070 **E:** info@atoda.org.au
www.atoda.org.au

Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC)
6/81 Salamanca Place,
Battery Point Tasmania, 7004

P: 03 6224 7780 **F:** 03 6224 7800 **E:** reception@atdc.org.au
www.atdc.org.au

Network of Alcohol and Drug Agencies Inc (NADA)

PO Box 2345
Strawberry Hills NSW 2012

P: 02 9698 8669 **F:** 02 9690 0727 **E:** admin@nada.org.au
www.nada.org.au

Queensland Network of Alcohol & other Drug Agencies (QNADA)

Suite 4, 50 Cleveland Street
Greenslopes
QLD 4120

P: 07 3010 6500 **F:** 07 3846 1701 **E:** info@qnada.org.au
www.qnada.org.au

South Australian Network of Drug and Alcohol Services (SANDAS)

204 Wright St
Adelaide SA 5000

P: 08 8231 8818 **F:** 08 8231 8860 **E:** sandasinfo@sandas.org.au
www.sandas.org.au

Victorian Alcohol and Drug Association (VAADA)

211 Victoria Parade
Collingwood VIC 3066

P: 03 9412 5600 **F:** 03 9416 2085 **E:** vaada@infoxchange.net.au
www.vaada.org.au

Western Australian Network of Alcohol and other Drug Agencies (WANADA)

Perth Business Centre
PO Box 8048
Perth WA 6849

P: 08 6365 6365 **F:** 08 9328 1682 **E:** drugpeak@wanada.org.au
www.wanada.org.au

COMMUNICATING WITHIN THE SECTOR

Anyone new to the sector will find networking and communicating with our many experienced and talented colleagues of enormous benefit. Here are some suggestions on staying professionally informed.

DRUG ACTION WEEK

Drug Action Week (DAW), an initiative of the Alcohol and other Drugs Council of Australia (ADCA) and funded by the Department of Health and Ageing (DoHA), is a national week of activities to raise awareness about alcohol and other drugs (AOD) issues, and to promote the achievements of frontline workers in the AOD sector. The week of awareness activities across Australia also aims to promote public debate about best practice strategies for reducing harm caused by alcohol and other drugs.

DAW has been embraced and supported not only by the AOD and non-government organisational (NGO) sectors, but also by Governments at all levels, communities in metropolitan and regional areas of Australia, business enterprises, education institutions, police and emergency services, and media organisations. To find out more about past DAW celebrations, and to prepare for those in the future, log onto:

www.drugactionweek.org.au

NATIONAL DRUG AND ALCOHOL AWARDS

Celebrating Australian achievements to prevent and reduce alcohol and other drug use and harm.

The annual National Drug and Alcohol Awards are held to celebrate Australian achievements to prevent and reduce alcohol and other drug related harm. There are several award categories and an honour roll exists listing those people who have contributed to the AOD field significantly over a period of time.

www.drugawards.org.au

OF SUBSTANCE: THE NATIONAL MAGAZINE ON ALCOHOL, TOBACCO AND OTHER DRUGS

Of Substance is a free, triannual print magazine that addresses alcohol, tobacco and other drug (ATOD) issues and problems in Australia. The magazine's primary audience is frontline workers in the drug and alcohol sector. However, it is also highly relevant to individuals and organisations from many related sectors including health professionals, social workers, educators, researchers, law enforcers and policy-makers.

Written in plain English, *Of Substance* reports on the latest news and research in the field, including regional, national and international data and trends and a range of skills and techniques for best practice treatment. The print magazines are supplemented by regular online bulletins. Information about subscriptions is available from www.ofsubstance.org.au.

Of Substance also hosts a jobs website for people looking for employment in the alcohol and drug field, as well as other community sectors. For more information, visit the website at www.jobsofsubstance.com.au.

Of Substance is an initiative of the Australian National Council on Drugs (ANCD) and is published with funding from the Australian Government Department of Health and Ageing. To ensure the quality of the magazine, the Editors are guided by a Board of Management and an Editorial Reference Group. Members of these two groups are drawn from a diverse range of backgrounds in the ATOD field including treatment, research, publishing and education.

www.ofsubstance.org.au

Update & Drugtalk

UPDATE AND DRUGTALK

Update and Drugtalk are the two electronic lists hosted by ADCA to facilitate communication for those working in the AOD sector and other interested parties.

Update is an electronic bulletin board and postings might include: job vacancies, upcoming meetings and conferences, daily related newspaper articles, and media releases.

Drugtalk is an online discussion forum open for debate and discussion. To find out more about these lists, the guidelines and how to subscribe go to:

http://ndsis.adca.org.au/e_list.php

PROFESSIONAL ORGANISATIONS

The Australasian Professional Society
on Alcohol and other Drugs

Promoting best standards in research in the drug and alcohol field

JOIN **APSAD** TODAY

APSAD is dedicated to promoting evidence-based improvements in the treatment and prevention of drug and alcohol-related problems.

Members are health professionals, front line workers, police, researchers, academics, policy makers and educators.

APSAD exists to provide development and support to professionals working in the alcohol and other drug fields.

APSAD stimulates and encourages policy debate on drug and alcohol issues

DRUG AND ALCOHOL NURSES OF AUSTRALASIA - DANA

Drug and Alcohol Nurses of Australasia (DANA) is the peak nursing organisation in Australasia providing leadership to nurses and midwives with a professional interest in Alcohol, Tobacco and Other Drug (ATOD) issues. DANA aims for excellence and the ongoing improvement of quality care in all nursing practice contexts.

DANA actively promotes a legitimate role for nurses, midwives and their professional non-nursing peers to respond to ATOD related issues. In doing so, we promote practice based on the best available evidence, and active involvement in research in ATOD-related interventions, and other issues relevant to the ATOD field.

DANA seeks to provide opportunities for professional development, education, mentoring and support for all nurses and midwives, and our non-nursing peers, through a variety of activities. Our showcase event is our annual Conference. Details of the next DANA conference can be accessed via our Conference website at www.danaconference.com.au .

DANA provides consultancy, advice and advocacy to our members, nursing organisations and key stakeholders in relation to ATOD matters, including promoting the inclusion of ATOD issues in core undergraduate curriculum, staff development programs and continuing education, and within postgraduate clinical and research degrees.

So, what are the benefits of joining DANA?

- A sense of professional identity by being part of a strong national network of colleagues interested in ATOD and nursing issues
- Annual conferences (local and interstate) highlighting issues and topics of current interest as they influence nursing practice in the ATOD field, with discounts for DANA members
- Networking opportunities to facilitate members establishing and maintaining professional links
- Scholarships for eligible members to pursue professional development opportunities
- Opportunity to attend educational workshops and seminars
- Access to information, resources or reduced fees through our affiliate status, membership or partnerships with other organisations e.g. RCNA, College of Nursing, ADCA
- Web page with up-to-date membership and relevant information on events, activities and resources
- Professional and personal development opportunities through direct involvement in the organisation

We invite you to join DANA and help build our professional membership. You can find out more information and join DANA by logging on to our website at www.danaonline.org.

OUTSTANDING INDIVIDUALS IN THE ALCOHOL AND OTHER DRUGS SECTOR

The annual National Drug and Alcohol Awards are held to celebrate Australian achievements to prevent and reduce alcohol and other drug related harm.

An honour roll exists of those people who have contributed significantly over a period of time to the alcohol and other drugs field.

The Prime Minister's Award recognises an individual as having made a significant commitment and contribution to reducing the impact and negative effects of drug and alcohol use.

To find out more about the awards go to: www.drugawards.org.au

---

2004

Prime Minister's Award:

Father Chris Riley - Youth Off The Streets

2005

Prime Minister's Award:

Mr Barry Abbott - Ilpurla Aboriginal Association

2006

Honour Roll:

Prof Margaret Hamilton
Mr Milton Luger
Rev Ted Noffs
Major Brian Watters
Prof Ian Webster
Dr Alex Wodak

Prime Minister's Award:

Cynthia Morton – Emotional Fitness

2007

Honour Roll:

Dr Stella Dalton
Supt. Frank Hansen
A/Prof Wendy Loxley
Hon Dr Neal Blewett AC
Sir William Refshauge
Mr James A Pitts
Mr Garth Popple
A/Prof Peter D'Abbs
Dr Bob Batey

Prime Minister's Award:

Nigel Dick AM - Odyssey House in Victoria

2008

Honour Roll:

Mr Graham Strathearn
Dr Ingrid Van Beek
Prof Jim Rankin

Prime Minister's Award:

Tony Trimmingham - Family Drug Support
Blair McFarland - CAYLUS

2009

Honour Roll:

Mr Barry Evans
Prof David Hill, AO

Prime Minister's Award:

Prof Ian Webster – Alcohol and other Drugs Council of Australia, Alcohol Education Rehabilitation Foundation

2010

Honour Roll:

Prof Dennis Gray
Lynne Magor-Blatch

Prime Minister's Award:

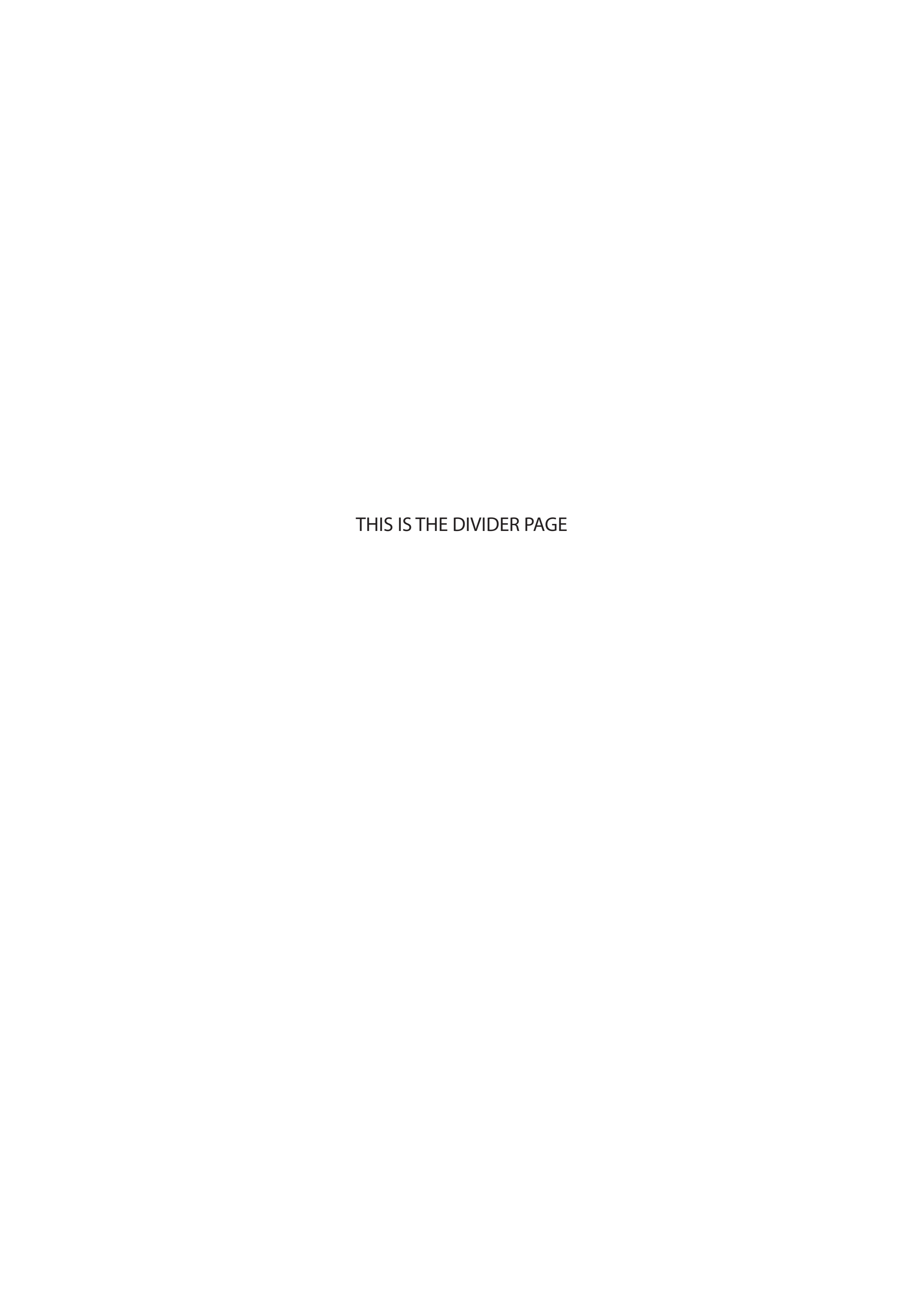
Mr Garth Popple – We Help Ourselves

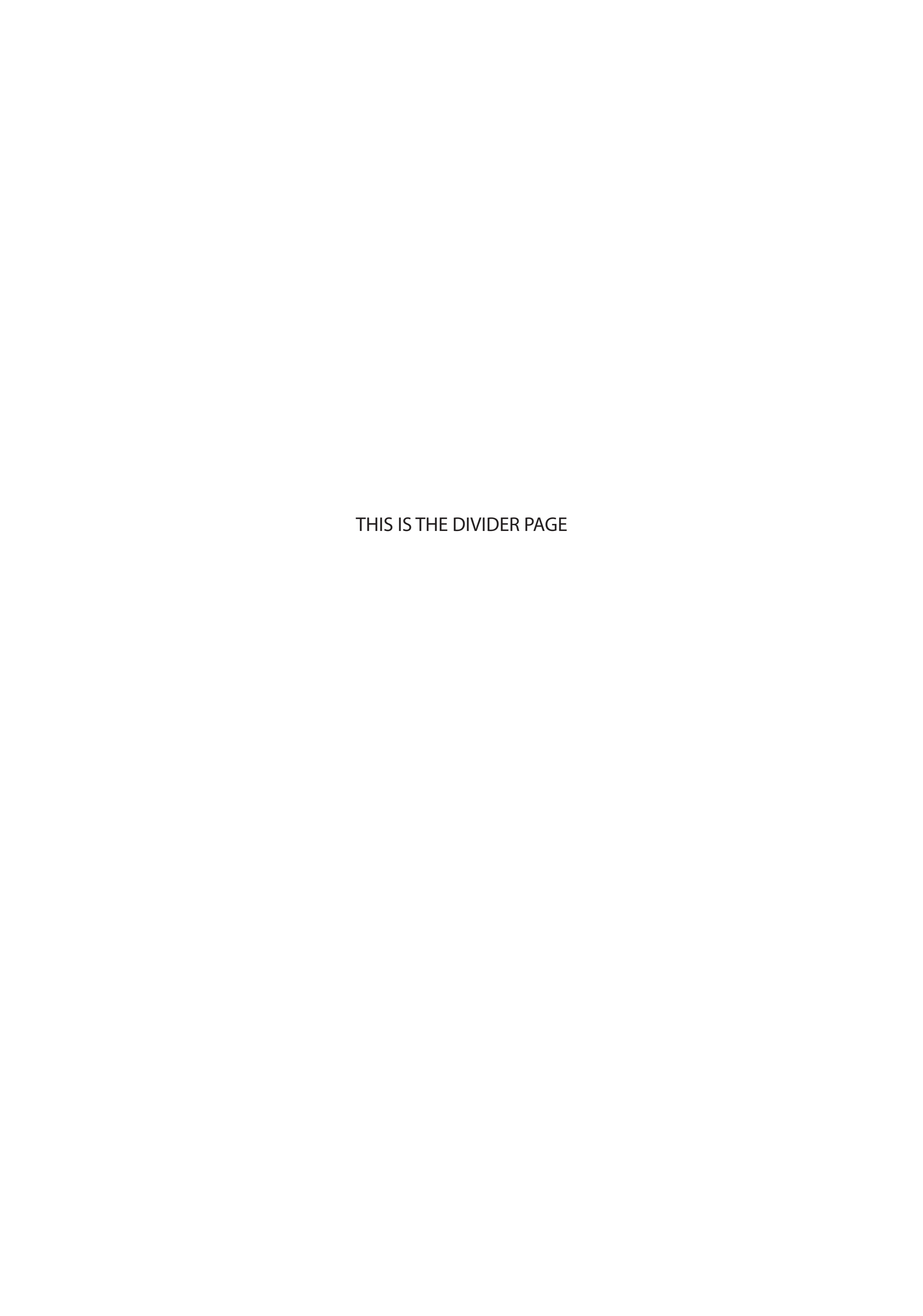
www.drug.org.au

The Drug Database was created in 1987 and is the only comprehensive drug and alcohol citation database in Australia (the second largest in the world). It provides references to books, videos, journal articles, conference papers, research reports and unpublished materials on health, social and economic aspects of alcohol and other drug use.

Access to the Drug Database is free and all items included have been catalogued by, and are available from, ADCA's National Drugs Sector Information Service (NDSIS). With its new interface, comprehensive content (more than 350 new items added each month) from both Australian and overseas, the Drug Database is an indispensable tool for all AOD professionals.

THE DRUG DATABASE AND THE NDSIS ARE AN INITIATIVE OF THE ALCOHOL AND OTHER DRUGS COUNCIL OF AUSTRALIA (ADCA) AND FUNDED BY THE COMMONWEALTH DEPARTMENT OF HEALTH AND AGEING


THIS IS THE DIVIDER PAGE


THIS IS THE DIVIDER PAGE

ESSENTIAL INFORMATION

This section will provide a number of suggested links, resources, and standards for research.

Initially for background there is information on the new National Drug Strategy followed by an Australian drug policy timeline compiled by Caitlin Hughes of the Drug Policy Modelling Project.

NATIONAL DRUG STRATEGY 2010-2015

The National Drug Strategy (NDS) and its forerunner, the National Campaign Against Drug Abuse, have been operating since 1985.

The NDS is an overarching policy framework agreed amongst the Commonwealth, States and Territories to minimise the harms from drug use in Australia. The NDS is underpinned by strong partnerships, particularly across the health and law enforcement sectors, between government and non-government sectors, and among policy makers, service providers and experts. The latest version, the National Drug Strategy 2010-2015, acknowledges the importance of working with other sectors to address the complex causes and consequences of drug use.

The overarching approach of harm minimisation, which has guided the National Drug Strategy since its inception, continues in the 2010-2015 iteration. Harm minimisation encompasses the three pillars of:

- demand reduction to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community;
- supply reduction to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs; and
- harm reduction to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

The National Drug Strategy 2010-2015 renews commitments to building workforce capacity, and evidence-based and evidence-informed practice. For the first time, it includes performance measures to provide broad measures of progress.

Further information, including a copy of the National Drug Strategy 2010-2015 is available at www.nationaldrugstrategy.gov.au.

AUSTRALIAN DRUG POLICY TIMELINE

Here we provide an edited snapshot of key events that occurred in Australian drug policy from 1985 to 2011. For events at the state and territory level or the complete version see: **Hughes, Caitlin (2011), The Australian (illicit) drug policy timeline: 1985-2011, Drug Policy Modelling Program** which can be found at: www.dpmp.unsw.edu.au/dpmpweb.nsf/page/Drug+Policy+Timeline.

Year	Federal
1985	» NCADA – National Campaign against Drug Abuse adopted at Special Premiers Conference.
	» Campaign heralded a partnerships approach to illicit and licit drugs between federal, state and territory governments with the aim of minimizing harms caused by alcohol and others drugs.
	» National Drug Strategy Committee (NDSC) established to lead policy development in conjunction with the Ministerial Council on Drug Strategy (MCDS).
	» Methadone endorsed as an appropriate treatment intervention.
1986	» National 'Drug Offensive' media campaign launched.
	» Two research centres established: National Drug and Alcohol Research Centre in Sydney and National Drug Research Institute (then called the National Centre for Research into Prevention of Drug Abuse) in Perth.
	» First Needle Syringe Program (NSP) opened in act of civil disobedience - Darlinghurst (Nov).
1987	» National Centre for HIV Epidemiology and Research began first Australian clinical trial of AZT, a promising anti–retroviral.
	» Commonwealth government launched a $2.9m National AIDS Education Campaign, including the Grim Reaper television advertisement.
	» AZT approved as a treatment, agreement between Commonwealth and States to share costs.
1988	» First evaluation of NCADA by 5 person taskforce. Report titled 'Report of the NCADA Task Force on Evaluation (1988)' concluded there had been considerable progress – expansion of treatment services, community awareness and better monitoring and evaluation.
	» Australian IV League (AIVL) began as unfunded national network representing drug users.
	» Australian National Council on AIDS established.

Year	Federal
1989	» National HIV/AIDS Strategy launched – emphasis on prevention and harm reduction. » Commonwealth Government funded first injecting drug user organisations. » Release of report of the Parliamentary Joint Committee on the National Criminal Authority: 'Drugs, Crime and Society.'
1990	» National Centre for HIV Social Research established. » Commonwealth Government ratified the United Nations Convention on Illicit Trafficking in Narcotics and Psychotropic Substances. .
1991	» Second evaluation of NCADA: Prof Ian Webster (Chair). Report titled 'No Quick Fix.' » Report by Collins and Lapsley released: 'Estimating the economic costs of drug abuse in Australia.' This estimated that in 1988 drug abuse cost the Australian community more than $14.3 billion, equivalent to 4.6% of gross domestic product for that year.
1992	» Manly meeting: Decision was made to assign greater role to law enforcement in administration of the National Drug Strategy and to provide some cost-shared funds. » National Centre for Education and Training on Addiction established in Adelaide. » Launch of the Australian Parliamentary Group for Drug Law Reform.
1993	» Re-launch of NCADA as the National Drug Strategy (NDS).
1994	» National Cannabis Task Force recommended that possession, unsanctioned cultivation, sale and non-therapeutic use of cannabis in any quantity should remain illegal but that all Australian jurisdictions consider removing criminal penalties for personal use/possession of cannabis. » Launch of the Australian Drug Law Reform Foundation. » Launch of Drug Free Australia as unfunded national network promoting a drug free Australia. » First National Hepatitis C Action Plan developed and endorsed by the Australian Health Ministers' Advisory Council.
1996	» Commonwealth Department of Health and Ageing released second report by Collins and Lapsley titled 'The social costs of drug abuse in Australia in 1988 and 1992'. » ADCA Diversion workshop called for an expansion of diversion programs in Australia.

Year		Federal
1997	»	Family Drug Support was formed after its founder Tony Trimingham's son died of a heroin overdose. Aimed to support families struggling with drug use issues.
	»	Third evaluation of NDS 'Mapping the Future' by Prof Single and Prof Rohl. Noted confusion over term harm minimisation and insufficient role of NGO sector and fragmented management.
	»	Ministerial Council on Drug Strategy meeting held to discuss ACT heroin trial. Meeting concluded 6-3 in favour of the trial
	»	Prime Minister John Howard blocked ACT heroin trial
	»	Prime Minister's 'Tough on Drugs' strategy commenced.
	»	Non-Government Organisation Treatment Grants Program (NGOTGP) commenced as part of the Tough on Drugs strategy. NGOTGP aimed to fund the establishment, expansion, upgrading and operation of non-government alcohol and other drug treatment services.
1998	»	Launch of Australian National Council on Drugs – Chaired by Major Brian Watters.
	»	'Tough on Drugs' extended.
	»	National Drug Strategic Framework 1998-99 to 2002-03 released.
1999	»	Naltrexone registered by the Therapeutic Goods Administration.
	»	National School Drug Education Strategy adopted.
	»	National Drug Law Enforcement Research Fund (NDLERF) established to support evidence-based research into drug law enforcement.
	»	Council of Australian Government-Illicit Drug Diversion Initiative signed an agreement for a nationally consistent approach to the diversion of minor drug offenders to education & treatment.
2000	»	Illicit Drug Reporting System (IDRS) funded by the Commonwealth Department of Health and Ageing to enable national data collection on drug market trends and provide an early warning system on illicit drugs. Followed the success of pilots in NSW, Victoria and SA.
	»	First Australian Hepatitis C strategy: National Hepatitis C Strategy 1999-2000 to 2003-2004.
	»	National Minimum Data Set on Alcohol and other drugs treatment services established.
	»	Buprenorphine (as Subutex®) was registered by the Therapeutic Goods Administration.
2001	»	Heroin shortage reported in Sydney. Both injecting drug users and key informants noted that heroin availability had reduced, purity decreased and price increased.
	»	Australia's first Medically Supervised Injecting Centre commenced as a pilot in Kings Cross, NSW.

Year		Federal
2002	»	Proceeds of Crime Act 2002 adopted with the aim of confiscating the proceeds of crime including current and future benefits.
	»	Report on the Return on Investment in Needle and Syringe Programs in Australia concluded that between 1991 and 2000 NSPs had cost Australia $141 million but saved 25,000 HIV infections.
2003	»	Federal Government provided $316 million in new funding for the National Illicit Drug Strategy.
	»	National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2009 released.
	»	Report released from the House of Representatives, chaired by Kay Hull MP: 'Road to recovery: Report on the inquiry into substance abuse in Australian Communities.'
	»	Fourth evaluation of the National Drug Strategic Framework by Success Works. Report titled 'Evaluation of the National Drug Strategic Framework 1998-99 -2003-04.'
2004	»	The National Drug Strategy: Australia's integrated framework 2004-2009 adopted.
	»	Report on clinical trials of pharmacotherapies for opioid dependence released: 'National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD).'
	»	Abolition of the National Drug Strategy National Expert Advisory Committees.
2005	»	Trial of retractable needles & syringes cancelled after evaluation showed public health risks.
	»	Buprenorphine-naloxone (Suboxone®) registered by the Therapeutic Goods Administration.
	»	First National Hepatitis C Strategy 2005-2008 adopted.
	»	Inquiry established into the manufacture, importation and use of amphetamines in Australia.
2006	»	Restrictions introduced on sale of medications containing pseudoephedrine requiring all medication be sold by pharmacists and stored away from the public.
	»	Four Corners report: 'The Ice Age' heralded beginning of media attention into methamphetamine.
	»	National Cannabis Strategy 2006-2009 endorsed.
2007	»	National roll out of Project STOP – tracking sales of pseudoephedrine.
	»	National Cannabis Prevention and Information Centre set up.
	»	The House of Representatives Standing Committee on Family and Human Services chaired by the Hon Bronwyn Bishop report released: 'The winnable war on drugs.'

Year		Federal
2008	»	Media reports that heroin shortage had ended, with increased availability, increased purity and decreased price of heroin in the Sydney area. Also evident was a rise in heroin overdoses.
	»	Netherlands-based Synthetic Drug Unit reported that Australia had become a major destination for supplying Dutch MDMA, aided by the Italian Mafia.
	»	First National Corrections Drug Strategy 2006-2009 endorsed
	»	MCDS endorsed the First National Amphetamine-Type Stimulants Strategy 2008-2011.
2009	»	Illicit Drug Data Report 2007-08 reported that trends in relation to cocaine indicated 'a possible expansion of the domestic cocaine market.'
	»	Fifth evaluation of the National Drug Strategy released by Siggins Miller.
	»	The Ministerial Council on Drug Strategy issued a request for public submissions into the next stage of the NDS: 'Australia's National Drug Strategy beyond 2009: Consultation' with 96 submissions subsequently received.
	»	Amendments to the Customs (Prohibited Imports) Regulations 1956 prohibited the importation of tablet presses without the permission of the Minister for Home Affairs or an authorised person.
2010	»	Australian Federal Police's Australian Illicit Drug Data Centre (AIDDC) opened enabling drug profiling/chemical signature identification for off-shore and on-shore illicit drug seizures.
	»	6th National HIV Strategy 2010-2013, 3rd National Hepatitis C Virus (HCV) Strategy and 3rd National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy released. All recommended that NSPs be trialled in Australian prisons.
	»	The Australian Needle and Syringe Program Survey 2009 indicated a significant decline in the prevalence of HCV antibody: from 61-62% during the period 2005-2008, to 50% in 2009.
	»	NSW Drug Misuse and Trafficking Amendment (Medically Supervised Injecting Centre) Bill 2010 adopted, giving the Kings Cross MSIC permanent status, 9 years post establishment.
	»	Draft National Drug Strategy 2010-2015 released for public feedback.
	»	Bill approving an Australian National Preventive Health Agency passed. Agency will lead Australia's fight against preventable diseases through campaigns targeting obesity, alcohol, tobacco and other substance abuse.

RESEARCH FOR THE NOVICE RESEARCHER OR STUDENT

If you are new to research, it can be difficult to know where to begin, but most of us will need to find AOD information at some time. The process involved in finding information can be divided into two types of queries or questions.

BACKGROUND QUESTION

The first type of question is the background question which is usually asked because of the need for basic information or perhaps to help answer a question from a client. These types of questions can be answered through consulting books, or more commonly, the Internet.

When using the Internet to find health information most consumers use an internet search engine like Google but a better result would be achieved by using subject-specific libraries or organisations websites.

An example of a specific information site:

Drug & Alcohol Services South Australia (www.dassa.sa.gov.au) offers a range of prevention, treatment, information, education and community-based services for all South Australians.

If you do decide to use a search engine like Google, think carefully about your search terms and be specific. If you want to know how much alcohol someone can drink and still legally drive in NSW, then search "blood alcohol limit nsw" which will retrieve a good result from the NSW Roads & Traffic Authority.

Look at the URL of the site you access to see what type of site it is (eg: government or education site) and the country of origin. Other indicators of a quality site include:

» "Last updated" information on the site.
» A clear indication of the owner of the site and their intent.
» A clear indication of any affiliations with other organisations.
» Clear navigation available on the site.
» Good spelling and formatting is used and the site is well organised and clear.
» Any articles included on the site include the authors name and a list of references.

COMPLEX QUESTION

The second type of question is more complex and specific and the answer could be used to address a project or policy work, treatment or preparing documentation for a submission or journal article. It is assumed that the complex question will need to be referenced.

It is essential to be very clear about what you want to know. This probably sounds obvious but thinking through your question and writing it down, then doing a bit of brainstorming to think of similar words will help to come up with a better answer.

An example of a complex question:

Scenario: Many of your colleagues drink heavily in the evenings after work and also drink in their lunch breaks during the working week. You are concerned that this has increased absenteeism and effected productivity at work and you want to do something about it.

Q1 **What is the population group?**
Workers drinking alcohol

Q2 **What is a possible intervention?**
Education programme

Q3 **What do you want to achieve?**
Decreased absenteeism, increased productivity

This is a good start to formulating your search strategy. Now take it one step further, brainstorm some words that could be search terms.

Population:

Workers/workplace/work environment/or specific work group e.g. defence force AND Alcohol/alcohol drinking/

Intervention:

Education/Prevention/Education programme

Outcome:

Absenteeism/Awareness

With this preparation you will have clarity around what you are looking for.

FINDING FULL TEXT JOURNAL ARTICLES

Now that you have a really clear idea of what you want to find out, and some search terms, select a database to search.

Free access databases don't usually provide full text articles, just citations with possibly an abstract (see list of databases in this section). Full text articles are rarely free. The cheapest and most efficient method to access a full text article is via your library. If you are affiliated with an organisation, for example a health department, university or a hospital, there will be an organisation library. This should be your first access point to obtain a full text article. There are also specialised alcohol and other drug libraries (ADLIS libraries) that are listed in this section.

Specialised databases such as Drug or PubMed have a reputable organisation behind them, are subject-specific and have a finite number of records. It is recommended that these databases be used to find journal articles to inform practice. If you do use Google, try to be as specific as possible, ensure the information is from a reputable source and check the date the information was posted. Remember Google also has an advanced search function to help limit your search results.

IS IT A QUALITY ARTICLE?

Once you have located a list of articles look out for these quality indicators:

» Is the author known to you and/or are they associated with a reputable institution?
» Is the journal that published the article well known, does it have a good reputation?
» Is the article relatively recent (last five years is best but it does depend on how much gets written on the topic).
» Does it agree broadly with your own professional opinion? If it goes against what you believe to be true, investigate further.
» Does it include any studies? If so how many participants were there?
» Has the paper been peer reviewed?

FINAL TIPS

Keep these final tips in mind to help you with your research:

» Know some basics about your topic before you begin (perhaps a background question is needed).
» Plan your search strategy.
» Break your searching into task size pieces and record your actions (note which search terms retrieved items and use these terms in other databases).
» Learn how to search several databases (many libraries conduct database searching classes and there are online course available too).
» Search in more than one database, no one database will hold all the information you need.
» Try and choose quality items from reputable journals and authors.

Anyone working in the AOD sector may ask the NDSIS for help with their research. There is an Ask a Librarian service, free access to the Drug database, and research tools available from our website http://ndsis.adca.org.au

ALCOHOL AND DRUG LIBRARIES AND INFORMATION SPECIALISTS NETWORK (ADLIS)

Listed below are some of the members of a group of libraries that specialise in alcohol and other drug information. You may be eligible to use the library in your state but if not please contact ADCA's National Drugs Sector Information Service (NDSIS) for help.

NATIONAL AND AUSTRALIAN CAPITAL TERRITORY

National Drugs Sector Information Service
Alcohol and other Drugs Council of Australia

PO Box 269
Woden ACT 2606

P: 02 6215 9899 **F:** 02 6282 7364 **E:** ndsis@adca.org.au
http://ndsis.adca.org.au

NEW SOUTH WALES

NSW Health
Drug & Alcohol Health Services Library

Level 3, Kerry Packer Education Centre
Royal Prince Alfred Hospital
Missenden Road
Camperdown NSW 2050

P: 02 9515 7430 **F:** 02 9515 7244 **E:** dahsl@email.cs.nsw.gov.au
www.dahsl.org.au

NORTHERN TERRITORY

Darwin Health Library

Department of Health

PO Box 40596
Casuarina NT 0811

Block 4, Royal Darwin Hospital
Tiwi NT 0810

P: 08 8922 8961 **F:** 08 8922 7777 **E:** LibraryRDH.ths@nt.gov.au
www.health.nt.gov.au/Library/index.aspx

QUEENSLAND

Brisbane Private Hospital

259 Wickham Terrace
Brisbane QLD 4001

P: 07 3834 6258 **F:** 07 3834 6498

DRUG ARM Resource Centre

GPO Box 590
Brisbane QLD 4001

P: 07 3620 8822 **F:** 07 3620 8823 **E:** library@drugarm.com.au
www.drugarm.com.au

Primary & Community Health Services Library

North Lakes Health Precinct

9 Endeavour Boulevard
North Lakes QLD 4509

P: 07 3049 1507 / 1509 **F:** 07 3049 1566
E: community_library@health.qld.gov.au

SOUTH AUSTRALIA

Drug and Alcohol Services South Australia (DASSA)

Library & Resource Centre

161 Greenhill Road
Parkside SA 5063

P: 08 8274 3361 **F:** 08 8274 3320 **E:** dassa.library@health.sa.gov.au
www.dassa.sa.gov.au

VICTORIA

Australian Drug Foundation Library

PO Box 818
North Melbourne VIC 3051

P: 1300 85 85 84 **F:** 03 9328 3008 **E:** library@adf.org.au
http://druginfo.adf.org.au/library

WESTERN AUSTRALIA

Drug & Alcohol Office (formerly known as Next Step)

Library

7 Field Street
Mt Lawley WA 6050

P: 08 9370 0390 **F:** 08 9370 0389 **E:** dao.library@health.wa.gov.au
http://library.dao.health.wa.gov.au

NEW ZEALAND

Alcohol Advisory Council of New Zealand Information Service
PO Box 5023

Wellington
NEW ZEALAND 6145

P: +64 4 917 0060 **F:** +64 4 473 0890 **E:** central@alac.org.nz
www.alac.org.nz

PROMOTING AWARENESS OF AUSTRALIAN ALCOHOL, TOBACCO AND OTHER DRUGS RESEARCH

Contribute details of your academic and action research projects using the interactive form on the website or by contacting the RADAR team for assistance.

WWW.RADAR.ORG.AU

RECOMMENDED READING

The following list of resources is recommended by the staff of the National Drugs Sector Information Service (NDSIS) and is an introduction to the 6 most commonly used drugs within the Australian community. This list is not exhaustive but may act as an effective starting point. Each item listed below is available from the NDSIS.

For a more extensive list of recommended readings the NDSIS has produced *ADCA Recommends... Alcohol and other drugs resources for the health library and researcher 3rd* Edition 2010.

For a full list of NDSIS publications go to: http://ndsis.adca.org.au

ALCOHOL

BOOK:

Fitzgerald, Ross et al. (2009) **Under the influence: a history of alcohol in Australia. ABC Books**, Sydney , 325p.

'Under the influence' is a unique look at Australian history as seen through the perspective of the influence of alcohol. This book shows how the patterns for alcohol use (and abuse) can be traced back to the very early days of white settlement in Australia, taking us all the way up to the present day and our ongoing concerns about teenage drinking and alcohol-fuelled violence, as well as the role of the industry players in the promotion and packaging of an increasingly dizzying array of alcoholic products. Along the way we learn of the social, political and cultural facets of alcohol. It makes fascinating reading discovering what our attitude to alcohol says about who we are, who we care about, and what we care about.

ARTICLE/REPORT:

Laslett, A-M et al. (2010) **The Range and Magnitude of Alcohol's Harm to Others**. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.

This research provides both a broad overview and detailed insight into the problems that the drinking of others has on Australians. These impacts vary dramatically. At one end of the spectrum, Australians are affected by nuisance inconveniences, such as street noise or having to avoid public parks, or petty costs from damaged property. At the other end, harms can be severe, such as child abuse or physical violence or death. The public health impacts of alcohol from others' drinking are of major concern. This report addresses a number of critical questions: How many Australians are affected by others' drinking? Who is affected? What is the relationship between those who have been affected and the drinker? How are Australians affected or harmed? What are the costs for others – in trouble, in time, in money? This report provides a first set of answers to such questions.

www.aerf.com.au/Harm_to_Others_Full_Report_with-errata.pdf

WEB:

Department of Health - Alcohol

Developed by the Department of Health and Ageing, this website provides information on the Australian guidelines to reduce health risks from drinking alcohol; the National Alcohol Strategy; treatment helplines; and other initiatives to help combat excessive alcohol consumption. The alcohol website also contains a portal to order free publications and resources promoting responsible alcohol consumption.

www.alcohol.gov.au

Drinking Nightmare

Developed by the Department of Health and Ageing, this website provides information on alcohol use, safety, education and harms to youth and their parents.

www.health.gov.au/internet/drinkingnightmare/publishing.nsf/Content/home

CANNABIS

BOOK:

Copeland, J. et al. (2009) **Management of cannabis use disorders and related issues: a clinician's guide.** National Cannabis Prevention Information Centre, Sydney. 128p.

The Management of Cannabis Use Disorder and Related Issues – A clinician's guide provides the knowledge essential to help people reduce, cease, or manage their cannabis-use problems. The manual aims to provide facts, figures, and useful techniques to assist clinicians in providing evidence-based treatments for cannabis users wishing to change the patterns of their use. The manual also provides a number of worksheets to use with cannabis clients.

http://ncpic.org.au/ncpic/news/ncpic-news/pdf/management-of-cannabis-use-disorder-and-related-issues-a-clinicians-guide

ARTICLE:

Hall W. (2009) **The adverse health effects of cannabis use: what are they, and what are their implications for policy?** International Journal of Drug Policy, 20: (6); 458-466.

Background: The adverse health effects of cannabis are a source of contention in debates about policies towards the drug.

Methods: This paper provides a review of epidemiological evidence on the major adverse health effects of cannabis use and considers its implications for policy.

Results: The evidence strongly suggests that cannabis can adversely affect some users, especially adolescents who initiate use early and young adults who become regular users. These adverse effects probably include increased risks of: motor vehicle crashes, the development of cannabis dependence, impaired respiratory function, cardiovascular disease, psychotic symptoms, and adverse outcomes of adolescent development, namely, poorer educational outcomes and an increased likelihood of using other illicit drugs.

Conclusions: Politically, evidence of adverse health effects favours the status quo in developed countries like Australia where cannabis policy has been framed by the media as a choice between two views: (1) either cannabis use is largely harmless to most users and so we should legalize, or at the very least decriminalize its use; or (2) it harms some of its users so we should continue to prohibit its use.

WEB:

National Cannabis Prevention and Information Centre (NCPIC)
The NCPIC website provides cannabis information to the community, users, their families and the various workforces involved in the delivery of cannabis related interventions. It features training, research and access to the Cannabis Prevention Helpline.

http://ncpic.org.au

INHALANTS

BOOK:

Stojanovski, Andrew (2010) **Dog ear cafe: how the Mt Theo Program beat the curse of petrol sniffing.** Melbourne: Hybrid Publishers, 316p.

Mt Theo is an outstation in the Northern Territory; its remoteness made it the perfect place for Yuendumu community elders to take young petrol sniffers, giving them a break from sniffing and the communities they came from some respite from their often violent behaviour. This book is the author's account of the huge task of establishing the Mt Theo program. However it goes beyond detailing the establishment of a program in a community to combat petrol sniffing. Contained in its pages is a wonderful explanation of the complex kinship system in Indigenous communities; the concepts of obligation and avoidance are described in detail - vital insights for those working with or making decisions for Indigenous communities. Dog Ear Cafe is a great read about the persistence of those dedicated to their community during a difficult time and the rewards of their hard work.

ARTICLE:

Midford R, MacLean S, Catto M, Debuyst O (2010) **Review of volatile substance use among Indigenous people.** Australian Indigenous HealthInfoNet. Retrieved from www.healthinfonet.ecu.edu.au/volatile_review

This article presents a detailed review of volatile substance use (VSU) in Australia with a specific focus on impacts within Indigenous communities. Topics covered include prevalence of use, associated harms and efforts taken to address the issue. The report concludes by highlighting how the improved coordinated responses by governments and communities have gone a long way to reduce the prevalence of VSU. However, it points out the importance of incorporating measures to address the underlying socio-economic disadvantage of Indigenous people which is often a precursor of VSU.

WEB:

National Inhalants Information Service (NIIS)

The NIIS website is Australia's only online resource dedicated to the topic of inhalant misuse. It contains well-referenced information, statistics, user's stories, state and territory specific resources and projects, as well as links to other sites and major reports. The NIIS provides information, research assistance and support freely to the Australian community.

www.inhalantsinfo.org.au

NICOTINE

BOOK:

Scollo, MM and Winstanley, MH (eds) (2008) **Tobacco in Australia: facts and issues** (3rd ed) Cancer Council Victoria, Melbourne. Online access only

This work has been produced with the objective of bringing about a reduction in levels of death and disease due to smoking.

www.tobaccoinaustralia.org.au/

ARTICLE:

Van De Ven, M.O.M. et.al (2010) **Patterns of adolescent smoking and later nicotine dependence in young adults: a 10-year prospective study.** Public Health: 124 (2); 65-70.

Objectives: There is considerable variability in progression from smoking initiation to established smoking. This paper addresses the extent to which different patterns of adolescent smoking, including periods of cessation, predict smoking status in young adults.

Study Design: Ten-year, eight-wave prospective cohort study of a state-wide community sample in Victoria, Australia.

Methods: Participants were 1520 students from 44 secondary schools, initially aged 14 to 15 years. Adolescent smoking and quitting patterns were assessed during Waves 1-6 with self-reported frequency of use and a 7-day retrospective diary. The Fagerstrom Test for Nicotine Dependence (ND) was used to assess ND at the age of 24 years (Wave 8).

Results: The prevalence of ND in young adults was 16.9% for all adolescent smokers, with prevalence rates of 6.8% and 26.7% for adolescent non-daily and daily adolescent smokers, respectively. Maximum smoking levels, onset of daily smoking, duration of smoking, escalation time and duration of cessation during adolescence predicted later ND. Daily smokers who ceased smoking for at least two waves (> or = 12 months) had a level of risk similar to adolescents who had never smoked.

Conclusions: Quitting smoking as an adolescent substantially alters the risk for later ND. For adolescents who become daily smokers, quitting for 12 months should be the aim in tobacco control and clinical interventions.

WEB:

QuitNow – The National Tobacco Campaign

Developed by the Department of Health and Ageing, this website provides information on smoking-related health issues and harms. It also provides information and assistance for quitting and Australian government campaigns.

www.quitnow.info.au

OPIOIDS

BOOK:

National pharmacotherapy policy for people dependent on opioids (2007) Intergovernmental Committee on Drugs Sub-committee on Methadone and Other Treatments, National Drug Strategy, Australian Government Department of Health and Ageing, Canberra. 20 p.

This report provides a broad policy context and a framework for State and Territory policies and guidelines that are concerned with the treatment of heroin dependence with methadone, buprenorphine and naltrexone. Detailed national clinical guidelines have been developed and should be read in conjunction with this document.

www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/pharmacotherapy

ARTICLE:

Calabria, Bianca et. al. (2010) **Systematic review of prospective studies investigating "remission" from amphetamine, cannabis, cocaine or opioid dependence**. Addictive Behaviors; 35 (8): 741-749.

Aims: To review and summarize existing prospective studies reporting on remission from dependence upon amphetamines, cannabis, cocaine or opioids.

Methods: Systematic searches of the peer-reviewed literature were conducted to identify prospective studies reporting on remission from amphetamines, cannabis, cocaine or opioid dependence. Searches were limited to publication between 1990 and 2009. Reference lists of review articles and important studies were searched to identify additional studies. Remission was defined as no longer meeting diagnostic criteria for drug dependence or abstinence from drug use; follow-up periods of at least three years were investigated. The remission rate was estimated for each drug type, allowing pooling across studies with varying follow-up times.

Results: There were few studies examining the course of psychostimulant dependence that met inclusion criteria (one for amphetamines and four for cocaine). There were ten studies of opioid and three for cannabis dependence. Definitions of remission varied and most did not clearly assess remission from dependence. Amphetamine dependence had the highest remission rate (0.4477; 95%CI 0.3991, 0.4945), followed by opioid (0.2235; 95%CI 0.2091, 0.2408) and cocaine dependence (0.1366; 95%CI 0.1244, 0.1498). Conservative estimates of remission rates followed the same pattern with cannabis dependence (0.1734; 95%CI 0.1430, 0.2078) followed by amphetamine (0.1637; 95%CI 0.1475, 0.1797), opioid (0.0917; 95%CI 0.0842, 0.0979) and cocaine dependence (0.0532; 95%CI 0.0502, 0.0597).

Conclusions: The limited prospective evidence suggests that "remission" from dependence may occur relatively frequently but rates may differ across drugs. There is very little research on remission from drug dependence; definitions used are often imprecise and inconsistent across studies and there remains considerable uncertainty about the longitudinal course of dependence upon these most commonly used illicit drugs.

WEB:

National Drugs Campaign – heroin

Developed by the Department of Health and Ageing, this webpage provides the community with information on Illicit drugs, what they are, how they are used and the problems and health issues arising from drug use.

www.drugs.health.gov.au/internet/drugs/publishing.nsf/Content/heroin

PSYCHOSTIMULANTS (E.G. AMPHETAMINES, ECSTASY AND COCAINE)

BOOK:

Knox, Malcolm (2009) **Scattered: the inside story of ice in Australia** Allen & Unwin, Crows Nest, NSW, 290p.

Scattered is the word coined by some users to describe the trance-like ferocity that can accompany an ice binge, escalating common crime to a terrifying level of violence. Walkley award-winning journalist Malcolm Knox examines the ice problem in Australia from the points of view of users, dealers, police, lawyers, doctors, pharmacists and families affected by the drug.

ARTICLE:

Degenhardt, Louise et al. (2009) **What do we know about the extent of illicit meth/amphetamine use and dependence?: results of a global systematic review** Kensington, N.S.W. National Drug & Alcohol Research Centre. 72p.

Systematically review existing data on the prevalence of meth/amphetamine use and dependence. The aims of this paper are to: (1) describe the available international data on meth/amphetamine use and dependence; and (2) identify priorities for improving the quality and coverage of such estimates.

www.med.unsw.edu.au/NDARCWeb.nsf/resources/TR308-312/$file/TR+310.pdf

WEB:

Methamphetamines
Turning Point's meth.org.au website aims to help people self-manage some of the most common methamphetamine-related issues. The site provides research-based, practical advice on self-management, we well as options for specialist treatment.

www.meth.org.au

POLICY

BOOK

Ritter, A., Lancaster, K., Grech, K., and Reuter, P. (2011). Monograph No. 21: **An assessment of illicit drug policy in Australia (1985-2010): Themes and trends**. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.

This book reviews drug policy in Australia from 1985 to 2010. It examines the development of Australia's drug strategies and then compares this approach to that of other countries. It provides an analysis of trends and patterns of drug use and harms in Australia and considers what may account for these changing patterns, including the role of government intervention. The monograph critically examines how policy actors, stakeholders and the mix of competing 'voices' in the Australian drug policy arena shape and influence the nature of drug policy. The monograph provides a balanced and accessible overview of drug policy in Australia. It is a tool for policy makers, practitioners and researchers alike.

A PDF version of the monograph is available on the DPMP website.

ARTICLES

Tinworth, Jenny & Nadelmann, Ethan A. (2011) **Australia no longer leads**. Of substance: the national magazine on alcohol, tobacco and other drugs; 9 (1): 16.

Executive Director of the US's Drug Policy Alliance, Ethan Nadelmann, visited Australia late last year. A guest of the Drug Law Reform Foundation, Nadelmann toured the country, promoting his view that Australia needs to re-assess its approach to illicit drugs.

McDonald, David (2011) **Australian governments' spending on preventing and responding to drug abuse should target the main sources of drug-related harm and the most cost-effective interventions**. Drug and Alcohol Review; 30 (1): 96-100.

A notable feature of Australian drug policy is the limited public and professional attention given to the financial costs of drug abuse and to the levels and patterns of government expenditures incurred in preventing and responding to this. Since 1991, Collins and Lapsley have published scholarly reports documenting the social costs of drug abuse in Australia and their reports also contain estimates of governments' drug budgets: revenue and expenditures. They show that, in 2004–2005, Australian governments expended at least $5288 million on drug abuse, with 50% of the expenditure directed to preventing and dealing with alcohol-related problems, 45% to illicit drugs and just 5% to tobacco. Some 60% of the expenditure was directed at drug crime and 37% at health interventions. This pattern of resource allocation does not adequately reflect an evidence-informed policy orientation in that it largely fails to focus on the drug types that are the sources of the most harm (tobacco and alcohol rather than illicit drugs), and the sectors for which we have the strongest evidence of the cost-effectiveness of the available interventions (treatment and harm reduction rather than legislation and law enforcement). The 2010–2014 phase of Australia's National Drug Strategy should include incremental changes to the resource allocation mix, and not simply maintain the historical resource allocation formulae.

WEB

Drug policy

The DPMP website is designed for both policy makers and researchers. It serves to provide information on illicit drug policies and tools for policy makers but also on the current and completed work of the DPMP research team. The DPMP website contains comprehensive information about illicit drug policies including: Modelling Program.

www.dpmp.unsw.edu.au

DATABASES

AUSTRALIAN (FREE ACCESS)

Drug database

www.drug.org.au

ADCA's National Drugs Sector Information Service (NDSIS) produces Drug, an online AOD database. It is regularly updated and currently contains over 84,000 references to books, DVDs, journal articles, conference papers, research reports and unpublished materials on the health, social and economic aspects of alcohol, tobacco and other drug use. All of the material listed on the Drug database is available from the NDSIS.

Indigenous Australian Alcohol and other Drugs Bibliographic Database

www.db.ndri.curtin.edu.au

This bibliographic database contains references, keywords and brief annotations for over 1000 items on Indigenous Australian substance use. The database allows you to search for items by authors, titles, or keywords, and results of searches can be viewed on your screen, printed out in customised reports, or saved as HTML files.

National Inhalants Information Service Database

www.inhalantsinfo.org.au

The National Inhalants Information Service (NIIS) Database is an online database containing over 800 references to books, DVDs, journal articles, conference papers, research reports and unpublished materials on the health, social and economic aspects of inhalant misuse. All material listed on the NIIS Database is available from the NDSIS.

INTERNATIONAL (FREE ACCESS)

The Cochrane Library

www.thecochranelibrary.com

The Cochrane Library contains high-quality, independent evidence to inform healthcare decision-making. It includes reliable evidence from Cochrane and other systematic reviews, clinical trials, and more. Cochrane reviews bring you the combined results of the world's best medical research studies, and are recognised as the gold standard in evidence-based healthcare.

Cork

www.projectcork.org/database_search

The Cork database includes over 89,000 items on substance abuse, indexed by over 400 subjects. Items are primarily from the professional literature and include journal articles, books, book chapters, and reports. The database is updated quarterly.

PubMed (Medline)

www.pubmed.gov

PubMed is a service of the US National Library of Medicine that includes over 20 million citations from MEDLINE and other life science journals for biomedical articles back to the 1940s. PubMed includes links to some full text articles and other related resources. As the most important free source of medical information available, this is an important database, however due to its size it is essential that searches are specific and where possible limited to particular years. From this site, link to Medline Plus for consumer health information.

FEE BASED

CINAHL

www.ebscohost.com/cinahl

The Cumulative Index to Nursing and Allied Health Literature is a multidisciplinary database covering the nursing, allied health, biomedicine, and consumer health literature from 1982 to the present.

Informit

www.informit.com.au

Informit is a suite of databases from Australasia's leading agencies and institutions that index and abstract a vast range of Australasian sources of information, including the Drug database, but also sources for rural, Aboriginal and crime issues. The NDSIS provides ADCA members access to RMIT Informit databases.

PsycINFO

www.apa.org/psycinfo

PsycINFO is an abstract (not full-text) database of psychological literature from the 1800s to the present.

WEBSITES

There are many AOD-related websites. The ones listed below have been chosen because they provide quality information or are unique in the type of information that they provide. This list is not exhaustive however, and there may be other sites worthy of attention.

GENERAL

Australian Drug Foundation (ADF)
www.adf.org.au

Situated in Melbourne with offices throughout Australia, the ADF maintains a large website which includes ADIN (Australian Drug Information Network), CAAN (Community Alcohol Action Network), the DrugInfo Clearinghouse, Somazone and Good Sports. This site is also a good referral point for members of the public seeking general online information.

National Drug and Alcohol Research Centre (NDARC)
www.ndarc.med.unsw.edu.au

NDARC, established at the University of New South Wales, provides quality information and education, drug trends, research findings and links to publications for the public, professionals, educators and researchers.

SPECIFIC DRUGS

ALCOHOL

Alcohol
www.alcohol.gov.au

Developed by the Department of Health and Ageing, this website provides information on alcohol-related health issues and Australian government policy.

CANNABIS

National Cannabis Prevention and Information Centre (NCPIC)
http://ncpic.org.au

The NCPIC website provides cannabis information to the community, users, their families and the various workforces involved in the delivery of cannabis related interventions. It features training, publications, research and access to the Cannabis Information and Helpline.

INHALANTS

National Inhalants Information Service (NIIS)
www.inhalantsinfo.org.au

The NIIS website provides information about inhalant misuse in Australia including statistics, user stories, state and territory specific resources and projects, as well as links to other sites and major reports.

METHAMPHETAMINES

Turning Point Alcohol & Drug Centre
www.meth.org.au

Turning Point's meth.org.au website aims to help people self-manage some of the most common methamphetamine related issues. The site provides research-based, practical advice on self-management, as well as options for specialist treatment.

SPECIFIC POPULATIONS

CRUfADschools (formerly ClimateSchools)
www.crufadschools.org

Drug and Alcohol Multicultural Educational Centre
www.damec.org.au

Drug Info @ Your Library
www.druginfo.sl.nsw.gov.au

Drug info @ your library provides up to date information about alcohol and drugs on this site and through public libraries in New South Wales.

National Rural Health Alliance
http://nrha.ruralhealth.org.au

Resilience Education and Drug Information (REDI)
www.redi.gov.au

School Drug Education and Road Aware (SDERA)
www.det.wa.edu.au/sdera/detcms/portal

GOVERNMENT SITES (NATIONAL)

Australian Institute of Criminology
www.aic.gov.au

Australian Institute of Health and Welfare
www.aihw.gov.au

Department of Health and Ageing
www.health.gov.au

National Drugs Campaign
www.drugs.health.gov.au

National Drug Strategy
www.nationaldrugstrategy.gov.au

Contains links to other related strategies e.g. National Cannabis Strategy and a wide range of online publications.

National Alcohol Campaign
www.drinkingnightmare.gov.au

National Tobacco Campaign
www.quitnow.info.au

Department of Veterans' Affairs
www.therightmix.gov.au

STATE AND TERRITORY GOVERNMENT SITES

AUSTRALIAN CAPITAL TERRITORY

ACT Health
www.health.act.gov.au

NEW SOUTH WALES

Drug Info
www.druginfo.nsw.gov.au

Alcohol Info website
www.alcoholinfo.nsw.gov.au

NORTHERN TERRITORY

Department of Health and Families: Alcohol and Other Drugs
www.health.nt.gov.au

QUEENSLAND

Alcohol, Tobacco and Other Drugs
www.health.qld.gov.au/atod

SOUTH AUSTRALIA

Drug and Alcohol Services South Australia
www.dassa.sa.gov.au

TASMANIA

Tasmanian Alcohol and Drug Service
www.dhhs.tas.gov.au/mentalhealth

VICTORIA

Drugs and Alcohol in Victoria
www.health.vic.gov.au/aod

WESTERN AUSTRALIA

Drug and Alcohol Office
www.dao.health.wa.gov.au

STATISTICS AND FACTS

Australian Bureau of Statistics
www.abs.gov.au

Australian Institute of Criminology
www.aic.gov.au

In particular see Drugs and Offending Online data tool (yellow button on right hand side).

Australian Institute of Health and Welfare
www.aihw.gov.au

Alcohol and Other Drug Statistics
http://ndsis.adca.org.au/drug_statistics.php

National Drug & Alcohol Research Centre
http://ndarc.med.unsw.edu.au/

Source of the Australian Drug Trends Series, the Illicit Drug Report System (IDRS), and Ecstasy and Related Drugs Reporting System.

DRUG TERMS AND SLANG

Enotes an Encyclopedia of Drugs, Alcohol, and Addictive Behavior
www.enotes.com/drugs-alcohol-encyclopedia/slang-jargon

INTERNATIONAL

A comprehensive list of international AOD organisations with website information can be found at www.salis.org/resources/links.html

INDIGENOUS SPECIFIC

ONLINE INFORMATION AND RESOURCES

Australian Indigenous HealthInfoNet

The Australian Indigenous Health*InfoNet* is an Internet resource that aims to inform practice and policy in Indigenous health by making research and other knowledge readily accessible. In this way, the Health*InfoNet* aims to contribute to 'closing the gap' in health between Indigenous and other Australians.

www.healthinfonet.ecu.edu.au

Australian Indigenous HealthBibliography

This comprehensive bibliographic database produced by the Australian Indigenous Health*Info*Net, Kurongkurl Katitjin: Centre for Indigenous Australian Education and Research, Edith Cowan University. It includes up to date bibliographic records for Indigenous health literature. The Health*Bibliography*, provided free of charge by the Australian Indigenous Health*Info*Net, is updated almost every day.

www.healthinfonet.ecu.edu.au/key-resources/bibliography

GUIDELINES AND TOOLS

Alcohol treatment guidelines for Indigenous Australians
Australian Government Department of Health and Ageing, 2007

www.health.gov.au/internet/alcohol/publishing.nsf/Content/AGI02

Indigenous health promotion resources guide: a national information guide for Aboriginal and Torres Strait Islander health workers.
5th edition, Aboriginal and Islander Health Worker 2005

The Indigenous Risk Impact Screen and Brief Intervention program Queensland Health
The Indigenous Risk Impact Screen and Brief Intervention program provides a culturally secure and validated screening instrument and brief intervention designed to meet the specific needs of Aboriginal and Torres Strait Islander communities in Queensland and across Australia.

www.health.qld.gov.au/atod/prevention/iris.asp

Talkin' up good air: Australian indigenous tobacco control resource kit: supporting Aboriginal and Torres Strait Islander communities to quit tobacco smoking
Centre for Excellence in Indigenous Tobacco Control, 2007

www.ceitc.org.au/talkinupgoodair

Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice
Australian Government Department of Health and Ageing, 2010

www.ichr.uwa.edu.au/files/user5/Working_Together_book_web.pdf

BOOKS

Aboriginal primary health care: an evidence-based approach
Sophia Couzos and Richard Murray for the Kimberley Aboriginal Medical Services Council.
Oxford University Press, Melbourne. 2008

Benelong's haven: recovery from alcohol and drug use within an Aboriginal Australian residential treatment centre
Richard Chenhall.
Melbourne University Press, Carlton. 2007

First Taste: how Indigenous Australians learned about grog
Maggie Brady
Alcohol Education and Rehabilitation Foundation, Deakin ACT. 2008

The grog book: strengthening Indigenous community action on alcohol rev. ed.
Maggie Brady
Australian Government Department of Health and Ageing, Canberra ACT. 2005

Grog war
Alexis Wright
Magabla Books, Broome WA. 2009

Indigenous-specific alcohol and other drug interventions: continuities, changes and areas of greatest need.
Dennis Gray, Anna Stearne, Mandy Wilson, Michael Doyle
Australian National Council on Drugs, 2010
www.ancd.org.au/publications-and-reports/research-papers.html

JOURNAL ARTICLES

Indigenous alcohol and other drug (AOD) workers' wellbeing, stress & burnout. (2009) National Centre for Education and Training on Addiction (Australia); Brief Report No. 1: 4p.
This project involves the identification of key antecedents and consequences of stress, burnout and well-being among Indigenous and non-Indigenous Alcohol and Other Drug (AOD) and generic health workers. A key component of the project is the development of an information base to inform strategies to improve Indigenous Health Worker practice.

Clifford, A. (2009) **Disseminating best-evidence health-care to Indigenous health-care settings and programs in Australia: identifying the gaps** Health Promotion International; 24 (4): 404-415.
Indigenous Australians experience a disproportionately greater burden of harm from smoking, poor nutrition, alcohol misuse and physical inactivity (SNAP risk factors) than the general Australian population. A critical step in further improving efforts to reduce this harm is to review existing efforts aimed at increasing the uptake of evidence-based interventions in Indigenous-specific health-care settings and programs. This study systematically identifies and reviews published Indigenous-specific dissemination studies targeting SNAP interventions.

Gray, Dennis (2010) **Managing alcohol-related problems among Indigenous Australians: what the literature tells us.** Australian and New Zealand Journal of Public Health; 34 (S1): S34-S35.
This article aims to contextualise and provide an overview of two review papers – prepared as part of a larger research program – dealing with different aspects of the treatment of Indigenous Australians with alcohol-related problems.

Nichols, Fiona (2010) **Take the best from both cultures: an Aboriginal model for substance use prevention and intervention**. Aboriginal & Islander Health Worker Journal; 34 (3): 10-14.
The objective of this article was to identify the key components of an Aboriginal model for alcohol (and other drug) harm prevention and intervention.

Shakeshaft, Anthony (2010) **Reducing alcohol-related harm experienced by Indigenous Australians: identifying opportunities for Indigenous primary health care services.** Australian and New Zealand Journal of Public Health; 34 (S1): S41-S45.

The objective of this article is to identify key issues and opportunities relating to the dissemination of cost-effective interventions for alcohol in Indigenous-specific settings.

Taylor, Kate (2010) **Delivering culturally appropriate residential rehabilitation for urban Indigenous Australians: a review of the challenges and opportunities.** Australian and New Zealand Journal of Public Health; 34 (S1): S36-S40.

The aim of this article is to review the challenges facing Indigenous and mainstream services in delivering residential rehabilitation services to Indigenous Australians, and explore opportunities to enhance outcomes.

AOD RESEARCH CENTRES

The Australian Government Department of Health and Ageing funds three dedicated National Research Centres. These centres collectively provide the opportunity for a core alcohol and other drug research programme to inform policy development and also to assist in improving the effectiveness of treatment programmes by disseminating new evidence that informs practice change.

National Centre for Education and Training on Addiction (NCETA)
www.nceta.flinders.edu.au

The National Centre for Education and Training on Addiction (NCETA) is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs (AOD) field. The promotion of workforce development principles, research and evaluation of effective practices is NCETA's core business.

NCETA is located in Bedford Park, Adelaide at Flinders University.

National Drug and Alcohol Research Centre (NDARC)
http://ndarc.med.unsw.edu.au

The National Drug and Alcohol Research Centre (NDARC) is a premier research institution in Australia and is recognised internationally as a Research Centre of Excellence. The Centre is multidisciplinary and collaborates with medicine, psychology, social science and other schools of the University of NSW, as well as with a range of other institutions and individuals in Australia and overseas.

The overall mission of NDARC is to conduct high quality research and related activities that increase the effectiveness of Australian and International treatment and other intervention responses to alcohol and other drug related harm.

NDARC is located in Randwick, Sydney at the University of New South Wales.

National Drug Research Institute (NDRI)

http://ndri.curtin.edu.au

The National Drug Research Institute (NDRI) is based at Curtin University in Perth, Western Australia. It is a leading national and international authority in the area of drug and alcohol prevention research, and is one of the largest centres of alcohol and other drug research expertise in Australia.

NDRI's mission is to conduct and disseminate policy and practice relevant research that contributes to the primary prevention of harmful drug use and the reduction of drug-related harm. The Institute's research activities are governed by eight key Research Priorities:

- Alcohol policy
- Indigenous Australians
- Offender health
- Primary prevention and early intervention
- Social contexts of drug use
- People who continue to use alcohol and other drugs
- Tobacco
- New technologies

Factors that influence alcohol and other drug use and related harm are multifaceted, demanding a multi-disciplinary approach to research. For that reason, NDRI staff come from diverse professional backgrounds, including psychology, public health, epidemiology, nursing, medicine, sociology and anthropology. NDRI works closely with a diverse range of clients and stakeholders, and a culture of collaboration ensures that much of its work is further strengthened through partnerships with other research bodies, government, and non-government organisations locally, nationally and internationally.

Core funding for the Institute is provided by the Australian Government as part of the National Drug Strategy, with additional funds obtained from a range of state, national and international funding bodies. A Board of Management oversees the Institute's business, and this includes representation from academia, non-government and government services providers and the Commonwealth Government of Health and Ageing.

NDRI is also a designated World Health Organization (WHO) Collaborating Centre for the Prevention of Alcohol and Drug Abuse, with responsibility for research, training and consultation in the Asia-Pacific region.

Since its establishment by the Australian Government in 1986, NDRI has played a critical role in influencing state and national drug policy, including liquor licensing decisions, guidelines for responsible drinking, and repeat drink driving and cannabis legislation. It has also been highly successful in developing harm-minimisation interventions that work at a community level.

To provide just one illustration of NDRI's research, the Institute is involved in national monitoring of patterns of alcohol use and associated levels of harm over time. This research is important as it is essential to understand the incidence and patterns of alcohol use, as well as the different contexts in which use takes place, to develop effective policies and interventions. The Institute's National Alcohol Indicators Project (NAIP) monitors and reports on trends in alcohol-related harm across Australia at national, state and local levels. A first for Australia, the development of this project arose from increasing concerns over levels of alcohol related harm in the Australian community, and the need for an efficient monitoring system on alcohol.

One of the main objectives of the NAIP is to produce and disseminate summary bulletins that highlight the major points from each research area. Twelve statistical bulletins have been released, dealing with topics such as: alcohol-caused morbidity and mortality; serious alcohol-related road trauma; risky drinking patterns; per capita consumption; alcohol and violence; youth alcohol consumption; under-aged drinking; alcohol and the elderly; alcohol-attributable mortality among Indigenous Australians; and most recently, updated economic cost estimates for alcohol attributable mortality and morbidity for all states and territories in Australia. This research has provided for the first time a clear picture of trends in alcohol consumption and related harm for individual states and territories and for Australia as a whole. Of course, alcohol is a key issue in other priority research areas, such as Indigenous Health, Offender Health, and research into the contexts and influences of alcohol use among young people.

For further information about NDRI, and its full range of research, visit ndri.curtin.edu.au. All NAIP Bulletins are available on the website and hard copies can be obtained on request.

AOD RESEARCH ORGANISATIONS

Aboriginal Drug and Alcohol Council (SA)
www.adac.org.au

Australian Centre for Addiction Research
www.acar.net.au

Australian Institute of Criminology (AIC)
www.aic.gov.au

Drug Policy Modelling Program (DPMP)
www.dpmp.unsw.edu.au

National Health and Medical Research Council (NHMRC)
www.nhmrc.gov.au

Queensland Alcohol and Drug Research and Education Centre (QADREC)
www.uq.edu.au/qadrec

Turning Point
www.turningpoint.org.au

GOVERNMENT PUBLICATIONS

The National Drug Strategy is an overarching policy framework agreed amongst the Commonwealth and States and Territories to minimise the harms from drug use in Australia. The NDS is underpinned by strong partnerships, particularly across the health and law enforcement sectors, between government and non-government sectors, and among policy makers, service providers and experts. The latest version, the National Drug Strategy 2010-2015, acknowledges the importance of working with other sectors to address the complex causes and consequences of drug use.

www.nationaldrugstrategy.gov.au

The National Health and Medical Research Council (NHMRC) is Australia's peak body for supporting health and medical research; for developing health advice for the Australian community, health professionals and governments; and for providing advice on ethical behaviour in health care and in the conduct of health and medical research. Most recently the NHMRC has produced Australian guidelines to reduce health risks from drinking alcohol.

www.nhmrc.gov.au

The Australian Institute of Criminology is Australia's national research and knowledge centre on crime and justice. We seek to promote justice and reduce crime by undertaking and communicating evidence-based research to inform policy and practice. Most notably for the AOD sector is the Alcohol and drug section which aims to disseminate quality information on alcohol and illicit drug use and related behaviours in Australia.

www.aic.gov.au/crime_types/drugs_alcohol.aspx

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE: TOBACCO, ALCOHOL AND OTHER DRUG DATA AND INFORMATION AT YOUR FINGERTIPS

What is the Australian Institute of Health and Welfare?

The AIHW is the national agency set up to provide information on Australia's health and welfare, through statistics and data development that inform discussion and decisions on policy and services. We work closely with all State, Territory and Australian Government health, housing and community services agencies in collecting, analysing and disseminating data. Our mission is 'Better information and statistics for better health and wellbeing'.

What information sources does the AIHW have on tobacco, alcohol and other drugs?

The Drug Surveys and Services Unit sits in the Continuing and Specialised Care Group at the AIHW. Its main areas of work relate to management of tobacco, alcohol and illicit drug statistics. Many other Units across the AIHW also collect information related to the health effects of tobacco smoking, alcohol and other drug use.

What information is available on drug use and attitudes?

The National Drug Strategy Household Survey (NDSHS) collects information from the general population about their tobacco, alcohol and other drug use, and about their perceptions of and attitudes towards drug use. The AIHW holds data from all of the surveys in this series which dates back to 1985. The latest data available are from the 2007 Survey which showed that most people don't smoke tobacco or use illicit drugs and that about one in five drinkers drink alcohol at levels that put them at risk of alcohol-related harm.

The fieldwork for the 2010 Survey has been completed and the results from the collection will be available in mid-2011. In addition to published reports, researchers can also access a public use data set through the Australian Social Science Data Archive.

What information is available on treatment?

The Alcohol and other drug treatment services national minimum data set (AODTS–NMDS) is a collection of data from publicly funded alcohol and other drug treatment services in all states and territories. In 2008–09, most treatment continued to be provided for alcohol use. Reports and data from this collection are available on the AIHW website. In particular, data can be accessed using online data cubes which allow users to create their own tables.

The *National Opioid Pharmacotherapy Statistical Annual Data collection: 2009 report* provides information on key questions relating to the number of clients receiving pharmacotherapy treatment, the type of treatment they receive, who prescribes the treatment, where the treatment is received (dosed) and how pharmacotherapy fits more generally with other treatments in Australia.

What other data sources does the AIHW hold that I could use?

In addition to those collections mentioned above, the AIHW also captures alcohol and other drug data as it relates to the health of Aboriginal and Torres Strait Islander Peoples, prisoners, the homeless, people with a mental health condition and the general health of the population.

What else has the AIHW released lately on tobacco, alcohol and other drugs?

» *Substance use among Aboriginal and Torres Strait Islander people* (8 February 2011)
» *Review of the Alcohol and Other Drug Treatment Services National Minimum Data Set* (7 February 2011)
» Alcohol and other drug treatment services in the states and territories 2008-09: findings from the National Minimum Data Set (28 January 2011)
» *Drinking patterns in Australia, 2001-2007* (17 December 2010)

What should I keep an eye out for?

To keep up to date on releases, visit our forthcoming publications list or subscribe to our free email service which automatically notifies clients of the latest AIHW publications on the day of release (about 1-3 emails per week).

Where can I get more information?

If you would like any additional information about the data collections and reports described above, or about the AIHW more generally, please contact us.

P: 02 6244 1000 **F:** 02 6244 1299 **E:** aod@aihw.gov.au
Mail: Drug Surveys and Services Unit, GPO Box 570, Canberra ACT 2601
www.aihw.gov.au/drugs

GUIDELINES AND PROTOCOLS

There are many guidelines and protocols available for the AOD sector. Links to both Australian and overseas guidelines and protocols can be found at: http://ndsis.adca.org.au/guidlines_protocol.php

Listed below is a selection of Australian guidelines which are available from the NDSIS or the producing organisation.

Alcohol and other drug withdrawal: practice guidelines. (2009). Fitzroy, Victoria: Turning Point Alcohol and Drug Centre.

Alcohol treatment guidelines for indigenous Australians [kit]. (2007). Canberra: Dept of Health and Ageing.

Australian guidelines to reduce health risks from drinking alcohol. (2009). Canberra: National Health and Medical Research Council.

Clinical Treatment Guidelines for Alcohol and Drug Clinicians. (2007). Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

Comorbidity of mental disorders and substance use. (2008). Adelaide: Drug and Alcohol Services South Australia.

Drug and alcohol treatment guidelines for residential settings. (2007). Sydney: New South Wales Health.

Drug and Alcohol Withdrawal Clinical Practice Guidelines - NSW. (2007). Sydney: NSW Department of Health.

Guidelines for the medical management of patients with methamphetamine-induced psychosis. (2006). Adelaide: Drug & Alcohol Services South Australia.

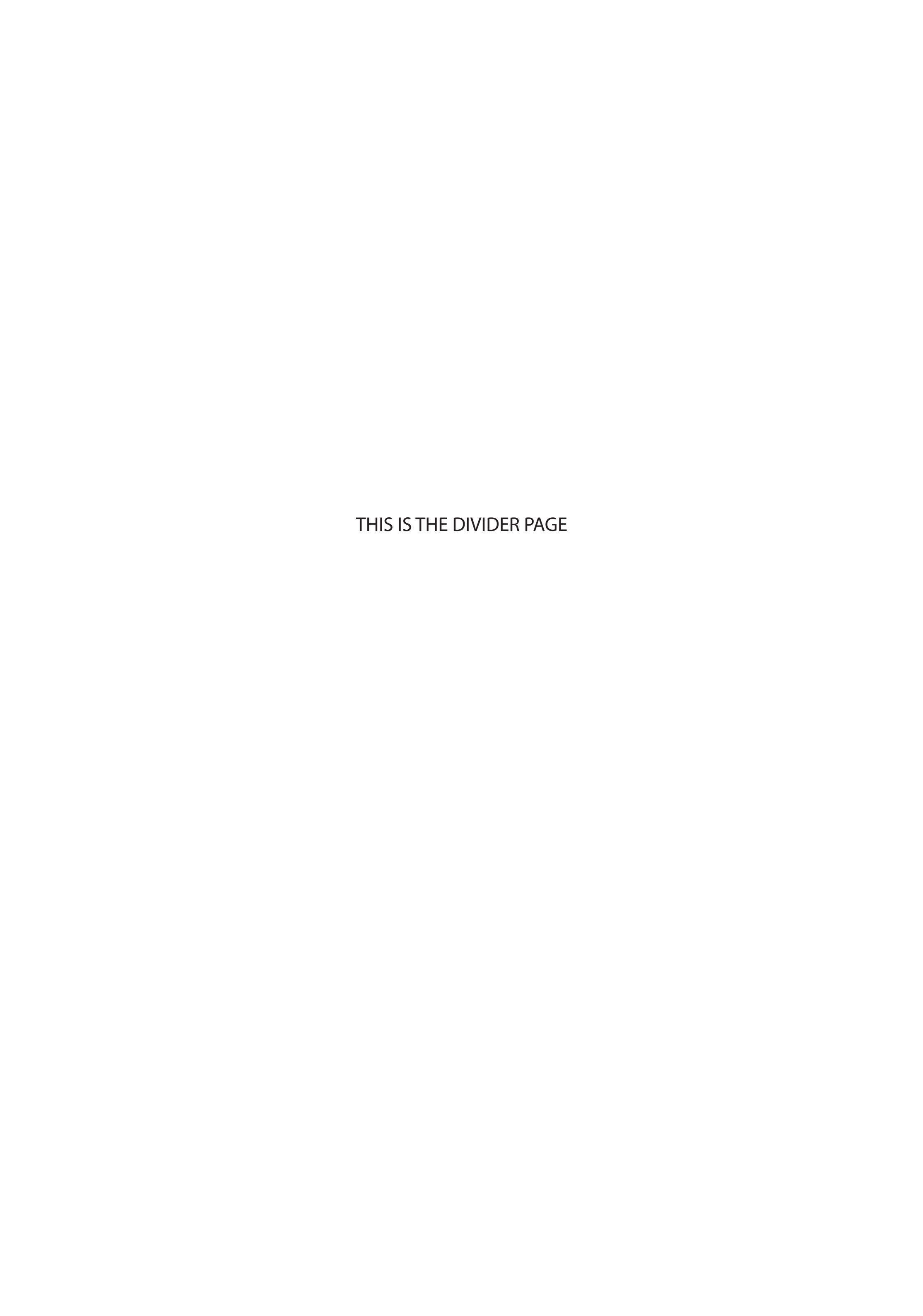
Guidelines for the treatment of alcohol problems. (2009). Canberra: Dept of Health and Ageing.

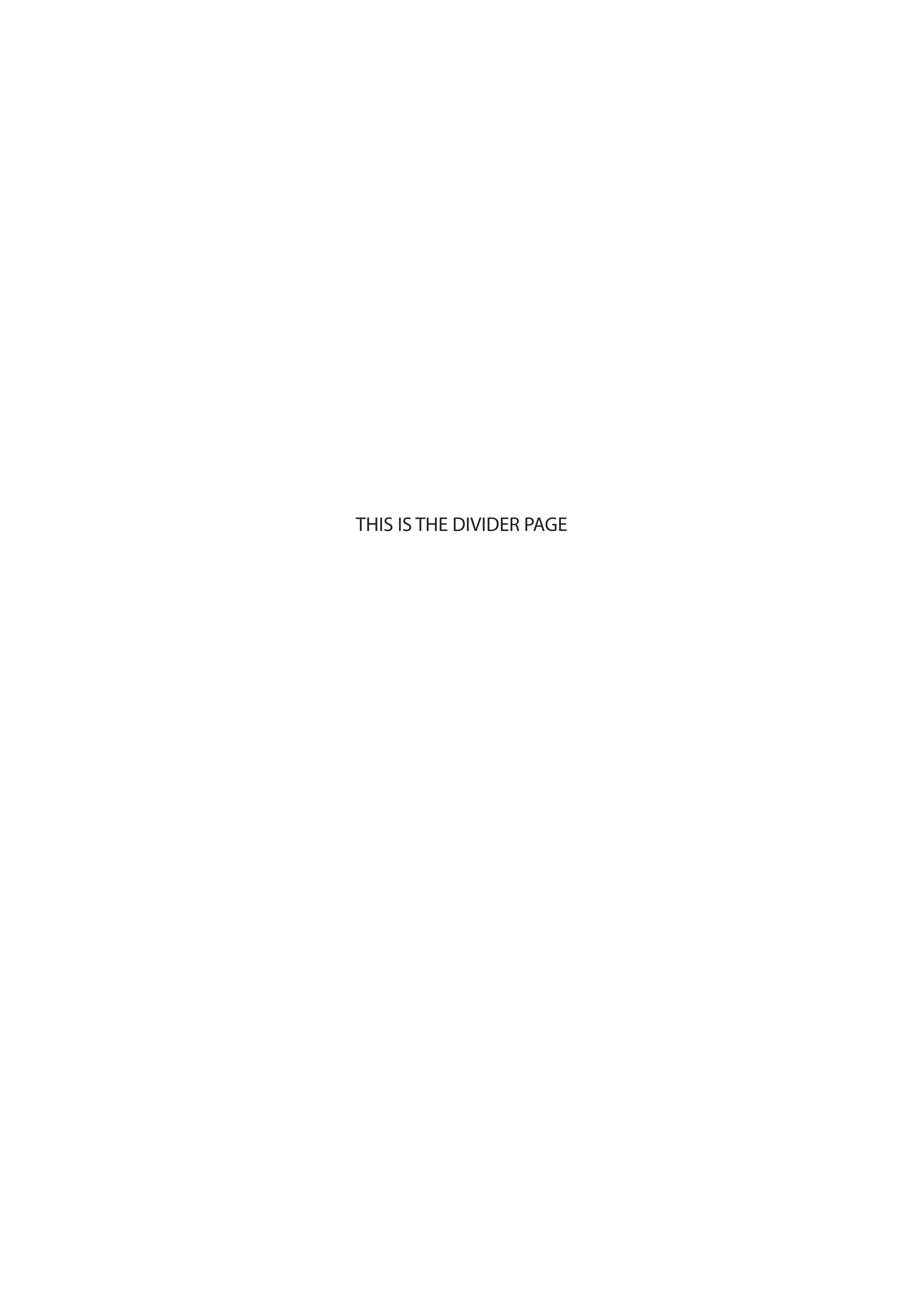
Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings. (2009). Sydney: National Drug and Alcohol Research Centre.

Helping someone with problem cannabis use: mental health first aid guidelines (2009). Sydney: National Cannabis Prevention and Information Centre.

Management of patients with psychostimulant toxicity : protocols for emergency departments (2008). Brisbane: Queensland Health.

Responding to challenging situations related to the use of psychostimulants: a practical guide for frontline workers. (2008). Canberra: Dept. of Health and Ageing.


THIS IS THE DIVIDER PAGE


THIS IS THE DIVIDER PAGE

SETTING THE SCENE

Jane Shelling, Manager NDSIS
Alcohol and other Drugs Council of Australia

As the National Drug Strategy 2010-2015 is delivered this is a good opportunity to look back to the 1980's at the events that formed the current alcohol and other drugs (AOD) sector in Australia.

Following a federal election, a special Premiers' Conference on Drugs was held in 1985 from which emerged the *National Campaign Against Drug Abuse* when all Commonwealth, State and Territory governments agreed to cooperate to minimise the harmful effects of drugs on Australian society (Department of Community Services and Health 1989).

The strategy was a co-operative one across state and territory governments, and between the government and non-government sectors (McDonald 1987). This co-operative approach continued with the launch of the National Drug Strategy in 1993 and the National Drug Strategy Framework in 1998. Under the Framework, the Ministerial Council on Drug Strategy (MCDS) functions as the peak policy and decision-making body in relation to licit and illicit drugs in Australia. The Council is represented by the Australian and State and Territory Ministers of Health and Law Enforcement, including the Minister responsible for Education. The role of the Council is to determine national policies and programs intended to reduce drug related harm within the Australian community. The Ministerial Council is supported by the Intergovernmental Committee on Drugs (IGCD). The IGCD provides policy advice to Ministers on the full range of drug-related matters and is responsible for implementing the National Drug Strategic Framework (Australian Government). In 1998 the Australian National Council on Drugs (ANCD) was established within this framework to enhance the role between government and the community (Australian National Council on Drugs).

These Government strategies and the subsequent funding led the way for the establishment of non-government organisations, networks and research facilities to support the AOD sector.

State-based foundations (including the Victorian Alcoholism Foundation which is now the Australian Drug Foundation) had already established a national Foundation for Research and Treatment of Alcoholism in Australia (Rankin 2003). This organisation was to have several name changes and restructures until it finally emerged under its present name the Alcohol and other Drugs Council of Australia (ADCA). ADCA is now the peak, national, non-government organisation representing the interests of the Australian alcohol and other drugs sector.

Networks were developed to support non-government agencies at a state level. New South Wales established the Network of Alcohol and Drug Agencies (NADA) in 1982, and the Western Australian Network of Alcohol and Drug Agencies (WANADA) was established in 1984 (Rankin 2003).

The Australian Professional Society on Alcohol and other Drugs (APSAD) was established in 1981 and is best known now for its annual conference and its publication *Drug and Alcohol Review*. In 1986 the Drug and Alcohol Nurses Association Australasia (DANA) came into existence. It has members from Australia and New Zealand and also holds an annual conference.

Research facilities were set up from 1986, starting with the National Drug and Alcohol Research Centre (NDARC) at the University of NSW, and the National Drug Research Institute (NDRI) at Curtin University. These were followed by National Centre for Education and Training on Addiction (NCETA), and later Turning Point and the Queensland Alcohol and Drug Research Centre (QADREC) (Rankin 2003).

As the AOD field receives the latest National Drug Strategy it does so from a firm foundation, ready to meet the new and emerging challenges of the future.

REFERENCES

Australian Government. "National Drug Strategy - Intergovernmental Committee on Drugs." Retrieved 10.1.2011, from www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/igcd-lp.

Australian National Council on Drugs. "Australian National Council on Drugs website." Retrieved 10.1.2011, from www.ancd.org.au.

Department of Community Services and Health (1989). "Taking the initiative 1987-1988: report of the National Campaign against drug abuse and a summary of the campaign's activities and evaluation 1985-88". Canberra, Commonwealth of Australia**:** 26p.

McDonald, D. (1987). "Australia's National Campaign Against Drug Abuse." Australian Drug and Alcohol Review 6(3): 169-170.

Rankin, J. G. (2003). "From scrubland to vintage wine: Australia's response to substance-related problems in the last 40 years." Drug and Alcohol Review 22(3): 255-262.

DRUG USE, DRUG USERS, DRUG ADDICTS … THEY ARE NOT ALL THE SAME!

HOW TO APPROACH A PERSON WHO HAS BEEN CATEGORISED AS A DRUG USER.

Dr Andrew Byrne, addiction specialist GP
Redfern, New South Wales.

Anyone who deals with members of the public will come into contact with so-called 'drug users' from time to time. In fact, most middle-aged Australians are 'drug users' if we include caffeine, tobacco and alcohol -and most young Australians have been exposed to cannabis, ecstasy and/or cocaine. Yet, whether legal or otherwise, those who use such drugs to their own detriment may come to attention for a variety of reasons. Whether as a teacher, police officer, shop-owner or in another capacity, it is important for us to deal with such impaired fellow citizens using compassion as well as due diligence.

There are several useful ways to classify drug use and thus prioritise the various aspects of behaviour, physical and mental health of the person involved and those around them. We can classify such people by the means of administration of the drug such as 'injectors', 'sniffers', drinkers, etc. Further, the category of drug such as depressant, stimulant, hallucinogen and the like is useful to determine the best way of handling the various situations which may arise. The pattern of drug use is also important and whether the person has had treatment in the past for their problem. As with alcohol, there are novices, 'social' users, binge users and those with established addiction along with its destructive consequences.

We should not increase prejudice and ignorance by using terms like 'boozer' 'pot-head' or 'druggie' for drug-affected fellow citizens. Such terms are pejorative and they are usually unhelpful diagnostically. However a few questions and answers may determine the risks and needs of the affected person. People who inject street drugs such as heroin, cocaine, amphetamine and like drugs are often seriously socially disadvantaged. They are more likely to come to attention than other drug users. Injectors are more likely to have contracted hepatitis C and HIV. They may be malnourished, homeless and suffer mental illness.

Such drug users generally start using such drugs by the age of 20 and have usually slowed down their drug use by the age of 40 (as long as they have not died in the intervening years). These people have often been on treatment programs, including methadone and buprenorphine. These are long-acting non-injected opioid drugs which typically cause no euphoria or intoxication. They prevent withdrawal symptoms, treat depression and generally help the person to get a more stable life with once-daily supervised medication at a clinic or pharmacy. Such patients are required to register with health authorities and nominate a dispensary. They see a doctor regularly and take urine tests to monitor progress. These patients may drop out of treatment for a variety of reasons such as not being able to afford the chemist bills, turning up after closing time or behavioural problems. There is always a degree of complexity, regimentation and paperwork involved – and some cannot cope with this, needing added supervision or even in-patient treatment.

Such people have often spent time in prison and may have legal matters outstanding. A parallel group may use just as much drug but they are prescription drug users. They are less likely to inject, they often have employment and obtain their medication quasi legally. They rarely have a prison or debtor history and they are often middle class 'mums and dads'.

Any concerned fellow citizen might ask some basic questions of drug users: what treatment helped you in the past? Why are you out of treatment at the present time? What can be done to get you back into a detoxification ward, methadone treatment, counselling, Alcoholics Anonymous, Smart Recovery, etcetera? Often a few seemingly simple but practical steps can be a great help to the drug user.

Special groups: petrol sniffers; benzodiazepine users (Valium and Xanax type sedatives); psychedelic users (LSD, mushrooms, cactus, etc); cannabis dependence.

High risk cases: pregnant drug users; teenagers; elderly; HIV victims; hepatitis C cases.

CONSUMER PARTICIPATION

Laura Liebelt, AIVL
Australian Injecting & Illicit Drug Users League Inc.

'Consumer participation' (CP) is broadly defined as 'the process of involving health consumers in decision making about health service planning, policy development, setting priorities and quality issues in the delivery of health services' (Commonwealth Department of Health and Ageing, 1998). In the general health context, consumer participation models typically incorporate varying degrees of involvement in service planning and delivery, ranging from the sharing of information and opinions about service delivery to engaging in shared problem-solving and joint decision-making (National Resource Centre for Consumer Participation in Health (NRCCPH), 2002).

Clarification and interpretation of who and what a 'consumer' is (or who should represent consumers) is less clear, and often takes on differing meanings for different people and types of services (Australian Injecting & Illicit Drug Users League (AIVL), 2010, p.52). For example, a consumer's 'drug-using' status (i.e. 'current drug-user', or 'ex drug-user') is commonly cited as a measure for their appropriateness for CP; however, how do you define who is a 'current drug user' and when they become an 'ex-drug user'?; and which one of these would be more appropriate for CP? Both service providers and consumers have different opinions about where this measurement begins and ends.

Unfortunately a person's perceived 'stability' is also frequently used as a measuring tool for how suitable they are for CP. More commonly it's viewed by people and more so services as a removal from a 'chaotic' lifestyle, but also ranges from: 'controlled' drug use; adhering to treatment (or having been on treatment for a significant amount of time); and complete abstinence from drug use (i.e. being 'clean') (AIVL, 2010). The factors surrounding the definition of 'stability' are murky at best. AIVL recommends that the most central concern when determining the appropriateness of someone for CP is 'connectivity' with the community they represent. That is, are they linked in with the community and peers, and aware of current and relevant issues they face? Or are they too far removed from drug users and/or people on treatment, therefore unable to effectively represent other consumers? (AIVL, 2010).

While there is increasing awareness and support for CP in Australia, it has been slower to gain ground when compared to other countries (the United Kingdom in particular), and even more so within the drug and alcohol sector when compared to the progression of CP in women's health, disability, and mental health sectors (Social Action and Research Centre (SARC), 2010). There is currently no national framework for CP in the drug and alcohol sector, and presently where it does exist in services it is generally 'lower level' consumer participation i.e. suggestion boxes, consumer surveys, and consumer forums or councils (AIVL, 2010; SARC, 2010). While any level of CP should be encouraged, ideally 'high-to-medium levels' would be preferable; 'high' level CP involves activities where consumers share the decision making within treatment services. Examples of this could range from having consumers involved in service planning committees, attending staff meetings, involved in staff recruitment, and staff appraisals (AIVL, 2010).

The reasons for the opposition and/or reluctance to take up CP by both consumers and treatment services alike are varied. Some of the following factors are frequently cited: the nature of illicit drug use can cause problems when trying to recruit consumers not wanting to 'out' themselves publically and potentially risk their treatment (for instance Methadone or Buprenorphine); and not wanting to experience persecution for being known as drug users or past drug users. Some treatment services presume that drug users or people on treatment aren't interested in participating in consumer representation, or worse still, incapable of participating in CP; this perception can stem from out-dated beliefs that people who use drugs (or have used drugs) are poorly educated, incoherent, and aggressive etc.

The following recommendations will increase opportunities for CP development within treatment services. Firstly there is a need for government funding to allow for CP to be written into service providers' key performance indicators as a core business priority. Knowledge and awareness of CP, as well as changing attitudes and the opposition to CP could be addressed by education programs with both service providers and consumers. (AIVL, 2010; SARC, 2010). Secondly, there is no one 'correct' model for CP; these should be tailored to treatment environments and consumers as well as being flexible and allowing for changes where needed.

REFERENCES

Australian Injecting and Illicit Drug Users League (AIVL): 2010, *Treatment Service Users Project: Phase Two Final Report*, Canberra, Australia.

Australian Injecting and Illicit Drug Users League (AIVL) 2008. Treatment Service Users Project: Final Report, AIVL, Canberra, Australia.

Commonwealth Department of Health and Aged Care (CDHAC) 1998. *Consumer Focus Collaboration*, Commonwealth of Australia, Canberra, Australia.

Hinton, T. 2010. *Voices on Choices: Working towards a consumer-led alcohol and drug treatment*, Anglicare Tasmania.

National Resource Centre for Consumer Participation in Health (NRCCPH) 2002. *Fact Sheet No 2: Methods of Consumer Participation,* http://www.healthissuescentre.org.au/documents/items/2008/04/204590-upload-00001.pdf

Social Action and Research Centre (SARC): July, 2010. Voices on Choices: Working towards a consumer-led alcohol and drug treatment, Anglicare Tasmania.

FETAL ALCOHOL SPECTRUM DISORDER

Sue Miers AM, *Spokesperson*
NOFASARD

Alcohol freely crosses the placenta to the unborn child and can cause a broad spectrum of possible harms collectively referred to as Fetal Alcohol Spectrum Disorders (FASD)

There is no known safe level or time for alcohol consumption during pregnancy. Alcohol is a known teratogen; a teratogen is any agent that interrupts or alters the normal development of a fetus, including development of the brain or other major organs. High concentrations of alcohol in the maternal blood appear to do the most damage to the developing child - so "binge" drinking patterns that produce large spikes in BAC, especially if alcohol is consumed on an empty stomach, are most dangerous.

FASD is an educational/umbrella term used to describe the range of potential harmful effects resulting from fetal alcohol exposure. These effects include: brain damage; physical birth defects; poor growth before and after birth; low IQ or learning difficulties; delayed development; social, behavioural and mental health problems; or problems with speech, hearing and vision.

The diagnoses that fall under the spectrum are Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome (pFAS), Alcohol Related Neurodevelopmental Disorders (ARND) and Alcohol-Related Birth Defects (ARBD). FAS is the most easily and commonly diagnosed disorder of the spectrum as it is a clinical diagnosis that has observable facial and other measurable indicators. However most individuals affected by alcohol exposure before birth do not have any of the characteristic facial indicators identified with FAS, yet they may have brain and other impairments that are just as significant.

For babies and children who have been exposed prenatally to alcohol, early screening and diagnosis of possible fetal alcohol spectrum disorders is essential for providing early intervention that will help improve their long term outcomes. Incorrect diagnosis may lead to inappropriate and ineffective traditional interventions for behaviour that result in the development of secondary disabilities. Unfortunately in Australia, very few doctors have been trained to diagnose the disabilities that fall under the fetal alcohol spectrum.

For further information contact:

NOFASARD (The National Organisation for Fetal Alcohol Syndrome & Related Disorders) sue@nofasard.org.au www.nofasard.org.au

Russell Family Fetal Alcohol Disorders Association working in conjunction with Training Connections Australia to deliver training and other services for FASD www.rffada.org www.trainingca.org.au

Development of a Screening and Diagnostic Instrument for Australia (FASD Project) http://www.ichr.uwa.edu.au/fasdproject

Alcohol & Pregnancy and Fetal Alcohol Spectrum Disorder Resources for Health Professionals http://www.ichr.uwa.edu.au/alcoholandpregnancy

Prenatal Exposure to Alcohol Prevention Handbook – Drug Education Network Tasmaniaresources@den.org.au

THE ABC OF HEPATITIS

As AOD workers, we're going to get questions around hepatitis because many of our clients are affected by it. Together, hep B and hep C affect one in every 60 Australians but prevalence is weighted towards particular risk behaviours and factors. One-third of AOD clients inject their drug of choice and among those who inject, between 50-80% have hep C.

All hepatitis viruses affect the liver – it's the place where the virus particles go to "reproduce" – but they affect the liver to differing degrees, are transmitted differently and have different preventative measures and treatments.

Detailed information is available from various sources (see below) but let's overview the three main types of hepatitis:

Hepatitis A (called hep A) is transmitted through faecal contamination getting into the mouth. It causes a temporary acute illness that lasts 1-3 weeks. It doesn't affect many of our target groups and isn't a big issue in the AOD sector. It's mainly prevented by vaccination and good hand-washing.

Hepatitis B (called hep B) is transmitted via blood-to-blood contact, sexually or vertically (from mother-to-baby at birth). It exists as a short infection (<6 months) or a lifelong chronic infection (>6 months). If people experience the short infection it won't cause long term liver damage but those with the chronic infection are at risk of serious liver damage. Around 90% of babies who contract hep B will develop chronic infection whereas only 5% of adults who contract it will do so. It is mainly prevented by vaccination and safer injecting or safer sex practices. It is most prevalent among Australians born in China, SE Asia or the Pacific Islands, Aboriginal Australians and men who have sex with men.

Hepatitis C (called hep C) is transmitted via blood-to-blood contact and vertically. Around 3 in every 4 people who contract it will develop chronic infection (>6 months). People who develop a chronic infection are at risk of

long term liver damage – one in 20 people with chronic hep C will eventually have liver failure or liver cancer. It is mainly prevented by safer injecting practices. It is most prevalent among people who have injected drugs.

Prevention problems – many clients may not be aware that they are at risk or may know little about safe injecting or safe sex practices. Additionally, many clients may not enjoy easy access to prevention equipment. Phone your nearest NSP, NUAA or *Hepatitis Helpline* for more information on hep B or hep C prevention.

Treatment is available for hep B and hep C, but is not required for hep A. Contact *Hepatitis Helpline* or ASHM for more information on treatments.

Testing for all types of hepatitis is available from GPs and sexual health clinics. Tests are free and confidential. Contact *Hepatitis Helpline* or your local sexual health clinic for more information on testing.

Social dynamics impact on people's experience of hep B and hep C, predominantly the latter. Media reports repeatedly associate hep C with injecting drug use, a criminal act, and this causes problems. People experiencing alienation and disadvantage are less likely to access health care services. They are also less likely to take up treatment and more difficult to reach with health promotion initiatives.

Hepatitis Helpline: 1300 437 222

Hepatitis info: www.hep.org.au

NUAA (NSW Users and AIDS Association): 1800 644 413

Sexual Health Infoline: 1800 451 624

NSP Infoline: 9361 8000 or 1800 422 599

ASHM hepatitis & HIV training: 02 8204 0700

Paul Harvey, Coordinator of Information & Resources. Hepatitis NSW

INHALANTS

Ruth Mahon, Co-ordinator
National Inhalants Information Service

The term 'inhalant' refers to a household, industrial or medical product which, when inhaled produces a mind altering high, and specifically to those substances that are never consumed in any other way other than by inhalation (National Institute on Drug Abuse, 2009). 'Inhalant misuse' refers to the intentional rather than accidental inhalation of these products. Other terms used to describe inhalant misuse include volatile substance abuse (VSA), volatile solvent misuse (VSM), chroming, sniffing, and huffing. In Australia, there are approximately 250 legally acquirable products found in supermarkets, hardware stores, service stations and newsagents that could potentially be used as inhalants (Drugs and Crime Prevention Committee, 2002). A commonly used classification system divides inhalants into four categories: volatile solvents, aerosols, gases, and nitrites (National Institute on Drug Abuse, 2009).

The majority of inhalants depress the central nervous system (CNS), resulting in feelings of euphoria and well-being. These feelings are usually felt within moments of inhalation and are relatively short-lived, resulting in the user re-dosing to maintain the high. As CNS depression increases, more severe effects are likely, including drowsiness, nausea, headaches, slurred speech, blurred vision, hallucinations, seizures, loss of consciousness and possibly death. Inhalants can also irritate the skin, nose, and throat. Many inhalants increase the sense of invincibility in users which can result in accidents or injury. Some inhalants, such as butane, also cause cardiac arrhythmias and make the heart hypersensitive to adrenaline. Nitrites work differently; they act to dilate blood vessels and relax smooth muscle rather than depress the CNS. There is no safe level of inhalant use.

There is a lack of comprehensive data regarding inhalant misuse. It is suggested the data is incomplete due to the large number and variety of products under the inhalants category, and that many inhalant users may fall outside of the demographic covered by the surveys, e.g. they are not attending school, are younger than the target age, or not living at home. This should be taken into account when considering the data presented in general drug surveys.

The 2007 National Drug Strategy Household Survey found that 3.1% of the Australian population over the age of 14 have ever used inhalants, with 0.4% using inhalants in the twelve months preceding the survey (Australian Institute of Health and Welfare, 2008). A 2005 survey of Australian high school students found that 20.8% of 12 year olds and 9.9% of 17 year olds had used inhalants at some stage in their lifetime, with 12.9% of 12-17 year olds having used inhalants in the preceding 12 months. There is minimal difference in inhalant misuse by males and females (White & Hayman, 2006).

Anecdotally, paint and aerosol sniffing is more common in urban areas, while petrol sniffing is more widespread in remote Indigenous communities (d'Abbs & MacLean, 2008). Individuals choose and use inhalants for a wide range of reasons including ease of access (price, availability, legality, easily stolen); experimentation; peer group pressure; enjoyment; and escapism from a wide range of complex social issues including family and personal dysfunction, low socioeconomic status, physical / sexual abuse, depression, unemployment, boredom, and hunger. Inhalant misuse has an effect not only on the individual but also on the families, carers and the extended community.

Governments at the federal and state/territory level have acknowledged the issue of inhalant misuse as an important one and have provided a range of responses, including the establishment of the National Inhalant Taskforce to address the issue at a national level.

It has been established that the complex nature of inhalant misuse requires a range of interventions that address individual and community health, family, and socioeconomic issues (MacLean, 2008). It is noted that the age and cultural background of people who use inhalants need to be considered when implementing intervention strategies. Successful strategies include the reformulation of petrol and spray paint; changes to legislation providing direction for law enforcement and health and community care providers; education and support for retailers; community-based diversion programs; and user rehabilitation and education (d'Abbs & MacLean, 2008).

SECTION 04

FROM THE FIELD

REFERENCES

Australian Institute of Health and Welfare. (2008). *2007 National Drug Strategy household survey: detail findings*. Canberra: AIHW.

d'Abbs, P., & MacLean, S. (2008). *Volatile substance misuse : a review of interventions.* Canberra: Dept. Health and Ageing.

Drugs and Crime Prevention Committee. (2002). *Inquiry into the inhalation of volatile substance: final report*. Melbourne: Parliament of Victoria.

MacLean, S. (2008). *Developing an inhalant misuse community strategy*. Deakin, A.C.T.: Alcohol and Other Drugs Council of Australia.

National Inhalant Abuse Taskforce. (2006). *National directions on inhalant abuse :final report - [with Addendum July 2006]*. Melbourne: Department of Human Services.

National Institute on Drug Abuse. (2009). *Inhalant abuse*: US Department of Health and Human Services.

White, V., & Hayman, J. (2006). *Australian secondary school students' use of over-the-counter and illicit substances in 2005*. Victoria: Cancer Council Victoria.

THERAPEUTIC COMMUNITIES

Lynne Magor-Blatch MAPS, MCFP, Executive Officer
Australasian Therapeutic Communities Association (ATCA)

The Australasian Therapeutic Communities Association (ATCA, 2007), with member agencies in Australia and New Zealand, provides the following definition of a Therapeutic Community:

> A Therapeutic Community is a treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change.
>
> In a therapeutic community, residents and staff participate in the management and operation of the community, contributing to a psychologically and physically safe learning environment where change can occur.
>
> In a therapeutic community, there is a focus on the biopsychosocial, emotional and spiritual dimensions of substance use, with the use of the community to heal individuals and support the development of behaviours, attitudes and values of healthy living.

Therapeutic communities (TC) were first established in the United Kingdom and United States more than 50 years ago, coming from two different models, but converging in practice during the 1970s. In general, TCs are illicit drug and alcohol-free residential settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility (NIDA, 2002). In the UK, and especially within prison and youth TCs, a democratic model is also evident. These have some important differences to the more usual hierarchical model most commonly employed within US and Australasian TCs (Rawlings, 1999).

TCs differ from other treatment approaches principally in their use of the community, comprising treatment staff and those in recovery, as key agents of change. This approach is referred to as 'community as method'.

TC members interact in structured and unstructured ways to influence attitudes, perceptions, and behaviours which are considered to be associated with substance use. In addition to the importance of the community as a primary agent of change, a second fundamental TC principle is 'mutual self-help'. Mutual self-help implies that individuals in treatment are the main contributors to the change process.

ATCA currently includes thirty-six members, which represent a total of 65 TCs operating across Australasia. These services employ approximately 3,000 staff and treat over 10,000 people annually as well as providing additional critical services such as detoxification units, family support programs, child care facilities, exit housing and outreach services. Twelve of the 65 Australasian TCs are in prison settings, where non-government agencies work in partnership with Government Corrections. As such, therapeutic communities work at all points of the treatment spectrum, from primary prevention and early intervention, to treatment and aftercare.

The major goal of a TC is to alter fundamental negative beliefs about oneself and to develop a greater sense of self-efficacy and control through increased responsibility. In defining TCs for substance users, De Leon (1995) suggests that TCs "…provide a total environment in which transformations in the drug users' conduct, attitudes and emotions are fostered, monitored and mutually reinforced by the daily regimen" (cited in Gowing, Cooke, Biven & Watts, 2002: 41).

Over the past 50 years the therapeutic community has gained recognition as an effective intervention approach for a range of client groups. These include substance users in a variety of settings, including community and prison-based programs, and families with children and adolescents. This has resulted in the traditional TC approach being tailored to meet the specific needs of each of these population groups.

TCs have been found to work with a significantly more chaotic and complex group of clients than other treatment modalities. The TC does not generally represent the person's first treatment attempt. It is important to understand that all treatment modalities play a role in the overall treatment landscape and that 'one size' does not fit all when it comes to treatment for substance use. Many variables, such as age, mental health and personal crisis affect an individual's interest and engagement in treatment programs.

ATCA members are increasingly embracing innovative practices within an evidence-based modality. They are working in partnership with Mental Health and Addiction Medicine in the provision of programs which include pharmacotherapies and prescribed medications. TCs aim to treat the whole person, and as such provide an opportunity for change.

REFERENCES

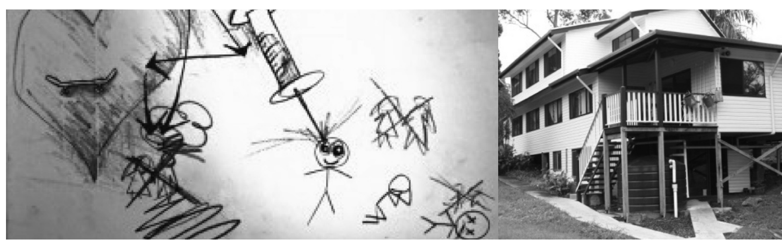
Australasian Therapeutic Communities Association (ATCA) (2007). http://www.atca.com.au

De Leon, G. (1995). Therapeutic communities for addictions: A theoretical framework. *International Journal of Addictions, 30 (12), pp. 1603-1645.*

Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002) in *Towards Better Practice in Therapeutic Communities.* Bangalow, New South Wales, Australasian Therapeutic Communities Association.

National Institute on Drug Abuse (NIDA). (2002). *Therapeutic Communities.* Research Report Series. NIH Publication Number 02-4877.

Rawlings, B. (1999). Therapeutic communities in prisons: a research review. *The International Journal for Therapeutic and Supportive Organizations, 20 (3)*: Association of Therapeutic Communities.



A THERAPEUTIC COMMUNITY STORY - ALICE

By the time I got to the Buttery I'd been using and abusing drugs and alcohol for over twenty years. A once promising career in the arts was destroyed, my family had disowned me and my friends didn't want to know me. I'd been in a psychiatric unit and spent years in and out of detoxes trying to get clean. I had tried another rehab, moving cities, psychiatry, university, relationships and work. I could get clean but couldn't stay clean. I simply did not know how to live without drugs.

In amongst this chaos I'd had two children who I was trying to parent on my own. Towards the end of my using I had voluntarily put them into foster care because it was painfully apparent that I was incapable of taking care of them. I loved them too much to keep them with me in the wretched life I was living. It broke my heart.

I believed I was a hopeless case, destined to spend the rest of my life miserable and alone. For me, the experience of the Buttery was bigger than the sum of its parts. For the first time in as long as I could remember I was participating in something. Namely, my own life. I felt safe enough to fall apart and was loved - sometimes "tough loved" - back onto my feet. I had thought going to The Buttery was the end of the road for me, but in fact it was just the beginning.

Even more than the education/information I was given at The Buttery, which is invaluable in my day to day living, I learnt a sense of community that I can give to others and receive from them as well, that "I am a part of". To that end, I've just started volunteer work at The Buttery because, damn, I'm just not quite ready to leave home!

Today I'm fifteen months clean and sober. I have some good friends; my relationships with my family are healing. I live in a beautiful place with my beautiful daughters and when they are barefoot it's because they choose to be, not because they don't have any shoes to wear.

Latest Update: its seven months since this article was written. Alice has just resumed tertiary study at University and is thrilled about it. She has spent much time learning how to re-parent her two children, who continue to live with her and her partner - also a recovering addict and a fantastic man!
The kids are really stable and happy and have a loving home environment as their base. Alice has recently performed in local theatre productions in her area, and has returned to singing of late, and continues on with a program of drug and alcohol free living. She's very busy and her life grows in richness, love and fulfilment!

This story is one of many moving success stories of therapeutic community (TC) treatment. The Buttery is situated at the northern end of New South Wales near Byron Bay. It is one of 65 TCs that are part of the Australasian Therapeutic Communities Association (ATCA).

ATCA members are situated in all states and territories of Australia and in both the north and south islands of New Zealand. They are in community and prison settings and work with adults, teens, couples and parents with children.

PHARMACOTHERAPIES AND TCS COMBINE TO PROVIDE A UNIQUE TREATMENT OPTION

WHOS-MTAR (Methadone To Abstinence Residential) provides a unique treatment option, using the TC model of drug treatment to assist clients to reduce off methadone while learning the skills necessary to live drug free. Another WHOS program, located on the same site in Rozelle, provides the opportunity to continue and stabilise on pharmacotherapies within the context of the TC. WHOS-RTOD (Residential Treatment for Opioid Dependence) Stabilisation Program was established in 2009.

Both MTAR and RTOD combine methadone and TC treatment. While the philosophies and methods of the TC and methadone treatment programs are different, the strengths of each have been combined to enable clients to taper off methadone maintenance in a TC environment (MTAR) or stabilise (RTOD) and to remain illicit drug-free.