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Every society struggles with drug and alcohol abuse. Australia is no exception.

Illicit drugs harm families, damage communities and hinder the capacity of our country to grow and succeed.

The Australian National Council on Drugs (ANCD) was set up by Prime Minister John Howard in 1998 to help with the fight against illicit drugs. Fifteen years on, the ANCD continues its work to make Australians more aware of the dangers of drug and alcohol abuse.

The work of the ANCD stops lives from being harmed or destroyed by the scourge of illicit drugs.

The ANCD plays a vital role in raising awareness of substance abuse and addressing it through sound research and community consultation.

I thank the ANCD for their important work over the last year.

The Hon Tony Abbott MP
Prime Minister of Australia
I have pleasure in submitting my eighth annual report as Chairman of the Australian National Council on Drugs.

This will be my final report, as I have indicated to the Prime Minister and the Leader of the Opposition that I will not be seeking reappointment when my term expires early next year.

It has been a great privilege to be part of the ANCD team. My three executive members – Margaret Hamilton, Robert Ali, and Garth Popple have been a joy to work with and it is fair to say that the driving force, as before, has been the indefatigable energy of the Executive Director, Gino Vumbaca, and his team in Canberra.

The last year has been notable in many respects. The landmark report from the National Indigenous Drug and Alcohol Committee showed that the costs of incarceration were more than double the cost of treatment. It also revealed the appalling rate of overrepresentation of Indigenous people in our prisons. It is an extraordinary embarrassment to learn that one third of the females in Australian prisons are aboriginal.

The international work of the Asia Pacific Drug Issues Committee has extended to the Middle East, as well as Southeast Asia and the Pacific, and a stronger relationship has developed with AusAID, as well as international organisations in the region such as the United Nations Office on Drugs and Crime. Our work together to address the issues associated with compulsory centres for drug users being a testament to this co-operative spirit.

The extraordinary ability of our national magazine, Of Substance, to reach and inform so many people working with drug and alcohol issues provides a remarkable return for the government. The work of the team and their committees is often unheralded but the results as articulated by the recent independent evaluation speak volumes of their success.

During the year other reports covered the need to make evidence-based treatment more affordable and more accessible for the treatment of people with drug problems and their families.

My major disappointment has been the inability of governments to tackle the damage caused by the excessive consumption of alcohol. The abolition of the Ministerial Council on Drugs was a major blow to the ANCD, as there was no longer the opportunity for a face-to-face meeting with the respective state and territory ministers. Hopefully, better liaison with the Intergovernmental Committee on Drugs will overcome this gap.

The instability in the government during the past year resulted in the transfer of Minister Mark Butler to another portfolio and we will miss his accessibility.

A new Council will be appointed next year, and my hope is that the current membership will ask to continue their service. To my way of thinking the current membership has been the best during my stewardship.

Dr John Herron, Chairman
It’s been another busy and productive 12 months for the Australian National Council on Drugs (ANCD).

The members of the ANCD, its National Indigenous Drug & Alcohol Committee (NIDAC), its Asia Pacific Drug Issues Committee (APDIC), as well as its Of Substance Magazine Board and Editorial Reference Group have taken on a diverse and, at times, challenging range of issues over the past year.

The release of reports and papers covering the policies and programs in Australian prisons; expanding naloxone availability; an economic analysis on prison or treatment for Indigenous offenders; compulsory centres for drug users across Asia; the current needs of medically assisted treatment for opioid dependence systems; as well as a number of editions of the Of Substance magazine and e-bulletins demonstrate this diversity of work.

It is difficult at times to comprehend the enormity of changes and pressure on organisations to deliver the high quality services expected by individuals, families and communities within such a tight fiscal environment. Innovation and flexibility are required at all times for these services to operate effectively but at some point the complexity and difficulties faced by the sector needs to be addressed. This will mean not only greater resources, and reduced red tape from all levels of government, but also a commitment from the sector itself to provide services that are evidence informed and developed as much as possible with affected communities.

On a personal note, I am ever thankful for the wisdom and support provided by the ANCD Chairman, Dr John Herron, the ANCD Executive, the ANCD members and all the members of NIDAC, APDIC and Of Substance. I know this is a view shared by all the staff within the ANCD Secretariat who also benefit greatly from the wealth of experience and knowledge available.

As usual there are far too many individuals to thank but the ongoing relationships and assistance from people within the Prime Minister’s Office and the Department, as well as many Ministerial offices and Departments, especially the Department of Health & Ageing staff, are particularly appreciated. As is the valuable advice and support of the many people that make up this sector from treatment, consumers, families and research groups.

I would like to especially thank all the ANCD staff for their continued high quality effort throughout the entire year and for putting up with non-stop demands and requests... I would also like to acknowledge the ongoing very professional and high standard support provided by our financial auspicing body – the Salvation Army (New South Wales Property Trust).

Gino Vumbaca, Executive Director
ANCD Membership and Term

Executive Members

Dr John Herron AO
(2006 – Present)
Chairman of the Australian National Council on Drugs

Dr Herron was appointed Chairman of the Australian National Council on Drugs on the 21st of February, 2006, following his return from his appointments as Ambassador to Ireland and the Holy See (2002-2006).

He was a Senator in the Parliament of Australia representing the State of Queensland (1990-2002), and was Minister for Aboriginal and Torres Strait Islander Affairs (1996-2001).

Prior to entering Parliament, he was a general surgeon for thirty years and during this time he occupied the positions of President of the Australian Medical Association, Chairman of the Australasian College of Surgeons and Chairman of the Australian Association of Surgeons of his State. He was twice President of the Liberal Party of Australia (Queensland division); from 1980-1983 and from 2000-2002.

Outside his surgical and political careers, Dr Herron was an officer in the Royal Australian Army Medical Corps and a Squadron Leader in the Royal Australian Air Force. He has been awarded the Bancroft Medal of the Australian Medical Association (Queensland); the Justin Fleming Medal of the Australian Association of Surgeons; and a Citation by the Royal Australasian College of Surgeons; the Humanitarian Overseas Medal for his service as a Care Australia medical officer during the Rwandan crisis; and the Australian Service Medal.

Dr Herron is a Knight Commander of the Holy Sepulchre of Jerusalem and a Papal Knight of St. Gregory. He and his wife Jan have six daughters, and three sons.
Associate Professor Robert Ali

Director, Community Based Treatment Interventions for the Drug and Alcohol Services, South Australia

Associate Professor Robert Ali is a Public Health and Addiction Medicine physician, who has worked in the alcohol and other drug area since 1985. He is the Director of the Drug and Alcohol Services South Australia World Health Organisation (DASSA WHO) Collaborating Centre for the Treatment of Drug and Alcohol Problems, based in the School of Medical Sciences at the University of Adelaide.

He is a member of the World Health Organisation Expert Advisory Panel on Drug Dependence and Alcohol Problems. He is also a member of the Cochrane Drug and Alcohol Editorial Board.

Associate Professor Ali was the President of the Chapter of Addiction Medicine in the Royal Australasian College of Physicians; and was the Chair of the Board of Continuing Professional Development for the Faculty of Public Health Medicine in the Royal Australasian College of Physicians from 1996 – 2004.

Associate Professor Ali was also the Chair of the Australian National Expert Advisory Committee on Illicit Drugs.

Professor Margaret Hamilton AO

Professor Hamilton has over thirty-five years experience in this field, including clinical work; education; and research. She has a background in social work and public health, and has conducted research in epidemiology; policy; evaluation (prevention and treatment); young people and drugs; women and alcohol; alcohol problems in remote Australia; evaluation of Therapeutic Communities and self-help, and was the founding Director of Turning Point Alcohol and Drug Centre in Victoria.

Professor Hamilton is a member of the VicHealth Board, and has strong links with many alcohol and other drug organisations, including being a Life Governor of the Australian Drug Foundation, Patron of Anex, and a Friend of Arbias. She is a member of the Alcohol and other Drugs Council of Australia and the Australasian Professional Society on Alcohol and other Drugs.

Professor Hamilton is the lead editor of two alcohol and drug text books, and the author of many other publications in this area.
Mr Garth Popple
Executive Director, We Help Ourselves Residential Therapeutic Programs Drug and Alcohol Dependence; Board Member & Past President of the Australasian Therapeutic Communities Association; President, International Federation of Non-Government Organisations.

Mr Popple has been working in alcohol and other drug management roles since 1986, and in honorary committee and board positions since 1981 for the non-profit sector, having been primarily focused on the Therapeutic Community movement for most of his career to date, including working with Therapeutic Communities throughout Asia. In 1991, he became involved in harm minimisation initiatives and he stays in touch with the needs and feedback from users past, and present.

As the Executive Director of We Help Ourselves, Mr Popple operates six residential Therapeutic Communities within Australia; We Help Ourselves provides other services, such as day programs; aftercare; and HIV/infectious disease education services.

These appointments have a specific interest to Mr Popple due to their focus on the non-government sector, nationally and internationally.

Mr Popple was awarded the Prime Minister’s Award for Excellence in Drug and Alcohol Endeavours in 2010, is an Honorary Fellow of the University of Western Sydney received in recognition of his services to the community, and in 2007 was a recipient of a National Honour Roll Award for persons who have made a significant contribution, over a considerable time period, to the drug and alcohol field.

His past board memberships and associations include the Network of Alcohol and other Drug Agencies New South Wales; the World Federation of Therapeutic Communities; the International Council of Alcohol and Addictions; and a number of current and previous international and national Expert Advisory Committees.

Other Current Members

Ms Donna Ah Chee
(2011 – 2014)

Ms Ah Chee is the Chief Executive Officer of the Central Australian Congress, an Aboriginal community controlled health care service in Alice Springs. Congress employs up to three hundred staff, delivering services ranging from antenatal and postnatal care, early childhood development, chronic disease, social and emotional wellbeing, women’s and men’s health and a fifty-five place childcare
centre. This includes the auspice of five Aboriginal health services in Central Australia, helping them achieve community control of their own services, while at the same time providing much needed primary health care services.

Ms Ah Chee has lived predominantly in Alice Springs for the last twenty-five years and is married to a local Yankuntjarra/Arrernte man, Paul Ah Chee (Ngala). Together they have three children who are now young adults, all of whom are living in Adelaide undertaking tertiary studies.

She is a Bundgalung woman from the far north coast of New South Wales. Ms Ah Chee has been actively involved in Aboriginal affairs for many years, especially in the area of Aboriginal adult education and health, having spent eleven years at Congress. In June 2011, she moved to Canberra to take up the position of Chief Executive Officer of the National Aboriginal Community Controlled Organisation before returning to Congress in July 2012.

Ms Ah Chee has convened the Workforce Working Party under the Northern Territory Aboriginal Health Forum, was Chairperson of the Central Australian Regional Indigenous Health Planning Committee, a member of the Northern Territory Child Protection External Monitoring Committee and jointly headed up the Northern Territory Government’s Alcohol Framework Project Team.

Ms Ah Chee currently sits on the Australian National Council on Drugs, the National Indigenous Drug and Alcohol Committee and at a local level, represents Congress on the People’s Alcohol Action Coalition.

**Professor Steve Allsop**

*(2011 – 2014)*

*Professor and Director, National Drug Research Institute, Curtin University*

Professor Allsop has a background in policy, prevention and clinical research. As well as an academic career, he has worked in government services, previously working at the Drug and Alcohol Office, Western Australia, and the Drug and Alcohol Services Council, South Australia.

Professor Allsop is currently Deputy Chair of the Board of the Drug and Alcohol Office.
Professor Jon Currie
(2011 – 2014)

Professor Currie has now commenced private consultative practice in Addiction Medicine as Director of the newly established National Centre for the Neurobiological Treatment of Addiction.

Previously, he has been the Director of Addiction Medicine services for Western Sydney Area Health Service and St. Vincent’s Hospital, Melbourne, and was a member of both the Health and the Research Committees within the National Health and Medical Research Council.

Professor Currie has been Chair of the Victorian Drug and Alcohol Prevention Council and of the Expert Working Committee that produced the National Health and Medical Research Committee Australian guidelines to reduce health risks from drinking alcohol.

Ms Carrie Fowlie
(2011 – 2014)

Executive Officer, Alcohol Tobacco and Other Drug Association ACT

Carrie has held diverse roles in the alcohol, tobacco and other drugs sector, and in the youth sectors of workforce development, social policy development, coordination and representation.

In recent years, she has worked collaboratively with stakeholders to establish the new Australian Capital Territory alcohol, tobacco and other drug sector peak body, Alcohol Tobacco and Other Drug Association, for which she is now the Executive Officer.

Among other appointments, Carrie is currently a Board member of the Alcohol and other Drugs Council of Australia, the Centre for Youth Substance Abuse Research Advisory Board, and Chair of the Implementing Expanded Naloxone Availability in the Australian Capital Territory Committee. She has also held several Australian Capital Territory Ministerial appointments, including those focused on police, crime prevention, and Legal Aid.

Carrie has worked for social justice, in reconciliation, with Stolen Generation members, and in community development. Her work in the youth sector has incorporated dealing with issues arising from alcohol, tobacco and other drugs; professional ethics; carers; participation; and public space, which led to her being awarded the Australian Capital Territory Outstanding Contributions to Young People Award.

Carrie also brings with her a sporting background, including working with elite athletes through an international appointment as the Canadian Assistant Chef de Mission at the FINA World Championships. Carrie is a strong advocate of evidence-informed practice, public health and social justice.
Magistrate Margaret Harding
(2011 – 2014)
Drug Court Magistrate, Dandenong Drug Court (Victoria)

Before studying law at Melbourne University, Margaret worked as a secondary school teacher. She practised as a solicitor and as a barrister before her appointment to the Crimes Compensation Tribunal, and later became a member of the Victorian Administrative Appeals Tribunal in 1989.

Margaret has been a magistrate for twenty years and was initially assigned to the Children’s Court from 1991 to 1996 and then, until 1998, to the Civil Division and Crimes Family Violence Division, Melbourne Magistrates’ Court. From 1999 to 2002, Margaret was assigned to the Dandenong Magistrates’ Court and since late 2002 has been the full-time Drug Court Magistrate at Dandenong Drug Court. Margaret was also a member of both the former Premier’s Drug Prevention Council and Victorian Drug and Alcohol Prevention Council.

Margaret is on the Victorian Drug and Alcohol Strategy Expert Advisory Group.

Mr Nick Heath
(2011 – 2014)
General Manager, Hobart City Council

Nick was appointed General Manager of the Hobart City Council in November 2008. Prior to that, Nick was the Deputy General Manager, responsible for the Council’s legal, economic development, strategic planning, risk management, and continuous improvement portfolios. Nick is a qualified lawyer and has had twenty-eight years experience working in local government.

Nick is Chairman of the National Local Government Drug & Alcohol Advisory Committee and is a member of the Council of Capital City Lord Mayors Drug Advisory Committee. He is also a member director on the Quadrant Superannuation Scheme Board of Trustees, a past President of the Risk Management Institute of Australasia (Tasmanian chapter), and a past Chairman of the Hutchins School Board of Management. He is also a past Director of the Hobart Aquatic Centre.

Nick is married with two sons.
Ms Annie Madden  
(2011 – 2014)  
Executive Officer, Australian Injecting and Illicit Drug Users League

Annie is currently the Executive Officer of Australian Injecting and Illicit Drug Users League, which is the national peak body representing state and territory drug user organisations and illicit drug users at the national level.

Prior to her current role, Annie was the co-ordinator of the NSW Users and AIDS Association for six years. She has an honours degree in social and political sciences. Annie is on numerous national, Commonwealth Government and research committees, including the recently appointed Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C.

Annie has been working in the areas of illicit drug use, HIV/AIDS and hepatitis for over twelve years, has been an injecting drug user for over seventeen years and has been on methadone for the past ten years.

Commissioner Karl O’Callaghan APM  
(2011 – 2014)  
Commissioner, Western Australia Police

Karl was appointed as the top police officer in Western Australia Police in 2004. He is responsible for more than 5800 police officers, over 1800 police staff and an operating budget of more than $1.2 billion a year.

Karl has introduced a ‘back-to-basics’ reform program in the Western Australia Police, called ‘Frontline First’. His goals have been to get more police officers on the frontline to carry out the fundamental policing work that is expected by the community. Improving customer service at all levels and building stronger relationships with other stakeholders have been major priorities for Karl and his executive team.

Karl has a diverse policing background that includes the management of operational police districts in both metropolitan and country areas. He has also been responsible for legislative reform, major business re-engineering, and the management of major corporate projects and reform in the Western Australia Police.

Karl’s qualification include a PhD, Bachelor of Education (1st Class Honours) and Bachelor of Arts (Education) and in 1997, he was awarded a Churchill Fellowship.
Karl is married with four children, has a passion for rock-and-roll music, plays guitar and is
lead singer in his own band ‘The Filth’. In 2011, he established Bright Blue – the Police
Commissioner’s Fund for Sick Kids – a not-for-profit charity that raises money to purchase
specialised medical equipment to help sick children throughout Western Australia and
beyond.

Mr Frank Quinlan
(2011 – 2014)
Chief Executive Officer, Mental Health Council of Australia

Frank Quinlan is the Chief Executive Officer of the Mental Health
Council of Australia, the peak body representing mental health
organisations in Australia. He is responsible for implementing the
Council’s vision of “better mental health for all Australians”.

Frank was previously the Executive Director of Catholic Social
Services Australia, a peak national body for social services
organisations providing social and community services to over a
million people each year.

Frank has a long history of working in the not-for-profit sector, having previously worked at
Grassmere Youth Services, Tranmere Street Youth Refuge and the Australian Drug
Foundation. He has also held senior positions with the Alcohol and other Drugs Council of
Australia, and the Australian Medical Association.

Frank is an energetic advocate for disadvantaged Australians and for the community and
not-for-profit sector, and has represented the interests of both his members and the sector on
numerous government consultative panels and committees.

Frank completed tertiary studies at both Monash University and Melbourne University and
has been a guest lecturer in public policy programs at the Australian National University.

Frank is the father of three daughters and is a recently qualified recreational pilot.

Professor Dorothy Scott OAM
(2011 – 2014)

Emeritus Professor Dorothy Scott OAM was the Foundation Chair
of Child Protection and the inaugural Director of the Australian
Centre for Child Protection at the University of South Australia
until she retired in 2010. Prior to this she was Head of the School of
Social Work at the University of Melbourne and the Executive
Director of the Ian Potter Foundation.

Professor Scott’s clinical background is in child welfare and mental
health, and she has been closely involved in the development of child protection policy across Australia.

Professor Scott has a deep interest in the prevention of child abuse and neglect and in building the capacity of the alcohol and other drug sector so that it can reduce the vulnerability of children whose parents have a substance-dependence.

Assistant Commissioner Julian Slater OAM
(2011 – 2014)
National Manager, Forensic & Data Centres, Australian Federal Police

Assistant Commissioner Slater joined the Australian Federal Police in 1984, and has gained experience across a range of policing activities. He has worked extensively in forensic operations as well as general duties policing, human resource management, business analysis and dignitary protection.

He was promoted to Assistant Commissioner in March 2010 and appointed to the role of National Manager Forensic & Data Centres. This position is responsible for the delivery of the Australian Federal Police’s forensic capabilities through six facilities across Australia as well as the Australian Bomb Data Centre, Australian Chemical Biological and Radiological Data Centre, and the Australian Illicit Drug Data Centre.

Assistant Commissioner Slater has been involved in a range of regional law enforcement capacity building initiatives in Southeast Asia and the Pacific. He was responsible for the development of the Australian Federal Police’s Forensic Counter Terrorism group, Forensic Rapid Response capability and the Regional Disaster Victim Identification Capacity Building project.

In 2002, Assistant Commissioner Slater led the Australian Federal Police Forensic and Disaster Victim Identification responses to the Bali bombings for which he was awarded the Medal of the Order of Australia. In 2003, he led the forensic response to the Marriott Hotel bombing in Jakarta and in 2005 he undertook the role of Joint Chief of Staff (International) leading the international response to the tsunami in Thailand.

Assistant Commissioner Slater was the Australian Federal Police’s Disaster Victim Identification commander between 2003 and 2006, Chair of the Australasian Disaster Victim Identification Committee, and member of the Interpol Disaster Victim Identification Steering Committee between 2004 and 2006.
Ms Sheree Vertigan
(2011 – 2014)
*President, Australian Schools Secondary Principals Association*

Ms Vertigan has been a member of the Executive of Tasmanian Principals Association since its inception in 2003, initially as Secretary and more recently as Vice-President Secondary. Ms Vertigan became a Principal at Reece High School in 2002 after a time as Assistant to the District Superintendent.

She has had extensive experience in high schools, district high schools and system positions. Her teaching background is in English. Throughout her career she has led and worked with committees and reference groups at both a regional and state level in the following areas: school transformation; curriculum development; inclusive practice, including developing supportive school environments; innovative information and communications technology; and drug and health education with a special interest in mental health and building resilient communities. Ms Vertigan is currently the Chair for Asia Education Foundation in Tasmania, and Reece High School is a project school.

Ms Vertigan was selected by the Tasmanian Minister for Education to be a member of the School Improvement Board, which works with the learning service to ensure that the school improvement plans meet the learning needs of students within the region. As a representative of the Tasmanian Principals Association, she is also a member of the recently formed Tasmanian Leadership Development Team, which works with Department representatives to formulate policy and programs to support school leadership.

In addition, Ms Vertigan is a director/member of the Board of Principals Australia, Headspace Australia, National Leadership Learning Network, and a writer for the Principals’ Standards Project.

Commissioner Paul White APM
(2011 – 2014)
*Liquor and Gambling Commissioner and Commissioner for Corporate Affairs, South Australia; Consumer and Business Services, South Australia*

Paul was appointed to lead Consumer and Business Services within the Attorney General’s portfolio on 14th December 2010 and also holds statutory appointments as Liquor and Gambling Commissioner and Commissioner for Corporate Affairs.

Paul was a career officer with South Australia Police before taking on the role of Police Commissioner and Chief Executive Officer of the Northern Territory Police, Fire and Emergency Services in

Paul was awarded the Australian Police Medal in 2000 and holds a Bachelor of Arts (Honours).

**Associate Professor Ted Wilkes**
*(2011 – 2014)*

*National Drug Research Institute, Curtin University*

Associate Professor Wilkes has enjoyed a lifelong involvement in Aboriginal affairs. He has worked at the Aboriginal Sites Department of the Western Australian Museum. Following that, he became Acting Inaugural Head of the Centre for Aboriginal Studies at Curtin University and then enjoyed sixteen years as the Director of the Derbarl Yerrigan Aboriginal Health Service in Perth.

Associate Professor Wilkes serves on a wide range of state, national and international committees that are working towards improving health outcomes for Aboriginal people. This allows him to work collaboratively across organisations, governments and communities to translate beneficial research findings into sustainable health policy and practice.

**Special Advisor to the ANCD**

**Ms Wilma Gallett**

*Special Advisor on Employment Participation*

Wilma Gallett has a breadth of experience in senior management positions within the public and community services sectors. She was responsible for establishing The Salvation Army Employment Plus and, as the founding Chief Executive Officer, developed this to become the largest community provider of employment services.

She has been a key policy influencer in the area of employment services participating on a number of sector and government committees and forums, including the Welfare Reform Consultative Forum (2001 – 2003), the Centrelink Community Reference Group from 2004 – 2006 and the National Employment Services Association Board (2004 – 2005).

Wilma works as a consultant to The Salvation Army providing strategic advice on social policy and practice issues in a range of areas including suicide prevention; homelessness; drug and alcohol services; employment services; and family services. Wilma’s perspective on drug and alcohol issues in Australia is focused on how employment service and
homelessness providers, and other mainstream agencies, respond to people dealing with substance misuse.

She has a Masters in Social Science and is currently undertaking a PhD at Melbourne University, in the area of employment services.

Like all jurisdictions, the NSW Government is committed to reducing the harm caused by drug and alcohol use. I welcome the work of the Australian National Council on Drugs (ANCD) in providing expert advice on drug and alcohol policy issues across Australia.

One area of increasing concern is that of new psychoactive substances (NPS). In June 2013, the NSW Government announced an interim ban on 19 of these substances, including cannabinoids and ‘bath salts’. NSW Fair Trading officers inspected more than 1000 retailers and found a high level of compliance with the ban. Tackling the scourge of NPS will continue to require cooperation between state and federal governments.

NSW is also working on breaking the cycle of crime and drug use. We have expanded the use of Adult Drug Courts and in February 2013 we opened a new Adult Drug Court in Sydney. The Drug Courts of NSW are specialist courts that take referrals of eligible offenders who are dependent on drugs with the aim of helping to break the cycle of crime and drug use.

We have also invested $10 million over four years in enhanced drug and alcohol treatment services delivered by the non-government organisation sector to reduce the number of people with drug and alcohol dependencies.

The NSW Government commends the ANCD and the important contribution it continues to make on drug and alcohol policy in Australia.

Barry O’Farrell MP
Premier of New South Wales
Advisory Structure for the National Drug Strategy

Since 1998, the Australian National Council on Drugs (ANCD) has been working hard to provide government with the best advice on how to address the harms associated with alcohol and other drug misuse.

The Queensland Government shares the ANCD’s commitment to reducing the adverse impact on individuals, their families and the broader community of drug and alcohol misuse.

In particular, we want to prevent harm before it escalates and provide practical services that help people with drug and alcohol problems get their lives back on track.

Policy responses need to be informed by research that identifies what is most effective in addressing the impact of substance misuse. We particularly value the input of the ANCD in advancing the evidence base about best practice in drug and alcohol treatment.

I congratulate the ANCD and its members on another year of achievements. I also take this opportunity to commend you for your commitment to addressing one of the most challenging issues in modern-day Australia.

Hon. Campbell Newman
Premier of Queensland
Introduction

The Australian National Council on Drugs (ANCD) was established by the Prime Minister in 1998 as a part of the Australian Government’s response to reduce the uptake and use of drugs and the harm it causes in our community.

Today, an important component of the ANCD’s work is to ensure that policies, strategies, and directions in the drug and alcohol field are consistent with the National Drug Strategy 2010 – 2015. This National Drug Strategy, which builds on the experience and achievements of the National Drug Strategic Framework 1998 – 1999 to 2003 – 2004 and the National Drug Strategy of 2004 – 2010, provides a framework for a co-ordinated and integrated approach to drug issues in the Australian community. It clearly states that the framework’s effectiveness depends on the support and integration of strategies on a national, state and territory level across government and non-government sectors, and a high level of co-operation among a very broad range of sectors.

Since the implementation of the National Drug Strategy 2010 – 2015, the ANCD has continued to work to facilitate the strategy through its unique role in enhancing the partnership between government and the community. The ANCD has pivotal advisory and representative functions, with a significant role in providing government Ministers with independent, expert advice on matters related to licit and illicit drugs. Through its work, the ANCD provides expertise from a broad range of sectors, including volunteer and community organisations; prevention; rehabilitation; law enforcement; research; education; and health and social welfare. The co-operation of people within these fields has been, and is, vital to the comprehensiveness of Australia’s policy response to alcohol and other drug issues within our community.

The ANCD will continue to strive to work in an open and transparent manner in the provision of independent, evidence-based advice to government on a range of alcohol and other drug matters. Throughout the fifteen years that the ANCD has been operating, it has sought to achieve its goals through a wide range of activities, including commissioning a diversity of projects; contributing to public debate on a range of alcohol and other drug related issues; conducting community consultations; and supporting initiatives to strengthen the alcohol and other drug sector.

This report outlines the work of the ANCD during the 2012 – 2013 financial years. In particular, it demonstrates how the ANCD’s activities during this period have made progress against the priority areas identified in its three year work plan.
**Role of the ANCD**

The ANCD is the principal advisory body to the Prime Minister and Government on drug policy and plays a critical role in ensuring the voice of the community is heard in relation to drug related policies and strategies. Membership to the ANCD includes people with a broad range of experience and expertise on various aspects of drug policy, such as treatment; rehabilitation; education; family counselling; law enforcement; research; and work at the seam of community organisations.

Alcohol and other drug (AOD) use remains a priority for the Western Australian Government and I commend the Australian National Council on Drugs for their continued effort in reducing the impact of AOD harms in the community.

The support that the Council provides to Government, non-government organisations and the community to address the complex issues of AOD use and meet the objectives of the National Drug Strategy is highly valued.

I look forward to a continued strong relationship at a national level with the Council on this important issue.

Colin Barnett MLA
Premier of Western Australia
Terms of Reference 2011-2014

1. Provide independent advice to the Prime Minister and Australian Government Ministers on national drug and alcohol strategies, policies, programmes and emerging issues;

2. Provide independent advice to the Prime Minister and the Australian Government on improving the implementation and effectiveness of efforts to reduce the supply, demand and harm from drugs in Australia and internationally;

3. Provide independent and strategic advice to the Prime Minister and Australian Government Ministers on drug and alcohol issues specifically affecting Indigenous people;

4. Provide assistance and advice on drug policy and services to Australian Government departments, inquiries and other bodies such as parliamentary parties, as appropriate;

5. Consult and liaise with relevant sectors and in particular the non-government sector on drug and alcohol related issues;

6. Inform and educate relevant sectors and the general public’s knowledge on drug and alcohol related issues;

7. Build and maintain partnerships across the range of sectors concerned in dealing with and addressing drug related issues;

8. Work closely with the Intergovernmental Committee on Drugs and other National Drug Strategy partners to develop and implement effective strategies, policies and programmes to reduce the uptake and misuse of illicit and licit drugs;

9. Maintain effective liaison with other stakeholders, public health advisory bodies and relevant peak non-government organisations, including consumer representatives;

10. Develop a three year Work Plan for the Council;

The ANCD recognises that there are many areas of need and concern that require attention to fulfil its vision of an Australia with an innovative, integrated and evidence-informed approach to drug and alcohol use that is effective, engages the community, and is humane in its approach.

To achieve its vision, the ANCD has developed a core set of principles to guide its deliberations and development of advice to government and the wider community. These are as follows:

1. Promoting and achieving balance in support and funding for supply, demand and harm reduction policies and programs;

2. Ensuring evidence informs and underpins advice but does not hamper innovation;

3. Promoting responses that are effective and sustainable;

4. Involving consumers, families and affected community members in the development of advice;

5. Enhancing the lives of disadvantaged and disenfranchised members of our community;

6. Increasing access to assistance and treatment;

7. Reducing both the stigma and marginalisation of affected communities and individuals;

8. Promoting the benefits of collaboration with organisations and individuals across the range of sectors addressing drug and alcohol issues;

9. Treating the varied views and opinions on addressing drug and alcohol issues with respect.

To enable a focus for the current term of the ANCD, four broad categories each containing a number of specific priority areas, have been identified.

The four broad priorities and their accompanying specific priority areas and activities are:
### Broad Priority Areas

<table>
<thead>
<tr>
<th>Population</th>
<th>Specific Priority Areas</th>
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<tbody>
<tr>
<td>Young people</td>
<td>People who are unemployed</td>
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<td>People who are unemployed</td>
<td>Aboriginal and Torres Strait Islander peoples</td>
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<td>Aboriginal and Torres Strait Islander peoples</td>
<td>People with complex needs</td>
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<th>Drugs</th>
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<td>Alcohol</td>
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<td>Opioids</td>
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<tr>
<td>Cannabis</td>
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<tr>
<td>Amphetamine-type stimulants</td>
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<th>Systems and Services</th>
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<td>Research, information and evidence</td>
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<td>Accreditation, funding and workplace development</td>
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<td>Screening and brief interventions</td>
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<tr>
<td>Services integration</td>
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<td>Consumers</td>
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<th>Emerging Trends</th>
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<td>New and emerging drug issues</td>
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<td>Families and children</td>
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<td>Older people</td>
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<td>Technology and e-health</td>
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<td>Culture, sexuality and disability</td>
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### ANCD Priority Areas

#### Category 1 – Population

The ANCD intends to focus on individuals, subcultures, communities and the overall population, taking into account the different patterns of drug and alcohol use that occur, the differing vulnerabilities faced, the varying needs across different life stages and the differing access to assistance and interventions.

**1. Young people**

Adolescence and young childhood is a time where the opportunity for drug and alcohol use can occur for the first time. Young people may be particularly vulnerable to some harm, including to the developing brain.
2. People who are unemployed

Unemployment can be both a cause and a consequence of problematic drug and alcohol use. Promoting meaningful employment and other participation in the community is a vital component of effective and sustainable social inclusion.

3. Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples are identified as disadvantaged in a number of measurable health, social, welfare and economic indicators. The substantial over-representation of Indigenous people in the justice and corrections system, as well as the life-expectancy gap, are clear indicators of the significant impacts of problematic drug and alcohol use.

4. People with complex needs

Problematic drug and alcohol use tends to co-occur with other indicators of disadvantage, including homelessness; mental illness; poverty; poor physical health; family break-down; and crime. It is important that policies and programs across these areas of need and service delivery are integrated and co-ordinated.

The Australian National Council on Drugs (ANCD) is recognised for the important role it plays in the area of alcohol and other drugs policy in Australia.

In addition to being the principal advisory body to the Prime Minister and the Commonwealth Government on drug and alcohol policy, it continues to be an important resource for all levels of government. Importantly, it also acts as a crucial independent voice on behalf of the non-government and community-based alcohol and other drug sector.

Through its various projects and initiatives, publications and reports, it draws upon the expertise and experience present in its diverse membership base, and provides a point of reference for national debates and discussions about evidence-based alcohol and drug policy.

I congratulate the ANCD and its Secretariat for the many accomplishments outlined in the 2012-2013 annual report, and acknowledges your ongoing contribution to addressing the harms from problematic alcohol and drug use in Australia.

Jay Weatherill
Premier of South Australia
Category 2 – Drugs

The ANCD recognises the broad range of drugs used in Australia, which include alcohol; tobacco; volatile substances; illicit drugs; and pharmaceuticals. It also recognises that the National Drug Strategy has specific sub-strategies for some drugs in development. Addressing some of the particularly harmful aspects of specific drugs must be undertaken with an understanding of the poly-drug use that occurs for most people.

1. **Alcohol**

   Alcohol use has been an area of concern in Australia for many years. Its social, health and economical costs to Australian society are well documented, as is its historical place in Australian culture and lifestyle. Research has established many areas for the most effective policy and program responses; however this continues to be contested among competing and vested interests.

2. **Opioids**

   Opioids, from street heroin to pharmaceuticals, have been a consistent contributor to harm, disadvantage and crime in Australia. Their beneficial use for medical purposes is well known. As a result, it is a complex area of policy as the use of these drugs can also range from licit to illicit, and is associated with the potential for dependence and greater harms.

3. **Cannabis**

   Cannabis is the most widely used illicit drug. After a period of decline, recent data indicate a potential increase in cannabis use. Changes in usage patterns, increased availability of research on the potential harms from cannabis use, the continuing high numbers of people arrested for cannabis offences and the role of medicinal use of cannabis all contribute to the need for a focus on the complex policy and program context of this drug.

4. **Amphetamine-type stimulants**

   The use of amphetamine-type stimulants appears to be becoming more common in Australia and in the Asian region. The ease with which amphetamine-type stimulants can be produced and the increase in the number of clandestine amphetamine-type stimulant laboratories, as well as larger production facilities in nearby countries, over the last decade, indicate that amphetamine-type stimulants are likely to continue as a serious concern for Australia and our neighbours.

Category 3 – Systems and Services

The ANCD recognises the complex nature of services and pathways that need to be provided by the alcohol and other drug system. It also recognises that the alcohol and other
drug system would be greatly enhanced by increased participation of consumers and their families, an increased use and understanding of technology, increased investment in staff development and the development of agreed standards of service and care together with greater clarity of the sector’s particular contribution to integrated care for people affected by drug use.

1. Research, information and evidence

Securing timely, accurate, and objective data about the prevalence of drug and alcohol use is critical to ensuring that responses are appropriately targeted, timed, and cost-effective. The availability of all data for analysis is indeed a fundamental requirement for good public policy. In addition, investment to ensure a strong, vibrant, and sustainable research sector producing high-quality research is another necessary component of developing efficacious responses and good public policy.

2. Accreditation, funding and workforce development

Quality services and assurance is fundamental to providing the highest standard of interventions to reduce the harms caused by drug and alcohol use. To ensure public confidence, and encourage greater investment, the drug and alcohol sector requires a more accessible, appropriate and well funded system to encompass accreditation of services and workers.

The constraints on government funding are well documented, but, unlike other comparable countries, Australia does not possess a strong culture of philanthropy and there may be potential to engage private sector investment.

A well trained, appropriately resourced, and engaged workforce is necessary to ensure the provision of high-quality evidence-based interventions. Whilst there has been a stated focus on workforce development in recent years, the necessary investment has been lacking to develop an integrated national approach to workforce training and development.

3. Screening and brief interventions

During a time of widespread health reform, there is a need to better identify the role drug and alcohol treatment services play and the best fit for them within Australia’s new hospital and primary health care systems.

Drug and alcohol use is a substantial contributor to emergency department presentation and hospitalisations. This provides a real opportunity for screening and brief interventions with people with problematic drug and alcohol use. Such a process that included referral to appropriate services could generate substantial cost-savings for hospitals and the community.
4. **Services Integration**

There are real benefits from the potential linking of services within the current reforms occurring in the mental health and other relevant sectors.

5. **Consumers**

The important role of consumers in determining need, potential responses, and effectiveness is well documented. Consumer participation needs to occur at the service level, as well as at the leadership; research; policy; advocacy; and education and training levels.

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I acknowledge the work of the ANCD and its ongoing contribution through its research agenda, reports and membership to addressing the harms caused by alcohol, tobacco and other drugs, and to informing drugs policy discussions.

Tasmania has put a high priority on tackling the issues associated with smoking and the problematic use of alcohol and other drugs. The Tasmanian Government, through the Alcohol and Drug Services, has invested significantly over the last few years to improve services and reduce the level of substance misuse and harm in the Tasmanian community.

We have also recently updated the Tasmanian Drug Strategy. The *Tasmanian Drug Strategy 2013-2018* aligns with the *National Drug Strategy 2010-15*, as well as linking a broad range of state-based strategies and initiatives.

The Tasmanian Government looks forward to continuing to work closely with the ANCD and other Government and non-government agencies and organisations to provide evidence-based policy and service delivery responses to the use of alcohol, tobacco and other drugs in the Tasmanian community.

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**Lara Giddings**

Premier of Tasmania

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**Category 4 – Emerging Trends**

The drug and alcohol arena is constantly changing in terms of types of drugs available and patterns of use. Ensuring there are evidence-informed and innovative approaches taken to address these issues is critical to reducing the harmful impacts from drug and alcohol use on individuals, families and communities.
1. **New and emerging drug issues**

New drugs are increasingly entering the international and Australian markets. Although regularly sold and promoted as safe and legal, there is often little known about these drugs, including the risks and harms associated with their use. Current legislative responses to addressing the issues with these drugs are reactive and thus at times slow and inadequate.

2. **Families and children**

Often the focus of drug and alcohol services and policies is the individual drug or alcohol user presenting with a problem. There needs to be a more proactive response to the impact of drug and alcohol use by an individual on their families, especially on children.

3. **Older people**

As Australia’s population ages, there is a growing body of evidence both internationally and here that older people using drugs and alcohol have limited age-appropriate services available to them. The focus on young people is understandable but there needs to be far greater recognition of the problems faced by older people.

4. **Technology and e-health**

Nearly every sector, including the alcohol and other drug sector, needs to assess and understand the strengths, weaknesses, threats and opportunities that new technology provides.

Electronic sources of health information and data, and the provision of treatment and other services, have the potential to make the Australian drug and alcohol sector far more efficient, accessible, and available in the future.

5. **Culture, sexuality and disability**

There are many groups who are adversely affected by drug and alcohol use, such as people from different cultures and races; gay, lesbian, and transgender people; and those with disabilities, such as alcohol-acquired brain injury and foetal alcohol spectrum disorder. Ensuring equality of access to services for all groups is a core component of comprehensive and effective responses to drug and alcohol use.
Alternative medication treatment options for amphetamine-type stimulants (ATS) users
Lee Jenn Health Consultants

Medication assisted treatments are effective treatments for a range of other drug dependencies such as heroin, alcohol, and nicotine. Replacing a harmful drug with safer, licit medication has many positive outcomes, such as reducing the harms associated with drug dependence, including long and short term health, social, psychological, and financial consequences.

The absence of an effective medication treatment for amphetamine-type stimulant dependence leaves an important gap in evidence-based treatment options, which this project aims to address.

An economic analysis for Aboriginal and Torres Strait Islander prisoners: Prisons vs. residential treatment
National Indigenous Drug and Alcohol Committee (NIDAC)

One of the long-term recommendations of NIDAC’s position papers, Bridges and barriers: Addressing Indigenous incarceration and health, was that funding be redirected from the construction and operation of any further correctional system centres to establish a ‘break the cycle’ network of Indigenous-specific residential rehabilitation services for courts to utilise as a real and viable alternative to incarceration.

To assist the ANCD and NIDAC in providing evidence-based advice to Government on the benefits of establishing this network of Indigenous-specific rehabilitation services as an alternative to incarceration, this project aims to provide a report that provides clear economic modelling on the costs and benefits of addressing problematic Indigenous substance use with treatment, particularly residential rehabilitation, as compared to prison.

Bridges and barriers: Addressing Indigenous incarceration and health: An update (position paper)
National Indigenous Drug & Alcohol Committee (NIDAC)

The 2009 NIDAC position paper, Bridges and barriers: Addressing Indigenous incarceration and health, is updated to include the latest data.
I would like to take this opportunity to congratulate the ANCD on the consultation forums you continue to conduct across Australia. The forums provide a valuable opportunity for those who work to address alcohol and other drug problems to raise issues. The communiqués released by the ANCD following the forums are a valuable source of information for the broader sector across Australia. I would also like to acknowledge the continuing efforts of the Council to improve outcomes for those experiencing alcohol and other drug problems in our community.

Katy Gallagher MLA
Chief Minister for the Australian Capital Territory

Complementary funding for non-government organisations: A brief for the alcohol and other drug sector
ANCD

Alcohol and other drug non-government organisations face uncertain times with tight fiscal conditions including limited growth funding from government sources and increasing demands on how existing funding is spent and what needs to be provided by services to ensure that services are of a quality standard.

Within this context, this brief seeks to provide a better understanding of additional ways of harnessing capital from other sources to support the provision of alcohol and other drug services.
The Northern Territory Government recognises the ongoing efforts of the Australian National Council on Drugs (ANCD) in providing independent expert advice and research to government.

We share in ANCD’s mission to reduce the harms of alcohol and other drugs misuse in our community.

We value the role ANCD fulfils in bringing together wide ranging views to formulate evidence based advice from across health, law enforcement, social welfare, education and research sectors.

We look forward to working together with ANCD to strengthen the alcohol and other drugs sector across the continuum of care. And we support innovative solutions to these critical issues in our community.

Hon Adam Giles MLA
Chief Minister of the Northern Territory

**Drug testing (position paper)**

ANCD

Drug testing is used in a variety of settings in Australia and internationally. The aims of performing drug tests differ greatly by context, but include deterring drug use among specific populations, ensuring workers in safety-sensitive positions are not drug-impaired, screening particular populations in order to refer people who use drugs to treatment or other interventions, and supporting the decision-making processes of courts or state agencies.

This paper aims to focus discussion on the use of drug testing in the contexts of drug treatment programs, child protection, people receiving welfare benefits, schools and workplaces.

**Effectiveness of residential treatment models**

Adelaide Research and Innovation, Adelaide University

Research has shown that residential treatment models have the capacity to treat a broad range of substance-using clients with complex needs, and support for the effectiveness of residential treatment models has been found both internationally and in Australia. Currently, there is a need for this body of research, particularly Australian research, to be synthesised in order to establish what it as a whole can tell us about the effectiveness of the residential treatment models, including Therapeutic Communities, in substance-dependency treatment.
Accordingly, this project reviews the literature regarding the effectiveness of residential treatment models with treatment of substance dependence, including evidence that differentiates specific settings and target groups.

**Employment participation survey**
ANCD

There is a need to maintain a fine balance in attempts to increase the employment participation of people who have alcohol or other drug problems, giving client support to find and keep work, without developing systems which pressure clients or become inconsistent with treatment goals. In this context, there have also been indications that the current Job Services Australia system may not serve the needs of alcohol and other drug clients, as well as other clients likely to be categorised as ‘complex need’ (or stream 4) clients, optimally.

This project, which involves conducting a survey, seeks to better understand the issues and gain a sense of how employment services are perceived by those working in drug and alcohol treatment services via way of a survey.

**Employment services roundtable**
ANCD

The ANCD convened a roundtable on employment participation on 14th March, 2013. Attendees comprised of experts on employment services and representatives of the alcohol and other drug, homelessness, and mental health sectors.

The aim of the roundtable was to facilitate discussion among representatives of the alcohol and other drug, homelessness, and mental health sectors on the current system of employment participation in Australia, with a view to improving opportunities for clients of these sectors.

It was the first step in developing a joint response to the discussion paper and recommendations to the Federal Government for improving employment participation among people experiencing alcohol and other drug problems, homelessness, mental health issues, or social exclusion.

**Exploring ways of supporting child and family sensitive practices in alcohol and other drug services**
National Centre for Education and Training on Addiction, Flinders University
This project will examine the different jurisdictional policy frameworks that may support or restrict the effective implementation of child and family sensitive practices in alcohol and other drug service settings.

This will build on previous work undertaken by the ANCD and covered in its two reports, *Drug use in the family: Impacts and implications for children* and *Supporting the families of young people with problematic drug use*, as well as work done by others.

**First medically assisted treatment for opioid dependence roundtable**
*ANCD*

In response to the ongoing concerns expressed within the drug and alcohol sector and by representatives of people who use drugs, as well as the growing body of research evidence which highlights the need for urgent reform of the medically assisted treatment for opioid dependence system, the ANCD convened a roundtable of key stakeholders from the medical, pharmacy, government, non-government organisations, and consumer sectors.

The roundtable was conceived to be the first in a series of roundtables that would initially focus on identifying the range of issues that would need to be addressed to provide an evidence-informed, equitable, effective and cost-efficient medically assisted treatment for opioid dependence system in Australia.

**Link between amphetamine-type stimulant use and transmission of HIV and other blood-borne viruses in the Southeast Asia region**
*Burnet Institute*

This project seeks to determine the link between amphetamine-type stimulant use and potential blood-borne virus transmission with particular reference to the Southeast Asia experience.

This project will report on:

- Evidence that amphetamine-type stimulant use does not increase the risk of HIV/blood-borne virus transmission via injecting or sexual routes;

- The interventions currently in place both internationally and at a regional level to address amphetamine-type stimulant use in terms of HIV prevention and the degree of effectiveness of these interventions;

- An analysis of amphetamine-type stimulant risk comparative to opiate risk as a vector for HIV spread;

- Recommendations for future research.
National Drug and Alcohol Awards
Ted Noffs Foundation, the Alcohol and other Drugs Council of Australia, the Australian Drug Foundation, and the ANCD

The awards aim to encourage, recognise and celebrate Australian achievements to prevent and reduce alcohol and other drug use and harm.

The National Drug and Alcohol Awards were presented in Canberra on Thursday 20th June 2013.

Needle and syringe program (position paper)
ANCD

This paper aims to outline the ANCD’s recognition of the significant contribution of needle and syringe programs to public health and addresses the importance of working towards attaining 100 per cent coverage of injections with sterile equipment; developing the resources to enable best practice in all needle and syringe programs; and ensuring the sustainability of needle and syringe programs.

Pre-employment criminal record checks (position paper)
ANCD

The use of criminal record checks to vet potential employees has expanded dramatically in Australia in recent years. While there are some legitimate reasons for criminal records to be sought, the practice can have disproportionate effects on the employment opportunities and lives of persons with criminal records.

This position paper considers the costs and benefits of the increasing prevalence of the practice of undertaking pre-employment criminal record checks, including its effects for people with alcohol or drug use histories or problems who have criminal records, for employers, and for society.

Secondary school principals’ survey regarding alcohol and other drug issues for schools
John See Consulting

This project consults with school principals to gain a better understanding of the issues and of the experience of school principals in managing alcohol and other drugs in the school context: among their students; the school community; parents; and the broader local community.
It specifically aims to explore the following:

- School principals’ views of alcohol and other drug use as an issue within secondary schools;

- How and/or whether school principals have the necessary capacity e.g. resources, and support to address these issues.

**Supply, demand and harm reduction strategies in Australian prisons: An update**

National Drug Research Centre, University of New South Wales

This project is seeking a review of the number and proportion of prisoners with a history of problematic alcohol and/or drug use in Australian prisons and the range and depth of supply, harm and demand reduction alcohol and drug programs and services currently in prisons across each jurisdiction.

This review is an update on earlier work commissioner by the ANCD in 2002 which reviewed drug use strategies/programs within Australian prisons with the aim of collating information about measures to reduce the supply and demand for drugs in these prisons.

**Young people’s attitudes and views about alcohol and other drugs issues survey**

Drug Policy Modelling Program, University of New South Wales

Through its consultation forums and own networks, the ANCD is well aware that youth drug use is a significant concern to the community. There is currently a range of initiatives aimed at better understanding the alcohol, tobacco and drug use of young people, the investigation of young people’s opinions, however, and ideas about policies and initiatives/programs aimed at reducing the harms caused by the use of these substances has been limited.

Consequently, this project seeks to discover the opinion and ideas of young people, 14-25 years of age, regarding these issues.
Members represent the ANCD on a wide range of federal, state and territory committees.

**Dr John Herron AO**
- ANCD Executive (Chair)
- Of Substance Board of Management (Chair)
- National Indigenous Drug and Alcohol Committee
- National Illicit Drug Campaign Reference Group
- Asia-Pacific Drug Issues Committee
- ANCD Secretariat Steering Committee

**Associate Professor Robert Ali**
- ANCD Executive
- Asia-Pacific Drug Issues Committee (Chair)
- National Illicit Drug Campaign Reference Group
- ANCD Secretariat Steering Committee
- Pacific Drug and Alcohol Research Network

**Professor Margaret Hamilton**
- ANCD Executive
- National Illicit Drug Campaign Reference Group (Chair)
- National Drug Strategy Development Working Group
- ANCD Secretariat Steering Committee

**Mr Garth Popple**
- ANCD Executive
- ANCD Secretariat Steering Committee
- Asia-Pacific Drug Issues Committee

**Associate Professor Ted Wilkes**
- National Indigenous Drug and Alcohol Committee (Chair)
Mr Gino Vumbaca

- ANCD Executive
- National Indigenous Drug and Alcohol Committee (Advisor)
- Asia-Pacific Drug Issues Committee
- Of Substance Editorial Reference Group
- Of Substance Board of Management
- ANCD Campaign Reference Group
- ANCD Secretariat Steering Committee
- Pacific Drug and Alcohol Research Network
- Organisation of the Families of Asia and the Pacific (OFAP-Macau) (Board Member)
- United Nations HIV and IDU Reference Group
- Vienna Non-Government Organisation Committee Representative

Ms Denise Gilchrist

- National Indigenous Drug and Alcohol Committee
- National Indigenous Drug and Alcohol Conference Committee
- National Alliance for Action on Alcohol (Executive Member)
- ANCD Secretariat Steering Committee

The ANCD plays an important role in ensuring diverse and expert views are heard and that there is a national perspective on drug and alcohol issues. The knowledge of the ANCD and the national perspective it brings to these issues contributes to improving the health and wellbeing of all Victorians. The work of the ANCD has been particularly important in the development of Reducing the Alcohol and Drug Toll: Victoria’s Plan 2013-2017, a strategy to reduce the misuse of drugs and alcohol.

I congratulate the Australian National Council on Drugs on its achievements during 2012-13, and look forward to its continued contributions in the field of alcohol and drugs in the coming year.

Hon Mary Wooldridge MP
Minister for Mental Health, Victoria
Forums and Meetings in 2012-13

Consultation Forums

30th October 2012 .................................................................Fremantle
19th February 2013 ............................................................Brisbane
25th June 2013 .................................................................Sydney

Meetings

2012

2nd August .............................................................Executive meeting................................................Teleconference
21st August .............................................................Executive meeting................................................Canberra
29th October .............................................................Executive meeting................................................Fremantle
30th-31st October ..............................................................Council meeting................................................Fremantle
29th November .............................................................Executive meeting................................................Canberra
29th November ................................................Secretariat Steering Committee meeting.............Canberra

2013

7th February .............................................................Executive meeting................................................Canberra
18th February .............................................................Executive meeting................................................Brisbane
19th-20th February ............................................................Council meeting................................................Brisbane
16th May .............................................................Secretariat Steering Committee meeting.............Canberra
16th May .............................................................Executive meeting................................................Canberra
24th June .............................................................Executive meeting................................................Sydney
25th-26th June ..............................................................Council meeting................................................Sydney
Publications

Reports

The ANCD has produced publications on a range of issues. Some reports are available in hard copy and can be obtained free of charge by contacting the ANCD Secretariat. All of the ANCD’s reports are available in electronic format from the web site: www.ancd.org.au.

Research Papers

2. Structural determinants of youth drug use.
6. Diversion of Aboriginal and Torres Strait Islander youth from juvenile detention.
11. Evidence-based answers to cannabis questions: A review of the literature.
15. Supporting the families of young people with problematic drug use: Investigating supporting options.
18. Polygon: The many sides to the Australian opioids pharmacotherapy maintenance system.


22. Injecting drug use and associated harms among Aboriginal Australians.


The Australian National Council on Drugs (ANCD) provides a vital role in engaging and collaborating with the sector, through consultations, research, advocacy and publications such as Of Substance.

Broad spectrums of drug and alcohol services are provided in NSW, in a range of contexts, with providers in the public, non-government and private sectors. The NSW Government recognises the importance of an ongoing collaborative relationship to deliver high quality services for the often marginalised populations. Our commitment to building relationships with the NGO sector is evidenced by the NSW Government’s investment of $10 million over four years to NGOs for drug and alcohol treatment services, to help more people end their addiction.

In 2012-13, the NSW Government allocated $166 million for drug and alcohol services, and the return on such investment is high, through subsequent savings to the health and wider sectors. Our social media campaigns, including know what are you doing to yourself and know when to say when convey public health messages about alcohol in an accessible manner. NSW Health has also furthered the research agenda by building partnerships to support research into cognitive impairment and substance use, and a community mental health and drug and alcohol research network. Such efforts will contribute to future developments of services.

Patterns of substance use are changing, as are the substances available, and the advice of ANCD helps to inform the sector and wider community.

I applaud the commitment of the ANCD staff in continuing their admirable work towards reducing the harms caused by drug and alcohol abuse.

Hon. Kevin Humphries MP
Minister for Mental Health; Minister for Healthy Lifestyles, New South Wales
National Reports

- Rural and regional co-morbidity workshops.
  - Supplementary.
- Rural and regional alcohol and other drugs consultation forums.
- Cannabis: Answers to your questions.
- Non-government organisation burden of submission writing survey and report.
  - Declaration;
  - Resolutions.
- Allocation of resources to alcohol, tobacco and other drug treatment services: A review of the literature.
- Cape York Indigenous issues.

The Australian National Council on Drugs is a key stakeholder in ensuring a consistent, national approach to reducing alcohol and other drug related harm.

I commend the work of the Council in supporting a range of organisations to work towards the aims of the National Drug Strategy.

Helen Morton MLC
Minister for Mental Health, Western Australia

ANCD & NEACA National Report


Media Report

- Key principles for the reporting of drug issues.

Position Papers

- Heroin related overdoses.
- High risk groups and behaviours: A secondary position paper on heroin related overdoses.
- Naloxone availability: A secondary position paper on heroin related overdoses.
• Needle and syringe programs.
• Methamphetamines.
• Addressing foetal alcohol spectrum disorder in Australia.
• Bridges and barriers: Addressing Indigenous incarceration and health.
• Addressing harmful alcohol use amongst Indigenous Australians.
• Locally designed and operated Indigenous community models and practices that address Indigenous alcohol and other drug use.
• Expanding naloxone availability.
• Naltrexone.

**Position Statement**

• Medically supervised injecting centres.
  ○ Updated.

**Other Papers**

• First recovery roundtable report.
• First medically assisted treatment for opioid dependence roundtable report.
• Strengthening families.
• School fundraising and alcohol (including an open letter to principals).

**Charter**

• Alcohol and other drugs.

**Annual Reports**

2012-2013 was another challenging year for our sector. SANDAS would like to thank ANCD for its collaborative and consultative approach in obtaining our views in preparing your advice to the Prime Minister and Government Ministers on drug and alcohol issues specifically affecting Indigenous people.

Our sector appreciated the consultation and liaison program, and the timely communiqués of the findings, from each consultation.

The information that flowed through NIDAC was informative and helpful in our work with services for ATSI groups and in preparing submissions and position papers. The stance of the ANCD in supporting the establishment of Justice Reinvestment awareness and initiatives has been very encouraging and helpful in our role on the South Australian Justice Reinvestment Working Group.

We would like to make a special mention of the responsiveness of the ANCD staff, from top down. While this may not sit high in importance on the national agenda, it sits at the core of how small organisations derive value from ANCD.

Emily English
Acting Executive Officer
South Australian Network of Drug & Alcohol Services
Asia-Pacific Drug Issues Committee (APDIC)

The ANCD has increased its links throughout the Asia-Pacific region to enable it to better advise the Government on the most appropriate ways to work with our regional neighbours, as well as to learn from their experiences. To achieve this, the ANCD convenes a specialised committee chaired by Associate Professor Robert Ali that is made up of individuals with a broad range of experience and expertise in drug policy in the region.

APDIC Current Member Profiles

Associate Professor Robert Ali
Chair
Director, Clinical Policy and Research for the Drug and Alcohol Services Council (South Australia)

Associate Professor Robert Ali is a Public Health and Addiction Medicine physician who has worked in the alcohol and other drug area since 1985. Associate Professor Ali is the Director of the Drug and Alcohol Services South Australia World Health Organisation (DASSA WHO) Collaborating Centre for the Treatment of Drug and Alcohol Problems based in the School of Medical Sciences, at the University of Adelaide. Associate Professor Ali is a member of the World Health Organisation Expert Advisory Panel on Drug Dependence and Alcohol Problems. He is also a member of the Cochrane Drug and Alcohol editorial board.

He was the President of the Chapter of Addiction Medicine in the Royal Australasian College of Physicians and was the Chair of the Board of Continuing Professional Development for the Faculty of Public Health Medicine in the Royal Australasian College of Physicians from 1996-2004.

Associate Professor Ali was the Chair of the Australian National Expert Advisory Committee on Illicit Drugs.

Professor Steve Allsop
Professor and Director, National Drug Research Institute, Curtin University, Western Australia

Steve Allsop is Professor and Director of the National Drug Research Institute at Curtin University. He has a background in policy, prevention and clinical research. As well as an academic career, he has worked in government services, previously working at the Drug and Alcohol Office in Western Australia and the Drug and Alcohol Services Council in South Australia. He is currently Deputy Chair of the board of the Drug and Alcohol Office.
**Professor Kate Dolan**

*National Drug and Alcohol Research Centre (NDARC)*

Professor Kate Dolan has studied blood-borne viruses since 1984. With others she started Australia’s first needle and syringe exchange program in November 1986. She was a founding member of the Australian Prostitutes’ Collective and the AIDS and Drug Information Collective. Her main areas of research interest are drug treatment and the prevention of blood-borne viral infections in prison, drug injecting and drug treatment in developing countries, needle and syringe programs, methadone treatment and injecting rooms.

Professor Dolan established the Program of International Research and Training (PIRT) at NDARC in 2003, which aims to build capacity among researchers and clinicians in developing countries. PIRT has undertaken projects in countries such as Burma, Iran, Indonesia, Taiwan, Viet Nam and China, and established the first drug treatment clinic for female drug users in Iran in 2007.

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**Professor Michael Farrell**

*Director of the National Drug and Alcohol Research Centre (NDARC)*

Professor Michael Farrell is the Director of NDARC, having moved to Sydney from London to take up his appointment in March 2011. Prior to joining NDARC, he was Professor of Addiction Psychiatry at the Institute of Psychiatry at Kings College, London. His extensive research interests include treatment evaluation, including the development of the National Treatment Outcomes Profile, a brief outcomes measurement instrument for drug and alcohol dependence. He has a long standing interest in drug dependence in prisons and within the wider criminal justice system. He has been a member of the World Health Organisation Expert Committee on Drug and Alcohol Dependence since 1995 and chaired the World Health Organisation External Evaluation of the Swiss Heroin Trial.

Professor Farrell has chaired the Scientific Advisory Committee of the European Monitoring Centre on Drugs and Drug Abuse from 2007 to the present.

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**Dr John Herron AO**

*Chairman, Australian National Council on Drugs*

Dr Herron was appointed as Chairman of the Australian National Council on Drugs on 21st February 2006 following his return from his appointments as Ambassador to Ireland and the Holy See (2002-2006). Dr Herron was a Senator in the Parliament of Australia, representing the State of Queensland (1990-2002) and was Minister for Aboriginal and Torres Strait Islander Affairs (1996-2001). Prior to entering Parliament, he was a general surgeon for thirty years.
Dr John Howard
National Drug and Alcohol Research Centre (NDARC)

John is a Senior Lecturer at the National Cannabis Prevention and Information Centre, NDARC. He has worked in schools, juvenile justice, adolescent psychiatry and substance use treatment, and as a Senior Lecturer in Psychology and Director, Social Health Programs, Department of Psychology, Macquarie University. He was a member of the Technical Steering Committee of the World Health Organisation’s Department of Child and Adolescent Health and Development (CAH) for six years.

He has consulted to CAH, UNICEF, United Nations Office on Drugs and Crime and the Arab Council on Childhood Development, on street youth/children in developing countries and the health of male adolescents. He conducted field-work on this issue in India, Philippines, South Africa and Egypt for the World Health Organisation, and has consulted to UN Economic and Social Commission for Asia and the Pacific, with field-work in Nepal, Lao PDR, Viet Nam, China and Thailand on capacity-building for the community treatment of young drug users and increasing access to harm reduction services for young injecting drug users.

His major clinical, teaching and research areas are: adolescent substance use and ‘street youth’, co-morbidity, depression and suicide in young people, working with marginalised youth, adolescent psychotherapy, same-sex attracted youth, HIV infection in adolescents, resilience, and treatment capacity-building.

Ms Ele Morrison
International Program Manager, Australian Injecting and Illicit Drug Users’ League

Ele Morrison is the International Program Manager at the Australian Injecting and Illicit Drug Users’ League. The international program is funded by AusAID, through the Regional HIV/AIDS Capacity Building Project (formerly the HIV Consortium for Partnerships in Asia and the Pacific). Australian Injecting and Illicit Drug Users’ League’s work focuses on supporting the development of networks of people who use drugs in Asia to participate in responses to issues of significance for their communities at national and regional levels.

Ele has worked in harm reduction in Australia and Asia for over ten years, including two years in Kunming, China, working as a harm reduction advisor for the international non-government organisation, Population Services International, and one and a half years working for the AusAID funding Asia Regional HIV/AIDS Project, based in Hanoi, Viet Nam.
Mr Garth Popple

Executive Director, We Help Ourselves Residential Therapeutic Programs for Drug and Alcohol Dependence; Board Member and Past President, Australasian Therapeutic Communities Association; President, International Federation of Non-Government Organisations

Mr Garth Popple is Executive Director, We Help Ourselves Residential Therapeutic Programs for Drug and Alcohol Dependence; Executive Member of the Australian National Council on Drugs, Deputy Chair and past President of the Australasian Therapeutic Communities Association. Internationally, Mr Popple is the current International Federation of Non-Government Organisations President (2011-2013).

Mr Popple has been working in alcohol and other drug management roles since 1986 and in honorary committee and board positions since 1981 for the non-profit sector. He has primarily focused on the Therapeutic Community movement most of his career, including working with Therapeutic Communities throughout Asia. In 1991, he became involved in harm minimisation initiatives.

Mr Popple was awarded the Prime Minister’s Award for Excellence in Drug and Alcohol Endeavours in 2010, is an Honorary Fellow of the University of Western Sydney received in recognition of his ‘Services to the Community’ and in 2007 was a recipient of a National Honour Roll Award for persons who have made a significant contribution, over a considerable time period, to the drug and alcohol field.

Professor Robert Power

Principal for Disease Prevention, Burnet Institute

Professor Robert Power is a social scientist and Principal for Disease Prevention at the Burnet Institute. Holding academic positions at the University of Melbourne and at Monash University, he has worked in the field of HIV prevention and social behavioural research since 1985, with several posts within Medical Schools in the University of London. His main focus has been on community-level interventions for injecting drug use and in reducing the spread of HIV infection.

Currently, he is the Technical Director on major AusAID and USAID bilaterals in Indonesia, as well as Program Director for AusAID’s Tibet Health program. He recently completed seven years as Technical Director for UKAID’s main regional HIV prevention program in Central Asia. Robert has consulted in Central and Eastern Europe, Russia, the Balkans, Southeast Asia and China. He was instrumental in developing rapid assessment methodologies, completing such studies in Croatia and Egypt, the Czech Republic and Viet Nam.

Other areas of his work include: the broad empirical and theoretical aspects of harm reduction; monitoring and evaluation; marginalised populations; ethnography; innovative
participatory research methods; the relationship between the treatment of illicit drug use and harm reduction; and the management and psycho-social implications of HIV anti-retroviral therapy. Robert leads Burnet’s Aboriginal Health Initiative.

Mr Gino Vumbaca  
*Executive Director, Australian National Council on Drugs*

Mr Vumbaca has extensive experience in the HIV/AIDS and drug and alcohol fields, both in Australia and internationally. He is a Churchill Fellow, has completed a Social Work degree and a Master of Business Administration at the University of Sydney and is a qualified Company Director. He has worked as the Manager of HIV/AIDS and related services with the New South Wales Department of Corrective Services, in a variety of drug and alcohol centres as a counsellor. Mr Vumbaca assisted in the implementation of Australia’s first needle and syringe program and was responsible for co-ordinating the establishment of the New South Wales network of needle and syringe exchange programs. Mr Vumbaca also oversaw the introduction of Australia’s first condom distribution program in prisons in New South Wales.

Mr Vumbaca also continues to provide advice on prisons, HIV and drug issues for international organisations such as the United Nations and the World Health Organisation.

Associate Professor David Wilson  
*Head of Surveillance and Evaluation Program, Kirby Institute*

David Wilson is Head of the Surveillance and Evaluation Program at Australia’s Kirby Institute. Dr Wilson, and his team, co-ordinate surveillance and reporting of HIV; viral hepatitis; and sexually transmissible infections in Australia, and conduct quantitative evaluations of public health epidemics, programs, and policies. He also designs national HIV strategies, conducts costing exercises, and assesses optimal resource allocations.

Approaches to quantitative evaluations include impact evaluation through establishing serial cross-sectional or cohort trials and use of mathematical modelling and health economics. He has extensive experience in Australasia, Asia and Eastern Europe. Dr Wilson regularly undertakes research for numerous national governments on aspects of infectious disease management and control.

Dr Wilson also works with UNAIDS, the World Bank, Centres for Disease Control, and the World Health Organisation.
On behalf of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Support Team for Asia and the Pacific (RST AP), I would like to express our appreciation to the Australian National Council on Drugs (ANCD) for the continued collaboration to tackle new HIV infections among people who use drugs.

As the Australian Government’s principal advisory body on drug and alcohol use, ANCD is UNAIDS key partner in harm reduction for people who use drugs towards the 2015 targets. ANCD has played an important role in reaching out to the community of people who use drugs. Strong commitments from international community on eliminating new HIV infections among people who use drugs were result of this partnership.

We also appreciate the role ANCD has taken up to collaborate and engage with the United Nations system (United Nations Office on Drugs and Crime, Economic and Social Commission for Asia and the Pacific, World Health Organisation and UNAIDS) in important dialogues, particularly with regards to the issue of the compulsory detention of people who use drugs. With strong support and partnership of ANCD, the second Asia Regional Consultations on Compulsory Detention of Drug Users (CCDU) was successfully organised in October 2012. ANCD’s flexibility to encourage and broaden UN partnership has been a highly effective strategy for making inroads on this sensitive issue.

The Consultation brought together resource persons in the field of drug dependence treatment and HIV and AIDS. It has provided a forum for governments to dialogue with each other to understand what works, what is innovative and how they can learn from each other. It was a forum to review implementation of the recommendations in the outcome document of the first consultation.

UNAIDS welcomes continued partnership and collaboration with ANCD and appreciates the support and assistance provided by ANCD to promote scientific, evidence-based and human-rights grounded approaches to issues of considerable sensitivity.

**Steven J Kraus**  
Director  
UNAIDS Regional Support Team  
Asia and the Pacific
APDIC Strategic Direction

Focus
To advise the Australian National Council on Drugs (ANCD) and the Australian Government on ways to maximise Australia’s response, leadership, and impact on Asia-Pacific regional drug issues.

Goals

- To support and facilitate a comprehensive Australian approach to addressing drug issues in the Asia-Pacific region, including supply, demand and harm reduction strategies;

- To provide and promote evidence-based information and advice to the Australian Government on the key drug issues affecting the Asia-Pacific region;

- To identify and advise on emerging drug issues within the region;

- To promote and facilitate evidence-informed policy;

- To assist in the mobilisation of Australian expertise and experience in all fields related to alcohol and other drugs into regional involvement;

- To facilitate the Australian role in drug policy development;

- To enhance the partnerships between law enforcement, health, and other relevant sectors in the region;

- To promote and facilitate the building of greater research and development capacity in the region;

- To minimise the health, social, and economic harm caused by drug use in the region.
**Relationships**

- Australian Government, particularly Department of Foreign Affairs and Trade, AusAID, and Department of Health & Ageing: Provision of timely advice and maximisation of the impact of that advice;

- Academic and research organisations: Maximising co-operation and development of complementary approaches.

APDIC is developing a new Strategic Plan for 2013-2014.

**Pacific Drug and Alcohol Research Network (PDARN)**

PDARN’s purpose is:

- To be a regional network of focal points for technical assistance and advice;

- To collect, collate, and disseminate information on Pacific drug and alcohol issues;

- To develop and support research projects in the Pacific region;

- To increase collaboration and co-operation between all sectors involved with drug and alcohol issues.

The Network disseminates monthly bulletins on current news and research in the Pacific region (see [http://www.pdarn.org/news-a-media-releases.html](http://www.pdarn.org/news-a-media-releases.html)).

The Secretariat is continuing its efforts to source funding for a proposed meeting of the Network in October 2013.
QNADA congratulates the ANCD on its efforts over the past year in advancing the aims of the National Drug Strategy. The consistently high quality of research and publications have been valued and well utilised by our members to inform practice and support the work of the NGO AOD sector in Queensland.

Many of QNADA’s members deliver services to Aboriginal and Torres Strait Islander clients who have had, or are currently involved with the criminal justice system. The ANCD research paper 24: An economic analysis for Aboriginal and Torres Strait Islander Offenders; Prisons vs. Residential Treatment has been of particular value to QNADA and our members providing up to date information that has been used for development of policy positions and services.

QNADA would also like to thank ANCD for organising and hosting the event at Parliament House featuring Gil Kerlikowske, the Director of the US National Office of Drug Control Policy. This event was very informative and provided much food for thought as to lessons that could help inform Australia’s drug policy for the future.

QNADA and our members value our affiliation with ANCD and look forward to an ongoing and productive relationship with ANCD in the coming year.

Rebecca MacBean
Chief Executive Officer
QNADA

**International Federation of Non-Government Organisations**

The International Federation of Non-Government Organisations was established in 1981 and is comprised of non-government organisations from around the world. International Federation of Non-Government Organisations engages in addressing substance misuse and has Special Consultative Status with the United Nations Economic and Social Council. It has formal links with a range of international bodies, including the International Labor Organisation, United Nations Educational, Scientific and Cultural Organisation, World Health Organisation and Association of Southeast Asian Nations.

Mr Garth Popple, representing the ANCD, was elected as the International Federation of Non-Government Organisations President for 2011-2013. His term ends in October 2013.
**Other Regional Activities**

*Compulsory Centres for Drug Users (CCDU) Roundtables*

The Second Regional Consultation on Compulsory Centres for Drug Users in Asia and the Pacific was held on 1st-3rd October 2012 in Kuala Lumpur, Malaysia. It was organised by the UNODC Regional Centre for East Asia and the Pacific and the UNAIDS Regional Support Team for Asia and the Pacific, with the participation of officials from nine Governments in East and Southeast Asia. The Roundtable was supported by the Australian National Council on Drugs and AusAID.


Planning is now underway for a third, and final, CCDU Roundtable.

*1st Asia Pacific Congress on Drug & Alcohol Issues*

In April 2013, representatives of APDIC attended a meeting in Bangkok to discuss the possibility of collaborating with a number of overseas bodies to organise the 1st Asia Pacific Congress on Drug and Alcohol Issues. The congress is to be held in Bangkok in 2014.

The primary objectives of the congress are to identify policies, practices, models and initiatives that are inclusive, culturally appropriate and evidence-based; share the latest information and knowledge; build productive partnerships and support networks between key government and international organisation stakeholders and the non-government organisation sector; and identify research to address gaps where an evidence-base is not available.

*HIV/AIDS Asia Regional Program (HAARP)*

The ANCD works closely and collaboratively with the flagship AusAID HIV program in the region (HAARP) to achieve a goal of reducing the level of drug related HIV transmission in the region.

*United Nations Office on Drugs and Crime (UNODC)*

The ANCD has developed a close working relationship with the United Nations Office on Drugs and Crime over many years, and this has continued with ongoing and regular communication and exchange of information between the organisations at a variety of levels.

*Delegations*

The ANCD and APDIC continued to receive delegations from a number of countries in the region and to work closely with AusAID and relevant embassy officials on the development of productive visits.
On behalf of the Network of Alcohol and Drug Agencies (NADA) and all our members, I would like to commend the ANCD for their work throughout 2012-13. NADA would also like to applaud the current Board members and to congratulate the new members and those being reappointed to the Council.

NADA greatly values the significance of the Council’s work in raising awareness and discussion around the issues involving the drug and alcohol sector, and raising the profile of the sector in the national debate. At NADA we look forward to continuing the partnership and working relationship between NADA and the Council today and in the future. We also value their ongoing advocacy role on behalf of the NGO AOD sector nationally.

Larry Pierce
Chief Executive Officer
Network of Alcohol and Drug Agencies
On behalf of the Intergovernmental Committee on Drugs (IGCD) I would like to thank the ANCD for its interest and engagement with the IGCD over the last 12 months and also for its ongoing support and assistance as work supporting the *National Drug Strategy 2010-2015* is undertaken across Australia. This support has included:

- Regular correspondence between ANCD and IGCD in the lead up to and following each IGCD meeting outlining key priorities, outcomes and updates on activity;

- A presentation from the Chairman of the ANCD, Dr John Herron AO, on some of the broad priorities and challenges for future alcohol and other drugs policy development at the November 2012 IGCD meeting;

- A presentation from ANCD Executive Member Professor Margaret Hamilton AO on the ANCD research paper *An economic analysis for Aboriginal and Torres Strait Islander offenders* at the April 2013 IGCD meeting;

- Attendance of two ANCD members and a presentation by Dr Herron at the 2012 IGCD Stakeholder Forum; and

- Support from the National Indigenous Drug and Alcohol Committee in the development of the *National Aboriginal and Torres Strait Islander Peoples Drug Strategy* (‘the sub-strategy’) through membership (and co-chairing) of the associated Working Group and also the provision of consultancy services to undertake public and stakeholder consultations to inform the development of the sub-strategy.

Brett Guerin  
Superintendent  
Chair  
Intergovernmental Committee on Drugs
The National Indigenous Drug and Alcohol Committee (NIDAC) was established by the ANCD in 2004 to provide independent, expert advice to government on Indigenous drug and alcohol issues, and contribute to the development of policy relevant to harmful Indigenous alcohol and drug use.

As the leading voice in Indigenous drug and alcohol policy advice, NIDAC is committed to ensuring that their priorities and activities adequately reflect the needs of Indigenous communities to respond to alcohol and other drug problems, and contributes toward closing the gap on health inequality amongst Indigenous Australians.

**NIDAC Current Members**

**Executive Members**

**Associate Professor Ted Wilkes**  
Chair  
*Associate Professor, National Drug Research Institute, Curtin University*

Associate Professor Wilkes is a Nyungar leader from Western Australia whose professional background includes working for the Western Australia Museum, the Centre for Aboriginal Studies at Curtin University and sixteen years as the Director of the Derbarl Yerrigan Health Service.

Associate Professor Wilkes provides advice and expertise on a wide range of state, national and international committees.

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

Mr Scott Wilson is also the first Indigenous Chair of the Alcohol Education and Rehabilitation Foundation (AERF). Mr Wilson has presented a number of papers at both national and international conferences on Indigenous drug and alcohol issues. In 1997, he was awarded the Alcohol and other Drugs Council of Australia (ADCA) Australia Day Achievement Medallion and in 2003, a Centenary Medal for Services to the Community.
Mrs Wendy Casey
Manager, Aboriginal Alcohol and other Drug Program, Drug and Alcohol Office, Western Australia

Mrs Wendy Casey belongs to the Karajarri and Yawuru people from the west Kimberley. She currently is the Manager of the Aboriginal Alcohol and other Drug Program of the Western Australia Drug and Alcohol Office. For the last twenty-two years she has specialised in the drug and alcohol field. Mrs Casey has worked within the community controlled and government sectors, in metropolitan and remote area regions and in a variety of roles that include managing clinical services, policy and workforce and resource development, community development, and research.

Ms Donna Ah Chee
Chief Executive Officer, Central Australian Aboriginal Congress

Originally a Bundgalung woman from the far north coast of New South Wales, Ms Ah Chee lives in Alice Springs, Northern Territory and has been involved in Aboriginal and Torres Strait Islander Affairs for over twenty-five years. She is the CEO of the Central Australian Aboriginal Congress, an Aboriginal community controlled primary health care service in Alice Springs.

Ms Ah Chee has also been the CEO of the National Aboriginal Community Controlled Health Organisation and is involved in policy development on Aboriginal health for the Aboriginal Medical Services Alliance of the Northern Territory.

Other Members

Mr Matthew Bonson

Mr Matthew Bonson is a proud Aboriginal and Torres Strait Islander Australian.

He has been the Chief Executive Officer for Aboriginal Alcohol Program Services, the largest alcohol residential service in the Northern Territory, for five years. In his role, he has contributed to the Commonwealth Government’s policy on the Northern Territory intervention.

Mr Bonson looks forward to continuing to improve the lives of Aboriginal and Torres Strait Islander Australians.
Ms Lisa Briggs

Chief Executive Officer, National Aboriginal Community Controlled Health Organisation

Ms Briggs is a Gunditjmara Aboriginal woman from the Western District of Victoria and an Aboriginal Health Worker by trade. She has worked in the field of Aboriginal health for the last twenty-five years, predominantly within the Aboriginal community controlled health sector.

During her time at Oxfam Australia, Ms Briggs’ experience extended to being part of the National Coalition for the Close the Gap Campaign, which looks at health equality and extending the life expectancy of Aboriginal and Torres Strait Islander people in Australia.

Ms Briggs is at the final stages of completing her Masters in Public Health through the Institute of Koorie Education at Deakin University. Recently, she has held the Public Health and Research Unit Manager position at the Victorian Aboriginal Community Controlled Health Organisation where her main focus was identifying the impacts of government’s Closing the Gap initiatives.

Lisa was appointed CEO of the National Aboriginal Community Controlled Health Organisation in September 2012.

Ms Vicki Briggs

Director, Centre for Excellence in Indigenous Tobacco Control, University of Melbourne

Ms Briggs is a Yorta Yorta woman from Northern Victoria. She is the Director of the Centre for Excellence in Indigenous Tobacco Control, a national tobacco research, policy and advocacy program that seeks to increase knowledge and capacity in the area. Ms Briggs is also a senior lecturer in Indigenous Health Promotion at the University of Melbourne.

Previously, Ms Briggs was, for eleven years, the Aboriginal Program Co-ordinator at the Quit Campaign based at the Cancer Council of Victoria. She also sits on committees relating to Aboriginal and Torres Strait Islander tobacco control and health promotion including the Department of Health and Ageing Tobacco Reference Group and was a member of the Tobacco Working Party with the Preventative Health Taskforce.

Mr Bradley Freeburn

Co-ordinator, Drug and Alcohol Unit, Aboriginal Medical Service, Redfern, New South Wales

Mr Bradley Freeburn is a Bundjalung man from Casino, New South Wales, who has worked in the health sector since 1993. Mr Freeman has represented the Aboriginal Medical Service and Aboriginal people through the Alcohol Drug Council of Australia, and provides input on key strategic issues in New South Wales in relation to alcohol and other drugs.
Mr Freeburn also provided advice to the Standing Committee on Social Issues Inquiry into issues relating to Redfern/Waterloo.

**Professor Dennis Gray**  
*Deputy Director, National Drug Research Institute, Curtin University*

Professor Dennis Gray established the Institute’s Indigenous Australian Research Program. He is a leading researcher in this area and has established collaborative research relationships with various Indigenous community controlled organisations, as well as publishing extensively on Indigenous substance misuse issues and presented research at various national and international forums.

**Miss Kristie Harrison**  
*Aboriginal Health and Medical Research Council of NSW*

Miss Harrison is a Wiradjuri woman who grew up around the city of Wollongong, New South Wales. She has completed a Bachelor of Health Science in Indigenous Health and is currently completing a Masters of Health Leadership and Management at the University of Wollongong.

Miss Harrison has worked within the Aboriginal drug and alcohol sector for approximately seven years and is currently employed as the New South Wales Aboriginal Drug and Alcohol Network Project Officer at the Aboriginal Health and Medical Research Council of New South Wales. Miss Harrison is also a Session Two Drug and Alcohol lecturer for the Bachelor of Health Science (Mental Health) Djirruwung Program at the Charles Sturt University, and is currently a board member of the Illawarra Aboriginal Medical Service.

**Dr John Herron AO**  
*Chairman, Australian National Council on Drugs*

Dr Herron was appointed as Chairman of the Australian National Council on Drugs on 21st February 2006 following his return from his appointments as Ambassador to Ireland and the Holy See (2002-2006). Dr Herron was a Senator in the Parliament of Australia, representing the State of Queensland (1990-2002) and was Minister for Aboriginal and Torres Strait Islander Affairs (1996-2001). Prior to entering Parliament, he was a general surgeon for thirty years.
Mr Romlie Mokak

Chief Executive Officer, Australian Indigenous Doctors’ Association

Mr Mokak was born in Darwin, Northern Territory. His people are Djugun from Western Australia and he has lived in Canberra over the recent past. Mr Mokak has experience working at community, State and Commonwealth levels in a range of Aboriginal and Torres Strait Islander policy areas including disability; ageing; population health; financing; and substance use. Mr Mokak has been the CEO of the Australian Indigenous Doctors’ Association since mid 2005.

He is a member of the National Indigenous Health Equality Council and the Board of the Fred Hollows Foundation. Mr Mokak has a Bachelor of Social Science degree and a Postgraduate Diploma in Special Education.

NIDAC Advisors

- Mr Gino Vumbaca, Executive Director, Australian National Council on Drugs
- Representative – Australian Government Department of Health and Ageing
- Representative – Australian Government Families, Housing, Community Services and Indigenous Affairs

Membership changes during the year

- Ms Coralie Ober (Executive Member) resigned from her position on NIDAC in early 2013;
- Ms Lisa Briggs was appointed to NIDAC in the National Aboriginal Community Controlled Health Organisation ex officio role in February 2013;
- Ms Donna Ah Chee was appointed as an Executive Member in March 2013.

NIDAC Secretariat

Ms Denise Gilchrist, Executive Officer
NIDAC Strategic Plan

Vision

An improved quality of life for Aboriginal and Torres Strait Islander people, families and communities that is consistent with that enjoyed by the majority of the Australian population, by reducing alcohol, tobacco and other drug-related harms.

Terms of Reference

1. Provide independent policy advice to the ANCD and government on a range of issues that impact on Indigenous communities and ways of addressing quality of life and alcohol, tobacco and other drug use for Aboriginal and Torres Strait Islander people;

2. Consult and liaise with relevant sectors and in particular the Aboriginal community controlled health sector on Indigenous alcohol, tobacco and other drug-related problems;

3. Provide information on funding opportunities to organisations who deliver alcohol, tobacco and other drug services to Aboriginal and Torres Strait Islander people, noting NIDAC is not a funding body;

4. Inform and educate relevant sectors on Indigenous alcohol, tobacco and other drug-related problems;

5. Build and maintain partnerships across the range of sectors concerned in dealing with and addressing Indigenous alcohol, tobacco and other drug-related problems;

6. Work closely with the Federal Government, the Intergovernmental Committee on Drugs and other National Drug Strategy partners to develop and implement effective strategies, policies and programmes to reduce the harmful effects of alcohol, tobacco and other drug use;

7. Maintain effective liaison with other stakeholders, public health advisory bodies and relevant peak non-government organisations, including consumer representatives;

8. Develop a three year Strategic Plan for the Committee;

9. Report to the ANCD on the work of the Committee on a regular basis.
Principles

The Strategic Plan is compatible with NIDAC’s principles. These are:

- Commitment to and consistency with the three pillar harm minimisation approach of the National Drug Strategy (2010-2015);

- Commitment to and consistency with the principles of all of the National Drug Strategy specific drug strategies, in particular the National Drug Strategy Aboriginal and Torres Strait Islander Peoples’ Complementary Action Plan;

- Recognition of the critical importance of self-determination for Aboriginal and Torres Strait Islander people and communities;

- Commitment to equal access to services for Aboriginal and Torres Strait Islander people and communities acknowledging that self-determination of health requires access to a range of services to enable informed choice and diverse responses to diverse needs;

- Commitment to the development and maintenance of the Aboriginal and Torres Strait Islander community controlled sector and other relevant organisations that provide services to Aboriginal and Torres Strait Islander people;

- The need to develop and support cultural security;

- Recognition of the need for social justice;

- Consistency with the ANCD’s Strategic Plan and Terms of Reference.

Priority Areas of Focus

- Foetal and infant health;

- Young people;

- People in the justice system;

- Adequate and secure funding to build the capacity of Aboriginal and Torres Strait Islander community controlled health organisations and other culturally secure services to respond to alcohol, tobacco and other drug use;

- Workforce and organisational development.
Primary Functions

Advice

NIDAC’s primary function is to provide policy advice to the ANCD and government on a range of issues that impact on Indigenous communities and ways of addressing quality of life and alcohol, tobacco and other drug use for Aboriginal and Torres Strait Islander people.

Consultation

NIDAC recognises that it has an important role as the leading voice in Aboriginal and Torres Strait Islander alcohol, tobacco and other drugs use policy advice and it is committed to keep informed of current and emerging issues and to engage in ongoing consultation with Aboriginal and Torres Strait Islander communities.

Advocacy

NIDAC recognises it has a critical responsibility to ensure that, in relation to tobacco, alcohol and other drug use, the needs, views and aspirations of Aboriginal and Torres Strait Islander people and communities, are heard by governments, service organisations and the broader Australian community.

Broad Objectives

1. Undertake ongoing consultation with individuals and organisations working to address the harmful effects of alcohol, tobacco and other drug use among Aboriginal and Torres Strait Islander people;

   Activity:
   
   o Conduct community forums;
   
   o Conduct on-line surveys/consultations with relevant stakeholders;
   
   o Regularly inform stakeholders via NIDAC Weekly News;
   
   o Communiqués;
   
   o Website updates.
2. Provide a national forum to contribute to effective consultation, build expertise, innovation, and capacity, and to celebrate achievement;

   Activity:
   - Organise and deliver a biennial conference;
   - Support and celebrate achievements via the National Indigenous Drug and Alcohol Awards;
   - Develop an Honour Roll Hall of Fame in recognition of significant contributions to addressing the reduction of alcohol, tobacco and other drug issues on Aboriginal and Torres Strait Islander people and communities.

3. Identify opportunities to influence decisions to reduce the harms and impacts of Aboriginal and Torres Strait Islander alcohol, tobacco and other drug issues;

   Activity:
   - Identify and embrace opportunities to provide strategic input into peak organisations and government activities;
   - Contribute to government inquiries into preventing and reducing alcohol, tobacco and other drugs use related harm in Aboriginal and Torres Strait Islander communities;
   - Develop a position paper on Aboriginal and Torres Strait Islander people’s tobacco use.

4. Support the delivery of culturally secure alcohol, tobacco and other drug services to Aboriginal and Torres Strait Islander people;

   Activity:
   - Advocate for adequate and ongoing resourcing of Aboriginal and Torres Strait Islander community controlled services;
   - Support evidence-informed workforce and organisational development of community controlled services;
   - Maintain National Aboriginal Community Controlled Health Organisation representation on NIDAC;
   - Promote ‘best practice’ Aboriginal alcohol, tobacco and other drug issues services models and service delivery;
Advocate for sustainable reporting requirements with funding bodies;

Advocate for culturally secure research into prevention and treatment for Aboriginal and Torres Strait Islander people and communities;

Support the translation of existing evidence into culturally secure practice.

5. Support the building of a strong, stable and skilled workforce with a priority for Aboriginal and Torres Strait Islander people working in the alcohol, tobacco and other drugs sector and other relevant services (e.g. health; housing; child and family services) that can support Indigenous communities to respond to alcohol, tobacco and other drug issues;

Activity:

Contribute to evidence dissemination where appropriate (e.g. publications; conferences; workshops);

Advocate for workforce and organisational development strategies relevant to the needs of Aboriginal and Torres Strait Islander people;

Advocate for secure and sustained funding and work conditions that attract and retain a skilled workforce;

Develop a position paper on Aboriginal and Torres Strait Islander people’s workforce;

Hold a workshop at the NIDAC 2012 Conference to ascertain a level of support for the establishment of a national Indigenous drug and alcohol workers peak body.

6. Ensure adequate funding for culturally secure prevention and treatment services;

Activity:

Provide advice to government based on the findings of the NIDAC report, Indigenous specific alcohol and other drug interventions;

Consult with Aboriginal and Torres Strait Islander people and communities about service and organisation challenges and need;

Advocate for adequate and sustainable resourcing and support from government systems;

Develop a position statement or paper on the provision of funding;
7. Address Foetal Alcohol Spectrum Disorder (FASD) in Australia;

   **Activity:**

   - Develop and promote a position paper on FASD;
   - Advocate for evidence-informed strategies to reduce alcohol consumption during pregnancy, to reduce FASD and to respond to people and families affected by FASD.

8. Promote the resilience of young people to enable them to have healthy futures;

   **Activity:**

   - Advocate for investment in early years interventions for Aboriginal and Torres Strait Islander young people and families;
   - Identify the prevention and treatment needs of young Aboriginal and Torres Strait Islander people;
   - Advocate for evidence-informed and culturally secure prevention and treatment responses for young Aboriginal and Torres Strait Islander people;
   - Advocate for an increase in evidence-informed and culturally secure diversion programs for Aboriginal and Torres Strait Islander young people and families who would otherwise be placed in juvenile detention centres or prisons;
   - Advocate for an increase in evidence-informed and culturally secure incarceration diversion programs for Aboriginal and Torres Strait Islander young people and families;
   - Advocate for flexible eligibility criteria into programs and services for the treatment of young Aboriginal people under the age of 18.

9. Address the overrepresentation of Aboriginal and Torres Strait Islander people in the justice system.

   **Activity:**

   - Commission a research project on economic modelling on the costs and benefits of addressing problematic Indigenous alcohol, tobacco and other drug use with treatment compared to prison;
o Update and relaunch NIDAC’s position paper on Indigenous incarceration;

o Advocate for justice reinvestment;

o Advocate for strategies to reduce incarceration of Aboriginal and Torres Strait Islander people, especially in relation to alcohol, tobacco and other drug use;

o Advocate for effective alcohol, tobacco and other drug interventions for incarcerated Aboriginal and Torres Strait Islander people;

o Promote culturally secure alternatives to incarceration for young Aboriginal and Torres Strait Islander people such as the youth justice reinvestment campaign;

o Advocate for effective, alcohol, tobacco and other drug interventions for incarcerated Aboriginal and Torres Strait Islander people pre-release and within communities;

o Advocate for stronger post-release pathways and pathways programs;

o Advocate for more flexible eligibility criteria for Aboriginal and Torres Strait Islander people at risk of incarceration.

The Public Health Association of Australia (PHAA) appreciates the commitment of the ANCD to sensible drug policy in Australia. Over the last few years in particular it has been to the benefit of our association, drug policy and the community in general to be able to work closely with the ANCD on a range of issues including Aboriginal and Torres Strait Islander health, illicit drugs, alcohol and tobacco.

I believe that the leadership taken by the ANCD in providing networking opportunities for our organisation and many others like us has provided a solid foundation for broader community input and understanding of the range of issues around sensible policies on drugs.

Michael Moore
Chief Executive Officer
Public Health Association of Australia
An economic analysis for Aboriginal and Torres Strait Islander prisoners: Prisons vs. residential treatment
NIDAC

One of the long-term recommendations of NIDAC’s position paper, *Bridges and barriers: Addressing Indigenous incarceration and health* was that funding be redirected from the construction and operation of any further correctional system centres to establish a ‘break the cycle’ network of Indigenous-specific residential rehabilitation services for courts to utilise as a real and viable alternative to incarceration.

To assist the ANCD and NIDAC in providing evidence-based advice to Government on the benefits of establishing this network of Indigenous-specific rehabilitation services as an alternative to incarceration, they are very interested in seeing the development of a report that provides clear economic modelling on the costs and benefits of addressing problematic Indigenous substance use with treatment, particularly residential rehabilitation, as compared to prison.

*Bridges and barriers: Addressing Indigenous incarceration and health (position paper – an update)*
NIDAC

The 2009 NIDAC position paper, *Bridges and barriers: Addressing Indigenous incarceration and health* is updated to include the latest data.

*National representation for Aboriginal and Torres Strait Islander alcohol and other drug workers and organisations survey*
NIDAC

This survey seeks the views of Aboriginal and Torres Strait Islander alcohol and other drug workers about, or experiences of, existing professional bodies for Aboriginal and Torres Strait Islander organisations.

The aim of this project is to determine the need for the establishment of a national Aboriginal and Torres Strait Islander workforce and organisational representational body.
Development of a toolkit and training package to assist in the introduction of alcohol and other substance use management plans for Aboriginal and Torres Strait Islander communities

Siggins Miller & NIDAC

This project involves the development of a toolkit and training package to support the work being undertaken by the Department of Families, Housing, Community Services and Indigenous Affairs’ *Breaking the Cycle* initiative.

This initiative was part of a Federal Government election commitment and consists of $20 million over three years (2011-14) to support new community led solutions for fighting problematic alcohol and substance use in Aboriginal and Torres Strait Islander communities.

Consultations to inform the development of the National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy

NIDAC

This work involves conducting a number of community consultations to inform the development of the National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy. Sites were selected to ensure urban, rural and remote coverage, and to assist in identifying issues and perspectives that may differ due to location.

In addition to these consultations, a number of facilitated key stakeholder interviews were conducted in Sydney, Mt. Isa, Broome and Alice Springs. The purpose of these key stakeholder interviews was to discuss more specific issues that may not have been raised or discussed at the larger consultations, as well as to obtain an understanding of the types of services that were being offered in those locations.

3rd National Indigenous Drug & Alcohol Conference (NIDAC 2014)

NIDAC has been working on the 3rd National Indigenous Drug and Alcohol Conference, which will be held at the Grand Hyatt Hotel, Melbourne, from the 4th-6th June 2014.

Based on the theme, *What works: Doing it our way*, NIDAC 2014 aims to highlight approaches that are working to reduce the harmful effects of alcohol and other drugs and its associated harms among Indigenous Australians.
NIDAC Member & Secretariat representations on other committees

NIDAC Members have provided high level advice and input on various committees, forums, and government policy reference and advisory groups, including:

- Close the Gap Steering Committee Group;
- Intergovernmental Committee on Drugs National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy Working Group;
- Intergovernmental Committee on Drugs Standing Committee on Alcohol;
- New South Wales Justice Reinvestment Campaign for Aboriginal Young People.

NIDAC Consultation Forums

9th August 2012 .......................................................................................................................... Darwin
11th December 2012 .................................................................................................................. Melbourne
7th March 2013 ......................................................................................................................... Sydney

NIDAC Meetings

31st July 2012 ............................................................................................................................. Teleconference
8th-9th August 2012 .................................................................................................................. Darwin
10th December 2012 .................................................................................................................. Melbourne
10th-11th December 2012 ......................................................................................................... Melbourne
6th March 2013 ........................................................................................................................ Sydney
6th-7th March 2013 .................................................................................................................... Sydney
The Alcohol and other Drugs Council of Australia (ADCA) values the strategic partnership with the Australian National Council on Drugs (ANCD) to address important alcohol and other drugs (AOD) issues in Australian communities.

While ADCA and ANCD Executives were restricted to only one face-to-face meeting during 2012-13, the June 2013 meeting in Canberra provided ADCA’s new President, Dr Mal Washer, with the opportunity to discuss matters of mutual interest around the Federal Election, and the Department of Health & Ageing’s (DoHA) Review of AOD Prevention and Treatment Services.

Our organisations further cemented their joint strategic approach to progress national healthcare reform for all Australians by collaborating on a regular basis in relation to ADCA’s participation in scheduled ANCD Regional Forums in Perth, Brisbane and Sydney.

The alignment of the 2013 National Drug and Alcohol Awards (NDAAs) with Drug Action Week in 2013 also brought ADCA and ANCD closer together to promote both national programs in conjunction with the Australian Drug Foundation and The Noffs Foundation.

ANCD worked with ADCA (as the host for the 2013 Awards) to coordinate judging panels for Award Categories, and arrange for Dr John Herron AO to present the Prime Minister’s Award for Excellence, and for Professor Margaret Hamilton to announce the Honour Roll inductees.

On behalf of Dr Washer and Board Directors, ADCA is committed to maintaining our strategic partnership to enhance health and wellbeing outcomes.

David Templeman
Chief Executive Officer
The Alcohol and other Drugs Council of Australia
Of Substance, the national magazine on alcohol, tobacco and other drugs, is an initiative of the ANCD and receives funding from the Australian Government Department of Health & Ageing.

Of Substance launched its first issue in October 2003 and until December 2009, published four issues per year. Due to rising production and postage costs, magazine publication was reduced to three issues per annum in early 2010 (March, July and November) and continued in this format during 2012/13. To supplement the printed issue, the Of Substance Board approved the launch of a between-issues eBulletin, delivered via electronic means. The first eBulletin was published in May 2011. This strategy ensures Of Substance continues to maintain a high visibility and presence in the alcohol and other drug and related sectors. The magazine targets frontline workers with plain-English articles reporting on current research and emerging issues that affect the sector. Secondary audiences include policy makers, academics and others interested in alcohol and other drug issues. The magazine has published articles on emerging drug trends, prevention, law enforcement, mental health, research, workforce development, ethics and other topics.

The magazine has a separate management structure to that of the ANCD, with members of the ANCD taking key roles on its Board of Management (chaired by Dr John Herron AO) and Editorial Reference Group (chaired by Professor Steve Allsop). Other representatives on the Board and Reference Group come from a diverse range of backgrounds from the government, non-government and business sectors. The Board meets quarterly and the Editorial Reference Group meets three times per year.

Subscriptions and distribution

Prior to July 2005, the magazine was distributed on a paid subscription basis only, with approximately 1,400 subscribers registered. In the 2005/06 Federal Budget, the Australian Government provided significant additional support for the magazine with an increased annual grant, which has enabled the magazine to be distributed free of charge. As a result, the magazine has enjoyed a significant rise in its subscription and distribution figures. The magazine has been actively promoted on a range of electronic forums, at conferences and via links to web sites specific to the alcohol and other drug sector.

At the end of 2012/13, the magazine had approximately 8,000 subscribers, with a circulation of approximately 17,000 and an estimated readership of around 79,000 per issue.
Marketing and promotion

During 2012/13, promotional activities included:

- Promotion on e-lists and forums. Each issue of the magazine was announced on relevant electronic forums;

- Targeted media promotion with the publication of some issues;

- Promotion at AOD sector events, including some national conferences;

- Copies of the magazine provided to various smaller alcohol and other drug organisations and events.

Web site: www.ofsubstance.org.au

Since going live in late June 2006, the Of Substance web site has proven to be a useful source of information on the magazine – particularly for people accessing articles on specific topics, and for people wanting to subscribe to the magazine (over 90 per cent of subscriptions are now received via the website). The Of Substance site allows people to register for subscription online, plus send feedback and correspondence to magazine staff.

The following table shows a sample of the past 12 months’ website user statistics: July 2012 – June 2013.

Website statistics:

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of visits</th>
<th>Hits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 12</td>
<td>6,600</td>
<td>72,600</td>
</tr>
<tr>
<td>Aug 12</td>
<td>5,438</td>
<td>62,403</td>
</tr>
<tr>
<td>Sep 12</td>
<td>4,522</td>
<td>42,607</td>
</tr>
<tr>
<td>Oct 12</td>
<td>8,296</td>
<td>183,420</td>
</tr>
<tr>
<td>Nov 12</td>
<td>9,048</td>
<td>252,155</td>
</tr>
<tr>
<td>Dec 12</td>
<td>4,809</td>
<td>107,047</td>
</tr>
<tr>
<td>Jan 13</td>
<td>12,184</td>
<td>114,319</td>
</tr>
<tr>
<td>Feb 13</td>
<td>4,534</td>
<td>104,034</td>
</tr>
<tr>
<td>Mar 13</td>
<td>6,984</td>
<td>232,240</td>
</tr>
<tr>
<td>Month</td>
<td>Number of visits</td>
<td>Hits</td>
</tr>
<tr>
<td>-------</td>
<td>------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Jul 12</td>
<td>4,004</td>
<td>96,806</td>
</tr>
<tr>
<td>Aug 12</td>
<td>5,204</td>
<td>101,006</td>
</tr>
<tr>
<td>Sep 12</td>
<td>3,813</td>
<td>72,600</td>
</tr>
<tr>
<td>Oct 12</td>
<td>3,968</td>
<td>49,457</td>
</tr>
<tr>
<td>Nov 12</td>
<td>4,120</td>
<td>61,601</td>
</tr>
<tr>
<td>Dec 12</td>
<td>3,151</td>
<td>38,934</td>
</tr>
<tr>
<td>Jan 13</td>
<td>3,745</td>
<td>64,882</td>
</tr>
<tr>
<td>Feb 13</td>
<td>7,204</td>
<td>57,158</td>
</tr>
<tr>
<td>Mar 13</td>
<td>7,313</td>
<td>62,440</td>
</tr>
<tr>
<td>Apr 13</td>
<td>10,975</td>
<td>127,367</td>
</tr>
<tr>
<td>May 13</td>
<td>9,971</td>
<td>82,795</td>
</tr>
<tr>
<td>Jun 13</td>
<td>9,820</td>
<td>86,700</td>
</tr>
</tbody>
</table>
Evaluation

External evaluations of Of Substance were conducted in 2008 and 2012 by independent consultants. The findings of these evaluations were reported in the 2007/08 and 2011/12 annual reports.

Location, staffing and management

In March 2013, the Of Substance office relocated from 118 Devonshire Street, Surry Hills to 84 Pitt Street, Sydney. The current staff positions are:

- Managing Editor (part-time): Ms Jenny Tinworth. The Managing Editor oversees the general management, content and production of the magazine. Ms Tinworth has been employed since 2005.
- Contributing Editor (part-time): Ms Kate Pockley. The Contributing Editor’s role focuses on magazine content, website content and special products. Ms Pockley has been employed since 2004.
- Business manager (part-time): Mr George Hamilton. Mr Hamilton has overseen distribution and office management since July 2007.

Of Substance Board of Management: 2012/13

Chair

Dr John Herron AO, Australian National Council on Drugs

Members

Ms Mary-Lou Jarvis, Media and Policy Advisor

Mr Ross Pearson, Senior Strategy Consultant, Marketing

Mr Gino Vumbaca, Executive Director, Australian National Council on Drugs

Dr Dennis Young, Executive Director, Drug-Arm Australia
**Of Substance Editorial Reference Group: 2012/13**

*Chair*

Professor Steve Allsop, Professor and Director of the National Drug Research Institute, Curtin University

*Members*

Mr Sam Biondo, Executive Officer, Victorian Alcohol & Drug Association

Dr Roger Brough, General Practitioner

Dr Neil Donnelly, Senior Research Manager, New South Wales Bureau of Crime Statistics & Research

Dr John Herron AO, Chairman, Australian National Council on Drugs

Dr Caitlin Hughes, Research Fellow, Drug Policy Modelling Program, National Drug & Alcohol Research Centre

A/Professor Lynne Magor-Blatch, Executive Officer, Australian Therapeutic Communities Association and A/Professor, Centre for Applied Psychology, University of Canberra

Mr David McDonald, Consultant in social research & evaluation and Visiting Fellow, National Centre for Epidemiology & Population Health, Australian National University

Professor Ann M Roche, Director, National Centre for Education and Training on Addiction, Flinders University

Mr Chris Tanti, Chief Executive Officer, Headspace

Mr Tony Trimingham, Director, Family Drug Support

Mr Gino Vumbaca, Executive Director, Australian National Council on Drugs

Ms Nicole Wiggins, Manager, Canberra Alliance for Harm Minimisation and Advocacy
Over the past 12 months the Australian Drug Foundation has greatly appreciated ANCD’s expert advice and support on a range of issues including assistance on:

1. Developing advice and effective strategies on new psychoactive substances;

2. Developing effective strategies for reducing alcohol related harm in diverse settings including in the workplace;

3. Liaising with Indigenous communities in Central Australia on the specific programs and services they require;

4. Working with the United Nations Office on Drugs and Crime Commission on Narcotic Drugs and the Commission on Narcotic Drugs; and

5. Working with countries and communities in the Asia-Pacific area.

Like many CEO’s I believe that if we want to ensure that the National Drug Strategy is implemented successfully and that our prevention and treatment services are appropriately developed and resourced for the benefit of all members of the community, then it is essential to have a strong, independent advisory Council which can represent the sector and provide properly-informed strategic advice to government. It is particularly important that the unique needs of Aboriginal and Torres Strait Islander people are understood and effectively championed in collaboration with the community. In my opinion, the ANCD has fulfilled this role exceptionally well.

The wisdom, expertise and diversity of your Executive and members, ensures that the implementation of the National Drug Strategy is based on sound evidence and that it evolves in response to the ever changing nature of alcohol and other drugs issues in Australia, and globally.

Ultimately, the confident leadership, strong support and astute advice consistently provided by the ANCD are something you, your fellow Council members and ANCD staff can be very proud of.

John Rogerson
Chief Executive Officer
Australian Drug Foundation
Independent auditor’s report to the Trustees of The Salvation Army Australia Eastern Territory (“The Salvation Army”)

We have audited the attached Statement of Financial Performance and Statement of Financial Position (“the Statements”) reported to the Commonwealth Department of Health and Ageing (“the Department”) for the Australian National Council on Drug Secretariat (“the Program”) for the period from 1 July 2012 to 30 June 2013. The Statements have been prepared by the Trustees based on the Funding Agreement (“the Agreement”) for the Program, using the basis of preparation described in Note 1 to the Statements.

Trustees’ responsibilities for the Statements

The Trustees of The Salvation Army are responsible for the preparation of the Statements in accordance with the Agreement, and have determined that the accounting policies in Note 1 to the Statements are appropriate to meet the requirements of the Department. This responsibility includes selecting and applying appropriate accounting policies; making accounting estimates that are reasonable in the circumstances; ensuring the Statements are prepared and presented in accordance with the Agreement; and for such internal control as the Trustees determine is necessary to enable the preparation of the Statements that are free from material misstatement, whether due to fraud or error.

Auditor’s responsibility

Our responsibility is to express an opinion on the Statements to the Trustees of The Salvation Army based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements and plan and perform the audit to obtain reasonable assurance whether the Statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the Statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and presentation of the Statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Trustees, as well as evaluating the overall presentation of the Statements.
Our procedures included the examination on a test basis, of evidence supporting the amounts disclosed in the Statements. These procedures have been undertaken to form an opinion whether, in all material respects, the attached Statements are prepared and presented in accordance with the Agreement, using the basis of preparation described in Note 1 to the Statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor’s opinion

In our opinion the attached Statements for the Australian National Council on Drugs Secretariat for the year ended 30 June 2013 are prepared and presented, in all material respects, in accordance with the Agreement.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian Accounting Professional and Ethical Standards Board.

Basis of preparation and restriction on distribution and use

Without modifying our opinion, we draw attention to Note 1 to the Statements, which describe the basis of preparation. The Statements have been prepared as required by the Agreement for the Program for the purpose of reporting to the Department. As a result, the Statements may not be suitable for another purpose. Our report is intended solely for the Trustees and the Department and should not be distributed to parties other than the Trustees or the Department.

KPMG

Kathy Ostin
Partner
Sydney
10 October 2013
Notes to the Statement of Financial Performance and Statement of Financial Position


The Statement of Financial Performance and Statement of Financial Position ("the Statements") have been prepared for the sole purpose of complying with the reporting requirements of the Agreement with the Department and must not be used for any other purpose.

The Statements have been prepared applying the recognition and measurement rules in Australian Accounting Standards. The Trustees of the Salvation Army have determined that the accounting policies adopted are appropriate to meet the needs of the Trustees of the Salvation Army and the Department and have determined that it is not necessary to include all the detailed disclosures, including a statement of cash flows, required by Accounting Standards and other mandatory professional reporting requirements in Australia.

The financial report is prepared in according with the historical cost convention.
ANCD FINANCIAL REPORTS

The Salvation Army (New South Wales) Property Trust is contracted to the Department of Health and Ageing to provide auspicing services to the Australian National Council on Drugs ("ANCD"). This arrangement enables the ANCD to receive high level legal, financial, human resources, operational and administrative support so that it can fulfill its role of providing independent and timely advice to the Federal Government.

The Salvation Army notes that the total funding for the ANCD group for year ended 30 June 2013 was approximately $2.1m. Set out below is a summary of the key financial figures for each program:

<table>
<thead>
<tr>
<th>Program</th>
<th>Funding Allocation 2012/13</th>
<th>Accumulated Surplus/(Deficit) at 30 June 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretariat</td>
<td>$900</td>
<td>$900</td>
</tr>
<tr>
<td>NDAC</td>
<td>$1,150</td>
<td>74</td>
</tr>
<tr>
<td>Magazine</td>
<td>$380</td>
<td>51</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>82</td>
<td>105</td>
</tr>
<tr>
<td>Projects</td>
<td>$27.1*</td>
<td>487 **</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,993</td>
<td>784</td>
</tr>
</tbody>
</table>

*Note*

- Core Funding $117K
- Other Funding $22K
- NDAC $132K (including funding for the project by FAHCSIA and for the NATSIPUDS project by the Department of Health and Ageing)

** Note**

- These funds are committed funds to contracted projects

The total ANCD group has an aggregate cash balance of $2.750M at 30 June 2013.

Ian Minnett
Trustee
The Salvation Army

Finance
142 Elizabeth Street, Sydney NSW 2000 (PO Box AK153, Sydney South NSW 1356)
T: 02 9254 1711 F: 02 9260 4189
salva.org.au

W: Don Bush, President, Linda Bond, Director
# Australian National Council on Drugs

**Secretariat**

Statement of Financial Performance

for the year ended 30 June 2013

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revenue from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Funding</td>
<td>1,190,000</td>
<td>1,199,999</td>
</tr>
<tr>
<td>Interest Received</td>
<td>10,625</td>
<td>12,576</td>
</tr>
<tr>
<td>Other Income</td>
<td>1,560</td>
<td>1,362</td>
</tr>
<tr>
<td>Insurance Refunds</td>
<td>3,066</td>
<td>-</td>
</tr>
<tr>
<td><strong>Revenues from Ordinary Activities</strong></td>
<td>1,214,151</td>
<td>1,213,337</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>3,121</td>
<td>10,593</td>
</tr>
<tr>
<td>Domestic</td>
<td>5,397</td>
<td>5,945</td>
</tr>
<tr>
<td>Maintenance</td>
<td>1,494</td>
<td>2,110</td>
</tr>
<tr>
<td>Minor Purchases</td>
<td>2,512</td>
<td>1,234</td>
</tr>
<tr>
<td>Utilities</td>
<td>29,106</td>
<td>26,508</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>18,480</td>
<td>13,888</td>
</tr>
<tr>
<td>Employees Salaries</td>
<td>509,783</td>
<td>491,350</td>
</tr>
<tr>
<td>Payroll Overtime</td>
<td>67,157</td>
<td>67,963</td>
</tr>
<tr>
<td>Administration</td>
<td>134,707</td>
<td>120,904</td>
</tr>
<tr>
<td>Meeting Costs</td>
<td>200,352</td>
<td>271,617</td>
</tr>
<tr>
<td>Insurance</td>
<td>2,399</td>
<td>1,160</td>
</tr>
<tr>
<td>Transfer to ANCD projects</td>
<td>65,000</td>
<td>120,000</td>
</tr>
<tr>
<td>Other Property Costs</td>
<td>86,843</td>
<td>85,766</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td>1,235,391</td>
<td>1,236,081</td>
</tr>
<tr>
<td><strong>SURPLUS / (DEFICIT)</strong></td>
<td>(22,240)</td>
<td>(25,154)</td>
</tr>
<tr>
<td>Description</td>
<td>2013</td>
<td>2012</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Balance</td>
<td>1,957,773</td>
<td>2,263,202</td>
</tr>
<tr>
<td>Debtors</td>
<td>3,000</td>
<td>3,000</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>1,960,773</td>
<td>2,263,202</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computers</td>
<td>2,434</td>
<td>1,315</td>
</tr>
<tr>
<td>Leasehold Improvement</td>
<td>-</td>
<td>2,555</td>
</tr>
<tr>
<td><strong>Total Non-current Assets</strong></td>
<td>2,434</td>
<td>3,870</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>1,963,207</td>
<td>2,657,172</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
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<tr>
<td>Creditors</td>
<td>1,785,038</td>
<td>3,117</td>
</tr>
<tr>
<td>HR Provisions</td>
<td>96,268</td>
<td>108,745</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>1,881,306</td>
<td>111,862</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for Long Service Leave</td>
<td>57,798</td>
<td>50,977</td>
</tr>
<tr>
<td><strong>Total Non-current Liabilities</strong></td>
<td>57,798</td>
<td>50,977</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>1,886,104</td>
<td>112,839</td>
</tr>
<tr>
<td><strong>NET ASSETS / (LIABILITIES)</strong></td>
<td>74,103</td>
<td>66,333</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds Surplus / (Deficit)</td>
<td>74,103</td>
<td>96,333</td>
</tr>
<tr>
<td><strong>TOTAL ACCUMULATED FUNDS SURPLUS/ (DEFICIT)</strong></td>
<td>74,103</td>
<td>96,333</td>
</tr>
</tbody>
</table>

**Note:**
* The accumulated surplus as at 30 June 2013 is committed to ANCD projects.
## Australian National Council on Drugs
### Projects
#### Statement of Financial Performance
for the year ended 30 June 2013

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding and Interest</td>
<td>414,575</td>
<td>558,137</td>
</tr>
<tr>
<td>Revenues from Ordinary Activities</td>
<td>414,575</td>
<td>559,137</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Costs, Interest Paid &amp; Other Expenses</td>
<td>518,892</td>
<td>396,023</td>
</tr>
<tr>
<td>Expenses from Ordinary Activities</td>
<td>518,892</td>
<td>396,023</td>
</tr>
<tr>
<td><strong>SURPLUS / (DEFICIT)</strong></td>
<td>(104,317)</td>
<td>100,114</td>
</tr>
</tbody>
</table>

**Note:**
* Includes one off and new projects (NATSIPDS, Pilot Campaign and other Projects)
** Includes expenses from projects funded in previous financial years.
The Salvation Army
Australia Eastern Territory

Australian National Council on Drugs
Projects
Statement of Financial Position
as at 30 June 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Balance</td>
<td>460,845***</td>
<td>550,585</td>
</tr>
<tr>
<td>Debtors</td>
<td>-</td>
<td>4,432</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>460,845</td>
<td>564,027</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Non-current Assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>460,845</td>
<td>564,027</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>1,639</td>
<td>504</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>1,639</td>
<td>504</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>1,639</td>
<td>504</td>
</tr>
<tr>
<td>NET ASSETS / (LIABILITIES)</td>
<td>439,206</td>
<td>563,523</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds Surplus / (Deficit)</td>
<td>439,206</td>
<td>563,523</td>
</tr>
<tr>
<td>TOTAL ACCUMULATED FUNDS SURPLUS / (DEFICIT)</td>
<td>439,206</td>
<td>563,523</td>
</tr>
</tbody>
</table>

Note:
*** The current year cash balance forms part of the committed funds.
## Australian National Council on Drugs
### Asia-Pacific Committee
#### Statement of Financial Performance
for the year ended 30 June 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revenue from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Funding</td>
<td>62,326</td>
<td>62,950</td>
</tr>
<tr>
<td>Interest Received</td>
<td>2,034</td>
<td>2,195</td>
</tr>
<tr>
<td><strong>Revenues from Ordinary Activities</strong></td>
<td>64,360</td>
<td>65,155</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>515</td>
<td>300</td>
</tr>
<tr>
<td>Administration</td>
<td>26,777</td>
<td>11,651</td>
</tr>
<tr>
<td>Insurance</td>
<td>97</td>
<td>64</td>
</tr>
<tr>
<td>Transfer to Asia Pacific Project</td>
<td>5,622</td>
<td>34,000</td>
</tr>
<tr>
<td>Others</td>
<td>16,071</td>
<td>5,697</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td>49,082</td>
<td>51,612</td>
</tr>
<tr>
<td><strong>SURPLUS / (DEFICIT)</strong></td>
<td>15,280</td>
<td>13,243</td>
</tr>
</tbody>
</table>
### Australian National Council on Drugs
#### Asia-Pacific Committee
#### Statement of Financial Position
as at 30 June 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Balance</td>
<td>66,493</td>
<td>51,213</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>66,493</td>
<td>51,213</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>66,493</td>
<td>51,213</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Non Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NET ASSETS / (LIABILITIES)</strong></td>
<td>66,493</td>
<td>51,213</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds Surplus / (Deficit)</td>
<td>66,493</td>
<td>*</td>
</tr>
<tr>
<td><strong>TOTAL ACCUMULATED FUNDS SURPLUS / (DEFICIT)</strong></td>
<td>66,493</td>
<td>51,213</td>
</tr>
</tbody>
</table>

**Note:**
* The Accumulated Surplus of $66,493 as at the 30 June 2013 is committed to The Asia Pacific Committee Project.
### Australian National Council on Drugs
**Net Indigenous Drug & Alcohol Committee**

**Statement of Financial Performance**

for the year ended 30 June 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Funding</td>
<td>$190,000</td>
<td>$190,000</td>
</tr>
<tr>
<td>Interest Received</td>
<td>$1,577</td>
<td>$4,235</td>
</tr>
<tr>
<td>Transfer from NIDAC Project</td>
<td>$7,674</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenues from Ordinary Activities</strong></td>
<td>$199,251</td>
<td>$194,235</td>
</tr>
</tbody>
</table>

| **Expenses from Ordinary Activities** |       |       |
| Utilities                          | $626  | $1,587 |
| Motor Vehicles                     | -     | $45   |
| Employees Salaries                 | $66,001 | $92,358 |
| Payroll Oncost                     | $21,468 | $12,514 |
| Administration                     | $44,255 | $66,410 |
| Insurance                          | $379   | $133  |
| Project Costs                      | -     | $100,000 |
| Others                             | $39,917 | $31,427 |
| **Total Expenses from Ordinary Activities** | $163,546 | $253,523 |

**SURPLUS / (DEFICIT)**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURPLUS</strong></td>
<td>$35,705</td>
<td>$69,289</td>
</tr>
</tbody>
</table>

KPMG
### Australian National Council on Drugs
### Nat Indigenous Drug & Alcohol Committee
### Statement of Financial Position
### as at 30 June 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Balance</td>
<td>77,200</td>
<td>29,468</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>77,200</td>
<td>29,468</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>77,200</td>
<td>29,468</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditore</td>
<td>1,702</td>
<td>-</td>
</tr>
<tr>
<td>HR Provisions</td>
<td>13,061</td>
<td>11,464</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>14,763</td>
<td>11,464</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for Long Service Leave</td>
<td>11,054</td>
<td>2,375</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>11,054</td>
<td>2,375</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>25,227</td>
<td>13,839</td>
</tr>
<tr>
<td><strong>NET ASSETS / (LIABILITIES)</strong></td>
<td>51,334</td>
<td>15,629</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds Surplus / (Deficit)</td>
<td>51,334</td>
<td>15,629</td>
</tr>
<tr>
<td><strong>TOTAL ACCUMULATED FUNDS SURPLUS / (DEFICIT)</strong></td>
<td>51,334</td>
<td>15,629</td>
</tr>
</tbody>
</table>

**Note:**
* The accumulated surplus of $51,334 as at 30 June 2013 is committed to the NDAC project.*
Australian National Council on Drugs
Of Substance (Magazine)
Statement of Financial Performance
for the year ended 30 June 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Funding</td>
<td>330,000</td>
<td>333,015</td>
</tr>
<tr>
<td>Interest Received</td>
<td>2,864</td>
<td>3,382</td>
</tr>
<tr>
<td>Other Income</td>
<td>1,200</td>
<td>1,608</td>
</tr>
<tr>
<td><strong>Revenues from Ordinary Activities:</strong></td>
<td>384,064</td>
<td>358,005</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Paid</td>
<td>-</td>
<td>29</td>
</tr>
<tr>
<td>Depreciation</td>
<td>157</td>
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</tr>
<tr>
<td>Minor Purchases</td>
<td>17,918</td>
<td>21,643</td>
</tr>
<tr>
<td>Utilities</td>
<td>4,689</td>
<td>1,513</td>
</tr>
<tr>
<td>Employees Salaries</td>
<td>125,635</td>
<td>126,103</td>
</tr>
<tr>
<td>Payroll Oncost</td>
<td>23,015</td>
<td>18,737</td>
</tr>
<tr>
<td>Cost of Goods Sold</td>
<td>133,739</td>
<td>117,392</td>
</tr>
<tr>
<td>Administration</td>
<td>14,648</td>
<td>22,454</td>
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<tr>
<td>Insurance</td>
<td>743</td>
<td>365</td>
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<tr>
<td>Audit Fee</td>
<td>2,031</td>
<td>5,862</td>
</tr>
<tr>
<td>Other Property Costs</td>
<td>19,022</td>
<td>16,024</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities:</strong></td>
<td>351,357</td>
<td>331,742</td>
</tr>
<tr>
<td><strong>SURPLUS / (DEFICIT)</strong></td>
<td>32,707</td>
<td>26,263</td>
</tr>
</tbody>
</table>

Note:
*Includes costs for external evaluation*
### Australian National Council on Drugs
#### Of Substance (Magazine)
#### Statement of Financial Position
as at 30 June 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Balance</td>
<td>130,577</td>
<td>89,576</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>130,577</td>
<td>89,576</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computers</td>
<td>1,379</td>
<td>-</td>
</tr>
<tr>
<td>Total Non-current Assets</td>
<td>1,379</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>131,956</td>
<td>89,576</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credits</td>
<td>3,061</td>
<td>629</td>
</tr>
<tr>
<td>HR Provisions</td>
<td>14,651</td>
<td>12,392</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>17,712</td>
<td>13,021</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for Long Service Leave</td>
<td>7,525</td>
<td>2,945</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>7,525</td>
<td>2,945</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>25,637</td>
<td>15,096</td>
</tr>
<tr>
<td><strong>NET ASSETS / (LIABILITIES)</strong></td>
<td>106,319</td>
<td>73,512</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds Surplus / (Deficit)</td>
<td>106,319</td>
<td>****</td>
</tr>
<tr>
<td><strong>TOTAL ACCUMULATED FUNDS SURPLUS / (DEFICIT)</strong></td>
<td>106,319</td>
<td>73,512</td>
</tr>
</tbody>
</table>

**Note:**

**"** The accumulated surplus of $106,319 as at 30 June 2013 is committed to the Substance (Magazine) project.
Mr Gino Vumbaca
Executive Director | ANCD Secretariat

Mr Vumbaca has extensive experience in the HIV/AIDS and drug and alcohol fields both in Australia and internationally. He is a Churchill Fellow, has completed a Social Work degree and a Master of Business Administration at the University of Sydney, and is a qualified Company Director. He has worked as the Manager of HIV/AIDS and related services with the New South Wales Department of Corrective Services, and in a variety of drug and alcohol centres as a counsellor. Mr Vumbaca assisted in the implementation of Australia’s first needle and syringe program and was responsible for co-ordinating the establishment of the New South Wales network of needle and syringe exchange programs. Mr Vumbaca also oversaw the introduction of Australia’s first condom distribution program in prisons in New South Wales.

Mr Vumbaca also continues to provide advice on prisons, HIV and drug issues for international organisations such as the United Nations and World Health Organisation.

Ms Denise Gilchrist
Manager | ANCD Secretariat
Executive Officer | NIDAC Secretariat

Ms Gilchrist commenced working with the ANCD in 2006 and with NIDAC in 2009. Ms Gilchrist has worked for the past thirty-two years in the alcohol and other drug and mental health sectors at both government and non-government levels. She has worked in a number of roles, including that of Director at a non-government drug and alcohol facility in Darwin, in areas of acute and forensic mental health as a psychiatric nurse, as well as a senior policy and project officer with the Northern Territory Department of Health and Community Services.

Ms Gilchrist has a particular interest in residential drug and alcohol treatment services including the Therapeutic Community model of treatment, Indigenous alcohol and other drug issues and workforce development issues. Ms Gilchrist has completed a Bachelor of Nursing Degree, a Master of Mental Health and a Diploma in Business Management.
Ms Tess McLachlan
Senior Policy and Project Officer | ANCD Secretariat

Tess has worked in drug and alcohol policy for the last thirteen years in government, non-government, private sector and consultancy capacities. She rejoined the Secretariat Team in May 2012 as the Senior Policy and Project Officer to continue her contribution in this challenging public health policy space. She has a Bachelor of Arts degree in Policy Studies from the Australian National University, where she majored in Australian Politics, Sociology and History.

Ms Julie O’Donnell
Project Officer | ANCD Secretariat

Ms O’Donnell joined the Secretariat in September 2006. She holds a Bachelor of Arts, majoring in Law. Julie has had an extensive career in administration and management, having worked in both the private and public sector for twenty years prior to starting at the ANCD.

Ms Michele Hawkins
Policy and Project Officer | ANCD Secretariat

Ms Hawkins came to the ANCD in May 2012 with a diverse background. Her university training is in Biological Anthropology and life sciences, and most of her research work has been into the taxonomy of some African monkeys and in language acquisition in Bonobos’ (one of the five remaining species of great apes). Prior to joining the ANCD she worked for some years in the field of dementia, having had an early career in nursing.

Dr Mary Walker
Research Officer | ANCD Secretariat

Dr Walker joined the ANCD Secretariat in November 2011. Previously, she worked as a teacher and research assistant at a number of universities. She has a Bachelor of Arts with Honours from the University of Sydney, and a PhD in philosophy, which focused on identity, from Macquarie University. She has had an interest in the alcohol and other drugs field for many years.
Ms Edith Graham
Financial Controller Officer | ANCD Secretariat

Ms Graham joined the Secretariat in November 2006. She has an extensive banking and financial background, having worked in the industry for fifteen years prior to joining the ANCD. She has a Bachelor of Business Administration, majoring in Economics and Marketing.

Ms Gabrielle Gillmer
Administration Officer | ANCD Secretariat

Ms Gillmer joined the ANCD Secretariat in February 2012, having previous administrative and extensive customer service experience in the private sector. She has also tutored first year Indigenous undergraduates for the Tjabal Centre at the ANU, and held a position as a Senior Ambassador for the Regional Ambassador Program at the ANU Student Equity department.

She holds a Bachelor of Arts, majoring in Classics and Archaeology from the ANU and is currently completing Honours (Latin) for the Bachelor of Classical Studies.