This annual report was prepared by the ANCD Secretariat.

It is available only in electronic format on the ANCD’s web site.

Australian National Council on Drugs
PO Box 205
Civic Square ACT 2608

Phone: 02 6166 9600
Fax: 02 6162 2611
Email: ancd@ancd.org.au
Web site: www.ancd.org.au
Contents

1 Message from the Prime Minister
2 Chairman’s Report
3 Executive Director’s Report
4 ANCD Membership and Term
4 ANCD Current Members
15 Advisory Structures for the National Drug Strategy
16 Introduction
16 Role of the ANCD
18 Terms of Reference 2011–2014
19 ANCD Work Plan
24 ANCD Commissioned Research and Project Work
29 Representations on Other Committees
31 Forums and Meetings in 2011–12
32 Publications
36 Asia-Pacific Drug Issues Committee (APDIC)
45 National Indigenous Drug and Alcohol Committee
55 National AOD Research Magazine – Of Substance
60 Financial Reports
73 ANCD Secretariat
76 Acronyms
Many Australian families and communities are affected by the harms caused by the misuse of alcohol and other drugs. That is why the work of the principal advisory body to the Government on issues surrounding legal and illegal drugs, the Australian National Council on Drugs (ANCD), is so important.

The ANCD has worked to represent the views of the broader Australian community and the alcohol and other drugs sector in its advice to Government since its establishment in 1998.

2011-12 has been another successful year for the ANCD across a broad agenda which has included injecting drug use among Aboriginal and Torres Strait Islander peoples, fetal alcohol spectrum disorder and treatments for opioid dependence. The ANCD continues to contribute to the policy making of the Government from a whole-of-society perspective.

I thank the ANCD and its members, past and present, for their valuable contribution in tackling the issues associated with drug and alcohol misuse and I look forward to their continued advice.

The Honourable Julia Gillard
Prime Minister of Australia
Chairman’s Report

I am very pleased to provide my seventh report as Chairman of the principal advisory body to Government on alcohol and other drug issues.

It has been another year of rewarding work advocating and collaborating with a range of individuals and organisations who are likewise committed to addressing the harms associated with alcohol and other drug misuse. The collective commitment continues to inspire me.

I am indebted to the talented and energetic members of the Council and its expert Committees who diligently apply their expertise in reviewing and exploring a wide range of evidence across health, law enforcement, education, employment, and international matters. We have continued to apply this expertise in advising on a range of drug and alcohol issues that are often complex and at times difficult to address.

This unique expertise informed the recommendations released this year by the National Indigenous Drug and Alcohol Committee to address Fetal Alcohol Spectrum Disorder, who also continued to give voice to Indigenous-specific substance abuse issues through hosting a second successful National Conference.

In addition, it has been rewarding to see the contributions of the Asia-Pacific Drug Issues Committee recognised and adopted in the region. This Committee has been instrumental in the growth of the Pacific Drug and Alcohol Research Network and exporting successful Australian models of drug prevention, treatment, and harm reduction, particularly as it relates to HIV, throughout the Asia-Pacific Region. It was this reputation that saw the Council host the address by the United Nations Goodwill Ambassador, Christopher Kennedy Lawford, at the National Press Club this year, in which he shared his journey through recovery from substance abuse and beliefs about effective treatment models.

Throughout the year, we have been fortunate to have continued access to and support from the Gillard Ministry and Ministers and parliamentarians from across the political spectrum as well as the Federal bureaucracy. I continue to be encouraged by their interest in the emerging evidence and issues facing the drug and alcohol sector, and I particularly commend the Australian Government’s courage and success in delivering further reforms on tobacco control through plain packaging of cigarettes.

I am grateful for the continual dedication, enthusiasm and professionalism of our Executive Director Gino Vumbaca and the Secretariat Team in supporting and progressing the work of the Council. I also acknowledge the tireless contributions of the Staff and Management of the Of Substance Magazine, who assist the Council in its role of building the capacity of the Sector and educating the wider community on drug and alcohol issues, and last, but not least, to the Salvation Army for supporting and enabling our effective administration.

Dr John Herron
Chairman
Executive Director’s Report

As is always the case the last 12 months has been very active for the ANCD.

The focus of the ANCD in the past 12 months has been on ensuring Australia remains at the forefront of policy and programs to address substance use.

This has meant a lot of work on developing policy advice on a range of drug and alcohol related matters that affect communities and people working and utilizing the system. It has also included a lot of attention on prison-related issues and in particular a real focus on promoting the concept of Justice Reinvestment as a framework needed in Australia. The increasing pressure on drug and alcohol services budgets in the face of increasing and changing demands has also been an area of concern for the ANCD.

Continually informing and educating the public on the complex range of drug and alcohol issues is a constant area of work for the ANCD. The changing nature and patterns of drug use obligate such attention.

The work of the ANCD’s National Indigenous Drug and Alcohol Committee (NIDAC) and Asia-Pacific Drug Issues Committee (APDIC) has also meant the ANCD has made some significant inroads into addressing some of the issues affecting Aboriginal and Torres Strait Islander communities and countries in our Region. The contributions to alcohol related issues, such as fetal alcohol spectrum disorder by NIDAC and the contributions to addressing compulsory treatment centres and HIV transmission amongst drug users in the Asia-Pacific Region by APDIC cannot be underestimated.

The continued success and growth of the Of Substance Magazine resources and initiatives, as evidenced by its recent evaluation, is a reflection on the work and efforts of its Board and Editorial Reference Group members.

All of these achievements remain possible because of the leadership and guidance of the ANCD Chairman, Dr John Herron, the ANCD Executive and the ANCD members. I thank them for the continued support of me and the ANCD Secretariat team.

There are too many to individuals to thank across the many sectors the ANCD deals with but their ongoing support and assistance is deeply appreciated. The ongoing relationships and assistance from people within the Prime Minister’s Office and Department, as well as many Ministerial offices and Departments, especially the Department of Health and Ageing staff, are particularly appreciated.

I would like to especially thank all the ANCD Secretariat staff and the Of Substance staff for their efforts. I would also like to acknowledge the high level of support provided by our financial auspicing body – the Salvation Army (NSW Property Trust).

Gino Vumbaca
Executive Director
ANCD Membership and Term

The Prime Minister is responsible for appointing all members to the Australian National Council on Drugs. The Council is currently in its fifth term of membership and this report lists the current members appointed from 2011 to 2014. Each member serves a term of up to three years, though some have served more than one term of membership. The member’s term/s of membership is indicated after their name.

The membership of the ANCD includes individuals with a wide range of experience and expertise on various aspects of drug policy such as treatment, medicine, research, rehabilitation, law enforcement, Indigenous health, local government, education, mental health, consumers, and the magistracy.

ANCD Current Members

Executive Members

Dr John Herron
(2006–present)

Chairman of the Australian National Council on Drugs

Dr Herron was appointed Chairman of the Australian National Council on Drugs on 21 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 30 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 he 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 AMA (QLD), the Justin Fleming Medal of the Australian Association of Surgeons, 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.

He 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. 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. Professor Ali is a member of the WHO 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 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.

She was formerly Chair of the Multiple and Complex Needs Panel, a statutory body in Victoria, and currently serves on various alcohol and drug-related boards and policy advisory groups, including the Advisory Group to the Drug Policy Modelling Programme. She is also a member of the Prime Minister’s Council on Homelessness and the Vice President of the Cancer Council Victoria. She is a member of the VicHealth Board and has strong links with many alcohol and other drug organizations, 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. She 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, WHOS (We Help Ourselves) Residential Therapeutic Programs*  
*Drug and Alcohol Dependence; Board Member and Past President of Australasian Therapeutic Communities Association (ATCA); President, International Federation of Non Government Organisations (IFNGO).*  

Mr Popple has been working in AOD management roles since 1986 and in honorary committee and board positions in the non-profit sector since 1981. He has been primarily focused on the Therapeutic Community (TC) movement for most of his career, including working with TCs 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.  

Mr Popple is the Executive Director of We Help Ourselves (WHOS) which operates six residential TCs within NSW and Qld. WHOS provides other services, such as Aftercare and HIV/Infectious Disease Education Services. His honorary appointments are of particular interest to Mr Popple as their focus is on the non-government sector, nationally and internationally.  

Mr Popple was made an Honorary Fellow of the University of Western Sydney in recognition of his ‘Services to the Community’. In 2007 he received a National Honour Roll Award for persons who have made a significant contribution, over a considerable time period, to the Drug and Alcohol field. He has been a board member and associate of the Network of Alcohol and other Drug Agencies NSW (NADA), the World Federation of Therapeutic Communities (WFTC), the International Council of Alcohol and Addictions (ICAA), and various international and national Expert Advisory Committees.  

**Other Current Members**  

Ms Donna Ah Chee  
(2011–2014)  

Ms Donna Ah Chee is a Bundjalung woman from the far north coast of NSW. She lived in Alice Springs for over 20 years, during which time she served as the Deputy Chief Executive Officer of Central Australian Aboriginal Congress for 11 years. She then moved to Canberra to take on the role of Chief Executive Officer with the National Aboriginal Community Controlled Health Organisation (NACCHO) from May 2011 until May 2012.  

Ms Ah Chee has been involved in the Aboriginal Medical Services Alliance Northern Territory and, at the national level, with NACCHO for many years. She has served on many Northern Territory and national bodies, such as the National Indigenous Drug and Alcohol Committee (NIDAC).
Professor Steve Allsop  
(2011–2014)  
Professor and Director, National Drug Research Institute, Curtin University

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, W.A., and the Drug and Alcohol Services Council, S.A. He is currently Deputy Chair of the Board of the Drug and Alcohol Office.

Professor Jon Currie  
(2011–2014)  
Director, Addiction Medicine, St Vincent’s Hospital, Melbourne

Professor Jon Currie is a neurologist and an addiction medicine specialist, and is Director of Addiction Medicine and Translational Neurobiology at St Vincent’s Hospital, Melbourne. Professor Currie has particular expertise in the neurobiology of addiction, the acute and chronic effects of alcohol and other drugs on brain function, and the translation of basic neuroscience and neurobiological research into new and effective clinical treatments for addiction.

He has been a member of both the Health and the Research Committees within the National Health and Medical Research Council (NHMRC), and has been Chair of the Victorian Drug and Alcohol Prevention Council, and of the expert Working Committee that reviewed the NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol.

Ms Carrie Fowlie  
(2011–2014)  
Executive Officer, Alcohol Tobacco and Other Drug Association ACT (ATODA)

Ms Fowlie 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 ACT alcohol, tobacco and other drug sector peak body, ATODA, for which she is now the Executive Officer.

Among other appointments, she is currently a member of the Alcohol and other Drugs Council of Australia Board, the Centre for Youth
Substance Abuse Research Advisory Board, and Chair of the Implementing Expanded Naloxone Availability in the ACT (I-ENA ACT) Committee. She has also held several ACT 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 ACT Outstanding Contributions to Young People Award.

She 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. Margaret 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 20 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. She is on the Victorian Drug and Alcohol Strategy Expert Advisory Group.

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

Nick Heath was appointed General Manager of the Hobart City Council in November 2008.

Prior to that, Nick was the Deputy General Manager, Director Strategy and Governance at the Hobart City Council, responsible for the Council’s legal, economic development, strategic planning, risk management, and continuous improvement portfolios.

Nick is a qualified lawyer and has had 24 years experience working in local government.

Nick is Chairman of the National Local Government Drug and 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 teenage sons.
Ms Annie Madden  
(2011–2014)  
*Executive Officer, Australian Injecting and Illicit Drug Users League (AIVL)*

Annie Madden is currently the Executive Officer of the Australian Injecting and Illicit Drug Users League (AIVL), 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 (NUAA) for six years. She has an honours degree in social and political sciences. She is on numerous national, Commonwealth Government and research committees, including the recently appointed Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C. She has been working in the areas of illicit drug use, HIV/AIDS and hepatitis for over 12 years, has been an injecting drug user for over 17 years and has been on methadone for the past 10 years.

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

Police Commissioner Karl O’Callaghan’s academic studies have focused on police reform, culture and ethics. He holds a PhD, Bachelor of Education and Bachelor of Arts (Education) and in 1997 was awarded a Churchill Fellowship. This allowed him to complete an international study of the development of ethics and professional standards education in police services.

Prior to his appointment as Commissioner in 2004, Mr. O’Callaghan ran operational police districts in both metropolitan and country areas and currently is transitioning the WA Police through a large-scale cultural reform process. Improving customer service at all levels, developing aspirant female leaders within the Police and building stronger relationships with stakeholders and the community, are all major priorities for him.

Commissioner O’Callaghan is a regular keynote speaker at local, national and international conferences that promote the agenda of police at all levels, along with sitting on the board of a number of private sector and not-for-profit organisations, including the Asthma Foundation and Youth Focus WA.
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. Frank was previously the Executive Director of Catholic Social Services Australia, a peak national body for social services in Australia with 69 member 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, and having held senior positions at 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. He was recently appointed to the Australian Government’s Not-for-Profit Sector Reform Council.

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 has published and contributed to a number of papers and has been quoted widely in the media on a range of social issues.

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 AOD sector so that it can reduce the vulnerability of children whose parents have a substance-dependence.
Assistant Commissioner Julian Slater  
(2011–2014)  
*National Manager Forensic and Data Centres, Australian Federal Police*

Assistant Commissioner Slater joined the Australian Federal Police (AFP) in 1984 and has gained experience across a range of policing activities. Over his 26 years with the organisation he has worked extensively in forensic operations as well as in general duties policing, human resource management, business analysis, and dignitary protection.

Assistant Commissioner Slater was promoted to Assistant Commissioner in March 2010 and appointed to the role of National Manager Forensic and Data Centres. This position is responsible for the delivery of the AFP’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 South East Asia and the Pacific. He was responsible for the development of the AFP’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 AFP forensic and disaster victim identification (DVI) responses to the Bali bombings for which he was awarded the Medal of the Order of Australia (OAM). 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 AFP’s DVI commander between 2003 and 2006 and the Chair of the Australasian DVI Committee and member of the Interpol DVI 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. She 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, Sheree 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
(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 14 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 December 2001. He joined the Attorney General’s Department in October 2009.

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 16 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 Gallet has a breadth of experience in senior management positions within the public and community services sectors. She established The Salvation Army Employment Plus and as the founding Chief Executive Officer, was responsible for creating and building this enterprise from a zero base to the largest community provider of employment services under the Government’s Job Network umbrella.

She has been a key policy influencer in the area of social reform and employment services and participated on a number of senior government committees and forums, including the Welfare Reform Consultative Forum (2001–2003), established by the Minister for Employment and Workplace Relations and the Minister for Family and Community Services to provide advice to government on welfare reform initiatives. She was also a member of the Centrelink Community Reference Group from 2004–2006.

Wilma now works as a social policy consultant in a range of areas, including suicide prevention, homelessness, employment services, and family services. She has also authored numerous reports, including Finding my Place: The struggles of homeless young people, Perceptions of Poverty: An insight into the nature and impact of poverty, and Turning off the Tap: an evidence-based approach to prevention and early intervention in homelessness.

I commend the Australian National Council on Drugs for its continuing work to support the Government, under the National Drug Strategy, to minimise harms associated with the misuse of alcohol and other drugs.

The diverse expertise and experience of Council members provides valuable insights into current and emerging drug and alcohol issues. Importantly, ongoing communication between the Council and practitioners, individuals, families and the broader community means the advice provided to Government is informed and meaningful.

As the Government continues to deliver on its commitment to improve Australians' health through prevention, for example through the next stages of tobacco packaging reform and the National Binge Drinking Strategy, the role of the ANCD will become increasingly forward looking.

Early advice from the ANCD and others will continue to play an important role in managing potential harms caused by emerging psychoactive drugs.

The establishment of the National Mental Health Commission in January 2012 also provides the Council with an opportunity to identify key interdependencies between drug and alcohol and mental health policy settings, which will in turn enhance our service systems.

I look forward to working with the ANCD on many complex and important matters over the coming year and into the future.

Mark Butler MP
Minister for Mental Health and Ageing, Minister for Social Inclusion
I would like to acknowledge the contribution made by the ANCD as one of the principal advisory bodies to the Australian Government on drug policy. The independent and strategic advice and direction provided by the ANCD supports the Government's commitment to reducing the harms caused by licit and illicit drug use.

As the Minister for Home Affairs and Justice, I have ministerial responsibility for the Commonwealth's key law enforcement agencies: the Australian Federal Police, Australian Customs and Border Protection Agency and the Australian Crime Commission. As the work of these agencies shows, the patterns of drug use in society are never static, and the ANCD, with its diverse and expert membership, continues to provide research and advice that helps Australian law enforcement to adapt to the evolving challenges created by the supply of and demand for illicit drugs.

The ANCD also made valuable recommendations which the Intergovernmental Committee on Drugs (IGCD) has adopted to optimise its Annual Stakeholder Forum. This has increased the opportunities for stakeholders from the drug and alcohol sector including service providers, local government, law enforcement, peak bodies and research organisations to discuss issues, priorities and actions for the implementation of the National Drug Strategy 2010-2015.

I would also particularly like to acknowledge the ANCD's continued support to the Pacific Drug and Alcohol Research Network (PDARN). Our neighbours in the Pacific are the focus of many aspects of Australian policy and capacity building programs. Left unmanaged, drug use and drug related crime have the potential to wreak great damage on a society and undo achievements in health, governance, and law and order.

I would like to congratulate the ANCD and its subcommittees, the Asia-Pacific Drug Issues Committee (APDIC) and the National Indigenous Alcohol and Drug Committee (NIDAC), on their achievements in 2011-2012 and look forward to continuing the partnership to address the challenges in this complex environment.

Jason Clare
Minister for Home Affairs
The Australian National Council on Drugs provides crucial, expert advice on drug and alcohol matters by working in partnership with the community and government sectors.

As the Minister for Families, Community Services and Indigenous Affairs, I would like to make specific mention of the contribution made by the Council’s National Indigenous Drug and Alcohol Committee in providing invaluable advice to the Australian Government on ways to support community led solutions for fighting alcohol and substance abuse in Indigenous communities.

Through the 'Breaking the Cycle of Alcohol and Drug Abuse in Indigenous Communities' initiative, the Government is providing $20 million over three years from 2011-12 to 2013-14 to support new community solutions to fight alcohol and substance abuse in Indigenous communities, including development of alcohol and substance abuse management plans. The Committee is providing expert advice on the development of the Community Alcohol and Substance Plan Toolkit, which will guide the development of the plans. The Committee will continue to play an important advisory role as we strengthen the capacity of Indigenous communities to respond to alcohol and drug abuse issues.

I congratulate the Council on its efforts over the last year and I look forward to continuing to work collaboratively on policies and programs designed to reduce the harmful impact of alcohol and other drugs on individuals, families and communities.

Jenny Macklin MP
Minister for Families, Community Services and Indigenous Affairs
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 1998–99 to 2003–04 and the National Drug Strategy of 2004–2010, provides a framework for a coordinated, 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 national, state, and territory levels across government and non-government sectors and a high level of cooperation among a very broad range of sectors.

In early 2011 the Government announced the implementation of the National Drug Strategy 2010–2015. The ANCD works 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 organizations, prevention, rehabilitation, law enforcement, research, education, and health and social welfare. The cooperation of people within these fields has been, and is, vital to the comprehensiveness of Australia’s policy response to alcohol and other drug (AOD) issues in 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 AOD matters. Throughout the 14 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 AOD-related issues; conducting community consultations; and supporting initiatives to strengthen the AOD sector.

This report outlines the work of the ANCD during the 2011–2012 financial year. 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 of 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 coalface in community organisations.
I congratulate the Australian National Council on Drugs for its ongoing work to make Australians more aware of the dangers of illicit drug use. I would particularly like to acknowledge the dedication of my former colleague, Dr John Herron, the chairman, who has led this organisation now for over six years. I also pay tribute to Mr Gino Vumbaca who has served and supported the Council with such dedication since it was created by the Howard government in 1998.

The Council has also done good work to help bring the levels of smoking in Australia down to record lows and to highlight the harm from excessive consumption of alcohol.

The increasing use of cannabis, however, remains a serious threat particularly given this drug’s strong link to depression and schizophrenia. I am confident the Council will continue to emphasise fighting the insidious risk cannabis poses to the well-being of our society. This is especially so given the increase in cannabis use in 2010. Disturbingly, this increase was reflected across both genders and throughout most age groups.

I wish John and all members of the Council the very best this year as they continue their important work fighting drug abuse in our society.

Tony Abbott
Leader of the Opposition

Recent renewed debate in our community regarding alcohol and drugs should serve as a reminder that these issues are perennial but not static. That changing landscape creates a thirst for information. Drugs and alcohol issues are complex problems which evoke strong emotive responses from our community. This challenging territory for public debate should be well informed, so that the best solutions can be formulated. Since the Australian National Council on Drugs (ANCD) was established by the Howard Government in 1998, it has been a valuable resource for our nation.

The ANCD’s complementary roles in advising governments and educating the public, are an appropriate combination which enhance its performance. The bipartisan support enjoyed by the council is a credit to the professionalism of its members. As we navigate problems such as smoking rates in our indigenous population, ecstasy use by our youth and foetal alcohol spectrum disorders, I am confident that ANCD members will continue to play an important role.

I congratulate all ANCD members for their service and in particular the Chairman, Dr John Herron for his effective leadership.

The Hon Peter Dutton MP
Shadow Minister for Health and Ageing
Terms of reference 2011–2014

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

b) 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.

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

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

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

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

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

h) Work closely with the Inter-governmental 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.

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

j) Develop a three year Work Plan for the Council.

k) Report annually to the Prime Minister on the work of the Council.

I commend the Australian National Council on Drugs (ANCD) for providing expert advice on drug and alcohol policy, and making sure this important issue remains high on the national agenda. The effects of drug use can be devastating for individuals, families and the wider community, and it is an issue that requires a partnership from all levels of government and non-government organisations.

Barry O’Farrell MP
Premier of NSW
ANCD Work Plan

The ANCD recognises that there are many areas of need and concern that require attention to fulfill its vision. 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 by the ANCD. The four broad priorities and their accompanying specific priority areas and activities are:

<table>
<thead>
<tr>
<th>BROAD PRIORITY AREAS</th>
<th>SPECIFIC PRIORITY AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Young people</td>
</tr>
<tr>
<td></td>
<td>People who are unemployed</td>
</tr>
<tr>
<td></td>
<td>Aboriginal and Torres Strait Islander Peoples</td>
</tr>
<tr>
<td></td>
<td>People with complex needs</td>
</tr>
<tr>
<td>Drugs</td>
<td>Alcohol</td>
</tr>
<tr>
<td></td>
<td>Opioids</td>
</tr>
<tr>
<td></td>
<td>Cannabis</td>
</tr>
<tr>
<td></td>
<td>Amphetamine Type Stimulants (ATS)</td>
</tr>
<tr>
<td>System and Services</td>
<td>Research, Information and Evidence</td>
</tr>
<tr>
<td></td>
<td>Accreditation, Funding and Workforce Development</td>
</tr>
<tr>
<td></td>
<td>Screening and Brief Interventions</td>
</tr>
<tr>
<td></td>
<td>Services Integration</td>
</tr>
<tr>
<td></td>
<td>Consumers</td>
</tr>
<tr>
<td>Emerging Trends</td>
<td>New and Emerging Drug Issues</td>
</tr>
<tr>
<td></td>
<td>Families and Children</td>
</tr>
<tr>
<td></td>
<td>Older People</td>
</tr>
<tr>
<td></td>
<td>Technology and E-Health</td>
</tr>
<tr>
<td></td>
<td>Culture, Sexuality and Disability</td>
</tr>
</tbody>
</table>

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 adulthood 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 harms including harm 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.

**Category 2 – Drugs**

The ANCD recognizes the broad range of drugs used in Australia, which include alcohol, tobacco, volatile substances, illicit drugs and pharmaceuticals. It also recognizes 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 polydrug use that occurs for most people.

5. **Alcohol**

Alcohol use has been an area of concern in Australia for many years. Its social, health and economic 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.

6. **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.
7. 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.

8. Amphetamine Type Stimulants (ATS)

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

Category 3 – Systems and Services

The ANCD recognizes the complex nature of services and pathways that need to be provided by the AOD system. It also recognizes that the AOD 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.

9. 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.

10. 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.
11. 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 hospitalizations. 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.

12. 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.

13. 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.

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.

14. 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.

15. 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.

16. 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 a far greater recognition of the problems faced by older people.
17. **Technology and E-Health**

Nearly every sector, including the AOD 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.

18. **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.

---

Alcohol and other drug abuse is a complex issue which requires the efforts of all levels of government in partnership with non-government organisations.

With its experienced membership and work with a wide range of stakeholders, the Australian National Council on Drugs 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 Victorian Coalition Government is also working hard in this area. In June we released *New directions for alcohol and drug treatment services: A roadmap to guide the reform of Victoria’s alcohol and drug treatment services*. Building on this report, work is currently underway on a new Victorian Alcohol and Drug Strategy. This Strategy will focus on decreasing the current rates of alcohol and other drug abuse in Victoria and reducing the amount of harm that they cause in the community, whilst increasing access to treatment options so that people with an alcohol or drug problem can get help when they need it.

I congratulate the Australian National Council on Drugs on its achievements during 2011-2012 and look forward to continuing Victoria’s strong working relationship with the Australian National Council on Drugs in the coming year.

**Ted Baillieu MLA**
Premier of Victoria
ANCD Commissioned Research and Projects

Completed Work

Position Paper: Naltrexone Sustained Release Preparations (Injectible and Implants)

In response to the ongoing debate regarding the use of naltrexone implants to treat opioid dependence, the ANCD developed a position statement, Naltrexone Sustained Release Preparations (Injectible and Implants). The statement includes a brief fact sheet on naltrexone treatments and their use in Australia.

National Drug and Alcohol Awards

The National Drug and Alcohol Awards are a collaborative effort by the Ted Noffs Foundation, the Alcohol and other Drugs Council of Australia, the Australian Drug Foundation, and the Australian National Council on Drugs. The awards aim to encourage, recognise, and celebrate Australian achievements to prevent and reduce alcohol and other drug use and harm.

Awards presented in Melbourne on 22 June 2012 were in the following categories: Prime Minister’s Award for Excellence and Outstanding Contribution in Drug and Alcohol Endeavours; Honour Role; Excellence in Prevention and Community Education; Excellence in Treatment and Support; Excellence in Research; Excellence in Services for Young People; Excellence in Law Enforcement Award; Excellence in Alcohol and Drug Media Reporting; Excellence in School Drug Education; and Excellence in Creating Healthy Sporting Communities.

Supply, Demand and Harm Reduction Strategies in Australian Prisons: An Update

National Drug Research Centre, University of New South Wales

The National Corrections Drug Strategy 2006–2009 provides a framework for a coordinated, integrated approach to addressing drug related issues in Australian correctional facilities and is based on the National Drug Strategy’s harm minimisation approach. One of the six key principles of the Corrections Strategy includes achieving an appropriate balance between supply reduction, demand reduction, and harm reduction.

To gain a current understanding of how these three harm minimisation approaches are being offered in prisons, the ANCD sought a review of the number and proportion of prisoners with a history of problematic alcohol and/or drug use in Australian prisons and the current range and depth of supply, harm and demand reduction alcohol and drug programs and services in prisons across each jurisdiction.

This review is an update on earlier work commissioned 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. The overall objective was to identify gaps in Australian prison supply, demand and harm reduction strategies through collation of data on programs and review of the literature.
I am pleased to congratulate the Australian National Council on Drugs (ANCD) on another year of providing independent, strategic advice and research to government on the many complex issues associated with drug and alcohol use in our society.

The Queensland Government shares the ANCD’s desire to reduce the adverse impact on individuals, their families and the broader community of drug and alcohol problems.

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

Policy responses need to be informed by the most up-to-date evidence about what works best in addressing the impact of substance misuse. We particularly value the input of the ANCD in improving the evidence base about best practice in drug and alcohol treatment.

I look forward to the opportunity to continue the collaborative relationship between the Queensland Government and the ANCD.

Campbell Newman
Premier of Queensland

The Northern Territory Government recognises and supports the continued work of the ANCD in providing high quality advice to assist Government and non Government treatment and support agencies to reduce the harms caused by alcohol and other drug use in the community.

The Northern Territory Government is committed to ensuring health and law enforcement work in partnership together with service providers including non Government organisations and acknowledges the work that has been done by ANCD to date and looks forward to continuing the valuable relationship in an effort to minimise harm associated with the use of alcohol, tobacco and other drugs, through a range of prevention, education, treatment and community action initiatives.

Terry Mills
Chief Minister of the Northern Territory
Work In Progress

Alcohol Action Plan

The ANCD is developing a paper that aims to identify a select number of key issues about alcohol that the ANCD is concerned about and 1-2 actions that would help address each of these issues.

This paper will assist in providing a clear plan of action on how Government can address the key issues.

Alternative Medication Treatment Options for Amphetamine Type Stimulant Users

According to international comparisons carried out by the United Nations Office on Drugs and Crime (UNODC), Australia has the highest rate of illicit amphetamine use among the nine English speaking countries evaluated. The 2010 National Drug Strategy Household Survey estimated that 2.1% of Australians aged 14 years and older had used non-prescription amphetamines in the 12 months prior to the survey, with 7% reporting lifetime use, which is a statistically significant increase from 2007. Also, the latest Drug Use Monitoring in Australia data show that the continuing decline in methamphetamine use since 2004 has ended, with rates of use among police detainees increasing in both 2010 and 2011. Twenty one percent of police detainees in 2011 also tested positive to methamphetamine — up from 16% in 2010 and 13% in 2009 (Drug Use Monitoring in Australia, 2011).

Medication-assisted treatments are effective for a range of 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 the ANCD is looking to address through this project.

Exploration of Additional Funding Sources for Alcohol and Other Drug Non Government Organisations

Alcohol and Other Drug (AOD) non-government organisations (NGOs) 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 they are of a quality standard. Within this context there is a need to find new ways of harnessing capital from other sources from both within government and outside of government to support the provision of AOD services. The ANCD is seeking a review of the options to gain a better understanding of what are available.

Position Paper: Expanding Naloxone Availability

This paper will update the ANCD’s position on naloxone availability that was previously presented in a 2001 position paper. It will provide an overview of the evidence base for expanding availability of naloxone and peer-administration training programs. Recommendations to further the expanded availability of naloxone for the prevention of opioid overdose deaths and injuries in Australia will be included in the paper.
Review of the Literature Regarding the Effectiveness of Residential Treatment Models with Substance Dependency Treatment

The ANCD is aware that the development and promotion of effective treatment for substance-use problems is acknowledged globally as an important issue. In Australia in 2004–05 the cost of substance use was estimated at more than one billion dollars.

Individuals with substance-use problems are not a homogenous group and as such require a variety of treatment opportunities to meet the range of complex needs. Residential treatment has been part of the treatment spectrum in Australia and internationally for more than fifty years, with the earliest formal programs in Australia commencing in the 1970s. There are many models of residential treatment, with the most common being Therapeutic Communities (TCs).

Research has shown that these 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 synthesized in order to establish what it, as a whole, can tell us about the effectiveness of the residential treatment models, including TCs, in substance-dependency treatment. The ANCD wishes to explore for whom, and under what circumstances, are particular residential treatment services and treatment approaches most appropriate.

Accordingly, the ANCD has commissioned a project that reviews the literature regarding the effectiveness of residential treatment models with treatment of substance dependence, including evidence that differentiates specific settings and target groups.

Survey of Secondary School Principals’ Opinions Regarding the Use of Alcohol and Other Drugs in Schools

The ANCD is aware that addressing the use of alcohol and other drugs within the school environment is a fundamental part of reducing the negative impact of alcohol and other drug use in society overall. Research shows that schools can play an integral role in helping our society change the culture associated with alcohol as demonstrated by successful school-based interventions.

Accordingly, the ANCD has commissioned a project to consult 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, that is, among students, the school community, parents, and the broader local community. The project specifically aims to explore the following:

1. School principals’ views of alcohol and other drug use as an issue within secondary schools
2. How and/or whether school principals have the necessary capacity, e.g., resources, and support to address these issues.
Survey: Young People’s Attitudes and Views about Alcohol and Other Drug Issues

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

Consequently, the ANCD has undertaken a project to discover, via way of a specific youth attitudinal survey, the opinion and ideas of young people, 14–25 years of age, regarding these issues, with the aim of the resultant information contributing to the development of policy advice.

The survey was developed in consultation with youth and relevant key stakeholders to ensure that a broad range of youth who may or may not use alcohol, tobacco, and other drugs participate. Interpretation of the survey and adjustments of results will likely be undertaken in consultation with youth and relevant key stakeholders.

I acknowledge the continuing contribution of the Australian National Council on Drugs (ANCD) in the area of national alcohol and other drugs policy.

As an independent peak advisory body, the ANCD provides an avenue by which non-government and community-based organisations working in the drug and alcohol field can raise concerns and issues and contribute to the design and implementation of alcohol and other drug policy at the highest level.

Congratulations to the ANCD on its accomplishments over the 2011–2012 reporting period, and for its ongoing efforts to address the harms from problematic alcohol and drug use in Australia.

The South Australian Government looks forward to working with the ANCD and with other Government, non-government and community-based organisations, to provide evidence-based responses to alcohol and other drug misuse, in keeping with the commitments outlined in the South Australian Alcohol and Other Drugs Strategy 2011–2016.

Jay Weatherill
Premier of South Australia
Representations on Other Committees

Dr John Herron

ANCD Committees
- ANCD Executive (Chair)
- AusAID Illicit Drug Initiative
- National Illicit Drug Campaign Reference Group
- National NGO Treatment Grants Program Reference group
- Pre-curser Working Group
- Asia-Pacific Drug Issues Committee
- Of Substance Board of Management

Associate Professor Robert Ali

ANCD Committees
- ANCD Executive
- Asia-Pacific Drug Issues Committee (Chair)
- National Illicit Drug Campaign Reference Group
- Psychostimulants Expert Reference Group
- Project Reference Group

Professor Margaret Hamilton

ANCD Committees
- ANCD Executive
- Project Reference Group (Chair)
- National Drug Strategy Development Working Group
- National Illicit Drug Campaign Reference Group (Chair)
- National Pharmaceutical Drug Misuse Strategy Expert
- Reference Group
- Commission on Narcotic Drugs – Australia Delegation

Mr. Garth Popple

ANCD Committees
- ANCD Executive
- AusAID Illicit Drug Initiative
- Asia-Pacific Drug Issues Committee
- Expert Reference Group Member – DA-CCP

Associate Professor Ted Wilkes

ANCD Committees
- National Indigenous Drug and Alcohol Committee - Chair
Mr Gino Vumbaca

Secretariat

ANCD Committees

- 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

International Committees

- Pacific Drug and Alcohol Research Network
- Organization of the Families of Asia and the Pacific (OFAP- Macau) Board Member
- United Nations HIV and IDU Reference Group

Ms Denise Gilchrist

Secretariat

ANCD and NIDAC Committees

- National Indigenous Drug and Alcohol Committee
- National Indigenous Drug and Alcohol Conference Committee
- National Alliance for Action on Alcohol

I would like to take this opportunity to congratulate the ANCD on the important contribution the National Indigenous Drug and Alcohol Committee (NIDAC) has made to the work being progressed by New South Wales Health on behalf of the Inter-Governmental Committee on Drugs (IGCD) on a Drug and Alcohol Clinical Care and Prevention (DA-CCP) model. In relation to drug treatment, I understand the NIDAC has played an invaluable role in terms of the development of Aboriginal and Torres Strait Islander specific care packages and further, for supporting the important inclusion of prevention and harm reduction services within the DA-CCP model.

I would also like to acknowledge the depth of expertise on your committee and the ACT’s commitment in continuing to work with the committee to improve outcomes for those experiencing alcohol and other drug problems in our community.

Katy Gallagher MLA
Chief Minister, Australian Capital Territory
Forums and Meetings in 2011–12

Consultation forums

20 September 2011 ................................................................. Brisbane
21 February 2012 ................................................................. Melbourne
26 June 2012 ................................................................. Adelaide

Meetings

2011

5 August .......................................... Executive Meeting ........................................... Canberra
19 September ..................................... Executive Meeting ........................................... Brisbane
20-21 September ............... Council Meeting ........................................... Brisbane
3 September ..................................... Executive Meeting ........................................... Adelaide
4-5 September ...................... Council Meeting ........................................... Adelaide
24 November ...................... Joint ANCD/ADCA Meeting ....................................... Canberra
24 November ...................... Executive Meeting ........................................... Canberra
25 November ...................... Secretariat Steering Committee Meeting ................... Canberra

2012

9 February ...................... Executive Meeting ................................................ Teleconference
20 February ...................... Executive Meeting ........................................... Melbourne
21-22 February ...................... Council Meeting ........................................... Melbourne
16 May ...................... Secretariat Steering Committee Meeting ................. Canberra
16 May ...................... Executive Meeting ........................................... Canberra
22 June ...................... Joint ANCD/ADCA Meeting ....................................... Melbourne
25 June ...................... Executive Meeting ........................................... Adelaide
26-27 June ...................... Council Meeting ........................................... Adelaide

The Western Australian Government supports the important work of the Australian National Council on Drugs, and remains committed to working in collaboration at a national level with the Council to reduce the impact of problems associated with alcohol and other drug (AOD) use in the community.

The ANCD is at the heart of the combined efforts of Government, non-government organisations and the community in tackling the complex issues of AOD use and in striving to meet the objectives of the National Drug Strategy. The depth of knowledge and experience within the membership of the ANCD has ensured that the Council continues to be essential to AOD strategy and policy direction for Australia.

Colin Barnett MLA
Premier of Western Australia
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

| Research paper 1 | Heroin overdose: prevalence, correlates, consequences and interventions |
| Research paper 2 | Structural determinants of youth drug use |
| Research paper 3 | Evidence supporting treatment |
| Research paper 5 | Drug policy: the Australian approach |
| Research paper 6 | Diversion of Aboriginal and Torres Strait Islander youth from juvenile detention |
| Research paper 7 | Dealing with risk: a multidisciplinary study of injecting drug use, hepatitis C and other blood-borne viruses in Australia |
| Research paper 8 | Indigenous drug and alcohol projects: elements of best practice |
| Research paper 9 | Supply, demand and harm reduction strategies in Australian prisons |
| Research paper 10 | Mapping national drug treatment capacity |
| Research paper 11 | Evidence-based answers to cannabis questions: a review of the literature |
| Research paper 12 | Asia-Pacific Region – Situational analysis of illicit drug issues and responses in the Asia-Pacific Region |
| Research paper 13 | Drug Use in the Family – Impact and Implications |
| Research paper 14 | Compulsory Treatment in Australia |
| Research paper 15 | Supporting the families of young people with problematic drug use: investigating support options |
| Research paper 16 | Drug testing in schools: Evidence, impacts and alternatives |
| Research paper 17 | Non-government organisations in the alcohol and other drug sector: Issues and options for sustainability |
| Research paper 18 | Polygon: The many sides to the Australian opioids pharmacotherapy maintenance system |
| Research paper 19 | Modelling pharmacotherapy maintenance in Australia: exploring affordability, availability, accessibility and quality using system dynamics |
| Research paper 20 | Indigenous-specific alcohol and other drug interventions: continuities, changes and areas of greatest need |
| Research paper 21 | Situational analysis of drug and alcohol issues and responses in the Pacific 2008–09 |
| Research paper 22 | Injecting drug use and associated harms among Aboriginal Australians |
The ANCD provides valuable national level strategic guidance which complements the planning processes of the Western Australian Government. The ANCD, consisting of a wide range of experts and representation of the interests of a range of government and non-government organisations, has led to evidence-based, relevant and up-to-date information being available to inform the work undertaken to prevent and reduce alcohol and other drug related harm in Western Australia.

In particular, the strategic leadership shown by ANCD has informed the development of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. This includes the priority placed on implementing an integrated, evidence-based approach to the prevention and reduction of alcohol and other drug related harm and to promote innovation wherever possible.

**Hon Helen Morton MLC**  
Minister for Mental Health, Western Australia

---

### Other reports

<table>
<thead>
<tr>
<th>National report</th>
<th>Rural and regional co-morbidity workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td>National report</td>
<td>Rural and regional alcohol and other drugs consultation forums</td>
</tr>
<tr>
<td>National report</td>
<td>Cannabis: answers to your questions</td>
</tr>
<tr>
<td>National report</td>
<td>NGO Burden of Submission Writing Survey/Report</td>
</tr>
<tr>
<td>National report</td>
<td>Beyond 2008 Regional Report: Australia and New Zealand</td>
</tr>
<tr>
<td>National report</td>
<td>Allocation of Resources to Alcohol, Tobacco and Other Drug Treatment Services: A review of the literature</td>
</tr>
<tr>
<td>National report</td>
<td>Media report – Key principles for the reporting of drug issues</td>
</tr>
<tr>
<td>National report</td>
<td>Cape York Indigenous Issues</td>
</tr>
<tr>
<td><strong>ANCD and NEACA national report</strong></td>
<td>Fetal Alcohol Syndrome National Workshop 2002</td>
</tr>
<tr>
<td><strong>Position paper</strong></td>
<td>Heroin related overdoses</td>
</tr>
<tr>
<td><strong>Position paper</strong></td>
<td>High risk groups and behaviours: A secondary position paper on heroin related overdoses</td>
</tr>
<tr>
<td><strong>Position paper</strong></td>
<td>Naloxone availability: A secondary position paper on heroin related overdoses</td>
</tr>
<tr>
<td><strong>Position paper</strong></td>
<td>Needle and syringe programs</td>
</tr>
<tr>
<td><strong>Position paper</strong></td>
<td>Methamphetamines</td>
</tr>
<tr>
<td><strong>Position paper</strong></td>
<td>Addressing Fetal Alcohol Spectrum Disorder in Australia</td>
</tr>
<tr>
<td><strong>Position paper</strong></td>
<td>Bridges and Barriers: Addressing Indigenous incarceration and health</td>
</tr>
<tr>
<td><strong>Position paper</strong></td>
<td>Addressing harmful alcohol use amongst Indigenous Australians</td>
</tr>
<tr>
<td><strong>Position paper</strong></td>
<td>Locally designed and operated Indigenous community models and practices that address Indigenous alcohol and other drug use</td>
</tr>
<tr>
<td><strong>Updated position statement</strong></td>
<td>Medically Supervised Injecting Centres</td>
</tr>
<tr>
<td><strong>Charter</strong></td>
<td>Alcohol and Other Drugs Charter</td>
</tr>
</tbody>
</table>
I would like to commend the ANCD on its ongoing contribution to alcohol and drug policy development and discussion. The research papers and reports produced by the ANCD are informative and topical, and valuable in informing drugs policy discussion in Australia.

Many Tasmanians are affected by alcohol, tobacco and other drugs use. The Tasmanian Government has put a high priority on tackling the problems associated with the use of alcohol, tobacco and other drugs in our State and has invested significantly in the last few years to improve services, reduce substance misuse and reduce the smoking rates.

A new Tasmanian Drug Strategy, using the National Drug Strategy 2010–2015 as the overarching framework, is in the process of being developed by the Inter Agency Working Group on Drugs on behalf of the Tasmanian Government. This will be achieved in consultation with the Tasmanian community sector organisations which I know have strong ties with the ANCD.

Tasmania looks forward to continuing a strong working relationship with the ANCD in a joint effort to address the many issues associated with the use of alcohol, tobacco and other drugs in the community.

Michelle O’Byrne MP
Minister for Health, Tasmania
The Joint United Nations Programme on HIV and AIDS (UNAIDS) in Asia and the Pacific would like to offer our sincere appreciation to the Australian National Council on Drugs (ANCD) for its on-going collaboration on issues of drug use and HIV towards our ultimate vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

ANCD has played an important role as the Australian Government's principal advisory body on drug and alcohol use since its establishment. For UNAIDS Asia Pacific, addressing the issue of drug use and its links to HIV is central to regional efforts. Recent years have seen bold commitments from the international community on eliminating new HIV infections among people who use drugs.

As a Joint Programme of the UN, joint action for results is at the very heart of all our work and we appreciate the role ANCD has taken up to collaborate and engage with the United Nations (the United Nations Office on Drugs and Crime, the Economic and Social Commission for Asia and the Pacific, the World Health Organization and UNAIDS) in important dialogues, particularly with regards to the issue of the compulsory detention of people who use drugs. Through solid partnership, ANCD and the UN have been able to successfully organise the Asia Regional Consultations on Compulsory Detention of Drug Users (CCDU) in December 2010 with the second to be held later this year. ANCD's flexibility to encourage and broaden UN partnership has been a highly effective strategy for making inroads on this sensitive issue.

The Consultation 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 triggered a desire among countries in the region to continue to have a forum to discuss the sensitive issue of compulsory detention; and to request the UN to develop a regional framework for inter-governmental cooperation. One outcome of particular note is that through the Consultation, the partners have managed to trigger a dynamic whereby Malaysia, which is already transforming its CCDUs into voluntary community based treatment facilities, is able to share their experience and provide opportunities for other countries to consider voluntary treatment. Following the first consultation, several study visits have been organised at the request of countries to see the Malaysian experiment in action. Malaysia will host the second Consultation from 1-3 October 2012, and will further share the results of their evaluation with other countries as well as allow countries from the region to see their programs. These results are remarkable and are helping drive forward this important agenda in this region and prioritize a south-south model of learning.

UNAIDS believes that the December 2010 Regional Consultation has catalysed an impetus for change. Now the partnership of ANCD and the United Nations needs to build on this further. At times action on this issue may seem slow in its coming. However, through on-going, sustained and methodical dialogue and engagement with governments – including the continued encouragement for peer learning, we are confident even bigger and better results can be achieved.

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
Asia-Pacific Drug Issues Committee (APDIC)

At the request of the Australian Government 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 purpose the ANCD convenes a specialised committee chaired by A/ Prof 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 (SA)

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 DASSA WHO Collaborating Centre for the Treatment of Drug and Alcohol Problems based in the School of Medical Sciences at the University of Adelaide. Professor Ali is a member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems. He is also a member of the Cochrane Drug and Alcohol editorial Board.

Professor Steve Allsop

Professor and Director, National Drug Research Institute, Curtin University

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, W.A., and the Drug and Alcohol Services Council, S.A. He is currently Deputy Chair of the Board of the Drug and Alcohol Office.

Professor Kate Dolan

University of New South Wales

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 Drugs Information Collective, the first drug users group in Australia. She has conducted over 80 studies investigating the transmission and prevention of blood borne viral infections. 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. She has published widely and been invited to present her research at numerous international conferences. She designed and carried out a randomised controlled trial on the NSW prison methadone program. She held a NHMRC Post Doctoral Research Fellowship to examine hepatitis C in prison.
Professor Dolan established the Program of International Research and Training (PIRT) at NDARC in 2003 that aims to build capacity among researchers and clinicians in developing countries. PIRT has undertaken 30 projects in countries such as Burma, Iran, Indonesia, Taiwan, Vietnam and China. PIRT established the first drug treatment clinic for female drug users in Iran in 2007. She has received over $16 million in funding for her research.

**Professor Michael Farrell**

*Director of the National Drug and Alcohol Research Centre*

Professor Michael Farrell is the Director of the National Drug and Alcohol Research Centre at the University of New South Wales, Sydney, since March 2011.

He did his original undergraduate training in Dublin, Ireland, after which he worked in London for over 20 years as a Consultant Addiction Psychiatrist at the Maudsley Hospital and a Professor of Addiction Psychiatry at the Institute of Psychiatry, Kings College London.

His interests include broad-based population studies based on the United Kingdom National Psychiatric Morbidity Programme where the issues of substance use and psychiatric morbidity have been explored, evidence-based practice and treatment evaluation, and the translation of new evidence into practice. He has researched aspects of drugs and prison and particularly the risks of overdose on leaving prison or other closed institutions.

Professor Farrell has published over 200 scientific papers and is a member of the WHO Expert Committee on Drug Dependence. He chaired the Scientific Advisory Committee of the European Monitoring Centre for Drugs and Drug Addiction in Lisbon up until May 2011. He has undertaken a wide range of work for international agencies and for national governments on aspects of national drug policies.

**Dr John Herron**

*Chairman, Australian National Council on Drugs*


Prior to entering Parliament Dr Herron was a general surgeon who was President of the Australian Medical Association, Chairman of the Australasian College of Surgeons, and Chairman of the Australian Association of Surgeons in his state.

Outside his surgical and political careers he was an officer in the Royal Australian Army Medical Corps and a Squadron Leader in the Royal Australian Air Force and was awarded the Bancroft Medal of the AMA (Qld), the Justin Fleming Medal of the Australian Association of Surgeons, a Citation by the Royal Australasian College of Surgeons, the Humanitarian Overseas Medal, and Australian Service Medal. He is a Knight Commander of the Holy Sepulchre of Jerusalem and a Papal Knight of St. Gregory.
Dr John Howard  
National Drug and Alcohol Research Centre (NDARC)  

John joined NDARC in 2008 and currently is a Senior Lecturer with the National Cannabis Prevention and Information Centre with a focus on young people with multiple and complex needs. From 2001–2007 he was Director, Clinical Services, Training and Research, Ted Noffs Foundation. From 1989–2001 he was a Senior Lecturer in Psychology and Director, Social Health Programs, Department of Psychology, Macquarie University. He was a Consultant Clinical Psychologist in the Department of Adolescent Psychiatry, Prince of Wales Hospital, and since 1995 he has been an Honorary Visiting Fellow at NDARC.

John has worked as a high school teacher, school counsellor, deputy superintendent of a residential unit, and senior counsellor of a community-located unit for young offenders.

He was a member of the Technical Steering Committee of the WHO’s Department of Child and Adolescent Health and Development (CAH) for 6 years, and from 1992, consulted to CAH, UNICEF, UNODC, and the Arab Council on Childhood and Development, on street youth/children in developing countries, and the health of male adolescents. He has worked at WHO/HQ in Geneva and has conducted field-work in India, the Philippines, South Africa, and Egypt. Since 1999 he has consulted to UNESCAP, taking on field-work in Lao PDR, Viet Nam, China and Thailand on capacity-building for the community treatment of young drug users. Of late he has been working on developing youth-friendly harm reduction in Nepal, China and Thailand, and national and regional training in Thailand, Nepal, Myanmar, Malaysia and Indonesia, utilising a toolkit and resources he developed to promote and build capacity for a youth friendly approach. To date the toolkit is available in English, Thai, Mandarin, Malay and Indonesian, and will soon be available in Arabic. He is also involved with Georgetown University and Egyptian colleagues on a project to ascertain prevalence and patterns of substance use among Egyptian youth in and out of school.

He was a member of the Evaluation Working Group of the National Youth Suicide Prevention Strategy, and is a Board Member of NCETA, the NSW Ministerial Advisory Committee on Hepatitis and Child Death Review Team, as well as being a member of a number of national illicit drug strategy working and reference groups. His major clinical, teaching and research areas are: adolescent substance use and ‘street youth’ (in both developed and developing countries); comorbidity, depression and suicide in young people; adolescent psychotherapy; working with marginalised, Indigenous, CALD and 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 (AIVL). 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). AIVL’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 NGO, Population Services International, and one and a half years working for the AusAID funded Asia Regional HIV/AIDS Project, based in Hanoi, Viet Nam.
Mr Garth Popple

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

Mr Popple has been working in AOD management roles since 1986 and in honorary committee and board positions in the non-profit sector since 1981. He has been primarily focused on the Therapeutic Community (TC) movement for most of his career, including working with TCs 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.

Mr Popple is the Executive Director of We Help Ourselves (WHOS), which operates six residential TCs within NSW and Qld. WHOS provides other services, such as Aftercare and HIV/Infectious Disease Education Services. His honorary appointments are of particular interest to Mr Popple as their focus is on the non-government sector, nationally and internationally.

Mr Popple was made an Honorary Fellow of the University of Western Sydney in recognition of his ‘Services to the Community’. In 2007 he received a National Honour Roll Award for persons who have made a significant contribution, over a considerable time period, to the Drug and Alcohol field. He has been a board member and associate of the Network of Alcohol and other Drug Agencies NSW (NADA), the World Federation of Therapeutic Communities (WFTC), the International Council of Alcohol and Addictions (ICAA), and various international and national Expert Advisory Committees.

Professor Robert Power

Principal for Disease Prevention, Burnet Institute

Professor Robert Power is Principal for Harm Reduction at the Burnet Institute in Melbourne, Australia. He is also a Professor in the School of Population Health, University of Melbourne and an Adjunct Professor at Monash University. He has worked in the field of HIV prevention 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.

He has consulted for a range of bilaterals and multilaterals in Central and Eastern Europe, Russia, the Balkans, South-East Asia and China and was instrumental in developing rapid assessment methodologies, completing such studies in countries as diverse as Croatia and Egypt, the Czech Republic, and Vietnam.

He is currently Technical Director of the British Department for International Development’s Central Asia Regional HIV/AIDS Project and provides technical assistance to both AusAID’s and USAID’s bilateral HIV prevention programs in Indonesia, as well as being the Facility Technical Director on AusAID’s China-Australia Health and HIV/AIDS Facility.

Other areas of his work have included: the broad empirical and theoretical aspects of harm reduction; service delivery and screening for tuberculosis; marginalized populations; ethnography; the relationship between the treatment of illicit drug use and harm reduction; and the management and psycho-social implications of HIV anti-retroviral therapy.
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 NSW Department of Corrective Services, in a variety of drug and alcohol centres as a counsellor, and was responsible for coordinating the establishment of the NSW network of needle and syringe exchange programs for the NSW Health Department.

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.

Associate Professor David Wilson

*Head of Surveillance and Evaluation, Kirby Institute*

Associate Professor David Wilson is Head of Surveillance and Evaluation at Australia’s Kirby Institute (formerly the National Centre in HIV Epidemiology and Clinical Research). Associate Professor Wilson is coordinating Australia’s surveillance system for monitoring HIV, viral hepatitis, and sexually transmissible infections in Australia. He is also a leader in the evaluation of HIV epidemics for the purposes of public health prevention. Associate Professor Wilson develops surveillance systems and uses mathematical modelling and health economics to understand key drivers of epidemics, explain past trends, and forecast future epidemic trajectories. His team evaluates public health programs and interventions to inform population health policy in Australia, Southeast Asia, and Eastern Europe. He is the author of more than 120 peer-reviewed publications and regularly undertakes research for numerous national and state governments on aspects of infectious disease management and control. Associate Professor Wilson also works with UNAIDS, the Global HIV/AIDS Program of The World Bank, Centers for Disease Control, and the World Health Organisation.

Membership changes during 2011–12

Professor Mick Keelty and Professor Louisa Degenhardt are no longer members of the Committee.

APDIC Secretariat

- Ms Tracey Kristiansen (to January 2012)
- Ms Julie O’Donnell (from January 2012), Project Officer

APDIC Web site


APDIC has its own web site that focuses on alcohol and drug related reports, publications, news and events affecting the Asia-Pacific region.
APDIC Strategic Direction 2009–2011

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 and Ageing: provision of timely advice and maximisation of the impact of that advice.
- International and Regional Organisations: maximising cooperation and development of complementary approaches.
- Academic and research organisations within the region: building capacity and maximizing co-operation.

APDIC is developing its Strategic Direction for 2012–2014.

Pacific Drug and Alcohol Research Network (PDARN)

www.pdarn.org
PDARN held its 4th meeting in Fiji in August 2011. This meeting was attended by 27 representatives from a range of Pacific Island Countries and Territories (PICT) and national, regional and international organisations, with additional representation from the Australian Attorney-General’s Department, the Australian Federal Police, Australian Customs and Border Protection and Fiji Police. A report of the meeting can be found at http://www.pdarn.org/images/PDFs/meetingreport11.pdf.
A new membership structure was proposed at this meeting to strengthen PDARN’s membership base and, by so doing, secure PDARN’s future as the principal drug and alcohol research network in the region.

The role of PDARN was also formally approved at this meeting. Its 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

PDARN continues to disseminate monthly bulletins on current news and research in the Pacific region (see http://www.pdarn.org/news-a-media-releases.html).

The collaboration over the past year has been built on our outstanding collaboration in the area of drugs, drug dependence treatment and HIV over the past several years. In this context, I would like to highlight one area of collaboration between ANCD and UNODC that is particularly topical. Building on a first inter-governmental Regional Consultation on Compulsory Centres for Drug Users, organised in December 2010 with the support of funding from the ANCD, UNODC is currently finalising preparations for the second inter-governmental dialogue on this sensitive matter.

The first regional consultation resulted in a series of encouraging developments in the South East Asia and East Asia region over the past two years, including expressions of interest by several Governments in the region to learn more about voluntary, community based drug dependence treatment services, such as the Cure & Care 1Malaysia Clinic initiative. It also contributed towards concrete steps taken in one of the countries to “renovate” outdated drug treatment approaches, including a commitment to reduce the number of people who use drugs in drug detention centres while increasing the number of people benefiting from community based opioid substitution treatment on an out patient basis.

The second Regional Consultation, organised in partnership with ESCAP and UNAIDS, with the National Anti-Drugs Agency (NADA) as a co-organiser in Malaysia (1-3 October 2012) will provide a platform for Governments to take stock of progress made since the first consultation, to report on challenges and opportunities in expanding access to alternatives to compulsory detention and to continue the dialogue on future direction in making community based treatment options accessible to all those who need drug dependence treatment services.

Therefore, I would like to express, on behalf of UNODC, our sincere appreciation for the support and assistance provided by ANCD to continue promoting evidence based policies and programmes to drugs, drug dependence treatment and HIV, with Governments in South East Asia, East Asia and the Pacific.

I look forward to a continued partnership with ANCD.

Gary Lewis
Regional Representative, United Nations Office on Drugs and Crime
International Federation of Non Government Organisations (IFNGO)

The IFNGO began in Kuala Lumpur in 1981 and comprises Non-Government Organisations from across the world. IFNGO engages in addressing substance misuse and has Special Consultative Status with the United Nations Economic and Social Council (ECOSOC), as well as formal links to a range of international bodies, including the International Labour Organisation (ILO), UNESCO, WHO, and ASEAN.

On 8-11 November, 2011, the ANCD and APDIC hosted and organised, with a number of local partners, the IFNGO’s 24th World Conference in Kuala Lumpur, Malaysia. This conference marked the 30th anniversary of the IFNGO. The Conference theme was ‘Strength, Unity and Diversity: Time for an International Voice for NGO’s’ and the Conference itself included over 50 speakers from many countries. At its conclusion Mr Garth Popple, representing the ANCD, was elected as the IFNGO President for 2011–2013.

Other Regional Activities

Compulsory Centres for Drug Users (CCDU) Roundtables

This year the ANCD successfully applied to AusAID for funding assistance for the 2nd CCDU Roundtable. This Roundtable is to be held in Kuala Lumpur in October 2012 and will build on the achievements of the 1st Roundtable held in Bangkok in 2010. These Roundtables are conducted by UNODC, UNAIDS and UNESCAP and aim to encourage closer scrutiny of the evidence and alternatives to CCDUs in the region. Roundtable reports are available on the APDIC web site at http://apdic.ancd.org.au/reports-a-publications.html.

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 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.

APDIC meetings

31 August 2011
1 March 2012
QNADA congratulates the ANCD on its efforts over the past year in advancing the aims of the National Drug Strategy. Our members have particularly valued the ANCD’s high quality publications, which have served to inform and support the work of the NGO AOD sector in Qld.

Over the past year, ANCD research publications have contributed to the developing evidence base for the effectiveness of AOD treatment and prevention services and informed QNADA’s policy position on a number of issues.

QNADA looks forward to an ongoing and productive relationship with ANCD in the coming year.

Rebecca MacBean
Executive Officer, QNADA

Communiqués

August 2011

Media Releases

PDARN 2011 - The Pacific Drugs and Alcohol: a rising tide of harm - 2 September 2011

International Federation of Non-Government Organisations (IFNGO) 24th World Conference - November 2011

2nd Australian Needle and Syringe Program Return on Investment Study - 4 May 2012

2nd Australian Needle and Syringe Program Return on Investment Study in Mandarin - 25 June 2012
The National Indigenous Alcohol and Drug Committee (NIDAC) was established by the ANCD in 2004 to provide independent, expert advice to government on Indigenous drug and alcohol issues and to 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 its priorities and activities adequately reflect the needs of Indigenous communities to respond to alcohol and other drug problems and contribute toward closing the gap on health inequality amongst Indigenous Australians.

**NIDAC Current Member Profiles**

**Executive Members**

**A/Prof Ted Wilkes (Chair)**

*Associate Professor, National Drug Research Institute, Curtin University*

Associate Professor Ted Wilkes is a Nyungar man from Western Australia. He is Associate Professor of Aboriginal Research Programs at the National Drug Research Institute Faculty of Health Sciences at Curtin University. Previously Professor Wilkes worked as the Chief Executive Officer of the Derbarl Yerrigan Health Service, and as Associate Professor, Centre for Developmental Health, at the Telethon Institute of Child Health. Professor Wilkes has dedicated his life to fighting for a better quality of life for Indigenous Australians and joined the Aboriginal team at National Drug Research Institute to enhance the use of Aboriginal Research and information. Professor Wilkes has engaged in many forums and been a member of many committees at the state, national, and international levels. He is involved in many research initiatives dealing with alcohol and drugs in Indigenous Australia.

Professor Wilkes has a Prime Ministerial appointment to the Australian National Council on Drugs (ANCD).

**Mr Scott Wilson (Co-Deputy Chair)**

*State Director, Aboriginal and Drug Council (SA) Inc*

Mr Scott Wilson is the first Indigenous Chair of the Alcohol Education and Rehabilitation Foundation. He 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 Australia Day Achievement Medallion and in 2003, was awarded a Centenary Medal for Services to the Community.
Ms Coralie Ober (Co-Deputy Chair)
Research Fellow, Queensland Alcohol and Drug Research and Education Centre, University of Queensland

Ms Coralie Ober is an Islander by birth with Aboriginal kinships in the Deed of Grant in Trust communities of Cherbourg and Palm Island. Her Torres Strait Island kinships are with the Island of Saibai in the Torres Strait and her South Sea Islander kinships are with the Islands of Vanuatu.

Ms Ober has worked in the field of alcohol, tobacco and other drugs at both state and national levels, and she has worked internationally in WHO on the Global Project on Indigenous Peoples and Substance Use. Ms Ober also holds the position of Principal Consultant, Indigenous Training Education and Research, Queensland Health, and is also State Director for the delivery of the MCDS Workforce Development and Capacity Building Project in Queensland, which focuses on up-skilling Indigenous Alcohol and Other Drugs Community Workers.

Coralie is a Registered Nurse and a Registered Teacher.

Mrs Wendy Casey
Manager, Aboriginal Alcohol and other Drug Program, Western Australia Drug and Alcohol Office

Mrs Wendy Casey belongs to the Karajarri and Yawuru people from the west Kimberley.

For the last 22 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.

Other Members

Ms Donna Ah Chee

Ms Ah Chee is a Bundjalung woman from the far north coast of NSW but lived in Alice Springs for over 20 years before moving to Canberra.

Ms AhChee served as the Chief Executive Officer, National Aboriginal Community Controlled Health Organisation (NACCHO), from May 2011 until May 2012. Prior to working at NAACHO, Ms Ah Chee was the Deputy Chief Executive Officer of Central Australian Aboriginal Congress in Alice Springs for 11 years. During this time she was involved in the Aboriginal Medical Services Alliance Northern Territory and, at the national level, with NACCHO for many years.

Mr Matthew Bonson
Chief Executive Officer, Council for Aboriginal Alcohol Program Services Inc, Northern Territory

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

For three years Mr Bonson has been the Chief Executive Officer of the Council for Aboriginal Alcohol Programs, the largest alcohol residential service in the Northern Territory. In this 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 Viki Briggs

*Director, Centre for Excellence in Indigenous Tobacco Control*

Ms Briggs is a Yorta Yorta woman from Northern Victoria. She has been working in Aboriginal and Torres Strait Islander health for twenty-eight years, twenty-one of which have been in Indigenous Tobacco Control.

Ms Briggs 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. For eleven years Ms Briggs was the Aboriginal Program Coordinator at the Quit Campaign based at the Cancer Council of Victoria and she was a member of the Tobacco Working Party with the Preventative Health Taskforce. Ms Briggs 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. She has authored and presented papers at a number of national and international health-related conferences.

Mr Bradley Freeburn

*Coordinator, Drug and Alcohol Unit, Aboriginal Medical Service NSW*

Mr Freeburn is a Bundjalung man from Casino, New South Wales.

Mr Freeburn has worked in the health sector since 1993. He has represented the Aboriginal Medical Service and Aboriginal people through the Australian Drug Council of Australia, and provides input on key strategic issues in NSW 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

*National Drug Research Institute, Curtin University*

Professor Gray is a Deputy Director at the National Drug Research Institute at Curtin University, and a leader of the Institute’s Aboriginal Research Program. He is an eminent researcher in this area and has a long history of conducting collaborative research with Aboriginal community-controlled organisations. Professor Gray has published extensively on alcohol and other drug use in Aboriginal communities and has been invited to give presentations on his research at various national and international forums. His most recent work has focused on: the provision of alcohol and other drug services; enhancing options for the management of alcohol- and cannabis-related problems in Aboriginal community-controlled health services; and the impact of liquor licensing restrictions. His research has had demonstrable outcomes at the National, State/Territory and regional/local levels.

Professor Gray’s research team was awarded the 2006 National Alcohol and Drug Award for Excellence in Research, and in 2010 – in recognition of his significant contribution to the alcohol and other drugs field – he was named on the National Drug and Alcohol Honour Roll.

Miss Kristie Harrison

*Aboriginal Health and Medical Research Council of NSW*

Miss Harrison is a Wiradjuri woman who has grew up around the city of Wollongong, NSW. She 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 NSW Aboriginal Drug and Alcohol Network (ADAN) Project Officer at the Aboriginal Health and Medical Research Council of NSW. In this position, Miss Harrison coordinates the ADAN Symposium, Leadership Group and Managers Forum, as well as taking responsibility for information sharing with the wider ADAN network. Miss Harrison also co-chairs the NSW Health Aboriginal Drug and Alcohol Subcommittee, and is a member of the NSW Health Drug and Alcohol Program Council. She also provides advice and input into a variety of State-wide committees and policies. Miss Harrison is a Session Two Drug and Alcohol lecturer for the Bachelor of Health Science (Mental Health) Djirruwang Program at the Charles Sturt University, and is currently a Board member of the Illawarra Aboriginal Medical Service.

As a young Aboriginal woman, Miss Harrison has a strong passion for learning new skills and gaining knowledge to build her capacity in the collaborative pursuit of making sustainable changes for Indigenous communities across NSW and Australia.

Dr John Herron
Chairman, Australian National Council on Drugs


Prior to entering Parliament Dr Herron was a general surgeon who was President of the Australian Medical Association, Chairman of the Australasian College of Surgeons and Chairman of the Australian Association of Surgeons of his State.

Outside his surgical and political careers he 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 AMA. (Qld), the Justin Fleming Medal of the Australian Association of Surgeons, a Citation by the Royal Australasian College of Surgeons, the Humanitarian Overseas Medal, and an Australian Service Medal. He is a Knight Commander of the Holy Sepulchre of Jerusalem and a Papal Knight of St. Gregory.

Mr Romlie Mokak
Chief Executive Officer, Australian Indigenous Doctors Association

Mr Mokak is a Djugun man who was born and grew up in the Top End of the Northern Territory.

He has experience working in community, State, Commonwealth and Non Government organisations in a range of Aboriginal and Torres Strait Islander policy and program areas, including disability, ageing, population health, health financing, substance use, medical education, and workforce reform. From 1998 to 2005, Mr Mokak worked in the Department of Health and Ageing. During his time as head of the Aboriginal and Torres Strait Islander substance use area, he led the development of a comprehensive framework to address petrol sniffing, including the development and roll out of Opal Unleaded fuel. He was a member of the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples, which developed the NDS Aboriginal and Torres Strait Islander Peoples Complementary Action Plan. Since 2005, he has been Chief Executive Officer of the Australian Indigenous Doctors’ Association (AIDA).
During this time AIDA has consolidated its position as a leading advocate for improving the health of Aboriginal and Torres Strait Islander people. AIDA works in a range of key areas including advocating for greater numbers of Aboriginal and Torres Strait Islander doctors, as well as improving the cultural competence of all future doctors in relation to working with Aboriginal and Torres Strait Islander people.

Mr Mokak is currently a member of the National Indigenous Health Equality Council, Close the Gap Indigenous Health Equality Campaign Steering Committee, and is Chair of the Pacific Region Indigenous Doctors Congress’ Chief Executive Officer’s Group.

Membership Changes During the Year

Following Ms Donna Ah Chee’s resignation as Chief Executive Officer at NACCHO she ceased to hold the ex-officio position for NACCHO on NIDAC. She was, however, appointed as a Member in her own right in June 2012.

Ms Cindy Shannon resigned from her position on NIDAC in early 2012.

NIDAC Advisors

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

NIDAC Secretariat

- Ms Denise Gilchrist - Manager
- Mr Richard Chalk - Policy and Project Officer

On behalf of the Network of Alcohol and Drug Agencies (NADA) I would like to pay tribute to the ongoing work of the ANCD. I would also like to commend the work of the current Board members and to congratulate the new members and those being reappointed to the Council.

Larry Pierce
Chief Executive Officer, Network of Alcohol and Drug Agencies
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
a. 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.

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

c. 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.

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

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

f. Work closely with the Federal Government, the Inter-governmental 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.

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

h. Develop a three year Strategic Plan for the Committee.

i. 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:

1. Commitment to and consistency with the three pillar harm minimisation approach of the National Drug Strategy (2010–2015).

2. 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.

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

4. 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.
5. Commitment to the development and maintenance of the Aboriginal and Torres Strait Island community-controlled sector and other relevant organisations that provide services to Aboriginal and Torres Strait Islander people.

6. The need to develop and support cultural security.

7. Recognition of the need for social justice.

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

**NIDAC Projects and Publications**

**Completed Projects and Publications**

*NIDAC Online Consultation 1: Alcohol Summary of Findings*

In 2011 NIDAC undertook an online consultation on alcohol using *Survey Monkey*, a specialised online survey program. The three main issues for which NIDAC undertook this online consultation were to identify:

- Support for a range of interventions aimed at reducing the harms caused by alcohol among Indigenous Australians and their communities;
- Resources that participants have found particularly useful to help address the harms caused by alcohol among Indigenous Australians and their communities; and,
- Familiarity with specific policy documents and guidelines.

A report on this survey was released in late 2011.

**Development of a preliminary Indigenous adaptation to the DA-CCP model**

NIDAC contributed to the development of a preliminary Indigenous adaptation to the national population-based drug and alcohol service planning project, known as the National DA-CCP Project, to develop unique and modified care packages for Indigenous populations.

This project was to support work being undertaken to develop a nationally agreed drug and alcohol health services planning model. The model will incorporate available evidence and expert advice to arrive at a transparent and defensible framework for jurisdictions to estimate the need and demand for drug and alcohol health services. The modelling will follow the standard population health approach of including all ages and the whole spectrum of services from prevention and early intervention to the most intensive forms of care.

The Intergovernmental Committee on Drugs (IGCD) has overall responsibility for the DA-CCP model.

This project was completed in late 2011.

**NIDAC Position Paper on Fetal Alcohol Spectrum Disorder**

Currently Fetal Alcohol Spectrum Disorder (FASD) is not well known in Australia, with most research and work in this field being undertaken overseas. This paper provides an overview of FASD in Australia as well as recommendations on how to address it in Australia.

This paper was released in June 2012.
2nd National Indigenous Drug and Alcohol Conference

NIDAC held the 2nd National Indigenous Drug and Alcohol Conference, Beyond 2012- Leading the Way to Action, at the Esplanade Hotel, Fremantle, Western Australia from 6–8 June 2012. Following on from the Inaugural National Indigenous Drug and Alcohol Conference held in June 2010, the 2nd National Indigenous Drug and Alcohol Conference aimed at highlighting how the sector is currently, and how it is able to lead the way to action in addressing the harmful effects of alcohol and other drugs and their associated harms among Indigenous Australians.

The Conference was attended by over 400 delegates from around Australia and from New Zealand.

Projects in Progress

Community Alcohol and Substance Plan (CASP) Toolkit and Training Package Project

The Department of Families, Community Services and Indigenous Affairs (FaHCSIA) commissioned NIDAC to identify or develop a toolkit for the development of alcohol and substances management plans and a related training package that can be used in the implementation of FaHCSIA’s Breaking the Cycle Initiative.

The Breaking the Cycle of Alcohol and Drug Abuse in Indigenous Communities program was part of an election commitment and incorporates the provision 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. This funding is to:

- Assist Aboriginal and Torres Strait Islander communities to work with government and non-government organisations to develop and implement alcohol and substance use management plans;
- Support community groups and non-profit organisations to work at a local level, in order to drive the alcohol and substance use management plans and support the community; and,
- Provide prevention programs to tackle youth substance use.

Consultants Siggins Miller has been engaged by NIDAC to assist in the development of the toolkit and related training package.

Economic modelling on the costs and benefits of addressing problematic Indigenous substance use with treatment as compared to prison

In 2009 NIDAC released its position paper, Bridges and Barriers: Addressing Indigenous Incarceration and Health, which identified the alarmingly disproportionate number of Indigenous Australians in the correctional system and the importance of diverting young men and women from a life of substance use and crime. One of the long term recommendations of this paper 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, NIDAC has commissioned the accounting firm, Deloitte Access to develop 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.
The strategic partnership linking the Alcohol and other Drugs Council of Australia (ADCA) with the Australian National Council on Drugs (ANCD) to progress national healthcare reform for all Australians was strengthened during 2011-12. Central to this were face-to-face meetings of ADCA and ANCD Executives in Canberra in November 2011, and in Melbourne in June 2012 at which priority alcohol and other drugs (AOD) issues relating to the non-government organisation (NGO) sector were discussed.

Essential points considered related to the Department of Health and Ageing’s (DoHA) new flexible funding arrangements, Fair Work Australia’s (FWA) landmark decision for equal pay for community sector workers, participation by AOD/NGO representatives in future Stakeholder Forums conducted by the Inter-Governmental Council on Drugs (IGCD), and a proposed ANCD Recovery Roundtable in Canberra in June 2012.

Strategic outcomes resulted in a joint ADCA/ANCD initiative to enhance IGCD arrangements. This included the need to address with the Federal Government critical issues across the AOD/NGO sector in relation to future funding.

ADCA also welcomed the opportunity to be involved with scheduled ANCD Regional Consultation Forums.

Throughout the year, ADCA collaborated with ANCD, the Australian Drug Foundation (ADF), and The Noffs Foundation to help deliver the National Drug and Alcohol Awards (NDAA) in Melbourne on 22 June 2012. Input was provided for ANCD’s Of Substance newsletter and supporting e-bulletins on the FWA wages decision, and outcomes from the DoHA flexible funding round. ADCA also participated in the 2nd NIDAC Conference in Fremantle in Western Australia in early June 2012.

ADCA looks forward to working in partnership with ANCD focussing on the future funding of AOD/NGO services, as well as policy matters impacting on the AOD/NGO sector.

David Templeman
Chief Executive Officer, Alcohol and other Drugs Council of Australia

NIDAC Member and 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 Campaign Group of 14
- Close the Gap Steering Committee
- IGCD Standing Committee on Alcohol
• National Aboriginal and Torres Strait Islander Peoples Drug Strategy Working Group
• NSW Justice Reinvestment Campaign for Aboriginal Young People
• National Alliance for Action on Alcohol
• Drug and Alcohol Clinical Care and Prevention (DA-CCP) Expert Reference Group

NIDAC Meetings
23 - 24 August 2011 in Canberra
29 November – 1 December 2011 in Perth
28 – 29 March 2012 in Brisbane

NIDAC Media Releases

Fremantle to host the Second National Indigenous Drug and Alcohol Conference – which gets under way tomorrow  - 5 June 2012
National Body Urges the Australian Government to take action to prevent Fetal Alcohol Spectrum Disorder  - 6 June 2012
National Indigenous Drug and Alcohol Awards Celebrate Indigenous Achievements, 8 June 2012

NIDAC COMMUNIQUES

September 2011  December 2011  March 2012
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 and 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 print issues per annum in early 2010 (March, July, and November) and has continued in this format since then. During 2011–12, the editorial team increased the frequency of between-issues electronic bulletins delivered by email, publishing an eBulletin approximately once each month, and on occasions of breaking news. This strategy ensures Of Substance continues to maintain a high visibility and presence in the AOD 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 AOD issues. The magazine has published articles on emerging drug trends, prevention, law enforcement, mental health, research, workforce development, ethics and other topics.

During 2012–12, LeeJenn Health Consultants conducted an independent evaluation of Of Substance. The evaluation revealed the magazine’s content was well received by readers and that readers would like to see enhancements to the magazine’s website and its searchability.

The magazine has a separate management structure from that of the ANCD, with members of the ANCD taking key roles on its Board of Management (chaired by Dr John Herron) 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 websites specific to the AOD sector. At the end of 2011–12, the magazine had approximately 8,000 subscribers, with a circulation of approximately 17,000. The independent evaluation conducted in early 2012 estimated a readership of around 79,000 per issue.
Marketing and promotion

During 2011–12, 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 AOD organisations and events.

Websites

www.ofsubstance.org.au

Since going live in late June 2006, the Of Substance website 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 subscriptions to both the eBulletin and the print magazine, as well as to send feedback and correspondence to magazine staff.

The following table contains a sample of the past 12 months’ website user statistics:

<table>
<thead>
<tr>
<th>MONTH</th>
<th>NUMBER OF VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 11</td>
<td>5525</td>
</tr>
<tr>
<td>Aug 11</td>
<td>5649</td>
</tr>
<tr>
<td>Sep 11</td>
<td>6117</td>
</tr>
<tr>
<td>Oct 11</td>
<td>4,104</td>
</tr>
<tr>
<td>Nov 11</td>
<td>5,367</td>
</tr>
<tr>
<td>Dec 11</td>
<td>4,159</td>
</tr>
<tr>
<td>Jan 12</td>
<td>3,828</td>
</tr>
<tr>
<td>Feb 12</td>
<td>4,858</td>
</tr>
<tr>
<td>Mar 12</td>
<td>4,891</td>
</tr>
<tr>
<td>Apr 12</td>
<td>5,494</td>
</tr>
<tr>
<td>May 12</td>
<td>7,875</td>
</tr>
<tr>
<td>Jun 12</td>
<td>4,830</td>
</tr>
</tbody>
</table>

Jobs of Substance

*Of Substance’s* Board oversaw the development of an *Of Substance* jobs website which was launched in 2009. This was seen as a cost-effective and central way for people in the AOD and other community sector to advertise job vacancies.

The *Jobs of Substance* website can be found at [www.jobsofsubstance.com.au](http://www.jobsofsubstance.com.au). Advertisements are listed free-of-charge for 30 days.

The following table contains a sample of the past 12 months’ website user statistics:

<table>
<thead>
<tr>
<th>MONTH</th>
<th>NUMBER OF VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 11</td>
<td>4,206</td>
</tr>
<tr>
<td>Aug 11</td>
<td>5,235</td>
</tr>
<tr>
<td>Sep 11</td>
<td>5,331</td>
</tr>
<tr>
<td>Oct 11</td>
<td>4,104</td>
</tr>
<tr>
<td>Nov 11</td>
<td>3,194</td>
</tr>
<tr>
<td>Dec 11</td>
<td>4,994</td>
</tr>
<tr>
<td>Jan 12</td>
<td>3,930</td>
</tr>
<tr>
<td>Feb 12</td>
<td>3,137</td>
</tr>
<tr>
<td>Mar 12</td>
<td>3,560</td>
</tr>
<tr>
<td>Apr 12</td>
<td>3,332</td>
</tr>
<tr>
<td>May 12</td>
<td>3,840</td>
</tr>
<tr>
<td>Jun 12</td>
<td>3,418</td>
</tr>
</tbody>
</table>


Location, staffing and management

The *Of Substance* office is located at Level 2, Pier 8/9 23 Hickson Rd, Millers Pt.

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 an editor since 2005.
- **Contributing Editor (part-time):** Ms Kate Pockley. The Contributing Editor’s role focuses on magazine content, website content, and special projects. Ms Pockley has been an editor 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: 2011–12

Chair
Dr John Herron, Chair, 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


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

Members
- Mr Sam Biondo, Executive Officer, Victorian Alcohol and Drug Association
- Dr Roger Brough, general practitioner
- Dr Neil Donnelly, Senior Research Manager, NSW Bureau of Crime Statistics and Research
- Dr John Herron, Chairman, Australian National Council on Drugs
- Dr Caitlin Hughes, Research Fellow, Drug Policy Modelling Program, National Drug and Alcohol Research Centre
- A/Professor Lynne Magor Blatch, Executive Officer, Australian Therapeutic Communities Association and Associate Professor, Centre for Applied Psychology, University of Canberra
- Mr David McDonald, consultant in social research and evaluation and Visiting Fellow, National Centre for Epidemiology and 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
As the peak body for alcohol and other drug (AOD) prevention, education, treatment and support services in Western Australia, WANADA commends the Australian National Council on Drugs for its active and considered role as an advisor to government and the community.

The ANCD has a professional and inclusive approach to its work, consulting with the alcohol and other drug sector both nationally and at a state and territory level. The ANCD engages well with the community and offers thoughtful comment on alcohol and other drug issues in the media.

The ANCD’s National Indigenous Drug and Alcohol Committee (NIDAC) is an example of how the ANCD ensures that all voices are heard, with the 2012 NIDAC Conference taking place here in Perth.

In previous years, WANADA has acknowledged the ANCD’s role in addressing the concerns of the sector in each state and territory in relation to Commonwealth policy, planning and development. This year is no different, with the ANCD’s quick response to changes in Commonwealth funding for alcohol and other drug services re-inforcing its understanding of AOD services and their work for the community.

The ANCD’s report into Supply, Demand and Harm Reduction in Australian Prisons, released this month, is an example of how the ANCD responds to alcohol and other drug-related concerns by seeking evidence and offering relevant information to the sector and the wider community.

WANADA also values the ANCD’s broad outlook on the issues related to alcohol and other drug use, with the information and advocacy it provides internationally. We appreciate its work to provide information about the Federal budget, national and international policy developments, and media coverage of alcohol and other drug issues.

The ANCD’s contribution and support for capacity building in the AOD sector is also of much value to organisations such as WANADA and we are grateful for the ANCD’s support of our 2011 Sector Forum, enabling Margaret Hamilton to meet directly with our member agencies to share her knowledge and stimulate ideas.

WANADA would like to thank the Australian National Council on Drugs for its work in 2011/12 and we look forward to our continued partnership.

Jill Rundle
Chief Executive Officer, Western Australian Network of Alcohol and other Drug Agencies
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 2012 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 2011/12</th>
<th>Accumulated Surplus/(Deficit) at 30 June 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretariat</td>
<td>$1,200</td>
<td>96</td>
</tr>
<tr>
<td>NIDAC</td>
<td>190</td>
<td>15</td>
</tr>
<tr>
<td>Magazine</td>
<td>353</td>
<td>73</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>62</td>
<td>51</td>
</tr>
<tr>
<td>Projects</td>
<td>311 *</td>
<td>586 **</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,116</strong></td>
<td><strong>821</strong></td>
</tr>
</tbody>
</table>

* **Note**
  * Core Funding  $100K
  * PDARN Funding  $59K
  * Other Funding  $52k
  * NIDAC  $100K (Funded by Department of Families, Housing, Community Services & Indigenous Affairs)

** **Note**
  * These funds are committed funds to contracted projects

The total ANCD group has an aggregate cash balance of $1.011M at 30 June 2012.

Ian Minnett
Trustee
The Salvation Army
Finance
140 Elizabeth Street, Sydney NSW 2000 (PO Box A435, Sydney South NSW 1235)
T: 02 9264 3711 F: 02 9264 9899
salvos.org.au

William Booth, Founder | Linda Bond, General
## Financial Report: Secretariat

### Australian National Council on Drugs

**Statement of Financial Performance**

for the year ended 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Funding</td>
<td>1,139,969</td>
<td>1,150,244</td>
</tr>
<tr>
<td>Interest Received</td>
<td>12,576</td>
<td>16,664</td>
</tr>
<tr>
<td>Other Income</td>
<td>1,062</td>
<td>1,788</td>
</tr>
<tr>
<td><strong>Revenues from Ordinary Activities</strong></td>
<td>1,213,507</td>
<td>1,188,656</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>10,593</td>
<td>11,172</td>
</tr>
<tr>
<td>Domestic</td>
<td>5,946</td>
<td>5,852</td>
</tr>
<tr>
<td>Maintenance</td>
<td>2,110</td>
<td>3,162</td>
</tr>
<tr>
<td>Minor Purchases</td>
<td>1,234</td>
<td>6,104</td>
</tr>
<tr>
<td>Utilities</td>
<td>25,506</td>
<td>20,441</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>19,888</td>
<td>15,059</td>
</tr>
<tr>
<td>Employee Salaries</td>
<td>401,350</td>
<td>482,210</td>
</tr>
<tr>
<td>Payroll Onercost</td>
<td>87,965</td>
<td>88,002</td>
</tr>
<tr>
<td>Administration</td>
<td>265,218</td>
<td>232,804</td>
</tr>
<tr>
<td>Insurance</td>
<td>1,180</td>
<td>2,214</td>
</tr>
<tr>
<td>Transfer to ANCO Projects</td>
<td>120,000</td>
<td>103,000</td>
</tr>
<tr>
<td>Others</td>
<td>127,303</td>
<td>89,993</td>
</tr>
<tr>
<td>Other Property Costs</td>
<td>96,798</td>
<td>64,254</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td>1,230,091</td>
<td>1,210,297</td>
</tr>
<tr>
<td><strong>SURPLUS / (DEFICIT)</strong></td>
<td>(25,154)</td>
<td>(41,541)</td>
</tr>
<tr>
<td></td>
<td>2012</td>
<td>2011</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>258,302</td>
<td>258,401</td>
</tr>
<tr>
<td>Debtors</td>
<td>3,000</td>
<td>3,000</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>261,302</td>
<td>271,401</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computers</td>
<td>1,315</td>
<td>1,787</td>
</tr>
<tr>
<td>Leasehold Improvement</td>
<td>2,555</td>
<td>12,676</td>
</tr>
<tr>
<td><strong>Total Non-current Assets</strong></td>
<td>3,870</td>
<td>14,463</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>265,172</td>
<td>285,864</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>3,117</td>
<td>7,525</td>
</tr>
<tr>
<td>HR Provisions</td>
<td>109,745</td>
<td>107,389</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>111,862</td>
<td>114,914</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for Long Service Leave</td>
<td>56,977</td>
<td>49,463</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td>56,977</td>
<td>49,463</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>168,839</td>
<td>164,377</td>
</tr>
<tr>
<td><strong>NET ASSETS / (LIABILITIES)</strong></td>
<td>96,333</td>
<td>121,487</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds Surplus / (Deficit)</td>
<td>96,333</td>
<td>121,487</td>
</tr>
<tr>
<td><strong>TOTAL ACCUMULATED FUNDS</strong></td>
<td>96,333</td>
<td>121,487</td>
</tr>
</tbody>
</table>

**Note:**
* Remaining surplus is committed to ANCD projects.
# Financial Report: NIDAC

## Australian National Council on Drugs

### Nat Indigenous Drug & Alcohol Committee

**Statement of Financial Performance**

for the year ended 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</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>200,000</td>
</tr>
<tr>
<td>Interest Received</td>
<td>4,235</td>
<td>4,349</td>
</tr>
<tr>
<td><strong>Revenues from Ordinary Activities</strong></td>
<td>194,235</td>
<td>204,349</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>1,567</td>
<td>158</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>45</td>
<td>-</td>
</tr>
<tr>
<td>Employees Salaries</td>
<td>92,356</td>
<td>56,372</td>
</tr>
<tr>
<td>Payroll Oncost</td>
<td>12,514</td>
<td>17,963</td>
</tr>
<tr>
<td>Administration</td>
<td>55,419</td>
<td>43,474</td>
</tr>
<tr>
<td>Insurance</td>
<td>193</td>
<td>495</td>
</tr>
<tr>
<td>Project Costs</td>
<td>100,000</td>
<td>-</td>
</tr>
<tr>
<td>Others</td>
<td>31,427</td>
<td>21,345</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td>293,523</td>
<td>139,607</td>
</tr>
<tr>
<td><strong>SURPLUS / (DEFICIT)</strong></td>
<td>(59,288)</td>
<td>64,542</td>
</tr>
</tbody>
</table>
# Australian National Council on Drugs
## Nat Indigenous Drug & Alcohol Committee
### Statement of Financial Position
as at 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Balance</td>
<td>29,468</td>
<td>124,972</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>29,468</td>
<td>124,972</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><strong>TOTAL ASSETS</strong></td>
<td>29,468</td>
<td>124,972</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>-</td>
<td>(236)</td>
</tr>
<tr>
<td>HR Provisions</td>
<td>11,464</td>
<td>8,337</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>11,464</td>
<td>8,191</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for Long Service Leave</td>
<td>2,375</td>
<td>1,954</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>2,375</td>
<td>1,954</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>13,839</td>
<td>10,055</td>
</tr>
<tr>
<td><strong>NET ASSETS / (LIABILITIES)</strong></td>
<td>15,629</td>
<td>114,917</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds Surplus / (Deficit)</td>
<td>15,629</td>
<td>*114,917</td>
</tr>
<tr>
<td><strong>TOTAL ACCUMULATED FUNDS</strong></td>
<td>15,629</td>
<td>114,917</td>
</tr>
</tbody>
</table>

**Note**

* Remaining surplus is committed to NIDAC project
# Financial Report: Of Substance

**Statement of Financial Position**
as at 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Balance</td>
<td>89,578</td>
<td>80,929</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>89,578</td>
<td>80,929</td>
</tr>
</tbody>
</table>

| **Non-Current Assets** |       |       |
| Total Non-current Assets| -     | -     |
| **TOTAL ASSETS**        | 89,578| 80,929|

| **Current Liabilities** |       |       |
| Creditors              | 629   | 18,394|
| HR Provisions          | 12,392| 12,856|
| Total Current Liabilities| 13,021| 31,240|

| **Non-Current Liabilities** |       |       |
| Provision for Long Service Leave| 2,945 | 2,340 |
| Total Non-Current Liabilities| 2,945 | 2,340 |
| **TOTAL LIABILITIES**       | 15,966| 33,580|
| **NET ASSETS / (LIABILITIES)**| 73,612| 47,349|

| **Accumulated Funds** |       |       |
| Accumulated Funds Surplus / (Deficit) | 73,612** | 47,349 |
| **TOTAL ACCUMULATED FUNDS** | 73,612 | 47,349 |

**Note**

**Remaining surplus is committed to Of Substance (Magazine) project**
## Australian National Council on Drugs  
### Of Substance (Magazine)  
#### Statement of Financial Performance  
for the year ended 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Funding</td>
<td>353,015</td>
<td>350,000</td>
</tr>
<tr>
<td>Interest Received</td>
<td>3,382</td>
<td>3,182</td>
</tr>
<tr>
<td>Other Income</td>
<td>1,608</td>
<td>*</td>
</tr>
<tr>
<td><strong>Revenues from Ordinary Activities</strong></td>
<td>358,005</td>
<td>353,182</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expenses from Ordinary Activities</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest Paid</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Minor Purchases *</td>
<td>21,643</td>
<td>7,807</td>
</tr>
<tr>
<td>Utilities</td>
<td>1,513</td>
<td>1,059</td>
</tr>
<tr>
<td>Employees Salaries</td>
<td>126,103</td>
<td>123,565</td>
</tr>
<tr>
<td>Payroll Oncost</td>
<td>19,737</td>
<td>26,035</td>
</tr>
<tr>
<td>Cost of Goods Sold</td>
<td>117,392</td>
<td>132,551</td>
</tr>
<tr>
<td>Administration</td>
<td>22,454</td>
<td>23,388</td>
</tr>
<tr>
<td>Insurance</td>
<td>355</td>
<td>600</td>
</tr>
<tr>
<td>Others</td>
<td>5,892</td>
<td>3,406</td>
</tr>
<tr>
<td>Other Property Costs</td>
<td>16,624</td>
<td>16,191</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td>331,742</td>
<td>334,642</td>
</tr>
<tr>
<td><strong>SURPLUS / (DEFICIT)</strong></td>
<td>26,263</td>
<td>18,540</td>
</tr>
</tbody>
</table>

**Note**  
* Includes Costs for External Evaluation
### Australian National Council on Drugs

**Asia-Pacific Committee**

Statement of Financial Performance for the year ended 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Funding</td>
<td>$62,960</td>
<td>$53,000</td>
</tr>
<tr>
<td>Interest Received</td>
<td>$2,195</td>
<td>$632</td>
</tr>
<tr>
<td><strong>Revenues from Ordinary Activities</strong></td>
<td>$65,155</td>
<td>$53,632</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Paid</td>
<td></td>
<td>$12</td>
</tr>
<tr>
<td>Utilities</td>
<td>$300</td>
<td>$2,040</td>
</tr>
<tr>
<td>Administration</td>
<td>$11,651</td>
<td>$4,369</td>
</tr>
<tr>
<td>Insurance</td>
<td>$64</td>
<td>$40</td>
</tr>
<tr>
<td>Transfer to Asia Pacific Projects</td>
<td>$34,000</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>$5,897</td>
<td>$8,134</td>
</tr>
<tr>
<td><strong>Expenses from Ordinary Activities</strong></td>
<td>$51,912</td>
<td>$14,595</td>
</tr>
<tr>
<td><strong>SURPLUS / (DEFICIT)</strong></td>
<td>$13,243</td>
<td>$30,037</td>
</tr>
<tr>
<td></td>
<td>2012</td>
<td>2011</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>51,213</td>
<td>37,970</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>51,213</td>
<td>37,970</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>51,213</td>
<td>37,970</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>TOTAL LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NET ASSETS / (LIABILITIES)</td>
<td>51,213</td>
<td>37,970</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds Surplus / (Deficit)</td>
<td>51,213 *</td>
<td>37,970</td>
</tr>
<tr>
<td>TOTAL ACCUMULATED FUNDS</td>
<td>51,213</td>
<td>37,970</td>
</tr>
</tbody>
</table>

* Remaining surplus is committed to Asia-Pacific Committee project.
## Financial Report: Projects

### Australian National Council on Drugs

**Projects**

Statement of Financial Performance for the year ended 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding &amp; Interest *</td>
<td>558,137</td>
<td>685,233</td>
</tr>
<tr>
<td>Revenues from Ordinary Activities</td>
<td>558,137</td>
<td>685,233</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>398,023</td>
<td>426,631</td>
</tr>
<tr>
<td>Expenses from Ordinary Activities</td>
<td>398,023</td>
<td>426,631</td>
</tr>
<tr>
<td><strong>SURPLUS / (DEFICIT)</strong></td>
<td>160,114</td>
<td>256,602</td>
</tr>
</tbody>
</table>

*Note: Includes one-off & new projects, e.g. PDARN, Editing & Printing, Website Maintenance, DA-CCP, and other projects.*
Australian National Council on Drugs
Projects
Statement of Financial Position
as at 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Balance</td>
<td>559,565**</td>
<td>414,275</td>
</tr>
<tr>
<td>Debtors</td>
<td>4,462</td>
<td>198</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>564,027</td>
<td>414,473</td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Non-current Assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>564,027</td>
<td>414,473</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>504</td>
<td>11,064</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>504</td>
<td>11,064</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>504</td>
<td>11,064</td>
</tr>
<tr>
<td>NET ASSETS / (LIABILITIES)</td>
<td>563,523</td>
<td>403,409</td>
</tr>
<tr>
<td>Accumulated Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Funds Surplus / (Deficit)</td>
<td>563,523</td>
<td>403,409</td>
</tr>
<tr>
<td>TOTAL ACCUMULATED FUNDS</td>
<td>563,523</td>
<td>403,409</td>
</tr>
</tbody>
</table>

Note
** The current year cash balance of $559,565 forms part of the Committed Funds.
Auditor’s Report

Independent auditor’s report to the Trustees of The Salvation Army Australia Eastern Territory ("The Salvation Army")

We have audited the attached Income Statement and Balance Sheet ("the Statements") reported to Australian Government Department of Health and Ageing ("the Department") for Australian National Council on Drugs Secretariat Program ("the Program") for the period from 1 July 2011 to 30 June 2012. The Statements have been prepared by the Trustees based on the Funding Agreement ("the Agreement") for the Program, for the purpose of fulfilling The Salvation Army’s reporting requirements to the Department 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 judgement, 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 Australian National Council on Drugs Secretariat Program for the year ended 30 June 2012 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 describes 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

Sydney
11 October 2012

Notes to the statement of financial performance and statement of financial position

Note 1. Basis of preparation of 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 accordance with the historical cost convention.
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 NSW Department of Corrective Services, in a variety of drug and alcohol centres as a counsellor and was responsible for coordinating the establishment of the NSW network of needle and syringe exchange programs for the NSW Health Department.

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

Ms Gilchrist commenced working with the ANCD in 2006 and with NIDAC in 2009. Ms Gilchrist has worked for the past 31 years in the AOD and mental health sector 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 NT 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 AOD and workforce development issues. Ms Gilchrist has completed a Bachelor of Nursing Degree, a Master of Mental Health and a Diploma in Business Management.

Miss Michele Hawkins

Policy and Project Officer, ANCD Secretariat

Michele 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 Michele worked for some years in the field of dementia, having had an early career in nursing.
Mrs Gabrielle Gillmer

Administration Officer, ANCD Secretariat

Mrs Gillmer joined the ANCD Secretariat in February 2012, having previous administrative experience in the private sector.

Gabi holds a Bachelor of Arts, majoring in Classics from the Australian National University and is currently completing Honours in Latin for the Bachelor of Classical Studies.

Gabi has been an active participant in the Indigenous Tutor Assessment Scheme with the ANU Tjabal Centre and became a Senior Community Ambassador for the ANU Student Equity Department in 2011, after participating in the Regional Community Ambassador Program since 2010.

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 the previous 15 years. She has a Bachelor of Business Administration, majoring in Economics and Marketing.

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 20 years prior to starting at the ANCD.

Dr Mary Walker

Research Officer, ANCD Secretariat from November 2011

Mary joined the ANCD secretariat in November 2011. Previously she worked as a teacher and research assistant at a number of universities. She has a BA (Hons) from the University of Sydney, and her 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.
Staff changes during the year

- Mr Adam Bode  
  Research Officer 2009 to August 2011
- Mr Richard Chalk  
  Policy and Project Officer, NIDAC 2010 to March 2012
- Ms Tracey Kristiansen  
  Policy and Project Officer, 2006 to January 2012
- Ms Sandra Luthi  
  Office Administrator 2010 to January 2012
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>ADAN</td>
<td>Aboriginal Drug and Alcohol Network</td>
</tr>
<tr>
<td>ADCA</td>
<td>Alcohol and other Drugs Council of Australia</td>
</tr>
<tr>
<td>AFP</td>
<td>Australian Federal Police</td>
</tr>
<tr>
<td>AIDA</td>
<td>Australian Indigenous Doctors' Association</td>
</tr>
<tr>
<td>AIVL</td>
<td>Australian Injecting and Illicit Drug Users League</td>
</tr>
<tr>
<td>AMA</td>
<td>Australian Medical Association</td>
</tr>
<tr>
<td>ANCD</td>
<td>Australian National Council on Drugs</td>
</tr>
<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
</tr>
<tr>
<td>APDIC</td>
<td>Asia-Pacific Drug Issues Committee</td>
</tr>
<tr>
<td>APSAD</td>
<td>Australasian Professional Society on Alcohol and other Drugs</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>ATCA</td>
<td>Australasian Therapeutic Communities Association</td>
</tr>
<tr>
<td>ATS</td>
<td>Amphetamine Type Stimulants</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CCDU</td>
<td>Compulsory Centre for Drug Users</td>
</tr>
<tr>
<td>DA-CCP</td>
<td>Drug and Alcohol Clinical Care and Prevention</td>
</tr>
<tr>
<td>DASSA</td>
<td>Drug and Alcohol Services South Australia</td>
</tr>
<tr>
<td>DVI</td>
<td>Disaster victim identification</td>
</tr>
<tr>
<td>FASD</td>
<td>Fetal Alcohol Spectrum Disorder</td>
</tr>
<tr>
<td>FaHCSIA</td>
<td>Department of Families, Community Services and Indigenous Affairs</td>
</tr>
<tr>
<td>HAARP</td>
<td>HIV/AIDS Asia Regional Program</td>
</tr>
<tr>
<td>ICAA</td>
<td>International Council on Alcohol and Addictions</td>
</tr>
<tr>
<td>IFNGO</td>
<td>International Federation of Non Government Organisations for the Prevention of Drug and Substance Abuse</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>IGCD</td>
<td>Intergovernmental Committee on Drugs</td>
</tr>
<tr>
<td>MCDS</td>
<td>Ministerial Council on Drug Strategy</td>
</tr>
<tr>
<td>NACCHO</td>
<td>National Aboriginal Community Controlled Health Organisations</td>
</tr>
<tr>
<td>NADA</td>
<td>Network of Alcohol and Other Drugs Agencies</td>
</tr>
<tr>
<td>NADA</td>
<td>National Anti-Drugs Agency, Malaysia</td>
</tr>
<tr>
<td>NCETA</td>
<td>National Centre for Education and Training on Addiction</td>
</tr>
<tr>
<td>NDARC</td>
<td>National Drug and Alcohol Research Centre</td>
</tr>
<tr>
<td>NEACA</td>
<td>National Expert Advisory Committee on Alcohol</td>
</tr>
</tbody>
</table>
NGO  Non Government Organisation
NHMRC  National Health and Medical Research Council
NIDAC  National Indigenous Drug and Alcohol Committee
NSW  New South Wales
NT  Northern Territory
NUAA  NSW Users and AIDS Association
PDARN  Pacific Drug and Alcohol Research Network
PICT  Pacific Island Countries and Territories
PIRT  Program of International Research and Training
QLD  Queensland
QNADA  Queensland Network of Alcohol and Drug Agencies
SA  South Australia
TAS  Tasmania
TC  Therapeutic Community
UNAIDS  The Joint United Nations Programme on HIV/AIDS
UNESCAP  United Nations Economic and Social Commission for Asia and the Pacific
UNESCO  United Nations Educational, Scientific and Cultural Organization
UNICEF  United Nations Children’s Fund
UNODC  United Nations Office on Drugs and Crime
USAID  United States Agency for International Development
VAADA  Victorian Alcohol and Drug Association
VIC  Victoria
WA  Western Australia
WANADA  Western Australian Network of Alcohol and other Drug Agencies
WHO  World Health Organization
WHOS  We Help Ourselves
WFTC  World Federation of Therapeutic Communities