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THANKS TO ALICE SPRINGS HOSPITAL STAFF!

This story was based on a series of emails sent to the staff at Alice Springs Hospital, by a German tourist who was a patient there in 2005.

Gertraud and Herbert Koriath, are from a small town called Stadtbergen in the German state of Bavaria. They have a son, currently planning to travel to Australia and a 2 year old cat, Nicky, who is the self proclaimed boss of the house. Herbert and Gertraud recently had a lovely white Christmas – with heaps of snow and much enjoyment.

Herbert used to be a heavy smoker, up to between 50 and 60 cigarettes a day. Despite his wife being a non smoker, many of his family and friends are smokers- supporting him to continue his habit for much of his life and making it difficult to quit. The quit techniques suggested to Herbert worked, including waiting 15 minutes until the urge to smoke passes, and he can't remember “what the hell” was added to his tea which helped with the smoking cessation but it worked. Herbert hasn't wanted to smoke and hasn't taken up smoking again for 5 years and counting. His wife is extremely grateful for the clean and smoke free air in their apartment and for the fact that her curtains remain clean and fresh smelling for much longer.

Herbert, emailed the staff at the Alice Springs Hospital, as he got his first computer for Christmas last year, to thank them for assisting him to quit smoking a live a healthier lifestyle, including a low fat and low salt diet. He thanked the staff for their endless encouragement, cheerful and friendly manner and for saving his life.

The view of Herbert and Gertrauds Apartment building at Christmas

Besides wishing everyone a belated Merry Christmas and Happy New Year, Herbert and Gertrude are very happy to hear from the Alice Springs staff at any time.

The Chronic Diseases Network

The Chronic Diseases Network was set up in 1997 in response to the rising impact of chronic diseases in the NT. The network is made up of organisations and individuals who have an interest in chronic disease, with Steering Committee membership from:

- Aboriginal Medical Services of the NT
- Arthritis & Osteoporosis Foundation of the NT
- Asthma Foundation of the NT
- Cancer Council of the NT
- Healthy Living NT
- Heart Foundation - NT Division
- General Practice Network NT
- Menzies School of Health Research
- NT DH Allied Health/Environmental Health
- NT DH Community Health
- NT DH Health Promotion
- NT DH Nutrition and Physical Activity
- NT DH Preventable Chronic Conditions Program

Contributions appearing in The Chronicle do not necessarily reflect the views of the editor or DH. Contributions are consistent with the aims of the Chronic Disease Network and are intended to:

- Inform and stimulate thought and action
- encourage discussion and comment
- promote communication, collaboration, coordination and collective memory.

www.chronicdiseasesnetwork.nt.gov.au
The Chronicle March 2011

SMOKING PREVALENCE IN THE NORTHERN TERRITORY POPULATION

RAMAKRISHNA CHONDUR AND SABINE PIRCHER
Health Gains Planning, Department of Health

Introduction

Tobacco smoking is a major contributor to mortality and ill-health among Australians. It is associated with increased risk of coronary heart disease, stroke, peripheral vascular disease and cancer. Of all health risk factors, smoking has been estimated to be responsible for the greatest burden of disease (7.8% in total). In Australia Tobacco smoking is the most preventable cause of sickness and death. Smoking prevalence in Australia has been falling, with a daily smoking rate of 1 in 6 adults in 2007.

In the Northern Territory (NT) the consequences of tobacco smoking are as significant as the whole of Australia. Between 1986-1995 tobacco was estimated to be responsible for one in five NT deaths for those aged 15 years and above, through diseases like chronic obstructive pulmonary disease (COPD), ischaemic heart disease (IHD), and lung cancer. Measey et al, estimated that between 1993-1995, smoking-attributable hospitalisations accounted for 4% of NT hospital admissions. Between 1999-2003, tobacco smoking among the NT population accounted for 8.1% of the total burden of disease. For both Indigenous and non-Indigenous Territorians, the burden of disease from both IHD and COPD increased moderately between the periods 1994-1998 and 1999-2003.

Smoking prevalence

In 2007/08, the smoking prevalence among NT adults was estimated to be at 33.4%, 1.6 times higher than the Australian average. Within this the NT Indigenous smoking prevalence was 49.8% and NT non-Indigenous 27.8% (Table 1). Over time the NT has not followed the national pattern of consistent declines in smoking prevalence. In contrast to national declines, since 1994, smoking prevalence in the NT Indigenous population has increased. Of particular concern is the increase among NT Aboriginal females from 35.5% in 1994 to 48.6% in 2008.

More recent survey results show some improvement. From 2004/05 to 2007/08, the smoking prevalence among NT adults fell from 35.3% to 33.4%. NT Indigenous adults went from 52.4% to 49.8% and non-Indigenous adults from 30.2% to 27.8%. However these promising early signs of change do not include NT Indigenous females who continue to increase (from 44.0% in 2004/05 to 45.5% in 2007/06) (Table 1).

Table 1: Age-adjusted smoking prevalence by sex and Indigenous status, Northern Territory and Australia: 2004/05 and 2007/2008

<table>
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<th></th>
<th>MALE</th>
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<tr>
<td>Australia</td>
<td>22.9</td>
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</tr>
</tbody>
</table>

Source: Table 3 – HGP Smoking Fact sheet

Smoking in pregnant women

Between 1996/97 and 2004/05, nearly one-in-two NT Indigenous women and one-in-five NT non-Indigenous women reported smoking during pregnancy. Among Indigenous women, smoking rates during pregnancy have increased steadily from 43% in 1996/97 to 53% in 2004/05, which is consistent with changes in the wider Aboriginal population.

References

The Australian Government’s National Tobacco Campaign 2011 was launched by federal Health Minister, Nicola Roxon, in early February. There will be a series of TV Commercials which are now appearing on local television channels. A FAQ sheet that has been prepared to support Quitline counsellors and health professionals respond to any questions that might arise as the result of the new campaign. Posters are also available to support the mass media marketing.

This is the first stage of the campaign and further material is currently being finalised including more culturally appropriate material for Indigenous audiences.

The National Tobacco Campaign aims to contribute to a reduction in the prevalence of adult daily smoking to 10 per cent or less by 2018. To achieve this, several marketing activities combine to engage with current smokers to encourage them to make a quit attempt, support current quitters in making their quit attempt and help them reduce their chance of relapse.

The campaign will particularly target:

- Daily smokers aged 18 – 40 years
- Recent quitters 18 – 40 years

Secondary and intermediary audiences include:

- Smokers and recent quitters aged 40 years and older and young people
- Family and peers of smokers
- Health professionals

More Targeted Approaches will specifically communicate to people from culturally and linguistically diverse (CALD) backgrounds, people experiencing mental health problems, prisoners, people living in areas of social disadvantage and pregnant women and their partners.

The National Tobacco Campaign will also liaise closely with initiatives working to reduce the smoking rates in Indigenous communities.

The TV Commercials and the other campaign materials can be viewed at www.quitnow.info.au.

To support people to quit as of the 1st of February 2011, Nicotine Replacement Therapies (NRT) will be available on the Pharmaceutical Benefits Scheme. This means that NRT’s will be more affordable and accessible to a wider number of people, through a prescription from their doctor.

This is a $50 million commitment to assisting people to Quit. It is estimated that thousands of people will take advantage of the reduced cost of NRT’s helping to reduce the 15000 deaths due to tobacco smoking, and alleviate the $31 billion dollars spent each year as a result of tobacco consumption.

This initiative was not applied for by a pharmaceutical company, the Cancer Council and other public health advocates have lobbied for this change, after identifying a gap in the needs of low income people accessing Quit therapies.
TOBACCO ARTICLES

<<< CHANGES TO TOBACCO LEGISLATION IN THE NT

- Voluntary Outdoor Smoke Free Areas – the power for owners and occupiers of outdoor public areas to declare the area smoke free with legislative support prior to the mandated period;
- Displays and Point of Sale – the prohibition on the display of all tobacco products, at the point of sale for licensed retailers, with recognition that standard restocking procedures by staff need to occur. Similarly the pricing and availability information can be displayed at the point of sale; and
- Licensing of Tobacco Retailers – the introduction of an annual licence fee of $200, and renewal processes, as well as new licence conditions that will ban fruit and sweet flavoured cigarettes and require sales data to be submitted. This will assist the Director of licensing to monitor and enforce tobacco control legislation.

What will the changes achieve?

All tobacco control initiatives in the NT aim to reduce smoking rates and protect people, especially vulnerable groups such as young people, from the harms associated with tobacco smoke. These amendments are designed to complement other tobacco control initiatives across the community, including quit initiatives such as the Quitline and smoking cessation education and support services.

Who enforces the legislation?

Compliance with smoke free provisions of the Tobacco Control Act is the responsibility of the owner/occupier of the workplace or public area. There is also an obligation under the legislation for the owner occupier of any area required to be smoke free to enforce this requirement. DH currently coordinates the enforcement activities across these Agencies and has set up a free call line where any complaints of non-compliance with the Act can be raised – 1800 888 564 (toll free).

What supports are available to quit smoking?

The Department of Health offer a range of education programs and cessation supports including group support programs, individual counselling and the Quitline telephone counselling service. The Quitline can be contacted 24 hours a day on 137 848 or 13 QUIT.

Group support programs (known as Quit Fresh Start courses) are available free of charge through Community Health Centres and on request through the Alcohol and Other Drugs Program. For information on these programs please see the Alcohol and Other Drugs Website: www.smokefree.nt.gov.au

Cessation support is also available through a General Practitioner, District Medical Officer, Health Centre or pharmacist who can provide information and advice.

For information on these legislation changes please see the Alcohol and Other Drugs Program Website: www.smokefree.nt.gov.au

References

9. Office of Environmental Health Hazard Assessment OEHHA, California Air Resources Board ARB, California Environmental Protection Agency Cal/EPA. Health effects of exposure to environmental tobacco smoke: Final Report, approved at the Panel’s June 24, 2005 meeting. Sacramento: Office of Environmental Health Hazard Assessment, 2005
The ‘Healthy Starts Study’1 has started at Menzies School of Health Research and Danila Dilba in Darwin and at the University of Auckland in New Zealand (NZ). It is a multi-centre, international, randomised controlled trial of a family-centred tobacco control program about second-hand smoke. The aim is to reduce respiratory illness among Aboriginal infants in Darwin and Māori infants in Auckland. If successful, the results will influence health promotion strategies that will help improve the health of many Indigenous infants.

The Problem
Second-hand smoke is associated with many childhood illnesses including SIDS,2 asthma,4 cancer,5 and acute respiratory illness (ARI). ARI is the most common cause of presentation and hospitalisation of young Indigenous children.4 In the Northern Territory (NT), 20% of Aboriginal children are hospitalised at least once for respiratory illness in their first year of life.3 Second-hand smoke is a significant and preventable source of childhood illness,5 and Indigenous children have a much greater risk of exposure to second-hand smoke than non-Indigenous children. Aboriginal adults in Australia and Māori adults in NZ are twice as likely to be smokers than their non-Indigenous peers.10 Previous tobacco research in the NT has shown that Aboriginal parents are motivated to quit smoking to help improve the health of their children.12 Our aim is to reduce the exposure of infants to second-hand smoke and hence improve the respiratory health of Indigenous children.

The Study
We are recruiting Indigenous mothers of newborn infants. They must live in the Greater Darwin area, be 16 years old or older and live in a house with at least one smoker. Our Aboriginal Community Workers (ACW) will explain the study to eligible Indigenous families and answer any questions they may have. With their consent, they are then enrolled in the study and randomly allocated to one of two groups.

Group One participants receive five visits by an ACW in the first 12 months of the baby’s life. The visits include both data collection and delivery of the tobacco control program (which is provided over three visits in the first three months of the infant’s life). Program visits involve assistance with reducing the infant’s exposure to second-hand smoke, based around an Aboriginal model of health promotion, including structured motivational interviewing techniques. Any household member interested in quitting, receives smoking cessation advice and is offered a Quitline referral and nicotine replacement therapy, where appropriate.

Group two participants, the control group, are visited three times in the first 12 months of the baby’s life where ACWs discuss their baby’s health and ask questions about their household smoking habits. These families continue to receive smoke free messages through their usual health provider.

For babies in both groups, a urine sample is collected at three data collection visits (when the baby is 1 month, 4 months, and 12 months old) and analysed for cotinine, a nicotine metabolite that is present in the urine. This tells us whether the infant has been exposed to second-hand smoke. This data will be used to corroborate information collected in the questionnaire.

We want to see if there is a reduction in health care presentations for respiratory illnesses in group one; those who receive the intensive program visits.

We are currently recruiting at the Royal Darwin Hospital and Danila Dilba Health Service. The Community Care Centres (Casuarina and Palmerston) and the Domiciliary Midwives are also helping us by introducing the study to potential participants. Our ACWs follow up all referrals.

continued on next page >>>

DARREN W WESTPHAL, DAVID P THOMAS, VANESSA JOHNSTON
Menzies School of Health Research, Darwin

‘HEALTHY STARTS STUDY’-- HELPING TO MAKE INDIGENOUS BABIES HEALTHIER
HEALTHY STARTS STUDY -- HELPING TO MAKE INDIGENOUS BABIES HEALTHIER

If you know of any new Indigenous mothers who may be eligible to join the study and they are happy for our team to contact them to provide further information, please pass their details along to our ACWs on 0432 975 595 or our Project Manager on 8922 7972.

References

QUIT NOW CUP 2010

ALCOHOL AND OTHER DRUGS UNIT
Department of Health

The 2010 Quit Now Cup was held on 9 September at Cazaly’s Oval, Palmerston. This year’s format was different to previous years in that it was a round robin carnival. Four football teams took part in the competition after some late withdrawals.

• Palmerston High School
• Taminmin High School
• Darwin High School
• Kormilda Senior College

Once again the competition was given great support from the NT Government Department of Health and the ‘Quit Now’ smoking initiative who kindly donated sporting goods for the winning schools. Ted and Jody (picture below) came out for the day and opened the competition in the morning with a valuable talk on the dangers of smoking tobacco and other substances.

The team from the Department of Health had a table set up with information regarding these issues. The main attraction was a preserved lung of a smoker who had smoked two packs a day for 25 years. The sight of this should have been enough to turn anyone away from smoking as it was blackened throughout from tar and had a tumour the size of a cricket ball.

On the field, a high standard of football was played throughout the day despite the warm and humid conditions. It was unfortunate that Casuarina Secondary College, Marrara Christian College and St Johns College were unable to participate in the completion as they boast a lot of good players in this age group. However, this did not dampen the atmosphere of the day or the standard of the competition.

Kormilda Senior College were the dominant team of the day, producing an exciting brand of football and winning all of their games finishing in first place. Taminmin and Darwin High Schools were in a close battle for 2nd and 3rd place with Darwin narrowly winning one more game to put them above on the ladder. Palmerston High School was gallant all day but lost some close games and finished in fourth place.

FINAL STANDINGS

1st place – Kormilda Senior College
2nd place – Darwin High School
3rd place – Taminmin High School
4th place – Palmerston High School

Best Player: Matt Duffy
Best Player: Brandon Quinn
Best Player: Brett Rice
Best Player: Lionel Odgen

Despite some injuries, it was an enjoyable day and each school played with great sportsmanship and earned some valuable sporting goods for their school. A big thank you to all participating schools, Palmerston Magpies FC for the use of their facilities, and Ted and Jody from The Department of Health for coming out and showing their support. Hopefully, each participant took something out of the purpose of this competition and will endeavour to live a healthy active smoke free lifestyle.

A thank you to other staff at the Quit Cup Information Stand

A high standard of football was played throughout the day despite the warm and humid conditions. It was unfortunate that Casuarina Secondary College, Marrara Christian College and St Johns College were unable to participate in the completion as they boast a lot of good players in this age group. However, this did not dampen the atmosphere of the day or the standard of the competition.

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A tobacco control project is being supported in Milingimbi due to high rates of smoking and growing interest from the community to take action on smoking.

Using a community development approach, and the NT Tobacco Action Plan and East Arnhem Health Service Plan as main guides, a suite of evidence based tobacco control initiatives was drafted that target activities at 2 access points:

**Health Centre**, with the aims to strengthen the health centre's capacity to support smoking cessation and develop best practice management for smoking cessation and nicotine dependence.

Range of activities includes:
- Brief Intervention and Community Quit course training
- Provision of brief intervention, NRT as required and smoking cessation activities to clients
- Implement the DH Smoke Free Policy
- Antenatal smoking cessation classes

**Community based initiatives**, with the aims to increase community capacity to take action on tobacco, expand smoke free areas and change knowledge, behaviour and attitudes towards smoking, including de-normalising smoking

Main activities include:
- Expanding Smoke Free Areas
- Training community advocates
- Supporting any community driven activities

Embedded within the project is a framework for monitoring and evaluation to assess the implementation of activities and to assist with maintaining focus.

Through Commonwealth funding to Miwatj Health Aboriginal Corporation, Milingimbi has two dedicated part time community tobacco workers as well as the Aboriginal Community Workers to drive the project. Confidence, skills and enthusiasm is growing, as grass roots activity gains momentum and impact. As well as numerous informal activities, a number of planned initiatives have been implemented already including:

**Brief Intervention (BI) Training**
A total of 11 health centre staff and community members participated in the accredited brief intervention training, 7 of them were Yolngu people. This developed confidence and skills to enable both formal and informal conversations around changing practices, especially smoking.

**Milingimbi Smoking Survey**
The Community Workers and Mitwatj Tobacco Workers conducted a smoking survey with people living in Milingimbi. The aims for doing the survey were:
1. To learn more about the smoking story in Milingimbi and later reflect that back to the community
2. Provide baseline data
3. To help people think about stopping smoking
4. For the Community Workers and Tobacco Workers to practice delivering brief interventions and gain confidence

We found the prevalence of smoking to be 70% with the majority of smokers indicating that they are thinking about quitting. This capacity-building research activity led to many conversations and plans about further tobacco control activities.

**Milingimbi Health Committee**
A presentation by the Miwatj Tobacco Workers at a recent meeting of the local Health Committee prompted Yolngu committee members to take seriously one of their terms of reference - to provide health leadership in the community and in their camp areas. This challenge was taken up by some of the influential female committee members with a commitment to begin meeting as a stop smoking support group. This group has already met several times and is supported by the female Aboriginal Community Worker.

**QUIT Support Groups**
A series of QUIT talks was conducted in the community to stimulate further interest in ways to stop smoking. The notices placed around the community have also resulted in people coming to the Health Centre to make private enquiries about stopping smoking.

**Early work in progressing Smoke Free Areas**
Letters have been written and delivered by the Miwatj Tobacco Workers to both ALPA and the Shire requesting designated smoke free areas outside buildings and under all covered communal areas. The letters also included recommendations for a range of tobacco control initiatives.

For strength, success and sustainability in this project, it is essential that we continue the current approach that builds capacity and encourages community ownership.
HEALTH PROMOTION TOBACCO CONTROL FORUM
EAST ARNHEM

JEANETTE PASTOR
Senior Health Promotion Officer - East Arnhem
DoH

On 11 & 12 November 2010 a group of dedicated and enthusiastic staff members from the NT Department of Health, Miwatj Health Aboriginal Corporation, James Cook University and Menzies School of Health Research gathered together in Nhulunbuy to discuss initiatives and share ideas around health promotion and tobacco control in the East Arnhem region of the Northern Territory.

The forum was held in response to an earlier event in June 2010, also in Nhulunbuy, which focused on tobacco control and sharing stories around health promotion activities in action in remote communities. This second forum was well attended by community based, service delivery staff. The emphasis of discussions and presentations was placed on ensuring maximum participation from this group of committed members based in remote communities. Of the twenty participants there, almost half live and work in remote communities across East Arnhem.

The forum consisted of both presentations around community based health promotion activities, and presentations from experts in the field around planning and evaluation of programs and projects. There were opportunities for discussion around ways to strengthen tobacco control initiatives in remote communities.

In addition a concerted effort was made to identify how to strengthen the support for the tobacco control workforce into the future. Key themes identified through discussion included training initiatives and resource development and access to appropriate resources. Key recommendations were made by community based staff and a number of ideas were tabled to be actioned by various Departments/Organisations in 2011.

Feedback from participants highlighted the benefits of the forum. In particular many reported that the day was a great opportunity for people working in tobacco control to meet, network and discuss their ideas and projects with other staff facing similar challenges and opportunities. A follow up forum is planned to be held in 2011, to support tobacco control initiatives in the East Arnhem region.

For more information on the Health Promotion Tobacco Control Forum, please contact: Jeanette Pastor via email at jeanette.pastor@nt.gov.au.
THE TOP END TOBACCO PROJECT

RAY GENN
James Cook University

**Aims**
To implement and evaluate multiple-component community-action interventions to reduce tobacco smoking in three remote Aboriginal communities and homelands in the Top End of the Northern Territory over five years (2007-2011).

**Smoke-free policies:** There has been great interest in all communities with regard to extending smoke-free areas in public spaces. In collaboration with a young family a sticker was developed in the Dhamarrupuyu language to also encourage smoke-free homes in NE Arnhem Land.

**Support to quit or cut down:** Our team completed extended visits to all three communities to provide support for community members wanting to change their smoking. Assisted by local clinic staff, the majority of participants were located in workplaces where work time was made available for staff to access assessment and regular follow-up. Most were able to cut down tobacco smoking considerably whilst we were in the community, encouraged by lowering expired carbon monoxide readings.

**Resource development:** Extra funding to distribute expired breath carbon monoxide monitors (‘smokerlyzers’) and develop local health resources has been provided by the Department of Health and Ageing. ‘Smokerlyzers’ and training on their use have been provided for each community and placed with organisations such as; clinic, rangers, aged care, church and sport and recreation groups.

Resources developed in collaboration with community members include a poster and a sticker. In partnership with the NT Department of Health the poster is now being translated into several main languages for distribution across the NT.

**Baseline survey results:** These continue to be distributed at community and regional level in flipchart, DVD and CD format. The discs are available in English, Kriol and Djambaraapuyu. A Kunwinkku translation is currently underway. These results have launched fruitful discussions at community level regarding strategies to address the high prevalence rates of tobacco use.

The team visited all communities in July and August to discuss commencement of follow-up surveys and sustainability of successful strategies beyond the life of the research project. This included facilitation of a meeting of stakeholders in Yirrkala to discuss potential roles and support for new Tobacco Worker positions in the region auspiced by Miwatj Health. It was agreed that a collaborative effort among stakeholders would ensure the positions were well supported.

With the assistance of Tobacco Workers from Miwatj Health (Glenn Gurriwirri and Oscar Datjarra Dhamarradj), the first follow-up survey was commenced in Galiwin’ku in late August. Since the survey Glenn has been continuing to raise awareness of tobacco-related harms and providing follow-up and support for those participants who requested assistance with changing their smoking habits.

The team at Galiwin’ku in 2010
Excess alcohol consumption has significant health consequences, including increased preventable diseases, injury and death. In addition to direct harm to individuals who consume alcohol at a risky level, it is well recognised that alcohol misuse contributes to violence and crime, and has a negative impact on families and the society. In the Northern Territory (NT) adult population the estimated per capita alcohol consumption has been about 50% higher than for Australia, over the past years. This excess consumption can be seen in both Indigenous and non-Indigenous Territorians, with 14 litres or more of pure alcohol per person per year. The estimated total social cost of the alcohol was $642 million in the NT, in 2004/05.

**Among the NT non-Indigenous population:**
In 2007, almost one third (28.7%) of NT non-Indigenous adults who had consumed alcohol in the previous year, consumed quantities that were considered risky or of high risk to health in the short-term. About one in two (17%) reported drinking alcohol at a risky or high risk level in the long-term. Of those who had consumed alcohol, NT non-Indigenous men (15.4%) were more likely to drink daily than women (6.3%) and both are higher than rest of Australia (11.5% and 5.9% respectively).

**Among the NT Indigenous population:**
The prevalence of alcohol consumption among Indigenous Territorians is much higher than the national Indigenous average for all persons (Figure 1). The 2008 National Indigenous and Torres Strait Islander Social Survey (NATSISS) reported that nearly two thirds (63.5%) of Indigenous men consumed alcohol in the previous year compared to over one third (36.2%) of Indigenous women; this is again much higher than the national Indigenous average for all persons.

In remote areas, Indigenous persons (45%) were less likely to consume alcohol than non-remote Indigenous persons (66%).

**Figure 1: Prevalence of alcohol consumption among Indigenous adults by age group and sex, Northern Territory and Australia, 2008**

<table>
<thead>
<tr>
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<th>NT Male</th>
<th>NT Female</th>
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<td>71.0%</td>
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</tbody>
</table>


Consistent with high per capita alcohol consumption, the burden of alcohol-attributable conditions is also the most evident in the NT. Alcohol-attributable hospitalisations in the NT greatly exceed those for Australia as a whole with the most common causes of alcohol-attributable hospitalisation being assault and pancreatitis for Indigenous people and falls and occupational machine injuries for non-Indigenous people.

In 2005/06, there were 2544 alcohol-attributable hospitalisations in the NT (age-standardised rates of 157.7 per 10,000 adults).

In 2005, alcohol-attributable deaths occurred in the NT at about 3.5 times the rate they occurred in Australia.

There was an estimated 119 alcohol-attributable deaths in 2005/06 in the NT. The age-standardised rates of death per 10,000 adults were 7.8 for all Territorians, 21.4 for NT Indigenous and 4.0 for non-Indigenous people.

For both NT Indigenous and non-Indigenous people, the three most common causes of alcohol-attributable deaths were alcoholic liver cirrhosis, road crashes and suicide. 48% of NT road fatalities involve an illegal blood alcohol concentration, compared with less than 30% in other jurisdictions.

Nationwide Indigenous people are more likely to drink at high-risk levels than non-Indigenous people. Even though many Indigenous people do not drink at all, or drink lightly, many of those who drink, drink heavily. However, it needs to be highlighted that in the NT, alcohol is not only a problem for Indigenous Territorians, but also for non-Indigenous Territorians. A NT wide effective strategy to reduce the supply of and demand for alcohol and to address the related harms is warranted.

**References**

"I realised this was my last chance to take control. To be a boss man of my own life. With all these kids relying on me I had to give up drugs and grog once and for all. I realised I had a problem with alcohol and violence. With help from the counsellors and psychologist I found my 'boss man'. Then my 'boss man' gave my party man a fl  oggin'."

This powerful introspection is part of a social comic book "Wombidgee" that tackles Aboriginal Men's Health produced by Inception Strategies.

Damien Amamoo is the CEO of Inception Strategies, a company that develops and produces comic books which have a strong positive social and health messages. The work is commissioned by a program; group or community with an issue they would like to address. The process for the development of each comic is robust. Inception strategies workshops each comic book, with key community members. This involved an intensive week long consultation where the community works with Inception Strategies to develop the story line, the characters and advise on the best way to get the message across to the people that need to hear it.

Wombidgee was developed in a community in the North of Western Australia. It was commissioned by the Department of Health and Ageing and the local Aboriginal Medical Service. The story was workshopped by a group of 9 local aboriginal men of all ages.

It tells the stories of some men, enrolled in a group counselling program, who have had problems with Drug and Alcohol abuse in the community and how this affects them, their families and the community. In particular the storyline describes how substance addictions can start for many people, how they feel about addictions and how 'using' affects their moods and behaviours.

It also looks at the ways in which someone can take control of their life and their addictions and manage the long term impacts of substance abuse.

Once the Story line and characters are developed, Inception strategies have dedicated graphic design staff that develop ‘real’ and lifelike graphics to tell the story and depict the characters. This work is them compiled into an A4 booklet and distributed by the organisation that commissioned it.

Social comics aren’t new to the health arena, many readers will remember "Streetwize" social comics that were produced out of NSW in the 1990’s that covered a range of health issues. However they are a useful and engaging way to present a message to groups of people, particularly young people.

Inception Strategies are currently in the middle of a number of projects from across Australia that look at issues such as:

- Mental Health, Sexual Health and Volatile Substance Misuse comics in QLD.
- Palliative Care, Psycho-Stimulants, Petrol Sniffing and Depression comics in WA,
- a Health Careers in NT,
- Smoking Cessation in NSW, and
- Alcohol Misuse comic in Victoria.

Ultimately the Inception Strategies would like to produce enough social comics to form a resource or tool bank for health workers in the field.


If you have a good broadband connection and an Internet Browser with the flash plugin you can read the comics online at:

www.inceptionstrategies.com/comics.htm

Or for more information you can contact Damian on 0412 039 636 or email damian@inceptionstrategies.com

The Northern Territory Government has a comprehensive package of measures to tackle anti-social behaviour in the Territory. Broadly, the anti-social behaviour package covers Alcohol management, Return to Country, Patrols and engagement, Graffiti management, Closed Circuit Television (CCTV) and Youth programs.

**ALCOHOL MANAGEMENT PLANS**

**ALICE SPRINGS AND TENNANT CREEK**

These include:

- Implementing a community development model for reform, Reviews found community resistance to the Alcohol Management Plans based on the lack of community consultation. Strategies to engage the community in the development and implementation of the Alcohol Management Plans should be implemented. The report recommends the creation of both Indigenous and Non Indigenous Community Development positions to work with the community, special interest groups and key organisations and to oversee an Alcohol Working Group.
- Changing the social climate around alcohol issues in Alice Springs, A social marketing campaign that highlights alcohol misuse being a problem of both the Indigenous and non-Indigenous communities; and targets a broad range of people and community groups. There should be extensive public education in a range of setting including schools, workplaces, community functions and events etc giving information about Alcohol related harm, effective interventions, and the assistance available.
- Establishment of a new Alice Springs Alcohol Working Group, The report recommends that the existing Alcohol Reference Panel be reviewed and an Alcohol Working Group be established. Beyond this the working group should have a robust meeting structure, set administrative and infrastructure support to ensure members will attend meetings on a regular basis, and that there are formal minutes and actions resulting from each meeting.
- Improving the resources and infrastructure to deal with the problems of alcohol misuse, strengthen alcohol prevention initiatives such as education and support, and review and further commitment to existing organisations and groups that deliver existing alcohol and substance abuse programs in the form of funding and or support as appropriate.
- Developing an effective framework for ongoing monitoring and evaluation, Monitoring and evaluation of the Alcohol Management Plans, should be on the community level and the responsibility of the Community Development Officers. Data should gathered and analysed from a range of sources to critically and accurately assess the level of alcohol consumption in the community.

Alcohol Management Plans seek to reduce alcohol-related harm in communities and towns all over the Territory. The plans can include measures such as:

- Supply restrictions, whereby licensees agree or have their license conditions formally varied to limit the amount type and time at which alcohol can be sold.
- Permit systems, where all residents of a region are required to hold a permit to buy takeaway alcohol, or
- Agreements to work together to provide better links between sobering-up shelters, detoxification and rehabilitation services.

The plans are overseen by local Alcohol Reference Groups with representatives from local government, key service providers and relevant Northern Territory agencies, such as NT Police, Justice and Health.

An Alcohol Management Plan currently exists in a number of towns across the NT including Alice Springs & Tennant Creek. Menzies School of Health Research undertook a process evaluation of the management plans for Alice Springs and Tennant Creek. The report released made some key recommendations to improve the alcohol management plan.
Developing a "plain-language" handbook for the evaluation of Alcohol Management Plans, A handbook, to support Monitoring and Evaluation of the AMP’s at the community level, to describe, in language accessible to community, the evaluation of the Alcohol Management Plans and assist community members to access professional advice and support as appropriate.

Reassessing drinking in Indigenous communities, The government should extend its consultation with Indigenous Communities regarding alcohol free towns and town camps. Perhaps an opt in policy could be established and towns and town camps can apply to be alcohol free areas.

Licensed premises, The report makes 3 key aspects to this recommendation:
1. The government should commission a study to assess the practices of licensed venues that support the ongoing consumption of alcohol among people in the community including ‘booking up’ practices and variable pricing on products.
2. The government should instigate the buy back of alcohol licenses from businesses.
3. A responsible service of alcohol training package should be developed that contains a robust cultural training component and is relevant to the entire of the NT (given the highly mobile nature of the NT workforce).

Review of alcohol treatment services, The report highlights the need for collaboration and linkages between the alcohol related services. Therefore it recommends the government map out existing services, identify potential partnerships between services and offer support for this and introduce a round of competitive funding for the services to identify opportunities for collaboration and joint effort.

Consider the needs of elderly people, The evaluation process identified some issues that elderly people have in purchasing alcohol at a suitable time. However, it would be inappropriate that any special dispensation be made for their concerns.


References

Since 1995 a community coalition has been working toward reducing the negative effects of alcohol in the Kakadu region. The Gunbang Action Group (GAG) has comprised a variety of organisations over time, drawn from government departments, different community agencies and local business interests. Current membership includes the Gundjeihmi Aboriginal Corporation, NT Police, Licensees, Kakadu Health Services, Parks, West Arnhem Council, Energy Resources Australia, and the NT Departments of Justice, Education and Health.

For the last two years GAG has focused on development of an Alcohol Management Plan. The Plan was produced through extensive community consultation and research to ensure strategies would be the most appropriate for local conditions. A comprehensive mix of actions were adopted early in 2010 to address alcohol harms on a number of fronts: reducing demand, controlling supply, providing treatment, preventing problems from arising, and making drinking situations safer.

A newly developed key element in the supply of alcohol is the introduction of an electronic identification system. This was prompted largely because of local bans either going undetected by new serving staff or people visiting other licensed premises in the district where they were not so well known. The system is expected to be active in early 2011.

Enhanced treatment and care options are also being provided. They include establishment of a local treatment and rehabilitation service accessible to the whole West Arnhem region. This has the support of numerous communities across the region. It will remove the need for people to travel to Darwin and separate themselves from country and support networks – factors that currently discourage many who would otherwise seek help.

Diversion programs are being examined especially for adult men, along with broader community education initiatives and prevention programs especially aimed at young people. These will be conducted against a background of improved education and employment opportunities being created through partnerships in the area.
ALCOHOL ARTICLES

ALCOHOL MANAGEMENT IN KAKADU

The engagement of Aboriginal people is a priority for GAG. To create a setting in which local Aboriginal people are more comfortable to participate and make their voices louder, attention is being given to a Biling reference group that will work in partnership with GAG but meet separately. It will comprise of members from surrounding homelands. They will be actively supported to address local alcohol problems and to identify and manage ongoing strategies for the area.

This work in Kakadu is notable in several ways from other alcohol management efforts across the Territory as it has always been lead by locals with the support of government, rather than vice versa. The Plan is pursuing a broad and balanced range of strategies rather than restrictive access to alcohol which seems to be the goal of some other Plans. The work is also progressing in a sensitive environment of multiple and diverse interests: local Aboriginal people, town residents, tourists, licensees and other businesses, mining, national park management and three levels of government.

These aspects make the work challenging, but they can also enrich the processes and what can be achieved. There may be lessons for others in trying to find ways to minimise alcohol harms in their communities.

CARPA Editors Required

Calling all AHWs, Allied Health, RANs, Doctors, Dentists, Pharmacists, Nutritionists, remote practitioners (new, past and present)…

The success of past editions of the CRANAplus Clinical Procedures Manual and the CARPA Standard Treatment Manual have been dependent on input from health professionals such as yourself.

Many generous remote practitioners have already signed up to contribute to the new editions of the Remote Primary Health Care Manuals (CARPA STM, CRANAplus Clinical Procedure Manual, Women’s Business Manual and Medicines Book for AHW) … but more are needed …

You can contribute by:

• Joining a working group to review protocols and procedures across the 5 manuals

• Becoming a secondary reviewer and evaluating any changes initiated by the Working Groups – review as little or as much as suits you, any contribution is appreciated

Note that whilst all protocols and procedures will be reviewed, changes made only if evidence dictates. We then need practitioners and experts such as you to let us know if the changes are clear, helpful and realistic in the remote context.

Evidence based guidelines are integral to remote health care, and making sure they work in your practice and setting is the secret to making them relevant and helpful.

Please contact me if you can help:
Email Stephanie.mackie-schneider@flinders.edu.au
Mob 0417 804 764
The 2010 panel discussion at the CARPA conference took a hypothetical format. The panel members were a group of experts collated to represent different key stakeholders in alcohol control in the NT. On the panel was:

Ms Donna Ah Chee
Donna, a Bundjalung woman from NSW, has been living in Alice Springs for the last 20 years. She has been involved in Aboriginal & Torres Strait Islander Affairs for over 25 years, and is the Deputy Director of the Central Australian Aboriginal Congress. Donna co-chaired the development of the NT Alcohol Framework and participated as a Congress representative on the Steering Committee overseeing the review of Secondary Education in the NT. Donna represents Congress on the Alice Springs Alcohol Reference Panel that oversees the implementation of the Alcohol Management Plan.

Mr Shane Bloomfield
Shane is a local Arrente man, who was born in Alice Springs in 1978. He and his family have lived in Alice Springs for generations. Shane is a member of Lhere Aterpe Aboriginal Corporation and is a well respected member of the local community.

Shane has worked as a security officer for in licensed venues for over 10 years. His work with Talice included shifts in almost all of the licensed venues, as well as at private functions, and community events.

In 2006 Shane became an Indigenous Tourism Development Officer with Tourism NT until 2008. He is currently Community Housing Officer for Remote Housing (NT Govt). Shane is keenly engaged in sports and has represented the NT in Australian Rules football, Cricket, Basketball, Baseball, and Rugby.

Professor Jon Currie
Jon is a neurologist and an addiction medicine specialist, and is Director of Addiction Medicine and Translational Neurobiology at St Vincent’s Hospital, Melbourne.

Jon has a longstanding interest in the neurobiology of addiction, the acute and chronic effects of alcohol and other drugs on brain function, and translation of basic neuroscience and neurobiological research into effective clinical treatments for addiction.

He is currently a member of the Research Committee within the NHMRC, and is Chair of the Victorian Drug and Alcohol Prevention Council, and of the expert Working Committee that has recently reviewed the NHMRC Australian Alcohol Guidelines.

Mr Russell Goldflam
Russell is the lawyer in charge of the Alice Springs office of the Northern Territory Legal Aid Commission. He is the Northern Territory Law Society nominee on the Alice Springs Alcohol Reference Panel, which advises the Northern Territory Minister for Alcohol Policy.

Russell has campaigned for many years to reduce alcohol related harm in Central Australia, with a particular focus on supply restrictions.

Professor Dennis Gray
Dennis is a Deputy Director at the National Drug Research Institute at Curtin University of Technology, 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.

Dennis has published extensively on Aboriginal substance misuse issues and has been invited to give presentations on his research in various national and international forums. His most recent work has focused upon the provision of alcohol and other drug services and on enhancing options for the management of alcohol and cannabis related problems in Aboriginal community controlled health services.

Mr Chris McIntyre
Chris is the Deputy Director, Licensing, Regulation & Alcohol Strategy - for the Southern half of the Territory. He has worked as Government regulator in the Gaming & liquor industry since 1990 and is a long term Alice Springs resident.
**Mayor Damien Ryan**

Damien was elected as Mayor of Alice Springs in March 2008 and is passionate about promoting Alice Springs as a tourist destination.

Damien currently holds positions on a number of committees, councils and boards active in the economic, industrial, infrastructure, social and educational development of Alice Springs.

**Dr Penny Stewart**

Penny arrived in Alice Springs to work in the intensive care unit in 2005. Before this she was working at Royal Prince Alfred (RPA) Hospital. RPA was the liver transplant hospital and was referred all the difficult chronic and acute liver disease in the state. Penny says that in coming to Alice Springs she saw more chronic liver disease than she ever saw in her time at RPA Hospital. Penny’s partner is an Aboriginal Australian and used to drink heavily until he decided 4 years ago that he did not want Grog to ruin his life and has stopped drinking for 4 years.

**Mr Chris Vaughan**

Chris Vaughan has worked in Hospitality and Sales for a number of years. Chris moved to Darwin in 1995 and transferred the following year to the Alice as a Brewery rep for Lion Nathan brewing. In 1998, Chris and his partner Avril bought Bojangles Saloon. Chris is currently the Chair of Alice Spring Licensees Alcohol Accord.

The scenarios presented to these expert panel members included several real life situations relating to alcohol consumption and related harm. The experts were then invited to respond to the scenario given the situation and their different perspectives.

The Scenarios presented to the panel were:

1. **As a parent, my teenage son is turning 16. He wants to have a party. He has invited his friends who are all age ranges including people over 18 and people as young as 14 and 15. Should I serve alcohol there?**

   **Response:**

   The panel decided that they would not provide alcohol at the party. While legally a parent providing alcohol to someone underage is not illegal, it is failing in their duty of care to provide a safe and protective environment for minors in their care.

   The risks and costs of excessive alcohol consumption is too great especially for minors.

   - There are physiological and psychological costs in the form of the neurological damage that can be done an the potential for addiction,
   - Social costs in the form of increased public vandalism, assaults, injuries, increased level of other risky behaviour that often accompanies excess alcohol consumption.
   - Economic Costs associated with Policing, providing medical care and providing long term care in rehabilitation and treatment.

   The panel also discussed the cultural shift towards wide spread acceptability of alcohol consumption among young people and the need for parents to work towards educating their children that this is an unacceptable thing to do. This included ways to reduce parents/ guardians purchasing alcohol for young people. I.e. increasing the price, examples of this include the Alco-pops tax and the suggested minimum floor price for a litre of pure alcohol.

2. **A company is arranging a long term sporting event, designed for young men aged between 18 and 30. There is a large number of competitors intending to come, and the organisers would like to hold it in Alice Springs next year. The event is sponsored by Bourbon Company that has traditionally sponsors a series of scholarships for young Aboriginal people to attend high school. The event called “Take it to the Limit” will be aired on American Television along with a documentary about Alice Springs and some of the key highlights and tourist attractions in the town. It would generate significant income in tourism and exposure for the town. Would you the Panel of experts endorse this proposal?**

   The panel decided that prior to accepting or rejecting the proposal they would investigate the event further. The sporting event would be bring considerable economic investment in the short term to Alice Springs Similarly it would be invaluable for advertising and attracting tourists to the area. While the investment in education of young people would also raise the profile of education and support at risk youth to attend school and finish, this investment may not outweigh the potential drawbacks. There are several key points of concern; there will be a large number of mostly young male of an age where they are at highest risk of drinking excessively. This has implications for public safety, injuries and assaults, service provision in hospitals, policing, bars and other licensed venues.

   **For more information or to watch the Panel discussion please see the following website:**

The 48th CARPA Conference this year had the theme ‘Alcohol – What’s The Harm?’ and was held on the 5th -6th November 2010, at the Centre for Remote Health in Alice Springs. It was a comprehensive 2 day program that looked extensively at alcohol related harm, consumption, policy and legislation and clinical implications in the NT and Australia.

I enjoyed the conference very much and wanted to share with you some of the highlights.

The Keynote presenter was Dr Dennis Gray, Deputy Director, National Drug Research Institute. His rather sobering presentation was titled ‘Addressing harmful alcohol and drug use among Indigenous Australians:’ It looked at statistics and data on the harm caused to Indigenous Australians by alcohol use.

Some of the key points of his address included:

- Alcohol abuse is not just an Aboriginal problem/ concern. 20% of Australians report drinking until intoxicated, alcohol is associated with 3.2% of the burden of disease in Australia and costs the Australian public $15, 318 million per annum.
- Over a decade the NT has consistently maintained an average drinking rate that is 1.5 times higher than the national average. This is further increased in Aboriginal Territorians, who drink on average twice the national rate.
- The alcohol related rate of deaths for Aboriginal Territorians is almost 2.5 times higher than Non Aboriginal Territorians, and is significantly higher than any alcohol related deaths among aboriginal populations in Australia.

Dr Gray’s presentation also discussed the need for implementing several strategies on a range of levels to comprehensively address alcohol consumption and harm.

- Implementing prevention measures that include the social determinants of health particularly around education and involvement in the workforce
- Reducing supply of alcohol in communities across the NT.
- Demand reduction
- Harm reduction
- Looking at gaps in service provision, the efficacy of programs, how to further engage the community in service development and what barriers exist that make a program not effective.

Other presenters that I found particularly interesting included:

Dr Steven Skov, Public Health Physician, NT DHF, who presented some facts and figures comparing rates of alcohol use in NT, Australia and the world. He also discussed some of the social and economic costs to the broader community associated with alcohol use in the NT. Some of the key points of his presentation included:

“If the NT was a country, it would be the second greatest consumer of alcohol per capita in the world. at 15.3 litres of pure alcohol per year,” only slightly worse than Luxemburg (who consume 15.56 litres of pure alcohol per capita per year).

In 2004/5, the number of alcohol attributable deaths in the NT were 7.2/10,000 compared to 1.9/10,000 in Australia.

In the NT in one year:
- 20% of all Ambulance work is related to alcohol,
Comgas BP’s first efforts to reduce petrol sniffing has been in the market for several years and has been found to somewhat successful in reducing petrol sniffing, however it contains lead and maintains its toxicity. As an improvement to Comgas, BP with assistance from government and community groups, have introduced the unleaded replacement fuel called Opal. Opal maintains the same deterrent aspect of Comgas whilst also removing the lead component.

Opal is the first fuel of its kind in the marketplace and has been available as of January 2005. Opal is not available for general distribution, but is available to all remote communities who previously received Comgas and who participate in the Comgas scheme managed by the Department of Health and Ageing.

There are a number of misconceptions around about Opal fuel, which is impacting on the uptake of Opal sales in remote areas.

Myth 1-
**OPAL FUEL WILL DAMAGE MY CAR & OUTBOARD**
Outcome- Busted

There is no significant difference when a vehicle runs on Opal compared to the same vehicle running on regular unleaded petrol.

Independent automotive testing laboratory report, October 2004

In October 2004, BP commissioned independent automotive testing of Opal in which was completed in January 2005. The testing found:

**For cars**
- Exhaust emissions for a vehicle running on Opal were equal to or less than the tailpipe emissions of the same vehicle running on regular unleaded petrol.
- There was no significant difference in driveability between a vehicle running on Opal and the same vehicle running on regular unleaded petrol.
- The difference in fuel economy between a vehicle running on Opal and regular unleaded petrol measured no more than 0.3 litres per 100km – within the normal variation of petrol in the market place.

**For outboards**
- Testing shows that Opal tended to be more difficult to start and idled poorly during the post-start stage of operation following tank ‘dry run’ simulation. However this circumstance is rare under normal operation.
- The extended idle engine test of Opal was successfully completed.

Myth 2
**OPAL FUEL COSTS MORE AT THE PUMP**
Outcome – Busted

The Commonwealth Government provides subsidies to ensure that Opal fuel is sold at the same price as the standard unleaded fuel.

Myth 3
**OPAL CAN BE SNIFFED IF YOU MIX IT WITH POLYSTYRENE OR OTHER SUBSTANCES**
Outcome: Busted

In no instance has Opal fuel been shown to be intoxicating when mixed with anything and sniffed. If you mix an intoxicating product with Opal, opal will merely dilute the intoxicating product.

**OPAL DOESN’T WORK ANYWAY AND PEOPLE JUST SNIFF OTHER THINGS**
Outcome: Busted

In a community, young people were sniffing petrol because it was easy to get and inexpensive. While OPAL fuel will be no more expensive than regular petrol, it doesn’t produce the ‘high’ people are sniffing for. Access to other substances can be more difficult. In a community setting a local store can more carefully monitor the sale and distribution of other volatile substances, effectively limiting their availability and supply in the community.

There is assistance available for retailers, from different agencies, to ensure their volatile substances are securely stored.

BP welcomes enquiries about Opal. If you would like more information please contact:

- **Media enquiries** – Peter Metcalfe (08) 9419 9644
- **Vehicle and outboard performance** – Garry Whitfield (03) 9268 4997
- **Toxicology assessments** – Mark Glazebrook (03) 9268 3932
- **Government enquiries** – Bill Frilay (03) 9268 3880

Overall, the differences between the baseline fuel and Opal are minimal and for the majority of users any differences noted would be transparent.
The Federal Government announced in 2010 that the non-sniffable fuel Opal would be rolled out across the Kakadu region in 2011. This is part of the Government’s $83.8 million dollar Eight Point Plan, which is the basis of the Government’s commitment to tackling petrol sniffing in remote communities.

The Eight Point Plan includes:
- Consistent legislation;
- Appropriate levels of policing;
- The rollout of low aromatic fuel;
- Alternative activities for young people;
- Treatment and respite facilities;
- Communication and education strategies;
- Strengthening and supporting communities; and
- Evaluation.

Opal Fuel, first introduced by BP in 2005 as a way to stop young people from sniffing petrol, contains very low levels of aromatic chemicals. It is specifically designed to assist remote communities and in particular Aboriginal communities fight petrol sniffing.

Petrol sniffing is a highly dangerous form of substance abuse. It destroys lives and has debilitating effects on the whole community. The impact of petrol sniffing goes much wider than its immediate effects on the health and wellbeing of the sniffer. There are other impacts on the families of sniffers and the wider community.

OPAL fuel is currently sold at 106 sites across Australia. Now Opal fuel will be available in an additional 39 sites across Australia from early December 2010, with sites in the Top End and communities in western Arnhem Land benefiting from this move first. It will be sold at the same cost as regular unleaded fuel.

The success of the Opal fuel program in Central Australia, pioneered by Central Australian Youth Link Up Service (CAYLUS), has paved the way for Opal fuel being rolled out in other parts of the NT. However it is vital that Opal fuel is rolled out comprehensively, with all fuel retailers supplying Opal fuel to ensure the programs effectiveness.

Amity Community Services is an incorporated non-government community organisation providing a range of services pertaining to behaviours of habit. The general goals are to:
- enhance health literacy
- enable people to gain information about the nature of habits
- make informed lifestyle choices
- enhance and encourage the adoption of healthy lifestyle choices

Amity has been involved in a number of fringe communities since 2005. The Alcohol and Other Drugs (AOD) and Indigenous Communities Project funded by the Department of Health and Ageing is based on building community capacity and has three purposes to:
- develop systems and processes that reduce supply of volatile substances and associated harms
- increase the capacity of Indigenous communities to reduce the harms and demands of alcohol, drugs and volatile substance abuse (VSA), and
- increase the capacity of Amity and other community service providers individually and collectively to work with Indigenous communities.

From inception and integral to this project is the development of an evaluation plan in collaboration with the Centre for Remote Health. Our measurable goals and activities provide quality control and action as issues arise. A notable shift in the type of inhalant products being used in Darwin resulted in structural change within the project. A dedicated youth outreach position was established, retailer education training was revamped, new partnerships formed and existing ones strengthened.

Inhalant Misuse (IM) is not unique to the Territory and the issues of petrol sniffing have been well documented. Whilst alcohol and other drugs are more entrenched, IM has devastating effects on communities and becomes cyclic and highly visible. For families and communities watching the impacts and witnessing the effects on children can be distressing.

For more information on the roll out please go to: www.health.gov.au/stoppetrolsniffing

OPAL FUEL ROLLED OUT IN KAKADU NATIONAL PARK

VOLATILE SUBSTANCE ABUSE

A COMMUNITY BASED MULTI PRONGED STRATEGY

ANNETTE MAGEEAN
Coordinator, Alcohol and Other Drugs Indigenous Communities Project, Amity Community Services Inc.

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For more information on the roll out please go to: www.health.gov.au/stoppetrolsniffing
Some kids getting involved with activities

The Mens Group

Our project’s multi pronged approach to reduce the availability of harmful solvents includes the following strategies: regular retailer training and development of user friendly flow charts for staff; the development and updating of “A Guide for Northern Territory Service Providers”; lobbying for stronger VSA legislation; clearer referral pathways and early intervention; and clearly, the main energies have been assisting the community to reduce the harms and demands of AOD. Operational Men’s and Women’s programs have a variety of activities organised that were solicited by the community such as sport, hunting, cooking, arts, learning to drive, etc. Often we find there may be duplication of services in communities and we believe there is a need to be clear on our roles and what support means to the community.

Talking to people about unhealthy substance abuse habits

We assist communities to obtain funds and grants to support their identified activities. A vision of one community included activities aimed at encouraging school attendance. This resulted in the establishment of a breakfast program owned by the community with the Mothers running the program, opposed to a program run by the school. Recent feedback from the community identified barriers to school attendance, such as lack of sleep and falling behind in class, resulted from activities by adults including alcohol and other drugs, gambling, and playing loud music.

Community engagement and ownership is fundamental, and success depends on relationships with the community. Although it is easier just to provide the activities and services, the long-term goal is to assist the community to acquire skills in order to take control.

Kids getting involved in a talent competition at School

For more information:


Dr Phil Entwistle at Centre for Remote Health
phil.edwistle@flinders.edu.au

Or Annette on Phone: (08) 8944 6542 or Email Annette@amity.org.au
A recent review found that the prevalence of harmful alcohol use among Indigenous Australians is about twice that of the non-Indigenous population. Harmful alcohol use is a contributing factor in the experience of social, emotional, and physical harms, including violence and social disorder, family dysfunction, child neglect, loss of income, high levels of imprisonment, hospitalisations (due to injury, assault, mental disorders and disease), and death (due to suicide, injury, liver disease and stroke).

The causes of harmful alcohol use are embedded within the social determinants of health; the lack of protective societal factors and the resultant poor health status experienced by Indigenous Australians. Harmful alcohol use among Indigenous Australians has an historical context both in its role as an aid in colonial oppression and as an Indigenous escape from the impact of the pain of colonialism.

Policies over the ensuing two centuries have all played a part in the continuation of Indigenous disadvantage and the associated harmful use of alcohol including: the prohibition of alcohol sales to Indigenous Australians; the protectionist policies and the creation of missions; the assimilation policies and the associated Stolen generations; the granting of citizenship rights that were equated with drinking rights; and the abandonment of self-determination policies and the rhetoric of ‘practical’ measures under the national unity policies of the Howard era.

The recent policy of Closing the gap between Indigenous and non-Indigenous Australians and the symbolic apology is intended to herald a new era of reconciliation and partnership between government and Indigenous Australians.

Interventions to address alcohol-related harms include: primary interventions (preventing the uptake of alcohol); secondary interventions (preventing risky or problematic drinking); and tertiary interventions (reducing the harms of use). A combination of harm minimisation strategies is most effective in addressing alcohol-related harms and evidence clearly shows that the following are central to effective interventions: local community support for and control of interventions; community specific interventions; culturally sensitive and appropriate interventions; adequate resourcing and support; the provision of aftercare; and, catering for complex presentations.

What needs to be done to address the considerable harms that continue to exist in relation to alcohol use involves a two-pronged strategy. Firstly, the existing National alcohol strategy, the Alcohol treatment guidelines and the National drug strategy Aboriginal and Torres Strait Islander complementary action plan 2003-2009 (CAP) provide the evidence-based framework required to address alcohol-related harms. There needs to be a recommitment to CAP to ensure that the key result areas are met. Secondly, comprehensive intervention strategies addressing the social determinants of health must be implemented.

The Australian Indigenous HealthInfoNet

The Australian Indigenous HealthInfoNet is working to ‘close the gap’ in Indigenous health by providing easy access to evidence-based materials to inform policy and practice. Our comprehensive online resource (website) has a specific section dedicated to Substance use which offers instant access to high quality research into this important area, as well as to publications classified as ‘grey literature’.

Key sections include:

- resources – a comprehensive list of health promotion resources and practice resources (including guidelines and toolkits), complete with a description and a link to the resource
- policies and strategies – both Indigenous and those relating to the general population
- programs and projects – descriptions, links and contact information of current and completed programs and projects on alcohol, illicits, volatile substance use, and tobacco
- publications – includes journal articles, reports, unpublished materials and conference presentations, and
- reviews – reviews and background information on substance use among Indigenous peoples including alcohol, illicits and volatile substance use

References

ALICE SPRINGS

Location:
Alice Springs is the second largest town (sometimes incorrectly referred to as a city) in the Northern Territory of Australia. Alice Springs is situated in the geographic centre of Australia near the southern border of the NT. The site is known as Mparntwe to its traditional inhabitants, the Arrernte, who have lived in the Central Australian desert in and around what is now Alice Springs for more than 50,000 years.

Population:
Alice Springs has a population of 27,481 people, which makes up 12 percent of the territory’s population. According to the 2006 census, Australian Aborigines make up approximately 6.7% of the population of Alice Springs.

Economy:
Alice Springs began as a service town to the pastoral industry that first came to the region. The introduction of the rail line increased its economy and productivity. Today the town services a region of 546,046 square km and a regional population of 38,749. The region includes a number of mining and pastoral communities, the Joint Defence Space Research Facility at Pine Gap and tourist attractions at Uluru-Kata Tjuta National Park, Watarrka National Park and the MacDonnell Ranges.

Health:
Alice Springs Hospital is a 189 bed specialist teaching hospital which provides Emergency and other care to Alice and the surrounding areas. In addition there are a number of Aboriginal Community Controlled Health and Social Services, Central Australian Aboriginal Congress, Tanentjere Council and Pintubi Homelands and a range of health and social services from the non government sector.
**WARLPIRI YOUTH DEVELOPMENT ABORIGINAL CORPORATION (WYDAC)**

by Brett Badger-Operations Manager

"The Mt Theo Program has established itself as a benchmark for the creation and delivery of youth development programs in the Central Australian region. It delivers outstanding youth development, leadership and rehabilitation services in the Warlpiri region," Tristan Ray, Central Australian Youth Link Up Service, January 2010.

Mt Theo Program was started in 1993, by elders from Yuendumu community in the Warlpiri region of Central Australia, and continues successfully today. The program is aimed at reducing the devastating effects of chronic petrol sniffing in the community, by taking a comprehensive approach to rehabilitation and prevention. The program began with two key components:

- The first is to consistently admit any petrol sniffer to the remote Mt Theo Outstation for 1-2 months of cultural respite and rehabilitation, under the care of Warlpiri elders.
- The second was the creation of a 7 day/night youth diversionary service in Yuendumu filled with sports, art, bush trips and discos to keep Warlpiri youth entertained and engaged. This also helped to build social networks, reduce social isolation and provide a safe opportunity for fun and enjoyment.

Due to the overwhelming success of the program, in 2002, it expanded. The Outstation broadened its scope to include other substance abuse, or any youth at risk issues. Community and court referrals continue today from over 14 Central Australian communities, and there have been more than 500 clients since inception.

**Jaru Pirrjirdi**

In 2003 the basic youth program was strengthened beyond an ‘entertainment’ and diversion program. The Jaru Pirrjirdi (Strong Voices) project continued the youth diversion activities and built a more comprehensive youth development program. This incorporates education, training, cultural activities, mentoring, leadership and career pathways. This project seeks to create meaningful and positive futures for Yuendumu youth aged 16-25. Over 90 young people are currently involved in the project and more than 40 young people have graduated to employment and leadership positions within the community.

The success of the Jaru Pirrjirdi Project in Yuendumu (as well as direct client experience from the Outstation) resonated in other Warlpiri communities. These communities raised the funds, and requested that the Jaru Pirrjirdi Project be implemented in their communities. Youth diversionary programs began in Willowra (2005), Nyirrpi (2008) and Lajamanu (2009). Similar to the Yuendumu youth program, these services are growing from an initial solid diversionary base to the more comprehensive youth development programs.

**Warra-Warra Kanyi**

In 2008 Mt Theo Program client services were improved greatly by the creation of the Warra-Warra Kanyi (WWK) Counselling and Mentoring service in Yuendumu. Senior Jaru are employed as WWK mentors to work with a counsellor to target critical youth issues. The WWK team engage with youth on issues including alcohol or other substance abuse, suicidal ideation, sexual health, relationship breakdown, domestic violence, depression and grief. Last year the service case managed more than 75 Warlpiri clients, and provided crisis response, education, group project work and bush trips.

WYDAC works with communities to create positive and meaningful futures and employment for Warlpiri youth. Critically, Warlpiri people themselves created the program, and retain ownership and control over its design and development. There is a governing committee of 38 key Warlpiri people. Over 60% of salaried staff are Warlpiri people. The program has grown significantly and is continually responsive and appropriate to community needs.

For more information on the Mt Theo Program, visit their website: www.mttheo.org/home/
CAYLUS is based at Tangentyere Council in Alice Springs. It started out as a petrol sniffing prevention program in 2002, staffed by two community development workers and a case worker, in 12 communities in Central Australia. These actions were supported by funding from and strong partnerships with the Commonwealth Government. CAYLUS now works with a range of key stakeholders and 26 communities in the southern part of the NT (and some communities in WA) to reduce the impact of substance abuse on young people, their families and communities, and prevent substance uptake. There are now seven key staff members at CAYLUS who provide a range of support and advocacy services in the NT.

Central Australian Youth Link Up Service (CAYLUS)

Tristan Ray from CAYLUS

CAYLUS works directly with communities, at their request, to establish, implement, evaluate and support the ongoing operation of community driven, sustainable strategies and programs. These programs are comprehensive and effective.

On community CAYLUS works to reduce supply of the substance into the community, provides support for families and individuals to access rehabilitation and treatment, sources infrastructure and funding for alternative activities for young people. These activities have included:

- physically transporting young people to rehabilitation facilities at their request or the request of their families and the community
- Running and setting up enjoyable youth activities like a music program, sporting initiatives and arts programs
- Supporting youth workers based in communities
- Working with roadhouses and local stores to reduce the availability of toxic substances
- Night patrols to limit harm to people as a result of substance abuse

- Developing a series of radio programs (in 2005) that were broadcast across the NT, giving information to communities about sniffing fuel and other substances (these broadcasts are available on the CAYLUS website at: www.tangentyere.org.au/services/family_youth/caylus/radio.html

One of CAYLUS’s big projects has been to support the roll out of OPAL fuel in Central Australia. Opal fuel is an unleaded fuel substitute that emits significantly fewer toxins than regular fuel. This means that anyone sniffing OPAL fuel does not get the same ‘high’ than if they were sniffing regular fuel. For more information on OPAL Fuel please see the OPAL fact sheet on the CAYLUS website: www.tangentyere.org.au/services/family_youth/caylus/opal/Opal_factsheet.pdf.

The rollout of OPAL in Central Australia has been very successful; CAYLUS has been a driving force in this. There has been a 94% reduction in the number of full time sniffers in central Australia over the 8 years CAYLUS has been operating. This has meant that from over 500 sniffers there are now less than 30.

This is a result of the comprehensive processes that CAYLUS programs provide. There are always social programs set up for young people in affected communities that offer a fun alternative choice of something to do. There needs to be a strong community wide commitment to achieve a sniffing free community, including support from local businesses. In addition to these community initiatives, addicted sniffers must go into rehabilitation programs. CAYLUS works very closely with Barry Abbott’s Ilpurla Rehabilitation Outstation near Kings Canyon, Southern NT. It has been run by Barry Abbott and his family for about 30 years. It offers a rehabilitation and skill development service to young people with substance abuse problems from all over the NT and more recently young people from WA and QLD.

CAYLUS works closely with key decision makers and organisations to advocate for policy and legislation changes to reduce both supply of and demand for illicit substances in the NT. The CAYLUS Advisory group which governs the key strategic directions has decided to focus some of CAYLUS’s efforts in the future to alcohol reduction.

To find out more about CAYLUS please see the Tangentyere website. www.tangentyere.org.au/services/family_youth/caylus/index.html
Founded in 1999, Bushmob is a not-for-profit organisation that is aimed at reducing the harm done by alcohol and substance abuse in Alice Springs. Bushmob runs two major programs.

- A residential facility where young aboriginal and non-Aboriginal people can come to live, be safe and detox from illicit substances and alcohol and the other is a series of weekly regional trips designed to encourage and develop life skills and reduce social isolation.

- A multimedia department where young people can access technology and be involved in updating the Bushmob webpage and completing projects about their regional trips.

Bushmob was developed from requests by young people and elders in town camps around Alice Springs who wanted somewhere safe and neutral to stay to avoid alcohol and drug use in their community or to ‘dry out’ from substance use. It is run by eight key staff members. They are a group of dedicated individuals who are committed to helping the young people who come through their door.

The residential care facility, or house, was opened in 2008, and is staffed by Tin and four other carers (male and female) who supervise and offer counselling, education, support and 24 hour care. The house offers space for both males and females aged between 12 and 25. It has enough room to accommodate four young women and four young men and has a room for one person to undergo an isolated ‘detox’ process. The house was developed on the foundation of inclusion, team work and responsibility. House rules mean that everyone has household chores to help with, equal chance to use the internet, music and other recreational equipment available. Similarly the people staying there are supported to have a family member or close friend come and spend time with them and in some instances stay with them for as long as they need.

Despite being designed for people in the Alice Springs Township, the residential facility has hosted some young people from Tennant Creek, Darwin and East Arnhem. Sometimes Will, Tin or one of the other workers will, at the request of and with funding from the NT Family and Children’s Services, travel to the young person’s community to pick them up, meet their family and travel back to Alice Springs with them.

The challenge for the residential facility is location and space. The house is co-located with an adult substance rehabilitation facility, which is not ideal, and there are far more young people that need or want a place in the house than they can accommodate. Limited resources means that maintaining the house and staffing is a challenge and there is currently no option to move or expand the facilities. However Bushmob are working on sourcing extra funding.

The other key area of service delivery is Bush Adventure Therapy Program (BAT). This involves a group of young people, going bush with suitably qualified counsellors and group leaders, in a substance free environment for periods between 3 days and a number of weeks (resources dependant). BAT does intensive case management, maintains a substance free environment and aims to teach young people life skills and team work; and provide them with opportunities to develop friendships, meet new people and strengthen their social networks. Previous trips out bush have include camel treks, extended trips in some ‘troupies’ and horse riding adventures. Trips are challenging projects for Bushmob. With limited annual funding they often source donations from local businesses in the form of equipment and food provisions, grants from the government and other philanthropic organisations for operational costs and seek some volunteers to assist with the logistical arrangements.

Bushmob are often contracted by key organisations in Central Australia to run Bushtrips for a minimal fee. These trips are in line with Bushmob’s ethos and aim to teach young people from all cultures about the Central Australia environment and life skills. One in particular has been requested to take some of the Bushmob clients on a trip with some young people from a local high school to encourage more integration between aboriginal young people and non-aboriginal young people. This trip has meant there have been lasting friendships and strengthened social networks between the participants.

This type of ‘trip’ is important for developing understandings and bridging social and cultural gaps among young people. This creates a strong and engaged young person which can reduce their chances of beginning to use illicit substances and prevent further relapses.

The challenge for Bushmob in the future is to secure some funding to continue their vital work. To contact Bushmob or for more information please see their website: www.bushmob.com.au/Bushmob.com.au/Welcome.html
PAAC originated in Alice Springs in the mid-90’s as PAAG – the People’s Alcohol Action Group – a community-based response to increased awareness of excessive alcohol use and associated harm in the central Australian region. In September 2000, the group was re-invigorated and renamed the People’s Alcohol Action Coalition. PAAC, as a local action group, would be the community’s platform for change. PAAC does not seek prohibition, but supports people’s right to drink in a responsible and safe manner.

NT residents consume 1170 standard drinks per person per year, compared to 770 nationally and 400 globally. The heavy NT intake contributes to: high levels of social breakdown and domestic and other inter-personal violence; illness and premature death from chronic disease; accidental death and injury; and imprisonment. In Central Australia the number of alcohol-related Aboriginal deaths: 14.6 per 10,000, has been calculated at three times the national (Aboriginal) rate of 4.17.¹

PAAC welcomes individuals and organisations supportive of its aims, and its membership is currently comprised of individuals who work in relevant areas and Aboriginal, religious, medical and welfare organisations, community groups.

PAAC works to reduce alcohol-related harm, including through:
- developing constructive reforms to the sale of alcohol;
- advocating for controls on public consumption;
- advocating for responsible service of alcohol; and
- promoting healthy lifestyles.

A minimum benchmark or ‘floor’ price: making the most damaging grog dearer

One of PAAC’s main aims is the implementation of a minimum or ‘floor’ price for take-away alcohol. PAAC believe this change presents an opportunity to reduce the quantity of alcohol consumed by the most ‘problematic’ drinkers, without affecting the responsible drinker. Price is established as the most critical determinant of behaviour amongst ‘problem’ drinkers, who move towards cheaper products in order to get more value, that is, the most pure alcohol per dollar spent. National and international evidence² indicates direct links between:

- raising the cost of alcohol and reducing consumption in the population; and
- reduced alcohol consumption and decreases in alcohol-related harm, including hospitalisation and death.

Most prices would be unaffected

PAAC advocates that the NT price per standard drink for all types of take-away alcohol should be set at the same price as a standard drink of full-strength beer, currently around $1.20.

Most alcoholic drinks cost more than this, and would be unaffected. Only certain cheaper, high-alcohol content products would go up in price. Currently many of these very heavily consumed products like cask wines, cheap port and sherry, and cleanskin and cheap brand-name wine in bottles are priced at under $1 per standard drink. A regulated minimum price would target unsafe, alcohol-dependent drinkers who seek the biggest ‘bang for their buck’ through the cheaper end products, rather than responsible, moderate consumers. The majority of products would not be affected, and heavy discounting and clearance prices below the standard drink price benchmark would not be permitted.

The effectiveness of supply reduction through reduced take-away hours, smaller cask sizes and restrictions on the number of certain types of containers per person per day, has already been demonstrated in Alice Springs. These changes saw a very significant reduction of up to 18% in sales in Alice Springs from 2006, but sales of cheap cask wine and cheap bottled wine have risen over the last two recent years, eroding the gains somewhat, and in PAAC’s view, strengthening the argument for a floor price. The Australian Hotels Association has also publicly expressed its support for a floor price.

PAAC believes the NT Legislative Assembly has the power to implement a floor price through a simple amendment to the Liquor Act, and wishes to see this low-cost and potentially very effective change made as soon as possible.

PAAC meets monthly. For more information about PAAC and the campaign for a minimum floor price contact Convener Jonathon Pilbrow on 0438 552 584 or Chairperson John Boffa on 0418 812 141.

¹ Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm, p1 and also see chapter on pricing, pp76 – 81, World Health Organisation, Regional Office for Europe, Copenhagen, 2009. and Australia: the healthiest country by 2020 National Preventive Health Strategy – the roadmap for action
² Based on NT Department of Justice alcohol supply figures Nov 2010
HOLYOAKE

JASMIN SMITH
Member Services Officer CDN

Holyoake Alice Springs is a group and individual support centre for people affected by substance abuse and addiction. Holyoake is a not for profit, non-religious and non-government organisation that offers confidential counselling, education and information to people affected by gambling, alcohol and other drugs. Holyoake’s clients can be anyone affected by addiction and substance abuse. This includes the person with the addiction but most commonly is their family and friends.

People are referred to Holyoake through a number of avenues. Other services, health professionals and more commonly friends and family, everyone is welcome to walk in and request an appointment. When a person comes in to Holyoake they will have a confidential appointment with a counsellor and are then referred onto the most appropriate program for recovery.

Holyoake runs a series of 10 step programs which aim to aid recovery or strengthen people’s ability to cope with addiction or to cope with other people’s addiction. These programs include:

Skills for Life Program - a program designed to support people and develop the skills of people who have been affected by other people’s substance abuse or addiction. This course aims to equip participants with the skills to support and empower people with addiction to change their life.

Managing Your Life - a program designed for the people with substance abuse or addiction issues. This program can be delivered in a group setting or individually as required. It goes through a series of topics around self-esteem, taking control, goal setting, relationship development, dealing with relationships and ways to form them, process of dependence and relapse prevention.

Anger Management - a course is designed for anyone with anger management concerns, but is most appropriate for adults. It works on the basis of Cognitive Behavioural Therapy and aims to get people to identify their core beliefs, feelings and thoughts and manage their behavioural response to them.

Adolescent Program - designed for young people aged 12-21, this program covers the continuum of substance abuse from recreational use to dependence and the underlying issues that trigger use. The program is applicable to a number of substances including alcohol, tobacco and illicit drugs.

Young Peoples Program - for children aged 5 – 12 years and is designed to address issues associated with children living in an environment where someone else has a substance abuse issue. Topics include feeling safe, where to get help and therapy around the issues and behaviours that the child can change and what they cant.

Sandplay: a non-verbal therapy session for children. Children, in a sandpit with toys, by themselves are asked to ‘paint a picture’ using the sand and the toys. A therapist next to the sand pit will use the picture to ask the child questions that will slowly begin to open communication with the child. This therapy is usually used with children who have suffered psychological trauma, abuse, grief or other major emotional issues.

DRUMBEAT (Discovering Relationships Using Music: Belief’s, Emotions, Attitudes and Thoughts) - is a ten week, early intervention program aimed at reducing levels of social isolation and alienation in young people. DRUMBEAT explores issues around building healthy relationships through group work and cooperation. The program uses African drumming to engage people and give people a common task. While doing this, group leaders facilitate discussion using analogies around making music and relationships and encourage people to contribute their life experiences. DRUMBEAT encourages self-responsibility, reduces social isolation and encourages social networks among people. Holyoake is currently running DRUMBEAT in the Alice Springs prison with young aboriginal people.

Holyoake runs on a fee for service arrangement, where the initial consultation is $30 and additional services from then on are negotiable depending on people’s means and ability to pay.

Holyoake's aim is to provide a safe and educational space where people can learn skills and gain knowledge that empowers them in life to manage substance abuse an addiction. Holyoake would like to start travelling to remote regions to offer services in communities. The main challenge is securing funding to purchase the equipment required for these trips. For more information on Holyoake Australia you can visit the website: , to contact Holyoake Alice Springs phone: (08) 8952 5899 or email: receptionist@holyoake-alice.org.au
CAAAPU is just 5 minutes outside of Alice Springs and has been operating since 1991. There are two main hostels, one for men and one for women, set in some beautiful gardens. They house up to 20 men and 8 women at any one time, meaning that CAAAPU provides services to approximately 365 people per year.

JASMIN SMITH
CDN Member Services Officer

CAAAPU, Central Australian Aboriginal Alcohol Programs, is the main alcohol rehabilitation provider in Central Australia, where alcohol is recognised as a major contributor of harm for Aboriginal people.

CAAAPU is a residential facility, based in Alice Springs that offers a 2 month long drying out and rehabilitation program for Aboriginal people in Central Australia. CAAAPU is headed up by an enthusiastic and committed man Abdul Khan. He was kind enough to spend some time talking to me about the work that CAAAPU does.

CAAAPU entrance

CAAAPU aims to:
• Provide a safe, non-discriminatory healing place that equips clients with the tools with which to live a healthy, sober, active and productive life
• Be a leading advocate in areas of alcohol and other drug dependency as recognition of the unique spiritual and cultural strengths of Aboriginal people
• Ensure that it incorporates practices that enable clients to develop their full potential
• Work towards the reduction of the harmful effects of alcohol and other drugs on individuals, families and the community, thus contributing to the well-being of our society

CAAAPU also works throughout Central Australian communities and organisations to turn around the devastating problems caused by alcohol abuse.

Women’s Residential quarters

There is a waiting list for entry into CAAAPU, due to the large number of people that either self refer, are referred by a health professional, community correction and are court ordered to attend.

The key factors in CAAAPU’s successes include first class, culturally centred treatment and training programs, which are developed, controlled and staffed by Aboriginal people. These include arts therapy programs, life skills training and team building programs, alcohol education programs and cultural development programs. CAAAPU also offers outreach support to remote communities in Central Australia as required and as resources are available.

What I found particularly interesting about CAAAPU is the whole of person wellbeing philosophy that runs through CAAAPU. There are counsellors and medical assistance available as required, in addition exercise and healthy eating is built into the daily schedule of CAAAPU. Residents go for a daily walk and healthy food options and sessions on how to prepare them are provided. This focus was implemented more strongly at CAAAPU when the number or people staying there with alcohol issues also had chronic diseases at a higher rate than the population level. There are also educational courses that look at ways to reduce gambling and support to quit smoking (as 83% of people in CAAAPU residential facility smoke). CAAAPU is a smoke free workplace, an initiative designed to support residents by leading by example and to maintain the health and wellbeing of staff.

In addition to direct health related support and education, people also have mandated literacy, numeracy and computer educational sessions. This is to teach people the basics to support the transition back into their community and increase their chances of employment and self determination once they get home.

CAAAPU ensures their residents maintain their sobriety with a regular schedule of police checks, with sniffer dogs, and randomly arranged breath checks, with onsite breathalyser equipment.

For more information on CAAAPU please visit the website: www.caaapu.org.au
SNIFFING AND THE BRAIN

Is a flipchart designed and developed by the Menzies School of Health Research to raise awareness of the effects of petrol sniffing and inhalant abuse. It contains culturally appropriate information which is written in plain English. The information in the flipchart is generic and can be used nationally with a range of people.

The flipchart shows a diagram on one side for the audience to see, and text relating to the diagram on the reverse side for the educators to use. The diagrams depict how petrol sniffing affects the brain and causes damage over time, and gives a positive message that people can recover from some of the effects of petrol sniffing if they stop before it is too late.

This flipchart was extended to include a poster and two other complimentary flipcharts:
- When boys and men sniff
- When girls and women sniff

To obtain a copy of the flipcharts and/or poster, please contact National Mailing and Marketing on (02) 6269 1080 or email health@nationalmailing.com.au.

LET’S TAKE A MOMENT

Are brief intervention flipcharts developed by the Department of Health NT. The flipcharts are designed to support individuals and groups of clients to quit smoking. Specifically designed to be used with Aboriginal and Torres Strait Islander people.

To get a copy of the flipcharts contact the Alcohol and Other Drugs Program by phoning: (08) 8922 6905

THE AUSTRALIAN GOVERNMENT ALCOHOL INFORMATION WEBSITE

This clearinghouse contains a range of information around alcohol in Australia. In particular it has information on the Commonwealth Government’s National Alcohol Strategy, Treatment and Guidelines for Practitioners, relating to alcohol and a Publications and Resources Section.

This Publications and resources section contains a number of information and other resources that are appropriate to a wide range of population groups.

Interested people can order these resources directly from the website in most cases or for large orders you can email: alcohol.policy@health.gov.au

For more information call 02 6289 1555

To view the website: www.alcohol.gov.au
This comprehensive resource package is designed for Indigenous community groups and workers who want to use evidence based practical approaches to managing alcohol misuse.

The package includes:
- Flipchart,
- DVD,
- Brochure, and
- Screening tool.

And covers topics including: alcohol, including key items such as: standard drinks; health risks; drink-driving; decision-making; coordination; alcohol related brain injury; mental health issues; social issues (e.g. domestic violence, sexual abuse, history and loss of culture, going back to community); pregnancy; youth; follow up; and screening.

This Flipchart provides Brief Interventions and Motivational Interviewing Techniques, whilst incorporating Cognitive Based Therapy (CBT) in a Narrative (story telling) context.

The resource is distributed out to the community/groups with training provided to key people in the community, so they know the contents of the resource and can confidently provide the information to their people.

For more information on the flipchart or if you would like to get a hold of the resource with some training you can contact the Alcohol and Other Drugs Program: 8922 6905

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The respiratory team as part of the Bronchiectasis study at Menzies along with a resource development reference group have been developing some new respiratory resources. The resources include:

- 3 talking Posters that cover ‘Smoking’ entitled “Smoke is No Good”, ‘Cough’ and ‘Hygiene’ and
- 3 flipcharts which focus on Bronchiolitis, Pneumonia and Bronchiectasis.

These Resources are available online at the Indigienous Health InfoNet Lung InfoNet website: www.healthinfonet.ecu.edu.au/chronic-conditions/respiratory

If you would like more information on this resource please email lunginfonet@menzies.edu.au
Bosom Buddies is an independent breast cancer support and advocacy group, which was formed in 2001 through the combined efforts of consumers, medical professionals and Zonta.

Alice Springs based, our voluntary group aims to provide support and friendship to those touched by breast (or other) cancer. Our monthly meetings, from February to November, are informal, and held in the relaxed setting of the Royal Flying Doctor Service (RFDS) Café. This gives people a chance to talk about their experiences, with people who can relate.

Many struggle to come to terms with cancer, and the group support helps by giving women, and family members, the chance to meet with others who are at different stages of treatment and recovery. Information and linkages to other resources are provided, and, as many of the Bosom Buddies network demonstrate, life can get back on track.

Bosom Buddies has been active throughout its existence in promoting awareness and education, highlighting the importance of early detection, encouraging women to be better informed and to take responsibility for their own health care.

In 2008, Bosom Buddies hosted an inaugural consumer forum and dinner with guest speakers. The success of this forum has led to similar forums being held at the ASM in Wellington NZ 2008, and Darwin NT in 2009.

In partnership with bodies such as NT Breast Cancer Voice, General Practice Network NT (GPNT), YMCA and others; we have provided education of consumers and health professionals. Our group also maintains regular contact with cancer care professionals in our region. Particularly the Breast Care/ Nurse Counsellor at the Cancer Council and other allied health professionals.

Over the years, Bosom Buddies has developed a passion for advocacy. Stories from cancer patients demonstrated the complexity of needs around patient care, communication and co-ordination in Central Australia. For this reason, Bosom Buddies has taken a continuous and active part in CanNET together with health professionals and people with cancer experience in the region.

This collaboration identified a range of issues that needed to be addressed in Central Australia, and also stressed that each region of the NT was unique, and could not be dealt with in a one-size-fits-all approach. There is a critical need to promote a sustainable cancer workforce in and to have a position established within Alice Springs Hospital for a Cancer Care Coordinator.

Consumers have identified that major concerns for them include travel and accommodation. Consumers would like increased choices for care which are not restricted by state boundaries. Similarly it is important that travel assistance be provided to assist remote area women to access BreastScreen to improve early detection and survival rates.

Bosom Buddies has, as another focus in the areas of prevention, and of physical and emotional wellbeing during treatment and in recovery. Activities, such as the Walk in Pink (2006), and the Stride for Health in subsequent years, promotes fun, fitness and a healthy lifestyle. Body Health NT and a range of individuals and community groups combine to support this initiative.

Consumers at the Hope Floats Event

Connection with Aboriginal women of this region has seen the birth of an audio-visual project, of women telling their experiences of breast cancer survival, and of getting on with life, caring for their children and grandchildren. The aim of the resource is to educate Aboriginal women, particularly those in remote areas on:

- the importance of breast health, and self detection of symptoms
- the importance of mammograms and encouraging attendance at BreastScreen, thereby detecting changes early.
- Seeking appropriate treatment, address fears about diagnosis and the life-changing decisions resulting from this; and giving understanding of treatment pathways after diagnosis.
- Giving hope to others who experience such a diagnosis by having Indigenous women, both urban and remote, who have survived breast cancer, telling the stories of their journey.

As always, the support and strength for this project comes from a range of groups and individuals within our Central Australian Community.

For more information please contact Bosom Buddies NT Inc on bosombuddiesnt@activ8.net.au
I am a Public Health Coordinator in the Central Australian Remote Health Service (CARHS), I work in the Central Australia South, North and Central Areas. The primary objective of my role is to coordinate accessible, well-integrated, public health services for remote communities and outstations with the aim of improving health outcomes for remote people.

When I began this position I expected that there would be very few services available to remote living people. I was wrong. There is an overwhelming array of services.

The diagram below is my representation of the range of services available to the NT Department of Health (DoH) Primary Health Clinics (PHC) in just the regions I cover.

Knowing there are so many services available is a start, however there are some challenges around providing integrated and coordinated services to remote communities. These include:

- Fragmented health service delivery.
- PHC staff and community members often did not know when services were visiting their communities, affecting their ability to work in partnership, make referrals, and proactively respond to gaps.
- Primary Health Centre Managers (PHCM) spent a considerable amount of time responding to visit requests, often in an ad hoc, unplanned manner.
- Sometimes services visited in isolation. Having many individual uncoordinated, unrelated workers at one time can place considerable demands on the clinic and community, creating duplication of effort.

To try and alleviate these challenges, in December 2009, the Visiting Calender was created by the Barkly Public Health Coordinator and I to:

- Reduce the logistic work load of clinics in managing visits.
- Enable PHC staff, visiting services and community members to be aware of who is visiting in advance so resources can be well allocated and services are fully accessed.
- Ensure visits are well planned throughout the time period.
- To enable PHC staff, visiting services and community members to from networks and partnerships.
- Reduce professional isolation.
- Coordinate Government and Non Government Services in the Central and Barkly regions to ensure integrated and effective service delivery to remote living people.

In implementing the calendar we asked services to not contact the clinics directly when arranging visits, but to contact the Primary Health Coordinator instead. The Public Health Coordinator created a calendar where we documented all visit requests, ensuring visits were evenly spaced throughout the year and avoiding circumstances where services provision would be negatively effected. The calendar is published once a month. When services plan new visits they are asked to view the current calendar and be mindful of what is already planned.

At present the calendar is created manually and is distributed via e-mail.

At this stage the Visiting Calendar just operates in DoH PHCs in Central Australia. There is no equivalent in the Top End. 6 months after the calendar started the Public Health Coordinators reviewed the project. Results of this will be distributed soon. At this time services were still coming on board and starting to use the calendar. Even at this early stage 91% of Visiting Services wanted the Visiting Calendar to continue to operate. Since then the uptake of the calendar has grown, greatly increasing its effectiveness.

We also now use the calendar for other things including finding travel buddies. We have supported this to facilitate the networking of key staff from a range of sectors and the development of partnerships. The calendar has instrumental in creating theme weeks. The clinics identify a particular issue they wish to concentrate on and seek help from visiting services to address this. There are some child health and chronic disease theme weeks coming up soon in Central Australia.

If you want more information please don’t hesitate to contact David Aanundsen (Barkly Public Health Coordinator) or myself. Our contact details are:

**Beverley Scott-Visser**
Public Health Coordinator (CARHS) - South, Central and North Service Delivery Areas
T: 08 8951 7179, Email: beverley.scott-visser@nt.gov.au

**David Aanundsen**
Public Health Coordinator (CARHS)- Barkly Service Delivery Area
T: 08 8962 4621, Email: david.aanundsen@nt.gov.au
FREQUENTLY ASKED QUESTION

QUESTION:

“I am a Registered Nurse from a remote community in Central Australia, 200kms outside of Alice Springs. I have a 35 year old Aboriginal male patient who has been diagnosed with lung cancer. He has a history of tobacco use but no other substances. What medical and support services are available for this person?”

Responder/s details:
Name: Jill Naylor
Position Title: Manager Health Services and Cancer Control Programs
Organisation: Cancer Council Northern Territory

Support Services and Resources

Referral to the Cancer Council Northern Territory Cancer Support Nurse will enable access to resources and supportive care at various stages throughout the patient’s cancer journey. Information on the treatment options and also assistance with coordination of doctor’s appointments are also part of the cancer support nurses role if needed. The Cancer Council can also provide counselling and psychology referral for strategies around brief intervention for the patient and/or family. A one off financial assistance scheme may be available for help with payment of an amenity bill following assessment by the cancer support nurse. There is also an exercise intervention program with an accredited exercise physiologist available to people living with cancer and a member of the Cancer Council NT.

A DVD and flip chart produced in the Northern Territory called “A Cancer Journey” is an excellent resource that can help dispel fears that the patient may have and helps to explain the steps along the treatment path.

Other Services

A Team Care Arrangement through the enhanced primary care program can be completed by the patients GP at the community health service to allow access to Medicare rebates for physiotherapy, accredited exercise physiotherapist, dietitian and/or occupational therapist out in the community as part of the patient’s rehabilitation plan.

A social worker can provide guidance with practical assistance around finance i.e. Centrelink enquiries.

As the patient is a smoker, he may wish to look at resources to help with giving up smoking given his diagnosis. Contacting the Quitline on 13 QUIT (13 18 48) can assist with this. The health professionals back in his community might like to access the Quit Now website if have internet access as this site provides information and resources that may be useful to help support the patient with stopping his tobacco use.
It is my pleasure to invite you to register for the 15th Annual Chronic Diseases Network Conference.

The conference theme, which was decided on by the delegates from 2010, is "Out of the Shadows- Into the Spotlight" Chronic Diseases- Mental Health and will be at the Darwin Convention Centre on the 8th & 9th September 2011.

Mental health has a growing profile in Australia today. The Commonwealth Government, State and Territory Governments and private insurers have increased investment in Mental Health Services by 137% over 15 years.

The Chronic Conditions Prevention and Management Strategy 2010-2020 highlights Mental Illness as being a key chronic disease. In 2003, mental illnesses accounted for 16.3% of the burden of disease in the NT, the highest of all chronic diseases.

Current evidence is clear that chronic diseases and mental health are linked. But what do we really know about this link?

We know that:

- Mental illnesses such as depression or anxiety affect an individual's ability to undertake health-promoting behaviours. Indeed poor mental health can act as a driver for health risk behaviours such as smoking, substance misuse, sedentism and nutritional neglect, increasing their risk of chronic diseases.

- Conversely chronic diseases can have a profound impact on an individual's mental health; in turn, mental health status affects an individual's ability to participate effectively in treatment and recovery.

- The cycle does not end with the client. Family members and caregivers of people with chronic diseases are also affected psychologically, and they, too, may neglect their own health (1).

- This has implications for wider society, affecting parenting skills, family and social cohesion, educational achievement, anti-social and offending behaviour, sickness absence and economic productivity.

So what do we do, as health professionals, educators, researchers, and policy makers, about this and how?

The conference program will explore the complex range of individual, family, community social and cultural factors that influence the relationship between chronic diseases and mental health; and the ways in which the community and health professionals can improve wellbeing.

On Behalf of the organising committee, I would like to thank our generous sponsors for their support of this event. We encourage everyone to take up the opportunities this conference will offer, by sponsoring, presenting or registering to attend. We look forward to welcoming you to this event.
15th Annual Chronic Diseases Network Conference Organising Committee is Calling for Abstracts for the 2011 Conference “Out of the Shadows, Into the Spotlight” Chronic Diseases - Mental Health

Closing Date is Friday 27TH May 2011- 4:21pm NT time

The conference program will explore the complex range of individual, family, community social and cultural factors that influence the relationship between chronic diseases and mental health; and the ways in which the community and health professionals can improve wellbeing.

The committee is seeking abstracts that address the conference theme in the following areas:

• the social determinants of health,
• healthy settings,
• Aboriginal and Torres Strait Islander people,
• culturally and linguistically diverse people,
• workforce development,
• substance abuse,
• prison health,
• prevention and risk factors,
• policy and legislation,
• community development and empowerment,
• medicines and clinical issues
• the human lifecycle including: early years, maternal health, school aged, adolescents/ teens/ young adults, pregnancy/ parenting, middle of life and older persons

Abstracts are encouraged from Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse groups, teams and groups, trainees and students, consumers, people and organisations working in a range of sectors, for example, education, health, justice, local government, non government organisations and others

ALL ABSTRACTS
• Must clearly address the conference theme and concurrent stream topic in 250 words or less
• Be submitted via email, post or fax to the conference secretariat, Agentur

Postal Address: Agentur, GPO Box 1767, Darwin, NT 0801
Email: cdnconference@agentur.com.au
Fax: (08) 8942 2150

For more information on submitting an abstract, to access the Guidelines and Abstract Submission Form please see the conference website: www.cdnconference.com.au OR Contact the CDN Office (08) 8922 8280.
Late in 2009, the Department of Health launched the ten-year Northern Territory Chronic Conditions prevention and Management Strategy (CCPMS 2010 – 2020). The strategy along with its Implementation Plan has been distributed widely across Department of Health work units, non-government organisations and key partners.

I recently joined the Chronic Conditions Strategic Unit (CCSU), and am occupying the newly established position of Senior Policy and Program Manager. One of my roles is to oversee and provide strategic support for the implementation, monitoring and evaluation of the CCPMS. So far I have met with some key partners/stakeholders within and external to the Department of Health and will focus on the plan to establish a governance structure for the implementation of the CCPMS.

### The Strategy and its Implementation Plan

The CCPMS has a strong focus on prevention and social determinants of health in keeping with the current national and international approaches to chronic conditions. This requires multi-sectoral collaboration to ensure that changes in people’s living conditions occur and that systems are put in place to deal with illness so that health equity becomes a marker of government performance.

I have met a few internal and external partners to assess the usefulness of the Strategy in their service delivery planning. Many responded that the Strategy is a “good document, it has a lot of useful statistics.” When further asked, “Did you use the Strategy as the basis for developing your business plan?” Some responses were – “since before the Strategy was launched up till now, we are doing many if not all of activities identified in the Implementation Plan.” The Implementation Plan was developed as a tool to guide organisations to implement the CCPMS.

**If you require (strategic) support in the use of CCPMS in relation to developing your work unit’s business plan, please contact myself at the Chronic Condition Strategy Unit on 8985 8071.**

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### Governance structure

In February 2010, the CCSU held a workshop attended by key stakeholders from within the Department of Health, Department of Education, non-government organisations, Menzies School of Health Research and Aboriginal Medical Services Alliance of NT (AMSANT). At this workshop a governance structure was agreed on to monitor the implementation of CCPMS across the NT.

The agreed governance structure as recommended by key stakeholders is to establish an inter-sectoral group that will drive the implementation of CCPMS supported by a few groups which monitor the implementation of each CCPMS key action areas. A separate group will also be established to develop systems and processes for monitoring and evaluating the CCPMS. The CCSU is currently progressing the establishment of the CCPMS governance structure.

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*L The Strategy and its Implementation Plan can be found on the Department of Health website at:  
THE Combined Networks in 2011

JASMIN SMITH
CDN Member Services Officer

The CDN is gearing up to hit the road again with the NT Palliative Care Network, CanNET, General Practice Network NT (GPNNT) and the Cancer Council NT in 2011. Our first stop will have been Tennant Creek 8-9th March.

The Combined Networks meetings came into being because people working in service delivery had too many competing demands on time and resources, attending network meetings can often slip down the priority list. So we joined forces to provide a coordinated approach to supporting communities and workers by running "Combined Networks" networking meetings with the aim of providing an opportunity for participants to:

• find out more about the health services that are available in their local community and region
• network with other local service providers
• participate in locally based and training and development opportunities
• access multiple services at the one meeting

Feedback from meetings in 2010 has been very encouraging, indicating that participants would like to see these meetings as an ongoing event.

The format has included a networking, information sharing, guest speakers, and of course nibblies and catching up with new and familiar faces.

Who comes?
Nurses - Public Health, Clinical, Remote, Community Health, Aboriginal Health workers, Practice Managers, GPs, Allied Health - Social Worker, Nutritionists, Speech Pathologists, Remote Health workers, Clinical Educators, Chronic Disease Coordinators, Diabetes Educators, Project Officers, Community Workers and anyone interested!

The meeting dates for 2011 are:
8th –9th March Tennant Creek
12th–13th April Nhulunbuy
10th -11th May Katherine
14th -15th June Alice Springs
9th -10th August Tennant Creek
6th -7th September Nhulunbuy
11th -12th October Katherine
8th - 9th November Alice Springs

If you have any suggestions for topics that you would like as an education session / guest speaker, please let us know.

For more information please contact:

Jasmin Smith
Chronic Diseases Network
jasmin.smith@nt.gov.au
T: 08 8922 8280

Jo Watts
Palliative Care Network
joanne.watts@nt.gov.au
T: 08 8922 6915

Debbie Jagoe
CanNet
Debbie.Jagoe@nt.gov.au
T: 08 8999 2572

Kathy Hawley
General Practice Network NT
Kathy.hawley@gpnnt.org.au
T: 08 8982 1050

Jill Naylor
Cancer Council NT
support.manager@cancernt.org.au
T: 08 8927 6389
NOTICE BOARD

MARK YOUR DIARY!
Cancer Council Australia is pleased to announce that Cancer Council Queensland has been selected to host the 2011 Oceania Tobacco Control Conference in Brisbane from Tuesday 18th to Thursday 20th October 2011. Mark your diary and join the world’s leading health experts at the Brisbane Convention and Exhibition Centre for the Oceania region’s foremost leadership summit on tobacco control. The conference is expected to inspire new partnerships in tobacco control, continuing the agenda for change agreed at the 2009 Conference in Darwin.

If you want to influence action on smoking and improve international standards in preventative health, mark your diary today and express your interest in pre-conference workshops and meetings on Monday 17th October by contacting: joannalam@cancerqld.org.au

For more information on the conference please visit the website: www.oceaniatc2011.org

PREVENTABLE CHRONIC DISEASES WORKSHOP
This 3 day course aims to provide the opportunity for participants to develop a sound base of knowledge, skills and understandings in relation to the prevention, early detection, and management of chronic conditions effectively in a community context.

<table>
<thead>
<tr>
<th>Location</th>
<th>Alice Springs</th>
<th>Darwin</th>
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</thead>
<tbody>
<tr>
<td>Date 2011</td>
<td>7th to 9th June 2011</td>
<td>2 to 4 Nov 2011</td>
</tr>
<tr>
<td>Times</td>
<td>0830-1615</td>
<td>0830 -1615</td>
</tr>
<tr>
<td>Venue</td>
<td>Training Rm 1, Liebig Building Alice Springs Hospital, Gap Rd Alice Springs</td>
<td>North Aust. Research Unit (NARU) Ellengowen Dr, Brinkin</td>
</tr>
<tr>
<td>Bookings</td>
<td>Clinical learning, T: 08 8951 7724 DHF staff fax or send HE47s to F: 08 8951 7733</td>
<td>Khamesa.haji-noor, E: <a href="mailto:Khamesa.haji-noor@nt.gov.au">Khamesa.haji-noor@nt.gov.au</a> T: 08 8922 8757 or 08 8922 8747 DHF staff fax or send HE47s to 89228010</td>
</tr>
<tr>
<td>For Further information</td>
<td>Gill O’Connor or Mark Dunn Clinical Learning, T: 08 8951 7720 <a href="mailto:gillian.oconnor@nt.gov.au">gillian.oconnor@nt.gov.au</a>, <a href="mailto:mark.dunn@nt.gov.au">mark.dunn@nt.gov.au</a></td>
<td>Jeanette Boland Chronic Conditions Strategy Unit T: 08 8922 6990, E: <a href="mailto:jeanette.boland@nt.gov.au">jeanette.boland@nt.gov.au</a></td>
</tr>
</tbody>
</table>
RESPIRATORY WORKSHOP
This workshop aims to provide the opportunity for participants to develop a sound base of knowledge, skills and understandings in relation to the prevention, early detection, and management of respiratory conditions in a community context.

- The Content will include
- Public Health & the Social determinants of respiratory health
- COPD, Bronchiectasis & Asthma definition & diagnosis
- Management of respiratory conditions
- Respiratory assessment – Spirometry
- Domiciliary O2 in the remote setting
- Pulmonary rehabilitation in remote
- Psycho-social aspects of living with chronic lung conditions
- Puffer and spacer techniques and use
- Care coordination and advanced care planning
- Self management
- Smoking cessation

Location: Darwin
Date: 31st March – 1st April 2011
Time: 0830-1630
Venue: NARU North Australian Research Unit, Ellengowan Drive, Brinkin.

Bookings: Khamesa Haji-Noor, E: Khamesa.haji-noor@nt.gov.au, T: 08 8922 8757 or 08 8922 8747, DHF staff fax or send HE47s to F: 08 8922 8010

For Further information: Jeanette Boland, Education Consultant, Chronic Conditions Strategy Unit, T: 08 8922 6990, jeanette.boland@nt.gov.au

Location: Alice Springs
Date: TBC
Time: 0830-1630
Venue: TBC

Bookings: Pat Rose, E: patricia.rose@nt.gov.au, T: 08 8951 7724, DHF staff fax or send HE47s to F: 08 8951 7733

For Further information: Pat Rose, E: patricia.rose@nt.gov.au, T: 08 8951 7724, DHF staff fax or send HE47s to F: 08 8951 7733

RENAL ANAEMIA & RENAL CARE COORDINATION WORKSHOP
This workshop is designed to support health professionals and frontline community workers working within the community setting to improve knowledge & skills in managing clients with renal disorders.

Aims include:
- Update on the current best practice for the management and treatment of clients with chronic renal disorders.
- Provide practitioners with the knowledge and skills to offer options for care for clients with chronic renal disorders, including palliative care and Advanced Care Planning.

Content includes:
- Renal care coordination 2 days: dialysis options, transplant, symptom management, care coordination and case conferencing.

1 day will focus on palliative care

Dates: DARWIN 18th to 21st April & 2nd to 5th August 2011
Time: 0830 to 1630 Daily.
Venue: North Australian Research Unit (NARU), Ellengowan, Drive Brinkin, Darwin N.T.

For more information contact Tarquin Robinson, Renal Educator, T: 08 8922 B900, E: tarquin.robinson@nt.gov.au
To book, T: 08 8922 B747 (Clinical Learning, Darwin) or fax a completed HE47 to F: 08 8922 B010

DIABETES WORKSHOPS
This workshop aims to provide Registered Nurses, Aboriginal Health Workers, Allied Health Care Professionals and other health care providers with accredited training in managing Diabetes. Particularly in accurate recognition, treatment, prevention and management strategies for clients with diabetes in a general care setting. Personnel work within a variety of settings such as general practice, hospitals, community health services and private practice throughout the Northern Territory.

Dates - Darwin:
23rd to 25th March, 8th to 10th June, 26th to 28th October 2011
Alice Springs: TBC

Further info: Jeanette Boland, jeanette.boland@nt.gov.au, T: 08 8922 6990, DHF staff fax or send HE47s to F: 08 8922 B010
Alice Springs: Clinical Learning, T: 08 8951 7724, DHF staff fax or send HE47s to F: 08 8951 7733

Location: Alice Springs
Date: TBC
Time: 0830-1630
Venue: TBC

Bookings: Pat Rose, E: patricia.rose@nt.gov.au, T: 08 8951 7724, DHF staff fax or send HE47s to F: 08 8951 7733

For Further information: Pat Rose, E: patricia.rose@nt.gov.au, T: 08 8951 7724, DHF staff fax or send HE47s to F: 08 8951 7733
The Chronic Diseases Network acknowledges the participation and support of the CDN Steering Committee members from the following organisations:

Proudly supported by

Northern Territory Government

CHRONIC DISEASES NETWORK

Cancer Council Northern Territory

Heart Foundation

healthyLiving NT

menzies school of health research

Arthritis & Osteoporosis NT

Good Health Alliance NT

asthma foundation northern territory

Additional Medical Services Alliance - Partner Territory

AMSANT