



Alcohol  
and Drug  
Foundation

PREVENTING HARM IN AUSTRALIA

# Annual Report 2017.





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# A message from our CEO.

It's not overstating it to say it's been a pivotal year in the Alcohol and Drug Foundation's history; one that sets the organisation up to make an even greater impact in the years to come.

I am so incredibly proud of the work we've done here at the Alcohol and Drug Foundation (ADF) over the last 12 months. And I want to thank all our staff, interns, volunteers, the ADF Board, our funders, partners and the generous trusts and foundations who all continue to provide their input, inspiration, financial and other support, and the sheer hard work that has enabled this success.

I'm writing this in the knowledge that after nearly 10 years at the helm as CEO, and nearly 23 years with the ADF, my time at the Alcohol and Drug Foundation is coming to an end.

There have been many transformational moments in the ADF's history.

One of these was our launch of the Good Sports program. Initially established in response to a request from Victoria Police, Good Sports subsequently evolved as we listened closely to the needs of local communities.

Good Sports has shown that we can change the drinking culture and reduce alcohol-related harms within sporting clubs. It's proven that primary prevention works, but it has also demonstrated the importance of placing community partnerships, and a reliance and respect for local knowledge and direction, at the core of our program delivery.



**We have entered another transformative stage.**

With the success of Good Sports, and the learnings from it and programs such as the NSW Government funded Community Engagement and Action Program, the last year has seen us entering another transformative stage in the ADF's history. I'm speaking of course about the watershed Australian Government funded Local Drug Action Team (LDAT) program.

The LDAT program is visionary. Responding to the *National Ice Taskforce Report 2015* — in which the Australian Government heard loud and clear that communities were tired of having programs imposed on them from above — the LDAT program was launched in December last year. The program has started strongly, with 40 LDATs coming on board prior to 30 June to prevent alcohol and other drug harms in a mix of urban, regional and remote communities around Australia.

Our successes this year stretch beyond the LDAT program of course, and you'll read more about these in this report.

But no matter what our work, our formula for success has been simple. It's been achieved through valuing people, both in communities and our own staff.

This is what makes communities and organisations work well.

**John Rogerson**  
CEO, Alcohol and Drug Foundation

**“Our formula for success has been simple. It’s been achieved through valuing people, both in communities and our own staff.”**

John Rogerson  
CEO, Alcohol and Drug Foundation

# A message from the Board Chair.

It's nearly 10 years for me as Chair of the ADF Board and I've never been more excited about the organisation's future. It has been tremendous to watch it go from strength to strength over the 2017 financial year.

When I look back at how this has been achieved, I think it's been a combination of factors. First, it was our passion to support a community-led approach to tackling alcohol and other drug (AOD) harms. But it was also our continued focus on building, supporting and working very closely with our partners, and the mutual trust this has instilled.

Not least however, the ADF's success has been built on supporting communities to apply evidence-informed activities that minimise alcohol and other drug related harm.

This includes securing funding for the nation-wide rollout of the Local Drug Action Team (LDAT) program. We are delighted with the Federal Government's commitment to Australian communities, including reducing the harm caused by 'ice'.

I'm equally delighted to be able to report that the Community Engagement and Action Program has been extended through additional funding provided by NSW Health.

New opportunities this year have also included conducting a scoping project to understand perceptions around alcohol and its related harms in culturally and linguistically diverse communities in Melbourne. Funded by VicHealth, and guided by the Alcohol Cultures Framework, this involved working with these diverse communities to understand and develop culturally appropriate ways to address these harms.



**Our challenge over the next 12 months is to build on this critical work and maximise the impact in the communities we support.**

## Achieving success across our four goals

2017 was the second year of our four-year Strategic Plan, which focuses on a series of objectives under four strategic goals:

1. 'Strong communities';
2. 'Increasing awareness';
3. 'Extending influence' through a strategic advocacy agenda; and
4. 'Enabling impact' by investing in our staff and the organisation's infrastructure.

There are many pieces of work, so unfortunately a comprehensive list isn't possible here. But in terms of building 'strong communities', this translates for instance into a 10% increase in Good Sports clubs around Australia.

In terms of 'increasing awareness', the rebranding of the ADF and the redevelopment of our website were key elements of our success in this area; I was also delighted to see the rollout of the pharmaceutical misuse evidence summary and the associated campaign.

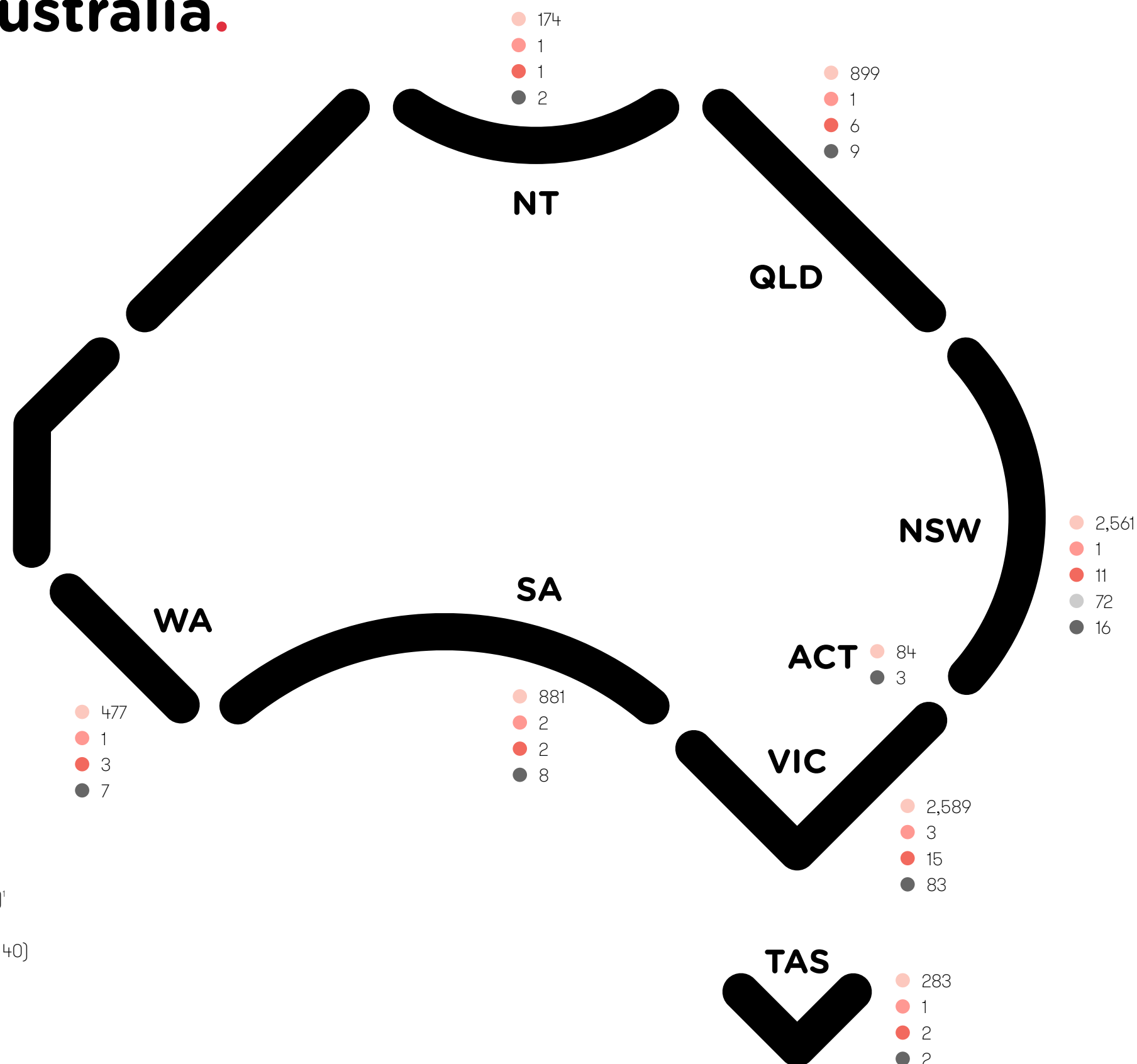
When I look at the ADF's work to 'extend our influence', I'm really proud of the advocacy this year around the trialling of a medically supervised injecting centre in Melbourne.

Then, at an organisational level we have grown enormously in terms of 'enabling impact'; both in terms of number of staff, but also with our emphasis on attracting a diverse skill-set. The ADF's ways of working have evolved as a result; with staff increasingly collaborating on a huge range of organisational projects.

These opportunities have come about through the passion and willingness of our tremendously talented staff. Their curiosity to test new ideas, to take measured risks, and their passion to truly engage with and focus on the needs of communities.

**Michael Doery**  
Board Chair, Alcohol and Drug Foundation

# Our footprint around Australia.



- Good Sports clubs (total: 7,948)<sup>1</sup>
- Tackling Illegal Drugs forums
- Local Drug Action Teams (total: 40)
- Community Drug Action Teams
- ADF Employees (total: 130)<sup>2</sup>

Workforce gender breakdown:  
65% female and 35% male

## Australian Drug Information Network

The Australian Drug Information Network (ADIN) is Australia's leading alcohol and other drug search directory.

- [www.adin.com.au](http://www.adin.com.au)
- 41,370 visits.

## Get the effects by text — SMS service

- SMS service accessed 8,864 times.

## DrugInfo<sup>3</sup>

DrugInfo is the primary alcohol and other drug information service for Victoria.

- DrugInfo online resources were accessed 1,457,774 times
- 2,683 callers were assisted through the DrugInfo site
- 483 calls required specialised attention from an Information Officer
- 488 emails needed a response
- Health workers topped 'information requests' at 38% of requests
- Family or friends topped 'advice requests' at 26% of requests.

## ADF SEARCH online library

- ADF SEARCH was accessed 25,721 times
- 2,430 people have active library memberships
- 307 people joined in FY16-17
- Health workers were the most common library users.

<sup>1</sup>Good Sports incorporates the complementary programs of Good Sports Junior, Tackling Illegal Drugs, Healthy Eating and Healthy Minds

<sup>2</sup>Including full, part-time and casual staff

<sup>3</sup>Forty-four percent of all calls and emails were referred to Directline, a state ADIS or Counselling Online. Twenty-one percent of calls and emails required greater than 15 minutes on the phone or greater than 30 minutes of research



# Goal 1: Strong communities.

Strengthening the community's capacity  
to reduce AOD harm



## Local teams build on previous success

Launched in 2016, the ADF's new Local Drug Action Team (LDAT) program significantly extends our work to assist communities in preventing alcohol and other drug harms.

### Why the LDAT program?

The LDAT program has been funded by the Australian Government as part of the 2015 National Ice Action Strategy. The decision to invest \$19.2m over four years with the ADF to develop and implement the LDAT program was made after the key finding that localised community-led action was needed to prevent the harms from crystal methamphetamine or 'ice' as well as alcohol and other drugs.

### How the program works

With a focus on at-risk communities, and supporting tailored, community-designed and led projects, the LDAT program encourages a range of community organisations to strengthen local partnerships, develop a community action plan, and apply to join the program.

Well planned prevention programs have made enormous contributions to improving the quality and duration of people's lives.<sup>4</sup>

By utilising the ADF's existing knowledge base, community program delivery experience and expertise in primary prevention, the LDAT program is able to support communities to identify and address both the risk factors that underpin AOD misuse, and strengthens the protective factors that help communities minimise AOD harms. By 2020, there will be up to 220 communities actively involved across urban, regional and remote Australia.

It is expected that over \$8m will be distributed through community grants to support community projects.

### Rollout of the LDAT program

Applications to join the program were first accepted from late 2016. In April 2017, the Federal Minister for Health announced the first 40 successful LDAT projects, covering communities from Rochester and Elmore in northern Victoria<sup>5</sup>, to Mount Gambier in South Australia and Doomadgee in northern Queensland.

A second LDAT application round was opened in June 2017, and a third round will open in January 2018. It is expected that 80-100 additional LDATs will join the program over the coming 12 months<sup>6</sup>.

40 Local Drug Action  
Teams established

\$888k distributed to  
40 communities

Focus on primary  
prevention

**When asked about the benefits of forming an LDAT, Amanda Logie of Rochester Community Housing said: "It's about educating the community ... I do believe knowledge is power."**

<sup>4</sup> National Preventative Health Taskforce, Australia: the healthiest country by 2020: the roadmap for action. Canberra: Australian Government. 2009

<sup>5</sup> Hear the story of key project partners here: [adf.org.au/insights/rochester-and-elmore](http://adf.org.au/insights/rochester-and-elmore)

<sup>6</sup> Keep up to date on where the latest LDATs have formed via: [adf.org.au/ldat](http://adf.org.au/ldat)





“I’m really impressed by the range of [LDAT] projects and breadth of partners involved in the program,” says Malcolm Gunn, User Experience Researcher at the ADF. Malcolm is pictured here (at right) speaking to an LDAT member during a workshop in Melbourne.

## Profile

### “It’s exciting work!”

The Alcohol and Drug Foundation’s User Experience Researcher Malcolm Gunn has travelled widely to speak to LDATs as they have been accepted into the program.

“I’m really impressed by the range of projects and breadth of partners involved in the program,” said Malcolm. “One LDAT has more than 20 partners. They’re so varied, the organisations include local councils, health centres, youth services, employment agencies, sports teams, schools, chambers of commerce, police and tertiary institutions. There’s even a community bank and local newspapers involved.”

“This depth to many LDAT partnerships, and the fact that they are embedded within their community, means they’re well placed to understand and tailor project activities to truly meet the needs of their community.”

“One of the most exciting things for me about the program has been that it’s involved co-designing projects with LDATs. They’ve been so engaged in workshops and feedback sessions, and we’ve been able to respond positively to their needs. This means their efforts will be more effective and sustainable,” said Malcolm.

“We are excited that we can be involved in the development stage of a new project. Normally we are just told what to do, but with this we can help mould the program.”

Charlotte Kelberg  
Whitelion  
Wyndham Region LDAT



**Alcohol  
and Drug  
Foundation**

Local Drug Action Team Program

**Alcohol  
and Drug  
Foundation**



Australian Government



# Community Engagement and Action Program

With funding from the Ministry of Health NSW, the ADF has been able to continue the Community Engagement and Action Program (CEAP) to contribute towards the reduction of alcohol and other drug (AOD) harms within Australia’s most-populous state. This has included the ongoing delivery, refinement and evaluation of CEAP.

Along with Good Sports, CEAP has been integral to the development of the ADF’s subsequent programming, including the LDAT program.

CEAP continues to complement this work, helping us build the evidence base on how we can minimise AOD harm in Australia.

The ADF supported around 70 volunteer-led Community Drug Action Teams (CDATs) through the program over the year. With many teams sharing in the distribution of a total grant pool of in-excess of \$220k, these funds were used to deliver a range of localised activities designed to address specific community needs such as risky drinking and anti-social behaviour in places like Newcastle, Byron Bay, Forbes and Parkes.

## Helping teams to reduce harm

The ADF supports local teams in a variety of ways. This includes the provision of toolkits such as the [‘Tackling the availability of alcohol’](#) toolkit.

Toolkits help teams respond to the key AOD issues facing individual communities. These toolkits typically involve step-by-step instructions on a variety or a sequence of actions that teams can take, how these elements fit together, along with key statistics and detailed references enabling teams to source more information. An important toolkit released in 2017 related to tackling the availability of alcohol (see breakout box on right).

Other CEAP highlights in 2017 included:

- four rural and regional projects assisted Aboriginal communities to address Foetal Alcohol Syndrome Disorder;
- five new teams were established including in Western Sydney and northern NSW;
- 18 additional teams now have a Facebook presence; and
- 120 members from 63 CDATs attended the 2016 CDAT Conference.



## Responding to problematic liquor licensing

Community voices are often missing in the decision-making process around the regulation and availability of alcohol. And many barriers prevent the community’s ability to act. The ADF produced a toolkit to assist local teams. With a series of pre-recorded ‘webinars’, this toolkit includes five modules covering:

- Why this issue matters (the cost of AOD harms);
- Being proactive (monitoring applications, gathering evidence and engaging stakeholders);
- Development applications (the council process and making a comment);
- Liquor licensing applications (the Liquor and Gaming Authority and writing a submission); and
- Other strategies to reduce alcohol harms in your community.

Find out more on how to [‘Tackle the availability of alcohol’](#).

## The ADF supported around 70 volunteer-led Community Drug Action Teams (CDATs) over the year.



## Profile

### Kiri Hata helps migrant communities

Just one of many people in New South Wales contributing to the CEAP program, below is a quote on the amazing work done by Kiri Hata of the Hunter Multicultural CDAT.

“Kiri is a vibrant contributor, whether passionately advocating for the needs of multicultural communities or making us laugh with the warmth of her personality. She’s not content to make her contribution just in words, and whether it be running consultations with community members or educating refugee youth on staying safe around drugs and alcohol, Kiri is always willing to use her extensive knowledge, experience and skills to help migrant communities.”


#### Fellow CDAT member

Find more about the Community Engagement and Action Program and Kiri Hata at [adf.org.au/programs](http://adf.org.au/programs).



Kiri Hata (pictured right) at the 2016 CDAT conference.



A photograph of a man and a woman sitting outdoors in a park-like setting. The man, on the left, is wearing a white baseball cap and a white t-shirt, and is looking towards the woman. The woman, on the right, is wearing a dark blue polo shirt and is looking back at the man with a slight smile. The background is a blurred green landscape with trees and foliage.

**Along with Good Sports, CEAP has been integral to the development of the ADF's subsequent programming, including the LDAT program. It continues to complement this work, helping us build the evidence base on how we can minimise AOD harm in Australia.**



# Breaking the ice

Continuing our whole-of-community approach, the ADF worked with more than 150 different agencies across the alcohol and other drug, policing and allied health sectors this year to provide a range of community education activities on crystal methamphetamine or ‘ice’.

Known as the ‘Breaking the ice’ program<sup>7</sup>, these forums, education workshops, family support groups and training for front-line workers including health professionals reached more than 2,300 people in metropolitan and regional centres throughout NSW. This was supported by the ADF’s development of resources for specific groups including culturally and linguistically diverse (CALD) and Indigenous communities.

Almost two-thirds of attendees requested to join the ADF’s mailing list and in many instances also joined a Community Drug Action Team in their area.

## Understanding ‘ice’

ADF resources included four video stories covering the impact of crystalline methamphetamine, one featuring Dr Suzie Hudson, Clinical Director of the Network of Alcohol and other Drugs Agencies.

“The real message is to recognise that these are just people, they are our husbands, our sisters, our children and that’s why as a community we need to come together to provide the solution.”

**Dr Suzie Hudson**  
Clinical Director  
Network of Alcohol and other Drugs Agencies

The videos attracted more than 54,000 views. The program also received significant media coverage across local, state and national outlets with more than 150 media stories in print and television.



<sup>7</sup> For more information visit [adf.org.au/breaking-the-ice](http://adf.org.au/breaking-the-ice) or NSW Health’s AOD website [yourroom.com.au](http://yourroom.com.au)



The ‘Breaking the ice’ program reached more than 2,300 people in metropolitan and regional centres throughout NSW.

## The scorecard on Good Sports

The Alcohol and Drug Foundation's Good Sports program has worked with local sporting clubs across Australia to create a healthier sporting environment for everybody.

Operating for almost 20 years, Good Sports is Australia's largest and longest running health initiative in community sports — and now reaches almost one in 10 Australians.

In 2016–17, we had almost 8,000 Good Sport clubs Australia-wide.

### Huge reach

We are proud to be working with these clubs to reach more than 2.2 million club members across the country providing resources and support to create healthier and safer club environments.

By focusing on prevention, we help sporting clubs to make positive changes. As a result, Good Sports clubs are strong, family-friendly and better prepared for the future — the ideal setting to play and enjoy local sport.

### More clubs reach Level 3

Good Sports guides the development of clubs by taking them through a three-level accreditation process; the primary focus being to step clubs through improvements in their promotion and practices around responsible alcohol consumption and reduced tobacco use.

In 2017, we now have 4,328 clubs at Level 3, up from 3,402 a year ago.

We've done the research and results speak for themselves. Good Sports clubs see a reduction in the odds of risky drinking at their clubs and are less likely to experience alcohol-related harms.

After completing the Good Sports program components that encourage the responsible serving and consumption of alcohol and promoting safe transport options, clubs have been shown to significantly decrease risky drinking and alcohol-related harm. As a result, they are healthier, safer and more family-friendly places to enjoy sport.



### Improving our game

Proudly evidence-based, we continue to evaluate and review our programs to achieve the best possible outcomes for Good Sports clubs.

In 2016, we commenced the review of all Good Sports resources and platforms to ensure our messaging, policies and strategies were appropriate and up-to-date. And to make things easier for clubs, we embedded the online merchandising store into the accreditation process.

The Good Sports program endorsed a quality framework to provide clear processes, ensure program integrity and support ongoing monitoring and continuous improvement.

We also look forward to releasing in the coming year the results from a randomised control trial on identifying the best way to support clubs to maintain Level 3 practices through self-reporting online as well as survey data into parental perceptions of spectator behaviour and healthy eating in junior sport.

### Championing community

Community sport is fuelled by passion — a spirit that we love to celebrate at Good Sports.

In September 2016, we crowned five local club members as winners of the Beating Hearts campaign. Chosen from more than 800 entries and 63,000 votes, these volunteers personified the meaning of community and local sport.

We were proud to reward a special Good Sports Junior club with a unique State of Origin experience, thanks to our partnership with the nib foundation. Over 25,000 people viewed young Ziad and Jordan's inspiring stories across the [Good Sports social media channels](https://www.facebook.com/GoodSportsClubs)<sup>8</sup>.

<sup>8</sup> [www.facebook.com/GoodSportsClubs](https://www.facebook.com/GoodSportsClubs)



## Our Good Sports program

### Complementary programs

Over the years, the ADF has introduced a range of additional components to the Good Sports program — this reflects a recognition of the myriad of factors that impact people achieving good health in the sporting landscape. These components cover areas like mental health, nutrition, illegal drugs, spectator behaviour, and role modelling with juniors.

#### Good Sports Junior Program

Good Sports Junior sets the standard early – it supports clubs to make changes that promote healthy behaviours amongst the adults of tomorrow. The number of Good Sports Junior clubs has climbed to 367. The program is proudly supported by the nib foundation.

#### Good Sports Healthy Eating Program

Good Sports Healthy Eating helps club members access good food. This program is not just a big win for the community and individuals, it provides a huge boost on game day. The number of Good Sports Healthy Eating clubs is now 735, with funding provided by various state and territory governments through ACT Health, NSW Health, and Queensland Health.

#### Good Sports Healthy Minds Program

With one in five Australians experiencing mental illness each year, sporting clubs are well placed to provide positive support. Good Sports Healthy Minds provides coaches and senior club figures with guidance on creating an environment that promotes good mental health. Healthy Minds helps clubs to increase mental health awareness and the likelihood that people will seek help. This program was funded by the Tasmanian Government's Department of Health and Human Services.

#### Tackling Illegal Drugs

In 2016, we added the latest component to Good Sports – the Tackling Illegal Drugs (TID) program. Funded by the Australian Government, the first stage of TID aimed to support local sporting clubs to be better prepared for issues related to illegal drug use. We engaged 124 clubs, 90% of which stated they felt more confident to apply the strategies discussed with them. We are excited to continue delivering the TID program across rural and regional Australia over the next three years.







With the help of Good Sports, Parndana Sports Club has implemented policies focusing on Alcohol Management, Smoking and Safe Transport.

## Profile

### Parndana Sports Club

For as long as there's been a Parndana, there's been community sport.

Established after the Second World War, this small country town became the new home for returned soldiers and their families, and very quickly, these settlers formed a local football team. As the town grew, so too did the sporting club. And today, Parndana Sports Club is the centre of community life.

With such strong ties to the community, the club prides itself on being family-friendly and inclusive — a place where everyone can play and enjoy sport. So, joining Good Sports was a no-brainer.

With the help of Good Sports, Parndana Sports Club has implemented policies focusing on Alcohol Management, Smoking and Safe Transport. As a Level 3 club, it has also shifted towards awarding healthier prizes and promoting positive role-modelling.

According to Parndana Coach Kate Murray, joining the program has given the club an even better profile in the local community, increasing their grant opportunities.

“It's about improving the environment for the families, and by doing this we encourage more members to get on board.” Members like Sharon Goskin, a dedicated volunteer, treat the club like a second family.

In 2016, Sharon was nominated as the ‘Beating Heart’ of Parndana Sports Club after she helped to raise over \$20,000 for the club. As Kate explains, volunteers like Sharon give back because they can see the impact that the club has on the community. “Our club is a great way for [the] community to get together,” said Kate.

“My advice for other clubs is to definitely get involved with Good Sports.”

“You'll see improvements in your club and improvements as far as sponsors coming in and members participating in the club.”

“Des Johnston can attest to the transformation of Parndana Sports Club; he's been there from the beginning. He recalls finding the club grounds in poor condition, and can remember doing an ‘Emu Parade’ to clear the oval of stones before their first training session. A life member and former Club President of 20 years, Des has just one piece of advice for the youth of Parndana: “Join a local sports club.”

“I've been a great believer in kids that if they grow up with sport and play sport, they grow up to be far better human beings. You'd be amazed how much of a difference it makes and you'll never forget it for the rest of your life.”

Find out more at [www.GoodSports.com.au/Parndana](http://www.GoodSports.com.au/Parndana)



# Working to end alcohol and other drug harm

There has been a growing interest in preventing alcohol and other drug related harms in the workplace. With almost half the Australian population employed and many of us spending a third of our day at work, the workplace is an ideal setting to help shape the community’s behaviour when it comes to alcohol and other drugs. Employee wellbeing and good mental health is a key driver of work health and safety.

The strong connection between alcohol, drugs and your mental health is clear, with research showing up to 35% of people living with a mental health illness are likely to misuse alcohol and other drugs as a means to cope.<sup>9</sup>

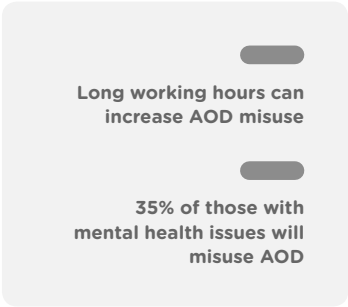
## ADF Workplace Services

The Workplace Services unit at the ADF has focused much of this year raising awareness on the impacts alcohol and other drug misuse can have not only on workplace mental health, but also safety and productivity. Staff from this team have spoken at more than 10 international conferences and industry summits across Australia, and featured in a range of online and print media across many industries including mining, construction, trades, compensation, finance and agriculture.

Pleasingly workplaces are starting to realise the impact alcohol and other drug misuse can have at work and are recognising that they have a responsibility to minimise this risk.

# Working in diverse communities

Funded by VicHealth, the ADF has completed some scoping work on the drinking culture within linguistically and culturally diverse communities. This has informed the design of a new project aimed at building supportive environments within the Indian and Chin communities. The project will increase the understanding of how alcohol is perceived and consumed in these communities, and enable them to take more effective action on alcohol and its related harms.



<sup>9</sup> beyondblue, 2014





## Profile

### The Shearing Contractors' Association of Australia

The shearing industry is one of Australia's oldest. And culturally, it has been more tolerant to the use of alcohol than many others. With a string of negative publicity regarding the unprofessional behaviour of workers, it was believed that alcohol and other drug use were a contributing factor. As a result, the shearing industry's safety stakeholder group formed a body to tackle the problem. The group engaged the ADF to help address the problem.

"The ADF were certainly the most credible and capable organisation to help the shearing industry to start addressing the issues and develop a plan to achieve a 'zero harm workplace.'"

"Because ADF's information and solutions are evidence-based, the industry was better able to develop less disruptive solutions, at a lower cost."

Jason Letchford  
Secretary  
Shearing Contractors Association of Australia

**The ADF is helping one of Australia's oldest industries to minimise AOD harm in the workplace.**





## Goals 2 & 3: Increasing awareness & Extending influence.

Increasing public awareness on prevention-led approaches to minimising harm

Influencing policy, regulation and funding through strategic advocacy



# Responding to rising pharmaceutical overdoses

With a rising awareness that two categories of pharmaceutical drugs (opioids and benzodiazepines) were causing more overdose deaths in Australia than ‘headline’ drugs (such as heroin and methamphetamine), the ADF considered how best to meet this challenge.

The first step was to conduct some research. This enabled us to pinpoint the drivers behind the misuse of these particular drugs, and consider the options for reducing the associated harms.

## The evidence

Data from ambulance attendances, hospitalisations, coronial records and self-report surveys confirmed that pharmaceutical drug misuse of opioids and benzodiazepines is widespread and exacting a heavy toll. The 2013 National Drug Strategy Household Survey for instance found that 11.4% of people had misused a pharmaceutical drug at some point; this is up from 7.4% in 2010. We also found that prescription and over-the-counter painkillers and tranquilisers used to treat stress, anxiety and insomnia are overused and over prescribed.

Extensive research by ADF staff culminated in the publishing of the ADF’s Prevention Research paper, “[Is there a pill for that?](#)”<sup>10</sup>.

## Findings support public campaign

This research shaped the ADF’s response, which included an eight-week public awareness campaign that focused on the misuse of pharmaceutical opioids and benzodiazepines by key groups including men in their thirties and women in their forties. To reach these audiences, we created a suite of materials that were shared across our digital channels and through above-the-line advertising. Key platforms for engagement included:

- ADF web;
- social media;
- native advertising;
- *Herald Sun* buyout;
- outdoor advertising; and
- face-to-face stakeholder engagement.



## ‘Arisk’ campaign – resources and reach

The ADF created a television commercial that mimicked the ‘sell’ of a pharmaceutical ad. We also produced three ‘lived experience’ videos that documented different perspectives on the misuse of opioids and benzodiazepines; this included [Chris’ and Soula’s journeys](#) with chronic pain and Dr Hester Wilson’s message on her patient’s opioid dependency and urging Australians to find better long-term solutions. The ADF also created an online game to engage men in their 30s.<sup>11</sup>



Billboard art produced for the ADF’s ‘Arisk’ pharmaceutical overdose campaign.

The ADF’s ‘Arisk’ campaign, and the Prevention Research that underpinned it, were made possible through funding from the Victorian Government.

<sup>10</sup> [adf.org.au/about/publications](http://adf.org.au/about/publications)  
<sup>11</sup> [adf.org.au/take-action/arisk](http://adf.org.au/take-action/arisk)



**The ADF's 'Arisk' pharmaceutical overdose campaign reached 3,372,266 people nationwide, and engaged 115,910 on Facebook, Twitter and YouTube.**



# Campaigning for Australia’s second injecting centre

With a growing number of overdose deaths from intravenous drug use in North Richmond, the ADF joined the community’s call for a medically supervised injection centre (MSIC).

The ADF’s support came after a review of the literature relating to existing MSICs — the evidence provides a strong case for their effectiveness in preventing drug harm.

An ADF review found that with over 90 medically supervised injecting centres operating around the world, it is indisputable that trialling one in North Richmond would both reduce overdose deaths, and provide clients access to much needed health and welfare services.

This evidence informed a great deal of the community’s public campaigning on the issue.

Untold intravenous drug harm in North Richmond

Coronial inquest supports a pilot MSIC

45 eminent Australians sign open-letter supporting an MSIC

## Coronial inquest and parliamentary inquiry

A coronial inquest in February 2017 also backed the trialling of an MSIC, with Coroner Jacqui Hawkins saying that a safe injecting facility in North Richmond was essential.

The ADF’s Policy Manager Geoff Munro presented at a parliamentary select committee investigating the need for a trial<sup>12</sup>. The ADF’s submission outlined the evidence in support of an MSIC in North Richmond and included nine recommendations.

The ADF also worked with others in the alcohol and other drug sector in Victoria to lift the community’s call for Victoria’s Parliament to allow a pilot MSIC to be established. This work resulted in an open letter, signed by over 45 eminent people and organisations, being published in the *Herald Sun* newspaper.

<sup>12</sup>The Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017 can be found on the Victorian Government website



A community rally in support of a medically supervised injecting centre being established in North Richmond.



## Shaping the conversation

The ADF shapes the views and thinking on alcohol and other drugs in Australia to help minimise AOD harm.

In addition to the direct conversations we have with government and various organisations, the public awareness raising we do for instance through social media, and our traditional media work, we also build the evidence-base and shape the conversation around the prevention of AOD harm in a number of other important ways.

Over the past 12 months the ADF's Policy Manager Geoff Munro has for instance co-authored two peer-reviewed papers: one on alcohol sponsorship and social media that was published in *Drug and Alcohol Review*, and another addressing alcohol use by adults in secondary schools in appeared in *BMC Public Health*. (Both papers are freely available through the ADF library, ADF SEARCH.)

The ADF also made the following submissions over the 2016–17 financial year:

- A review of the *Victorian Liquor Control Reform Act 1998*, Dec 2016.
- A submission on the Queensland Government's draft plan *Action on ice*, March 2017.
- A discussion paper on proposed amendments to the *West Australian Liquor Control Act 1988*, March 2017.
- A submission on the *Inquiry into Drug Law Reform* by the Parliament of Victoria's Law Reform Road and Community Safety Committee, March 2017.
- A submission on the *Victorian Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017*, April 2017.
- A review of *Responsible Serving Alcohol (RSA) Training* – Victoria, April 2017.
- A review into the *Northern Territory Alcohol Policies and Legislation Review*, June 2017.
- A submission titled *A renewed plan for Queensland: Reviewing the Queensland Mental Health Drug and Alcohol Strategic Plan 2014–2019 to improve mental health and wellbeing*, June 2017; and
- A comment on the *Draft Health and Well-Being Strategy 2018–2022*, City of Rockingham.

In addition, ADF staff appeared before two Victorian Parliamentary Committees in June 2017: the Legal and Social Issues Committee's Public Hearing for the Inquiry into the Medically Supervised Injecting Centre Bill, and the Law Reform, Road and Community Safety Committee's Inquiry into Drug Law Reform. ADF staff were also involved in co-authoring a protocol paper to inform a Cochrane systematic review entitled *Family-based prevention programs for alcohol use in young people* (August 2016).

The organisation also developed policy positions on:

- Drug Testing for Recreational Drug Use in Community Sports Clubs, September 2016;
- Drug Checking, October 2016;
- Medically Supervised Injection Centres, June 2017; and
- Drug Education in Schools, June 2017.

The ADF was also funded by the Australian Government's Department of Health to provide the Australian Drug Information Network, and by the Victorian Government to deliver the DrugInfo service. Find out more about their impact, and about the ADF SEARCH online library, on page 11.



## Goal 4: Enabling impact.

Creating a purposeful, engaged and  
high performing workforce



# Business Enablement Unit

The responsibility for meeting the ADF’s fourth strategic goal lies principally with our Business Enablement Unit. This unit is building a purposeful, engaged and high performing workforce and is comprised of our People and Culture, Learning, Change Management and Information Technology teams.

The ADF has grown enormously over the year, with 28 new employees joining us. This growth both in the number and skillset of our employees reflects the broadening and deepening of our program work, and our desire to adapt to the needs of the urban, regional and remote communities around Australia that we aim to serve.

## New strategy, new values

In addition to developing our new four-year strategy (2016–2020), our Australia-wide workforce identified four new core organisational values. Within the context of our updated strategy, staff considered what would be most important in achieving success — the values they agreed included:

- Courage — Be curious, be brave ... own it!
- Collaboration — Together we achieve more.
- Adaptability — We are flexible and adaptive, always working to improve.
- Impact — Making a difference for the long-term.

## Employee engagement survey

As the ADF grows, it’s important that we recognise and understand the challenges we face, have the courage, adaptability and a collaborative framework and mindset in place to meet these challenges, while remembering to celebrate the impact of our successes with our staff, as well as with our partners and the communities that have helped make these achievements possible.

Our third annual employee engagement survey (utilising the Corporate Executive Board engagement survey) yielded some impressive improvements to our overall measure of employee engagement.

With an overall engagement score of 63% — a year-on-year increase of 22% — the ADF outperformed the global benchmark of high-performing organisations with its aggregate score of 61%.

The focus on our people and their engagement, which in turn supports increased business outcomes, gives us a stronger foundation on which to deliver our mission.



## Building our capability

To support our growing and evolving organisation, and to continue to build alignment to our values, we have invested in the development of ADF’s employees to lift our skills and capability.

The focus has been on creating an organisation that is adaptive and capable of change.

All employees have been through a building adaptability training program focused on individual capability development.

The ongoing development of all ADF employees is based on the ADF’s workforce plan; this supports the achievement of the strategy. The priority development areas have been identified and a focused development approach is in place to support employee capability development.

## Investment in IT

We have introduced changes and improvements to the way in which we undertake some of our core processes — the most significant is the implementation of Office 365 and Windows 10 across all our teams.

This investment provides increased opportunity for employees to collaborate and communicate more effectively.

The introduction of cloud-based technology has also reduced in-house management overheads and the reliance on employees being on site to undertake their roles. Substantial investment has also been made towards strengthening, and in some cases replacing, ageing infrastructure.

## Learning and development

As the organisation has grown, so too our staff needs have grown. For us to meet this need, we’ve ensured our approach to learning is systematic.

The rollout of the ADF’s Learning and Development Framework — incorporating processes and strategy across all ADF business units — is well underway.

Covering areas including ADF program induction, and improved understanding around primary prevention and the AOD sector, this framework has also seen us migrate to an online learning management system, enabling better tracking, reporting and improvements in learning outcomes.





The focus has  
been on creating  
an organisation  
that is adaptive and  
capable of change.



# Indigenous Action Strategy

The ADF is committed to strengthening its cultural safety and a strategy designed to reflect this across all parts of the organisation. Our aim is to achieve positive and tangible change in the ways that we engage and work alongside Aboriginal and Torres Strait Islander people and communities. An internal reference group with representation from all business units is responsible for guiding and monitoring the ongoing development of cultural safety and ensuring that challenges and successes are communicated across the organisation.

Delivered by Sharon Gollan from the Ngarrindjeri nation of South Australia and Kathleen Stacey, the most significant strategy introduced this year was the provision of Cultural Respect and Safety Training for all ADF staff.

Through our community programs, including the new Local Drug Action Team program, we continue to build relationships with Aboriginal and Torres Strait Islander communities and organisations right across Australia. Workshops to progress the ADF’s next phase Reconciliation Action Plan will be progressed in early 2018.

# Change management

With the ADF’s growth, managing the change associated with the business plan has become increasingly important; so that we are able to maximise outcomes, while managing the change impacts.

As our business evolves, we have an increased need to clearly define the change management processes and methodology that underpin the delivery of our strategic goals.

A change management framework has been developed, including a Change Governance Model. The model frames the steps to be taken throughout the lifecycle of any given organisational change being implemented and ensures the change is managed in a way that maximises outcomes and manages the impacts in a considered way.

Overall, the focus on strengthening the ADF’s enabling capabilities and creating a stronger system-wide framework for growth has resulted in some major achievements in the last year. The foundations are now well-and-truly in place to enable the delivery of the ADF’s strategy, business plan and therefore, our overall purpose.





Financial report

Achieving our mission

Our mission — to partner with governments, corporates, the for-purpose sector and our country’s diverse communities, to create sustainable social change that supports the health and well-being of all Australians — took a major leap forward this year.

We achieved this by partnering with and strengthening the capacity of hundreds of urban, regional, remote, as well as Indigenous and culturally and socially diverse communities and organisations to reduce alcohol and other drug harms.

Achieving our mission however has only been possible through the tremendous generosity, input and vision of a huge number of individuals, institutions and governments around the country.

Some of this year’s highlights included a 25% increase in federal and state government financial contributions (rising to \$13.6m). This included Federal Department of Health grant revenue of \$1.8m towards the Local Drug Action Team program.

For a full list of all our major funders and other supporters who have made our work possible, please turn to the final section of this report.

To view the ADF’s full financial report for the year ended 30 June 2017, visit [adf.org.au/financialreport2017](http://adf.org.au/financialreport2017).

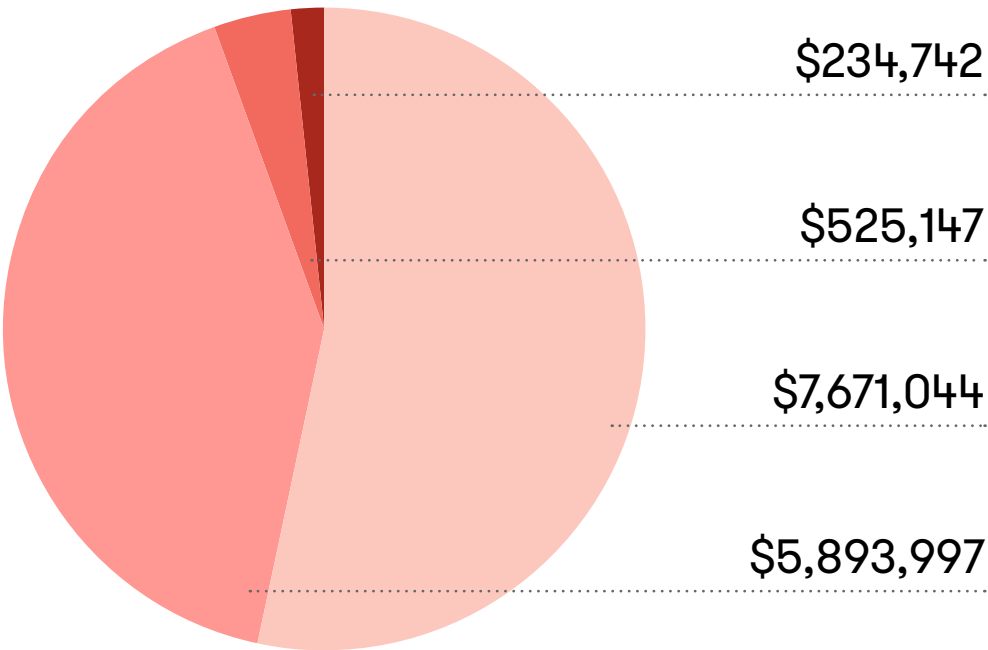


Where the money came from

- Federal Government
- State Government
- Other operating income
- Non-operating income

‘Other operating income’ includes corporate grants, donations and resource contributions.

‘Non-operating income’ includes interest on surplus funds.



Achieving our mission has only been possible through the tremendous generosity, input and vision of many individuals, institutions and governments.



Thank you

We would like to thank the following people and funding partners for helping us work towards an Australia free from alcohol and other drug harm.

Our Board

Mr Michael Doery (Chairman)  
Professor Tanya Chikritzhs  
Ms Genevieve Hawkins  
Ms Jennifer Hendry  
Mr Peter Kendall  
Ms Philippa Kelly  
Mr Ron Steiner  
Mr John Thompson  
Professor John Wiggers (Principal Advisor)  
Mr John Rogerson (CEO)

Our funding partners

Australian Government, Department of Health  
ACT Government, ACT Health  
New South Wales Government, NSW Health and Transport for NSW  
Queensland Government, Queensland Health  
South Australian Government, Motor Accident Commission  
Tasmanian Government, Department of Premier and Cabinet, Department of Health and Human Services and Department of Sport and Recreation  
Victorian Government, Department of Health and Human Services and Transport Accident Commission  
VicHealth

We would also like to thank our donors and other supporters for their volunteer and financial contributions.

Past and Present Patrons (including Trustees)

Sir John Allison  
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Mr Jack Thomas  
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Professor Greg Whelan AM  
Dr Rick Woods

Corporates, trusts and foundations

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Joe White Bequest  
John T Reid Charitable Trusts  
Mary Simpson Trust  
Myra Stoicesco Fund  
nib foundation

The greatest gift – leaving a gift in your will

The Alcohol and Drug Foundation has a long and proud history of working to minimise and prevent alcohol and other drug harms. Leaving a gift to the ADF in your will has the power to prevent and reduce AOD harms for future generations of Australians.

“A future where our limited health funding is spent on life-saving cures and prevention strategies, rather than dealing with the havoc left by excessive drinking and drug taking. A future where people freely socialise at family-friendly events, where women walk home safely and parents with teenagers sleep soundly at night.”

John Rogerson  
CEO, Alcohol and Drug Foundation

We are extremely grateful to everyone who shares this long-term vision and supports our work. A gift in your will is a unique opportunity to express your values and make a difference beyond your lifetime.

Gifts in Wills – Quick Information

Legal Name: Alcohol and Drug Foundation Incorporated

ABN: 66 057 731 192

Registered Address: Level 12 /607 Bourke Street Melbourne VIC 3000

Do you need wording for your will or have any other questions?

Please contact the Gifts in Wills Team on 03 9611 6105.





At the Alcohol and Drug Foundation, we believe that an Australia free from alcohol and other drug harm will be an Australia that's safer for us all.

Celebrating more than 55 years of service to the community, the ADF is Australia's leading organisation committed to preventing alcohol and other drug harms.

We are proudly evidence-based and independent. We bring expert knowledge and research into the design and implementation of our programs. We reach millions of Australians in their communities through sporting clubs and workplaces, by supporting and informing drug and alcohol prevention programs, and through the provision of educational information.







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