

ANNUAL REPORT 2015




FOCUS

ON THE

FUTURE

 **australian
drug FOUNDATION**

Healthy people.
Strong communities.



“ Imagine a future where our limited health funding is spent on life-saving cures and prevention strategies, rather than dealing with the havoc wreaked 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, Australian Drug Foundation CEO

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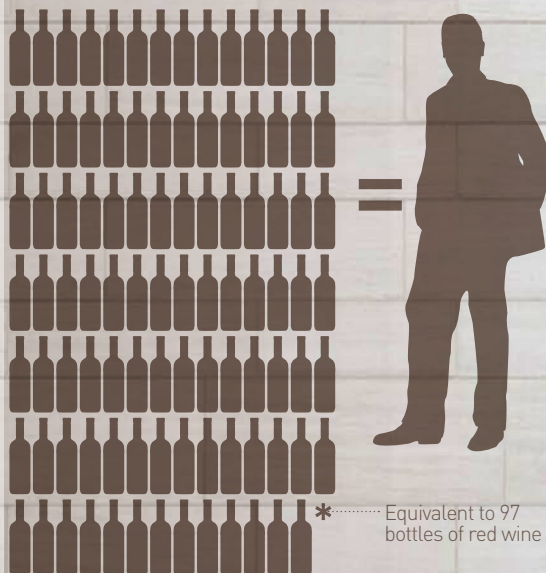
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ALCOHOL AND OTHER DRUG HARM

Alcohol is an everyday part of our lives. We use it to celebrate and commiserate, to relax and to enjoy ourselves. Yet only tobacco causes more preventable harm in Australia than alcohol.

The prominence of alcohol comes with a cost: every week, thousands end up in hospital — or worse — as a result of either immediate or long-term harm from alcohol and other drugs. These harms affect everyone in the community: children and young people, parents and the elderly, friends and family, colleagues and clubmates.

In 2014, on average, Australian adults each consumed **9.7 LITRES OF PURE ALCOHOL**¹



All Australian adults combined, that's 73.4 Olympic swimming pools of pure alcohol²



1 IN 5 DRANK 2+ STANDARD DRINKS PER DAY
in 2013, putting them at a lifetime risk of alcohol-related injury or disease³

1. ABS. (2015). Apparent consumption of alcohol, Australia, 2013-14. Canberra: Australian Bureau of Statistics. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4307.0.55.001/>

2. New South Wales Irrigators' Council. (2015). Useful water comparisons. [s.l.]: New South Wales Irrigators' Council. Retrieved from http://www.nswic.org.au/pdf/fact_sheets/USEFUL%20WATER%20COMPARISONS.pdf

3. AIHW. (2014). AIHW. (2014). National Drugs Strategy household survey (NDSHS) 2013: Key findings. Canberra: Australian Institute of Health and Welfare.

5,554 DEATHS

ATTRIBUTABLE TO
ALCOHOL IN 2010⁴

MALES: Injuries were responsible for the highest proportion of alcohol-related deaths (36%), followed by cancers (25%) and digestive diseases (16%).

FEMALES: The highest proportion of alcohol-attributable deaths was for cardiovascular diseases (34%), followed by cancers (31%) and injuries (12%).



157,132

ALCOHOL-RELATED HOSPITAL
ADMISSIONS IN 2010⁵



MALES:
101,425



FEMALES:
55,707

4. Gao, C., Ogeil, R., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point. Retrieved from <http://www.turningpoint.org.au/site/DefaultSite/filesystem/documents/EMBARGO-FARE-Alcohol-Burden-of-disease-Report.pdf>

5. Gao, C., Ogeil, R., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point. Retrieved from <http://www.turningpoint.org.au/site/DefaultSite/filesystem/documents/EMBARGO-FARE-Alcohol-Burden-of-disease-Report.pdf>

WHAT'S THE HARM?

The complex picture of alcohol and other drug harm changes over time, as new laws fall into place and new drugs emerge to challenge community wellbeing.

Australian children are exposed to hundreds of thousands of hours of alcohol advertising each year, from television, the internet and billboards. The lack of advertising regulation in new media spaces like the internet looks set to drive these already astounding figures even higher. Research has shown that children's exposure to alcohol advertising is linked to them starting to drink at an earlier age, as well as drinking more.⁶

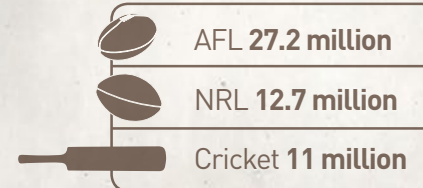
While the number of Australians who use methamphetamine isn't changing, the form of the drug that most people are using – crystal, rather than powder – is, and this shift is linked to a significant rise in harms.



IN 2014 CHILDREN (0-17)
WERE EXPOSED TO A TOTAL OF

50.9 MILLION ADVERTISEMENTS⁷

EXPOSURE PER SPORT FOR
CHILDREN/ADOLESCENTS



47% OF EXPOSURES
WERE DURING THE DAY

6. Anderson, P; de Bruijin, A; Angus, K; Gordon, R; Hastings, G (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies, *Alcohol and Alcoholism* 44:3, pp.229-243.

7. Carr, S., O'Brien, K., Ferris, J., Room, R., Livingston, M., Vandenberg, B., Lynott, D. (2015). Child and adolescent exposure to alcohol advertising in Australia's major televised sports. *Drug and Alcohol Review*, early online. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/dar.12326/abstract>



PERCENTAGE
OF PEOPLE
WHO USED
METH
IN AUSTRALIA
IN 2013⁸



PERCENTAGE OF
METH USERS
TAKING THE DRUG IN 'ICE' FORM⁸

2010
21.7%

2013
50.4%

“Although overall methamphetamine use has remained steady, more people are using the drug in its most potent crystal form as ‘ice’.”

Geoff Munro
National Policy Manager
Australian Drug Foundation

8. AIHW. (2014). National Drugs Strategy household survey (NDSHS) 2013: Key findings. Canberra: Australian Institute of Health and Welfare.

FOCUS ON THE FUTURE

The Australian Drug Foundation is committed to preventing alcohol and other drug harm in communities around the nation.

We empower millions of Australians in homes, sporting clubs workplaces and their communities to reach their full potential, living lives free from alcohol and other drug harm. By working directly with people within their own communities, we build capacity and understanding around the importance of harm prevention. Our work is proudly evidence-informed, and uses the latest research on alcohol and other drugs to drive our transformative campaigns and programs.



VISION

Healthy People. Strong Communities.



MISSION

Working together to prevent alcohol and other drug problems in communities.



VALUES

Respect.
Integrity.
Accountability.
Innovation.

We're dedicated to **focusing on the future.**

Our 2015 Annual Report represents a cross-section of Australia — employers, sports clubs, advocates and community workers — and explores how a dedicated group of people, armed with the information and resources they need, can truly make a difference to the people around them.

John Rogerson
Australian Drug Foundation CEO

CHAIR AND CEO

It's no secret that communities across Australia sometimes struggle to cope with the harm caused by alcohol and other drug use. This harm isn't reserved for certain socio-economic or cultural groups: everyone knows someone whose life has been damaged by alcohol and other drugs.

Our mission is to empower Australian communities to prevent this harm. Our work stretches from providing information and sharing our alcohol and drug expertise to directly engaging with workplaces, sporting clubs, homes and their communities. Over the last year we are proud to have passed some significant milestones.

Through the DrugInfo website and our email and telephone channels, we've responded to 3,165,642 unique inquiries, and we provide 1,500 web pages of trustworthy advice on alcohol and other drugs. Via our ADF SEARCH library service, researchers and front-line health workers have free access to more than 4,000 journal titles, totalling over 1 million peer-reviewed articles.

We've delivered 60 expert public presentations on a range of topics, including 19 Victorian Government-funded community forums. Aimed at sports clubs but open to everyone, they expanded community knowledge on drug and alcohol problems, especially around crystal methamphetamine (or 'ice'). Rather than just outline the issues, we workshopped solutions and provided clubs with an illicit drug policy template and manual.

We've reached 2 million Australians through Good Sports, our flagship community program that tackles key health concerns: alcohol, tobacco, obesity, mental health and illicit drugs. The program has been adopted by another 500 clubs, bringing the total number of Good Sports clubs to 7,033. Peer-reviewed research also proved that Good Sports works in reducing the likelihood of risky drinking and alcohol-related harm. Thanks to funding from the nib foundation, we're in the process of rolling out Good Sports Junior, which will deliver enhanced health outcomes for the next sporting generation.

Our other community programs are kicking goals, too. With our Community Engagement and Action Program framework fully operational, we've been able to lead Community Drug Action Teams throughout New South Wales. We've helped to coordinate over 70 active teams, and disbursed \$288,000 in small grants to run activities and events focused on reducing alcohol and other drug harm in their communities.

Our Workplace Services team has been busy too, educating 11,500 employees on how alcohol and other drug use can affect their workplace performance. Numerous businesses have used our illicit drug policy toolkit to implement successful policies of their own. Our Tradie Trainer concept has been rolled out for trial by Geelong police and building companies.

The ADF family has continued to grow and thrive, and we're acting on the results of a staff engagement survey to ensure it remains a great place to work. We also completed our Reconciliation Action Plan, which was endorsed by Reconciliation Australia. As we keep building on our accomplishments and plan the years ahead, our commitment to harm prevention and minimisation is unwavering. Thank you to everyone who's supported us over the last 12 months – together we're working to create safer, healthier communities, free from alcohol and drug harm.



Michael Doery
Australian Drug Foundation Chair

ADVOCATING FOR CHANGE

When Samantha Menezes's 16-year-old son was supplied alcohol at a friend's house – while the friend's mum was present – she was shocked and angry.

As a young nurse Samantha had worked in the Northern Territory and knew first-hand the sort of harm alcohol could cause, especially in young people. She was disappointed: in the other mother for failing to provide proper supervision, but also in her son. "At home we felt we'd provided him with the necessary skills to say no, and the reasons why he should have done so."

The problem was, there was nothing wrong – legally, at least – with her underage son being given a drink at his friend's house. Across Australia, it's illegal for licensed premises to serve alcohol to minors, and in most cases for adults to purchase liquor for minors. The water gets murkier when it comes to private homes.

In Victoria, Queensland, Tasmania, New South Wales, the Australian Capital Territory and the Northern Territory, it's illegal for any person to supply alcohol to an underage person unless

they have permission from the child's parent, guardian or equivalent. South Australia is yet to pass a similar law, and Western Australia – where Samantha lives – only introduced legislation to Parliament after a hard-fought battle launched in 2013 by Samantha herself.

In March 2013, she launched a petition on Change.org that eventually attracted more than 6,000 signatures, as well as considerable media attention. We've worked with Samantha since then, supporting her with information and encouragement, and updating our own followers on the uphill battle she's been waging – and winning.

The fact is, 55% of underage drinking occurs when minors obtain alcohol from people other than their parents. There are significant risks that attend underage drinking: drinking before the age of 15 increases the risk of binge drinking in adolescence and doubles the risk of developing alcohol dependence in adulthood. The adolescent brain is also susceptible to damage by alcohol when it's developing towards adulthood. Secondary supply laws are one of the most powerful tools we have to protect young people from these harms.

Samantha says she's built a new skillset for advocacy that she could never have imagined achieving, but she's not done yet: she'd like to see legislation introduced in South Australia.

She says the Australian Drug Foundation, in particular our National Policy Manager, Geoff Munro, supported her from the beginning, informing and encouraging her. "I'll never forget that Geoff was the first person to contact me, and he asked what organisation I worked for. I said, 'None, I'm just a mum'."



REACHING AUSTRALIAN COMMUNITIES

As a national organisation we have a footprint that stretches across the whole country, and we aspire to make positive change in every community we touch.

To create the groundswell of community sentiment we need around alcohol and other drug harms, we've got to reach Australians directly. We use a number of communications tools to energise, inspire and engage people with our mission, actively leveraging digital technology and social networks to extend this reach to millions of Australians.

OUR WORK WAS MENTIONED **3,417** TIMES IN THE MEDIA



Still shots from the Good Sports Awareness campaign, which aired in early 2015 on both free-to-air and pay television around the country.

EDUCATION FORUMS SUPPORT VICTORIAN COMMUNITIES

Over the past year, headlines about 'ice' have shown up in our newspapers and on our TV screens almost daily. We've also heard directly from people and clubs concerned with the impact of 'ice' on their communities.

The Victorian Department of Health responded to community concerns by funding 19 community forums designed to improve community understanding of drug issues. These were facilitated by the Youth Support and Advocacy Service and the Australian Drug Foundation, in addition to a range of local community alcohol and other drug agencies.

As well as being provided with information on methamphetamine and other drugs, attendees were able to speak directly with drug and policy experts. Sporting clubs were coached on the importance of having an illegal drugs policy, and given templates to create their own.

By getting the facts on drugs, and having this knowledge supported by resources they could use to effect real change, communities were buoyed to become more resilient. Together, we built the confidence and capability community leaders needed to respond to problems on their own terms.

As an evidence-informed organisation, we thoroughly evaluate all the community work we do. Our work relies on the fact that we're making a real difference in communities, and the only way to be sure is to measure it directly. The Victorian community forums were no different.

Almost half of those who attended also gave us feedback, and satisfaction was extremely high. Significantly, more than 70% of attendees came away feeling more confident to support someone with a drug-related issue, and almost 90% of club committee members who attended were more aware of resources and services to help someone through drug issues.

Following these successful community forums, we've now secured funding from New South Wales and Tasmania to begin empowering even more communities over the coming year. After hearing a lot about 'ice' in the media, a few facts and some time with experts go a long way to restoring community confidence that this is a problem they can tackle – together.



60 EXPERT PRESENTATIONS

improved the community's understanding of alcohol and other drug issues and how to prevent them

GOVERNMENT SUBMISSIONS:

Our alcohol and other drug expertise often feeds into government policy. Last financial year, we submitted recommendations on the following reviews and inquiries:

National Competition Policy Review (Harper Review)

Inquiry into Measures to Reduce Alcohol-Related Violence by the Legislative Assembly Victoria

Inquiry into Crystal Methamphetamine ('ice') by Parliamentary Joint Committee on Law Enforcement

ALCOHOL AND OTHER DRUG LIFECYCLE

INFLUENCERS:



Alcohol and other drugs affect us at different stages of our lives, but how they affect us changes over time. As we age, the people who influence our decisions also change, so the factors that determine how likely we are to behave in risky ways change too.



0-5 YEARS	6-10 YEARS	11-17 YEARS	18-30 YEARS	30+ YEARS	50-60 YEARS	60-70 YEARS	70+ YEARS
<p>Issues: FASD AOD breastmilk Poisoning</p> <p>Risk Factors: Family violence Neglect Single families</p>	<p>Issues: Awareness of alcohol</p> <p>Risk Factors: Advertising Parental use of drugs Family relationships Isolation</p>	<p>Issues: Risky drinking Steroid use Tobacco Analgesics</p> <p>Risk Factors: Isolation Family relationships Leaving school Advertising Parental use of drugs Mental health</p>	<p>Issues: Experimental drug use Drink driving Risky drinking</p> <p>Risk Factors: Unemployment Isolation Family relationships Leaving school Advertising Parental use of drugs Mental health</p>	<p>Issues: Alcohol and pregnancy Addiction Risky drinking Drink driving</p> <p>Risk Factors: Trauma Family violence Family relationships Advertising Mental health</p>	<p>Issues: Risky drinking Drink driving Cannabis use</p> <p>Risk Factors: Trauma Family violence Family relationships Advertising Mental health Unemployment</p>	<p>Issues: Poly drug use Drink driving Risky drinking</p> <p>Risk Factors: Chronic disease Pain management Pharmaceutical misuse Disease Elder abuse</p>	<p>Issues: Poly drug use</p> <p>Risk Factors: Pharmaceutical misuse Disease Pain management Elder abuse</p>

“Never doubt that a small group of thoughtful committed citizens can change the world – indeed it is the only thing that ever has.”

Margaret Mead
Anthropologist

WHAT'S CHANGED?

While it's pleasing to see that in recent years children are delaying drinking alcohol, the fact remains that they are still heading into the age bracket that drinks at the riskiest levels. Similarly, illicit drug use has decreased slightly, but one in seven Australians used an illicit drug in the last year.

Most people who use illicit drugs do so recreationally, and don't become dependent, but every drug carries an element of risk; the harms from any drug, be it alcohol or something else, can be as unpredictable as they can be severe.



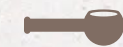
1 IN 7 (OVER 14 YEARS)
AUSTRALIANS USED AN ILLICIT DRUG IN 2013⁹



1.9 million or 10.2% of Australians used cannabis recently (at least once in the past year)



500,000 or 2.5% of Australians used ecstasy recently



400,000 or 2.1% of Australians used methamphetamine (speed/base/ice)



400,000 or 2.1% of Australians used cocaine



230,000 or 1.3% of the population used synthetic cannabis

9. AIHW. (2014). National Drugs Strategy household survey (NDSHS) 2013: Key findings. Canberra: Australian Institute of Health and Welfare.

10. AIHW. (2014). National Drugs Strategy household survey (NDSHS) 2013: Key findings. Canberra: Australian Institute of Health and Welfare.

WE'RE HAVING OUR FIRST DRINKS A LITTLE LATER⁹

MALES first drink

1995 2010 2013



14.5 YEARS OLD 15.2 YEARS OLD 15.7 YEARS OLD

FEMALES first drink

1995 2010 2013



15.2 YEARS OLD 15.3 YEARS OLD 15.6 YEARS OLD

PARTNER PROFILE



PETER WEARNE

Director of Services – Youth Support and Advocacy Service (YSAS)

When the Australian Drug Foundation was funded to deliver community forums throughout Victoria, we knew that partnering with an organisation that worked hands-on with people in recovery would add another layer of expertise to our presentations. We approached the Youth Support and Advocacy Service (YSAS), a Victoria-based treatment organisation that we've worked with closely in the past.

Peter Wearne, YSAS's Director of Services, has helped people with alcohol and other drug problems for most of his adult life, and was an ideal co-presenter along with our own Geoff Munro. He says he likes the work we do, "especially through things like the Good Sports program. It's a great model in terms of getting people thinking more broadly about health and wellbeing around drug and alcohol issues."

Community forums were a great chance to correct misconceptions about methamphetamine or 'ice'. "We were able to get into the community and to get messages out about the drug, but also where to go to get help. A lot of people who came to the forums had direct experience of dealing with family and others struggling with drug use problems and they just had nowhere to go for help."

Peter believes the informative, practical nature of the forums helped reassure attendees. "It wasn't sensationalising and wasn't scaring the living daylights out of people. People aren't condemned to a life of misery because they've experimented with or tried drugs."

"I think the one thing that people got out of the forums was a sense of hope – and also the ability to access resources to actualise that hope."

19 VIC 'ICE' AND OTHER DRUG FORUM STATS

- 01 Ballarat
- 02 Bendigo
- 03 Clayton
- 04 Dandenong
- 05 Echuca
- 06 Frankston
- 07 Geelong
- 08 Hamilton
- 09 Horsham
- 10 Inverloch
- 11 Narre Warren
- 12 Preston
- 13 Sale
- 14 Shepparton
- 15 South Morang
- 16 Wangaratta
- 17 Warrnambool
- 18 Wodonga
- 19 Wyndham



89.6%

of club committee members in attendance said they were more aware of resources and services to help support someone with a drug-related issue

The forums were held in October 2014 and April 2015, were facilitated by Youth Support and Advocacy Service (YSAS), the ADF, Victoria Police and local alcohol and other drug agencies, and lasted approximately 2.5 hours each.



“ I’m so proud to be involved with Good Sports. For someone who strives day in, day out to be the best in the world, it’s an honour and a privilege to be involved with an organisation that’s also achieving world firsts.”

Kim Crow

World champion rower
Good Sports Ambassador

GOOD SPORTS WORKS

Good Sports is a three-level accreditation program that helps clubs set standards around alcohol, smoking, obesity and mental health. By supporting clubs to put sport – not alcohol – in the spotlight, we stop binge drinking from keeping families away. We help make club spaces comfortable for the whole community, and give volunteers the resources, training and guidance they need to face challenges head on.

Good Sports is the biggest health initiative in Australian sport, and new research¹¹ proves that it leads the world in reducing harm from alcohol.

In June, we released the results of a four-year university-run research trial, which provided evidence that our community sports program effectively reduces alcohol-related harm. This is a world first: no other community sports program has ever been proven to reduce harm from alcohol.

The groundbreaking research was conducted by the University of Newcastle, Hunter New England Population Health and Deakin University. It was funded by the Australian Research Council to evaluate the effectiveness of Good Sports in reducing at-risk alcohol consumption in sports clubs, and harmful drinking overall. The results were published in the international *Journal of Epidemiology and Community Health*.

An economic assessment by KPMG investigated the return on investment of the Good Sports program. It found that for every \$1 invested in the program, \$4.20 was returned to the community by preventing alcohol and drug-related harm.

Even as we grow the program, we're striving to improve it and make it easier for clubs to engage with us. At 15 years young, we're still learning a thing or two – and we're still helping to make clubs happier, safer and more family-friendly places to enjoy sport.

 **7,033** 
SPORTING CLUBS

 **good SPORTS**

REDUCES THE LIKELIHOOD OF RISKY DRINKING AT SPORTS CLUBS BY **37%**

REDUCES THE RISK OF ALCOHOL-RELATED HARM TO CLUB MEMBERS BY **42%**

11. Kingsland M, Wolfenden L, Tindall J et al (2015) Tackling risky alcohol consumption in sport: a cluster randomised controlled trial of an alcohol management intervention with community football clubs, *Journal of Epidemiology & Community Health*, published online first 2 June 2015 doi:10.1136/jech-2014-204984]

BOOMERANGS COME BACK

The Moree Boomerangs Rugby League Football Club reached an all-time low in 1998, when they were exiled from the Group 19 Competition for alcohol problems on and off the field. Now they're kicking goals, winning premierships and were named Good Sports 2014 National Club of the Year.

Back in the 1990s, the club was involved in almost weekly brawls, punch-ups and alcohol-fuelled violence. Low points included the team being kicked out of its own town after winning the 1992 Grand Final. They faced a 12-year ban from the competition and failed several attempts at being reinstated through the Equal Opportunity and Human Rights Commission and the NSW Supreme Court. Finally, in 2009, they returned to the competition and began working hard to turn things around.

They joined Good Sports, implementing a code of conduct that embodies the program's values. They put their club leaders through Responsible Service of Alcohol courses. They began offering free food and water, plus a courtesy bus at club functions. They stopped serving alcohol at home games and enforced a smoke-free rule. Their massive turnaround was recognised last year when they were named National Good Sports Club of the Year.

Club President Mitchell Johnson said the award shows everyone associated with the club that they're on the right track: "We're always striving for excellence, and Good Sports is a big part of our strategy to achieve that off the field."

As a team that's more than just a footy club — as Johnson says, they're "the glue that holds the town together" — they are role models not only in their community, but for other clubs around the country.

The Moree journey shows how combating alcohol issues in sports clubs can lead to better health, positivity and success both during games and between them. It's a story of defying the odds and proving that Good Sports works. For a team whose pedigree dates back to 1925, it's also a legendary comeback story.



INNOVATION

INNOVATION BUILDS OUR FUTURE

A new generation of sporting superstars

Young people pick up habits around their sporting clubs that stay with them for life, which is why Good Sports is such a vital initiative to sustain healthy club cultures. More than 60% of Good Sports clubs have junior teams full of young people, and now we're working with our clubs to reach these kids directly.

With support from the nib foundation, the Good Sports Junior project will work with 220 clubs in New South Wales and Victoria to create healthier sporting environments specifically for juniors. It will focus on aspects of club life we know are central to shaping young people's experience of sport: alcohol, tobacco, healthy eating and spectator behaviour.

By encouraging good role modelling from parents and clubs, we're ensuring the next generation grow up supported to be the healthiest and most resilient that they can be.

Remote Indigenous communities

Indigenous Australians face some of the highest rates of harm from alcohol and other drugs, which makes Indigenous communities a priority in our work.

We realise that different communities require different types of support, and that what works for one might not work for another, which is why our work with local partners is so important. For example, we've worked with Santa Teresa Sports Committee and AFL Central Australia staff to support Central Australian and Northern Territory communities to develop an annual sports event with good governance and administration, clear codes of behaviour and strong messaging about harm minimisation, community safety and wellbeing.

It's also why we've put together a Good Sports Remote Indigenous Accreditation Framework Kit. The kit provides resources that enable more flexible engagement with communities when developing activities.

It's all part of our larger strategic goal to establish stronger links between sport and health, in order to strengthen community health outcomes.

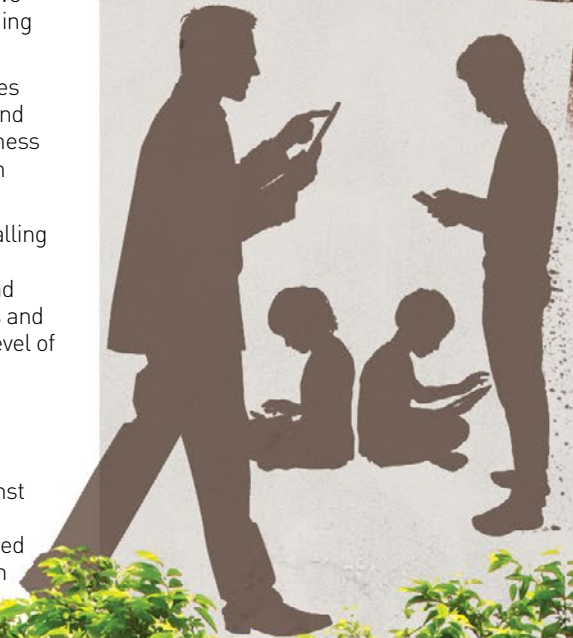
Good Sports embraces digital

On the heels of Good Sports being proven to be effective in reducing risky drinking, we decided to look at improved ways of reaching new communities.

Research shows that regional communities often struggle with high rates of alcohol and other drug dependence, but their remoteness can also make it hard for harm prevention organisations like ours to reach them.

This double disadvantage is why we're trialling a new online Good Sports platform. Clubs participating in the trial will be able to head online for personalised action plans, tools and resources, while still enjoying the same level of support as clubs in metropolitan areas.

We're constantly striving for innovative solutions to better support community sports. When the trial's complete in 2017, we'll be able to measure its success against clubs that aren't participating, and make sure our program has the evidence we need to guarantee it's making a difference, both online and offline.





PARTNER PROFILE

ZOE FERGUSON

Senior Change Analyst – National Australia Bank (NAB)

Any major project entails a lot of change, but a complete rejigging of the organisation’s IT infrastructure involves more than most. Staff have to be kept informed as new systems come online and begin impacting their jobs, while the risks associated with change have to be carefully weighed up and accounted for.

Knowing we required outside expertise for a project of such magnitude, we brought NAB to the table. NAB supports a range of not-for-profit organisations through its staff volunteering and giving program.

Senior Change Analyst Zoe Ferguson helped lead staff through change management workshops: “We provided the Australian Drug Foundation with an end-to-end change management approach – a solution for how to manage the transition from one system to another, and advice on what sort of impact that would have on staff, and how to cope with it.”

Partnering with a large corporate organisation also freed up staff time.

“Because we had staff on hand throughout our volunteering program, we were able to run the workshops over two days, rather than the weeks it would usually take.”

Zoe has competed in three Ironman competitions, most recently representing Australia at the Ironman World Championships at Kona, Hawaii. She holds an attitude of ‘continuous improvement’ responsible for her impressive feats, both on and off the track: “Three hours running alone helps me make considered decisions. If you stretch yourself, your body and mind become conditioned and you can achieve what you thought was impossible.”

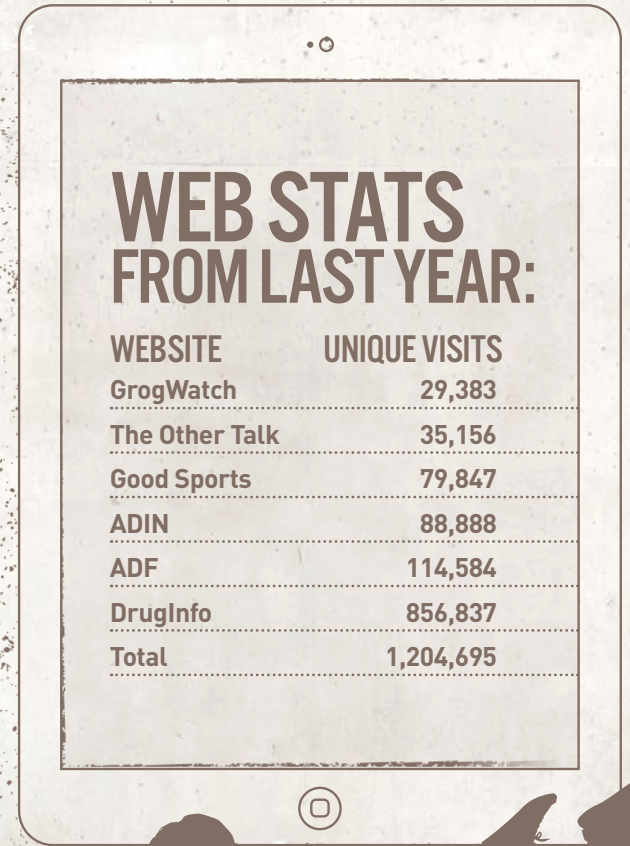
DIGITAL TRANSFORMATION

Innovation underpins all the work we do. It’s also one of our key values, ensuring we prioritise the delivery of cutting-edge, effective community programs; provide immediate and relevant information on alcohol and other drugs to anyone who seeks it; and run the largest specialist alcohol and other drug library in the country.

For us, innovation means continuous learning, striving to improve, to proactively seek out the opportunities that 21st Century technology can offer, rather than resting on our laurels or merely being reactive.

It’s one of the reasons we launched a massive overhaul of our digital networks. We’re working with a range of providers to completely change how we do business – to reach more people more efficiently, to expand our footprint into new communities, and to give us more flexibility in responding to emerging alcohol and other drug issues.

Ultimately, innovation means serving our communities in a way that’s accessible, immediate and useful. The changes we’re making now – to our digital infrastructure as well as our community programs – are future-focused, and will serve us well for years to come.



MAKING A DIFFERENCE ON THE GROUND

Muranda Goodsell has come full circle. When she was 16 years old, her mother was battling drug dependency, and Muranda sought refuge at friends' houses and the local youth centre to escape her turbulent home life. A Kyogle youth worker helped her escape that unstable living environment and become independent.

Now a Kyogle youth worker herself, Muranda pays it forward by engaging at-risk young people in similar positions: "I saw first hand how vital the help is for someone who doesn't have a support network, so it made sense for me to give back."

Muranda was one of the first people to join the Kyogle Community Drug Action Team (CDAT), which was formed in the wake of a fatal car crash that killed three local teenagers.

A community forum set up in response to the tragedy identified alcohol and drugs – combined with youth boredom – as major factors in the crash.

The Australian Drug Foundation supports the work of dozens of Community Drug Action Teams (CDATs) across New South Wales – grassroots teams made up of local volunteers, fired up about the harm that alcohol and other drugs cause in their communities.

With ongoing funding from the New South Wales Department of Health, we give CDATs the subject-matter expertise, the resources and the reach of our network to become greater than the sum of their members. Together, we ensure that they make a lasting, positive impression in the communities where they live.

At 29 years old, Muranda says her age helps young people relate to her. So does her personal life experience. "I'd like to think that I can help them practically, because I've got skills from being in that position myself."

She says there's a gap in the accessibility and funding of services in Kyogle, and she wishes more were available. "We need continued education around alcohol and other drug harm minimisation. Every year we have a new generation of young people who need to be educated."

Muranda recognises that her life could have gone down a different path if she hadn't been helped in her teenage years, and now she's using her experience to help others. "I didn't go into youth work for the money, that's for sure. I want to give back: to give young people what was given to me."



SUPPORTING BUSINESS TO PREVENT DRUG HARM

Alcohol and illicit drugs cost the Australian economy around \$23.5 billion each year, and a significant proportion of that cost comes from lost productivity and sick days. There are additional health and safety risks in the workplace, particularly where employees operate machinery or drive vehicles.

Drug testing isn't the only solution, and can't work effectively without a formal workplace policy in conjunction with education, training and support programs. That's why our Workplace Services team offers companies a range of tools to up-skill, educate and prevent harm from alcohol and other drugs.

Airmaster Australia took a proactive approach to managing alcohol and other drugs in the workplace. The company, which delivers air-conditioning solutions throughout Australia and South-East Asia, sought help from Workplace Services to make its employees aware of associated dangers.

Alistair McDonald, Managing Director of Airmaster, says they conduct safety meetings every quarter, but people are tired of listening to management lecture them about safety. The company thought it was important to bring in an external organisation, and following training provided by our Workplace Services team, has rewritten its alcohol and drug policy to make it clearer.

Alistair says the training was an eye-opener for some: "People see the effects of doing certain types of tasks with the beer goggles on, and it wakes them up to the fact that their safety could be at risk if they are impaired by drugs."

Airmaster has since purchased Toolbox, a 'train the trainer'-style education program for line managers. "We'd definitely recommend the ADF training to other organisations," Alistair says, adding that the company received overwhelmingly positive feedback from the 150 employees who underwent training in Victoria. Airmaster now plans to roll out training out across the country.



TOTAL SOCIAL COSTS

to the Australian economy in 2004/2005¹²



Alcohol use cost

\$15.3 BILLION



Illicit drug use cost

\$8.2 BILLION



1,688,161 SICK DAYS¹³

annually as a result of drinking



EDUCATED 11,500 EMPLOYEES

about the effects of alcohol and drugs in the workplace

“We’d definitely recommend the ADF training to other organisations.”

Alistair McDonald
Managing Director
Airmaster

12. Source: Collins, J., & Lapsley, H. (2008). The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Canberra: Commonwealth of Australia. Retrieved from [http://www.health.gov.au/internet/drugstrategy/publishing.nsf/ntent/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](http://www.health.gov.au/internet/drugstrategy/publishing.nsf/ntent/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)

13. Source: Roche, A., Pidd, K., & Kostadinov, V. (2015). Alcohol and drug-related absenteeism: a costly problem. Australia and New Zealand Journal of Public Health.



SUPPORTING INDIGENOUS AUSTRALIA

Aboriginal and Torres Strait Islander people are disproportionately affected by a range of negative health outcomes. We are actively engaged with Indigenous communities to co-design evidence-informed solutions that prevent alcohol and other drug harm.

Strong Boorais, Bright Futures

Our work focuses on increasing the knowledge and skills of the communities we work with, rather than providing top-down solutions that may not be the best fit. That's why we collaborated with the Victorian Aboriginal Community Controlled Health Organisation – VACCHO – to produce a DVD directly speaking to the Indigenous people of south-eastern Australia.

'Strong Boorais, Bright Futures' is a resource for mothers, fathers and families about keeping healthy during pregnancy. It provides advice on reducing and ideally stopping the use of alcohol and other drugs during pregnancy and breastfeeding. Boorai is an Aboriginal word used in Victoria meaning 'baby'.

By ensuring that the next generation of Indigenous children grow up healthy and strong, we can begin to address and shift the burden of harms that Aboriginal and Torres Strait Islander communities experience.



Walking the talk

Like many Australian organisations, the Australian Drug Foundation is on a journey towards a more cohesive and considered contribution to reconciliation. Because our work touches Indigenous communities across Australia – through the provision of information, the Good Sports program, and in other ways – it's especially important our entire organisation has a broad base of cultural competency to draw from.

For that reason, all staff underwent cultural awareness training last year so they could better appreciate and understand the values and traditions of the diverse Indigenous communities we serve. We acknowledged and celebrated significant dates, including Reconciliation Action Week and NAIDOC Week, included our Reconciliation Action Plan in the induction kit for new staff, introduced an Acknowledgement of Country as a key component of major meetings, and began planning reconciliation activities for the year ahead.

Reconciliation means building better relationships and understanding between the wider Australian community and Aboriginal and Torres Strait Islander people, for the benefit of all Australians.



SPECIAL THANKS TO OUR AMAZING SUPPORTERS

Bell Charitable Fund
CAMED Nominees Pty Ltd
R J Donohue
John Fillmore
Christey Garretty
John Hanson
Colin Hayes
Olivia Henderson
Dr Mark Hurley
Kaylene James
Joe White Bequest
Nicky Klempfner
F MacDonald
Carlynn Mcgushin
Mary Simpson Trust Account
Anne Miller

Beau Newell
David Parkin
Perpetual Trustee Co Ltd
Ivor Reed
Georgie Renwick
Denice Rice
John Rogerson
RSD Social Club
The family of David John Sanger
Liberty Sanger
Shout for Good Pty Ltd
D Thomson
Graham Turner
Dr Leila Varghese
Vanessa Vickery
Rick Woods



THANK YOU TO OUR GOVERNMENT FUNDERS AND COMMUNITY PARTNERS

Funders

Federal Government

Dept of Health – Good Sports program
Dept of Health – Information Services
Dept of Prime Minister & Cabinet
Australian Defence Force
Australian National Preventive
Health Agency (ANPHA)

Victoria

Dept of Health – Information Services
Dept of Health – Good Sports program
Transport Accident Commission
Victorian Health Promotion Foundation

New South Wales

Transport for NSW
Health Administration Corporation (NSW Health)

Queensland

Queensland Health
Queensland Gas Corporation
Dept of National Parks, Recreation,
Sport & Racing

Northern Territory

Department of Business

Tasmania

Dept of Human Services
Sport & Recreation Tasmania

Western Australia

Drug & Alcohol Office WA
Healthway

Australian Capital Territory

ACT Health

South Australia

Motor Accident Commission

Corporate partners

ExxonMobil Australia
National Australia Bank (NAB)
nib foundation

Community partners/organisations

ACSO
ACT Sport and Recreation
AFL Canberra
AFL Tasmania
AFL Victoria
AFL Victoria Central Region
Albury City Council
Ambulance Victoria
Australian Defence Force
Banyule City Council
Barwon Health
Baseball NSW
Bass Coast Shire Council
Bendigo Community Health Services
Better Health Channel
Blacktown City Council
Bowls ACT
Bowls Tasmania
Bowls WA
Brumby Community Rugby
Cairns Regional Council
Campbelltown City Council
Cardinia Shire Council
Central Australian Youth Link-Up
Service (CAYLUS)
City of Ballarat
City of Casey
City of Darebin
City of Gold Coast Council
City of Greater Bendigo
City of Greater Dandenong
City of Melbourne
City of Monash
City of Newcastle
City of Sydney
City of Whittlesea
City of Wodonga
Community Against Drugs
Cricket ACT

Community partners/organisations (cont.)

Cricket NSW
Cricket Tasmania
Cricket Victoria
Eastern Football League
Echuca Regional Health
Essendon District Football League
Ethnic Communities Council of Victoria
Fairfield City Council
Family Drug Help
Family Drug Support
Football NSW
Frankston City Council
Frankston-Mornington Peninsula
Medicare Local
Gippsland Medicare Local
Gippsport
Glenelg Southern Grampians
Drug Treatment Service
Gosford City Council
Goulburn Valley Health
Great South Coast Medicare Local
Greater Shepparton City Council
Gwydir Shire Council
Hastings Macleay Drugs and Alcohol Service
Hawkesbury City Council
headspace Shepparton
Healthy Together Wodonga
Horsham Rural City Council
Hurstville City Council
Inspire by the ReachOut Foundation
Ipswich City Council
LDAG Inc
Leichhardt Municipal Council
Leisure Networks
Liverpool City Council
Malley Sports Assembly
Marrickville Council
Melton City Council
Mid West-Gascoyne Liquor Enforcement Unit

Monashlink
Moree Plains Shire Council
Mornington Peninsula Shire Council
Municipal Association of Victoria (MAV)
Murray Shire Liquor Accord
Nambucca Shire Council
NAQ Nutrition
National Rugby League
Netball ACT
Netball Tasmania
Newcastle City Council
Newcastle Knights Limited
Nillumbik Shire Council
Northern District Community Health Service
NRL Victoria
NSW Rugby League
Odyssey House
Office for Liquor Gaming and Racing
Penrith City Council
Primary Care Connect
QUIT Victoria
ReachOut.com by Inspire Foundation
ReGen
Richmond Valley Council
Road Safe North East
Rural City of Wangaratta
School Leavers Week Interagency
Steering Committee (SWISC)
Shire of Campaspe
Singleton Shire Council
Skate Victoria
Softball ACT
South Gippsland Shire Council
South West Liquor Enforcement Unit
South West Sport
Southern Grampians Shire Council
Southern Midlands Council
Sports Central
Sports Focus
Surf Life Saving NSW

Sutherland Shire Council
Tamworth Regional Council
Taskforce
Tennis Victoria
The Centre
The Theatre of Other People
University of Melbourne Enactus Valley Sport
VicHealth
Victoria Police
Victorian Aboriginal Community Controlled
Health Organisation (VACCHO)
Victorian AIDS Council (VAC)
Victorian Commission for Gambling
and Liquor Regulation (VCGLR)
WA Cricket Association
WA Office for Racing & Gaming
Wagga Wagga City Council
Warrnambool City Council
Wellington Shire Council
Werribee Mercy
Western Bulldogs Football Club
Wimmera Drug Action Taskforce
Wimmera Regional Sports Assembly
Wingecarribee Shire Council
Word and Mouth
WRAD
Wyndham City
Wyong Rugby League Council
Wyong Shire Council
YAWCRC
Youth Support + Advocacy Service (YSAS)

Working groups we've been a part of

Active and Healthy Alliance – Gold Coast
Alcohol Policy Coalition (APC)
Alzheimer's Australia, Victoria
Australian Internet Governance
forum panel member
Burdekin Be Active
Change Agent Network (CAN)
Experiences of Addiction, Treatment
and Recovery Advisory Panel

Geelong ICE Year of Action
Home Safely
International Society for Child and
Adolescent Injury Prevention (ISCAIP)
Ipswich Sports Awards
National Alliance for Action on Alcohol
National Drug Research Institute (NDRI)
Experiences of Addiction project
School Leavers Week Interagency
Steering Committee (SWISC)
The Theatre of Other People
VIC Parent Council
Victorian Police Drugs Intelligence
Assessment Issues Workshop
Victorian Youth Drugs & Alcohol Advice
(YoDAA) expert advisory and reference groups
Yarra Drug and Health Forum (YDHF)

Academic/research partners

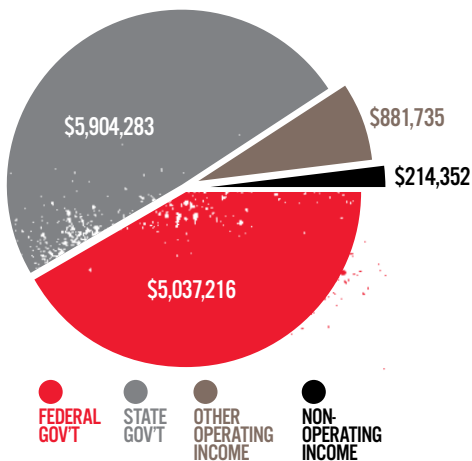
Centre for Alcohol Research, Turning Point
Deakin University
Hunter New England School of Population
Health, University of Newcastle
Melbourne School of Population &
Global Health, University of Melbourne
Monash University
National Drug Research Institute,
Curtin University
RMIT
University of Newcastle

FINANCIAL SUMMARY

Revenue

Thanks to the ongoing commitment of the Australian Drug Foundation's contributors, revenue increased 6% to \$12m compared to 2014.

Where we received our income from:



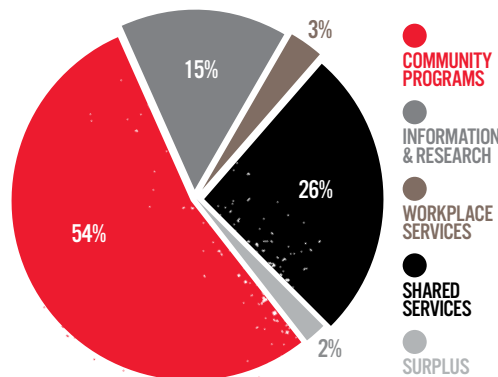
Federal and state government income grew 8.5% to \$10.5m. Additional funding included:

- \$766k from NSW Health Administration Corporation to progress Community Engagement Action Plan (CEAP) program supporting local Community Drug Action Teams
- The Department of Health Victoria, primarily to provide information and community awareness forums/workshops about methamphetamine ('ice').

How the money was spent

In 2015, the approximate number of Australians reached through Good Sports community programs increased 8.6% to 2,054,070, enabling these sports club members and players to benefit.

Where we used our income:



The explanation of significant movements is as follows:

Personnel expenses grew by 18% to \$6.5m primarily to support the Community Engagement Action Plan (CEAP) and the growing network and reach of our Good Sports programs.

Project expenses increased by 9.7% to \$353k due to:

- Deeper investment into systems capability and infrastructure through Project JIGSAW
- External support for building the organisation's new strategy
- The commencement of the brand and identity project.

A surplus of \$228k was retained for use in future programs.

TOTAL RESERVES

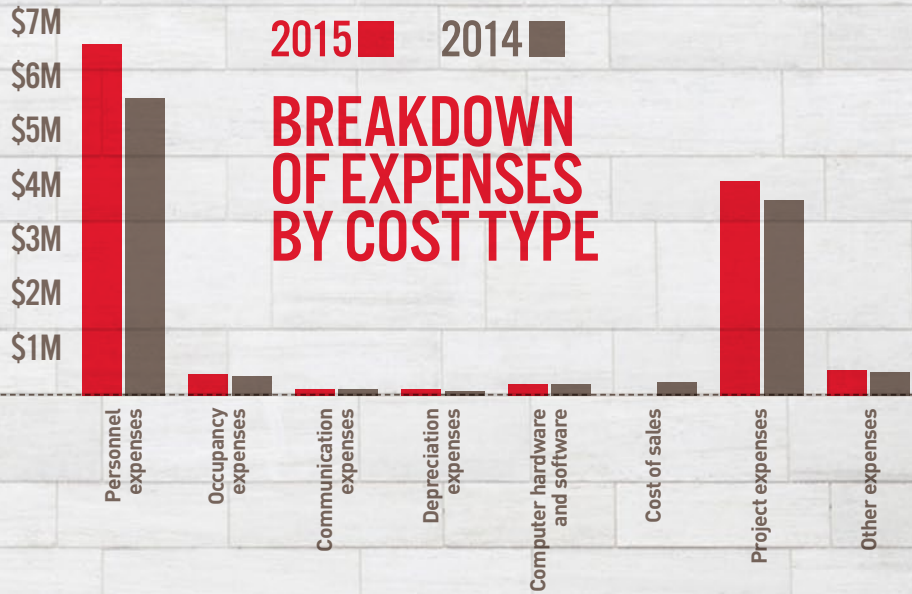
2011: \$3,611,064

2012: \$3,278,096

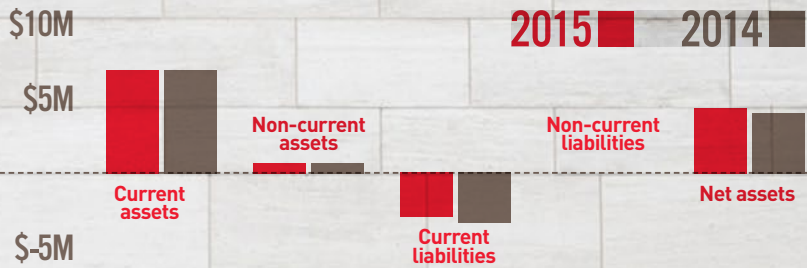
2013: \$3,224,647

2014: \$4,105,312

2015: \$4,333,697



NET ASSETS BALANCE SHEET AS AT 30 JUNE 2015





HELP US FOCUS ON THE FUTURE

Please tear off, fill in and post this form.

Australian Drug Foundation
PO Box 818
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“The best way to
predict the future
is to create it.”

Peter F. Drucker
Professor and writer

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