

"I WANT TO BE HEARD"

An analysis of needs of Aboriginal and Torres Strait Islander illegal drug users
in the ACT and region for treatment and other services

COMMUNITY REPORT

This Community Report was written by 2 Pac, Ace of Spades, Chantal, Fifty-cents, Fiona, John [2], Li'l Kim, Master BJ (*not their real names*), Julie Tongs (CEO, Winnunga Nimmitjyah), Harold Chatfield (Substance Use Worker, Winnunga Nimmitjyah), Phyll Dance (National Centre for Epidemiology and Population Health), and Jill Guthrie (currently with Muru Marri Indigenous Health Unit, University of NSW, formerly with National Centre for Epidemiology and Population Health). Technical assistance was kindly provided by Ros Hales, Olivia Harkin and Michael Rochler.

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http://nceph.anu.edu.au/Publications/Indig_docs/I_want_to_be_heard.pdf

or you can phone the researchers on (02) 6125 2378 to get a copy.

The researchers for that full report were Phyll Dance¹, Julie Tongs², Jill Guthrie¹, David McDonald¹, Rennie D'Souza¹, Carmen Cubillo¹ and Gabriele Bammer¹.

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Most of the information about drug and alcohol treatment services in the ACT and Region (listed in the back of this booklet) was provided by the Alcohol and Drug Program, Community Health, ACT Health. Some was provided by Dr Mark Doverty, representative, Southern Area Health Service.

Our thanks to the Australian Injecting and Illicit Drug Users League for permission to amend (for this Community Report) some of their artwork used originally in their publication *Handy Hints*.

We are very grateful to Howard Wren (Manager, Clinical Service, ACT Ambulance Service) for his expert input into the section on treatment of overdoses.

Thanks to Charles Roberts, IT Coordinator, Australian Injecting and Illicit Drug Users League, who helped us with proof reading and also provided us with expert advice.

Community Involvement

Aboriginal people were involved in this project from beginning to end. The research findings and the artwork were produced by Aboriginal people.

The words "I want to be heard", which form the first part of the title of this report, were some of the first words we heard when we were conducting the interviews.

This Community Report is dedicated to the 95 Aboriginal and Torres Strait Islander people who presented for interview and who openly gave details of some of the most intimate aspects of their lives. It is dedicated also to their family and friends. To maintain confidentiality, the people we interviewed were asked to choose a name for themselves (not their real names). These are written in the root of "the tree" (see page seven) which was specially painted for the project by Gerard Bennett.

Many thanks to Korina Greenslade-Palmer and Stephen Weldon whose artwork appears throughout the booklet.

Thank you everyone !!!

This Community Report shows the findings of a study which took place from 2001 to 2004 of the needs of Aboriginal and Torres Strait Islander illegal drug users in the Australian Capital Territory (ACT) and surrounding region for treatment and other services.

The study was a partnership between the Australian National University's National Centre for Epidemiology and Population Health (NCEPH) and Winnunga Nimmityjah. Staff members from both Winnunga and NCEPH made up the research team.

The project was fully supported by local Aboriginal people through a Reference Group which met several times throughout the study. Most of the members of the Reference Group were Aboriginal people. Some were Ngunnawal elders.

The members of the Reference Group were -

Mr Tom Brideson	Mr Fred Monaghan
Mrs Hilary Crawford	Mr Michael Quall
Mrs Agnes Shea	Mr Craig Ritchie
Ms Kerry Arabena	Ms Rikki Bailey
Mrs Ethel Baxter	Ms Renéé Rodgers
Mr Ollie Kickett	Ms Tracey Cave
Mr Ian King	Mr Len Waugh
Ms Audrey Kinnear	Ms Robyn Staniforth
Ms Jeanine Leane	Mr Noel Bon
Mrs Evelyn Little	

Caring, sharing family



This picture of Auntie Hilary Crawford and Auntie Muriel Brandy was taken at a NAIDOC Ball. It was used on the flyer to recruit people for the project. At the suggestion of members of the Reference Group, the flyer also contained the words: CARING, SHARING, FAMILY.

Over the years, Auntie Hilary and Auntie Muriel have been strong advocates for Aboriginal health, including the health of young Aboriginal drug users.

The tree

The health of Aboriginal and Torres Strait Islander people needs community-based approaches.

Trees are important symbols for Aboriginal and Torres Strait Islander people. To get our head around these things, we have used a tree. If nurtured, the tree will be strong, new growth happens, old growth falls away and it bears fruit. The trunk supports the branches and leaves, which support the bigger system.

But the tree cannot survive without strong foundations, the root system. The roots stabilise the tree and nourish and feed growth. What takes place underground (behind the scenes) is what's needed for strong growth.

People might ask, "*What's a tree got to do with an illicit drug project?*"

Well, the elements are the same. The **trunk** represents the building of trust and the partnership between Winnunga and the researchers. Winnunga has assisted in building relationships between the National Centre for Epidemiology and Population Health and its client base, and the local Aboriginal community. Winnunga helped the researchers gain trust and cultural understanding of the complex issues faced by Aboriginal people daily. Winnunga guided the non-Aboriginal researchers and helped them understand the cultural differences and the need for Aboriginal people - especially Aboriginal Community Controlled Health Services - to be involved in this research.

The **root system** is about nurturing and building relationships. To achieve this, some basic understandings were needed. The National Centre for Epidemiology and Population Health provided training, such as some ways of doing research, interviewing skills, and an understanding of statistics.

The **branches and leaves** are where growth can be seen. Areas of interest included: transfer of skills, two-way learning, supportive alliances, meaningful community benefits, a sense of ownership and the strengthening of relationships. The project is nurturing new relationships. These relationships could create new seeds or could be grafted into new life.

(Adapted from words originally written by Julie Tongs [CEO, Winnunga] and Tom Brideson [Chair, Reference Group])

Why did we do the research?

Elders were very concerned about the high level of illegal drug use amongst young Aboriginal and Torres Strait Islander people in the ACT and region. They were concerned about the harm this was doing, and the effect it could have on the young peoples' lives if nothing was done. Community leaders knew there were needs in the areas of prevention, early intervention and treatment, and they knew about the bad effects that alcohol and tobacco were having on young people.

This study was the first time Aboriginal and Torres Strait Islander people in the ACT and region had the chance to tell their own stories about their experiences with illegal (and legal) drugs. The quotes in this booklet are by some of the 95 people who took part in the study. We want to share some of their stories with you, without identifying who any of the people are.

The aim of the research was to record their stories, so that other people - including their families and friends, carers, health providers, politicians and policy makers - can understand what it is like for them, and what their needs are. The information they provided is important for making policies and for providing services that work.

Who told their stories?

Ninety five (95) Aboriginal and/or Torres Strait Islander people from the ACT and region told their stories. It is estimated that there could be up to 500 Aboriginal and Torres Strait Islander illegal drug users in the ACT and region, so we interviewed around 10 to 20 per cent of these people.

Sixty two (62) of the people interviewed were men and 33 were women. Their ages ranged from 16 to 50 years. Forty four (44) were less than 25 years old when they told us their stories. Fifty four (54) said that they had injected illegal drugs in the 12 months before being interviewed, and 41 had used an illegal drug in some other way, eg by smoking yarndi. The average age of starting to use illegal drugs (of any type) was 14 years, which is around five years younger than for other Australians who have ever used illegal drugs. The average age of first-time injecting was 20 years.

Sixty nine (69) of those interviewed lived in the ACT, 20 lived in New South Wales, and six usually lived in other States but were living in the ACT at the time of the interviews.



I want to be heard.



What were their stories?
What would they like to happen?
How do they think services can be improved?

The following stories of some of the 95 people interviewed are about what led to their drug using and what they would like to happen so that they can deal with everything they are facing in their daily lives.

Many people (such as those quoted below) said they would like to learn more about their Aboriginal culture, and that they would like to see more Aboriginal culture taught in school education.

Yeah, I'm learning more about my culture now because I've got kids. I've gone back to Nan to learn because she's getting on now. I want to understand more about why we don't have our own government, why we're living in tents. I just went through a bad time with my kids, and they ask me stuff and I don't know the answer, you know, just little things.

I want to be heard.

More than white history, migrations, you hear about *Homo sapiens* but what about what happened here? It's lost. It wouldn't hurt to do that here. England has its own ethnic people and they would get taught about it, why not us? New Zealand seems to have their culture respected more because of Treaty, they stood up and fought - but here, they were wiped out. I have an interest in the pictures, rock art, landscape. I would like to learn more about that.

I don't know my heritage, just the tip of the iceberg. I would like to learn my language. I would like to learn from Elders. Elders need to come and pass it on to young people that use drugs and stuff like that. People are lost and bored. Then it's easier to step into that world [of drug taking].

Some people we interviewed had managed to stop or control some of their alcohol or other drug use by going into treatment.

Some people said they would like to have an Aboriginal residential treatment centre, or Halfway House, where trained Aboriginal and/or Torres Strait Islander people would be involved in providing services.

A special Aboriginal and Torres Strait Islander facility where people have training in mental health first aid. A multi-purpose centre which will consist of all organisations under the one roof, detox', rehab', sexual assault, Halfway House, all under one roof so we're pulling funding from everywhere, not just drug and alcohol [it could be based in Canberra or in the region].

See us Aboriginals, we feel very comfortable around our own race. We feel a lot more comfortable being asked to do something or you know, or asking questions. Well I find it to be a lot easier anyway. I can't talk for every Aboriginal in Australia, but I find it a lot easier.

Some people, such as this young lad, said they would like to see more rehabs:

They should have - I reckon meself, I reckon they should have more rehabs! For Indigenous people or for any people with a drug problem. If they want help, I reckon they [rehabilitation services] are the best places for 'em.

Some, like this woman, thought residential treatment should be run by an Aboriginal organisation and staffed by Aboriginal people:

I would like to see an environment for healing run by Aboriginal people. Aboriginal people know how we feel - we can't have people who don't know about our culture.

Other people also wanted the staff to be ex-users of illegal drugs. One said:

And blackfellas who've been in that situation to counsel us, not somebody who's studied it from a book or from interviews or whatever, you know, someone who's been in a real situation, you know, who's reformed.

Some of the people interviewed said they would like to see changes in relation to funding of Aboriginal alcohol and other drug services. One successful quit smoking program is "No More Bundah", which includes the use of nicotine replacement therapy. Jodie, who runs the program at Winnunga, said:

"No More Bundah" is an eight week quit smoking program run in partnership between Winnunga and the ACT Cancer Council. This program uses a supportive group approach and the use of combination NRT [Nicotine Replacement Therapy] (patches, puffers and gum) and information.



Do you smoke bundah? Would you like to stop?

If so, talk to one of the Drug and Alcohol Workers at Winnunga, or look through the numbers at the back of this booklet.

There was a range of views in relation to methadone treatment. Some people, such as this woman who had stopped using heroin, had only good things to say about methadone:

I was a mess. I refused to use heroin again. I just refused. I said I've been out scrub I've gone that cold turkey thing or whatever and this is the state I'm in. The health worker came straight and got me and took me to the doctor's and got me on this program. As soon as I drunk that stuff in the cup [methadone] I felt so much better. So this is my hope at the end of the rainbow, where I can say to the family that I'm now off it.

A teenager who had stopped using heroin was also very positive about methadone:

Basically, it's prescribed by a doctor, you are watched over by people every day, you get it every day so you get the same dose every day. You're not gettin' different doses or gettin' sick off it, It's in a controlled area. Basically nothin' can happen to you while you're gettin' it.

I want to be heard.

A young woman who was trying to re-enter the methadone program, said:

I would like to stop using and methadone would help me achieve that.



Methadone and Buprenorphine

Would you like to learn more about methadone?

Do you know about 'bupe' (buprenorphine),
also a treatment for people using heroin?

If you would like to find out more about methadone, bupe, or any other treatment at all, contact one of the Drug and Alcohol Workers at Winnunga or look through the numbers at the back of this booklet.

Preventing overdoses

The most important thing is to stop overdoses happening. If you or someone you know is using heroin, you can get more information about prevention of overdoses (as well as all sorts of other information) from one of the user organisations - look for the phone numbers for CAHMA and NUAA at the back of this booklet.

What do I do when someone drops?

Some people said they would benefit from having more education and information for helping friends if they overdose. Lots of participants already had very good first-aid skills and knew what to do if they were with someone who dropped. One person who was very experienced said:

The first thing is don't panic because in that scene seein' someone drop, it's normal. You become desensitised to things like that, so you just know what to do. Just check that they're breathing. Even if it's a slight gurgle, you know, if they're still breathing, that's fine. You're right. Either bring them around or lay them on their side so they don't choke. Check that they're breathing and they've got a pulse. Then ring the ambulance. Then they'll come and sort 'em out. The best thing is watch the person because you can see that they're goin' to go on the nod and if they're gonna' slip away. And once they go on the nod you can't let 'em get to that stage, so you tell 'em to stay awake. You're pretty safe after about twenty minutes, and then they can go on the nod after that, have a chance for the drug to work around their body.



Here are a few things you could do that could save a life.

Do you know your DR ABC? (With thanks to St John First Aid.)

D for Danger
R for Resonse
A for Airway
B for Breathing
C for Circulation



Firstly, check for **Danger** (such as a used fit) to you, to others, and to the person who's dropped.

Stay with the person - check **Response**, shout their name, pinch their ear lobe, if you don't get a response, call for help.

In any life-threatening situation, ring:

000

for an ambulance. If possible, get someone to do this for you so that you can stay with the person.

Remember, the ambos won't call the police.

Even though you'll probably be feeling uptight, try and keep calm and don't swear or use an angry voice to the ambos.

Also, the person on the other end of the phone might ask you questions that seem stupid but they're important.

The ambulance will be on the way even though someone is asking you questions.

Here are some things to do while you're waiting for the ambos.
Remember: "Don't panic."



Make sure there's nothing blocking the **Airway**, put your hand under the back of their neck and lift gently - the head should tilt back. This way you can see and feel if there is anything blocking the airway. If there is a blockage, clear it out gently with your fingers. Don't stick things into the person's mouth, they won't swallow their tongue. Don't try to get dentures out if they're not blocking the airway.

Check for **Breathing**

Is the chest rising and falling?

Can you hear breathing?

Can you feel their breath on your cheek?

If the person is breathing place them in the recovery position, on their side with the top arm and leg (bent at the knee) in front of them and their head gently tilted back to keep the airway open.

If they're not breathing:

MAKE SURE THE AMBOS ARE ON THE WAY

and make sure the person is on their back. If they're on a soft surface, such as a bed, you may need to gently move them: resuscitation works best if the person is on a flat firm surface such as the floor.



Place one hand under the back of the neck and gently lift it up a bit, which will open up the airway. Listen and look to see if they have started breathing.

Pinch the nostrils closed.

Hold the person's mouth open by holding the chin.

Cover their mouth with your mouth creating a firm seal.

Deliver five quick breaths.



Watch the chest rise and fall as you go.

If the chest is not moving the air is not going into the lungs - check the airway again.

Then try giving some breaths again.



Check for signs of **Circulation**.

Is there any movement - including swallowing or breathing?

Can you see any obvious signs of life?

Is the skin still warm?

Can you feel a pulse? (Try feeling the person's pulse, slightly to the side of the neck - don't use your thumb, it's got its own pulse.)

If there is a pulse, continue to breath into the person 12 to 15 breaths a minute, until they recover.



If there is no pulse, give two more breaths before starting cardiac massage.

Move down beside the person's chest and place the heel of one hand centrally on the breastbone half-way between the base of the neck and the base of the breastbone.

Place the heel of the other hand on top of the first.

Press down through the heels of the hands in a fairly quick pumping action - 15 times in 10 to 12 seconds. Count as you go "one and two and three and..."



Cardiopulmonary Resuscitation (CPR) for adults

15 compressions to two effective breaths (watch for chest to rise).

Continue 15 compressions and two breaths 4 times a minute.

Don't worry if it's not perfect or you can't remember the exact numbers.
Any CPR is good!

IF THERE'S MORE THAN ONE OF YOU THERE, TAKE IT IN TURNS TO DO CPR UNTIL THE AMBOS ARRIVE.

Check for a pulse and breathing every 30 seconds. With luck, one or both of these will start.

If the person starts breathing and you can feel a pulse, put them in the recovery position (with the top arm and leg [bent at the knee] in front of them and their head gently tilted back to keep the airway open).



When the ambos arrive they may need to give a shot of Narcan (which will reverse the effect of heroin).



A LIFE SAVED



If you want more information about how to do resus', talk to one of the Drug and Alcohol Workers at Winnunga, or contact a drug user organisation - look for the phone numbers for CAHMA and NUAA at the back of this booklet.

There's also some free resus' courses:



"Project Survival"

Do you know about "Project Survival"? It's a free resus' program run by St John's Ambulance that teaches basic first aid skills to people who could save a mate's life. If you would like to find out more about "Project Survival", contact one of the drug and alcohol workers at Winnunga, or a drug user organisation - look for phone numbers for CAHMA and NUAA at the back of this booklet.



"The Connection"

"The Connection" is a peer-based drug and alcohol support group based at the Griffin Centre run by young Indigenous users for young Indigenous users. "The Connection" also runs free resus' programs - look for their contact details at the back of this booklet.

Hepatitis A, B and C

Most people we interviewed did not share their fits or other injecting equipment, but a few did. Some people we interviewed had been infected with either/or hep' A, hep' B and hep' C. There is no vaccination to prevent hep' C but there are ones for hep' A and hep' B.



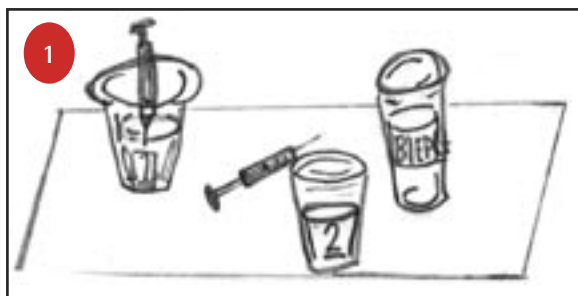
Have you been immunised against hep' A and hep' B? Not sure?

If you would like some more information about immunisations for hep' A and hep' B, or any other information about heps', contact one of the Drug and Alcohol Workers at Winnunga, or look through the numbers at the back of this booklet under Hepatitis Services.



Do you know about the ACT Hepatitis C Council which offers support, information and referrals for people living with hepatitis C and their families and friends? You can also get information about other heps' from them. You can contact them on: 6232 4257.

If you inject drugs remember you should use sterile equipment every time. There are some services listed at the back of the book that provide sterile injecting equipment but if there's absolutely no other way and you have to re-use, this is what you should do to clean fits -

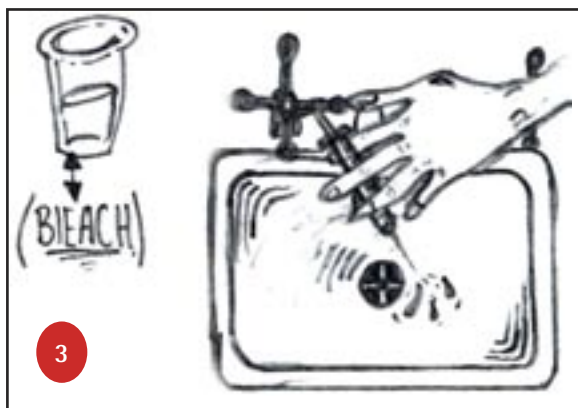


Step 1: Rinse a fit with clean, cold, tap water until you can't see any traces of blood. You must use cold water because hot water will cause the blood to clot.

Step 2: Fill the fit with full strength bleach (like Domestos or White King). Shake the fit for at least 30 seconds. Count to 30 slowly. You can catch hep' C or hep' B or , if you have it, pass it on to others by sharing equipment.

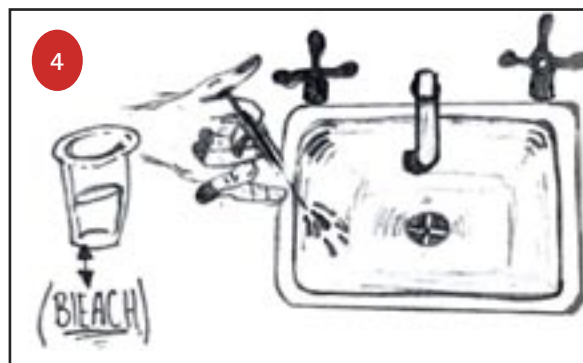


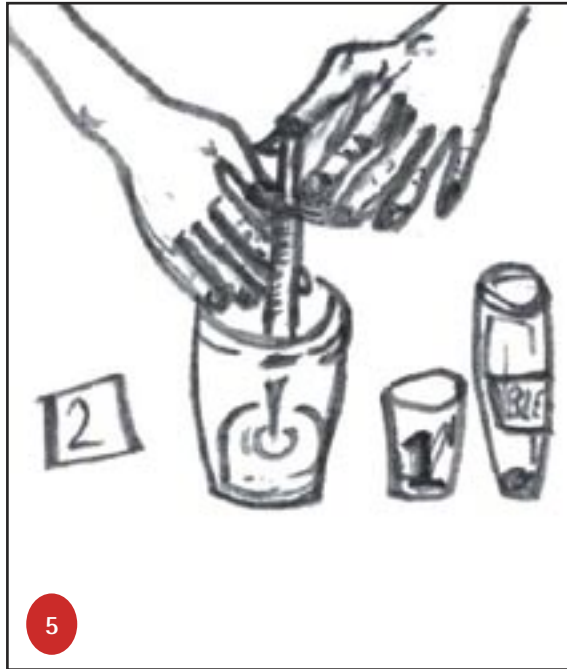
Step 3: Squirt the bleach into a sink or drain.



Step 4: Refill the fit with bleach and shake for at least another 30 seconds.

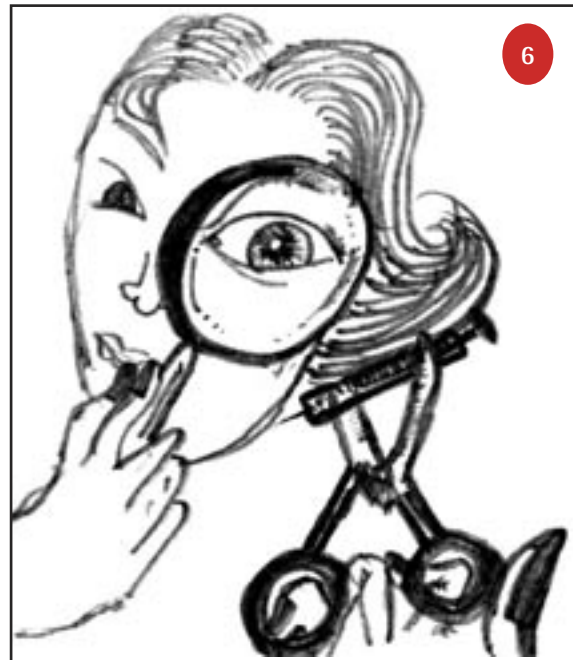
Squirt bleach out down a sink or drain.





Step 5: Fill the fit with clean cold tap water and then squirt down the sink or drain.

Do this at least 6 times until all the bleach is gone.



Step 6: Cleaning a used fit should ONLY be done in emergencies.

You can't be sure that it will stop the transmission of hepatitis or HIV.



For more information on safer injecting talk to someone at a user organisation - look for the numbers for CAHMA and NUAA at the back of this booklet.

The Past, Present and Future



Everyone has "skeletons in the cupboard". For some people, the skeletons can lead to drug use. If you have a "skeleton in your cupboard" and you need some help, this book and the contact phone numbers at the back will help you. This picture by Korina shows the connection between past, present and future and how cultural history, traditional ways and Indigenous customs are connected.

Six participants were part of the Stolen Generations, but were very strong in their understanding of the connection between past, present and future, so some were able to get on top of some of their drug use. One woman talked about when she was a young girl:

When we were kids on the station, I remember my Grandma and Granddad locked us up to hide us. They said 'The missionaries are coming.' Where I grew up was a very racist town. Some things Pop [Granddad] told us, it was very bad for him. Pop made it clear to lock us away [from the missionaries]. One relative who was taken turned up last year. She told me what had happened, that she'd been Stolen. All those missed years. The years of drug using took a lot from me, but I'm different now and I can talk about it. And I'm strong for my people. I know now I can relate to other people's problems.

Another person who was Stolen when he was a young man said:

All us kids were taken off Mum when we were little kids, we were Stolen. I remember the day they came and took me. I was a teenager when I met up with my brothers and sisters and Mum.

One man said:

I wanted to know why my Mother was Stolen off a mission? Why was I Stolen from her? Me brother and I were taken off me Mum by the government, for no reason. I found out, just in recent years that it sort of comes under 'care and protection'. I was living in the city with me father who was working, with Mum, and I don't know why we were taken for that reason. My son was the one who first took me out to the mission. So I found out about me Mum, how she was Stolen, from a mission. She was brought up by nuns in the city. I went and saw these nuns and they refused to even say that she was a resident. [They said], 'We can't shake your hand and say we're sorry. Our cash tin is empty. I didn't want that. I just wanted to know what my Mum was like as a resident. And I felt me Mum's pain and shame, plus me own. Tried to end it. Tried to hang meself. Fuckin' branch broke. Excuse me swearing. And ever since then I couldn't stay there. It's just a bad place for me, so I came here to Canberra.

Identity is an important issue for lots of Aboriginal people, and this came through in many interviews. One young woman said:

My Nanna, her father was Aboriginal. And her mother left her and they were bought up in a convent. She didn't know her father till she was eighteen and he come to see her to say, 'I'm your father.' He only visited her once. So she was brought up by nuns. It was never talked about. It's sort of hush hush about us having Aboriginal blood in us. I didn't find out I had an Aboriginal Grandfather until I went to high school. I didn't know me brothers or sisters till I was about ten. It's not your normal upbringing.

One young man who was reared by his non-Aboriginal father spoke of the conflict he experienced as a result of identity issues:

But I think what I need to do is get to the root cause of it. Because up until recent times I've kept everything in. I've never really talked about it and as I say it's just up until now that I am starting to really reach out; reach out to people and try and overcome things. You see I grew up with my Dad. There wasn't any sort of sort of emotional support there. So basically, essentially a white person in a sense living in white society, with an Aboriginal background, with Aboriginal blood and that sort of thing as well ... And you know they all conflict. They all conflict. And in my head it's like, where am I, where am I? That conflict that's there. You know, I've probably grown up in one society and I am just discovering the Aboriginal heritage side of it, it's just like a big soup in your life.

Racism has been a big part of Australia's history since colonisation. Many of those interviewed suffered racism throughout their lives. One young woman said:

I didn't grow up with racism, because we had multicultural people where we lived. But when I went to school, that's when I knew what a boong was. Yeah, I was a boong and I was never called that in my life until that time. They put dead birds in the lunch boxes at school. But that happened to all us kids.

Another young woman talked about the racism she suffered at school:

There was racism, just not to say it to your face. It was written on desks and walls everywhere. Just little comments. Made it so you wanted not to be in that place.

One man said he had to lie to get a job because of the racism he experienced:

All me life. I even had to lie going for a job. I had to tell them I was friggen Greek. You know, people say 'You don't look Aboriginal' because you haven't got the big lips or the big nose.

Gambling

Some people, including people who use alcohol and other drugs, like to have a bit of a gamble. For some people, gambling becomes a problem. This is what some of the people we interviewed had to say about gambling problems:

My husband would gamble a lot. I said 'Before you gamble go buy something for the house and whatever you have left in your pocket feel free to piss it up or put it in a fucken machine'.. He used to hide the receipts from gambling in his socks... And he denied it... hey all the fights were about kids, money, gambling, drugs.

A woman who had stopped her amphetamine use and gambling said:

The gambling went with the speed use. I never was one to gamble, but with the speed use [I had the confidence] to go into pubs and gamble... you think you're on the top of the world, gambling, drugs in one hand, money in the other. You just don't realise, you come down [from the amphetamine use] and you crash.

Someone who had got some help for her gambling said about the person who helped her:

He was a wonderful guy and he rang me up every day and just talked to me about gambling and [asked me] if I'd been to the club, and if I had [he said] 'That's OK, and don't get upset.' And he told me how much money I've lost. He adds it all up [and now I gamble less].



If you, or someone you know, needs some advice about gambling problems - look for the numbers listed under Gambling Services at the back of this booklet.

Where would you like to be?

During the interviews, people were asked "Where would you like to be in a year's time?"

People were very positive about this. This is what some said:

Drug and alcohol free. To have a sense of normality. To not be using any substance.

I want to stop using cannabis, so I can go forward to be a better member of society.

In a year's time, I don't want to have anything to do with drugs. I've got mates who do drugs. They're mates, I love 'em, but they're not really mates.

Just life itself really. I want to be clean. Get a job.

Hopes for the future.....

Education aspirations

Of the 95 people interviewed, 58 had left school at aged 15 years or less.

Most people said they would like to go back to school for further education if they had the opportunity. The kinds of education they would like to receive ranged from – Year 10 (School Certificate), Year 12 (Higher School Certificate), writing, the arts, information technology, a trade, maths, science, and Aboriginal studies, to sports.

Employment aspirations

Of the 95 people interviewed, nine were in full time paid employment.

Seventy three (73) said they would like to get paid employment, and one person said they did not want a job, but would like to study. The types of work they would like to do varied, ranging from – working with other Indigenous people, working with people (social work/counselling/childcare), computer work, hospitality, tourism, legal, outdoor work (gardening/park ranger), working with animals, to working in the sports industry, or in politics.

What happens now?

Copies of the "I want to be heard" full report were sent to local and Federal politicians and public servants in the middle of 2004.

During the first part of 2005 a student from the ANU is contacting the politicians and public servants to see how they have implemented the recommendations from the report and what changes have occurred.

Copies of the student's report will be available from the researchers on 02 6125 2378 around the middle of 2005.

Some helpful contact numbers.

EMERGENCY CONTACTS

Ambulance (Emergencies)/Police (Emergencies).....	000
Calvary Hospital	6201 6111
Mental Health Crisis Team (24 hours) Freecall	1800 629 354
.....	6205 1065
Police Attendance	11444
The Canberra Hospital (TCH)	6244 2222
TCH Emergency Department	6244 2611

ABORIGINAL AND TORRES STRAIT ISLANDER ORGANISATIONS

Winnunga Nimmityjah Aboriginal Health Service.....6284 6220

Winnunga was established in 1988 as a primary health care service initiated and managed by the Aboriginal Community to provide a culturally safe holistic health service to the Aboriginal people of the Australian Capital Territory and surrounding areas in New South Wales. Services at Winnunga include those provided by Substance Use Workers.

Gugan Gulwan

6231 9555

Gugan Gulwan Youth Aboriginal Corporation provides: drop in; program activities; Community-based projects; case management; and sector development with a specific focus on young people from Aboriginal and Torres Strait Islander backgrounds

Canberra Rape Crisis Centre (CRCC) (24 hours).....6247 2525

There are Indigenous Counsellors at the Canberra Rape Crisis Centre. This free and confidential counselling and support service is for any woman, young person or child who has experienced any form of sexual abuse, whether it is a recent assault or an assault that happened years ago. You can use the service without reporting the assault to the police. The Centre also provides information sessions and workshops for people who may work with survivors of sexual assault.

(There are several mainstream services for counselling and support related to male sexual assault such as:

SAMSSA (Service Assisting Male Survivors of Sexual Assault) 6262 7377)

Dyynamal Migay Refuge 6291 3160
 Dyynamal Migay is a refuge for Aboriginal and Torres Strait Islander girls aged 12 to 17 years.

Link-Up 6289 8262
 Link-Up assists the reunion of Indigenous families separate by past government policies. The Australian Government Department of Health and Ageing administers Link Up to provide a range of services including: support and guidance for clients and their families during the tracing and reunion process; reunion management; and negotiation with government and non-government agencies on matters such as tracing of, and access to, records.

Aboriginal Hostels Limited 6212 2000
 Aboriginal Hostels Limited is a company that provides temporary accommodation to Aboriginal and Torres Strait Islander people

Aboriginal Legal Service 6249 8488
 Th
 provides legal advice, referral and advocacy for Aboriginal and Torres Strait Islander people in the ACT.

The Connection 6230 6441
 The Connection is a peer-based drug and alcohol support group, based at the Griffin Centre. This service is run by young Indigenous users for young Indigenous users.

Centres at tertiary institutions

Jabal Centre at The Australian National University 6125 3520
 Ngunnawal Centre at the University of Canberra 6201 2998
 Yurauna Centre at the Canberra Institute of Technology 6207 3309

OTHER ORGANISATIONS

ADP (Alcohol and Drug Program), Community Health, ACT Health (24 hours) 6207 9977 or 6205 4545

The ADP provides:

- 24 hour information service on alcohol and other drugs;
- advice for clients, families and the general public;
- support, referral and initial phone assessment for clients and families wanting to access Alcohol and Drug Program services;
- professional advice for health, welfare and community workers in the care and treatment of people affected by alcohol and/or other drug use;
- inpatient or outpatient withdrawal supervision (detox¹) from alcohol and/or other drugs - with or without medication;
- methadone and buprenorphine prescribing, dosing and coordination;
- liaison nursing services for patients admitted to Calvary or The Canberra Hospital;
- counselling and case management;
- health promotion;
- Court Diversion Assessment and Coordination Service, Court Treatment Referral Program as per the Drugs of Dependence Act 1989;
- Court Alcohol and Drug Assessment Service (CADAS) and
- nursing and counselling services at the Belconnen Remand Centre.

ADIS (Alcohol and Drug Information Service) (24 hours)..... Freecall 1800 422 599
 ADIS provides a 24 hour confidential counselling, referral, information and advice service for alcohol and other drug use.

ADDInc (Assisting Drug Dependents Incorporated; Directions) 6248 7677

ADDInc is the parent organisation of:

- Arcadia House Withdrawal Centre, which offers natural therapies to alleviate withdrawal symptoms, "time out", education, support, court support, diet therapy, massage;
- DRIC (Drug Referral and Information Centre) which provides community education on drug use and related matters, as well as assessment, support, advocacy, referral, and information; and
- the ACT Needle and Syringe Exchange Program.

ADFAC (Alcohol and Drug Foundation, ACT Inc) 6292 2733

ADFAC administers a range of residential and community-based educational and treatment programs. These include Karrakila Therapeutic community (for men/women aged 18–40 with and without children); a childcare centre for children of residents; Half-Way Houses for men, women or families; Relapse Prevention program for post treatment support and an 11 week Drink Driver Education program designed to increase knowledge regarding effects of alcohol and other drugs in relation to driving skills.

Ainslie Village 6257 5923

Supported accommodation ranging from minimal overnight to full care. Maintains a policy of total abstinence.

Building Trades Group Drug and Alcohol Rehabilitation Program 6257 1599

This program provides information, education and referral service for members. Workplace drug and alcohol policy development.

CAHMA (Canberra Alliance for Harm Minimisation and Advocacy) 6262 5299

CAHMA is a peer based user group that welcomes user input at all levels of the organisation. CAHMA provides a free needle and syringe exchange program, referral and peer education/information services to users and their families and friends.

Heart Foundation 6282 5744

The Heart Foundation provides information for health professionals, the general public and schools relating to heart disease and stroke.

Lesley's Place 6241 7233

Lesley's Place is part of Toora Women Inc. It provides before-and-after supervised withdrawal support for women with and without children.

Life Education Centre Inc (ACT) 6288 4500

The Life Education Centre provides health and drug education classes for ACT students from pre-school to college covering information on nutrition, body systems, effects of drugs and skills in dealing with pressure. It uses multimedia to assist information delivery.

Lifeline (24 hours).....	13 11 14
Lifeline provides free 24 hour counselling for any problems.	
Youthline	6247 0655
Mancare (Canberra Recovery Service - Salvation Army)	6295 1256
Mancare provides long-term residential alcohol and other drugs rehabilitation program (Bridge Program) for men, involving group and individual counselling, work therapy and peer-based therapy. Involvement in 12 step groups (such as Alcoholics Anonymous [AA]) is encouraged.	
NUAA (New South Wales Users and AIDS Association) Freecall (NSW only).....	1800 644 413 or 02 8354 7300
NUAA is a peer-based group that provides a free needle and syringe exchange program, referral and peer education/information services to users and their friends and allies.	
Queanbeyan Alcohol and Drug Service.....	1800 809 423 or 6299 1725
Provides a free confidential and non-judgemental voluntary client service to anyone effected by drug and alcohol use. Information, referral, counselling, education, community groups, drink driver education and consultation offered.	
Queanbeyan Needle and Syringe Exchange Program	6298 9233
Located at 26 Anthill Street, Queanbeyan. After hours at the Accident and Emergency section of Queanbeyan Hospital.	
QUIT.....	13 18 48 or 6262 2222
Telephone, individual, group, workplace counselling for help with stopping smoking.	
Sharps Hotline	13 22 81
Phone the Sharps Hotline if you see discarded injecting equipment and they will organise for someone to come and safely dispose of it.	
Ted Noffs Canberra – Youth Detox and Rehab Program for Adolescent Life Management (PALM)	6123 2400
The Program for Adolescent Life Management (PALM), run by Ted Noffs, is a three-month intensive residential program for people aged 14–18 years whose presenting and primary problem is drug use. Based on the Therapeutic Community Model, the goal of the program is to increase clients' ability to manage their own lives effectively. Ted Noffs also offers a 7 or 14 day detox' program.	
TOP (The Opiate Program)	6287 2977
TOP is based within general practices. The service is provided by Registered Nurses to people in the community experiencing problems with opioid use.	
WIREDD (Women's Information Resources and Education on Drugs and Dependency)	6248 8600
WIREDD provides information, education, advocacy, support and counselling regarding drug and alcohol issues for women. Training for workers is also provided.	

GAMBLING SERVICES

Family Helpline	Freecall 1800 643 000
G-Line	Freecall 1800 622 112
Gamblers Anonymous (GA)	Freecall 1800 633 635
Gambling Counselling Service.....	6247 0655
Kids Helpline.....	Freecall 1800 551 800

HEPATITIS SERVICES

The Hepatitis Council.....	Freecall 1800 803 990 or 6232 4257
ACT Hepatitis C Council.....	6253 9999

SELF HELP GROUPS

Alateen	6251 7726
Al-Anon	6251 7726
Alcoholics Anonymous (AA).....	6287 3020
Co-dependents Anonymous.....	6287 3020
Gamblers Anonymous (GA)	Free call 1800 633 635
Nar-Anon	6292 4466 or 6241 2281
Narcotics Anonymous (NA)	6288 0835

REGIONAL DRUG AND ALCOHOL SERVICE LOCATIONS

Area-wide Central Intake/Information and Advice Service	1800 809 423
Batemans Bay Community Health Centre	02 4472 4544
Bega Community Health Centre	02 6492 9620
Cooma Community Health Centre.....	02 6455 3201
Eden Community Health Centre	02 6496 1436
Goulburn Community Health Centre.....	02 4827 3913
Killard Centre (Queanbeyan).....	02 6299 1725
Moruya Community Health Centre.....	02 4474 1561
Narooma Community Health Centre	02 4476 2344
Pambula Community Health Centre.....	02 6495 7294
Yass Community Health Centre.....	02 6226 3833
Young Community Health Centre	02 6382 1522

ACCOMMODATION

Ainslie Village	6257 5923
Belleden Service	6231 2221
Family House Outreach Support Service	6242 6211
St Jude's Family Support Service	6294 9034

SERVICES FOR FAMILIES and FRIENDS

Drugs in the Family.....	6257 3043
Offers information, advice and support for parents, family members and close friends of people using drugs.	
Families and Friends for Drug Law Reform ...	6254 2961
Action group for drug law reform committed to preventing tragedy that arises from illicit drug use. Raises awareness of illicit drug issues in the ACT Community. Encourages the search for better drug policy solutions.	
Family Carer Support group	6123 2400
Facilitated group offering information and support for families of people using drugs. Meets fortnightly at the Ted Noffs Centre.	
Family Drug Support.....	1300 368 186
Provides 24 hour 7 day a week support to families dealing with drug issues in a way that strengthens relationships and achieves positive outcomes.	
Stepping Stones Course – for family drug support	6205 4515

INFORMATION, ADVOCACY, SUPPORT, REFERRAL AND/OR COUNSELLING

ACTCOSS	6248 7566
AIDS Action Council	6257 2855
ANU Counselling Centre	6249 2442
Community Information and Referral Service ACT.....	6248 7988
Canberra Family Support Service	6239 4049
Canberra Rape Crisis Centre and Sexual Assault Counselling Service	
(24 hour crisis line).....	Freecall 1800 808 981 or 6247 2525
Canberra Sexual Health Clinic	6244 2184

CARE Financial Counselling and Consumer Credit Legal Service	6257 1788
Centracare	6239 7700
Child at Risk Unit	6244 2712
Canberra Institute of Technology Counselling Service	6207 3290
EASACT Davidson Trehaire	6285 2383
FACES (Family and Adolescent)	6162 6100
Health Care Consumers Assoc of the ACT.....	6290 1660
Health Complaints Unit.....	6205 2222
Incest Counselling and Resource Centre	Freecall 1800 654 119
Loss and Grief Association	6231 3297
People Living with HIV/AIDS in the ACT	6257 4985
Relationships Australia, ACT.....	6281 3600
Salvation Army	6247 3635
Sexual Health and Family Planning, ACT.....	6247 3077
Smith Family.....	6285 4000
St Vincent de Paul Society.....	6282 2722
Vietnam Veterans Counselling Service	6247 2988
University of Canberra Health and Counselling Centre.....	6201 2351

LEGAL AND CORRECTIVE SERVICES

Belconnen Remand Centre	6207 0733
Community Corrections.....	6207 0888
Corrections Court Officers	6207 0973
Court Assessment and Referral Service.....	6257 4866
Legal Advice Bureau	6247 5700
Legal Aid ACT Inc	6243 3411
Legal Aid Helpline.....	1300 654 314

Office of the Community Advocate	6207 0707
Prisoners Aid ACT	6257 4866
Quamby Youth Centre	6207 0600
Victims of Crime	6257 8452
Welfare Rights and Legal Centre.....	6247 2177
Women's Legal Centre Inc	6257 4499
Youth Justice	6207 0766

HEALTH CENTRES

City (Main switchboard)	6205 5111
Phillip	6205 1444
Tuggeranong	6205 2700
Kippax	6205 1891
Belconnen	6205 1133
Narrabundah	6205 2800

SERVICES FOR MEN

Emmus Ministries	6260 3501
Kedesh House	6260 3501
Mary's Place	6299 1619
Murringo Men's Centre	6232 6022
Samaritan House	6247 6691
SAMSSA (Service Assisting Male Survivors of Sexual Assault)	6262 7377
St Benedict's Home of Compassion	6297 5331

SERVICES FOR WOMEN

Beryl Women's Refuge	6247 5628
Canberra Women's Health Centre	6205 1078

Caroline Chisholm Women's Refuge	6286 2173
Doris Women's Refuge	6278 9999
Gunyah Women's Housing Scheme.....	6297 5827
Inanna Inc	6295 3323
Lesley's Place	6241 7233
Lourdes Home Women's Refuge	6297 1296
Louisa Women's Refuge	6299 4799
Toora Single Women's Shelter	6247 2399
Weston Creek Women's Housing Program ..	6288 3038
Women's Health Service	6205 1197

YOUTH SERVICES

ACT Child and Adolescent Mental Health Service	6205 1971
AXYS Youth Service (YWCA)	6257 1640
Barnardo's Australia Transition Program	6241 5466
Belconnen Youth Centre	6264 0260
Canberra Youth Outreach Support Service ..	6257 1640
Canberra Youth Refuge	6247 0330
Castlereagh House Inc	6251 2869
Erindale Youth Centre.....	6231 9343
Gay Youth	6257 2855
Gungahlin Youth Service.....	6228 9211
LASA Youth Refuge	6288 6248
Lowanna Young Women's Service	6231 3297
Open Family, ACT Inc	6257 1130
Queanbeyan Child and Adolescent Mental Health Service	6297 7800
Queanbeyan Youth Resources Inc	6297 6443
The Junction Youth Health Service	6247 5567

Tumladden	6231 3475
Tuggeranong Youth Resource Centre	6293 2146
Weston Creek Youth Program	6288 0566
Woden Youth Centre	6282 3037
Youth in the City	6247 0770

MENTAL HEALTH

ACT Mental Health Crisis Team (24 hours)	1800 629 354
ACT Mental Health Services	6205 1065
Hyson Green	6201 6000
Mental Health Foundation Information and Referral Service	6282 6658
Queanbeyan Mental Health Crisis Team	6297 7800
Queanbeyan Mental Health (24 hours) .	1800 677 114
Richmond Fellowship	6248 6118