

Outreach Newsletter
April Edition
2019





A Note from the CEO

Well this is the first of the newsletters for the Outreach team for 2019. Having said that, this year is moving along so fast I sometimes wonder where the days go.

That's what happens when you are busy and to be truthful being busy is a great way to be.

Outreach, of course is always flat out and 2019 is no exception. They have already had two of their wonderful BBQ's, both of which were very well attended. These events are usually on the Council lawns and always manage to feed over 100 people every time they are held. It's a great way to chat to people about issues that are worrying them or just have a catch up with those we meet. Those who come for lunch or sometimes breakfast are always happy to stop and have a yarn with the team, who are also able to keep a check on the well being of some of our more vulnerable clients on the day.

Jocelyn and the team have been to a number of bush communities so far this year, to deliver the DDE program and the ones held in town, which are always packed, are also well underway.

Outreach also spends quite some time in jail, as they deliver a men's and a women's safe and smart program to those who require it, before they come back into the community.

The women's program has just one session to go in this set and the men's program has two more yet to run.

All of these programs keep our guys on their toes, and speaking of toes or feet, one of our staff members in the team has just managed to break her foot and will be hobbling around for some weeks to come. I guess she will be slowed down a bit but definitely not out.

That all from me. I just hope people are starting to enjoy the cooler weather – all we need now is some rain.

Cheers

Carole Taylor

Conference 2019



The Association of Alcohol and other Drug Agencies NT held their annual Northern Territory drug and alcohol conference in Darwin on 10-11 April 2019. Carole Taylor (CEO), Jocelyn Dhu (Deputy CEO) and Robert Naylor (TCSW) attended the event.

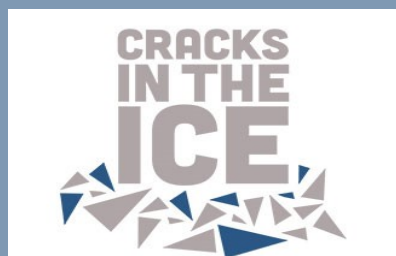
There were many great presentations at this conference. One of the stand out's was keynote speaker Mark Ferry, COO for the Ted Noffs Foundation, Mark has worked for the Ted Noffs Foundation since 2001. Mark gave a presentation about The Street University.

The Street University is a youth development project created by the Ted Noffs Foundation which provides various community based services and interactive spaces for people aged 12 – 25. Their aim is to help them realise their dreams, harness their potential and to create positive outcomes for their lives and their community.

The Street University's trained directors, mentors and facilitators use a multifaceted range of youth work, counselling and community development techniques in order to combine progressive approaches to social work with grassroots community participation. We experiment with the artistic and social potential made possible by a uniquely Australian multi-ethnic, inter-faith, socially diverse culture.

Operating in this multicultural environment, the Street University opens up dynamic and democratic spaces for marginalised and displaced cultures. Programs specialize in channeling young people away from personally destructive and anti-social behaviours to improved self-esteem, inter-communal co-operation and social engagement. Our services involve parents, schools, local councils and businesses, the state government and community and religious groups and leaders.

The Street University uses the commonality of cultural settings that are familiar and attractive to young people to guide, support and transform their interests into vocational and educational success. There was a lot of great presentations from many different organizations showcasing their amazing work. Balunu Foundation: Water Bowl Program, YSAS Resilience Focused Practice in Youth AOD Treatment, Importance of Staff in the Lives of Residents, Cracks in the Ice and many more.



Employee Spotlight



Hi Everyone – My Name is Tony Hand, and this is my 10th week in the role as Clinical & Operations Manager of Aranda House. Pervious to this job I was working for the Northern territory Government as the training and education office for the Remote Alcohol & Other Drugs Workforce for 4 years where I travelled all over the Territory providing on the job professional development and support through non-accredited training & mentoring to the remote workforce.

My job went from the Tiwi Islands down to Finke (by the SA boarder) and everywhere in between. The job was fantastic as I got to see and experience remote community life, meet some amazing people and develop a well-rounded understanding of how alcohol and other drugs has affected communities, families and individuals. Most of the work was done through the community health center and everyone eventually visits the clinic at some stage.

Community Services has been my thing since I arrived in Alice, I'm a wool classer by trade and from the age of 14 to 25 I worked in the shearing shed in NZ and Australia. When a friend suggested we go to Alice to live I basically said, "what the bloody hell am I going to do in Alice Spring, there's no sheep there". My friend said, "you'll be right" and so I was. My First job in Alice was as a cook for this big workshop out at Hamilton Down that was attended by Aboriginal people from all over the central region, to learn how the Inuit people from Canadian turned their communities from drunk to sober in 5 years using a traditionally based healing practice that later in Alice became CAAAPU.

I had no idea really at the devastation that alcohol had done and was doing in Central Australia, that workshop had a massive impression on me that has stayed as a vivid memory and life changing experience. I look forward to contributing to DASA, especially Aranda House and plan on being here for some time at least till they get sick of me. There are lots of plans for change here at Aranda House but slowly slowly.

Cool bananas - Tony

World No Tobacco Day

How tobacco endangers the lung health of people worldwide

World No Tobacco Day 2019 will focus on the multiple ways that exposure to tobacco affects the health of people's lungs worldwide.

These include:

Lung cancer. Tobacco smoking is the primary cause for lung cancer, responsible for over two thirds of lung cancer deaths globally. Second-hand smoke exposure at home or in the work place also increases risk of lung cancer. Quitting smoking can reduce the risk of lung cancer: after 10 years of quitting smoking, risk of lung cancer falls to about half that of a smoker.

Chronic respiratory disease. Tobacco smoking is the leading cause of chronic obstructive pulmonary disease (COPD), a condition where the build-up of pus-filled mucus in the lungs results in a painful cough and agonising breathing difficulties. The risk of developing COPD is particularly high among individuals who start smoking at a young age, as tobacco smoke significantly slows lung development. Tobacco also exacerbates asthma, which restricts activity and contributes to disability. Early smoking cessation is the most effective treatment for slowing the progression of COPD and improving asthma symptoms.

Across the life-course. Infants exposed in-utero to tobacco smoke toxins, through maternal smoking or maternal exposure to second-hand smoke, frequently experience reduced lung growth and function. Young children exposed to second-hand smoke are at risk of the onset and exacerbation of asthma, pneumonia and bronchitis, and frequent lower respiratory infections.

Globally, an estimated 165 000 children die before the age of 5 of lower respiratory infections caused by second-hand smoke. Those who live on into adulthood continue to suffer the health consequences of second-hand smoke exposure, as frequent lower respiratory infections in early childhood significantly increase risk of developing COPD in adulthood.

Tuberculosis. Tuberculosis (TB) damages the lungs and reduces lung function, which is further exacerbated by tobacco smoking. The chemical components of tobacco smoke can trigger latent infections of TB, which around a quarter of all people are infected with. Active TB, compounded by the damaging lung health effects of tobacco smoking, substantially increases risk of disability and death from respiratory failure.

Air pollution. Tobacco smoke is a very dangerous form of indoor air pollution: it contains over 7 000 chemicals, 69 of which are known to cause cancer. Though smoke may be invisible and odourless, it can linger in the air for up to five hours, putting those exposed at risk of lung cancer, chronic respiratory diseases, and reduced lung function.

DASA will hold their next Outreach BBO on 31May 2019 to raise awareness on the:

- risks posed by tobacco smoking and second-hand smoke exposure;
- awareness on the particular dangers of tobacco smoking to lung health;
- magnitude of death and illness globally from lung diseases caused by tobacco, including chronic respiratory diseases and lung cancer;
- emerging evidence on the link between tobacco smoking and tuberculosis deaths;
- implications of second-hand exposure for lung health of people across age groups;
- importance of lung health to achieving overall health and well-being;



Harms of Meth Labs in houses

Meth Labs in Houses around Australia

Properties contaminated from former meth labs are popping up all across Australia. The chemical residues left behind are toxic and can lead to serious long lasting health effects and even death.

What is the health risk from contamination?

A person living in a contaminated house can be exposed to residues by touching or swallowing them, and also by breathing them in if they become airborne.

However, residues deposited from smoking are not likely to pose nearly as high a risk as those resulting from drug manufacture (clan lab).

The level of risk largely depends on the amount of contamination and the susceptibility of those living in the house. Children are of most concern. The potential health risks associated with meth contamination are better known than for other illicit drug residues.

The smoke contamination level is likely to vary depending on usage. The levels may be low if there has been infrequent smoking of the drug. Alternatively the levels may be higher if there has been prolonged and, heavy smoking, or if there have been multiple users.

Visitors to the home are less likely to be affected due to their short time there.

How do you remove contamination?

A contaminated property normally needs to be cleaned by an industrial/commercial cleaning contractor. Furthermore, the Department of Health (DOH) recommends using a contractor that has been endorsed by DOH. Refer to the DOH accredited service providers list (external site). In most instances illicit drug residue remediation will include as a minimum several washes with an alkaline detergent. The cleaning process should use the DOH recommended procedure (PDF 284KB), which also includes a cleaner compliance statement.

In most cases, soft furnishings and carpets can be cleaned through laundering or steam cleaning as part of the contracted cleaning process.

Where do I get more information?

Your local Government Council/ Shire Environmental Health Officer may be able to assist you with information about the management of illicit drug residue in properties in relation to their jurisdiction

More information on illicit drug residues in the home can be found in the Department of Health's fact sheet (PDF 60KB), or by contacting the Environmental Health Directorate on 9388 4999 or on ehinfo@health.wa.gov.au.

